Dental loss, oral health and hereditary coagulopathies

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According to the Brazilian Ministry of Health the cross-sectional studies are important in health policy as the improvement of information systems allowing a diagnosis of the health situation of the population with epidemiological information obtained from primary data[1]. Regarding oral health, the diagnosis of dental caries and periodontal disease should be established based on information from population surveys. A cross-sectional study conducted in Brazil showed that the proportion of caries-free individuals decreases as a function of age, and, at 5 years of age, approximately half of Brazilian children are caries-free in the primary dentition and at 12 years, 43.5% have the same condition in the permanent dentition. As time passes, the ages between 15 and 19 this percentage drops to 23.9%, between 35-44 the median is 0.9% of adults and 65 to 74 years, the percentages are 0.2% of adult caries. The medians for the Brazilian reality in relation to tooth loss show that at 5 years of age there is an average of 0.11 teeth lost, at 12 and 18 years have averaged 0.13 and 0.64 missing teeth, respectively. This number becomes different in adults 44 and up to 65 years where the average lost teeth are 8.51 and 24.33, respectively. In a recent study of patients with hereditary bleeding disorders, it was shown that in northeastern Brazil the average tooth loss at 5 years of age was 0.00 teeth, at 12 and 18 years have averages of 0.07 and 0,00 missing teeth, respectively. This number to adults at 44 and over than 65 years showed averages of 3.97 missing teeth and 11.57, respectively. In addition, the median of decay-missed-filled teeth is also below the national average. These data show the importance of preventive dental caries and extractions when talking to patients with bleeding disorders because these patients need special care in relation to invasive procedures. In a study by Salem[2] (2013), the results for the primary dentition young patients proved to be caries-free and also fewer missing teeth. These data are similar to the Brazilian study and reflects the status of oral health care received which may include topical fluoride, regular dental visits, education of patients and families. These factors include an intensive oral care to patients with bleeding disorders[3,4].

In conclusion, our data show that Brazilian bleeding disorders patient may not have negative impact on the quality of oral health except for the presence of bleeding, inherent to the disease. One can also say that early education about oral health routines and intensive care under supervision lead to good results. The results showed that patients with bleeding disorders should be instructed and educated early regarding oral health.

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