The Profession Benefits from Letters to the Editor

*JOI* is fortunate to have two Letters to the Editor in this issue regarding the paper published in volume 43, number 5 entitled, “Current Evidence on the Socket-Shield Technique: A Systematic Review” by Amit S. Gharpure and Neel B. Bhatavadekar.1 This paper concluded “…the overall evidence in support of the socket-shield technique seems limited at the moment. …More studies which are higher on the hierarchy of evidence such as RCTs, well-designed prospective cohorts are required to fully establish the biologic plausibility and clinical success of this technique.”

Jonathan Du Toit and colleagues submitted a Letter to the Editor that appears in this issue of *JOI* and tenders the following: “The article appears to present the technique mostly in a negative light, supported by a review of the literature that in its selection of content and methodology is fraught with error.” They conclude their letter with “To conclude, we welcome the open, scientific discourse on these new techniques. It will bolster and galvanize newly introduced ideas, as they follow the course of their natural selection and progression. Those fraught with complication, poor success, etc. will disappear, and ultimately techniques proving positive to both clinician and patient will naturally develop, be revised and thrive.”2

Gharpure and Bhatavadekar responded to the Du Toit letter with “Scientific literature should be based on healthy discussion; we are not against any individuals or techniques. Rather as researchers of the healthcare profession, we demand concrete evidence on proposed techniques before they can be routinely used for patients. Our paper is just a summary of the current findings on the technique,” and then proceed to present a point-wise response to each of the raised queries.3

The two letters, albeit of differing opinions, represent what is good about professional discourse in the literature. This “socket shield” technique represents a newer philosophy regarding implant placement in the presence of a previous root fragment. The article and letters enlighten our readers on the topic, and now it is up to each of us to use critical thinking and decide for ourselves which philosophy is right for our patients and for which clinical situations. Rarely is something correct for all cases, nor is it always wrong. It is not the purpose of *JOI* to support one position or its opposition. *JOI* is committed to providing valid scientific information on all sides of an issue.

*JOI* welcomes Letters to the Editor, as it benefits Implant Dentistry. However, it is required that the prose be professional in nature, limited to the subject, and not derailed by personal comments. It is healthy and beneficial when the scientific community conducts itself with dignity and does not subject the profession to the sometimes-ugly politics we find in other arenas.

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REFERENCES


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