



### **Case Portfolio**

Applications of Elemental® hydroplastic bacteriostatic granulate.

#### Cases documented by

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Dr. Stuart Kilner, Dr. Alexandre Rovisco, Dr. Federico Mandelli, Dr. Ira Reiz, Dr. Marcus Engelschalk,

Dr. Delia Irani, Dr. Violeta Claus, Dr. Fabio Manuel Filannino, Dr. Alina Lazar, Dr. Fabrizia Luongo,

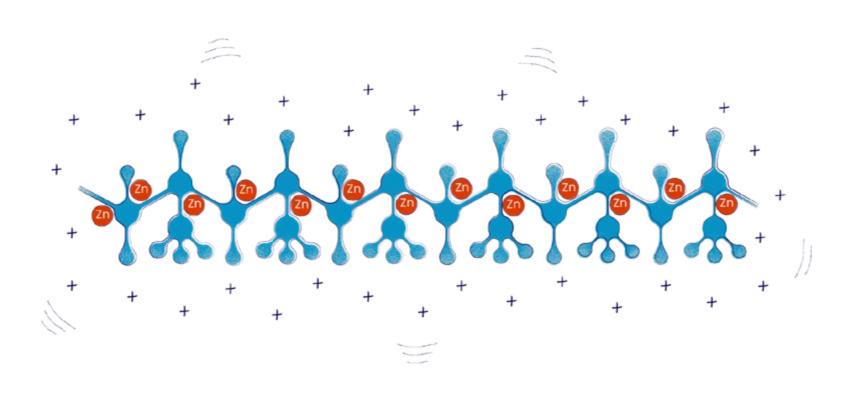
Dr. Andrew Johnson, Dr. Eleonora Solyom, Dr. Cleopatra Nacoupulos, Prof. Roberto Crespi,

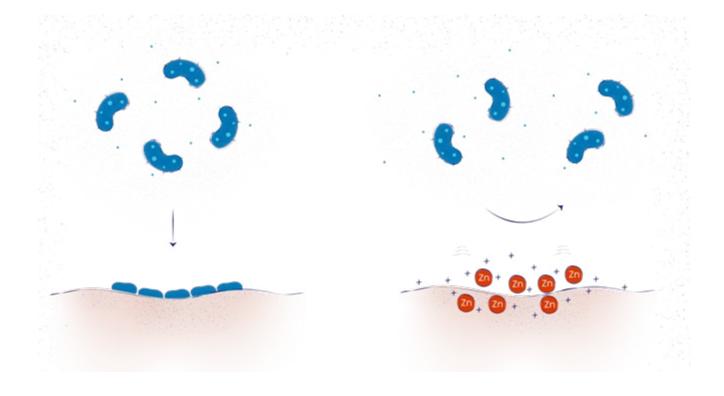
Dr. Koromantzos, Dr. Yin Hui, Dr. Peter Brabant, Dr. Mohammed El Farouki, Dr. Sofia Karapataki

LAST UPDATED: NOVEMBER 2022

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## Background: zinc (Zn2+) has anti-inflammatory, antibacterial and wound healing properties.



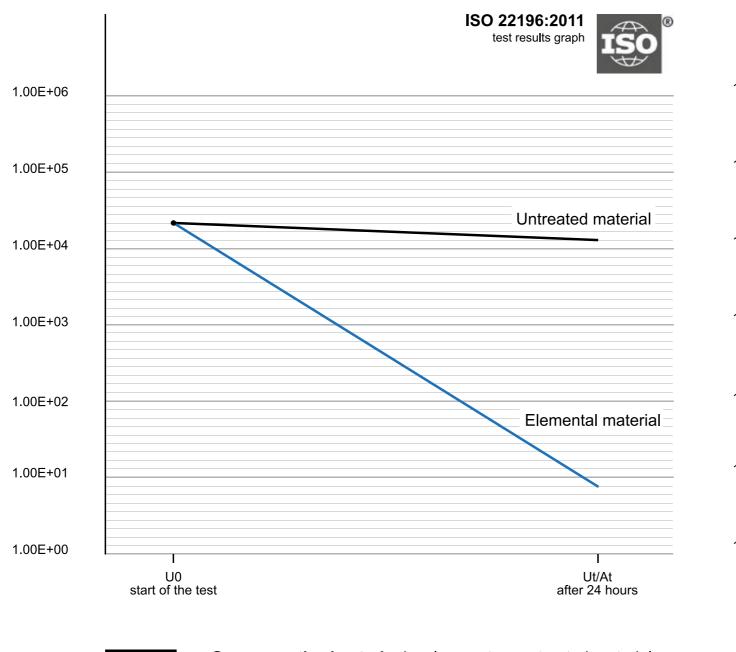


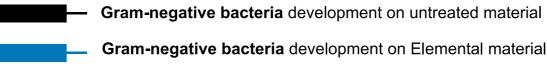
Elemental leverages the antibacterial, anti-inflammatory and wound-healing properties of zinc by incorporating Zn2+ ions in our dental polymers.

The Elemental technology inhibits bacterial & biofilm growth.

# Determination of antimicrobial activity.

### Determination of Antimicrobial Activity against **Gram-Negative Bacteria**

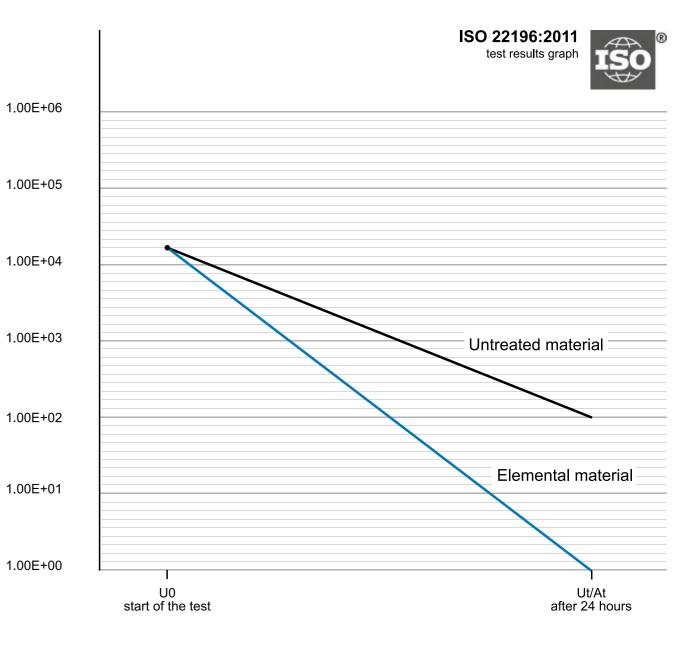




#### **Determination of Antimicrobial Activity**

Determination of antibacterial activity (R) =  $3.3 \log microbial growth reduction$ Determination of antibacterial activity (R) = >99.9%

### Determination of Antimicrobial Activity against **Gram-Positive Bacteria**

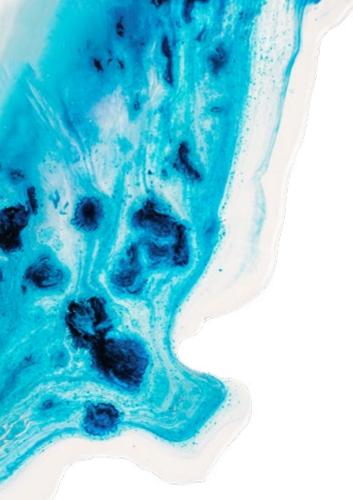




#### **Determination of Antimicrobial Activity**

Determination of antibacterial activity (R) = >2,0 log microbial growth reduction Determination of antibacterial activity (R) = >99%





#### APPLICATION

# Socket seal in extraction socket management, alveolar ridge preservation techniques.

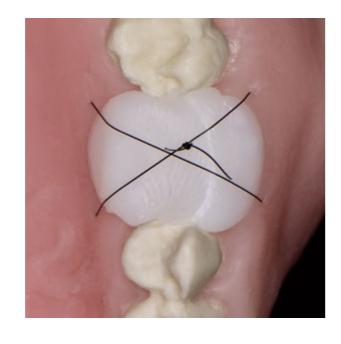
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#### Socket seal

### Techniques for retention



Sutured through the polymer after placement of bone substitute.



