

UNIGRAFT®

Synthetic Bioactive Bone Graft

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

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. 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, 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 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.
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.

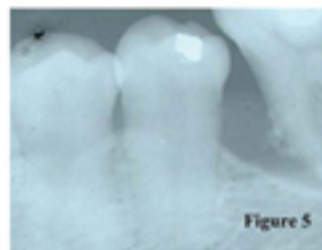


Figure 5.
An 11mm, two-wall defect of a mandibular first molar (pre-surgical radiograph) was filled with Unigraft® granules after debridement.

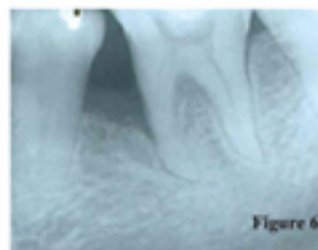


Figure 6.
12-month post-operative radiograph demonstrates a trabecula pattern emerging from the base of the defect.

Publications of Unigraft® Clinical Applications

- ❖ *Management of radicular cysts using platelet-rich fibrin and bioactive glass: A report of two cases, Journal of the Formosan Medical Association 113, 470-476 (2014)*
- ❖ *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 evaluation of platelet-rich plasma and bioactive glass in the treatment of intra-bony defects 34(8), 709-715 (2007)*
- ❖ *Management of a Perforating Internal Resorptive Defect with Mineral Trioxide Aggregate: A Case Report 35(10), 1441-1444 (2009)*
- ❖ *Clinical Application of Unigraft® In the Treatment of Human Periodontal Defects, Unicare Biomedical Research Report January, 2001*