Effectiveness of local hemostatic measures after tooth extraction in patients on antithrombotic therapy

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Received: 18 November 2018 / Accepted: 22 September 2019 / Published online: 31 October 2019
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In August 2018, Ockerman et al. [1] published a systematic review about local hemostatic measures after tooth removal in patients on antithrombotic treatment, excluding from the analysis some articles whose outcome was not the number of bleeding events [2–6]. In that study, however, post-operative bleeding was not defined, and therefore, it can be supposed that, since bleeding is a natural event after tooth extractions, Ockerman et al. [1], when referring to post-operative bleeding as the outcome of their research, clearly refer to bleeding that occurs after hemostasis which has been already reached or that has not stopped after extraction, spontaneously or by means of immediately applied simple local hemostatic measures, such as compression or/and suturing or/and hemostatic agent application. In the 2016 Cochrane systematic review about interventions for treating post-extraction bleeding [7], the latter was even defined as bleeding that continues beyond 8 to 12 h after dental extraction. Since in the result section of all studies excluded from Ockerman's review, it was clearly defined that hemostasis was always reached after extraction, and, except in those of Kale et al. [2] and Kumar et al. [5], who stated, however, that no side effects happened, and that post-operative bleeding did not occur in all cases, the exclusion from the review of the 5 mentioned study [2–6] does not appear logical, especially because all those studies aimed to find any differences between different hemostatic measures in terms of bleeding times and overall hemostatic effectiveness. In such a way, Ockerman et al. [1] unjustifiably excluded from their review all articles concerning two local measures that are really effective in achieving hemostasis such as HemCon Dental Dressing and blue-violet diode laser irradiation [2–6], which were used in the excluded articles.

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