

A Wake-Up Call

No treatment regimen is infallible. I have been challenged twice in my career as to why I was so interested in saving teeth. The first time was in 1969 by a curious resident. The second was in 2009 by a reputed expert in a surgical discipline of dentistry who could not fathom performing periodontal regeneration to change the prognosis of a tooth from hopeless to good. The insinuation was that a simple implant replacement would be infallible and the patient would suffer no future complications, and therefore was the preferred treatment approach. There is significant evidence to the contrary.

There are two issues to be considered when discussing periodontology. The first is that the natural dentition responds excellently to definitive periodontal treatment and is so recorded. As an example, root resection has demonstrated similar successful outcomes as mandibular and maxillary posterior implants. The second is the significant emergence of peri-implantitis, particularly in both Europe and the North American continent, as evidenced by contemporary publications, lecture topics at recent meetings, and a new textbook entitled *Peri-Implant Infection: Etiology, Diagnosis, and Treatment* (Schwarz F, Becker J. Quintessence, 2009). I have encountered continual interest in the selection of biomaterials to reverse the loss of bone for osseointegrated implants at implant, periodontal, and oral surgery meetings. It is of particular interest that “implantologists” are now seeking the advice of the periodontist as to the efficacy of treatment for inflammatory diseases. One can only interpret this to assume that patients are subject to problems with implants as well as teeth.

Osseointegration is a significant benefit of treatment planning for both the edentulous and partially dentate patient. There is no question that this fabulous science has reduced the need to incorporate teeth with a marginal prognosis that are at a serious risk. Ignorance of the evidence of efficacious periodontal treatment is no excuse to indiscriminately extract teeth because they have lost some supporting periodontium. Osseointegration and periodontal regeneration are two significant advances of contemporary dental care and each should be utilized when appropriate.

Successful long-term care of periodontally compromised patients is dependent upon a comprehensive maintenance system. This observation is driven by patient susceptibility to their oral microbiota and is evident for both teeth and implants.

Perhaps we should treat each patient with the diligence we would execute for our own dentitions—what is good for the goose is good for the gander.

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