

A CONSTANT SEARCH FOR **EXCELLENCE:** FOR THE SPECIALIST AND THE PATIENT

CURASEPT®

ADS | DNA

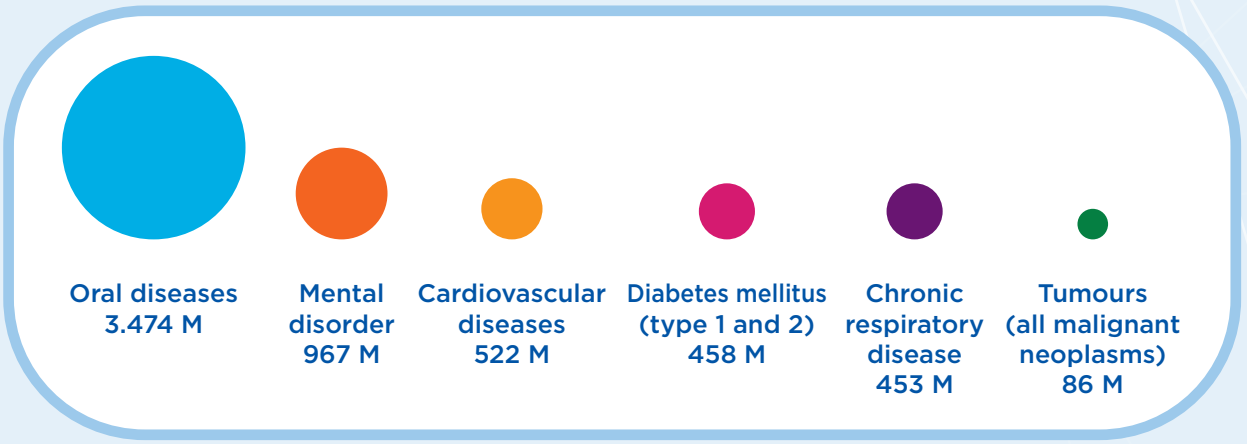
NEW

When you need chlorhexidine

How widespread are oral diseases?

The *'Global oral health status report - 2022'* of the World Health Organisation highlights how oral diseases are among the most common non communicable diseases worldwide.

About 3.5 billion people worldwide were affected by oral diseases in 2019, making them the most widespread conditions among the more than 300 diseases and conditions that affect humanity.



Among these diseases, periodontal disease has a high incidence, because of its prevalence has necessitated large investments and an ongoing commitment to research.

The evolution of scientific understanding of these issues has led to increasingly effective solutions that now require a new classification of periodontal and peri-implant disease.

This is a clear example of how crucial it is to invest in the improvement to progress in clinical response.

**"Excellence is not a destination,
it is a continuous journey that never ends."**

(quoting Brian Tracy)

WE BELIEVE IN IT.
THAT IS WHY WE HAVE NEVER STOPPED INNOVATING,
WE HAVE NOT BEEN SATISFIED WITH HAVING
THE LEADING PRODUCT, BUT **ONCE AGAIN WE HAVE MANAGED TO IMPROVE IT.**

We are therefore proud to present the ADS NEW SYSTEM

ADS NEW* SYSTEM

The New Evolution of the Anti-Discoloration System

The ADS NEW system offers an **even better anti-pigmentation action**, interfering, for the first time in the history of Chlorhexidine, against all three pigmentation mechanisms.

This is thanks to the integration of NAC (N-Acetyl-Cysteine) in addition to Sodium Metabisulfite and Ascorbic Acid.

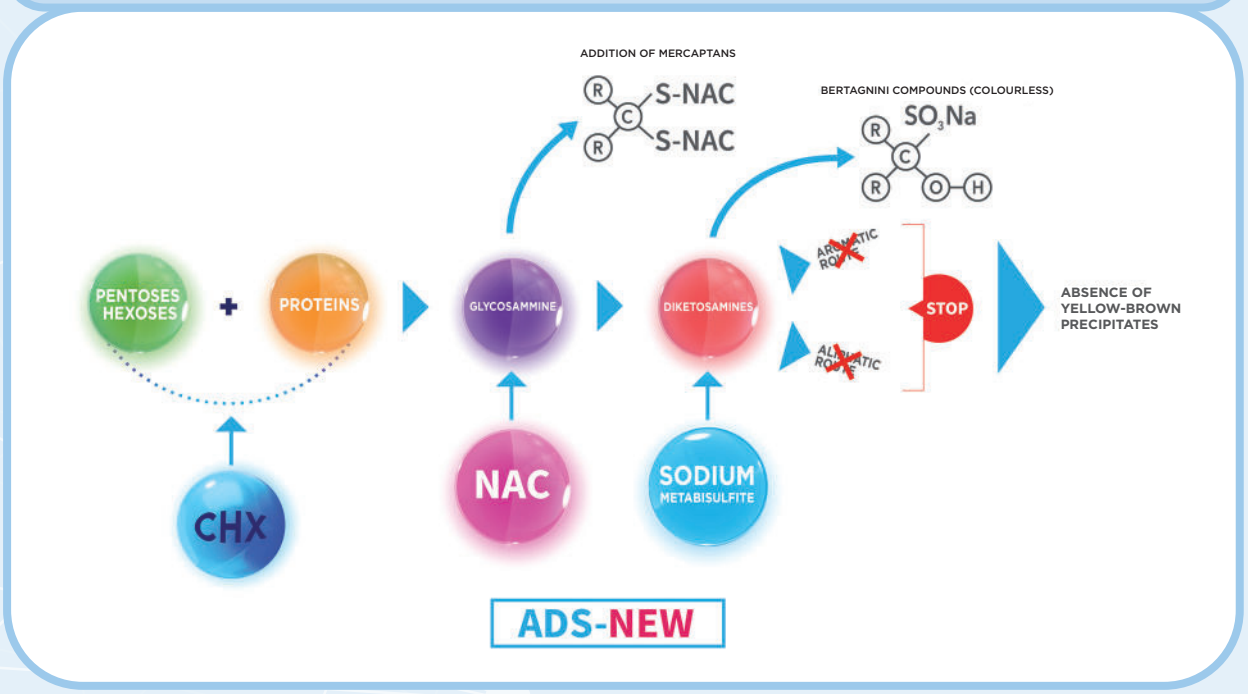
MAILLARD REACTION

The ADS NEW System, thanks to Sodium Metabisulfite and NAC, **interrupts the Maillard** reaction that occurs at the level of the acquired tooth film, between glycoproteins and sugars. This reaction, if not stopped, leads to the formation of melanoidins, i.e. yellow/brown precipitates that pigment tooth surfaces.

NAC acts on glucosamine, reacting according to the mechanism of the Mercaptans addition reaction, **generating a molecule that no longer takes part in the Maillard reaction**, thus preventing the formation of yellow/brown pigments.

Sodium Metabisulfite, on the other hand, reacts with diketosamines to generate the **so-called Bertagnini compounds, which are colourless and do not give any yellow/brown residue.**

