be further divided into three types mild, moderate and severe based on the activity of factors. Haemophilia A occurs more commonly in males with incidences of roughly 80%-85% [14]. Haemophilia B have comparatively less incidences 10%-15%. The individuals with congenital coagulation disorders are at higher risk for dental caries and these patients have other oral diseases as they are hesitant to use daily oral hygiene measures to prevent bleeding episodes. The other complication that may arise during dental treatment are administration of local anaesthesia because of the abundant vasculature and the likelihood for hematoma development in the retromolar or pterygoid regions, inferior alveolar blocks necessitate factor replacement. Few investigations of the oral cavity in haemophilia patients have revealed a significant prevalence of dental problems and poor oral hygiene due to fear of prolonged bleeding after dental interventions and are left untreated or with minimal intervention which results in increased chances failure of treatment provided. Patients with hereditary bleeding problems must prioritise their dental health. Multiple dental visits as well as regular consultation with haematologist, physician and a dentist can guide the patient at times [15].

CONCLUSION

Dental caries is caused due to various factors one the major factor being poor oral hygiene. In haematological diseases the oral hygiene status of the individual in compromised due to physical and psychological condition of an individual. Which leads to increased plaque and calculus which causes increased risk of caries. The other factors are reduced salivary flow in many of the haematological diseases. Saliva has cleansed action and the pH help in maintain adequate oral health. But significant decrease as seen in the cases of haemophilia as well as von Willebrand disease causes increase in biofilm deposition. The incidences of caries are comparatively higher than that of a normal healthy individual. The caries can lead to loss of tooth structure or extraction of tooth in case of extensive caries. Both affecting the diet and improper mastication leading to further complications. The individuals with haematological disorders can reduce the incidences by following methods:

- Follow basic dental prophylactic measures, such as brushing two a day with fluoride-containing toothpaste and using a pea-size amount.
- Changing the diet if the intake of sugar is higher, as well as avoiding the use of sugar-containing medications shortly before bedtime.
- It is important to scale at adequate intervals when a patient has less movement in case of severe conditions to avoid plaque and calculus formation.
- Application of fluoride in cases of children who are suffering from early childhood caries or rampant caries.
- Minimally invasive and less traumatic treatments are recommended such as lasers for detection and treatment of caries.
- Awareness about the bleeding disorders and improving skills of the dentist.
- Regular dental visits and consultation with haematologist, general physician as well as dentist.

This will help in maintaining the oral health of an individual suffering from blood disorder and avoiding further dental complication which may cause systemic effect.

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