VVARDIS
SWITZERLAND

BIOMIMETIC DENTAL SCIENCE

CURODONT™ REPAIR

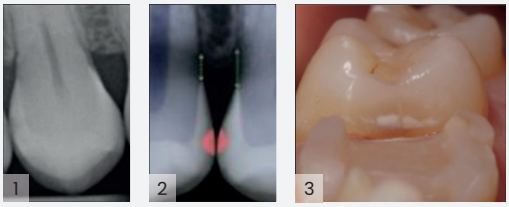
A unique treatment for arresting and reversing initial caries through enamel regeneration

“Watch areas”: Important yet mostly left untreated

Up to 80% of your patients have initial caries[1,2] also called “watch areas”. What are “watch areas”?

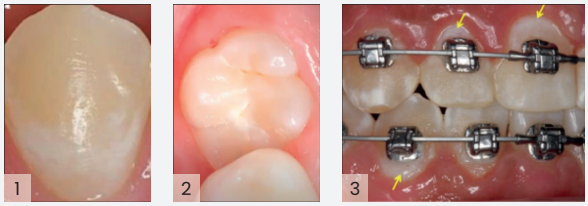
- Early, sub-clinical sign of caries
- Non-cavitated early caries lesions with a pseudo-intact tooth surface
- Located in the enamel
- Found in areas prone to plaque accumulation
- Areas with a white, opaque and rough appearance due to the enamel surface porosity

Watch areas on interproximal surfaces:



1. Radiolucent areas on X-rays
2. Annotated areas on X-rays under AI interpretation
3. White discoloration on an interproximal surface facing a cavitated one on the adjacent tooth

Watch areas on other surfaces:



1. Smooth Surface
2. Occlusal Surface
3. Around orthodontic brackets

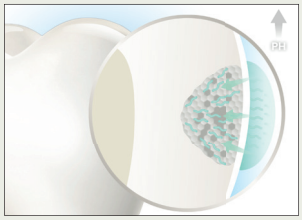
More than 80% of patients have initial caries on proximal surfaces.[2]
Standard approach: “Watch and wait”, approx. 90% of the patients will leave the office without a treatment.

Today watch areas can finally be treated with CURODONT™ REPAIR

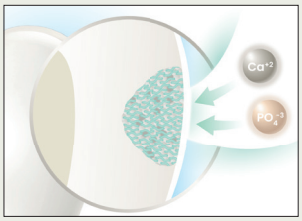
An innovative, pain-free and quick chairside treatment that arrests and reverses initial lesions.

- Clinically-proven, biomimetic P_{11}-4 peptide technology
- Above 90% clinical success rate: Arrest and regression of initial caries[3]
- Superior efficacy to fluoride varnish alone[4,5,6,7]
- Acts until the depth of the lesion - not just on the surface[6]
- Non-invasive, pain-free, and easy application
- Suitable for all surfaces
- Suitable for all patients, including children
- Can be applied also by a dental hygienist

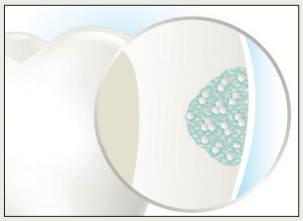
How it works: Guided Enamel Regeneration



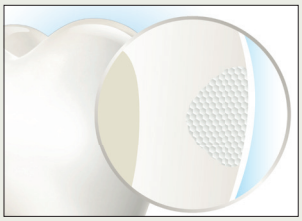
The P_{11}-4 peptide technology diffuses into the depth of carious lesion **within 5 minutes**.



The peptides self-assemble within the carious lesion, **forming a biomatrix** which attracts calcium and phosphate ions from the saliva.



New hydroxyapatite crystals start forming around the biomatrix promoting **regeneration of the enamel**.



The regeneration leads to **caries arrest, regression** of the size of the lesion and preservation of the natural tooth structure.

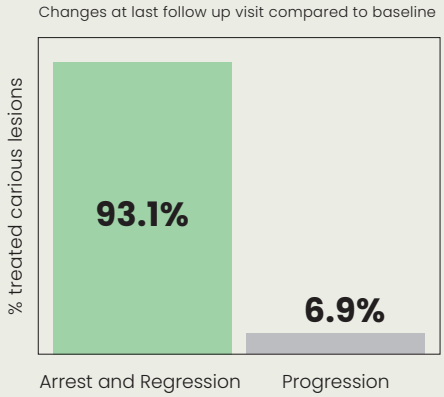
= Peptide P_{11}-4 = Calcium = Phosphate = Hydroxyapatite crystal

For the first time, we can treat the subclinical signs of caries through regeneration of enamel with CURODON™ REPAIR.

