INTRODUCING PERISOLV®: BIOFILM-ERASER

Elimination of the biofilm is key for the treatment success of periodontitis, peri-implant mucositis, and peri-implantitis.

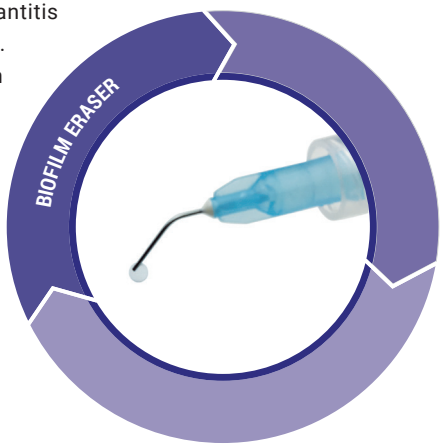
BTC Speciality Health.

A NEW MINIMALLY INVASIVE APPLICATION

For periodontal and peri-implant inflammation

Periodontitis, peri-implant mucositis and peri-implantitis are bacterial inflammations with similar symptoms. The underlying cause of all three indications, which progress in a similar way, is bacterial plaque forming a biofilm, rich in pathogenic bacteria. The softening of the biofilm and effective elimination of the bacteria is thus the key prerequisite for effective treatment of these conditions.

Originated from Sweden, PERISOLV® is the first chemo mechanical treatment to be introduced to Australia. It is a new cleaning gel used in addition to mechanical debridement.



INDICATIONS:

PERISOLV® is indicated for use in:

- ✓ Peri-implantitis
- ✓ Mucositis
- ✓ Periodontitis

PERISOLV®-EFFECTS

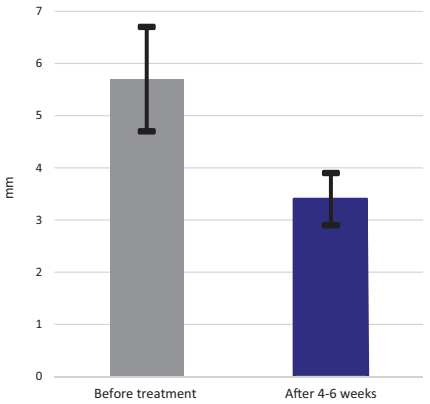
- Elimination of the biofilm*
- Reduction of pocket depth even in persistent pockets[1,2]

*Enhancing bacterial removal by mechanical debridement

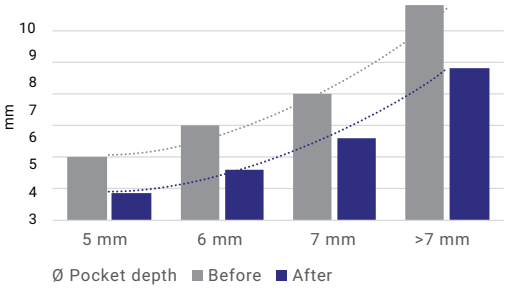
Pocket depth reduction, even for persistent pockets[1,2]

Positive in vitro data were also confirmed in a clinical case series study at the University of Ferrara.[1] The periodontal conditions of patients with infected deep residual pockets, a positive BOP and a pocket depth of ≥ 5 mm before treatment could be significantly improved after treatment with PERISOLV®. The average pocket depth before treatment was 5.7 ± 1.0 mm, decreasing to 3.4 ± 0.5 mm after treatment with ultrasound and PERISOLV®. After treatment, all pockets had a depth of ≤ 4 mm and were BOP-negative.

Average PPD



Average pocket depth**



**76% of 173 residual pockets

The effect of PERISOLV® on patients with residual pockets was documented via a case series in a private practice in Switzerland.[2] PERISOLV® was used in the treatment of 18 patients (173 residual pockets ≥ 5 mm). Follow-up ranged from 9 to over 30 weeks. A reduction in depth was determined in 76% of pockets. It was observed that in 66% of 5 mm pockets (depth from 5 mm to 3.87 mm), in 84% of 6 mm pockets (depth from 6 mm to 4.61 mm) and 92% of 7 mm pockets (depth from 7 mm to 5.62 mm), the probing depth was reduced. All other pockets remained stable. Using PERISOLV® also had a positive effect on BOP. Almost 70% of BOP-positive cases became BOP-negative.

MODE OF ACTION

Mechanical debridement alone or with PERISOLV®

Clear syringe with gel

- Water
- Carboxy methylcellulose (CMC)
- Sodium chloride
- Amino acids
- Titanium dioxide
- Alkaline pH

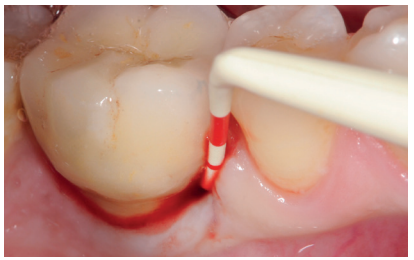
White syringe with liquid

- Water
- Sodium hypochlorite

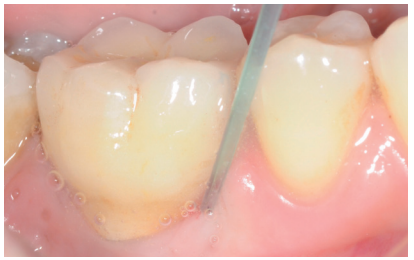
PERISOLV®

TREATMENT OF PERI-IMPLANT MUCOSITIS

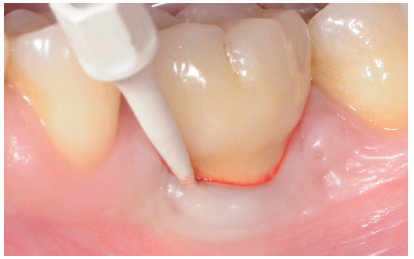
Case by Prof. Vincenzo Iorio-Siciliano, University of Catanzaro, Italy



