Dear Dr. Hoexter,

We are writing this letter in response to Dr. Louis Malcmacher’s article, which appeared in the May issue of Dental Tribune, titled “Where did all the periodontists go?”

First of all, let us assure you that, as a specialty, periodontology is alive and well, and the increasing number of research studies supporting the perio-systemic link demonstrates that the role of the periodontist is more relevant than ever. While we agree with Dr. Malcmacher that general dentists are the “quarterbacks” of the dental team, we also view the periodontist as the specialty team member who is uniquely qualified in providing an accurate prognosis of all viable treatment options, whether it is non-invasive periodontal therapy, periodontal surgery or extraction followed by replacement with dental implants.

Dr. Malcmacher mentions that he has spoken to many periodontists but this, in our view, is anecdotal and does not accurately represent the entire periodontal profession. We believe that the majority of periodontal specialists make ethical decisions every day regarding retention of the dentition versus extraction and placement should feel privileged to exercise that right and send in a response to future Opinion section articles should you be moved to do so.

That being said, Malcmacher’s article is especially provocative because he discusses an approach that allows patients to determine the dental treatment that they will receive based on the patients’ own habits, rather than depending on evidence-based facts, proven knowledge and objective clinical results.

Malcmacher makes an analogy of being a quarterback, so allow me to build on that analogy and leave you with this to think on: a quarterback who doesn’t play with an effective, cohesive team gets sacked every time.

Best Regards,
David L. Hoexter
Editor in Chief

I am happy to report that Dental Tribune has received many provocative responses (some of which appear below) to the opinion piece by Louis Malcmacher, DDS, MAGD, “Where did all the periodontists go?” in the Vol. 5, No. 12 edition.

Personally, I am still here and I didn’t know that the rest of us had gone anywhere, but I guess that, too, can be a topic of provocative discussion.

First off, let me acknowledge that the piece was supposed to be labeled as our new Opinion section, but due to a production error, the article retained the Practice Matters section label. However, even without the correct section label, the piece achieved our goals for it: it got people writing us with their responses.

The goal of the new Opinion section is to give dentists a forum in which to agree, disagree, discuss and inform, and given the response to the first article, it has certainly achieved this goal.

Thankfully, we live in a country where our Constitution guarantees us the right to free speech. You should feel privileged to exercise that right and send in a response to future Opinion section articles should you be moved to do so.

The goal is to encourage health with proven minimally invasive treatments, and this can only be done with evidence-based facts, proven knowledge and objective clinical results. Malcmacher clearly stated that he bases his opinion on no authoritative evidence except discussions with dentists he has had during his travels.

Malcmacher makes an analogy of being a quarterback, so allow me to build on that analogy and leave you with this to think on: a quarterback who doesn’t play with an effective, cohesive team gets sacked every time.
From: Dr. Eric Hamrick  
Sent: Tuesday, May 11, 2010  
To: Louis Malcmacher  
Subject: Where have all the periodontist gone

Good afternoon, Dr. Yowza. I wanted to briefly comment on your article. I am a practicing, board-certified periodontist who has been in private practice for 26 years. I teach one day a month with the residents at the Medical University of South Carolina School of Dentistry, and also lecture on the topics of periodontics and implant therapy to study clubs both locally and nationally.

I enjoyed your article, as I thought the title was very appropriate for our current time in dentistry. What I stress to periodontists, especially the younger ones, is the need for practice diversification. In my practice, here are some of the procedures I provide for my referring doctor’s patients:

- Basic periodontal therapy, including the LANAP procedure, where it is appropriate.
- Mucogingival surgery, including a number of different procedures on both teeth and implants.
- Implant therapy for both edentulous and partially edentulous patients. This includes multiple types of bone grafting procedures, except for extra-oral grafting (from hip or tibia).
- PAOO, OR Wilkodontic surgery.
- Uncovery of impacted teeth as part of orthodontic therapy.

Where I think our profession has failed our patients the most in regard to providing good, comprehensive care, especially periodontal care, is that dentists for the most part have lowered the standard in regard to how they define periodontal health. Just because someone has been through scaling and root planning doesn’t mean they are automatically stable. My experience is that very few dentists do a good re-evaluation to determine what has happened, and they just assume the patient is OK.

As you mentioned in your article, some patients are better served by having the guarded teeth extracted and replaced with implants to reach the goal of periodontal health and stability; however, economics often dictates treating some questionable teeth in an effort to keep the dentition intact, which often requires surgery of some form, including the LANAP procedure.

I think there will always be the need for periodontists, as I don’t think too many general dentists are going to tackle the entire list above. Although there is some overlap with us and oral surgeons, I simply say let the general dentist in any given area use the specialist he or she thinks is best for patients and their needs.

Thank you for taking the time to read my comments.

