A review of the literature and a summary of factors that are predictive of success and failure of implants and en-dodontically-treated teeth were published in a study in *Dental Clinics of North America* . Another objective of the study was to provide the clinician with a “decision tree,” or algorithm, to assist in the decision to either (1) re-move a compromised tooth and re-place it with an implant-supported restoration or (2) provide endodontic therapy to preserve radicular tooth structure in order to retain and support a definitive restoration. The study evaluated currently reported success rates for implants and endodontically treated teeth and assessment of the costs of the 2 procedures. In addition, the effects of smoking, periodontal condition, posts, systemic diseases, and new imaging technologies on the respective outcomes were evaluated. Currently re-ported survival rates are high for both implants and endodontically treated teeth (approximately 90% after 10 years), although both interventions can be improved. Re-cently developed advantages of im-plants include the ability to co-deliver pharmacologic agents, faster integration, and decreased crestal bone loss. Current endodontic treatment provides better apical and coronal seals, improvements in disinfection of root canal systems, and microscopic visualization for diagnosis and during canal preparation. The study concluded that the inability to incorporate a ferrule for the final coronal restoration, failure to expeditiously restore, and lack of at least 2 walls of coronal tooth structure are major reasons for failures of endodontically treated teeth. Endo-dontic priority should be given to periodontally sound teeth, while implants should be used in cases of nonrestorability. Diabetes, but not smoking, appears to compromise outcomes with implants. Before undertaking en-dodontic treatment over tooth re-moval and implant placement, the clinician should consider the need for sufficient coronal tooth structure and the presence or absence of a compromising periodontal condition.

(Source: Bowles WR, Drum M, Eleazer PD. Endodontic and implant algorithms. *Dental Clinics of North America*
. April 2010;54:401-413)