

The specific case

Augmentation in the esthetic zone with **CERASORB® M** and platelet rich fibrin (PRF)

CERASORB®-Promise

CERASORB®.

Keeps its words in bone regeneration.

The specific case

+ Augmentation in the esthetic zone

Augmentation in the esthetic zone with CERASORB® M and platelet rich fibrin (PRF)

"Today, contemporary implantology means esthetic results. Although bone regeneration itself is the goal, this alone is far from what patients and clinicians are looking for. The combination of CERASORB® M and PRF provides a base for esthetic implant treatment."

Prof. Dr. Fernando Luiz Almeida
Rio de Janeiro, Brasil

Case History

A young male patient visited the clinic with previous endodontic treatment and advanced gingival recession [Fig. 1]. After x-ray scan, it was clear that the buccal lamina is missing and the tooth has a hopeless prognosis [Fig. 2].

[Fig. 1]



Clinical situation before surgical treatment.



[Fig. 3]



First, a full thickness flap was elevated. The massive buccal defect was extending up to the apical third of the extracted tooth.

[Fig. 4]



CERASORB® M Granules were mixed with platelet rich fibrin (PRF). Additionally, two PRF membranes were created to cover the defect.

[Fig. 2]



Pre-operative x-ray scan.

T = Months

Take home messages

- + Fully resorbable, biomimetic pure-phase bone graft materials, such as **CERASORB® M**, can offer appropriate solutions in the dental esthetic area.
- + Osseointegration of dental implants takes place in bone-tissue, not in bone substitute material. Therefore bone regeneration materials such as **CERASORB® M** are a promising treatment for long-term results in the esthetic region.
- + The quality of the regenerated bone tissue is the same as natural bone, and the results are always reproducible.

+ [Fig. 5]



Buccal view of the defect after cover with a PRF membrane.

[Fig. 6]



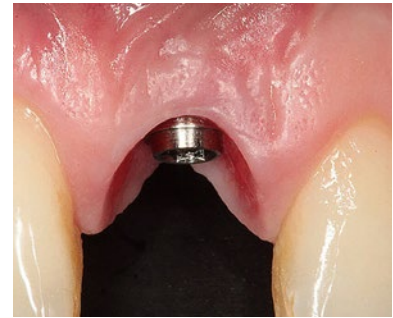
The flap was advanced coronally and the margins of the defect were adapted by interrupted sutures.

+ [Fig. 8]



After 4 months (120 days) an implant with temporary crown was placed.

+ [Fig. 9]



Vestibular view of the emergence profile, 3 months after implantation.

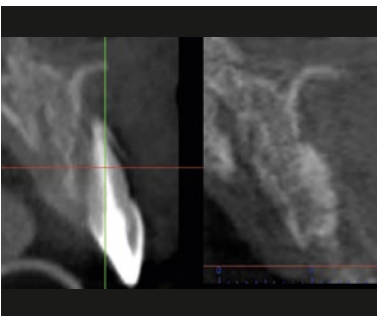
[Fig. 10]



Final restoration / vestibular view.

T 12

[Fig. 7]



Comparative x-ray scan between the initial situation and 120 days after the augmentation procedure.

T 4

T 6

[Fig. 11]



One year postoperative periapical x-ray scan.

+

+ Proven Quality

CERASORB® M Granules

CERASORB® M are pure-phase, biomimetic β -TCP granules. Depending on the area of application, CERASORB® M granules are available in different grain sizes for oral surgery: 150 – 500 μm , 500 – 1.000 μm , and 1.000 – 2.000 μm .



Dental



Granules

Type of use:

- + Filling of defects after extirpation of bone cysts.
- + Augmentation of atrophied alveolar ridge, sinus lifting / sinus base elevation.
- + Peri-implantitis treatment.
- + Filling of defects after surgical removal of retained teeth.
- + In combination with autologous materials, cells and growth factors e.g. bone chips, BMA¹, PRP² or PRF³.

Handling:

- + CERASORB® M granules are soaked with patients' blood and mixed in a 1:1 or 1:2 ratio.
- + CERASORB® M granules can also be used in combination with autologous material, PRP and PRF.

1 Bone Marrow Aspirate | 2 Platelet Rich Plasma | 3 Platelet Rich Fibrin

CERASORB® bone-regeneration materials.
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You have our word!

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