Maillard reaction interrupted with the intervention of the ADS NEW system

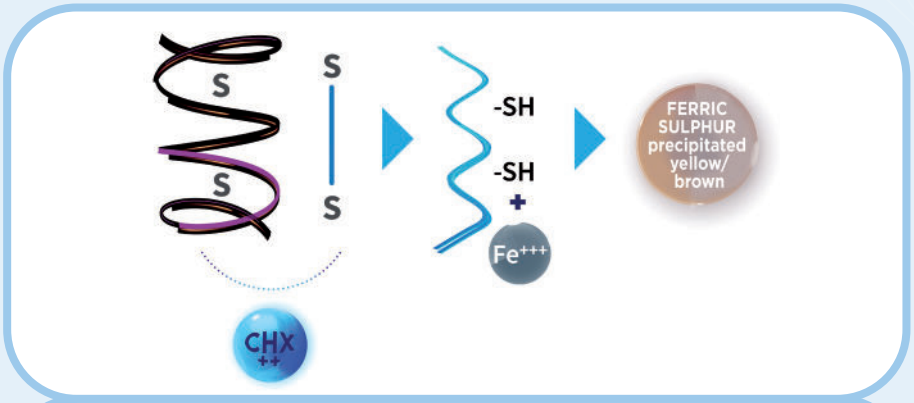


*The ADS new system consists of NAC, Sodium Metabisulfite and Ascorbic Acid

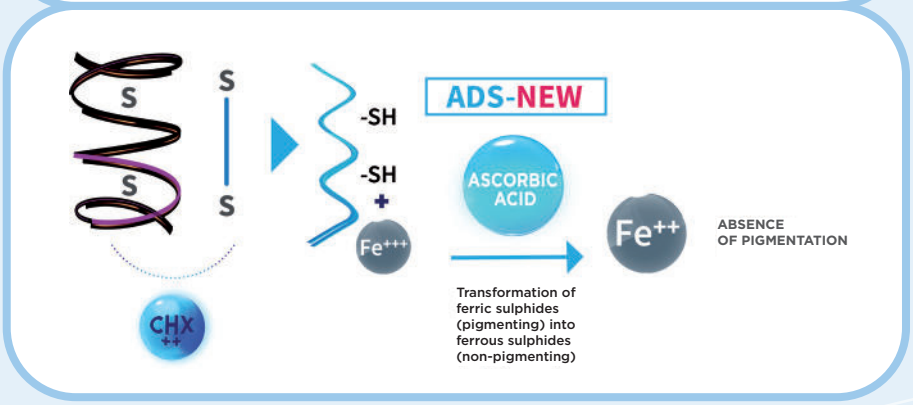
ADS NEW System is currently not available in mouthwashes 0.20% and 0.12% and in periodontal gels 0.5% and 1%.

PROTEIN DENATURATION

The second reaction that can cause pigmentation is the protein denaturation. In this case, Chlorhexidine, by breaking S-S bonds in salivary proteins, generates SH groups that, interacting with the $Fe3^{+}$ present in saliva, form yellow/brown precipitates. **The ADS NEW system, via Ascorbic Acid, intervenes on $Fe3^{+}$ by transforming it into $Fe2^{+}$** so that ferric sulphates (pigmenting) but **ferrous sulphides (non-pigmenting)** are obtained from the reaction.



COMPLETE DENATURATION REACTION

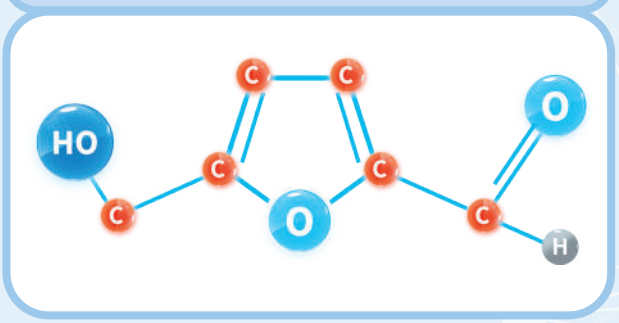


DENATURATION REACTION INTERRUPTED WITH THE INTERVENTION OF THE ADS SYSTEM

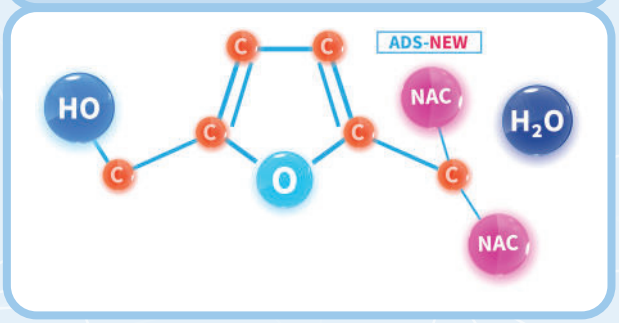
PRECIPITATION OF CHROMOGENS

Chromogen precipitation occurs due to Chlorhexidine precipitating substances from food and drink containing tannins, polyphenols, hydroxymethylfurfural (e.g. **wine, coffee, tea**) on the tooth surface. Thanks to the formulation of NAC, **ADS NEW** reacts with the carbonyl group of the chromogens to **create a molecule that does not interact with Chlorhexidine and does not bind to the dental film.**

HMF HydroxyMethylFurfural



HMF with NAC reaction



ADS NEW SYSTEM
MAXIMUM LEVEL OF EFFICACY AND COMPLIANCE

The **ADS NEW system** improves the performance of the Anti Discoloration System without affecting the recognised bactericidal and anti-inflammatory effectiveness of Chlorhexidine.

Chlorhexidine is the only substance known to date that has **four fundamental actions on plaque:**

ACCESSION INTERVENTION

1 Chlorhexidine's positive charges bind to the negatively charged glycoproteins, thus preventing bacterial adhesion.

COLONISATION INTERVENTION: ANTISEPTIC ACTION

2 Chlorhexidine, at the usual concentrations of use, exerts bactericidal actions, by modifying membrane permeability and destroying numerous types of Gram + and Gram - bacteria. In lower concentrations it has a bacteriostatic action.

DISRUPTIVE INTERVENTION

3 Chlorhexidine has two positive charges that selectively bind glycoprotein molecules. In doing so, it breaks up the calcium ion bridges that bind glycoproteins together in the matrix, dispersing them in saliva.

METABOLIC INTERVENTION: SUBSTANTIVITY

4 Chlorhexidine is gradually released into the oral cavity after use for about 12 hours. This property is called Substantivity and allows a prolonged action that stimulates the disintegration of plaque layers and the destruction of bacteria, as well as preventing the formation of plaque itself.

CURASEPT®

ADS | DNA

NEW

WHEN YOU NEED CHLORHEXIDINE.



UNIQUE IN EFFECTIVENESS AND COMPLIANCE

Clinical Case 1

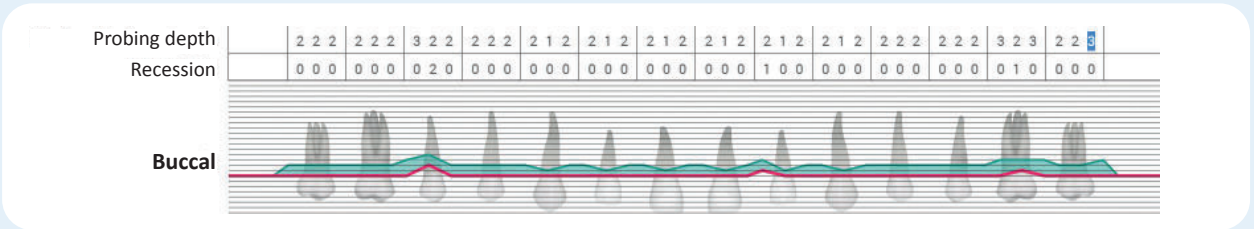
STAGE I - GRADE B

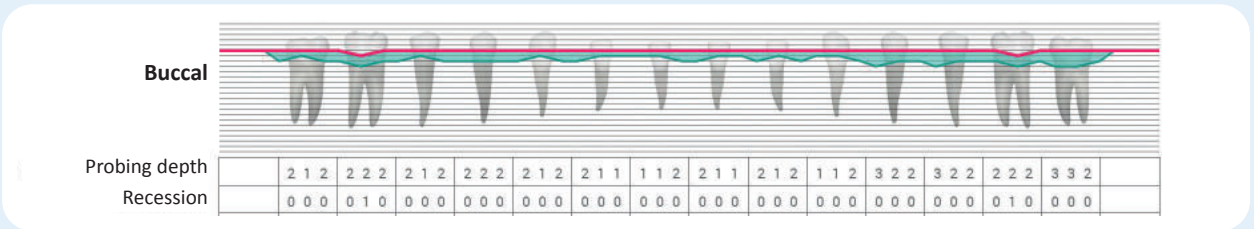
35-year-old female patient, **non-smoker**, poor home hygiene control.
Presence of tartar and gingival oedema dental malocclusion.



