

CYTOFLEX® RESORB

Resorbable PLA / PGA Barrier Membrane

TRIPLE-LAYERED MEMBRANE

- ❖ Easily adaptable
- ❖ No pre-soaking required
- ❖ Over 2-month barrier function
- ❖ Non-pyrogenic, non-immunogenic



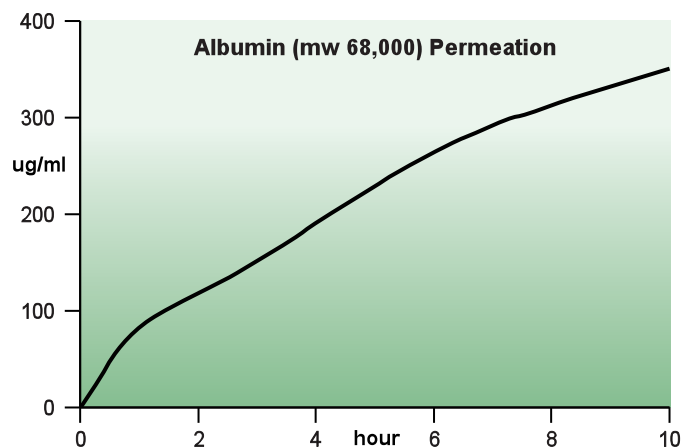
Available in 12 x 24mm, 20 x 25mm and 30 x 40mm sizes

Micro-porous Cytoflex® Resorb membranes consist of three integral layers designed to promote gingival tissue attachment and prevent fibroblast down growth. All three layers are structurally integrated, resulting in a flexible membrane with superb handling properties and high nutrient permeability. Made of biocompatible poly (lactide-co-glycolide) copolymers, Cytoflex® Resorb membrane is non-pyrogenic, non-immunogenic and maintains a barrier framework for over two months after implantation. The resorbable membrane does not require pre-soaking before administration, and completely dissolves within six months.

Adapts Easily To Tissue Contour



High Nutrient Permeability



CYTOFLEX® RESORB

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EVALUATION OF REGENERATION CAPACITY

The safety and performance of Cytoflex® Resorb barriers were evaluated in a beagle dog model. Bilateral infrabony defects were surgically created at the distal aspects of both mandibles in eight beagle dogs. A Cytoflex® Resorb membrane was trimmed to cover each defect in accordance with GTR procedures without pre-soaking. Post-operation, wound healing was calm and uneventful. Two animals were sacrificed at 4, 8, 16 and 24 weeks, respectively, to assess the regeneration progress. Histological analysis demonstrated that Cytoflex® Resorb membranes are effective at regenerating new cementum, periodontal ligament and alveolar bone tissue in the protected infrabony defect. Over time, the regenerated tissues remodeled and organized into matured tissue. The barrier frame remained largely intact up to 16 weeks and was completely resorbed at 24 weeks after implantation.

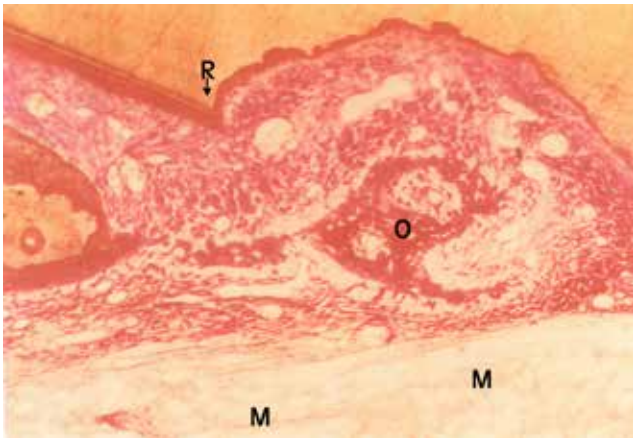


Fig 1. Micrograph (100X) of a defect area at 4 weeks. Osteoid tissue (O), blood vessels and periodontal ligament cells originated from the alveolar crest. Barrier frame (M) remained intact in its integrity. (R) denotes the apical reference point of the defect.



Fig 2. Micrograph (40X) of a defect area at 8 weeks. New bone (NB), new cementum (NC), and periodontal ligament tissue grew toward the coronal end of the defect. The barrier (M) exhibited superficial resorption, but maintained its structural integrity.

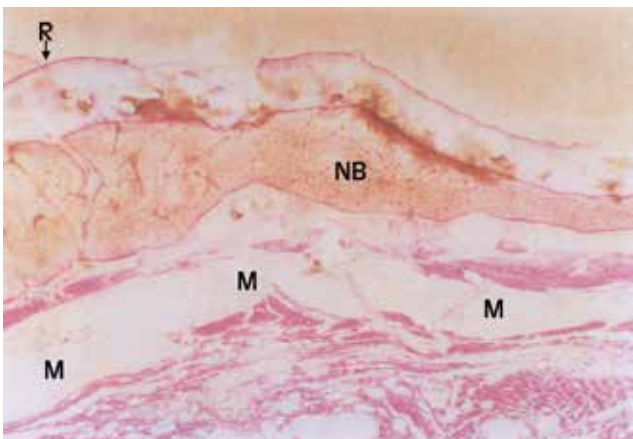


Fig 3. Micrograph (40X) of a defect area at 16 weeks. Harversian structure emerged. More new bone, cementum and periodontal ligament tissues regenerated and remodeled. The barrier frame remained but continuous structure was partially lost.

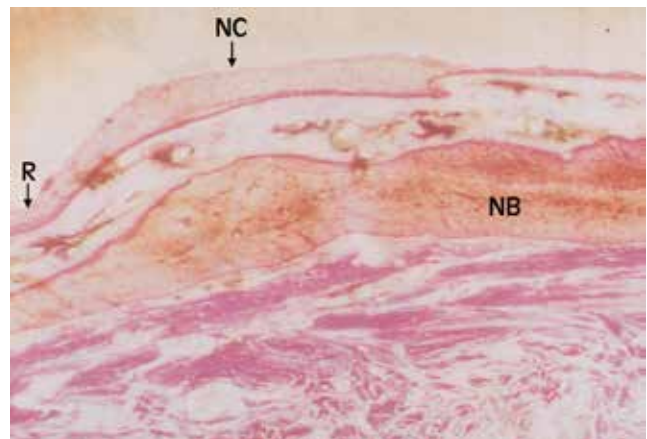


Fig 4. Micrograph (40X) of a defect area at 24 weeks. New cementum, periodontal ligament and regenerated bone with Harversian structure matured and became organized. The barrier frame was almost completely resorbed.