

Editorial Modern Clinical Dilemma: Extraction and Implants vs Retention of Endodontically Treated Teeth

One of the most challenging decisions we face in our practices concerns the management of the endodontically compromised tooth. Recently the trend has been to “extract and implant,” but this is not always as simple as one might think. Many clinicians believe that it is easier to achieve a good result with an implant than with an endodontically compromised tooth. Certainly the dental implant has its place; however, in many cases, the endodontic-restorative option does not receive its due merits. This is a serious issue that will haunt us professionally if not corrected.

Whenever we are faced with a compromised tooth, we have to consider the following question: Can the tooth be maintained? If so, then this is our primary goal. However, the question is complicated by the context: Is this an abutment? Is there an esthetic challenge—a discolored abutment? In the younger patient, it may be desirable to maintain a potentially hopeless tooth for as long as possible in order to “buy time” and delay the day of implant placement and its subsequent eventual failure, given we do not have long-term success with implants, eg, 20 years and more.

Surgical and/or nonsurgical retreatment of an endodontically failed tooth is often simpler and has a broader range of options than retreatment of a failed implant, particularly in the esthetic zone. On the other hand, perhaps it is more predictable in a given case to remove the tooth and replace it with an implant-supported restoration. These and other issues are real concerns we have as practitioners, and it is important to be objective regarding the subjective criteria upon which we base our decision for the choice of restorative protocol.

Are endodontically treated teeth really less predictable than dental implant-supported restorations? Are they really more likely to fail? Do they really have a poor prognosis? Do anterior and posterior teeth behave the same? With the significant advancement of endodontic procedures in the last decade, the answers are not what implantologists have believed. Do implants really have fewer complications? Is retreatment as easy?

The fields of both endodontics and implant dentistry have advanced significantly and at a rapid rate during the last decade, but clinicians in each field may not be aware of the advances of the other. It is our obligation as clinicians to save teeth if at all possible. We must consider the use of both traditional and implant-supported restorations based on a given patient’s age, sex, oral habits, esthetic concerns, and other criteria. The traditional three-unit bridge is an excellent treatment option when indicated. The notion of “extract and implant” must be eliminated from our mindset, since implantation is not a panacea and has its own problems.

We should question our treatment choices more critically, suggest useful answers to many of the questions, provide ourselves with objective criteria on which to base our judgments, and, finally, offer solutions so that we can make better choices for the treatment of our patients.

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