

Puros[®] Cortical Particulate Allograft



Building Bone Naturally

1 Long-Lasting Regeneration

Can be used alone or as a composite graft in space maintenance and volume enhancement procedures¹

Slow-resorbing – Maintains an open network for the proliferation of bone-forming cells¹

Retains the natural collagen matrix and mineral structure of human cortical bone²

3 Safe And Easy To Use²

Sterilized using the proprietary Tutoplast[®] process

Easy handling, quick hydration, five-year shelf life and room temperature storage

2 Clinically Successful

Remodels into a dense lamellar structure without sacrificing ridge contour, and into natural viable bone with similar density to native bone³

In a “sandwich” technique for the treatment of localized buccal dehiscence defects, Park and Wang⁴ reported an average gain of 1.8 mm in bone thickness

In a combination “sandwich” and mucogingival pouch flap technique, one study achieved 1.5 mm to 3.5 mm gain in mean ridge thickness, and 84% to 100% gain in mean ridge height⁵



ZIMMER BIOMET
Your progress. Our promise.®

Offers The Density And Strength Of A Cortical Autograft Without The Need For Costly And Invasive Bone Harvesting.

Clinical Effectiveness Of Grafting With Cortical Particulates

Grafting with cortical particulates has been shown to produce successful clinical results in:

- Regeneration of gaps around block grafts²
- Alveolar ridge augmentation^{3,5}
- "Tent" and "sandwich" grafting techniques^{3,5}
- Sinus augmentation^{6,7}

Take A Closer Look

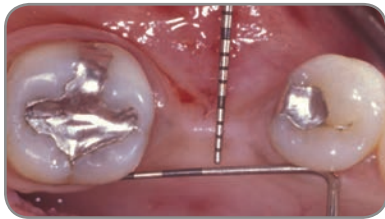


Fig. A Severely resorbed pre-operative ridge.

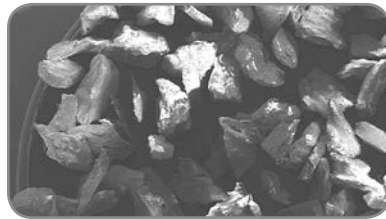


Fig. B SEM of Puros Cortical Particulate.



Fig. C Puros Cortical Particulate in place.

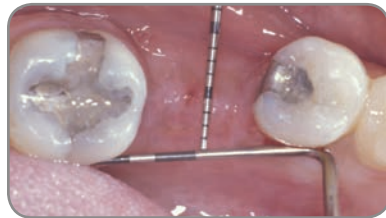


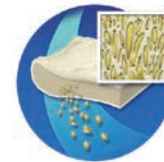
Fig. D Three months postoperative: ridge width restored to natural contours (4.0 mm increase).

The Unique Tutoplast Process

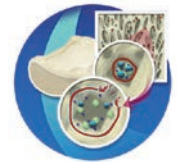
The proprietary Tutoplast process assures the highest standard of tissue safety and quality.²

The process preserves the valuable collagen matrix and tissue integrity while inactivating pathogens and gently removing unwanted materials, such as cells, antigens and viruses.² The result is safe, biocompatible tissue.²

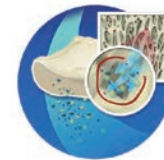
For over 40 years, a variety of Tutoplast processed tissues have been safely used in more than five million procedures.²



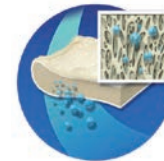
Delipidization



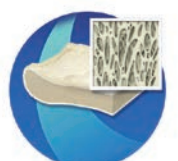
Osmotic Treatment



Oxidative Treatment



Solvent Dehydration



Low-Dose Gamma Irradiation

Ordering Information

Catalog Number	Description
68271	Puros Cortical Particulate, 0.5 cc, 250-1000 µm
68272	Puros Cortical Particulate, 1 cc, 250-1000 µm
68273	Puros Cortical Particulate, 2 cc, 250-1000 µm
68274	Puros Cortical Particulate, 0.5 cc, 1000-2000 µm
68275	Puros Cortical Particulate, 1 cc, 1000-2000 µm
68276	Puros Cortical Particulate, 2 cc, 1000-2000 µm

Zimmer Biomet offers a comprehensive line of allografts for bone augmentation needs.

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1 Wang HL, Boyapati L. "PASS" principles for predictable bone regeneration. *Implant Dent.* 2006;15:8-17.

2 Data on file with RTI Surgical, Inc.

3 Le B, Burstein J, Sedghizadeh P. Cortical tenting grafting technique in the severely atrophic ridge for implant site preparation. *Implant Dent.* 2008;17:40-50.

4 Park SH, Wang HL. Management of localized buccal dehiscence defect with allografts and acellular dermal matrix. *Int J Periodontics Restorative Dent.* 2006;26:589-595.

5 Park SH, Wang HL. Mucogingival pouch flap for sandwich bone augmentation: technique and rationale. *Implant Dent.* 2005;14:349-356.

6 Schlegel KA, Schultze-Mosgau S, Wiltfang J, Neukam FW, Ruppert S, Thorwarth M. Changes in mineralization of free autogenous bone grafts used for sinus floor elevation. *Clin Oral Implants Res.* 2006;17:673-678.

7 Rubio de Rezende ML, Nascimento de Melo LG, Hamata MM, Monteiro-Amado F. Particulate inlay nasal graft with immediate dental implant placement in a patient with repaired alveolar cleft: case report. *Implant Dent.* 2008;17:332-338.

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