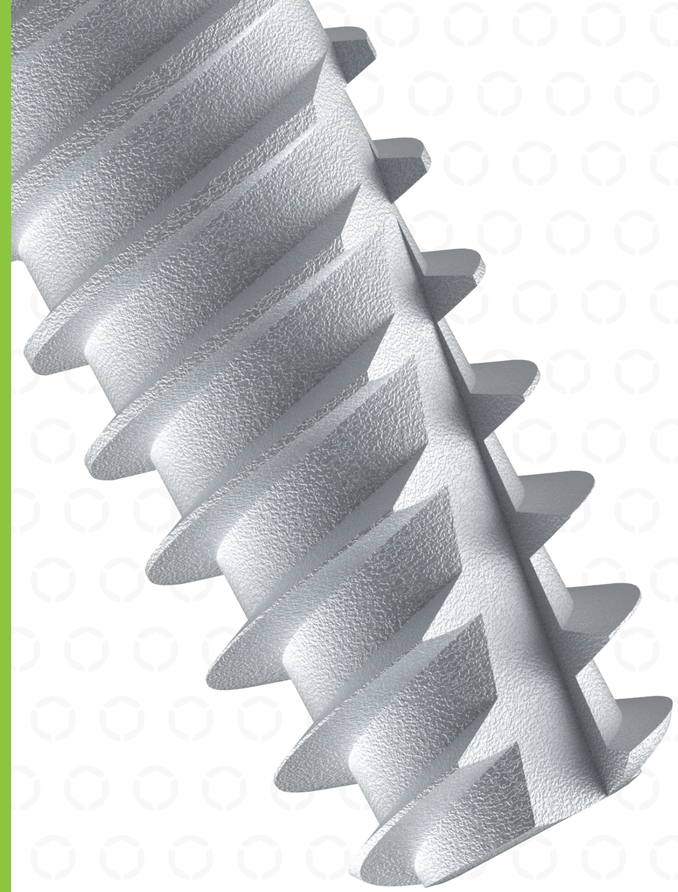
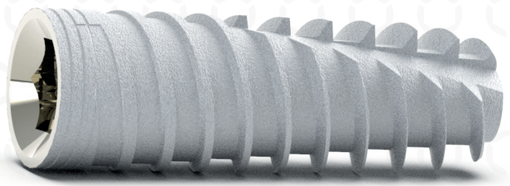
DETERMINED
TO LEAD



AlfaGate
IMPLANTS YOU CAN TRUST



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Bioactive Catalog

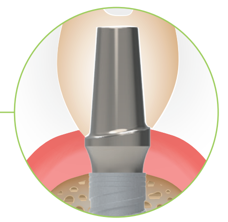
BioActive
SCI Implant

Bioactive Surface

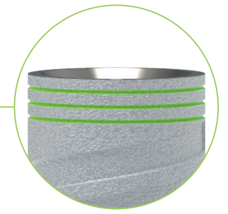
Is a completely resorbable calcium-phosphate surface which is obtained in an electrochemical process on the implant surface.

Clinical studies have proved Bioactive surface implant accelerates implant healing time up to 6 to 10 weeks, increase bone formation and improved mechanical implant anchoring, especially in the early post-implant phases.

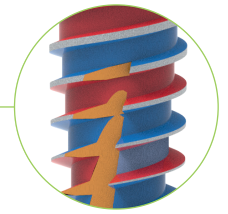
The hydrophilicity of the Bioactive surface contributes to an improvement of the biocompatibility of implants thanks to the morphological and chemical properties.



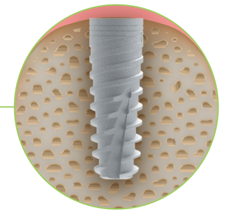
Switching platform:
Increase soft tissue volume.



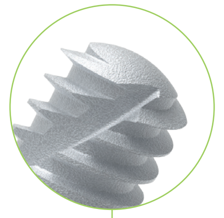
Micro rings:
Maximum alveolar bone volume.



