

“Competitive” Also Plays a Role

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The traditional conservative management of pulpal disease has been challenged by the choice of osseointegrated implant replacement of the tooth in question. It is clearly prudent, indeed advantageous, for the patient to consider endodontic treatment and dental implant therapy as complementary treatments. However, clinical and fiscal realities demand that a competitive, evaluative approach be reconciled with what is likely to create the best outcome for patients and compromised oral sites requiring prosthodontically determined treatment. The potential pitfalls of any treatment decision must also be perceived in the context of psychosocial and economic realities, since differential costs may well be the primary guiding factor. Prescribing implant therapy is expensive; but seems to offer a high level of predictability, at least in the short term. Alternatively, preserving the tooth through endodontic methods presents the possibility of a secondary treatment decision, since a retreatment option will continue to exist in case of failure. Further, the latter outcome will have serious fiscal implications, thereby making this choice a controversial one.

In this debate, the frequently cited contradictory and ambiguous pool of data remains unsuitable for direct comparisons. It may therefore be more appropriate to educate patients on what we do know for certain regarding the consequences of not replacing a diseased tooth.¹ In this way, patients are fully informed and can better understand the circumstances behind the professionally guided decision-making process.

Published systematic reviews present a data interpretation dilemma, since the studies are more indicative of recording patient dropouts versus true success or survival outcomes. This fact undermines clinicians' ability to interpret the data in a compellingly predictive manner. Of course, these literature reviews are still helpful, since they identify problems in the ways in which data are reported and pave the way for more meaningful future publications. The latter would permit additional viable forms of meta-analyses that can be built upon for future reference.

It could be suggested that procedurally based decision making may not be prudent when comparing the success of one therapy over another. However, a treatment algorithm may be completed for most patients that is based on individual needs and requisite clinical concerns. Treatment algorithms serve to normalize the progression of therapy aimed to manage the sequelae of disease. Even if the variables creating these algorithms influence their level of complexity, the exercise still serves to make the decision-making process somewhat easier. This strategy is clearly not meant to serve as a cookbook approach, but rather should be based on axioms of the best evidence-based outcomes, such as the minimum structural requirements for ferrules, mesiodistal root width, periodontal health, alveolar bone height and width, crown-root ratios, and many other variables for each type of therapy.

It remains clear that an expanded repertoire of oral health management options both enriches and challenges the treatment-planning exercise. It is also an additional challenge to those providing treatment and those receiving it—to understand the treatment sequencing scenarios and processes that highlight prescribed treatment choices.

1. Aquilino SA, Shugars DA, Bader JD, White BA. Ten-year survival rates of teeth adjacent to treated and untreated posterior bounded edentulous spaces. *J Prosthet Dent* 2001;85:455-460.

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