

LEADING REGENERATION

Geistlich

BioBrief

Periodontal treatment



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Dr. Francesco Cairo

REGENFAST®

in the treatment of
infrabony defects



The Situation

The present patient (65 yrs old, male, no smoker) showed stage IV, grade C, generalized periodontitis. After causal related therapy, residual pockets were scheduled for periodontal surgery. At that time, periodontal regeneration with REGENFAST® and Geistlich Bio-Oss® at central incisor was scheduled.

Periodontal regeneration is the treatment of choice for residual infrabony defect according to international guidelines.

The Risk Profile

	Low	Intermediate	High
Clinical's health	Intact immune system	Light smoker	Impaired immune system
Patient esthetic requirements	Low	Medium	High
Hight of smile line	Low	Medium	High
Gingival biotype	Thick – “low-scalloped”	Medium – “medium scalloped”	Thin – “high-scalloped”
Shape of the dental crowns	Rectangular		Triangular
Infection at implant sight	None	Chronic	Acute
Bone height at adjacent tooth site	≤ 5 mm from contact point	5.5 – 6.5 mm from contact point	≥ 7 from contact point
Restorative status of adjacent tooth	Intact		Compromised
Width of the tooth gap	1 tooth (≥ 7 mm)	1 tooth (≤ 7 mm)	2 teeth or more
Soft-tissues anatomy	Intact		Compromised
Bone anatomy of the alveolar ridge	No defects	Horizontal defect	Vertical defect

“the goal was to resolve the infrabony defect in order to improve the long-term prognosis”



Francesco Cairo, M.D., Doctor of Dentistry – Periodontology and dental implantology

Professor of Periodontology, Head of the Clinical Research Unit in Periodontology and Periodontal Medicine, and director of the full-time Master's Program in Periodontology and Implantology at the University of Florence, Florence, Italy. He is President-Elect of the Italian Society of Periodontology and Implantology (SidP). He has been awarded numerous international accolades in recognition of his clinical research, including the SidP's H. Goldman Prize, the EFP's Jaccard Research Prize, and the AAP's R. Earl Robinson Regeneration Award.



The Approach

Periodontal flap surgery including simplified papillary preservation was performed.

After gentle debridement of infrabony defects, REGENFAST® was applied over exposed root and in combination with Geistlich Bio-Oss® small granules. Care was then taken to obtain primary soft tissue closure to improve healing with probing depth reduction.

The Outcome

To treat the residual pocket associated with a deep, not containing infrabony defect, REGENFAST® mixed with Geistlich Bio-Oss® small granules in combination with papillary preservation flap. One year after surgery the clinical and radiological result shows an optimal treatment outcome of the defect.

| 1 Soft tissue conditions at baseline. | 2 A deep infrabony defect is detectable (red line) adjacent to the central left upper incisor. | 3 Flap surgery with simplified papillary preservation flap was performed. A deep two-wall, not containing infrabony defect is detectable at central incisor. | 4 A mixture of REGENFAST® and Geistlich Bio-Oss® small granules was prepared. | 5 After gentle root planning, REGENFAST® was applied over the root. Then, mixture REGENFAST® plus Geistlich Bio-Oss® was gently adapted into the defect. | 6 Primary closure was obtained with 6-0 polyglycolic acid suture. | 7 One year after surgery the final probing depth was minimal and approximately 1 mm of increased recession. | 8 X-ray evaluation one year after surgery with optimal defect resolution.



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Keys to Success

Successful causal related therapy

Proper flap management for periodontal regeneration

Efficacy of REGENFAST® mixed with Geistlich Bio-Oss® small granules

Excellent patient compliance



Periodontal regeneration combining REGENFAST® with Geistlich Bio-Oss® small granules seems to provide promising effects in not containing deep infrabony defect.

Dr. Francesco Cairo

The new product selected by Geistlich

