

# Puros<sup>®</sup> Cancellous Particulate Allograft

Solutions For Hard-Tissue Regeneration



## REGENERATIVE SOLUTIONS

### 1 Regeneration

- Acts as an osteoconductive scaffold for new bone formation<sup>1,2</sup>
- In large-volume applications, prospective studies have documented faster bone regeneration at six months than grafts containing sintered bovine bone matrix<sup>3,4</sup>
- In small-volume applications, regeneration of hard bone has been reported as early as 3-5 months<sup>5,7</sup>

### 2 Biologic Option And Easy To Use

- Retains osteoconductive properties due to the preservation of the natural bone matrix collagen and mineral composition, trabecular pattern, and original porosity,<sup>1,2</sup> enabling the ingrowth of vascular and cellular connective tissue<sup>6</sup>
- Easy handling – quick hydration, five-year shelf life and room temperature storage

### 3 Tutoplast<sup>®</sup> Process

- Sterilized and preserved using the proprietary Tutoplast process, Puros Cancellous Particulate is a high-quality allograft designed for large and small volume bone regeneration procedures

# The Bone Grafting Material Of Choice For Many Clinicians Due To Its History Of Well-Documented Clinical Results.

## Clinical Effectiveness Of Grafting With Puros Cancellous Particulate Allografts

Puros Cancellous Particulate Allografts have shown successful clinical results in:

- Regeneration of periodontal bone and furcation defects<sup>1,2</sup>
- Osseous defect regeneration<sup>1,2,4,7</sup>
- Regeneration of extraction sockets<sup>5,6</sup>
- Regeneration of gaps around block grafts<sup>5,8</sup>
- Horizontal alveolar crest augmentation<sup>5,8</sup>
- Sinus augmentation<sup>3,4</sup>

## Take A Closer Look



Fig. A Intact socket after atraumatic extraction.



Fig. B Socket augmentation using Puros Allograft Cancellous Particles.



Fig. C Bone situation, 6 months post-op.



Fig. D Radiograph taken after implant placement.

## Ordering Information

Catalog Number	Description
67210	Puros Cancellous Particulate, 0.5 cc, Ø 0,25–1 mm
67211	Puros Cancellous Particulate, 1 cc, Ø 0,25–1 mm
67209	Puros Cancellous Particulate, 2 cc, Ø 0,25–1 mm
67212	Puros Cancellous Particulate, 0.5 cc, Ø 1–2 mm
67213	Puros Cancellous Particulate, 1 cc, Ø 1–2 mm
67214	Puros Cancellous Particulate, 2 cc, Ø 1–2 mm

## The Unique Tutoplast Process

The proprietary Tutoplast process assures the highest standard of tissue safety and quality. The process preserves the valuable collagen matrix and tissue integrity while inactivating pathogens and gently removing unwanted materials, such as cells, antigens and viruses. The result is safe, biocompatible tissue.<sup>9</sup>

For over 40 years, Tutoplast processed tissues have been safely used in more than 5 million procedures.<sup>9</sup>



Delipidization



Osmotic treatment



Oxidative treatment



Solvent dehydration



Low-dose gamma irradiation

Clinical photographs: Prof. Stefan Fickl, University of Würzburg (Germany). All rights reserved. Individual results may vary.

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- 2 Tsao YP, Neiva R, Al-Shammari K, Oh TJ, Wang HL. Effects of a mineralized human cancellous bone allograft in regeneration of mandibular Class II furcation defects. *J Periodontol.* 2006;77:416-425.
- 3 Froum SJ, Wallace SS, Elian N, Cho SC, Tarnow DP. Comparison of mineralized cancellous bone allograft (Puros) and anorganic bovine bone matrix (Bio-Oss) for sinus augmentation: histomorphometry at 26 to 32 weeks after grafting. *Int J Periodontics Restorative Dent.* 2006;26:543-551.
- 4 Noumbissi SS, Lozada JL, Boyne PJ, Rohrer MD, Clem D, Kim JS, Prasad H. Clinical, histologic, and histomorphometric evaluation of mineralized solvent-dehydrated bone allograft (Puros) in human maxillary sinus grafts. *J Oral Implantol.* 2005;31:171-179.
- 5 Block MS, Finger I, Lytle R. Human mineralized bone in extraction sites before implant placement. Preliminary results. *J Amer Dent Assoc.* 2002;133:1631-1638.
- 6 Minichetti JC, D'Amore JC, Hong AYJ, Cleveland DB. Human histologic analysis of mineralized bone allograft (Puros) placement before implant surgery. *J Oral Implantol.* 2004;30:74-82.
- 7 Block MS, Degen M. Horizontal ridge augmentation using human mineralized particulate bone: preliminary results. *J Oral Maxillofac Surg.* 2004;62(Suppl 2):67-72.
- 8 Bach L, Burstein J, Sedghizadeh PP. Cortical tenting grafting technique in the severely atrophic alveolar ridge for implant site development. *Implant Dent.* 2008;17:40-50.
- 9 Data on file with RTI Surgical, Inc.

Contact us at +34-93-470-55-00 or visit [zimmerbiometdental.com](http://zimmerbiometdental.com)

Zimmer Biomet Dental  
Global Headquarters  
4555 Riverside Drive  
Palm Beach Gardens, FL 33410  
Tel: +1-561-776-6700  
Fax: +1-561-776-1272

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