



CHLOSITE

NON-SURGICAL SOLUTION
FOR THE TREATMENT
OF PERIODONTAL POCKETS



WHAT IT IS:

CHLOSITE IS A XANTHANE GEL WITH BI-CHLOREXIDINE, RESULT OF GHIMAS RESEARCH, ADJUVANT IN THE TREATMENT OF PERIMPLANTITIS AND PERIODONTITIS ABLE TO PREVENT, FOR AT LEAST TWO WEEKS, THE BACTERIAL RECOLONIZATION AT THE APPLICATION SITE.

HOW IT WORKS:

THE PRODUCT REMAINS AT THE APPLICATION SITE, ADHERING TO THE TISSUE OF THE POCKET. IT IS PROGRESSIVELY REMOVED BY THE PROCESS OF IMBIBITION FROM 15 TO 30 DAYS.



XANTHAN+BI-CHLOREXIDINE

Xanthan is a polymer that forms a three-dimensional pseudo-plastic reticulum, capable of holding and maintaining in suspension various substances, that are then gradually released on the basis of their physical and chemical characteristics. These properties make Xanthan an excellent substrate for the formation of a stable gel and a carrier for the chlorhexidine.

Chlorhexidine protects the application site from bacterial contamination. In Chlo-site, bi-chlorexidine is present in a concentration of 1.5%, of which:

- **0.5% is in the form of di-gluconate**
- **1% is in the form of di-hydrochloride**

The association of the two substances gives the gel its mucoadhesive property.

Bacteria, unable to adhere to the pocket wall, cannot proliferate and have toxic effects on the gingiva.

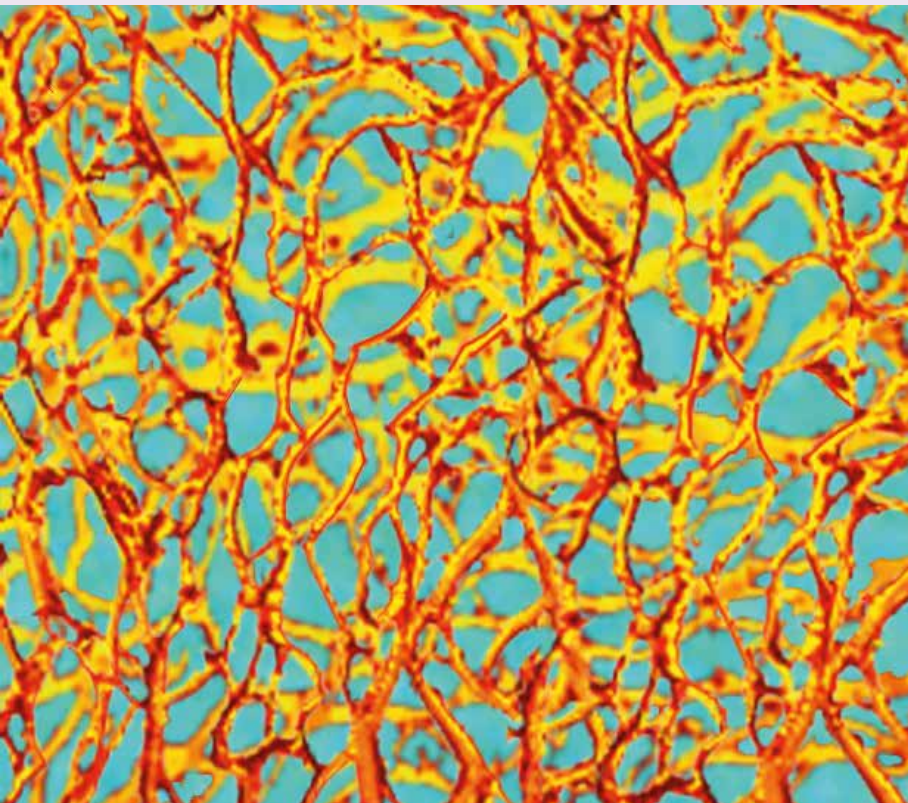


Image of a cross-linked Xanthan polysaccharide.