PSR:

2	2	2
1	2	1





DIAGNOSIS

STADIUM I	**CAL ≤ 4 mm**, radiographic bone loss < 15%, no loss of teeth for periodontal reasons. Bleeding on probing **(BOP) %: > 30.**
GRADE B	Direct evidence (X-ray): not available (first visit). Indirect evidence: **% bone loss/age ratio = 0.28** (10% on the most affected tooth/35 years); Normal phenotype (destruction commensurate with deposits). Grade alterers: Smoke: NO; Diabetes: NO;

TREATMENT PLAN ACCORDING TO EFP SIDP* GUIDELINES

STEP 1	Probing, Clinical evaluation and oral care reccomendations for home hygiene. Preparatory therapy is associated with hygiene session with **CURASEPT ADS NEW DNA Astringent PRO Mouthwash and gel** 2 times/ day.	
STEP 2	**NOT necessary**, complete resolution of the inflammatory picture.	
STEP 3	**NOT necessary**	
STEP 4	Reinforcement of instructions. Recall session every 4 months. Prescription **CURASEPT PREVENT line mouthwash and toothpaste** for the maintenance of eubiosis. Cycles of **CURASEPT PREVENT probiotic** for 1 month after each recall session.	

PSR:

0	0	0
0	0	0



Initial situation



Resolution of gingivitis

* ITALIAN FEDERATION OF PERIODONTOLOGY AND IMPLANTOLOGY

Clinical Case 2

STAGE III - GRADE C

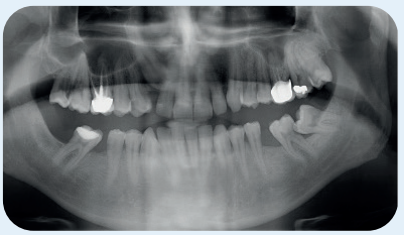
42-year-old male patient, **smoker > 10 cig/day**, poor home hygiene control.
No professional hygiene for 3 years, dental malocclusion with inclusion 13.
Request for orthodontic treatment and recovery 13 included.
Tartar and some overflowing restorations, involving the forcings of 16.
He reports considerable pain in his gums.

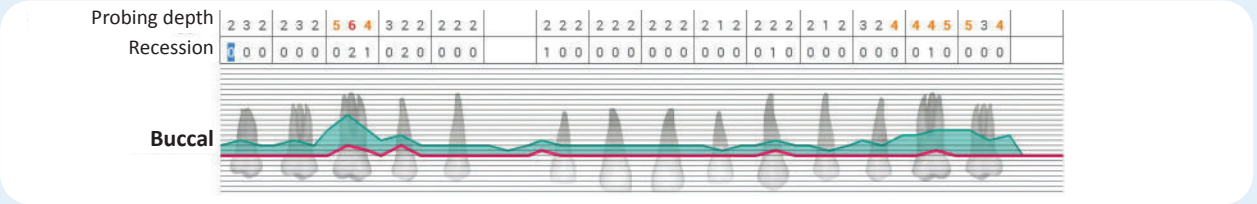


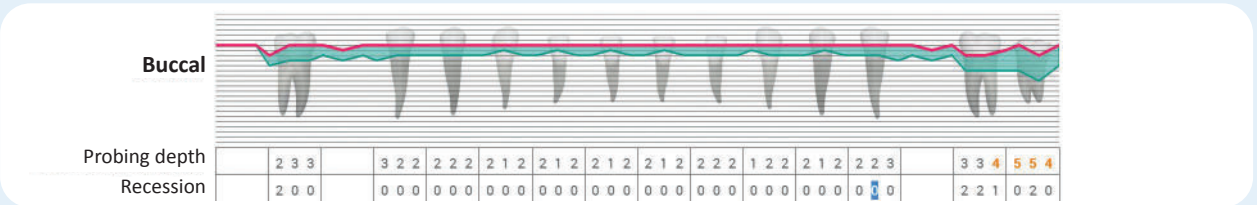


PSR:

2* (*mobility, furcation 16)	**2**	**2*** (*mobility)
2	**2**	**2*** (*recessions)





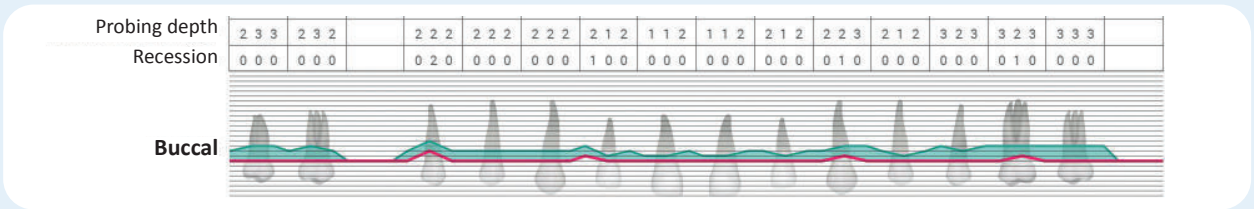


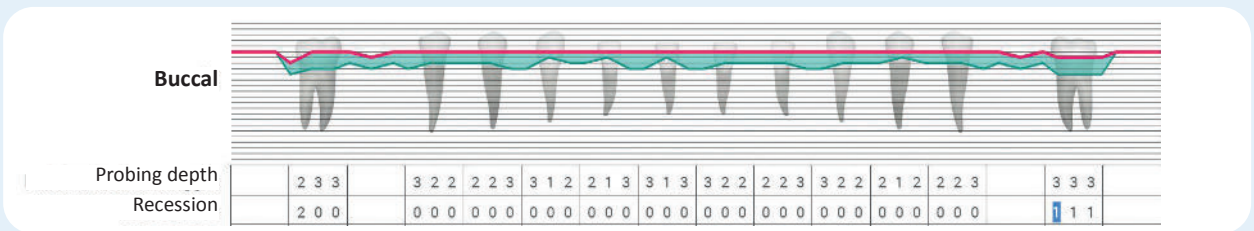
DIAGNOSIS

STAGE III	**CAL ≥ 5 mm** over 16, 26-27.38; radiographic bone loss **> 30% upper molars**, no tooth loss for periodontal reasons. Bleeding on probing **(BOP) %: > 30.**
GRADE C	Direct evidence (X-ray): not available (first visit). Indirect evidence: **% bone loss/age ratio = 1.19** (50% on the most affected tooth/42 years); Normal phenotype (destruction commensurate with deposits). Grade alterers: **Smoke: > 10 cig/day;** Diabetes: NO;

TREATMENT PLAN ACCORDING TO EFP SIDP* GUIDELINES

STEP 1	Probing, Clinical evaluation and oral care reccomendations for home hygiene. The use of **CURASEPT ADS NEW DNA Relief PRO Mouthwash and gel** 2 times/day is suggested before hygiene session.	
STEP 2	**Selective root smoothing** in sites with pockets ≥ 4 mm. **CURASEPT ADS Therapy continues - Relief PRO Mouthwash**.	
STEP 3	**Extractive surgery** element 16, **resective surgery** 17 and orthodontic surgery for exposure element 13 included. Prescribed **CURASEPT ADS NEW DNA Implant PRO** to speed up the healing phase of surgical wounds.	
STEP 4	Continuous monitoring of periodontal status during orthodontic therapy, with prescription cycles of rinses with **CURASEPT ADS DNA 205 mouthwash**. Recall session every 3 months. At the end of orthodontic treatment and removal of the device. Prescription of **CURASEPT PREVENT mouthwash and toothpaste.**	







2013: start of orthodontic therapy



2016: 1 year maintenance



2019: 4 years maintenance

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Clinical Case 3

STAGE III - GRADE C

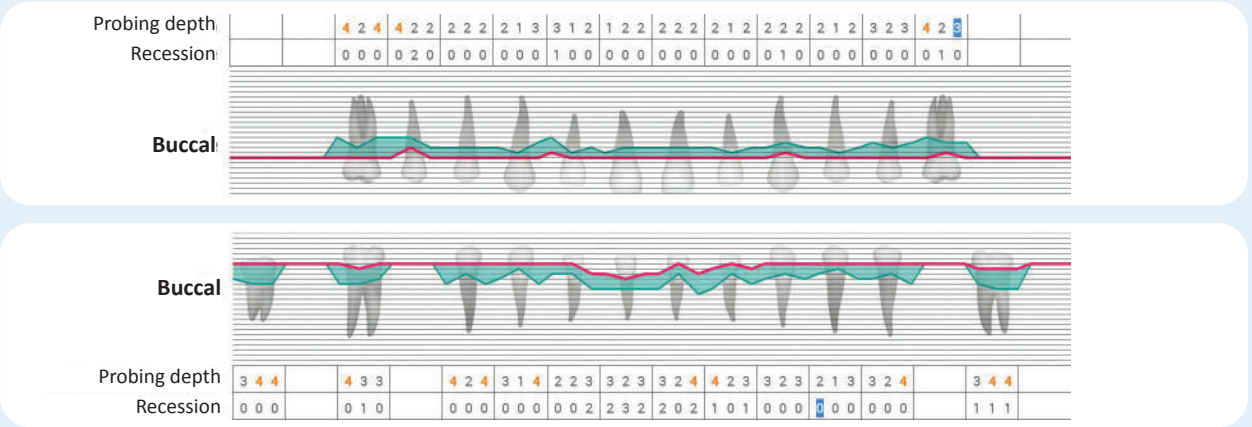
44-year-old male patient, **supra- and subgingival calculus**, poor home hygiene control. Objective examination reveals strong gingival oedema, pathological probing on 50% of the explored sites, bleeding on probing on all sites.





