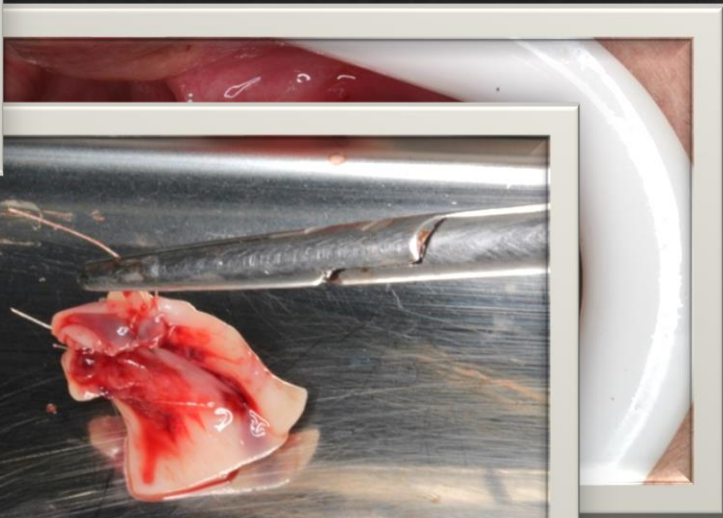
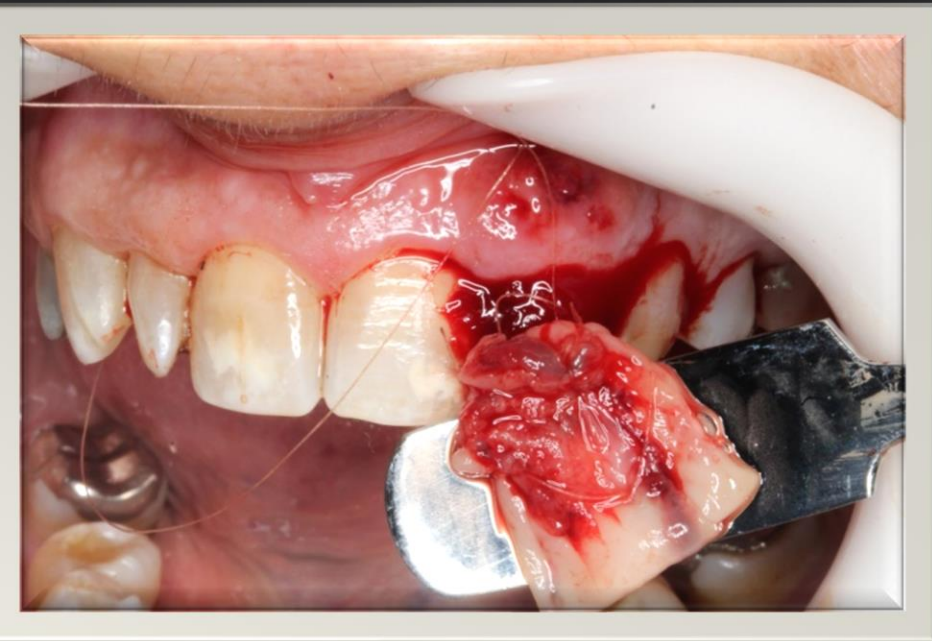




Agregados Plaquetários















AlloDerm[®]
Acellular dermal graft for human transplantation

To order, contact Lifecore Client Service at
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or call
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Exclusively distributed by:
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Store refrigerated

Contents: Freeze-dried acellular dermal graft for **SINGLE PATIENT USE**.
Storage: Refrigerate at -1° to -10° C (34° to 50° F) upon receipt.

INNER PACKAGE IS NOT STERILE.

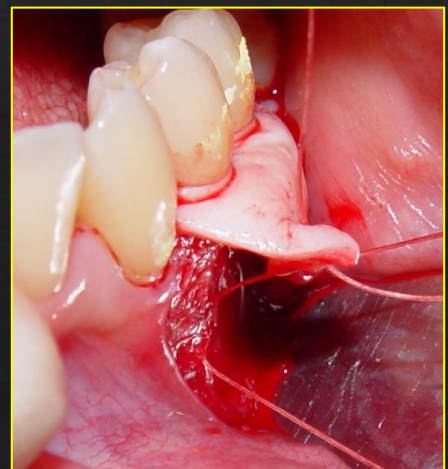
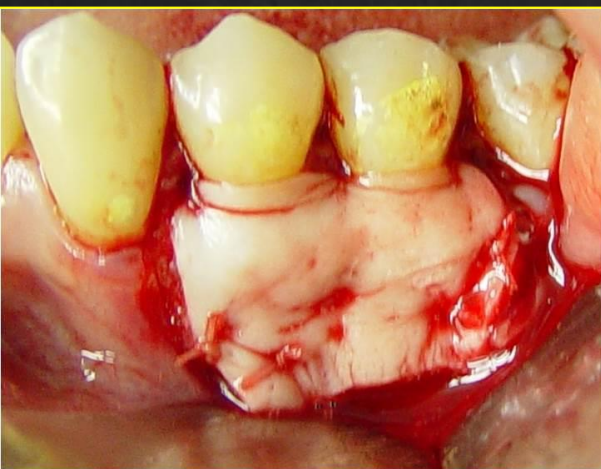
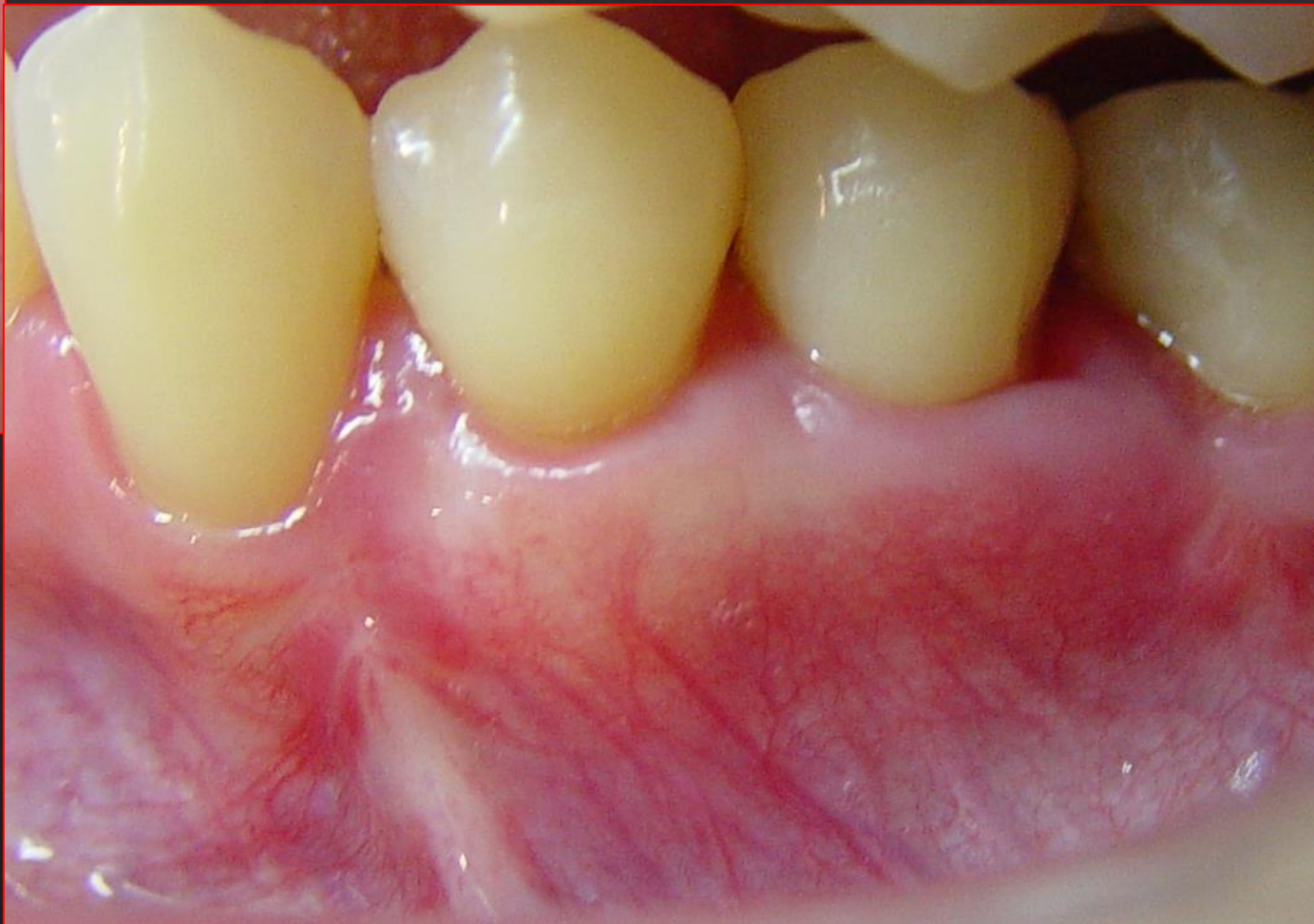
Instructions for Use:

1. Read attached Rehydration Instructions and Product Insert **BEFORE USE.**
2. Open foil bag **immediately** prior to AlloDerm graft rehydration.
3. **DO NOT PLACE INNER PEEL-POUCH IN STERILE FIELD.**
4. Aseptically deliver AlloDerm graft to sterile field.
5. Fully rehydrate graft prior to application.

CAUTION:

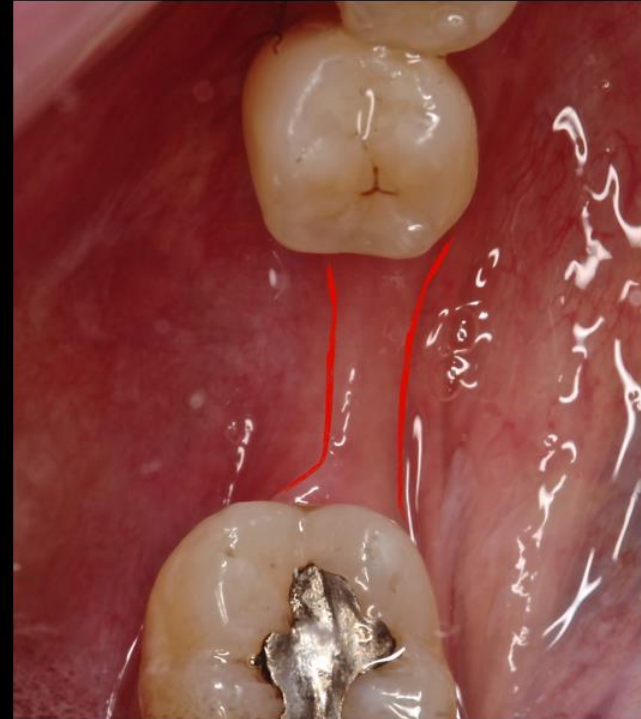
1. **DO NOT USE GRAFT IF FOIL BAG IS PUNCTURED OR TORN UPON RECEIPT.**
2. Trace amounts of antibiotics may be present in AlloDerm grafts. Antibiotics are listed on the labels attached to this bag. **DO NOT** use on patients with known allergies to these antibiotics.

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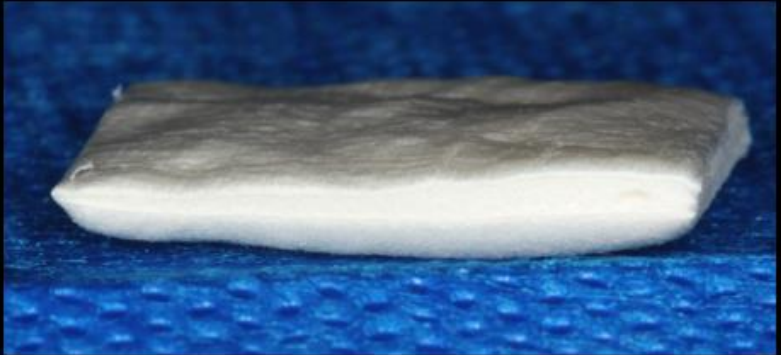


Substituir o enxerto de conjuntivo em recobrimentos radiculares





Geistlich
Mucograft[®]
Collagen matrix
1 Matrix 15 mm x 20 mm





3 dias



6 dias





8 dias



12 dias

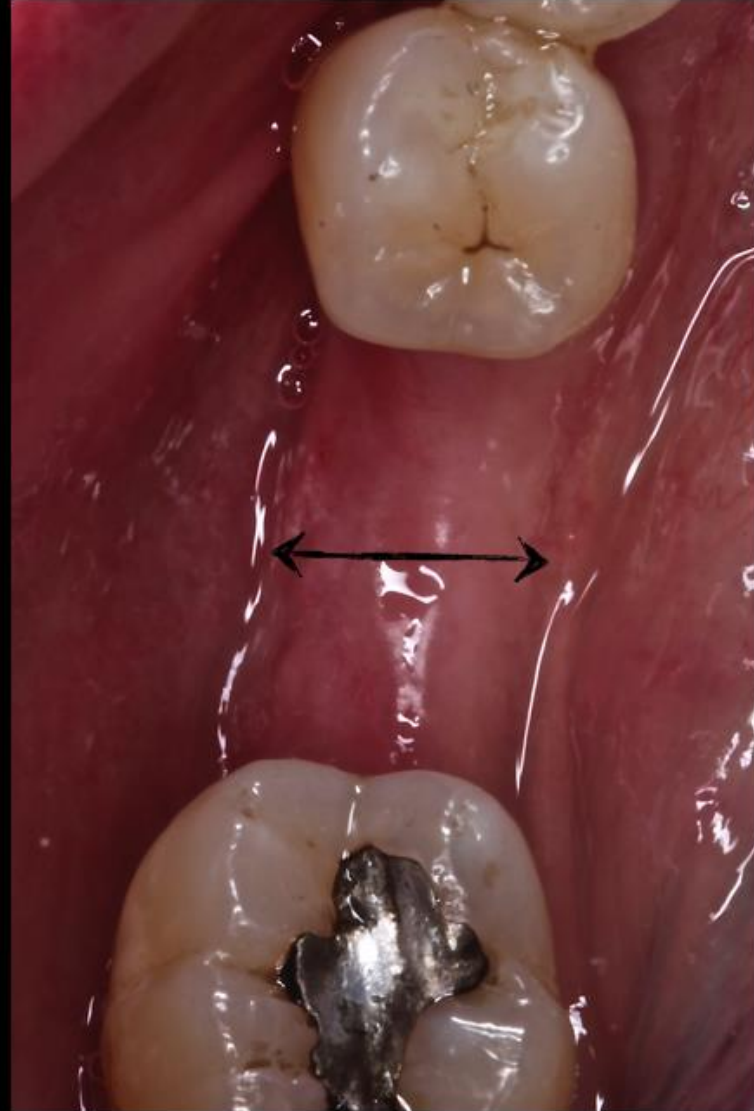
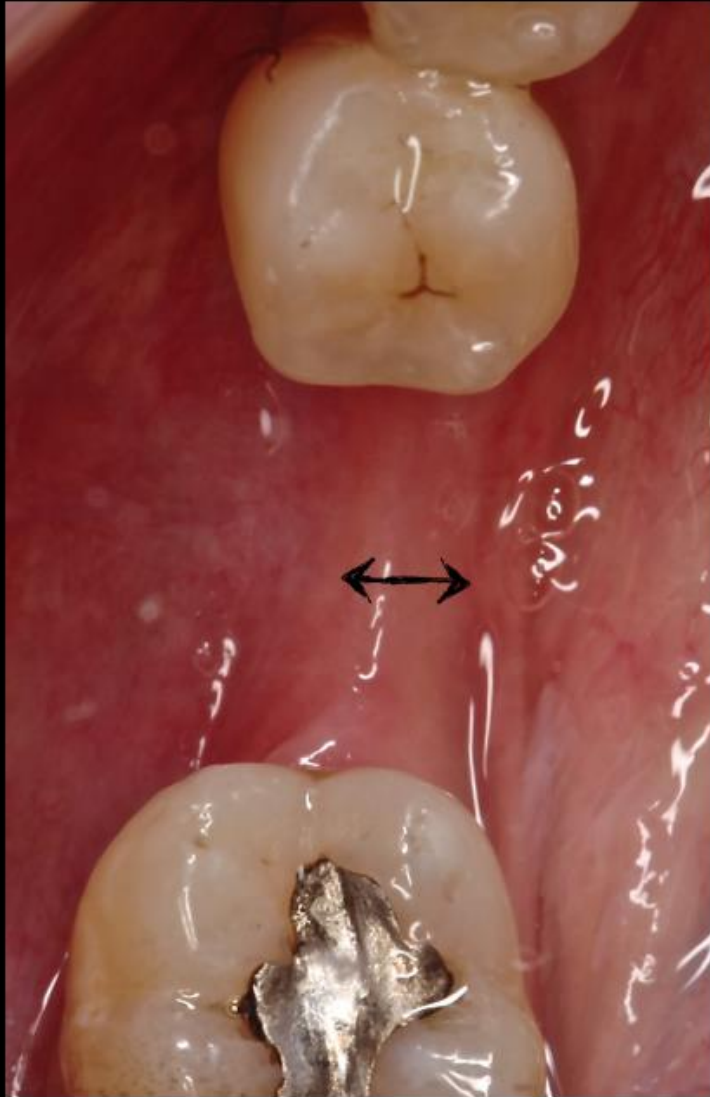


