

題名:Emergency treatment for periodontics

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上傳時間:2009-11-23T02:57:59Z

摘要:BACKGROUND: The dental literature suggests that a patient's antiplatelet medication schedule should not be altered before invasive dental procedures. The authors conducted a study to examine the frequency of bleeding complications after invasive dental procedures in patients taking antiplatelet medications. METHODS: In a retrospective study of 43 dental patients who were receiving single or dual antiplatelet therapy, the authors conducted a chart review of patient records and examining documentation of the medical history. They collected demographic data; medical history; medication history; social history; presence of preoperative infection at any dental visit as evidenced by swelling, purulence or periapical radiolucency; number and type of invasive dental visits; emergency department visits; types of dental procedures performed; use of adjunctive perioperative local hemostatic measures (for example, topical thrombin, absorbable gelatin compressed sponge, sutures); blood products used preoperatively and postoperatively; and postoperative complications. RESULTS: Twenty-nine patients (67 percent) were receiving dual antiplatelet therapy. There were 88 invasive-procedure visits consisting of extractions, periodontal surgery, and subgingival scaling and root planing. The authors found no differences between patients receiving single or dual antiplatelet therapy for all variables, most notably the number of invasive-procedure visits, total extractions and adjunctive hemostatic measures. There were no documented episodes of prolonged postoperative bleeding. CONCLUSIONS: The frequency of oral bleeding complications after invasive

dental procedures was low to negligible for patients who were receiving single or dual antiplatelet therapy.

CLINICAL IMPLICATIONS: The risks of altering or discontinuing use of antiplatelet medications far outweigh the low risk of postoperative oral bleeding complications resulting from dental procedures.