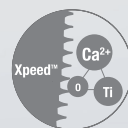
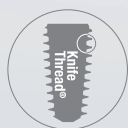


ARI[®]

by MEGA¹GEN

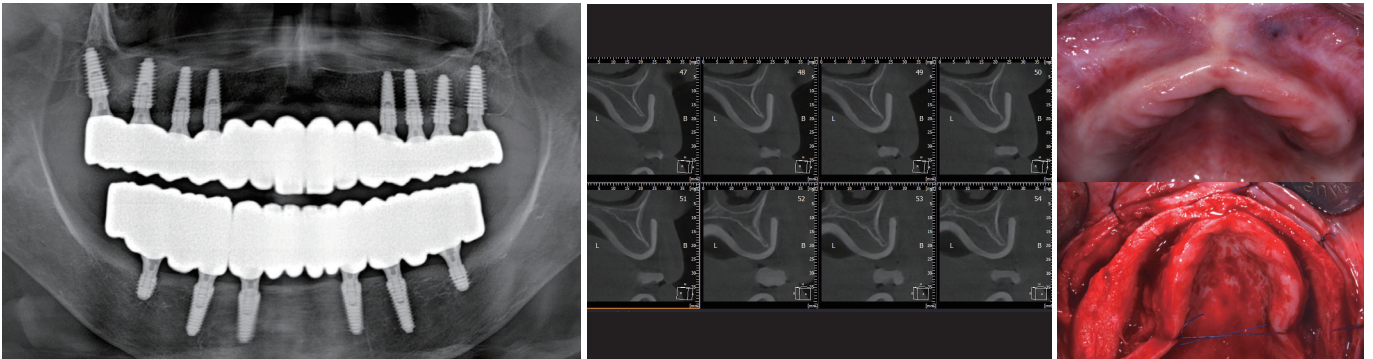
A New
Game Changer in
Anterior Atrophic Ridge



How would you treat these cases?

Q1

Is it possible to place implants in such an anterior atrophic thin ridge?
In this difficult case, a long pontic area is usually created in the anterior part.



Difficulty level

Give up or requires GBR or ridge split

Treatment period

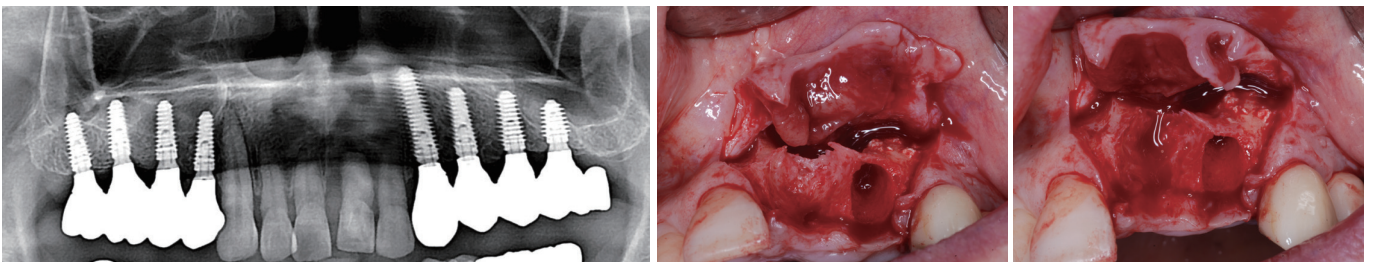
Anterior teeth can only be placed after 12 months

Complications

Many complications can be expected

Q2

Very serious case of periodontitis, large defect with no bone, no labial plate, plus vertical bone loss. Can implants be placed?



Difficulty level

GBR required, 2-stage implant surgery

Treatment Period

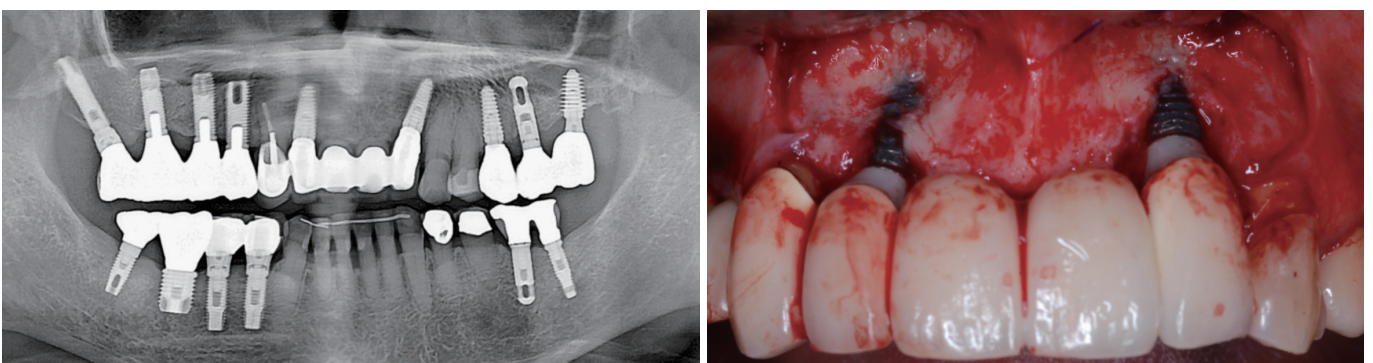
more than 6 months

Complications

Many complications can be expected

Q3

Implants were placed after regeneration, but recession occurred 10 years after placement due to ridge resorption following extraction. There are so many cases like this.



Labial bone absorption begins after tooth extraction, regardless of GBR or implant placement.



Fill synthetic bone to create contour

ARi[®] provides a NEW SOLUTION for Anterior Atrophic Ridge, Following the achievements of AnyRidge.

- Can such patients have implants for their anterior teeth?
- Is immediate placement possible without GBR for bone volume recovery?
- Is immediate loading possible?
- Can peri-implantitis be eliminated when alveolar bone loss occurs after implant placement?

Yes, ARi[®] can!

Find the answer with **ARi[®]**



THE 4TH GENERATION IMPLANT

'Beyond Products, Redefining Concepts'

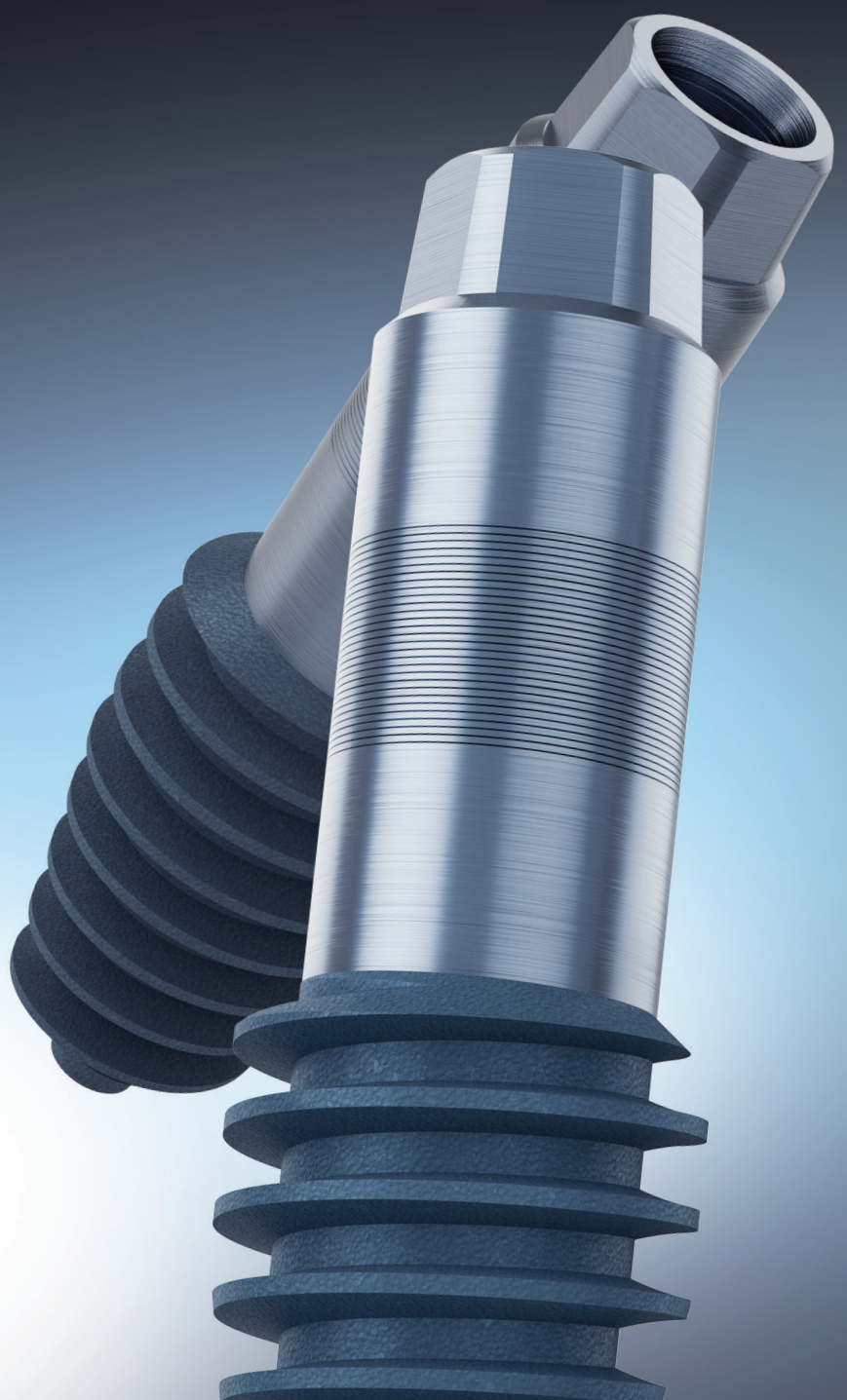
Simple, Specialized Solution for
Thin & Defected Ridge

ARi[®] & BD Cuff[®]

Implant Design Selection based on Bone Condition
No More GBR! Only Contourization for Aesthetics!

Key Advantages

- Basal Bone implantation guarantees strong initial stability without Bone Volume restoration surgery
- Securing long-term stability without any effect even if alveolar bone loss occurs
- Special implant design that can be easily applied to Atrophic Ridges
- Minimize maintenance burden from alveolar bone recession, fracture, peri-implantitis, etc. that may occur after placement



ARi[®]
by MEGA'GEN

06	Philosophy of ARi	17	Abutment & Prosthetic Options
07	Characteristics & Advantages	17	I. Implant Level Prosthesis
13	Implant Product & Packaging	20	1. Implant Level Prosthesis_Digital
13	I. Implant Dimension	23	II. Abutment Level Prosthesis
14	II. Implant Size	23	1. Solid Abutment & Components
15	III. Packaging	25	2. AXA Abutment & Components
16	Cover Screw & Healing Abutment	30	ARi Kit
		30	I. Surgical Kit
		36	II. AXA Prosthetic Kit
		37	II. AXA Selection Guide Kit
		40	Clinical Cases

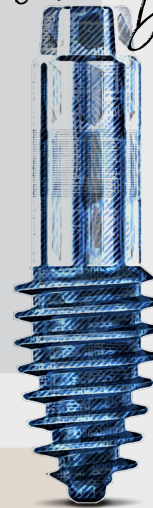
What makes ARI[®] a New Game Changer for Anterior Atrophic Ridge?

ARI[®] is a special implant design that acquires strong stability and osseointegration from the unresorbed basal bone instead of an atrophied alveolar bone. The implant body design is also more effective for post care, and long-term stability can be secured without concern, even if the alveolar bone is lost.

For Clinicians

- Implants can be placed in an anterior atrophic ridge, which was previously very difficult
- Fast and simple surgical protocol without bone volume recovery surgery
- Minimized maintenance burden after implantation
 - Resolving the alveolar bone recession issue: maintaining stability even when recession inevitably occurs
 - Resolving the implant fracture issue: guaranteeing maximum strength in relation to the diameter by distributing the stress concentration
 - Preventing peri-implantitis and easy treatment in case of occurrence

Any Ridge incisor

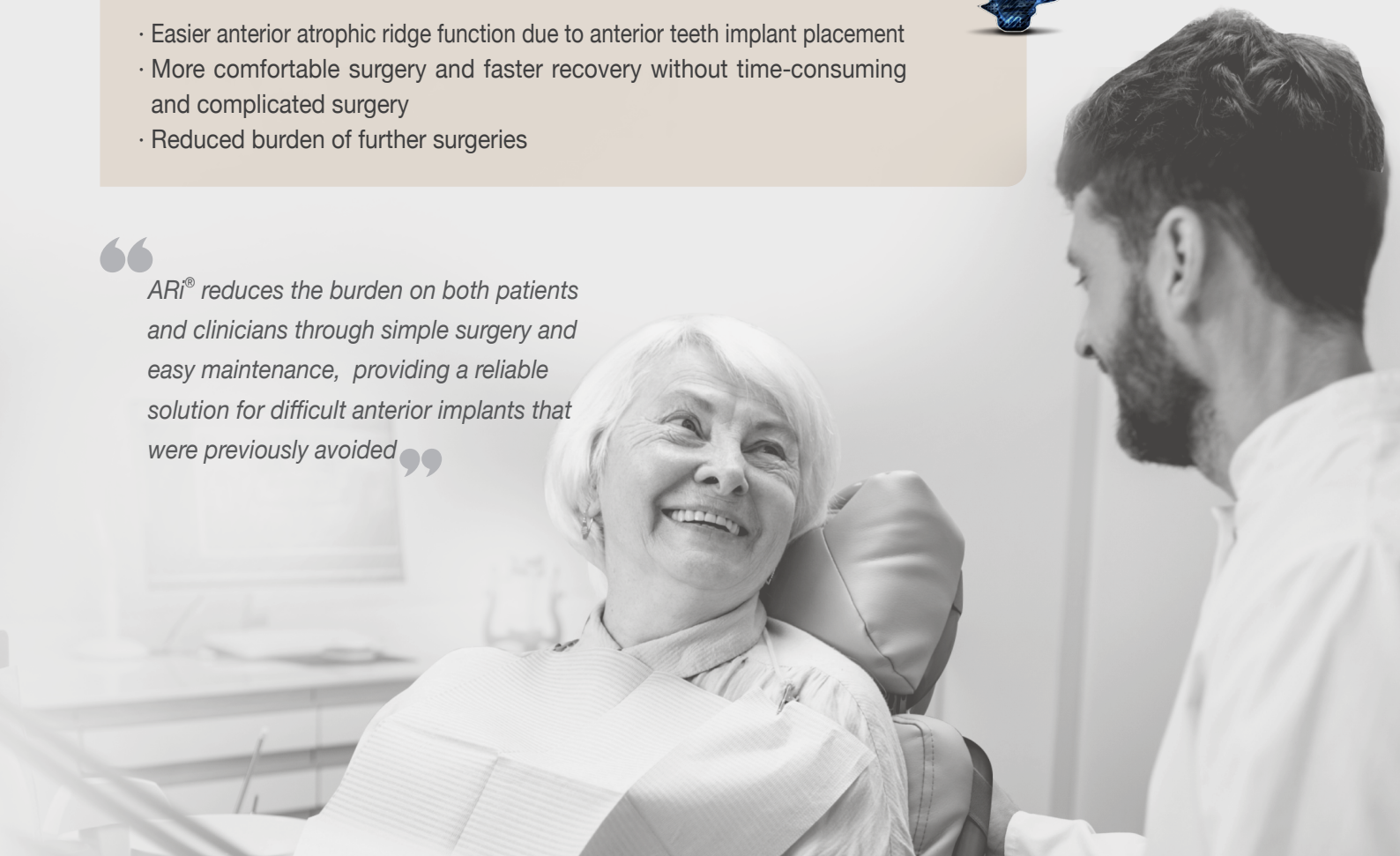


For Patients

- Easier anterior atrophic ridge function due to anterior teeth implant placement
- More comfortable surgery and faster recovery without time-consuming and complicated surgery
- Reduced burden of further surgeries



ARI[®] reduces the burden on both patients and clinicians through simple surgery and easy maintenance, providing a reliable solution for difficult anterior implants that were previously avoided



A New Game Changer in Anterior Atrophic Ridge



Strong joint stability

10° external conical hex provides strong bonding with abutment



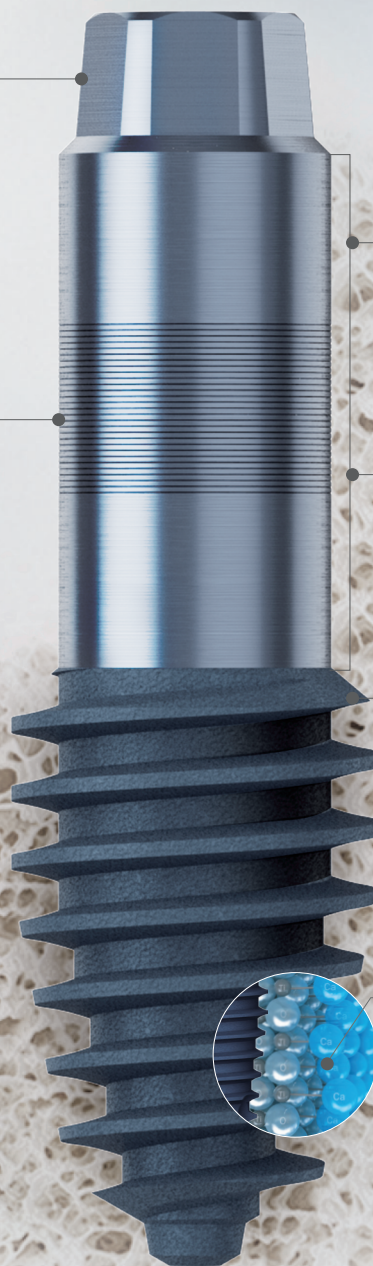
Soft Tissue Friendly Design

Rapid regeneration of soft tissue by facilitating generation and proliferation of HGF*-cells and subsidence prevention function (*Human Gingival Fibroblast)



Guaranteed strong initial stability from basal bone without bone volume restoration

- Deep & KnifeThread® design for smooth implantation without bone destruction
- Increased surface area
- Stable stress distribution



Favorable surface for prevention and management of peri-implantitis

Minimizes adhesion of foreign substances around implants, and easy removal of foreign substances if it occurs (Heights: 4/6/8/10mm)



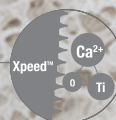
High strength guaranteed even in narrow zones

200% (2-fold) improvement in strength (compared to our implant system for the narrow zone), and straight body design without stress concentration



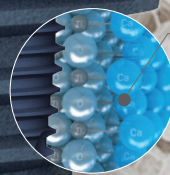
Effective prevention of peri-implantitis

Significantly lower possibility of exposure to oral bacteria due to deep placement of rough surface



Strong osseointegration force in basal bone maintains stability even if alveolar bone is lost

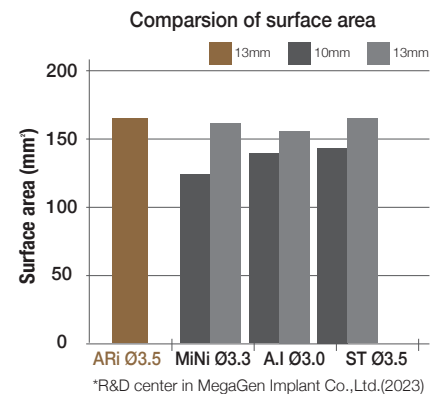
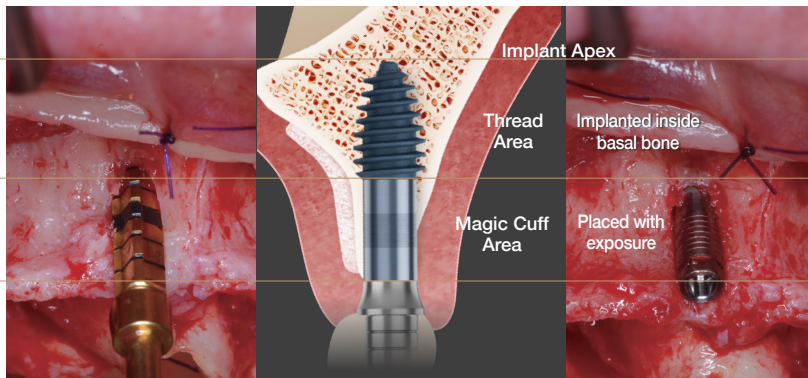
Incorporating calcium ions that create bone on S-L-A surface increases rate of osseointegration by more than 15%. Blue surface color is evidence of calcium ions!



