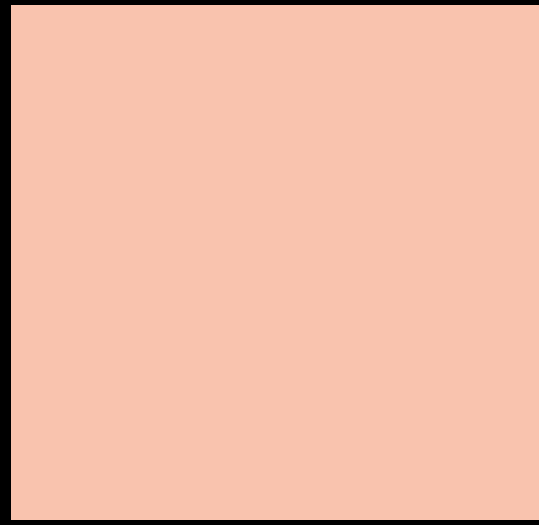


PRAMA



IS




sweden & martina



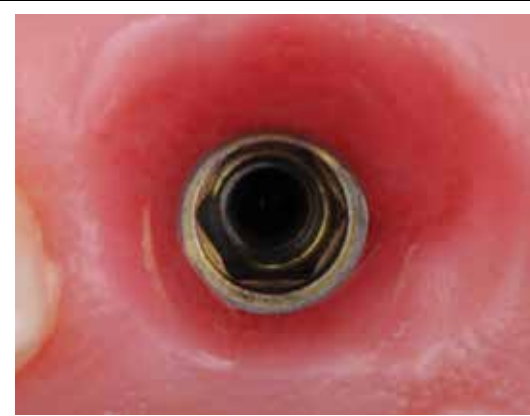
PINK
FULL



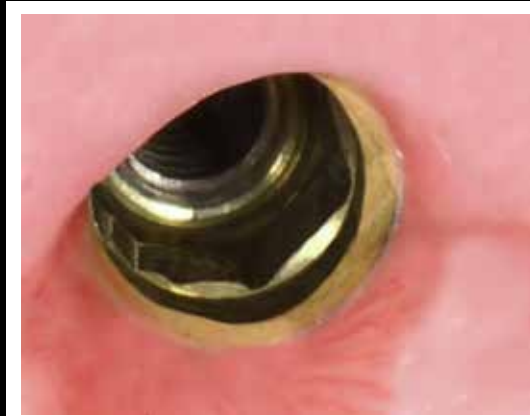
What is Pinkfull?

It's the time of soft tissues!

Prama is the first and only intramucosal implant, born from a focus on **soft tissues**, with the aim of making them **healthy, thick, and stable over time**. This approach stems from the awareness of the importance of the supracrestal component of the implant, which requires more space to develop and create a broad connective base that allows for papilla development. This viewpoint is shared not only by many periodontists but also by clinicians from all backgrounds, and it has revolutionized the principles of implantology. The observation of successful cases now relies on the thickness of the soft tissues, their attachment to the converging portion of the neck or prosthetic component, the presence of neoangiogenesis, the development of papillae, and a prosthetic contour that corresponds to the planned outcome.



Courtesy of Stefano Conti



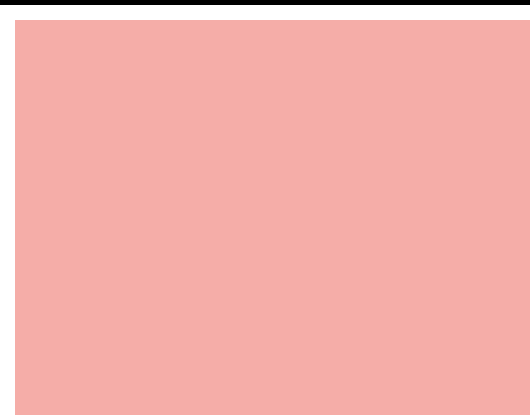
Courtesy of Joseph Issaq



color palette
#f9c3ae
PINK UNIQUE THICKNESS



Courtesy of Álvaro De La Riva



color palette
#f5ada8
PINK HEALTHY TISSUES



Courtesy of Andrea Di Domenico



Courtesy of Alvaro De La Riva



Courtesy of Giuseppe Pellitteri



Courtesy of Dentisti Vignato



Courtesy of Álvaro De La Riva



Courtesy of Giuseppe Sepe



Courtesy of Alexandru Spinu



Courtesy of Timofte Costin



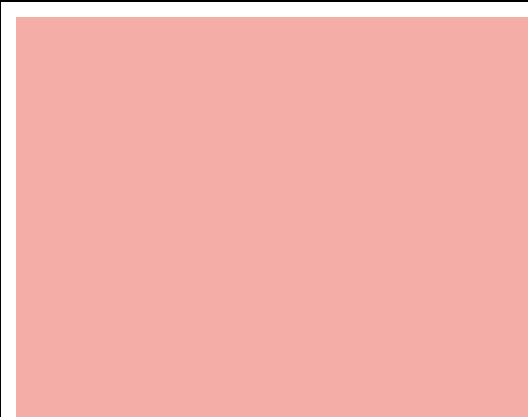
Courtesy of Arfeen Aslam



color palette
#e3a098
PINK STABLE TISSUES



Courtesy of Berta García Mira



color palette
#f5ada8
PINK VOLUME BOOSTER



Courtesy of Stefano Conti



Courtesy of Lucas Pedrosa



Courtesy of Andrea Di Domenico

Prama the one and only intramucosal implant

Vertical freedom ■

Convergence ■

Yellow gold neck for better mimetism ■

Unique in neck shape and micromorphology ■

More space for soft tissues ■

The ZirTi surface achieves excellent BIC as demonstrated by clinical research ■



■ It facilitates the placement of the prosthetic crown in any portion of the transmucosal pathway

■ Ideal UTM surface for both soft and hard tissues

■ Unique connection

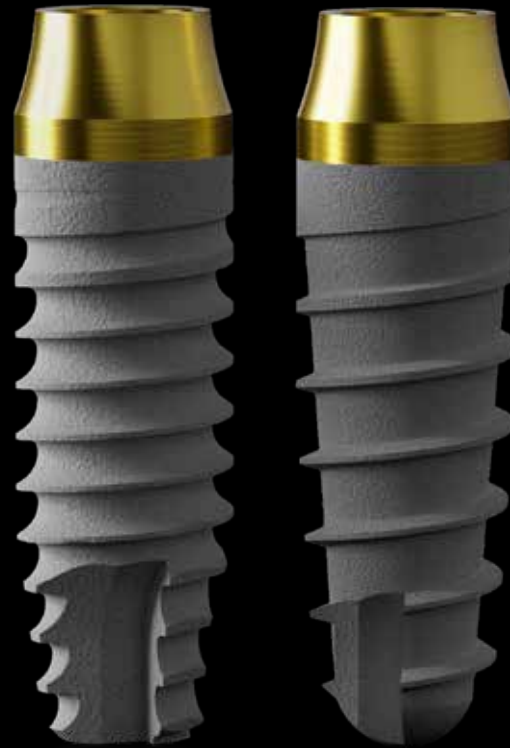
■ Predictable protocols

■ Biological benefits

Two implant shapes in response to every clinical situation

Prima implants are available with two endosseous geometries: cylindrical and tapered.

The **cylindrical morphology** of Prima implants, with over 18 years of clinical experience, allows for the optimal utilization of the implant design based on the implant site and its specific requirements. The **cylindrical body** facilitates **insertion in hard, poorly vascularized, and highly cortical bone**. Additionally, it ensures maximum bone-to-implant contact surface area, leading to a higher percentage of Bone-to-Implant Contact (BIC).



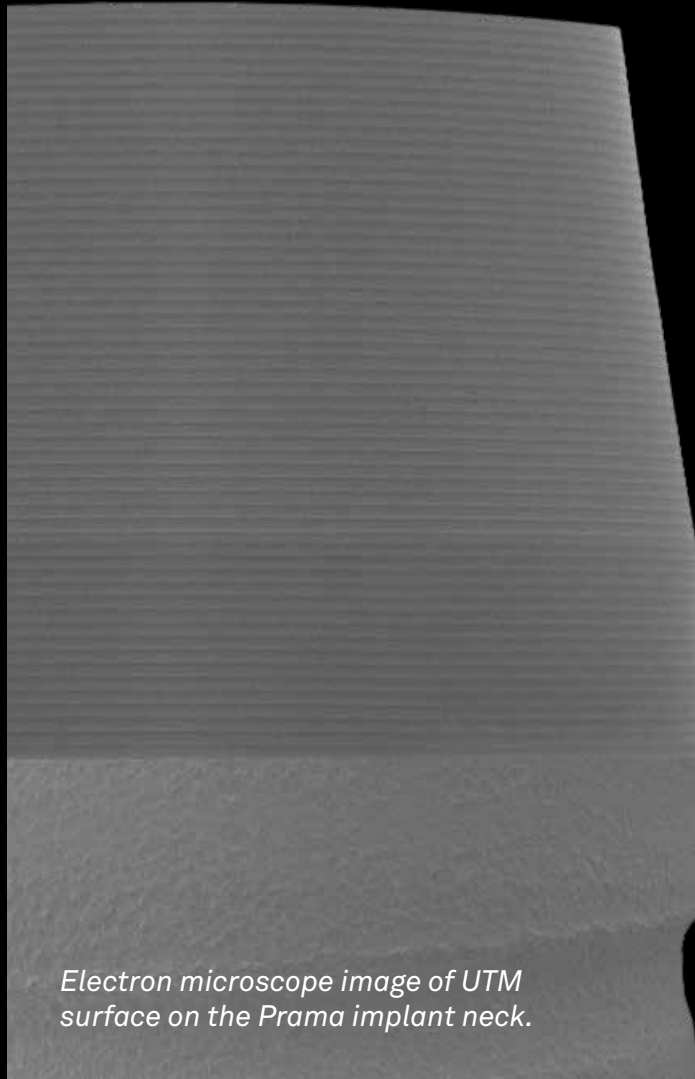
The Prima implant with a **tapered (RF) morphology** is particularly **suitable for poorly mineralized bone**, as its design allows for maximum stability in such cases. The rounded apex of Prima RF implants also makes them optimal for sinus lift procedures.

Both implant morphologies have an endosseous body with a sandblasted and etched ZirTi surface, which significantly increases bone-implant contact and promotes osseointegration. The ZirTi surface has proven to be reliable, even in compromised patients, especially when combined with the soft tissue seal that forms around the Prima implant neck.

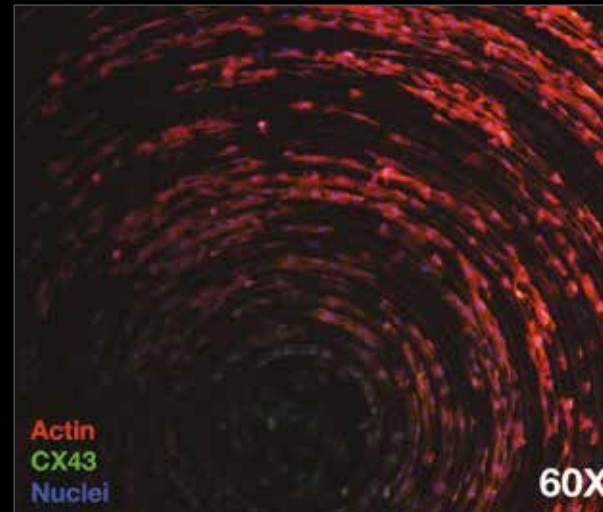
Convergence and UTM

The **implant surfaces** serve as the substrate that interfaces with biological structures after the insertion of the fixture, activating signals that elicit a different cellular proliferation and organization response.

