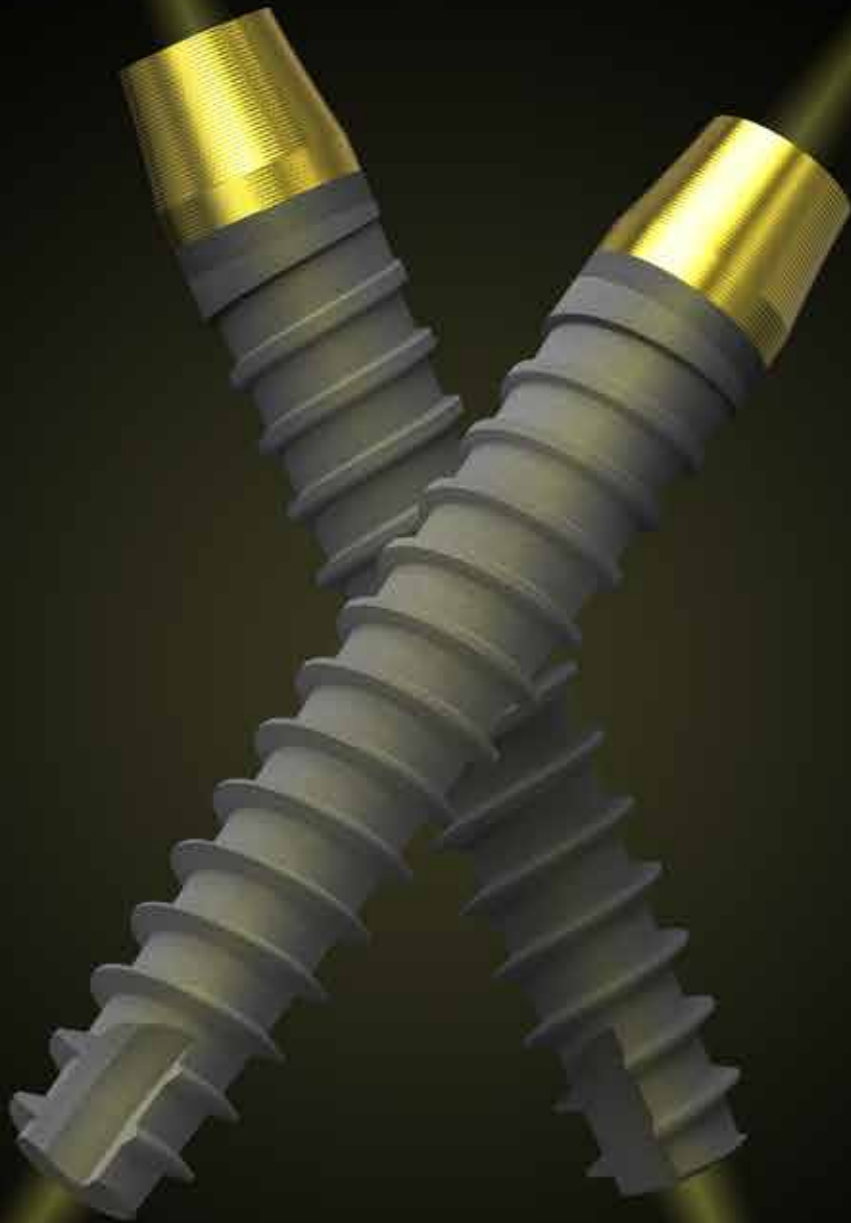
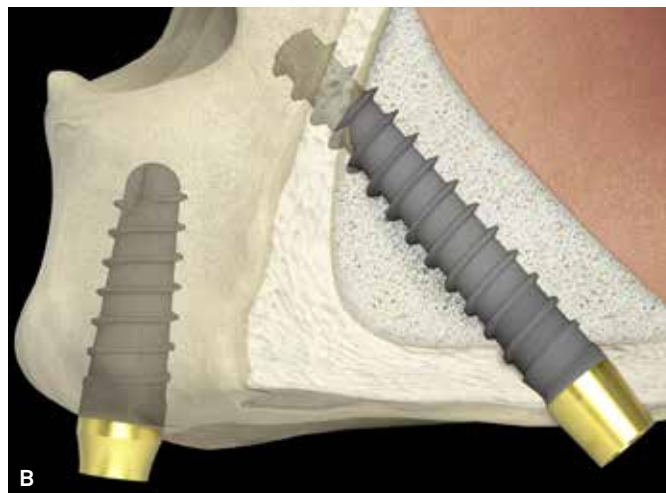
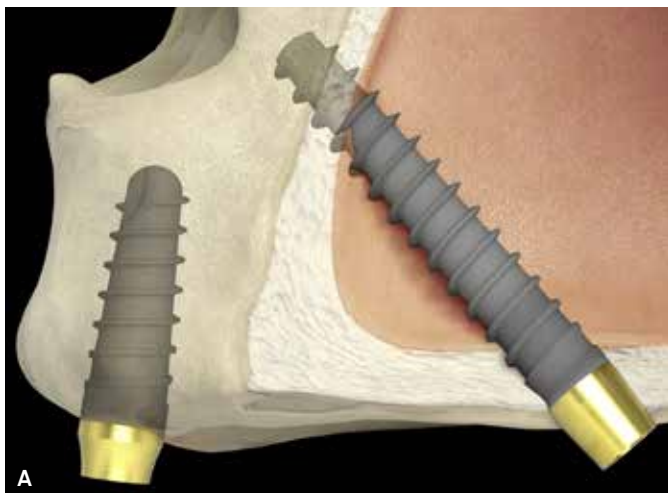