Guaranteed strong initial stability from basal bone without bone volume restoration ^{1), 2)}

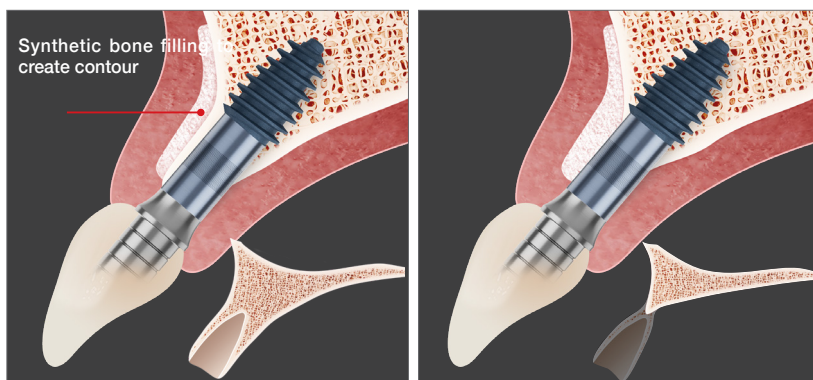
KnifeThread® located in basal bone zone guarantees higher ISQ value immediately after implantation.

The application of MegaGen's special Deep & KnifeThread® design secures a high initial stability, even in the basal bone, immediately after implantation. It also increases resistance to compressive force while minimizing the occurrence of shear force.



Securing long-term stability, even if alveolar bone loss occurs ³⁾

The thread section with XPEED® surface treatment, which is implanted in the non-degenerated basal bone, maintains stable strong osseointegration, ensuring long-term implant stability even if the alveolar bone is lost.



The implant maintains strong stability and stable osseointegration even with alveolar bone loss.

- After one year following osseointegrated implant loading, a vertical bone loss of less than 0.1 mm occurred every year (Adell et al., 1981).
- Criteria for implant success: bone loss of 0.2 mm or less per year from first year of loading is acceptable. (Albrektsson T., 1986)



- Many cations are formed on the implant surface due to calcium in the body
- As a result, more PO₄³⁻ ions are adsorbed and Ca²⁺ ions are re-adsorbed.
- Apatite layer formation similar to bone mineral is promoted and mineralized with hydroxyapatite

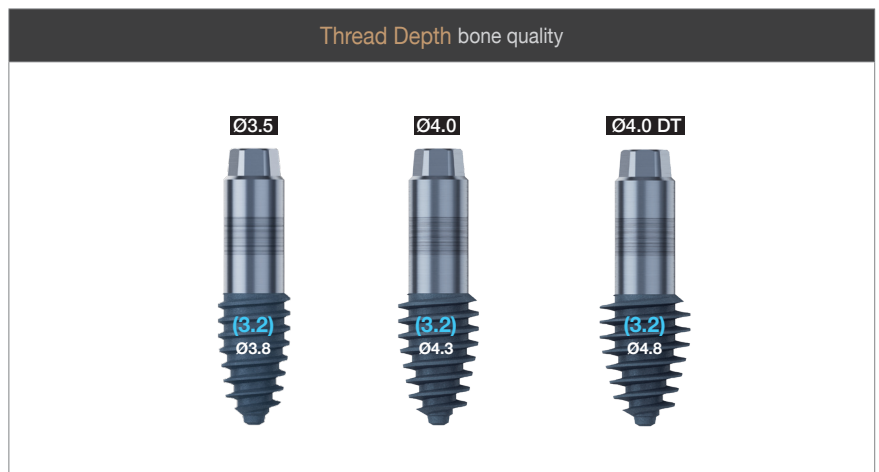
Article Review

- 1) A total of 256 bicortical screws and 84 blade implants were placed from 2002 to 2007, where 4 and 1 failed, respectively. The treatment success rate was over 98%, and the prosthetic success rate was 100%. (Strecha J., 2010)
- 2) Basal Implant can be an appropriate treatment for severely atrophied ridges where implants can no longer be placed. (Gupta A.D., 2017)
- 3) Implants placed in the basal bone not only enable immediate loading, but also reduce the possibility of failure due to infection because the implant is maintained at a site far from the surgical site. (Ali S.M., 2019)

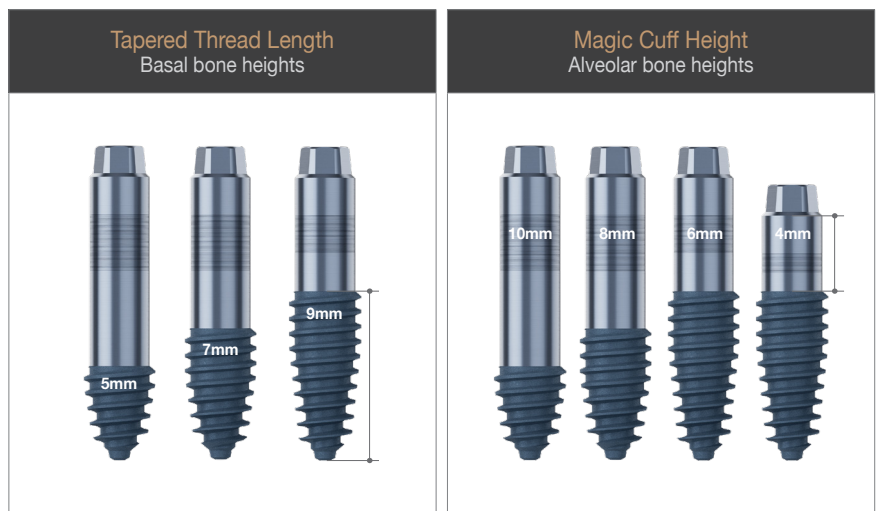
Various implant options applicable to alveolar and basal bone types

ARi® provides various options depending on the masticatory force (placement location), bone quality, and length of the basal bone and alveolar bone, enabling stable implant placement in any situation.

Diameter selection
Same Core 3 kind of Thread



Length selection
Tapered Thread Length & Magic Cuff Height



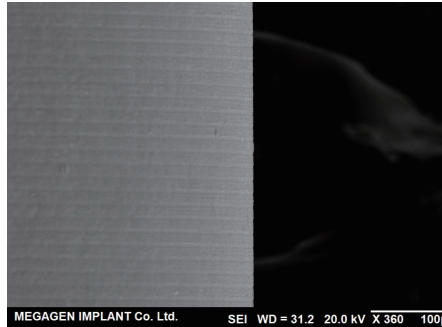
Implant body design facilitates soft tissue generation, prevents subsidence, and is more effective for post care

The unique implant design supports cell adhesion, prevents continuous subsidence, averts complications such as peri-implantitis and fracture issues that can occur after restoration, and is easy to remove even when peri-implantitis occurs.

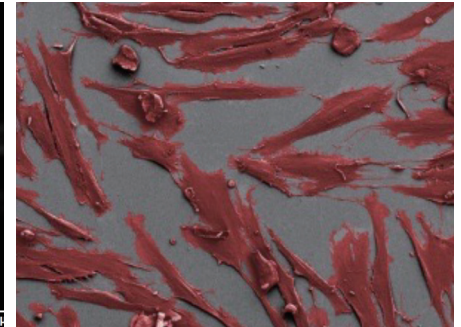
1 Better surface for prevention and management of peri-implantitis
Machined Magic Cuff design ^{1), 2), 3), 4)}

Application of XPEED® machined surface with Ra (average roughness) of 0.2µm or less to minimize plaque and bacteria adhesion. Also, easy to remove and manage if complications occur.

XPEED® Machined Surface



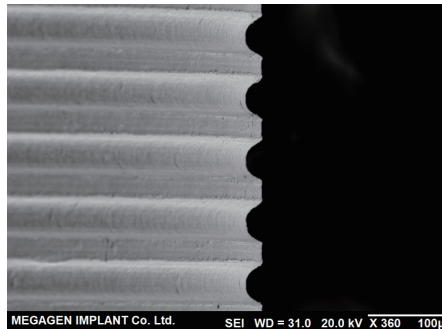
Fibroblasts Growth



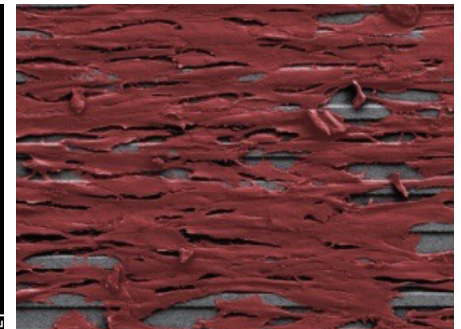
2 Celllike® grooves facilitate soft tissue creation
soft tissue creation and prevent subsidence ^{5), 6), 7)}

The use of 17µm micro grooves induces cell attachment to 2mm section below the connection. Plus, a gingival recession limit line is formed to prevent continuous sinking.

Celllike® Groove Surface

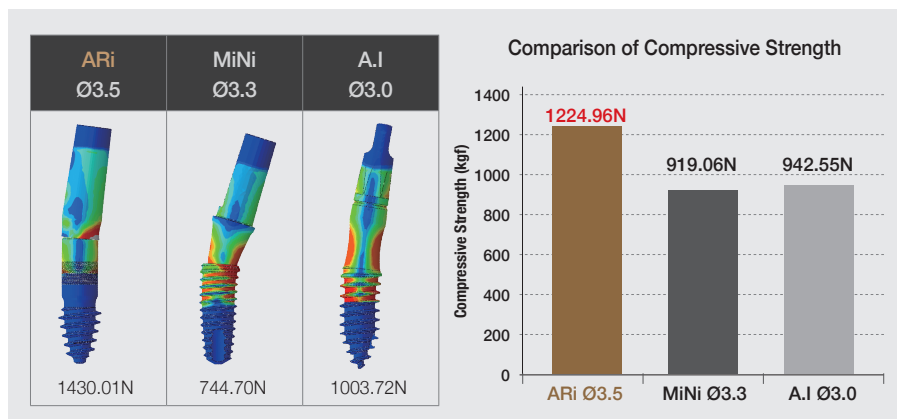


Fibroblasts Growth



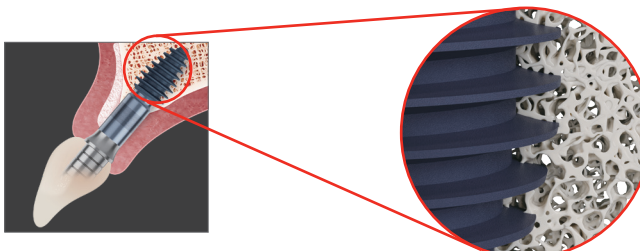
3 High strength guaranteed even in narrow zones

Maximum strength relative to diameter via dispersion of implant stress concentration section using computer simulation



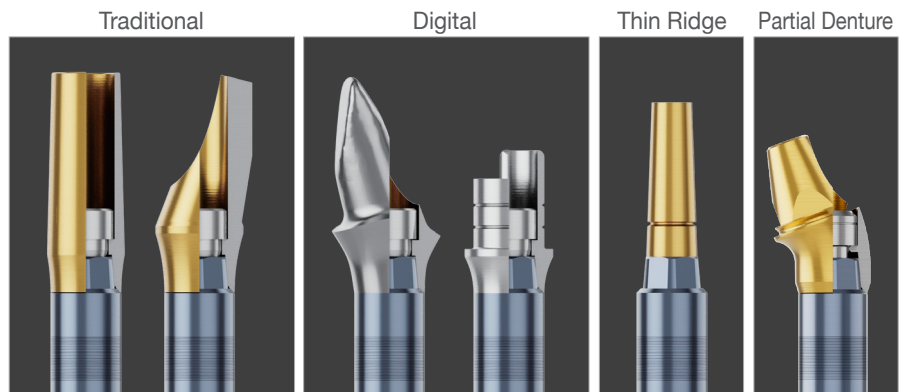
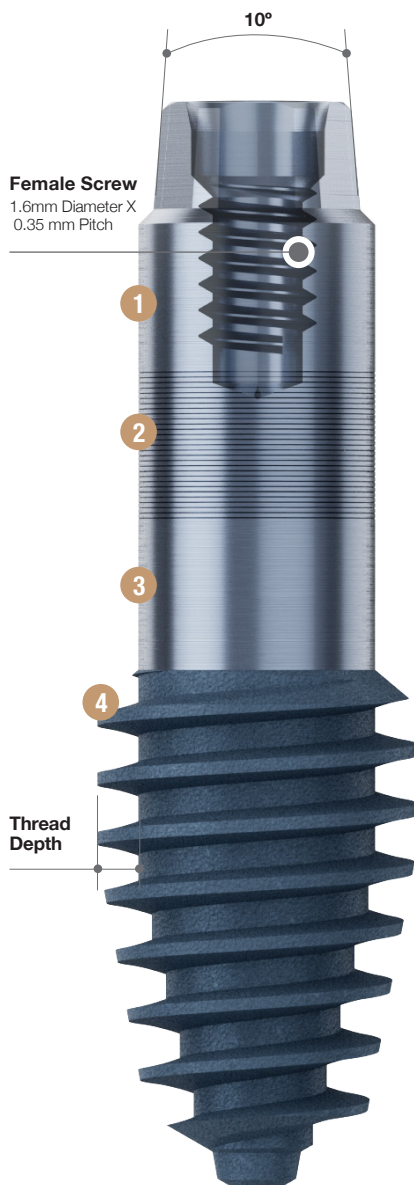
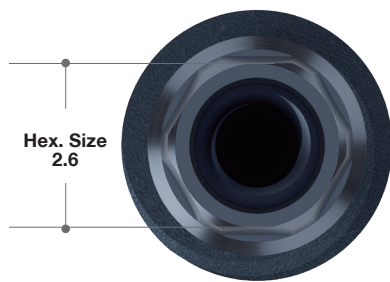
4 Clean & Safe Zone preventing exposure to oral bacteria®

The possibility of exposure to oral bacteria is significantly lowered by placing the rough surface for fixation deep in the basal bone



External Conical Hex connection for strong joint stability and prosthetic options

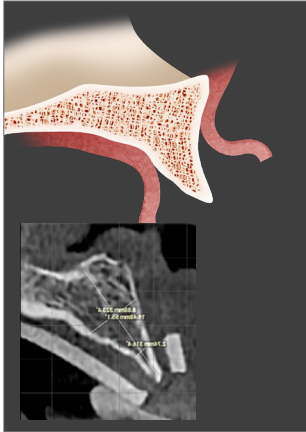
The 10° external conical hex provides a strong bond with the abutment, facilitating conventional, digital, and thin ridge prosthetic options.



	EZ Post Abutment	Angled Abutment	TiGEN Abutment	ZrGEN Abutment	Solid Abutment	AXA Abutment
Single crown						
Cement –retained	✓	✓	✓	✓	✓	
Screw –retained	✓	✓	✓	✓		✓
Bridge						
Cement –retained	✓	✓	✓	✓	✓	
Screw –retained						✓
Impression						
Implant Level	✓	✓	✓	✓		
Abutment Level					✓	✓
Custom						
Custom			✓	✓		
Recommended Tightening Torque						
Torque (Ncm)	35	35	35	35	25	35

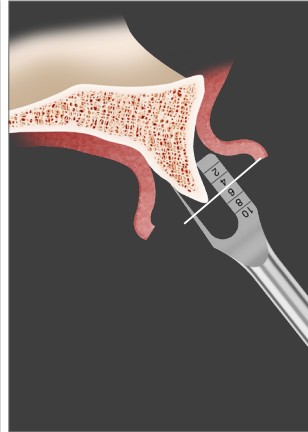
Article Review	
1)	As a result of evaluating plaque formation for 3 months on standard (Ra; 0.3 mm) and rough surfaces (Ra; 0.8 mm), fewer cocci were observed on the rough surface, but more mature plaques were observed (Quirynen et al., 1993)
2)	Ra 0.2µm or less (smooth surface) showed no significant change in the total amount of attached bacteria → 0.2µm was suggested as the critical surface roughness (Bollen et al., 1997)
3)	When observing the plaque formation during the initial 24 hours on the surface of titanium specimens using SEM, the same amount of bacteria inhabited the smooth surface, while the number was much higher on the rough surface (Rimondini et al., 1997).
4)	Rough surfaces are difficult to clean, and biofilm regrows quickly due to remaining bacteria (Quirynen & Bollen, 1995)
5)	The higher the SFE, the more susceptible to bacterial attachment (Glantz, 1969; Quirynen et al., 1990)
6)	Titanium implants with microgrooves in the coronal portion showed firm adhesion to the soft tissue around the implants. (Lee H.J., 2015)
7)	The generation and spread of HGF-Cell is maximized in the area of micro grooves of 7.5~20µm. (Patrick W., 2021)
8)	Immediate loading is possible on an implant placed in the basal bone, and the possibility of failure due to infection is reduced because the implant is maintained at a site far from the surgical site. (Ali S.M., 2019)

▶▶ Implant Selection and Drilling Sequence



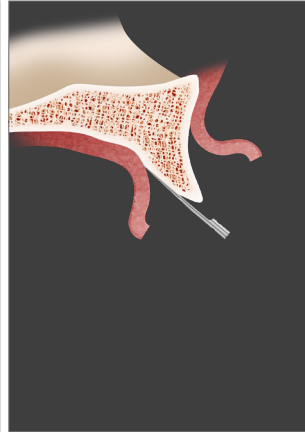
Check total length (cuff + thread length) of implant that can be placed using panoramic picture.

