



**OsteoBiol<sup>®</sup>**  
by TecnoSS

**Gen-Os<sup>®</sup>**

A DUAL-PHASE BIOMATERIAL  
*Collagenated heterologous cortico-cancellous bone mix*

REGENERATION SCIENCE

INSPIRED BY NATURE



## A unique biotechnology

### TECNOSS®: A UNIQUE PROCESS THAT ACCELERATES AND GUIDES NATURAL BONE REGENERATION

Tecnoss® developed and patented a unique biotechnology that prevents the ceramization phase of natural bone and preserves the tissue collagen, allowing an osteoclastic-type remodelling of the biomaterial similar to physiological bone turnover and delivering a product endowed with characteristics very similar to human mineral bone<sup>(1)</sup>.

**The combination of these factors allows a consistent new bone formation and a close contact between neo-formed bone and biomaterial.**

### COLLAGEN: A KEY FACTOR FOR BONE REGENERATION

Collagen has a key role in bone regeneration process in that:

- a) it acts as a valid substrate for platelet activation and aggregation
- b) it serves to attract and differentiate the mesenchymal stem cells present in the bone marrow<sup>(2)</sup>
- c) it increases the proliferation rate of the osteoblasts up to 2/3 times<sup>(3)</sup>
- d) it stimulates the activation of the platelets, osteoblasts and osteoclasts in the tissue healing process

### OSTEOBIOL®: UNIQUE COLLAGENATED BIOMATERIALS

Thanks to the innovative Tecnoss® technology, the OsteoBiol® line has the following important characteristics:

- 1) absence of a foreign body response<sup>(4)</sup>
- 2) gradual resorption over time<sup>(5,6)</sup>
- 3) stimulation/acceleration of physiological tissue healing process<sup>(2)</sup>
- 4) protection of the grafting site from infection (membranes)<sup>(7)</sup>
- 5) capability of carrying medication to the surgical site<sup>(8)</sup>

The Tecnoss® new generation of biomaterials, thanks to a revolutionary technology, goes beyond the simple role of aiding natural bone regrowth by stimulating and accelerating this vital physiological process.

**OsteoBiol®**  
by Tecnoss

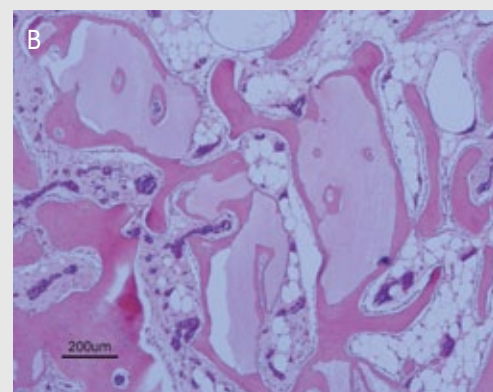
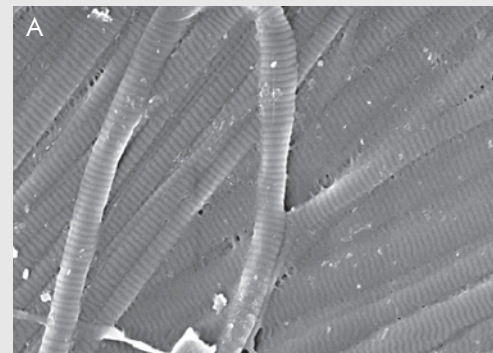


Fig. A | Collagenic structure of OsteoBiol® Gen-Os®  
Source: Courtesy of Prof Ulf Nannmark, University of Göteborg, Sweden

Fig. B | Histology of bone grafted with Gen-Os®  
Courtesy of Prof. Ulf Nannmark, University of Göteborg, Sweden

Fig. C | Gen-Os® vial

(1) Figueiredo M et al. J Biomed Mater Res B Appl Biomater, 2010 Feb; 92(2):409-419

(2) Brunelli G et al. Eur J Inflamm, 2011, Vol. 9, no. 3 (S), 103-107

(3) Hsu FY et al. Biomaterials, 1999, 20:1931-1936

(4) Crespi R et al. Int J Oral Maxillofac Implants, 2011 Jul - Aug; 26(4):866-72

(5) Nannmark U, Sennerby L. Clin Implant Dent Relat Res, 2008 Dec; 10(4):264-70

(6) Barone A et al. Clin Implant Dent Relat Res, 2012 Jun; 14(3):373-9

(7) Barone A et al. Clin Oral Implants Res, 2013 Nov; 24(11):1231-7

(8) Fischer K et al. Clin Oral Implants Res, 2015 Oct; 26(10):1135-42. Epub 2014 Sep 15





# A dual-phase biomaterial



## CHARACTERISTICS

A natural replicate of autologous bone, Gen-Os® conserves the same intimate structures<sup>(1)</sup> (matrix and porous form) and presents highly osteoconductive properties<sup>(5)</sup>. It is biocompatible and bioavailable, as recognized by tests made according to the ISO 10993 method conducted at the Eurofins Biolab.

