

## **PRASANNA NEELAKANTAN**



### **CV**

Prasanna Neelakantan is a Clinical Assistant Professor of Endodontology at the Faculty of Dentistry, The University of Hong Kong. He also serves as the Assistant Dean for Research and Innovation in the Faculty. He graduated from India and also completed his specialty training in conservative dentistry and endodontics from India. He went on to complete a doctorate from ACTA, University of Amsterdam. An active member of the American Association of Endodontists and the International Association for Dental Research. Dr. Prasanna is actively engaged in endodontic microbiological research. His main focus is on reaching his target goal of achieving optimal disinfection in root canal systems with minimal instrumentation, to enhance structural durability and more importantly, prevent reinfection. With more than 80 scientific publications in high impact peer reviewed journals, Dr. Prasanna's h-index now stands at 21. His papers have been cited about 1500 times. He has delivered more than 50 international invited/keynote lectures and mentors research groups in several parts of the world. He serves as a Reviews Editor for the prestigious journal, *Frontiers in Cellular and Infection Microbiology*, and a reviewer for the *Journal of Endodontics*, *International Endodontics Journal* and *Clinical Oral Investigations*. He has won teaching excellence awards in India as well as in Hong Kong. He has also won highly reputed research awards from the International Association for Dental Research

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## **ROOT CANAL DEBRIDEMENT – ARE OUR PRIORITIES IN THE RIGHT DIRECTION?**

In endodontics, just like any branch of dentistry, we tend to be hardcore believers of concepts that we were trained in. BUT, these concepts are not standardized across the globe! AND, imaging technologies, diagnostic strategies and instrumentation approaches have all changed! AND we know more about the aetiopathogenesis of pulpal and periradicular diseases than ever before. We KNOW more about biofilms and their role in endodontic disease. BUT, success rates in the endodontic literature have not undergone massive improvement. Is this because of cognitive dissonance? Let us stop, take a step back and think - Is the new alloy that we designed yesterday going to make our treatments better? Is it time we put science before market? And yes, Endo is still the answer!