



# Editorial Endodontics Versus Single-Tooth Implants

The American Academy of Implant Dentistry (AAID) has recently published a report stating that endodontic treatments are not as successful as single-tooth implants.

“There really is no justification for undergoing multiple endodontic or periodontic procedures and enduring the pain and financial burden to save a diseased tooth,” said John Minichetti, DDS, speaking on behalf of the AAID. “The days are over for saving teeth till they fall out. Preserving questionable teeth is not the best option from both oral health and cosmetic perspectives.”<sup>1</sup>

This uninformed statement instigates the possibilities of patient mistreatment. Recent literature demonstrates that both treatment modalities (endodontics and single-tooth implant therapy) have similar success rates. Hannahan and Eleazer<sup>2</sup> found that 95% to 97% of root canal-treated teeth were retained after a period of 8 years, compared to implant retention rates of 85% to 90% over a similar time span. Postoperative intervention, an argument for treatment failure, was noted for 12.4% of implants, compared to 1.3% of endodontically treated teeth.<sup>2</sup> However, it is critical to determine the criteria for success used when discussing implants. There is an ongoing dispute between the use of the terms “success” and “survival” when discussing treatment outcomes. An editorial by Lars Spanberg<sup>3</sup> describes implant complications increasing in number, with a 7-year retention rate of 90% and 85% of those meeting the success criteria.

A recent report from the *European Journal of Oral Implantology* studied the 10-year success rate of 1,175 endodontically treated teeth. The life-table analysis demonstrated that 93% of the teeth survived 10 years after endodontic treatment.<sup>4</sup>

Technologic and technical advances in endodontics have significantly enhanced a treatment regime that historically was universally accepted. These include the surgical operative microscope, rotary nickel-titanium instrumentation, ultrasonics, MTA, bioceramics, and microsurgical instrumentation. The results of a 2009 report by Morris et al<sup>5</sup> concluded that implants require more postoperative treatment than endodontically treated teeth, possibly a result of such advancements. Most endodontic complications, with the exception of fractured roots, are easy to resolve.

When the topic of esthetics is broached, it is necessary to identify an instance where endodontic treatment resulted in a tooth in an unrestorable position. The result of this frequent implant encounter is either an esthetic nightmare or a sleeping implant.

It is obvious that the clinical and didactic knowledge of the clinician should allow him or her to select the appropriate treatment for each clinical challenge. A restorable tooth with a good periodontal prognosis would be the optimal choice if we were discussing my dentition. It is most important to remember that dental professionals are ethically obligated to inform patients of their treatment options.

The preservation and treatment of periapical disease is paramount to saving an endodontically compromised tooth, whereas implants simply replace missing teeth.

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