

E.S.T.A.G. Mucotomes kit



Why a mucotomes kit?

“Post-extraction implants in aesthetic areas follow some well-defined and by now well-known three-dimensional positioning rules. For the aesthetic and functional success of such a procedure many authors consider that an important variable is the seal of the alveolus so as to prevent infiltration that could contaminate both the implant and the possible biomaterials inserted.

Excluding a coronal sliding flap, that would move the mucogingival line altering the aesthetics of the area, **an epithelium connective punch** can be used for this purpose; taken directly from the patient, the connective punch is one of the best existing membranes, thanks to its biological characteristics and integration capacity, allowing to have **excellent healing and great results in the aesthetic areas**.



Single Punch



Double Punch

Hence the need to design together with Sweden & Martina a mucotomes kit with several reference diameters and a rounded diamond drill for disepithelialization. The mucotomes have been designed with an open flare so as to be able to take a single punch or a double punch, with the shape of a peanut, in cases where two adjacent alveolus should be covered”.

Dr. Vittorio Ferri



Dr. Vittorio Ferri is an active member of the Italian Academy of Endodontics (A.I.E.), he has been a student of Dr. N. Perrini, Dr. G. Carnevale and Dr. G. Di Febo. Lecturer and organizer of the Advanced Postgraduate Implantology Course of the University of Modena (A.Y. 2000-2008). From 2010 Collaborator at the Periodontology and Implantology department directed by Prof. Luigi Checchi, University of Bologna. He has participated in multicenter studies on immediate loading in implantology. Private dental practitioner in Modena mainly working on implant-prosthodontics and periodontal surgery.

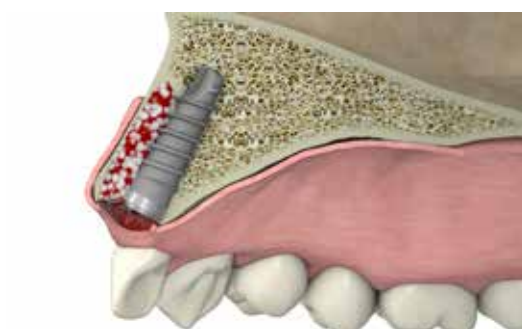
Punch technique



Extraction of the incisor



Post-extraction insertion of the implant and biomaterial in vestibular area



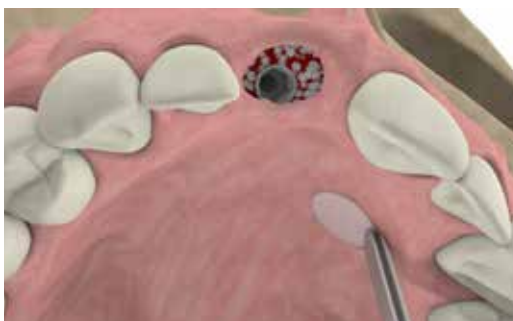
Cross-section view of the inserted implant and biomaterial



Use of the mucotome to define the area to be disepithelialized



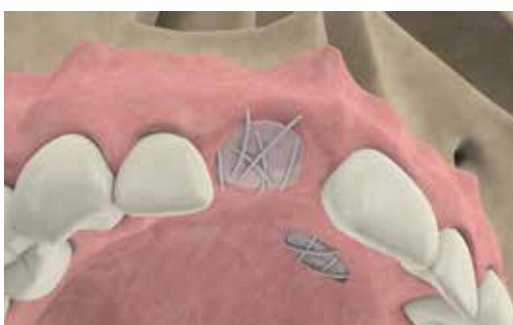
Disepithelialization of the area with the diamond drill



Removal of the epithelium connective punch by means of a scalpel and tweezers



Positioning of the punch totally covering the post-extraction alveolus



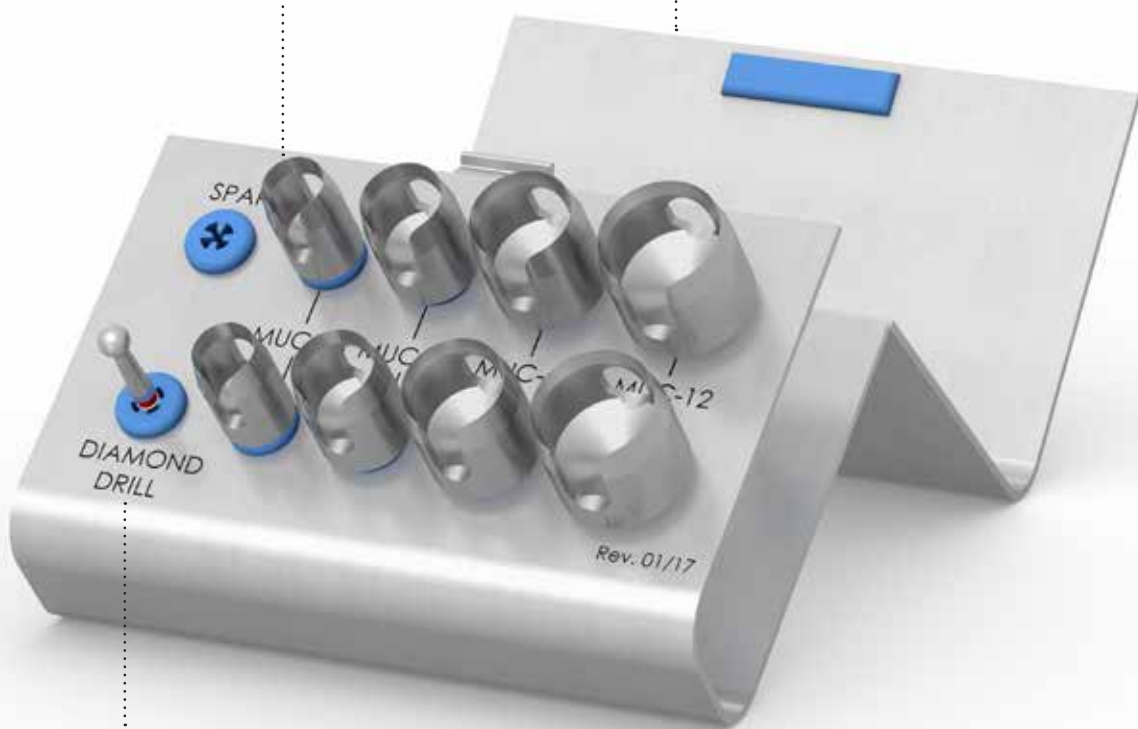
Covering of the punch with a collagen sponge and application of the sutures to fasten the punch and the sponge

