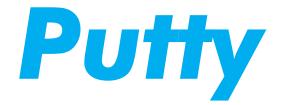


# Osteo Biol® by Tecnoss



### ENGINEERED FOR PERI-IMPLANT DEFECTS

Pre-hydrated collagenated heterologous cortico-cancellous bone paste

REGENERATION SCIENCE

INSPIRED BY NATURE



### A unique biotechnology

#### **TECNOSS®: A UNIQUE PROCESS THAT ACCELERATES AND GUIDES NATURAL BONE REGENERATION**

Tecnoss<sup>®</sup> developed and patented a unique biotechnology that prevents the ceramization phase of natural bone and preserves the tissue collagen, allowing an osteoclastic-type remodelling of the biomaterial similar to physiological bone turnover and delivering a product endowed with characteristics very similar to human mineral  $bone^{(1)}$ .

The combination of these factors allows a consistent new bone formation and a close contact between neo-formed bone and biomaterial granules and a consequent improvement of the contact area around implants<sup>(A)</sup>.

#### **COLLAGEN: A KEY FACTOR FOR BONE REGENERATION**

Collagen has a key role in bone regeneration process in that:

- a) it acts as a valid substrate for platelet activation and aggregation
- b) it serves to attract and differentiate the mesenchymal stem cells present in the bone marrow<sup>(2)</sup>

c) it increases the proliferation rate of the osteoblasts up to 2/3times<sup>(3)</sup>

d) it stimulates the activation of the platelets, osteoblasts and osteoclasts in the tissue healing process

### **OSTEOBIOL®: UNIQUE COLLAGENATED BIOMATERIALS**

Thanks to the innovative Tecnoss® technology, the OsteoBiol® line has the following important characteristics:

- 1) absence of a foreign body response
- 2) gradual resorption over time<sup>(4)</sup>
- 3) stimulation/acceleration of physiological tissue healing process
- 4) protection of the grafting site from infection (membranes)

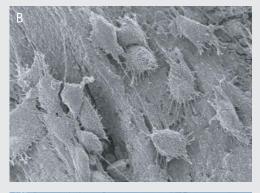
The Tecnoss<sup>®</sup> new generation of biomaterials, thanks to a revolutionary technology, goes beyond the simple role of aiding natural bone regrowth by stimulating and accelerating this vital physiological process.

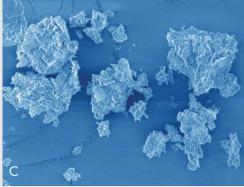
- A | Image showing bone formation on implant surface at 5 weeks on rabbit. Right side grafted with OsteoBiol® Putty. Left side left to self natural healing. Staining hematoxyline-eosine. Courtesy of Dr U Nannmark, University of Göteborg, Sweden
- B | SEM image of an OsteoBiol® bone matrix colonized by osteoblasts from a cell-line (MG63). Courtesy of Dr U
- Nannmark, University of Göteborg, Sweden C | SEM image showing the mixed sizes OsteoBiol® Putty particles, granulometry of up to 300 microns. Courtesy of Dr U Nannmark, University of Göteborg, Sweden
- Figueiredo M et al. J Biomed Mater Res B Appl Biomater, 2010 Salasznyk RM, et al. J Biomed Biotechnol, 2004 Hsu FY, et al. Biomaterials, 1999
- 3 4
- Nannmark U et al. Clin Implant Dent Relat Res, 2008 Nannmark U et al. Clin Implant Dent Relat Res, 2010
- 6
- Arcuri C et al. Minerva Stomatol, 2005 Calvo Guirado JL et al. J Ir Dent Assoc, 2007
- 8 | Santagata M et al. J Oral Implantol. Epub 2010

**OsteoBiol** 



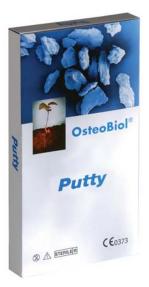








## Engineered for peri-implant defects



Putty is a collagenated bone paste composed by 80% micronized cortico-cancellous granules (<300 microns) mixed with 20% collagen gel.

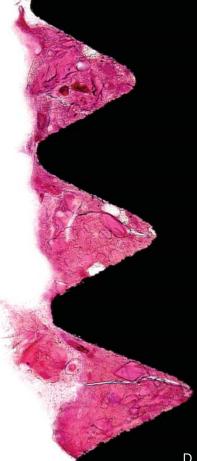
The exclusive Tecnoss<sup>®</sup> manufacturing process guarantees an exceptional malleability and plasticity: furthermore the new syringe packaging gives Putty extraordinary handling properties making this product the ideal choice for post-extractive sockets, self-contained peri-implant defects and all defects that present a self-contained cavity.