Ex) 13mm ~

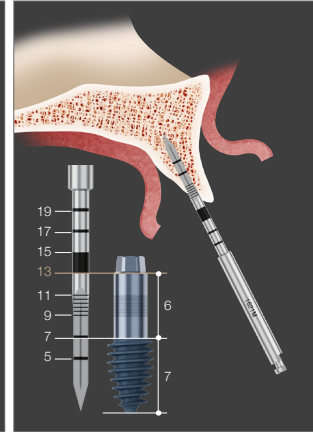


Measure height of 5 mm thick point of alveolar bone using bone calipers. Measured height is cuff height.

Ex) 6mm
Total 13mm (Cuff Length 6mm+Thread Length 7mm)

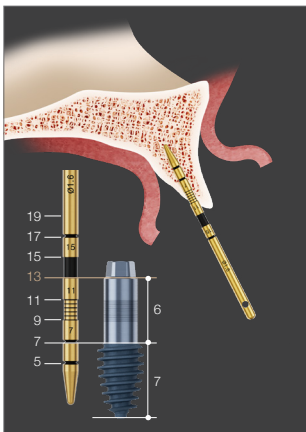


To check the palatal direction, insert the guide between the soft tissue and the palatine bone. Ensure that the flat surface is in contact with the bone, confirm the direction, and then remove the guide.



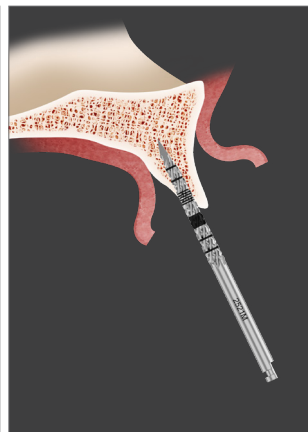
Use lance drill to drill parallel to palatal bone wall to prevent defects in labial direction.

Ex) 13mm

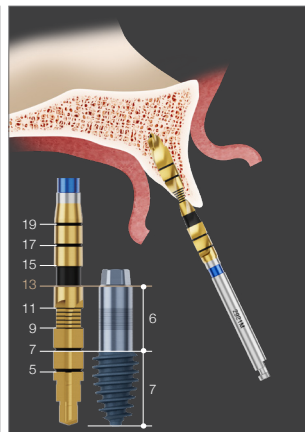


Check path and depth of drilled hole using direction indicator.

Ex) 13mm

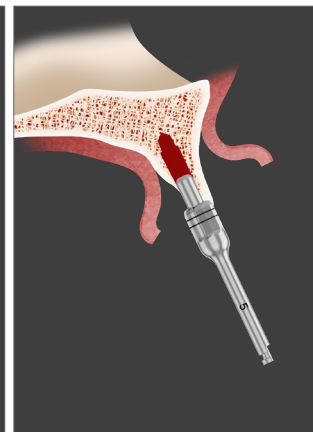


If path of drilled hole does not match, use Lindermann Drill to adjust path.



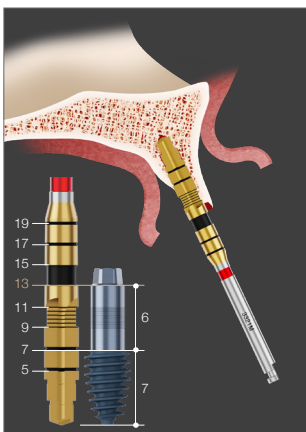
Drill up to the Ø2.9 shaping drill.

Ex) Ø2.5 Drill → Ø2.9 Drill



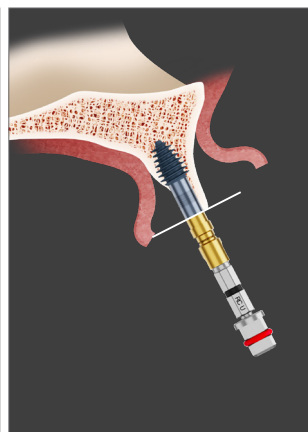
If bone interference is anticipated for healing abutment or final prosthesis, remove this bone using profile drill.

Ex) Drilling depth: Marking line



Perform drilling sequence until final drill.

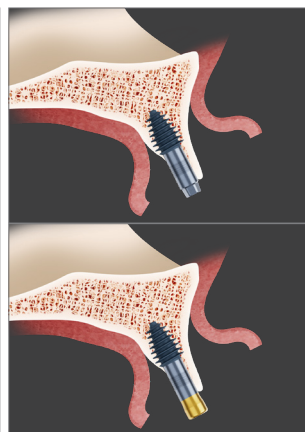
Ex) 13mm
Ø3.3 drill → continue sequential drilling up to the final drill.



Place implant using handpiece connector.

Ex) Place up to interface between implant and mount.

* Recommended torque: 45Ncm
Less than 80Ncm when using ratchet connector

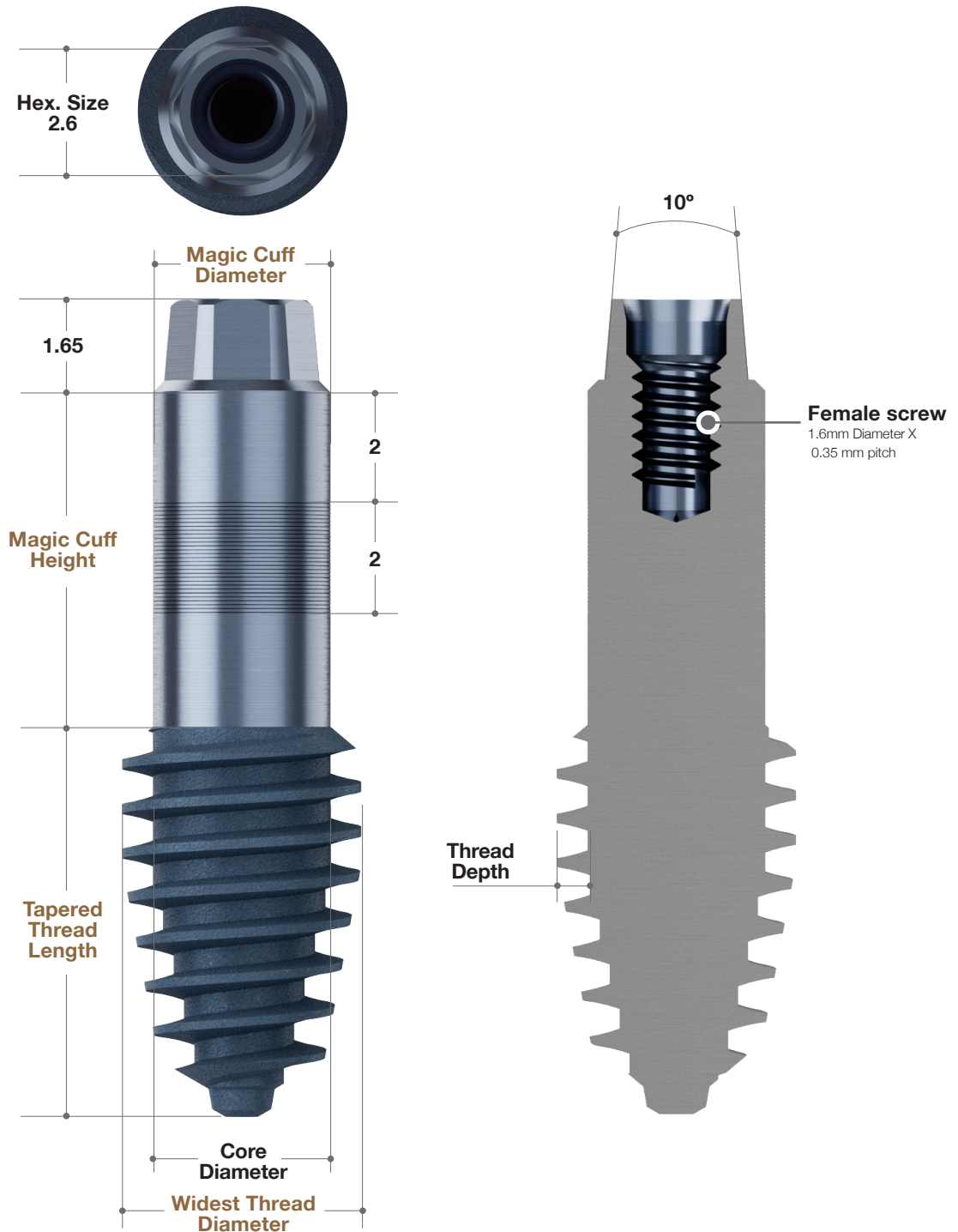


Remove mount and attach healing abutment or cover screw.

* If reinforcing gingiva volume is needed, add bone grafting material.

Implant Product & Packaging

I. Implant Dimension



Implant Diameter	Core Diameter	Widest Thread Diameter	Thread Depth	Tapered Length	Magic Cuff Height	Magic Cuff Diameter	Hex. Size
Ø3.5	Ø3.2	Ø3.8	0.3	5/ 7/ 9	4/ 6/ 8/(10)	Ø3.2	2.6
Ø4.0	Ø3.2	Ø4.8	0.75				

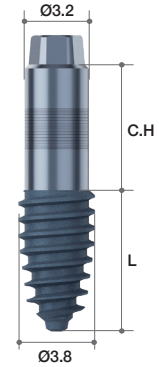
II. Implant Size

Ø3.5

(3.2) Ø3.8 x Thread L (C.H)

- Implant Mount is assembled

Widest Thread Diameter	Core Diameter	Thread Length (mm)	Cuff Height (mm)	Ref.C
Ø3.8	Ø3.2	5	4	ARIE323554M
			6	ARIE323556M
			8	ARIE323558M
			10	ARIE323550M
		7	4	ARIE323574M
			6	ARIE323576M
			8	ARIE323578M
			10	ARIE323570M
		9	4	ARIE323594M
			6	ARIE323596M
			8	ARIE323598M

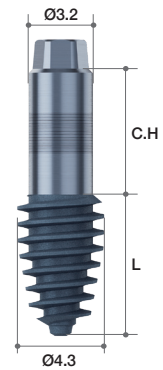


Ø4.0

(3.2) Ø4.3 x Thread L (C.H)

- Implant Mount is assembled

Widest Thread Diameter	Core Diameter	Thread Length (mm)	Cuff Height (mm)	Ref.C
Ø4.3	Ø3.2	5	4	ARIE324054M
			6	ARIE324056M
			8	ARIE324058M
			10	ARIE324050M
		7	4	ARIE324074M
			6	ARIE324076M
			8	ARIE324078M
			10	ARIE324070M
		9	4	ARIE324094M
			6	ARIE324096M
			8	ARIE324098M

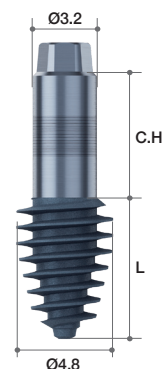


Ø4.5

(3.2) Ø4.8 x Thread L (C.H)

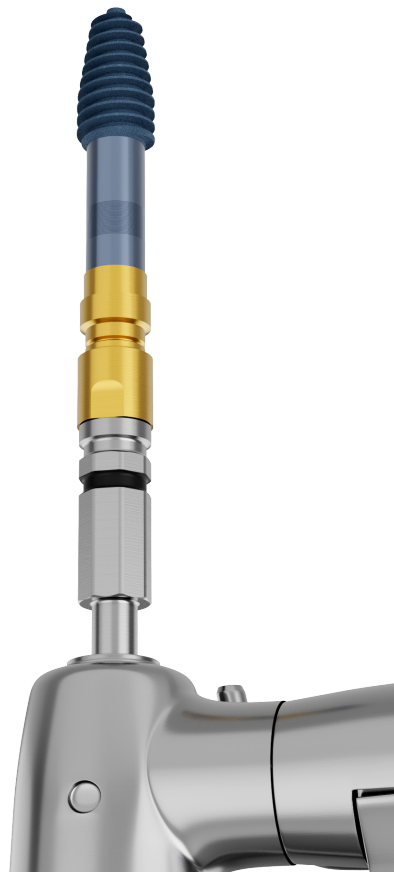
- Implant Mount is assembled

Widest Thread Diameter	Core Diameter	Thread Length (mm)	Cuff Height (mm)	Ref.C
Ø4.8	Ø3.2	5	4	ARIE324554M
			6	ARIE324556M
			8	ARIE324558M
			10	ARIE324550M
		7	4	ARIE324574M
			6	ARIE324576M
			8	ARIE324578M
			10	ARIE324570M
		9	4	ARIE324594M
			6	ARIE324596M
			8	ARIE324598M

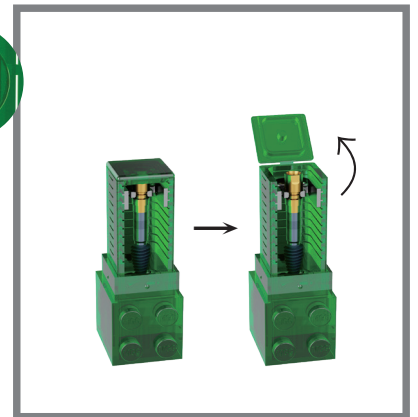


III. Packaging

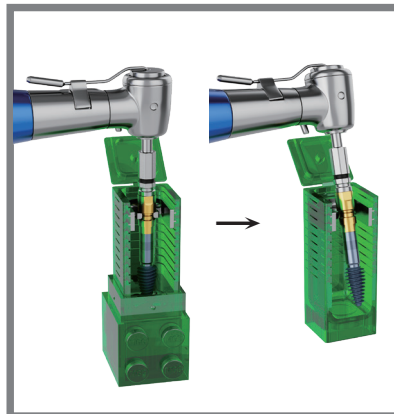
- Ampule



Set long side upwards and push up



Open cover of inner ampule



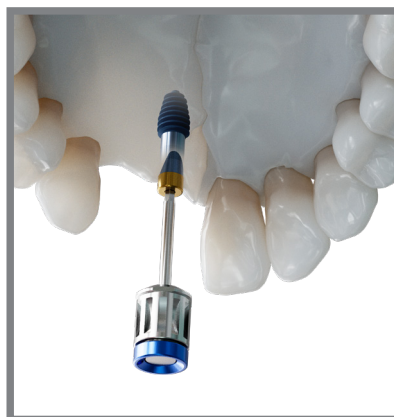
Pick up Implant by connecting handpiece connector with mount



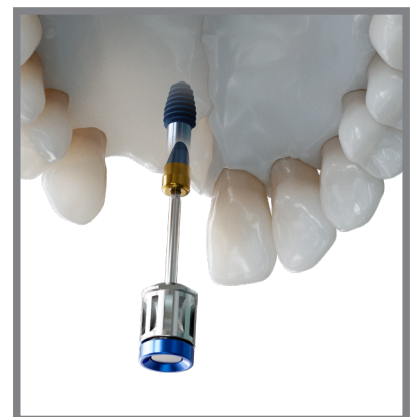
Implant fixture in drilled hole



Loosen mount Screw and dismantle mount



Attach healing abutment or cover screw to Implant



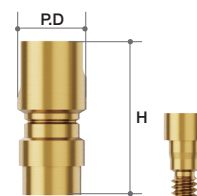
MegaGen ampule is re-usable as building block (after cleaning & sterilization) reducing plastic waste!

