

Implantology '86

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The editorial that appears in this issue of the International Journal of Oral and Maxillofacial Implants was written by Dr. Daniel M. Laskin, Editor of the Journal of Oral and Maxillofacial Surgery and also a Section Editor for JOMI. It is reprinted here at our invitation and with Dr. Laskin's permission because it is pertinent to the implant field today and appropriate for the consumption of our readers. We are indebted to Dr. Laskin for his astute observations and clarity of thought.

The use of dental implants has increased significantly in the last two decades. Whereas 20 years ago, there was only a small group of dentists interested in the subject, and many oral surgeons were too embarrassed to admit they used the procedure, today the practice has become so common that we find a variety of practitioners ranging from general dentists to various specialty groups vying to be acknowledged as experts in the field. Although we sometimes tend to critically review those who pioneered the use of dental implants, recognizing their basic lack of understanding of biomechanics and biomaterials, we actually owe them a vote of gratitude for their perseverance that ultimately led to a more scientific approach to the problem. Because of their efforts, we now stand upon the threshold of advances that may ultimately provide an ideal solution to many of our problems associated with restoration of missing teeth and reconstruction of atrophic jaws. Even at this stage of development, it appears that the placement of implants in the edentulous ridge is more cost effective and easier to perform, and provides for a more efficient prosthesis than the use of extensive augmentation and vestibuloplasty procedures.

With the interest in the use of dental implants reaching a new high, we now find lectures and courses on the subject occupying a large part of many meetings, and we are continually being bombarded by advertisements in our journals and brochures extolling the benefits of a variety of implant systems. However, most of us were not taught much about implants in dental school and therefore often do not have the proper background to critically evaluate this information. If one reads the material provided by the manufacturers, he gets the idea that any one system can be used in all instances. Nothing is further from the truth. Moreover, many of the claims made by the manufacturers, while perhaps not untrue, are often misleading or, at best, are couched in disclaimers or generalities. Regarding implants, it is doubtful that "science can enhance nature" or that they can "provide reliability you and your patients expect." I'm not sure what the oral and maxillofacial surgeon expects, but I am sure that even a 95% success rate is less than what the patient expects.

It is understandable that manufacturers praise their own products, but we would hope that we can at least turn to our professional colleagues for a less biased appraisal. Unfortunately, this too does not seem to be the answer at the present time. The literature is of little help because there is currently a paucity of scientific and clinical data, and

differences in evaluation criteria make comparisons between those data that do exist very difficult. Furthermore, for many implant systems there are no good published clinical data. Even worse, those persons with the most clinical experience with a particular implant system often either are the developer of that system, or at least seem to have more than a purely academic interest in it.

All of these things do not mean that we should stop using implants, but the time has come for us to take a harder look at what is going on in the field. First, we need to learn about the main factors affecting the success of any implant system—the biomechanics of its design, the biocompatibility of its material, and the gentleness of the technique used for its insertion—so that we can carefully evaluate the available products. Second, we should not be lulled into complacency by what appears to be the relative simplicity of inserting most implants. There are technical problems, and it is better to learn from the mistakes of others than to repeat them ourselves. In other words, we should have some formal training before starting to use implants. Finally, before deciding which types of implants we want to use, we should review the information available, take a course dealing with that system, and talk to our colleagues who are using it about its potential. As our knowledge and experience grow, we shall then be in a better position to independently evaluate each new product.

Although we are making great strides in our understanding of implant design and the proper use of biomaterials, we still have much to learn in both areas. Unfortunately, the impact of commercialism, and the political and economic conflicts within our own profession related to the use of implants, often seems to delay rather than to hasten the needed progress. Indeed, we have come a long way in the field of implantology, but we will have to start putting progress before profit if it is ever to become a science rather than an art.