

Dilemma ????? Tooth or Implants

This article was published in the following Scient Open Access Journal:
Journal of Dental and Oral Health

Received December 15, 2016; **Accepted** : December 24, 2016; **Published** : December 31, 2016

Vishal Sahayata*

Periodontist, Senior lecturer at Department of Periodontology and Oral Implantology, Faculty of Dental Science, Dharmsinh Desai University, Gujarat, India

Dental implants are increasingly being used as a means of tooth replacement. The most complex and debatable question is whether to extract a periodontally compromised tooth and its subsequent replacement with a dental implant or its retention by means of comprehensive periodontal therapy.

Usually, the decision to extract a tooth is based on multiple patient and site risk factors, periodontal, endodontic and restorative criteria and the strategic role of the tooth in the dentition. Decision is also influenced by dentist's clinical experience, access to technology & postgraduate education, patient preferences and economic parameter [1-3].

Current clinical evidence has positioned implants as one of the first choices and has influenced the decision making in a number of cases which may be treatable [4-6]. It has been suggested that planned or strategic extractions will prevent further bone destruction in a periodontally compromised potential implant site [7]. However such an approach is not always supported by the current evidence [8] as extraction will result in resorption of alveolar bone that cannot be completely controlled [9-11].

Early extraction of periodontally involved teeth and their replacement with dental implants has advantages like better long-term prognosis, better function, cost-benefit, aesthetics, and patient satisfaction when compared to periodontally compromised tooth. However, it is questionable to which extent these postulations are supported by the current evidence as extraction of periodontitis-affected teeth does not eliminate the host related factors and may predispose for the development of peri-implantitis. Therefore, it's better to treat periodontally compromised teeth as long as possible. Admittedly, the good- or poor- prognosis of periodontally involved teeth is not always easy to predict and traditional well documented and evidence based means to treat periodontal diseases are not always used to their full potential.

Recently implant-survival has improved a lot and there is a widespread belief within the dental profession and the public that dental implants have a higher predictability for success and tend to have fewer complications than periodontally compromised treated teeth. In a sense, environment has been created that implants can solve all problems.

Concluding, the direct comparison of teeth vs. implants is difficult to make because implants should be considered as a treatment for tooth loss and not as tooth substitute. Before implant dentistry was available, significantly more effort was placed on preserving teeth. Today, when a tooth has hopeless or even questionable prognosis, the first treatment alternative is extraction and replacement with a dental implant if possible. Therefore, it's high time to revisit the concept of periodontitis management and to re-evaluate the inclusion criteria of periodontal patients qualifying for dental implants to reduce implant failures.

References

1. Kao RT. The challenges of transferring evidence-based dentistry into practice. *J Evid Based Dent Pract.* 2006;6(1):125-128.
2. Tepper G, Haas R, Mailath G, et al. Representative marketing-oriented study on implants in the Austrian population. I. Level of information, sources of information and need for patient information. *Clin Oral Implants Res.* 2003;14(5):621-633.
3. Tepper G, Haas R, Mailath G, et al. Representative marketing-oriented study on implants in the Austrian population. II. Implant acceptance, patient-perceived cost and patient satisfaction. *Clin Oral Implants Res.* 2003;14(5):634-642.

*Corresponding author: Vishal Sahayata, B.D.S, M.D.S, Periodontist, Senior lecturer at Department of Periodontology and Oral Implantology, Faculty of Dental Science, Dharmsinh Desai University, Gujarat, India, Email: drvishalsahayata@yahoo.co.in

4. Carlsson G. Critical review of some dogmas in prosthodontics. *J Prosthodont Res.* 2009;53(1):3-10.
5. Greenstein G, Greenstein B, Cavallaro J. Prerequisite for treatment planning implant dentistry: periodontal prognostication of compromised teeth. *Compend Contin Educ Dent.* 2007;28(8):436-446.
6. Lundgren D, Rylander H, Laurell L. To save or to extract, that is the question. Natural teeth or dental implants in periodontitis-susceptible patients: clinical decisionmaking and treatment strategies exemplified with patient case presentations. *Periodontol 2000.* 2008;47:27-50.
7. Kao RT. Strategic extraction: a paradigm shift that is changing our profession. *J Periodontol.* 2008;79(6):971-977.
8. Gotfredsen K, Carlsson GE, Jokstad A, et al. Danish Society of Oral Implantology. Implants and/or teeth: consensus statements and recommendations. *J Oral Rehabil.* 2008;35(Suppl 1):2-8.
9. Mardas N, Chadha V, Donos N. Alveolar ridge preservation with guided bone regeneration and a synthetic bone substitute or a bovine-derived xenograft: a randomised, controlled clinical trial. *Clin Oral Implants Res.* 2010;21(7):688-698.
10. Araujo MG, Sukekava F, Wennstrom JL, Lindhe J. Tissue modeling following implant placement in fresh extraction sockets. *Clin Oral Implants Res.* 2006;17(6):615-624.
11. Botticelli D, Berglundh T, Lindhe J. Hard-tissue alterations following immediate implant placement in extraction sites. *J Clin Periodontol.* 2004;31(10):820-828.