UNIVERSITY "GOCE DELCEV" – STIP
FACULTY OF MEDICAL SCIENCES
DENTAL MEDICINE
Department of oral and maxillofacial surgery and dental implantology

EVALUATION LIFE QUALITY OF ORAL ANTICOAGULATED PATIENTS FOLOWING ORAL SURGICAL INTERVENTIONS

CENA DIMOVA, MILKA ZDRAVKOVSKA

INTRODUCTION: The oral surgeons are frequently asked to manage patients who are receiving oral anticoagulants. The goal of treatment is to minimize the risk of hemorrhage while continuing to protect the patient against thromboembolism formation. The ordinary treatment includes the interruption of anticoagulant therapy for oral surgery interventions to prevent hemorrhage. However, this practice may logically increase the risk of a potentially life-threatening thromboembolism.

AIM: The aim of this study was to evaluate patients on oral anticoagulants about their experience of life quality following different oral surgery interventions.

MATERIAL and METHOD: The study consisted of 260 patients referred for oral surgical treatment.. An equal number of patients were assigned to each group (60 individuals). Group 1 was with deep venous thrombosis, Group 2 was with myocardial infarct, Group 3 with cerebrovascular insult and Group 4 with artificial heart valves. Control group consisted of 20 healthy individuals. After performing the oral surgery interventions, all patients were given a questionnaire with 15 questions to evaluate their quality of life for ten days after the oral surgery interventions. The local hemostasis was realized by applied three different local modalities: tranexamic acid 5%, sorbacel gauze, Tachocomb – fibrin glue. The statistical evaluation included descriptive and analytical methods (Kruskal – Wallis test).

RESULTS: The average time needed for completion the surgical procedure was approximately 30 minutes. The results showed that patients in Group 1 reported significantly more pain on the first and second day after the interventions. The bleeding index showed no statistical differences in the study groups. The results showed statistical difference between the four groups after 24h (H=13.248; p=0.0113), after 48h (H= 0.425; p=0.0338) and after 7 days (H=9.7603 p=0.0447), and no statistical difference between the four groups after ten days (H=4.2327 p=0.3754)

GROUP	LOCAL COMPLICATIONS AFTER 24h					
	pain	oedem	hematom	trizmus	alveol.	other
G1 (TDV)=60	17 (28%)	18 (30%)	18 (30%)	5 (8%)	0	0
G2 (MI)=60	8 (13%)	9 (15%)	14 (23%)	6 (10%)	6 (10%)	3 (5%)
G3 (CVI)=60	3 (5%)	6(10%)	9 (15%)	3 (5%)	0	0
G4 (VSV)=60	8 (13%)	11(18%)	14 (23%)	0	0	0
KG=20	0	5 (25%)	3 (15%)	0	0	0
260	36 (14%)	49 (19%)	58 (22%)	14 (5%)	6 (2%)	3(1%)

GROUP	LOCAL COMPLICATIONS AFTER 48h					
	pain	oedem	hematom	trizmus	alveol.	other
G1 (TDV)=60	4 (7%)	5 (8%)	12 (20%)	0	4 (7%)	0
G2 (MI)=60	3 (5%)	1 (2%)	10 (17%)	0	0	0
G3 (CVI)=60	3 (5%)	0	6 (10%)	1(2%)	0	0
G4 (VSV)=60	0	7 (12%)	7 (12%)	0	0	0
KG=20	0	2 (10%)	4 (20%)	1(5%)	0	0
Total = 260	10 (4%)	15 (6%)	39 (15%)	2 (0.8%)	4 (1.5%)	0

GROUP	LOCAL COMPLICATIONS AFTER 7 Days					
	pain	oedem	hematom	trizmus	alveol.	other
G1 (TDV)=60	0	5 (8%)	2 (3%)	0	2 (3%)	0
G2 (MI)=60	0	5 (8%)	0	1 (2%)	1 (2%)	0
G3 (CVI)=60	0	3 (5%)	0	0	0	0
G4 (VSV)=60	0	2 (3%)	8 (14%)	0	0	0
KG=20	0	0	0	0	0	0
Total = 260	0	15 (6%)	10 (4%)	1 (0.4%)	3 (1%)	0

CONCLUSION: The management of oral surgery procedures on patients treated with oral anticoagulants should be influenced by several factors: laboratory values, extent and urgency of the intervention, treating physician's recommendation, available facilities, dentist expertise, and patient's oral, medical, and general condition. There is need more scientific investigation about life quality of oral anticoagulated patients following oral surgical procedure.

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