



bti®

Human
Technology

BTI SOLUTIONS
FOR ATROPHIC
MAXILLAE



Human Technology

Reconsider the treatments of bone atrophies

with BTI solutions

Horizontal and vertical bone defects are common problems that often involve approaching invasive bone augmentation techniques, with prolongation in treatment times and surgical morbidity.

Many patients decide to refuse highly invasive treatments.

BTI's intensive research in biomechanics has enabled the development of **implant lines of reduced diameter and length**, so that you can face the bone reabsorption treatments with:



LESS TRAUMA

No complex reconstructions



MORE SUCCESS

No postoperative complications



INCREASED PATIENT ACCEPTANCE

No delays in rehabilitation or cost increases

CLINICAL EVIDENCE

95 % survival rate of short implants after 15 years ^(1, 2, 3)

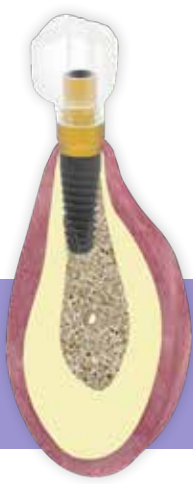


More than 15 years of clinical research highlight the good behavior of short and narrow implants. Their survival rates are similar, and even in some cases higher than those of implants with standard length and diameter.

(1) Anita E, Alkhraisat MH. 15-year follow-up of short dental implants placed in the partially edentulous patient: Mandible Vs maxilla. *Ann Anat.* 2019.

(2) Anita E, Alkhraisat MH. Single-unit short dental implants. Would they survive a long period of service? *Br J Oral Maxillofac Surg.* 2019

(3) Anita E, Alkhraisat MH. Fifteen-Year Follow-up of Short Dental Implants in the Completely Edentulous Jaw: Submerged Versus Nonsubmerged Healing. *Implant Dentistry.* 2019



SOLUTION FOR HORIZONTAL ATROPHIES

SIMPLIFIED TREATMENTS WITH THE NARROWEST IMPLANTS – Ø 2.5 MM

The 3.0 family of implants enable the treatment of total and partial edentulisms **where bone volume is moderate**, without previously having to undertake bone augmentation.

In cases of severe atrophies, the expansion technique may be carried out less invasively, using the motorized expanders kit and Endoret Technology (PRGF) to achieve the adequate bone volume without having to resort to complex and less predictable surgeries.

3.0 IMPLANTS



- 3 mm Prosthetic platform
- Diameters: 2.5* - 3* - 3.3* mm
- Self-tapping conical apex, to displace bone without apical compression, and achieve excellent primary stability.

Endoret® (PRGF®) Technology

Endoret® (PRGF®) technology with its high regenerative potential and therapeutic versatility facilitates obtaining autologous and heterologous grafts to carry out horizontal bone regenerations, and fibrin membranes to cover these grafts.



Expander Kit

The BTI Motorized Expander Kit allows performing ridge expansions in bone type I, II and III, in both jaws, both in anterior and posterior areas as well as compactations in bone type IV



Ø 2.5 INDICATION:

Screw retained multiple restorations with the use of Multi-Im® transepithelials.

Never single or direct to implant restorations.

Ø 3.0 INDICATION:

Recommended for multiple restorations.

It could be used in out of occlusion single restorations of:

- Incisivos inferiores y laterales superiores
- Agenesias

Ø 3.3 INDICATION:

Multiple restorations.

Single restorations (in occlusion).

SOLUTION FOR VERTICAL ATROPHIES

SIMPLIFIED TREATMENTS WITH THE SHORTEST IMPLANTS – L: 4.5 MM

Short implants enable the treatment of edentulisms with **moderate atrophies** in one surgical step:

- With no maxillary sinus lifts
- With no risks in lower jaw because of the proximity to the dentary nerve

For the severe atrophies, the front cutting drill and Endoret® (PRGF®) allow to simplify the surgical approach of the lower jaw and maxillary sinus (vertical bone growth technique, trans-alveolar sinus lift).

SHORT IMPLANTS



Endoret® (PRGF®) Technology

Endoret® (PRGF®), technology with its high regenerative potential and therapeutic versatility facilitates obtaining autologous and heterologous grafts to get vertical bone growth and use in the sinus, as well as membranes fibrin to cover these grafts.



Front cutting drills

With flat morphology, the front cutting drill is indispensable for the apical instrumentation of the site of these implants.

It is also used in the sinus lift with trans-alveolar approach technique allowing to drill the cortical and gain access to the sinus, without damaging the Schneider membrane.



- Available on different prosthetic platforms
- Length of 4.5 - 5.5 - 6.5 and 7.5 mm
- Flat apex.

L: 4.5 INDICATION:

Screw retained multiple restorations with the use of Specific Multi-Im® transepithelials.

Never single or direct to implant restorations.

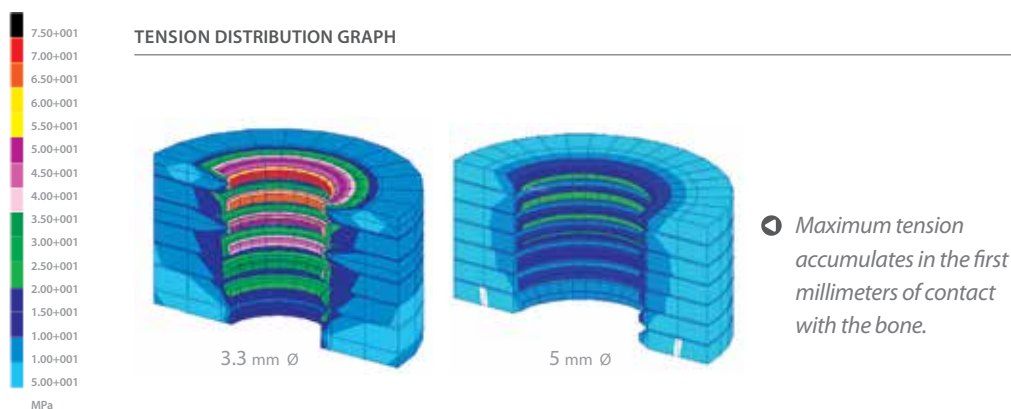
NARROW AND SHORT IMPLANTS DO THEY HAVE ENOUGH SURFACE AREA FOR OSSEOINTEGRATION?

According to BTI finite elements studies¹:

- ✦ The implant, once osseointegrated, regardless of its length, diameter and geometry, transmits tensions to the bone along the first 3 threads, decreasing progressively in apical direction.
- ✦ The increase of the implant diameter reduces tensions by 20-30% over adjacent bone.

So, to reduce tensions to the adjacent bone BTI recommends:

- ✦ Using short implants with the largest diameter possible (especially in single restorations).
- ✦ Increasing the number of narrow implants in multiple restorations, using them as single only in lower and lateral upper incisors.



1. Influence of Implant length, diameter and geometry on stress distribution: A finite element analysis

Eduardo Anitua (MD, DDS, PhD), Raul Tapia, Felipe Luzuriaga, Gorka Orive.

The International Journal of Periodontics & Restorative Dentistry



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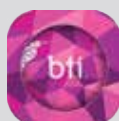
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NOTE: Consult your distributor for the availability of the product in the different markets.



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