

INTRODUCTION

Does it still make sense to write a book on dentistry in the Internet age? I think so.

If one does not pretend to do what the Internet does better in less time, a book can still be an irreplaceable instrument. There is little sense in consulting a book to analyze the literature or carry out a bibliographical search but there is a lot of sense in doing so to learn more about clinical topics or to analyze original and innovative treatment protocols and philosophies.

With the help of more than 70 clinical cases and approximately 2000 images, the specific purpose of the book which you are leafing through is to propose an original operating philosophy for the implant-prosthetic treatment of terminal dentition developed through 20 years of clinical experience.

It is a particular argument that has never treated as such in a text. It was chosen for a variety of reasons that can be understood if their relationship with the wider social and cultural context we live in is taken into consideration.

Of all topics, the esthetics or better esthetic perfection is the topic most discussed at dental meetings, and the ability to achieve it seems to have become the most important measurement of the dentist's competencies and abilities. However, the achievement of esthetic perfection is the aim of a very small number of patients who are often substantially healthy and should be treated by real superspecialists (and Italy boasts some of the best exponents in the world) because of the specific clinical, managerial, and financial implications. Esthetic perfection is certainly not the main request of most patients and particularly those with terminal dentition who are rarely presented at the cultural events precisely because ideal esthetics cannot be guaranteed due to the initial clinical situation. These patients need a much wider vision and approach due to the complexity of the problems present at the same time that must be correctly diagnosed in order to understand both their treatment requirements and the method of managing these treatments. This is why the treatments reserved for them, although obligatorily founded on a solid scientific basis, must often be adapted to specific human, social, and financial situations, and are different from ideal treatment based on technical analysis only.

The real reason for the choice of the topic is make it understood how dentistry, which seems to be ever increasingly oriented towards cosmetics, remains a deeply medical discipline, making "ill" patients (a paradoxical tautology imposed by this historic time in which we often see "healthy" patients) the main players who can reacquire good health and joie de vivre thanks to our treatment.

Another reason why this book was written is merely quantitative but with significant professional repercussions. In contrast to patients with purely cosmetic needs, those with terminal or very much compromised dentition are much more numerous when one considers the rate at which the western world is ageing or if the horizons are widened to the millions of people in the world who are coming out of poverty and want to look after their oral health.

I think this is enough to understand why discussing of patients with terminal dentition is important nowadays.

Three fundamental objectives have been put to me.

The first is to offer a treatment philosophy concretely centered on the patient.

The patient in modern medicine must have a central and active role in all of the choices that affect him or her so it must be like this in dentistry especially when we treat patients with such serious complex problems which not only involve the purely clinical and technical but also the financial, emotional, and psychological spheres. Providing individualized and appropriate treatment, although not necessarily ideal, represents the treatment's main objective. Unfortunately, this concept is often used as a pretext for imposing your own idea of health or esthetics, or to carry out completely unacceptable compromise treatments exploiting the social or psychological traits of this type of patient. Providing appropriate treatment to patients with terminal dentition means exactly the opposite above all because it presupposes knowing how to empathetically find out the reasons that have brought the person to neglect their own oral health to an extreme degree and then knowing how to realistically engage the patient in the significant choices regarding both the objectives and the method of managing the treatment. Providing an appropriate treatment also presupposes the ability to carry out several treatment options from the simplest to the most ones. Consequently, using a patient-centered treatment philosophy requires truly multidisciplinary competence that few superspecialists have, whether a surgeon or a prosthodontist, and it is one of the most difficult skills to perform.

The second objective is more technical. This is to present these patients, who are usually only "studied" from the surgical point of view, in a more restorative perspective particularly emphasizing the treatment's prosthetic planning aspects. Implantology is undoubtedly a fundamental therapeutic support for these patients but can only be correctly applied if one has solid prosthetic skills that must be used well in advance of the surgery. These skills are often lacking and this causes a lot of problems at the end of the treatment. From this point of view, co-operation with the dental technician is a determining factor and must not start at the time of the definitive rehabilitation which is simply the result of how the treatment was or was not planned (which is the most frequent case). Ideally the dental technician should be able to meet and speak directly with the patient before beginning the treatment in order to understand the patient's wishes and fears and to reach that psychological proximity that certainly cannot be gained from photographs, video, or simple casts. I have always tried to do this but it is often impeded by practical problems. However, the dentist has the primary responsibility for creating a job protocol which has the dental technician at its center and whose contribution must always start in the planning phase. The main part of this book has been specifically dedicated to this but every page directly or indirectly refers to it.

The third objective is to be concrete. Dentistry is not a speculative branch of medicine. This is not to say that it should not be founded on solid scientifically and ethically supported theoretical bases, indeed, far from it. It simply means that all that is theorized makes sense if it can be applied in routine daily practice. In fact, should the opposite be the case, then it remains a theory. So I have deliberately omitted classifications, tables, and graphs, and I have not inserted a lot of references leaving to the clinical cases, treated in the past and not for the purpose of this book, the explanation of the theories and the speculations presented.

It is rare for a very experienced clinician to ask a less experienced colleague to write the Preface to his book.

“The Terminal dentition” by Leo Biscaro is one of these cases (in fact, the only one of its kind that I can remember).

Generally, the honor of writing the preface goes to expert colleagues, or better to famous Teachers. Teachers do not have faults for Leo as he has had the good fortune and determination to train himself in all the fields of dentistry with some of the best clinicians in the world. But for Leo the quality and quantity of training, like above average clinical talent, are superseded by the ability to innovate. Starting from a non-standardized vision of the profession, he is used to develop new courses, always based on concreteness.

Consequently, an unusual and innovative preface is coherent with him.

I have had the good fortune to know him for almost twenty-five years now, having met him for the first time in the best place for getting to know a clinician, in the operating field. Newly graduated and completely inexperienced, I found myself assisting him in a resective periodontal surgery. I remember him as if it were yesterday observing the situation, defining the incisions and flaps quickly and precisely while talking with the patient (a kind old dancing teacher) with absolute empathy.

Many years and many “dance steps” later I realized how those three initial characteristics, speed, precision, and empathy were absolutely his own in an unusual measure.

I am convinced that the determination to go further, developing treatment protocols able to meet not only the dental but also the human needs of the patients mainly derives from his personal characteristics, together with his solid cultural background.

In an age in which the world of dentistry is a string pulled tight between the extremes of low cost and a virtuoso technique that sometimes verges on the fanatical, which is often an end in itself, the treatments presented in this book are examples of an effective and concrete response and while being innovative, they are founded on a solid scientific basis, the fruit of clinical excellence and concreteness.

I am sure that you will appreciate its contents but above all I am more certain that should you meet the author and discuss the treatment presented, he would end up describing each patient not only from a technical perspective but also with all the human problems that influenced the therapy, with the extraordinary empathy that distinguishes him and makes him a brother to me after twenty-five years.

Thank you Leo for the honor of writing this Preface and happy reading everyone.

Carlo Poggio