

Anticoagulant therapy: challenges and approaches in managing bleeding risks during dental procedures

Lucia Casamassima^{1*}
Danilo Ciccarese^{1*}
Filippo Cardarelli¹
Nicola Sguera¹
Lucia Memè^{2*}
Fabrizio Bambini²
Ioana Roxana Bordea^{3*}
Micaela Del Vecchio¹
Erda Qorri⁴
Gustavo Vincentis Oliveira Frenandes⁵
Lwai Almasri⁷
Marwa Alkassab⁸
Maher Almasri⁸
Andrea Palermo⁵

¹ Department of Interdisciplinary Medicine, University of Bari "Aldo Moro" Bari, Italy.

² D.I.S.C.O. School of Dentistry, Polytechnic University of Marche, Ancona, Italy.

³ Department of Oral Rehabilitation, Faculty of Dentistry, Iuliu Hațieganu University of Medicine and Pharmacy, Cluj-Napoca, Romania.

⁴ Department of Dentistry, Faculty of Medical Sciences, Albanian University, Tirana, Albania.

⁵ Missouri School of Dentistry & Oral Health, A. T. Still University, 1500 Park Ave, St. Louis, MO, United States

⁷ King's College London, U.K.

⁸ The University of Buckingham, U.K.

⁶ University of Salento, Lecce, Italy

Corresponding author: Ioana Roxana Bordea
e-mail: roxana.bordea@ymail.com

*These authors contributed equally as first authors.

Abstract

Anticoagulant therapy is essential for managing thromboembolic disorders but presents challenges in dental procedures due to bleeding risks. Agents such as vitamin K antagonists (VKAs), direct oral anticoagulants (DOACs), and low-molecular-weight heparins (LMWHs) require careful perioperative management. Local hemostatic measures and interdisciplinary collaboration are key in ensuring patient safety. **Materials and Methods:** A systematic review followed PRISMA guidelines, analyzing studies from 1989 to 2024. Searches in PubMed, Scopus, and Web of Science used keywords like "anticoagulant" AND "dentistry." Inclusion criteria focused on randomized clinical trials involving human subjects, while non-English studies and reviews were excluded. The ROBINS-I tool assessed bias across selected studies. **Results:** Of 623 articles screened, 25 met the eligibility criteria. Findings demonstrate that local hemostatic agents, including tranexamic acid and platelet-rich fibrin, effectively control bleeding without discontinuing anticoagulants. DOACs showed safety comparable to VKAs. Variability in dentists' knowledge emphasizes the need for education. Innovative approaches, like biomaterials and plant-based therapies, were promising. **Conclusion:** Local hemostatic measures and personalized care enable safe dental procedures in anticoagulated patients, minimizing thromboembolic risks. Continued education and research are essential for improving protocols and outcomes.

Keywords: Anticoagulant therapy, Bleeding management, Dental procedures

Authors

Lucia Casamassima - Danilo Ciccarese - Filippo Cardarelli - Nicola Sguera - Micaela Del Vecchio - Department of Interdisciplinary Medicine, University of Bari "Aldo Moro" Bari, Italy

Lucia Memè - Fabrizio Bambini - D.I.S.C.O. School of Dentistry, Polytechnic University of Marche, Ancona, Italy

Ioana Roxana Bordea - Department of Oral Rehabilitation, Faculty of Dentistry, Iuliu Hațieganu University of Medicine and Pharmacy, Cluj-Napoca, Romania

Erda Qorri - Department of Dentistry, Faculty of Medical Sciences, Albanian University, Tirana, Albania

Gustavo Vincentis Oliveira Frenandes - Missouri School of Dentistry & Oral Health, A. T. Still University, 1500 Park Ave, St. Louis, MO, United States

Lwai Almasri - King's College London, U.K.

Marwa Alkassab - Maher Almasri - The University of Buckingham, U.K.

Andrea Palermo - University of Salento, Lecce, Italy



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Introduction

Anticoagulants are essential in managing thromboembolic disorders, working through diverse mechanisms and pharmacokinetics (1–15). These agents, including vitamin K antagonists (VKAs), direct oral anticoagulants (DOACs), and low-molecular-weight heparins (LMWHs), are critical for patient care but present challenges in perioperative management, particularly in dental settings (Figure 1) (16–35).

