

# Editorial

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## Opinion Leaders—It's your Call!

Right now, endodontics is really in a mess. In the quest of using minimum instruments and finishing the work fast, curved canals (remember, all canals are curved) canals are being straightened and transported, apical root canal walls are not being instrumented and no hermetic seal is being attempted. Novices are looking up to stalwarts in the profession, the Key Opinion leaders (KOL). They have a great responsibility to the fresh endodontists, general practitioners and patients.

Recently, I was having a discussion with another endodontist on the instrumentation technique he follows. I showed him the limitations of different aspects he was following with scientific proof. I made it clear to him that another approach with all scientific back up was available to him to pursue. When he saw that he did not have a scientific reason for his approach, he told me, 'That's all ok, but Dr... told like this in his lecture and I idolize him. So I will do what he told'.

This shows the power the seniors in the profession wield. Whatever KOL present and teach is followed blindly by many in the profession. It is important to present scientific aspects without personal bias. There are many aspects of endodontic treatment that have been proven over the years by scientific studies. When the manufacturers give contradicting information because of the limitations of their products, it is our duty, as the scientific community, to spread the truth.

One glaring example is the working width. It is the basic principle of surgery to remove the infected area. In our situation, it is the apical canal walls that are harboring the microorganisms and infected dentin. Only a biologically optimal preparation can address the working width and ensure a hermetic seal. It is amazing to see Herbert Schilder being quoted to 'keep the apical preparation as small as practical', without realizing that at that time there were only stainless steel instruments that were rigid and only small instruments could go to the full working length.

The apical seal is definitely more critical than the coronal seal for long-term prognosis, as it has been published in 'Wound healing of apical tissues after root canal therapy: A long-term clinical, radiographic and histopathologic observation study' by Ricucci et al.

It is the need of the hour to set the commercial interests aside and lead the profession along the scientific path!

## Bibliography

1. Domenico Ricucci, Lin Louis M, Spångberg Larz SW, Farmington. Wound healing of apical tissues after root canal therapy: A long-term clinical, radiographic, and histopathologic observation study. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 2009;108:609-21.

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