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“Importance of dental care in haemophilia patients with inhibitors”

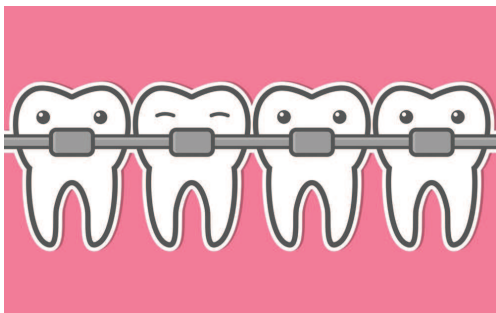
with Dr Alison Dougall from Ireland

ORTHODONTICS

Is it suitable for people with inhibitors?

Can a person with inhibitors have fixed dental braces?

My view on this is that braces are very safe. Braces are there to put teeth in a safe, natural position. That means that they are not sticking out. The problem with teeth sticking out is that when you fall over, if you take a hit, they are smashed. Plus, also children get teased nowadays if their teeth are sticking out. So, I think having braces is a good thing. The other thing is- if teeth are crooked, then they collect food around them, it is very difficult to clean them. In the long-term it is better to have straight teeth. They do not to be perfect but it is good to make sure the jaws and teeth are in the right place. So, having fixed braces is safe for people with inhibitors.



Good oral hygiene

However, if somebody does not have good oral hygiene and does not clean around those braces properly then food and plaque can get caught around them and can make the gums inflamed. You can have bleeding from the inflamed gums over time as braces are on for a year, sometimes 18 months.

So braces themselves are not a problem, but if a child or teenager does not have a good oral hygiene and do not clean their teeth well, it is not a good idea to have

braces. It is not a good idea even for people without haemophilia. It is really important that the parents and the child understand that the gums and teeth must be kept clean.

Sharp parts

Regarding the sharp bits on the braces I think that it is just a worry that people have. It is not an issue. It just means, that if a brace gets broken and there is a sharp bit sticking out, you just need to make sure to get them fixed pretty quickly. People go to the orthodontist every month anyway.

We can also give people bits of sticky wax that they can stick over any sharp bit to make sure there is no rubbing. Orthodontics is a good thing!

Fewer teeth removals

Nowadays to straighten teeth we take out fewer teeth than we used to. We used to take teeth out to make space when putting the braces, and sometimes that is a problem if people don't have enough factor, for example. But nowadays we don't tend to take teeth out, we move them all around with fixed braces.

Better quality of life

Orthodontics generally is something that should be encouraged. In Ireland we did a whole set of guys, they were in their 20's and they have not been allowed to have orthodontics in the past. And it made a big difference to their quality of life, both self-esteem and the ability to be able to clean properly. I think it's a good thing and there are no barriers per se for people with inhibitors.

Can a person with (high titre) inhibitors have dental implants?

Yes, of course! Because people with inhibitors should not be denied necessary surgery. I think this is something that is part of the European Principles of Inhibitor Management.

With antifibrinolytics and bypassing agents implants in themselves are no more dangerous than having a tooth extracted. In fact, less dangerous. If you think of tooth extraction, you need to remove the tooth from the bone, but when having an implant we are very gently drilling a small hole into the bone and then screwing an implant into the jaw bone. So – similar protocols of bypassing agent just before the tooth comes out and 3 hours after, post-operative because of the short half-life.



We place a lot of implants in people with haemophilia, because in the past they had a lot of teeth removed. Implants will help them to be able to chew a healthy diet, or to anchor down a denture. They are really recommended if people are having problems chewing. It is a risk procedure, one of the higher risk dental procedures, but it is perfectly possible if people have the right factor support and a dentist who is going to do a neat surgery, and in close collaboration with haematologist.