VKAs, such as warfarin, inhibit vitamin K-dependent clotting factors and require regular international normalized ratio (INR) monitoring due to a narrow therapeutic window and high variability influenced by genetic and dietary factors (36–50). DOACs, targeting specific clotting factors like thrombin and factor Xa, provide advantages, including predictable pharmacokinetics, rapid onset, and fewer interactions, eliminating the need for routine monitoring (51–62). LMWHs, commonly used in bridging therapies, offer injectable anticoagulation with predictable effects, especially in scenarios like pregnancy or acute thrombosis (63–72).

Dental procedures vary in bleeding risk, necessitating individualized management (73–84). Low-risk procedures can often proceed without altering anticoagulation therapy, while moderate- and high-risk procedures may require therapy adjustments or bridging strategies (85–101). Effective management involves local hemostatic measures, such as tranexamic acid or fibrin sealants, to minimize bleeding complications (19,77,102–114).

Interdisciplinary collaboration among dentists, cardiologists, and other healthcare providers is critical for optimizing safety and outcomes (98,115–127). This systematic review synthesizes existing evidence from the 1990s to the present, offering for managing anticoagulated patients and identifying areas for further research to improve clinical practices.

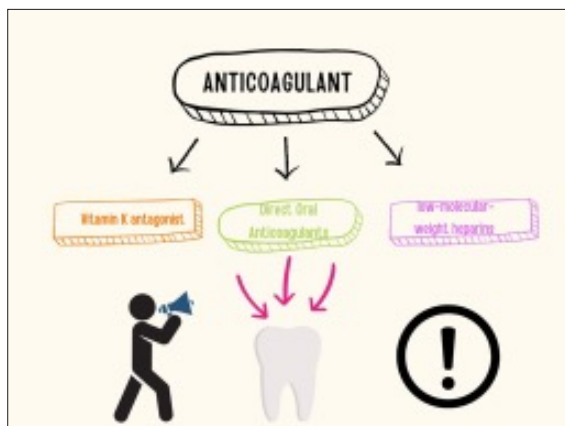


Figure 1. Anticoagulants: Vitamin K antagonist, Direct Oral Anticoagulants, and low-molecular-weight heparins in dental practice.

Materials and Methods

Protocol and Registration

This systematic review adhered to PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines and was registered on PROSPERO (ID:628684) (128,129).

The Process of Searching

The search focused on English-language papers published between January 1st, 1989, and November 1st, 2024, across PubMed, Scopus, and Web of Science. Boolean keywords “anticoagulant” AND “dentistry” and “anticoagulant” AND “oral surgery” were used. Boolean Indicators were: “anticoagulant” AND “dentistry”; “anticoagulant” AND “oral surgery”.

Eligibility Criteria

Two reviewers (L.C., D.C.) assessed studies based on these criteria:

These were the conditions for inclusion criteria:

- (1) Human subjects’ in vivo studies;
- (2) Studies in the English language;
- (3) open-access studies;
- (4) randomized clinical trials;

These were the conditions for exclusion criteria. Studies were excluded if they:

- Were in languages other than English.
- Used ineligible designs, populations, or outcomes.
- Were case studies, reviews, or animal studies

PICO Question:

The PICO question addressed was: “In individuals with coagulation and heart disorders, how does oral surgery compare to the use of heparin, antiplatelet therapy, control, and local hemostatic agents in the assessment and management of anticoagulant medications during dental care?”

- I. Population: Human individuals with coagulation and heart disorders.
- II. Intervention: Oral surgery.
- III. Comparison: Heparin, antiplatelet, control, and local hemostatic agents.
- IV. Outcome: Assessment of anticoagulant medications during dental care.

Data Processing

Four independent reviewers (L.C., D.C., L.M., and F.B.) assessed the quality of the included studies using specified criteria such as selection criteria, methods of outcome evaluation, and data analysis. This improved “risk of bias” tool also provides quality standards for selection, performance, detection, reporting, and other biases. Any disagreements were resolved through discussions or cooperation with other researchers (I.R.B., M.D.V., A.P., E.Q.). The reviewers filtered the records using the inclusion and exclusion criteria. By consulting the senior reviewer (A.P.), doubts have been cleared up. The selected articles were downloaded into “Zotero 6.0.36”.

