

Safe hematological parameters for performing exodontias in pre-liver transplantation patients: a systematic review of literature

Dhoulgas Lucena Araújo¹, Camila Carvalho de Oliveira¹

¹Department of Dental Clinic, Faculty of Pharmacy, Dentistry and Nursing, University Federal of Ceará, Fortaleza, CE, Brazil

dhoulgasufc@gmail.com

Objective: to review safe hematological parameters for performing exodontias in pre-liver transplantation patients. **Material and Methods:** a literature search was undertaken in PubMed database including only English-language papers with no limitation of year of publication. Twenty papers were retrieved by selecting prospective or retrospective clinical trials with the endpoint of postoperative hemorrhage relating to platelet count, international normalized ratio (INR) and partial thromboplastin time (PTT). After screening, 7 papers were included in the review, excluding those that evaluated hematological parameters referring to other systemic conditions and those that performed dental treatments other than exodontia. **Results:** the studies indicate that INR values between 2.5 and 3, platelet count between 30-40,000/ μ L and PTT of 1.4 min were

associated with 3-4% post-exodontia bleeding on average. Postoperative bleeding was more associated with high INR than with platelet count, but not with the type of liver disease or the number of molars extracted. Most authors also emphasize that the success rate was related to the adoption of hemostatic measures associated with the surgical procedure, such as the use of collagen sponges and local compression with gauze soaked or not in tranexamic acid. **Conclusion:** the analysis of hematological parameters by the dentists, such as INR (2.5-3.0), platelet count ($>30,000/\mu$ L) and PTT (<1.4 min), combined with the use of local hemostatic measures are essential for performing exodontias with lower risk of postoperative bleeding.

Keywords: Liver diseases; Exodontias; Hematological tests.