PSR:

3* (*overflowing restoration)	2	3
3* (*overflowing restoration)	3* (*recession)	3* (*overflowing restoration)

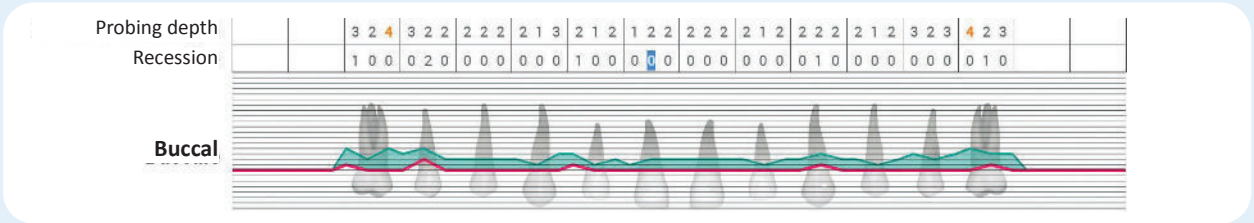


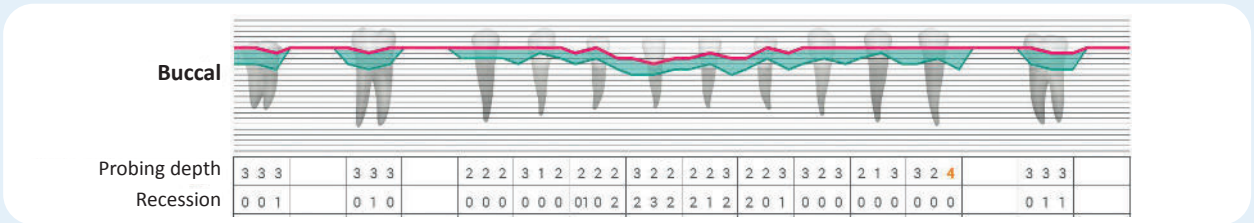
DIAGNOSIS

STAGE III	**PPD ≤ 5 mm** in 50 per cent of sites; **CAL ≥ 5 mm;** bone loss **radiographic > 30%,** 3 loss of teeth for periodontal reasons (17, 27, 47). Bleeding on probing **(BOP) %: > 30.**
GRADE C	Direct evidence (X-ray): not available (first visit). Indirect evidence: **% bone loss/age ratio = 1.36** (60% on the most affected tooth/44 years); Normal phenotype (destruction commensurate with deposits). Grade alterers: Smoke: NO; Diabetes: NO;

TREATMENT PLAN ACCORDING TO EFP SIDP* GUIDELINES

STEP 1	Probing, Clinical evaluation and oral care reccomendations for home hygiene. The use of **CURASEPT ADS NEW DNA Astringent PRO Mouthwash and gel** 2 times/day is suggested before hygiene session.	
STEP 2	Root smoothing in sites with pockets ≥ 4 mm. **CURASEPT ADS therapy continues with Astringent PRO Mouthwash**.	
STEP 3	**Not provided, all PPD sites ≤ 4 mm** revaluation at 45 days.	
STEP 4	Recall session every 4 months. Prescription **CURASEPT PREVENT line mouthwash and toothpaste** for maintaining eubiosis. Cycles of **CURASEPT PREVENT probiotic** for 1 month after each recall session.	






Situation immediately after STEP 2


Situation at 45 days

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Clinical Case 4

STAGE IV - GRADE C

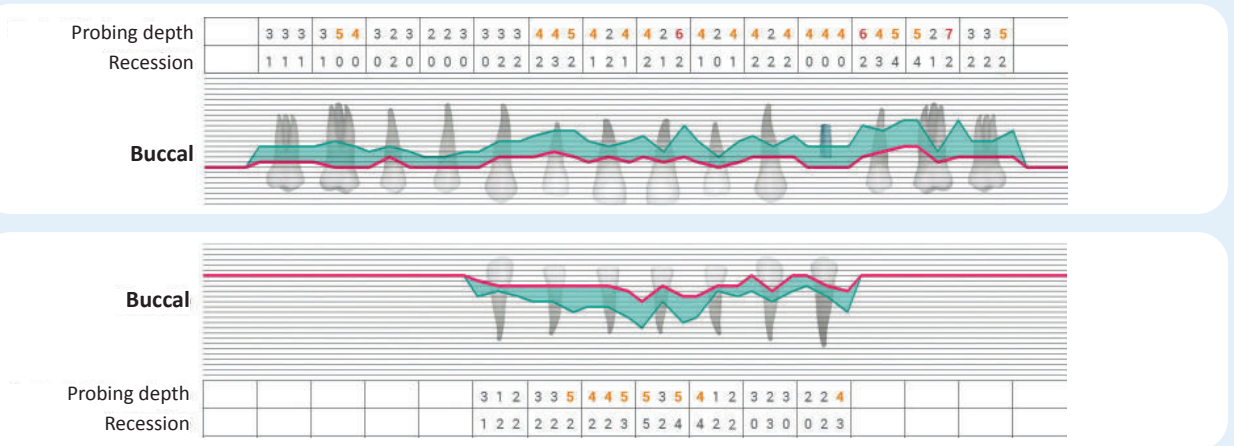
61-year-old male patient, **supra- and subgingival calculus, incongruous restorations**, poor home hygiene control. PPD ≥ 5mm. Loss of teeth elements for periodontitis, bleeding at probing on all sites.





PSR:

4* (*overflowing recession)	3	4* (*recession, mobility, furcation)
X	4* (*recession, mobility)	X

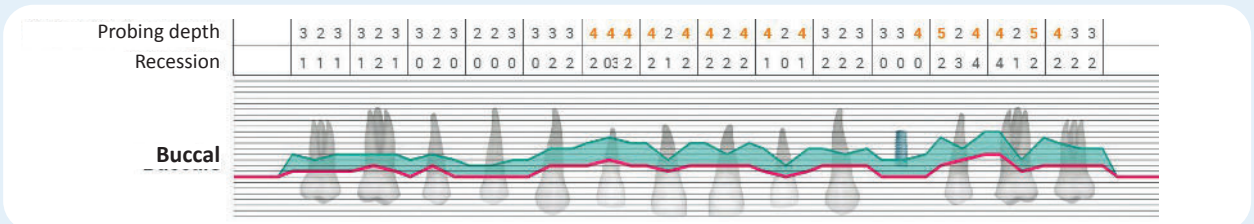


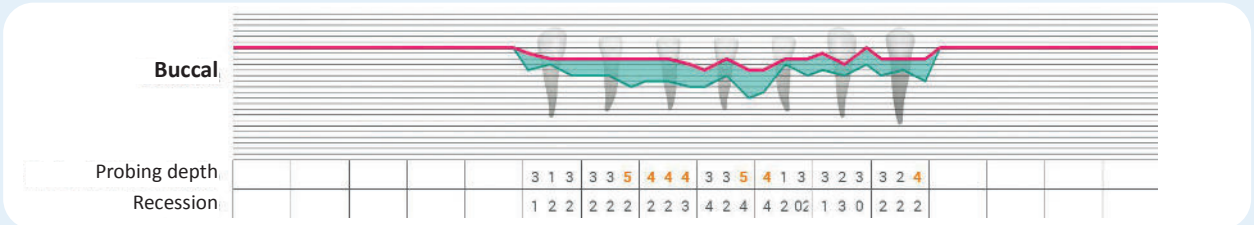
DIAGNOSIS

STADIUM IV	**PPD ≥ 5 mm; CAL ≥ 5 mm;** radiographic bone loss > 30%, periodontal tooth loss > 4 elements. Bleeding on probing **(BOP) %: > 30.**
GRADE C	Direct evidence (X-ray): not available (first visit). Indirect evidence: **% bone loss/age ratio = 1.15** (70% on the most affected tooth/61 years); Normal phenotype (destruction commensurate with deposits). Grade alterers: Smoke: NO; Diabetes: NO;

