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#### > Introduction

- thromb and thrombosis
- system of haemostasis
- system of fibrinolysis

Antícoagulant drugs

Evidence to Continue Oral Anticoagulant Therapy for Ambulatory Oral Surgery

- Risk of Thrombosis and Stopping Warfarin
- Potential Risk of Bleeding With Continuous Anticoagulation
- Bridging Therapy
- Oral surgery interventions
- Recommendations

#### **MECHANISM OF REGULATION**

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Functional parts of the system of Haemostasis
• Blood vessels
• Platelet

Factors of coagulationFibrinolytic system

INTRAVASCULAR COAGULATIONSTHROMBOGENESIS

#### INTRISIC PATHWAY And EXTRINSIC PATHWAY Of The HAEMOSTASIS



#### FIBRINOLYTIC SYSTEM THREE DIFFERENT PATHWAYS of ACTIVATION: A; extrinsic pathway V: intrisic pathway dependent of f. XII S: intrisic pathway undependent of f. XII Trigger, enzyme Factor XIIa Factor XII EC C1-INA 12 Prekallikrein Kallikrein C1-INA a2 MG Pla Pla a a 248 proactivato activator Filipin PRO-u-Pa U-PA PAI C1 INA S Plasminogen Plasmin Coagulation F XIII a2 AP a2 MG a2 AP Fibrinogen FIDTIT FDPs

Thrombosis is the formation, from the components of blood, of an abnormal mass within the vascular system. It involves the interaction of: Vascular, cellular, and humoral factors within a flowing stream of blood.



Thrombosis and the complicating emboli that can result are among the most important causes of sickness and death in developed countries.

Thrombosis is of greater overall clinical importance in terms of morbidity and mortality than all of the hemorrhagic disorders combined.

Excessive activation of coagulation or inhibition of anticoagulant mechanisms may result in hypercoagulability and thrombosis. Injury to the vessel wall, alterations in blood flow, and changes in the composition of blood are major factors leading to thrombosis.

#### Thrombotic disorders can be caused by:

an inherited deficiency of antithrombin III, heparin cofactor II, protein C,

- protein S,
- thrombomodulin,
- plasminogen, or tissue plasminogen activator;
- an activated protein C resistance (factor V Leiden);
- dysfibrinogenemia; and
- homocysteinemia.

Most of these disorders have also been reported as acquired conditions.





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### ANTITHROMBOTIC AGENTS

## Antiplatelet Agents

### Anticoagulant Drugs

Thrombolytic Agents

# CONCLUSION

The evidence from clinical trials and focused reviews supports continuing oral anticoagulation for patients needing dentoalveolar surgery.

♦ As long as the INR is within the therapeutic range and local hemostatic measures are taken following the surgery, these patients will have little chance of developing uncontrolled bleeding following the surgery.

# CONCLUSION

Local hemostasis will control the bleeding in the few patients who develop postsurgical bleeding. The risk of uncontrolled life threatening bleeding following dentoalveolar surgery is so low that it is not necessary to stop anticoagulation even for a short interval and risk thromboembolism in patients on oral anticoagulants.