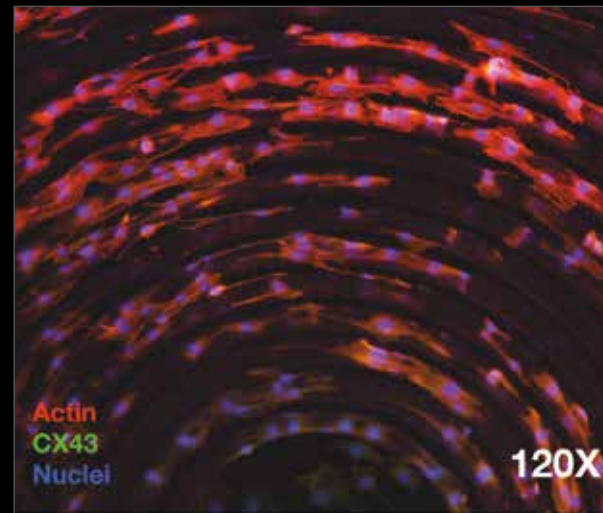
With these premises, Sweden & Martina has developed the **Ultrathin Threaded Microsurface** (UTM) treatment: a microthread with a pitch of 60 microns that runs along the entire neck of the implants. In the Prama implant, it provides guidance for the unidirectional movement of fibroblasts throughout the transmucosal pathway. The biological benefit is the promotion of rapid cellular activity with low energy consumption. However, the remarkable clinical benefit with Prama is **the acceleration of the healing process and long-term maintenance of stable and healthy tissue.**



Electron microscope image of UTM surface on the Prama implant neck.



Arrangement of murine myofibroblasts on the UTM surface after 72 hours observed with fluorescence microscopy - *in vitro* experimentation.

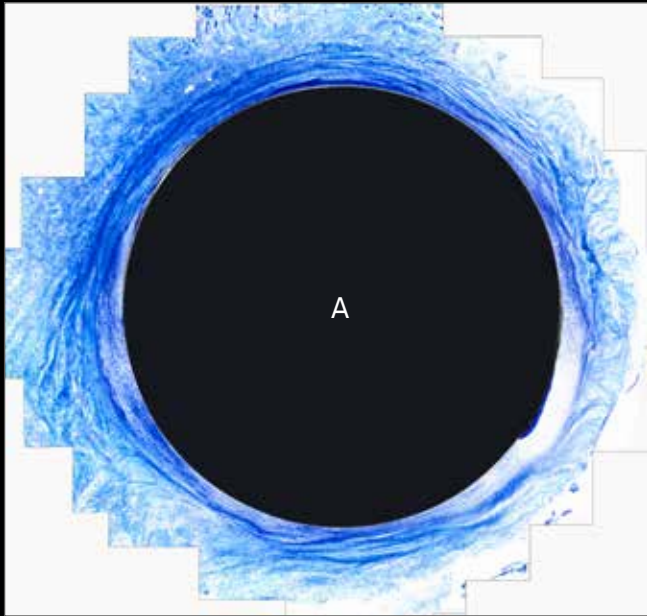


The pairs of nuclei that are close but already separated and clearly distinguishable in blue demonstrate that at 72 hours, fibroblasts are in the cytokinesis phase, indicating that they are close to complete duplication.

This behavior of the cells in contact with UTM translates clinically into a rapid healing of soft tissues.

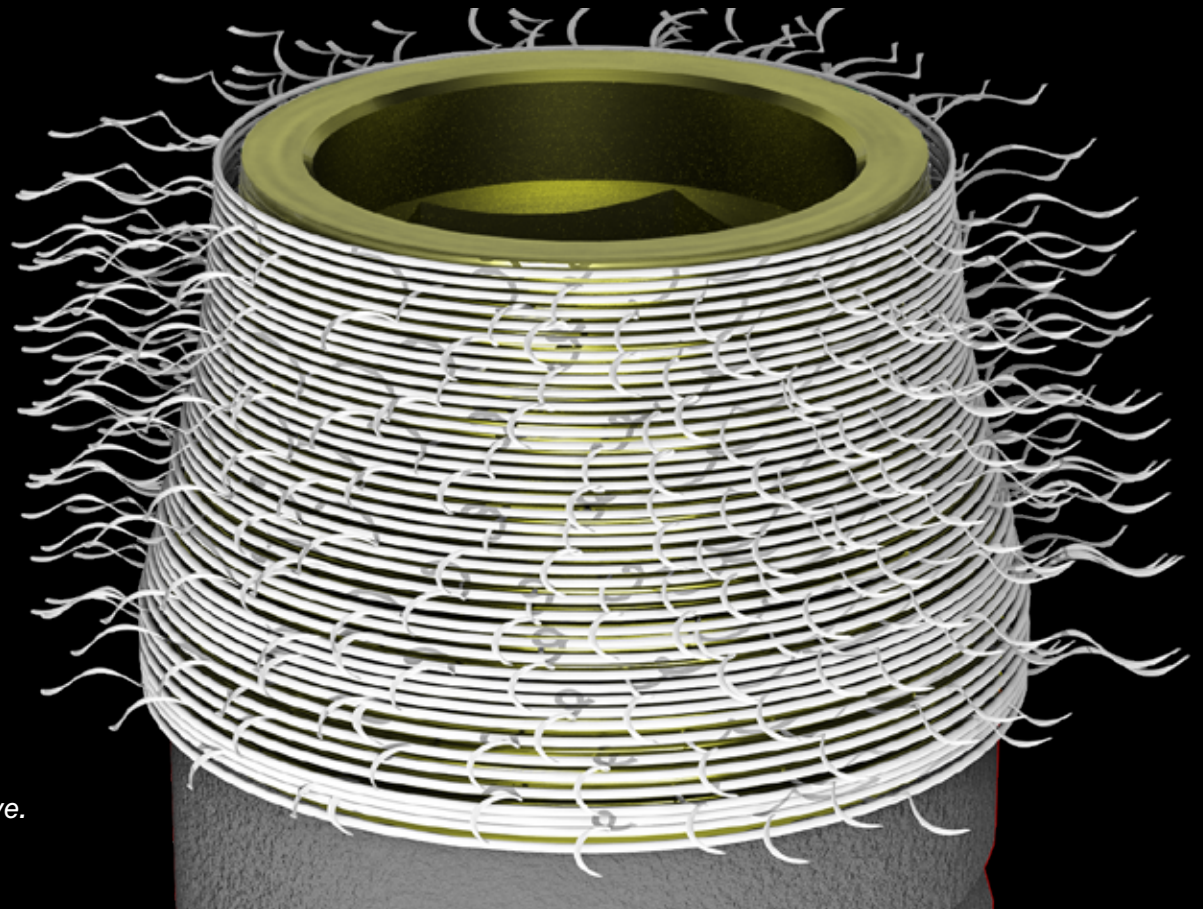
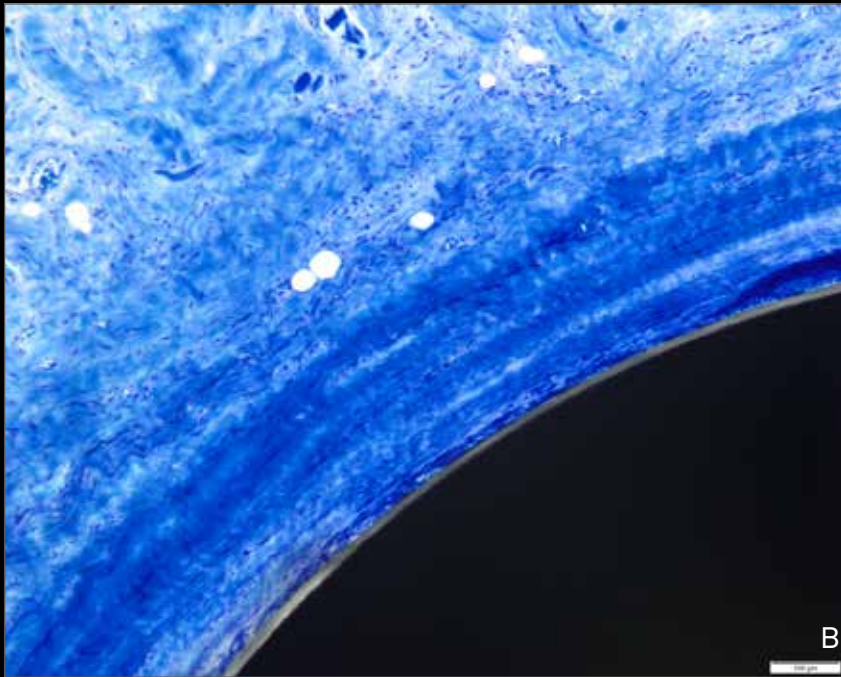
Images courtesy of the Dentistry Center of the University of Parma

Convergence and UTM



The UTM surface positively influences the activity of fibroblasts and their organization into bundles. The synergy with the converging morphology of the neck enables the formation of a **stable tissue ring** that **adheres well to titanium** because the circular fibers trap the perpendicular fibers. The clinical translation of this biological evidence is the keratinized tissue that structures around the Prama neck from the early stages of healing and remains stable over time, molding around the volumes defined by the crown.

Three-dimensional arrangement of circular and perpendicular fibers around the Prama implant neck: the circular fibers, which tend to converge towards the coronal diameter, intersect with the perpendicular fibers and maintain them in position over time.

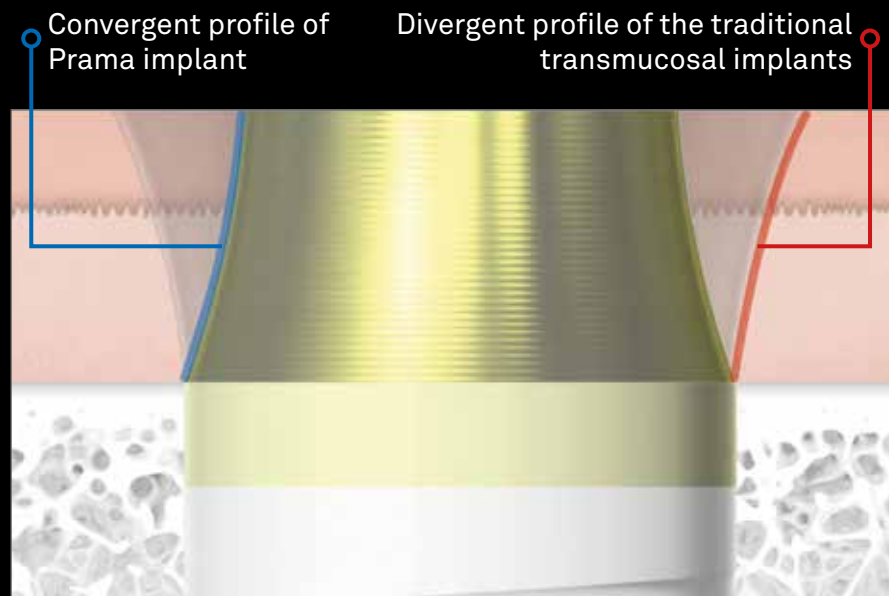


Histology at 6 months in humans: overall view (A), detail (B), highlighting the course of circular fibers in the thick tissue compartment around the Prama implant neck as seen from above. Image courtesy of dr. Antonio Rocci and prof. Marco Gargari.

Convergence and UTM

More space for soft tissues

The **convergent morphology of the Prama neck** allows for the preservation of soft tissue volume that would otherwise be occupied by the titanium of a traditional transmucosal implant. The convergence of Prama ensures that the volumes around the coronal portion of the implant are filled with clot and important growth factors, which transform into thick and functional soft tissues. The thickening of the gingiva surrounding the Prama neck represents an undeniable benefit for patients with thin biotypes. Proper management of positioning and soft tissues in such cases allows for excellent aesthetic results.



Courtesy of Andrea Di Domenico



Palombo D., Rahmati M., Vignoletti F., Sanz-Esporrin J., Haugen H. J., Sanz M.,
Hard and soft tissue healing around implants with a modified implant neck configuration: An experimental in vivo preclinical investigation,
Clin Oral Impl Res. 2021;00:1–15.

