

creos™ xenoform: an all-cancellous bone graft

Natural surface topography

Low-temperature processing technique allows natural surface topography, the same as human bone, stimulating osteoblast bone regeneration.

Multiporous structure

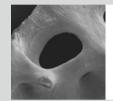
Relatively large pore size (300–400 μ m) compared to Geistlich Bio-Oss[©] (100–200 μ m), which is favorable for blood vessel access and development.^{1,2}

Enhance bone regeneration and formation

Contains octacalcium phosphate crystal to enhance bone regeneration and formation.3*



Multiporosity Natural surface topography, the same as human bone



x100 SEM Larger pore size compared to Bio-Oss®



x50,000 SEM
Octacalcium
phosphate
crystal
embedded on
the surface

Long-term success in clinical setting

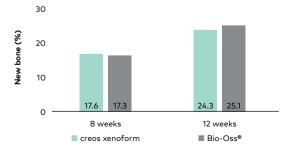
In the last 10+ years, creos xenoform has been used by leading dental surgeons around the world in multiple clinical indications.

High percentage of newly regenerated bone

- In a study with 10 patients who underwent maxillary sinus graft with creos xenoform, the histomorphometric analysis showed a higher fraction of newly regenerated bone (23.5±0.1%) compared to residual graft materials (15.4±0.06%), 6-8 months post-surgery. ¹
- In an in-vivo model to evaluate the bone healing effect of biomaterials, the percentage of the newly formed bone with creos xenoform and Geistlich Bio-Oss® were comparable. No infections or complications observed after surgery.⁴



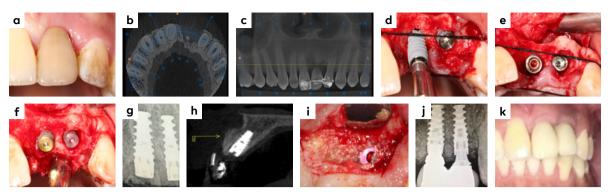
Image courtesy of Dr. Lee, Myung Ho, Republic of Korea



No statistically significant difference between groups at either time point. $% \label{eq:controlled}$

^{*} as shown in animal model

Clinical case



Images courtesy of Dr. Lanka Mahesh, India

A 28-year-old male patient reported with long-standing edentulous space in the central incisor (FDI position 21) replaced by a splinted crown and bone loss up to one-third of the apical portion in 22. Pre-operative clinical assessment (a) and CBCT (b,c) show the extent of the bone defect. NobelActive® implants are inserted (d,e) after the extraction and the cover screws are placed (f); the defect is subsequently filled with creos xenoform and covered with Titanium-Reinforced Cytoplast™ membrane. Post-operative x-ray (g) and 5-month follow-up CBCT (h) show an evident horizontal and vertical bone volume gain. The integration of creos xenoform is well visible at the 5-month re-entry (i) and in the 1-year follow-up x-ray (j). The clinical assessment at the 1-year follow-up reveals a stable situation (k).



Dr. Luigi Canullo Italy

"Due to high hydrophilicity of creos xenoform, the hydrated bone chips with blood or saline are homogeneous and easy to shape. This helps to obtain the desired bone volume and stability while supporting the environment for osteogenesis."



Dr. Liliana Silva Portugal

"creos xenoform is easy to handle and adapt in bone defects, and its fast wettability in saline or biological products is highly useful in guided bone regeneration procedures."



Dr. Lanka Mahesh India

"I have used creos xenoform over the last 7 years in various clinical indications, ranging from sinus lift to GBR and socket grafting. I am extremely pleased with the results clinically as well as histologically. I would highly recommend this product to the practicing clinicians."

More to explore



Nobel Biocare Regeneratives



Lateral sinus augmentation Using creos xenoform



Meet the regeneration experts on FOR

1. Lee JH, et al. Implant Dent. 2015;24(3):275-80 • 2. Anil A, et al. J Int Soc Prev Community Dent. 2020 28;10(5):634-42 • 3. Suzuki O, et al. Dent Mater J. 2020 31;39(2):187-199 • 4. Jung Y, et al. Materials (Basel). 2020 1;13(19):4391.

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