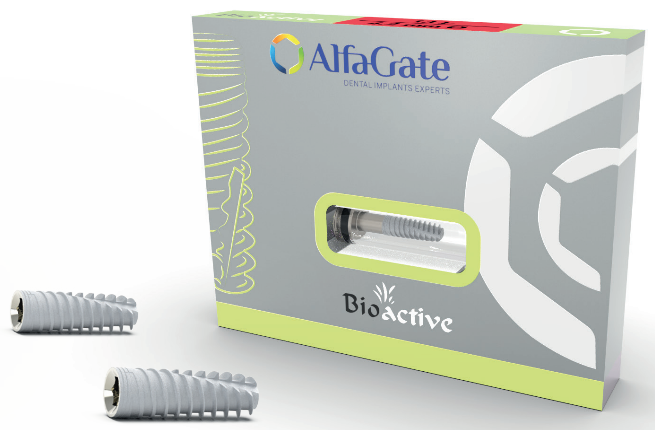
Maximum bone preservation:
Variable thread design, self-drilling and self-tapping.

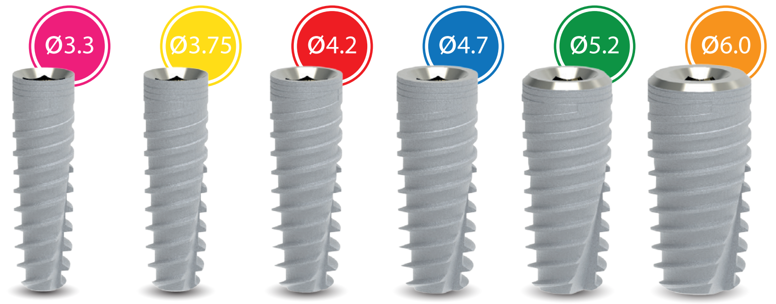


High primary stability:
The combination of conical body, dual threads, two spiral channels, deep and especially sharp threads ensure superior primary stability, offering the ultimate choice for implantation in wide range of bone types and immediate loading protocols.



Dome apex:
Enables safe insertion.



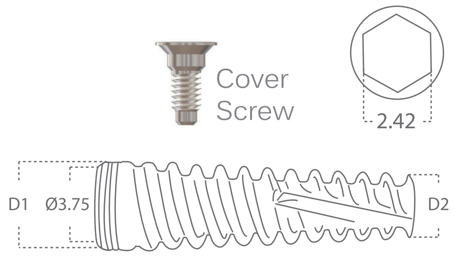


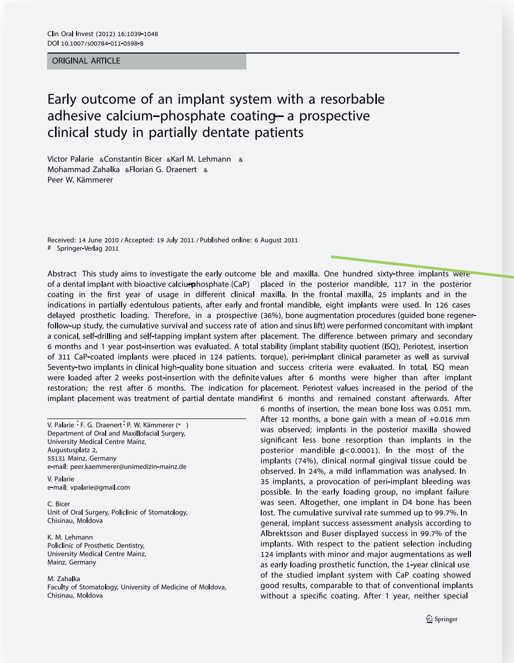
Diameters

Material	Titanium Alloy Ti 6Al 4V ELI | Bioactive surface-CaP
Item includes	Cover screw and implant carrier
Description	Screw type implant 2.42 mm internal hex

Ø mm 3.3 / 3.75 / 4.2 / 4.7 / 5.2 / 6.0

L mm 6 / 8 / 10 / 11.5 / 13 / 16





Clin Oral Invest (2012) 16:1039–1048
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ORIGINAL ARTICLE

Early outcome of an implant system with a resorbable adhesive calcium–phosphate coating— a prospective clinical study in partially dentate patients