Mandillo-Alonso V, Cascos Sanchez R, Antonaya-Martin JL, Laguna-Martos M,
Evaluation of peri-implant soft and hard tissues behavior in screw-retained crowns by the biologically oriented preparation technique (BOPT): Ambispective longitudinal analytical study,
J Clin Exp Dent. 2022 Jan; 14(1): e64–e71, doi: 10,4317/jced,58924

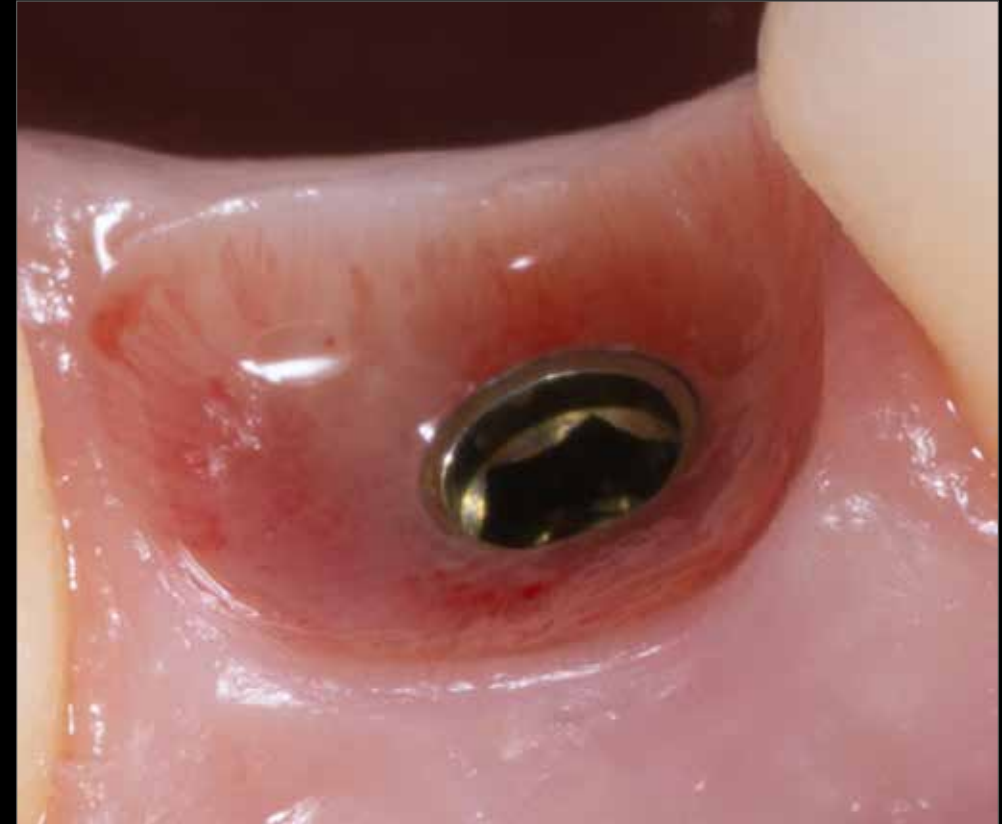
The mimetism

The Prama implant **intramucosal neck** undergoes an anodic passivation process that gives it the characteristic golden pale yellow colour, so that it is mimetic under the soft tissues also when the patient's biotype is thin.

The pre-made post also undergoes the same treatment, to create continuity between implant and prosthesis. But does the anodizing process produce any reaction in the tissues it comes into contact with?

Some tests recently carried out at the University of Padua confirm that anodized titanium does not increase the accumulation of bacterial plaque not only when compared with non-anodized, but also compared with zirconia.

Moreover the results show that cleaning with low-concentration chlorhexidine can limit bacterial adhesion and proliferation.



Courtesy of Lucas Pedrosa

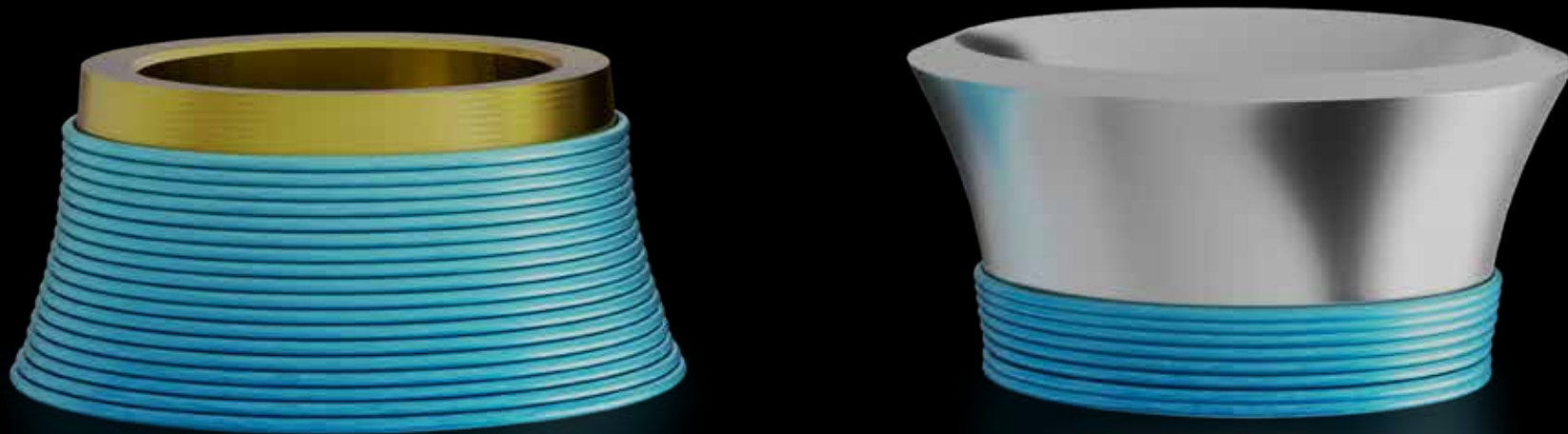
Bressan E., Paniz G., Lops D., Corazza B., Romeo E., Favero G.
Influence of abutment material on the gingival color of implant-supported all-ceramic restorations: a prospective multicenter study
Clin Oral Implants Res . 2011 Jun;22(6):631-7.

Sbricoli L, Paniz G, Abate D, Saldan A, Palu G, Bressan E.
Influence of abutment material and detersion protocol on bacterial adhesion: An in vitro study.
J Oral Science Rehabilitation. 2018 Mar;4(1):32–36.

Canullo L, Menini M, Covani U, Pesce P, **Clinical outcomes of using a prosthetic protocol to rehabilitate tissue-level implants with a convergent collar in the esthetic zone: a 3-year prospective study,**
J Prosthet Dent. 2019 Jun 18. pii: S0022-3913(19)30077-0. doi: 10.1016/j.prosdent.2018.12.022

Convergence and UTM

The morphology of the part of the implant-prosthetic assembly that comes in direct contact with soft tissues plays an extremely important role in the quality of healing. The contraction of myofibroblasts and collagen fibres entails a migration of the tissues towards the narrowest diameter. Thus the convergent morphology of the Prama neck allows a growth of the soft tissues towards the most coronal portion, which will stabilize and support the healing and the consequent maintenance and coronal growth also of hard tissues. Finding a situation favourable to its regeneration, the connective tissue will progressively thicken thereby creating around the neck of the Prama implant a high and vascularized intramucosal area. Thus the connective tissue, besides its function of bone support, will also contribute to obtain an excellent aesthetic result and will allow a healthy and natural look. Also around traditional divergent neck of transmucosal implants the fibres migrate towards the narrowest diameter. In this case, though, they shift in apical direction, considerably limiting the soft tissues regenerating process.



Valente N.A., Wu M., Toti P., Derchi G., Barone A,
Concave/convergent versus parallel/divergent implant transmucosal profiles impact on hard and soft peri-implant tissues: a systematic review with meta-analysis,
Int J Prosthodont . Sep/Oct 2020;33(5):553-564. doi: 10.11607/ijp.6726

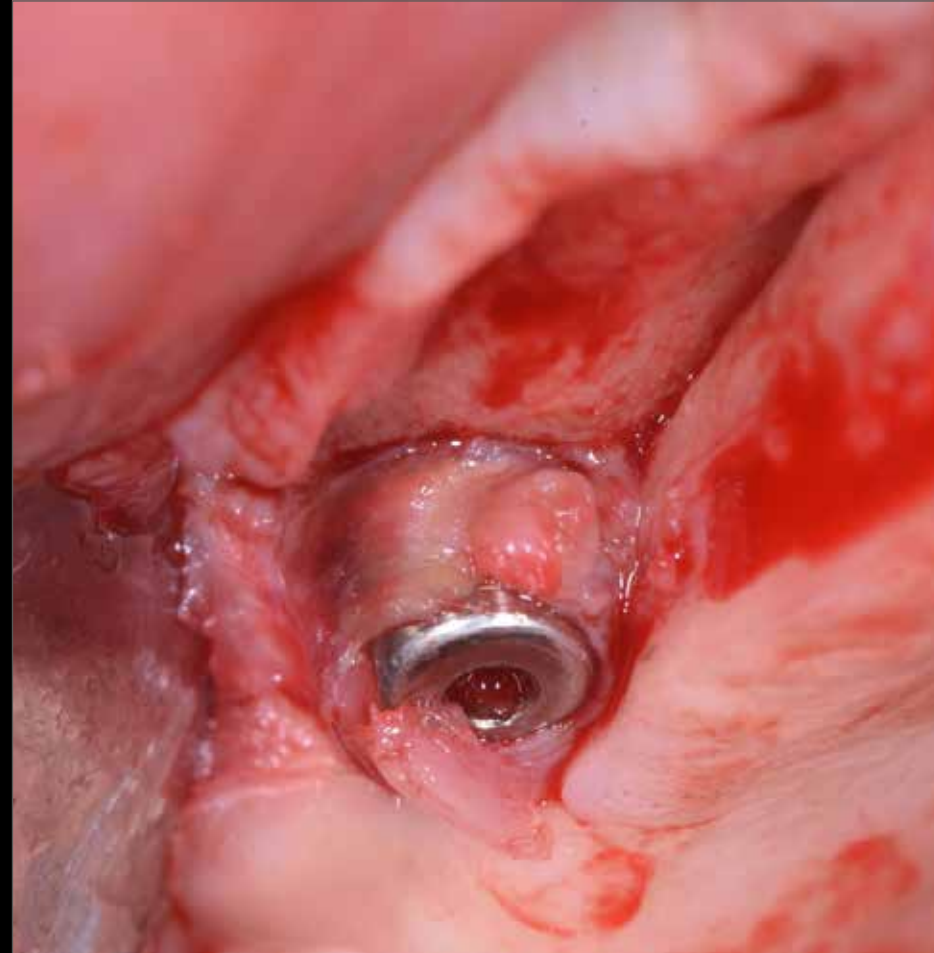
Agustin-Panadero R, Martinez-Martinez N, L. Fernandez-Estevan, J. Faus-Lopez, F. Sola-Ruiz,
Influence of transmucosal Area Morphology on Peri-implant bone loss in tissue-level implants, *The International Journal of Oral & Maxillofacial Implants,*
2019; 34: 947-952. doi: 10.11607/jomi.7329

Try to probe!

The benefits provided by the convergence of the neck, combined with those of the UTM surface, allow for an **effective seal at the prosthetic sulcus area**. The outcome of the survey is a **short and horizontal sulcus**, resulting in a highly aesthetic outcome with **stable and functional tissues**.



