



Whither Goest Implant Terminology?

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Perusing the implant literature of yesteryear, one is burdened with the plethora of terms committed to hardware types and designs. While many of these word pictures subjectively portray physical implant characteristics, materials, or anchorage sites, nearly all could simply have been classified as endosseous, transosseous, or subperiosteal. The observation could be made that while language simplification is an admirable goal, more descriptive terms enhance the communication process. But when duplication and cliché become the norm, the ability to communicate is clearly compromised.

The scientific literature has also periodically suffered from the imposition of labels bearing discoverer or inventor names. Despite medicine's long-time practice of using proper names to identify instruments, techniques, or procedures, for the most part, the dental profession has refrained from exacerbating or encouraging that practice. As it has progressively become involved in implant-based treatment during the modern era, each dental specialty organization has incorporated implant-related terminology in its accepted lexicon by way of published or internally circulated glossaries. However, with but few exceptions, minimal effort has been made among the various organizations to standardize terms that could facilitate and/or simplify communication.

As the implant field has evolved, the growing appearance of empirical terms, "buzz" words, and phrases is troublesome. While terminology of 3 to 4 decades ago was more concerned with implant architecture, contemporary terms related to concept and system have appeared in increasing numbers. Because of international differences in scientific terminology, this trend has been significantly compounded.

Scientific methodology and procedure are deserving of precise, accurate, ethical nomenclature. When applicable, generic terms are desirable as they are traditionally stripped of product connotations. In the implant past, the cursory acceptance of anecdotal design or treatment experience as a research-based fact has blemished the authenticity of implant modalities as viable treatment options. Thus to the credit of his creative genius, P.-I. Brånemark sought to distance himself and colleagues from this less than-scientific approach of earlier overzealous implant "disciples" by introducing a specific different system-related jargon. However well intentioned the new terminology has been, it has led to a backwash of terms which, with the offering of each new or revised system, further complicates the communication process, viz, osseointegration /osteointegration /fibrousseous integration/biointegration, etc.

The JOMI Editorial Staff believes that an urgent need to standardize implant terminology has arisen. Since treatment is essentially interdisciplinary, acceptable

terms used in common can significantly reduce the verbiage of communication and contribute to clarification of understanding among the implant community-at-large. International colleagues may well object to our insistence on using *tooth names* rather than numbers (because of dissimilar numbering systems), such words as *prosthesis* or *restoration* rather than construction, and *implant* rather than fixture, for example. This approach should not be misconstrued to imply intent to discredit or denigrate any other body of scientific language or educational system that has successfully existed outside of North America. However, the majority of JOMI readers are still found in the primarily English-speaking countries and consequently, our editorial style/language will need to conform to accepted standards accordingly.

The recent recognition that JOMI has received through its inclusion in the US National Library of Medicine MEDLARS system, effective 1994, obligates this journal to responsibly communicate scientifically. Until such time as internationally recognized scientists and clinical authorities in the implant field can agree on terms evolving from confirmed advances and use them uniformly, commencing with Volume 9 in 1994, we will endeavor to limit the use of *terms/phrases* to those recognized by published sources accepted by the professional community-at-large. An international norm for implant terminology must be our common goal . . . and soon!