ImplantBOOK

2023 | Global guide for Dealers and Dentists

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IMPLANTBOOK REPORT p. 55





SandBox™ Module

Artificial Intelligence

Integrated CAD module

E-Learning platform





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AISER

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BEGO Implant Systems

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Bicon Dental Implants

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Beijing QME Consulting

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Borea

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BTK DENTAL

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CIMSYSTEM

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DenTag

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Dental Tech

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Esacrom

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Highness

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Myray

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Neodent

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NewTom

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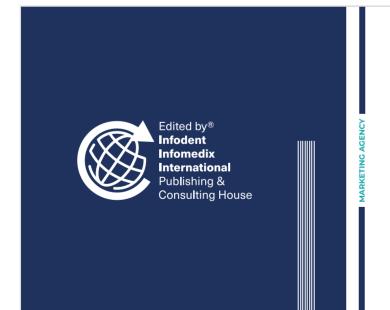
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Our services





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AISER® Implant System is not designed to compromise • Mechanical reliability of Top Class Titanium Astonishing bioactivity performance of AISER® Biosyn-D surface • Reliability and Innovation, to provide professionals simply the best AISER® Implant System is designed to provide reliable implants to address all clinical needs • AISER® Implant System consists of three implant lines: AISER® Tytan, AISER® Themys, AISER® Ceos.







Tytan implant line is designed to treat D1, D2 mandibular bone tissue.

The dual-coil design allow high grade overall stability containing the attrition on the ridge.

TYTAN®

Themys implant line is designed to treat D2, D3, D4 maxillary bone tissue.

The single-coil, wide pitch, wide thread design allow a neat cutting performance, avoiding tissue compression.

CEOS®

Ceos implant line is designed for the extrasinus zygomatic surgery. Implant apex is treated with AISER® Biosyn-D technology to allow a reliable osseointegration. The tip of the implant is hollowed, as for all AISER implants, to allow a safe insertion.

PRECISION, STABILITY, TISSUE MANAGEMENT

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SEMADOS® IMPLANTS

A bright Smile MADE IN GERMANY

More quality of life for patients with a demand-driven system

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Bicon An implant's design dictates its clinical capabilities

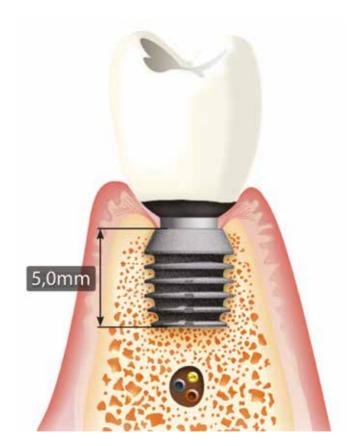
The Bicon System is a unique dental implant system, offering the worldwide dental community a comprehensive solution since 1985.

Bicon's unique plateau design follows sound bioengineering principles which allow for the use of SHORT Implants. Its unique bacterially-sealed, locking taper, implant to abutment connection provides for 360° of universal abutment positioning - offering restorative flexibility unmatched by other implant systems.

The sloping shoulder of the Bicon implant consistently provides for gingivally aesthetic restorations. These restorations are easily achieved because the bone that is maintained over the shoulder of the implant provides support for the interdental papillae. Bicon's unique design and its revolutionary clinical techniques have not only passed the test of time, but also continue to lead the field of implant dentistry.

We welcome your joining Bicon clinicians from around the world, so that both you and your patients may also enjoy the clinical benefits of Bicon.

www.bicon.it info@bicon.com









DESIGN WITH CONTROLLED CONICITY



CUTTING BLADES WITH DIFFERENT GEOMETRY

ONE PROSTHETIC CONNECTION FOR ALL IMPLANT DIAMETERS



CONICAL NUDE NECK FULL TREATED



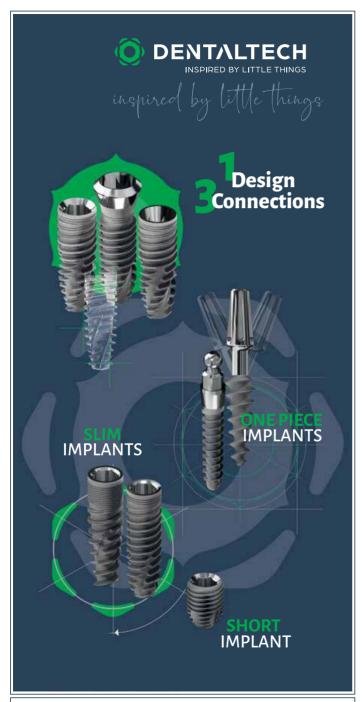
MORE CONTACT AREA WITH THE BONE











Via G.Di Vittorio 10/12, 20826 Misinto (MB) - Italia - ph +39 02 96720218

DENTAL TECH IMPLANT LINES: 1 DESIGN... 3 CONNECTIONS





With **over 45 years of experience** in dental implantology area, Dental Tech is an established and constantly growing company in Italy and abroad and specializes in the design, production and distribution of dental implants.