Thanks to the **collagen component**, Putty facilitates blood clotting and the subsequent invasion of repairing and regenerative cells.

Furthermore, the Tecnoss<sup>®</sup> manufacturing process avoids granules ceramization, allowing a **progressive resorption**<sup>(4)</sup> of the biomaterial and, at the same time, a significant new-bone formation rate<sup>(5)</sup>. Putty's "soft" consistency also guarantees an easy and healthy soft-tissues healina.

Thanks to these unique characteristics, Putty is particularly indicated for peri-implant defects regeneration: following immediate post-extractive implants placement, Putty can be injected between the defect walls and the implant, guaranteeing a perfect filling of the entire defect volume.

The product versatility also makes Putty the ideal solution when bone tissue has been lost due to peri-implant lesions as long as the containing walls are present. In fact, the primary condition for gaining a successful regeneration is to achieve the biomaterial initial stability. Therefore, Putty must be used only in self contained defects where the surrounding walls guarantee this condition: for example **post-extractive sockets**<sup>(6)</sup> and inside the bone crest when **ridge-split technique**<sup>(7,8)</sup> is adopted.



**Tissue of origin** Heterologous cortico-cancellous bone mix

Tissue collagen Preserved plus an additional 20% collagen gel (OsteoBiol® Gel 0)

**Physical form** Pre-hydrated granules and collagen gel of plastic consistency

Composition 80% granulated mix, 20% collagen gel

Granulometry Up to 300 microns

**Re-entry time** About 4 months

Packaging Syringe: 0.5cc, 1.0cc, 3x 0.25cc, 3x 0.5cc







**AUGMENTATION** SINUS FLOOR OSTEOTOME





D | Detail of image showing bone formation on implant surface at 5 weeks on rabbit grafted with OsteoBiol® Putty. Staining hematoxyline-eosine. Courtesy of Dr U Nannmark, University of Göteborg, Sweden

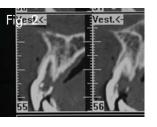


# **Excellent clinical performances**

























### CASE REPORT

PERI-IMPLANT DEFECT

Treatment of peri-implant defect after post-extractive implant placement

#### Sex: Female | Age: 32

Fig. 1 Preliminary panoramic view

**Fig. 2** Dentascan shows internal root resorption of tooth 1.1

- Fig. 3 Buccal view
- Fig. 4 Palatal view
- Fig. 5 Occlusal view after extraction
- Fig. 6 Osteotomy performed
- Fig. 7 Implant in place

**Fig. 8** Peri-implant gap grafted with OsteoBiol® Putty

- **Fig. 9** Free gingival graft harvested from the palate
- Fig. 10 Occlusal view
- Fig. 11 Buccal view
- Fig. 12 Temporary restoration in place

Documentation courtesy of Dr **Roberto Rossi** M.Sc.P. in Periodontology Private practitioner in Genova, Italy e-mail: drrossi@mac.it

