

The study deals with the question of minor oral surgery procedures, dental extractions especially, in patients suffering from haemocoagulation disorder. The aim of this study was 1) the clinical attestation of the risk of bleeding that may follow the dental extraction in patients with non-interrupted oral administration of drugs with the anticoagulant and antiplatelet effects and 2) suggestion of the schedules of surgical procedures suitable for this kind of patients and for the realization in the standard dental office.

The opening theoretical part analyses the principle of haemocoagulation, the surway of individual inherited and acquired bleeding disorders and the main principles of treatment of bleeding patients in dental offices with the emphasis on the local security of the surgical wound. In the proper study we present the observation and evaluation of bleeding complications after the standard dental extractions in 3 groups of persons (age range, 19 to 93 years). In all patients, one or more extractions were performed. 99 patients were treated with oral anticoagulant therapy without any interruption and underwent 199 extractions. 149 patients, treated with antiplatelet therapy (acetylsalicylic acid) without interruption, underwent 347 extractions. 160 healthy subjects with 316 extractions served as a control group. In patients with anticoagulant therapy (INR value 1.6–3.0), the sockets were carefully treated with the aid of local application of the gelatin sponge and resorbable suture. In patients with the antiplatelet therapy, the sockets were treated with a resorbable suture only, in the control group of healthy persons the sockets were left without any special local treatment. In the group of patients treated with anticoagulant drugs, postsurgical bleeding occurred in 6 patients (6.06%) after extractions of 6 teeth (3.03% of the total number of teeth extracted in the group) in the course of 18-70 hours. In the group of patients treated with antiplatelet drugs, postsurgical bleeding occurred in 11 persons (7.38%) after extractions of 11 teeth (3.17% of the total number) in the course of 5-48 hours. In the control group, postsurgical bleeding was found in 9 sockets (i.e. 2.85% of the total number of dental extractions in this group) in 7 subjects (4.38%) in the interval of 4-24 hours. The results were statistically evaluated with the aid of Fisher's test. The bleeding was stopped with the help of usual local haemostatic agents in all cases. After evaluation of results of our study, we have attained following main conclusions. The number of bleeding complications due to dental extractions doesn't significantly differ ($p < 0.05$) in patients with oral anticoagulant or antiplatelet therapy and healthy persons if the local treatment of the socket is adequate. The INR value, in the period of extraction, obviously doesn't influence the risk of bleeding complications. This risk is significantly higher after the extraction of a molar than other teeth no matter whether the patient uses oral anticoagulant drugs, acetylsalicylic acid or whether he doesn't undergo any haemocoagulation influencing medication, during this period ($p = 0.05$). We also found out that a considerable number of patients treated with oral anticoagulant therapy, their physicians and internists decided to stop drug administration although they were instructed by the dentist it wasn't necessary to interrupt the therapy before a planned dental extraction. In the final part of the work we put forward the outline of dental treatment of patients suffering from various haemocoagulant disorders which is suitable for the realization in general dental office.