Results

Characteristics of Included Articles

Three Databases—PubMed, Scopus, and Web of Science—were analyzed. Of the 623 initial articles, 204 duplicates were removed, leaving 419 for title and abstract screening. After excluding 315 non-relevant studies, 104 articles underwent eligibility assessment, with 79 eliminated for being off-topic. A final set of 25 articles was analyzed.

Two reviewers independently (L.C. and D.C.) evaluated article relevance, performing manual searches to supplement database results. Duplicates and irrelevant

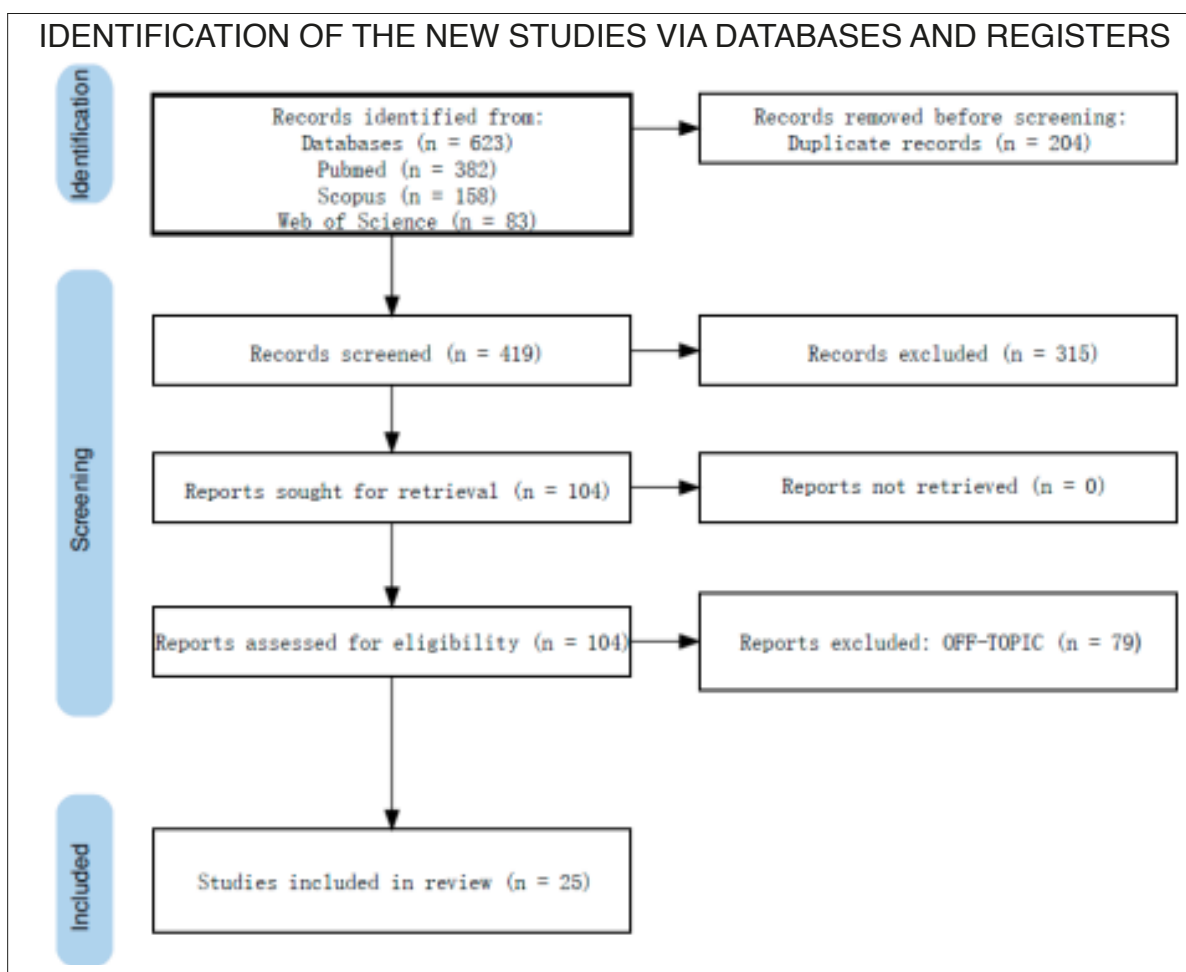


Figure 2. Literature search PRISMA flow diagram and database search indicators.

articles were excluded, with reasons documented. Figure 2 shows the flow diagram of a systematic review using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) reporting criteria.

