

TM CIU/OSSS Bioactive bone substitute Osteostimulative bone regeneration granules

Gene Activation for Excellent Bone Remodeling

Injectable

Putty

Granules

BIOMATERIALS STIMULATING THE BONE REGENERATION



Noraker has been involved in biomaterial development since 2005. It's today an innovative manufacturer of medical implants for bone regeneration, with its core technology: the bioactive glass, a synthetic bioresorbable ceramic.

Composition	The bone substitutes Activioss [™] Granules and Activioss [™] Putty are made of bioactive glass. This ceramic is composed of Silicium, Calcium, Sodium and Phosphorous, minerals naturally present in the human body. The natural composition allows an excellent biocompatibility.
Avantages	The bioactive glass is more reactive than inert materials, such as hydroxyapatite or calcium phosphate. Its composition stimulates the natural process of bone regeneration at the genetic level. ¹²³
Performances	The bioactive glass has clinically proven its performance to fill bone defects over 1 million patients. Over time, it is fully absorbed and replaced by functional bone tissue. ⁴

MECHANISM OF ACTION

1. Easy to use

Granules: cohesive mass when mixed with serum or blood.

Injectable Putty: can be injected through the syringe, or molded with the gloves or surgical instruments.



2. Ionic exchanges

At 14 days: formation of an active biological mineral layer of calcium phosphate, with similar composition and structure as human bone.135



The products range of Activioss[™] consists of Injectable Putty and Granules.





4. Bone Regeneration

At 6.5 months, mineralized bone tissue is present in all the augmented bone volume. Bone architecture appears to be normal.⁷ *Clinical case*



Did you know?

Bone substitutes are classified into an Index of Bioactivity.8

Class B
Matrix for the bone colonization
ΗΑ, βΤCΡ

Illustration of the osteostimuation property of ActiviossTM: Adhesion and Proliferation of mesenchymal stem cells hMSC on Activioss^{™.9} (in vitro study)



SEM - Day 2 Stem cells adhesion on the surface of Activioss[™] (dark dots)



SEM - Day 7 Multiplication and differentiation of the stem cells (dark spider web)



SEM - Day 14 Extracellular matrix and natural hydroxyapatite in formation



SEM - Day 21 Dense extracellular matrix; cells differentiated in osteoblasts



Live&Dead - Day 2 Alive stem cells (green dots); no dead stem cells (no red dots)



Live&Dead – Day 7 Alive cells spread on the Activioss[™] surface (in green)



Live&Dead - Day14 Alive cells and network spread on the Activioss[™] surface (in green)



Live&Dead – Day 21 Alive cells and network spread on the Activioss[™] surface (in green)

* [45S5]≥50mg·ml⁻¹

Additional property in

granule shapes. In vitro tests have demonstrated the bactericidal effect of the bioactive glass 45S5 on common bacteria present in dental and orthopaedic surgeries. 10 11 12

		entage (%) *	
Urthopaedic	S. Epidermidis	≥98%	
	S. Aureus	≥98%	
	E. Coli	≥98%	
nental	S. Mutans	≥83%	
	S. Sanguis	≥98%	
	P. Gingivalis	≥91%	

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Clinical Cases

1: Implant dehiscence, Dr D. Carrotte, private practice in Villeurbanne Lyon (69)



1. Gingival healing after tooth extraction.



2. Bone crest after flap opening and cortical stimulation.



3. Fenestration to neck implant, on 5 mm



4. Recovery of the apparent grooves with drilling bone.



5. Placement of the Activioss™ bone substitute, in relation with autologous bone.



 Defect's recovery with Activioss™ Membrane, 20x30 mm, reshaped for this site.



7. Final view with stitchings.



8. 3 months scanner. Highlight of the bone graft, on the vestibular face of the implant.



9. Gingiva scalopping at 3 months, due to the connection of the temporary crown «direct implant».



10. Clinical results at 6 months, with natural adjacent tooth mimetism and papilla's maturation.



This case is a 9-years-old female, with an alveolar left cleft of 4,6mm, confirmed on conebeam. Gingivoperiostoplasty was realized in ambulatory, with 1cc of Activioss [™] Granules mixed with 0,5cc of patient's blood. School could start again 1 week after surgery, and sports 1 month after. Clinical follow up at 1 month and 1 year showed good gingival continuity, stable



ConeBeam before surgery



ConeBeam at 6 months follow up



ConeBeam at 1 year follow up

bone volume, no persistent palate or alveolar fistula. Radio follow up at 6 months with cone beam showed progressive integration of the bone substitute. At 1 year follow up, cone beam confirmed a mature bone bridge with same density as adjacent maxillaire and complete resorption of Activioss[™].

Reference	ce	Granulometry	Volume ≈ weight			
Activioss™ Granules Osteostimulative granules for the bone regeneration.						
ACT-GS0.5	S	0.04 – 0.5 mm	0.5 cc			
ACT-GS1.0	S	0.04 – 0.5 mm	1.0 cc			
ACT-GM0.5	Μ	0.5 – 1.0 mm	0.5 cc			
ACT-GM1.0	Μ	0.5 – 1.0 mm	1.0 cc			
ACT-GL1.0	L	1.0 – 3.0 mm	1.0 cc			
Activioss Osteostim	Activioss Injectable Putty Osteostimualtive Injectable paste for bone remodling.					
ACT-IP1.0		0.1 mm to 0.7 mm	1,0 cc			
ACT-IP2.5		0.1 mm to 0.7 mm	2,5 cc			

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Activioss™ Granules et Activioss™ Injectable Putty, bone graft substitutes are a medical devices class III, manufactured by NORAKER and whose ocnformity assessment was conducted by LNE / G-MED (0459).

Activioss[™] is indicated for filling bone defects. Read the instructions supplied with the product for complete information on indications, cons-inidcations, warnings and precautions, and adverse effects. Last update : 2018/06



NORAKER is a French manufacturer specialized in the research and development of innovative products based on the 45S5 bioactive glass technology for medical applications.



www.noraker.com

2.2-GLB-Brochure-EN-2.1