Gen-Os® is gradually resorbable and provides support in bone neoformation helping to preserve the original graft shape and volume (osteoconductive property)<sup>(4,9)</sup>.

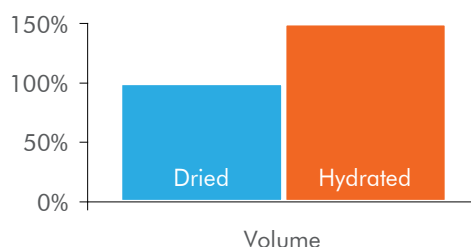
Moreover, thanks to its collagen content, the product facilitates blood clotting and the subsequent invasion of repairing and regenerative cells, favoring *restitutio ad integrum* of missing bone.

Because of its marked hydrophilicity<sup>(10)</sup>, it can function as a carrier for selected medication and drugs.

## HANDLING

Gen-Os® must always be hydrated and thoroughly mixed with a few drops of sterile physiological solution to activate its collagen matrix and to enhance its adhesivity; it can also be mixed with patient's blood.

Gen-Os® expands up to 50% in volume after hydration with sterile saline: hydrated collagen contained in each granule also increases sensibly biomaterial adhesivity.



OsteoBioL® Gen-Os®  
Source: TecnoSS s.r.l.

## CLINICAL INDICATIONS OVERVIEW

Gen-Os® has been successfully used and documented for alveolar ridge preservation<sup>(11)</sup> in combination with *Evolution* membranes: the application of this biomaterial limits significantly the alveolar ridge width reduction that would naturally occur with spontaneous healing, preserving thus the alveolar ridge volume and allowing a correct second stage implant placement<sup>(12)</sup>. Gen-Os® is also indicated for lateral access maxillary sinus lift<sup>(9,13)</sup> and dehiscence regeneration<sup>(14)</sup>, always in association with *Evolution* membranes.

Ongoing studies are also proving its effectiveness in periodontal regeneration of deep intrabony defects<sup>(15)</sup>. Due to its collagen content, once hydrated Gen-Os® becomes very sticky and hydrophylic<sup>(10)</sup>: it combines therefore extremely well with blood and is very stable once applied into the grafting site.

Its cortico-cancellous composition allows a progressive resorption of osteoclastic type, with in parallel a similar rate of new bone formation<sup>(5)</sup>: these unique properties allow a very good graft volume preservation, a healthy new bony tissue and ultimately, a successful implant rehabilitation.

### Tissue of origin

Cortico-cancellous heterologous bone mix

### Tissue collagen

Preserved

### Physical form

Slightly radiopaque granules

### Composition

100% granulated mix

### Granulometry

250-1000 µm

### Re-entry time

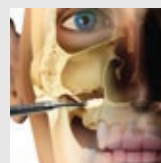
4/5 months, depending on grafting site characteristics

### Packaging

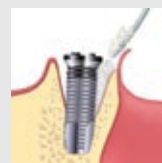
Vial: 0.25 g, 0.5 g, 1.0 g, 2.0 g

### GMDN code

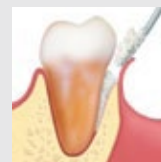
38746



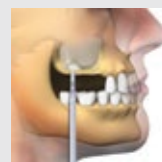
LATERAL ACCESS  
SINUS LIFT



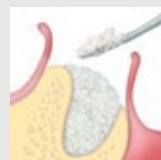
PERI-IMPLANT  
LESIONS



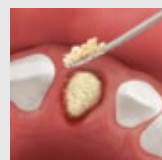
INTRABONY DEFECTS



CRESTAL ACCESS  
SINUS LIFT  
OSTEOTOME TECHNIQUE



HORIZONTAL  
AUGMENTATION



ALVEOLAR  
REGENERATION

(9) Cassetta M et al. Clin Oral Implants Res, 2015 oct;26(10):1180-4. Epub 2014 May 26

(10) Figueiredo A et al. Mater Sci Eng C Mater Biol Appl, 2013 Aug 1;33(6):3506-13

