Dear reader,

Lately, I had the opportunity to visit two major gatherings of endodontists and implantologists in Europe. After listening to a number of lectures and speaking to experts it became obvious to me that both specialties are in almost total denial of one another.

This ongoing cease fire is nothing new to dentistry but it cannot disguise the fact that one field is slowly losing its grip, and it’s not implantology. Tooth replacements have seen a remarkable upswing and are expected to gain a significant market volume of US$1 billion in the years to come. Growth rates have slowed down recently but this is due to the fact that more and more dental companies are jumping on the implant bandwagon and taking over market shares from big players like Nobel Biocare or Straumann. With the economy recovering in most parts of the world, people will also have more money in their pockets to invest in their smiles.

P-I Branemark’s call to let the patient decide at the Gothenburg Symposium last week must be acknowledged but it goes out to the wrong group of people. More and more patients want aesthetic teeth and they do not care about what it takes to get there. Latest studies also reveal that by now people will also have to earn their smiles in their smiles.

It is up to the dentists to decide whether a tooth should be replaced or not but constantly improving treatment options and lower investments will make the choice an easy one. On top of that, a growing number of implant vendors is practicing more aggressive marketing. It seems unlikely that many dentists will resist these market calls in the long-run.

In Gothenburg, a clinical scan was shown where basically all teeth had been replaced with implants. As ridiculous as this example may be, it does hold some true. In fact, this doesn’t look very bright for the ‘root’.

Yours sincerely,
Daniel Zimmermann
Group Editor

And the battle goes on ...

What GP’s need to know

“Oral mucosal lesions—

Local disease and those that indicate systemic diseases. A medical history of course will often reveal that other sites are involved but sometimes mouth ulcers are the first signs of systemic diseases, particularly those of the gastrointestinal tract. If other oral signs are present, such as a depapilated tongue, this may indicate hematological deficiencies. The first decision is whether treatment is required at all or whether referral is needed; thus, the diagnosis, such as palpation of the lesion and local nodes, will assist the diagnosis. Speed is of the essence and a diagnosis cannot be made from a picture alone without these other factors. Nevertheless, it is possible that there will be situations in which referral of the patient may be difficult, and in these situations the viewing of the image along with discussion with the practitioner may help to construct a treatment plan for the patient.

Since the mouth can reflect so many systemic diseases, it is necessary to be able to distinguish between local disease and those that indicate systemic diseases. A medical history of course will often reveal that other sites are involved but sometimes mouth ulcers are the first signs of systemic diseases, particularly those of the gastrointestinal tract. If other oral signs are present, such as a depapilated tongue, this may indicate hematological deficiencies. The first decision is whether treatment is required at all or whether referral is needed; thus, the diagnosis, such as palpation of the lesion and local nodes, will assist the diagnosis. Speed is of the essence and a diagnosis cannot be made from a picture alone without these other factors. Nevertheless, it is possible that there will be situations in which referral of the patient may be difficult, and in these situations the viewing of the image along with discussion with the practitioner may help to construct a treatment plan for the patient.

Dental education in India

The rapid growth in the number of dental colleges, mostly private, over the last several years is a defining feature of dental education in India. On the other hand, however, shortages of teaching staff brought about by sharp increases in student strength will severely impact the quality of education imparted.

Efforts by the Dental Council of India (DCI) to enhance the quality of dental education in India and improve stringent standards on the qualifications of dentists newly trained abroad are thus praiseworthy. These include making recognition of dental colleges conditional on making a fifth year of dental education compulsory. The latest rules also introduce a screening test for individuals trained in dental colleges located outside the US, Australia and Europe. The incidence of age limit for retirement is another useful mechanism adopted by the council to enhance the supply of teaching faculty. DCI’s promotion of Continuing Medical Education programmes can help enhance the quality of dental care providers and exposing teaching faculty to the latest in dental health research and practice.

The overall DCI approach of taking a long-term view of dental education in India is also encouraging.

DCI could direct more careful attention to two issues. The first has to do with the ratio of dentists and hygienists and dental chair assistants. It is disappointing that compared to nearly 25 thousand seats available for new entrants to dental colleges, there are only 1,700 slots for dental assistants and hygienists in India. This reflects a relative neglect of prevention in oral health and a lack of career opportunities for the latter. They are also likely to be the first targets of underpaid dentists.

The second issue of concern is that DCI is embarking on initiatives that DCI is embarking on. It is disappointing that compared to nearly 25 thousand seats available for new entrants to dental colleges, there are only 1,700 slots for dental assistants and hygienists in India. This reflects a relative neglect of prevention in oral health and a lack of career opportunities for the latter. They are also likely to be the first targets of underpaid dentists.

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