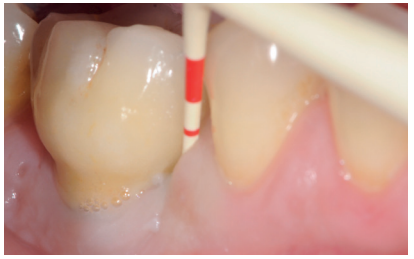
Implant with probing depth (PD) ≤ 5mm and BOP+



Application of PERISOLV® before non-surgical treatment



Biofilm removal using a sonic scaler with PEEK tip

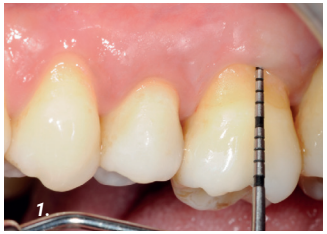


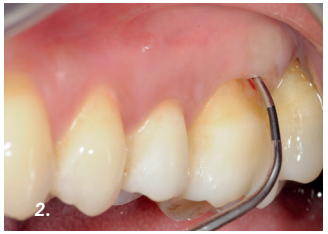
6 MONTHS AFTER TREATMENT
Probing depth (PD) after 6 months observation time

More clinical cases available at btchealth.com.au

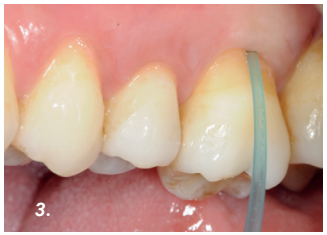
TREATMENT OF A FURCATION DEFECT

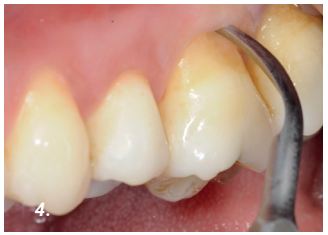
Case by Prof. Vincenzo-Iorio-Siciliano, University of Catanzaro, Italy



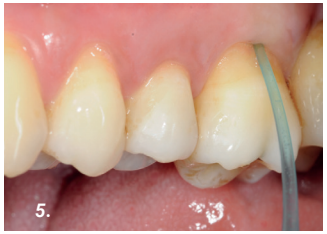


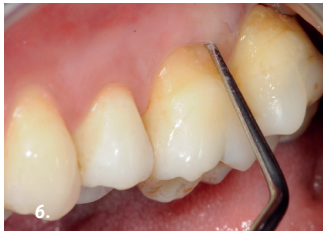
1. A PD of 5 mm was noted
2. A class-II furcation defect was recorded



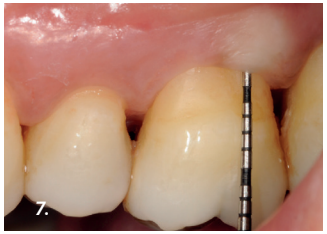


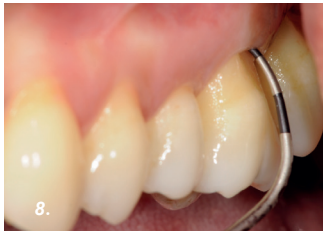
3. First application of PERISOLV®
4. Scaling was performed using an ultrasonic device





5. Second application of PERISOLV®
6. Root planing was performed



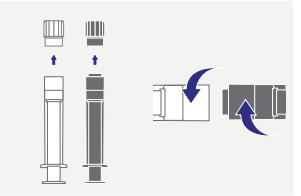


6 MONTHS AFTER TREATEMENT

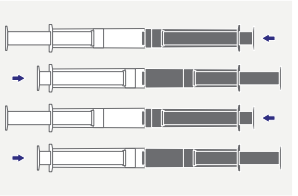
7. A PD of 3 mm was reported
8. A class-I furcation defect with BOP- was recorded

More clinical cases available at btchealth.com.au

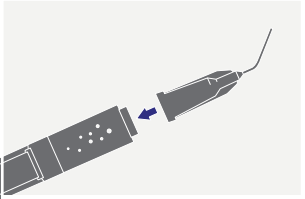
SIMPLE APPLICATION



1. CONNECT



2. MIX



3. CANNULA

4. APPLY

30 sec

5. WAIT

Repeat 4-6

6. START REGULAR SCALING

REFERENCES

1. Guarnelli ME et al. 'Professional local administration of chloramine-based treatment in conjunction with ultrasonic mechanical instrumentation: clinical outcomes in patients with deep periodontal pockets persisting following active non-surgical therapy'. Minerva Stomatologia, April 2015; Vol. 64 suppl. 1 al No. 2: 158-159.
2. Data on file 2016

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