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Editorial

Dental Management of Patients with Hemophilia A

Ambarkova Vesna*

Research Fellow, Department of Paediatric and Preventive Dentistry, Faculty of Dental Medicine, University St. Cyril and Methodius, Skopje, Republic of Macedonia

***Corresponding Author:** Ambarkova Vesna, Research Fellow, Department of Paediatric and Preventive Dentistry, Faculty of Dental Medicine, University St. Cyril and Methodius, Skopje, Republic of Macedonia.

Received: June 05, 2019; **Published:** June 06, 2019

Hemophilia A or classical hemophilia is a hereditary disease that is manifested with a homeostasis disorder and is transmitted by a recessive gene located on the X chromosome, in the way that through the female individuals the disease is transmitted as male individuals get sick. In exceptional cases, female individual may also suffer if the gene that causes hemophilia from the X chromosome of the father (hemophiliac) crosses with the gene that causes hemophilia A on the X-chromosome of a healthy mother (conductor). The incidence of hemophilia A is 1 χ 10,000 newborns [1].

The first signs of the disease are seen very early, immediately after birth, following intense bleeding from the umbilical cord that is knitted. In the first year of life within some children with hemophilia A death occurs due to intracranial bleeding.

Factor VIII (antihemophilic globulin) is normally present in the blood of healthy children. In children with hemophilia A discontinuation or decreased secretion of VIII factor in blood coagulation occur, or inadequate (inactive) factor VIII is synthesized.

The literature describes a number of clinical cases that use conventional treatment using plasma derivatives or recombinant coagulation factors [2,3]. Liras A., *et al.* in the patient from their case report after extraction, used usual haemostasis techniques and also conducted postoperative prophylactic anti-haemophilic treatment which was indicated for 2 or 3 days [2]. Administration of factor VIII before surgery afforded patients with haemophilia a better quality of life, and safe and efficient access to invasive surgical procedures. Dougall A., *et al.* conducted a clinical survey within 71 participants with mild (n = 20; 28%) and moderate to severe haemophilia (n = 51; 72%). They assess the safety of buccal infiltration local anaesthetic (LA) without additional factor replacement in patients with haemophilia. They concluded that local anaesthetic is safe to administer via buccal infiltration for people with mild, moderate and severe haemophilia without additional factor cover [3].

Paper by Ngoc VTN., *et al.* presents the case of a 4-year-old boy diagnosed with severe hemophilia A, who also had several dental problems that needed endodontic treatment. They used laser diode to manage pulpotomy under general anesthesia to treat his dental diseases [4].

In the study conducted by Kumar M., *et al.* which aimed to assess the oral health and dentition status as well as fear of dental treatment in patients with hemophilia, oral health and dentition status was recorded for 100 subjects with hemophilia and 100 age-matched healthy controls. When compared to healthy subjects they observed that individuals with hemophilia had higher debris and calculus scores which was indicative of poor orodental status, while there was no significant difference observed in the DMFT scores among the study groups. The findings from the cross-sectional study by Kumar highlight the need for establishing interdisciplinary care for such individuals, because the oral hygiene of the hemophilics was poorer when compared to the healthy controls [5].

The authors of the Cochrane Database concluded that despite the discovery of a beneficial effect of systemically administered tranexamic acid and epsilon aminocaproic acid (EACA) in preventing postoperative bleeding in people with haemophilia undergoing dental extraction, the limited number of randomised controlled trials were identified, in combination with the small sample sizes and heterogeneity regarding standard therapy and treatment regimens between the two trials, do not allow them to conclude definite efficacy of antifibrinolytic therapy in oral or dental procedures in people with haemophilia [6].

Oral health care professional faces a considerable challenge while treating people with hemophilia. Differing healthcare reimbursement systems, budgetary constraints, and geographical and cultural factors make it difficult for any country to fully deliver ideal care for people with hemophilia [7]. Each country should choose to provide the best possible dental treatment for patients with hemophilia with the sole purpose of obtaining better quality of life and good oral care.

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Volume 18 Issue 7 July 2019