

Editorial

Preservation of What Remains

Almost a century ago DeVan provided us the adage 'The Goal of Restorative Dentistry should be the perpetual preservation of what remains rather than meticulous replacement of what is missing'. Unfortunately there is a wave of a new vocabulary that has been added into dentistry through the rampant use of dental implants—'Edentulate'. Used as a verb, this term has come to signify that natural teeth are an impediment to implant restorations. It has received a lot of attention in the name of preventive intervention so, we do not have to worry about treating the irreversible afflictions of natural teeth like decay and periodontal disease. The catch phrase is then 'Edentulation to Implantation'.

We are the guardians of the oral cavity and it should be our endeavor to preserve what remains. Premature removal of healthy teeth in younger population should be made with caution. In the name of cost effectiveness and ease of rehabilitation, innumerable teeth are being removed to implement concepts, such as 'All on Four' 'Teeth in a Day' and so on. While these proven excellent concepts to treat graft less solutions, they are being extrapolated to conditions where healthy teeth are present with a lot of alveolar bone. The procedures then require extraction of natural teeth and mutilation of alveolar bone to accommodate the prosthetic requirements. Since when did we believe that bone is a disposable component of rehabilitation?

Practitioners should perform a thorough diagnosis, and then arrive at treatment options. The option should not precede diagnosis. We should not fit the patient to our treatment. An algorithm to arrive at the appropriate plan should be created weighing in the benefits and risks of all that is available to the patient. The Consensus conference in 2008 correctly made the statement 'Oral Implants represent the last resort—they are good options to replace missing teeth—not necessarily the best way to replace teeth.'

Having seen implant patients who are coming for recare over 20 years, there has been a paradigm shift in my practice with the premature adoption of implants as the first line of therapy. If I can nurse and hold on to these natural teeth for another 10 to 15 years it is that many years I do not have to nurse my implants.

While we continue to evolve with bone growth factors and nano-technology, we have not made strides in prolonging the longevity of implants and preventing peri-implantitis. The advent of aggressive lasers and surface modifications is a testament to the fragile interface that exists between bone and dental implants. Till we find that magic bullet to combat alveolar bone loss, conventional dental therapy and maintenance of natural teeth should be fostered.



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