Prama Nasal and Pterygoid

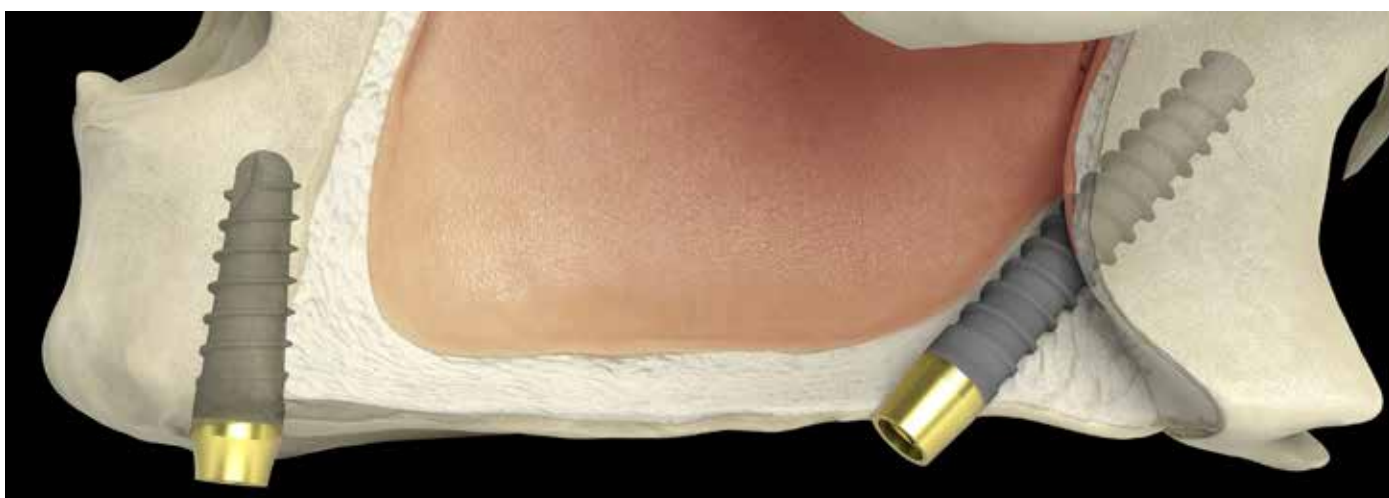


Prama Nasal and Pterygoid

In the presence of severe atrophy, there are alternatives to bone regeneration that can increase the predictability of treatment and also allow immediate loading. The extension of the Prama range makes it possible to take advantage of the nasal and pterygoid positioning to increase the primary stability and biomechanical resistance of the entire rehabilitation. These techniques, within the reach of many medium-advanced implantologists, prove to be simple when combined with a serious pre-surgical study that allows to highlight the bone to be engaged, the inclination of the implant and the anatomical limitations.







