

ESTHETICS

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Managing the Problem Versus Curing It: Part I

By Frank Spear (/spear-review/author/frank-spear/) on June 11, 2014 |  (/bookmarks/bookmark/33191)

(https://assets.speareducation.com/wp-content/uploads/2014/06/tooth-removal_part-1.png) Removing a tooth is a decision that clinicians make on a routine basis. This is often an easy decision, like when a tooth has a vertical root fracture. However, there are other times when it helps to have a big-picture view of the ramifications of when to *remove* versus *retain* teeth, especially anterior teeth in young patients.

I like to think of this concept as *managing* the problem versus *curing* the problem.

It is a fact of life that people are living longer. Due to the increase in the average lifespan, that means our treatments will have to last longer – but we rarely talk about *how much* longer. In the US in 1900, the average life span of a male was 42 years and a female's lifespan was 44 years. If you had treated them in their 20s, statistically the treatment only had to survive 20 years.

As of 2012 in the US, the average life span of a male is 78 years and a female is 82 years. For people who are young today, their expected life spans could easily surpass 90 or 100 years; think about that in terms of the choices we make today. Any treatment you provide for someone in their 20s or 30s today is addressing an issue they may need to deal with for 60 to 80 years.

Tooth removal is an issue that is a major concern long-term because in most instances we don't just *remove* the tooth, we *replace* it with something. As far as I know we don't have any methods of tooth replacement with research showing they last 60 years. This means that in the future, the patient will need to deal with the failure of what we did as opposed to the failure of the tooth that was present.

In my next article, I will go over an example of this kind of failure and the decisions that come along with it.

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