

Is it Still the Goal of Dentists to Save Teeth?

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Context

- Periodontal Regenerative Therapy has an underlying philosophy of wanting to preserve the dentition and improve upon the support that has been compromised as a result of disease.
- In the 1960s and 70s, when implants were not in private practice, dentists had no choice but to do whatever they could to save teeth.
- In the mid-80s, the formality of regenerative therapies by way of guided tissue regeneration was coined. This involved using materials such as barrier membranes to try to stimulate and protect the wound to get the periodontium to reform. However, this technique was very unpredictable in the hands of private practitioners.
- Around this time, dental implants came into practice and by the late 80s they were the panacea - the golden child of dentistry. Many teeth that could probably have been saved were extracted in favour of what was considered to be a superior alternative.
- This was before we started seeing peri-implantitis, at which point the pendulum started to swing the other way.

Treatment Options Today

- If there is no hope for a tooth, we make the decision to remove it.
- But as a periodontist, I approach every situation with the goal of trying to save the tooth.
- There are several techniques and materials available in the regenerative space that allow predictable and successful results that can be maintained over the long term.
- We are in an era of more biologically driven regeneration than mechanically driven regeneration.

Leading Technique

- Enamel Matrix Derivative:
 - Been around for 25 years

- Principle is to create a space for precursor cells to populate a defect, and to then differentiate into the cells that make the components of the periodontium.
- Has a lot of literature validation because it aims to mimic what happens during the development of the periodontium embryonically.
- Typically mixed with some type of a scaffold provided by an allograft or a xenograft.
- Don't need to use a barrier membrane.

Is it Still the Goal to Save Teeth?

- There is nothing absolute.
- The first question we should ask in every case is *can* we save this tooth?
- If we can save the tooth, then what do we need to do to make that happen?
- But if what we do to save the tooth is only going to make a minimal difference to the patient's life, then we should consider the alternative.

Key Factors Influencing the Decision to Save a Tooth or Not

- What the patient wants
 - Need to find out what the patient wants and incorporate this into treatment philosophy. Some patients have already made up their minds, but in borderline cases it is important that the patient considers how important it is for them to save the tooth.
- Patient Selection
 - Will the patient be able to maintain the work that is done? Regenerative therapy is typically a last resort to try to save a tooth. If the patient is not compliant or they have poor oral hygiene or active periodontal disease, it may make more sense to proceed non-surgically to maintain, or to replace the tooth.
- Operator skill
 - How materials are handled.
 - How flap is managed.
 - How flap is sutured.
 - How patient is maintained and cared for post-operatively