TREATMENT PLAN ACCORDING TO EFP SIDP* GUIDELINES

STEP 1	Information and instructions for oral hygiene at home, professional oral hygiene sessions and identification of home hygiene instruments. Due to the soreness of the mucous membranes, **CURASEPT ADS NEW DNA Relief PRO mouth-wash and toothpaste** were prescribed 3 days before and 3 days after the professional session.	
STEP 2	Root smoothing in sites with pockets ≥ 4 mm. Presence of tartar in deep pockets after STEP 1, opted for FULLMOUTH decontamination. During treatment therapy **CURASEPT ADS NEW DNA Relief PRO mouthwash and toothpaste.**	
STEP 3	Given the improvement in the inflammatory situation, with probes ≤ 5 mm, the reduced resources of the patient's financial situation and the impossibility to carry out implant or rehabilitative therapies, STEP 3 is not carried out and is introduced in maintenance protocol.	
STEP 4	Reinforcement of instructions. Recall sessions every 3 months. Maintains with **CURASEPT PREVENT line** (toothpaste, probiotic 3 months, mouthwash 2-3 weeks).	







Situation after revaluation



Lower arch AFTER treatment



Quadrant 2 BEFORE therapies



Quadrant 2 AFTER treatment

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Clinical Case 5

STAGE III - GRADE A

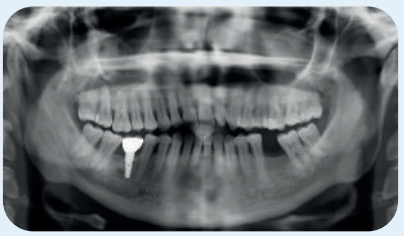
37-year-old female patient, **non-smoker, normoglycemic**, good control of oral hygiene, minimal tartar deposits. Orthodontic treatment ended at the age of 15, but there is still residual dental malocclusion with open bite and vestibularisation of the anterior elements. Presence of several major recessions, but out of 31 (7 mm) there is loss of interdental papillae and high hypersensitivity. PPD < 3 mm, reduced bleeding at probing (< 10%).

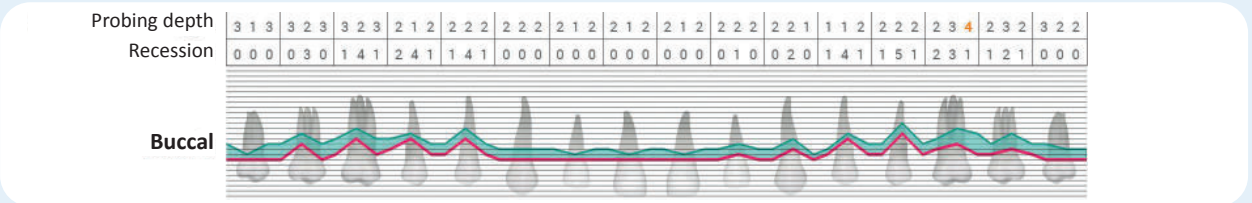


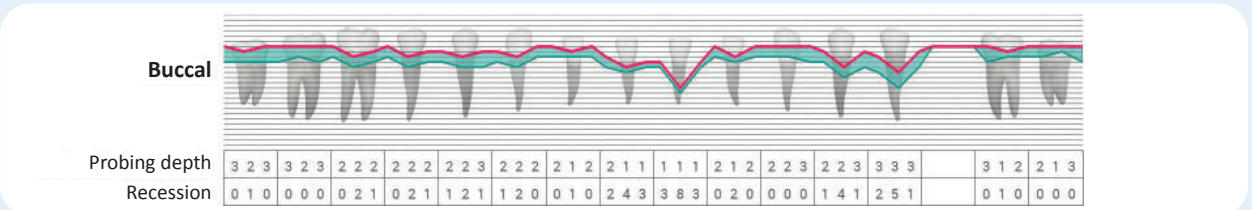


PSR:

1* (* recession)	**1**	**1*** (* recession)
1* (* recession)	**2*** (*recession, mobility)	**2*** (*recession)





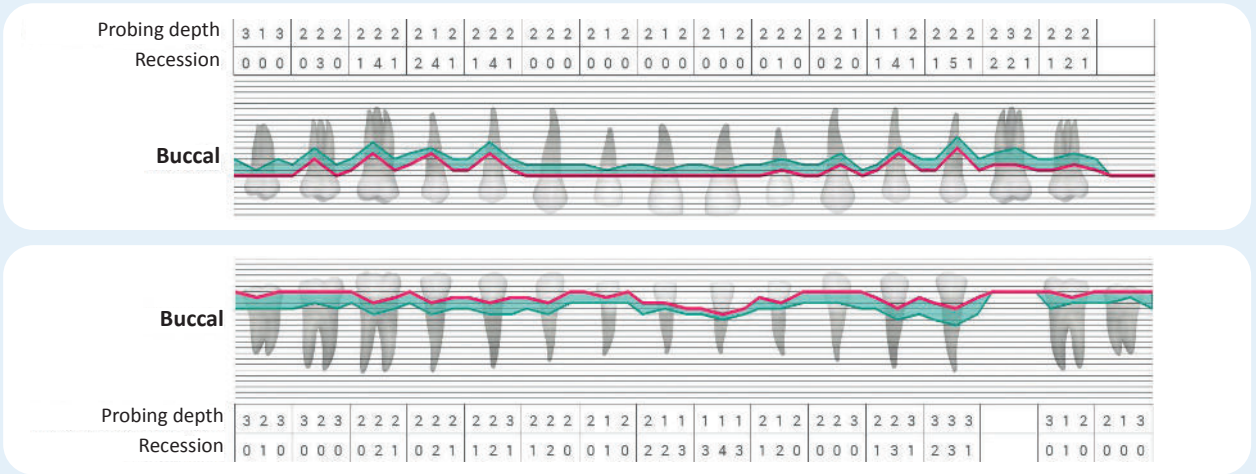


DIAGNOSIS

STAGE III	**PPD ≤ 3 mm; CAL ≥ 5 mm;** radiographic bone loss < 15%, no loss of teeth for periodontal reasons. Bleeding on probing **(BOP) %: < 10.**
GRADE A	Direct evidence (RX): available, no loss in 5 years. Indirect evidence: **% bone loss/age ratio = 0.23** (10% on the most affected tooth/ 37 years); Normal phenotype (destruction commensurate with deposits). Grade alterers: Smoke: NO; Diabetes: NO;

TREATMENT PLAN ACCORDING TO EFP SIDP* GUIDELINES

STEP 1	Professional oral hygiene session and verification/delivery of home hygiene instruments. The patient uses an electric toothbrush. A soft bristle (sensitive) head is recommended. Surgical treatment is planned for recession treatment 31.	
STEP 2	**Selective root smoothing** at sites 31 and 41 in anticipation of surgical treatment. Given the localised nature of the lesion and the need to maintain optimal plaque control prior to surgery and the high sensitivity, **CURASEPT ADS NEW DNA is prescribed - Relief PRO periodontal gel** to be applied to the affected area.	
STEP 3	Mucogingival surgery for treatment of recession 31 with epithelial-connective graft. To speed up wound healing, **CURASEPT ADS NEW DNA Implant PRO is prescribed** for 14 days.	
STEP 4	After healing, the patient is re-motivated to maintain a high level of home hygiene. A recall session is initially planned every 4 months which is effective. Associated with **CURASEPT PREVENT** (toothpaste, probiotic 3 months, mouthwash 2-3 weeks).	




