

## Learning from Failures

There is no such thing as perfection in clinical practice.

Even if the highest standards of planning, execution, and patient education are implemented and followed, complications may and, in fact, do happen. Treatment-related complications can be generally defined as “adverse events or outcomes that occur in the course of therapy.” As such, they may arise in the intraoperative or postoperative phases, or even during the maintenance phase. Depending on their nature (eg, extent, severity, timing), complications may be easily managed or can instead render the treatment plan execution longer and more challenging, expensive, and frustrating for both the clinical team and the patient. While some complications can be entirely inconsequential, others might completely derail the original plan and force considerable adjustments to reach an acceptable outcome, which may substantially undermine the patient’s confidence in the provider.

Complications are an unwelcome but inevitable component of clinical practice. However, complications can also represent an opportunity for growth. Quoting Morihei Ueshiba, a legendary Japanese martial artist who is known worldwide as the founder of aikidō, “Failure is the key to success; every mistake teaches us something.” It is therefore vital to recognize the importance of learning not only from what goes well but also from what does *not* go so well. In line with this philosophy, *The International Journal of Periodontics & Restorative Dentistry* would like to engage with the clinical and scientific community and warmly invites clinicians and scholars to report and discuss cases that demonstrate the occurrence and management of complications, their sequelae, and how these influenced the outcomes of therapy.

These publications should adhere to standardized reporting guidelines (<https://www.equator-network.org>), such as the CARE checklist for

case reports (<https://www.care-statement.org>). Following a pertinent introduction and the main purpose of the report, the Materials and Methods section should contain a detailed description of the patient(s) background, chief complaint or condition(s) to be treated, goal(s) of therapy, and treatment(s) delivered, including any potential difficulties encountered or errors made in the different phases of therapy that could have precipitated the appearance of complications and how they were treated. To facilitate understanding of the information presented, high-quality photographs and/or videos depicting several steps of the treatment sequence should complement the text.

In the Results and Discussion sections, the authors should describe in detail the observed outcomes of therapy and provide an honest and transparent reflection on the possible reasons for failure or suboptimal results, delving into underlying factors that may have contributed to the occurrence of the adverse event(s), whether they are previously unaddressed medical conditions, technical limitations, unforeseen intra- or postoperative circumstances, or other relevant variables. Finally, the Conclusions section should clearly and concisely summarize the key takeaways and emphasize the main lessons learned from the presented case(s).

By openly sharing, analyzing, and discussing complications through their experience and expertise, authors can engage the clinical community to foster a collaborative environment and generate ideas for future research projects, which can significantly contribute to further the collective knowledge on the boundaries of predictability in clinical practice.

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