

UNIGRAFT®

Bioactive Bone Graft

“Unigraft is an excellent bone graft product.
The outcome is very predictable, and after a few years I can still see its success.”
- Dr. Rocio Jones, 400+ Unigraft units

Unigraft® is made of bioactive ceramic material. Unigraft® granules are denser than blood and will sink to stabilize the graft site after administration. Upon implantation, Unigraft® gradually dissolve by releasing a steady stream of bone mineral ions, including, Ca, P and soluble silica into the defect. The concentrated bone mineral ions have been demonstrated to enhance bone regeneration and to exhibit an anti-bacterial effect.

Unigraft® is radio opaque. Its application is particularly suitable for those that prefer non-tissue based grafts and/or those with poor hygienic compliance.



Available in 0.5 gram & 1.0 gram doses

Advantages

- Bioactive and anti-bacterial
- Completely resorbable
- Quickly stabilizes the wound site
- Radio opaque
- Non-allergenic, non-immunogenic

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

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 following two cases demonstrate the effectiveness of Unigrift® to repair severe periodontal defects. After implantation, wound healing was calm and uneventful. Over time, the radio-opaque Unigrift® was replaced with newly formed bone, resulting in a stable tooth with an aesthetically pleasing outcome.

CASE 1



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 Unigrift® 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 showed well healed soft tissue and minimal recession.

CASE 2



Figure 1.
An 11mm, two-wall defect of a mandibular first molar (pre-surgical radiograph) was filled with Unigrift® granules after debridement.



Figure 2.
12-month post-operative radiograph showed mature bone with trabeculae structure filling the defect.