Sincerely,

Eric Hamrick  
Periodontics of Greenville  
One Charis Drive  
Greenville, SC 29615  
(864) 271-4330  
info@periogreenville.com

Hi, Eric, thanks so much for your comments.  
I have gotten a lot of responses to this article, many periodontists ranging from “periodontists should only do evidenced-based periodontal therapy and the rest is bogus,” that I was “crazy and lasers don’t work at all” and “LANAP is a bunch of hooey" to e-mails like yours.

Either way, my mission is to get a discussion going and this article certainly did that.  
All the best!  
Thanks and have a great day!

Louis Malcmacher DDS, MAGD  
27239 Wolf Road  
Bay Village, Ohio 44140  
(440) 892-1810  
www.commonsensedentistry.com
Subject: Re: Where did all the periodontists go?

Dental Tribune International
From: Dr. Stuart J. Froum
Sent: Monday, May 10, 2010
To: dryouza@mail.com
Cc: r.goodman@dental-tribune.com

Dear Dr. Malcmacher,

I am writing in response to your commentary in the Dental Tribune posted [online] on May 7, 2010, titled “Where did all the periodontists go?” In answer to this question, I would say “We’re still here.” Your observation that there have been changes in all specialties (you cite orthodontics, endodontics and periodontics in your article) is of course accurate. Any specialty that has not undergone change in light of all of the new emerging information, technologies and materials would certainly be failing our patients and profession.

One of the most significant changes in the periodontal specialty has been that clinical diagnoses, treatment planning and treatment procedures are now decided, wherever possible, on evidenced-based data and controlled clinical studies as reported in peer-reviewed scientific literature. As such, your reporting that you are being told by many periodontists whom you “spoke to over the last couple of years” that “they would rather remove teeth and place implants than actually treat patients through traditional periodontal surgery and try having them maintain their dentition” is quite disconcerting.

As a periodontist who treats patients in private practice, and as a clinical professor in the department of periodontology and implant dentistry at New York University Dental Center who teaches periodontics and implant dentistry to periodontal residents in training, I feel that the periodontists you are quoting are, at the very least, misguided and should be made aware of a number of facts that may change their opinions.

First, by and large, most of the periodontists I meet in my lectures and travels around the country realize the value of attempting to save a tooth or teeth that can be retained in a healthy functional and an esthetic state. In fact, traditional periodontal treatment including both non-surgical and surgical techniques, have very high success rates in accomplishing this goal as shown in longitudinal studies (see Hirschfeld and Wasserman, J Perio 1978; Oliver J, West Society Perio 1969; Goldman MJ et al., J Perio 1986, etc.) over 20–50 years. It has been known for over three decades that periodontal surgery, when not followed by good professional and personal care, will in many cases fail (Nyman et al. J Clin Perio 1977).

That is why successful surgical treatment designed to save teeth requires meticulous and regular professional maintenance. Becker et al. (J Perio 1984) and others have shown that when this maintenance is provided, a surgical approach to treatment of moderate and advanced periodontitis is highly successful. Patient compliance, even when not optimal, must be reinforced by frequent maintenance and recall. This requires a team effort by the referring dentists, hygienist and periodontist, which to extract teeth and place implants is not the panacea that you and those periodontists that you spoke to believe it is. First, the 94 percent implant success rates you quote should be qualified. You mean a 94 percent implant survival rate because success implies implants that lose no more than 0.2 mm of bone per year following final restoration and remain esthetically pleasing to the patient.

By the way, these long-term survival rates that are often quoted are based on use of implants with surfaces that are no longer available (i.e., machined surface implants) and no longer being placed. Therefore, to compare long-term success of implants versus treated teeth is not possible because long-term data on currently used implants is lacking.

However, as I stated above, there are many long-term studies show-
ing natural teeth, when treated with traditional periodontal surgery, have excellent long-term prognoses (Lindhe and Nyman, J Clin Perio
1984). The fact that implant surfaces and designs are changing so rap-
2) and even stem cells, are promising additions to currently proven

I feel that general practitioners and periodontal specialists should be co-therapists in patient treatment. The decision to extract or at-

tomorrow would either be co-therapists in patient treatment. The decision to extract or to save a tooth should be made by the dental team, not by

As for your contention that new procedures, i.e., wavelength opti-

The latter is a comprehensive textbook discussing potential implant

Main therapies are “minimally invasive” but useless for effective

Many therapies are “minimally invasive” but useless for effective

I urge you and your readers to attend the Joint Periodontal-Restor-

The latter is a comprehensive textbook discussing potential implant

States and procedures to be done to implant and bone grafting. I agree more, but the decision should be based on sound evidence-

Many therapies are “minimally invasive” but useless for effective

There certainly are circumstances where extraction and implant

Some therapy is widely used but has no evidence of effectiveness, and therefore I am leery of recommending them. For many,

Many therapies are “minimally invasive” but useless for effective

You concluded with the statement: “You are the dental clinician,

I urge you and your readers to attend the Joint Periodontal-Restor-

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Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see more articles about? Let us know by e-mailing us at feedback@dental-tribune.com. If you would like to make any changes to your subscription (name, address or to opt out) please send us an e-mail at database@dental-tribune.com and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to 8 weeks to process.

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