Dental Tech provides professionals with different implant solutions:

- Universal Internal Connection
- Slim Implant
- Tissue Level Implant
- Short Implant
- One-Piece Implant (Bendable or Mini)

In order to satisfy any clinical need, Dental Tech continues its product range's expansion dedicated to the foreign market.

Alongside the implant lines already present, the **conical connection** system will soon be added.

An implant that will have the same morphology as the Tissue Level and Universal Internal Connection implant line, to carry forward the idea that underlies Dental Tech's thinking: 1 design – 3 connections.

The morphology presents a Spira profile with a Hybrid progress: flat and radiating towards the root, triangular outward; this allows for greater bone penetration in underprepared sites, resulting in bone preservation

About the connection, the new implant shows one of the most widespread connection geometries in the world:

- Conical sealing & hex connection
- 11° morse Taper locking
- Internal 2.5 hex connection

Thanks to the possibility of using one surgical kit for all 3 connections (compatible with the principal trendy connections in the industry), the work of professionals will be even easier.

For more info:

O DENTALTECH

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HIGHNESS

Design that didn't exist in the world It has excellent initial fixation for weak bone

Root Typ

Stable self-cutting is possible with a 90degree cutting edge

You can tap in the from of a sharp blade of triangular thread. The gradually narrowing tapered body design can minimize the insertion torque in the bone. Securing strong initial fixation in the sponge bone.

The largest diameter increases the contact force with alveolar bone. increasing the initial fixation and primary stability.

Strengthen the thickness of the screw blade to increase the stress of the bone. Reverse tapered form, it can secure residual bones and place them in narrow bone width.

www.highnessimplant.com



Odontit Implant Systems - IBO **Lifetime Warranty**





MANUFACTURER: After 32 years, Odontit Implant Systems stays true to an ongoing commitment to research and innovation in the development of all our products. International quality standards (FDA, CE, ISO13485) provide the best solutions for your professional practice.

Odontit Reactive System

Self-advancing/self-tapping conical implant design for cortical bone protection, with bone-level insertion. Features an internal-hex conical connection providing implant-to-prosthesis complete sealing. The switching platform design results in optimal shaping of the gingival tissue emergence profile. The conical connection morphology helps decrease microbial infiltration. Also available in a smaller diameter for difficult clinical situations.

Surface: SLA. Double acid etching and sandblasting with particles to achieve a rough surface thanks to microabrasion.

Diameters: 3.0, 3.50, 4.30 & 5.00 mm

Connection: 12° internal conical connection with hexagon

(anti-rotation element).

Ideal for: Solution for delayed and immediate loading.

IBO Compatible Attachments & CAD/CAM Digital Workflow

New: New line of intraoral scanbodies.

Dimensions: Monoblock, prevents divergence in coupling. Reduced height for easier use in mouth, same diameter as the connection.

Manufacturing: 100% in medical grade 5 Titanium, for easier X-ray visualization and seating verification. Zirconium Nitride (ZrN) surface treatment makes scanner reading easier.

Specifications:

Color: Creamy white Thickness: $0.5-6 \mu m$ Roughness: $Ra \le 0.05 \mu m$ Adhesive strength: at least HF 1 (DIN EN ISO 26443) Hardness: ~ 2,500 HV

CAD/CAM Workflow: Certified digital CAD/CAM libraries for implant level works, Ti-bases or Cr-Co bases.

Join the Ibo-Odontit international team. Become an Odontit Implant Systems / IBO official distributor in your market.

For more information and news, please visit www.odontit.com, www.ibodontit.com and our social media.



REACTIVE

IMPLANT

GUARANTEES complete sealing between implant and abutment.

FACILITATES a reduction of microorganism infiltration.

PROVIDES an optimal conformation of the emergence profile of the gingival tissue.



Maximum stability of the prosthetic restoration

Ø 3.00 / Ø 3.50 / Ø 4.30 / Ø 5.00 mm





- Download our catalogue -







·IML

UNIVERSE IMPLANT

Manufacturer: IML SA Swiss Dental Implants

Morphology: Conical shape, with double differential spiral thread also present in the apical part. The alternate spur and square double spiral loop generates a perfect balance between intrusive, compressive, and diverging forces capable of providing the bone with extraordinary growth stimuli. The collar, which



has microgrooves, varies according to the diameters and lengths of the system and ends with a smooth switching platform, a feature that promotes high biofunctionality and homogeneous distribution of mechanical stresses.

Surface: SL treatment, technically comparable to the best SLA® treatments. It suits any type of bone thanks to its ability to increase primary stability even in the presence of atrophic sites or compromised biological tissue.

Available Implant Lengths (mm): 6 - 8 - 10 - 11.5 - 13 - 15

Available Implant Diameters (mm): 3.4 - 4 - 4.5 - 5

Seating Position To The Bone Crest: 1mm under the bone crest

Abutment-Implant Connection Type: Twelve-sided Morse-taper internal connection, operated by a passing screw. Such locking 6° taper connection with a passing screw achieves a precise and functionally perfect fit, offering a perfect antibacterial seal. The design of the prosthetic part is provided with hexagonal connection that facilitates the procedure during the prosthetic phase. This type of connection is the only one that approaches the ideal condition of the one-piece implant, universally proven to be long-lasting. The same prosthetic parts size (ØU) is used for all implant diameters, facilitating both the surgical phase and the supply management.

