

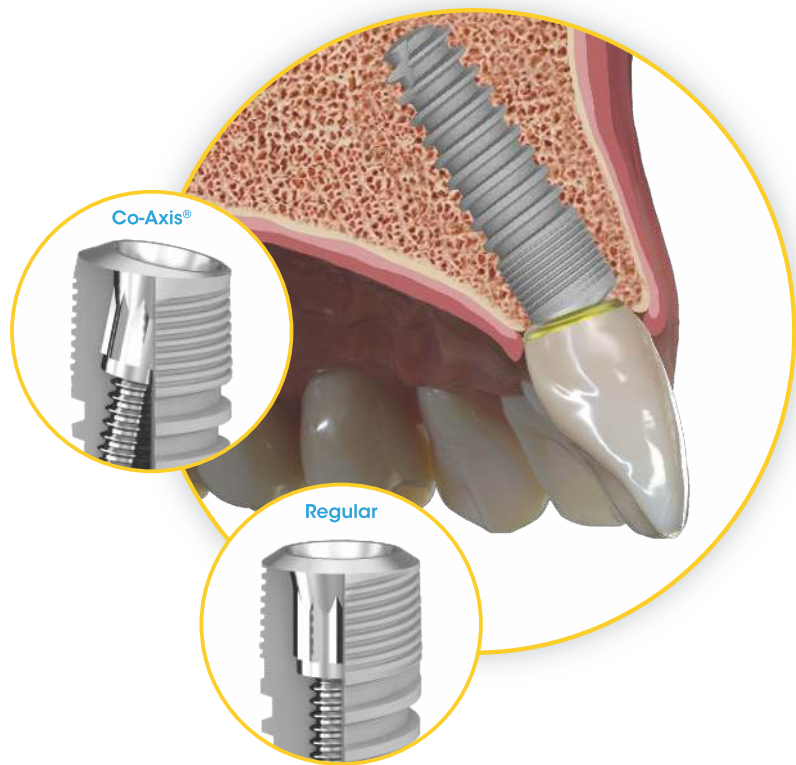
Deep Conical implant

A tight implant-abutment seal
and superior implant-abutment rigidity




The Deep Conical implant

Features an 11° internal conical connection with a double hex anti-rotation feature, providing a tight implant-abutment seal and superior implant-abutment rigidity.




The Deep Conical difference ⁽¹⁻⁵⁾


Deep Conical Connection
Providing a tight implant-abutment seal.

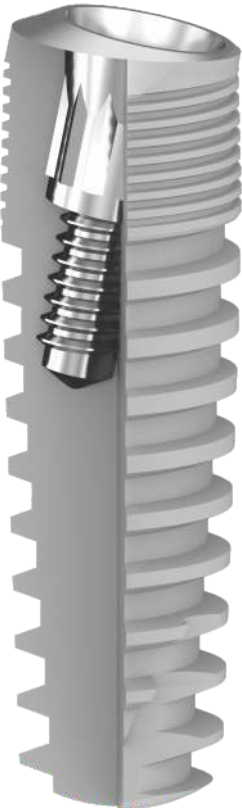


Double Hex Indexing
Providing 16 different prosthetic seating orientations.




Co-Axis® Enabled
Angled prosthetic platform correction.

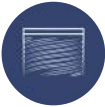





High Strength Titanium
Enables exceptional fatigue strength functionality.



Microthreads
To distribute the load in the critical cortical region.



Built-in Platform Shift
For more optimal aesthetics.



Immediate tooth replacement therapy (ITRT) for the lower 4 incisors with 2 immediate Deep Conical implants and using the Dermal Apron Technique® augmentation method

Clinical Treatment By: **Dr Barry Levin** MD, BCHB, (United States)

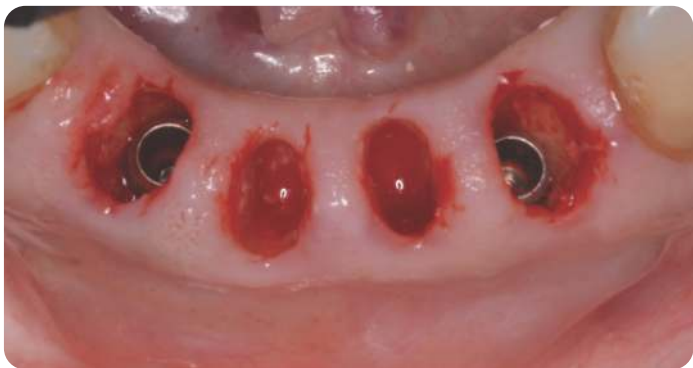
Examining the transformative potential of Immediate Tooth Replacement Therapy (ITRT) for the lower four incisors. With a focus on efficiency and tissue emergence, we investigate the successful implantation of two immediate Deep Conical implants, supported by the innovative, Dermal Apron Technique® augmentation method.



