

**UNIVERSITY “ GOCE DELCEV” – STIP
FACULTY OF MEDICAL SCIENCES
STUDY OF GENERAL STOMATOLOGY¹
STUDY OF MEDICINE²**

**PHO UNIVERSITY DENTAL CLINICAL CENTRE SVETI
PANTELEJMON - CLINIC OF ORAL SURGERY³ -SKOPJE**

**PHO MEDIANA MEDICAL⁴
- SKOPJE, MACEDONIA**



**▣ USE OF TRANEXAMIC ACID IN
ANTICOAGULATED ORAL SURGERY
PATIENTS**

**Dimova Cena¹, Evrosimovska Biljana³, Papakoca Kiro¹,
Kovacevska Ivona³, Kamceva Gordana², Georgiev Zlatko³,
Bojkovska Dijana⁴**

INTRODUCTIONS:

- ▣ 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.

AIM:

- ▣ However, this practice may logically increase the risk of a potentially life-threatening thromboembolism. Thus, this issue is still controversial.
- ▣ The aim of the study was to evaluate the mouthwash solution (tranexamic acid) as a local haemostatic modality after oral surgery interventions.

MATERIAL AND METHODS:

- ▣ To realize the aim 100 individuals who received oral anticoagulants were included.
- ▣ Oral surgery interventions were performed with a reduction in the level of anticoagulant therapy in the first group.
- ▣ Oral surgery interventions were realized in the second group with no change in the level of anticoagulant therapy and with usage the tranexamic acid.

RESULTS: The analysis showed that there was no significant difference between the two treatment groups in the bleeding incidence after oral surgery interventions.

Table 1. Anticoagulated patients undergoing oral surgery treatment: gender, age, and INR value

Patients (n=100)	First Group (with reduction of oral anticoagulans)	Second Group (without reduction of oral anticoagulans)
number	50	50
Gendr (male/female)	28 / 22	23 / 27
Age range	65.1 \pm10	62.7 \pm 6.1
INR (normal value1)	1.79 \pm0.2	2.8 \pm0.3

CONCLUSION:

- ▣ The anticoagulant treatment does not need to be withdrawn before oral surgery provided that local antifibrinolytic therapy is instituted.

Key words: tooth extraction, oral anticoagulants, tranexamic acid.

cena.dimova@ugd.edu.mk