Cover Screw & Healing Abutment

Implant Mount

- Neck fracture at 120N
- Recommended torque: by hand (5~8Ncm)
- Use hand driver or right angle driver (1.2 Hex)

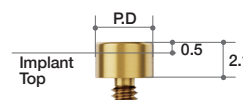
Profile Diameter	Height (mm)	Ref.C
Ø4.0	9	ARIEMNT



Cover Screw

- Use for submerged-type surgery
- Recommended torque: by hand (5~8Ncm)
- Use hand driver or right angle driver (1.2 Hex)

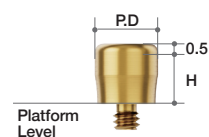
Profile Diameter	Height (mm)	Ref.C
Ø3.4	0.5	ARIECSN3405



Healing Abutment

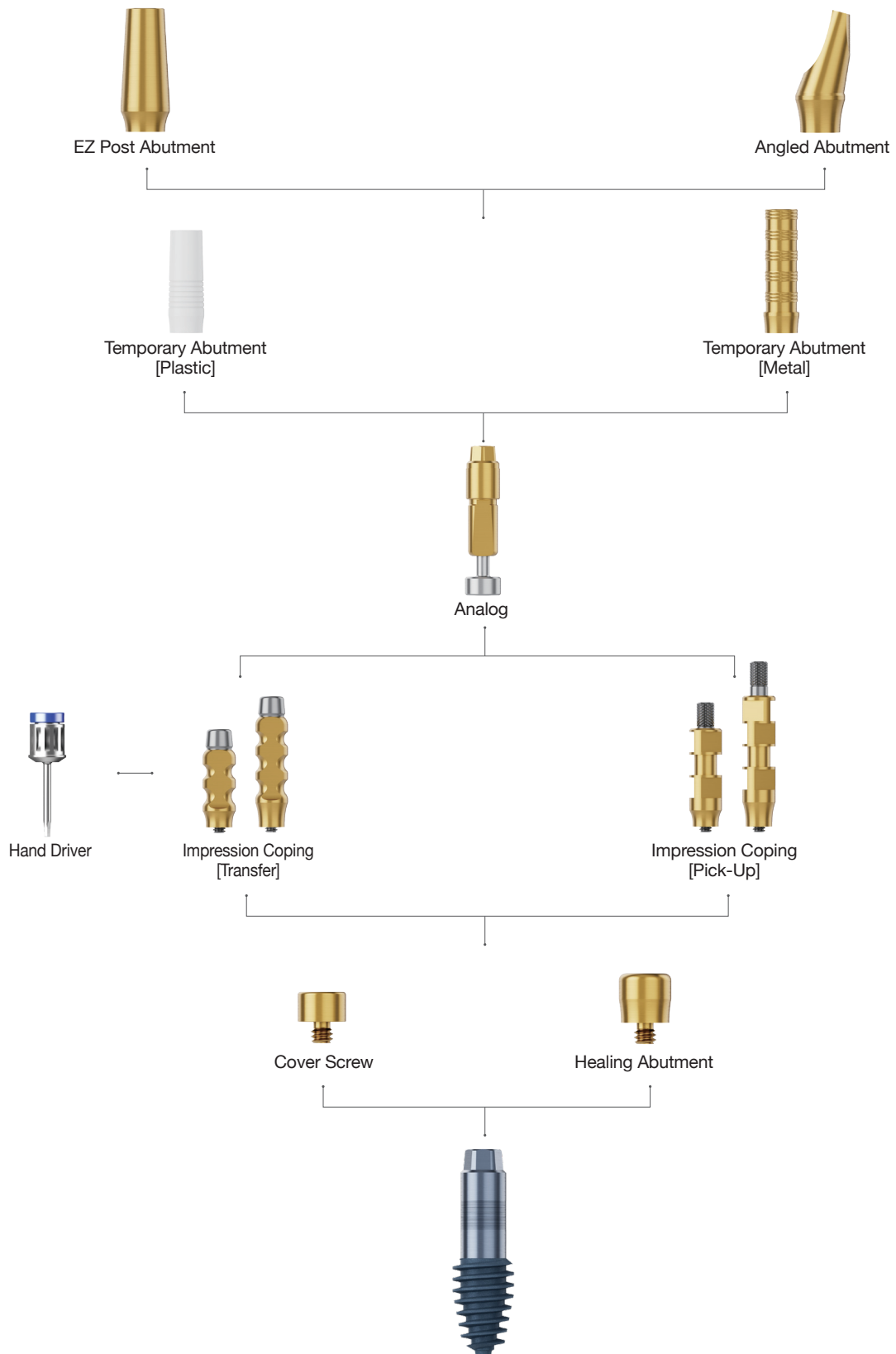
- Use for non-submerged-type or two-stage surgery
- Various diameter and height configurations can be selected according to case
- Proper emergence profile formation during gingival healing
- Recommended torque: by hand (5~8Ncm)
- Use hand driver or right angle driver (1.2 Hex)

Profile Diameter	Height (mm)	Ref.C
Ø3.7	3	ARIEHAN353
	4	ARIEHAN354
	5	ARIEHAN355
	6	ARIEHAN356
	7	ARIEHAN357
Ø4.2	3	ARIEHAN403
	4	ARIEHAN404
	5	ARIEHAN405
	6	ARIEHAN406
	7	ARIEHAN407



Abutment & Prosthetic Options

I. Implant Level Prosthesis



➔ Abutment & Prosthetic Options

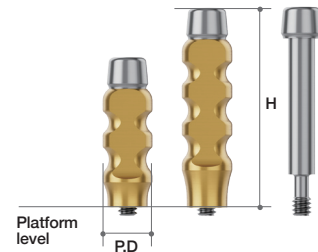
Impression Coping

(2-Piece, Transfer Type)
(For Closed-Tray Technique)

- Guide pins(ARIEGPT12/ARIEGPT16) included

- Use for closed tray
- Use hand driver (1.2 Hex)

Profile Diameter	Height (mm)	Ref.C
Ø4	12	ARIEICTN4012T
	16	ARIEICTN4016T



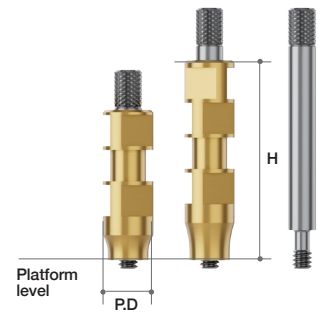
Impression Coping

(1-piece, Pick-up Type)
(For Closed-Tray Technique)

- Guide pins(ARIEGPP15/ARIEGPP20) included

- Use for open tray
- When taking impressions, it reproduces Implant position accurately in model with design that can guarantee stability
- Use hand driver (1.2 Hex)

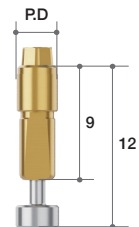
Profile Diameter	Height (mm)	Ref.C
Ø4	12	ARIEICPN4012T
	16	ARIEICPN4016T



Analog

- Replacing Implants in gypsum or 3D printing models

Profile Diameter	Height (mm)	Ref.C
Ø3.3	12	ARIEALNT

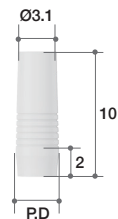


Temporary Abutment

(Plastic)

- Temporary prosthetics for production of provisional restorations
- Easy to create chairside provisional restoration of aesthetic zone
- Recommended torque: 15Ncm
- Use hand driver or right angle driver (1.2 Hex)

Profile Diameter	Post Height (mm)	Ref.C
Ø3.5	10	ARIETAEPN3510T
Ø4.0		ARIETAEPN4010T



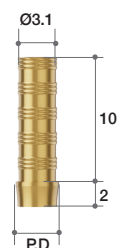
Temporary Abutment

(Metal)

- Abutment screw (ARIEAS16) included

- Temporary prosthetics for provisional restoration production
- Post design for easy milling work and resin adhesion
- Recommended torque: 25Ncm
- Use hand driver or right angle driver (1.2 Hex)

Profile Diameter	Post Height (mm)	Ref.C
Ø3.5	10	ARIETAN35210T
Ø4.0		ARIETAN40210T

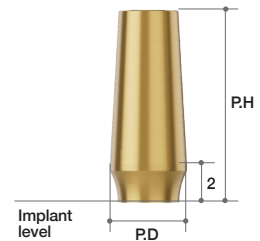


EZ Post Abutment

- Abutment screw (ARIEAS16) included

- Aesthetic gold color
- Various post heights: 7/ 8/ 10/ 11/ 12mm
- Various profile diameters: Ø3.5/ Ø4.0
- Recommended torque: 35Ncm
- Use hand driver or right angle driver (1.2 Hex)

Profile Diameter	Post Height (mm)	Ref.C
Ø3.5	7	ARIEEPN3507T
	8	ARIEEPN3508T
	9	ARIEEPN3509T
	10	ARIEEPN3510T
	11	ARIEEPN3511T
	12	ARIEEPN3512T
Ø4.0	7	ARIEEPN4007T
	8	ARIEEPN4008T
	9	ARIEEPN4009T
	10	ARIEEPN4010T
	11	ARIEEPN4011T
	12	ARIEEPN4012T



GALLI Technique

MegaGen would like to appreciate Dr. Oscar Alonso Gonzalez (MD) and Dr. Fabio Galli (Dentist) for recommending the GALLI concept.

- To obtain thick, healthy and stable soft tissue around tooth

Characteristics of GALLI Technique

1. Form without finish line
2. Conical Shape.
3. Prosthetic Platform Switching

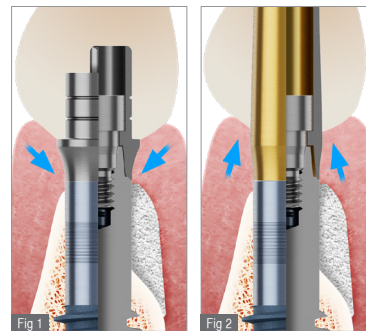


Fig 1. In the form of a divergent profile, circular fibers of connective tissue tend to stabilize in the apical direction.

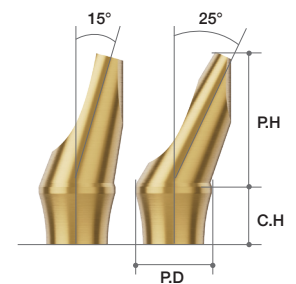
Fig 2. In a similar way to natural teeth, this helps to stabilize the circular fibers of connective tissue in the coronal position compared to the existing ones.

Angled Abutment

- Abutment screw (ARIEAS16) included

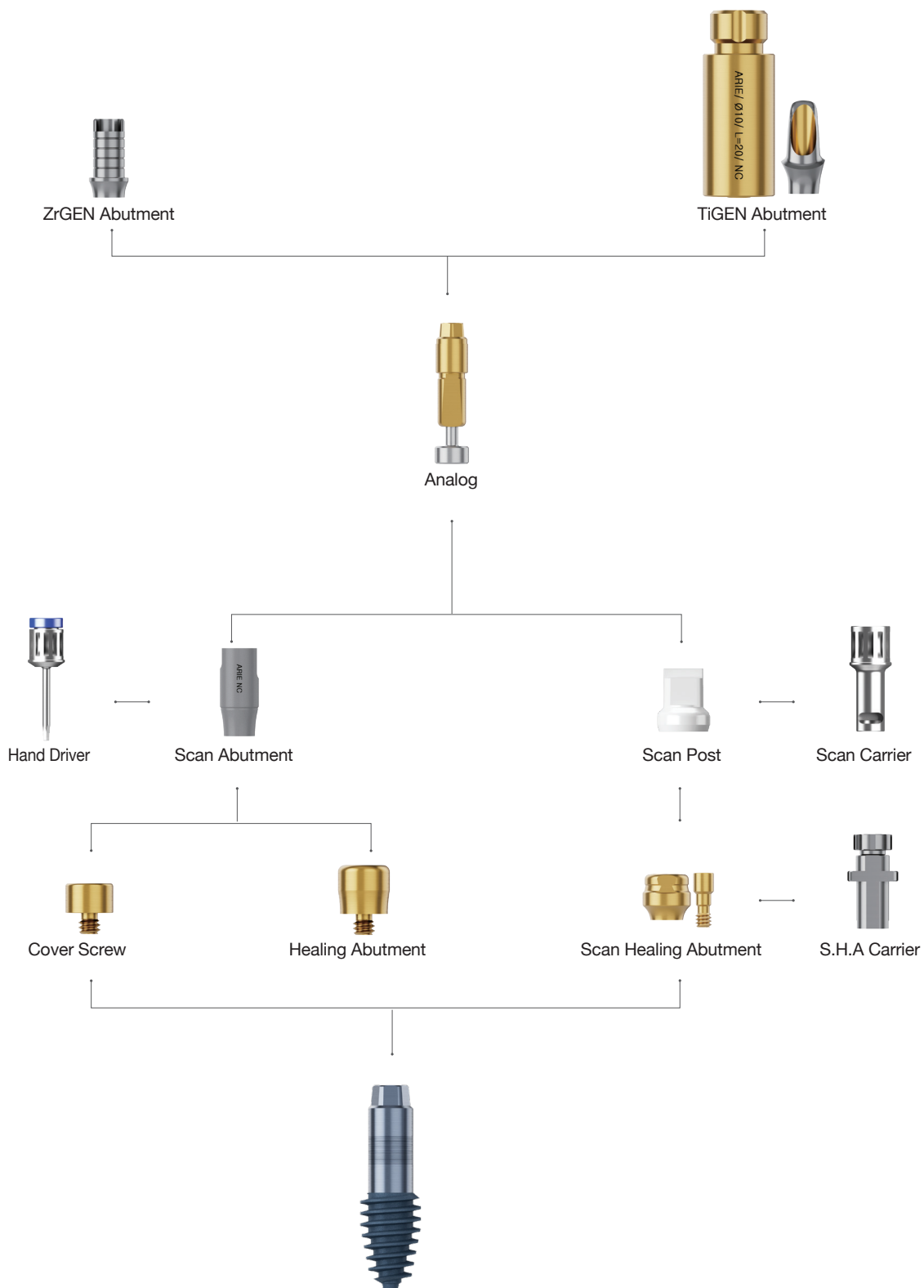
- Aesthetic gold color
- Designed for minimal post modification
- Cuff heights: 2/ 3/ 4/ 5mm(15°), 3/ 4/ 5mm(25°)
- Post angles: 15°/ 25°
- Post axis directions: Hex / Edge
- Recommended torque: 35Ncm
- Use hand driver or right angle driver(1.2 Hex)

Profile Diameter	Cuff Height(mm)	Post Height(mm)	Type	Angle	Ref.C	
Ø4.0	2	7	Hex	15°	ARIEAAHN40215T	
	3				ARIEAAHN40315T	
	4				ARIEAAHN40415T	
	5				ARIEAAHN40515T	
	2				ARIEAAEN40215T	
	3				ARIEAAEN40315T	
	4		ARIEAAEN40415T			
	5		ARIEAAEN40515T			
	3		ARIEAAHN40325T	25°	Hex	
	4		ARIEAAHN40425T			
	5		ARIEAAHN40525T			
	3		ARIEAAEN40325T			Edge
	4		ARIEAAEN40425T			
	5		ARIEAAEN40525T			



I. Implant Level Prosthesis

1. Implant Level Prosthesis_Digital



➔ Abutment & Prosthetic Options (Continued)

Scan Abutment

- Abutment screw (ARIEAS16) Included

- For chairside / Labside
- Spare abutment screw included
- Supporting Dental CAD
 - 3Shape / exocad / Dental Wings
- Recommended torque: by hand (5~8Ncm)
- Use hand driver or right angle driver (1.2 Hex)

Profile Diameter	Height (mm)	Ref.C
Ø4.0	9	ARIESAN4009T
	13	ARIESAN4013T



Scan Healing Abutments

- Abutment Screw included.(ARIEHS1604/ARIEHS1605/ARIEHS1607/ ARIEHS1609)

- Scannable Healing Abutment.
- For accurate scanning, Scan Healing Abutment must be exposed at least 2.0mm from surgical site.
- Profile Diameter can be checked by the number of Groove.
 - Profile Diameter : Ø4 → Groove : 0ea
 - Profile Diameter : Ø5 → Groove : 1ea
- Height can be checked by the number of Notch.
 - Height : 4mm → Notch : 0ea
 - Height : 5mm → Notch : 1ea
 - Height : 7mm → Notch : 2ea
 - Height : 9mm → Notch : 3ea
- Recommend torque : By Hand (5~8Ncm)

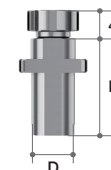
Profile Diameter	Height (mm)	Ref.C
Ø4.0	4	ARIESHN4004T
	5	ARIESHN4005T
	7	ARIESHN4007T
	9	ARIESHN4009T
Ø5.0	4	ARIESHN5004T
	5	ARIESHN5005T
	9	ARIESHN5009T



S.H.A Carrier

- It is used by fastening it to the head of the scan healing abutment.
- It is used when transporting the S.H.A Carrier to the fixture after fastening it to the Scan Healing Abutment.

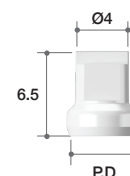
Diameter	Length (mm)	Ref.C
Ø4.0	10	SHC4010
	14	SHC4014
Ø5.0	10	SHC5010
	14	SHC5014



Scan Post

- Scan Healing Abutment should be exposed 2.0mm from the surgical site for accurate scanning. Scanning would be much easier if you connect Scan Post when scanning seems difficult due to less exposure of Scan Healing Abutment or other conditions.
- Select Scan Post based on the diameter of Scan Healing Abutment.
- Scan Post is a disposable product.
- 1 set consists of 10 Scan Posts.

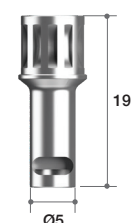
Profile Diameter	Height (mm)	Ref.C
Ø4.0	6.5	SP4007.MTN
Ø5.0		SP5007.MTN



Scan Post Carrier

- It is used by fastening it to the head of the scan post.
- It is used when transporting the scan post to the fixture after fastening it to the scan healing abutment.

Profile Diameter	Height(mm)	Ref.C
Ø5.0	19	SPC16

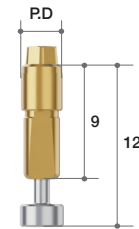


➔ Abutment & Prosthetic Options

Analog

- Replacing Implants in gypsum or 3D printing models

Profile Diameter	Height (mm)	Ref.C
Ø3.3	12	ARIEALNT

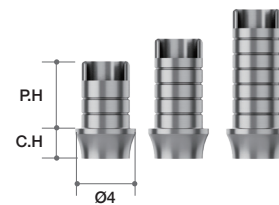


ZrGEN Abutment

- Abutment screw (ARIEAS16) Included

- Titanium base
- Abutment 10ea = 1 set
- Extra abutment screw provided
- Supporting Dental CAD
 - 3Shape / exocad / Dental Wings
- Available milling machines
- BX5 / ARUM DENTISTRY
- Post height can be confirmed by number of grooves
 - Post height: 4.5mm → 2 grooves
 - Post height: 5mm → 3 grooves
 - Post height: 6mm → 4 grooves
 - Post height: 8mm → 6 grooves
- Recommended torque: 35Ncm

Profile Diameter	Cuff Height (mm)	Post Height (mm)	Ref.C
Ø4.0	2	4.5	ARIEZGN4025.MTN
	3		ARIEZGN4035.MTN
	4		ARIEZGN4045.MTN
	2	6	ARIEZGN4026.MTN
	3		ARIEZGN4036.MTN
	4		ARIEZGN4046.MTN
Ø4.0	2	8	ARIEZGN4028.MTN
	3		ARIEZGN4038.MTN
	4		ARIEZGN4048.MTN



TiGEN Abutment

- Abutment screw (ARIEAS16) Included

- Pre-milled abutment
- Abutments 10ea = 1 set
 - Extra abutment screw provided
- Available dental CAD
- 3 Shape / exocad
- Available milling machines
 - BX5 / ARUM DENTISTRY
- Use hand driver or right angle driver (1.2 Hex)
- Recommended torque: 35Ncm

Profile Diameter	Cuff Height (mm)	Ref.C
Ø10	20	ARIETGN1020.MTN
Ø12		ARIETGN1220.MTN

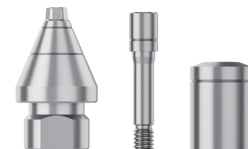


Reverse Jig Connector

- Milling screws exclusively for Reverse Jig Connector are included(ARIERJMS).

