

A Decade of Observation

Dentistry is a profession that largely makes progress arithmetically. Each accomplishment, each discovery, each new technique becomes the foundation for the next increment of progress. Rarely are exponential changes or improvements encountered. When the first Toronto Conference introduced the concept of osseointegration to the North American continent in 1982, it was the beginning of an exponential change in the treatment of patients requiring prosthodontic care.

I very well remember attending that meeting. It was a meeting of "purists." It was decreed by the organizers that only prosthodontists and oral and maxillofacial surgeons could attend. I attended with a periodontist — an action that was not viewed with great favor. Now, 10 years later, the teaching of implant placement is mandatory in periodontal specialty programs, and in many dental schools predoctoral students are taught the principles of implant dentistry.

Whereas only the anterior zone of completely edentulous mandibles was originally considered to be a potential recipient site for implants, in only one decade implants are being placed in any area where adequate bone exists or can be reconstructed using new augmentation procedures. Initially, function was seen to be the primary benefit of implant-supported restorations; esthetics was a secondary consideration, and even then was given a different set of parameters for acceptability.

I doubt that the creators and developers, both scientific and commercial, had any idea of the proliferation of products that would eventuate in the ensuing decade. Nor, I am sure, did they foretell that their criteria for success would be so severely challenged and that their concept of esthetics be so rejected.

New products and aftermarket companies have greatly altered the original procedures. The original boundaries for treatment planning, selection of surgical sites, and restoration have been expanded far beyond what even the most optimistic supporter might have considered only one short decade ago.

One must observe that as much as the concept and technique of osseointegrated implant dentistry changed prosthodontics in North America (and the rest of the world), so did North America change the concept and technique of osseointegrated implant dentistry. This statement may be considered by some to be very provincial, but I believe it to be true.

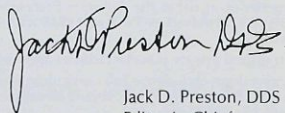
The last decade has resulted in many changes — and the articles in this issue document a number of them.

Additionally, new questions are being raised and some previous dogmas are being challenged. However, all is not well with implant dentistry. We still largely act with clinical impression rather than scientific knowledge. Much remains to be done to answer some of the questions that the broadened frontiers have raised. We still have not had the time-based assurance that our currently espoused "facts" will withstand the scrutiny of data acquired from an adequate number of patients, for a long enough period of time, and by objective observers using scientifically supportable techniques.

Not only have we not answered many of the basic questions related to implant success, but we have not yet found a way to make this service available to the large number of patients who cannot afford the fees the procedures entail. We have numerous scientific and social problems that still demand solutions. Furthermore, the fact that we find a need to continuously redefine what constitutes "success" is not calming to this observer either.

Whereas the past decade has benefited greatly from the Brånemark concept, many questions still remain. It will be interesting to view the progress of the next decade. If we can override dogmatic adherence to unproven tenets, clinical observations made without scientific merit, and commercial interests that preclude cooperative progress, then perhaps the exponential rate of progress may continue. If not, the dilemmas posed by implant failures may consume an increasing amount of attention. Let us hope that the enthusiasm for the overwhelming advantages of osseointegrated implant therapy continues to be tempered by restraint born of scientific doubt and demand for adequate proof.

It is because the dental profession must monitor its own progress and question its own actions that conferences such as the 10th Anniversary Toronto Conference are held. We felt that the papers of that conference are of substantial import and merit the dedication of this issue to their publication.



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All papers in this issue were submitted by the authors as they were presented at the conference and have not been subjected to peer review.