Index type abutment repositioning: Twelve-sided Morse-taper internal connection: 12 possible abutment positionings

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· IML

STARFLY IMPLANT

Manufacturer: IML SA Swiss Dental Implants

Morphology: Tapered morphology, with self-tapping apex and emphasised spirals, features that simplify the insertion of the implant in medium and soft bone and in post-extraction cases with a reduced osteotomy, guaranteeing excellent primary stability. The rounded tip facilitates the centering of the implant hole and reduces the lesions risk to anatomical structures.



The hybrid neck – polished and cylindrical towards the cortical portion, and smooth golden-yellow anodized where it results in a switching platform – contrasts the bacterial attack while enhancing the soft tissues adhesion and the maintenance of the crestal bone level. The flaring internal hexagonal connection reduces the horizontal strain on the bone, distributes correctly the masticatory forces within the implant, protects the retention screw from excessive load, guarantees an excellent stability of the prosthetic parts and an optimal, long-lasting bacterial seal.

Surface: SL treatment, technically comparable to the best SLA® treatments. It suits any type of bone thanks to its ability to increase primary stability even in the presence of atrophic sites or compromised biological tissue.

Available Implant Lengths (mm): 6 – 8 – 10 – 11.5 – 13 – 15

Available Implant Diameters (mm): 3.5 - 4 - 4.5 - 5 - 6

Seating Position To The Bone Crest: Submerged. The SL treated part of the implant must be completely submerged into the bone. The polished cylindrical neck, aimed at the endo-osseous positioning, guarantees flexibility in managing the depth during the implant positioning.

Abutment-Implant Connection Type: The same prosthetic parts size (RP) is used for all implant diameters, facilitating both the surgical phase and the supply management. Starfly prosthetic components are available in the product range both in Friction version – in which the faces of the hexagon have 1° conometry – and in classic version – with the hexagon displaying parallel faces at 0°.

Index type abutment repositioning: Hexagonal internal connection.

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INNOVATION | PRODUCTION | EDUCATION

IN THE NAME OF QUALITY





Im Macon

- . Short implant with tapered connection
- · High prostethic stability without fixing screw
- · Sloped platrform design with wide bone-implant surface



Diameters

- Ø 3.10mm
- Ø 3.60mm Ø 4.10mm
- Ø 4.60mm Ø 5.10mm



Conical Active

- · Conical connection with internal antirotational
- . Switch platform system
- · Anti percolation tapered connection



Diameters

- Ø 3.50mm
- Ø 3.90mm
- Ø 4.40mm
- Ø 5,50mm



Seventeen-One

- · Internal hexagonal connection
- *Switch platform system.
- · Coronal microthread



Diameters

- Ø 3.30mm
- Ø 3,75mm Ø 4.20mm
- Ø 5,00mm
- Ø 6,60mm



Easy

- •Mini implant designed for stabilization of total prostheses
- · Sphere of 1,8mm
- + Simplified and minimally invasive surgical protocol



Diameters

- Ø 2.3mm SUPERIOR
- Ø 2.00mm **INFERIOR**



MaCo Surface All impants are sad blasted and acid atched to improve their biomechanical characteristics. This treatment generates microcavities, comparable in size to those of the osteocytes, that facilitate the osseointegration.

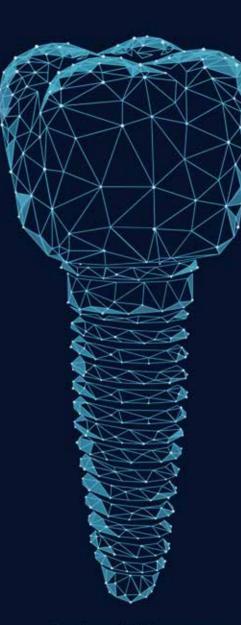
98,2%

Reliability and durability MaCo Dental Care implants have a success rate among the highest in the sector.



Wide prosthetic choice

All implant lines provide the specialist with all prosthetic components and instruments needed to better manage the specificities of each case



3D software - Guided surgery system Micromotors Biomaterials - Osteosynthesis

Made in Italy



Evolution towards perfection



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Designed for immediate loading protocols, from single tooth to full-arch rehabilitations, Neodent® GRAND MORSE® implant system, with its wide range of prosthetic solutions, is the NATURAL CHOICE in dental implantology.

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ceramic implants





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3DIEMME

RealGUIDE™ Software Suite

The world's first **open system** integrating 3D imaging, implants planning and prosthesis modelling applications on mobile devices and cloud environment.

RealGUIDE $^{\text{TM}}$ is a revolutionary dental imaging, surgical guides planning and prosthesis modelling application **running on any device**: PC, MAC and, above all, on mobile devices (tablet/smartphone, running iOS). The software suite, strong of 17 years of experience in digital dentistry, includes the following modules:

START Free application to collect all the Patient's data (DICOM images, STL files from intra-oral scanners or laboratory models acquisitions, pictures and documents), visualize them and manage the data upload to the *cloud server* and mobile applications.