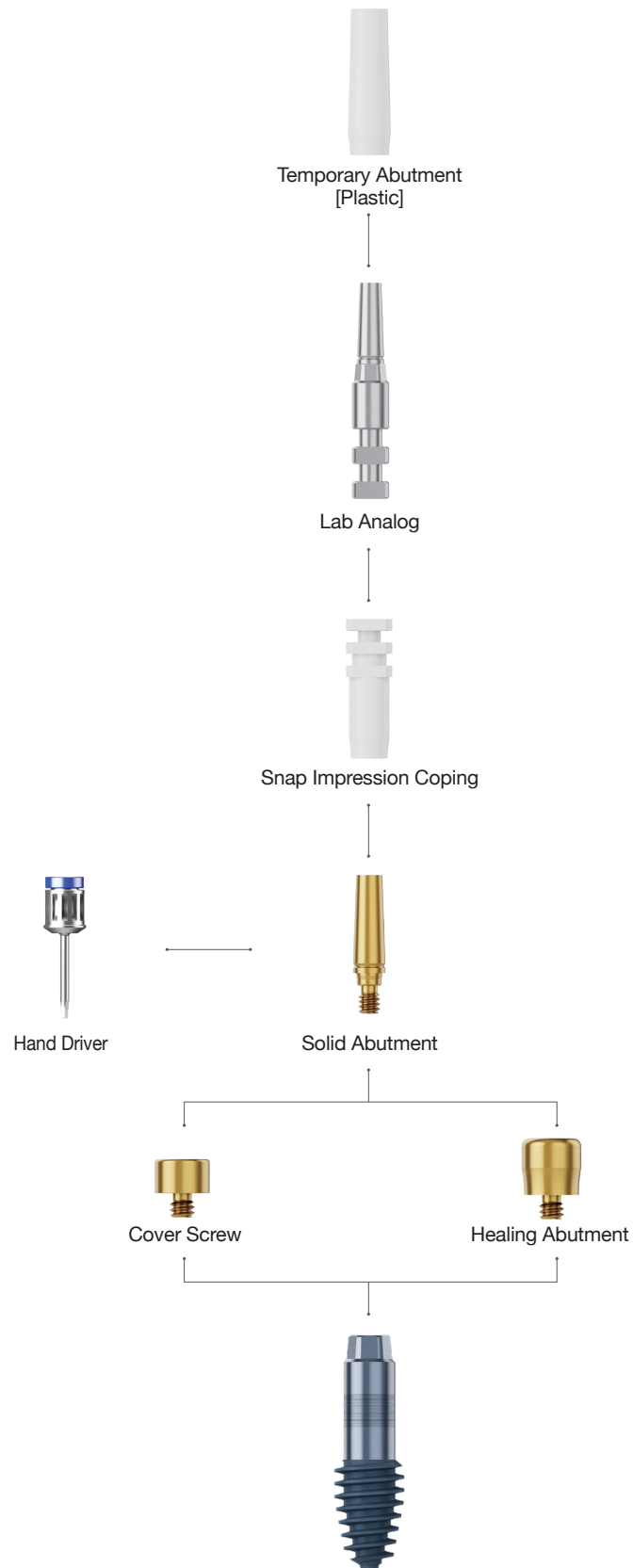
- Available milling machines
 - BX5 / MANIX / ARUM DENTISTRY(Coming Soon)
- Recommended Torque
 - 35Ncm
 - Dedicated Driver (DP-RV-TORQ-DRV) (option)
- When Connected counterpart to Reverse Jig use Allen Wrench
 - Allen Key Size : 2.5mm
 - Dedicated Wrench (DP-HEX-TWLENCH) (option)

Type	Ref.C
Hex	ARIETGRJN00P



II. Abutment Level Prosthesis

1. Solid Abutment & Components

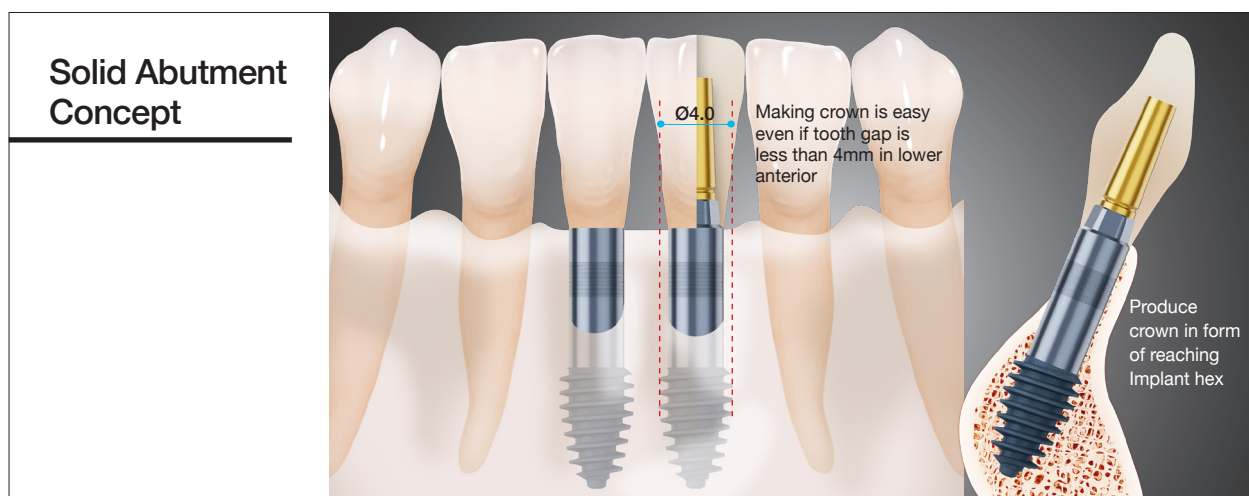
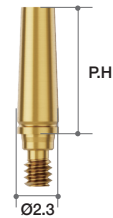


➔ Solid Abutment Option

Solid Abutment

- Abutment for manufacturing cement-retained restoration
- Use for teeth with narrow interdental spaces, such as mandibular anterior teeth
- One body type (abutment + screw)
- Take impression after abutment is completely attached to Implant in patient's mouth
- Use hand driver or right angle driver (1.2 Hex)
- Recommended torque: 25Ncm

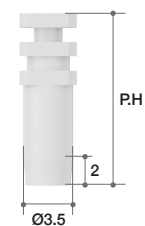
Profile Diameter	Post Height (mm)	Ref.C
Ø2.3	5	ARIESA2305
	7	ARIESA2307
	9	ARIESA2309



Snap Impression Coping

- In case of milling solid abutment, proceed with direct impression instead of snap impression coping

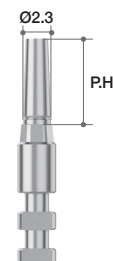
Profile Diameter	Post Height (mm)	Ref.C
Ø3.5	10	ARIESIC2305
	12	ARIESIC2307
	14	ARIESIC2309



Lab Analog

- Fasten on top of solid abutment when taking impression
- In case of milling solid abutment, proceed with direct impression instead of snap impression coping

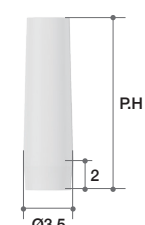
Profile Diameter	Post Height (mm)	Ref.C
Ø2.3	5	ARIELA2305
	7	ARIELA2307
	9	ARIELA2309



Temporary Abutment (Plastic)

- Temporary prosthetics for production of provisional restorations
- Easy to create chairside provisional restoration for aesthetic zone

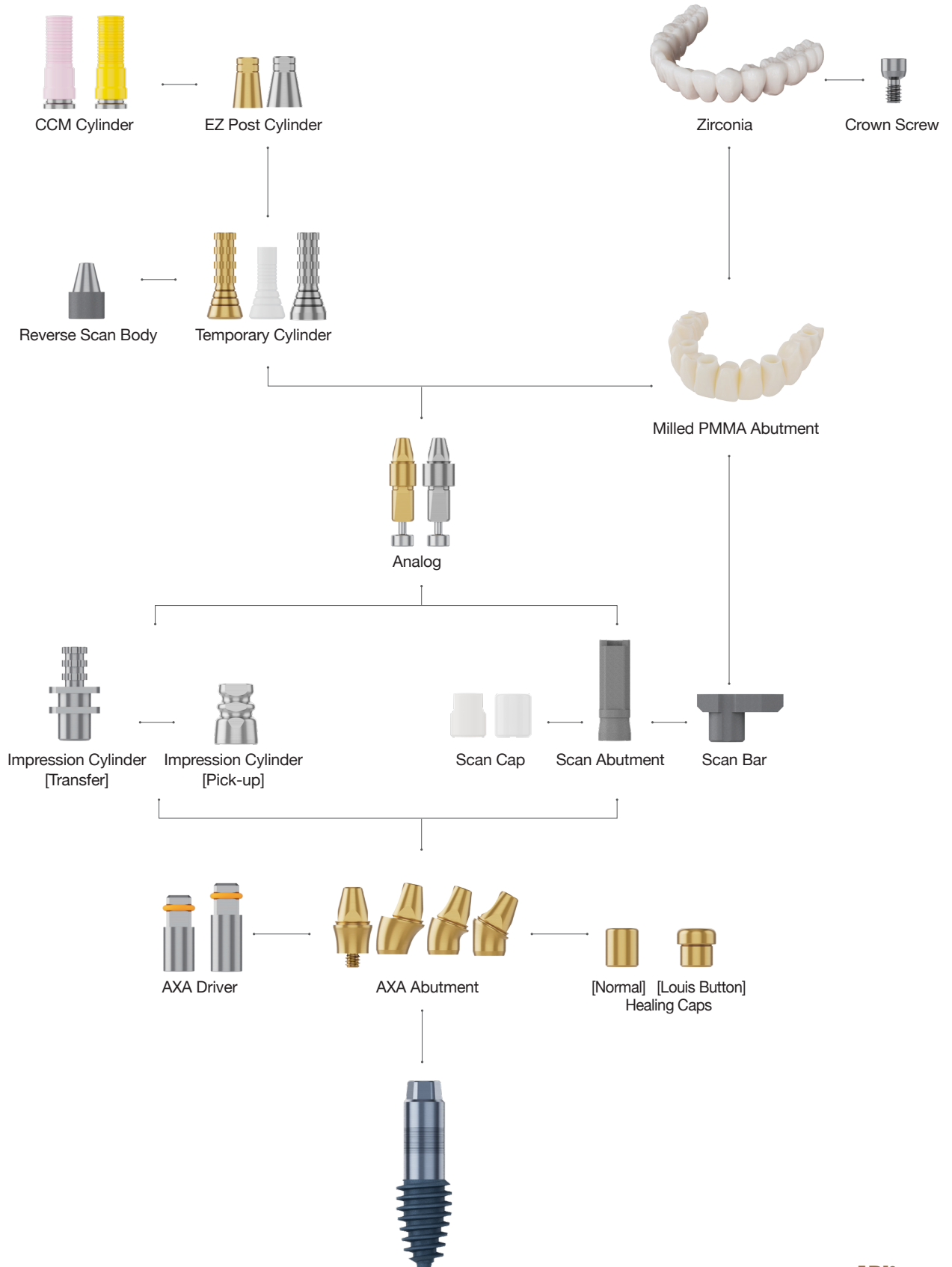
Profile Diameter	Post Height (mm)	Ref.C
Ø3.5	10	ARIETASA2305
	12	ARIETASA2307
	14	ARIETASA2309



II. Abutment Level Prosthesis

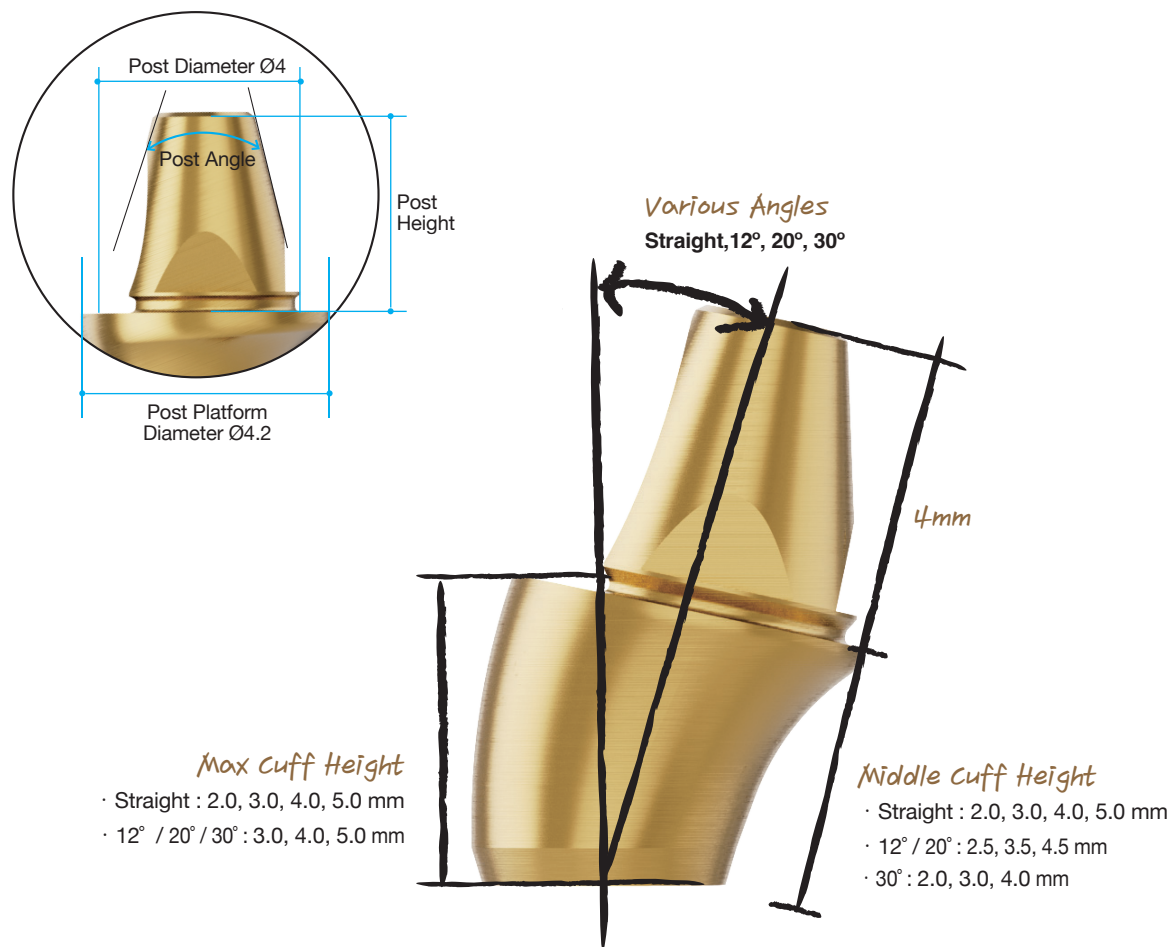
2. AXA Abutment & Components

(All-on-X Abutment)



►► AXA Abutment

New advanced design concept for All-on-X solution



Benefit

1. The post part is longer than the existing multi-unit abutment, so it can be stably connected with the prosthesis.
2. Cylinder screw loosening and strength has been developed (M1.4 → M1.6)
3. Performance improvement through optimized scan cap shape
4. Direct crown connection is possible through crown screw
5. Various prosthetic solutions available (CRP, SRP, SCRP, Bar denture)

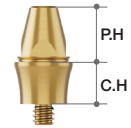
➔ AXA Abutment Option

AXA Abutment (Straight)

- AXA Straight Carrier (AXAPC) included

- Use with AXA Driver
- 1 piece type
- Recommend torque : 25Ncm

Cuff Height (mm)		Ref.C
2		AXARIN42400C
3		AXARIN43400C
4		AXARIN44400C
5		AXARIN45400C

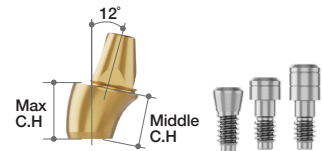


AXA Abutment (12°)

- Abutment Screw (AXARIAS1603/AXARIAS1604/AXARIAS1605) included
 - AXA Carrier (AXAC) included

- Recommend torque : 25Ncm

Cuff Height (mm)		Type	Ref.C
Max Cuff	Middle Cuff		
3	2.5	Hex	AXARIN43410TC
4	3.5		AXARIN44410TC
5	4.5		AXARIN45410TC

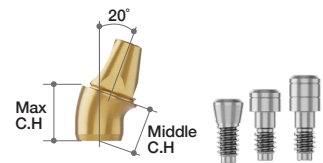


AXA Abutment (20°)

- Abutment Screw (AXARIAS1603/AXARIAS1604/AXARIAS1605) included
 - AXA Carrier (AXAC) included

- Recommend torque : 25Ncm

Cuff Height (mm)		Type	Ref.C
Max Cuff	Middle Cuff		
3	2.5	Hex	AXARIN43420TC
4	3.5		AXARIN44420TC
5	4.5		AXARIN45420TC

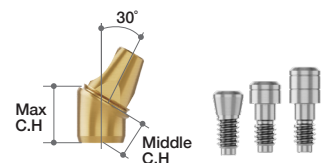


AXA Abutment (30°)

- Abutment Screw (AXARIAS1603/AXARIAS1604/AXARIAS1605) included
 - AXA Carrier (AXAC) included

- Recommend torque : 25Ncm

Cuff Height (mm)		Type	Ref.C
Max Cuff	Middle Cuff		
3	2	Hex	AXARIN43430TC
4	3		AXARIN44430TC
5	4		AXARIN45430TC

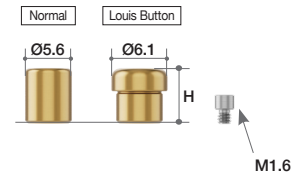


➔ Components for AXA Abutment

Healing Cap

- Healing Cap Screw (AXHCS16) included
- The size of the Healing Cap is selected depending on the amount of soft tissue or type of restoration.
- Recommend torque : By Hand (5~8Ncm)

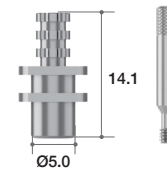
Height (mm)	Type	Ref.C
6	Normal	AXHCS504T
	Louis Button	AXHCLS504T



Impression Cylinder (Pick-up)

- Guide Pin (AXGPP10) included
- Used when making impressions from the abutment level
- Recommend torque : By Hand (5~8Ncm)

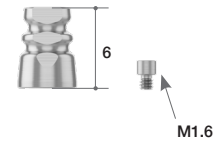
Height (mm)	Type	Ref.C
14.1	Multi	AXICS504T
	Single	AXICPS504ST