8 dias

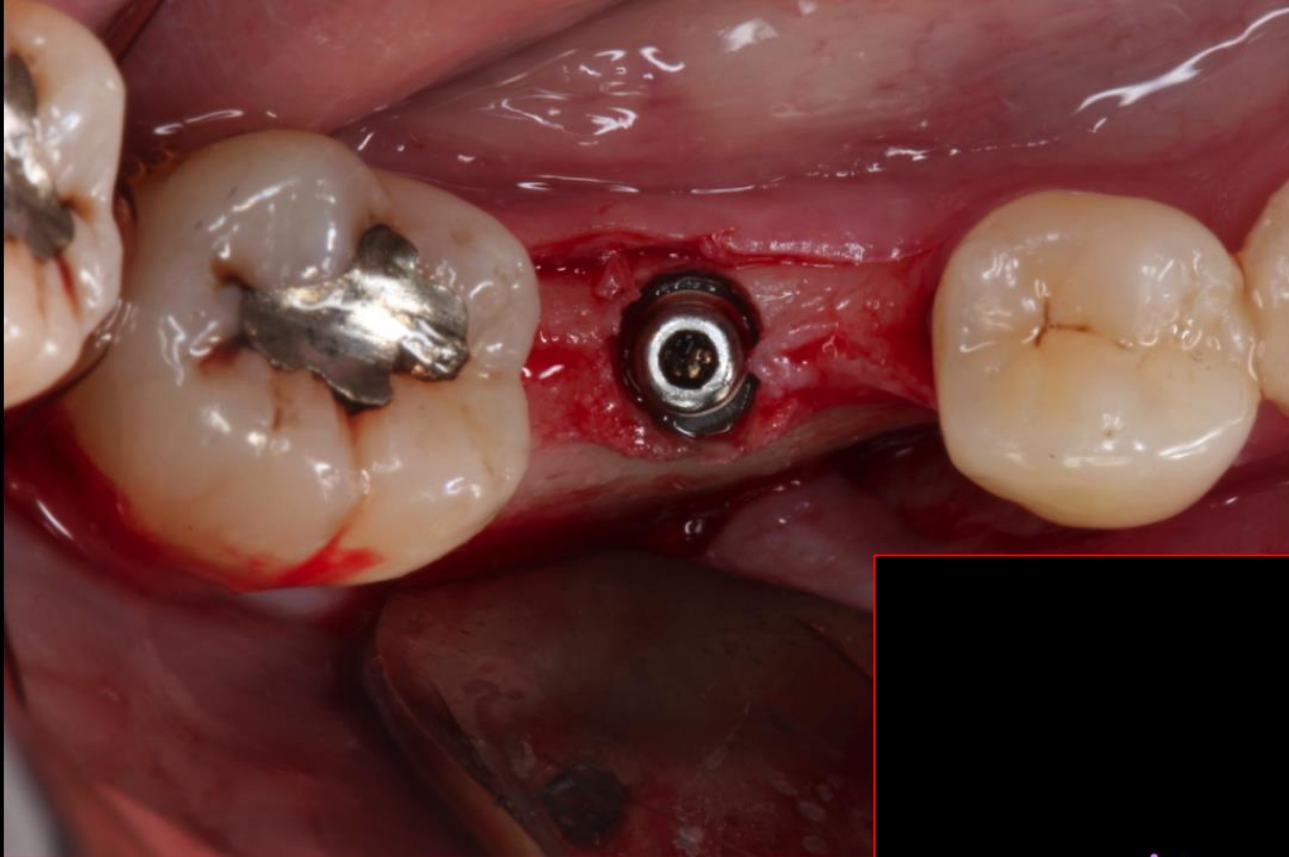


12 dias









Mucosa peri-
implantar
queratinizada

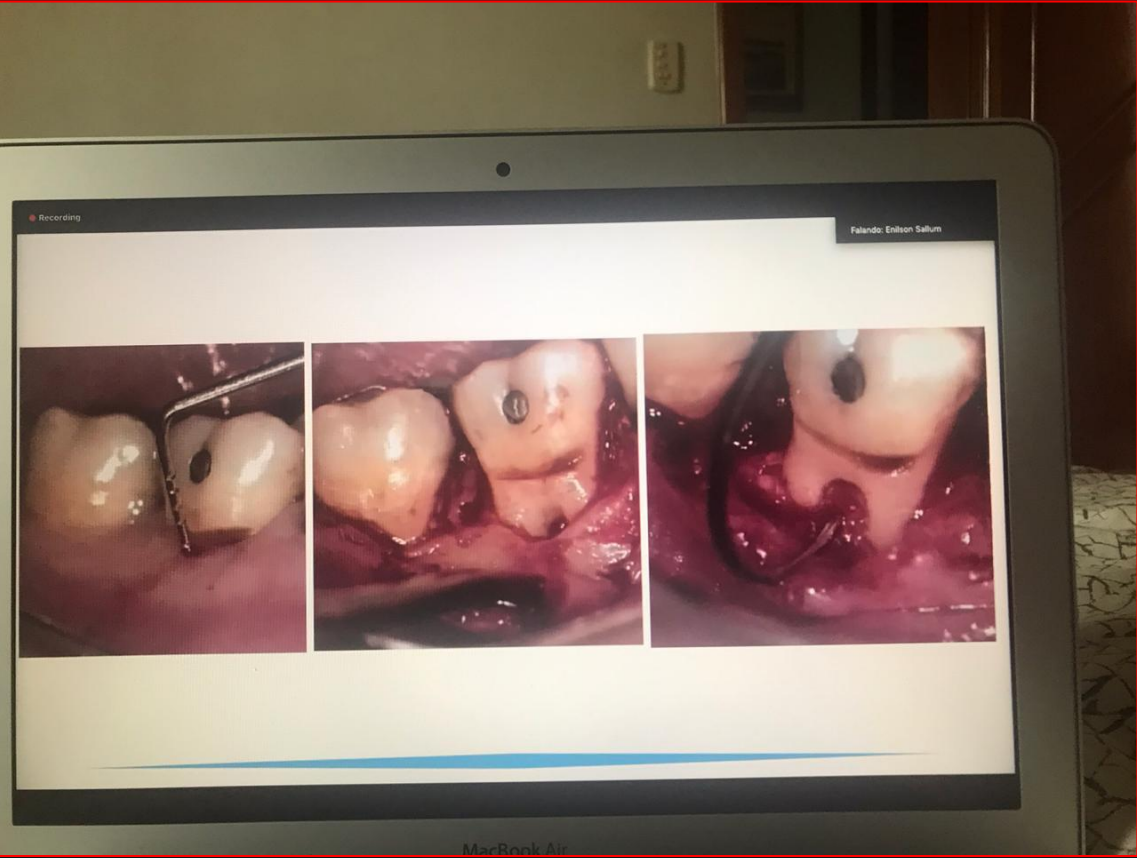


Geistlich
Mucograft[®]
Collagen matrix
1 Matrix 15 mm x 20 mm



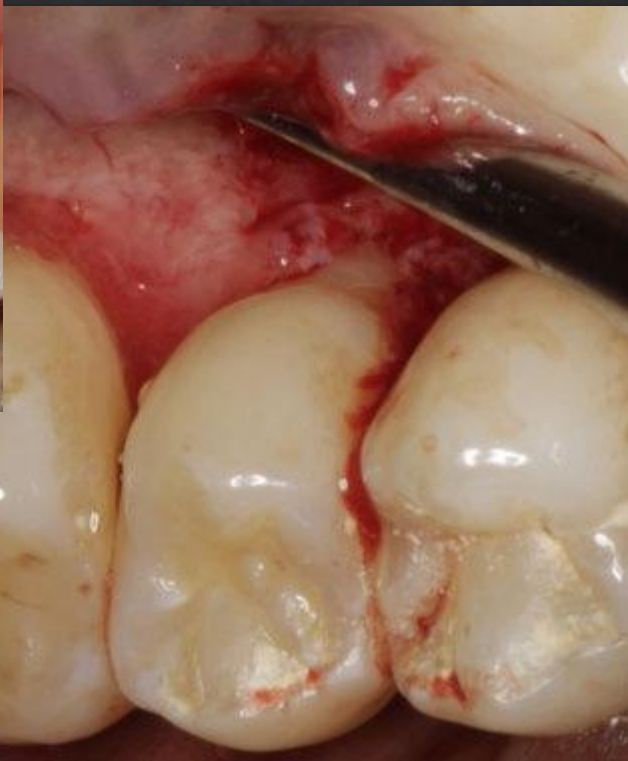
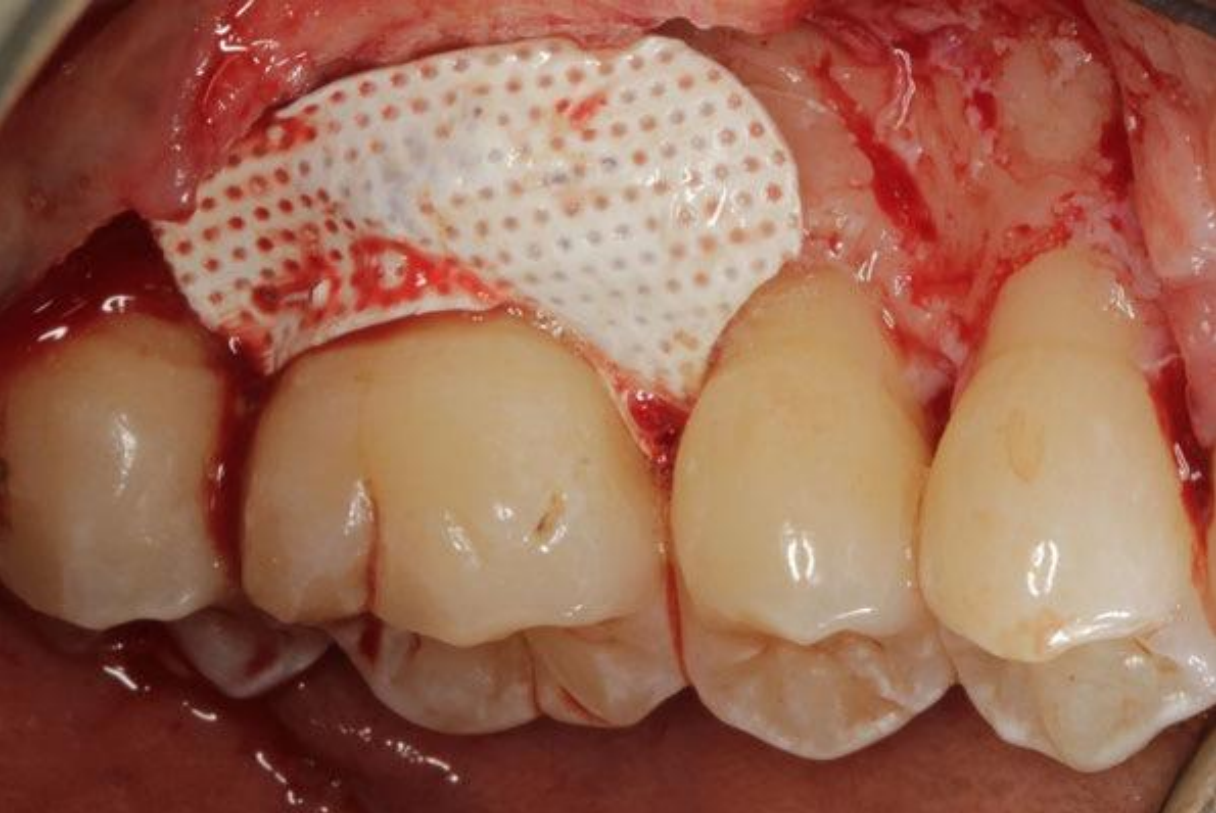






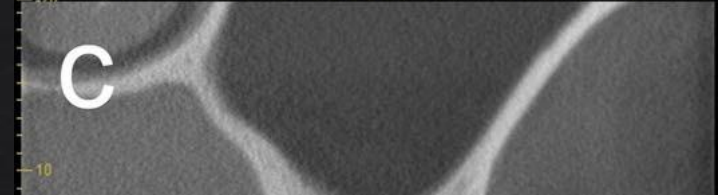




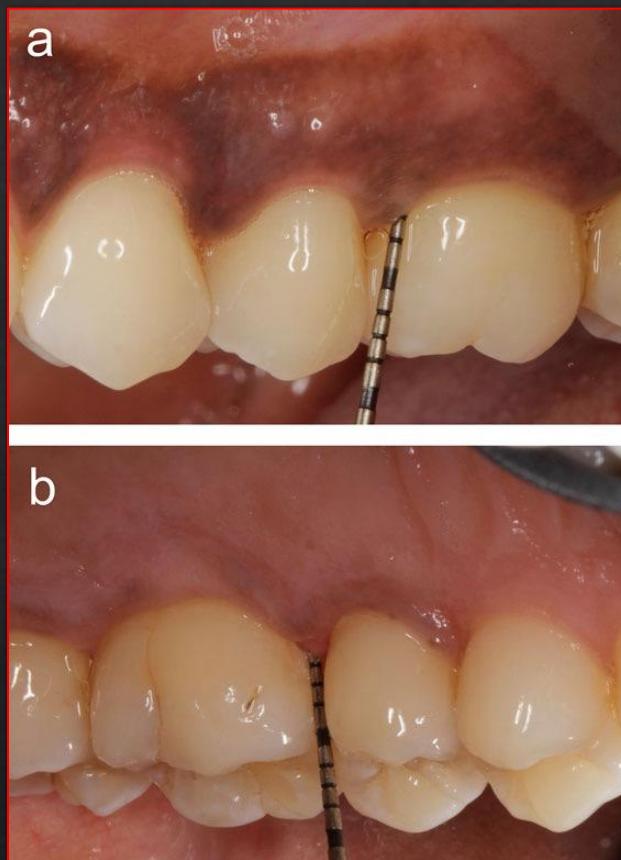




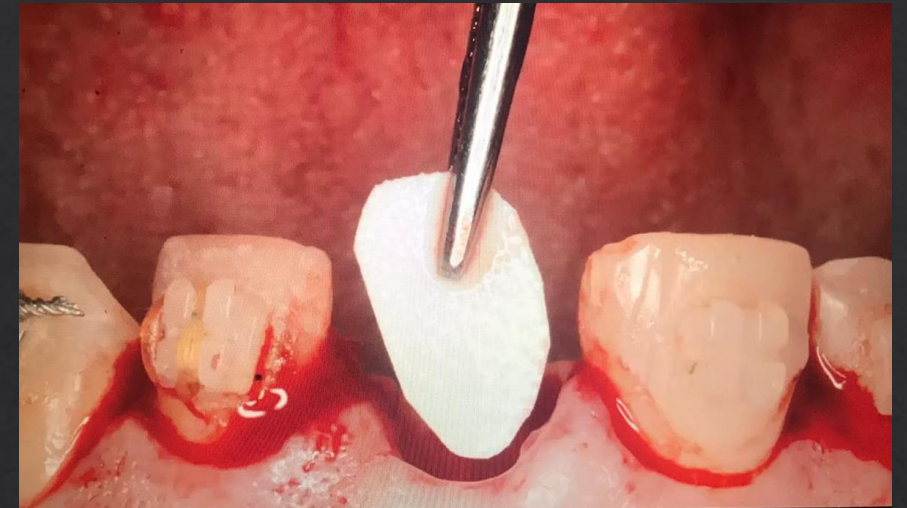
Tomografia de Pré e Pós
operatório de 9 meses de
controle



PCS
pós 9 meses







**INSTRUMENTAÇÃO E ESCOLHA ADEQUADAS
DOS BIOMATERIAS ASSOCIADOS A
INDUTORES DE REGENERAÇÃO**

**A CHAVE DO SUCESSO EM RTG E EM
DEFEITOS PERIODONTAIS INFRA-ÓSSEOS**





 Chairside™

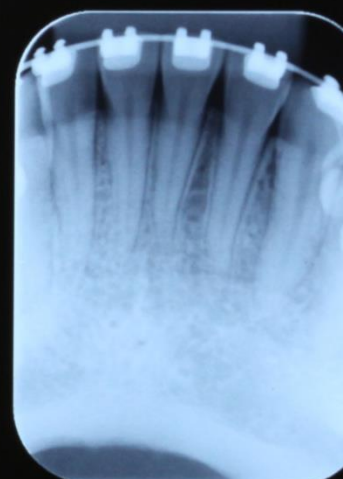




6 meses pós-operatório

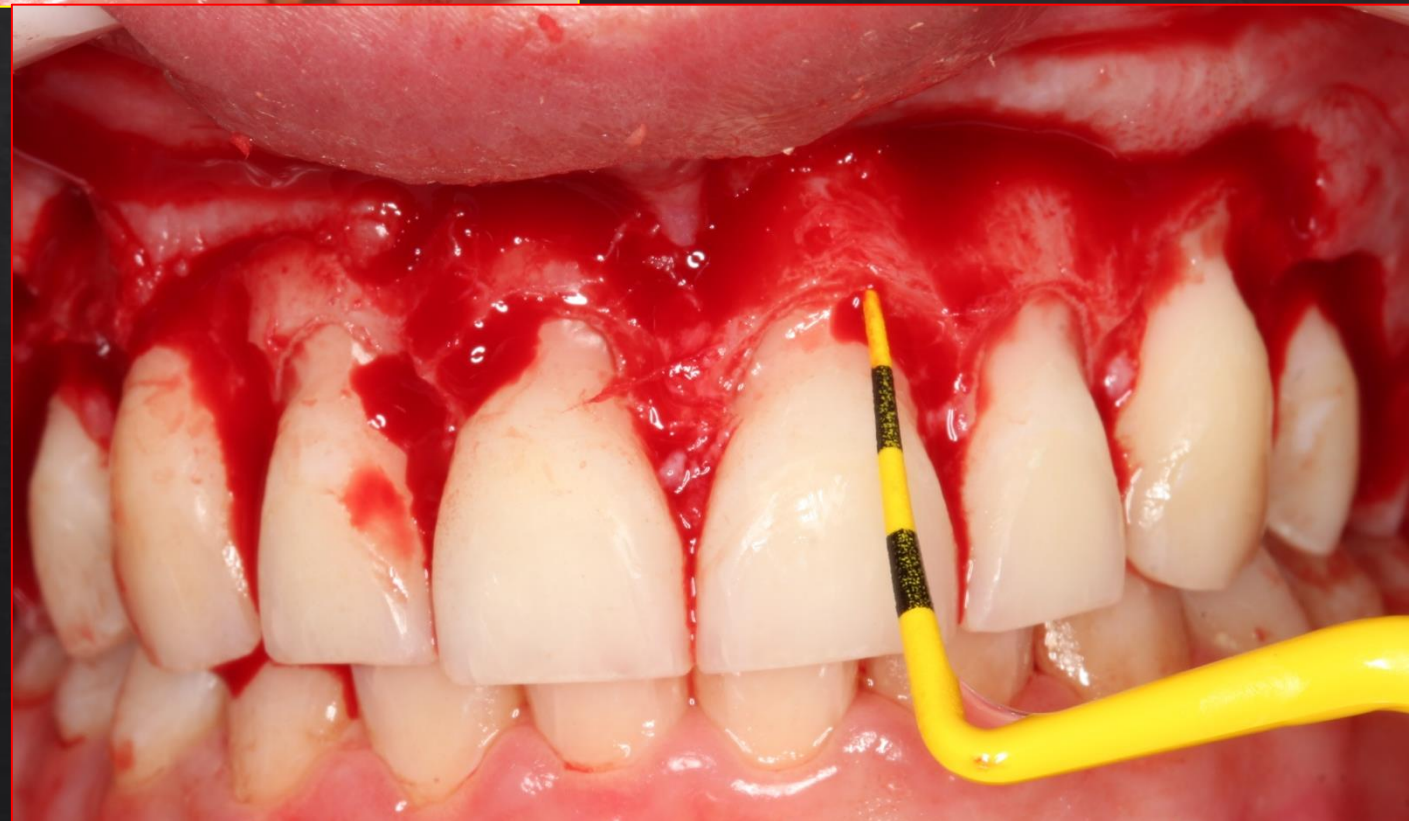
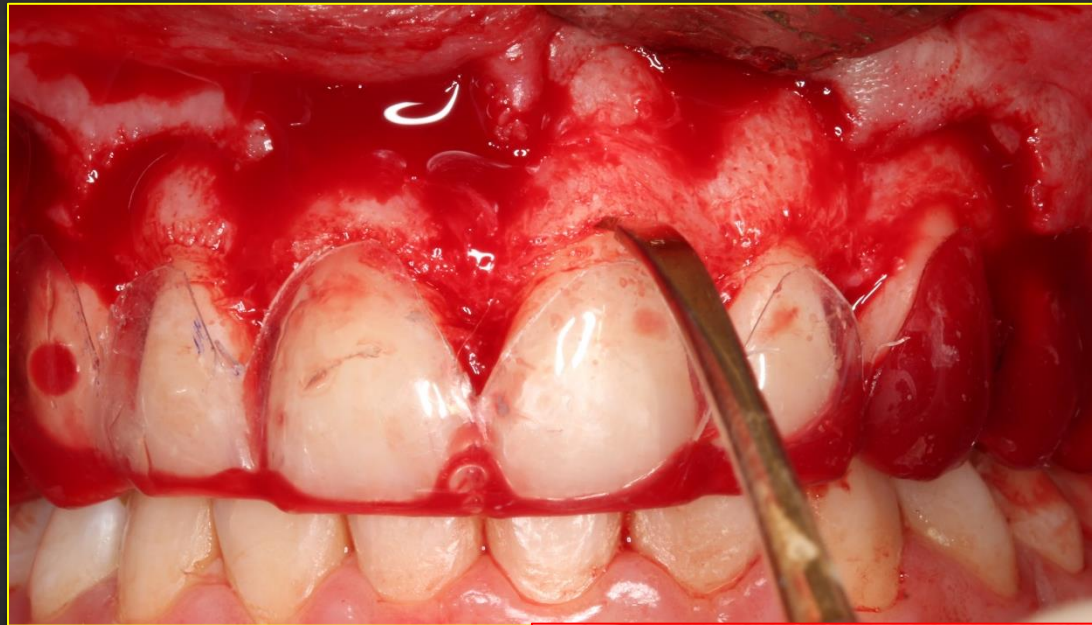


