Is there a “magic formula”? 

As we approach one of the most attended and important international meetings of the year, EuroPerio9, some thoughts come to mind. Is there a relationship between diagnosis, treatment planning, the use of CBCT, and the final restorative aspect with the long-term maintenance of bone and soft tissue? While there may not be any scientific publication that addresses all of these issues together, one thing that we know for sure is that implants that we place today may be required to stay in function for 20, 30, 40 years and beyond as people are living longer and longer.

Therefore, our profession needs to be constantly searching for the magic formula that will help patients maintain their natural teeth and, if they do lose teeth, maintain implant-supported restorations for their lifespans. Implant restorations require maintenance over time, just like a restoration on a natural tooth. The magic formula may be different for every person, as there are variations in host factors, such as DNA and genetic predispositions, diet, parafunctional habits and environmental issues. However, when teeth are missing, it is important to understand the aetiology before offering future treatment recommendations.

Currently, the use of CBCT provides essential information regarding the individual anatomical presentations and confirms existing bony topography, bone volume, root position within the alveolus, pathological entities, and much more. Combined with computers and interactive treatment planning software, clinicians can now confidently recommend one or more treatment options based on an accurate assessment of the present condition of the oral environment. We can no longer separate the surgical and restorative components of implant reconstruction now that it is possible to merge CBCT data with data sets from intraoral scans or optical scans of an impression or a stone cast. Restoratively driven treatment planning can be achieved when all members of the dental implant team communicate using today’s exciting technology, and whether bone grafting or soft-tissue grafting, whether immediate implants or delayed loading protocols are followed, we owe it to our patients to operate from a position of knowledge. Our goal should be to provide the most appropriate treatment for our patients, to maximise the longevity of such treatment, to avoid surgical or prosthetic complications, and to avoid or manage the potential of peri-implantitis as our patient population ages.

As always, through the pages of this current Dental Tribune International publication, it is our goal to educate our readers by providing state-of-the-art concepts and content from around the globe. It is through education and knowledge that we may find that magic formula for each and every patient we are fortunate enough to treat. We hope that you enjoy the articles contained within, and if attending, enjoy the multi-specialty presentations at EuroPerio9. Keep on learning!

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