

Autogenous tooth transplantation


A number of years ago my longtime friend Mitsuhiro Tsukiboshi introduced me to autogenous tooth transplantation (ATT). As originally conceived, this technique involved immediate reimplantation of extracted teeth, usually into a second site in the same patient. The technique gained popularity in the 1950s and 1960s. At that time the profession had limited understanding of the clinical steps needed to insure routine success. Unfortunately, the commonly practiced approach led to a great deal of root ankylosis, which often resulted in the loss of the transplanted tooth. Thus, the technique rapidly fell from grace and was largely ignored by the profession for many years. Diligent effort on the part of Dr Tsukiboshi, his mentor Jens Andreasen, and others improved and refined ATT over the years. In fact, if one follows their suggestions, the long-term outcomes in selected cases are quite good and in fact, rival those seen for implants. For more details, I would refer you to separate books on the subject written by these men.*

The successful revival of ATT has received less than its deserved attention. This is due, in my opinion, to several factors. One of these factors is the negative results found with older approaches. However, I think that the most significant factor has been the rise in popularity of dental implants. Implants are popular for many reasons. The most important is that they work well and are predictable replacements for missing teeth. Another is the profit motive. When we remove a tooth, replace it, do the needed endodontic therapy and later, the prosthetics, no single company derives much benefit. Implant companies, as they should be, are in

business to sell implants, and they go to great lengths to inform the dental and lay public of the benefits of their products. As a consequence, few schools teach ATT, while most, if not all, have courses on implant dentistry.

A variation of ATT is featured in an article in this issue of QI. Written by Doctors Roeters and Bressers, the article features the intentional extraction of a maxillary lateral incisor. The tooth, which the patient fractured in a bicycle accident, was removed, rotated, then stabilized. Later endodontic therapy and final restorative dentistry enabled the patient to retain the tooth.

As presently practiced, ATT can be useful for a number of our patients, and I urge our readers to look both at the article specifically and the technique in general for use as an alternative form of tooth replacement.



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* In the spirit of full disclosure, I was an uncompensated contributor to Dr Tsukiboshi's book.

Andreasen JO. Atlas of Replantation and Transplantation of Teeth. Philadelphia: Saunders, 1992.

Tsukiboshi M. Autotransplantation of Teeth. Chicago: Quintessence, 2001.