Traditional root-end surgery (TRES) has played an important role in the management of odontogenic periapical pathology in the practice of oral surgeons already from 1871 [1, 2]. Whereas in conditions of growing application of operating microscope in the life of dentists, the importance of carrying out root canals treatment and surgical management of periapical pathology with the use of a microscope (i.e., endodontic microsurgery [EM]) began to grow in parallel from late 1970s [3, 4]. The growing role of EM created not only the conditions for the publication of EM-oriented articles [5-7], for the development of a narrow-profile peer-review publication—the Journal of Endodontic Microsurgery [8, 9]—but also for the rethinking of classic surgical techniques, namely a resection of the root-end. Nevertheless, TRES is still applied in numerous oral and maxillofacial surgery departments around the world – without the use of a microscope, appropriate microsurgical tools, and materials. That is why we believe that the meta-analysis by Setzer and colleagues (2010) [10] is such that it has not lost its relevance over the past 13 years. It’s highly important due the fact of unique comparison data of positive outcome for TRES versus EM (Table 1). Their research methods included a 43-year literature review, three electronic databases (Medline, Embase, and PubMed) search, and analysis of human studies in five different languages (English, French, German, Italian, and Spanish) [10]. A minimum follow-up period of 6 months for TRES and EM was analyzed [10].

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<th>TABLE 1. Comparison of Positive Outcome for Traditional Root-End Surgery versus Endodontic Microsurgery [10].</th>
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<td><strong>Traditional Root-End Surgery, %</strong></td>
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Summarizing the research, it is possible to note that EM is 35% more successful procedure comparing to TRES [10].

Looking at these numbers, all conclusions are obvious. The future lies in the shift of many specialists involved in traditional root-end surgery to self-perform EM or referral to colleagues specializing in this microsurgical direction of dentistry. Having 9 years of experience in dentistry plus 19 years in oral and maxillofacial surgery, I finally want to say to my colleagues that no matter how many years we perform traditional surgical techniques like TRES, we always must rethink what is best for the patient. In sum, it is a pleasure to see how periapical surgery is evolving right in front of our eyes.

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