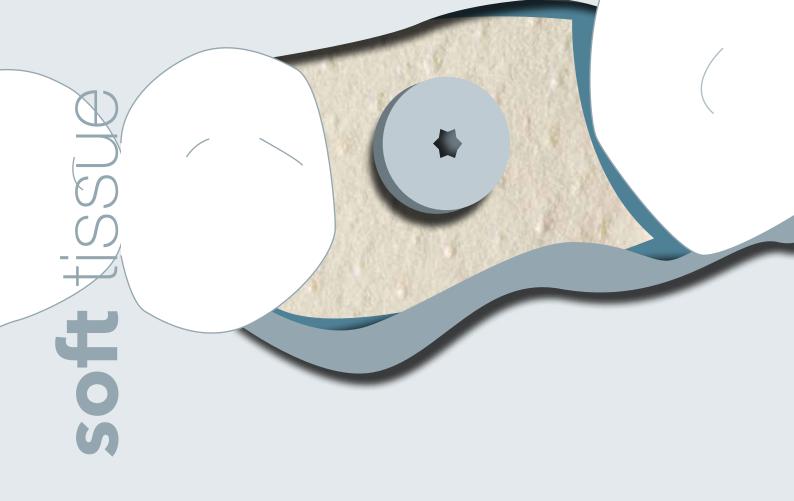
# mucoderm®

## FOR SOFT TISSUE THICKENING IN DENTAL IMPLANTOLOGY



### WHY SOFT TISSUE AUGMENTATION:

Thin soft tissue (<2 mm) increases the risk of crestal bone loss<sup>1,2</sup>, affects the aesthetic appearance, and impairs the dental hygiene<sup>3</sup>.

Augmentation of thin soft tissues helps to reduce alveolar bone loss and restore the hard and soft tissue profile<sup>2,4</sup>.

### WHY mucoderm<sup>®</sup>

## FOR SOFT TISSUE AUGMENTATION

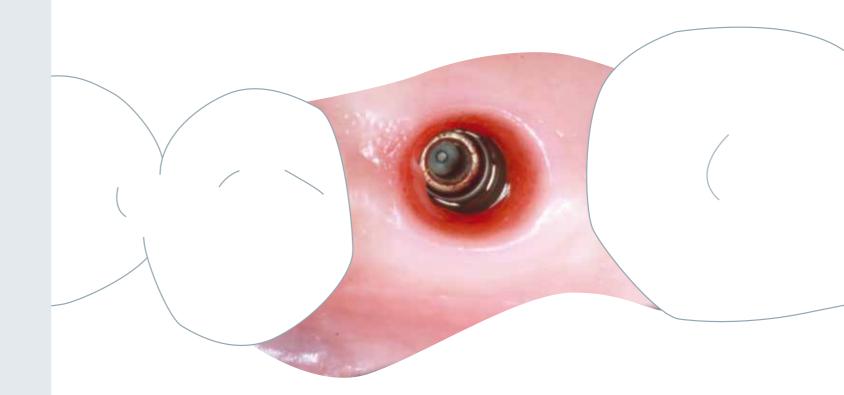
- + Significant increase of the (peri-implant) soft tissue in the horizontal and vertical dimension<sup>5,6,7</sup>
- + Integrates well and gets completely remodeled <sup>6,7</sup>
- + Less patient morbidity compared to autologous tissue transplants
- + Optimal thickness of 1.2-1.7mm
  - + Excellent mechanical and volume stability even after hydration<sup>8</sup>
  - + Easy to handle and to work with

## mucoderm<sup>®</sup> **SOFT TISSUE AUGMENTATION** AROUND TEETH AND IMPLANTS

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mucoderm<sup>®</sup> is an acellular, dermal matrix of porcine origin indicated for the regeneration of soft tissue defects in dental, oral and maxillofacial surgery. Its native collagen structure serves as a scaffold for cells and blood vessels and is completely remodeled into patient's own soft tissue. The unique collagen architecture and exceptional biomechanical properties make mucoderm<sup>®</sup> a valid alternative to autologous connective tissue grafts in many indications.

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Rossi AL et al. 2018. DentalCadmos ; 86(5):400-413.

### **PERI-IMPLANT MUCOSAL THICKENING - 5 YEARS FOLLOW-UP CLINICAL CASE BY**

### WHY SOFT TISSUE AUGMENTATION:

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Dr. Algirdas Puišys, Vilnius, Lithuania





Crestal incision at the edentulous ridge and Hydrated mucoderm<sup>®</sup> punched and pulled raising of a full-thickness flap bucally and lingually over the healing cap





Situation after suture removal, one week post-operative

**SOFT TISSUE AUGMENTATION** AROUND TEETH AND IMPLANTS



mucoderm®

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SOCKET SEALING WITH MUCODERM® FOR LATER IMPLANT PLACEMENT<sup>4</sup> **CLINICAL CASE BY** 

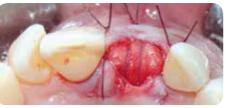
Dr. Alessandro Rossi, Milan, Italy





Initial clinical situation showing strongly compromised tooth 21

Extraction socket filled with bone substitute material





Wound closure. 2/3 of mucoderm<sup>®</sup> are exposed

Eight weeks after surgery

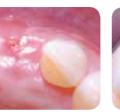




The margins of the flap are adapted and sutured leaving the abutment open



Final restoration five months post-operative Stable clinical situation after five years







Implant placement

## **BUCCAL SOFT TISSUE AUGMENTATION AT SINGLE IMPLANT SITE**<sup>9</sup> **CLINICAL CASE BY**

Dr. Martina Stefanini and Prof. Dr. Giovanni Zucchelli, Bologna, Italy



Occlusal view of initial clinical situation of missing soft tissue at buccal side



mucoderm<sup>®</sup> application following hydration in mucoderm<sup>®</sup> placed to thicken the buccal soft sterile saline



tissue



Flap closure



Lateral situation at one vear



Occlusal view showing soft tissue increase at one year follow-up

"Increase soft tissue thickness to improve aesthetics and to promote healthy tissues is our objective, but reducing patient morbidity is of paramount importance: with mucoderm® you can reach both endpoints." Dr. Martina Stefanini

>100 scientific contributions demonstrating the unique properties and clinical success

of mucoderm®



- Hydration in sterile saline or blood prior to application
- After hydration easy size adaptation and punching
- For peri-implant soft tissue thickening mucoderm<sup>®</sup> can be placed in full-flap approach directly on the bone
- For peri-implant soft tissue thickening mucoderm® must be covered to ensure its revitalization; a minor surface area can be left exposed
- Open healing possible in socket preservation with best results regarding thickening if only 1/3 of the matrix is exposed

For more information on indications and clinical cases: www.INDICATION-MATRIX.com or have a look in the mucoderm<sup>®</sup> SURGICAL GUIDE!

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# Innovation. Regeneration. Aesthetics.

## soft tissue

education

hard tissue

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