Crisscross sutured over the polymer + mechanical retention under the curvature of the adjacent teeth, after placement of bone substitute.



Combination of crisscross, through the polymer and mechanical retention under the curvature of the adjacent teeth, after placement of bone substitute.



Sutured over the polymer, after placement of PRF.

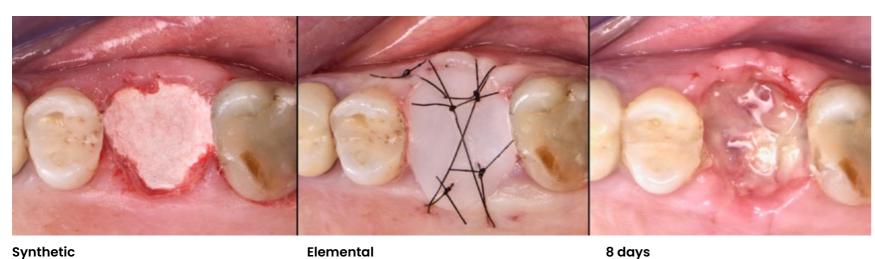


Mechanical retention on the adjacent teeth and tissue after placement of PRF.

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### Socket seal Healing results

bone substitute



polymer dressing

post-operative









Platelet-Rich Fibrin

Elemental polymer dressing

7 days post-operative







Platelet-Rich Fibrin

Elemental polymer dressing

10 days post-operative







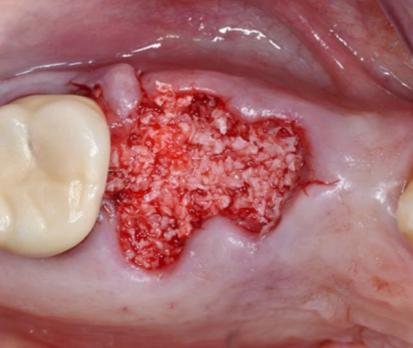
& Elemental polymer dressing

7 days post-operative



Elemental barrier for open healing socket grafting







Day of surgery

"No membrane, no sutures over the graft. Just the bone graft, protected by Elemental barrier."

"The Elemental polymer stayed in place the first 3 days. My plan was to remove it the 10th post-op day, but the patient had no pain at all so he decided to take scissors and removed by himself at home"



#### 10 day follow-up

"10 days after the extraction and the socket grafting with cancellous allograft. All the graft is in place, fully covered, and embedded in newly-formed connective tissue. Already there is new epithelium proliferating from the periphery. No inflammation, no infection, no pain, no swelling."



"Using Elemental Oral Surgical Granulate as a Novel Socket Barrier Concept" - Clinical report by Dr. Minas Leventis













The Elemental polymer dressing was placed over the grafted extraction site, and by applying gentle tactile pressure, it formed a barrier over the grafted socket (fig. 2), covering completely the underlying graft, and extending approximately three millimeters over the surrounding soft tissues. In a few seconds, polymer dressing had hardened in situ and a small number of sutures (SKD monofilament 5-0) were placed to stabilize it further (fig. 3).

Eight days post-op, the Elemental polymer barrier was removed (fig. 4), revealing excellent healing of the area, with no signs of infection, tissue collapse or loss of the graft. The grafted socket was already covered completely by newly-formed uninflamed connective tissue, which proliferated rapidly over the protected bone substitute.



Read full clinical report

Using Elemental Oral Surgical Granulate as a Novel Socket Barrier Concept











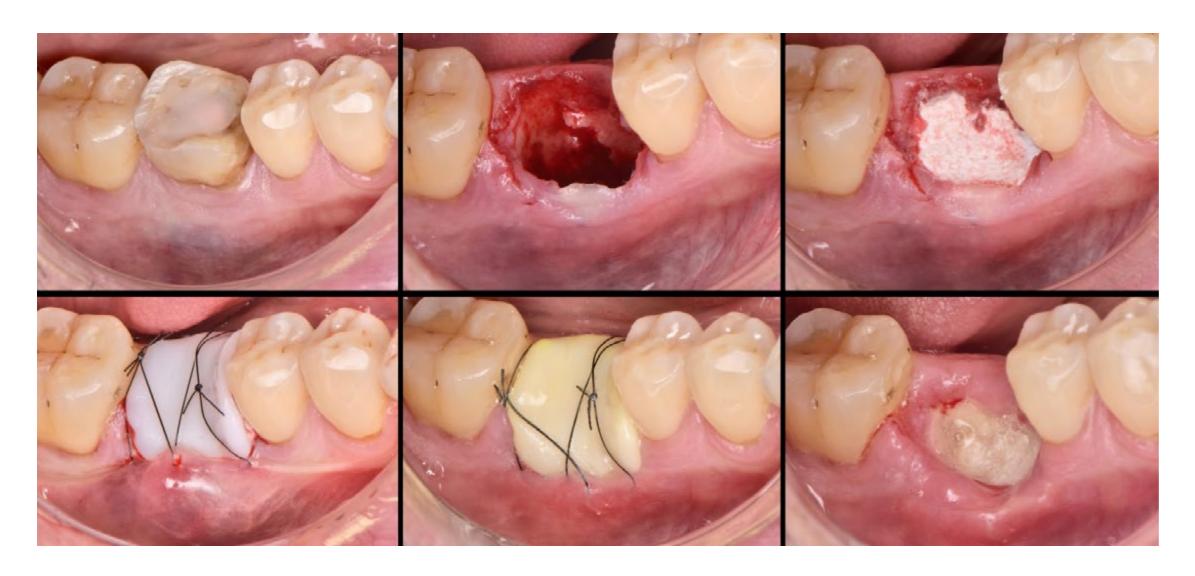
Allogenic cancellous bone

Elemental polymer dressing

3 days post-operative

"Here is a socket graft case where I left the Elemental polymer dressing only for 3 days post-op. Not an easy extraction, there was a small bone dehiscence buccally. I used only allogenic cancellous bone for grafting, no membranes. The major benefit is that in just 3 days the site is covered by connective tissue and we secure the graft in place. I don't think that there is any need to keep the polymer any longer."

Using Elemental Oral Surgical Granulate as a Novel Socket Barrier Concept



"Here I left the Elemental 6 days. Very difficult extraction as the roots were ankylosed, I managed to remove it without raising a flap, no septal bone and defective buccal plate.

Grafted with 0.5 cc synthetic silicate b-TCP, no collagen on top, no membrane, no flap to cover it. I stabilised the elemental with two criss cross 5-0 sutures and removed it after 6 days. Even without the stitches it was nicely stable and blocked between the adjacent teeth. The patient had no pain, no swelling, no discomfort, just the area was slightly tender the first days. Excellent result considering it was not an easy extraction.

In my opinion the outcome in this case and clinical scenario is excellent and the polymer fulfilled it's role perfectly: It protected the graft and improved the open healing of the site. So there was no graft loss, which is the main issue, and in 6 days we can observe clinically that the graft is embedded into a rich fibrin network and which is already getting covered by healthy granulation tissue and new epithelium, migrating from the margins of the socket. I believe that the graft is now safe and stable, and the area will heal perfectly by secondary intention, without the need for the polymer anymore.

In conclusion, I believe that the Elemental played a crucial role during the first days of healing of the grafted socket, and this first stage of healing is the most important."





