

Show biofilm the
red card



PERISOLV®

BIOFILM-ERASER

A NEW APPLICATION

Effective treatment for periodontal and peri-implant inflammation

Periodontitis and peri-implantitis are bacterial inflammations with similar symptoms. The underlying cause behind both infections, which progress in a similar way, is bacterial plaque forming a biofilm, rich in pathogenic bacteria. The efficient eradication of the biofilm and the bacteria is thus the key prerequisite for effective treatment of these conditions. PERISOLV® is a brand new addition to the therapeutic spectrum in this field. PERISOLV® is an innovative, effective and tissue-friendly local antiseptic based on chloramines, a natural part of the body's own immune defence system with a high level of physiological effectiveness.^{1,2}

Using PERISOLV® as a decontaminant for periodontal and peri-implant inflammation is indicated as the slightly alkaline solution softens the extracellular matrix in the biofilm (proteins and polysaccharides) for easier removal, and the chloramines, together with hypochlorite, can thus reduce pathogens (bacteria, fungi, viruses and protozoa) effectively. They can therefore be prevented from entering the bloodstream during the scaling & root planing treatment.

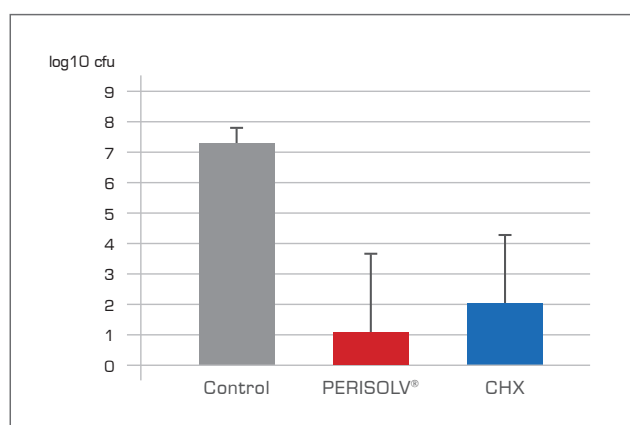
PERISOLV®-EFFECTS

- PENETRATION AND ERADICATION OF THE BIOFILM
- ELIMINATION OF BACTERIA
- POCKET DEPTH REDUCTION, EVEN FOR PERSISTENT POCKETS

BIOFILM-ERASER

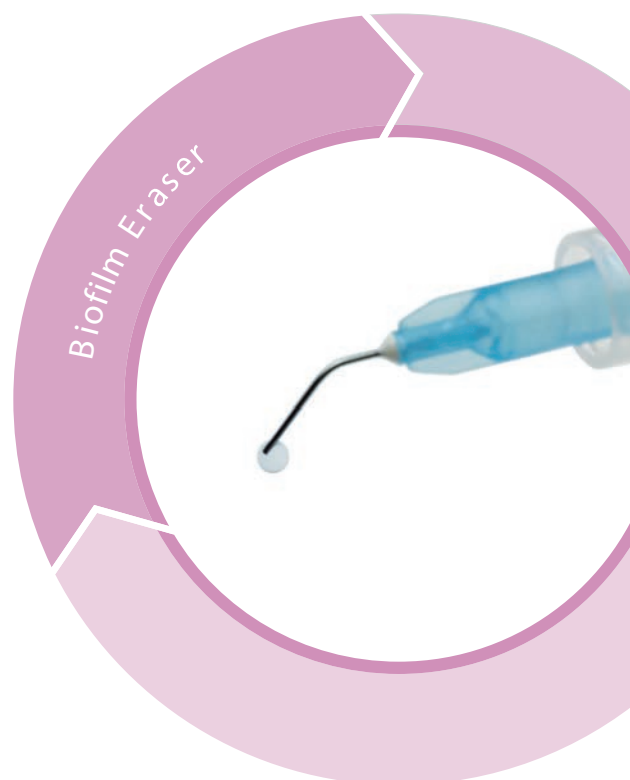
Penetration and eradication of the biofilm

Live bacteria count



PERISOLV® works reliably against bacteria and has a significant antibacterial effect,³ including against biofilm on implant surfaces, without modifying the surface itself.⁴ Thanks to its degranulating effect, the efficiency of tooth root and implant surface cleaning can be improved.^{1,5} Its mode of action is instantaneous formation of radicals and then chloramines, mimicking the innate immune response, that kills the biofilm cells.⁹