Mucogingival surgery


Healing after 30 days


1 year


2 years

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Clinical Case 6

STAGE II – GRADE A

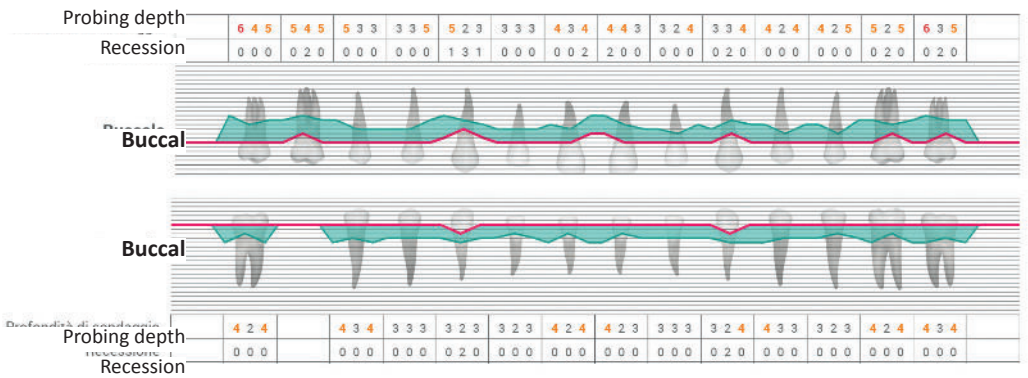
25-year-old female patient. Optimal oral hygiene.
Requires orthodontic treatment, presents a 4 mm recession at site 31.





PSR:

0	0	1
0	0* (*recessione)	0



DIAGNOSIS

STAGE II	**CAL 4 mm**, radiographic bone loss <30%, no loss of teeth for periodontal reasons. Bleeding on probing **(BOP) %: <10%.**
GRADE A	Direct evidence (X-ray): not available (first visit). Indirect evidence: **% bone loss/age ratio = 0.21** (5% on the most affected tooth/ 24 years); Normal phenotype (destruction commensurate with deposits). Grade alterers: **NO**; Diabetes: NO;

TREATMENT PLAN ACCORDING TO EFP SIDP* GUIDELINES

STEP 1	Due to the presence of oedema and gingival bleeding, the patient was prescribed applications with **CURASEPT ADS NEW DNA Astringent PRO** 0.5% gel.	
STEP 2	Root smoothing at the intervention site in anticipation of surgical treatment.	
STEP 3	Mucogingival surgery for treatment of recession 31 with palatal graft. Given the type of intervention and the presence of 2 healing sites, **CURASEPT ADS NEW DNA Implant PRO** is prescribed to speed up the healing process and protect the 2 surgical sites.	
STEP 4	Recall session every 3 months. Patient receives orthodontic treatment. Prescription of **CURASEPT PREVENT** mouthwash and toothpaste to protect the gums and prevent recurrence. **CURASEPT PREVENT** probiotic for 1 month after each recall session.	



Initial incision



Graft and suture



Situation at 7 days



Situation at 14 days



Situation 14 days after rim suture



Situation at 28 days

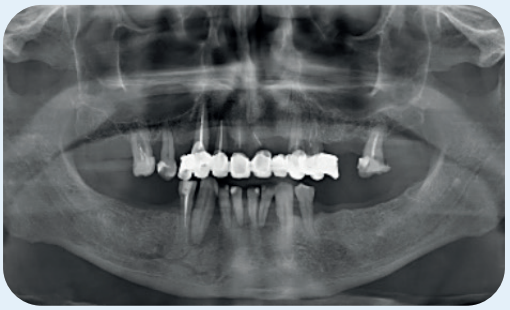
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Clinical Case 7

STAGE IV - GRADE C

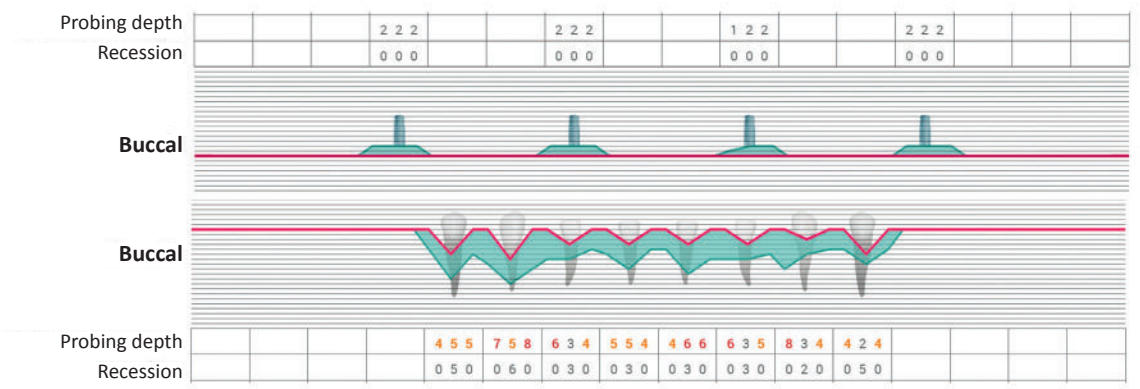
68-year-old male patient. Comes in to continue a rehabilitation treatment plan that has already entailed the placement of an upper implant-retained prosthesis and now consists in the extraction of all lower arch teeth, which are compromised by the presence of periodontitis and carious lesions and are longer able to support a removable skeletal denture.





PSR:

1	0	0
4*	4*	4*

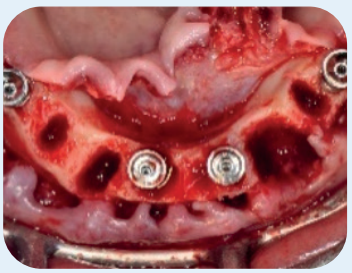


DIAGNOSIS

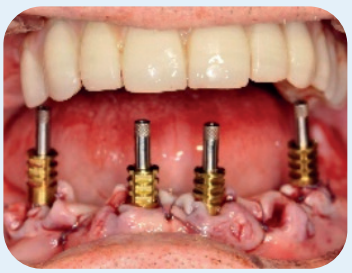
STAGE IV	**PPD ≥ 5 mm; CAL ≥ 5 mm;** radiographic bone loss > 30%, loss of >4 teeth for periodontal reasons. Bleeding on probing **(BOP) %: >30**
GRADE C	Direct evidence (X-ray): not available (first visit). Indirect evidence: **% bone loss/age ratio = 1.18** (80% on the most affected tooth/ 68 years); Normal phenotype (destruction commensurate with deposits). Grade alterers: **Smoking: >10 cig./day;** Diabetes: NO;

TREATMENT PLAN ACCORDING TO EFP SIDP* GUIDELINES

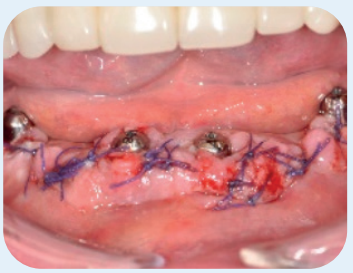
STEP 1	Probing, oral care recommendations for home hygiene, motivation and delivery of home hygiene instruments. Preparation therapy for hygiene session combined with **CURASEPT ADS NEW DNA Astringent PRO** mouthwash and gel 2 times/day due to presence of severe bleeding.	
STEP 2	Non-surgical periodontal therapy on the lower arch with the aim of normalising the periodontal tissues in anticipation of surgical treatment. **CURASEPT ADS NEW DNA Perio PRO** 0.12% for 10 days prescribed as support for the therapy.	
STEP 3	Upper arch hygiene with placement of 4 dental implants and immediate loading rehabilitation. Bone regeneration in areas with bone loss.	
STEP 4	At the end of the active therapy period following immediate loading, the patient was prescribed maintenance therapy with **CURASEPT PREVENT**, which he continued even after delivery of the final prosthesis.	