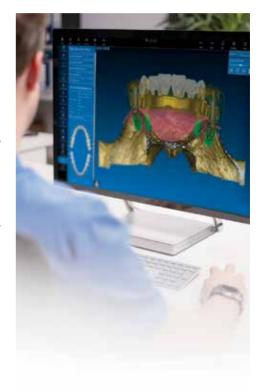
APP Easily view, plan, share and *manage the digital treatment with the tip of your fingers*, thanks to the beautiful and simple APP design.

PRO Advanced 3D diagnosis, automatic virtual teeth extraction and **Al bone segmentation** tools, **implants planning** from a full library including prosthetic components.

DESIGN *Surgical guides modelling*, STL/PLY/OBJ files processing and models with implant analogues holes management. On top of that it includes also the new SandBox™ module, a powerful modelling platform to unleash your creativity and model any type of device for your implant-prosthetic rehabilitation, including stackable guides, grids and bone grafts.

CAD This new integrated module, also available as a stand-alone product, includes all the functions related to *prosthetic planning*, allowing the user to take advantage of innovative tools and the most modern digital processes for the design and construction of customized prosthetic solutions such as crowns, bridges and bars, both for cemented and screw-retained prostheses. Thanks to the libraries of the prosthetic components of all the major implant companies and to a simple and intuitive workflow, it is possible to design in a few steps, both permanent restorations and temporary prostheses for immediate loading and export the files in STL format, including all the information for the direct management in CAM programs and the manufacturing of customized prostheses.

No more file exchanges between different software packages, but everything into a unique seamless open environment!





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Evolving Dentistry Through Technology













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BOREA

WITH RAYPLICKER, COLOR IS FULLY INTEGRATED INTO THE DIGITAL WORKFLOW

Borea is a French company that designs, manufactures and markets dental shade-taking devices. Borea's mission is to provide dental surgeons and laboratories with innovative solutions to improve comfort and quality in their day-to-day practice.

The flagship product of Borea is the "Rayplicker". This solution enables to obtain in a single acquisition complete shade mappings and translucency of a tooth. On Rayplicker Vision software, visualize the tooth overall shade, a 3 or 9 parts shades or a detailed mapping pixel by pixel. With these spectrophotometers, dental surgeons and dental technicians can take the color in a reliable and reproducible way, without influences of the external environment.

The data collected with the spectrophotometers are sent directly to the Rayplicker Vision software that enables analysis and archiving of acquisitions, thanks to a simplified data management by patient. This software centralizes patient aesthetic data: Rayplicker shade files, stl files, patient pictures. It also normalizes and standardises the digital workflow between practitioners and laboratories. Furthermore, image treatments such as color analysis based on CIE L*a*b* / L*C*h values become accessible in one click.





Once the patient's folder is completed and recorded, the production order is made and sent through the Borea Connect platform. The laboratory which has also registered to the free platform instantly receives all necessary information to realize a prosthesis faithful to the order and this from any computer means (computers, tablet, smarphones).

Rayplicker products are the easy-to-use solutions for fast and reliable shade-matching. Their intuitive interfaces, user-friendly features and ergonomics make them the essential devices in every dental practices and labs.



Time saving & profitability

A complete color analysis in a few seconds. High Return On Investment.



Accuracy

Ultra accurate pixel analysis. Multi shade guides.



Reliability

Patented technology offering objectivity and repeatability.



Hygiene

Sterilizable calibration tips. (autoclave)



Digital files

To ensure better traceability and sharing without loss of information.



Ergonomy

Touch screen, miniaturized measuring



Plug & Play

Self calibration of the device. A unit designed for the ease of use.



State of the Art

Impress your patient.
Didactic experience with your patients.

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66

With Rayplicker spectrophotometers, simply integrate color into your digital workflow!



RAYPLICKER HANDY





COLOR WILL NO LONGER BE A GUESSING GAME



Choose the right visibility for your Italian dental market



We help you reach your next Italian partner. Contact us for further information.

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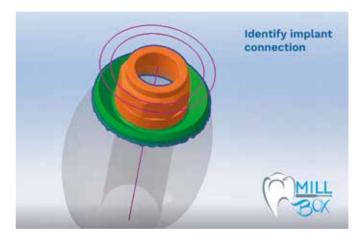
MillBox: the brilliant Dental CAM to simplify your toughest milling challenges

MillBox is the dental CAM solution developed by CIMsystem for milling any restoration across a vast array of CAD/CAM materials. Equipped with a simple, yet powerful & easy-to-use interface, the software takes all the work out of nesting cases, taking you from nesting to milling in few simple steps. Designed for dental lab technicians, clinicians, milling centers, mill makers and any users seeking a CAM that is constantly innovating and improving. MillBox also boasts specialized features for high production environments leveraging Artificial Intelligence and system automations.

Thanks to the advances in **Artificial Intelligence**, MillBox is an even more intuitive, reliable, and **high-performing CAM**. The software, as every year, brings innovation and updates, such as new features and tools that save you time.

