The Endodontosaurus – A dying breed?
Michael Sultan discusses attitudes towards alternative methods of restoring teeth

When I admit to being an endodontist I receive a look of pity from my peers. Unfortunately, with dental implants growing in popularity, this field of dentistry is often regarded as outdated - a dying art. If a tooth is deemed unrestorable, or retaining the tooth could make future implant placement more difficult due to infection and further bone loss, then of course extraction and appropriate replacement should be considered. However, with an ageing population, implant surgery may increasingly be contraindicated. It is the role of the clinician to weigh up their options and select the appropriate solution for each patient on a case-by-case basis.

Implants are not the 'be all and end all' of restorative treatment. Rather than instinctively reaching for the forceps, some clinicians need to reconsider their attitude towards alternative methods of saving a tooth. I have heard post crowns being referred to as ‘PRPI’ or provisional restoration pre-implants. Given there is sufficient tooth structure and sufficiently long roots, post crowns can actually have a very good prognosis and shouldn’t necessarily be automatically considered as a temporary solution. More, implants are not necessarily as atraumatic as they are sometimes perceived to be. They necessitate a CT scan, a surgical procedure and a long period of temporisation while waiting for integration. For a suitable patient, good endodontics on the right tooth avoids the need for this trauma and expense. It will also mean the patient can retain their natural tooth, heightening proprioception.

‘Success’ in endodontics is not easy to define and is the subject of much debate amongst endodontists themselves. A successful implant treatment can be defined by whether or not the implant has integrated or ‘survived’. The success rates lie somewhere between 85-95 per cent; however to decide whether treatment can be deemed a success in endodontics, consideration needs to be given to the desired final outcome. Is endodontic treatment a success when the patient is free from pain and swelling? Or can the treatment be considered a success when no lesions are present? As a result, success rates for endodontic treatment can vary from 45 per cent to 95 per cent.

Dentists need to be able to make an objective decision based on the most favourable outcome for the patient. A growing trend in endodontics courses in the US is for students to learn to treat implants too, enabling a fractured tooth with plenty of bone to be suitable for immediate implant treatment. This trend looks set to catch on in the UK, with the result that endodontists will be able to undertake the best treatment. In short, we have to ask ourselves, what's the worst that could happen? Do we really want a long bridge with a short root filled tooth with a post as an abutment, or should every compromised tooth be replaced with an implant? If both treatments have the same longevity and no adverse factors then ultimately it comes down to operator experience and confidence as well as informed patient consent.

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