Courtesy of Lucas Pedrosa

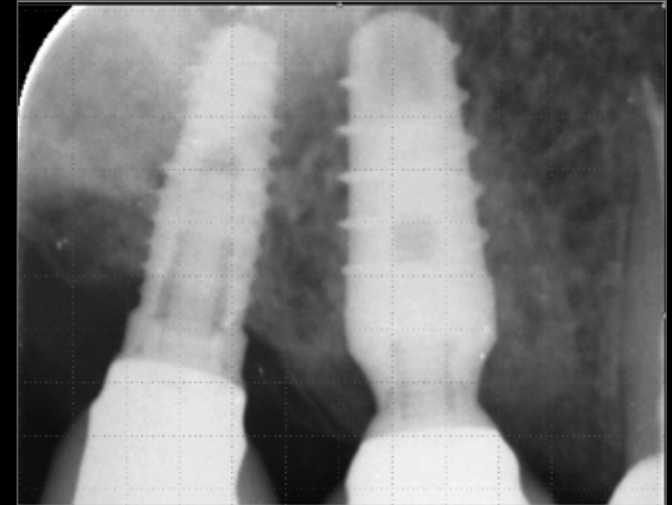


Courtesy of Giuseppe Pellitteri

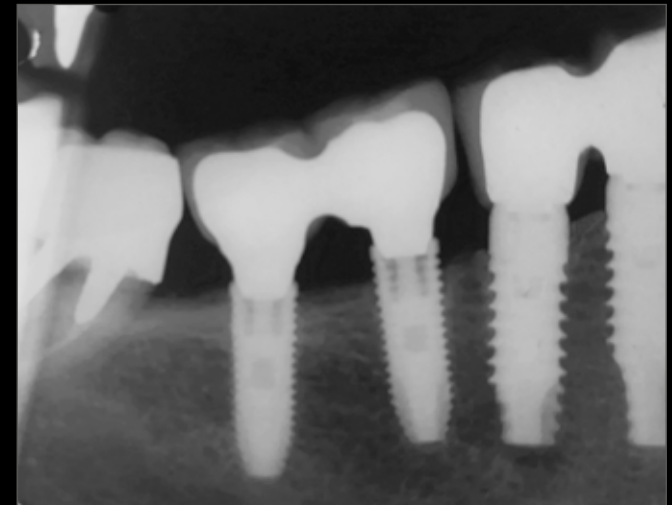
During the flap elevation for the placement of a second implant adjacent to the existing one, the collagen fibers around the Prama neck are strongly adhered, demonstrating the biological seal that is formed in this area.

Horizontal and vertical platform switching

For many years now, scientific literature has been focused on the concept of **platform switching**, a prosthetic rehabilitation technique that involves using abutments with a smaller diameter than the implant platform. This technique aims to improve the biomechanical distribution of prosthetic load and, more importantly, to distance the prosthetic connection from the cervical bone, thus moving the critical point of bacterial infiltration away from the bone. It is from this experience that the idea of **maximizing the platform switching with the Prama neck arises, utilizing both its horizontal and vertical components**. Another significant advantage of the Prama neck's geometry is the ability to close the implant-abutment interface within the prosthetic structure, thereby protecting the connection from bacterial infiltration and further reducing the risk of peri-implant infections.



Courtesy of Dentisti Vignato



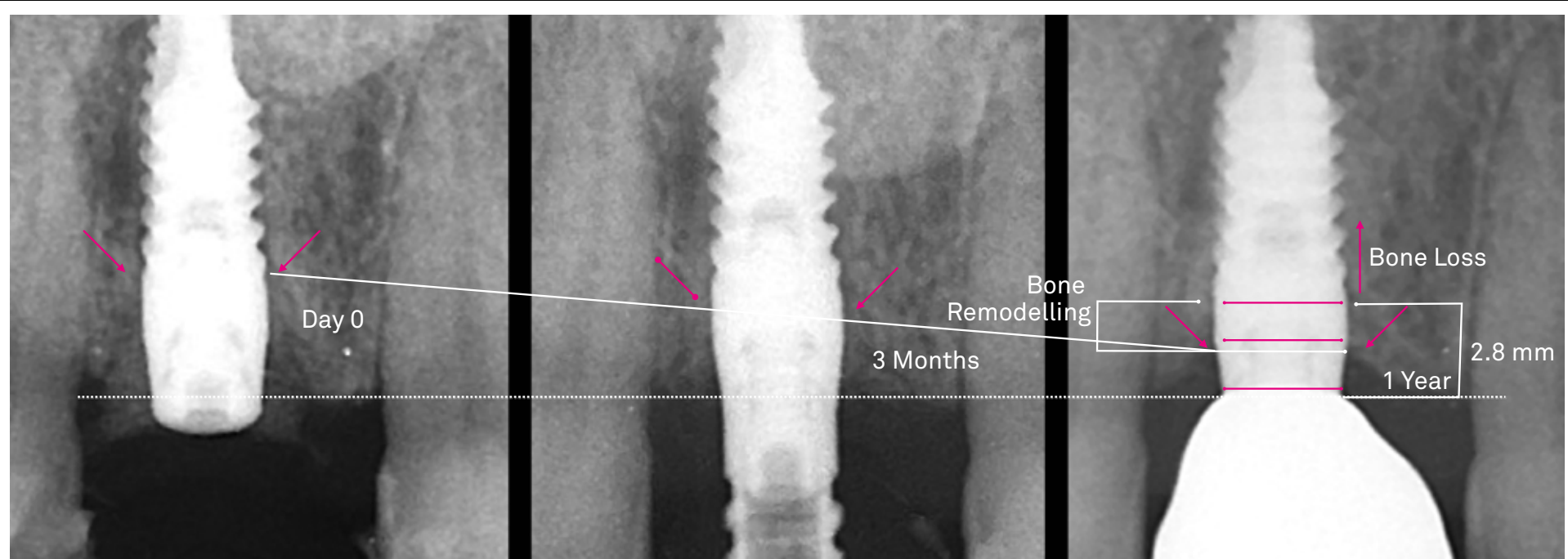
Courtesy of Marco Gargari

Cabanes Gumbau G, Pascual-Moscardò A, Penarrocha-Oltra D, Garcia-Mira B, Aizcorbe-Vicente J, Penarrocha-Diago M, Volumetric variation of peri-implant soft tissues in convergent collar implants and crowns using the biologically oriented preparation technique (BOPT), *Med Oral Patol Oral Cir Bucal*. 2019 Sep 1;24(5):e643-e651. doi: 10.4317/medoral.22946

Canullo L, Fedele GR, Iannello G, Jepsen S. Platform switching and marginal bone-level alterations: the results of a randomized-controlled trial. *Clin. Oral Impl. Res.* 21, 2010; 115-121

Look at the bone!

Advantages of Prama Intramucosal Implant:
Bone remodelling and STA neof ormation occur immediately apical to the
implant platform, ensuring Biologic Seal and Implant Success



Courtesy of Stefano Conti

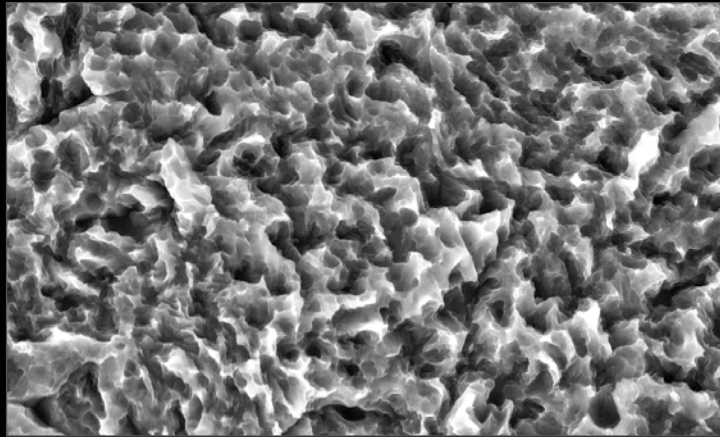
Watch the complete clinical case



Canullo L., Tallarico M., Pradies G., Marinotti F., Loi I., Cocchetto R.,
Soft and hard tissue response to an implant with a convergent collar in the esthetic area: preliminary report at 18 months,
Int J Esthet Dent 2017; 12:2-19:

ZirTi surface

The **ZirTi surface** is obtained through a process involving sandblasting with zirconium oxide and subsequent acid etching with mineral acids. This treatment provides a topography to which osteoblasts have demonstrated close adaptation and rapid proliferation. With its roughness of 1.6-1.7 μm , it falls within the parameters defined by the 2nd Consensus Conference of the EAO (European Association for Osseointegration) to achieve an excellent Bone-to-Implant Contact (BIC).



Electron microscope image of ZirTi surface.

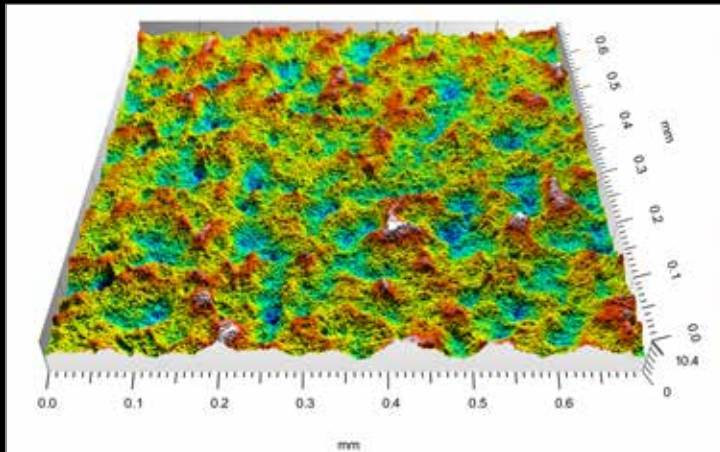
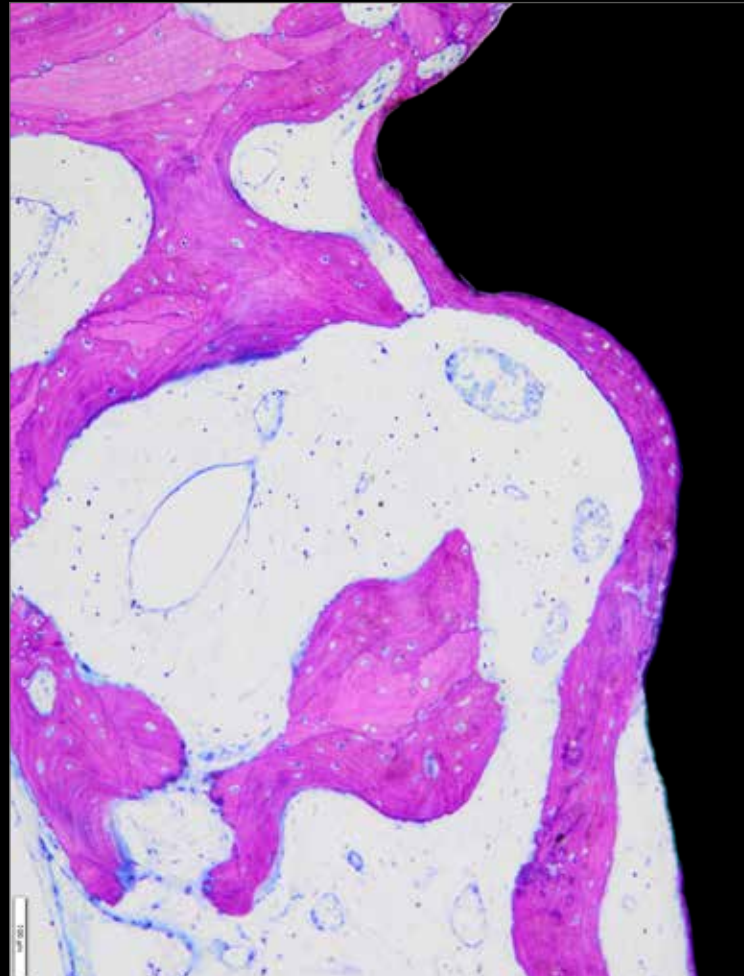


Image of a portion of ZirTi surface obtained using an interferometer: the micro-morphology of the surface and the regularity of the peaks determined by the sand-blasting and acid etching treatment can be noted.