One of the biggest revolutions of 2021, is the new "Identify connection" feature that allows to select the surface inside a volume extraction (alike the "Export connection" function) and turns it into an interface. This is useful if the user wants to specify a custom milling strategy or if the automatic interface detection during the import phase is not satisfactory.

MillBox has also different add-on modules that can be used to custom implant connection, such as the "Implant Editor" add-on. Using Implant Editor, you can create custom implant connection geometries in a very easy way. The software guides you through the geometry design step by step, via basic shapes. It is possible to design optimized protections for connections to reduce both milling time and tool overu-



se. The CAD can automatically be imported into MillBox with perfect fitting of settings and parameters. With Implant Editor you have the freedom to design and save your library as never before and building geometries will not be an issue anymore.

MillBox is an highly customizable software that also offers synergistic manufacturing workflows featuring both additive and subtractive technologies (Make&Mill).

This brilliant dental CAM is the perfect partner that will improve your Lab's workflow, increasing the quality and range of your product offerings.

www.cimsystem.com // marketing@cimsystem.com

DENTAG

Want a job well done? Trust in a serious professional with proven ability and experience. But above all, provide him with instruments of superior quality, so that his skill and knowledge can be used to the full. The final result will surely be of the highest quality, aesthetically beautiful and achieved in a shorter time than expected. This has always been the guiding philosophy of our production. We do not produce implants but a huge part of all instruments needed for the preparation of the site and the subsequent correct placement of implants. This means that many instruments are designed and produced in conformance with the specifications required in the different implantation techniques and the relative procedures. To do this, one must be particularly versatile in design and production.

Now we would like to give you a brief introduction of DenTag

Renowned throughout the world for its traditional craftsmanship and superlative quality of its knives and scissors, the small town of Maniago, in northeastern Italy, is the home of **DenTag**.

The Company was established in the early 1950s by a team of expert artisan knife-makers and, as may readily be imagined, knives and scissors were their very first products. Soon thereafter, the ambition and vision of the founders pushed the company towards another direction, diverting its attention to the manufacture of high-quality surgical and dental instruments.

The raw materials – stainless steel, aluminum and titanium – are carefully selected. Hardening and sharpening techniques for which craftsmen of Maniago have been famous for generations have been applied in their precise manufacturing of instruments.

During the years, **DenTag** establishes many contacts with universities and final users, to adapt and modify its own production to continuous changing requests of a demanding market. The result was an increasing expansion through the Italian and foreign market, so at the end of the '80s the company moved to a new and bigger plant. The success of **DenTag** is due to its continuous and steady investments in research and quality. During the years, digital control machineries were introduced and many manufacturing processes automated. Moreover, computer – aided design was introduced, and the entire production cycle is computer controlled, even the packaging process and the final LASER marking phase.

Despite this, at **DenTag** final testing and control procedures



are made by expert craftsman, trained within the company, as certain phases are particularly important and delicate in terms of quality. Today, DenTag offers a varied amount of new items, with different aesthetic features, and it is known for its high quality level, which is able to satisfy the most demanding customers.

DenTag has obtained UNI EN ISO 9001 Q.S., and UNI EN ISO 13485 Medical Devices certifications, and it is recognised by FDA "Food and Drug Administration" for products exported to the United States. Thanks to its focus on quality, **DenTag** today produces surgical and dental instruments for several companies in Italy and abroad, as well as a range bearing its own brand.

Given the highly-specialized nature of its products, DenTag receives requests for new instruments – on a nearly daily basis. For this reason, research specifically focuses on the manufacture of instruments that are innovative in every way – in their shape, the materials used, and in the surface finish. We are firmly convinced that quality will have an increasing important and predominant role, in a market which is becoming more and more globalized, and we will continue to

achieve this goal. We are firmly convinced that, during this third millennium, the concept of total and real quality is destined to become increasingly vital, especially in light of the extraordinary level of globalization that is rapidly becoming the dominating factor in the market. We will continue to achieve this goal with versatility and continuous research into innovative production technologies. It will be the basis for expansion of DenTag in this field.

Following it we introduce our new line of instruments "EVO"

DenTag always produces surgical and dental instruments... using stainless steel.

Over the years, we have produced, for us and others, innumerable variations of instruments. We have also started the production of tools in aluminum, titanium and with inserts in hard metals but always working in the field of metals. We believe, in our little experience, to have built a recognized standard of quality and reliability.

However, we always pay attention to changes and trends in the market that evolves rapidly and sometimes suddenly. Cyclically we receive requests for instruments lighter but at the same time as reliable as those made of stainless steel. Not being able to change the material used for the tips, to lighten the devices, we can only works on the handles. That is why we started to manufacture an entirely new line of light material handles. Clearly this solution is already used by others before us so that, in the design, we started to study the state of art, trying to take advantage and, if possible, improve the positivity and correcting any errors, if we found. The result of this search is the EVO family of instruments with handles which has, we think for the first time, several positivity together:

- Material: Lightweight (11 g) and resistant to stress. Use turns out to be easy, for sure grip and non-fatiguing. Tested and used in the food field, then completely non-toxic and free of potentially harmful substances. Autoclavable without change of shape and color.
- Form: 10.5 mm Diameter of the handle and the center of 9.0 mm to minimize the problems to carpal tunnel data from prolonged use in time. Longitudinal notches to increase the grip and the sensibility.
- **Construction**: We have inserted during molding of the handle, two stainless steel bushes suitably shaped, in which the tips are then introduced. With this procedure will eliminate the presence of an internal longitudinal metal bar with obvious reduction in weight. The tips are not glued to the material and so there is no risk of potentially harmful substances are released.
- · Aesthetics: Profile simple, easy to wash and clean. Without



deep grooves or notches that may cause accumulation of germs and bacteria. Since plastic is possible to color in various shades aesthetically pleasing and with advantages for the immediate recognition of the instrument.