Quality Assessment

Articles were reviewed using a standardized electronic form (ROBINSON), categorizing data by authorship, study aims, methods, and outcomes. The ROBINS-I

tool assessed bias across seven domains: confounding, participant selection, and missing data. Two reviewers conducted evaluations, with a third reviewer resolving disagreements. This ensured consistent and objective quality assessment (Table 1). Risk of bias was assessed, with 7 studies showing low risk, 11 high risk, and 2 very high risk. Bias was generally low in outcome measurement and participant selection but high in confounding and reported results.

Descriptive summary of item selection

AUTHORS	YEARS	AIM OF STUDY	MATERIALS	RESULTS
Borea et al. (130)	1993	To check if tranexamic acid mouthwash reduces bleeding in anticoagulated patients undergoing oral surgery	Clinical trial testing tranexamic acid mouthwash for bleeding control after oral surgery	The mouthwash successfully reduced bleeding in patients on anticoagulant medication
Lippert et al. (131) and another to 136 of their attending dentists (79% responding)	1994	To understand the views of patients with heart-valve prostheses and their dentists about anticoagulation therapy	Survey asking patients and dentists about their experiences and opinions on anticoagulation management	Both groups raised concerns and uncertainties about using anticoagulation therapy safely

To be continued

Al-Belasy et al. (132)Melsungen, Germany	2003	To assess the ability of N-Butyl-2-Cyanoacrylate (Histoacryl) glue to stop bleeding in patients on warfarin	Forward-looking study comparing how well N-Butyl-2-Cyanoacrylate glue works in managing bleeding during oral surgery for patients on warfarin	The glue proved to be a strong alternative for bleeding control in these patients
Karsli et al. (133)	2011	To analyze how Warfarin and Heparin affect bleeding during tooth extractions	Comparative clinical research on bleeding levels in patients taking Warfarin versus those on Heparin after tooth extractions	Differences in bleeding severity were observed between Warfarin and Heparin
Pereira et al. (134)	2011	To investigate tooth extraction outcomes in individuals using anti-coagulants	Prospective research tracking bleeding risks and related factors in tooth extractions among anticoagulated patients	Bleeding after tooth extraction was generally manageable
Sammartino et al. (135)particularly as filling material in alveolar sockets to regenerate bone for optimal dental implant placement. The objective of this work was to evaluate the use of L-PRF as a safe filling and hemostatic material after dental extractions (or avulsions)	2011	To test the use of leukocyte- and platelet-rich fibrin (L-PRF) for controlling bleeding after extractions	Clinical evaluation of how well L-PRF prevents bleeding in patients on anticoagulants who have undergone heart surgery	L-PRF effectively minimized the risk of post-extraction bleeding
Scarano et al. (86)needing dental extractions, were selected for this study. They were divided into 2 groups, control (group 1	2014	To evaluate calcium sulfate (CaS) as a bleeding control option during extractions	Research investigating CaS as a tool to stop bleeding after tooth extractions in anticoagulated individuals	CaS was found to successfully control bleeding and promote healing
Soares et al. (136)randomized study. Extraction sites were considered as sampling units (statistically representative sample size	2015	To compare different hemostatic methods for bleeding control after extractions in cardiovascular patients	Randomized study testing gauze soaked in tranexamic acid, fibrin sponge, and plain gauze for post-surgical bleeding control	All methods showed effective results in stopping bleeding after extractions
Shah et al. (137)simply known as an Implantable Cardioverter Defibrillator (ICD	2015	To outline a dental treatment plan for a patient with a cardioverter defibrillator and on Warfarin	Detailing the approach taken to manage a patient with a subcutaneous defibrillator while on Warfarin	The approach met the patient's dental needs safely and successfully
Gómez-Moreno et al. (138)	2016	To evaluate the results of dental implants in patients using Rivaroxaban	Study focused on implant surgery outcomes, bleeding risks, and implant success in patients on Rivaroxaban	Implant surgery had positive outcomes and minimal bleeding complications
Gómez-Moreno et al. (139)	2018	To assess dental implant outcomes for patients treated with Dabigatran	Prospective study measuring bleeding and implant success in patients taking Dabigatran	Surgery was successful with a low risk of bleeding issues