(11) Festa VM et al. Clin Implant Dent Relat Res, 2013 15(5): 707-713 Epub 2011 Nov 14

(12) Cardaropoli D et al. Int J Periodontics Restorative Dent, 2008 Oct; 28(5):469-77

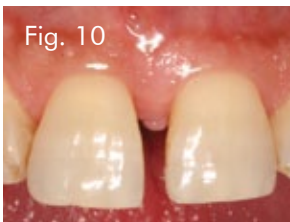
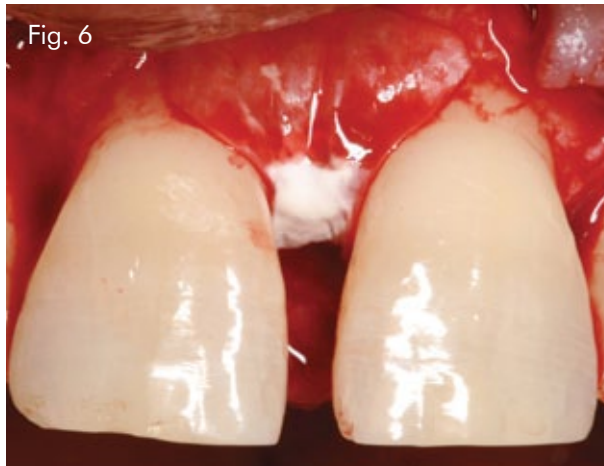
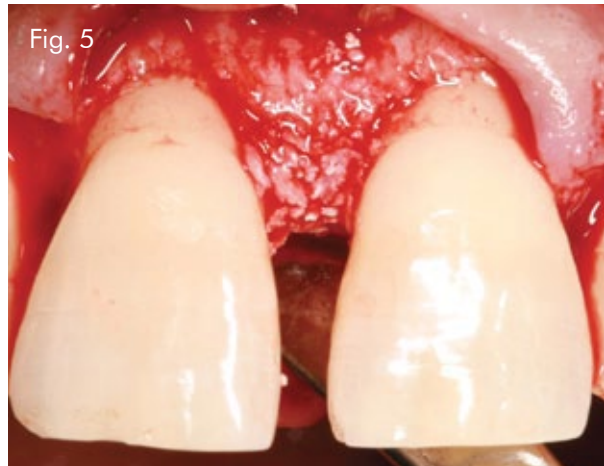
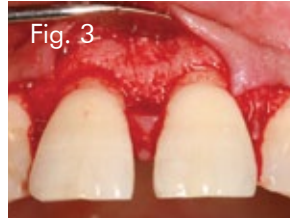
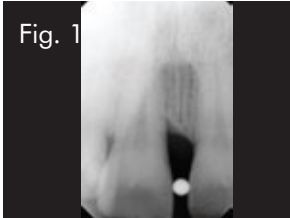
(13) Barone A et al. Int J Oral Maxillofac Implants, 2005, 20: 519-525

(14) Bottini LP et al. J Periodontol, 2012 Oct 29, Epub Ahead of Print

(15) Esposito M et al. Eur J of Oral Impl 2015;8(3):233-244



## Excellent clinical performances



### CASE REPORT

#### Periodontal regeneration

Sex: **male** | Age: **47**

**Fig. 1** Pre-operative x-ray: 4-mm defect

**Fig. 2** Pocket probing depth (PPD) 6 mm

**Fig. 3** Flap elevation

**Fig. 4** Intrabony defect

**Fig. 5** Treatment with OsteoBiol® Gen-Os®

**Fig. 6** Covering with OsteoBiol® Evolution

**Fig. 7** Double sling suture

**Fig. 8** Double sling suture - Occlusal view

**Fig. 9** Healing after 1 week

**Fig. 10** CAL gain of 3 mm after 9 months

**Fig. 11** PPD 3 mm after 1 year

**Fig. 12** X-ray after 1 year

Documentation provided by

Prof **Sérgio Matos**

Faculty of Medicine, University of Coimbra, Portugal

e-mail: sergiomatos1@sapo.pt

Bone substitute: **OsteoBiol® Gen-Os®**  
Membrane: **OsteoBiol® Evolution**



COVANI U, AMERI S, CRESPI R, BARONE A  
**PRESERVAZIONE DEL PROCESSO ALVEOLARE CON OSSO ETEROLOGO. CONSIDERAZIONI ISTOLOGICHE**  
ITALIAN ORAL SURGERY, 2004, VOL 3, 1: 17-23

