



At the dawn of organized dental education there was simply not enough data to fill the entire dental curriculum. Prospective dentists studied general biology, zoology, and

even botany to complete their education.

Those days are long gone. So much material is currently available that it is next to impossible to teach the overwhelming amount of data we have in all fields of dentistry. *Quintessence International*, a journal that has long appealed to dentists with a wide spectrum of interest in dentistry, is facing the same dilemma—an excess, rather than a shortage, of material.

As long as we decide to maintain our current format, we have to start thinking about the topics we will emphasize and those that are best suited for a different venue. Defining what topics would interest such a diverse audience was tough. The answer has been built into the first part of our new slogan, “clinically relevant, scientifically based.”

Although almost any clinical procedure is relevant, not all those procedures appeal to our readers. So, what’s relevant? The three pillars of comprehensive dentistry are prevention, diagnosis, and treatment. Anything that will promote knowledge in one of these fields has a place in our redesigned journal. However, within this enormous spectrum I realize that some topics are highly specialized, and, as such, may not appeal to our readers. Where most of our readers can and will enjoy data related to some surgical procedures, I do not really see the value of dedicating space to articles that provide a step-by-step guide of how to perform oral and maxillofacial oncology surgeries. This is not to say that this is not an important topic, it is just not within the

spectrum of what most of us consider routine dental practice.

Case presentations present another dilemma. Although their significance cannot be underestimated, they must have an added value to be publishable. Isolated rarities may be of interest if they, for example, resemble other lesions and can create a challenge in differential diagnosis. In such a case, a thorough review of the relevant literature with guidelines for proper diagnosis is a welcomed manuscript. A case report describing the first patient ever to be born with two tongues, however, will probably have to look for a different venue. Case reports should provide us with an insight that will better enable us to organize our diagnostic thought process. Just as I do not see myself starting my next patient evaluation looking for an additional tongue, I do not really see the added value of publishing this fascinating, but one-of-a-kind, phenomenon.

We know that our readers have a vast interest in a variety of topics, including operative dentistry, prosthodontics, endodontics, biomaterials, pediatric dentistry, oral medicine, and more. These topics, as well as others of interest to the practicing clinician, are all welcome in our journal. We are committed to being clinically relevant.

Lastly, I ask you, the reader, to play an active role in shaping the future direction of one of the most respected publications in dentistry. E-mail me on any topic, and although we cannot guarantee a solution to every problem, we do promise to carefully listen and reply.

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