



## *the Child Dental Patient with*

# Hereditary clotting disorders - Haemophilia -



## **Main dg:**

- Severe type A haemophilia (F VIII = 1%)
- B and C hepatitis



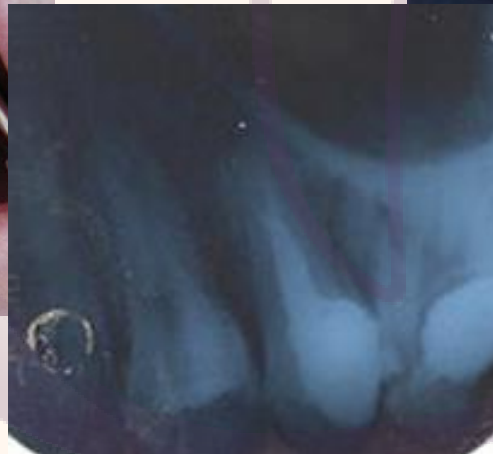
## **Dental dg:**

- multiple untreated caries in permanent dentition, some with pulp involvement
- uncomplicated crown fracture of 21
- chronic periodontal inflammation due to calculus; gingival bleeding



## Treatment

- All procedures with potential bleeding – under protection
- Non-vital techniques for endodontics where possible
- Amalgam restorations were preferred to composites (for better long-term resistance)





## Problems encountered:

- Longer treatment sessions in order to reduce need for repeated F VIII administration
- Poor understanding of the importance of regular check-ups: Patient does not show for follow-up;  
Time gap: 14 years



Alex, age 30 y

***Reason for seeking treatment:***

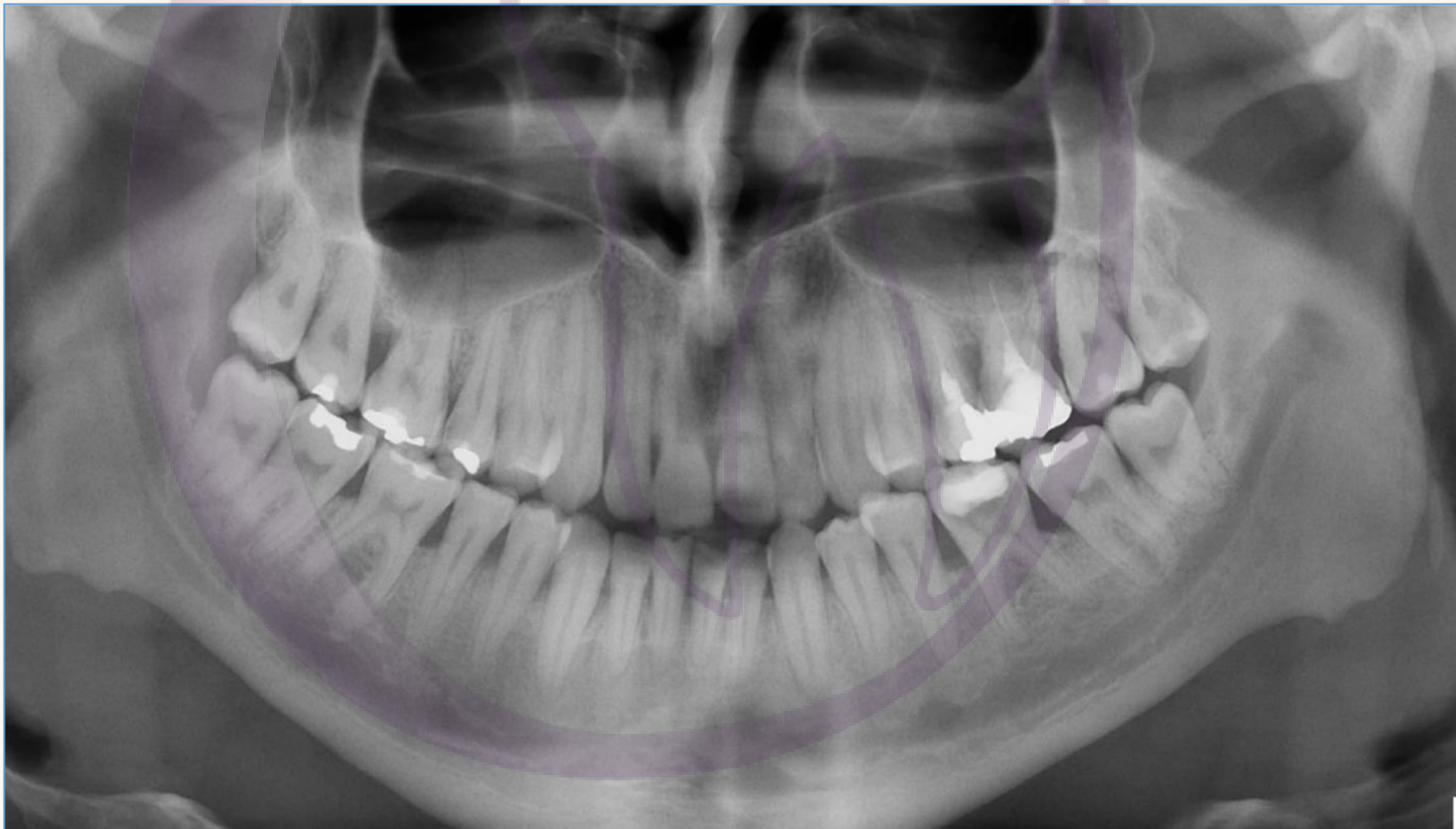
- Poor **appearance** of upper front teeth (brown discoloration);
- gingival **bleeding** with brushing, especially when using toothpaste with bleaching effect in attempt to deal with the appearance issue

