



From the Editor's Desk

There are no rules without exceptions. Primary stability is a prerequisite for osseointegration and completed skeletal growth before installation of implants has always been taken to be a similarly firm rule in implant dentistry.

This issue is devoted to the use of implants in the handling of one of the most challenging problems faced by dentistry, complete or partial congenital anodontia. This orally crippling situation is characterized by a number of syndromes involving the ectoderm.

As readers and clinicians, we and, in particular, the group of patients affected can count ourselves lucky that there is a

group of oral and maxillofacial surgeons, pedodontists and prosthodontists in Toronto, Canada, dedicated to the study of such problems who have elected to share some of their very individual experience with us in this issue. These clinicians focus on problems relating to congenital anodontia, occasionally installing implants before termination of growth, and have successfully treated a vast number of young patients over the years from all over the world.

Speaking of the world, the ITI is really becoming an international association. We are now a group of more than 5,000 Fellows and Members representing more than 80 countries and we have 22 active national Sections undertaking educational, scientific and social activities. And being an international association, international meetings are part of our program. For the first time in the history of the ITI, the Annual General Meeting (AGM) with its accompanying scientific and social activities is taking place outside of Switzerland, I am excluding of course any AGM that was part of an international symposium.

This year's AGM will take place in Stuttgart, Germany on August 30. Stuttgart is the hometown of our president, Dieter Weingart, and I am convinced that every effort will be made for another successful reunion of the ITI group. The meeting is preceded by the 4th ITI Consensus conference that will deal with risk factors for implant therapy, computer-assisted implant dentistry, loading protocols, and surgical techniques.

In the November issue of Volume 3, we presented broadly differing treatment proposals for patients with similar problems. We had hoped that this would raise a storm of letters expressing disagreement, surprise, or indignation. The editorial office in Basel has, sadly, not received a single comment. I must urge you once again to submit any comments you may have to your journal, this is, after all, one of the main reasons for having a FORUM IMPLANTOLOGICUM.

See you in Stuttgart.

Erik Hjørting-Hansen
Editor-in-Chief