Covani U, Ameri S, Crespi R, Barone A PRESERVAZIONE DEL PROCESSO ALVEOLARE CON OSSO ETEROLOGO. CONSIDERAZIONI ISTOLOGICHE ITALIAN ORAL SURGERY, 2004 Cassetta M, Calasso S, Vozza I, Dell'Aquila D **REHABILITATION OF ATROPHIC ALVEOLAR CRESTS WITH CYLINDRICAL** SANDBLASTED AND ACID ETCHED IMPLANTS: A PILOT STUDY EUROPEAN JOURNAL OF IMPLANT PROSTHODONTICS, 2005 Arcuri C. Cecchetti F. Germano F. Motta A. Santacroce C CLINICAL AND HISTOLOGICAL STUDY OF A XENOGENIC BONE SUBSTITUTE USED AS A FILLER IN POSTEXTRACTIVE ALVEOLUS MINERVA STOMATOLOGICA, 2005 Barone A, Crespi R, Aldini NN, Fini M, Giardino R, Covani U MAXILLARY SINUS AUGMENTATION: HISTOLOGIC AND HISTOMORPHOMETRIC ANALYSIS INTERNATIONAL JOURNAL OF ORAL AND MAXILLOFACIAL IMPLANTS, 2005 Rinna C, Ungari C, Saltarel A, Cassoni A, Reale G ORBITAL FLOOR RESTORATION JOURNAL OF CRANIOFACIAL SURGERY, 2005 Barone A, Ameri S, Covani U IMMEDIATE POSTEXTRACTION IMPLANTS: TREATMENT OF RESIDUAL PERI-IMPLANT DEFECTS. A RETROSPECTIVE ANALYSIS EUROPEAN JOURNAL OF IMPLANT PROSTHODONTICS, 2006 Barone A, Santini S, Sbordone L, Crespi R, Covani U A CLINICAL STUDY OF THE OUTCOMES AND COMPLICATIONS ASSOCIATED WITH MAXILLARY SINUS AUGMENTATION INTERNATIONAL IOURNAL OF ORAL AND MAXILLOFACIAL IMPLANTS 2006 Covani U, Barone A, Cornelini R, Crespi R CLINICAL OUTCOME OF IMPLANTS PLACED IMMEDIATELY AFTER IMPLANT REMOVAL JOURNAL OF PERIODONTOLOGY, 2006 Orsini G, Scarano A, Piattelli M, Piccirilli M, Caputi S, Piattelli A HISTOLOGIC AND ULTRASTRUCTURAL ANALYSIS OF REGENERATED BONE IN MAXILLARY SINUS AUGMENTATION USING A PORCINE BONE-DERIVED BIOMATERIAL JOURNAL OF PERIODONTOLOGY, 2006 Trubiani O, Scarano A, Orsini G, Di Iorio D, D'Arcangelo C, Piccirilli M, Sigismondo M, Caputi S THE PERFORMANCE OF HUMAN PERIODONTAL LIGAMENT MESENCHYMAL STEM CELLS ON XENOGENIC BIOMATERIALS INTERNATIONAL JOURNAL OF IMMUNOPATHOLOGY AND PHARMACOLOGY, 2007 Barone A. Covani U MAXILLARY ALVEOLAR RIDGE RECONSTRUCTION WITH NONVASCULARIZED AUTOGENOUS BLOCK BONE: CLINICAL RESULTS JOURNAL OF ORAL AND MAXILLOFACIAL SURGERY, 2007 Calvo Guirado JL, Pardo Zamora G, Saez Yuguero MR RIDGE SPLITTING TECHNIQUE IN ATROPHIC ANTERIOR MAXILLA WITH IMMEDIATE IMPLANTS, BONE REGENERATION AND IMMEDIATE TEMPORISATION: A CASE REPORT JOURNAL OF IRISH DENTAL ASSOCIATION, 2007 Del Corso M SOFT TISSUE RESPONSE TO PLATELET RICH FIBRIN: CLINICAL EVIDENCES COSMETIC DENTISTRY, 2008 Barone A, Santini S, Marconcini S, Giacomelli L, Gherlone E, Covani U OSTEOTOMY AND MEMBRANE ELEVATION DURING THE MAXILLARY SINUS AUGMENTATION PROCEDURE. A COMPARATIVE STUDY: PIEZOELECTRIC DEVICE VS. CONVENTIONAL ROTATIVE INSTRUMENTS CLINICAL ORAL IMPLANTS RESEARCH, 2008 Barone A, Cornelini R, Ciaglia R, Covani U IMPLANT PLACEMENT IN FRESH EXTRACTION SOCKETS AND SIMULTANEOUS **OSTEOTOME SINUS FLOOR ELEVATION: A CASE SERIES** INTERNATIONAL JOURNAL OF PERIODONTICS AND RESTORATIVE DENTISTRY, 2008 Barone A, Aldini NN, Fini M, Giardino R, Calvo Guirado JL, Covani U XENOGRAFT VERSUS EXTRACTION ALONE FOR RIDGE PRESERVATION AFTER TOOTH REMOVAL: A CLINICAL AND HISTOMORPHOMETRIC STUDY JOURNAL OF PERIODONTOLOGY, 2008 Covani U. Cornelini R. Barone A BUCCAL BONE AUGMENTATION AROUND IMMEDIATE IMPLANTS WITH AND WITHOUT FLAP ELEVATION: A MODIFIED APPROACH INTERNATIONAL JOURNAL OF ORAL AND MAXILLOFACIAL IMPLANTS, 2008 Cardaropoli D. Cardaropoli G

PRESERVATION OF THE POSTEXTRACTION ALVEOLAR RIDGE: A CLINICAL AND HISTOLOGIC STUDY

INTERNATIONAL JOURNAL OF PERIODONTICS AND RESTORATIVE DENTISTRY, 2008

Nannmark U, Sennerby L THE BONE TISSUE RESPONSES TO PREHYDRATED AND COLLAGENATED CORTICO-CANCELLOUS PORCINE BONE GRAFTS: A STUDY IN RABBIT MAXILLARY DEFECTS

