What a great way to start off 2020! You might have noticed: our new name is digital! How great is that? It was a necessary change to encompass everything that we do today, to provide a platform for an exchange of ideas among the finest clinicians, researchers, educators, and much more, a platform that reflects the state-of-the-art in dentistry today. As I like to start many of my own presentations, there is a danger when we are bound by 2D concepts, when we truly live in a 3D world. Digital allows us all to communicate globally with a universal language that connects us all, the general practitioner, restorative dentist, surgical specialist, prosthodontist, paediatric dentist, orthodontist, oral and maxillofacial radiologist, dental laboratory technician, auxiliaries, and more.

Digital represents the evolution from the analogue modalities of Dr G.V. Black as incorporated in the curriculum of every dental school worldwide to perhaps unforeseen technological advances of today that have dramatically changed how we deliver care to our patients. Digital allows us to capture the intra-oral condition of a patient’s occlusion without costly impression material, to visualise the result on a high-resolution LCD computer monitor and to utilise sophisticated software tools to diagnose, plan treatment and virtually simulate a smile design—to the amazement of our patients. Digital then allows us to virtually produce state-of-the-art CAD/CAM restorations with new and improved materials, a long way from the lost wax method of casting metal for metal–ceramic crown and bridgework. Digital allows a patient with malpositioned teeth to see a computer-driven simulation of how his or her teeth can be moved into the correct functional and aesthetic positions and then through rapid prototyping 3D printing modalities achieve these results with a series of wearable aligners.

Digital represents tremendous advances in the assessment of patients’ individual and unique anatomy through cone beam computed tomography (CBCT) to diagnose potential pathology, to appreciate proximity of vital structures when planning for dental implants, to assess temporomandibular joint disorders, to plan for third molar extractions and bone grafting, and much more. The ability to then merge the data sets of a CBCT scan and an intra-oral scan enhances the clinician’s diagnostic capability to fabricate static surgical guides, or as the foundation for dynamic navigation, greatly improving implant placement based upon a truly restoratively driven plan. Can we imagine placing implants without 3D imaging today? Digital finally allows for a seamless platform for the clinician to communicate and interact with the dental laboratory technician, who is crucial to changing the quality of life of our patients.

How can we be educated on our new universal language? Within the pages of this first issue of 2020, you will find articles by some of the best and brightest that illustrate these concepts, helping us to move from the constraints of two dimensions into the unlimited potential of the 3D world. Enjoy our first issue of digital in 2020!

Respectfully,
Dr Scott D. Ganz
Editor-in-Chief