In this histology of poorly mineralized human bone, a layer of newly formed bone is clearly visible progressing on the ZirTi surface. Image courtesy of dr. Antonio Rocci and prof. Marco Gargari.

CleanImplant certificate

The role of a clean surface

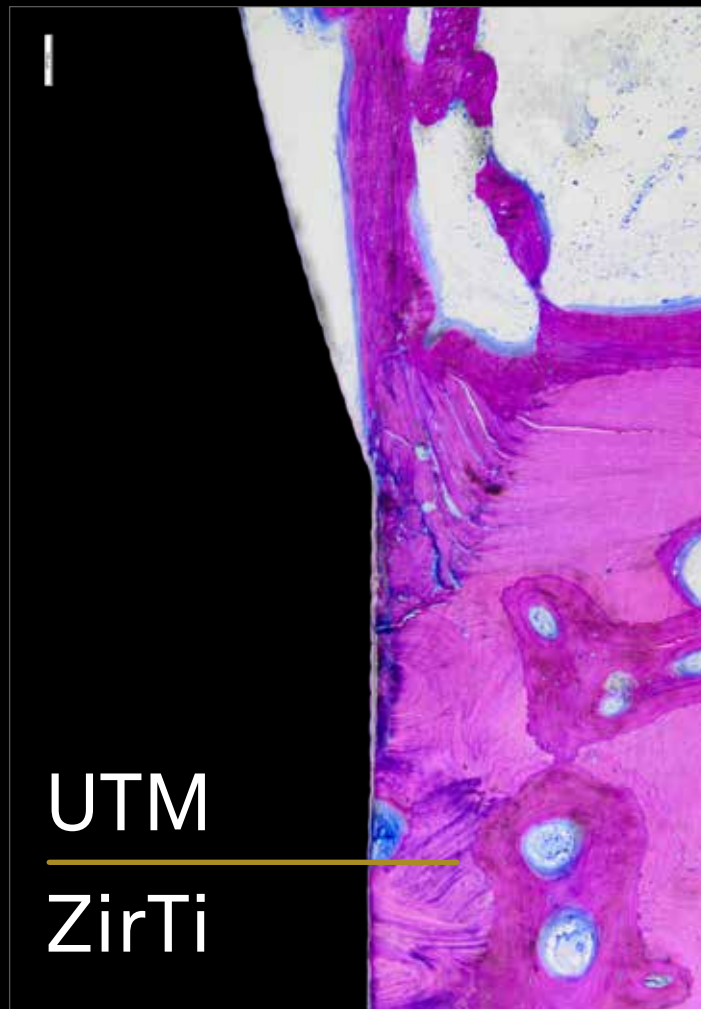
The CleanImplant Foundation is a 100% independent non-profit organization. According to its bylaws, CleanImplant does not specifically pursue any commercial objectives but is dedicated to scientific transparency. The “Trusted Quality” mark is issued by the CleanImplant Foundation following the analysis of implants randomly obtained from the market and based on peer-reviewed articles published on the observed implant. This process has been established to objectively evaluate the cleanliness and morphological characteristics of implant surfaces available in the market and provide guidance to clinicians, enabling them to make informed choices for their daily practice. Thanks to quality control techniques and the use of the **new reactive plasma** by Sweden & Martina, the Prama implant has maintained its certification as a clean implant since 2019.



UTM and intramucosal positioning

Not all surfaces are suitable for interaction with both soft and hard tissues. In the case of UTM treatment, the microspiral that runs along the entire implant neck has proven to be an excellent substrate for both fibroblasts and, when in contact with bone, for osteoblasts, demonstrating perfect histological and radiographic osteointegration.

Histological research conducted first in animals and then in humans shows not only the presence of **mineralized bone tissue at 3 months in contact with the cylindrical portion of the deeper-inserted Prama neck** but also a progressing osteoblastic front moving in a coronal direction.



It is surgically versatile

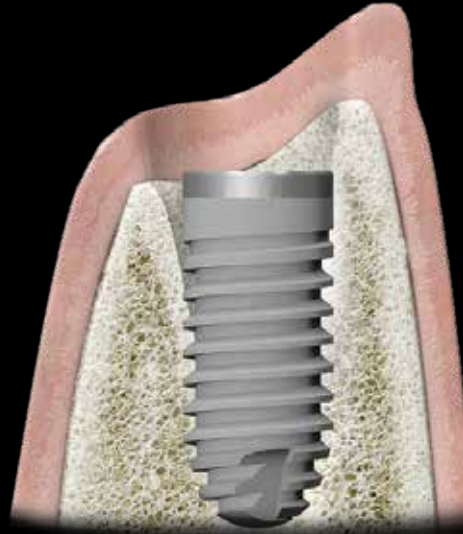
Single post-extraction site

The clinical experience has shown that in immediate **post-extraction procedures** it is possible to preserve the bone peaks of the alveoli because of the convergent neck, which facilitates the maintenance of thick and healthy tissues.

The truncated hyperbolic cone shape allows preserving all the circumferential bone and leaving space for the clot, while the UTM (Ultrathin Threaded Microsurface) treatment of the neck allows an optimal stabilization and organization of the fibres, which accelerates the healing process.

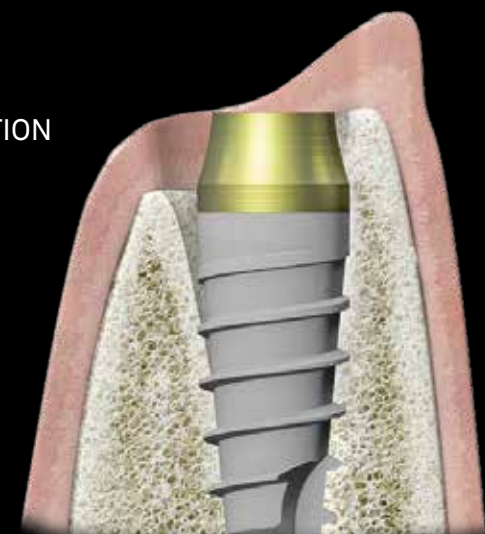
All these aspects contribute to the natural regeneration of the circumferential bone despite initial deficit, showing that the surgical and morphological peculiarities of Prama implants play a primary role reaching the excellent biological and aesthetic results to which Prama users have become accustomed.

Bone-level implant

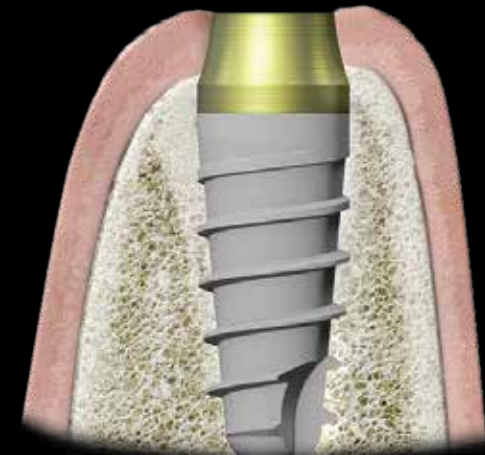
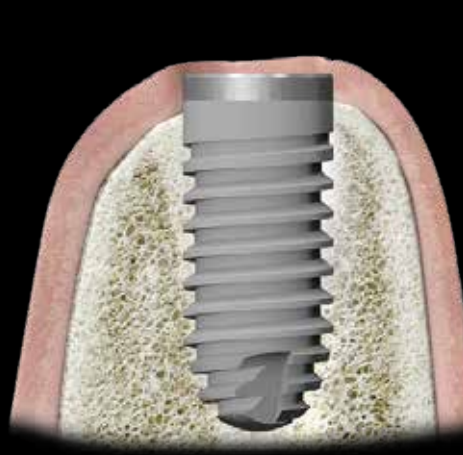


Prama implants

POST-EXTRACTION SOCKET



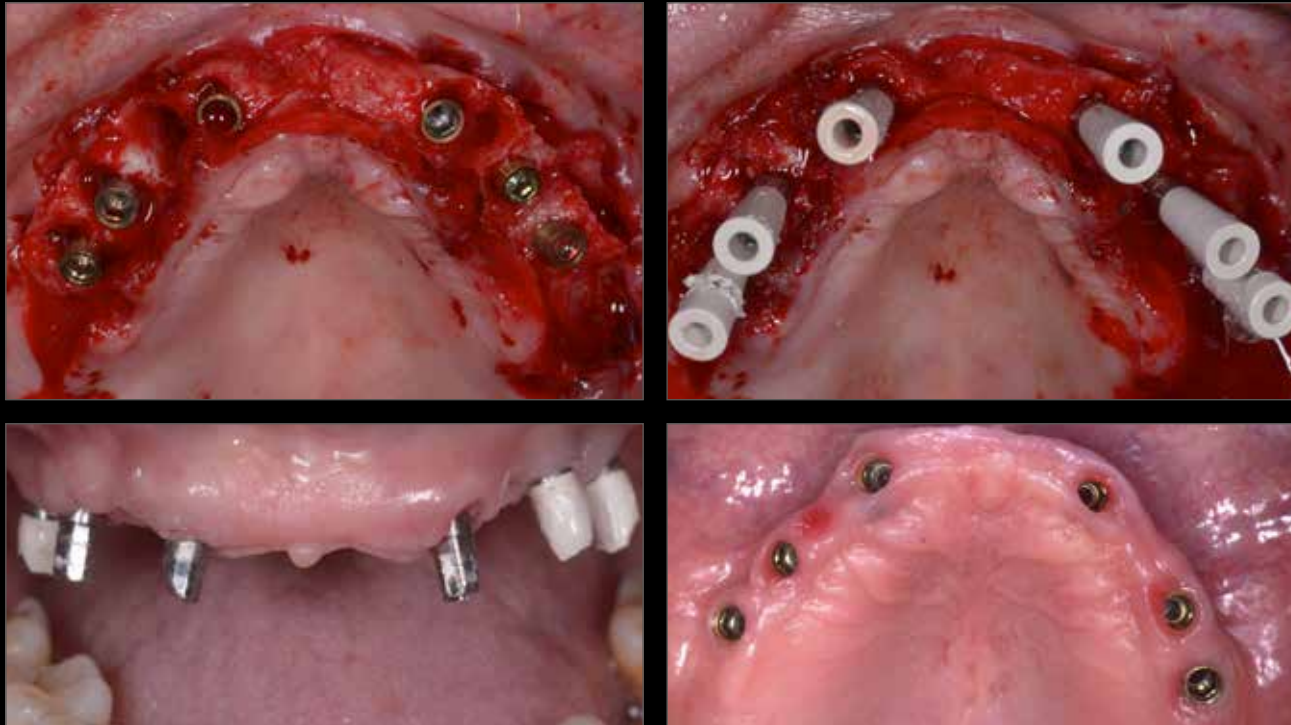
HEALING



It is surgically versatile

Post-extraction rehabilitation of full arch

In **post-extraction procedures** with Prama implants, clinical experience has shown that it is possible to preserve bone peaks between alveoli. The convergent neck does not interfere with the correct positioning of the rough portion inside the bone crest and at the same time it leaves room for the clot. This facilitates the maintenance of thick and healthy tissues.