Impression Cylinder (Transfer)

- Healing Cap Screw (AXHCS16) included
- Used when making impressions from the abutment level
- Recommend torque : By Hand (5~8Ncm)

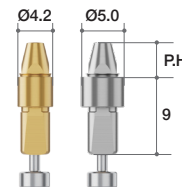
Height (mm)	Type	Ref.C
6.0	Single	AXICS504ST



Analog

- Analog Screw (ALS18) included
- Used instead of Multi-unit Abutment in Working Model
- Used as RP Analog in 3D Printed Working Model
- Recommend torque : By Hand (5~8Ncm)

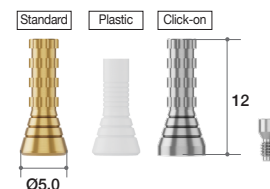
Profile Diameter	System	Ref.C
Ø4.2	ARi	AXAL404T
Ø5.0	Common	AXALS504T



Temporary Cylinder

- Cylinder Screw (AXCS16) included
- Used when making Acrylic Provisional Restoration
- The groove of the Post Cylinder holds the resin strongly
- Back-up Screw Included
- Recommended Torque: 25Ncm

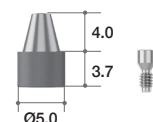
Profile Diameter	Type	Ref.C	
Ø5.0	Standard	Multi	AXTCS504T
	Plastic	Multi	AXTSP504T
	Click-on	Multi	AXTCS504CT
	Standard	Single	AXTCS504ST



Reverse Scan

- Cylinder Screw (AXCS16) included
- For chairside / Labside
- Supporting Dental CAD
 - 3Shape / exocad / Dental Wings
- Recommended torque: by hand (5~8Ncm)

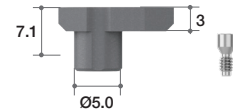
Profile Diameter	Ref.C
Ø5.0	AXRSS504T



Scan Bar

- Cylinder Screw (AXCS16) included
- For chairside / Labside
- Supporting Dental CAD
 - 3Shape / exocad / Dental Wings
- Recommended torque: by hand (5~8Ncm)

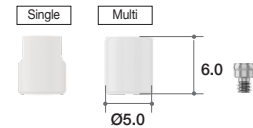
Profile Diameter	Ref.C
Ø5.0	AXSBS504T



Scan Cap

- Scan Cap Screw (AXSCSP16) included
- For chairside / Labside
- Supporting Dental CAD
 - 3Shape / exocad / Dental Wings
- Recommended torque: by hand (5~8Ncm)

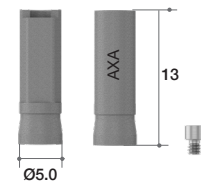
Profile Diameter	Type	Ref.C
Ø5.0	Single	AXSCSPM504ST
	Multi	AXSCSPM504T



Scan Abutment

- Healing Cap Screw (AXHCS16) included
- For chairside / Labside
- Supporting Dental CAD
 - 3Shape / exocad / Dental Wings
- Recommended torque: by hand (5~8Ncm)

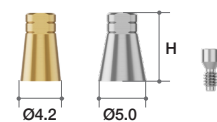
Type	Ref.C
Single	AXSA4013ST



EZ Post Cylinder

- Cylinder Screw (AXCS16) included
- Recommended torque: 25Ncm

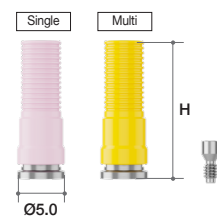
Profile Diameter	Type	Ref.C	
Ø4.2	ARi	Multi	AXEPC404T
Ø5.0	Common	Multi	AXEPCS504T
Ø4.2	ARi	Single	AXEPC404ST
Ø5.0	Common	Single	AXEPCS504ST



CCM Cylinder

- Cylinder Screw (AXCS16) included
- Useful for creating customized abutments in difficult cases.
- Octa (pink) & Non-Octa (yellow) options
- Threaded sleeves for better retention of resin or wax
- Melting temperature of CCM base: 1300~1400°C
- Can be cast using non-precious alloys (Ni-Cr, Cr-Co alloys)
- Recommended torque: 25Ncm

Height (mm)	Type	Ref.C
14.5	Single	AXCCM504ST
	Multi	AXCCM504T



Crown Screw

- Directly connects the crown and AXA.
- 1Set = 5ea
- Recommended torque: 25Ncm

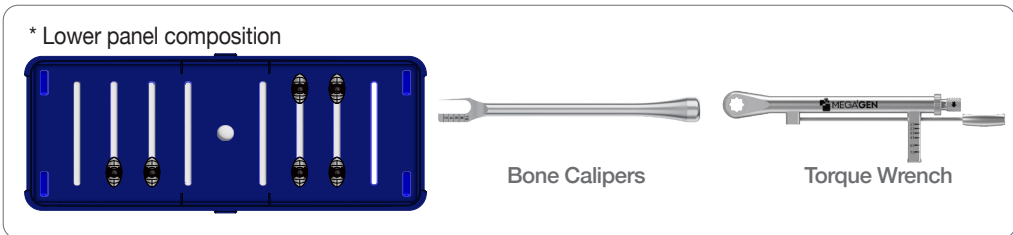
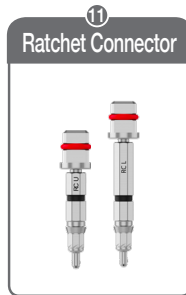
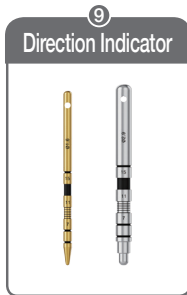
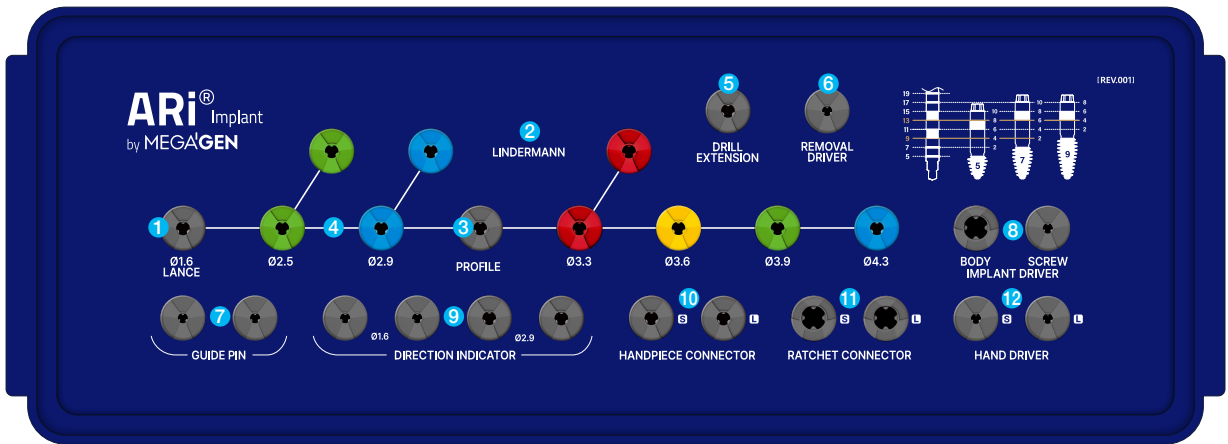
Height (mm)	Type	Ref.C
3.3	Short	AXCS16SP
4.5	Long	AXCS16LP














ARi Kit

I. Surgical Kit

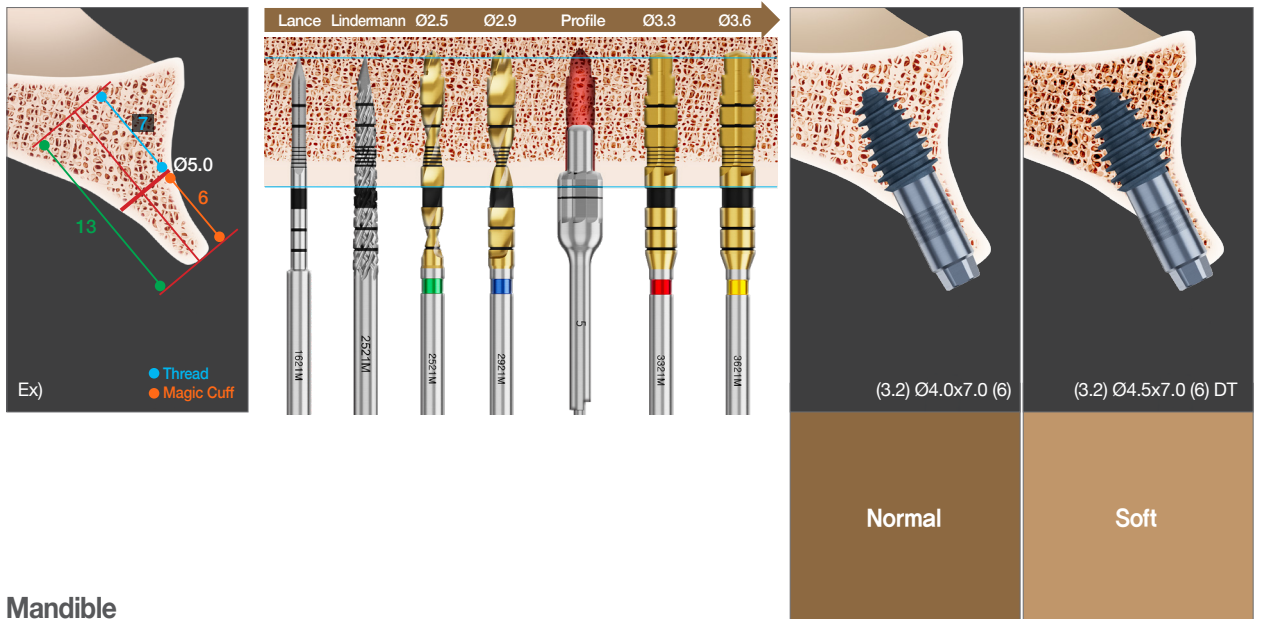
Ref.C
MKARI3000M



▶▶ Drilling Protocols

	Lance Drill	Lindermann Drill				Profile Drill	Shaping Drills					
	Ø1.6	Ø2.5	Ø2.9	Ø3.3	Ø5.0	Ø2.5	Ø2.9	Ø3.3	Ø3.6	Ø3.9	Ø4.3	
												
rpm		800~1000				300	800~1000					

Maxilla

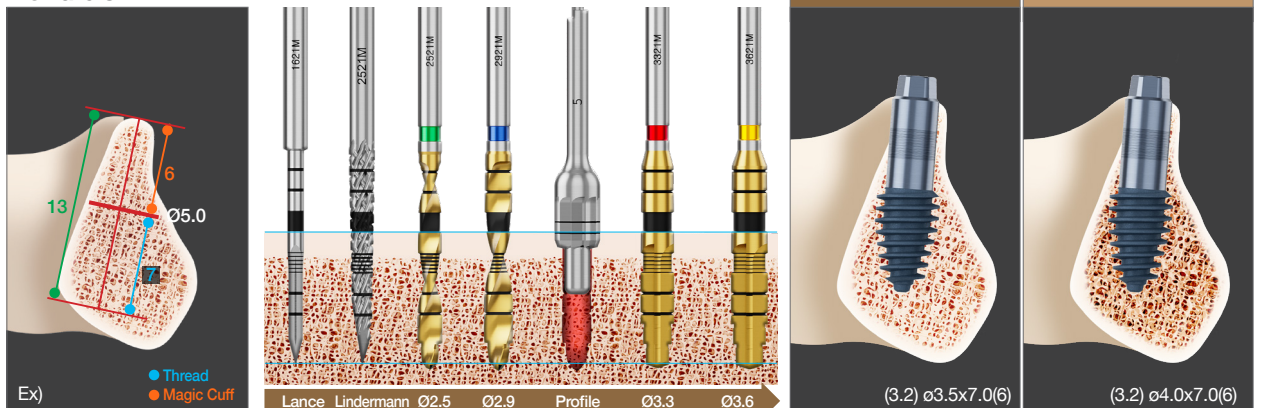


Ex) ● Thread ● Magic Cuff

Drill sizes: Lance (1.621M), Lindermann (2.521M, 2.921M, 3.321M), Profile (5), Shaping (3.321M, 3.621M)

Implant sizes: (3.2) Ø4.0x7.0 (6) [Normal], (3.2) Ø4.5x7.0 (6) DT [Soft]

Mandible



Ex) ● Thread ● Magic Cuff

Drill sizes: Lance (1.621M), Lindermann (2.521M, 2.921M, 3.321M), Profile (5), Shaping (3.321M, 3.621M)

Implant sizes: (3.2) ø3.5x7.0(6), (3.2) ø4.0x7.0(6)

*When placing Ø4.0 implant in mandible, implant should be placed after sequential drilling up to Ø3.9 drill

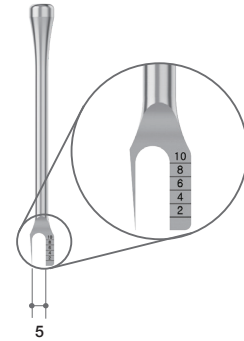
*According to bone density, implant placement should be done after under or over-drilling

➔ Components for Surgical Kit (Continued)

Bone Calipers

- Use to diagnose Magic Cuff height of Implant to be implanted

Width(mm)	Length(mm)	Ref.C
5	10	ARIBC5010



Guide Pin

- Used to guide drilling by referencing the palatal direction.
- Insert between the soft tissue and palatine bone to confirm the orientation
- Ensuring the flat surface is positioned against the bone.

Ref.C
ARIGP

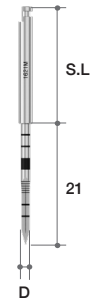


Lance Drill

- For accurate drilling at diagnosed location
- Laser markings for checking depth from 5 to 19 mm

Diameter	Shank Length (mm)	Ref.C
Ø1.6	15	*ARILD1621S
	20	ARILD1621M
	25	*ARILD1621L

(*) Separate sales item



Direction Indicator

- For checking initial drill path and drill depth
- Laser markings for depth verification

Diameter	Ref.C
Ø1.5	ARID16
Ø2.8	ARID29

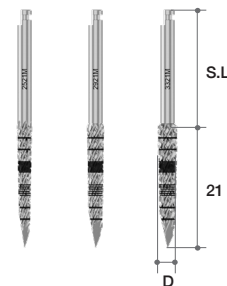


Lindermann Drill

- Use for path correction when drilling hole path does not match

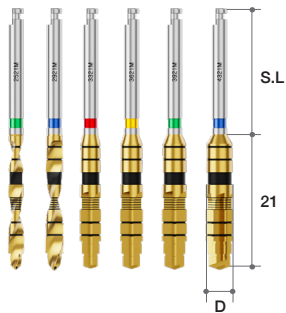
Diameter	Shank Length (mm)	Ref.C
Ø2.5	15	*ARILDMD2521S
	20	ARILDMD2521M
	25	*ARILDMD2521L
Ø2.9	15	*ARILDMD2921S
	20	ARILDMD2921M
	25	*ARILDMD2921L
Ø3.3	15	*ARILDMD3321S
	20	ARILDMD3321M
	25	*ARILDMD3321L

(*) Separate sales item



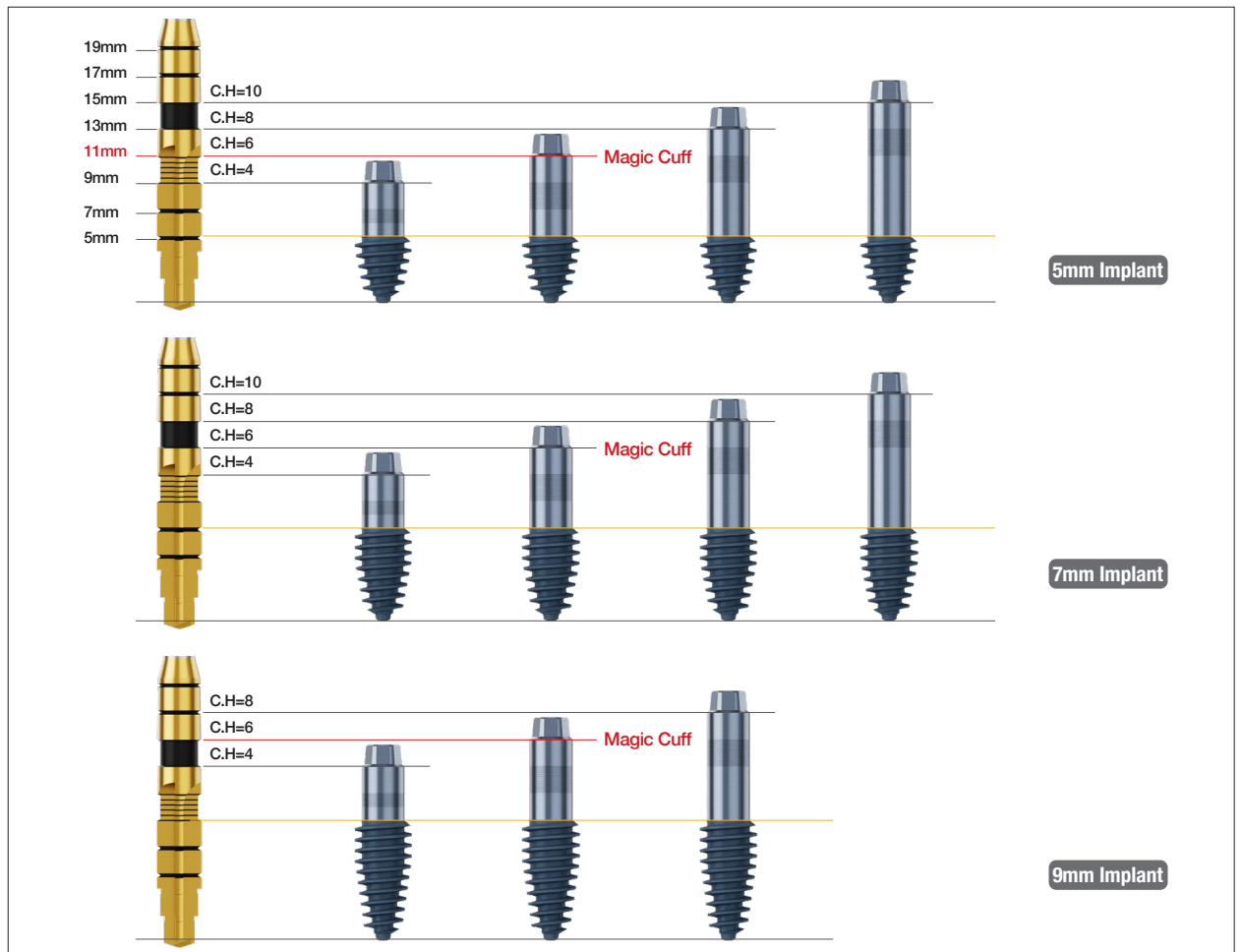
Shaping Drill

- Depth markings from 5 to 19mm
- Dual marking system (grooves and laser markings) means clinician can easily recognize drilling depth during surgery
- Excellent corrosion resistance and abrasion resistance with TiN coating
- * Guided drill length does not include Y-length



Diameter	Shank Length (mm)	Ref.C	Diameter	Shank Length (mm)	Ref.C
Ø2.5	15	*ARISD2521S	Ø2.5	25	*ARISD2521L
Ø2.9		*ARISD2921S	Ø2.9		*ARISD2921L
Ø3.3		*ARISD3321S	Ø3.3		*ARISD3321L
Ø3.6		*ARISD3621S	Ø3.6		*ARISD3621L
Ø3.9		*ARISD3921S	Ø3.9		*ARISD3921L
Ø4.3		*ARISD4321S	Ø4.3		*ARISD4321L
Ø2.5	20	ARISD2521M	(*) Separate sales item		
Ø2.9		ARISD2921M			
Ø3.3		ARISD3321M			
Ø3.6		ARISD3621M			
Ø3.9		ARISD3921M			
Ø4.3		ARISD4321M			

▶▶ Drill Depth Guide



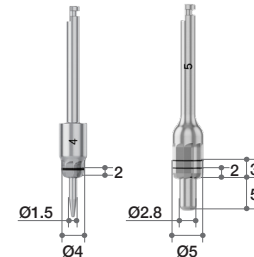
➔ Components for Surgical Kit

Profile Drill

- For bone removal when healing abutment / final prosthesis is anticipated to interfere with surrounding bone
- Laser markings for depth verification
- Recommended drilling depth: 2mm for general prosthetics.
- Recommended drilling depth: 3mm for AXA prosthetics.

