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## Editorial

# The Road Not Taken: Beyond Our Embarrassment and Skepticism

These days, we often make an embarrassing decision: to extract teeth, even though they were maintained for quite a long period of time and could have endured the rest of the patient's life span. Certainly, periodontists have been educated to anticipate lifelong teeth expectancy, aided by conventional periodontal therapies such as open flap curettage, furcation management with or without resection, and osseous resective or bone grafting procedures, etc. To our embarrassment, the results of these therapies have been unsatisfactory, characteristic of the limited scope of *moderately efficient* periodontal treatment. Beyond general dentists, even trained periodontists became skeptical of the lifelong sustainability of teeth that otherwise would have been expected to survive their host (patients). Should we give way to implants that might guarantee, if inserted earlier as a tooth replacement, the higher predictability of success that would endow most dental practitioners with unprecedented optimism? In other words, would you stick to the belief "the earlier, the better"?

Wait a moment! That's not the way it should be! Here, most of us have to realize that we have missed a method of *efficient* periodontal treatment. This can be achieved by a variety of creative treatment modalities that are often utilized, including: guided tissue regeneration, occlusal therapies (occlusal adjustment, removal of cantilever segment, restoration of lost contact points, segmental or cross-arch splinting, and occlusal stabilization of posterior teeth), intentional endodontic treatment contingent on periodontal therapy, and combined orthodontic treatment in the management of severe periodontitis (intrusion/extrusion, leveling, uprighting, and Hawley bite plane therapy). A variety of these treatment modalities, either alone or in synergistic combination, would certainly open a new venue beyond our skepticism, to what Robert Frost would call "the road not taken."

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