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AAE: Issue in implant debate comes down to saving teeth

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CHICAGO, IL, USA: The American Association of Endodontists (AAE) has expressed serious concerns over recent assertions by the American Academy of Implant Dentistry (AAID). According to the endodontist group, the implantologist group’s position reinforces outdated myths about root canal treatment.

A press release distributed by the AAID on 21 September positioned implants as a better option than root canal treatment for a variety of reasons, including higher success rates and lower financial burdens—claims that root canal specialists say are inaccurate and misleading to potential patients.

“Not only has it been proven that both treatments have the same success rates,” said Dr Gerald N. Glickman, president of the AAE, “but several studies show that root-canal treated teeth are retained at about 95 to 97 per cent after eight years, versus implant retention of 85 to 90 per cent during a similar time period. The AAID chose to ignore the scientific literature in its news release.”

Dr Glickman also noted the inference that diseased teeth are not worth saving, which he said does a disservice to both patients and the dental profession as a whole.

“Do patients with a broken arm expect their doctor to give them a prosthetic arm?” he asked. “Why would the same patients believe they need to get a prosthetic tooth screwed into their jaw if the real tooth could be healed?”

Saving teeth is not so much a matter of ‘dental heroics’ as it is serving the best interests of the patient, and root canal specialists proudly do so in a manner that is consistent with the American Dental Association’s Principles of Ethics and Code of Professional Conduct.

“And arguments that root canal treatment is more costly are fatuous,” Dr Glickman added. “Recent research has proven that saving the natural tooth with a root canal rarely requires follow-up treatment and generally lasts a lifetime; implants, on the other hand, have more post-operative complications, and therefore would probably present the more significant financial burden.”

Dr Glickman recognises that there are cases when a tooth cannot be saved, for which implants would be a realistic option. He pointed out that root canal specialists are ideally qualified to make such a determination with a patient’s general dentist, and that all dental professionals are ethically obligated to inform patients of all available treatment options. “This whole paradigm is ultimately not about which treatment modality is better, but what is best for each patient. And that is the preservation of the natural dentition,” he said.