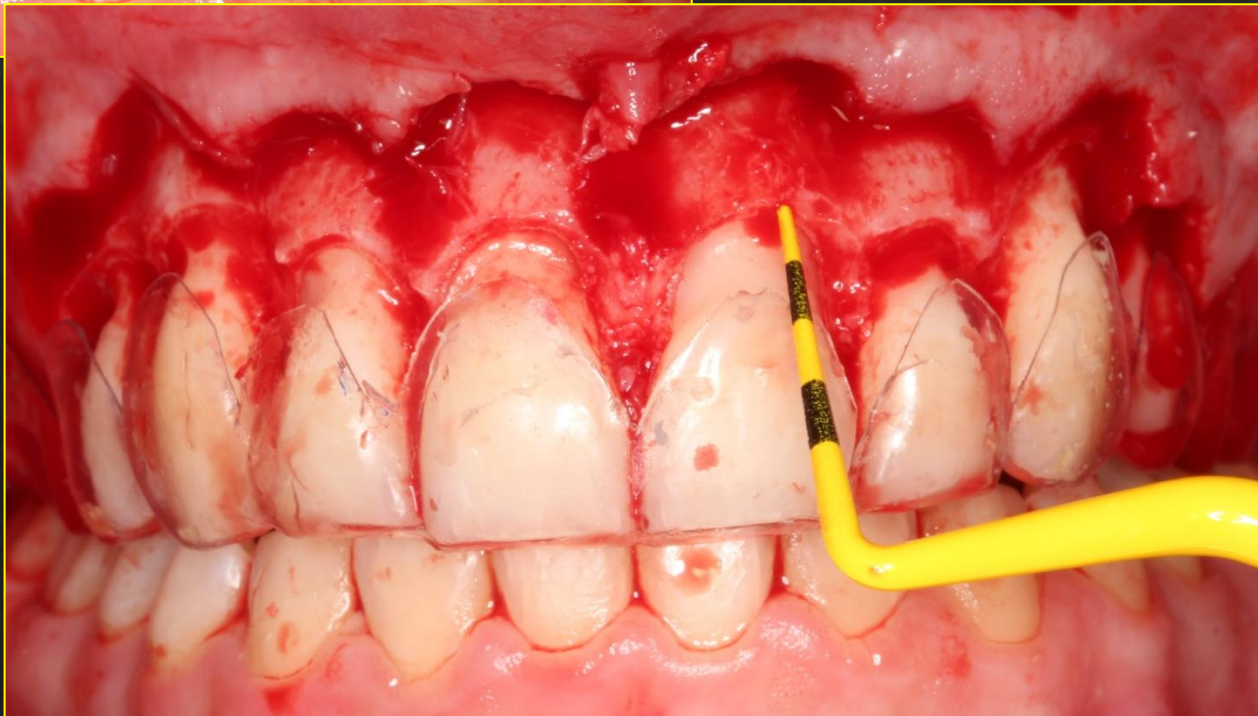
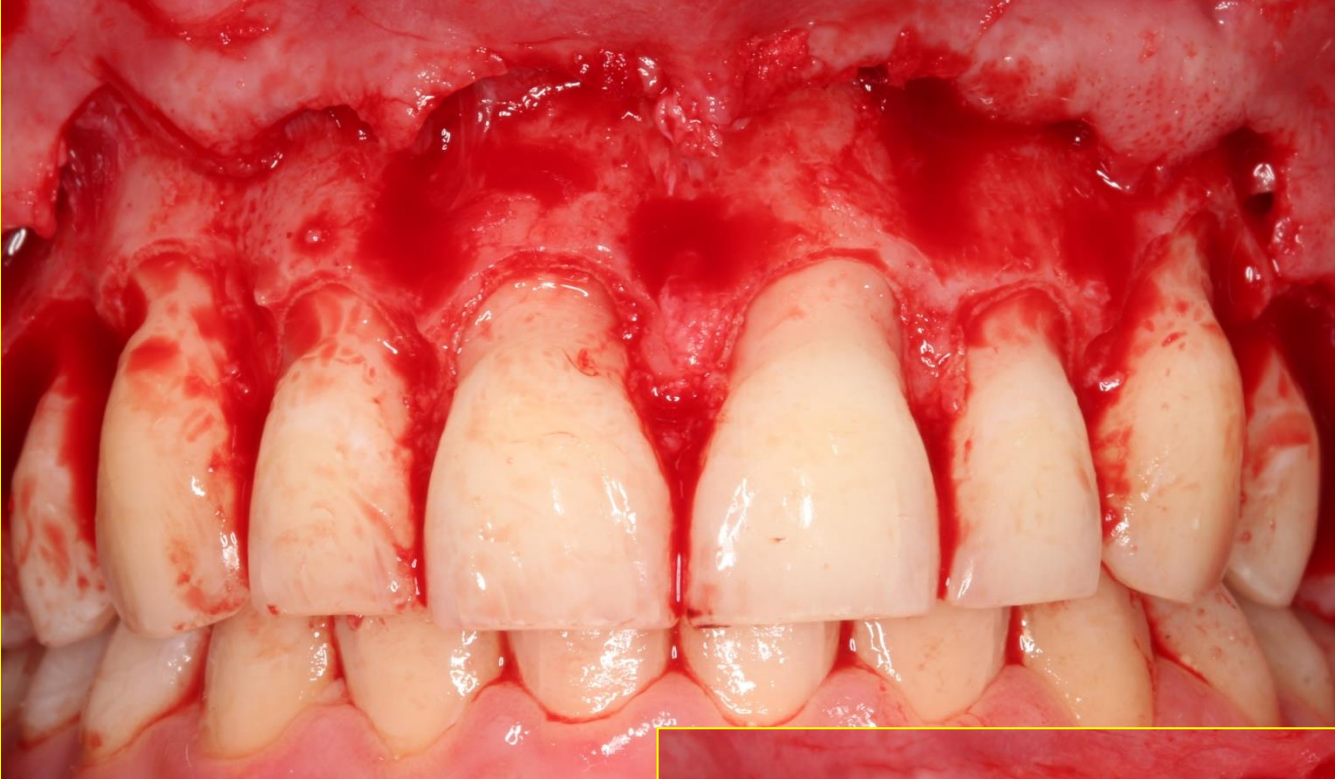
6 meses pós-operatório



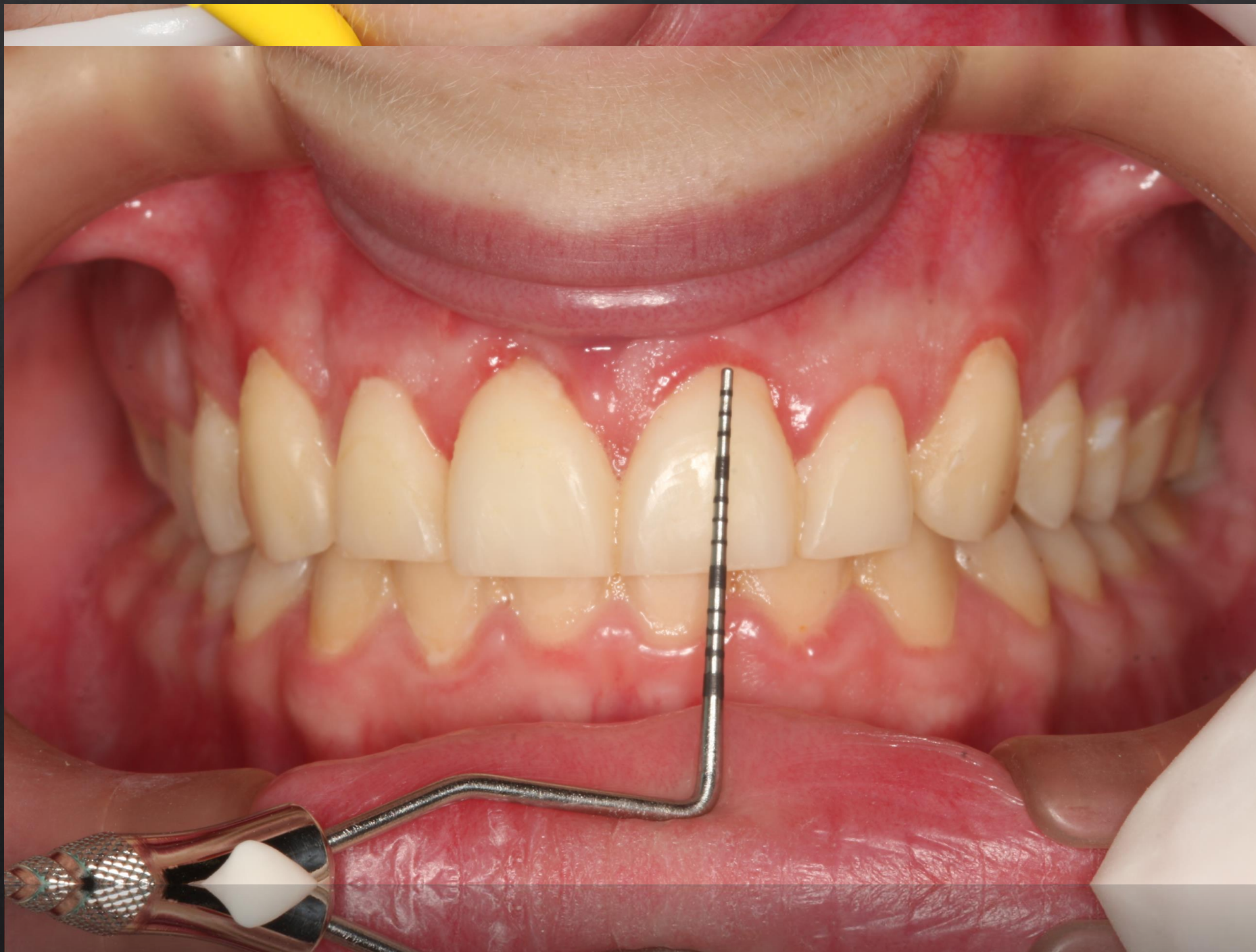




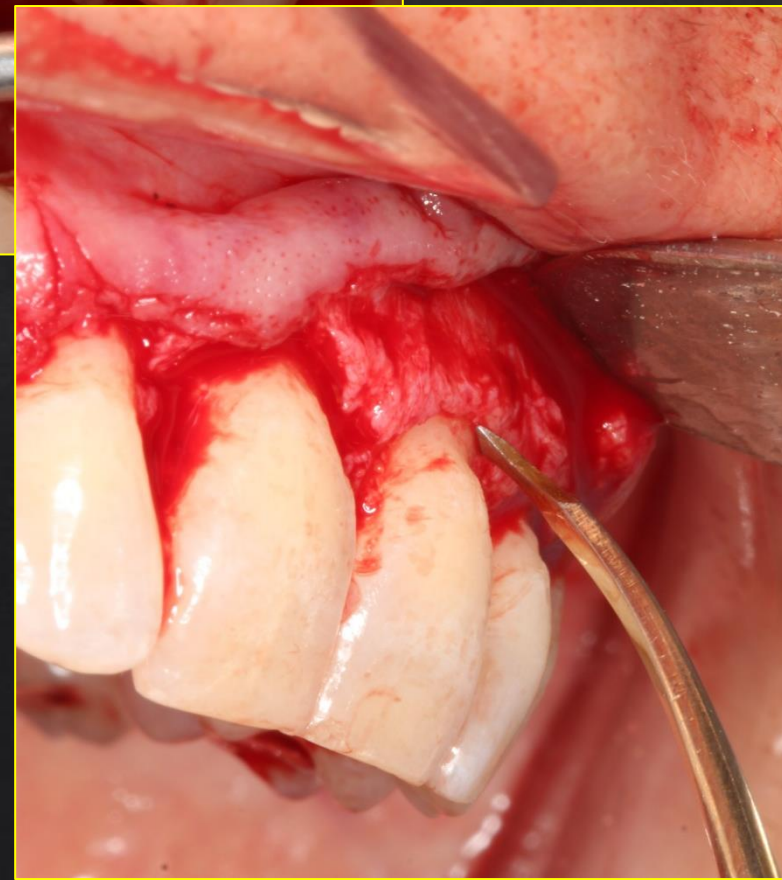
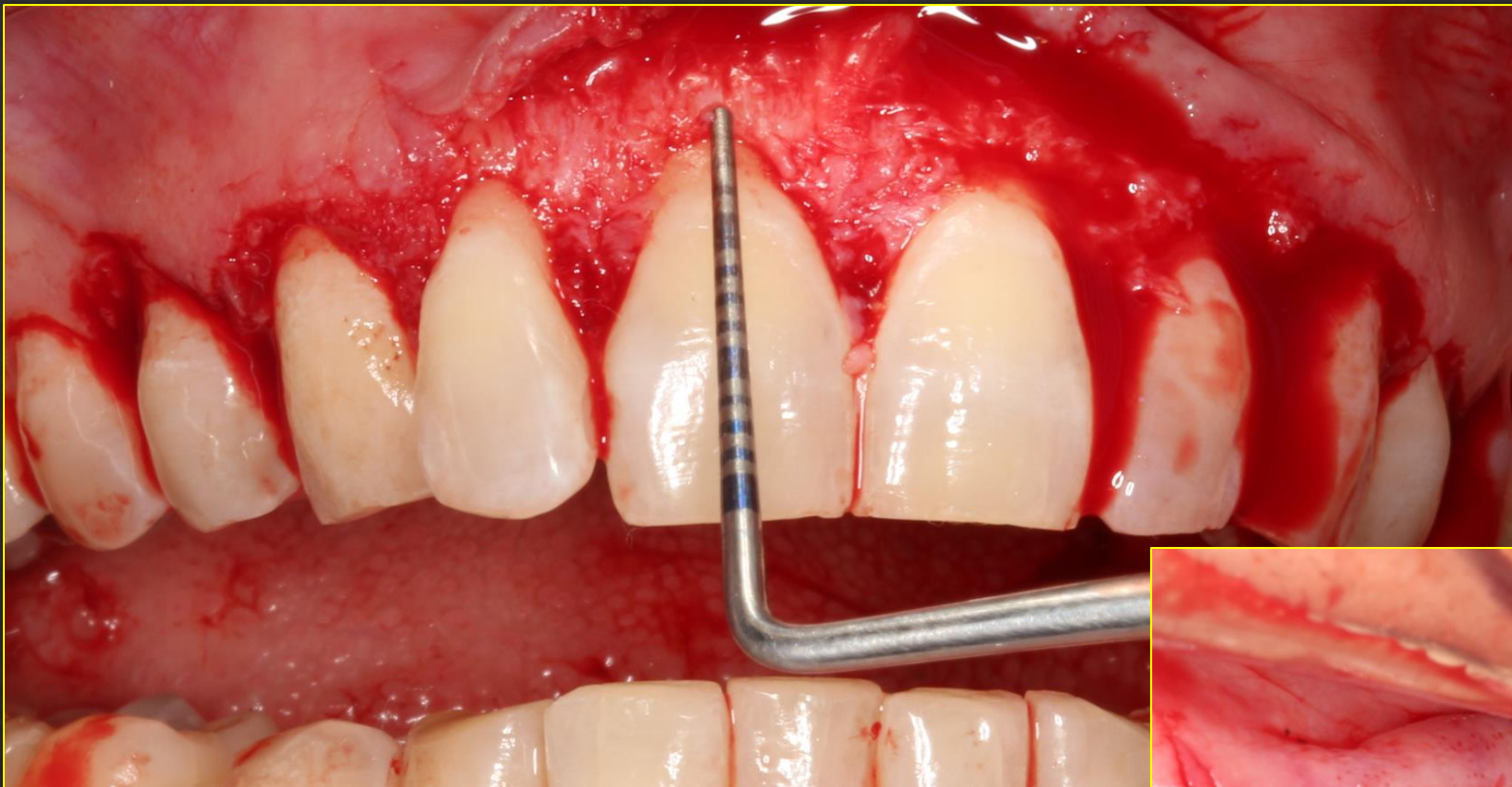




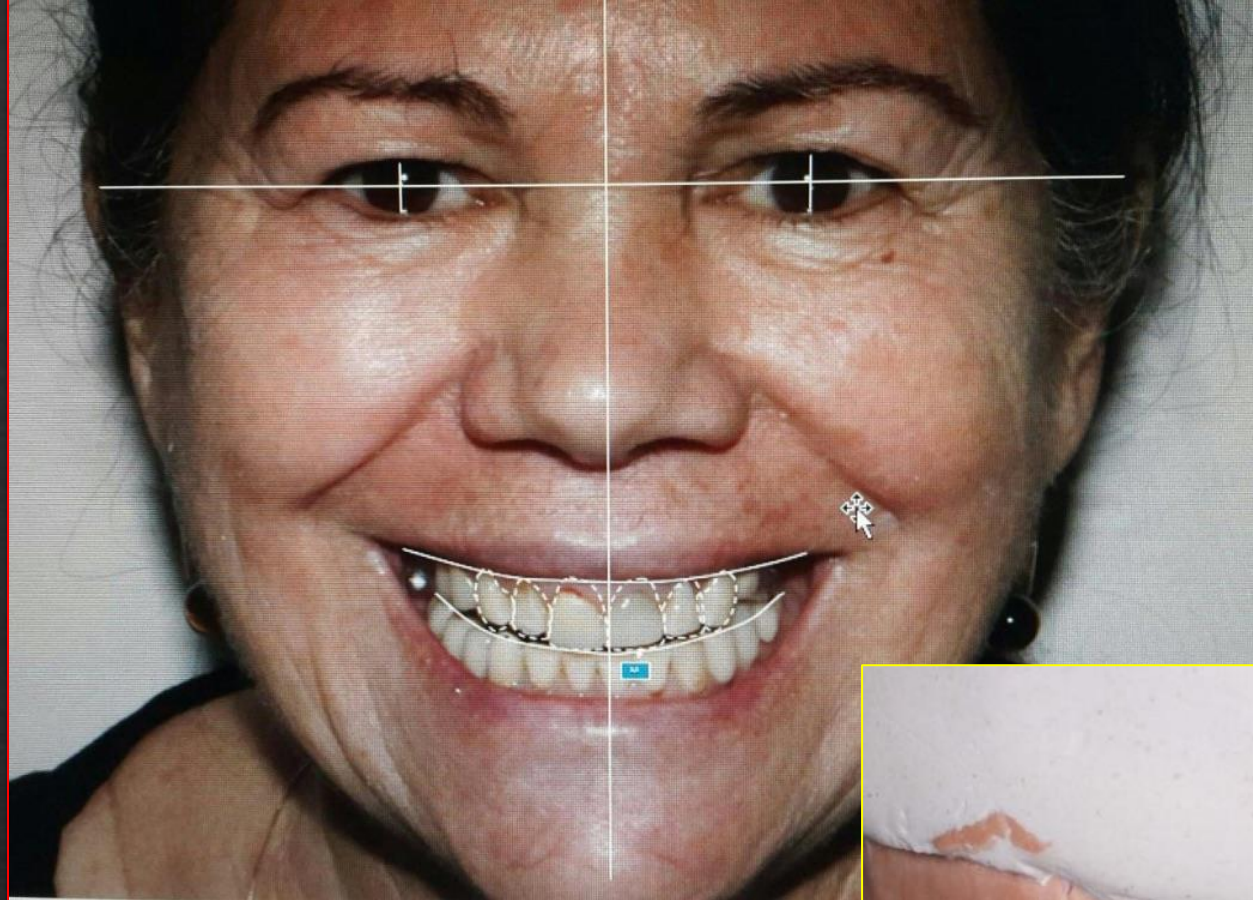




















Túlio Bonna Pignaton

Comparação entre técnica cirúrgica convencional e minimamente invasiva no tratamento regenerativo de lesões de bifurcação utilizando osso anorgânico bovino e matriz derivada do esmalte.



