

More Self-confidence for Adhesive Dentistry!

As a lecturer, I have given presentations on adhesive dentistry and pediatric dentistry for almost 20 years. Wherever I travel all over the world, dentists like the idea of adhesive dentistry. As a consequence of the many merits in our field, adhesives are used extensively in everyday clinical practice. As described in one of our last editorials, truly minimally invasive restorative dentistry is unthinkable without adhesion. Personally, I enjoy treating my patients with the promise of not removing unacceptable amounts of sound dental hard tissues – and the patients love it.

Not long ago, I lectured in a country which, by the way, is well-known for not having very high technical standards in dentistry. The topic of my keynote presentation at the large-scale, expensively staged, thematically diverse dental conference was “Adhesive Dentistry – The Silent Revolution”. I talked about the above-mentioned issue of minimally invasive restorative dentistry, excavation, preparation, adhesion, failures, etc, and provided an overview of clinical studies and the link between laboratory and clinical research in adhesive dentistry. Although I knew that in that country over 80% of routine fillings are still cement or amalgam, I tried to convey some of my enthusiasm, backed up by recent studies and citations of other working groups. Later on in the discussion section, I got exactly one question, or rather, it was a comment. An older professor of the capital’s dental school stood up and said: “To me, there was nothing new in your presentation. Where is the revolution here?” Honestly, I was a little speechless confronted with so much ignorance. Tellingly, a third of the participants preferred coffee to looking at my 20 years of “ordinary adhesive fillings”.

The lecturer after me talked about implantology in the esthetic zone. The auditorium was packed. He showed a clinical case with an implant replacing a lateral incisor. The pictures were simply perfect, both mesial and distal papillas were exactly as long as in the contralateral sound incisor. He projected another, magnified image and sud-

denly asked the auditorium “who of you is able to do this clinically in your office in a similar case?” More than half the audience raised their hands. Then he said “bad luck, folks, this is 100% Photoshop – no dentist on the earth is able to achieve this – you always lose papilla height.”

Do you get the point? When the proven silent revolution in the field of adhesive dentistry is disregarded like this, I can’t say it loudly enough: We have to be more self-confident about the value of adhesive restorative dentistry. I think the achievements of adhesive dentistry are simply fantastic, and millions of patients all over the world benefit from it tremendously, because dentists also love to conserve significant amounts of sound dental hard tissues. And our Journal is the messenger for this – it is actually very simple.

But if our convictions concerning oral health and minimal invasiveness are relegated to the category of “pre-prostodontics” or “pre-implantology”, then the discipline of dentistry is truly in a sorry state. If almost everything in dentistry revolves around charging patients as much as possible, then this is not where I stand, speak, or conduct research.

OK, to be fair: This was one single case of more than 800 lectures over the years – it is of course not representative. Nevertheless, I really was extremely sad when I went back home. It’s not the applause for a lecture that’s important; it is the esteem for what is really valuable in dentistry. I think that in addition to preventive dentistry, every attempt to work truly minimally invasively is a revolution – before we get to extractions and further problems caused by premature tooth loss.



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