CASSETTA M, CALASSO S, VOZZA I, DELL'AQUILA D  
**REHABILITATION OF ATROPHIC ALVEOLAR CRESTS WITH CYLINDRICAL SANDBLASTED AND ACID ETCHED IMPLANTS: A PILOT STUDY**  
EUR J IMPLANT PROSTHODONTICS, 2005; (3)1:133-144

BARONE A, CRESPI R, ALDINI NN, FINI M, GIARDINO R, COVANI U  
**MAXILLARY SINUS AUGMENTATION: HISTOLOGIC AND HISTOMORPHOMETRIC ANALYSIS**  
INT J ORAL MAXILLOFAC IMPLANTS, 2005 JUL-AUG; 20(4):519-25

BARONE A, SANTINI S, SBORDONE L, CRESPI R, COVANI U  
**A CLINICAL STUDY OF THE OUTCOMES AND COMPLICATIONS ASSOCIATED WITH MAXILLARY SINUS AUGMENTATION**  
INT J ORAL MAXILLOFAC IMPLANTS, 2006 JAN-FEB; 21(1):81-5

COVANI U, BARONE A, CORNELINI R, CRESPI R  
**CLINICAL OUTCOME OF IMPLANTS PLACED IMMEDIATELY AFTER IMPLANT REMOVAL**  
J PERIODONTOL, 2006 APR;77(4):722-7

DEL CORSO M  
**SOFT TISSUE RESPONSE TO PLATELET RICH FIBRIN: CLINICAL EVIDENCES**  
COSMETIC DENT, 2008, 3: 16-20

CARDAROPOLI D, CARDAROPOLI G  
**PRESERVATION OF THE POSTEXTRACTION ALVEOLAR RIDGE: A CLINICAL AND HISTOLOGIC STUDY**  
INT J PERIODONTICS RESTORATIVE DENT, 2008 OCT; 28(5):469-77

NANNMARK U, SENNERBY L  
**THE BONE TISSUE RESPONSES TO PREHYDRATED AND COLLAGENATED CORTICO-CANCELLOUS PORCINE BONE GRAFTS: A STUDY IN RABBIT MAXILLARY DEFECTS**  
CLIN IMPLANT DENT RELAT RES, 2008 DEC;10(4):264-70. EPUB 2008 JAN 30

FIGUEIREDO M, HENRIQUES J, MARTINS G, GUERRA F, JUDAS F, FIGUEIREDO H  
**PHYSICO-CHEMICAL CHARACTERIZATION OF BIOMATERIALS COMMONLY USED IN DENTISTRY AS BONE SUBSTITUTES - COMPARISON WITH HUMAN BONE**  
J BIOMED MATER RES B APPL BIOMATER, 2010 FEB; 92(2):409-19

CRESPI R, CAPPARÈ P, GHERLONE E  
**DENTAL IMPLANTS PLACED IN EXTRACTION SITES GRAFTED WITH DIFFERENT BONE SUBSTITUTES: RADIOGRAPHIC EVALUATION AT 24 MONTHS**  
J PERIODONTOL, 2009 OCT; 80(10):1616-1621

ROSSI R, SANTOS MORALES R, FRASCARIA M, BENZI R, SQUADRITO N  
**PLANNING IMPLANTS IN THE ESTHETIC ZONE USING A NEW IMPLANT 3D NAVIGATION SYSTEM**  
EUR J ESTHET DENT, 2010 SUMMER; 5(2):172-88

SCARANO A, CARINCI F, ASSENZA B, PIATTELLI M, MURMURA G, PIATTELLI A  
**VERTICAL RIDGE AUGMENTATION OF ATROPHIC POSTERIOR MANDIBLE USING AN INLAY TECHNIQUE WITH A XENOGRAFT WITHOUT MINISCREWS AND MINIPLATES: CASE SERIES**  
CLIN ORAL IMPLANTS RES, 2011 OCT;22(10):1125-30. EPUB 2011 JAN 20

PAGLIANI L, ANDERSSON P, LANZA M, NAPPO A, VERROCCHI D, VOLPE S, SENNERBY L  
**A COLLAGENATED PORCINE BONE SUBSTITUTE FOR AUGMENTATION AT NEOSS IMPLANT SITES: A PROSPECTIVE 1-YEAR MULTICENTER CASE SERIES STUDY WITH HISTOLOGY**  
CLIN IMPLANT DENT RELAT RES, 2012 OCT;14(5):746-58. EPUB 2010 OCT 26