To be continued

Rocha et al. (140) complications in patients under therapy with anticoagulant or antiplatelet drugs submitted to oral surgery. To evaluate the risk of bleeding and safety for dental surgery, a retrospective chart review was performed. Medical and dental records of patients taking oral antithrombotic drugs undergoing dental surgery between 2010 and 2015 were reviewed. Results were statistically analyzed using Fisher's exact test, t test or the χ test. One hundred and seventy-nine patients underwent 293 surgical procedures. A total of eight cases of perioperative and 12 episodes of postoperative bleeding were documented. The complications were generally managed with local measures and did not require hospitalization. We found significant association of postoperative hemorrhage with increased perioperative bleeding (P=0.043	2018	To compare bleeding during oral surgery in anticoagulated vs. non-anticoagulated patients	Investigation examining bleeding during surgery and its impact on recovery	Perioperative bleeding was identified as a key factor for postoperative hemorrhage
Rocha et al. (141)	2019	To compare bleeding during oral surgery in anticoagulated vs. non-anticoagulated patient	Cohort study observing bleeding levels between patients on anticoagulants and those without anticoagulation	Patients on anticoagulants had higher rates of bleeding than those without
Yoshikawa et al. (142)	2019	To test the safety of tooth extraction in patients using DOACs versus Warfarin	Prospective study comparing tooth extraction outcomes between DOAC users and Warfarin users	Safety was comparable for extractions in patients on DOACs and Warfarin
Kwak et al. (143)	2019	To explore bleeding in dental treatments for patients using NOACs (non-vitamin K oral anticoagulants)	Retrospective study on bleeding events during dental procedures in NOAC-treated patients	Dental treatments were safe with proper precautions for NOAC patients
Rubino et al. (144) University of Kentucky Lexington, from January 1, 2011 through April 1, 2017. Records were included when the medical history was current, an invasive periodontal procedure was performed, an antiplatelet or anticoagulant medication was taken, and a postoperative visit was documented. RESULTS: Four hundred and fifty-six patients (age range 22-89 years; mean age 66.1 years; 58% male	2019	To examine post-surgical bleeding linked to antiplatelet and anticoagulant drugs	Retrospective analysis of bleeding incidents during dental procedures in patients on these medications	Low incidence of bleeding complications was observed
Ibdah et al. (145) including dental clinics at Jordan University of Science and Technology (JUST	2020	To evaluate the knowledge and opinions of dentists in Northern Jordan about anticoagulant and antiplatelet medications	Survey conducted to measure the awareness and attitudes of dentists regarding the use of these therapies in dental care	Dentists showed varying levels of understanding and perspectives on anticoagulant and antiplatelet medications
Puia et al. (146) in patients under oral anticoagulant therapy without drug interruption. The present study included 240 patients with international normalized ratio between 1.5 and 3.5. Patients took their anticoagulation drug normally. A single surgeon performed calibrated simple dental extractions and applied a plug of bismuth subgallate (BS	2020	To analyze the effectiveness of three different bleeding control methods during extractions in anticoagulated patients	Randomized trial comparing three local hemostatic agents for managing bleeding during tooth extractions in patients on long-term anticoagulants	All three methods proved effective in managing bleeding during extractions
Kim et al. (147)	2021	To explore the impact of direct oral anticoagulants in dental care	Retrospective observational study analyzing bleeding risks in dental treatments for patients on DOACs	Direct oral anticoagulants were associated with controlled and manageable bleeding during procedures