Dimensions: 1.5 μm x 1.5 μm

USED AFTER SCALING AND ROOT PLANING IT IS A WINNING COMBINATION FOR THE TREATMENT AND CLINICAL CONTROL OF CHRONIC PERIODONTITIS

The randomized multicenter study by Paolantonio et Al. (J Periodontal 2009; 80: 1479-1492) studied the effects of xanthan gel combined with chlorhexidine (CHLO-SITE), used as an adjunct therapy to scaling and root planing (SRP) in the treatment of chronic periodontitis. The study demonstrates that the group being treated with SRP+ CHLO-SITE showed greater improvements than the SRP ALONE in terms of pocket depth at both 3 and 6 months (statistical analysis shows that the difference between the two

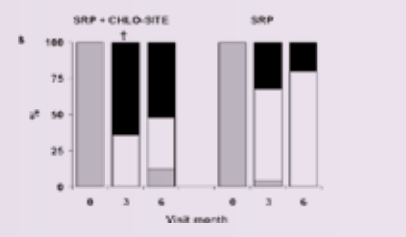
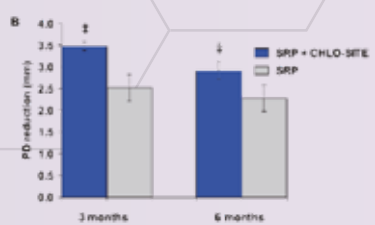
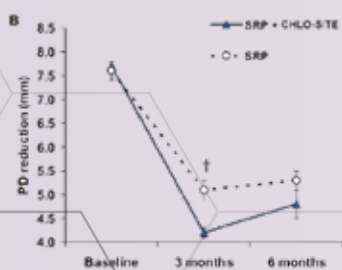
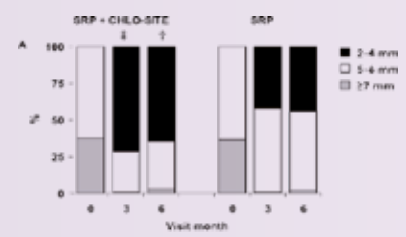
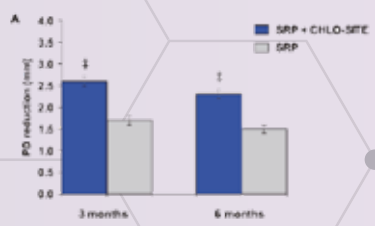
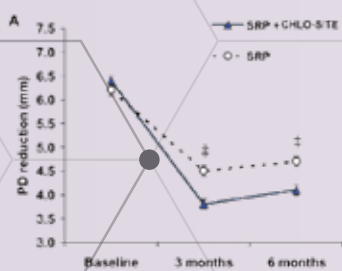
groups are high and clinically relevant: $P < 0.001$).

The differences between the two treatment groups in the reduction of pocket depth were respectively 0.87 mm at 3 months and 0.83 mm at 6 months (the statistical analysis shows that the difference between the two groups is high and clinically relevant: $P < 0.001$). The same considerations were made for the clinical attachment level, 0.94 mm and 0.90 mm, respectively at 3 and 6 months ($P < 0.001$). This

improvement was also similar in the subgroup with pocket depths greater than 7 mm. In other words, in cases of severe periodontitis the use of CHLO-SITE combined with mechanical debridement is capable of restoring periodontal disease to mild/moderate levels.



Pocket depth (PD) at the beginning and after 3 and 6 months



A - all pockets (n = 98)

B - pockets initially with PD ≥ 7 mm (n = 25).

All within-group time comparisons were statistically significant ($p = 0.000$).

Statistical significance between groups at the same time as control: † $p < 0.01$, ‡ $p < 0.001$.

ALLOWS THE DENTIST TO SAFELY MANAGE PERIODONTAL DISEASE, CHECKING PATIENTS EVERY 3-4 MONTHS.



The percentage of positive sites for bleeding on probing (BOP) was similar for both treatments during each check.

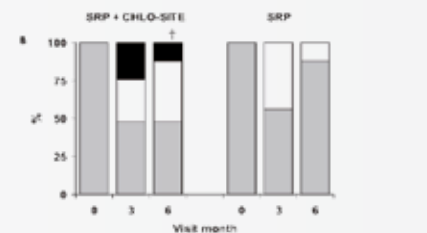
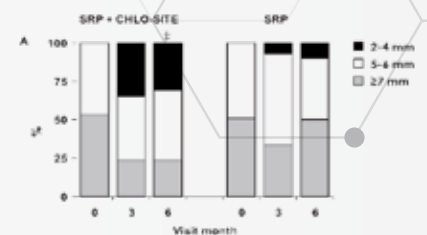
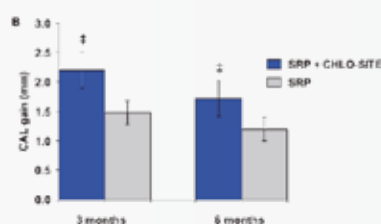
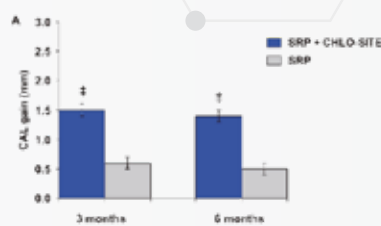
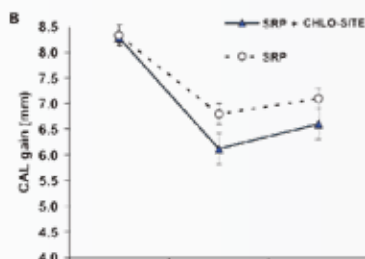
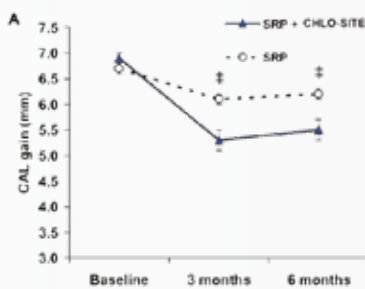
The comparison between the two groups, shows relevant differences in favor of the SRP + CHLO-SITE group after 3 months. Moreover, a greater reduction was noticed in the percentages of positive sites for periodontopathic bacteria strains in the SRP + CHLO-SITE group when compared to the SRP alone group.

