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The Endodontosaurus is not extinct

The Endodontosaurus is not quite extinct as

I'm used to the pitying looks from my peers when I admit to being an endodontist. As dental implants have grown in popularity, my field of dentistry is seen as outdated. But, before we perform the last rites over endodontics, let's take a closer look to see if there's a flicker of life.

Dental implants are not the only restorative option, nor are they as atraumatic as they are often perceived to be. There will be a CT scan, surgical procedure and a long period of temporisation while waiting for integration.

For a suitable patient, good endodontics avoids this trauma, saves expense, and allows the patient to retain their own natural tooth. Not insignificant considerations in treating an ageing population.

Of course, if a tooth is beyond repair, or retaining, it could make future implant placement more difficult due to infection and bone loss. In this case, extraction and appropriate replacement should be considered. As clinicians, we must make decisions, case-by-case, on a daily basis. Is a dental implant the best option? Will endodontic treatment simply delay the inevitable implant?

I have heard post crowns referred to as provisional restoration pre-implants, or PRPI. But, with sufficient tooth and root structure, post crowns can have a very good prognosis so shouldn't be automatically seen as a temporary solution.

In my opinion, it is almost impossible to compare dental implants with endodontic treatment. Implants are judged successful simply if they integrate or survive, and, on that basis, have an excellent record.

It could be argued that endodontic treatment can be judged successful if the patient is free from pain and swelling even if lesions are present. So, before instinctively reaching for the forceps, it's worth considering the options.

Dentists have to make an objective decision based on the most favourable outcome for the patient, which means we should ask ourselves what is the worst that could happen?

Do we want a long bridge with a short, root filled tooth with a post as an abutment? Or should every compromised tooth be replaced by implants that could potentially damage anatomical structure?

In the USA, more and more endodontic students learn to place implants too, and, if the UK follows that trend, endodontists will be able to properly weigh up the treatment options and offer the best treatment option for the patient.

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