Victor Palarie & Constantin Bicer & Karl M. Lehmann & Mohammad Zahalka & Florian G. Draenert & Peer W. Kämmerer

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Abstract This study aims to investigate the early outcome of a dental implant with bioactive calcium–phosphate (CaP) coating in the first year of usage in different clinical indications in partially edentulous patients, after early and delayed prosthetic loading. Therefore, in a prospective follow-up study, the cumulative survival and success rate of a conical, self-drilling and self-tapping implant system after 6 months and 1 year post-insertion was evaluated. A total of 311 CaP-coated implants were placed in 124 patients. Seventy-two implants in clinical high-quality bone situation were loaded after 2 weeks post-insertion with the definite restoration; the rest after 6 months. The indication for implant placement was treatment of partial dentate mandible and maxilla. One hundred sixty-three implants were placed in the posterior mandible, 117 in the posterior maxilla. In the frontal maxilla, 25 implants and in the frontal mandible, eight implants were used. In 126 cases (36%), bone augmentation procedures (guided bone regeneration and sinus lift) were performed concomitant with implant placement. The difference between primary and secondary stability (implant stability quotient (ISQ), Periotest, insertion torque), peri-implant clinical parameter as well as survival and success criteria were evaluated. In total, ISQ mean values after 6 months were higher than after implant placement. Periotest values increased in the period of the first 6 months and remained constant afterwards. After 6 months of insertion, the mean bone loss was 0.051 mm. After 12 months, a bone gain with a mean of +0.016 mm was observed; implants in the posterior maxilla showed significant less bone resorption than implants in the posterior mandible (p<0.0001). In the most of the implants (74%), clinical normal gingival tissue could be observed. In 24%, a mild inflammation was analysed. In 35 implants, a provocation of peri-implant bleeding was possible. In the early loading group, no implant failure was seen. Altogether, one implant in D4 bone has been lost. The cumulative survival rate summed up to 99.7%. In general, implant success assessment analysis according to Albrektsson and Buser displayed success in 99.7% of the implants. With respect to the patient selection including 124 implants with minor and major augmentations as well as early loading prosthetic function, the 1-year clinical use of the studied implant system with CaP coating showed good results, comparable to that of conventional implants without a specific coating. After 1 year, neither special

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"The cumulative survival rate summed up to 99.7%. In general, implant success assessment analysis according to Albrektsson and Buser displayed success in 99.7% of the implants."

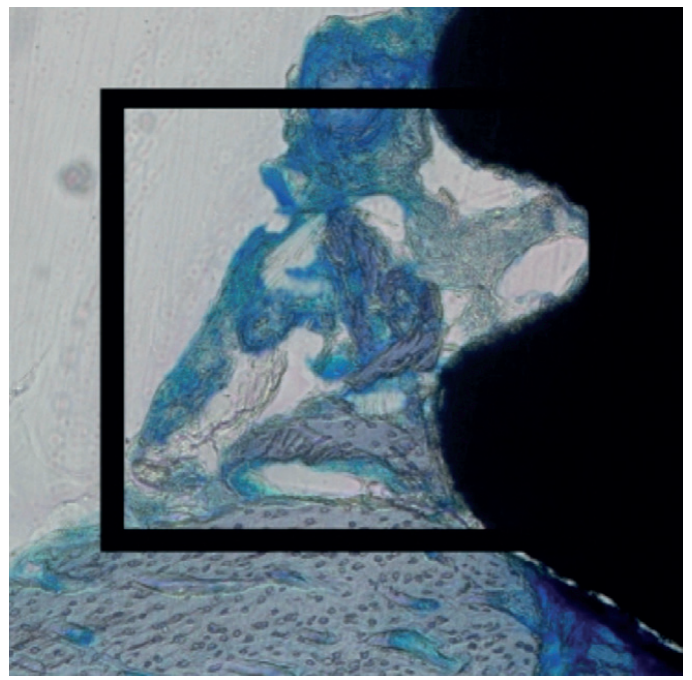

Fig 1:
Increased vertical bone augmentation on Bioactive Surface implant