In conclusion, the use of SRP + CHLO-SITE determines a greater reduction of the pocket depths and improves the clinical attachment level when compared to the SRP only group.

These results are confirmed by both chemical and biological analyses up to 3 months after treatment, considering the different pocket depths and pockets with the depth greater than 7 mm only.

This data confirms the clinical effectiveness of CHLO-SITE and proves that periodontal diseases can be safely managed by the dentist if the patient is checked every 3-4 months by supragingival hygiene and periodontal visits (with probing of the pockets and SRP + CHLO-SITE treatment for pockets with a depth up to 4 mm).

Clinical Attachment Level (CAL) at t=0 and after 3 and 6 months



PD (A and B), CAL (C and D), and GR (E and F) at baseline and 3 and 6 months for all pockets (n = 98) and for pockets ≥ 7 mm (n = 25). Data are mean \pm SEM. The pairwise comparisons between 3 and 6 months and baseline within each treatment (not shown) were statistically significant at P = 0.000. Statistical significance of the differences between the groups at each time point: *P < 0.001; †P < 0.01.

CHLO-SITE

EASY

it can be stored at room temperature, it is ready for use, and is applied directly from the syringe into the pocket thanks to the thin needle with blunt tip and side exits.



SIMPLE

After mechanical removal of the plaque, it is extruded directly into the site starting from the deepest portion of the pocket, and progressively withdrawing it up until the gingival margin

EFFICIENT

It produces an occluding barrier at the application site for at least 15 days. Unlike topical treatments with antibiotics, CHLO-SITE does not induce bacterial resistance.

RESULTS
GUARANTEED
IN A SHORT TIME

SPECIAL
ATRAUMATIC
NEEDLE



MORE THAN
3.000
PROFESSIONALS
HAVE USED THE PRODUCT WITH SUCCESS

SINCE 2004
MORE THAN
1,5
MILLION
POCKETS
TREATED



SOLD IN
MORE THAN
35
COUNTRIES
AROUND THE WORLD

APPLICATION METHOD



Periodontal probing



Application of Chlo-site



Application of Chlo-site into the periodontal pocket



Dr. Magda

F.A.Q.

Is Chlo-site an antibiotic?

No, it is an antiseptic, Di-Hydrochloric Chlorhexidine 1.0% and Degluconate 0.5%

Does Chlo-site create bacterial resistance after repeated applications?

No, it doesn't create resistance

Is Chlo-site effective on anaerobic bacteria?

Chlorhexidine is not only active on aerobic and anaerobic bacteria, but also on gram positive and gram-negative bacteria.

How long does it remain in the contaminated periodontal pocket?

Thanks to Xanthan, it remains at the site for at least 15 days. The Xanthan is resistant but water-soluble, with the help of crevicular fluids it is removed from the pocket.

Is it possible to use Chlo-site for multiple applications?

Yes, if necessary, it is possible to use Chlo-site for up to three applications, every 15 days.

Is it possible to use Chlo-site in mild to severe cases of periodontitis/peri-implantitis?

Yes, currently in the mild forms we have good satisfying results. In severe forms it is supportive to others therapies.

Is it possible to apply Chlo-site in the hole of the implant before the screwing cap?

Yes, it is possible to apply the product on the threads of the healing cap.

Is there a risk of damage to the tissues during the application?

Thanks to the needle with blunt tip and lateral holes, it is the only product totally atraumatic.

Available in 3 different versions:

BOX WITH 1 SYRINGE CONTAINING 1 ML OF PRODUCT

BOX WITH 4 SYRINGES EACH CONTAINING 1 ML OF PRODUCT

BOX WITH 6 SYRINGES EACH CONTAINING 0.25 ML OF PRODUCT



**VIDEO DEMONSTRATING
THE APPLICATION OF CHLOSITE**



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