EDITORIAL

One Size Fits All

"One size fits all": Does this description really appear to be appropriate? It just seems so hard to imagine. Let's say that we are talking about clothing. Well, to me, "one size fits all" means that many people would be comfortable with some of the "one size" clothing, but across a population, it would be hard to imagine one size fitting everyone. It may be possible to design oversized outfits that sort of fit primarily because the outfits are grossly oversized, but one wonders if this would truly be described as fitting.

There may, however, be other options. Perhaps the clothing that is describd as "one size fits all" is something that comes in fewer optional sizes. Maybe fewer sizes would work with more rigidity that would maintain the form. I think I saw a singer on TV with a poofy dress that might fit on many people. I'm not sure if this qualifies.

This doesn't have to be a conversation about fashion, however. Maybe it's a topic that would lend itself to implant dentistry. How many different sizes of dental implants are needed? Is the patient better served by having multiple designs in multiple lengths with multiple diameters? To some extent, maybe it's like viewing through a looking glass to complete the portfolio of implants offered to the clinician.

When implants first came to the market, there were not so many designs. Neither were there many different configurations of implants, or maybe there were numerous implants, but most of the very short and very long implants were not used as often in those days.

It's interesting because if we think about where the implant industry has taken us, we realize that there are probably more options than there need to be. We know that there are literally thousands of implants available throughout the world. Has this made the implant dentistry more predictable? By having more options, has dentistry been able to improve the quality of care by providing more treatment options to the patient?

It's been an interesting road that implant dentistry has followed. I remember those days when the number of patients who had grafts performed to improve their implant restorations was small. Today it's just the opposite, is it not? Today we seem to have grafts performed as a routine. I guess part of my job is to predict what will happen, and the one thing I can guarantee is that changes will occur.

We are unlikely to see a one-size-fits-all dental implant. But this doesn't mean that we can't add a little bit more complexity in different ways because we know that complexity will certainly make things better, unless it makes things worse.

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