



Treat, retreat or extract

The logo for ENDO, consisting of the word 'ENDO' in white capital letters on a dark blue rectangular background.

At a time when therapeutic options need to be supported by an adequate treatment plan that falls within the guidelines dictated by the scientific community, the choice to 'treat, retreat or extract' should be based on scientific evidence of endodontic success. According to Herbert Schilder, there is a 100% potential for healing of an endodontic lesion. Although placing an implant is increasingly simple, the final therapeutic decision must take into account saving the natural tooth, even if it is seriously damaged. On the other hand, even in cases in which the cost/benefit relationship is weighted heavily towards the choice of saving and treating the natural tooth, it is generally unwise to maintain a natural tooth artificially when it really is beyond retrieval.

In US dental schools, endodontic departments have included oral implantology in their teaching. In

cases of suspected root fracture, being prepared to extract and knowing how to insert immediately a post-extraction oral implant (with the aims of reducing healing time and bone resorption, and avoiding aesthetic problems) can lead to the best treatment plan for the patient.

So is the time right for us in Europe to consider teaching implantology in the specialisation courses of our endodontic departments?

A handwritten signature in black ink that reads 'Antonio Bonaccorso'.

Antonio Bonaccorso