Diameter	Ref.C
Ø4.0	*ARIEPD40
Ø5.0	CMPD50

(*) Separate sales item

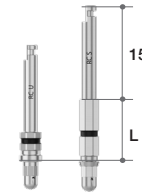


Handpiece Connector

- Use when placing Implant with handpiece
- Spring type connection makes it easier and safer to pick-up and position Implant

Length (mm)	Ref.C
5	AROHCU25
10	AROHCS25
15	*AROHCL25

(*) Separate sales item

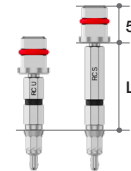


Ratchet Connector

- Use when placing Implant with torque wrench
- If it is not perfectly fastened, this can cause damage to inner part of mount.
- Neck part will fracture when 190Ncm torque is applied (recommended to use under 80Ncm)

Length (mm)	Ref.C
10	ARORCU25
15	ARORCS25
20	*ARORCL25

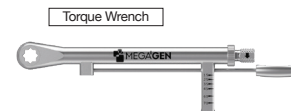
(*) Separate sales item



Torque Wrench

- 15 to 70Ncm torque can be identified, and use when placing Implants and abutment screws
- Use by connecting directly to ratchet connector when placing Implant
- When connecting abutment screw, use by connecting to insert driver

Torque(Ncm)	Ref.C
15/ 25/ 35/ 45/ 60/ 70	TWSQ70

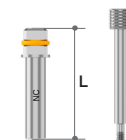


Implant Driver

- Implant removal tool when Implant mount is damaged due to placing with higher torque than recommended

Type	Ref.C
14	*ARIEID26
19	ARIEID26L

(*) Separate sales item



Hand Driver (1.2 Hex)

- Use for all cover screws, abutment screws, and healing abutments
- Various lengths for operator convenience
- Without separate adapter, can be used as torque driver by directly connecting to torque wrench
- Recommended torque: less than 45Ncm

Length(mm)	Type	Ref.C
5	Ultra-short	*TCMHDU1200
10	Short	TCMHDS1200
15	Long	TCMHDL1200
20	Extra-long	*TCMHDE1200

(*) Separate sales item



Removal Driver

- Use when mount or abutment cannot be separated from Implant
- Recommended torque: less than 45Ncm

Length(mm)	Type	Ref.C
15	Short	*ARIERD20S
20	Long	*ARIERD20L
25	Extra-long	ARIERD20E

(*) Separate sales item



Drill Extension

- For extending drills & other handpiece tools
- Up to 45Ncm torque: can be distorted when too much force is applied

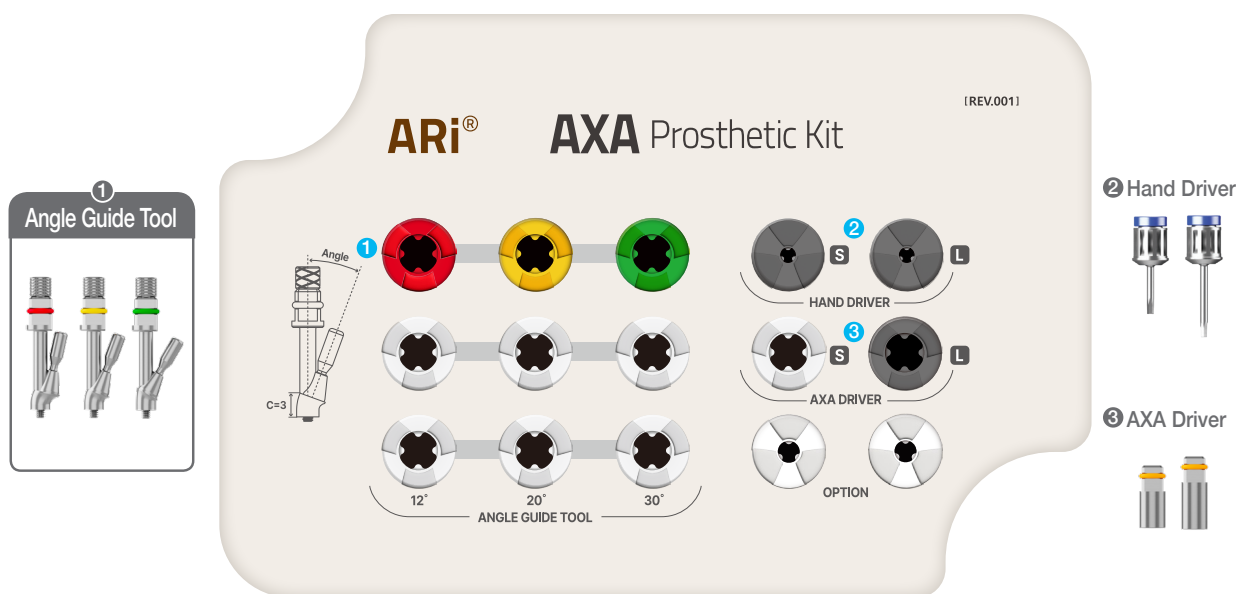
Ref.C
MDE150



II. AXA Prosthetic Kit

Ref.C
KAXARI3000S

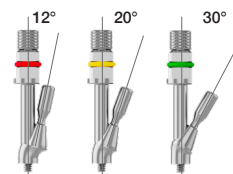
Complete kit containing all necessary prosthetic drivers.



Angle Guide Tool

- A tool that guides the post path (screw hole) direction of the AXA during implant placement to ensure a consistent orientation and achieve a passive fit.

Angle	Ref.C
12°	AXARINAGT10
20°	AXARINAGT20
30°	AXARINAGT30



Hand Driver (1.2 Hex)

- Use for all cover screws, abutment screws, and healing abutments
- Various lengths for operator convenience
- Without separate adapter, can be used as torque driver by directly connecting to torque wrench
- Recommended torque: less than 45Ncm

Length(mm)	Type	Ref.C
10	Short	TCMHDS1200
15	Long	TCMHDL1200



AXA Driver (Ratchet type)

- Used when tightening the AXA straight type.
- Pick-up compatible.

Length (mm)	Ref.C
9	*AXDR320S
15	AXDR320L

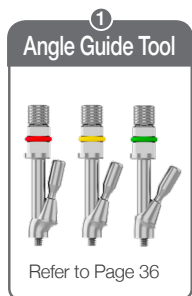
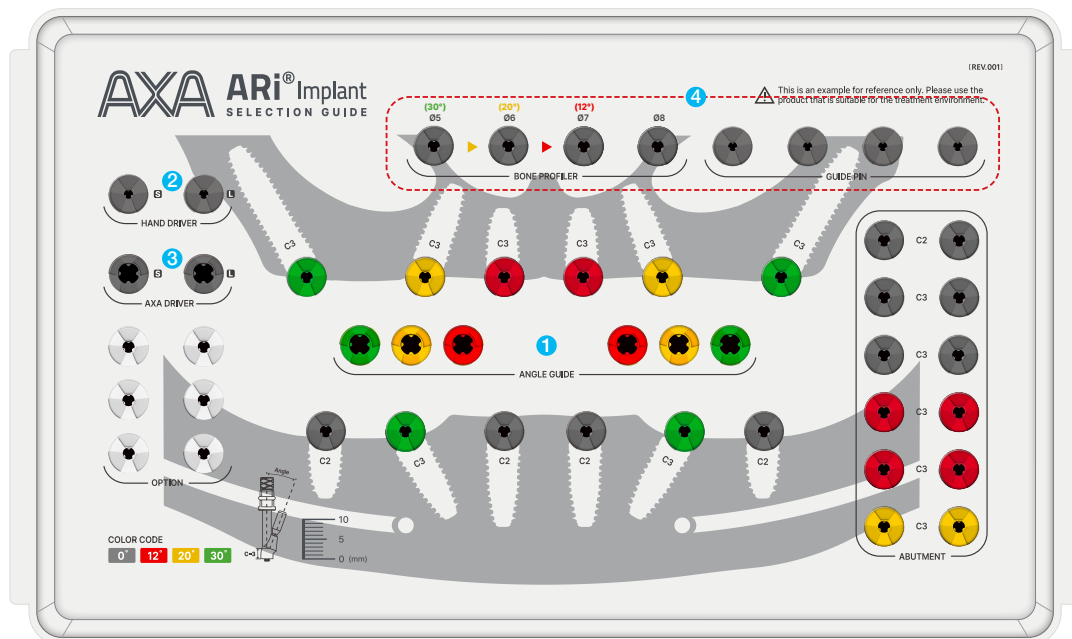


(*) Separate sales item

II. AXA Selection Guide Kit

Ref.C
MKAXSARI3000L

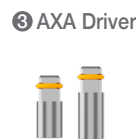
Enables intuitive AXA selection for seamless chair-side delivery!



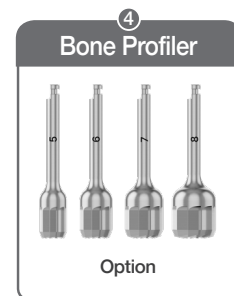
Two pieces of each included.



Refer to Page 36



Refer to Page 36

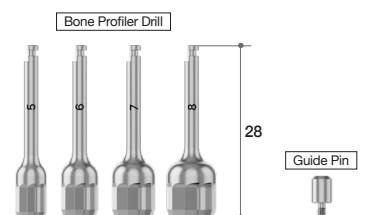


Bone Profiler

- Guide Pin(ARIBPGP) included
- Used when AXA fixation is not possible due to interference with surrounding bone.
- First, secure the system-specific guide pin to the implant, then use the bone profiler drill.
- Includes Bone Profiler (1) + Guide Pin (1).

Profile Diameter	Ref.C
Ø5.0	*ARIBP50G
Ø6.0	*ARIBP60G
Ø7.0	*ARIBP70G
Ø8.0	*ARIBP80G

(*) Separate sales item



III. Optional components

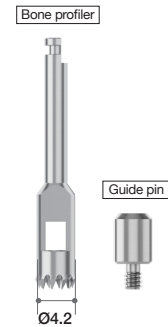
- Items not included in Surgical Kit
- Optional items can be kept in 'Option' part of Surgical Kit

Bone Profiler

- Guide Pin(ARIBPGP33) included.

- During the second surgery, remove excess bone around the implant platform to secure a place for the Healing Abutment or Prosthetic Abutment connection
- Each package includes a bone profiler and a guide pin.
- RC - Type coming soon

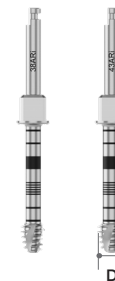
Profile Diameter (mm)	Type	Ref.C
Ø4.2	NC	ARIBP4233G



Tap Drill

- A drill used for tapping in very dense bone.
- Compatible with both handpiece (dental implant engine) and ratchet wrench.
- For Ø3.5 implants, use a Ø3.8 tap drill.
- For Ø4.0 implants, use a Ø4.0 tap drill.

Diameter (mm)	Ref.C
Ø3.8	ARITD38
Ø4.3	ARITD43



Open Wrench

- Used to prevent the mount rotation when removing the implant mount from the fixture.
- Used by fixing the upper part of the implant mount.

Length(mm)	Ref.C
55	ARIEOW360



Ratchet Wrench

- Use for applying stronger force than with hand-piece
- No bearing system: no problem with drying after washing, as no damage due to corrosion
- Use by connecting to ratchet connector
- Direction of arrow engraved on head is direction in which force should be applied.

Ref.C
MRW040S



Right Angle Driver

(1.2 Hex)

- Use for all cover screws, abutment screws, and healing abutments
- Various lengths for operator convenience
- Can be used directly connected to torque wrench without separate adapter
- Recommended torque: less than 45Ncm

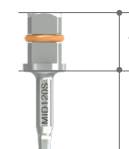
Length(mm)	Type	Ref.C
4	Ultra	MDR120SS
10	Short	MDR120S
15	Long	MDR120L
20	Extra	MDR120EL



Insert Driver (1.2 Hex)

- Use for all cover screws, abutment screws, and healing abutments
- Hex tip is designed to withstand torque of 35 to 45 Ncm

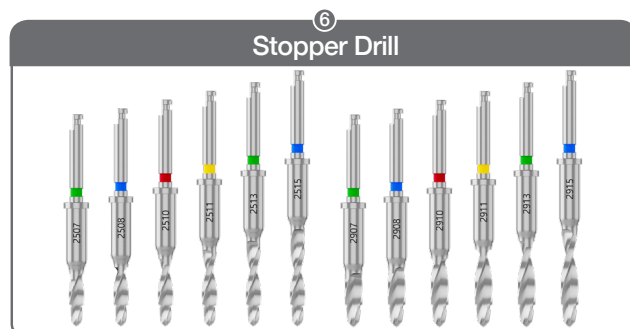
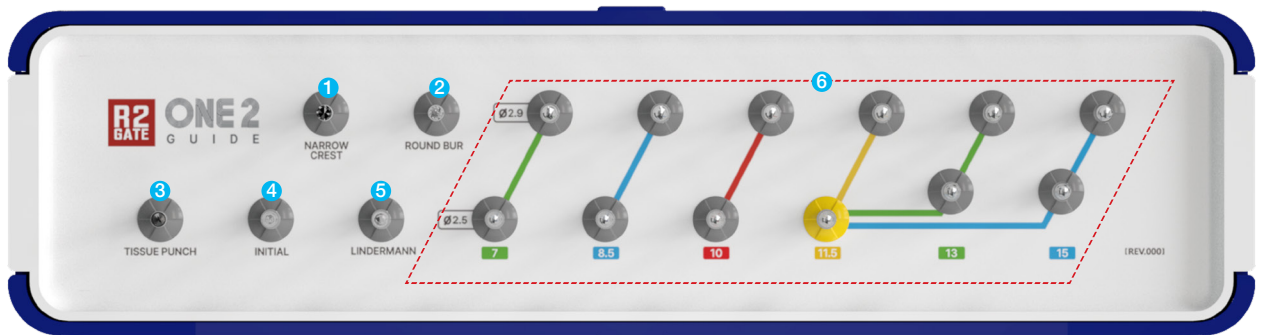
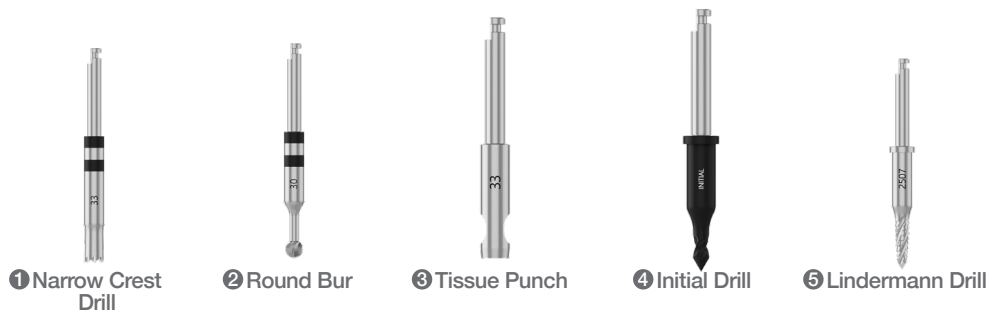
Length(mm)	Type	Ref.C
10	Short	Hex 1.2 MID120S MID120L
15	Long	



IV. R2 ONE2 GUIDE Kit

Ref.C
MKR2OT3000S

- Whether in the anterior Thin Ridge or the posterior Defect area!
- Achieve a precise drill path with simplicity through the Semi-Guide Concept!
- Compatible not only with the ARi Implant System but also with various surgical kits from other brands!

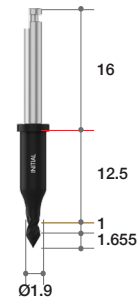


➔ Components for R2 ONE2 GUIDE Kit

Initial Drill

- Use the initial drill in order to mark the drilling position on the bone.
- Start drilling slowly, when drill guide part is fully contacted with drilling core of R2 Guide™.
- Recommended drilling speed range is 300 ~ 800 RPM with copious irrigation.

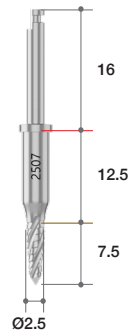
Diameter	Guide Diameter	Length (mm)	Ref.C
Ø1.9	Ø3.5	1.0	R2ID1901N



Lindermann Drill

- A drill that securely establishes the initial point without slipping on hard and sloped ridges.
- Highly advantageous for use in narrow bone structures.
- Recommended drilling speed range is 500 ~ 800 RPM with copious irrigation.