E.S.T.A.G.

The kit of mucotomes E.S.T.A.G. (Esthetic Soft Tissues Atraumatic Grafting Technique) contains all the components useful to take the connective tissue directly from the palate with the “punch technique” in order to use it immediately.






The mucotomes are available in several diameters, from 6 to 12 mm, two for each size

The cover, once opened, sets the angle of the base holding the drills allowing better work ergonomics




For the disepithelialization phase a diamond drill is available, used to abrade the part of soft tissue to be collected

Contents of E.S.T.A.G. kit

description	code	quantity
Diamond drill \varnothing 3.30	ESTAG-FPD 	1
Mucotome \varnothing 6.00 mm	ESTAG-MUC-06 	2
Mucotome \varnothing 8.00 mm	ESTAG-MUC-08 	2
Mucotome \varnothing 10.00 mm	ESTAG-MUC-10 	2
Mucotome \varnothing 12.00 mm	ESTAG-MUC-12 	2

description	code
E.S.T.A.G. mucotomes kit	ZESTAG 
E.S.T.A.G. empty tray	ESTAG-TRAY 

description	code
Driver for right angle and manual instruments and instruments with hexagonal connection for ratchet*	AVV-CA-DG-EX 

* The driver is not included in the mucotomes kit, it must be purchased separately.

Clinical case by courtesy of Dr. Vittorio Ferri - Rehabilitation of frontal incisor

50-year-old female patient with vertical fracture of the root of the element 2.1. After various check-ups the extraction of the fractured element and the insertion of a post-extraction implant is established. Biomaterial is grafted and the alveolus is covered with epithelium connective punch collected from the palate.



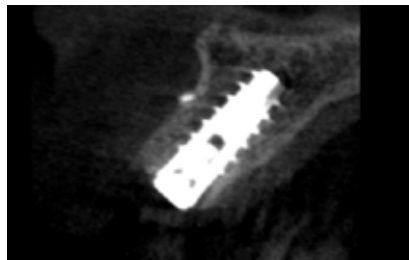
Frontal view: it is possible to notice the fracture and the presence of a fistula deriving from the fracture



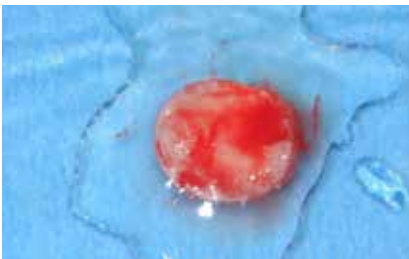
Extraction of the element 2.1 and cleaning of the alveolus



Insertion of post-extraction implant and biomaterial in vestibular position



Post-operative X-ray at the moment of implant insertion



Punch taken from the palate



Covering of the post-extraction alveolus



Sutures applied on post-extraction site



Application of a collagen sponge in the palate area and sutures



4 months after the punch insertion the tissues and the punch area appear healthy and perfectly healed



Definitive cemented prosthesis

Clinical case by courtesy of Dr. Vittorio Ferri - Rehabilitation of the frontal incisors

49-year-old female patient with vertical fracture of the root of the element 1.1. The woman complained about the mobility of the tooth. Element 1.1 was rehabilitated with implant surgery, with the insertion of biomaterial and the epithelium connective punch taken from the palate. Element 2.1 was restored at the same time, replacing an old crown.



Frontal view: it is possible to notice the fracture of the element 1.1



Insertion of a post-extraction implant and biomaterial



Detail of the mucotome



Use of the mucotome to collect the punch



Detail of the punch before the disepithelialization



Removal of the connective tissue after using the scalpel



Covering of the post-extraction alveolus



Sutures of the alveolus; the sutures of the palatal punch are also visible



4 months later tissues appear healthy; it is now possible to cement the crowns



Two crowns are cemented on both elements



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