It is known that simple dental instruments such as curettes or double probes may injure the operator's hand or lacerate the glove (with the opposite working points). The possibility of injury is during use, handling or passing the instrument between Assistant-Dentist-Assistant while performing the procedures on the patient. Directive 2010/32/EU - prevention from sharp injuries in the hospital and healthcare sector, also it states that it's necessary to prevent workers' injuries caused by all medical sharps and pointed devices. Instruments with a handle 100, 105 mm are too short and the tips, even if they are turned contrary than working one, very often touch on the back of his hand. Instead, what it can do as an additional preventive action is to choose, when buying or replacing, one instrument with a long handle. The longer instruments can be wrapped exactly like the other and, in the event that the dentist use cassettes or trays for sterilization of small size, it will be sufficient to put the instruments in the direction of the longer side. That's another reasons to choose new DenTag "EVO" family of instruments. As always we are respecting our quality standards and, we are proud of, 101% Italian quality.

www.dentag.com info@dentag.com

ESACROM

Mandibular Bone Block Harvesting from the Retromolar Area with piezosurgery

DDS Angelo Cardarelli

Specialist in Oral Surgery Adjunct Professor at San Raffaele University in Milan Scientific Advisor at Department of Dentistry San Raffaele Hospital Milan Member of Global Scientific Dental Alliance in Dubai

The reconstruction of alveolar defects after tooth loss is one of the biggest challenges in implant dentistry. In order to increase the bone thickness we can have several options alloplastic grafts, xenografts, allografts, and autografts. However, autogenous bone grafts are osteoinductive, osteogenic, and osteoconductive, with significant regenerative capacity in comparison to all other grafts. This is why autogenous bone remains the gold standard for augmentation. Extraoral donor sites for autogenous bone include the skull, the fibula, the ribs, and the iliac crest, all of which inevitably lead to additional patient morbility. Intraoral sources have the advantages of proximity of the donor and recipient sites. convenient surgical access, low morbility, and elimination of a hospital stay. The best anatomical area that allows to obtain a good cortical bone block grafts, suitable for two- or three- dimensional reconstructions of alveolar ridge defects is the retromolar and paramolar areas (external oblique ridge), or edentulous areas. The removal of large bone block grafts with drills or engraving or oscillating saws may be particularly dangerous in the anterior mandibular ramus. Piezosurgery is the state of the art bone cutting instrument in oral surgery and also in the harvesting of the ramus bone graft. The micro-oscillations, which are created at this frequency, cut only mineralized hard tissue while adjacent soft tissue, nerves and vessels remain unharmed. Using ultrasonic surgery, it is possible to cut mineralized tissue with greater precision and selectivity. Cavitation effect that is created by the irrigation/ cooling solution and oscillating tip of the device, provides blood-free surgical area, as a result greater





Fig. 1 Fig. 2

visibility for the surgeon. With regard to bone formation and healing, it has been showed that ultrasound bone cutting is more favorable than it is with conventional bone cutting techniques.

Surgical Procedure

The procedure was performed under local anesthesia using Piezosurgery device (ESACROM Italy) with saw shape inserts. In the ramus zone, a midcrestal incision was performed, avoiding the lingual nerve trajectory. The donor area was exposed by extending a full thickness flap in the apical and distal aspect. Care was given to prevent any damage to the n. lingualis. For ramus bone harvesting, four osteotomies were made: one superior and 2 vertical as well as one osteotomy was made at the inferior border. The superior horizontal cut



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was made 4 to 5 mm medial to the external oblique ridge with ES007IT Esacrom insert, cut was made from the edentulous area and continues posteriorly along the external oblique ridge to ascending ramus. The two vertical osteotomies, anterior and posterior, were also made with the ES007IT insert extending 10 to 12 mm in length in the supero inferior direction. Then, a cut connecting the inferior aspect of each vertical osteotomy was made with the angulated bone saw insert ES007LT. This special insert was exclusively produced for this inferior horizontal cut. After completed all the outline cuts of the graft, the harvest was usually pried out by gentle manipulation with a small flat chisel using hammer, fig 1-2 The donor site was primarily sutured back with 4-O SILK sutures. The patient received a single preoperative dose of oral antibiotics amoxicillin/ clavulanate sodium 2 gram, that same antibiotic regimen continued for 5 days postoperatively. Additionally, non steroidal anti-inflammatory agent naproxen sodium for pain and swelling, were prescribed as needed. Patient was also advised to rinse three times per day with 0.2% concentration chlorhexidine mouthwash for 7 days post-operatively. Extraoral application of a cold pack was recommended for 12 hours after the surgery. The harvested monocortical bone block was split in two pieces for horizontal augmentation in the maxilla and osteosynthesis screws were used to fix the plates bone to the recipient area. fig 3-4 The bone chips harvested from the bone block with the bone scrape were used to fill the gap around the blocks and the recipient bone. Any sharp edges or corners were rounded to avoid further soft tissue dehiscence.

