

INTEGUARD® Matrix - Did you know?

Only with the APLIQUIQ® conditioning system can you generate the alkaline and superhydrophilic surface INICELL® chairside immediately before implantation. The conditioning solution is stored separately from the implant in the cartridge. By pressing the cartridge and subsequent vigorous shaking, the implant is covered and activated by the conditioning solution.

The conditioning solution is strongly alkaline, with a pH value over 12. The free hydroxyl ions (OH-), responsible for the high pH value, have an antimicrobial effect. It protects the implant surface from the removal of the product from the sterile packaging until the first blood contact. The high pH is immediately buffered by the blood, and at the same time the superhydrophilic implant surface allows spontaneous and homogeneous protein adsorption, creating the basis for fast and successful osseointegration.

Learn more: <a href="https://lnkd.in/d5aTbkR">https://lnkd.in/d5aTbkR</a>

#INICELL #APLIQUIQ #thommenmedical #wearethommen #drivenbyscience #multiguardprotectionsolution #mps #dentalimplantexperts #dentistry











Gerald Niznick DMD, MSD • You Dental Implant Pioneer 17h \*\*\*

Can you prove any clinically significant advantage to applying a conditioning solution - if not, it is just a marketing gimmick.



Thommen Medical Author 3,595 followers

2h \*\*\*

Thank you for your comment. Actually, there are multiple clinical studies showing the clinically advantage of the conditioning solution and the INICELL surface. Please refer to the pages 4-7 of this document:

https://www.thommenmedical.com/fileadmin/Media/09 Landing Pages/Multiguard Protection Solution/Thommen MPS Brochuere A4 EN.pdf



## Gerald Niznick DMD, MSD . You Dental Implant Pioneer

13h \*\*\*

Like I said show me a study that proves a clinically significant advantage. le a side by side blind study placing Thomnen implants with and without conditioning solution and compare the clinical success - osseointegration or not, bone loss or not, stability etc. You can't do it because they will both be so successful that if a difference could be shown, it would not be statistically significant. Yes hydrophilic surfaces may show more BIC in 14 days as did Straumann's SLActive, but that is of no consequence as the implant can be loaded immediately if adequate initial torque is achieved, or if not, loading will be delayed 12 weeks. By then there will be no difference in BIC or stability as shown with SLActive.

"Biologically improved wettability leads to a homogenous adsorption of proteins on the implant surface. This leads to more activated thrombocytes (10) and a homogenous, thicker blood clot network in the early stages of wound healing (11). On the molecular level, MMPs, BMP-2 and VEGF are present in higher concentrations on the INICELL® surface (11, 12), accelerating the osseointegration process.



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First of all you are right, it is very difficult to reach significant differences in this context. Nevertheless, as an implant manufacturer, we aim to provide the best treatment for the patient. As the superhydrophilic effect impacts the very early stages of wound healing and osseointegration, it might decrease early failure rates. This was investigated by LeGac et al., who compared 1337 INICELL to 1581 unconditioned implants in an implantological office setting. 7 INICELL implants (0.5%) and 23 unconditioned implants (1.5%) failed in this study, all early (before implant loading).



Gerald Niznick DMD, MSD • You Dental Implant Pioneer

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#### **Thommen Medical**

You would have to know how many of each type were placed in the maxilla vs mandible, anterior vs posterior, lengths, health conditions of patients, immediate extraction vs delayed insertions etc to even begin to evaluate whether there a1% difference was statistically significant. Here is a 5 year study of Legacy implants without conditioning and with 100% success. https://issuu.com/dr.niznick/docs/ 2009 - 100 study?e=0



### Thommen Medical Author

3.597 followers

**Gerald Niznick DMD, MSD** Congratulations on those results! Like you, we aim to provide the best solutions for implant patients. Our aspiration is to better understand the underlying mechanisms of osseointegration, and to provide basic scientific evidence on that topic.



### Gerald Niznick DMD, MSD . You

Dental Implant Pioneer

Thank you. I am sure we both "aim to provide the best solutions for implant patients." Clinical results do not differ significantly between 2-stage implants from reputable companies like Thommen and the products I developed that are sold today by Zimmer Biomet (Screw-Vent) and Implant Direct's division of NobelBiocare (Legacy). What I take issue with are the efforts of implant companies, both in the premium and value segments, to create a USP (unique selling proposition) based on the weakest of scientific evidence or misguided claims of simplicity. Different implant surfaces have provided fertile grounds for unsubstantiated claims of faster or more complete osseointegration, often to justify premium pricing. Thommen's APLIQUIQ® conditioning system is sophisticated packaging designed to capitalize on Straumann's successful marketing of its premium priced SLActive surface. Both claim increased surface wet-ability will enhance clinical success without any clinical studies to support such a claim. My USP since Core-Vent in 1982 and Implant Direct in 2004 was on simplicity, versatility, precision and value. Implant Direct is credited with creating the Value Segment of the market that all premium priced companies are now chasing. www.niznick.com

Thommen's internal Hex Connection with a butt joint (flat-to-flat) implan/abutment interface epresents a significant departure from the Internal Hex Conical Connection I first introduced in 1986 with the Screw-Vent Implant, that is used by most implant companies today.

# **EVERGUARD®** Connection

#### Designed for long-term mechanical stability

The EVERGUARD® Connection, with an internal hex and external stabilization ring, ensures optimal long-term stability of the implant abutment connection. The connection design includes a vertical stop for consistent abutment position and preservation of the abutment screw's preload to avoid screw loosening. The clever design of the reduced size abutment screw enables thicker implant and abutment walls and protects implant integrity. The reduced screw access channel allows for improved restorative flexibility and aesthetics.

