Bioactive
SCI Implant

DETERMINED TO LEAD

Bioactive Surface

Is a completely resorbable calcium-phosphate surface which is obtained in anelectrochemical 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.

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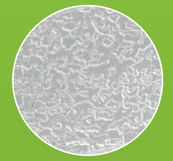
Bioactive Catalog

Bioactive
SCI Implant



Bioactive has a completely resorbable **calcium-phosphate** surface.

The implant's **hydrophilic** surface attracts the stem cells.

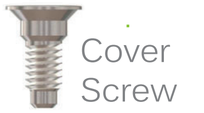
The **osseoinductive** characteristics of the surface results in successful osseointegration and improved implant anchoring.

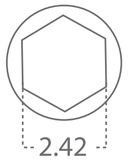
Bioactive's outstanding characteristics accelerate healing time up to **6-10 weeks** instead of 3-6 months post-operation.

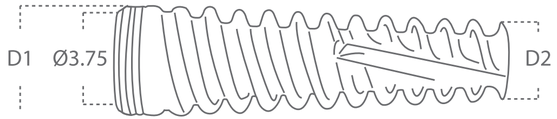
Diameters

Material	Titanium Alloy Ti 6Al 4V ELI Bioactive surface-Cap
Item includes	Cover screw and implant carrier
Descrption	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





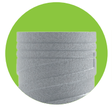


Single
Platform

Body Characteristics

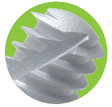
Conical Body

Single Platform



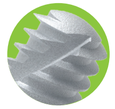
Micro-rings

Switching platform



Domed Apex

Varible Thread Design



Internal Hex Connection with Conical Sealing Design

Clin Oral Invest (2012) 16:1039–1048
DOI 10.1007/s00784-011-0598-8

ORIGINAL ARTICLE

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

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Received: 14 June 2010 / Accepted: 19 July 2011 / Published online: 6 August 2011
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Abstract This study aims to investigate the early outcome ble and maxilla. One hundred sixty-three implants were of a dental implant with bioactive calcium-phosphate (CaP) placed in the posterior mandible, 117 in the posterior coating in the first year of usage in different clinical maxilla. In the frontal maxilla, 25 implants and in the indications in partially edentulous patients, after early and frontal mandible, eight implants were used. In 126 cases delayed prosthetic loading. Therefore, in a prospective (36%), bone augmentations procedures (guided bone regener- follow-up study, the cumulative survival and success rate of ation and sinus lift) were performed concomitant with implant a conical, self-drilling and self-tapping implant system after placement. The difference between primary and secondary 6 months and 1 year post-insertion was evaluated. A total stability (implant stability quotient (ISQ), Periotest, insertion of 311 CaP-coated implants were placed in 124 patients. torque), peri-implant clinical parameter as well as survival Seventy-two implants in clinical high-quality bone situation and success criteria were evaluated. In total, ISQ mean were loaded after 2 weeks post-insertion with the definite values after 6 months were higher than after implant restoration; the rest after 6 months. The indication for placement. Periotest values increased in the period of the implant placement was treatment of partial dentate mandifirst 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 analyzed. 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."

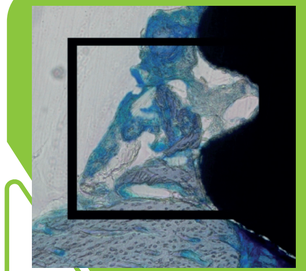

Fig 1:
Increased vertical bone augmentation on Bioactive Surface implant