Conclusions

Ultrasound surgery has certain advantages over traditional manual or high-speed motorized instruments in oral and maxillofacial surgery. Micro-oscillations of the tip of the device (ESACROM), operates in low frequency range allows for precise cutting and yields minimal wastage of bone. Low Frequencies causes minimal damage to soft tissues (nerves, vessels, mucosa). The unique phenomenon of cavitation effect gives operator a better visibility than using any conventional manual or rotary instrument. One of the important difficulties harvesting ramus

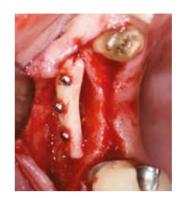




Fig. 3

Fig. 4

block graft mentioned in literature is that managing the caudal horizontal cut due to close proximity of the IAN. With the specially angulated inserts of the device (ESACROM), ultrasound surgery has distinct advantage over conventional technique. Using this special tip for horizontal cut, surgeon does not need to reflect the flap extensively and making complete caudal cut is possible without damaging IAN.

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XIMPLANT

Currents decontaminator in the treatment of infected peri-implant and periodontal sites

- Doctor Paolo Calvani* and Doctor Cesare Paoleschi**
 - * Freelance in Florence
 - ** Dentist, freelance, founder of IRIS Dentistry Company



This article presents a new decontaminating method through the application of currents for the decontamination of infected peri-implant and periodontal sites. The method is called the **XIMPLANT system**. The current treatment technique provides precise protocols, in terms of timing and intensity of automated currents, for each type of application, such as to carry out a non-invasive and non-traumatic treatment for healthy tissues. The concept of the treatment is based on the physical action of destruction of the bacterial biofilm. The "electrode" effect of the system is exploited, thus developing a current around its surface which decontaminates it. These treatments are performed "closed" without local anesthesia.

The **XIMPLANT system** involves contact with the active electrode on the implant, which is "crossed" by a high frequency electromagnetic wave that breaks the biofilm acting on the entire surface of the implant. In fact, it should be remembered that titanium has an ionic conductivity subjected to a potential difference of 3%, sufficient to induce the ionic movement on its surface, such as to induce the destruction of the bacterial biofilm.Peri-implantitis represents a pathology that poses serious survival problems for a high percentage of prosthetic rehabilitations on implants. The bacterial flora forms a biofilm that undermines osseointegration by inducing a resorption of the peri-implant bone which, in the long run, leads to the loss of implant anchorage, as in periodontitis occurs for a natural element. The bacterial flora in question is the same responsible for periodontal problems.

The formation of the biofilm begins with the adhesion of microorganisms to a surface. When a certain amount of bacteria accumulates on a surface and reaches a certain cell density, it begins to secrete a substance which is basically a polymer made up of polysaccharides, proteins and DNA. This substance mixes with the water present in the environment

and gives rise to a matrix where bacterial cells are strongly rooted in the form of biofilms. Peri-implant mucositis occurs in about 80% of subjects and in 50% of implants. Peri-implantitis occurs in 28% and in a percentage greater than or equal to 56% of the subjects (Zitzmann, Berglund T. - J Clin Periodontol 2008 Sep, 35 (8 Suppl) 286-91). Currently, the therapeutic treatments of peri-implantitis involve mechanical maneuvers associated or not with topical and / or general pharmacological treatments, such as antibiotic therapy.

Prevention actions are essentially based on home and professional hygienic maneuvers, in order to prevent irritative spines from which bacterial colonization can start, first of the gingival sulcus, creating a mucositis, then of the periimplantation creating frank peri-implantitis. In the initial stage of mucositis, bone resorption is usually of little entity. but the bacterial biofilm already extends to affect the deep implant surface, that is, a contaminated area that is not evident in this phase with instrumental examinations. It is precisely at this stage that it is interesting to have a device available that allows the "breaking" of the bacterial biolfilm along the entire surface of the implant, even the one where bacterial colonization has not yet caused pathology (not visible.) In fact, even managing to remove the biofilm in the exposed parts of the implant, one does not act on those bacteria that colonize the perimplant in the areas where it is still anchored to the bone, but since the surface of the implant is an easily etched surface, it allows maturation and bacterial aggregation. Also, even in the face of "frank" peri-implantitis with bone resorption and suppurative state, an instrument that allows the deep decontamination of the implant and of the deep periimplant areas would be particularly effective from the point of view of survival of the implants themselves. Until now, this profound preventive-therapeutic action was not feasible.