Implant placement



Immediate impression



Situation at 2 days



Situation at 7 days



Situation at 10 days and rim suture



Situation at 28 days

* ITALIAN FEDERATION OF PERIODONTOLOGY AND IMPLANTOLOGY

Clinical Case 8

STAGE II - GRADE B

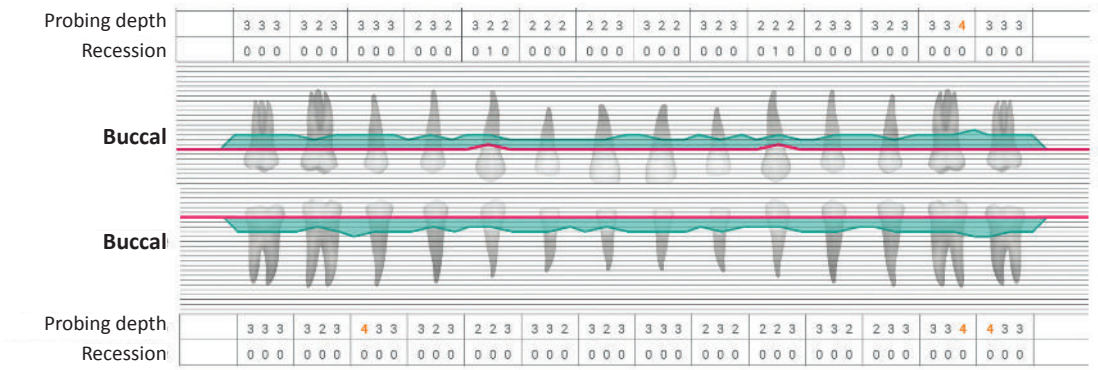
33-year-old female patient. Pregnant patient comes in for periodontal treatment after noticing a recent increase in bleeding. Presence of tartar in patient with pregnancy gingivitis.





PSR:

2	2	3
3	2	3



DIAGNOSIS

STAGE II	**PPD max 4 mm;** CAL <5 mm; radiographic bone loss < 5%, no loss of teeth for periodontal reasons. Bleeding on probing **(BOP) %: 65%.**
GRADE B	Direct evidence (X-rays): available, no loss in 5 years. Indirect evidence: % bone loss/age ratio = 0.15 (5% on the most affected tooth/ 33 years); Normal phenotype (destruction commensurate with deposits). Grade alterers: Smoking: NO; Diabetes: NO;

TREATMENT PLAN ACCORDING TO EFP SIDP* GUIDELINES

STEP 1	Probing, oral care recommendations for home hygiene, motivation and delivery of home hygiene instruments. Preparation therapy for hygiene session combined with **CURASEPT ADS NEW DNA Astringent PRO** mouthwash and gel 2 times/day due to presence of severe bleeding.	
STEP 2	Non-surgical periodontal therapy carried out using ultrasonic scaler and erythritol airflow powder. Combined with **CURASEPT ADS NEW DNA Perio PRO** for 21 days to speed up the healing phase.	
STEP 3	No further surgical treatment necessary.	
STEP 4	In order to maintain the result and gum health, as well as to counteract pregnancy-related hormonal changes, therapy with **CURASEPT PREVENT** toothpaste, mouthwash and probiotics is prescribed to maintain eubiosis.	



Upper arch at 7 days



Situation at 7 days



Lower arch at 7 days

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Clinical Case 9

STAGE III - GRADE B

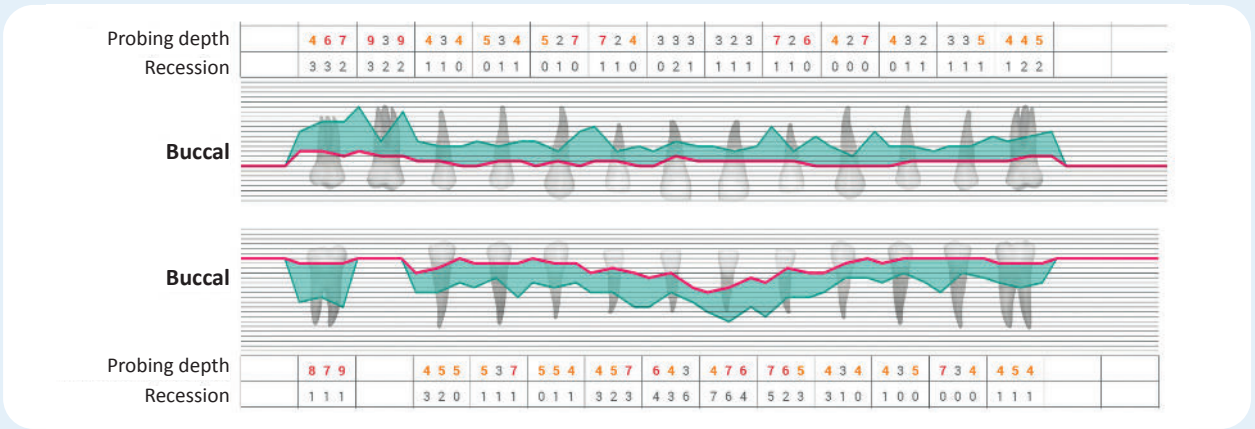
61-year-old female patient with type 2 diabetes. Objective examination reveals widespread periodontal problems with gum inflammation, copious tartar deposits and considerable granulation tissue on the lingual side of the lower incisors.





PSR:

4	4	4
4	4* (*recessione)	4



DIAGNOSIS

STAGE III	**PPD ≥ 5mm; CAL ≥ 5 mm;** radiographic bone loss >30%, loss of 4 teeth for periodontal reasons. Bleeding on probing **(BOP) %: >30**
GRADE B	Direct evidence (X-ray): available, **evidence of worsening** over the past 5 years. Indirect evidence: **% bone loss/age ratio = 1.15** (70% bone loss, 61 years of age). Normal phenotype (destruction commensurate with deposits). Grade alterers: Smoking NO; **type 2 diabetes**.

TREATMENT PLAN ACCORDING TO EFP SIDP* GUIDELINES

STEP 1	Intraoral photographs taken; use of **CURASEPT ADS NEW DNA Astringent PRO** (Toothpaste, Mouthwash and Gel) initially recommended, in order to reduce inflammation and spontaneous bleeding and create optimum clinical conditions for the active therapy phase. 10 days later, periodontal assessment (intraoral x-rays, intraoral photographs and periodontal probing) and professional oral hygiene using the USP protocol.	
STEP 2	1 month after professional hygiene, root smoothing using the Full Mouth Disinfection protocol. Patient prescribed **CURASEPT ADS NEW DNA Perio PRO** mouthwash + 0.12% chlorhexidine toothpaste to be started 3 days before the session and continued for 14 days after the completion of therapy.	
STEP 3	Not necessary.	
STEP 4	Recall 45 days after non-surgical therapy: periodontal oral health found to be stable, given the persistence of inactive periodontal pockets, it is decided to continue with daily use of specific periodontal maintenance instruments (**CURASEPT PREVENT** toothpaste, mouthwash).	



Situation after 10 days using 0.20% CHX





Situation 1 month after scaling





Situation after aetiological therapy



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Clinical Case 10

STAGE III - GRADE B

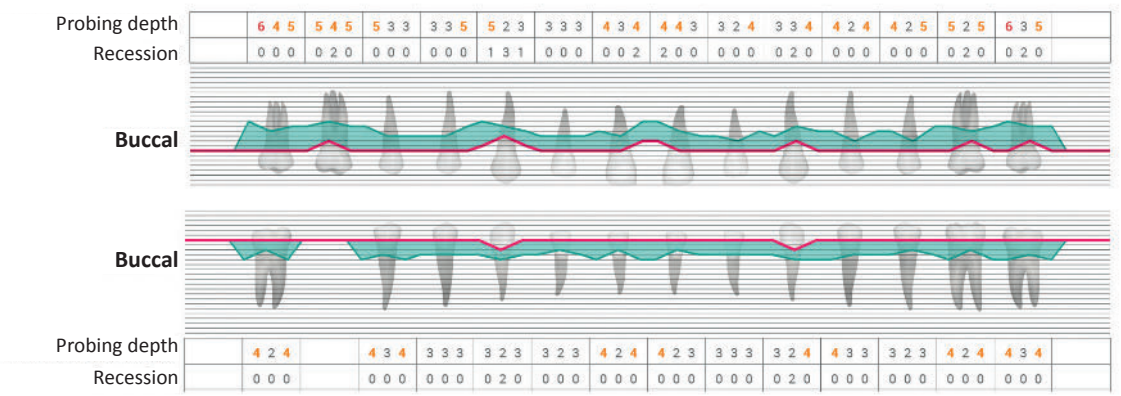
49-year-old female patient, good general health. Patient wishes to have orthodontic treatment but presents widespread periodontal problems with gum inflammation requiring specific treatment.





