Endodontic Therapy versus Dental Implants: A Contemporary Dilemma

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Editorial

Clinicians are frequently facing the dilemma of whether to perform endodontic treatment in order to retain a necrotic tooth or to extract and replace it with a dental implant. According to recent reviews, the long-term survival rates of sound or even compromised teeth surpassed those of oral implants [1, 2]. During the last decade, the endodontic therapy improved continuously due to modern equipment and high technology, represented by nickel-titanium rotary instrumentation, magnification provided by operating microscopes and cone-beam computed tomography as a diagnostic method for difficult cases. Therefore, numerous studies discussed the benefits of preservation of necrotic and damaged teeth by non-surgical or surgical methods, compared to implants. A frequent issue was the long-term success rates, i.e. weather “the implant is better than a tooth” or “the implant is a more reliable abutment”.

A simple comparison of survival rates of endodontically treated teeth and dental implants will not fulfill the need for a comprehensive decision-making process, which includes multiple factors to evaluate and a thorough treatment planning. Irrespective of the type of selected therapy involving teeth or implants, ongoing maintenance measures are mandatory in order to assure periodontal health and to detect and treat any biological or technical complication at an early stage; doing this, we will be able to reduce the risk of compromising the longevity of the endodontic or implant therapy [3].

The development of osseointegrated dental implants opened new possibilities for dental specialists in the field of prosthetic rehabilitation of cases with compromised teeth that require extraction. This, the decision to extract and replace a necrotic tooth with failure of primary endodontic treatment with an implant-supported crown became the gold standard for the treatment of edentulous patients and this type of therapy has been considered a better option compared to the preservation of natural teeth by different endodontic treatment procedures.

Many local factors and systemic conditions have been listed as potential risk factors for implant failures but studies comparing patients with or without different behavioral habits as smoking or alcohol intake or general health problems are sparse. In general, the available literature is restricted to case reports and case series [4, 5]. Therefore, taking into consideration that implant failures is accompanied by massive bone loss and difficult treatment of clinical failures, a better understanding of benefits of nonsurgical and surgical endodontic procedures and a better evaluation of local and systemic risk factors for dental implants will assure the desired high success and satisfaction for patients and dental practitioners.

References


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