



## The same procedure as last year?



Not really, as the International Dental Show (IDS) is held on a biennial basis. It was this again this May in Cologne and the 36th IDS attracted more than 135,000 visitors from all around the world. More than 2,000 companies exhibited their innovations, including the international market leaders in the area of Endodontics. So, was the 'philosopher's stone' presented for our daily endodontic practice?

As expected, of course not. However, some remarkable trends were noticed. The iPad feeds dedicated to Endodontics! Two handpieces were presented that can be connected via Bluetooth with an iPad. A special app offers the opportunity to select the required working motion of the instruments (either reciprocating or full clockwise rotation) and additional functions, like an electronic apex locator, can be selected via the app. Thus, prior to our next root canal treatment we should seek the help of our children. They are more than familiar with modern technology like iPads and apps, which for me represents an enigma from time to time.

But besides these sophisticated innovations making root canal treatment easier and Endodontics in general more 'sexy' the IDS also presented some downsides. It was a forum to launch several new root canal instruments, which are successors of only recently introduced systems. These instruments claim to avoid some of the potential negative side effects that have been reported to occur when using their predecessors. This is a worrying development as for 2 or 3 years some self-titled leading endodontic experts, most of them acting as consultants for particular manufacturers, frequently criticised and attacked, unobjectively and surprisingly

aggressively, the results and the authors of studies which reported unfavourable outcomes when using such instruments. In my opinion it is alarming when the same 'experts' are now starting to explain why these new instruments are so much better and are the ultimate tools for root canal preparation, thereby ignoring anything they have argued years before. This has nothing to do with sound scientific debate and is more than irritating for the practitioners trying to perform the best possible endodontic treatment for their patients day by day. Such solely commercially-driven 'innovations and argumentation' are hampering both the clinical treatment and the art of scientific interpretation. On a biennial basis, although being driven by a commercial wave, one has to pay attention not to lose ground of scientific knowledge. We should be in the area of evidence-based endodontics and should have left the eminence-based approach behind us!

Anyway, back to the facts and evidence-based recommendations. With this current issue of *ENDO-Endodontic Practice Today*, we provide you with the second part of our special issue on dental traumatology as promised in 2014 Issue 4. Two more articles focus on different aspects of dental traumatology and I would like to draw your attention to the excellently illustrated article of Mitsuhiro Tsukiboshi, exhibiting the fascinating opportunities CBCT offers in terms of treatment planning and follow-ups of traumatised teeth. In this context you might also be interested in the article by Jim Gutmann presenting a new computed tomography machine and illustrating some possible applications of this new technology.

Finally, you might have noticed when looking at the Imprint of our journal that from the first

issue of this year, Luc van der Sluis has retired as Editor for personal reasons. I would like to take this opportunity to express our sincerest thanks for his outstanding support of ENDO and his expertise. Luc, thank you for the last 8 years and your always pleasant cooperation!

As for now I hope you will enjoy the present issue of ENDO.



Edgar Schäfer