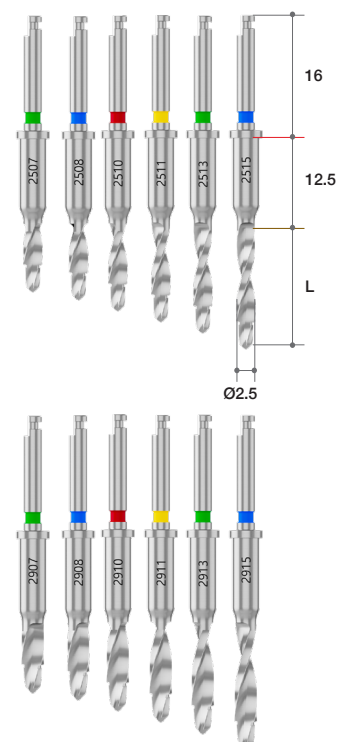
Diameter	Guide Diameter	Length (mm)	Ref.C
Ø2.5	Ø3.5	7.5	R2LDMD2507N



Stopper Drill

- Composed of Ø2.5 and 2.9mm drills, used to enlarge the diameter of the osteotomy socket.
- When using a drill larger than Ø2.5/11.5mm, the Ø2.5/11.5mm drill should be used initially before proceeding with the larger one.
- Recommended drilling speed range is 500 ~ 800 RPM with copious irrigation.

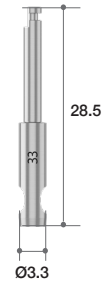
Diameter	Guide Diameter	Length (mm)	Ref.C
Ø2.5	Ø3.5	7.0	R2CMSD2507N
		8.0	R2CMSD2508N
		9.5	R2CMSD2510N
		11.0	R2CMSD2511N
		12.5	R2CMSD2513N
		14.5	R2CMSD2515N
Ø2.9	Ø3.5	7.0	R2CMSD2907N
		8.0	R2CMSD2908N
		9.5	R2CMSD2910N
		11.0	R2CMSD2911N
		12.5	R2CMSD2913N
		14.5	R2CMSD2915N



Tissue Punch

- It is used to remove excessive soft tissue formed in the osteotomy socket and is very useful in flapless surgery.
- It helps minimize soft tissue loss during flapless surgery.
- Recommended drilling speed range is 1000 ~ 1200 RPM with copious irrigation.

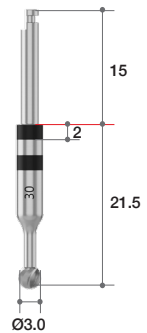
Diameter	Guide Diameter	Length (mm)	Ref.C
Ø3.3	Ø3.5	28.5	R2TP33N



Round Bur

- An initial drill designed to flatten very narrow and sloped anterior ridges.
- Used with the flap open.
- A 2mm black marking line is drawn, allowing for depth adjustment. (Recommended drilling depth: 2-4 mm)
- Recommended drilling speed range is 400 ~ 600 RPM with copious irrigation.

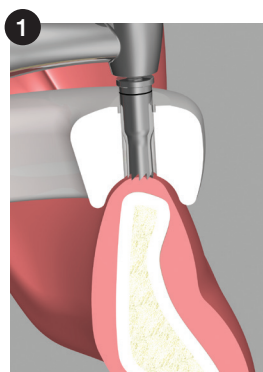
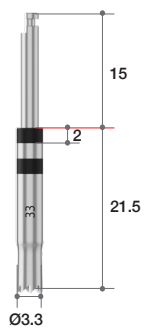
Diameter	Guide Diameter	Length (mm)	Ref.C
Ø3.0	Ø3.5	21.5	R2RB30N



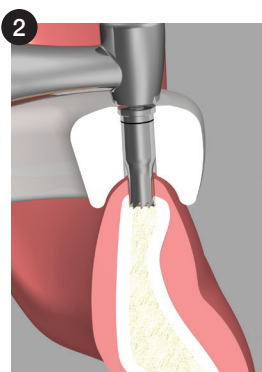
Narrow Crest Drill

- An initial drill designed to flatten ridges with severe defects in the posterior teeth area
- Capable of simultaneously removing soft tissue and flattening bone in flapless situations.
- A 2mm black marking line is drawn, allowing for depth adjustment. (Recommended drilling depth: 2-4 mm)
- Recommended drilling speed range is 400 ~ 600 RPM with copious irrigation.
- The usage method is the same as the NCD402, so please refer to the image below.

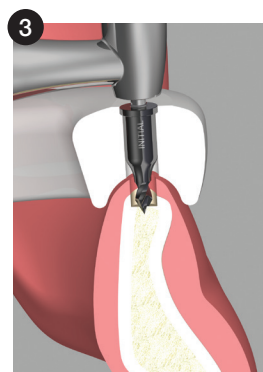
Diameter	Guide Diameter	Length (mm)	Ref.C
Ø3.3	Ø3.5	21.5	NCD33N



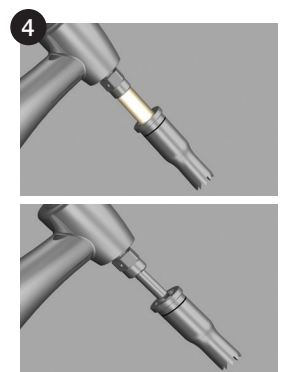
1 Set the site by drilling counter clockwise with low speed (≤ 100 rpm).



2 Start drilling clockwise (400~600rpm)



3 Bone is now flat. Perform drilling with proper drilling sequence.



4 Disassemble body and housing after drilling to remove bone chip. Clean and sterilize after every usage.

Clinical Case

Clinical Case 1

- Courtesy of Dr. Kwang-Bum Park

ARi[®] enables implant placement in the desired location even in an extremely thin ridge anterior region without bone augmentation, and secures sufficient fixation and stability, so there is no concern about complication treatment.

Fig 1. This woman in her late 50s lost almost all teeth in the maxilla and all molars on both sides of the mandible and the lower anterior teeth. This review focuses on the maxillary treatment. Both maxillary sinuses were highly pneumatized, and the anterior teeth had very thin ridges.

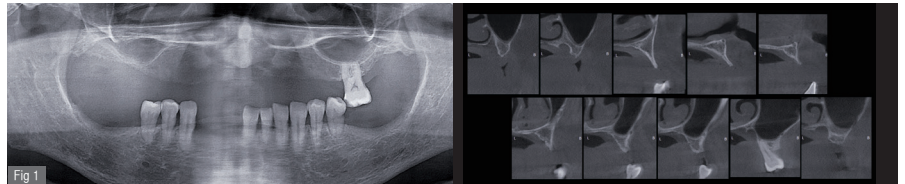


Fig 2. Due to the difficulty of implantation in the anterior region, 6 BlueDiamond implants were placed posteriorly along with sinus grafting, and the plan was for an anterior partial denture based on the posterior implants.

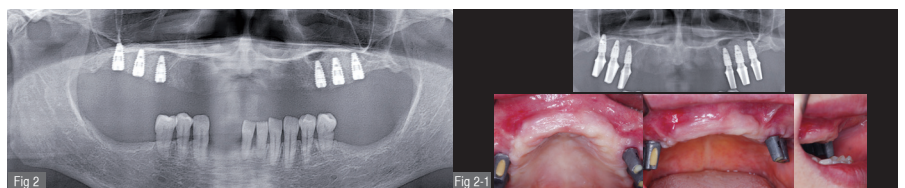


Fig 2-1. About 10 weeks later, when the customized abutments and PMMA temporary bridge were installed, it was decided to place maxillary anterior implants.

Fig 3. The thin crest after flap detachment and the depression of the part connected to the basal bone are both serious challenges for normal implant treatment

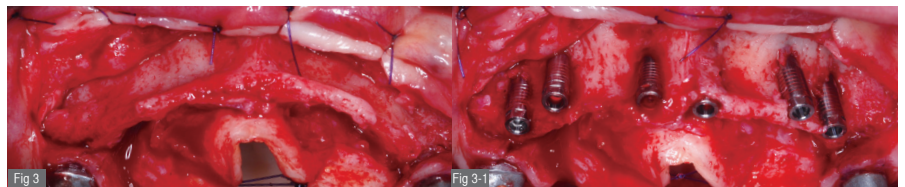


Fig 3-1. Normally this case would require augmentation, but ARi ((2.8)3.5X7.0(6)) implants were placed without it.

The thread part is placed inside the basal bone, while the machined, micro-grooved cuff surface is left exposed to reduce the burden of regeneration on the thin alveolar bone and minimize the possibility of peri-implantitis in the future. Should the exposed cuff be considered a bone defect requiring grafting? I don't think so, as there is no immediate worry about peri-implant bone loss or gingival recession accompanying peri-implantitis.

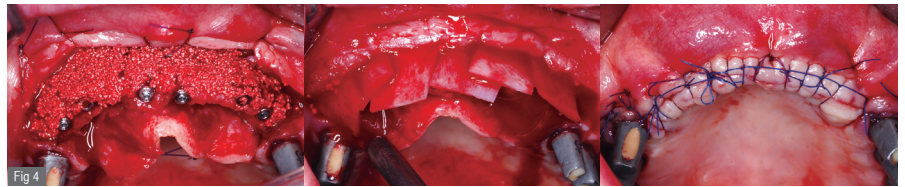


Fig 4. Bone Matrix I (synthetic bone) was used to create a contour that was covered with Ossix Volumax to prevent scattering of the graft during initial healing, and final suturing. No need to worry about creating 2.4mm peripheral bone.

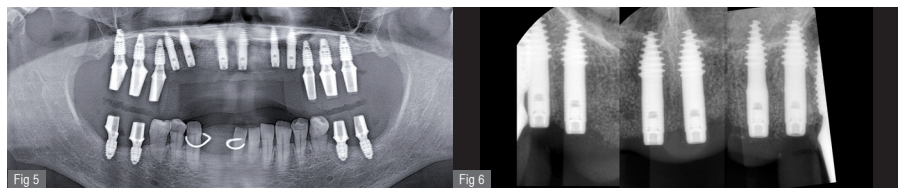


Fig 7. At 10 weeks, a second operation was performed using a CO2 laser, and some laser vestibuloplasty was performed to reduce the renal pool.

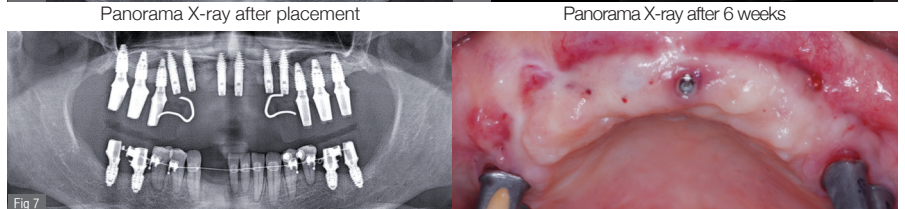
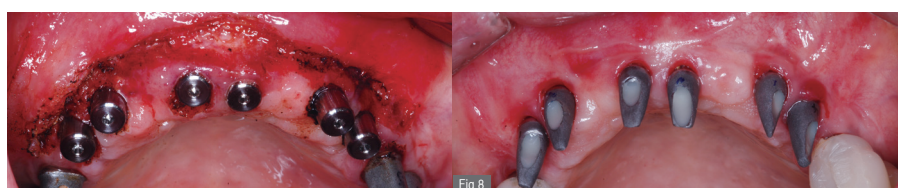
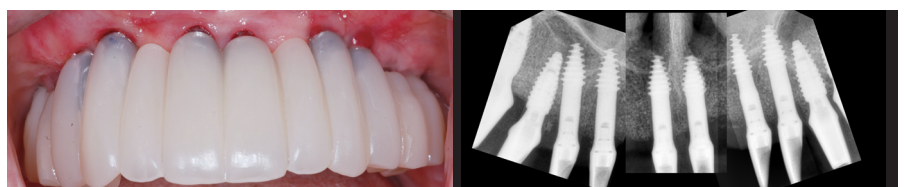


Fig 8. After attaching a TiGEN abutment, a temporary crown was loaded. The abutment attachment was confirmed via intraoral radiographs, and the soft tissue and bone reactions around the implant were satisfactory.



The patient almost gave up on implants and thought that she would have to live with dentures, but she was able to get temporary prosthetics. This case will be followed-up.



Clinical Case 2

- Courtesy of Dr. Kwang-Bum Park

ARi[®] allows implants to be placed in the desired location without bone augmentation, even in large bone defect cases, and to perform immediate temporary loading. Plus, there is no gingival recession.

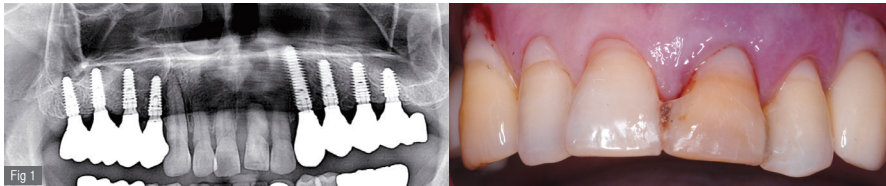


Fig 1. This woman in her late 50s wanted implant treatment due to mobility of the maxillary left central and lateral incisors as a result of severe periodontal disease. The key concerns were that implants had already been placed in canine area and whether the overall gingival line in the anterior area could be maintained or not.

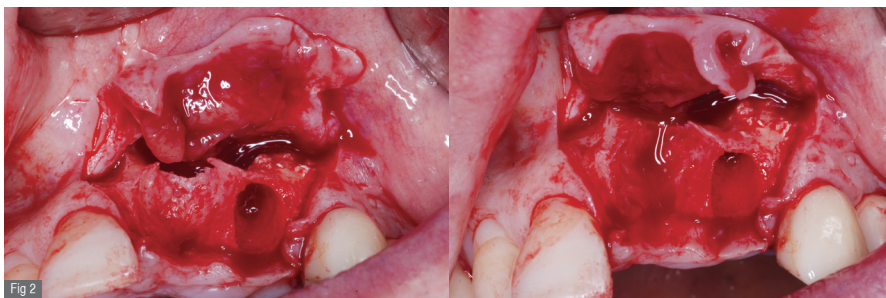


Fig 2. In aesthetically sensitive areas, even the removal of granulation tissue needs to be carefully considered. During the incision and flap reflection, special care was taken to preserve most of the tissues. As expected, most of the labial plate had been lost at the central incisors.

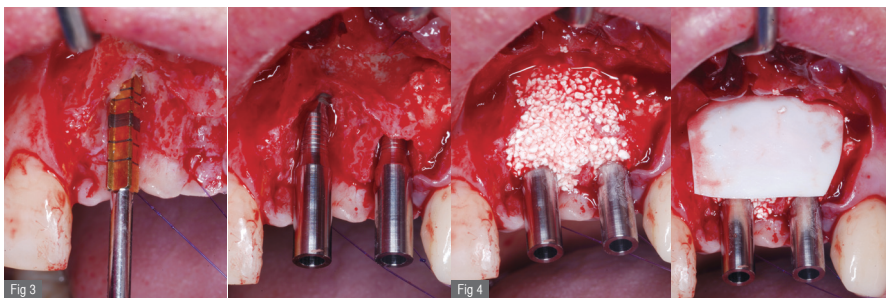
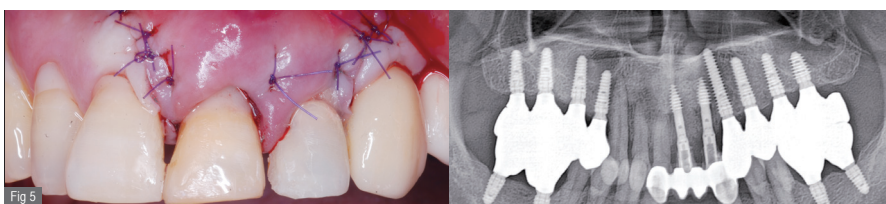


Fig 3. Two ARi[®] ((2.8)4.0*7.0(6)) were placed at #21 and 22. The drilling measurements were as follows:
 ① Drilling diameter (= Implant diameter of ARi[®], since 3.6mm drilling was done, 2.8mm core X 4.0mm thread Implant was appropriate)
 ② Amount drilled into healthy alveolar bone below defect (= ARi's threaded part, about 7mm)
 ③ Height from certain upper part to crest bone of adjacent tooth (ARi's Cuff, about 6mm)

The initial stability was very high, and the thread part was placed almost completely within sound bone. The bone loss due to periodontal disease can then be treated by focusing on maintaining the gingival esthetic, instead of from the stability of the implant. The concepts of bone regeneration and gingival volume maintenance can be quite different.



Panorama X-ray after placement

Fig 4. Since the initial stability was very high, I decided on immediate temporization by connecting an EZ Post. This would be difficult to try with the implant systems we commonly use. For the gingiva, BCP (synthetic) was sufficient to maintain the volume and esthetic gingival line. An Ossix Plus membrane was also used to prevent scattering of the graft.



Fig 5. The crown of the extracted tooth was cut, made into a temporary tooth, and suturing was completed. Although this was a difficult case with significant inflammation and bone loss, it was relatively easy and satisfactorily completed.

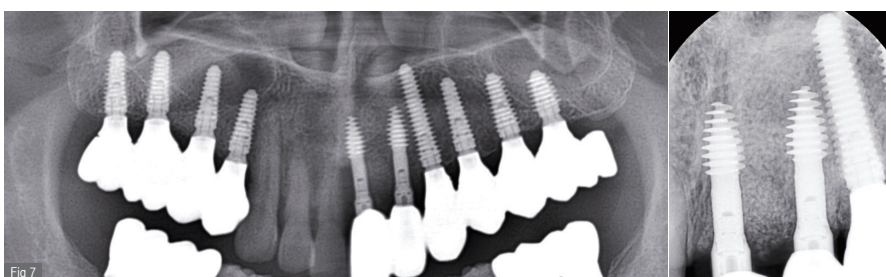


Fig 6. At 10 weeks after implantation, the gingival line was not significantly different from the right anterior teeth. It is not easy to obtain such healthy gingiva in places where teeth were extracted due to severe periodontal disease. Therefore, it was exciting that the design of the implant brought this result.

Fig 7. Panoramic and intraoral radiographs with the final prosthesis. No gingival recession occurred, and if GBR had been performed, it is likely that complications would have occurred, but here no complications occurred.

ARi[®]
by MEGA'GEN

