

Saving teeth from the brink: a call to rethink the management of periodontally compromised teeth

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Dear editor:

Teeth, designed to last a lifetime, may be lost for various reasons such as root fractures or extensive caries. However, teeth compromised by periodontal disease, with uncertain or questionable prognoses, often receive little attention and are prematurely given a “death sentence.” Meanwhile, the introduction of dental implants as a therapeutic alternative has transformed daily clinical practice, substantially improving oral health and patients’ quality of life. In this context, the high success rates of osseointegrated implants, supported by solid scientific evidence, have encouraged clinicians to pursue an optimal therapeutic model.

Nevertheless, this approach should be adopted with caution, as implants are not exempt from failures or complications. The indiscriminate placement of these prostheses, often associated with iatrogenesis and infections, creates major clinical challenges. Deciding which tooth to extract is far from trivial; it requires careful, evidence-based judgment. Initially, many teeth show improvement after periodontal treatment, while others do not, demanding more cautious decision-making. Therefore, in cases of uncertainty, preserving the tooth should be the preferred option. This conservative stance is evidence-based, as scientific literature has confirmed the longevity of periodontally treated and restored teeth (1, 2).

It is concerning that evidence-based knowledge regarding the management of teeth affected by periodontal disease is being underestimated, leading to an evident lack of effort to preserve them (3). Studies have shown that the lower the clinician’s level of training, the more frequently extraction is recommended, which leads to significant changes in the approach to patient care (4, 5). Some clinicians argue that periodontally compromised teeth should be extracted to preserve bone volume for future implants; however, this aggressive approach is not supported by current evidence (6). Therefore, replacing compromised teeth with implants should not be regarded as a definitive solution for periodontal disease.

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Clinicians frequently face the dilemma of whether to retain teeth affected by periodontal disease, whether due to limited training, unawareness of the evidence, or even negligence. Considering only tooth survival rates is insufficient, since prognosis depends on the extent and severity of the disease. Teeth with severe periodontal damage can be treated and preserved through scaling and root planing, along with periodontal maintenance therapy. The literature shows that these procedures can provide abutment teeth for fixed prostheses with a good long-term prognosis (7). The presence of furcation involvement further complicates the decision to preserve the tooth, with extraction often being the most common choice despite evidence supporting favorable long-term outcomes (2, 8).

Currently, the growing demand for esthetic treatments and the strong influence from the dental industry have fostered a global tendency to recommend dental implants, even in cases where conservative management could be a feasible alternative. This market-driven dynamic —often guided more by commercial than scientific considerations—has significantly influenced clinical decision-making, decreasing the frequency of dental tissue-preserving treatments. Moreover, although implant therapy shows encouraging survival rates, complications are common, prompting reflection on whether periodontally compromised teeth might actually have a longer lifespan than implants (9, 10). In this regard, dental implants should be viewed as a therapeutic option reserved for cases in which tooth preservation is no longer possible, rather than as a routine substitute for the natural dentition.

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