THE ROLE OF CGF IN PATIENTS USING NOA UNDERGOING DENTAL EXTRACTION: PILOT STUDY

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Aim: repeated suspension of anticoagulant therapy may lead to an increased risk of thrombosis, as well as uncontrolled bleeding. The aim of this pilot study is to evaluate the possible haemostatic action of concentrated growth factor (CGF) in extraction surgery on non-suspended new oral anticoagulants (NOAC) therapy patients.

Methods: patients in NOAC therapy (excluding patients in OAT) with the need for simple extraction surgical therapy were selected. For each patient, the levels of hematocrit, creatinine, type of NOAC and administration were evaluated. Before surgery, 2 blood tubes were taken (Silfradent glass tubes, PV 200R 10 ml tube) and centrifuged (MEDIFUGE MF200 CGF). The formed CGF was then inserted at the level of the post-extraction alveolus and an X-shaped suture (Vicryl 4.0) was applied. The patient remained under observation for 30 minutes, in which bleeding (mild, heavy or severe) was assessed at t0 and subsequently at 5, 10, 15 and 30 minutes. After that, it was reevaluated at 3 days, 7 days and 14 days (with related suture removal). During the first follow-up (3 days) the patient was asked if he had experienced pain, bleeding and/or swelling after surgery. Comparable probe photographs were taken to monitor socket closure at every check. Antibiotic therapy, painkillers and mouthwashes based on Chlorhexidine were prescribed. If necessary, the patient was advised to apply Tranexamic Acid.

Conclusions: all treated patients presented CGF coagulation, effective haemostasis and a normal postoperative course. Slight bleeding was observed in only 1 patient on the evening of surgery. To obtain more statistically significant results, it is necessary to increase the sample number and compare the effects of normal hemostasis procedures with the split-mouth technique.