

EDITORIAL**Success or survival**Horia Mihail Barbu¹¹Titu Maiorescu University, Bucharest, Romania

The dental patient with his pathology, his needs and his demands represents the point of departure for the research and innovations in dentistry. He is the most important recipient of the clinical advancement and innovations achieved through medical science. This journal is meant to provide the scientific content and peer-reviewed research to improve clinical outcome, as well as treatment planning options, in order to enhance success of dental treatment [1].

Among the dental branches, oral implantology has evolved as vital part in oral rehabilitation of partially and completely edentulous patients [2]. The dental implant is considered a primary option to replace a single tooth or multiple adjacent missing teeth, or to support a fixed or removable prosthesis [2]. Case series described in various articles serve as a basic guide for the dental practitioner. Information on medical history, bone and pharmacology led to complex treatment planning and surgical procedures, providing the reader with a virtual clinical situation, its complications and resolutions.

A challenging topic in implant dentistry is represented by implant insertion following tooth extraction. The subject is far more interesting in patients with chronic periodontal disease, for whom full-mouth extraction and immediate implant placement is planned. The benefits and the disadvantages of this technique are placed in high contrast when analysing the meaning of successful medical therapy. Immediate success and satisfaction of the patient, by shortening the duration of his treatment plan and reducing the number of the surgical stages, confronts the great endangering of long term implant survival.

Extraction of all natural teeth results in bacteriological modifications, with reduction of common microorganism responsible for periodontal disease [3]. Thus, the presence of bacteria, even in lower concentration, associated with poor, local immune defence contribute to further bone loss of implants inserted in post-extraction sockets. According to cohort studies, patients with history of treated periodontitis have a higher risk to experience peri-implantitis compared with periodontally healthy subjects [3]. One-stage procedures, with post-extraction implant insertion in patients with periodontal disease, ensure 3- to 5- year implant survival [4]. For periodontally compromised patients, implant placement remains a viable treatment option, with long-term success by staged-approach procedures.

One requirement before implant placement is the complete treatment of the periodontal disease. In addition, periodontal indexes should be monitored over time and we should proceed with implant treatment only with reduced inflammatory indexes, in order to reduce the risk of complications and implant failure [5].

Post-extraction implant placement with immediate temporary restoration may represent a fast and short path in providing the aesthetics and masticatory function for the periodontally compromised patients. Although, by its definition, oral rehabilitation combines the advantages of this technique, the results in the years to follow contradict the same principle. It's a professional duty of the practitioner to guide the treatment options for the patient's long-term benefit. The treatment plan for the patients with advanced

periodontitis must consider a detailed analyse of the immediate impact and prognosis of the oral disorder on the osseointegration process. Success in terms of oral rehabilitation frequently requires several, varied procedures in the management of the patient's treatment plan.

Arguments for certain techniques are often demonstrated by studies and highlighted through scientific writing. We encourage the authors to develop as many topics as possible, to exemplify new techniques and to publish the results of their researches in this journal, in order to provide quality of the medical performance.

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