Surviving bacteria post incubation of an established biofilm with various antiseptics: PERISOLV® demonstrates a higher inactivation rate than CHX.³



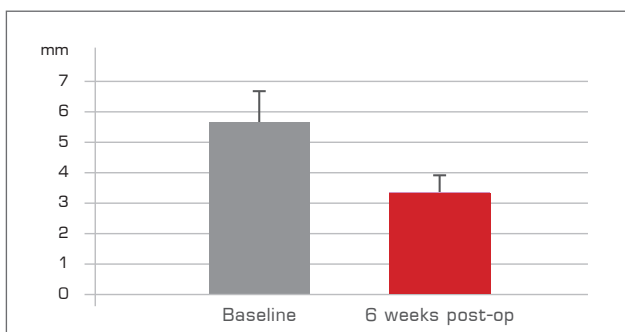
Elimination of bacteria

PERISOLV® works differently to reduce gram-positive and gram-negative bacteria. Gram-negative bacteria are already tackled at a low concentration. This selective inhibition can benefit gram-positive bacteria, which are more associated with periodontal health.⁶

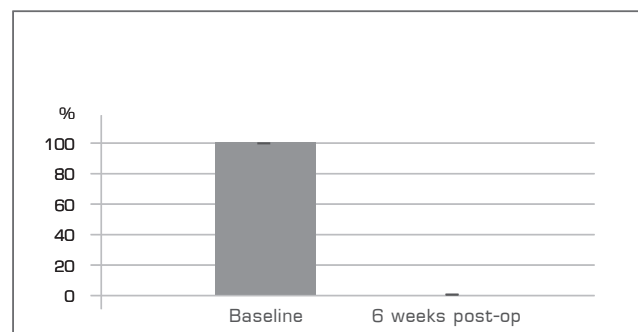
Pocket depth reduction, even for persistent pockets

These positive in vitro data were also confirmed in a clinical case series study at the University of Ferrara.⁷ The periodontal conditions of patients with infected deep residual pockets, a positive BOP and a pocket depth of ≥ 5 mm before treatment could be significantly improved after treatment with PERISOLV®. The average pocket depth before treatment was 5.7 ± 1.0 mm, decreasing to 3.4 ± 0.5 mm after treatment with ultrasound and PERISOLV®. After treatment, all pockets had a depth of ≤ 4 mm and were BOP-negative.

