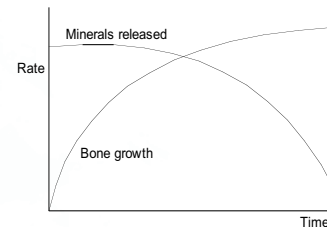


# UNIGRAFT®

## Synthetic Bioactive Bone Graft

### ADVANTAGES

- *Quickly stabilizes the wound site*
- *Completely resorbable*
- *Bioactive & anti-bacterial*
- *Safe & easy to use*
- *Non-allergic, non-pyrogenic & non-immunogenic*



Unigraft® is made of 100% synthetic bioactive glass comprised of fused oxides of calcium, phosphorus, silicon and sodium. Unigraft® granules have a higher density ( $d = 2.7$ ) than blood and will sink and stabilize in the wound site after administration. Upon implantation, the material begins to dissolve by gradually releasing a steady stream of Ca and P ions, along with soluble silica into the bony defect. This increased concentration of local bone mineral ions has been demonstrated to enhance bone regeneration and exhibit an anti-bacterial effect. Unigraft® is radio-opaque and completely resorbable. Its presence in the bony defect and replacement by new osseous tissue can be seen by radiography. Since its approval by the FDA in 1998, Unigraft® has been used in numerous dental bone grafting applications.

### APPLICATIONS

- *GTR / GBR surgeries*
- *Filling of extraction sockets*
- *Augmentation of the alveolar ridge*
- *Elevation of maxillary sinus floor*
- *Apicoectomy and cystectomy*
- *Periodontal bone regeneration*
- *Filling of cranial and maxillofacial osseous cavities*



Available in 0.4-gram & 1.0-gram doses  
Sterile and individually packaged

# UNIGRAFT®

## Clinical Case Review

### *Effective Grafting Of Advanced Periodontal Defects*

Advanced periodontitis with a two-wall defect or less represents a challenging condition for bone grafting treatment because of the extensive loss of attachment around the periodontal defect. While dental implantation is a viable option, some patients with advanced periodontitis cannot afford to place an implant. The results of the following two cases: a 7 mm, two-wall defect of a maxillary incisor, and a deep 11mm, two-wall defect of a mandibular first molar, demonstrated that with careful scaling, root planning and an effective grafting procedure, a tooth with severe periodontal decay can be retained with good stability and an aesthetically pleasing outcome. In each case, the defect was grafted with Unigraft® after thorough debridement and removal of the granulation tissue. Wound healing was calm and uneventful. Over time, the radio-opaque Unigraft® was replaced with newly formed bone.

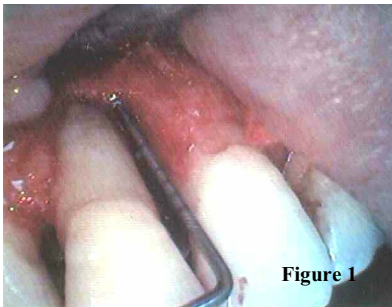


Figure 1



Figure 2

**Figure 1.** A 7mm, two-wall defect of a maxillary central incisor. Stability and aesthetics are patient's primary concerns.

**Figure 2.** Defect was filled with Unigraft® moistened with the patient's blood.

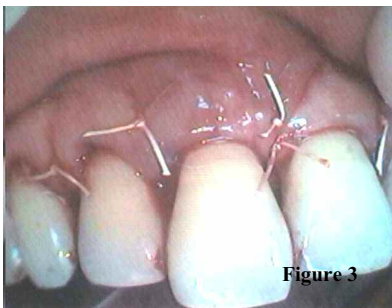


Figure 3



Figure 4

**Figure 3.** Primary closure with 4-0 interrupted ePTFE sutures. Wound healing was calm and uneventful.

**Figure 4.** 3-month post-operative view shows well healed soft tissue and minimal recession.

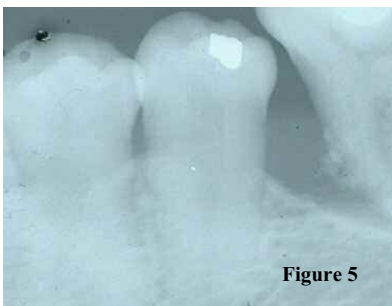


Figure 5



Figure 6

**Figure 5.** An 11mm, two-wall defect of a mandibular first molar (pre-surgical radiograph).

**Figure 6.** Defect is filled with graft material (immediate post-operative radiograph).

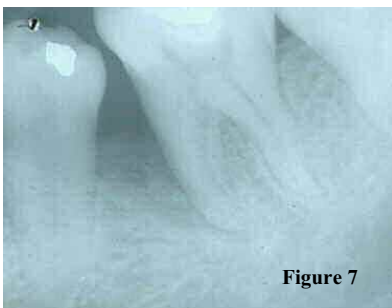


Figure 7

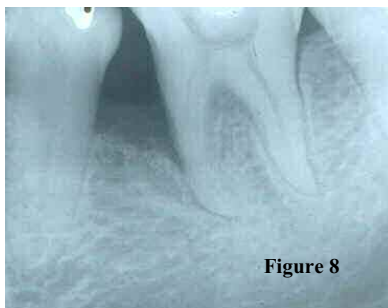


Figure 8

**Figure 7.** 6-month post-operative radiograph shows lessened radio-opacity of the graft material.

**Figure 8.** 12-month post-operative radiograph demonstrates a trabecula pattern emerging from the base of the defect.