Conclusão

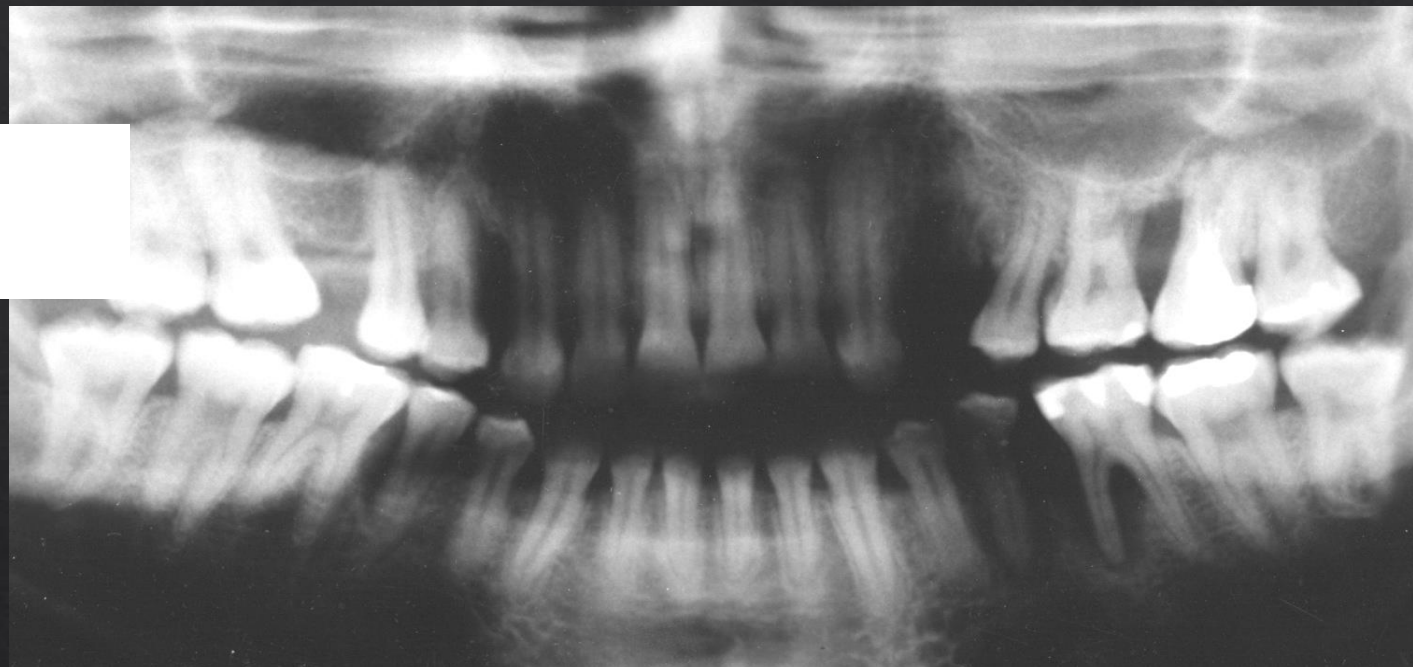
Neste contexto, pode-se concluir que o sucesso clínico no tratamento de lesões de bifurcação está sujeito a inúmeras variáveis, e que a morfologia do defeito parece ter um papel crucial no seu potencial regenerativo, associado a qualidade e a localização da margem gengival. O tratamento de defeitos de bifurcações mandibulares críticos não apresentou uma boa previsibilidade. Por conseguinte, deve-se ter em mente que a indicação para esse tipo de procedimento é restrita.

Considerando os resultados obtidos com os parâmetros centrados no paciente e nos dados clínicos, a técnica cirúrgica minimamente invasiva parece apresentar um potencial promissor e deve ser indicada com o intuito de proporcionar maior conforto para os pacientes.



PERIODONTITE AGRESSIVA

Idade: 23
anos



PERIODONTITE AGRESSIVA: CONCEITO E CONSIDERAÇÕES CLÍNICAS

Aggressive periodontitis: concept and clinical considerations

Julliana Fracalossi Ribeiro¹

Lima Florim de Lima²

Igor Pena Andrade³

Fabio Matos Chiarelli⁴

RESUMO

A periodontite agressiva (PAg) é uma das formas mais severas da doença periodontal (DP), tendo como característica o início precoce, a rápida instalação, a perda de inserção e a destruição óssea, por agentes etiológicos diversificados, como presença de periodontopatógenos altamente virulentos, em contrapartida à quantidade inconsistente de biofilme bacteriano e à susceptibilidade genética do hospedeiro. O sucesso da intervenção terapêutica é dependente de um diagnóstico precoce, seu tratamento não possui protocolos específicos, mas há uma busca por respostas e tratamentos mais eficientes no controle da doença. Diante disso

ABSTRACT

Aggressive periodontitis (AgP) is one of the most severe forms of periodontal disease (PD), with the characteristic early onset, rapid installation, attachment loss and bone destruction by diversified etiological agents, such as the presence of highly virulent periodontal pathogens, however the amount inconsistent biofilm and genetic susceptibility of the host. The success of therapeutic intervention is dependent on early diagnosis, treatment does not have specific protocols, but there is a search for answers and more effective treatments for disease control. Therefore, this study aims to conduct a review of literature on



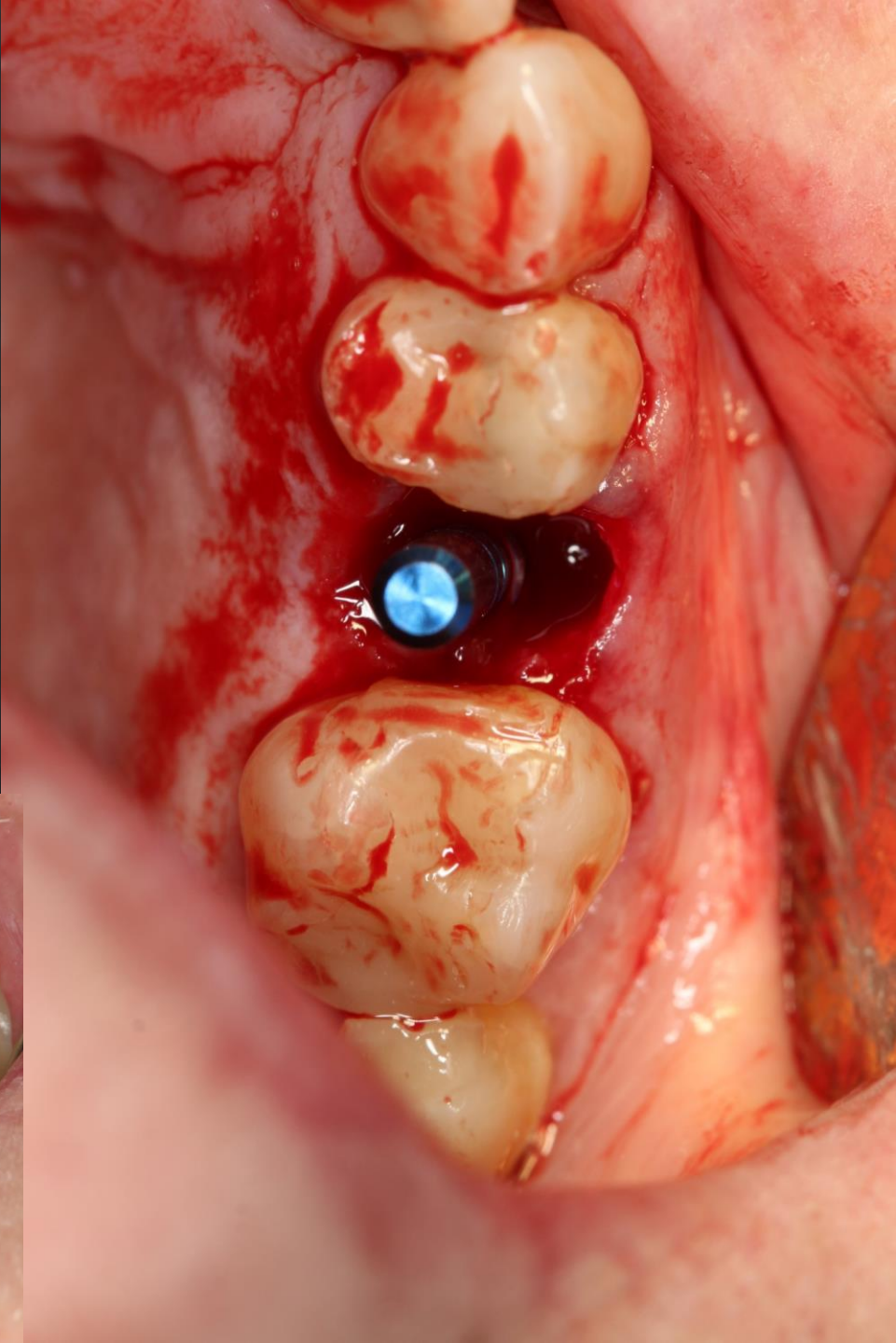
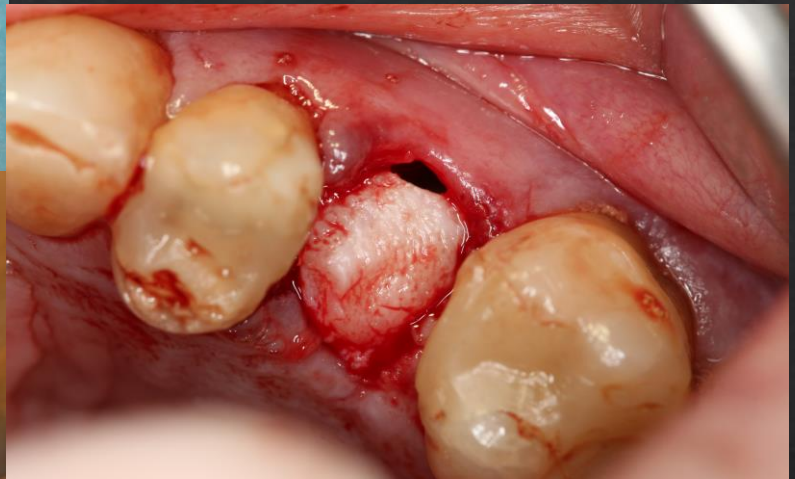
Conclusão

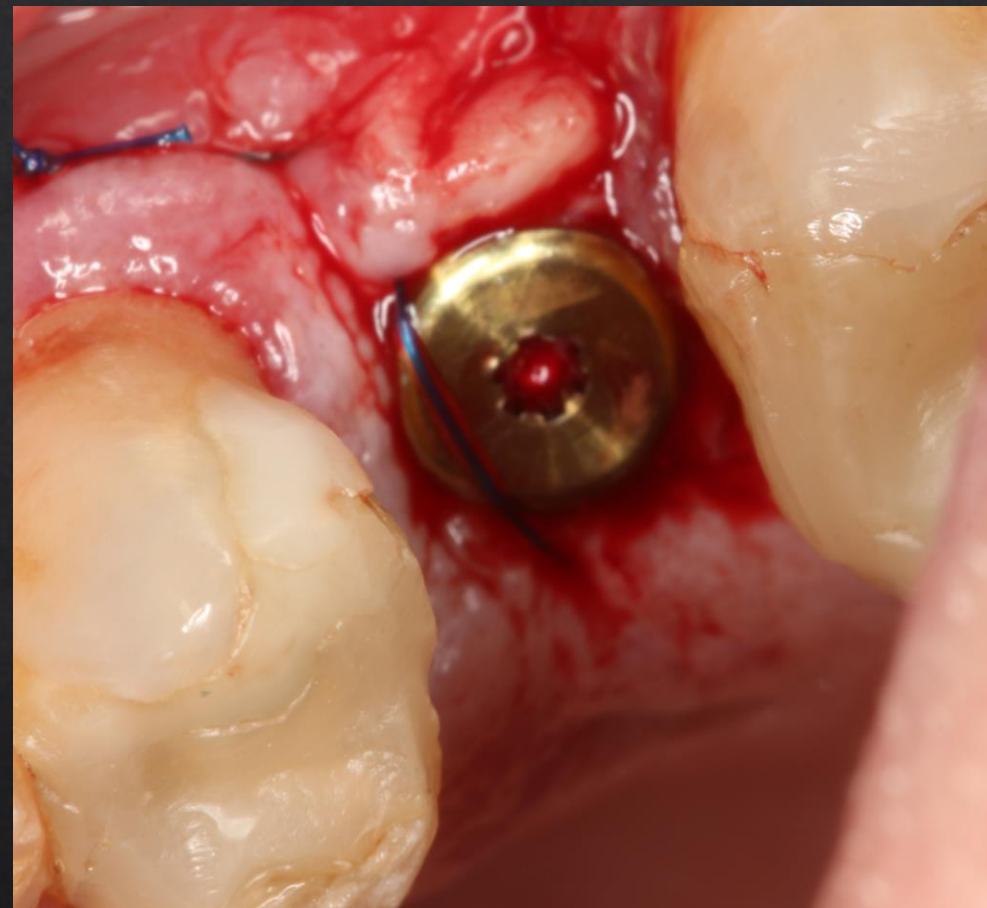
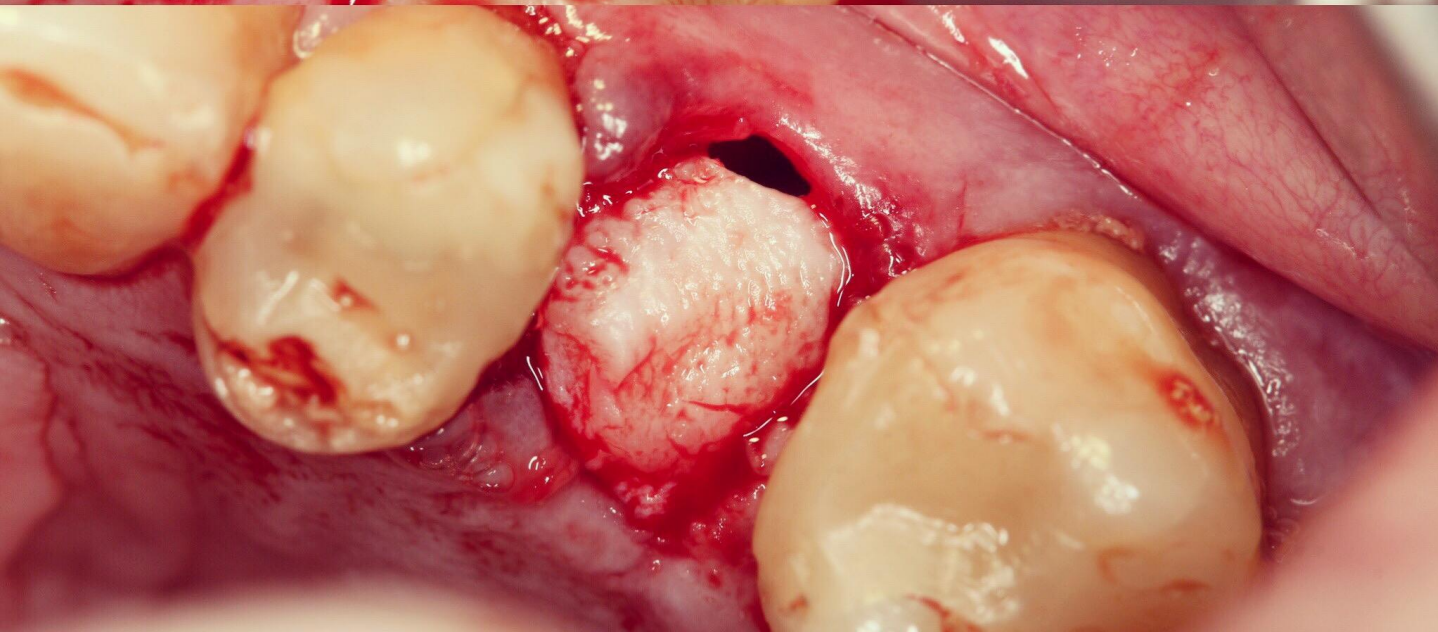
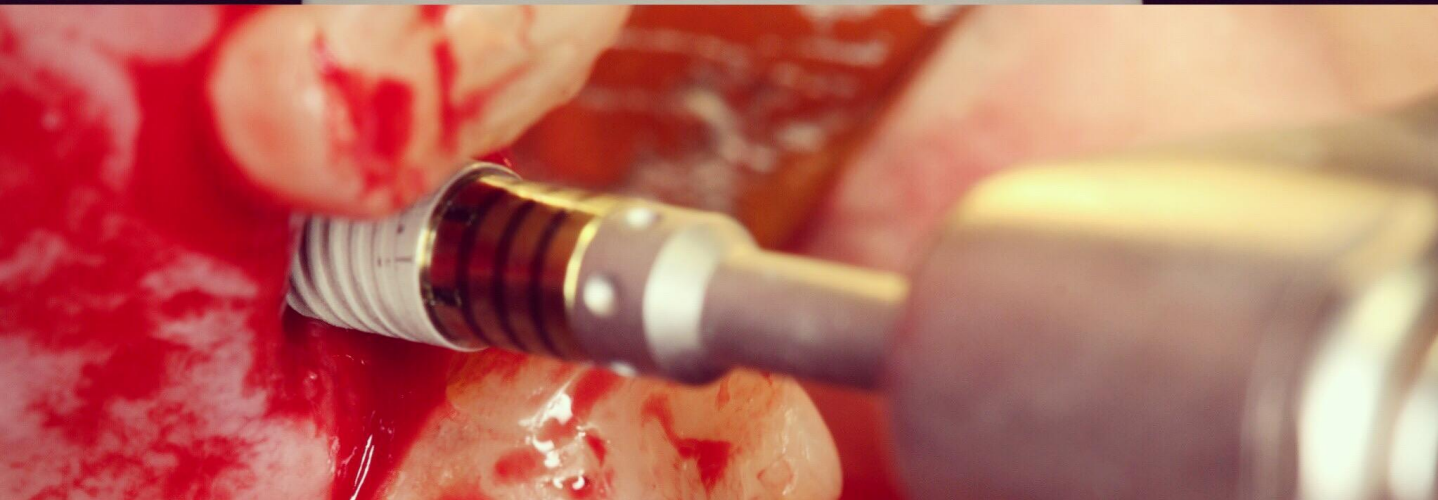
Com base na literatura apresentada neste estudo, pôde-se concluir que a PAg tem uma etiologia multifatorial. Além da presença microbiana altamente virulenta, há a influência de fatores imunológicos e genéticos na progressão e gravidade da doença.