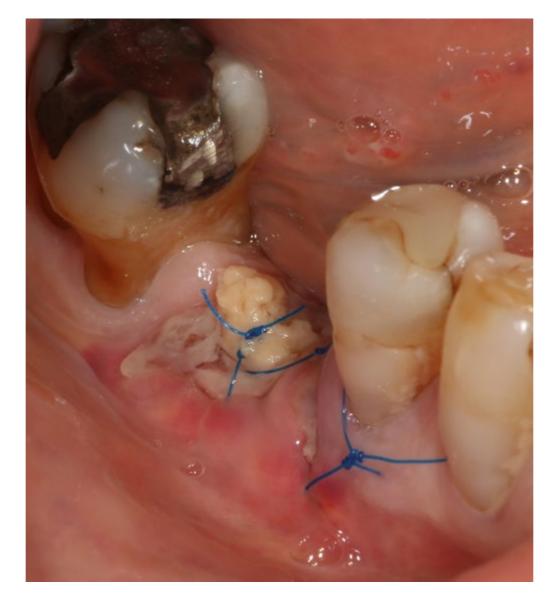
Coverage of the extraction socket after explant and placement of PRF in implant case.







Day of surgery



4 days post-operative



10 days post-operative





Sealing of the extraction socket after PRF placement









Day of surgery Fig 1: pre-operative, Fig 2: perforation, Fig. 3: placement of PRF, Fig. 4:. coverage with Elemental





7 days post-operative Removal of Elemental

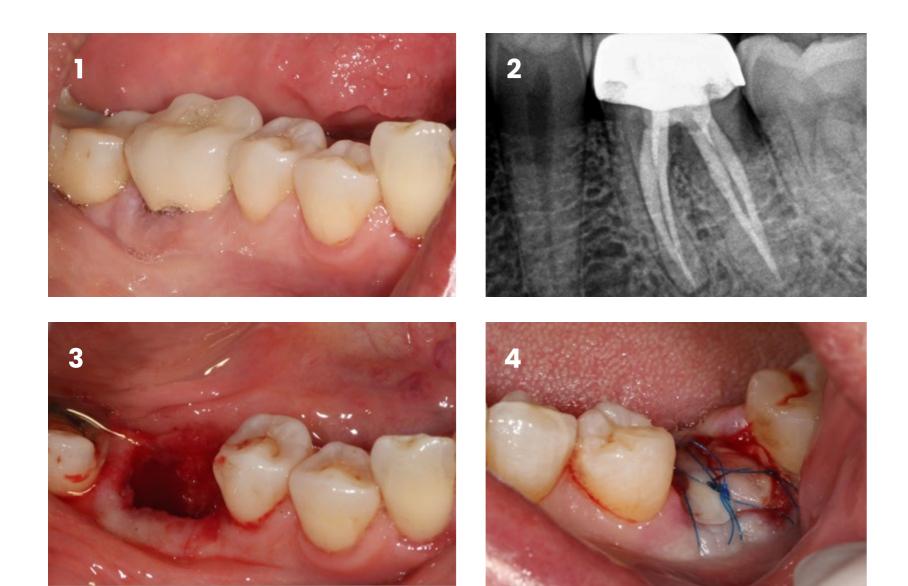




10 days, 16 days post-operative 10 days post-op (fig. 5), 16 days post-op (fig. 6)



Sealing of the extraction socket after PRF placement



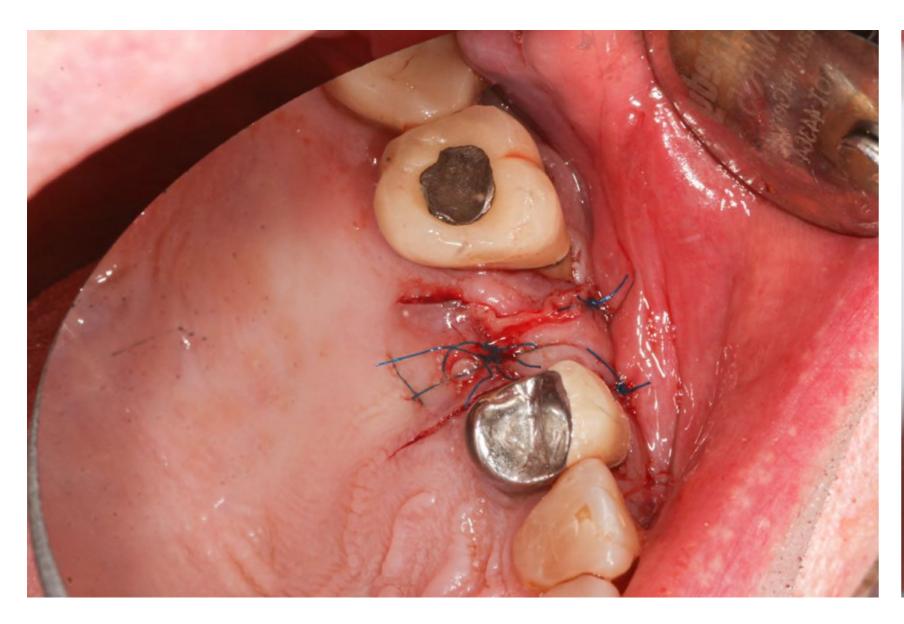


Day of surgery

Fig. 1: pre-operative view, Fig. 2: x-ray, Fig. 3: extraction, Fig. 4: PRF placed and sutured, Fig. 5: Elemental barrier placed.

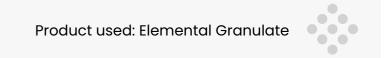


**Application**Sealing of the extraction socket after PRF placement









Sealing of the extraction socket with membrane





4 days post-operative





3 weeks post-operative











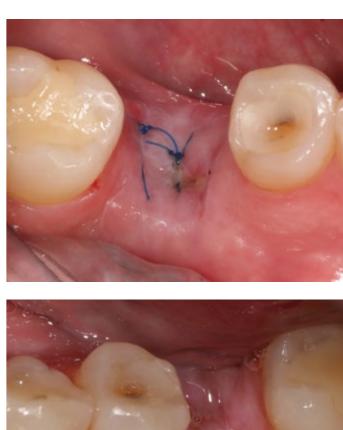


Sealing of extraction site before implant placement



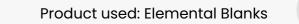






9 days post-operative





**Application** 

Coverage of implant site









5 days post-operative



4 weeks post-operative



8 weeks post-operative





Sealing of extraction site after PRF placement

















1 week post-operative

Day of surgery





**Application**Antibacterial coverage of implant sites





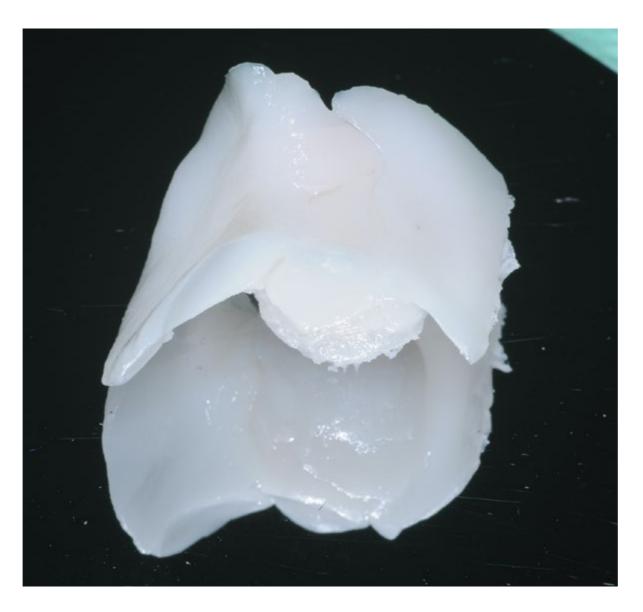








1. Extraction



2. Creating socket seal with Elemental granulate



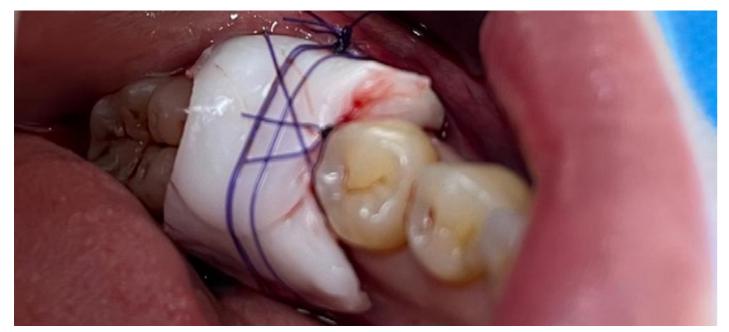
3. Placement of socket seal to protect extraction socket

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Sealing of the extraction socket after bone grafting







Day of surgery

1. extraction, 2. grafting the extraction socket, 3. sealing the socket with Elemental granulate.



