

Clinical paediatric dentistry and research - a symbiotic interdependence

While founding our South European Journal of Orthodontics and Dentofacial Research two years ago, we believed that Southern Europe was a strong scientific pool spread over more than fifteen countries with different educational and scientific policies and importance of impact.

After two years, two volumes and four numbers of the Journal, the foregoing fact can be strongly corroborated – the SEJODR is not only interesting to South European countries, but also worldwide, beyond the South European region.

In addition to the highly distinguished international Editorial Board who strongly believed in our Journal from the very first moment, I would like to take the opportunity to cordially welcome our new Associate Editor of Statistics and Research Design, Dr. Giuseppe Perinetti, PhD. His expertise will significantly improve the quality of the Journal. His presence in our team is a notable contribution demonstrating the desire to enhance the quality of the SEJODR to a much higher level.

Although the scope of the Journal covers a plethora of interacting disciplines, there are two predominating basic fields – orthodontics and paediatric dentistry, which have a main determinant in common, a young patient.

Paediatric dentistry is pretty much different nowadays from what it was a few decades ago. The topics it covers are increasingly expanding year by year. Most of them need to be frequently revised, whereas some are completely newly adopted and in keeping with the trends in modern lifestyle and society. I would only like to remind you of some of them such as: child abuse and (dental) neglect, interim therapeutic restorations, tobacco use, electronic cigarettes, intraoral and perioral piercing, sports-related orofacial injuries, the use of lasers for paediatric dental patients, paediatric pain management, deep sedation, stem cells, advanced materials and techniques in therapeutic procedures of pulp therapy for primary and immature permanent teeth, antibiotic use, food intake patterns, prescribing dental radiographs for infants and the use of proper and innovative radiographic techniques, etc.

There are many paediatric dentistry societies all over the world promoting the advancement for the benefit of oral health through practice, education and research in paediatric dentistry. I am sure that we could all agree that the origin of clinical practice lies in education, and that education in turn would be poor and insufficient without research and science. These three segments cannot persist one without another. Their interconnection, without any doubt, can rightly be called a symbiotic interdependence.

Affiliation with research facilitates the expression of analytical and critical opinion – the keys to our success. The one who recognizes research as a generator and disseminator of ideas can hardly resist changing things for the benefit of others. It should not be forgotten that children account for one third of the world population and definitely represent our entire future.

The main contemporary requirement for clinical paediatric dentistry is an evidence-based approach in order to fulfil the need for providing high-quality and consistent paediatric dentistry guidance that will be broadly adopted and synchronised.

The excellence in clinical practice could only be achieved if it is grounded on evidence-based research and science characterized by an extraordinary body of verified and connected information conveyed in an understandable context. Mostly it comes as a result of hard work of many enthusiastic and passionate people, driven largely by their own, intrinsic, motivation.

The creation of evidence-based research necessitates keeping up with trends and scientific discoveries in order to mould a usable coherent unit. It is a proper guidance for any clinician who wants to facilitate work and increase the success rate.

Knowledge sharing and collaborative work reap benefits if based on one's own voluntary decisions, not on coercion.

This is the underlying reason encouraging collaboration between the representatives of seventeen countries who are trying to generate a shift in the paradigm associated with the guideline development processes and to draw up international, context-sensitive and applicable guidelines irrespective of the cultural and economic differences between the countries. It seems that now is the right time to share the paediatric guidelines development. This Editorial is fully supportive of such cause.



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