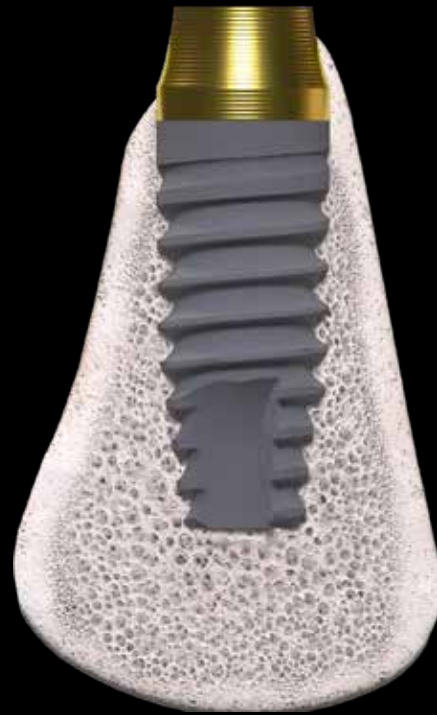


*The preservation of bone peaks determines the maintenance of support volumes for the prosthesis.
Courtesy of Giuseppe Pellitteri*

It is surgically versatile

Thin ridges

When dealing with **particularly thin ridges** or knife-edge ridge configurations (where the most coronal part of the ridge is very thin and then widens significantly after a few millimeters), the use of bone level or transmucosal implants with traditional divergent morphology would require the use of regenerative material to cover the exposed threads, followed by the protection of the site with membranes. Prama allows for addressing these types of clinical challenges with greater predictability and confidence.



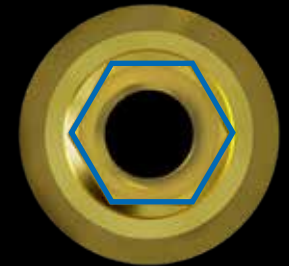
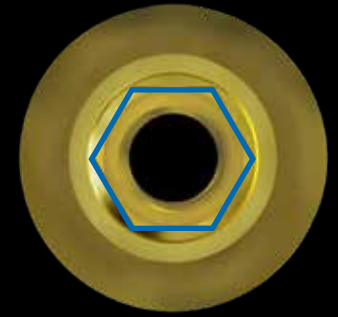
Courtesy of Marco Csonka

Courtesy of Guillermo Cabanes Gumbau

One connection, all diameters, all lengths

Prima implants are available in **four different diameters**: 3.30 mm, 3.80 mm, 4.25 mm, and 5.00 mm. They all share a **common connection platform**. Prima features the **Collex connection**, which includes an internal prosthetic support collar, providing **excellent prosthetic stability** and overall robustness to the rehabilitation.

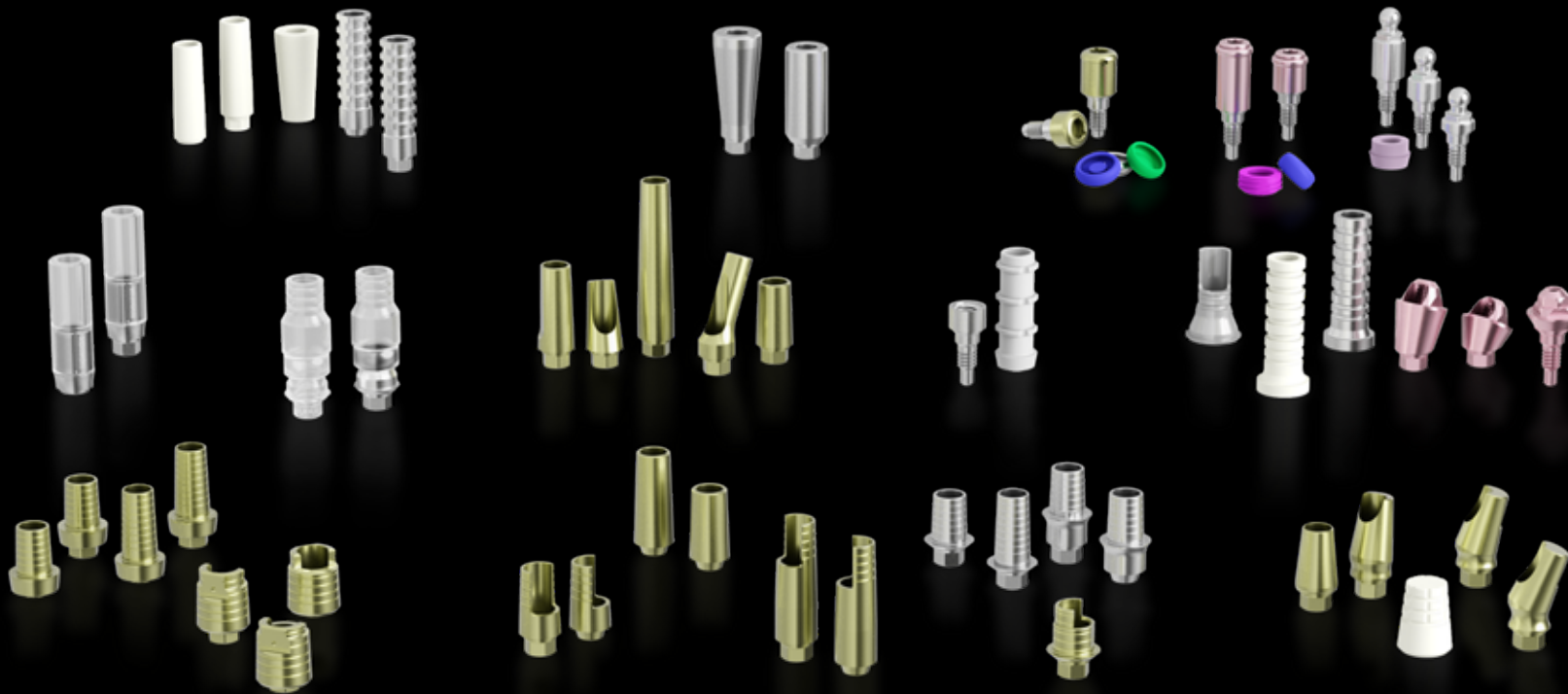
The **internal hexagon** connection ensures stability and **enhances the prosthesis' resistance to masticatory loads**.



Complete prosthetic range

The great prosthetic versatility of Prama is one of the distinctive features of this implant. The ability to create both single and multiple rehabilitations, along with a variety of dedicated components for screw-retained, cemented, and luted protocols, using both traditional and digital approaches, simplifies the work of clinicians and technicians, enhancing their skills and potential.

Prama means prosthetic freedom.



Agustín-Panadero, R.; Bermúdez-Mulet, I.; Fernández-Estevan, L.; Fernanda Solá-Ruiz, M.; Marco-Pitarch, R.; García-Selva, M.; Zubizarreta-Macho, Á.; León-Martínez, R.,
Peri-Implant Behavior of Tissue Level Dental Implants with a Convergent Neck.,
Int. J. Environ. Res. Public Health 2021, 18, 5232, [Doi: 10.3390/ijerph18105232](https://doi.org/10.3390/ijerph18105232)

Mandillo-Alonso V, Cascos Sanchez R, Antonaya-Martin JL, Laguna-Martos M,
Soft tissue thickness evaluation in screw-retained crowns by the biologically oriented preparation technique (BOPT),
J Clin Exp Dent 2021 Dec 1;13(12): e1209-e1215, [doi: 10.4317/jced.58952](https://doi.org/10.4317/jced.58952)

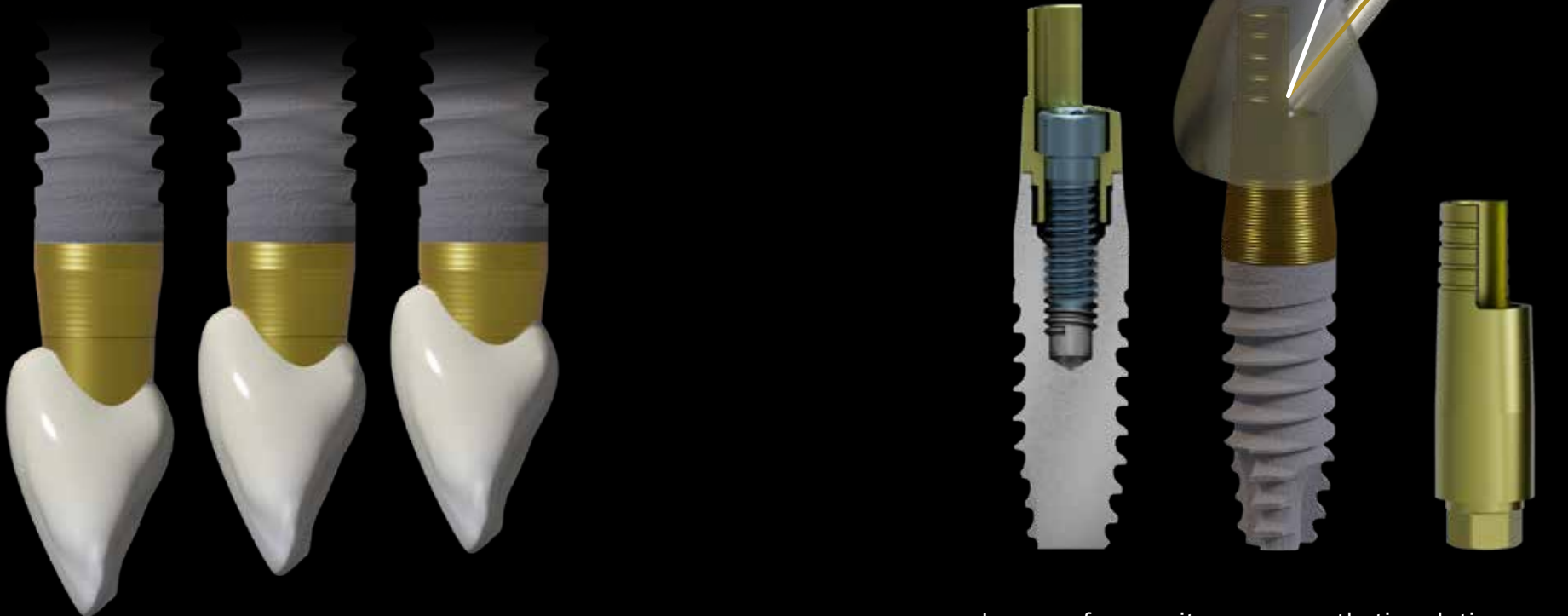
Excellence in prosthetics

Freedom of prosthetic margin positioning

In Prama implant-prosthetic rehabilitations, the freedom from predefined margins allows the prosthetic devices to be created according to specific parameters without being constrained by the morphology of the implant or prosthetic component.

The ability to close the prosthetic crown at the implant neck level, the connection interface, or the prosthetic abutment, as well as hybrid closure, maximizes opportunities and expands the range of possibilities.

This allows for the creation of prosthetic devices that harmonize with the remaining natural elements, with freely chosen geometries based exclusively on anatomy, patient needs, or specific characteristics.



In case of necessity, many prosthetic solutions allow for the palatal displacement of the screw hole.

Excellence in prosthetics

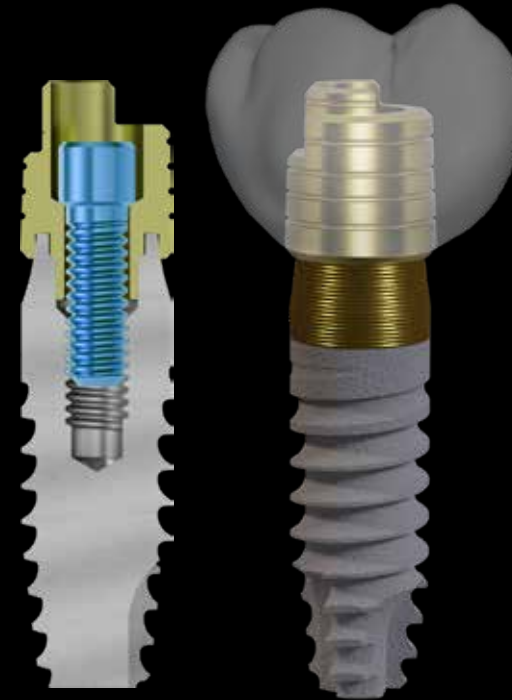
Prama IN as a solution

Aesthetic advantage

The Prama IN prosthesis partially embraces the implant neck.

