

All products are certified by the Italian Higher Health Institute with CE mark (0373).

OX[®] bone substitutes for guided bone regeneration are taken from heterologous bone tissue using a deantigenation process enzymatically.

The enzymatic method makes it possible to deantigenate the bone tissue, leaving the mineral component and collagen component completely unaltered.

This is why once the **OX**[®] bone substitutes are grafted, they line up with the physiological remodeling kinetics of the patient's bone tissue, reaching the point of being completely remodeled and replaced by newly formed bone in absolutely physiological time frames and modes.

OX[®] Blocks



> **OSP-OX51** - Spongy Block
1 pc 10x10x10 mm



> **OSP-OX52** - Spongy Block
1 pc 10x10x20 mm



> **OSP-OX53** - Spongy Block
1 pc 10x20x02/03/05 mm

OX[®] Blocks

The advanced line of **OX[®]** bone substitutes is distinguished by a common denominator: the presence of bone collagen in its native configuration.

In addition to the already biologically excellent characteristics due to the particular deantigenation method that *preserves the physiological and total osteoclastic remodeling properties*¹, the bone substitutes of the **OX[®]** line also have the *pro-regenerative effects* wielded by type I bone collagen.

In fact, type I bone collagen:

- > Interacts with the beta1 subunit of the integrins of the cellular surface of the osteoblasts **to foster adhesion of the cells to the grafted material**²
- > Acts as a coactivator necessary for the action of the morphogenetic proteins (BMPs) **to foster the stimulating action of the endogenous growth factors**³
- > Binds the soluble growth factors, turning them into insoluble factors: it thus protects them from proteolysis and increases their half-life, **lengthening the duration of regenerative stimulation**⁴
- > Controls access of the extracellular factors to the bone crystal being formed, **physiologically modulating bone mineralization**⁵
- > Modulates transduction of the proliferation and differentiation signal in the osteoblastic cells, **controlling the remodeling process**⁶
- > Interacts with the mesenchymal cells coming from the bone marrow, **inducing their adhesion, proliferation and differentiation in osteoblasts**^{7,8}
- > Promotes bone regeneration when grafted in bone defects, **wielding a direct pro-regenerative action**^{9,10}
- > It can even stimulate the expression of the coding genes for receptor II of the BMPs, **making the cells more sensitive to the regenerating signals**¹¹

Bibliography

- 1) Pagnutti S, Maggi S, Di Stefano DA, Ludovichetti M. An enzymatic deantigenation method allows achieving physiological remodeling and even osteopromoting bone grafting materials. *Biotechnol. & Biotechnol. Eq.* 2007. 21 (4): 491-495
- 2) Baslé MF, Lesourd M, Grizon F, Pascaretti C, Chappard D. Type I collagen in xenogenic bone material regulates attachment and spreading of osteoblasts over the beta1 integrin subunit. *Orthopade.* 1998 Feb;27(2):136-42
- 3) Sampath TK, Reddi AH. Dissociative extraction and reconstitution of extracellular matrix components involved in local bone differentiation. *PNAS* 1981 Dec;78(12):7599-603
- 4) Paralkar VM, Nandedkar AK, Pointer RH, Kleinman HK, Reddi AH. Interaction of osteogenin, a heparin binding bone morphogenetic protein, with type IV collagen. *J Biol Chem.* 1990 Oct 5;265(28):17281-4.
- 5) Toroian D, Lim JE, Price PA. The size exclusion characteristics of type I collagen: implications for the role of noncollagenous bone constituents in mineralization. *J Biol Chem.* 2007 Aug 3;282(31):22437-47.
- 6) Green J, Schotland S, Stauber DJ, Kleeman CR, Clemens TL. Cell-matrix interaction in bone: type I collagen modulates signal transduction in osteoblast-like cells. *Am J Physiol.* 1995 May;268(5 Pt 1):C1090-103.
- 7) Liu G, Hu YY, Zhao JN, Wu SJ, Xiong Z, Lu R. Effect of type I collagen on the adhesion, proliferation, and osteoblastic gene expression of bone marrow-derived mesenchymal stem cells. *Chin J Traumatol.* 2004 Dec;7(6):358-62.
- 8) Mizuno M, Fujisawa R, Kuboki Y. Type I collagen-induced osteoblastic differentiation of bone-marrow cells mediated by collagen-alpha2beta1 integrin interaction. *J Cell Physiol.* 2000 Aug;184(2):207-13.
- 9) Gungormus M. The effect on osteogenesis of type I collagen applied to experimental bone defects. *Dent Traumatol.* 2004 Dec;20(6):334-7.
- 10) Gungormus M, Kaya O. Evaluation of the effect of heterologous type I collagen on healing of bone defects. *J Oral Maxillofac Surg.* 2002 May;60(5):541-5.
- 11) Regazzoni C, Winterhalter KH, Rohrer L. Type I collagen induces expression of bone morphogenetic protein receptor type II. *Biochem Biophys Res Commun.* 2001 May 4;283(2):316-22.
- 12) Perrotti V, Nicholls BM, Piattelli A. Human osteoclasts formation and activity on an equine spongy bone substitute. *Clin. Oral Impl. Res.* 20, 2009; 17-23.
- 13) Di Stefano DA, Artese L, Iezzi G, Piattelli A, Pagnutti S, Piccirilli M, and Perrotti V. Alveolar ridge regeneration with equine spongy bone: a clinical, histological and immunohistochemical evaluation. *Clin Implant Dent Relat Res.* 2008 Sep 9.

The bone substitutes of the **OX[®]** line are today **one of the most biologically advanced answers for effective bone regeneration**, as demonstrated by the *in vitro* research results and clinical studies^{12,13}

OX[®] Blocks

OsteoXenon Blocks is the **OX[®]** line of bone substitutes in block form. These rigid grafts make refined 3D reconstructions with inlay or onlay procedure possible. They are taken from sections of spongy bone chosen one by one so that the trabecular morphology is identical to that of human bone. In this way, and thanks to the biological effects that type I bone collagen generates, the **OX[®]** block grafts are an ideal environment for the neoangiogenesis of the grafted site, cellular colonization and finally, the osteoclastic remodeling that for these grafts – like for all grafts of the **OX[®]** line – is complete (6-8 months) and ends with the patient's newly formed bone tissue completely replacing the graft.

OX[®] Block

Is supplied in different sizes, also including thin grafts for appositions on bone ridge.



One **OX[®]** block is positioned as an onlay over an atrophic ridge



One more **OX[®]** block is positioned to augment also the height of the ridge



The lateral reconstruction is completed with a third **OX[®]** block



The graft is carefully protected with a GBR membrane

OX[®] Block offers the surgeon the benefit of being able to perform rigid grafts with an optimum material in terms of morphology and composition in order to achieve bone regeneration. It is available in a variety of sizes to provide an excellent solution for any clinical need.

The presence of type I bone collagen exerts all of the positive effects of **pro-regenerative stimulation** induced by type I bone collagen in **OX[®] Block** as well. **Only this class of bone substitutes is able to exert these effects.**