CRESPI R, CAPPARÈ P, ROMANOS GE, MARIANI E, BENASCIUTTI E, GHERLONE E  
**CORTICOCANCELLOUS PORCINE BONE IN THE HEALING OF HUMAN EXTRACTION SOCKETS: COMBINING HISTOMORPHOMETRY WITH OSTEOBLAST GENE EXPRESSION PROFILES IN VIVO**  
INT J ORAL MAXILLOFAC IMPLANTS, 2011 JUL-AUG; 26(4):866-72

FESTA VM, ADDABBO F, LAINO L, FEMIANO F, RULLO R  
**PORCINE-DERIVED XENOGRAFT COMBINED WITH A SOFT CORTICAL MEMBRANE VERSUS EXTRACTION ALONE FOR IMPLANT SITE DEVELOPMENT: A CLINICAL STUDY IN HUMANS**  
CLIN IMPLANT DENT AND RELAT RES, 2013 OCT;15(5):707-13. EPUB 2011 NOV 14

CASSETTA M, RICCI L, IEZZI G, DELL'AQUILA D, PIATTELLI A, PERROTTI V  
**RESONANCE FREQUENCY ANALYSIS OF IMPLANTS INSERTED WITH A SIMULTANEOUS GRAFTING PROCEDURE: A 5-YEAR FOLLOW-UP STUDY IN MAN**  
INT J PERIODONTICS RESTORATIVE DENT, 2012 OCT;32(5):581-9

ESPOSITO M, CANNIZZARO G, SOARDI E, PISTILLI R, PIATTELLI M, CORVINO V, FELICE P

**POSTERIOR ATROPHIC JAWS REHABILITATED WITH PROSTHESES SUPPORTED BY 6 MM-LONG, 4 MM-WIDE IMPLANTS OR BY LONGER IMPLANTS IN AUGMENTED BONE. PRELIMINARY RESULTS FROM A PILOT RANDOMISED CONTROLLED TRIAL**  
EUR J ORAL IMPLANTOL, 2012 SPRING;5(1):19-33

CASSETTA M, RICCI L, IEZZI G, CALASSO S, PIATTELLI A, PERROTTI V  
**USE OF PIEZOSURGERY DURING MAXILLARY SINUS ELEVATION: CLINICAL RESULTS OF 40 CONSECUTIVE CASES**  
INT J PERIODONTICS RESTORATIVE DENT, 2012 DEC;32(6):E182-8

BOTTINI LP, RICCI L, PIATTELLI A, PERROTTI V, IEZZI G  
**BUCCO-LINGUAL CRESTAL BONE CHANGES AROUND IMPLANTS IMMEDIATELY PLACED IN FRESH SOCKETS IN ASSOCIATION OR NOT WITH PORCINE BONE: A NON-BLINDED RANDOMIZED CONTROLLED TRIAL IN HUMANS**  
J PERIODONTOL, 2012 OCT 29, EPUB AHEAD OF PRINT

FIGUEIREDO A, COIMBRA P, CABRITA A, GUERRA F, FIGUEIREDO M  
**COMPARISON OF A XENOGENEIC AND AN ALLOPLASTIC MATERIAL USED IN DENTAL IMPLANTS IN TERMS OF PHYSICO-CHEMICAL CHARACTERISTICS AND IN VIVO INFLAMMATORY RESPONSE**  
MATER SCI ENG C MATER BIOL APPL, 2013 AUG 1;33(6):3506-13. EPUB 2013 MAY 3

KOLMAS J, SZWAJA M, KOLODZIEJSKI W  
**SOLID-STATE NMR AND IR CHARACTERIZATION OF COMMERCIAL XENOGENEIC BIOMATERIALS USED AS BONE SUBSTITUTES**  
J PHARM BIOMED ANAL, 2012 MAR 5;61:136-41. EPUB 2011 NOV 25

