

## Editorial



# The road not taken: beyond our embarrassment and skepticism

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We are currently often faced with embarrassing situations, in which we reluctantly decide to extract teeth that have been maintained for quite a long period of time, despite our expectation that the teeth would continue to be viable for the rest of the patient's life span. As periodontists, we have been trained to anticipate life-long stability for teeth provided with conventional periodontal therapy, such as open flap curettage, furcation management with or without root resection, osseous resective or bone grafting procedures, and so on. To our embarrassment, the results of these conventional periodontal therapies have turned out to be unsatisfactory within the limited scope of moderately efficient periodontal treatment. Not only general dentists, but even trained periodontists have begun to experience skepticism about the life-long sustainability of teeth that otherwise would have been expected to survive their hosts (patients). Should we instead use implants that might guarantee, if replaced earlier, a longer period of predictable results, which would furnish most dental practitioners with more optimism? In other words, can we apply the maxim “the earlier, the better” to tooth extraction and replacement with an implant?

Wait a moment, though—that's not quite right! At this point, we should realize that we have missed the paradigm of efficient periodontal treatment. This can be achieved by a variety of creative treatment modalities that practitioners may not be aware of, or may not use by default, such as guided tissue regeneration, occlusal therapies (e.g., occlusal adjustment, cantilever segment removal, restoration of lost contact points, segmental or cross-arch splinting, and occlusal stabilization of posterior teeth), endodontic treatment (intentionally) combined with periodontal therapy, and combined orthodontic treatment in cases of severe periodontitis (e.g., intrusion/extrusion, leveling, uprighting, and Hawley bite plane therapy). Through their diversity, these treatment modalities—either alone or in synergistic combinations—can certainly open a new path along “the road not taken” (Robert Frost), beyond our current state of skepticism.