The Goalie's Anxiety at the Penalty Kick

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In a novel from 1970 by the Austrian author Peter Handke, the physiological confrontation between the goalkeeper and the kicker is described. The goalkeeper tries to anticipate the intention of the kicker who has, from a purely mathematical point of view, a clear advantage. Mathematically, the chance to score is 75% and, in fact, exactly 75% of all 397 penalties taken during a penalty shootout at the World or European championships were converted. In 50% of cases the goalkeeper jumped to the right and in 49% to the left side; but only in 1% of all penalties the goalkeeper stood still on the line. However, 81% of all penalty kicks taken in the middle of the goal were converted[1]. Thus, it seems that "doing nothing" – or, in other words, a wait-and-see approach while standing still on the line – should be the best solution for the goalie.

What has the goalie's fear in common with the endodontist? A similar situation for the endodontist is the fear of persistent dentoalveolar pain arising after proper root canal treatment. Have we not all experienced this unpleasant and frustrating scenario? The root canal treatment and the obturation were performed at the highest level both from a scientific and a technical point of view, the coronal restoration is distinctly above average, the radiograph looks tremendous, but the pain persists in the absence of any signs of local pathology. According to a meta-analysis, the prevalence of persisting dentoalveolar pain (persistence for more than 6 months) following root canal treatment is expected to range from 5.3% to 7%. Based on the annual reports of the German statutory health insurance it can be extrapolated that in Germany every year about 150,000 patients suffer from persisting dentoalveolar pain after root canal treatment. An appalling number!

What should our decision be regarding the further treatment of a patient suffering from persisting dentoalveolar pain – retreatment, surgical interventions or even extraction? Remember the best chance for a goalkeeper to save a penalty – keep on the line and stand still. Against this background I would like to draw your attention to a review of this issue that is worth reading. Warnsinck et al present important aspects of persisting dentoalveolar pain that we should all have in mind whenever facing a clinical situation that might result in the diagnosis of persisting dentoalveolar pain. A detailed and meticulous anamnesis and diagnosis are the keys to success – not jumping to the right or left corner of the goal as most goalies do unsuccessfully. In these cases we are challenged as a physician and not only as an endodontist – an interdisciplinary approach seeking the help of a neurologist and a pain therapist should be mandatory[3]. Thus, I most warmly recommend reading the review by Warnsinck et al in this edition of the journal[4].

As this is the last issue of 2017 I would like to take the opportunity to express our thanks to all ENDO board members and reviewers for their critical appraisal of manuscripts received this year. Their expertise and support is very much appreciated.

For now, I hope you enjoy this issue of ENDO.

Edgar Schäfer

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