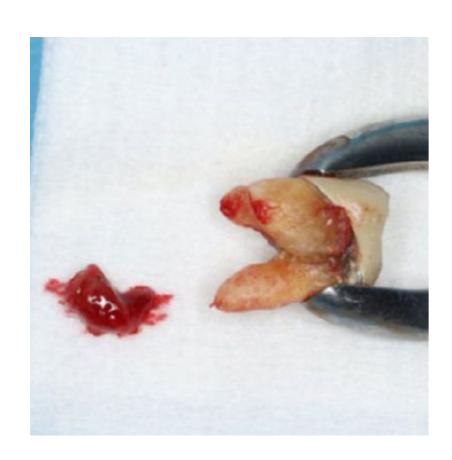
7 days post-operative

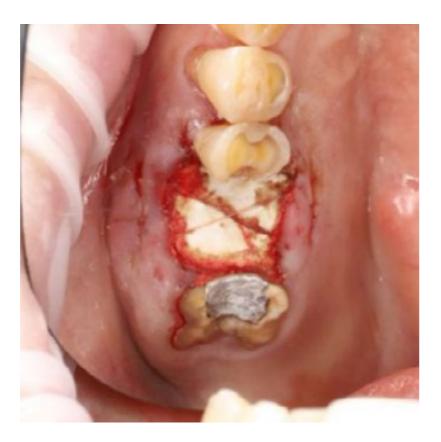
Grafted socket covered by newly-formed connective tissue.





Sealing of the extraction socket after bone grafting





















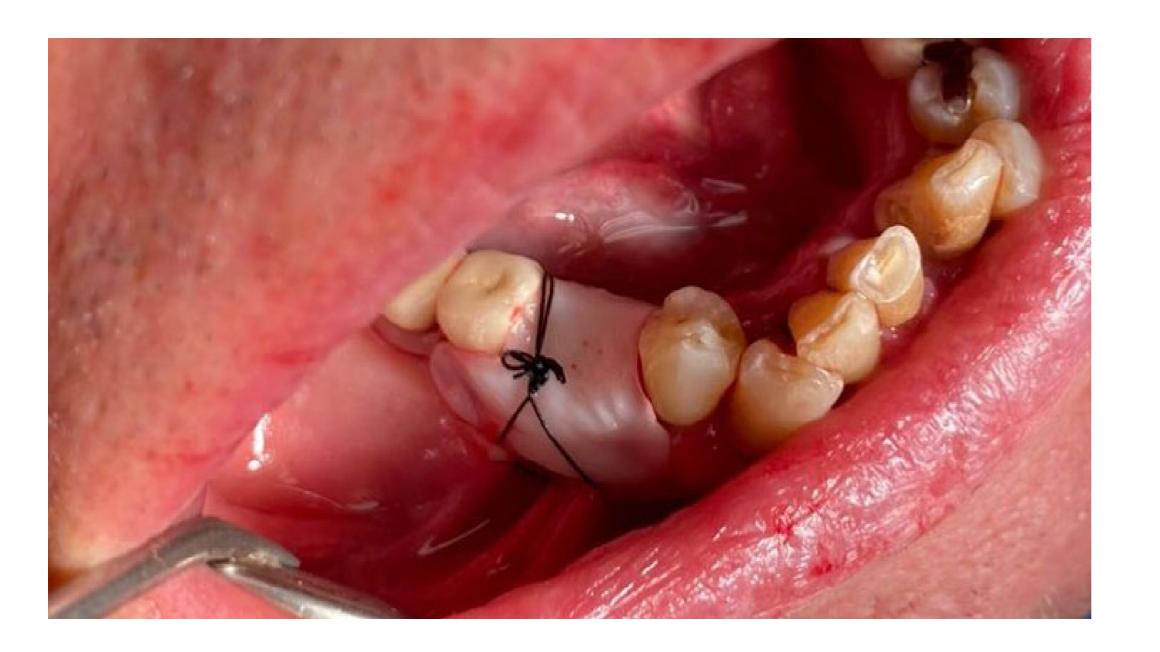








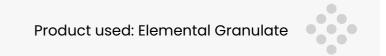


























Sealing of the extraction socket



#### Day of surgery

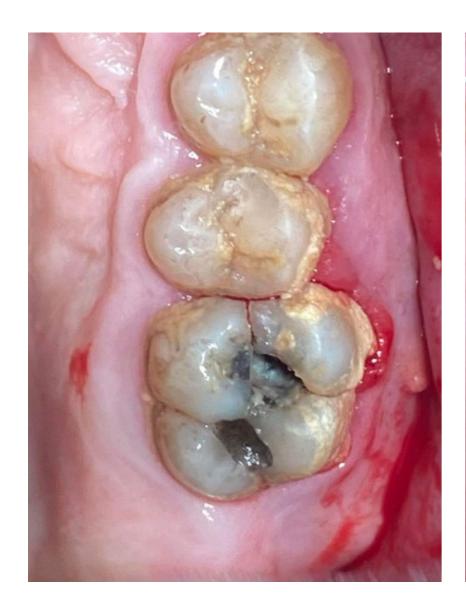
"Yesterday I extracted my 47 (31), I curetted the site, irrigated and placed zenoss bone plug. I suture and Elemental granulate. I feel great, I brushed and rinsed."

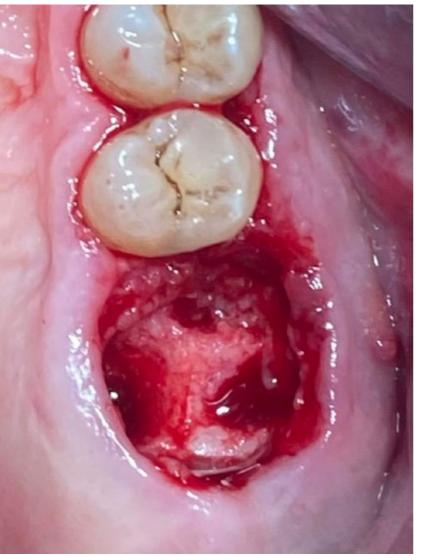


5 days post-operative

"I removed the material, the site is beautiful, I'm great, no pain."