To be continued

Martínez-Moreno et al. (148)	2021	To evaluate bleeding issues in patients taking anticoagulants or antiplatelet drugs during dental procedures	Retrospective research looking at bleeding events in patients under anticoagulant and/or antiplatelet therapy	Patients on these therapies experienced some bleeding during dental care
Hiroshi et al. (149)the effects of the timing of DOAC administration and tooth extraction on the frequency of post-extraction hemorrhage have not been demonstrated. Therefore, we compared the frequency of post-extraction hemorrhages in patients in these different conditions and examined the effects of the timing of DOAC administration and tooth extraction on the frequency. DESIGN: Prospective multicenter study. SETTING: Eighty-six Japanese hospitals. PARTICIPANTS: In total, 182 teeth extracted from 145 individuals (119 teeth from adult males	2022	To measure how often bleeding occurs after tooth extraction in patients on DOACs	Multicenter study looking at post-extraction bleeding incidents in DOAC-treated patients	Bleeding was uncommon following extractions in patients on direct oral anticoagulants
López et al. (150)	2022	To investigate the therapeutic potential of certain plant extracts for oral health	Preliminary research assessing the antimicrobial, anticoagulant, and anti-inflammatory properties of plants	Some plants showed promising benefits for various dental health applications
Puia et al. (151)without interrupting anticoagulant administration. MATERIALS AND METHODS: Patients undergoing oral Vitamin K antagonist chronic anticoagulant therapy requiring simple dental extractions were included in the study. INRs were recorded on the day of the surgery, and dental extractions were performed applying bismuth subgallate as a haemostatic agent. Patients took their anticoagulation drug normally. Bleeding complications were recorded. RESULTS: The study included 694 patients, of whom 11 (1.58%	2022	To study the link between bleeding complications and international normalized ratio (INR) levels in anticoagulated patients	Evaluation of bleeding risk based on INR values in patients undergoing extractions on chronic anticoagulant therapy	Bleeding complications were influenced by INR levels during extractions
Nakamura et al. (152)but most included a small sample size. OBJECTIVE: This study aimed to analyse post-extraction bleeding in patients on antithrombotic therapy using data from a large database. MATERIALS AND METHODS: Claims data of National Health Insurance and Late-Stage Elderly Healthcare System enrollees who underwent tooth extraction between October 2014 and March 2019 (n= 107 767	2023	To examine post-extraction bleeding in patients taking antithrombotic medications	Analysis of data from a longitudinal study on patients using antithrombotic therapy	Post-extraction bleeding was noted among patients on antithrombotics
Ueda et al. (153)edoxaban, rivaroxaban, and warfarin. Patients who underwent one to multiple tooth extractions in the geriatric dentistry clinic at Tokyo Medical and Dental University Hospital between August 1, 2016, and November 30, 2020, were included. The outcome variable was postoperative bleeding occurrence. Logistic regression analysis was performed with the following ten factors as explanatory variables: age, sex, maximum systolic blood pressure during the extraction, type of local anesthesia, vertical incision, osteotomy, usage of surgical splints, the mesiodistal width of the extracted tooth on a radiograph, use of antiplatelet agents, and history of diabetes requiring medication. RESULTS: Among 395 participants (mean age, 82.3±6.5 years	2023	To determine factors contributing to bleeding after extractions in older adults on anticoagulants	Assessment of variables affecting bleeding in older patients undergoing extractions while on anticoagulants	Bleeding after extractions was influenced by multiple factors, showing the challenges in managing risks

Table I: Bias assessment.

Study	Risk of bias domains							
	D1	D2	D3	D4	D5	D6	D7	Overall
Borea et al.	-	+	+	-	+	-	-	-
Lippert, S. et al	-	-	-	+	-	-	+	-
Al-Belasy et al.	-	●	●	●	-	-	●	●
Karali, et al.	-	-	+	+	-	-	+	-
Pereira et al.	?	-	+	●	+	+	●	●
Sammartino et al	●	+	+	●	-	+	●	●
Scarano, et al.	-	●	+	-	-	-	-	●
Soares et al.	-	+	●	●	+	-	+	●
Shah et al.	●	-	+	●	+	+	-	●
Gómez-Moreno et al.	●	+	-	-	-	+	-	●
Gómez-Moreno et al. (2018)	●	+	+	-	+	●	+	+
Rocha et al.	-	+	●	+	-	●	+	+
Rocha et al. (2019)	●	+	●	-	+	●	+	+
Yoshikawa et al.	●	+	●	+	+	●	+	+
Kwak et al	●	-	+	●	+	+	●	●
Rubino et al	●	+	+	●	-	+	●	●
Ibdah et al.	+	●	+	-	+	●	+	+
Pua et al	+	+	+	-	+	●	●	●
Kim et al	●	+	●	-	+	+	+	●
Martínez-Moreno et al.	+	+	●	-	+	+	+	●
Hincchi et al.	+	●	+	-	-	+	+	●
López et al (2022)	●	+	+	●	-	+	+	-
Pua et al. (2022)	+	+	+	+	-	+	+	-
Nakamura et al	●	+	+	+	+	+	+	+
Ueda et al	-	+	+	+	+	+	●	+

