

## Preface

# Incipient and Hidden Caries



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*Guest Editor*

Our patients know dentistry as a profession with a long tradition of prevention and effective and reliable treatments, especially for dental caries. Widespread use of fluorides, the extensive availability of effective oral hygiene preparations and devices, and emphasis on preventive dental visits continue to reinforce this image. Most patients are aware of dentistry's recent technologic advances, at least in a general way, and rely on their dentists to evaluate and implement the innovations that would improve their oral health. It is probably fair to say that patients now expect to find "something new" at their dentist's office on a regular basis. In operative dentistry, the emerging themes of early detection and nonsurgical treatment, new technology for diagnosis and treatment approaches, reduced or pain-free procedures, minimally invasive cavity preparation, and the management of dental caries as a disease have certainly caught our attention as dentists. As discussed in this issue of the *Dental Clinics of North America*, one can now consider a broad range of new and emerging opportunities in the management of incipient and hidden caries, which are likely to be of great interest to patients.

The 2001 National Institutes of Health consensus statement, "Diagnosis and Management of Dental Caries Throughout Life," confirmed the continued use of effective preventive practices that have led to a significant reduction in the prevalence of dental caries over the past 30 years [1]. This statement is certainly reassuring to clinicians who continue to implement these approaches in a systematic manner. Nevertheless, in the same statement, it was noted that our current diagnostic approaches (2001) are

not adequate to achieve further improvements in the management of noncavitated carious lesions, and that existing clinical research data in cariology are relatively weak. The statement further advised the profession and public to embrace new diagnostics, new nonsurgical treatments, and new conservative surgical approaches as soon as their effectiveness is demonstrated.

The question for the practicing dentist becomes, “Are we there yet?” This question applies to each innovation generally and to individual patients specifically. Evidence-based dentistry as defined by the American Dental Association includes “judicious integration of systematic assessments of clinically relevant scientific evidence” in dental care [2], an approach that is especially relevant to advancing areas such as incipient and hidden caries. Equally important is the requirement that these assessments be integrated with the clinician’s expertise and the patient’s specific treatment needs and preferences, a daunting task. It is hoped that readers will find this issue helpful in initiating and guiding the search for answers in their practices.

The individual authors contributing to this issue deserve much credit, and I thank them for their dedication and excellent final products. This project has taken over a year and a half to complete, involving the refinement of individual topics, coordination with other authors, and updating as new information became available, all on a precise schedule. Our editor at Elsevier, Mr. John Vassallo, has been a reliable and valuable resource during this process. Thank you, John! Dean Martin Tansy at the Temple University School of Dentistry has been very supportive during this period, providing me with time and resources, and for this I am grateful. Finally, I would like to thank my wife Betsy and our three daughters Laura, Emily, and Rebecca for their love, patience, and support during this period. Without them, I could never have served as guest editor.

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## References

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