

Case: Casey

Casey a 19-year-old male presents for his routine 3 month recare appointment. Medical history: Moderate Hemophilia A

which was diagnosed when he was circumscribed. His parents have been advocates for his dental health and desire to maintain optimal oral health to minimize the need for factor ? replacement due to a bleeding episode. At today's recare he is complaining about his partially erupted #32 which is causing him pain.

Clinical Findings:

Blood Pressure:	115/70
Oral Self Care	<ul style="list-style-type: none"> • Brushes 1-2 x's day with oral B electric TB • Uses floss holder to floss (usually every other day)
Oral Health Concerns	<ul style="list-style-type: none"> • Back wisdom teeth—he keeps biting his cheek
Nutrition	<ul style="list-style-type: none"> • Overall good. Patient reports eating a variety of food. Does not drink sugared beverages.
Gingival Assessment	<ul style="list-style-type: none"> • Generalized slight papillary bulbous with slight BOP
Deposits	<ul style="list-style-type: none"> • Slight calculus sextant 5
Dental Findings	<ul style="list-style-type: none"> • Last BWX 1 year ago • Sealants on All Molars • #32 Partially erupted with operculum present

	Treatment Planning	Rationales
Assessments	-Additional patient questions: How is your hemophilia being managed? Are you taking any herbal supplements or OTC medicines? Do your gums bleed when you brush/floss? Any spontaneous bleeding, bruising, or sore joints? -Consult with hematologist -Chief Complaint: discomfort around PE #32 because of operculum -Clinical findings: calculus on mandib ant, gen papillary and marginal inflammation. -Nutrition: patient consumes balanced diet and avoids sweet drinks. -Inadequate OH, but is on proper 3 month recall	Patients may fail to mention supplements even though these may increase the risk of severe/ spontaneous bleeding. Consult needed to ensure hemophilia, being managed & prophylaxis may proceed. (Beebe, Sandra Nagel, Blood Simple: What you need to know when treating patients with blood disorders. <i>Dimensions of Dental Hygiene.</i> September 2008; 6(9):40-43.)

Diagnosis	<ul style="list-style-type: none"> -Gingivitis -High risk of dental disease that is potentially dangerous for hemophiliac patients 	<p>Patients with hemophilia often neglect oral hygiene because of unpleasant experiences of bleeding while brushing/flossing. (Shastry SP, Kaul R, Baroudi K et al. Hemophilia A: Dental considerations and management. <i>J Int Soc Prev Community Dentistry.</i> 2014;4(Suppl 3):S147-S152.)</p>
Planning	<ul style="list-style-type: none"> -Improve oral hygiene -Recommend Colgate Total dentrifice -Break cleaning into two visits one week apart -Prescribe CHX rinse -Expose Pan -Advise patient to take only Tylenol (acetaminophen) for pain management. -Have anti-fibrinolytic agents (aminocaproic acid and/or tranexamic acid) available during treatment. 	<p>Colgate Total with triclosan will help resolve gingivitis.</p> <p>Cleaning subgingivally with inflammation present risks triggering an excessive bleed. Prescribing CHX at first visit will reduce inflammation so subgingival lavage can be implemented at 2nd visit; it can also be used longterm to help resolve gingivitis. (Brewer A. Dental Management of Patients with Inhibitors to Factor VIII or Factor IX. <i>World Federation of Hemophilia.</i> http://www1.wfh.org/publication/files/pdf-1200.pdf Published 2008. Accessed May 09, 2015.)</p> <p>Pan needed to evaluate third molars</p> <p>Hemophiliacs cannot use Aspirin or NSAIDs because of risk of hemorrhage or GI bleeding, respectively.</p> <p>If excessive bleeding during prophylaxis, anti-fibrinolytic agents can be used to achieve hemostasis.</p>
Implementation	<ul style="list-style-type: none"> -Intraoral exam to look for petechiae and blood blisters. -OHI: Implement Waterpik 1/day on low power, floss holder 1/day, brushing 2/day using electric brush technique (mimic rubber prophylaxis cup) -Expose pan 1st Visit-remove supra calculus and prescribe CHX 2/day 2nd Visit-lavage subgingivally with cavitron, polish 	<p>Waterpik will help resolve gingivitis by flushing out planktonic biofilm from gingival sulcus.</p>
Evaluation	<ul style="list-style-type: none"> -Continue 3 month recall length -Check for resolution of gingivitis at next visit 	<p>Hemophiliacs must maintain good oral hygiene to minimize need for future invasive dental procedures.</p>
Documentation	<ul style="list-style-type: none"> -OHI given to minimize need for future invasive dental procedures -Maintenance of good oral hygiene critical for future quality of life 	

Referral	<p>-OS (and hemotologist) for extraction of #32. OS may wait until all 4 3rd molars are able to be extracted simultaneously. Patient will need pre-procedural factor VIII supplement; post-procedurally socket will be packed with resorbable gelatine sponge rolled in thrombin powder or other hemostatic device. Patient will need to abstain from smoking/spitting/rinsing and adhere to a bland soft diet for 48-72 hours. Patients also need to apply ice to the extraction site in a "15 minutes on, 15 minutes off" for 48 hours during wakefulness.</p>	<p>Patients with moderate hemophilia type A are at risk of excessive bleeding during surgical procedures. (D'amato-Palumbo S. Dental Management of Patients with Bleeding Disorders. dentalcare.com. Accessed 05/09/16.)</p> <p>Patients with mod/severe hemophilia type A must receive Factor VIII supplements via IV bag, patients with mild hemophilia may receive supplement via nasal spray.</p> <p>Patients may develop an autoimmune rxn after repeated exposures to human Factor VIII supplements, therefore extracting all four wisdom teeth at once is preferable.</p>
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