

# EDITORIAL

## The aesthetics and the function

Dear Colleagues,  
every week - I could even say daily - I receive some invitations to participate in Congresses, study groups, scientific meetings and while I am reading the topics of the meetings I see that the continually repeated subject is the **aesthetics**: both the aesthetics of soft tissues, and the aesthetics of reconstructions and prosthesis. It seems that the entire dentistry focuses exclusively on making nice a smile. It is true that the market researches state that the first reason why patients go to dentistry centers or firms is to improve their smiles, but we have to remember first of all that we are physicians and that our main purpose is to rehabilitate the masticatory function.

The fundamental concept is that the function is primarily - and not secondarily - important. Very often in the daily clinical practice I see some works that sacrifice - in the name of aesthetics - the function; therefore some prosthetic rehabilitations - planned for getting the best possible aesthetic results - do

not have any masticatory biomechanical knowledge at their basis. I wonder, or I would better ask you, which meaning could be given to a splendid implant-prosthetic rehabilitation, born from a complicated surgical phase (with the management of soft tissues), and from a laboratory phase mainly based on the use of aesthetic materials but performed without taking into consideration the basic principles of the organic occlusion. That situation becomes more and more worrying when the patients who are going to be rehabilitated are dysfunctional; very often in those cases the casuality leads the rehabilitative project.

Probably we need to think and to talk again (during our congresses) about the MTA, and about the masticatory function, and to consider the aesthetics as much important as being a strategic point for a more complicated intervention aimed to rehabilitate the correct mastication in our patients.

Cordially

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