

**ENDO**

Costs and advantages

In recent years, dental implants have become a common alternative in dental care. A dental implant is an artificial tooth root used in dentistry to support restorations that resemble a tooth or group of teeth. There are a lot of companies that produce implant systems throughout the world. In Italy, there are more than 300 different products for implant surgery! The companies are certainly interested in commercialising and sponsoring their product.

The idea that an implant is better than endodontic root canal treatment is regularly more accepted. The impression for a superstructure also takes less time than a crown prep. No prepping, no cord that needs to be packed, no critically subgingival margins that need to be exposed, etc. When reviewing the implant literature for partially edentulous treatment, several clinical studies reported survival rates ranging from 62% to 97%. The flapless treatment, the development of immediate post-extractive implant surgery and the immediate loading of implants seems to indicate that implant surgery is a more economical and easy treatment than retreatment.

When a tooth that had previously been endodontically treated begins to fail, some practitioners are quick to call for its extraction and replacement with an implant. However, the primary options for these cases include, in order: retreatment (and orthograde root canal treatment), endodontic surgery, or extraction and an implant or other suitable replacement.

Endodontic retreatment remains a primary option for dentists. In a review of several endodontic

retreatment studies, the reported success rates range from 47% to 98%.

When it comes to the management of a failed root canal treatment, as well as cases where restorability and long-term tooth retention is in question, clinicians now have more options than ever.

The first consideration when assessing the relative merits of endodontic retreatment versus implants is restorability. Clinical opinions of what is restorable and what is not vary widely. Factors such as the number of patient visits required, patient discomfort, long-term predictability of the treatment, risk of vertical fracture, treatment cost, required interventions and maintenance required to make an implant successful must be considered when weighing the future viability of the tooth against the option of extraction and implant placement. The functional service to the patient that both implant and retreatment will provide must be taken into account as well.

I know that people criticise the amount of time that is involved in retreatment (two or more sessions spent at the endodontist's office), but I believe that the natural dentition is the best implant, and the first goal should be the preservation and restoration of a healthy dentition. This cannot be cheap, but we aren't salesman.

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