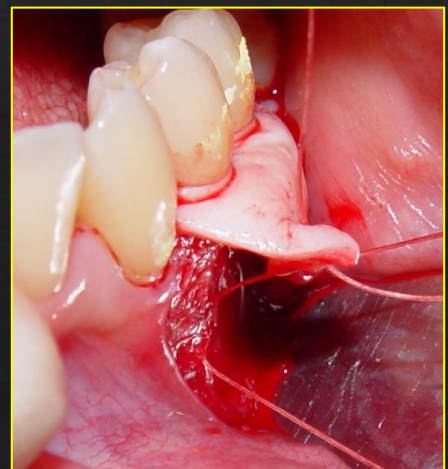
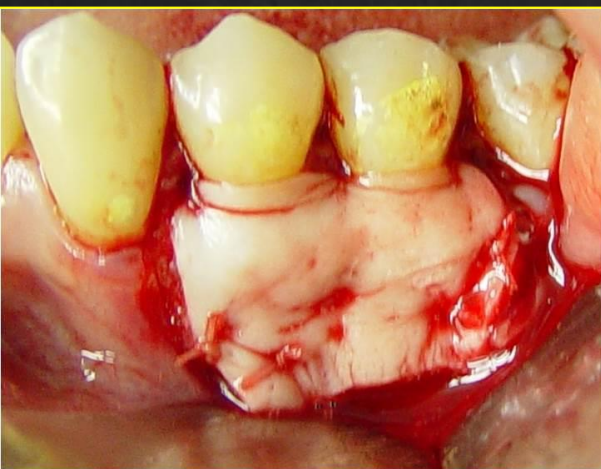
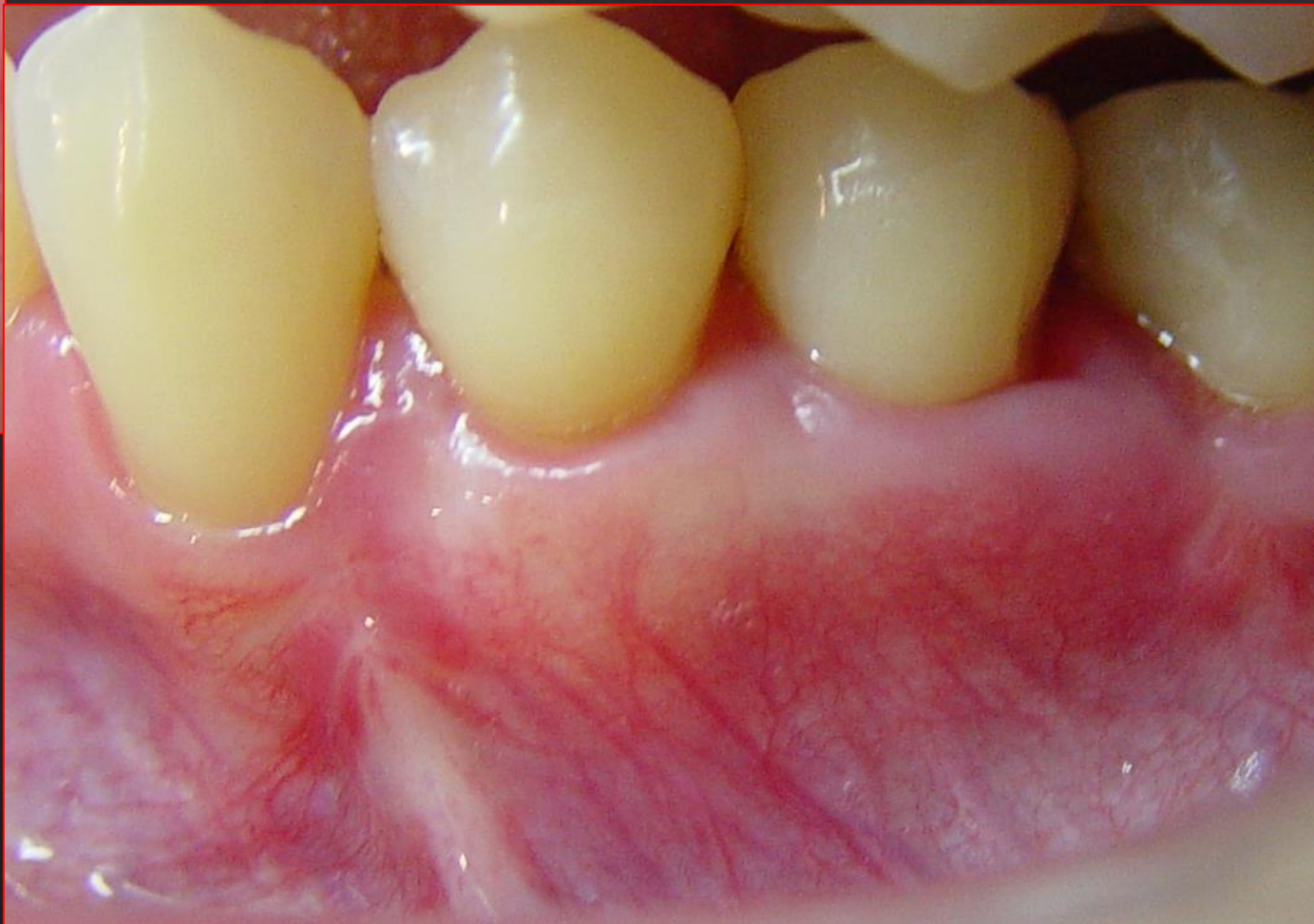
Em relação à terapêutica, a abordagem clínica deve ser iniciada com a instrumentação periodontal. A prescrição de antimicrobianos sistêmicos, principalmente a associação AMX e MET, tem melhorado os parâmetros clínicos, microbiológicos e imunológicos, entretanto, o uso desta modalidade de tratamento deve ser instituído com cautela. Contudo, é inegável que, quando bem indicados, antimicrobianos resultam em um microambiente mais benéfico e eficiente, provocando uma melhor resposta clínica no tratamento da PAg.











Clinical indications for EMD in periodontal surgery

Intrabony defects

Horizontal bone loss

Conventional periodontal flap surgery
Conservative or resective approach

Angular bony defects

Self-contained defects
EMD or GTR either used alone or combined with a bone graft

Non-self-contained defects
EMD or GTR combined with a bone graft

Class II furcation

Maxilla

Buccal
EMD or GTR

Mesial
EMD

Distal
Root resection or flap surgery with EMD

Mandible

EMD or GTR either alone or in combination with a bone graft (in buccal defects) or respective approach

Recession defects

Thick biotype

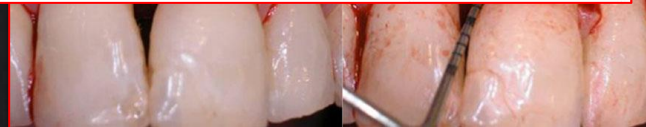
Coronally advanced flap + EMD

Thin biotype

Coronally advanced flap + EMD + connective tissue graft

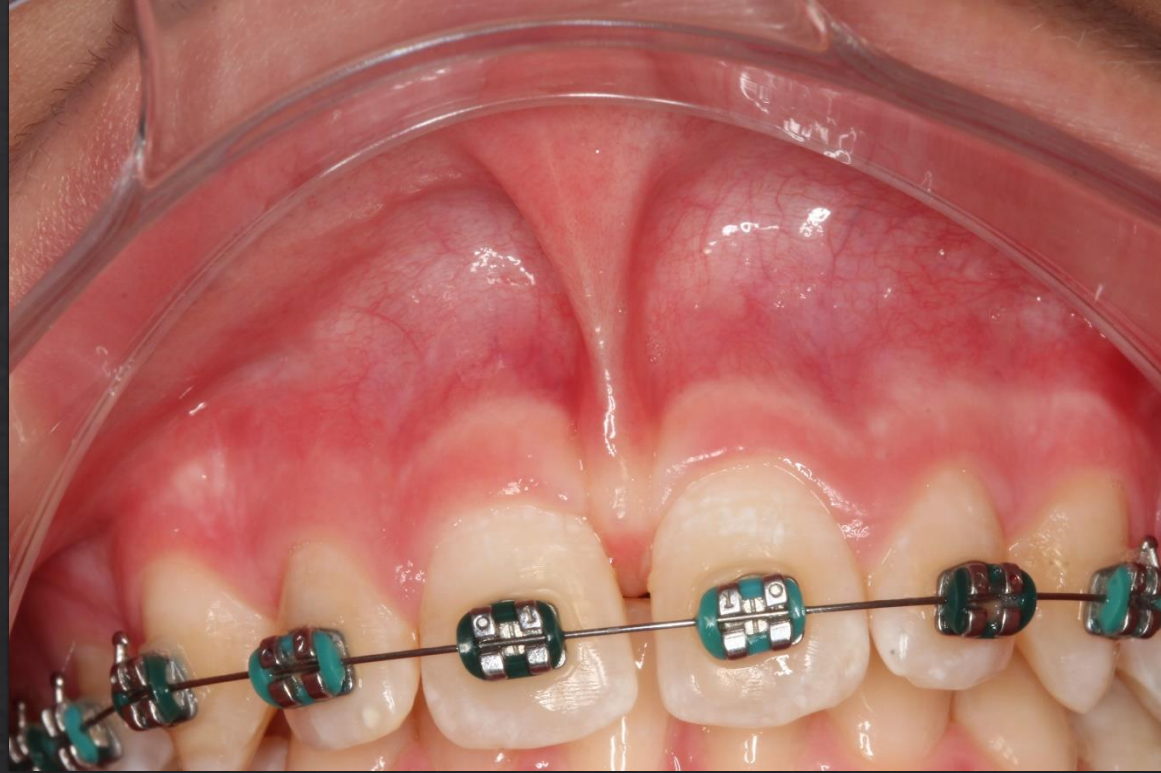
or

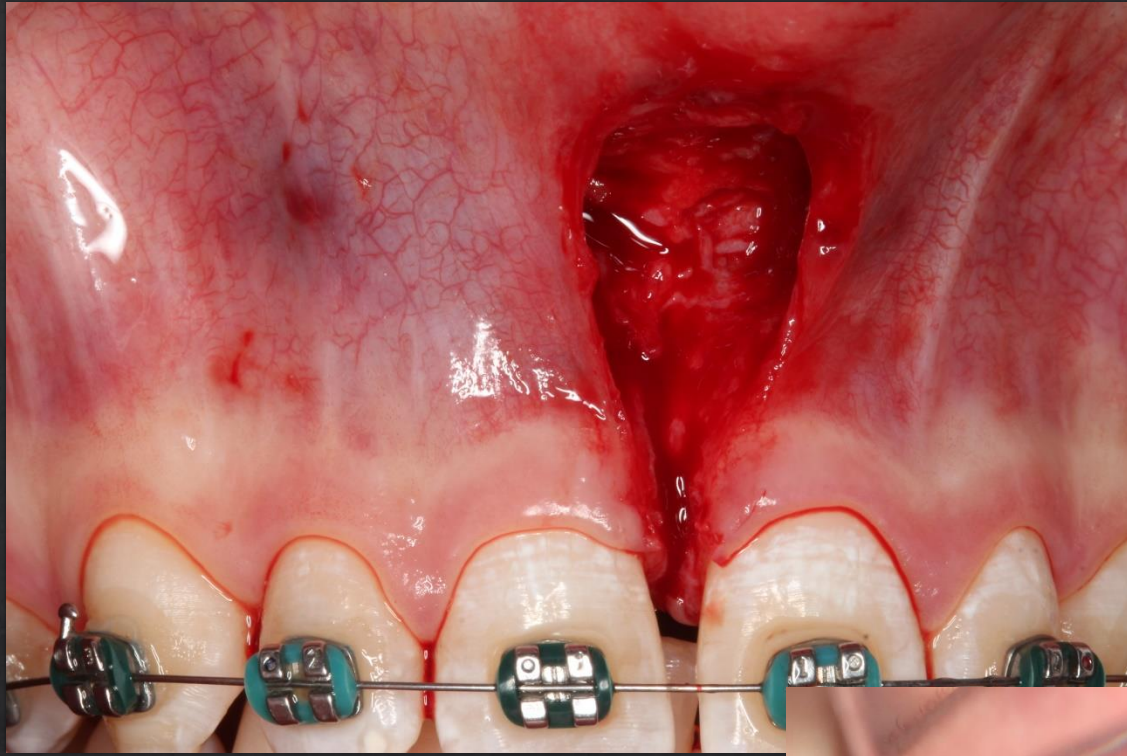
Tunnel technique + EMD + connective tissue graft

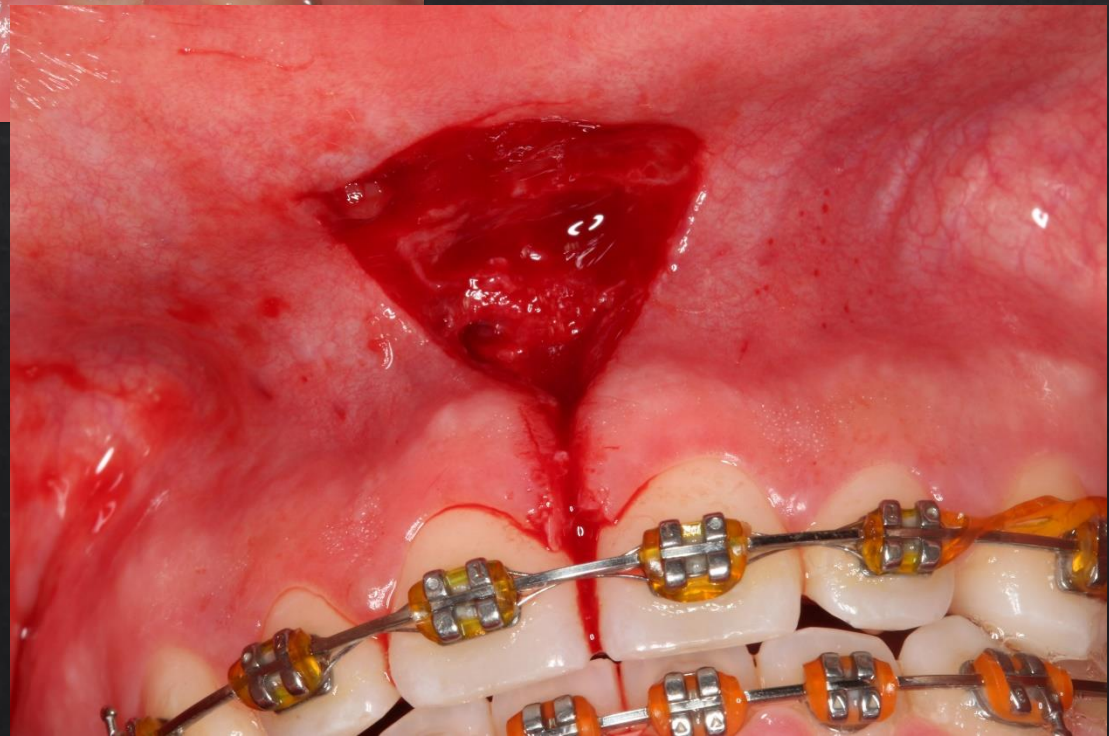
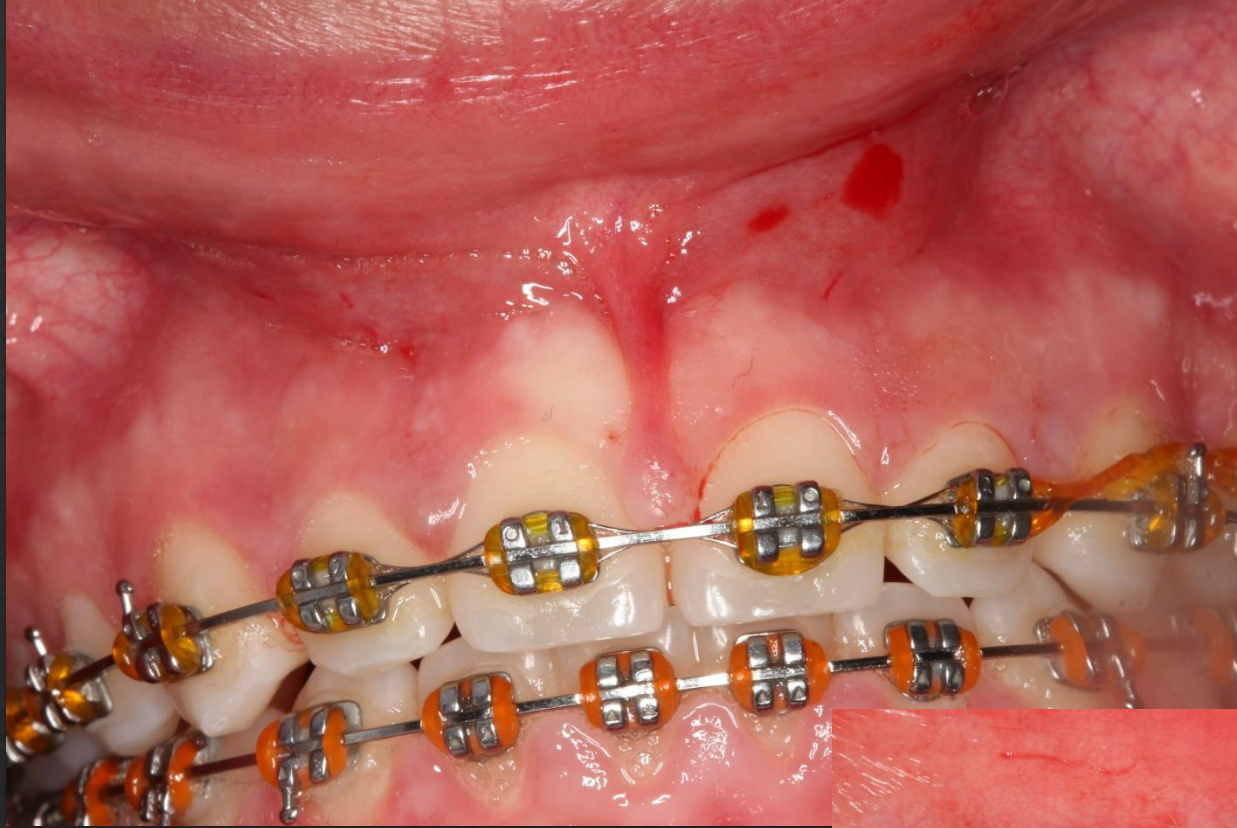