Domains:	Judgement:
D1: Bias due to confounding.	Very High
D2: Bias arising from the measurement of the exposure.	High
D3: Bias in the selection of participants in the study (or into the analysis).	Some Concerns
D4: Bias due to post-exposure interventions.	Low
D5: Bias due to missing data.	No Information
D6: Bias arising from measurement of the outcome.	

Discussion

lue in achieving immediate hemostasis for warfarin-treated patients undergoing oral surgery, showing reduced postoperative bleeding complications compared to traditional methods (132,154–167). Despite these promising results, the study emphasized the need for standardized protocols and further validation due to limitations like a small sample size (132,168–176).

Similarly, Borea et al. explored the use of tranexamic acid mouthwash as a local hemostatic agent, demonstrating its effectiveness in controlling bleeding without the need to discontinue anticoagulant therapy (130,176–188, 312). This approach reduces thromboembolic risks, reinforcing the potential of local antifibrinolytic therapy in dental settings, though additional studies are required to generalize these findings (130,189–196).

Hiroshi et al. investigated bleeding risks associated with DOACs like dabigatran and rivaroxaban (149,197–200). Their findings suggested comparable safety profiles to warfarin, with similar hemorrhage rates, challenging existing paradigms about DOACs in dental procedures. Risk factors for bleeding were identified, highlighting the importance of individualized risk assessment (149,201–206).

Ibdah et al. highlighted knowledge gaps among dental professionals regarding anticoagulant and antiplatelet therapy, observing significant disparities in understanding and practice (1,145,207–209). The study emphasized the need for continued education, updated curricula, and interdisciplinary collaboration with cardiovascular specialists to improve management strategies (145,210–216).

Kwak et al. examined NOAC therapy in dental procedures, suggesting that individualized discontinuation periods based on creatinine clearance and specific NOAC pharmacokinetics could optimize patient outcomes (143,217–219). Lippert et al. focused on patients with cardiac valve prostheses on coumarins, proposing the continuation of anticoagulation during dental procedures with adjusted INR targets and local antifibrinolytic measures to balance thromboembolic and bleeding risks (131,220–223).

Alternative approaches to bleeding management were also explored.

López Villarreal et al. investigated plant extracts with antimicrobial, anticoagulant, and anti-inflammatory properties, suggesting their potential as adjuncts in dental care (150,224–226). Sammartino et al. introduced platelet-rich fibrin (PRF), demonstrating its efficacy as a hemostatic and healing biomaterial in anticoagulated patients undergoing dental extractions (135,227–231). Scarano et al. confirmed the effectiveness of CaS in minimizing bleeding and promoting normal wound healing during dental procedures (86,232–236).

Studies by Gómez-Moreno et al. and Pereira et al. focused on the safety of dental implant surgery and extractions in patients on anticoagulants, showing low incidences of bleeding complications with proper management strategies (134,138,139,237,238). Kim et al. and Karlı et al. compared bleeding risks between patients on DOACs, warfarin, and heparin, finding that careful preoperative assessment and tailored anticoagulant management are crucial for minimizing risks (133,147,239–242).

The role of anticoagulant therapy during invasive dental procedures was further emphasized by Martínez-Moreno et al. and Nakamura et al., who underscored the importance of risk stratification and the effective use of local hemostatic measures (148,152,243–247). Rocha et al. highlighted perioperative bleeding as a critical predictor of postoperative hemorrhage, advocating for comprehensive preoperative assessments and hemostatic interventions (140,141,248–252).

Yoshikawa et al. compared tooth extractions in patients on DOACs versus warfarin, demonstrating the relative safety of DOACs while informing anticoagulant management strategies (142,253–255). Case reports like Shah et al. underscored the need for interdisciplinary collaboration in managing complex cases, such as patients with cardiac devices on anticoagulation therapy (137,256–259).