PSR:

4	3	4
3	3	3



DIAGNOSIS

STAGE III	**PPD ≥ 5 mm;** radiographic bone loss >30%, loss of 1 tooth for periodontal reasons. Bleeding on probing **(BOP) %: >60.**
GRADE B	Direct evidence (X-ray): available, **evidence of worsening** over the past 5 years. Indirect evidence: **% bone loss/age ratio = 0.82** (40% bone loss, 49 years of age). Normal phenotype (destruction commensurate with deposits). Grade alterers: Smoking NO; Diabetes NO.

TREATMENT PLAN ACCORDING TO EFP SIDP* GUIDELINES

STEP 1	Periodontal assessment (intraoral x-rays, intraoral photographs and periodontal probing) and professional oral hygiene carried out. Given the presence of severe inflammation, **CURASEPT ADS NEW DNA Perio PRO** is prescribed in anticipation of root smoothing.	
STEP 2	14 days after professional hygiene, root s moothing using the Full Mouth Disinfection protocol. Patient continues **CURASEPT ADS NEW DNA Perio PRO** mouthwash + toothpaste for 14 days after the completion of therapy.	
STEP 3	Not necessary.	
STEP 4	Recall 45 days after non-surgical therapy: periodontal oral hygiene stable, pockets < 4 mm. **CURASEPT PREVENT** toothpaste and mouthwash prescribed for maintenance. Patient starts orthodontic therapy with invisible aligners for 12 months. At the end, composite aesthetic reconstructions carried out to close the spaces of the interdental papillae between teeth 11 and 21. Recall every 4 months.	



After aetiological therapy



At end of orthodontic treatment



Reconstructions on teeth 11-21



1 years after orthodontics



2 years after orthodontics



3 years after orthodontics

* ITALIAN FEDERATION OF PERIODONTOLOGY AND IMPLANTOLOGY

CURASEPT ADS NEW DNA

RELIEF PRO

CHLORHEXIDINE 0.20% + CHLOROBUTANOL

REDUCES PAINFUL SENSATION



The combination of **Chlorhexidine ADS NEW DNA with Chlorobutanol ALLOWS A SOOTHING AND RELIEF ACTION ON IRRITATIONS WITH A CONSEQUENT REDUCTION IN PAIN SYMPTOMS.**
Chlorobutanol is a chemical preservative, sedative and local anaesthetic with antibacterial and antifungal properties that inhibit microbial growth over long periods of time.

INDICATION FOR USE:
Oral rinse: 7-14 days
Toothpaste: 2 months
Gel: 2 times a day for 10 days

WARNINGS: do not use in children under 6 years of age and pregnant women.

CURASEPT ADS NEW DNA

ASTRINGENT PRO

CHLORHEXIDINE 0.20% + HAMAMELIS VIRGINIANA

REDUCES GINGIVAL BLEEDING



The combination of **Chlorhexidine ADS NEW DNA with Hamamelis Virginiana HELPS CONTRAST GUM BLEEDING AND THEIR CAUSES THANKS TO ASTRINGENT, EMOSTATIC AND ANTI-EMORRAGIC ACTIVITY.**

Hamamelis Virginiana commonly known as Witch Hazel, is a plant with a very complex chemical composition. The most interesting substances from a phytotherapeutic point of view are flavonoids, phenols, mucilage, essential oils, tannins and gallic acid.

INDICATION FOR USE:

Oral rinse: 7-14 days
Toothpaste: 2 months
Gel: 2 times a day for 10 days

CURASEPT ADS NEW | DNA

PERIO PRO

CHLORHEXIDINE 0.12% + HYALURONIC ACID

IN CASE OF NON PERIODONTAL SURGERIES AND IN CASE OF PATIENT WITH RISK FACTOR



The combination of **Chlorhexidine 0.12% ADS NEW DNA with Hyaluronic Acid PROTECTS IN CASE OF GINGIVITIS AND PERIODONTITIS, DURING NON SURGICAL TREATMENT IN THE PRESENCE OF RISK FACTORS.**
Hyaluronic Acid is a fundamental component of connective tissues. Thanks to its properties, it maintains the right degree of tissue hydration and elasticity.

INDICATION FOR USE:
Oral rinse: 1 month
Toothpaste: 4 months
Gel: 2 times a day for 10 days

CURASEPT ADS NEW | DNA

IMPLANT PRO

CHLORHEXIDINE 0.20% + HYALURONIC ACID

IN CASE OF SURGERIES AND IMPLANTS



The combination of **Chlorhexidine 0.20% ADS NEW DNA with hyaluronic acid**, with an optimal ratio of different molecular weights, **PROMOTES HEALING AND TISSUE REPAIR WHEN UNDERGOING COMPLEX ORAL SURGERY.**

Hyaluronic Acid is a fundamental component of connective tissues. Thanks to its properties, it maintains the right degree of tissue hydration, elasticity and viscosity.

INDICATION FOR USE:

Oral rinse: 7-14 days
Toothpaste: 2 months
Gel: 2 times a day for 10 days

CURASEPT ADS | DNA 220

INTENSIVE TREATMENT

CHLORHEXIDINE 0.20%

220

Fast anti-plaque and antibacterial action

Treatment of gingival and oral cavity inflammations

Treatment Duration

- Mouthwash 7-14 days
- 2 months toothpaste



* Curasept Mouthwash ADS I DNA 220. Medical Device CE 0373
Read carefully the warnings and instructions for use.

CURASEPT ADS | DNA 212

PROLONGED TREATMENT

CHLORHEXIDINE 0.12%

212

Prolonged anti-plaque and antibacterial action

Treatment of gingival and oral cavity inflammations

Treatment Duration

- 1 month mouthwash
- 4 months toothpaste



* Curasept Mouthwash ADS I DNA 212 Medical Device CE 0373
Read carefully the warnings and instructions for use.

CURASEPT ADS | DNA 205

PLAQUE AND CARIES TREATMENT

CHLORHEXIDINE 0.05% + SODIUM FLUORIDE 0.05%

205

Anti-plaque and remineralising action



Protects the gums and dental enamel for daily treatment

Treatment Duration

Mouthwash and toothpaste for daily use in patients with increased risk of caries or gingivitis

CURASEPT ADS

PERIODONTAL GEL

CHLORHEXIDINE 1%



Medical Device CE 0373
Read carefully the warnings and instructions for use.



CURASEPT ADS 350

PERIODONTAL GEL

CHLORHEXIDINE 0,5%

Topical gingival treatments for fast, anti-plaque and antibacterial action

Recommended in cases of:

- Periodontal pockets
- Localised applications after extractions and/or surgery
- Periodic use in the case of prostheses

Treatment Duration

- 2 times a day for 10 days

PROFESSIONAL FORMATS FOR THE CLINIC

CURASEPT ADS DNA 905-912-920
MOUTHWASHES

905 Plaque and Caries treatment:
Chlorhexidine Digluconate 0.05% with ADS, DNA and Fluoride 0.05%. Anti-plaque and remineralising action. Daily treatment.
912 Prolonged treatment:
Chlorhexidine Digluconate 0,12% with ADS and DNA. Anti-plaque action to maintain gums.
920 Intensive treatment:
Chlorhexidine Digluconate 0,20% with ADS and DNA. For a fast and effective anti-plaque action.

900 ml bottle with dispenser



DISPENSER
CURASEPT GEL 350

Topical gingival treatment
Plaque Gel with Chlorhexidine Digluconate 0,5%

Dispenser gel 350 containing 50 5 ml tubes





CURASEPT ADS NEW DNA 920

ASTRINGENT PRO

MOUTHWASH

Chlorhexidine Digluconate 0.20% with ADS, DNA and Hamamelis Virginiana.

Indicated for delicate gums that bleed easily.
Helps reduce irritation, bleeding and reddening of the tongue and mucous membranes.

900 ml bottle with dispensers



CURASEPT ADS NEW DNA 920

RELIEF PRO

MOUTHWASH

Chlorhexidine Digluconate 0.20% with ADS, DNA and Chlorobutanol.

Indicated when, in addition to a rapid anti-plaque action, a reduction in painful symptoms of the oral and gingival mucosa is required.

WARNINGS: do not use in children under 6 years of age and pregnant women.

900 ml bottle with dispenser



www.curaseptworldwide.com

CURASEPT®

ADS | DNA

NEW

When you need chlorhexidine