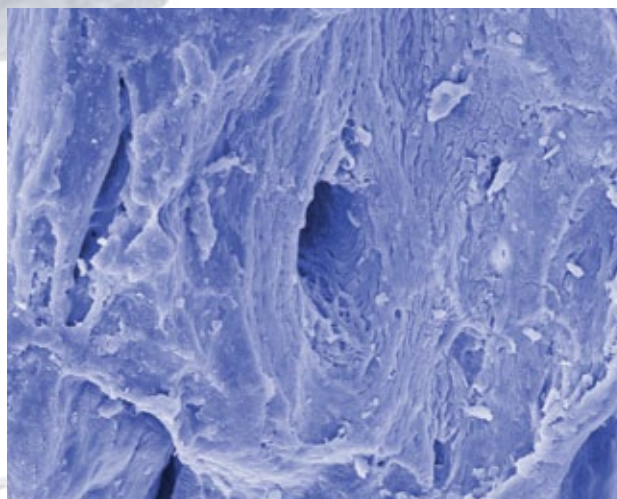
CASSETTA M, PERROTTI V, CALASSO S, PIATTELLI A, SINJARI B, IEZZI G  
**BONE FORMATION IN SINUS AUGMENTATION PROCEDURES USING AUTOLOGOUS BONE, PORCINE BONE, AND A 50 : 50 MIXTURE: A HUMAN CLINICAL AND HISTOLOGICAL EVALUATION AT 2 MONTHS**  
CLIN ORAL IMPLANTS RES, 2014 MAY 26 EPUB AHEAD OF PRINT

FISCHER KR, STAVROPOULOS A, CALVO GUIRADO JL, SCHNEIDER D, FICKL S  
**INFLUENCE OF LOCAL ADMINISTRATION OF PAMIDRONATE ON EXTRACTION SOCKET HEALING - A HISTOMORPHOMETRIC PROOF-OF-PRINCIPLE PRE-CLINICAL IN VIVO EVALUATION**  
CLIN ORAL IMPLANTS RES, 2014 SEP 15 EPUB AHEAD OF PRINT

SCARANO A, MURMURA G, SINJARI B, ASSENZA B, SOLLAZZO V, SPINELLI G, CARINCI F  
**EXPANSION OF THE ALVEOLAR BONE CREST WITH ULTRASONIC SURGERY DEVICE: CLINICAL STUDY IN MANDIBLE**  
INT J IMMUNOPATHOL PHARMACOL, 2011 APR-JUN; 24(2 SUPPL):71-5

SCARANO A, PIATTELLI A, MURMURA G, IEZZI G, ASSENZA B, MANCINO C  
**DELAYED EXPANSION OF THE ATROPHIC MANDIBLE BY ULTRASONIC SURGERY: A CLINICAL AND HISTOLOGIC CASE SERIES**  
INT J ORAL MAXILLOFAC IMPLANTS, 2015 JAN-FEB;30(1):144-9

ESPOSITO M, GRUSOVIN MG, LAMBERT F, MATOS S, PIETRUSKA M, ROSSI R, SALHI L, BUTI J  
**THE EFFECTIVENESS OF A RESORBABLE BONE SUBSTITUTE WITH A RESORBABLE MEMBRANE IN THE TREATMENT OF PERIODONTAL INFRABONY DEFECT - A MULTICENTER RANDOMISED CONTROLLED TRIAL**  
EUR J ORAL IMPLANTOL, 2015;8(3):233-244



SEM image of a Gen-Os® granule  
Courtesy of Prof. Ulf Nannmark, University of Göteborg

# Gen-Os®

## A DUAL-PHASE BIOMATERIAL

*Collagenated heterologous cortico-cancellous bone mix*



Tecnoss s.r.l. is an innovative, globally active company that develops, produces and documents premium-quality xenogenic biomaterials by the brands Tecnoss® and OsteoBiol®.

Its 20 years of research led to its patent-protected production process that ensures neutralization of antigenic components in order to achieve biocompatibility, while preserving the natural collagen matrix inside the biomaterial.

Tecnoss® products comply with highest quality standards such as ISO 10993, ISO 13485 (notified body Kiwa Cermet) and 93/42/EC (notified body CE 0373).

**osteobiol.com**

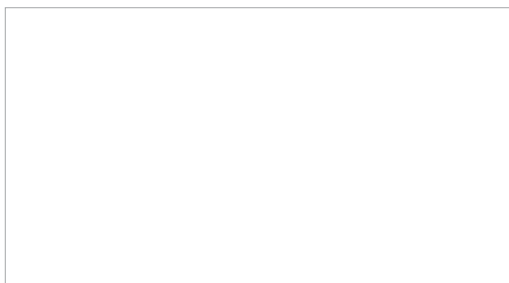
Authorized Distributor

**Tecnoss® Dental**

Via Torino, 23  
10044 Pianezza (TO) | Italy  
Tel +39 011 9682823  
Fax +39 011 9787577  
info@tecnoss-dental.com

**[www.osteobiol.com](http://www.osteobiol.com)**

International Sales & Marketing



MKT-GO50915EN