***Clinical findings:***

- cervical caries of upper front teeth
- non-complicated occlusal caries in lateral teeth (15, 16, 17, 37, 46)
- occlusal caries with pulp involvement in 36, 28

Panoramic X-ray after a first treatment session:


● occlusal restorations (15, 16, 17, 37, 46) and a temporary filling on 36 were placed without F VIII protection




## Treatment

- Cervical composite restorations on upper front teeth
- Endodontics on 36 (non-vital technique) with subsequent placement of a crown; preparation was done avoiding gingival bleeding
- extraction of 28
- IMPORTANT:
  - manoeuvres susceptible to induce bleeding were scheduled in longer sessions after administration of F VIII, with maximum of clinical manoeuvres per session
  - treatment sessions were organized as to need the minimum number of F VIII administrations (2)





Previous amalgam  
restorations  
survived nicely



Cervical composite  
restorations on upper front  
teeth





## Main dg:

- mild form A hemophilia  
(F VIII = 40%)

## Dental dg:

- multiple caries without pulp involvement
- calculus; gingivitis



Clinical aspects  
at first visit



16 - Dg: non-symptomatic deep caries (palatal-occlusal surfaces)

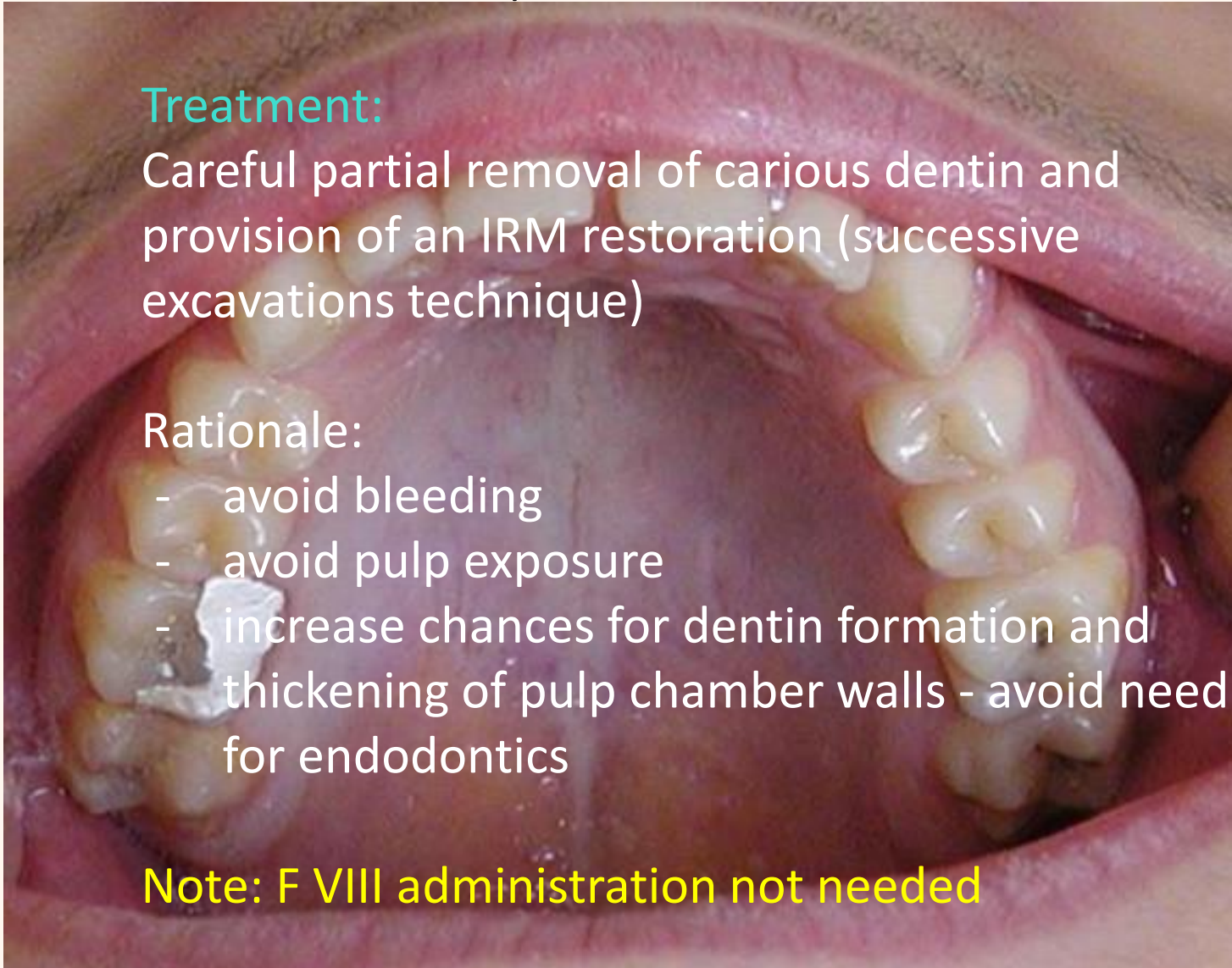
**Treatment:**

Careful partial removal of carious dentin and provision of an IRM restoration (successive excavations technique)

**Rationale:**

- avoid bleeding
- avoid pulp exposure
- increase chances for dentin formation and thickening of pulp chamber walls - avoid need for endodontics

**Note: F VIII administration not needed**

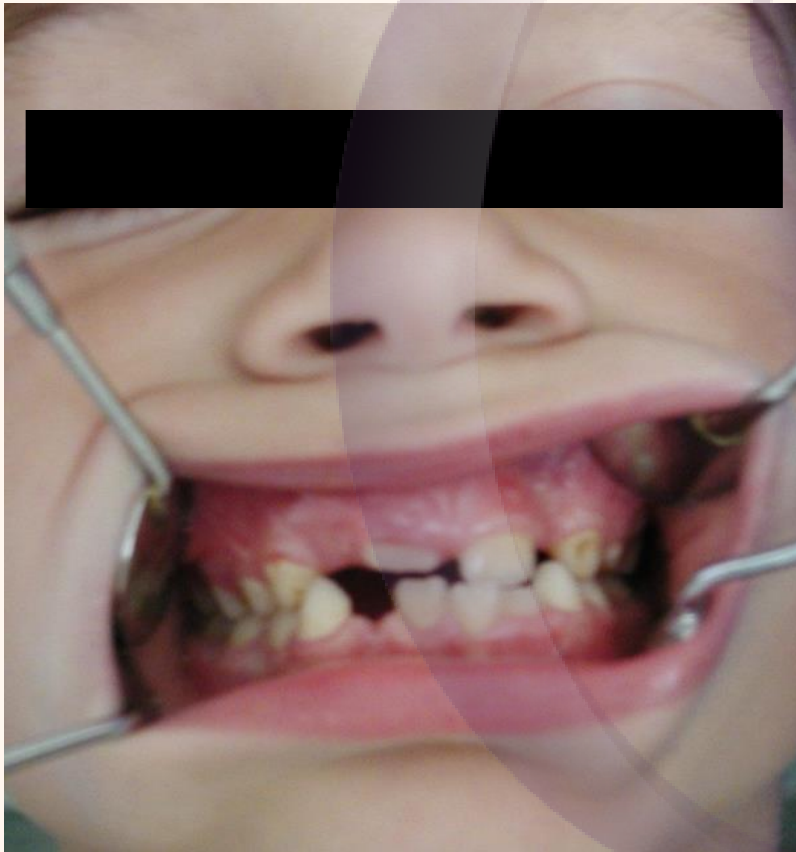


# Clinical case 3

Edi, age 7 y

## General dg

- mild form A hemophilia



## Reason for visit

- first dental check-up

## Dental dg

- mixed dentition
- a tendency to front cross-bite (21/31)
- mild gingivitis (poor hygiene motivated by bleeding while brushing)





## Treatment:

- early interception of cross-bite by composite splint, thus avoiding more complex orthodontics for a later stage

## Problems encountered:

Patient did not show for regular check-ups after removal of splint