Clinically-proven technology backed by over 25 years of research

- **>230** scientific **publications**
- **10+ years of successfully treated patients**
- **>90% success rate** proven in multiple peer-reviewed publications

New long-term study: 93% clinical success rate (JADA, October 2023)*,**



93%
Success with 1x application*

*No restorative treatment needed

90%
Did not cavitate on follow-ups of 2-6yrs*

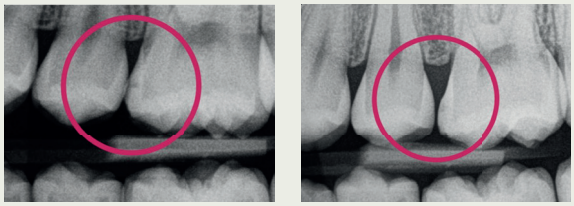
*Long-term effectiveness

37-40%
Regression
Even in D3 lesions**

*Regression independent of initial depth

Visible Evidence

Regression of early carious lesion on interproximal surface of first molar[9]



April 2015 | September 2016

Early caries on buccal surface[4]

Day 0 | After 6 months

Easy and quick application by all dental professionals

The treatment with CURODONT™ REPAIR requires 5 minutes application time.

- **Dental hygienists** can include this treatment within a hygiene appointment.
- **Dentists** can apply it to the interproximal surface facing one that is being restored on the adjacent tooth.
- **Orthodontists** can apply it during regular ortho check ups without the need to debond brackets.

CURODONT™ REPAIR application:

1. Interproximal surface
2. Smooth surface
3. Around orthodontic brackets

1. Skeie et al. BMC Oral Health 2022;22:620 | 2. Jacobsen ID et al. Eur Arch Paediatr Dent 2019;20:73-78 | 3. Godenzi D et al. J Am Dent Assoc. 2023:S0002-8177(23)00416-6 | 4. Bröseler F et al. Clin Oral Investig 2020;24:123-132
5. Welk A et al. Sci Rep 2020;10:6819 | 6. Alkilzy M et al. J Dent Res 2018;97:148-154 | 7. Doberdoli D et al. Sci Rep 2020;10:4195 | 8. Kind L et al. J Dent Res 2017; 96:790-797 | 9. Dr.Denisa Godenzi, EAPD Conference 2018
*Sudy conducted in a pediatric dental clinic in Chur (CH)
**1x application of CURODONT™ REPAIR in office + 1x/week CURODONT™ PROTECT at home.
*As per Lutz & Marthaler classification

CURODONT™ REPAIR step-by-step application procedure

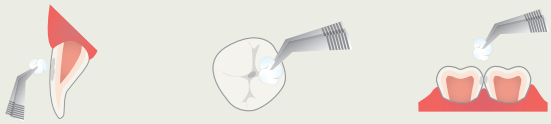
1. Perform oral prophylaxis to remove any calculus/ plaque/debris.
2. Isolate the area with simple cotton rolls, a rubber dam is not necessary.
3. Remove the salivary pellicle (biofilm) using a cotton swab soaked in a 2% sodium hypochlorite solution for 20 seconds. *(Figure 2)*
4. Rinse with water.
5. Etch with 35-37% orthophosphoric acid on the affected area for 20 seconds and then rinse. In the case of interproximal surfaces, distribute the etchant using unwaxed dental floss. *(Figure 3)*
6. Dry the tooth and isolate.
7. Take the CURODONT™ REPAIR applicator from the sachet and remove the lock. Insert the sponge inside the cylinder making it come into contact with the liquid. Wait about 10 seconds for the sponge to be well soaked.
8. Remove the sponge and press it for 5-10 seconds on the lesion, applying light pressure to release the liquid until the sponge appears dry.
   - In the case of interproximal lesions, press the sponge from both the buccal and lingual sides. It is not necessary for the sponge to be inserted into the interproximal space, as the liquid will be absorbed by capillary action. The use of separators is not necessary. *(Figure 4)*
9. Wait 5 minutes before discharging the patient, avoiding both rinsing and expelling residues.
10. Discharge the patient with the recommendation not to eat or drink for 30 minutes and emphasizing the need to keep the treated area clean and maintain good oral hygiene.

Buccal/Lingual Caries | Occlusal Caries | Interproximal Caries

Figure 1

B: Incipient enamel lesion on the labial surface of the central incisor.
O: Incipient enamel lesion on the occlusal surface of a mandibular first molar.
I: Incipient enamel lesion on the proximal surfaces of a mandibular first and second molar.

Figure 2



Apply 2-3% sodium hypochlorite for 20 seconds to remove organic film.
Rinse with water.

Figure 3

Apply 35-37% orthophosphoric acid for 20 seconds. Rinse and dry.

Figure 4

Apply CURODONT™ REPAIR with the tip of the applicator, then wait 5 minutes.

The technology is in the sponge. The sponge and applicator must always be used together!

Complete the treatment with CURODONT™ PROTECT

Remineralizing dental gel for caries prophylaxis and enamel care

- P_{11}-4 peptide technology, enriched with calcium, phosphate and fluoride
- Clinically-proven effectiveness against white spots[10]
- Protects from demineralization and promotes remineralization[10]
- Enables superior remineralization after whitening treatments*,[11]
- For use in-office and at-home
- At home, 1 - 2 applications per week

CURODONT™ REPAIR: One box contains 10 applicators, each treating 1-2 lesions.
CURODONT™ PROTECT: One box contains 10 tubes of 3ml each for in-office and at-home use.

Jablonski-Momeni A et al. Sci Rep 2019;9:269 | 11. Magalhães GAP et al. J Funct Biomater. 2022;13:79 vs. 9000 ppm of fluoride .10

For More Inquiries, Do Not Hesitate to Contact
the Authoritative Agent in Bahrain

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