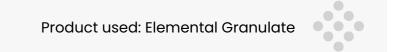




















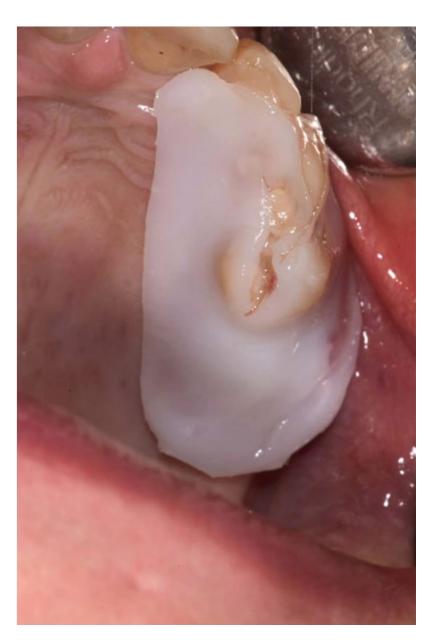






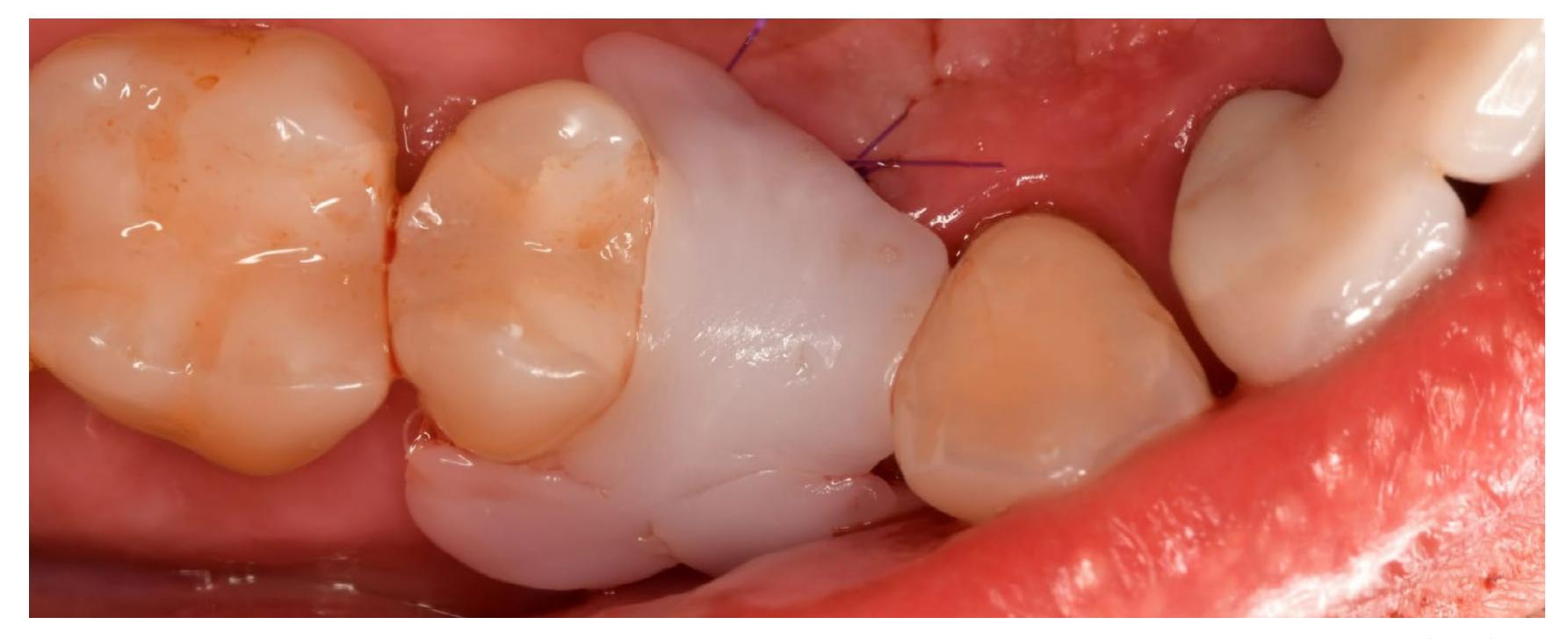






Elemental seal with composite fixation instead of mechanical retention.

**Application**Sealing of the extraction socket after PRF placement

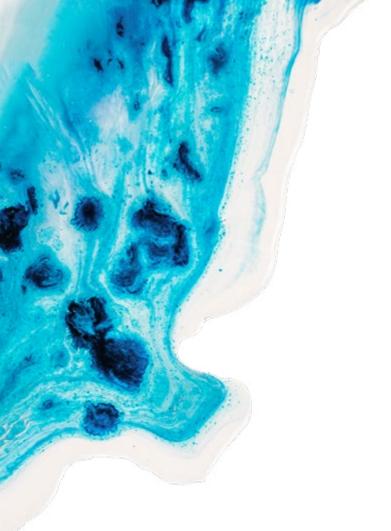


Elemental as adjunct to soft tissue healing after PRF placement









#### APPLICATION

# Palatal stent on donor site after soft tissue harvesting techniques.

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#### **Palatal stent**

### Techniques for retention



Partial palatalstent, interproximal mechanical retention.
With haemostatic agent sutured on the donor site.



Full palatal stent, interproximal mechanical retention.
No haemostatic agent or suturing on the donor site.



Partial palatal stent, combination of mechanical interproximal retention + retention on occlusal & buccal surface of molars. No haemostatic agent or suturing on the donor site.

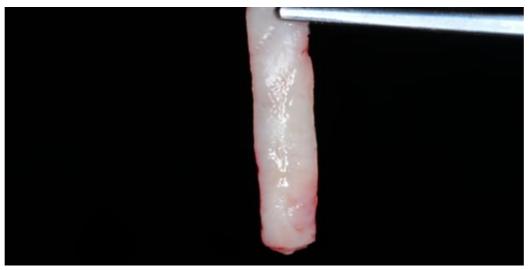


Full palatal stent, mechanical retention over incisal edges and on occlusal surface. No haemostatic agent or suturing on the donor site.













