





Dentistry 3.0: Why "revision dentistry" is the next frontier in oral and systemic health

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The overlooked impact of ageing dental work

In medicine, it is widely accepted that medical implants and treatments require revision over time. In orthopaedic surgery, for example, joint replacements are routinely recommended after 10–15 years. In dentistry, past dental work—whether direct restorations, adhesive orthodontics or orthognathic surgery—can require revision if it fails. This oversight may have profound consequences, contributing to chronic inflammation, systemic disease and deterioration of overall health.

Medical implants and prostheses are not designed to last a lifetime. For example, the average lifespan of a hip replacement is 15 years, and a dental implant can usually need replacement within 10 to 15 years and a pacemaker's battery lasts for about five to 15 years before requiring replacement. Even dental implants often last only ten to 15 years before deterioration occurs. These examples illustrate that the human body changes over time and so do the materials we implant into it.

The emerging field of what I like to call "revision dentistry" aims to bridge this gap. It calls for regular reassessments of dental work and treatments to identify hidden sources of inflammation, toxicity and bacterial biofilms that can affect not only the teeth and gingiva but also the rest of the body. This approach aligns with advancements in systemic dentistry, which emphasize the link between oral and systemic health.

The link between oral health and systemic inflammation

The connection between oral and systemic health is well documented, and periodontal disease has been linked

to cardiovascular disease, diabetes and certain cancers. However, the dental industry largely ignores how ageing dental work and poor oral health can contribute to these chronic, silent health risks. Some dental treatments can contribute to systemic health problems by introducing toxic materials into the body. Additionally, improperly treated root canals can harbour residual bacteria, forming chronic low-grade infections that can contribute to systemic disease. The link between these issues and the common recognition that dental work lasts forever, has created a critical gap in dental education and research. The dental industry's focus on chronic, silent health risks. Some dental treatments can contribute to systemic health problems by introducing toxic materials into the body. Additionally, improperly treated root canals can harbour residual bacteria, forming chronic low-grade infections that can contribute to systemic disease. The link between these issues and the common recognition that dental work lasts forever, has created a critical gap in dental education and research. The dental industry's focus on

inflammation markers, such as CCL 5/RANTES and C-reactive protein.

implants and procedures for replacing failing dental work with biocompatible materials that minimize toxicity and immune response, and

collaboration between dentists, physicians and functional medicine practitioners to ensure that oral health is integrated into overall healthcare.

A call to action for the dental industry

The challenge of implementing revision dentistry lies in the lack of education and training for dental professionals, and even some dentists are unaware of the long-term risks of ageing dental materials. Additionally, insurance companies often do not cover revision procedures or cosmetic treatments, leaving patients with the financial burden. To address this gap, the dental industry must prioritize greater patient education on the importance of routine assessments of dental work.

dentists and dental students must be taught to detect failing restorations before they cause systemic health issues;

- a push for insurance coverage of medically necessary revision procedures;
- expanded training and research on the connection between old materials, inflammation and chronic disease.

Examples of overlooked risks include the following:

- Metal hypersensitivity: Many patients unknowingly react to titanium alloy, mercury and nickel in dental work, triggering systemic inflammatory responses.
- Chemical toxicity: Many dental materials and biocompatible materials are present in the mouth, the saliva can leach these materials into the body, and these currents between them, disrupting mitochondrial function and potentially affecting neurogenesis.
- Compromised restorations: Studies have found that many commercially available implants contain materials that are not biocompatible and are not rigorously tested for immunogenicity.
- Silent infections: CBCT imaging and microbial analysis can identify hidden infections that have undergone apparently successful treatment, harbour bacterial biofilms that can contribute to systemic disease. It is important to note that a well-executed root canal therapy following the gold standard protocol, including the use of disinfectants and sealing the canal, does not guarantee success. This problem lies in poor or incomplete execution of treatment or the use of subpar materials.

Why revision dentistry is essential

Patients assume that their dental work is permanent, but it is not. The dental industry, dental students, dentists, restorative lab and ongoing research continue to expand our knowledge of biocompatibility, infection control and the need for revision dentistry to perform treatments that surpass past techniques.

Revision dentistry proposes:

- routine assessment of old restorations for signs of corrosion, leakage and bacterial infiltration;
- the use of advanced diagnostics like CBCT imaging, salivary biomarker testing and testing for systemic

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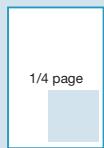
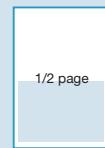
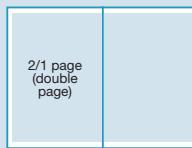
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