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Natural tooth or implant? A 21st Century dilemma?

Recently I've attended an interesting lecture entitled 'Teeth or Implants; is that the question?' Passionate and reasoned, the speaker argued that conventional periodontal therapy works. His long-term case studies demonstrated periodontal stability at 10 years, when the patient's dental condition at the outset looked particularly dismal.

The tooth or implant dilemma is one we encounter daily, and with increasing life expectancy it will be more frequent. Examining a patient, considering their remaining dentition and attempting to best guess the prognosis of the remnants of years of neglect, coupled with intermittent yet enthusiastic industrial dentistry, and interpreting these findings in the light of the patient's expectations and motivation is a chancy occupation. No prizes for predicting the most rapidly increasing area of dental litigation.

Categorising each tooth individually in the treatment planning stage into maintainable, questionable and hopeless/useless is a traditional strategy and a good starting point. I agree with the periodontists, and am impressed with the results. I too struggle (physically as well as mentally) to maintain teeth, knowing that they are likely to be lost, but consoling myself with the knowledge that they have sacrificial duties to perform. Stabilisation and maintenance gives the practitioner the opportunity to monitor the outcome, to hone the oral hygiene and to develop the treatment options.

Natural teeth do actually last quite well; after all, they have been around for millions of years and have developed some pretty nifty and resilient means of attachment. Yet on the other hand, we as practitioners have replacements available. They are reliable, reasonably simple and effective. They do not get decay and can look quite smart.

Exactly when can we justify extracting a natural tooth? So when is it reasonable to replace a natural tooth? Can we improve upon 'money and bone' being the criteria for implant placement? Should we provide years of non-surgical periodontal intervention successfully slowing the rate of bone loss in the hopes that the patient's teeth survive beyond the patient's last breath. We will, of course, as twenty first century practitioners, make patients aware of their options in a meaningful way, discussing the pros and cons of each option. Explaining that bone loss is an inevitable consequence of this inflammatory process we call periodontal disease and keeping the implant retained option ready in the wings for the day when our residual available bone is perilously close to the dimension of our standard implant length. Or do we extract teeth that we know from our formative years at dental school are salvageable, convincing ourselves that we are doing the patient a favour by providing them a very 21st century alternative to an age old problem?

In such moments of indecision I have no difficulty in picturing Kevin. There are others like him, but he's a regular on the implant clinic in Sheffield. He's about 50

years old now, a retired policeman. He lost all his teeth years ago. Sadly the retirement was on health grounds due to his worsening MS, now confining him to a wheelchair. He confides in me what he would do to that ***** who took his teeth out. Implants were placed, ten in total. Years of gross maxillary resorption, dystonia and limited ability to clean have rendered his dental situation nothing but abject misery. The implants were placed in compromised bone lacking volume. Temporisation was with a removable denture lacking retention, which I suspect required denture adhesive to maintain any kind of dignity, inevitably increasing peri-implant bone loss. All that remains in the maxilla is one zygomatic implant and two implants in the mandible. Kevin is unable to function effectively, speaking eating and social aspects have become nothing but torment. Yes in part this is a medical complication, but I'm guessing the onset of MS was a surprise to all. Restoration is now an enormous challenge. If I could transplant an integrated implant from another patient, it would go to Kevin. Even better if I could save that implant for Kevin and salvage a tooth to save another Kevin I would without hesitation.