Dear reader,

Lately, I had the opportunity to visit two major gatherings of endodontists and implantologists in Europe. After listening to a number of lectures and speaking to experts it became obvious to me that both specialties are in almost total denial of one another.

This ongoing cease fire is nothing new to dentistry but it cannot disguise the fact that one field is slowly losing its grip, and it’s not implantology. Tooth replacements have seen a remarkable upswing and are expected to gain a significant market volume of US$1 billion in the years to come. Growth rates have slowed down recently but this is due to the fact that more and more dental companies are jumping on the implant bandwagon and taking over market shares from big players like Nobel Biocare or Straumann. With the economy recovering in most parts of the world, people will also have more money in their pockets to invest in their smiles.

P-I Bränemark’s call to let the patient decide on the Gothenburg Symposium last week must be acknowledged but it goes out to the wrong group of people. More and more patients want aesthetic teeth and they do not care about what it takes to get there. Latest studies also reveal that by now many consider aesthetics to be more important than function.

What GP’s need to know

It sounds frightening to think that there are over forty different types of mouth ulcers. However, clinically they can be recognised as only four major presentations. If ulcers are recurrent, they are most likely to be of local origin.

And the battle goes on ...

Local disease and those that indicate systemic diseases. A medical history of course will often reveal that other sites are involved but sometimes mouth ulcers are the first signs of systemic diseases, particularly those of the gastrointestinal tract. If other oral signs are present, such as a depapillated tongue, this may indicate hematological deficiencies. The first decision is whether treatment is required at all or whether referral is needed; thus, the decision plan for the patient.

Since the mouth can reflect so many systemic diseases, and can often be the first sign of such a systemic disease, then clearly general practitioners have a responsibility to be able to distinguish normal from abnormal mucosa and then decide which lesions may reflect oral disease and which may reflect systemic diseases. The key recommendation is then to include a thorough examination of the soft tissues when seeing dental patients.

The rapid growth in the number of dental colleges, mostly private, over the last several years is a defining feature of dental education in India. On the other hand, however, shortages of teaching staff brought about by sharp increases in student strength has resulted in a cutback in the quality of education imparted.

Efforts by the Dental Council of India (DCI) to enhance the quality of dental education in India and improving stringent standards on the qualifications of dentists newly trained abroad are thus praesumptuous. These include making recognition of dental colleges conditional on making a fifth year of dental training compulsory. The latest rules also introduce a screening test for individual candidates located outside the US, Australia and Europe. The increased age limit for retirement is another useful mechanism adopted by the council to enhance the supply of teaching faculty. DCI promotion of Continuing Medical Education programmes can help enhance the quality of dental care providers and exposing teaching faculty to the latest in dental health research and practice. The overall DCI approach of taking a long-term view of dental education in India is also encouraging.

DCI could direct more careful attention to two issues. The first has to do with training of hygienists and dental chair assistants. It is disappointing that compared to nearly 25,000 seats available for new entrants to dental colleges, there are only 1,700 slots for dental assistants and hygienists in India. This reflects a relative neglect of prevention in oral health and a lack of career opportunities for the latter. They are also likely to be less appealing to girls.

The second issue of concern is that of implementation of DCI guidelines. In India, there are not always well-articulated regulations and poor follow up. It would be useful to think about effective monitoring and evaluation of some of these promising initiatives that DCI is embarking on.

Contact Info

Ajay Mahal

Contact Info

Stephen Challacombe is currently Head of the Mucosal Biology and Disease Research Group, Dental Institute, King’s College, London, UK. He can be contacted at stephen.challacombe@kcl.ac.uk.

Contact Info

Amahal@hsph.harvard.edu.

Health. He can be contacted at the Harvard School of Public Health.

Global Health and Population at the Harvard School of Public Health. He can be contacted at amahal@hsp.harvard.edu.