Minimally invasive oral surgery: Experience and results

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Clinical case: Female patient, 53 years old, Von Willebrand factor >1%.Severe sequels due to hemorrhagic life events during her life, treatment on demand.
Chronically anemization, Gynaecological and nutritional causes were ruled out, the conclusion points to an oral origin.
Diagnosis: Severe periodontal disease, permanent gingivorragia of variable intensity, difficulty to eat, speak and smile.



Treatment proposal
Consecutive teeth extraction, 7 in the upper maxillary and 6 in the lower one in a single surgical ambulatory time.
2 extractions were previously done with:
A. Oral Tranexamic, 1 gr/VO/6 hours/7 days, F.VIII +f. Von Willebrand 2000 UI/iv 1hour prior the procedure, other 6 hours later, without any complications, to earn the trust of the patient and her family,
1 hour prior the procedure: 500gr of acetaminofen, 10 mg of buspirone.1gr of A. Oral Tranexamic and 2000 UI/IV factor VIII+f. Von Willebrand.

Disinfection
Digluconate of Clorhexidine 0.2% washing: 4 minutes.
Infiltrative Anaesthesia, Lidocaine 2%+ epinephrine, superior canines and Ag Dental in the back.

Minimally traumatic extractions
14,13,23,24,25,26,27,33,32,31,41,42,43.
Local hemostasis:A.Tranexamic+Lidocaine 2%, plaster form, Gelfoam plug, simple suture in each alveolus, silk 3/0 without shutting the alveolus entirely.
13th alveolus bleeds in layer, 2000 UI/IV of F.VIII+ F. Von Willebrand. The immediate evolution is good.

Six hours after the last dose, 2000 UI of factor. Recommendations for post-operatory care, A. Tranexamic 1 Gr/6 hrs/VO/ 7days, Acetaminofen 500 mg/ 4 hours/3 days.

No complications, suture is retired 2 weeks later with local hemostasis. Rehabilitation with total prosthesis and perfect health. Anaemia solved with normal alimentation.

Conclusion: The recommendations of the WHF for this procedure are appropriate, anxiety management and analgesia of the patient is necessary and effective.

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