CURRENT ORGANIZATION OF GENERAL DENTAL PROGRAMS FOR HEMOPHILIACS.

B. Lewis, Children's Hospital of Michigan, Detroit, Michigan, U.S.A.

Dentistry should be as accessible to the hemophiliac as to any other individual. The normal high standards of dental treatment should not be compromised because of hemophilia. A proper understanding of this problem between the patient, physician, and dentist should underscore the precautions necessary for treatment. Preventive dentistry is very important. Proper brushing, flossing, and diet should keep the soft tissues healthy and firm. Bleeding problems can be adequately handled when they occur. Dental checkups at determined intervals will allow the practitioner to discover any problems at a beginning stage where it can be easily restored with minimal trauma.

ALTERNATIVES TO ORAL SURGERY FOR HEMOPHILIACS- S.A. Sachs, Long Island Jewish Hospital, New Hyde Park, New York, U.S.A.

Modern hemophilia therapy allows comprehensive dental care to be performed safely. Essential to this is a mutual understanding between patient, hematologist and dentist. Although much attention has been focused on the management of hemophiliacs who require the removal of teeth, care should be directed towards means of conserving the dentition and supporting structures. The relationships between pulpal and periodontal disease, the procedures utilized to treat them and hemophilia will be discussed.

EVALUATION AND APPROACH TO INDICATED ORAL SURGERY. T.F. Mulkey, Inglewood, California, U.S.A.

The proper hematologic, psychological and clinical evaluations, including factor assay, inhibitor level, if any, previous bleeding history, response to previous dental treatment and status of dental health are all essential prior to any oral surgical treatment. In depth explanations of procedure, infusion of missing factor to the 20%-50% level, modified surgical technique and rigid post extraction instruction, have proven to be very effective in the management of oral surgery on hemophiliac patients.