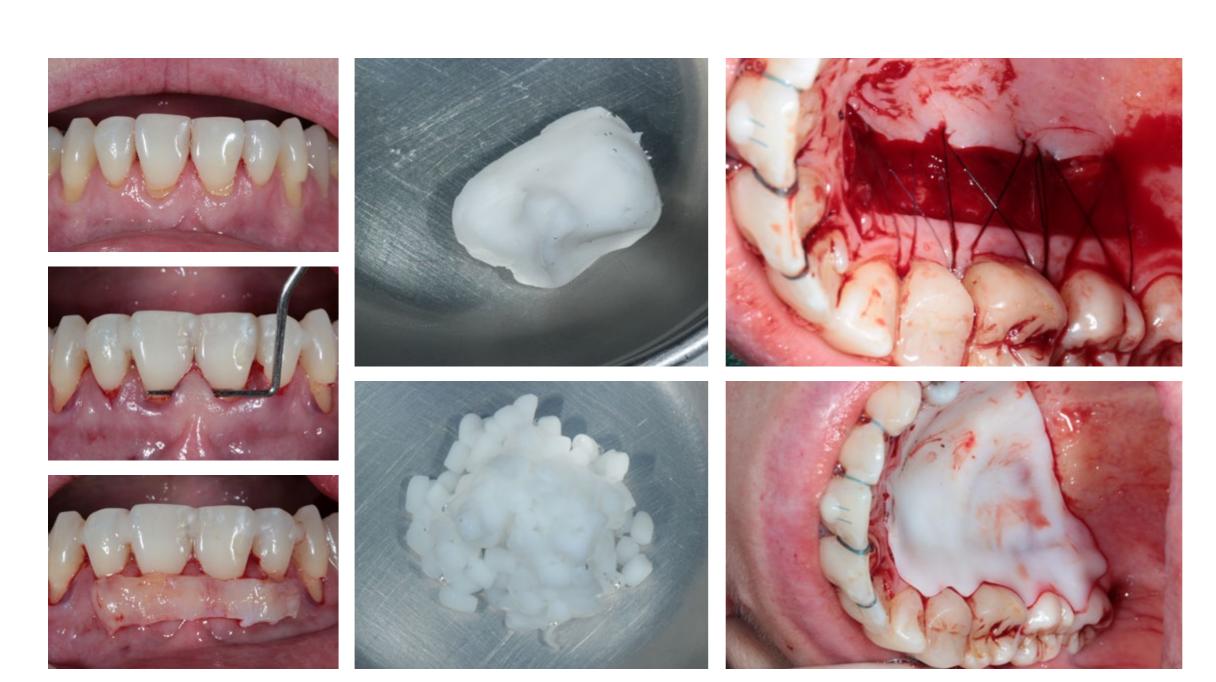




Day of surgery Follow-up



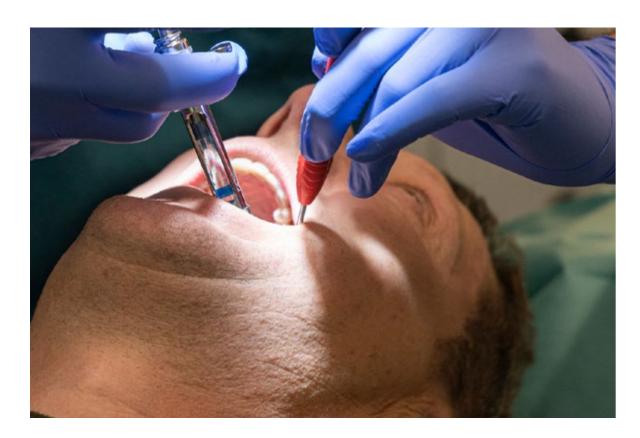






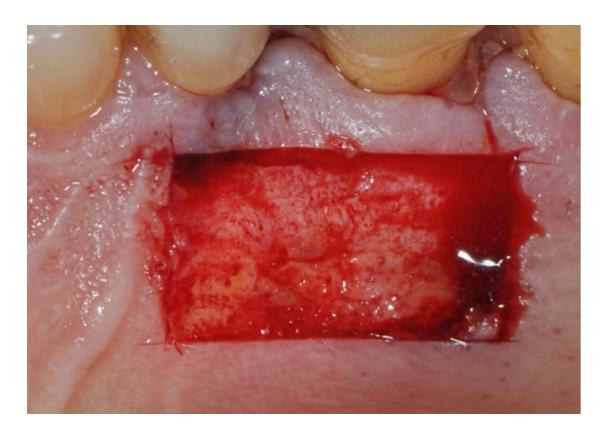


Follow-up











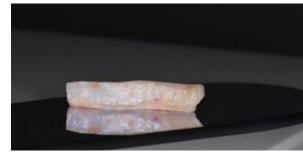




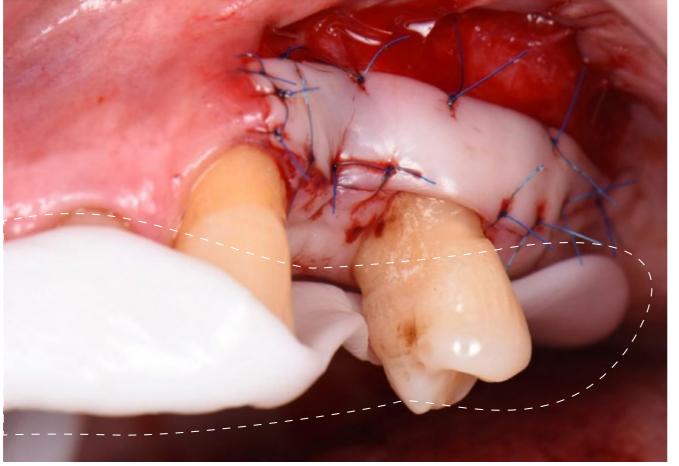


Palatal stent on donor site after soft tissue grafting









#### Day of surgery

"Preparation of recepient site, incision at mucogingival border. Apically displaced flap, removal of muscle tissue. Sutured apically with serafast 6-0. Harvesting donor site: Q2, no sutures used, Elemental granulate only. Adaptation FGG. Sutured FGG at the level of receptor site with Seralene 6-0. At the level of the recipient site, I made the stent go behind the tooth so that the stent would not get in the way of the sutures. This way, I also avoided the patient touching the graft in case he wanted to take out the stent."









#### 10 days post-operative

"10 days post-op after Free Gingival Graft at the level of implant site 24 and element 25. Phenotype modification. Patient barely took out the stent for 10 days (see discoloration of material). Furthermore, patient reported no post-operative pain."



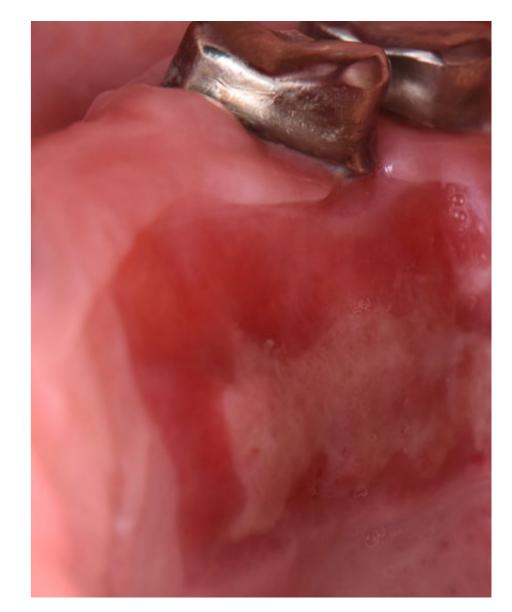


Adaptive prosthesis as donor site stent



#### Day of surgery

Using the Elemental granulate, Dr. De Greef made an extension of the patient's prosthesis, creating an adaptive prosthesis. This way, the patient could keep on wearning her prosthesis while covering the donor site wound with the granulate material. The extension was made in such a way that the patient could remove it herself after the recommended 7 days.



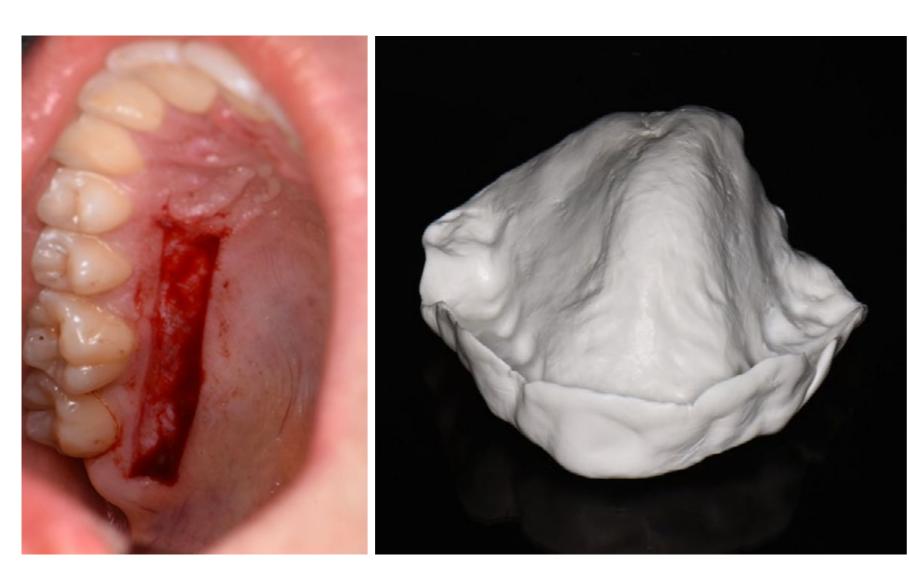
#### 7 days post-operative

Healing of the donor site, no post-operative pain reported by the patient.





Palatal stent on donor site after soft tissue grafting



Day of surgery

Free Gingival Graft, chairside fabrication of the stent, placement and hardening in situ.



