



Oral and Maxillofacial Surgery Editorial: Clinics in Surgery Journal

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Editorial

In the last decades, Dentistry reached a clinical and scientific maturity that has elevated it, conceptually, to the status of being one of the human health sciences with greater therapeutic domain in the pathophysiology of its various diseases associated to the functional repair of its sequels.

From the clinical, laboratory and imaging diagnosis, to the advanced surgical and restorative interventions, dental doctors have approached the full knowledge of the capacity of paralysis and rehabilitation of the damages caused in all situations, in order to return the patient to a social life in the same standard of pre-pathology functionality.

The maxillofacial complex in its interface with the stomatognathic system, constitutes the field of Dentistry which, as a representative anatomical and functional part of the human body, is also the only one whose medical career has no specialists.

Historically, the French physician and surgeon Pierre Fauchard (known as the “Contemporary Dentistry Father”), at the end of the 18th century, began the first dedication to a specialty in the history of medicine because it presented an enormous demand for diseases (oral and associated diseases!). Its conceptual evolution has made our history supply the segment of this medical specialty for a university dichotomy (in most universities worldwide) and, as in all others, the responsibility to manage all its interfaces with human health.

In this context, the technological and scientific evolution of oral implantology has led Dentistry to a homogenization of this culture in their various specialties. General dentists, prosthodontists and periodontists intensified their therapeutic and medical universe of surgeries, while oral and maxillofacial surgeons had to master the accumulated knowledge of the restorative and microbiological resources of oral rehabilitation. Stomatologists and oral pathologists have added a wide variety of clinical, imaging and histopathological data about various tissues and biomaterials behaviors for accurate differential diagnoses. Classical fundamentals for planning and therapeutic prognoses, have been radically revised and rewritten to varying degrees of complexities in areas such as endodontics and orthodontics. The possibility of repairing dental losses and/or adjacent bone structures at satisfactory functional levels, in most cases, represented a decisive step in this evolution.

However, all of this knowledge is still not being offered in an obligatory way worldwide, and the contemporary dentist still needs to search for them by its own initiative.

Four to five years of dental graduation school followed by programs with 02 or 03 years in a first specialty, and another 02 years training with specializations and residences in oral implantology, has been the reality that I have been seeing for decades as an educator and post-graduate former, of many professionals in this quest for qualification. Thus, a formation directed to the oral and maxillofacial context since graduation (Dentistry) with 04 to 06 years extra-training and “deepening” in the same area (oral and facial), has made the contemporary Dentistry the first health medical specialty with customized preparation since “under graduation’s chairs”!

As so, I am inviting all scientific and clinical activists, who are notorious in this area of knowledge, to apologize Dentistry, conceptually, as a great contemporary medical science (not career) specialty, and promote the dissemination of implant dentistry knowledge in a broad and qualified way to massively integrate this complex and extensive culture of the new dental doctors.

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Certainly we will be in the forefront of steps that will soon take place in others medical career specialties, bringing together, in the same history, visionary physicians patriarchs of our genesis in the

medical sciences as Pierre Fauchard (sec. XVIII) and Per Ingvar Branemark (sec. XX/XXI).