

- ソケットプリザベーションで用いるe-PTFE膜は、『Cytoplast』社製のもので、アメリカから個人輸入しております。（国内未承認です）
- 同一の成分や性能を有する他の国内承認医薬品はありません

OSTEOGENICS
BIOMEDICAL

CYTOPLAST™
TXT-200

Cytoplast™ TXT-200 & TXT-200 Singles

- ▶ Designed to withstand exposure
- ▶ Non-surgical removal when left exposed
- ▶ Impervious to bacteria

Predictability

In two separate studies treating a total of 696 extraction sites using Cytoplast™ dPTFE membranes in an exposed technique, there were no reported infections.^{1,2}

EFFICACY Bone loss 2-year post-extraction using The Cytoplast™ Technique for ridge preservation.¹

Measurement	Value
Vertical Bone Loss	0.25 mm
Horizontal Bone Loss	0.5 mm

Soft tissue regression after extraction using The Cytoplast™ Technique for ridge preservation.²

Measurement	Value
Cytoplast™ TXT-200	59.68%
No Membrane	18.21%

1. Bahrouz SP, Sato S, Feres M, Cavalli W. Guided bone regeneration using non-expanded polytetrafluoroethylene membranes in preparation for dental implant placement - a report of 40 cases. *Implant Dent*. 2010;12(2):7-2. 2. Hoffman G, Sauer BK, Baumann C, Kopp A, Dell C. Soft tissue regression after extraction using non-invasive dPTFE membranes: A retrospective non-randomized study. *J Periodontol*. 2010;79(12):1305-1309. 3. Fook-PH, Fook-IF, Wang H. Comparison of dental matrix and polytetrafluoroethylene membrane for socket bone regeneration: a clinical and histologic study. *J Periodontol*. 2009;80:776-782. 4. Bahrouz SP, Feres M, Sato S, Feres M. Soft tissue enhancement using non-expanded PTFE membranes without primary closure [abstract]. Presented at the 2009 Research Forum Poster Session, Annual Meeting of the American Academy of Periodontology (AAP) in Seattle, WA, September 6-9, 2009.

Impervious to Bacteria

A microbial barrier (strike-through) test was completed by an independent third party lab in accordance with US FDA Good Laboratory Practice (GLP) regulations. The purpose of the test was to verify that the dense PTFE membranes were impervious to bacteria in an accelerated environment. *E. faecalis* was chosen as the challenge organism for its common presence in the oral environment, its spherical morphology, rapid growth, and its small size of 0.5 to 1.0 µm.

The challenge organism was placed on the dense PTFE membranes at a concentration of 2×10^7 (twenty million) colony forming units per membrane. Ten samples were placed on agar plates and incubated for 48 hours. Following incubation, membranes were removed and agar plates were further incubated for 48 hours, and then bacterial counts were completed on the area underneath the membranes. While all positive controls exhibited growth, all ten test articles exhibited zero growth on the agar plates underlying the dense PTFE membranes. Reference data on file.

Available Sizes

TXT-200
Singles

12 mm x 24 mm Part No. TXT224

TXT-200

25 mm x 30 mm Part No. TXT230

Expanded PTFE (ePTFE)

Magnification x500
Magnification x20,000

High-Density PTFE (dPTFE)

Magnification x500
Magnification x20,000

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_140900.pdf#search=%27c
ytoplast+FDA%27](https://osteogenics.com/templates/assets/images/TXTTechSheetWEB_190815_140900.pdf#search=%27cytoplast+FDA%27)

e-PTFEメンブレンの有効性を示す参考文献

抜歯後の顎堤保存のための骨再生アプローチ：10ケースのレポート

前歯部領域で2本以上の抜歯が必要な10名の患者を対象に研究を行った。抜歯は全層弁を挙上して行った。

フラップ挙上後、周囲の骨への侵襲を最小限に抑えて抜歯を行い、その後シリコン印象材で印象採得を行って顎堤の模型を製作した。また、顎骨のサイズを測る基準点とするため小さな金属ピンを歯槽堤につけた。一方の抜歯窩にはe-PTFEメンブレンによる被覆を行い（実験群）、もう一方はコントロール群とした。骨膜の減張切開を行って全層弁を可動性にし、e-PTFE糸によるマツトレス縫合を行った。抜歯して6ヶ月後にリエントリーを行い、e-PTFEメンブレンの除去と基準点のピンを用いた顎堤形態のサイズ測定を行った。临床上と模型上での測定で実験群はコントロール群と比較して統計学的に有意な顎堤のサイズであった ($p \leq 0.05$)。メンブレンの露出が認められた3名ではコントロール群と同等の顎堤サイズの変化であった。この結果から、この新しい術式は顎堤形態の維持と骨質の向上に予知性があり、インプラント治療と審美修復のために有効であることが示唆された。

J Periodontol. 1997 Jun;68(6):563-70.

A bone regenerative approach to alveolar ridge maintenance following tooth extraction. Report of 10 cases.

Lekovic V¹, Kenney EB, Weinlaender M, Han T, Klokkevold P, Nedic M, Orsini M.

⊖ **Author information**

1 Section of Periodontics, UCLA, School of Dentistry, USA.

Abstract

TEN PATIENTS WHO REQUIRED two or more anterior teeth extractions were utilized in this study. Extraction procedures were carried out with a full thickness surgical flap approach. After flap reflection, teeth were removed with a minimum of trauma to the surrounding bone. Following extraction silicone-based impression techniques were used to produce a model of the alveolar process and small metal pins were placed in the alveolus to be used as fixed points to make measurements of ridge dimensions. One socket was covered with an expanded polytetrafluoroethylene (ePTFE) barrier membrane (experimental site); the other socket was a conventional control. The soft tissue flaps were then mobilized using periosteal releasing incision and the wound closed with ePTFE mattress sutures. Six months following extraction, patients were treated with flap surgery to expose both extractions sites to remove the ePTFE membranes and to measure ridge dimensions using the pins as fixed points. Clinical and model measurements have shown statistically significant better ridge dimensions at experimental sites than at control ($P < \text{or} = 0.05$). Three patients with exposed membranes had similar dimensional changes as controls. Results from this study suggested that this improved technique offers a predictable alveolar ridge maintenance enhancing the bone quality for dental implant procedures and esthetic restorative dentistry.

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