



LABRIDA BIOCLEAN® - PERIODONTITIS DISCOVERY PACKAGE

Labrida BioClean® is a medical device designed for effective claning of osseointegrated dental implants and/or teeth with pocket depths ≥ 4 mm. ¹⁻⁵

CLEAN

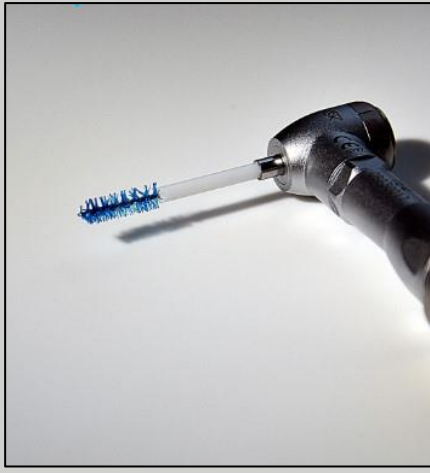
Labrida BioClean® can be used for maintenance of teeth suffering from periodontitis, with documented clinical effect.⁶

Removal of plaque-forming bacteria from the infected tooth surface is the first step in biofilm management. Regular care of teeth with periodontitis must be performed to obtain infection control.

Labrida BioClean® should be used 2-4 times a year, depending on clinical indication (hard deposits e.g. calculus must be removed with an ultrasonic scaler or curette). Infection control may reduce the need for surgery and regular maintenance treatment with Labrida BioClean® can halt the disease progression.

Treatment of residual pockets using an oscillating chitosan device versus regular curettes alone – A randomized, feasibility parallel-arm clinical trial

Study design	Randomized parallel arm, multicenter study
Population	78 patients with advanced periodontitis (PPD = 5-7 mm), following previous active periodontal treatment
Aim	To investigate the effect of non-surgical treatment of advanced periodontitis using Labrida BioClean®
Results	BoP and PPD were reduced in both test and control group. Significantly better reduction in PPD was observed at 6 months in the test group (Labrida BioClean®) as compared to the control group.



Hussain et al. JPeriodontol. 2021; 1-10

REGENERATE

Straumann® Emdogain® and Straumann® Emdogain® FL consist of an unique gel containing enamel matrix derivative. This mixture of natural proteins form a matrix that stimulates certain cells involved in the healing process of soft and hard tissues.⁶ Adding Straumann® Emdogain® or Straumann® Emdogain® FL to cleaned tooth or implant surfaces can improve the clinical outcome of the procedure.⁷⁻⁹





A novel concept for non-surgical therapy of periodontitis using Labrida BioClean® with Straumann® Emdogain® FL as a chemical adjunct

Procedure by Dr. Caspar Wohlfahrt, Labrida AS, Norway

Step 0 – A young patient with one localized deep pocket of 7 mm depth at tooth 33 and intra bony defect. The patient has been treated with conventional techniques (scaling and root planing) and surgery, with poor response.



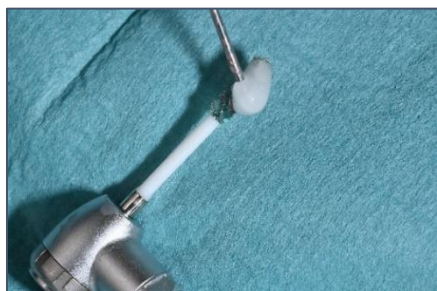
Step 1 – Take out Emdogain® FL from cold storage about 30 minutes before use and allow it to assume ambient temperature.



Step 2 – Mechanical debridement and curettage of epithelium was performed with a regular Gracey curette.



Step 3 – Soak Labrida BioClean® in sterile saline for 2 minutes and entrench the brush in Straumann® Prefgel. Labrida BioClean® is an excellent carrier of chemical decontaminants.





Step 4 – Apply additional Prefgel directly in the pocket. Treat the pocket using Labrida BioClean® in an oscillating handpiece for 2 minutes, with probing movements and light pressure.



Step 5 – Use a wetted gauze to open the pocket.



Step 6 – Apply Emdogain FL.



Clinical results at 6 months



Baseline 7 mm PPD with BoP



6 months 3 mm PPD no BoP



After the procedure: Keep the patient in a strict individually based, oral hygiene regime. Recall visits every 3 months. Debride the pocket with Labrida BioClean® if positive BoP scores.⁶

Consult Instructions for Use. Please follow the link to the e-IFUs at www.ifu.straumann.com and www.labrida.no/bioclean.

A study by Graziani et al¹⁰ showed that EMD application was associated with better periodontal healing as shown by greater PPD reduction and clinical attachment level gain in sites with PPD ≥ 6 mm, and higher number of cases with no residual PPD ≥ 6 mm ($p < 0.05$) at 3 months:

Enamel matrix derivative stabilizes blood clot and improves clinical healing in deep pockets after flapless periodontal therapy: A Randomized Clinical Trial

Study design	Randomized parallel arm, single-centre	
Population	38 perio-affected patients with proximal attachment loss of ≥ 3mm in ≥ 2 non -adjacent teeth, BoP on at least 25% of total sites and documented radiographic bone loss.	
Aim	The main aim of this study was to compare acute phase (24-hr) and medium-term (3-months) inflammation and clinical outcomes after SRP (non-surgical periodontal treatment) with or without application of enamel matrix derivative (EMD) in sites with probing pocket depth (PPD) ≥ 6 mm.	
Results	EMD application after non -SRP resulted in lower fibrinolysis, and better periodontal healing of deep pockets. These initial observations warrant further investigations on the potential to modulate both local and systemic outcomes of non-SRP.	

Graziani F. et al, J Clin Periodontol. 2019;46:231–240

Recent findings from The Economist Impact Report states that

“NOW is the time to take gum disease seriously!”,

<https://www.perio.org/for-patients/economist-impact-report-gum-disease/>

(The report was produced in partnership with Crest® + Oral-B® and the American Academy of Periodontology)

Salvi et al has published a review article on

“Clinical periodontal diagnosis”¹¹,

where they present a summary of subjective and objective criteria required to classify patients with periodontal health or disease as well as to assign a diagnosis to every single tooth. A “Must Read”!

References

1 Wohlfahrt JC et al. poster presentation, Dublin 2013. 2 Wohlfahrt JC et al. Int J Dent Hyg 2019. 3 Wohlfahrt JC et al. OC. Int J Implant Dent 2017. 4 Larsen OI et al. J Oral Implantol. 2017. 5 Wohlfahrt et al. 2012. Unpublished data included in Technical file. 6 Hussain et al J Periodontol 2021. 7 Miron et al. J Clin Periodontol. 2016. 8 Esberg et al. J Clin Periodontol. 2019. 9 Faramarzi et al. J Korean Assoc Oral Maxillofac Surg. 2015. 10 Graziani et al J Clin Periodontol. 2019 11. Salvi et al. Periodontol 2000.2023;00:1-19