

Guest Editorial

It has been repeatedly demonstrated and declared by the World Health Organization that oral health is an integral part of the well-being of man and crucial for general health.

A missing single tooth is not a minor health issue considering it has high prevalence and since it can seriously effect the comfort of patients, chewing ability, self-esteem and can impact on the neighbouring dentition. As P-I Brånemark liked to reiterate, a missing tooth is an amputation. Attitudes vary according to countries in how to deal with the issue of a single missing tooth. The universality and consistency of science is well known but its application and related technology are often pragmatic and local. The Foundation for Oral Rehabilitation (FOR), a universal not-for-profit organisation aims to promote patient-oriented oral rehabilitation, thus opting to investigate holistically the issue of missing single teeth, evaluating if patients' knowledge and professional attitudes towards this problem are matching the present state of science.

The second half of the twentieth century saw exceptional progress in health care due to scientific discoveries and newly available technologies. But there has also been in recent decades a growing understanding that economic, educational and cultural determinants play a significant role in health issues and modulate the impact of available preventive or curative treatment modalities. Thus, due to different educational backgrounds, local traditions and economic interests, the therapeutic options towards a missing single tooth may vary widely. It ranges from a removable or fixed partial denture to a single implant-borne prosthesis. The cost-effectiveness, the need to grind the neighbouring dentition, the predictability and the available skills of the clinician are all impacting the decision taken. Some clinicians are still hesitant towards the team approach, although treatment should always aim to meet the patient's interest rather than conform to personal limitations or preferences.

The thorough reviews of the literature concerning diagnostics and therapeutics of missing single teeth which these proceedings provide, allows everyone to find out by themselves what is state of the art and what is best for the patient.

This meeting was a privilege for the both of us as we were allowed to interact with 11 top experts in the field, originating from six countries, who were selected on the basis of objective criteria, such as publications or their major contributions to the subject of missing single teeth, citation indices and their willingness to work through the predefined meeting format without any compensation. Only travel and hotel costs were taken care of by the FOR. Once the specific subject was allocated to each one at the end of 2014, they started to work on their reviews, which were not limited to the highest level of evidence thus not neglecting too much informative data. The experts were able to develop extensive critical reviews with a clear clinical message from what at first sight seemed a limited issue. Manuscripts were exchanged amongst experts prior to the face-to-face meeting and comments were eventually exchanged.

The meeting itself took place in the premises of the University of Mainz and was limited to 2 days. No formal presentations were given, only a brief outline of the conclusions, in order to invite discussion. The consensus text was then iteratively produced and finalised after the meeting through an email exchange. There were no minority statements. The finalising of the consensus text was an elaborate process reflecting the investment of time and meticulous interest of those involved.

We are convinced that through this type of consensus meeting and proceeding, the FOR fulfills its mission of providing globally reliable and objective scientific messages which will be beneficial for patient treatment.

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