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Dentists who are converting their patients' extracted teeth into bone graft report outstanding long-term results

by Amit Binderman, KometaBio

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As more and more dentists are using the Smart Dentin Grinder protocol to convert extracted teeth into autologous graft, it is becoming obvious that the procedure offers the predictability they seek. This simple 15-minute procedure takes the extracted teeth through a special chairside device that crushes them into a consistent particulate size and then applies a cleansing process which results in plenty of dentin graft in putty form that can be placed right back into the site.

"It is essential that we do everything we can to preserve our extraction sites, either for a future implant or for maintenance of the function and esthetic of the alveolar bone," says Prof. Itzhak Binderman, one of the developers of the protocol, a scientist and a clinician. "Without grafting our extraction sites, we allow the bone to resorb, often to significant magnitudes."

The dentin graft works differently than conventional grafts. Being autologous and originating from a tooth, it undergoes ankylosis, which happens in the first stage of the wound healing. It also introduces to the site the natural BMPs and growth factors that are abundant in the tooth. All these help to accelerate the natural healing mechanism of the defect. Furthermore, since the dentin graft is similar to cortical bone due to the nature of its HA component, it offers an excellent scaffold that is slow resorbing and therefore allows the matrix to transform newly created woven bone into lamellar bone and maintain it over the long term.

"When I extract a tooth, using it for dentin graft for the same patient is always my first choice. My patients love the idea of utilizing their own dentition for bone preservation and augmentation rather than opening a bottle of cadaver, cow or synthetic materials," says Dr. Isaac Tawil, Brooklyn N.Y. "For me it was a no-brainer since we've been transplanting and anchoring teeth for decades, in addition to submerging roots under pontic sites and socket shielding for implant placement. Why not do it in the form of a graft which is so much easier and so much more predictable?"

The protocol and device have been in use now for over six years with outstanding results. The protocol has been tested by leading practitioners in the United States and from around the world. More information is available online, at www.kometabio.com, or by phone at (866) 772-2871.