1. The patient presents with chronic mobility of mandibular incisors with multiple fractures occurring across the splint.



2. Flapless extractions are performed whilst preserving the thin facial plate.



3. Two Ø3.5 x 13 mm Deep Conical implants positioned lingually, are immediately placed after extraction. The implants provide facial gap space.



4. An immediate screw-retained temporisation is made using two PEEK abutments and a dermal allograft for the Dermal Apron Technique® is placed for better soft tissue contouring.



5. A radiograph is taken prior to fitting the final prosthesis showing good bone integration.



6. A final prosthesis is designed and manufactured by Dr Michael Weiss. The bridge is fitted to restore prosthetic functioning with optimal aesthetic results.

“The DC connection is biologically outstanding regarding peri-implant health. The options of straight or bi-axial assures screw-retention of temporary and final restorations.”

Dr Barry Levin
(USA)

“The DC connection affords me with the ideal combination of platform switching with an excellent interface between the implant and restorative interface. My go-to connection in the aesthetic zone.”

Dr Dominic O’Hooley
(UK)

“The ‘built-in’ angle correction allows the implant to engage the host bone and still allows a screw-retained crown to be provided.”

Dr Michael Tang
(UK)

Implant Range

DEEP CONICAL (DC)

Product code	Diameter	Cylindrical or Tapered	Prosthetic diameter interface	Platform angle	Implant length					
					6	8	9	11	13	15
DCT30-xx	Ø3.0 mm	Tapered	● Ø3.0 mm	—			✓	✓	✓	✓
DCC30-xx	Ø3.0 mm	Cylindrical	● Ø3.0 mm	—				✓	✓	✓
DCT35-xx	Ø3.5 mm	Tapered	● Ø3.5/Ø4.0 mm	—		✓	✓	✓	✓	✓
DCC35-xx	Ø3.5 mm	Cylindrical	● Ø3.5/Ø4.0 mm	—		✓	✓	✓	✓	✓
DCT40-xx	Ø4.0 mm	Tapered	● Ø3.5/Ø4.0 mm	—	✓	✓	✓	✓	✓	✓
DCC40-xx	Ø4.0 mm	Cylindrical	● Ø3.5/Ø4.0 mm	—	✓	✓	✓	✓	✓	✓
DCT50-xx	Ø5.0 mm	Tapered	● Ø5.0 mm	—			✓	✓	✓	✓
DCC50-xx	Ø5.0 mm	Cylindrical	● Ø5.0 mm	—			✓	✓	✓	✓
DCT35-12D-xx	Ø3.5 mm	Tapered	● Ø3.5/Ø4.0 mm	12°		✓	✓	✓	✓	✓
DCC35-12D-xx	Ø3.5 mm	Cylindrical	● Ø3.5/Ø4.0 mm	12°		✓	✓	✓	✓	✓
DCT40-12D-xx	Ø4.0 mm	Tapered	● Ø3.5/Ø4.0 mm	12°		✓	✓	✓	✓	✓
DCC40-12D-xx	Ø4.0 mm	Cylindrical	● Ø3.5/Ø4.0 mm	12°		✓	✓	✓	✓	✓
DCT50-12D-xx	Ø5.0 mm	Tapered	● Ø3.5/Ø4.0 mm	12°			✓	✓	✓	✓
DCC50-12D-xx	Ø5.0 mm	Cylindrical	● Ø3.5/Ø4.0 mm	12°			✓	✓	✓	✓

References

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2. Gilbert, M., Matthys, C., Maat, R.J., De Bruyn, H. and Vervaeke, S., 2018. A randomized controlled clinical trial assessing initial crestal bone remodeling of implants with a different surface roughness. *Clinical implant dentistry and related research*, 20(5), pp.824-828.
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5. López-Marí, L., Calvo-Guirado, J.L., Martín-Castellote, B., Gomez-Moreno, G. and López-Marí, M., 2009. Implant platform switching concept: an updated review. *Med Oral Patol Oral Cir Bucal*, 14(9), pp.e450-4.

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