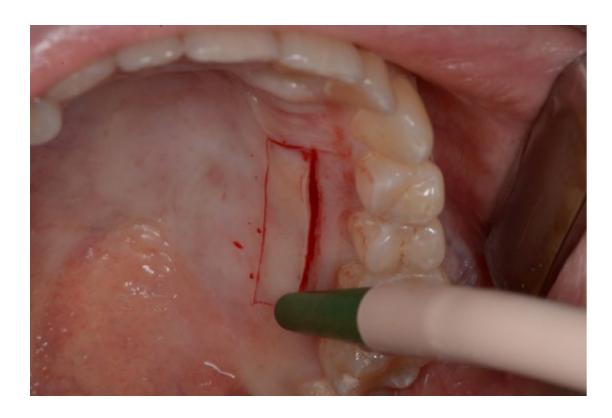
3 days post-operative

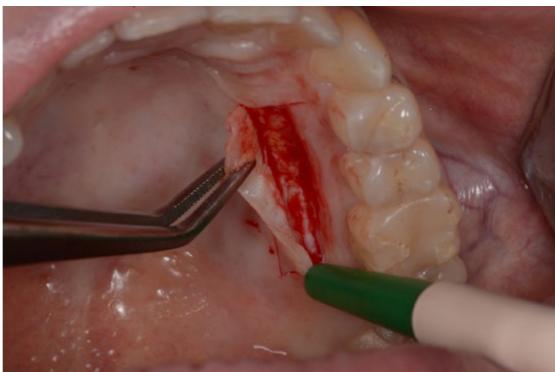
Healing of the donor site, no post-operative pain reported.



10 days post-operative

Healing of the donor site, no post-operative pain reported.







Palatal stent on donor site after soft tissue grafting



Day of surgery



1 month post-operative

"What surprised me was the retention of the polymer on the palate. It actually stayed on until the 3<sup>rd</sup> day when my patient decided to remove it herself due to the pressure on the wound.

The good thing about this polymer stent is that it really helps with haemostasis and it can be made easily chairside. The only problem, according to my patient, is it shouldn't be worn for more than 2 days as it gets uncomfortable with post-op oedema.

Is it something I would use in the clinic? Definitely for mucogingival procedures as it saves the trouble of making an acrylic plate." ♣ Dr. Delia Irani



**Application**Palatal stent on donor site after soft tissue grafting





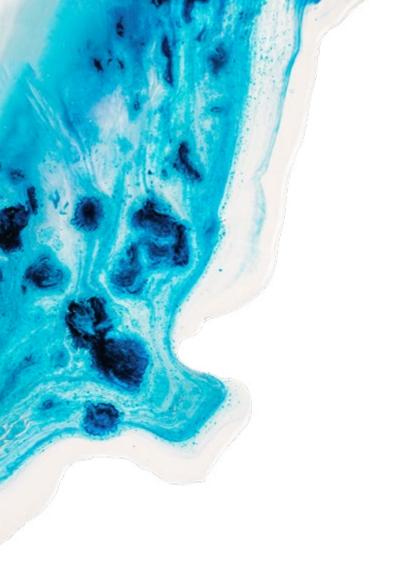


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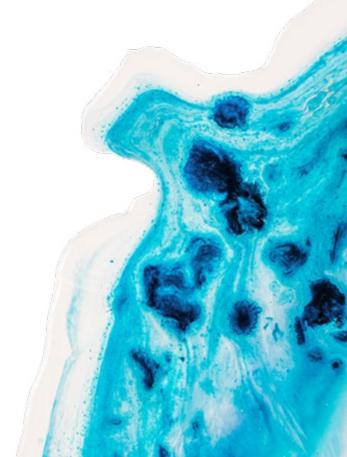






