

## Letter to the Editor

### Authors' Response:

We appreciate the favorable reception of our article and the interest that Dr. Walton expressed about our decision-making process. By suggesting the consideration of several therapeutic aspects, Dr. Walton raised an important point that needs to be discussed.

The main objective of this article is to provide a guidance to make a decision for (or assign a prognosis to) a compromised tooth when its replacement with an implant-supported restoration is considered. The most significant factors involved in this process are grouped in six different levels and pondered based on a color-coded system.

In medicine, prognosis is a prediction of the expected course of a disease and is based on diagnostic findings. In some disciplines, such as oncology, this parameter is directly related to patient survival, while in other fields, it refers to the capacity of a particular organ or structure to function. If we focus on periodontology, prognosis is aimed at evaluating if the extent of periodontium loss (e.g., bone, cementum, periodontal ligament, gingiva) or the existence of certain local and systemic factors may hinder clinicians to ensure tooth survival under satisfactory conditions of function and esthetics, while maintaining a patient's overall health.

The maintenance of a tooth for alveolar bone preservation, temporary maintenance of vertical dimension, or as an abutment for a provisional restoration are plausible therapeutic options in the context of im-

plant therapy. Nonetheless, it is important to bear in mind that these approaches do not change the prognosis of a tooth. In the majority of these cases, although the tooth is being maintained, tooth extraction is inevitable. At this moment, we think that these possible scenarios do not fit into the overall objectives of our decision tree. On the other hand, utilizing orthodontic tooth extrusion for implant site development or submerging a tooth root to maintain the gingival profile are helpful alternatives in clinical management, and may be considered as a complement of our proposed decision tree.

We appreciate Dr. Walton's comments and encourage other members of our community to work with us in improving and polishing our decision-making tree by voicing their opinions and experience to maximize its comprehensiveness.

*Hom-Lay Wang, Stephen Soehren, and Carl E. Misch, Department of Periodontics and Oral Medicine, School of Dentistry, University of Michigan, Ann Arbor, MI; Gustavo Avila and Thiago Morelli, Graduate Periodontics, School of Dentistry, University of Michigan; and Pablo Galindo-Moreno, Department of Oral Surgery, School of Dentistry, University of Granada, Granada, Spain.*

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