In some cases of severe atrophy of the maxillary area with noticeable anterior pneumatization of the maxillary sinus, with the classic technique of the All on Prama (bypass of the maxillary sinus with tilted implants) the most distal implant would fall into a too mesial position with a unfavorable prosthetic cantilever. In these cases, the perinasal bone can be used for implant purposes, almost always maintained in volume and size best quality. The Prama Nasal technique provides two alternatives, one transnasal with the implant that crosses the maxillary sinus (img. A) and one (more correct and refined) which provides a simultaneous elevation of the sinus mucosa and subsequent particulate grafting (img. B).



In cases of even more severe atrophy, if even the Nasal hypothesis is not suitable, it can be used the Pterygoid lamina of the Sphenoid bone, bone always maintained and of excellent quality. Given the presence of important anatomical limits (internal maxillary artery, descending palatine artery, spheno-palatinal ganglion, etc.), this technique should always be performed in a guided procedure and after having followed an adequate specific training.

Drills

To insert Prama Nasal and Pterygoid implants, dedicated drills have been realized, with the relative stops, that allow to prepare all the new implant lengths.

	FP-200-L-SW	Pilot drill
	FK250-L-SW	Intermediate conical drill
	FK380-L-SW	Final conical drill
	FK425-L-SW	



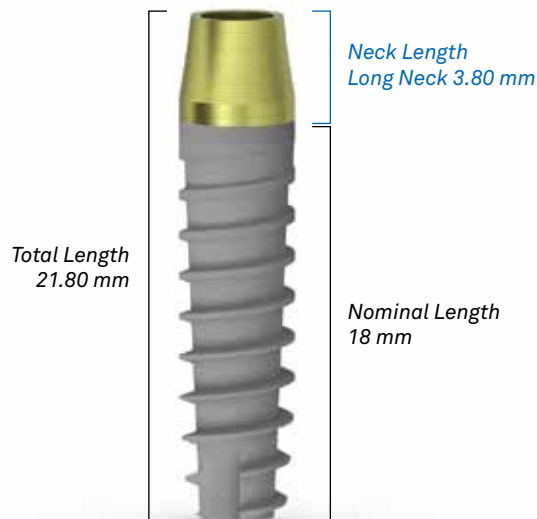
These drills can be used with the SGX-E20R handpiece manufactured by NSK for zygomatic and pterygoid implants.

The range



	code	Nominal length corresponding to ZirTi area	neck			implant total length (neck included)
			Short	Standard	Long	
Prama RF (Root Form) Large Thread ø 3.80 and ø 4.25 mm	LSL-ZT-380SL-130 LSL-ZT-425SL-130	L. 13			✓	16.80
	LSL-ZT-380SL-150 LSL-ZT-425SL-150	L. 15			✓	18.80
	LSS-ZT-380SL-180 LSS-ZT-425SL-180	L. 18	✓			20.80
	LS-ZT-380SL-180 LS-ZT-425SL-180	L. 18		✓		20.80
	LSL-ZT-380SL-180 LSL-ZT-425SL-180	L. 18			✓	21.80
	LSS-ZT-380SL-200 LSS-ZT-425SL-200	L. 20	✓			23.80
	LSL-ZT-380SL-200 LSL-ZT-425SL-200	L. 20			✓	23.80
	LSS-ZT-380SL-220 LSS-ZT-425SL-22	L. 22	✓			25.80
	LSL-ZT-380SL-220 LSL-ZT-425SL-220	L. 22			✓	25.80

Surgical cover screw L-VT-340 included



Example with code LSL-ZT-380SL-180



rev. 06-22V01



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