Dear reader,

Lately, I had the opportunity to visit two major gatherings of endodontists and implantologists in Europe. After listening to a number of lectures and speaking to experts it became obvious to me that both specialties are in almost total denial of one another.

This ongoing cease fire is nothing new to dentistry but it cannot disguise the fact that one field is slowly losing its grip, and it’s not implantology. Tooth replacements have seen a remarkable upsawing and are expected to gain a significant market volume of US$1 billion in the years to come. Growth rates have slowed down recently but this is due to the fact that more and more dental companies are jumping on the implant bandwagon and taking over market shares from big players like Nobel Biocare or Straumann. With the economy recovering in most parts of the world, people will also have more money in their pockets to invest in their smiles.

P-I Bränemark’s call to let the patient decide at the Gothenburg Symposium last week must be acknowledged but it goes out to the wrong group of people. More and more patients want aesthetic teeth and they do not care about what it takes to get there. Latest studies also reveal that by now many consider aesthetics to be more important than function.

It is up to the dentists to decide whether a tooth should be replaced or not but constantly improving treatment options and lower investments will make the choice an easy one. On top of that, a growing number of implant vendors is practicing more aggressive marketing. It seems unlikely that many dentists will resist these market calls in the long-run.

In Gothenburg, a clinical scan was shown where basically all teeth had been replaced with implants. As ridiculous as this example may be, it does hold true. It’s not something you want to look veryMuch at the ‘root’.

Yours sincerely,
Daniel Zimmermann
Group Editor
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And the battle goes on ...

Oral mucosal lesions – What GP’s need to know

It sounds frightening to think that there are over forty different types of mouth ulcers. However, clinically they can be recognised as only four major presentations. If ulcers are recurrent, they are most likely to be of local origin, local disease and those that indicate systemic diseases. A medical history of course will often reveal that other sites are involved but sometimes mouth ulcers are the first signs of systemic diseases, particularly those of the gastrointestinal tract. If other oral signs are present, such as a depapillated tongue, this may indicate hematological deficiencies. The first decision is whether treatment is required at all or whether referral is needed; thus, the decision plan for the patient.

Since the mouth can reflect so many systemic diseases, it is important that practitioners who treat patients suffer from oral ulcers are able to distinguish normal from abnormal mucosa and then decide which lesions may reflect oral disease and which may reflect systemic diseases. The key recommendation is then to include a thorough examination of the soft tissues when seeing dental patients.

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The rapid growth in the number of dental colleges, mostly private, over the last several years is a defining feature of dental education in India. On the other hand, however, shortages of teaching staff brought about by sharp increases in student strength in India and poor follow up. It would be useful to think about effective monitoring mechanisms and evaluation of some of these promising initiatives that DCI is embarking on.

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