

Dear Reader,

I am very pleased to be able to address colleagues from nearly all fields of dentistry in the editorial for this issue of **roots**, which will be distributed at the 2009 Greater New York Dental Meeting.

Endodontic therapy is often the last opportunity to preserve a natural tooth. If a tooth has a sufficient restorative and periodontal prognosis and the necessary endodontic treatment is done properly, the longevity of patients' teeth can be extended to decades. There is ongoing debate comparing endodontics and implants as therapy alternatives. Yet, there seems to be a tendency towards the replacement of natural teeth with implants, sometimes even in cases in which the tooth could have been preserved.

Research figures show that there is a significant difference between the high success rates of endodontic treatment in controlled studies and the incidence of apical periodontitis after endodontic treatment, as demonstrated in cross-sectional studies. This may be an indication of the difference of what is possible with treatment following a controlled protocol and what is achieved in reality, thereby explaining the endodontic treatment results we often see in our patients.

Controlled studies in implantology have mostly presented data indicating implant survival and not implant success, as demanded by Dale, Albrektsson and others. Even early implant loss, within the first weeks of placement, is often not included in many statistical calculations. In the last two years, reports have indicated instances of peri-implantitis at a rate of 10 per cent and in some implant types of up to 29 per cent. Some studies have shown higher incidences of peri-implantitis in patients that have lost teeth because of periodontitis before and therefore suggest a possible predisposition. Additionally, we are only beginning to understand the treatment of peri-implantitis.

In my opinion, implants are a very valuable instrument if the natural tooth has already been lost or has an insufficient prognosis. But if a tooth has a sufficient restorative, periodontal and endodontic prognosis, it should be preserved in most cases. Thus, I consider that the situation is not one of endodontics versus implants but one of two disciplines working alongside in the goal of best serving our patients.

So, I hope that you will enjoy this issue of **roots**, which demonstrates the possibilities of endodontic treatment through cases treated by excellent clinicians.

Sincerely yours,



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