CLINICAL IMPLANT DENTISTRY AND RELATED RESEARCH, 2008

Scarano A, Piattelli A, Perrotti V, Manzon L, lezzi G MAXILLARY SINUS AUGMENTATION IN HUMANS USING CORTICAL PORCINE BONE: A HISTOLOGICAL AND HISTOMORPHOMETRICAL EVALUATION AFTER 4 AND 6 MTH

CLINICAL IMPLANT DENTISTRY AND RELATED RESEARCH, 2009

Perrotti V Nicholls BM

**RESORPTION PATTERN OF A PORCINE-DERIVED BONE SUBSTITUTE** JOURNAL OF OSSEOINTEGRATION, 2009

Calvo Guirado JL, Gomez Moreno G, Barone A, Cutando A, Alcaraz-Baños M, Chiva F, Lopez Mari L, Guardia J MELATONIN PLUS PORCINE BONE ON DISCRETE CALCIUM DEPOSIT IMPLANT

SURFACE STIMULATES OSTEOINTEGRATION IN DENTAL IMPLANTS JOURNAL OF PINEAL RESEARCH, 2009

Scarano A, Piattelli M, Carinci F, Perrotti V REMOVAL, AFTER 7 YEARS, OF AN IMPLANT DISPLACED INTO THE MAXILLARY SINUS. A CLINICAL AND HISTOLOGIC CASE REPORT JOURNAL OF OSSEOINTEGRATION, 2009

Covani U. Marconcini S. Crespi R. Barone A

IMMEDIATE IMPLANT PLACEMENT AFTER REMOVAL OF A FAILED IMPLANT: A CLINICAL AND HISTOLOGICAL CASE REPORT JOURNAL OF ORAL IMPLANTOLOGY, 2009

Calvo Guirado JL, Gomez Moreno G, Lopez Mari L, Ortiz Ruiz AJ, Guardia J ATRAUMATIC MAXILLARY SINUS ELEVATION USING THREADED BONE DILATORS FOR IMMEDIATE IMPLANTS. A THREE-YEAR CLINICAL STUDY MEDICINA ORAL, PATOLOGIA ORAL Y CIRUGIA BUCAL, 2010

Figueiredo M, Henriques J, Martins G, Guerra F, Judas F, Figueiredo H PHYSICOCHEMICAL CHARACTERIZATION OF BIOMATERIALS COMMONLY USED IN DENTISTRY AS BONE SUBSTITUTES – COMPARISON WITH HUMAN BONE

JOURNAL OF BIOMEDICAL MATERIALS RESEARCH PART B: APPLIED BIOMATERIALS, 2010

Grenga PL, Reale G, Cofone C, Meduri A, Ceruti P, Grenga R HESS AREA RATIO AND DIPLOPIA: EVALUATION OF 30 PATIENTS UNDERGOING SURGICAL REPAIR FOR ORBITAL BLOW-OUT FRACTURE OPHTHALMIC PLASTIC AND RECONSTRUCTIVE SURGERY, 2009

Crespi R, Capparè P, Gherlone E

DENTAL IMPLANTS PLACED IN EXTRACTION SITES GRAFTED WITH DIFFERENT BONE SUBSTITUTES: RADIOGRAPHIC EVALUATION AT 24 MONTHS JOURNAL OF PERIODONTOLOGY, 2009

Rinna C. Reale G. Foresta F. Mustazza MC MEDIAL ORBITAL WALL RECONSTRUCTION WITH SWINE BONE CORTEX

THE JOURNAL OF CRANIOFACIAL SURGERY, 2009

Cardaropoli D, Cardaropoli G HEALING OF GINGIVAL RECESSIONS USING A COLLAGEN MEMBRANE WITH A HEMINERALIZED XENOGRAFT: A RANDOMIZED CONTROLLED CLINICAL TRIAL

INTERNATIONAL JOURNAL OF PERIODONTICS AND RESTORATIVE DENTISTRY, 2009 Nannmark U. Azarmehr I.