Reduction of pocket depth

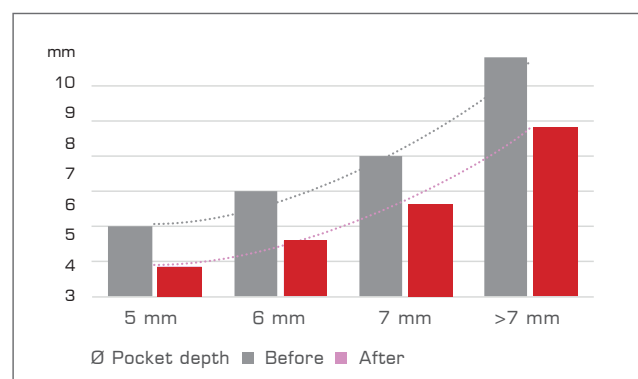


Reduction BOP



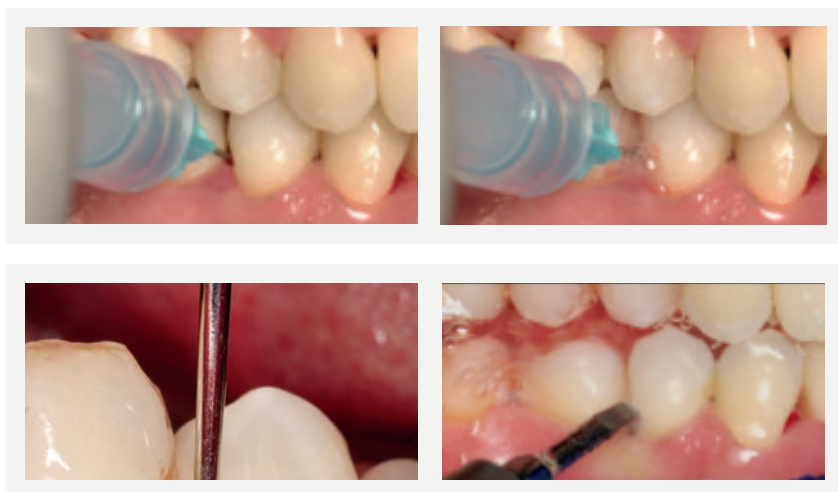
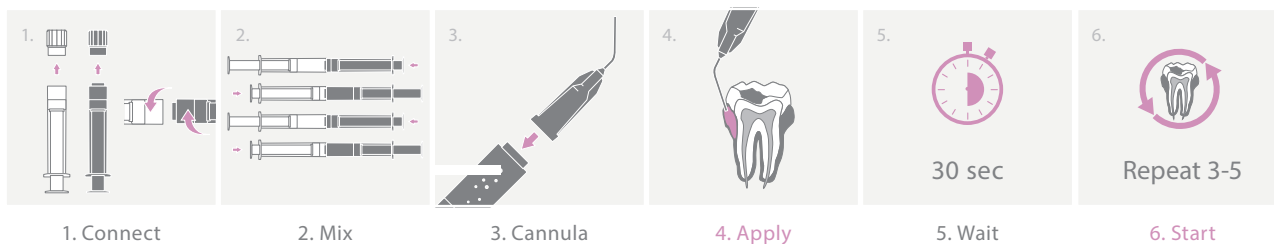
The effect of PERISOLV® on patients with residual pockets was documented via a case series in a private practice in Switzerland. PERISOLV® was used in the treatment of 18 patients (173 residual pockets ≥ 5 mm). Follow-up ranged from 9 to over 30 weeks. A reduction in depth was determined in 76 % of pockets. It was observed that in 66 % of 5 mm pockets (depth from 5 mm to 3.87 mm), in 84 % of 6 mm pockets (depth from 6 mm to 4.61 mm) and 92 % of 7 mm pockets (depth from 7 mm to 5.62 mm), the probing depth was reduced. All other pockets remained stable. Using PERISOLV® also had a positive effect on BOP. Almost 70 % of BOP-positive cases became BOP-negative.⁸

Average pocket depth*



*76 % of 173 residual pockets

EASY TO USE



4. Apply
PERISOLV[®] is applied directly into the closed pocket before the scaling & root planing treatment. The pocket is filled until the gel overflows.

6. Start
After allowing to act for 30 seconds, ultrasound, airflow or scaling and root planing (SRP) treatment can be started. PERISOLV[®] does not need to be removed or rinsed away.

INDICATIONS

PERISOLV[®] can be used for the following indications:

Non-surgical therapy:

Treatment of deep persistent pockets in Supportive Periodontal Therapy (SPT)	✓
Treatment of deep pockets or "full mouth disinfection (FMD)" in initial Active Periodontal Therapy (APT)	✓
Treatment of peri-implant mucositis or peri-implantitis	✓

Surgical therapy:

Surface treatment of tooth roots in surgical periodontal therapy	✓
Surface treatment of implants in peri-implantitis therapy	✓

CLINICAL EVIDENCE - CLINICAL CASE 1

Treatment of a persistent inflamed tooth pocket



PRE-OP
Deep residual pocket in region #13 with positive BOP index.



OP
PERISOLV® application, followed by mechanical cleaning (SRP).



6 MONTHS POST-OP
No more inflammation can be seen, clear reduction in pocket depth.



2 YEARS POST-OP
No inflammation, pocket depth is stable.

With the kind agreement of PD Dr Fickl,
Würzburg University (Germany).

CLINICAL EVIDENCE - CLINICAL CASE 2

Surgical peri-implantitis therapy

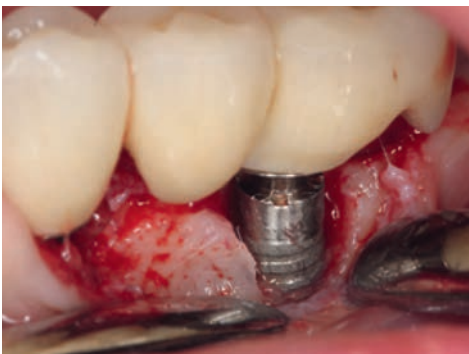


PRE-OP

Recession with clear signs of inflammation around the exposed threads of implant 37. Probing reveals a deep buccal dehiscence of 8 mm.