Treatment methodology

Once the infection and the stage of mucositis and / or frank peri-implantitis (probing depth, plaque index, bleeding index) have been diagnosed, professional hygienic treatment is carried out. At the end of the peri-implant toilet, the active electrode is applied to the implant collar. The ground electrode is held in the patient's hand. The **XIMPLANT** decontaminator is set on the peri-implantitis program and the currents are applied, according to pre-set times and methods.

The treatment is painless. The patient is then invited to adopt an adequate home hygiene attitude. The bactericidal action of the current is reported by numerous studies in the literature. Particularly significant are the works of Del PozoJ, L, M.S. Rouse, (1) where there is an effective action of the electric current against the biofilm in culture, consisting of Pseudomonas aeruginosa, staphylococcus aureus and Staphylococcus epidermidis. Sy et all. Other particularly significant works are those of Dreesa (2) on electrochemical inhibition of 2003, and of LEE, Sy et all (3) of 2012. A recent work, currently being published, by Prof. Giammarco Raponi and Dr. Lisa Valentini, of the Department of Public Health and Infectious Diseases of the Sapienza University, highlighted the effectiveness of the **XIMPLANT system**: "In the experimental procedures, a strong bacterial biofilm produced by Enterococcus faecalis from ATCC collection has been layered on the implants that were successively treated in a treatment chamber by electric current produced by the X-IMPLANT machine. Evidences are provided that the electric treatment granted by the X-IMPLANT **system** completely removed the bacterial biofilm". Particularly interesting in this method is the prevention of peri-implant infections. The "prevention" protocol provides at the end of a normal scaling session the preventive application on the implant collar in the subgingival prosthesis-implant passage area of the active electrode.

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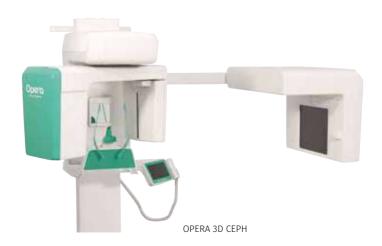








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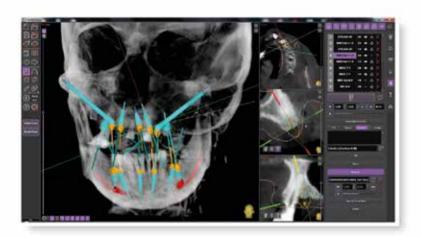
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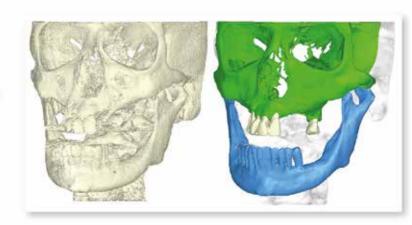
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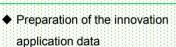
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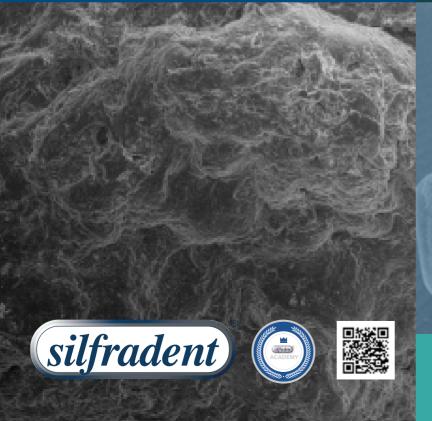




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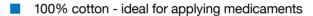
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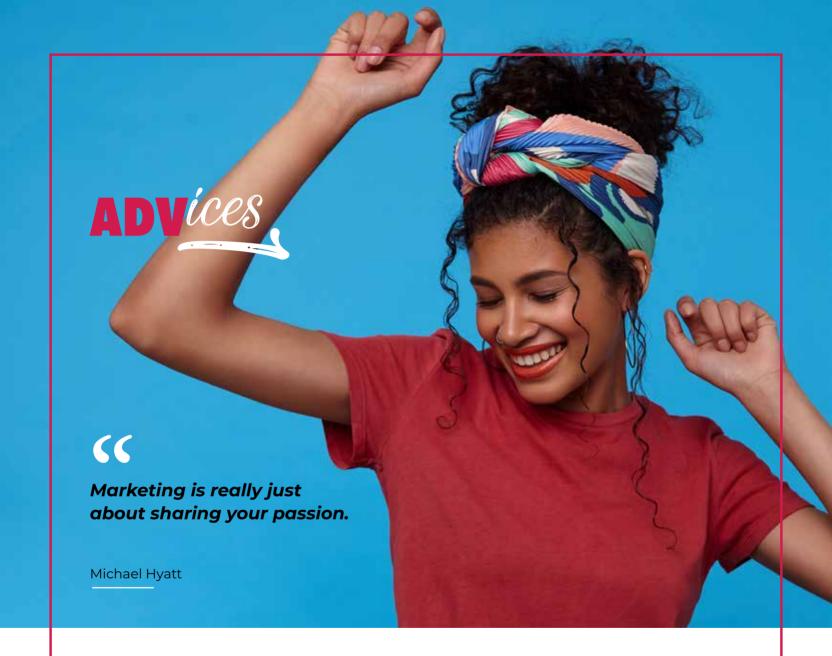
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