SHORT COMMUNICATION: COLLAGENATED CORTICO-CANCELLOUS PORCINE BONE GRAFTS. A STUDY IN RABBIT MAXILLARY DEFECTS CLINICAL IMPLANT DENTISTRY AND RELATED RESEARCH, 2010

Barone A, Ricci M, Covani U, Nannmark U, Azarmehr I, Calvo-Guirado JI MAXILLARY SINUS AUGMENTATION USING PE PREHYDRATED CORTICO-CANCELLOUS PORCINE BONE: HYSTOMORPHOMETRIC

**EVALUATION AFTER 6 MTH** CLINICAL IMPLANT DENTISTRY AND RELATED RESEARCH, 2010

Calvo Guirado JL, Gomez Moreno G, Lopez Mari L, Guardia J, Marinez Gonzalez JM,

Barone A, Tresguerres IF, Paredes SD, Fuentes Breto L ACTIONS OF MELATONIN MIXED WITH COLLAGENIZED PORCINE BONE VERSUS PORCINE BONE ONLY ON OSTEOINTEGRATION OF DENTAL IMPLANTS

JOURNAL OF PINEAL RESEARCH, 2010

Scarano A, Piattelli A, Assenza B, Quaranta A, Perrotti V, Piattelli M, lezzi G

PORCINE BONE USED IN SINUS AUGMENTATION PROCEDURES: A 5-YEAR RETROSPECTIVE CLINICAL EVALUATION

JOURNAL OF ORAL AND MAXILLOFACIAL SURGERY, 2010

Rossi R, Morales RS, Frascaria M, Benzi R, Squadrito N PLANNING IMPLANTS IN THE ESTHETIC ZONE USING A NEW IMPLANT 3D NAVIGATION SYSTEM

THE EUROPEAN JOURNAL OF ESTHETIC DENTISTRY, 2010

Barone A, Orlando B, Tonelli P, Covani U

SURVIVAL RATE FOR IMPLANTS PLACED IN THE POSTERIOR MAXILLA WITH AND WITHOUT SINUS AUGMENTATION: A COMPARATIVE COHORT STUDY JOURNAL OF PERIODONTOLOGY, 2010

Scarano A, Carinci F, Assenza B, Piattelli M, Murmura G, Piattelli A VERTICAL RIDGE AUGMENTATION OF ATROPHIC POSTERIOR MANDIBLE USING AN INLAY TECHNIQUE WITH A XENOGRAFT WITHOUT MINISCREWS AND MINIPLATES: CASE SERIES n press 2010

Pagliani L, Andersson P, Lanza M, Nappo A, Verrocchi D, Volpe S, Sennerby L A COLLAGENATED PORCINE BONE SUBSTITUTE FOR AUGMENTATION AT NEOSS IMPLANT SITES: A PROSPECTIVE 1-YEAR MULTICENTER CASE SERIES STUDY WITH HISTOLOGY CLINICAL IMPLANT DENTISTRY AND RELATED RESEARCH, 2010

Santagata M, Guariniello L, Tartaro G

MODIFIED EDENTULOUS RIDGE EXPANSION (MERE) TECHNIQUE FOR IMEDIATE PLACEMENT OF IMPLANTS. A CASE REPORT THE INTERNATIONAL JOURNAL OF ORAL IMPLANTOLOGY, 2010

Barone A, Ricci M, Calvo Guirado JL, Covani U

BONE REMODELLING AFTER REGENERATIVE PROCEDURES AROUND IMPLANTS PLACED IN FRESH EXTRACTION SOCKETS: AN EXPERIMENTAL STUDY IN BEAGLE DOGS CLINICAL ORAL IMPLANTS RESEARCH, 2010

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Part of a biopsy showing newly formed bone after treatment with OsteoBiol® Putty. Biopsies weeks after implantation in rabbit maxillae. The smaller granules are totally covered by newly formed bone and seams of osteoblasts are recorded almost at all bone surfaces. Both the marrow spaces and bone are fully nurtured by neovessels. Htx-eosine. Original magnification x20. Courtesy of Dr U Nannmark, Göteborg University

All literature about OsteoBiol® Putty in blue



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Pre-hydrated collagenated heterologous cortico-cancellous bone paste



Tecnoss s.r.l. is an innovative, globally active company that develops, produces and documents premium-quality xenogenic biomaterials by the brands Tecnoss<sup>®</sup> and OsteoBiol<sup>®</sup>.

Its 15 years of research led to its patent-protected production process that ensures neutralization of antigenic components in order to achieve biocompatibility, while preserving the natural collagen matrix inside the biomaterial.

Tecnoss<sup>®</sup> products comply with highest quality standards such as ISO13485 (notified body TÜV Rheinland), 93/42/EC (amended by 2007/47/EEC) and 2003/32/EC (notified body CE 0373).

### www.osteobiol.com

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