It is useful in cases of limited vertical dimension and allows for excellent biological seal.

The Prama IN prosthesis allows for splinting of the implant neck, gaining mechanical resistance in individual molars.



The T-Connect Prama IN without shoulder is characterized by the absence of the traditional support shoulder, allowing the crown to be directly placed on the T-Connect cone, ensuring an **excellent aesthetic result**. The second peculiarity in the morphology of these components is to provide maximum freedom by allowing the angulation of the screw hole.

Conico

Conico system allows to obtain a fixed restoration on implant without the use of cement or fixation screws between the post and the prosthesis, and at the same time easily removable by the clinician. The conometric prosthesis is to be considered a fixed prosthesis, like screw retained and cemented solutions and combines the advantages of both: revision and absence of cement of the screw-retained prosthesis and aesthetics and absence of holes in the occlusal area of the cemented prosthesis. Moreover, the ease of removal allows a correct maintenance of the health of the peri-implant tissues, with a considerable saving of time and costs for both the patient and the technician.

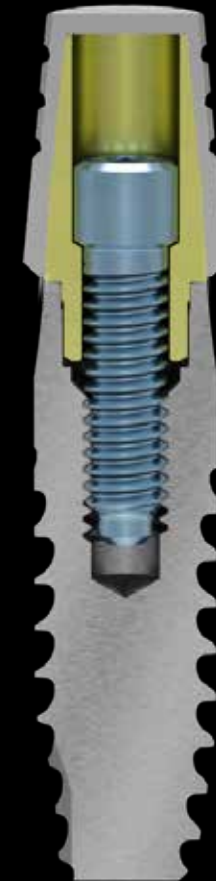


Screwless and cementless fixed prosthesis

Easily removable in a few seconds by the dentist for inspection and hygiene purposes.

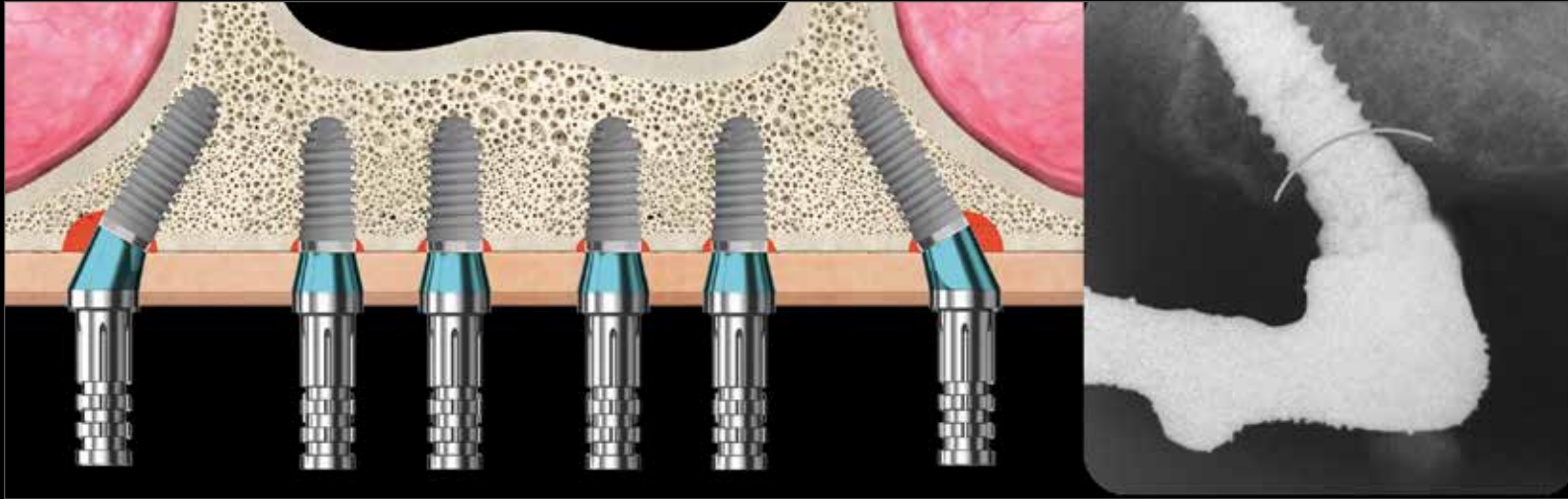
Suitable for both single crown restorations and multiple unit rehabilitations

Biological seal and maintenance of healthy and stable tissues over time

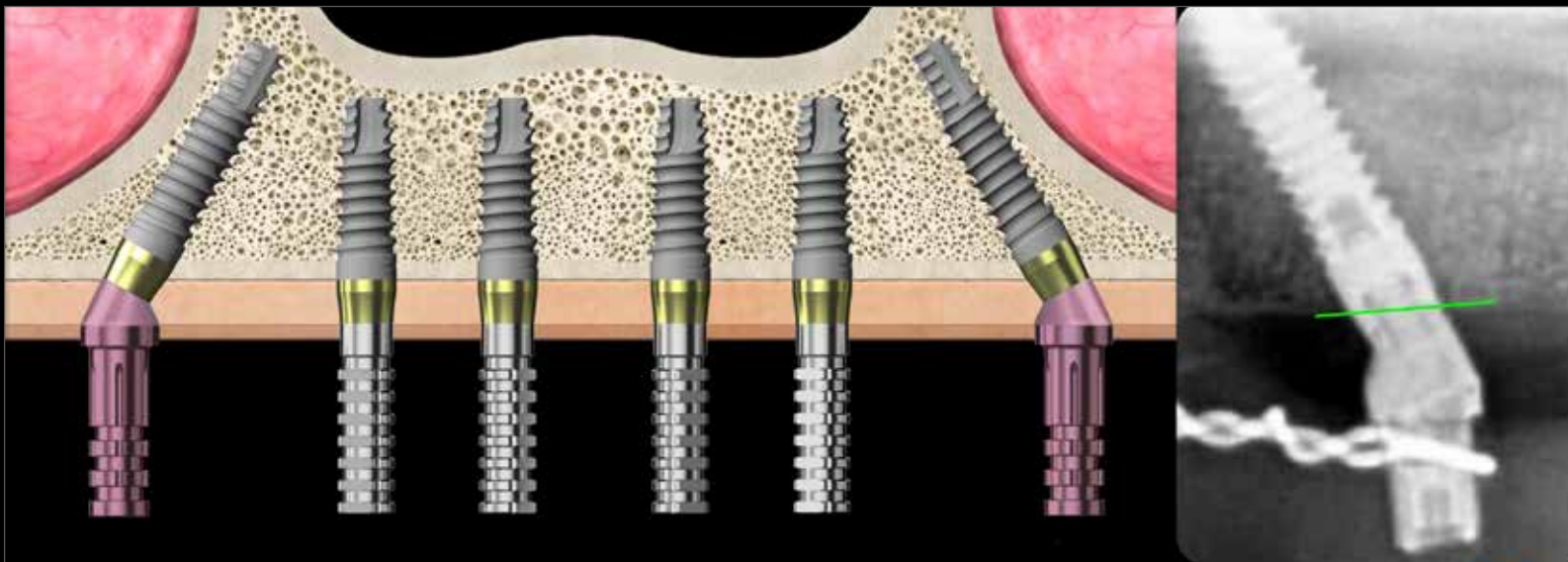


All on Prama

When a completely edentulous arch is restored with traditional submerged implants it is necessary to use intermediate abutments like P.A.D. both on the angled distal implants and on the straight mesial implants. Moreover the distal margin of the angled implants has to be submerged, with a resulting crestal bone loss and with difficulties due to the very deep position of the implant connection. However, by using intramucosal Prama implants it is possible to avoid the use of intermediate abutments in the frontal sector, positioning only the preangled ones on the distal implants (**abutment P:A.D. or the pink ones in the image**). Moreover the conformation of the convergent neck allows to position the distal margin of the tilted implants at crestal level and the mesial margin at intramucosal level, avoiding the need to use a bone profiler.



An example of a solution for a full arch with distally inclined implants of the bone level type.

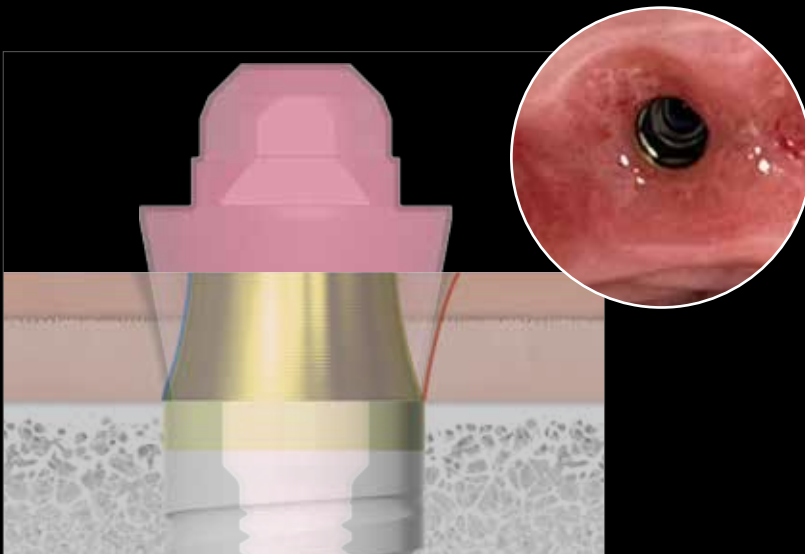


An example of a solution for a full arch with distally inclined Prama implants.

Courtesy of Marco Csonka

The FP1 implant

Both neck treatment and convergent morphology make Prama the implant of choice when performing FP1s treatments. Working together they ensure a small profile favouring abundance and quality of soft tissue and papillae, both fundamental in shaping gingiva architecture and achieve natural looking long-lasting results.



Extreme solutions

Nasal and Pterygoid implants

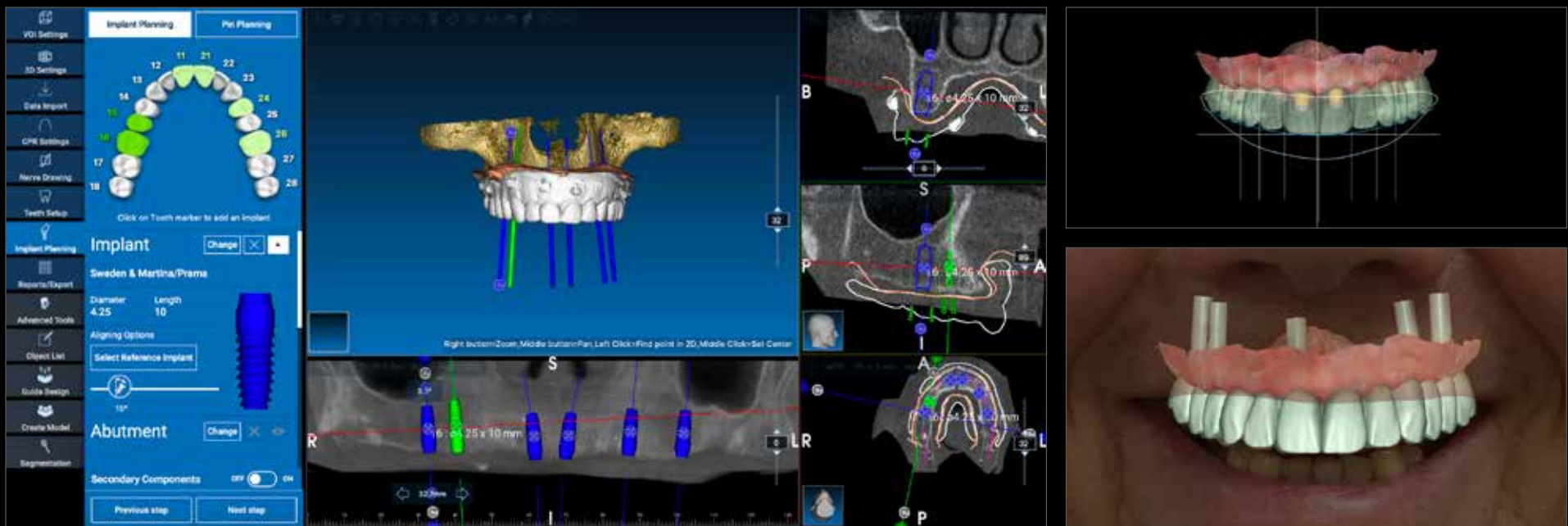
In the presence of severe atrophy, there are alternatives to bone regeneration that can increase the predictability of treatment and also allow immediate loading. The extension of the Prama range makes it possible to take advantage of the nasal and pterygoid positioning to increase the primary stability 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.



