ADVANTAGES

- Bioactive and anti-bacterial
- Completely Resorbable
- Quickly stabilize the wound site
- Radio opaque
- Non-allergic & non-immunogenic

Unigraft® is made of fused oxides of calcium, phosphorus, silicon and sodium. Unigraft® granules have a significantly higher density than blood and will sink and stabilize the wound site after administration. Upon implantation, the material begins to dissolve by releasing a steady stream of Na, 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, its presence in the bony defect and replacement by new osseous tissue is discernible by radiography. The bioactive, non-immunogenic and anti-bacterial bone graft is particularly suitable for those that prefer non-tissue based graft and/or those with poor hygienic compliance.

INDICATIONS

- 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

“15 years serving the healthcare community”
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. The results of the following two cases: a 7 mm, two-wall defect of a maxillary incisor, and a deep 11 mm, two-wall defect of a mandibular first molar, demonstrate the effectiveness of Unigraft® to repair severe periodontal decay. In each case, the defect was grafted with Unigraft® after 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, resulting in a stable tooth with an aesthetically pleasing outcome.

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

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

Figure 5.
An 11 mm, two-wall defect of a mandibular first molar (pre-surgical radiograph) was filled with Unigraft® granules after debridement.

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

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

Figure 6.
12-month post-operative radiograph demonstrates a trabecula pattern emerging from the base of the defect.

Publications of Unigraft® Clinical Applications

- Intentional replantation of a hopeless tooth with the combination of platelet rich plasma, bioactive glass graft material and non-resorbable membrane: a case report, Dental Traumatology 23(3), 190-194 (2007)
- Clinical Application of Unigraft® In the Treatment of Human Periodontal Defects, Unicare Biomedical Research Report January, 2001