

# Implants

The American Association of Endodontists is dedicated to promoting the importance of retaining natural teeth. Technological and biological advancements have made modern endodontic procedures more predictable, allowing more patients to maintain their natural dentition. However, not all teeth can be saved.

The incorporation of dental implants into contemporary dental practice has resulted in significant improvements in oral health. Implant-supported restorations minimize unnecessary preparation of intact abutment teeth and allow for prosthodontic replacement of teeth when suitable abutments are absent. Implants have enhanced oral function for many patients by profoundly affecting treatment planning for teeth with an unfavorable prognosis, and for the rehabilitation of edentulous spaces.

Experts from various dental specialties have noted a change in philosophy when practitioners are developing treatment plans for patients with compromised dentitions. Some clinicians are focusing less on saving and rehabilitating teeth in favor of extraction and replacement with dental implants. This has resulted in patients losing teeth when they may have been better served by preserving them.

Endodontists are an integral part of the treatment planning team. With their advanced training and experience, they are uniquely positioned to assess the long-term prognosis and feasibility of retaining teeth. The current standard of practice in endodontics must be applied equally to all practitioners and extraction should never be proposed solely based on inadequate prior endodontic treatment. Extraction is an irreversible procedure; therefore, teeth should only be considered for removal after thorough discussion of projected outcome, risks, benefits and all reasonable alternatives.

Referral to an endodontist for additional consultation is strongly encouraged to consider all retention options, including nonsurgical and surgical endodontic therapies.

Endodontic treatment and implant therapy should not be viewed as competing alternatives, but rather, as complementary treatment options for the appropriate patient situation. The results of multiple systematic reviews indicate high survival rates for both the natural tooth and for the restored single-tooth implant. It is important to recognize that the methods of evaluating the two options differ, making outcome comparison challenging. Therefore, clinicians must consider additional factors when making treatment planning decisions. In addition to systemic and local factors, it is critical to include costs, treatment duration, patient satisfaction with treatment and the potential for adverse outcomes. An important component of informed consent is explanation of associated risks with any procedure.

There is no lifetime guarantee for either a natural tooth or an implant. Despite high survival rates, dental implants and their associated restorations are prone to biological, technical and esthetic complications. These can result in difficult management and significant long-term financial, physical and temporal costs. In order to minimize the occurrence of complications, preoperative medical evaluation and identification of risk factors is essential in implant treatment planning.

Patients entrust dental professionals to make appropriate recommendations regarding the maintenance and restoration of their oral health and function. It is essential to employ an evidence-based, interdisciplinary approach that addresses the interests of the patient when determining the best possible course of treatment.

Current evidence strongly suggests that retention should be the first consideration when managing a patient with a compromised natural tooth. Natural teeth have value and are worth saving. An implant is an excellent option for replacing missing teeth or those that cannot be saved through conservative means. Yet, dental implants should not be viewed as a panacea. The “extract and implant” and “early removal of compromised teeth” paradigm should be reconsidered, as it may not serve the best long-term interests of the patient. Practitioners therefore must carefully weigh the advantages and disadvantages of both implant and endodontic options in helping their patients achieve optimal oral health.

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The guidance in this statement is not intended to substitute for a clinician's independent judgment in light of the conditions and needs of a specific patient.

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