INTERVIEW

with — Dr. Domenico Massironi

Q: Dr. Massironi, you have gained widespread recognition as a pioneer using the operating microscope in esthetic prosthetic dentistry since the late 1980s. What impact does the tool have in clinical practice today?

A: Modern dentistry is anchored in very conservative techniques, the least invasive possible. Preserving healthy dental tissue is now not only an objective but also a clinician’s duty. In this sense, the microscope offers a key tool for clear and precise vision, thus ensuring tissue integrity as far as possible and achieving a predictable and harmonious result. I always tell my students that the microscope has been a special teacher, whose constant and reliable presence has changed my way of seeing things.

Q: Minimally invasive treatment concepts have become incredibly important. What current surgical techniques stand out?

A: Surgery, especially in periodontics, demonstrates better healing and more conservative and predictable treatment of the soft tissue. Consider robotics used in abdominal and general surgery; the results in terms of reduced costs due to a shorter hospital stay and therapy without the invasive operations necessary in the past. This has become an area with reduced surgical invasiveness, owing to much improved visualization during surgery, which can only be positive for our clinical opportunities.

Q: The Master Educational Group (MEG) center, which you founded together with Dr. Carlo Ghezzi in 2013, is dedicated to higher education in esthetic dentistry and adopts a heart-head-hands approach. Could you please explain that further?

A: St Francis said, “He who works with his hands is a worker. He who works with his hands and head is a craftsman. He who works with his hands, his head and his heart is an artist.” Every time I meet a student searching, I try to convey this love for one’s job that comes from the heart. Talent lies in the heart. Hands follow it, as does the head. The MEG center was born from the desire to spread this heartfelt passion, which is made real through operating in excellence.

Q: What sets the MEG center apart from other institutions that focus on advanced training?

A: MEG is a unique center, established in order to teach and pass down knowledge gained over the years. Each workstation has a microscope and a workbench with a monitor for viewing live sessions. The simulators have been designed especially for MEG and allow for the use of every type of rotating instrument, from endodontics to implantation, with the possibility of using any model, even animal jaws, for surgery. MEG is the fruit of research into the search for perfectionism, through which to convey passion, enthusiasm and excellence.

The simulators, together with microscopes, monitors and video cameras, means it is possible to watch four simultaneous live transmissions and on the students’ screens visualize four previews from the big screen.

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Q: In addition to the training center, the Massironi Study Club aims at fostering discussion and sharing knowledge among specialists. In times of social media and an omnipresent flood of information, how important is this kind of immediate exchange for dental professionals?

A: To distinguish, our blog, or social forum, was founded in 2009 and is linked to the osteocom implantology portal, which, thanks to tutors, permits us to have a site where we can exchange clinical cases, scientific articles and other information—a place to grow, with the respect and help of tutors and expert clinicians.

When the study club was established, we were a small group who wanted to share knowledge and experience. However, over time we created a nonprofit event based in Tirrenia, Italy, which has become an international meeting, reaching up to 250 participants last year for the tenth anniversary of the foundation of the study club.

Communicating scientific evidence in a world where everything tends toward simplification is an obligation. We have the duty to teach the scientific knowledge gained over time with honesty and above all professionalism, trying to avoid this superficiality and instant gratification, which carries the risk of burnout.

Q: Dental education differs from country to country and among specialties. Do you think there should be general guidelines concerning dental training?

A: A general guideline that knows no boundaries is heart, head and hands. I have travelled the world for many years, trying to teach in turn what I have learnt, and no matter where I go I have always found great homogeneity owing to an honest approach to the profession. Dental education does not differ in the world if the good of the patient is considered. Using the microscope with this in mind is extremely easy, even for those approaching it for the first time. I find that the secret of the training center is that of having a tutor demonstrating treatment live and correcting the student in his or her chosen course.

Q: Among other topics, you will focus on how new materials and simplified methods have changed the treatment workflow in everyday practice. From your personal experience, what has influenced the work of clinicians the most over the last several years?

A: Dentistry nowadays has benefited from the introduction of metal-free materials and digital techniques, which have definitely improved therapy and simplified laboratory procedures. One of the most fascinating aspects in this specialty has been the progress of adhesive techniques,
which have allowed us to treat esthetic cases while preserving healthy dental tissue. Innovative technology is ever more present and we will introduce this in the excellence that is our main objective.

Q: What are the main challenges in esthetic and restorative dentistry today?
A: The main challenge nowadays is finding the right balance regarding minimal invasiveness, often achieving an excellent esthetic result from limited preparation of the tooth. Esthetics is a direct consequence of maintaining the tooth’s health and function.

Q: Looking back on 25 years of experience, have you observed a shift in patients’ wishes and expectations regarding esthetic and restorative procedures?
A: Patients’ expectations have changed as a consequence of global access to information. The Internet has become a tool of knowledge available to all. We need to try, against this background, to offer clinical excellence based on honest and unspoken knowledge, offering our patients a special smile every time. A dentist who has unfortunately passed away since, once said, “The predictability of the result is tied to presuppositions, the presuppositions are created from knowledge, knowledge come from commitment and study, ability is an added value.” Well, guided by this insightful sequence, each case, simple or complex, is manageable in the excellence of esthetics, which makes the heart smile.

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