

# Outcomes of General Dentists Performing Surgical and Prosthetic Implant Treatment

Dear Editor,

A retrospective research project was published in *The Journal of the American Dental Association* by John DaSilva and coworkers.<sup>1</sup> There was much discussion about this work. Much of the discussion apparently misunderstood the true content.

DaSilva's work entailed a retrospective analysis of the "success rates" of implant supported fixed crowns and partial dentures placed by general dentists as compared to treatment by academics and specialists.

Another article appeared by Papaspyridakos<sup>2</sup> in *Journal of Evidence Based Dental Practice* that evaluated Da Silva's article. This described Da Silva's work.

A retrospective is a lower level of evidence credibility. It is not a double-blinded, randomized controlled trial—the highest level of credibility. Nevertheless, this article does point out the need for extensive education and training for any clinician who endeavors to perform implant treatment.

It is very likely that the majority of practicing dental specialists and academic clinicians practicing today were educated in dental implants in the exact same manner as general dentists; that is, through continuing education. Formal education has only recently been instituted in dental schools.

This points to the importance of the American Academy of Implant Dentistry (AAID) education, and the credentialing process of the AAID and the American Board of Oral Implantology/Implant Dentistry. The AAID Associate and Fellow credentials indicate a level of education and training that can indicate a level of expertise. Advanced education in immunology or other basic sciences that many specialists receive are certainly advantageous but doubtfully useful in clinical dental Implantology.

It is unfortunate that these articles may be misconstrued by some lawyers to be used as fodder for a lawsuit. Hopefully the

true meaning and intention of this research will be elucidated in the near future.

Personally, I have removed malpositioned and failed implants placed by specialists and generalists. The surgical issues occur for all providers of dental implant treatment.

It appears that general dentists are placing and restoring an increasing number of implant cases. This will probably continue. Effective training and education is important to insure the patients treated by these clinicians are treated efficaciously. Thus it may be important for implant treatment to be taught to undergrad dental students and not only to specialty residents.

All this evidence points to the need for the American Dental Association (ADA) to approve oral implantology as a recognized dental specialty. Dental schools should begin training in this arena. Dental implant treatment has become a viable modality that benefits our society. It is time for our beloved profession to make this important change.

Dennis Flanagan, DDS, MSc  
Willimantic, Conn

## REFERENCES

1. Da Silva JD, Kazimiroff J, Papas A, et al. Outcomes of implants and restorations placed in general dental practices: a retrospective study by the Practitioners Engaged in Applied Research and Learning (PEARL) Network. *J Am Dent Assoc.* 2014;145:704–713.
2. Papaspyridakos P. Implant success rates for single crowns and fixed partial dentures in general dental practices may be lower than those achieved in well-controlled university or specialty settings. *J Evid Based Dent Pract.* 2015;15:30–32.