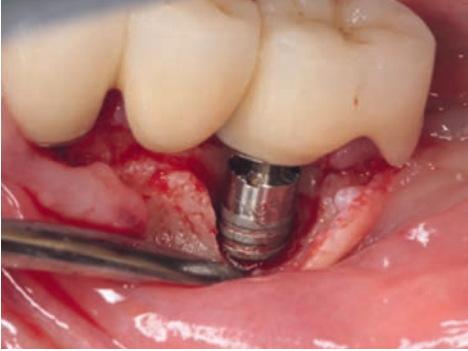
Significant bone loss proximal and distal of implant 37.



Situation post surgical presentation and degranulation: strongly pronounced trough-shaped bone defect.



First PERISOLV® application.



Winding of implant do not reveal any visible tissue remnants.



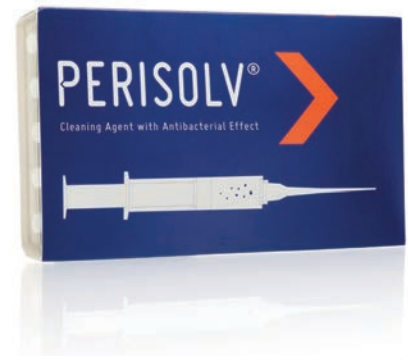
Second PERISOLV® application.



1 YEAR POST-OP

Stable soft tissue progression: small gingival recession, no signs of inflammation. No bleeding identified on probing, stable buccal bone situation with no recession.

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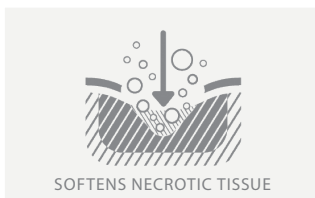


PACKAGING UNIT

Item number	Package
10500	5x 0.6 ml syringes

PERISOLV® IS BASED ON CHLORAMINES TISSUE PRESERVING TECHNOLOGY

The 4 cornerstones of chloramines:



LITERATURE

1. Gottardi W et al. N-Chlorotaurine, a natural antiseptic with outstanding tolerability. J Antimicrob Chemother. 2010; 65:399-409.
2. Gottardi W et al. 'N-Chloramines, a Promising Class of Well-Tolerated Topical Anti- Infections Antimicrobial. Agents and Chemotherapy. 2013; 57(3):1107-1114.
3. Jurczyk K et al. In-vitro activity of sodium-hypochlorite gel on bacteria associated with periodontitis. Clin Oral Invest. 2016; DOI 10.1007/s00784-016-1711-9.
4. Bach G et al. Grundsätzliche Gedanken zum Einsatz eines antimikrobiellen Gels im Rahmen der Therapie einer Periimplantitis. Dent Implantol. 2016;20, 3, 150 - 159.
5. Bergqvist K et al. Clinical Diabetes and Endocrinology. 2016;2:6. DOI 10.1186/s40842-016-0026-8.
6. Colombo AP et al. 'Comparisons of subgingival microbial profiles of refractory periodontitis, severe periodontitis, and periodontal health using the human oral microbe identification microarray.' J Periodontol. 2009; 80:1421-1432.
7. Guarnelli ME et al. 'Professional local administration of chloramine-based treatment in conjunction with ultrasonic mechanical instrumentation: clinical outcomes in patients with deep periodontal pockets persisting following active non-surgical therapy'. Minerva Stomatologia, April 2015; Vol. 64 suppl. 1 al No. 2: 158-159.
8. Unpublished results, 2016, data on file.
9. Blom K et al. Time Kill analysis of a novel antimicrobial debridement product against wound related biofilms. Abstract at 'The association for the advancement of wound care', Fall meeting, October 2016.

PERISOLV® is a registered trademark and is manufactured by RLS Global AB, Sörredsbacken 20, SE-41878 Gothenburg.

Puredent is exclusive distributor in Denmark and Norway by agreement with Regedent AG

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