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The SAC classification in implant dentistry (2009)

Editors: Antony Dawson and Stephen Chen

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The International Team for Implantology (ITI) first recommended using the 'Straightforward, Advanced, Complex' (SAC) classification for identification and categorization of treatment complexity when using implants for restorative/prosthetic purposes in 2003. A similar classification was originally designed by oral and maxillofacial surgeons to standardize grades of difficulty for surgical procedures. The work presented here is the result of a consensus conference that was held in 2007 to which 28 internationally renowned specialists contributed.

This publication compliments the ITI series, which are also published by Quintessence; the other books in this series give more in depth information of implant-based dentistry. This particular item contains seven chapters and has 158 pages and 52 references are used throughout the book. Unfortunately, the book has no index, which can make navigation cumbersome. It is well structured and illustrated making ample use of clinical examples and using tables for harmonization. The cases used to exemplify clinical situations involve not only joint implant/restorative/prosthetic care but also some orthodontics and periodontology.

The book contains all the necessary definitions and descriptive terminology regarding the timing of the insertion of implants and the timing of provision of restorative care.

The structure is easy to follow and the SAC classification is organized in tables, which allows for a 'tick box approach' for assessment of treatment complexity. This approach is used to harmonize and standardize the multifactorial nature of clinical conditions, which may have an impact on the complexity of implant-based restorative/prosthetic care. The following 'modifiers' are used for standardization: general, aesthetic, surgical, restorative as well as applications. Undoubtedly, the approach taken here is extremely helpful for assessment and standardization of treatment complexity; however, it would have been helpful to include indications of the success rates and prognostic factors where possible.

This book is primarily aimed at helping dental and specialist practitioners (from the surgical as well as restorative/prosthetic point of view) for case selection and treatment planning of patients, who require implant-based dental care. I would recommend this book to all orthodontists with a special interest in interdisciplinary work where implants are required as it may help them to appreciate the requirements for successful contemporary implantology. General dentists may also wish to use this book to update their knowledge of the complexity of implant-based dental care.

Dirk Bister

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