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In The Era of Modern Dental Care Anti-Thrombotic Medications

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Abstract

Due to the development of novel anti-thrombotic medicines and modifications to the approved indications for their use, anti-thrombotic treatment has undergone significant changes in recent years. Dentists are consequently seeing more patients who are receiving anti-thrombotic therapy and who have a higher risk of bleeding. The current research seeks to evaluate the literature on current anti-thrombotic therapies and provide details on their dental implications. The material published between 2000 and 2016 was searched online. Both articles discussing evidence-based clinical recommendations for anti-thrombotic therapies and publications documenting the use of anti-thrombotic drugs were incorporated. The publications were reviewed based on the treatment protocol criteria and their applicability to dentistry. A total of 5,539 papers were found: 132 of these articles mention direct anti-thrombotic drugs, while 56 of the 554 evidence-based clinical guidelines found dealt with anti-thrombotic therapy procedures. During dental procedures, bleeding is a possibility. Dentists need to be knowledgeable about the effects of new generation anti-thrombotic medications on dental treatment as well as practical ways to achieve haemostasis because more patients are taking them [1-5].

Keywords: Oral surgery; New anti-thrombotic drugs; Postoperative bleeding; Thromboembolic events

Introduction

Patients seeking restorative care may arrive for a number of different reasons. A thorough history-taking process provides the foundation for success, along with a logical flow for diagnosing the presented problem. Each stage builds on the one before it. A suitable treatment strategy should be developed, one that takes a holistic approach to the problem.

- It is a carefully planned series of treatments intended to get rid of or manage the etiologic cause.
- The treatment has been laid out in terms of its schedule and order.
- In response to the problem list, it is made.
- It entails planning a course of action that takes into account the effects and knock-on effects of the treatment in order to meet the demands of the patients.
- It serves as the case management manual.

Continuous antithrombotic therapy (ATT) has become more common among people with medical conditions during the past ten years. Increased knowledge of the critical part that coagulation plays in the pathophysiology of many diseases has led to this development. As a result, new indications for long-term ATT have been published in the form of clinical guidelines with a focus on the avoidance of ATT discontinuation and the prevention of cardiovascular and cerebrovascular illnesses. Moreover, the US Food and Drug Administration (FDA) have recently approved novel anticoagulants known as "direct oral anticoagulants" (DOACs) that work as thrombocyte function-modifying medications.

Discussion

Cavities and other oral abnormalities can be found during routine examinations before they create bothersome symptoms or more serious issues. Your chances of stopping tooth decay in its tracks and reversing its early stages are stronger the earlier you seek treatment. You usually won't need significant treatment if you address a cavity before it starts to hurt.

The severity of your cavities and your unique situation will determine how they should be treated. Options for treatment include:

- **Fluoridation processes:** A fluoride treatment may help rebuild the enamel on your tooth if your cavity has just begun, and it occasionally works to stop a cavity in its earliest stages. Fluoride levels in professional fluoride treatments are higher than those in tap water, toothpaste, and mouthwash. Fluoride treatments can be applied to your teeth as a liquid, gel, foam, or varnish with a brush or in a little tray that fits over your teeth.
- **Fillings:** When decay has advanced past the initial stage, fillings, sometimes referred to as restorations, are the primary therapeutic choice. Dental amalgam, which is a mixture of numerous materials, tooth-colored composite resins, porcelain, and other materials are used to make fillings.
- **Crowns:** You might require a crown, a specially fitted covering that swaps out the complete natural crown of your tooth, if your teeth are severely decayed or weak. The entire decaying region and just enough healthy tooth tissue are removed by your dentist during drilling to guarantee a snug fit. Crowns can be composed of gold, resin, porcelain bonded to metal, high-strength porcelain, high-strength ceramic, or other materials.

Children frequently experience anxiety related to dental procedures. The dental health care professional must make challenging decisions regarding how to ensure these kids' oral health in the course of normal everyday practise. The recommended treatment is typically beyond the capacity of the terrified youngster, but if it is not carried out, the child runs the risk of developing major general health issues and its quality of

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life may suffer. An overview of the causes of children's dental treatment anxiety is given in this article. Additionally, the dental professional is given knowledge of the opportunities that enable him or her to improve the child's treatability and lessen anxiety to the point where the necessary dental care can be given. A number of novel surgical rehabilitation procedures are made possible by the modern dental treatment plan. Within the last thirty years, dentistry has seen the introduction of dental implants, socket preservation, peri-apical endodontic surgery, and alveolar bone augmentation. The surgical method incorporating both soft and hard tissue is a feature shared by all of these treatments. The last ten years have seen the introduction of numerous new anti-thrombotic indications for the treatment of individuals who are at risk for thrombotic events as well as a new arsenal of anti-thrombotic procedures [6-10]. Dental healthcare professionals are now faced with the challenge of surgical therapy with the risk of bleeding from both medical advancements. Ideal dental treatment plans frequently need to be modified in order to provide cancer treatment quickly. Prior to radiotherapy, it is essential to plan the course of treatment and practise preventative care to avoid complications such osteoradionecrosis. Only if oral care is given enough precedence in the patient care pathway can rapid delivery of this dental care be achieved. The majority of the time, the patient's dentist and other dental care providers must provide comprehensive dental care, with guidance from the local dental oncology specialist team, as few cancer centres have the means to do so.

Conclusion

The risk of intraprocedural and postprocedural bleeding has increased due to the development of novel intra-oral surgical procedures in dentistry and new ATT agents. Therefore, it is essential for dentists to be informed about the advancements of new ATT agents as well as to be fully conversant with each patient's medical situation. This information helps people learn how to maintain hemostasis and avoid negative effects. The dental literature appears to include sufficient information on antithrombotic therapy, which offers a strong foundation for treatment.

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