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ORAL SURGERY USE OF TACHOCOMB IN ANTICOAGULATED PROSTHETIC HEART VALVES PATIENTS

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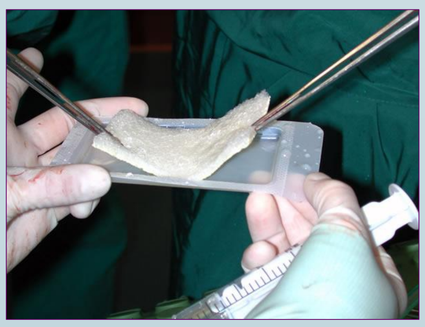
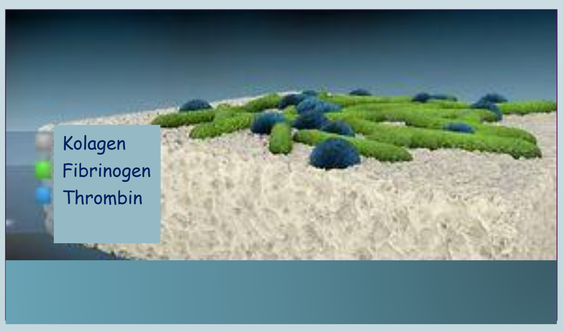
INTRODUCTION: The individuals with implanted prosthetic heart valves (PHV) belong in the group of patients with high risk from several aspects. Medical risk assessment of these patients consists of **three segments**:

1. cardiac function and safe dental and oral surgery treatment,
2. existing risk of potential development and prevention from infective endocarditis, and
3. the potential for altered hemostasis in patients prescribed anticoagulant medications.

AIM: The aim of this study was to show the specific oral surgery approach and treatment of patients with PHV using TachoComb for topical treatment of bleeding after oral surgery procedures.

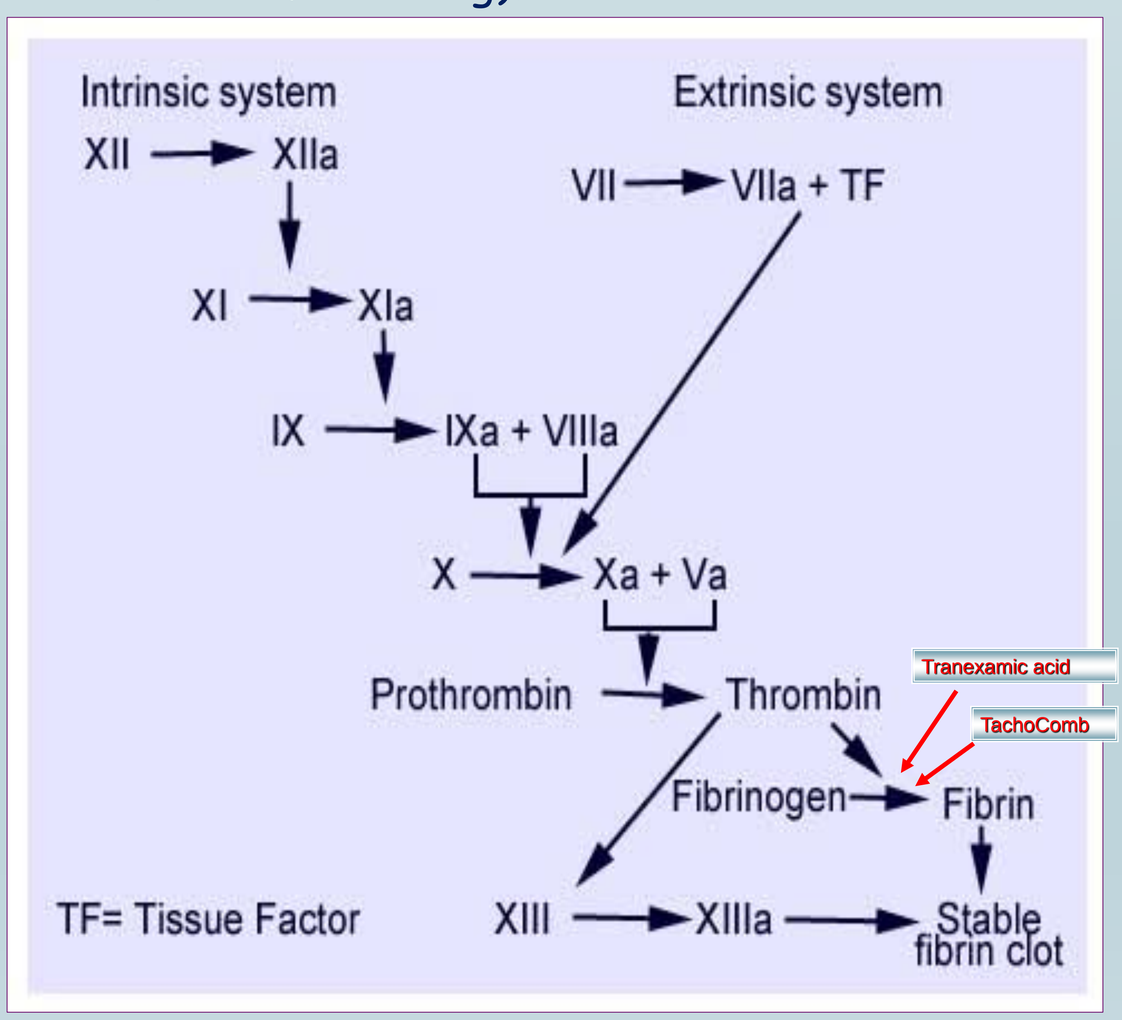
MATERIAL and METHOD: The research included 60 anticoagulated prosthetic heart valves patients undergoing oral surgery procedures. The pre oral surgery preparation included: laboratory blood examination (number of blood platelets, hematocrit, blood test with leukocyte formula, the value of fibrinogen, CRP, as well as prothrombin time, INR, ATIII, protein C and S, global fibrinolysis (activator and inhibitors), glycaemia, urea and bilirubin), and antibiotic prophylaxis (according to the protocol of the American Heart Association – AHA).
Detail anamnesis, inspection and X ray examination have been provided on the entire examined person.
Forty five oral surgery interventions have been made.
The oral anticoagulants have been interrupted before the interventions and low molecular weight heparin (LMWH) has been included (bridging therapy), before and after the interventions. Definitive local homeostasis has been accomplished with TachoComb as a haemostatic modality (topical treatment of bleeding).





TachoComb ® (TC) (CSL Behring, Tokyo, Japan) is a new, ready-to-use hemostatic agent consisting of a collagen sheet coated on one side with human fibrinogen, bovine thrombin, and bovine aprotinin.

RESULTS: During the first, second and seventh day of the intervention, the patients have been followed through from aspect of possible development of local and general complications after the intervention and in one month period concerning the general health condition.
The hemorrhage (bleeding index 1) was in 4 (6.66%) individuals at the first day.
On the second day and the next days complications such as prolonged bleeding, development of infective endocarditis and thromboembolism episode have not been established.



INTRISIC PATHWAY and EXTRINSIC PATHWAY of the HAEMOSTASIS and ACTION PLACES OF HAEMOSTATIC AGENTS

CONCLUSION: Selective approach and preparation as well as interdisciplinary cooperation with the cardiologists are the base for safe and quality oral surgery treatment of prosthetic heart valves patients. The anticoagulant treatment does not need to be withdrawn before oral surgery provided that local measures for local homeostasis.