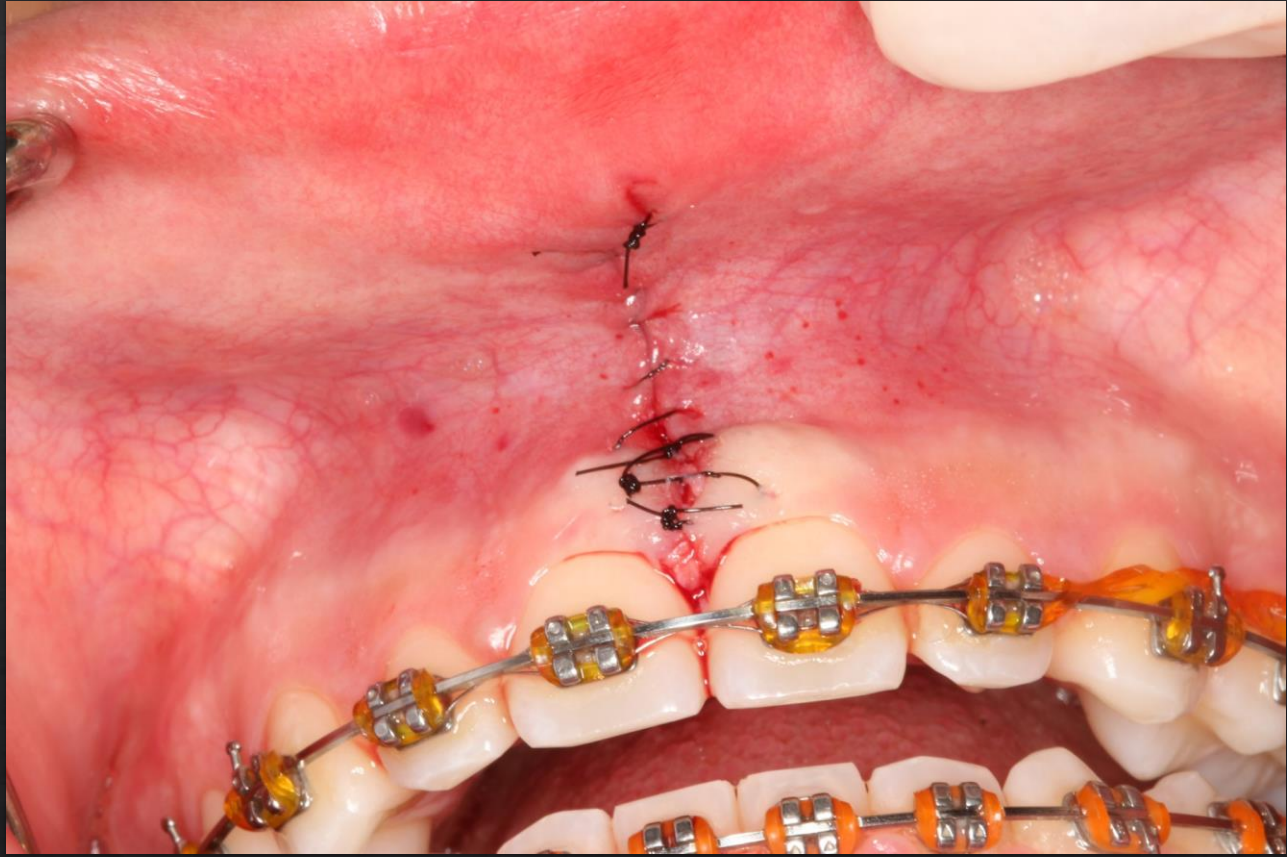


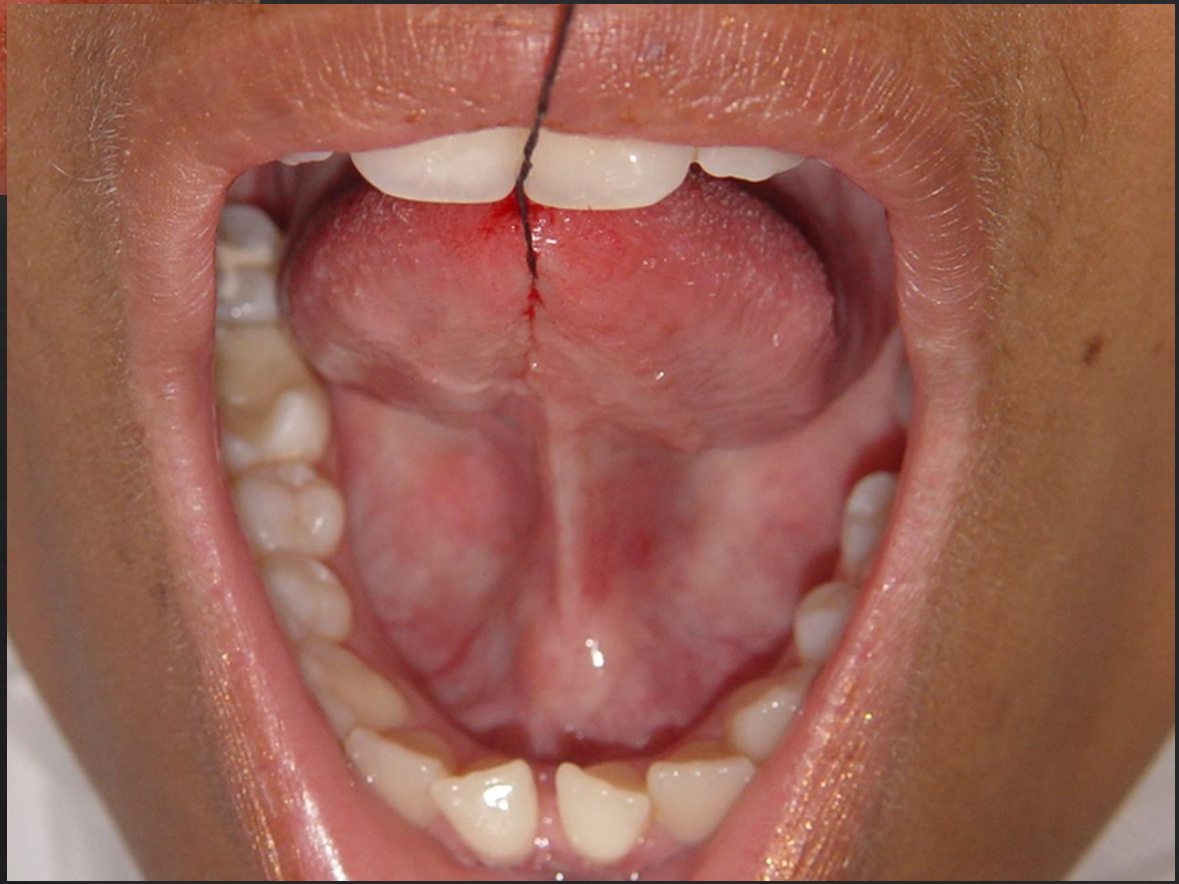


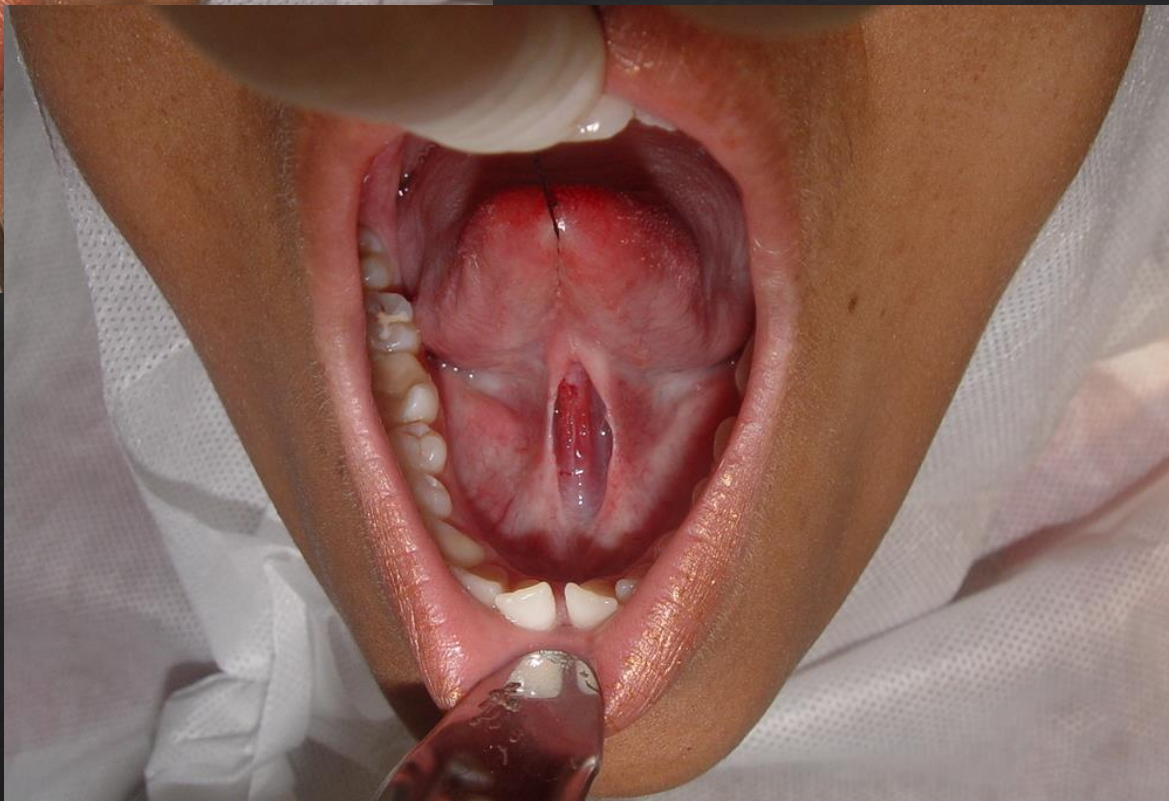


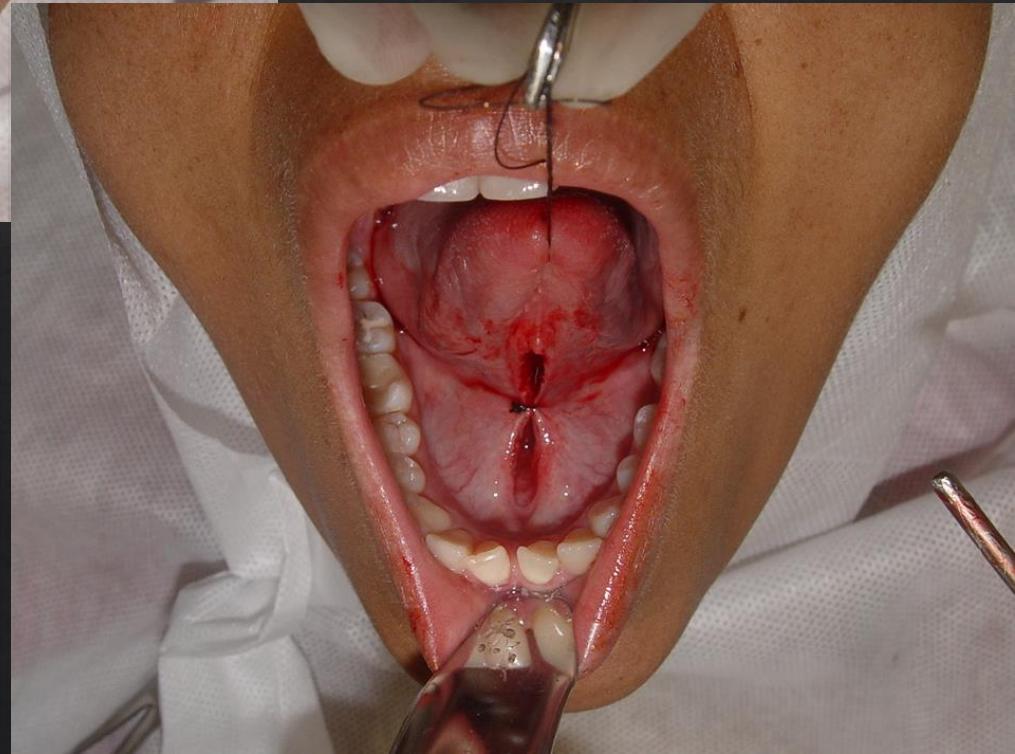
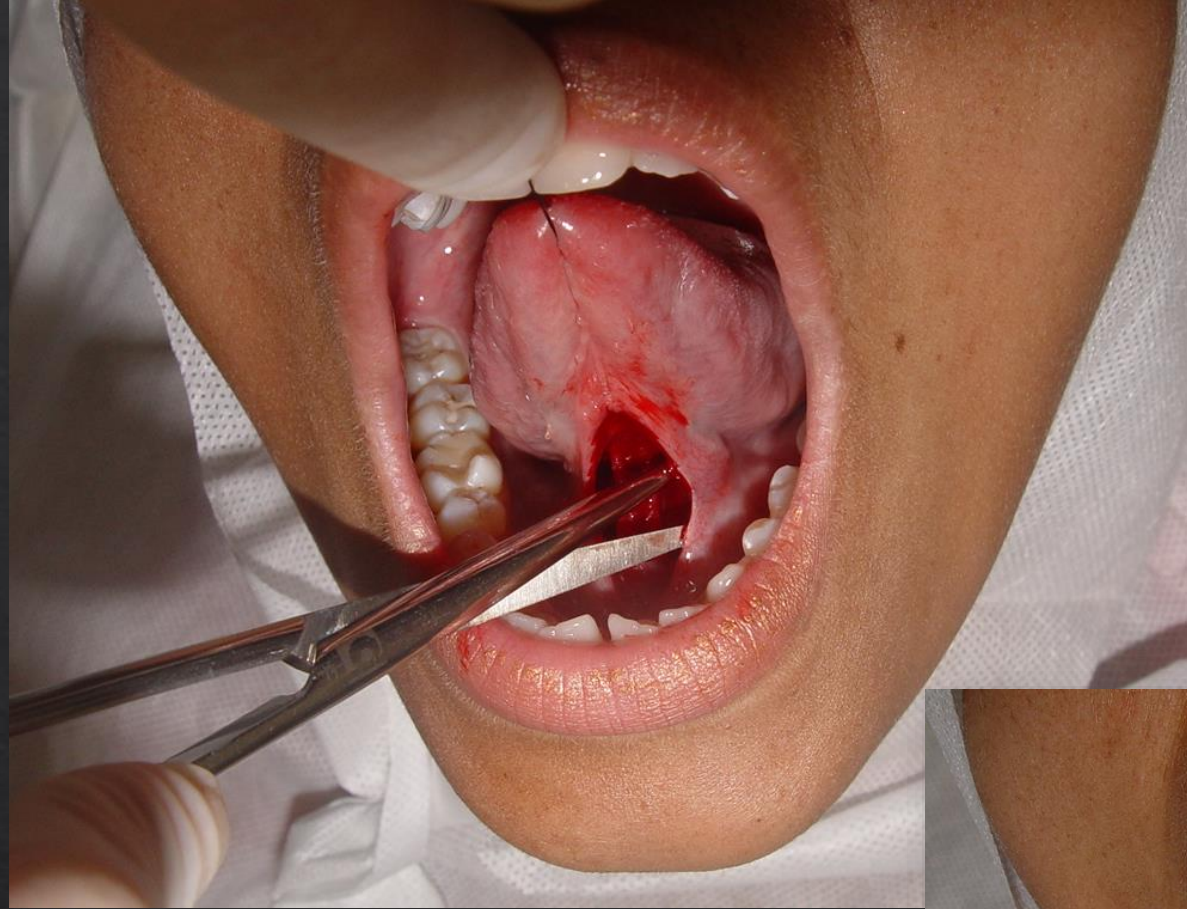


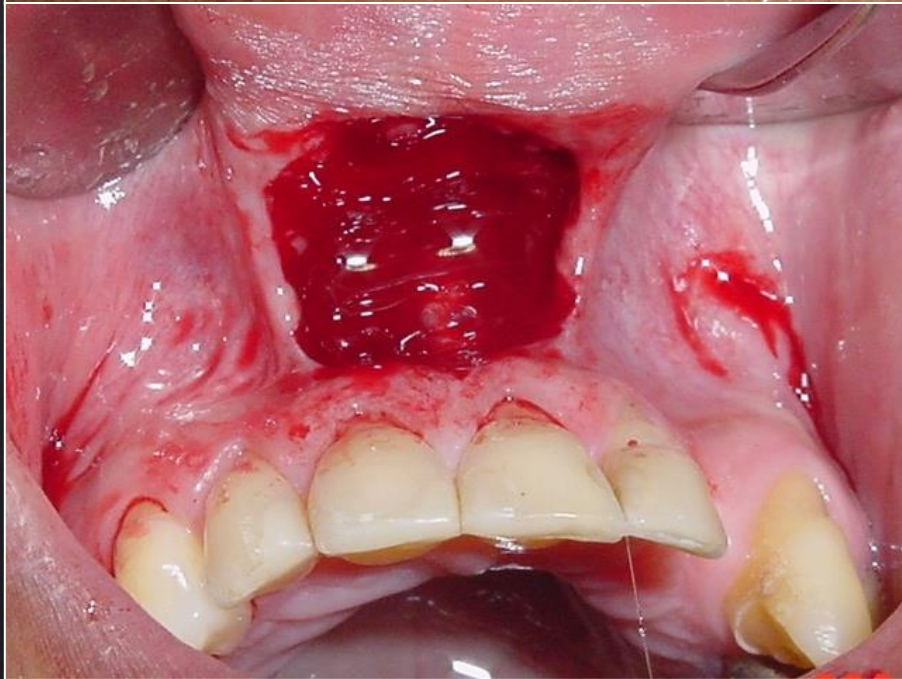
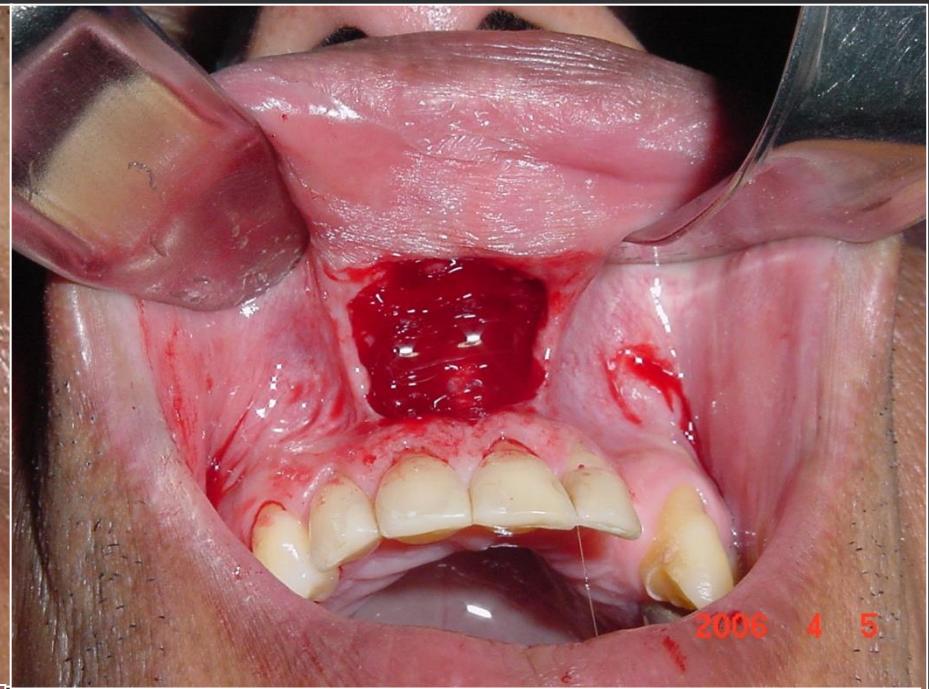