The digital approach

Prima and guided surgery

Sweden & Martina is able to assist you from design to production of the surgical guide, model, and provisional prosthesis. The experience of Sweden & Martina and dedicated support will make the positioning of Prima even easier. The possibility of a flapless approach will result in a significantly shorter procedure and less pain and swelling during the patient's healing phase. To perform guided surgery with Prima implants, two complete and ergonomic kits have been designed, including all the necessary tools for a fully assisted surgery.



“When the placement of Prima implants is prosthetically guided inserting and surgically guided during the implant insertion, it benefits the prosthetic emergence profiles and ensures appropriate shapes, optimal aesthetic results, and health of the peri-implant tissues.”

Prof. Berta García Mira, Departament D'Estomatologia. Facultat De Medicina I Odontologia. Universitat De València

Watch the complete video



The digital approach

Digital prosthesis



Digital screw-retained prosthesis:
screw-retained crowns and
bridges directly on implants



Digital conometric prosthesis with
CONICO components



Digital screw-retained prosthesis:
standard closure with a support base



Digital screw-retained prosthesis:
Prama IN closure without a support base



Digital screw-retained prosthesis:
customized T-connect (abutment) and
perforated zirconia crown



Digital screw-retained prosthesis:
standard closure without a support base
and the possibility of customized anatomical
crown closure

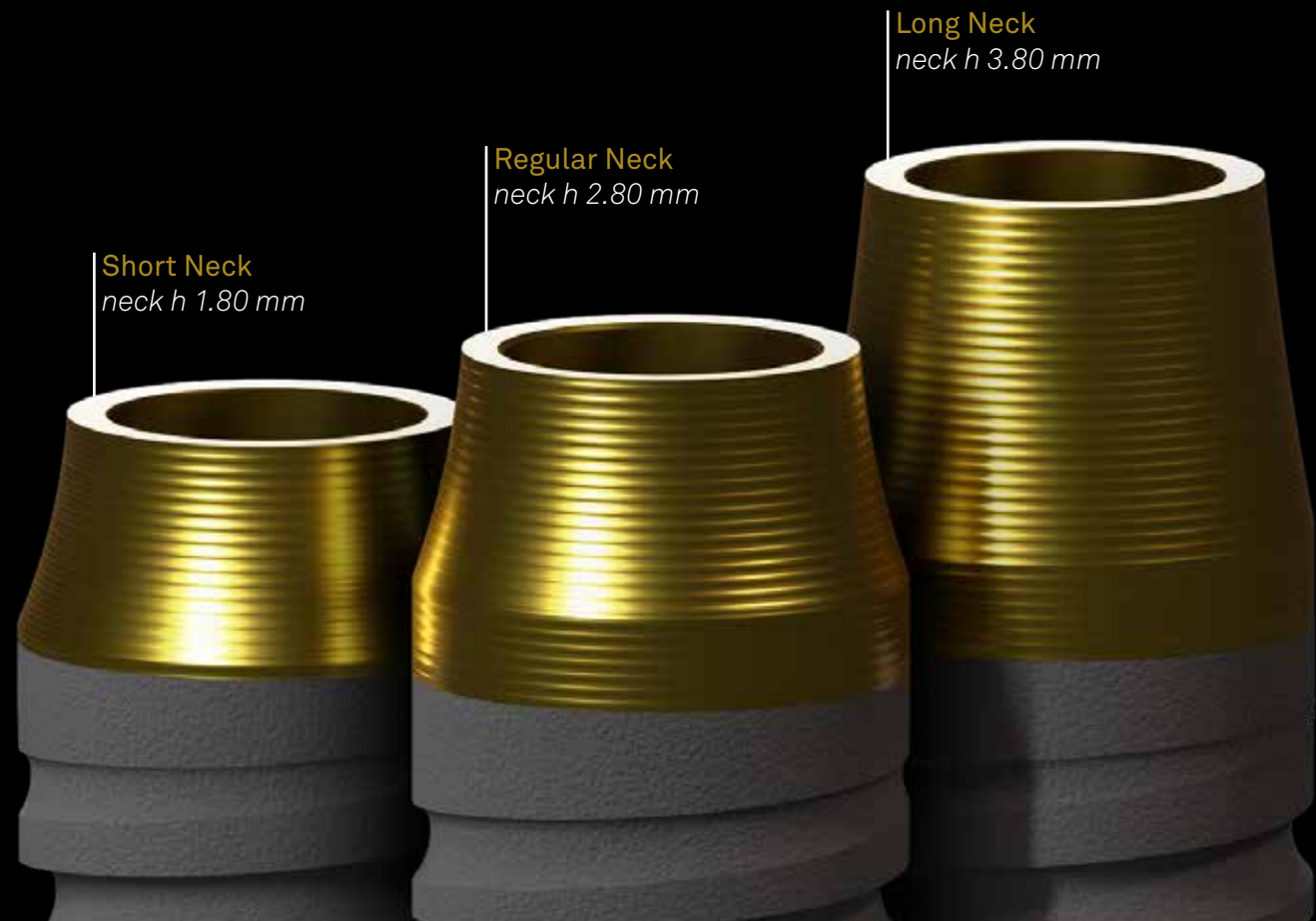
Prama necks

What are the characteristics that make Prama intramucosal?

First of all the presence of a neck available in **three different heights** (from 1.80 to 3.80 mm) characterized by a **convergent geometry**: regardless of the endosseous diameter of the implant, the connection diameter always reaches the same dimension. In this way, the space occupied by titanium in transmucosal implants, is left free here for tissue regrowth.

The **Prama Regular Neck** and **Long Neck** implants are more suitable for compensating any discrepancies in post-extraction sites or asymmetric crests, particularly in the esthetic zone.

On the other hand, **Prama Short Neck** implants are more suitable for thin tissues and for the esthetic zone.

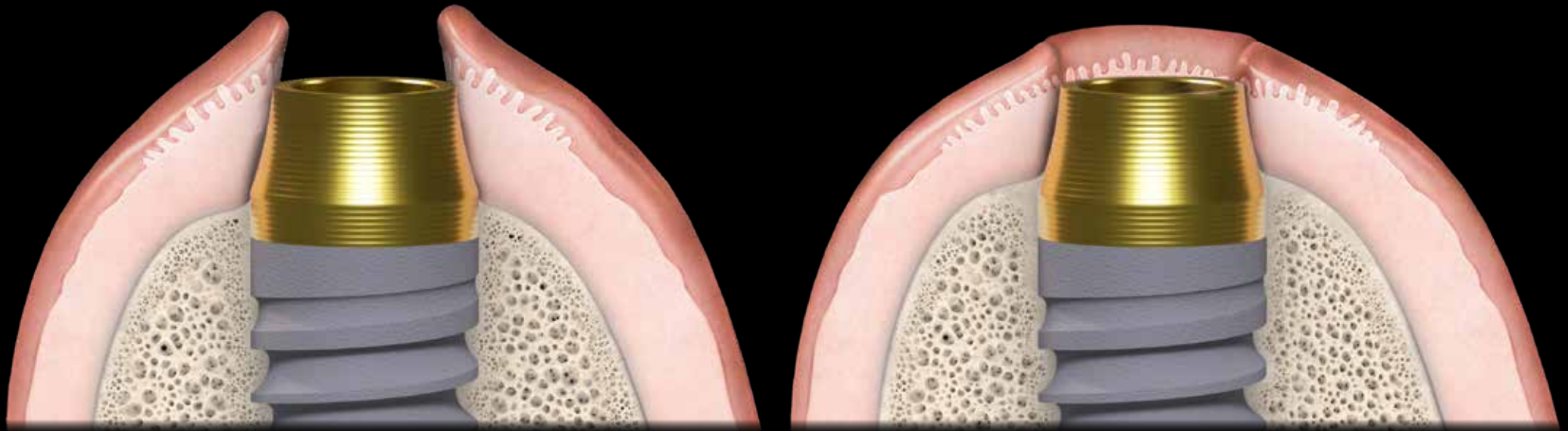


The versatility of an intramucosal implant

The morphology of the Prama neck has been defined as hyperbolic since the beginning due to the characteristic curvature that distinguishes it. This feature increases its capability, already inherent in the convergent shape, of **adapting three-dimensionally to asymmetrical crests**, with no need for augmentation or resective surgery. Moreover, the UTM surface on the neck has proven to be an excellent substrate also for osteoblasts, which attach on it and organize themselves over time.

Thereby it is possible to place a Prama implant either intramucosal or submerged, depending on clinical requirements.

The Prama range also includes **implants with reduced height** (6.00 mm), giving this system a great surgical versatility and allowing the clinician to manage the insertion level according to the type of bone and to the anatomical structure.

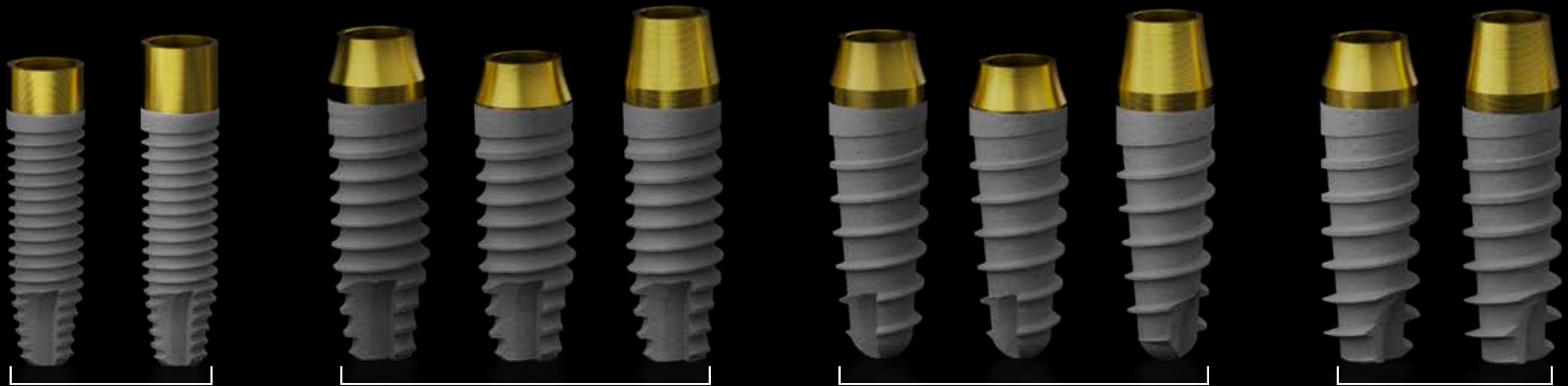


The range

Prama covers all the clinician's needs



Discover the available sizes for each morphology



Prama Slim regular neck and long neck

Prama RF regular neck, short neck and long neck

Prama regular neck, short neck and long neck

Prama RF SL regular neck and long neck



Prama shorty regular neck and long neck cylindrical and tapered morphology



Prama Nasal short neck and long neck, Prama Pterygoid short neck and long neck

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