



Implant Treatment: An Example of Therapeutic Elitism?

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Abstract

This reflection, the result of an empirical investigation in emerging countries, including Algeria, attempts to restore the socio-economic factors that explain the lack of appeal to edentulous patients by dental implantology techniques.

It concludes that there is a need for greater democratization of the financial conditions inherent in implant activity for patients with low income levels.

Keywords: Implantology; Elitist; Aesthetics; Transplant; Socio-Economic; Xenograft; Pedagogy

Introduction

It is known that dental caries, trauma and periodontal disease are the most common causes of loss of one or more teeth. However, this loss has the effect of inducing a deficit of the masticatory function in addition to the aesthetic inconveniences it provokes irreparably. What's more, a significant loss of teeth also involves a number of dysfunctions, including a bone deficit, healthy tooth movement, and even imbalance in jaw positioning. From this point onwards, in order to prevent other pathologies, it is strongly recommended to replace lost teeth with implant treatment when the therapeutic indication is well established [1]. However, we must know that in the current state of things, access to this therapeutic model is experiencing the greatest difficulty to "democratize", that is to say to become accessible to as many people as possible. Many are opposed to what could be called "disincentives" or impediments. Rather than seeking, in this brief presentation, to move towards clinical considerations which are now well studied, we considered that it would be more useful to propose a socio-economic reflection on the question of health. dental implantology.

Even though it constitutes an advance never equaled in restorative surgery of the oral appliance, implantology remains little known among populations at a low and even average socio-economic

level while its therapeutic use is, for example say, totally absent in developing countries like Algeria. Would it then be in the presence of an elitist medicine and which, because of the absence of a medical urgency linked to its practice, would then be related, in collective representations, to a cosmetic surgery in the strict sense? Let's try a quick answer to the question. But let us add before we come here that we will not speak here of medical situations which, such as heart disease or immunocompromised sites, are major contraindications to implant placement. We will limit this presentation to the socio-economic and socio-cultural conditions that are on the one hand little studied in implantology and which explain, on the other hand, the little enthusiasm that the technique of the implant arouses with populations which would have even the most need.

Economic area as factors of discussion in the use of implantology

Because of its high cost and although this seems to correspond to "the sophistication of a treatment the purpose of which is as much to restore masticatory function as aesthetics and comfort of a real tooth" [2], dental implantology remains, objectively, inaccessible to populations whose standard of living is low. The lack of coverage by social security makes access to this type of treatment even more uncertain, which greatly contributes to making it a

therapeutic tool reserved for a social elite [3]. Yet, beyond its actual medical dimension, recourse to reconstructive surgery of the oral appliance is not without also affecting the psychological dimension of the edentulous subject who, for lack of means, can painfully feel his condition. The fact is, psychopathology specialists tell us, that the partial or complete loss of teeth can cause a negative modification of the body image to the point that the subject can feel his condition as equivalent to a real narcissistic injury. From this point on and in the event that further research could validate this assumption, we would then be confronted with a new clinical argument that bases the indication of dental implantology far beyond its functional or even aesthetic aspects [4]. To put it simply, in some cases of mental depression or narcissistic decompensation, it would simply be a public health problem!

Implantology against multiple cultural resistances

These participate, more specifically, in popular beliefs related to implantation in general in very conservative cultural contexts. This is the case in Algeria, as in most Maghreb societies, where the idea of "implanting in the body a foreign body" often gives rise to a feeling of "cultural rejection" well known to sociologists. If this collective psychological provision is even essential in the face of vital interventions such as those involving organ donation, then what about dental implantology, which, when it is known, could be interpreted in its only aesthetic dimension? as an inadmissible narcissistic need for a male person [5]? The risk of rejection is even greater if, by chance, intervention on low-density bone involves the installation of some materials of animal origin such as pork or of freeze-dried human origin ex (xenograft [6] or allograft [7]).

Implantology: Medicine elitist or science still about?

Probably corroborating the preceding factors, the information related to dental implantology in the Maghreb countries is quite rare or reserved for specialized circles such as universities or a few practitioners who engage in it individually [8]. This more or less widespread misunderstanding is mainly due to the lack of structural educational information (for example, the program of studies in dental surgery at the University of Algiers has few courses on implantology), or even the absence of a desire for media coverage that would have the merit of informing people about the restorative virtues of dental implant.

Conclusion

Nevertheless, the factors mentioned have the consequence that dental implantology still suffers, in particular in low-income countries per capita, from unfair isolation compared with other medical specialties. Its development as a restorative surgical practice of both functional and psychological avatars necessarily involves a permanent effort of information, but also a desire to reduce therapeutic costs. Two conditions which seem to us to form the hard core allowing, in more or less short time, to offer a less restrictive access to this new discipline of the medical sciences.

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