The study of Soares et al. highlights that oral anticoagulant therapy, often a concern for dental extractions due to bleeding risks, can be safely managed with effective local hemostatic measures (136,260–262). It concludes that using 4.8% tranexamic acid, fibrin sponge, or no hemostatic agents yields similarly low rates of postoperative bleeding, even in patients on warfarin (136,263,264). The findings underscore the feasibility of performing extractions in anticoagulated patients with minimal complications, particularly when proper protocols are followed (136,265,266).

The retrospective study of Rubino et al. provides strong evidence that invasive periodontal procedures can be safely performed in patients on antiplatelet or anticoagulant medications with a very low risk of postoperative bleeding (0.35%) (144,267–272). The findings indicate that nearly all patients maintained their medications during procedures without significant complications, and bleeding issues were effectively managed with local hemostatic measures (144,273–279). The study underscores the safety and feasibility of continuing anticoagulant or antiplatelet therapy during periodontal surgeries, aligning to minimize thromboembolic risks while ensuring effective surgical outcomes (144,280–285).

Puia et al. highlight the importance of choosing appropriate local hemostatic agents for managing postoperative bleeding in patients undergoing simple dental extractions while maintaining oral anticoagulant therapy (146,238,286,287). It demonstrates that bismuth subgallate and fibrin tissue adhesive are significantly more effective in preventing bleeding complications than microfibrillar collagen, with the latter showing a higher rate of postoperative hemorrhage (12.5%) (146,288,289). The findings support the recommendation of maintaining therapeutic anticoagulation levels during dental procedures, as bleeding can be effectively controlled using suitable hemostatic measures (146,290,291). This approach minimizes thromboembolic risks while ensuring patient safety during extractions (146,292,293).

Puia et al. 2022 study underscore that maintaining therapeutic levels of anticoagulants during simple dental extractions is a safe approach when effective local hemostatic agents, such as bismuth subgallate, are used (151,294,295). Among 694 patients on chronic oral Vitamin K antagonist therapy, the incidence of postoperative bleeding complications was low (1.58%) and effectively managed with local measures (151,296–298,25). Importantly, no correlation was found between

INR values and bleeding complications, suggesting that within the therapeutic range, INR may not significantly impact postoperative outcomes (151,299). The findings reinforce the protocol of continuing anticoagulant therapy to reduce thromboembolic risks while safely managing bleeding during dental procedures (151,300,301)

Ueda et al. highlight the critical factors influencing postoperative bleeding in older patients receiving anticoagulant therapy following dental extractions (153,302,303). Key findings include the significantly higher likelihood of bleeding in cases involving vertical incisions, osteotomies, and extractions of teeth with larger mesiodistal widths or multiple teeth. The study underscores the importance of targeted management strategies, such as suturing and adjunctive hemostatic measures, to mitigate bleeding risks in these scenarios (153,303–305). These insights are particularly relevant for clinicians treating geriatric patients, emphasizing individualized care tailored to procedural complexities and patient-specific risk factors (153,211,306–311).

Conclusion

Dental management of anticoagulated patients has significantly improved due to advances in clinical research. Key findings include:

- Local hemostatic agents like tranexamic acid and Histoacryl glue effectively minimize bleeding risks.
- Dental procedures can often proceed without discontinuing anticoagulants, ensuring patient safety.
- Continuous education and collaboration among healthcare providers are vital for managing anticoagulated patients. Future research should address gaps in evidence, particularly through larger, multi-center studies, to refine management protocols and further enhance care quality.

Abbreviations:

Cas: Calcium Sulfate
 DOACs: direct oral anticoagulants
 HISTOACRYL: N-Butyl-2-Cyanoacrylate
 INR: international normalized ratio
 L-PRF: leukocyte- and platelet-rich fibrin
 LMWHs: low-molecular-weight heparins
 NOACs: non-vitamin K oral anticoagulants
 VKAs: vitamin K antagonists

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Informed Consent Statement

Not applicable.

Data Availability Statement

Data are contained within the article.

Conflicts of Interest

The authors declare no conflict of interest.

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