#### APPLICATION

# **Custom Healing Abutments**







**Application**Custom healing abutment

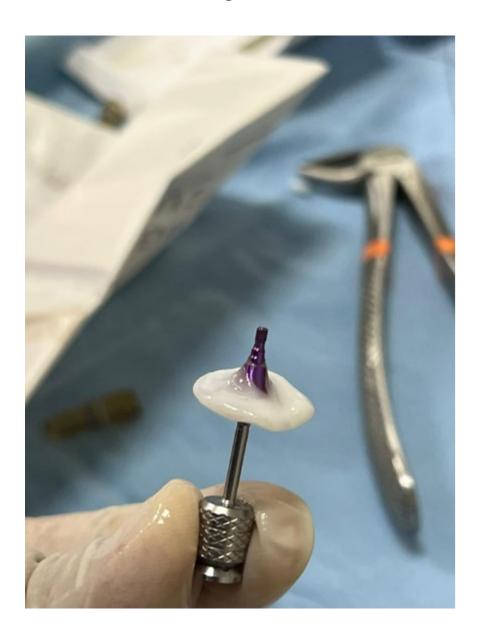








**Application**Custom healing abutment





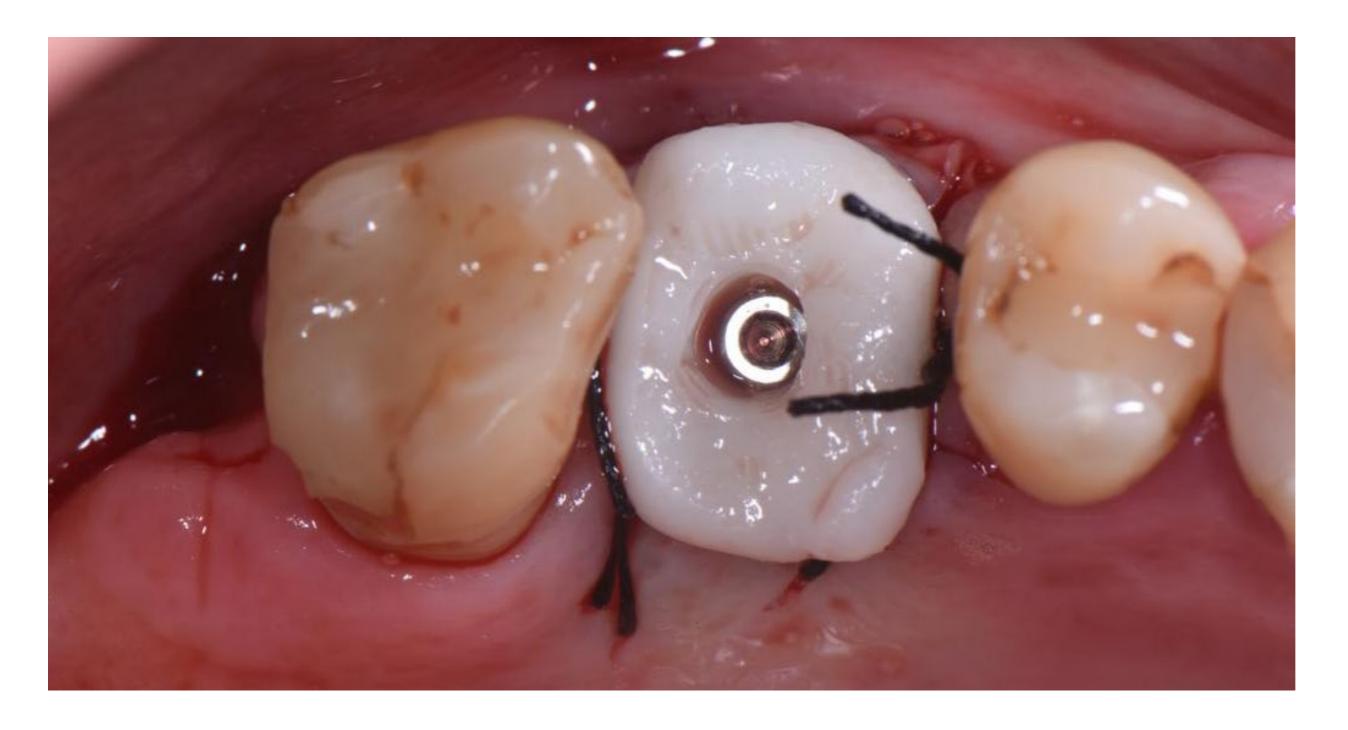








**Application**Socket Sealing Abutment







**Application**Custom healing abutment with Cervico mold





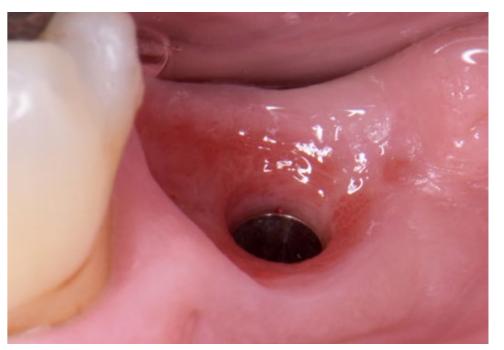




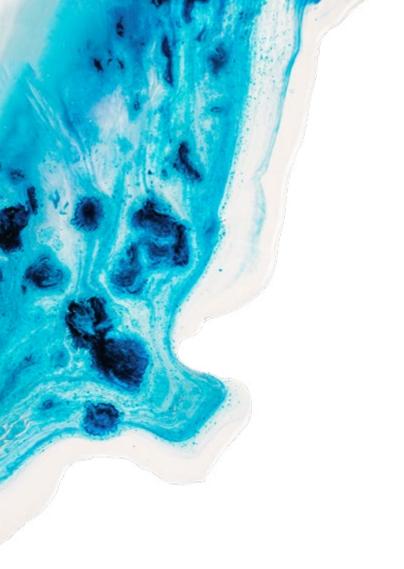






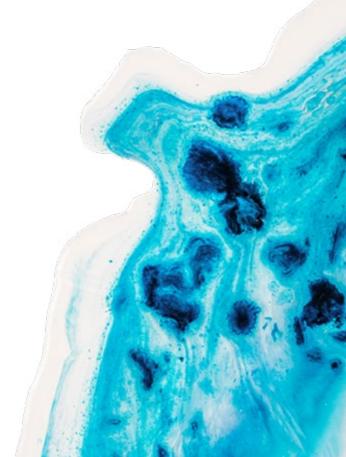






#### APPLICATION

# Antibacterial wound barrier on surgical sites







Mechanical antibacterial coverage of surgical sites

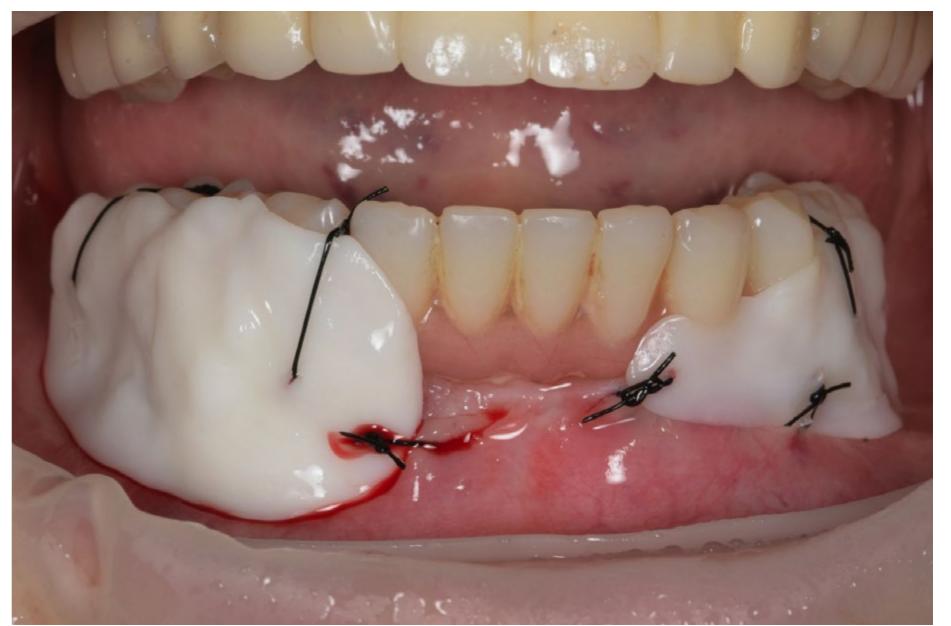








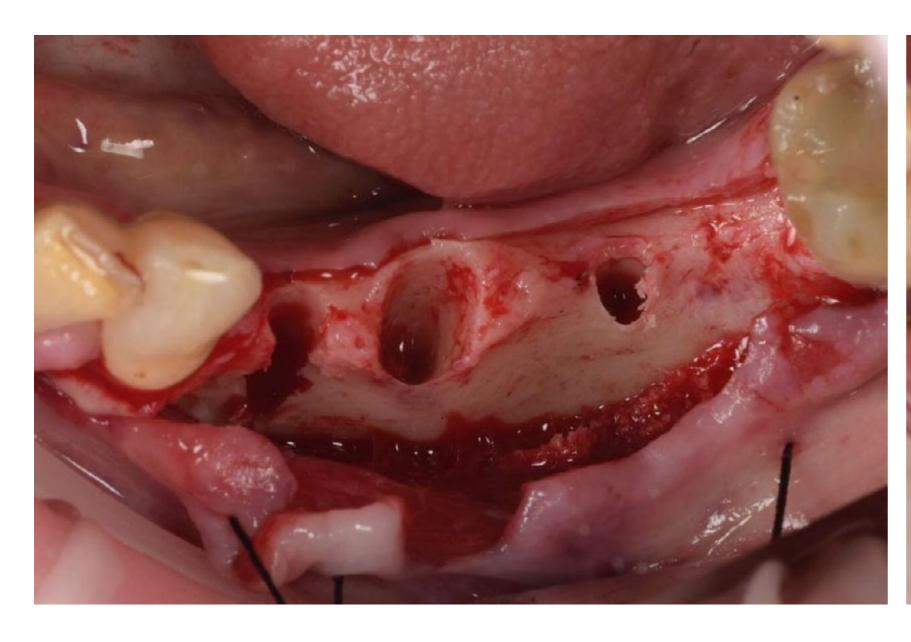




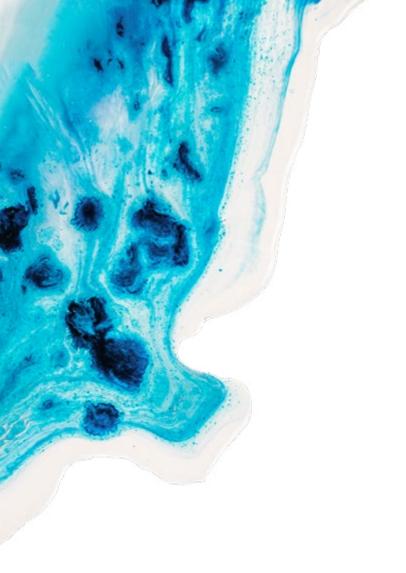




Mechanical antibacterial coverage of surgical sites

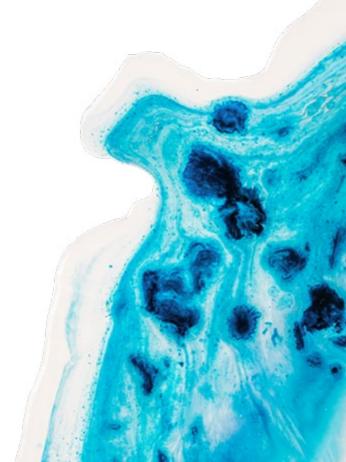






#### APPLICATION

## **Denture Relining**



**Application**Antibacterial denture relining