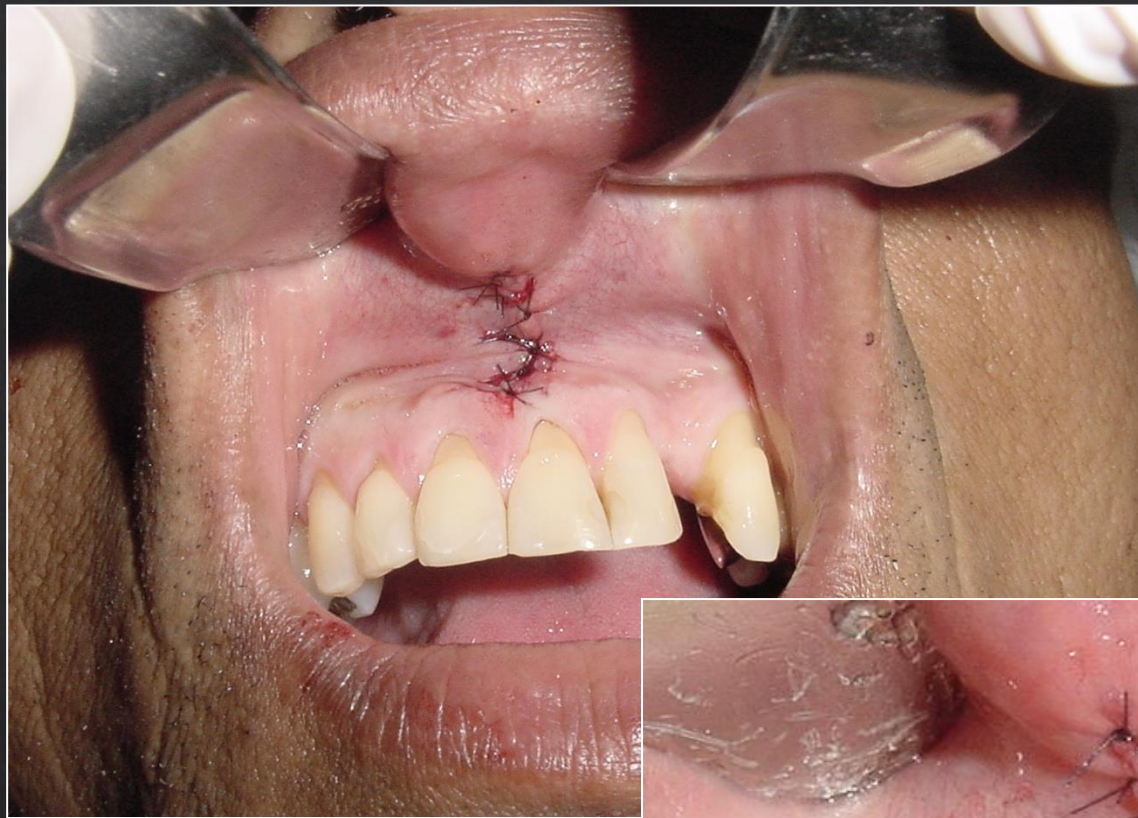


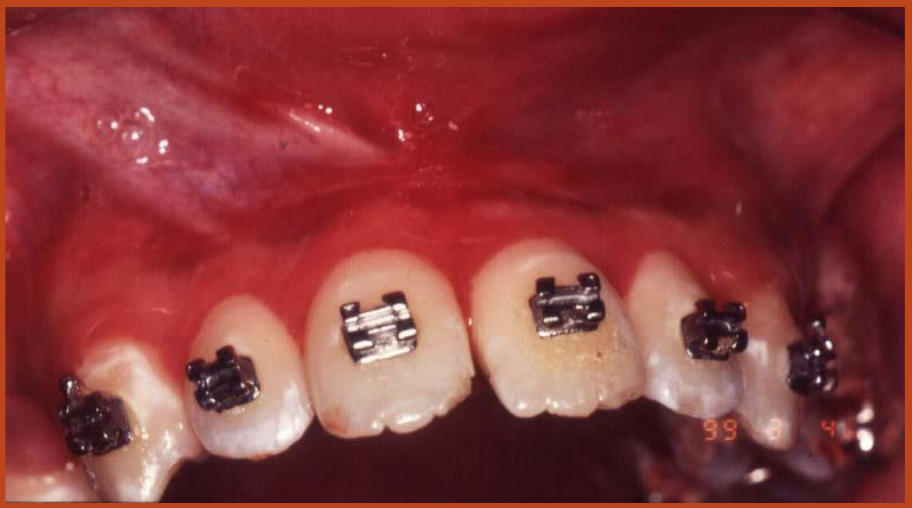












**INSERÇÃO
INTERDENTÁRIA DO
FREIO LABIAL
SUPERIOR**



Case Report

Aesthetic Surgical Crown Lengthening Procedure

**Pablo Santos de Oliveira,¹ Fabio Chiarelli,² José A. Rodrigues,¹ Jamil A. Shibli,¹
Vincenzo Luca Zizzari,³ Adriano Piattelli,³ Giovanna Iezzi,³ and Vittoria Perrotti³**

¹Dental Research Division, Department of Periodontology, Guarulhos University, Guarulhos, SP, Brazil

²College of Santa Teresa, Santa Teresa, ES, Brazil

³Department of Medical, Oral and Biotechnological Sciences, University of Chieti-Pescara, Chieti, Italy

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Received 18 June 2015; Accepted 18 August 2015

Academic Editor: Mariano A. Polack

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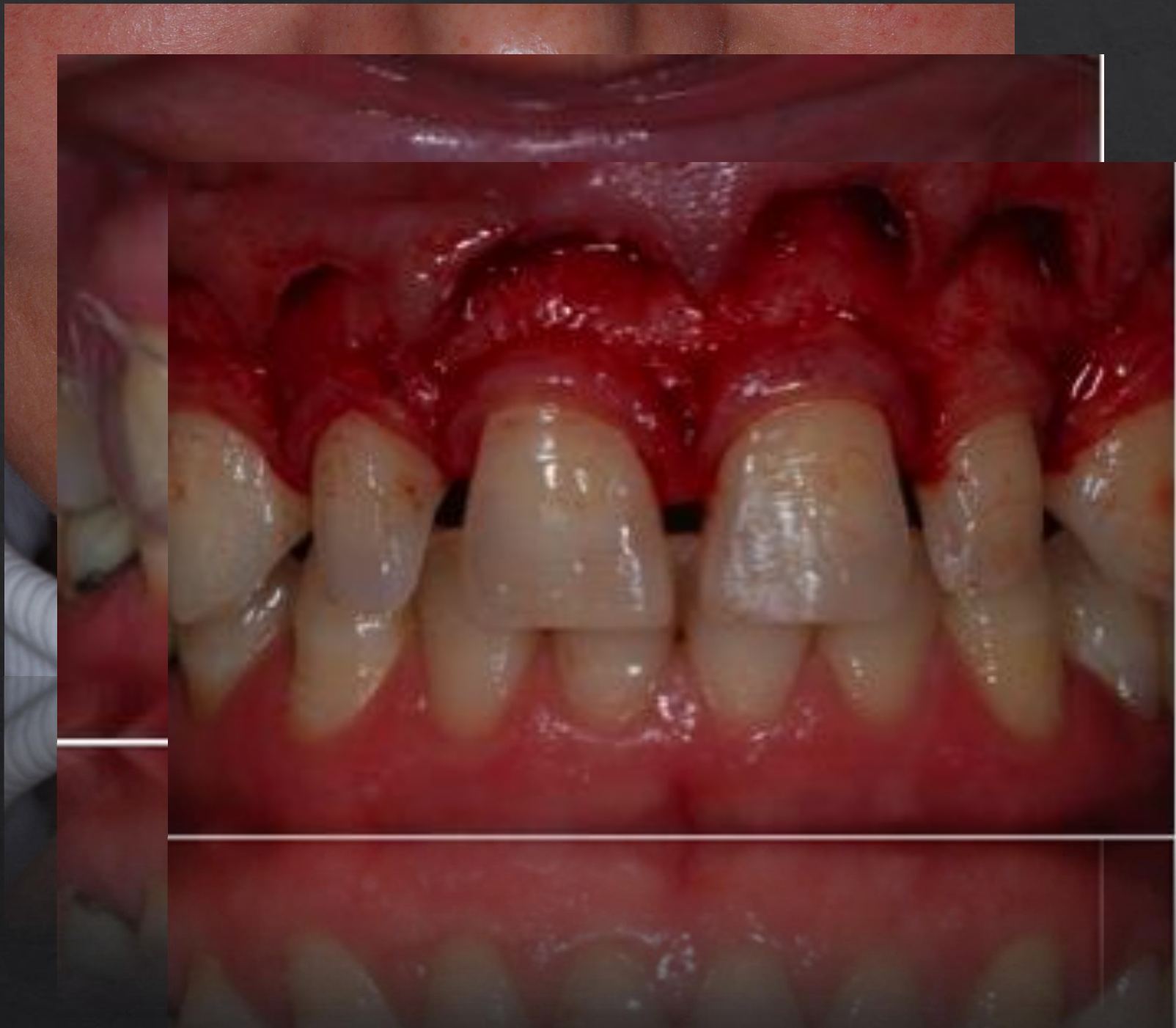
The aim of this case report was to describe the surgical sequence of crown lengthening to apically reposition the dentogingival complex, in addition to an esthetic restorative procedure. Many different causes can be responsible for short clinical crown. In these cases, the correct execution of a restorative or prosthetic rehabilitation requires an increasing of the crown length. According to the 2003 American Academy of Periodontology (Practice Profile Survey), crown lengthening is the most habitual surgical periodontal treatment.

INTRODUCTION

2003 American Academy of Periodontology (Practice Profile Survey) crown lengthening is the most habitual surgical periodontal cases, the correct execution of a restorative or prosthetic rehabilitation requires an increasing of the crown length. According to the complex, in addition to an esthetic restorative procedure. Many different causes can be responsible for short clinical crown. In these cases, the correct execution of a restorative or prosthetic rehabilitation requires an increasing of the crown length. According to the 2003 American Academy of Periodontology (Practice Profile Survey), crown lengthening is the most habitual surgical periodontal treatment.

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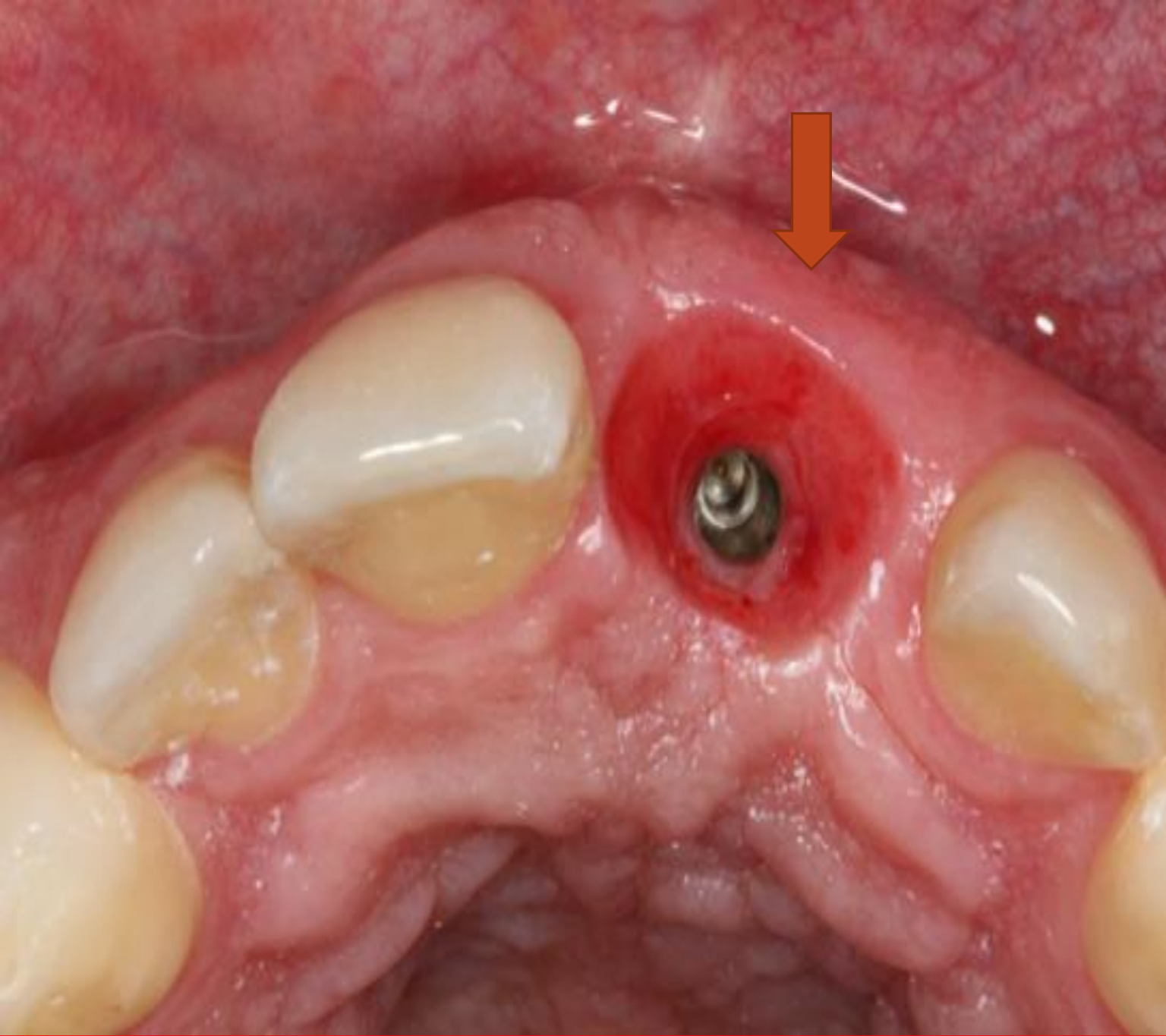
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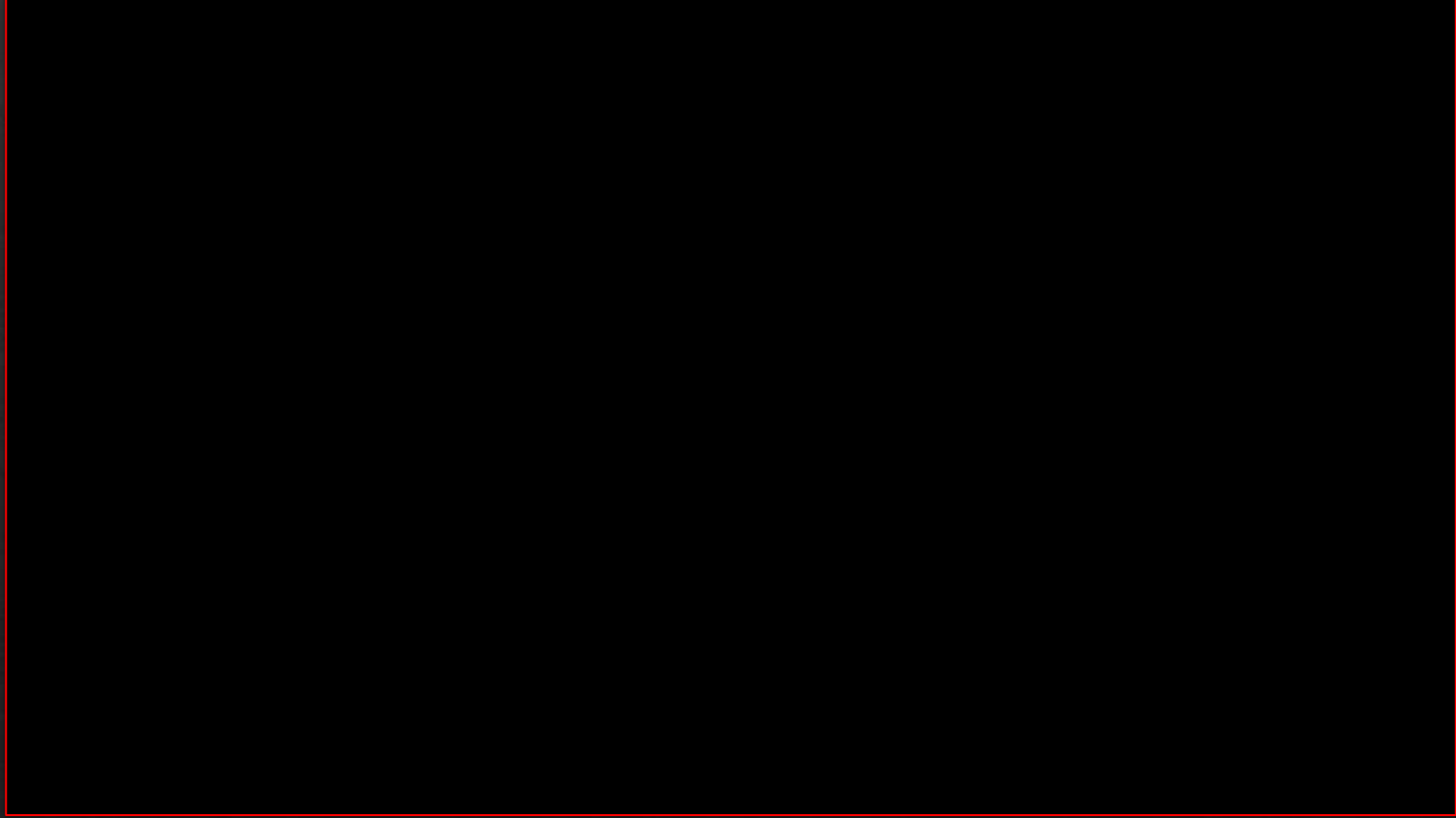


