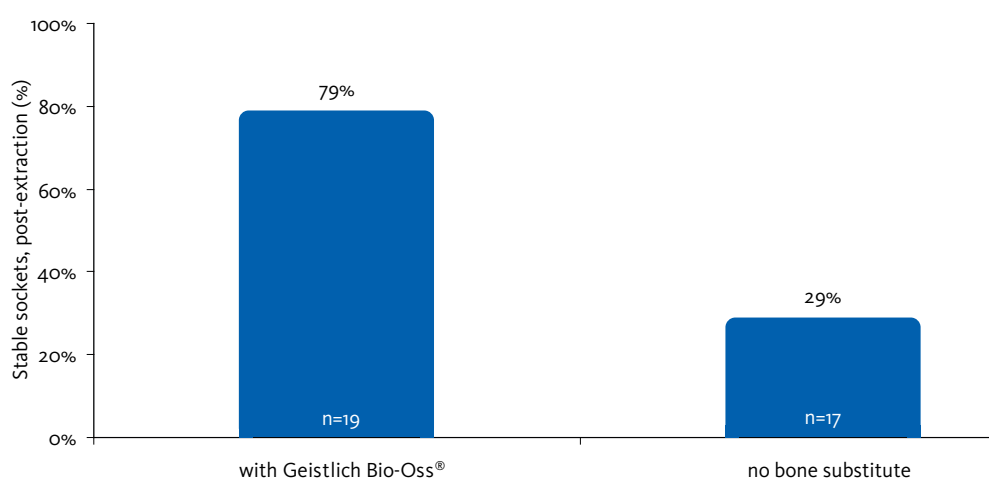


Grafting of extraction sockets with Geistlich Bio-Oss[®] helps to maintain the buccal wall

Excerpt from Nevins M., Camelo M., De Paoli S., Friedland B., Schenk R.K., Parma-Benfenati S., Simion M., Tinti C., Wagenberg B. A Study of the Fate of the Buccal Wall of Extraction Sockets of Teeth with Prominent Roots. *Int. J. Periodontics Restorative Dent.* 2006; 26(1): 19-29.

Results

Percentage of sockets remaining stable after tooth extraction, i.e. less than 20% loss of buccal bone height



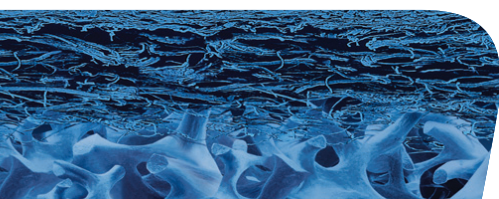
Geistlich Bio-Oss[®] is able to prevent the loss of thin buccal bone plates after extraction. Without Geistlich Bio-Oss[®], the majority of fresh extraction sockets (71%) lose at least 20% of buccal bone height. In contrast, 79% of sockets, grafted with Geistlich Bio-Oss[®] remain stable (i.e. less than 20% loss of buccal bone height).

Conclusion

According to this study, patients have a significant benefit when fresh extraction sockets with thin buccal walls are grafted with Geistlich Bio-Oss[®].

Study design

- Objective: Determine the fate of thin buccal bone walls encasing the prominent roots of maxillary anterior teeth following extraction
- 20 patients were included in the study
- 36 maxillary anterior teeth were extracted, 19 sites received Geistlich Bio-Oss[®], 17 sites received no material
- Prospective, randomized clinical trial



Order

Please provide me with an example of the study

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A Study of the Fate of the Buccal Wall of Extraction Sockets of Teeth with Prominent Roots

Nevins M., Camelo M., De Paoli S., Friedland B., Schenk R.K., Parma-Benfenati S., Simion M., Tinti C., Wagenberg B. A Study of the Fate of the Buccal Wall of Extraction Sockets of Teeth with Prominent Roots. Int. J. Periodontics Restorative Dent. 2006; 26(1): 19-29.

Abstract

The objective of this investigation was to determine the fate of thin buccal bone encasing the prominent roots of maxillary anterior teeth following extraction. Resorption of the buccal plate compromises the morphology of the localized edentulous ridge and makes it challenging to place an implant in the optimal position for prosthetic restoration. In addition, the use of Bio-Oss® as a bone filler to maintain the form of the edentulous ridge was evaluated. Nine patients were selected for the extraction of 36 maxillary anterior teeth. Nineteen extraction sockets received Bio-Oss®, and seventeen sockets received no osteogenic material. All sites were completely covered with soft tissue at the conclusion of surgery. Computerized tomographic scans were made immediately following extraction and then at 30 to 90 days after healing so as to assess the fate of the buccal plates and resultant form of the edentulous sites. The results were assessed by an independent radiologist, with a crest width of 6 mm regarded as sufficient to place an implant. Those sockets treated with Bio-Oss® demonstrated a loss of less than 20% of the buccal plate in 15 of 19 test sites (79%). In contrast, 12 of 17 control sockets (71%) demonstrated a loss of more than 20% of the buccal plate. In conclusion, the Bio-Oss® test sites outperformed the control sites by a significant margin. No investigator was able to predict which site would be successful without the grafting material even though all were experienced clinicians. This leads to the conclusion that a patient has a significant benefit from receiving grafting materials at the time of extraction.

Manufacturer

Geistlich Pharma AG

Business Unit Biomaterials

Bahnhofstrasse 40

CH-6110 Wolhusen

Tel +41 41 492 55 55

Fax +41 41 492 56 39

info@geistlich.ch

www.geistlich-pharma.com

For UK/Ireland customers

Geistlich Sons Limited

1st Floor

Thorley House

Bailey Lane

Manchester Airport

GB Manchester M90 4AB

Phone +44 1 614 902 038

Fax +44 1 614 986 988

www.geistlich.co.uk