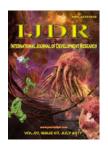


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ORIGINAL RESEARCH ARTICLE

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VON WILLEBRAND DISEASE ASSOCIATED WITH MOLAR EXTRACTION: MAIN CHALLENGES

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ABSTRACT

Introduction: Von Willebrand disease is the most prevalent coagulation inherited disease, affecting about 1.0% of the population. There are several classifications of the disease having it types: Type 1: One of the symptoms to clinical eyes are bruises, skin squamoses with only slight touches.

Objective: The objective of the study was to make a brief discussion through literary review and to show that von Willebrand disease type 1 is not life - threatening.

Methods: Experimental and clinical studies were included (case reports, retrospective, prospective and randomized trials) with qualitative and / or quantitative analysis. The words were included "Von Willebrand disease", "Diagnosis", "Optimization of care". A total of 40 articles were found involving Von Willebrand disease. A total of 15 articles were evaluated in full, and 10 were included and discussed in this study.

Conclusion: Anamnesis and the detailed clinical examination as well as the request for complementary examinations allow the dental surgeon to understand Von Willebrand's Disease and its stages.

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INTRODUCTION

Von Willebrand disease (VWD) is the most prevalent coagulation hereditary disease, reaching about 1.0% of the population and clinically manifesting at about 125 individuals per million (approximately double the prevalence of hemophilia A) (Matos, 2011 and De Oliveira, 2015). Its diagnosis should be considered whenever a patient with a history of repeated mucocutaneous hemorrhages arises, especially if associated with a family pattern (De Oliveira, 2015). There are negative and positive consequences of Von Willebrand's Disease in its broad sense. It is a hereditary genetic inheritance disease or absence of factor 8, which is the factor of blood coagulation (Boas, 2014).

There are several classifications of the disease having type: Type 1: is a quantitative defect where the concentration of VWF is between 20-50% of normal value. Type 2: is a qualitative defect and affects 20-30% of cases having subtypes: 2nd most common type, 2b FVW has platelet binding affinity, 2M has no binding to platelets and 2N loses binding with factor 8. Type 3: is the most severe type has deep bleeding and has acquired disease: which is Related to other pathologies (Ferreira, 2013). One of the symptoms to the clinical eyes is bruises, skin esquimoses with only slight touches. We must have the knowledge that type 1 disease is normal and causes mild to moderate bleeding (Augusto, 2014). The great challenge is to understand how to take care of these patients, giving the best safety and well-being through specific tests to better diagnose the class of the disease. Thus, surgical

procedures need to be as conservative as possible (Augusto, 2014 and Silva 2013). The aim of the study was to make a brief discussion through literary review and to show that von Willebrand disease type 1 is not life-threatening provided it has an accurate diagnosis.

MATERIALS AND METHODS

Experimental and clinical studies were included (case reports, retrospective, prospective and randomized trials) with qualitative and / or quantitative analysis. Initially, the key words were determined by searching the DeCS tool (Descriptors in Pubmed, Health Sciences, BIREME base) and later verified and validated by MeSh system (Medical Subject Headings, the US National Library of Medicine) in order to achieve consistent search.

Mesh Terms

The words were included "Von Willebrand disease", "Diagnosis", "Optimization of care". The literature search was conducted through online databases: Pubmed, Periodicos.com and Google Scholar. It was stipulated deadline, and the related search covering all available literature on virtual libraries.

Series of Articles and Eligibility

A total of 40 articles were found involving Von Willebrand disease. Initially, it was held the exclusion existing title and duplications in accordance with the interest described this work. After this process, the summaries were evaluated and a new exclusion was held. A total of 25 articles were evaluated in full, and x were included and discussed in this study.

LITERATURE REVIEW AND DISCUSSION

This disease has the decreased or dysfunction of the protein called von willebrand factor (FVW) (Matos, 2011 and De Oliveira 2015). This is a multimer that circulates in the blood plasma synthesized by endothelial cells and megakaryocytes and has the function of mediating platelet adhesion to the injured subendothelium and maintaining plasma levels of factor 8 which is a procoagulant protein (Boas 2014). In VWD, which is a congenital disease, in the patient, the lesions often present with hemorrhagic appearance on the upper and lower lips. The soft palate hematomas, the skin on the skin of the face (De Oliveira, 2015). In the perioperative period, the patient does not die only from hemorrhage, but also from thrombolytic events (Boas, 2014). It is extremely important to understand that the coagulation system represents a balance between pro and anticoagulant factors. Among some drugs, Ferreira et al. (Ferreira, 2013), analyzed valproic acid an anticonvulsant, it is cause depression in the bone marrow that results in marrow aplasia or myeloplastic syndrome indicated in the adjuvant treatment of simple absence as von willebrand disease type 1 hypofibrinogenemia which is the reduction of levels of coagulation dependent factors Of vitamin K. As VWD is considered a hereditary hemorrhagic disorder (Ferreira, 2013). Surveys were done where they showed that most of the tests are done in adults, a chart and assembled to evaluate each patient according to symptoms and hematomas and see if they need the treatment of DD'AVP (desmopressin) (Augusto, 2014; Silva, 2013 and Berta Suênia Monteiro de oliveira Lericiana Ferreira Santana, 2014).

The epsilon amino caproic acid is an antifibriolitic and it can be used in surgical exodontia, as it acts inhibiting the plasminogen activating protein preventing the formation of plasmin, protein responsible for fibrin lysis, tablets macerated and applied as a blended paste With sterile physiological serum or anesthetic solution and tb orally investigated (Silva, 2013). This disease has the same prevalence in both men and women, but in women it may be diagnosed before by excessive menstrual flow, but it is necessary that the nursing knowledge be necessary so that it can attend these patients with care along with pharmacological treatment (De Oliveira, 2015). It should be taken into account the presence of the symptoms and family history since the disease and genetic inheritance, diagnosis is difficult especially with regard to classification, requiring auxiliary and specific tests (Ferreira, 2013). Anamnesis, containing all ex data, is important; Family history because the symptoms are: bruising, excessive menstrual bleeding, large bleeding at small cuts, and treatment of them are done through desmopressin which is a synthetic analogue of vasopressin elevates VWF levels in the blood plasma administered by oral, intravenous, intranasal Or subcutaneous sites that delay the breakage of the clot because they saturate the fibrin binding sites found in plasminogen and thus control bleeding (Castaman, 2013). There are a variety of hemostatic agents, hemostatic topical; Gelatin, collagen, cellulose thrombin and hemostatic adhesives and sealants; Fibrin, cyanoacrylate, albumin with glutaraldehyde and many help stabilize bleeding (Marcus Vinicius, 2013).

Conclusion

Anamnesis and the well-detailed clinical examination as well as the request for complementary examinations allow the dental surgeon to understand Von Willebrand's Disease and its stages, obtaining an excellent performance in attending not only these patients in particular, but bringing to itself the tranquility and Improvement of the quality of life.

Conflict of interests

There is no conflict of interest between authors.

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