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EDITORIAL

Dental & Craniofacial Research

Does dental implant become the replacement for Endodontic treatment?

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The beginning of the 21st century should be a secure time for endodontics. A 100 years ago, the focal infection theory of Miller & Hunter discouraged endodontic treatment. Today, endodontics is universally accepted. Millions of teeth have been preserved,contributing to the health and well-being of patientsaround the world. Endodontics has reached a new levelof understanding of the processes that are responsible for pulpal and periapical disease.

Technical advances and the development of new materials promise greater efficiency and improved treatment outcomes. However, there is an air ofconcern as viable teeth, which could be treated or retreated endodontically, are being extracted in favor of dental implants. Much of the current debate about 'endodontics or implants' has a familiar ring to it. This issue is reminiscent of the controversy in the 1970s concerning'mummifying' paste root fillings and morerecently the revived and discredited focal infection theory of Huggins. Implant failures have been blamed on adjacent teeth that are asymptomatic endodontically treated and free of any pathology. The implant companies are enjoying rapid growth on the stock market. While they finance implant-training programs around the world, some dental schools are prohibiting endodontic graduate students from attending these courses. A survey by the American Association of Endodontists revealed that the 'inappropriate use of implants' varies indifferent regions of the United States. Simultaneously, with this focus on implants, there are threats to the future of endodontic education due to a decline in faculty numbers.

Market strategies and economic forces have resulted in an ongoing commercialization of clinical practice. If dental education becomes dominated by companies rather than by educators or experienced clinicians, or if fewer cases are handled by specialists, we must not be surprised when the number of implant and/or endodontic complications and/or failures will increase. The survival of implants placed by inexperienced practitioners was 73.0% compared with 95.5% by implant specialists. A comparison of tooth survival rates after endodontic treatment by endodontic specialists vs. general practitioners, in a multi-center study consisting of 350 teeth that met the inclusion criteria, showed a difference of only 98.1% vs. 89.7%. Both implants and endodontically treated teeth demonstrate significant outcome rates if the treatments are appropriately chosen and rendered. However, a missing tooth is irreversibly gone, and a tooth should be removed only after worthwhile deliberation. There is no lifetime guarantee for either a natural tooth or an implant. Both options should be seen as complementing each other, not as competing, and should serve the overall goal in dentistry, the long-term health and benefit of the patient, being least invasive and incorporating function, comfort,and esthetics. To achieve these goals, it is important for clinicians to be fully aware of true long-term outcomes of both implants and endodontically treated teeth.

When choosing the right treatment for the patients, the options available to them depend on Dentist liability. That's why it is quiet important to realize that preserving a natural tooth is periodontologists' choice as well (mentioned in the table above). Hence forth, dentistry fields are not to compete, but to complete. Correspondingly, the moral duty constrains the dentists to act in ways that aim to maximize patients' satisfaction and to minimize their deception. 49 To sum it all up, dental implants are modern dentistry's best option for replacing missing or restorable teeth but not damaged ones.50 Preserving a natural tooth must be and always will remain a dentist's priority. With all the new endodontic innovations and aesthetic techniques, root canal retreatment should be a dentist's first choice for saving what we called a "vital organ".

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