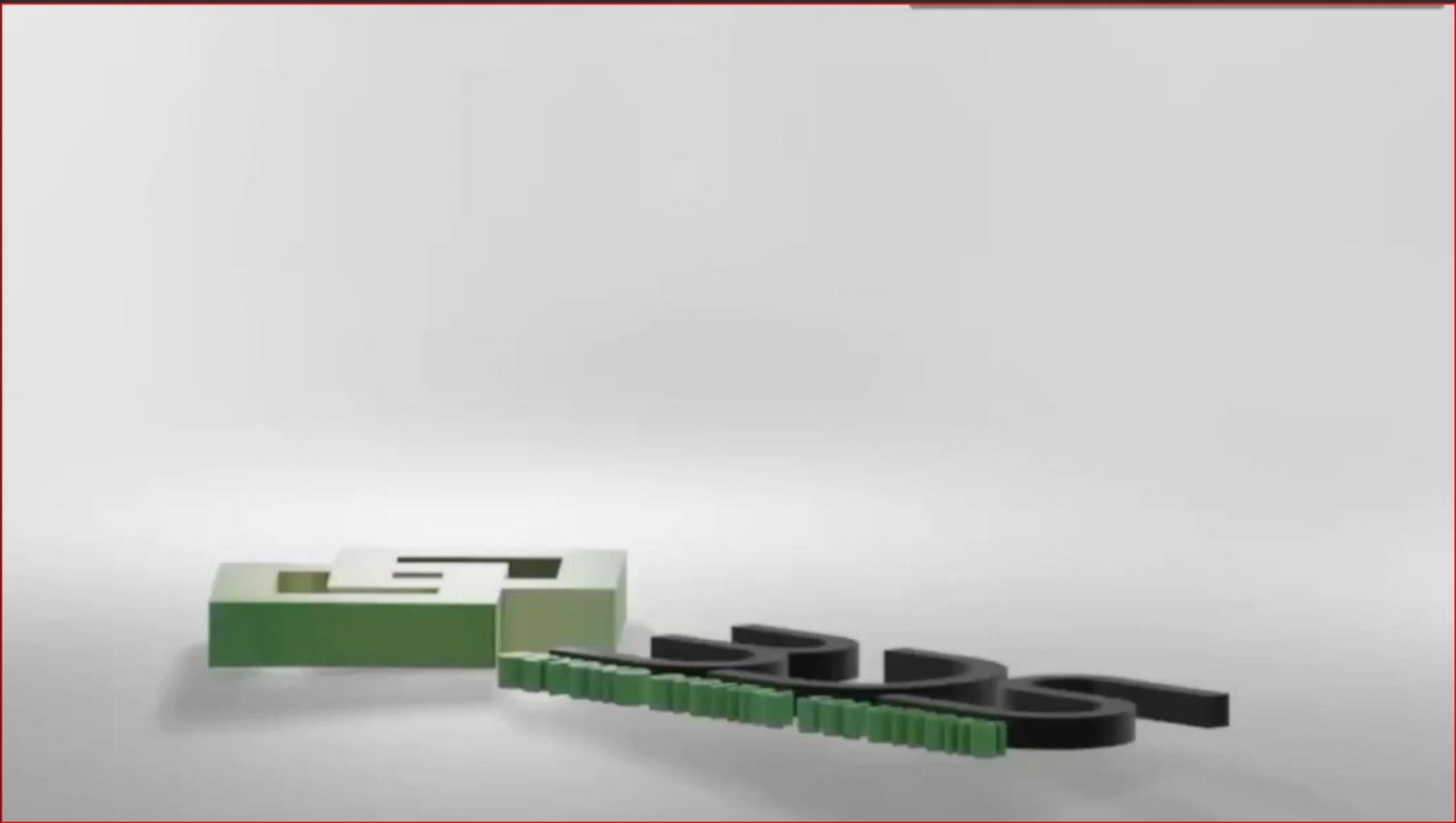


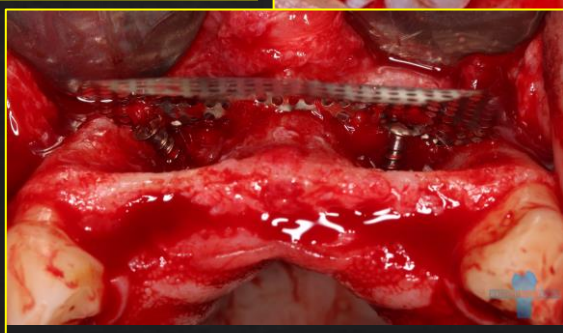
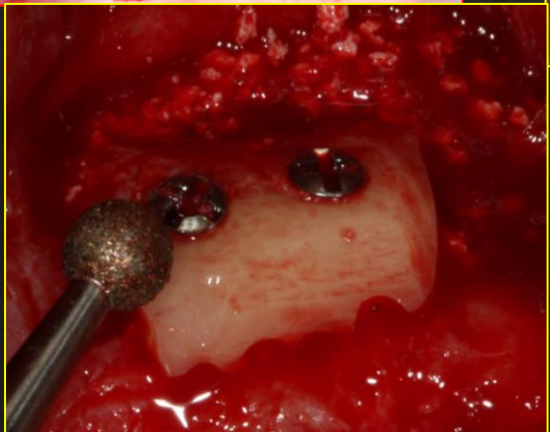
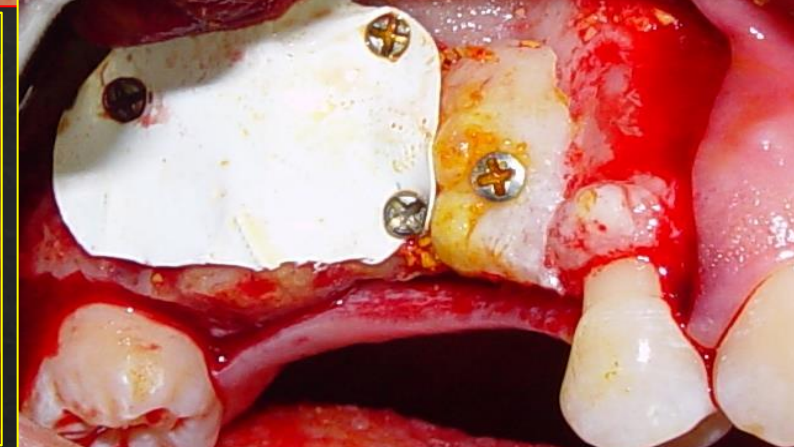
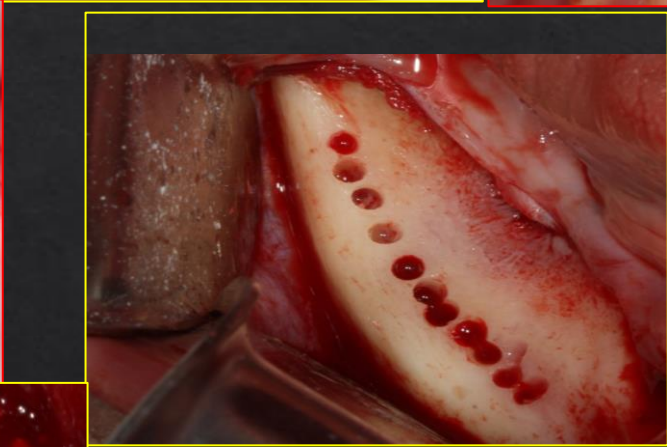
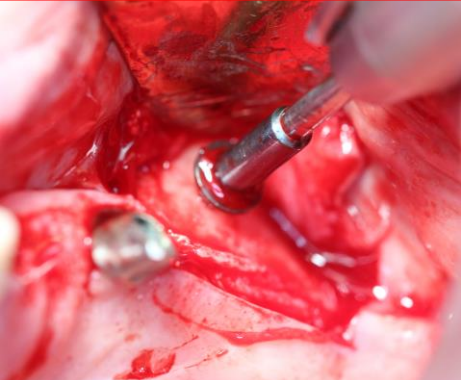
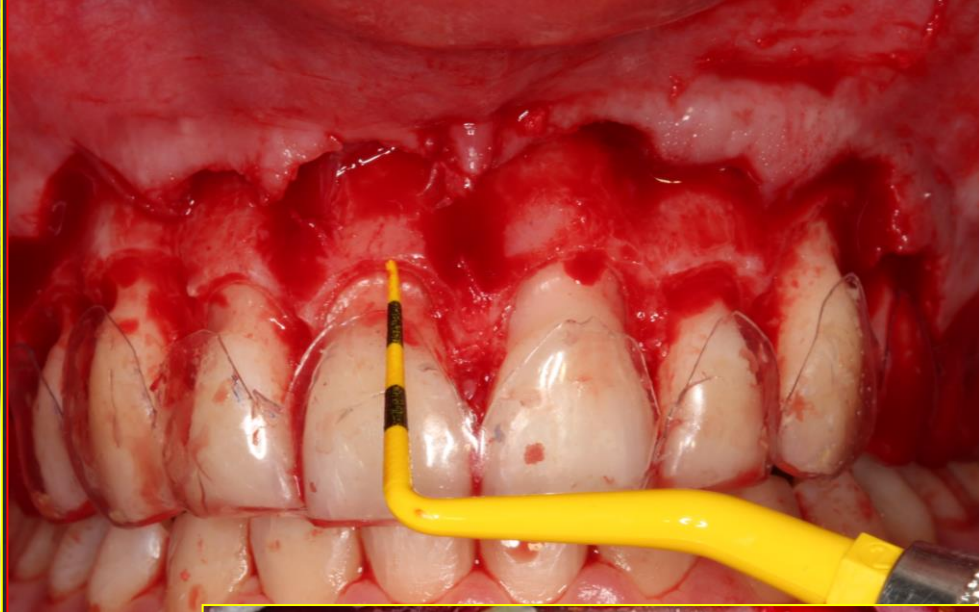
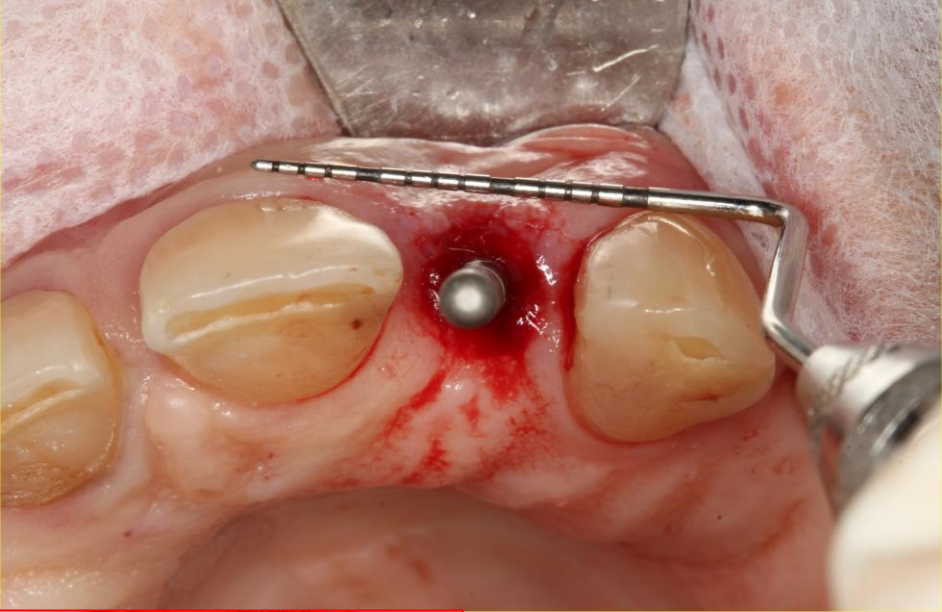












Parâmetros Clínicos

◇ Presença de Lesão de Furca:

Subclasse A

Subclasse B

Subclasse C

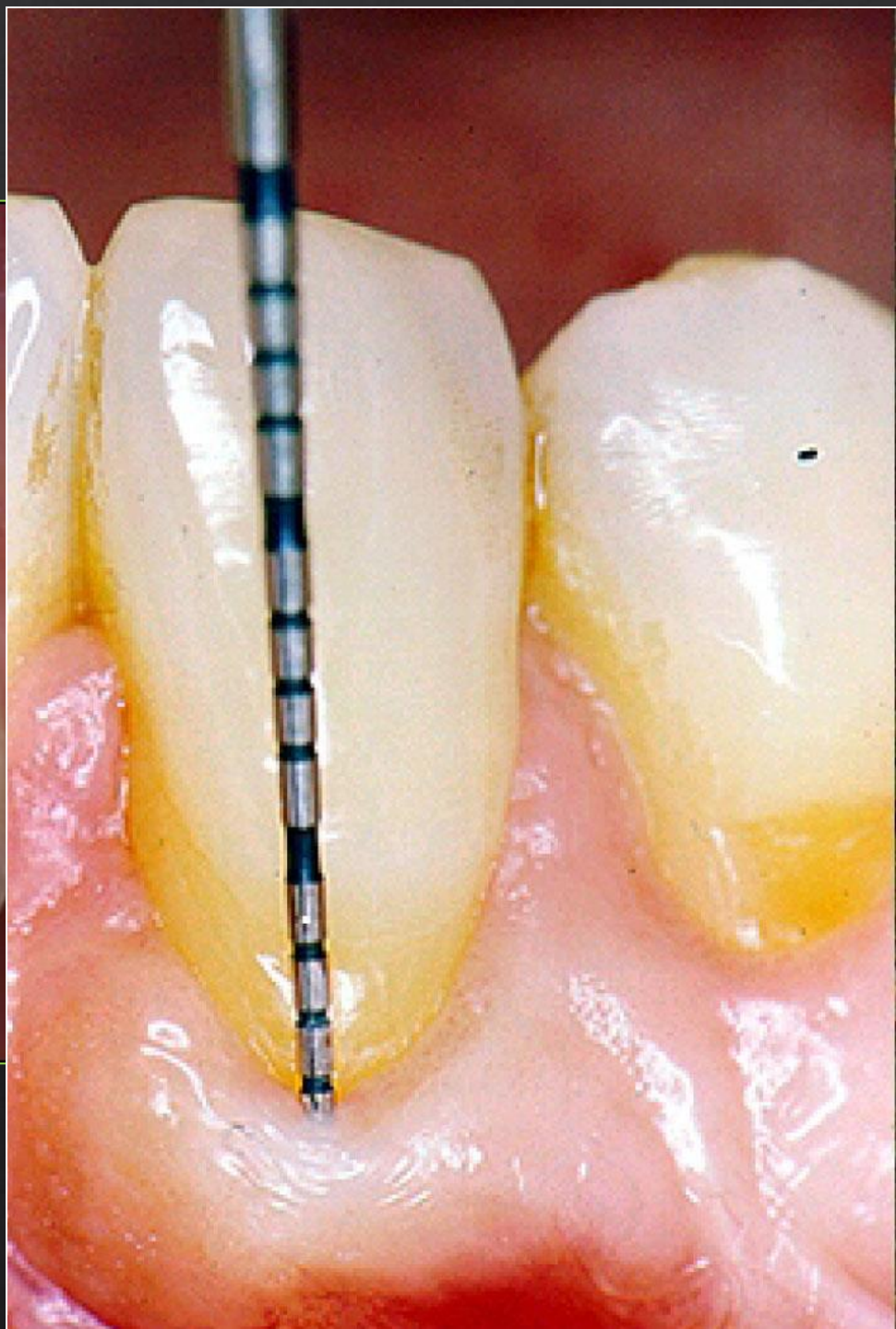




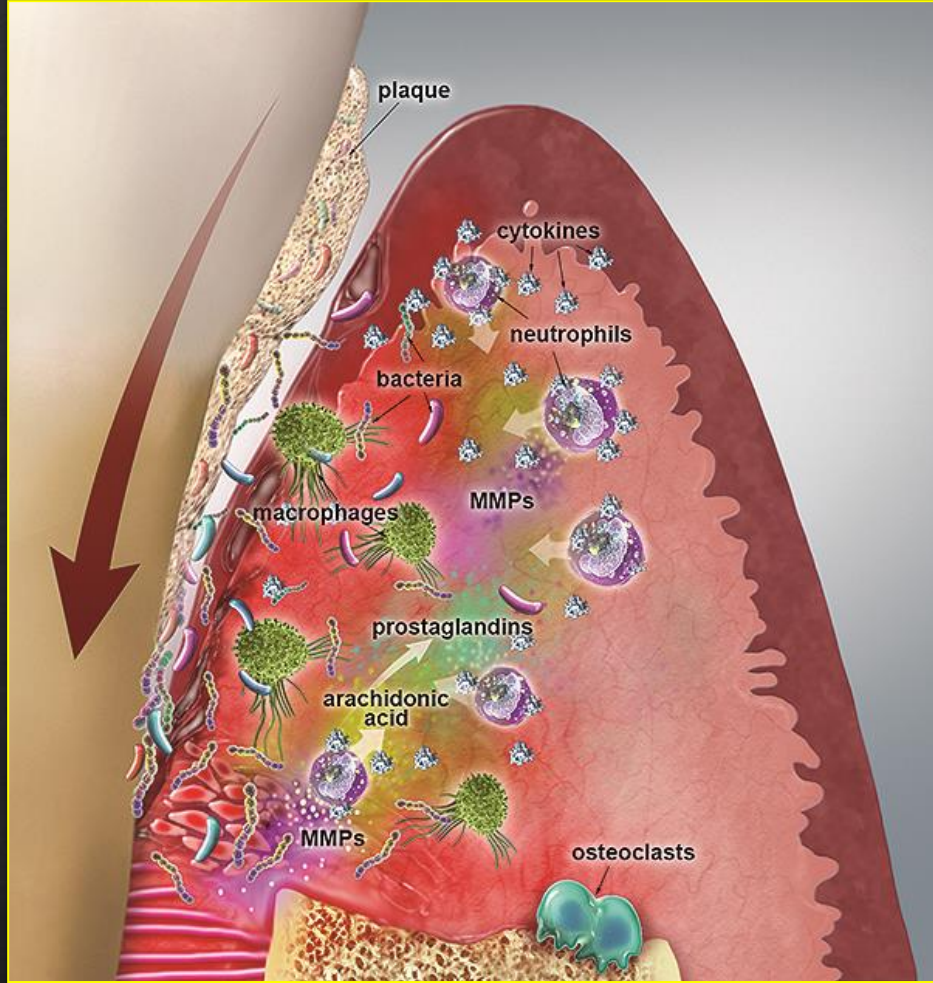


RECESSÃO GENGIVAL









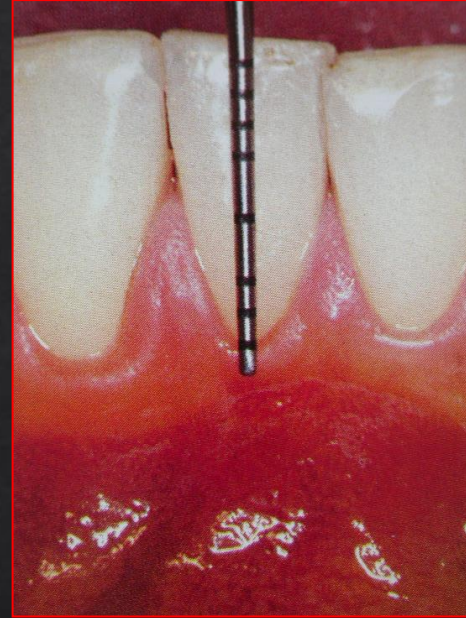














DIAGNÓSTICO

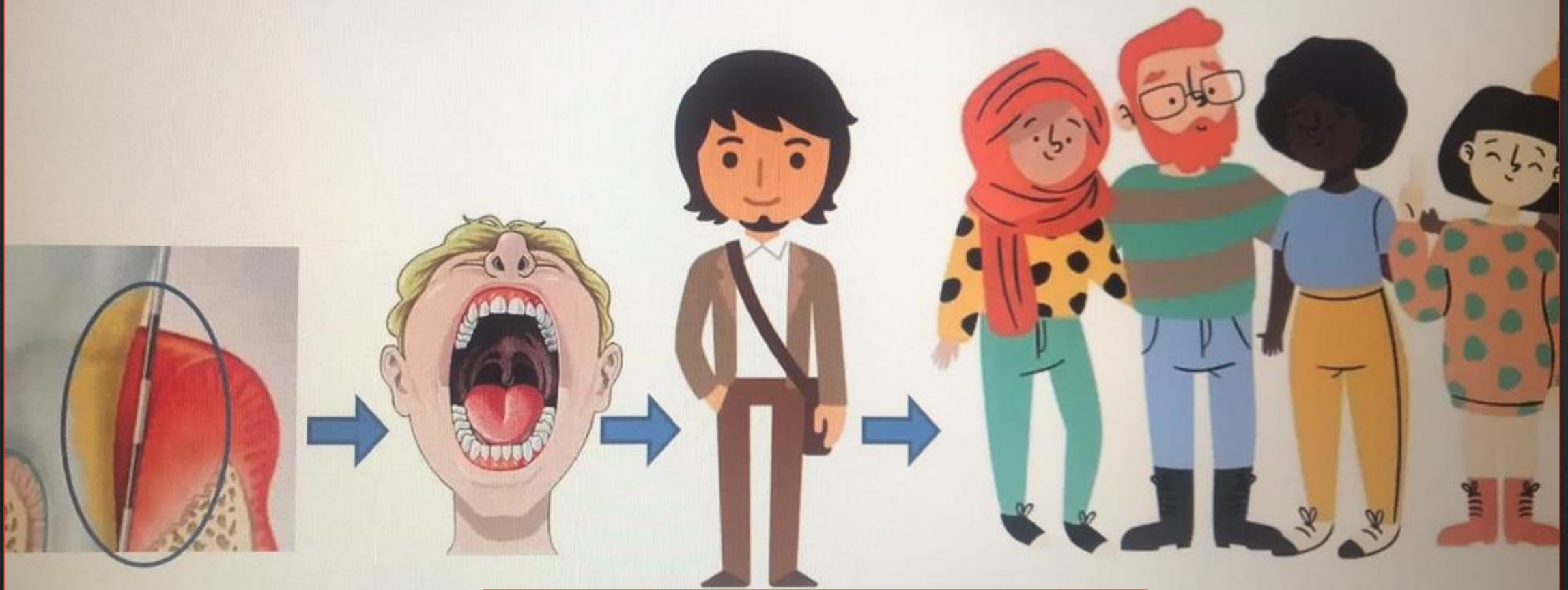
- ◇ ANAMNESE
- ◇ EXAMES CLÍNICOS
- ◇ EXAMES COMPLEMENTARES



SÁUDE X DOENÇA

- ◆ PRIMEIRO PASSO PARA CONHECER AS PATOLOGIAS PERIODONTAIS
- ◆ CONHECER O PERIODONTO SAÚDAVEL





Lo importante
no es la salud
de los dientes
sino **la salud**
de la gente
que tiene
dientes

