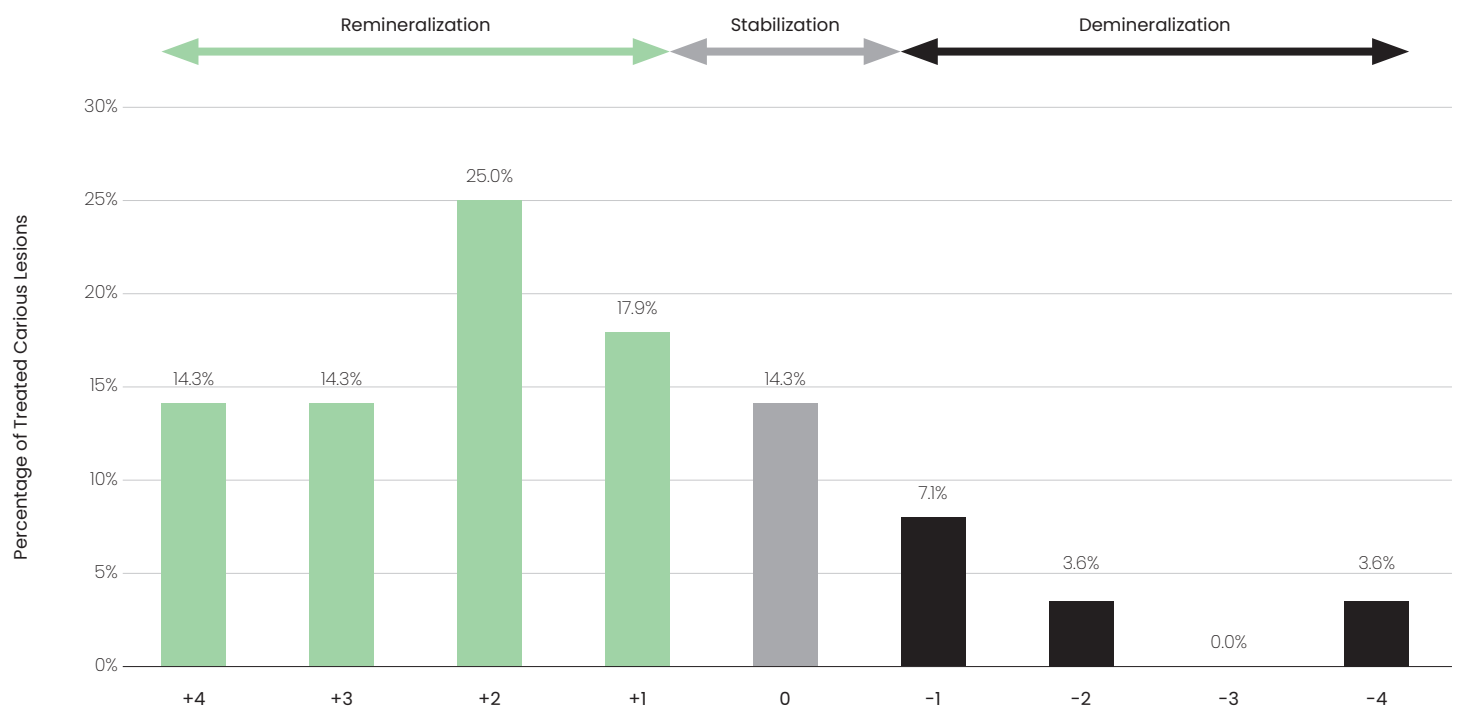




Curodont Repair (CR) Leads to Regression of Initial Carious Lesions Evident on Radiographic Assessments

RESULTS

Twelve months after treatment of initial proximal carious lesions with CR, a predominant shift toward caries regression was seen with the combined assessment of clinical radiographs and digital subtraction radiography (DSR) images, demonstrating total or partial regression in over 70% of lesions.

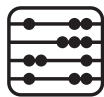


Over 70% of the lesions were judged as being remineralizing after 1 year of treatment with CR as per the cumulative scores attributed to the lesions on standardized clinical radiographs and DSR images.

STUDY ESSENTIALS



26 Patients with 35 Initial Carious Lesions on Proximal Tooth Surfaces



Practice-based, Uncontrolled, Prospective Case Series



12 Months



Forchheim, Germany

How can you use these results in your practice?

You can use CR to treat early carious lesions, including those on proximal surfaces, in a non-invasive and painless manner. Patients can be recalled at 4-6 months to assess caries regression on intra-oral radiographs. This is seen as the reduction in lesion depth. Treatment with CR can prevent the need for invasive restorations in the future.

STUDY INFORMATION

Title: Clinical Performance of Self-Assembling Peptide P11-4 in the Treatment of Initial Proximal Carious Lesions: A Practice-Based Case Series*



Products Tested: Curodont Repair (CR)



Scope & Methodology: The clinical performance of CR in remineralizing non-cavitated proximal initial carious lesions over a 12-month period was assessed using standardized radiographs and by digital subtraction radiography. The evaluations were done by two blinded assessors by giving scores as follows:

- i. Remineralizing lesion: +1
- ii. Unchanged lesion: 0
- iii. Demineralizing lesion: -1

The scores attributed to a lesion by the two assessors were added and the cumulative score was used to judge it as remineralizing, stabilized or demineralizing.



Study Participants: 26 adults with 35 proximal non-cavitated carious lesions.



Procedure: On Day 0, standardized radiographs of the proximal initial carious lesions were shot before treating them with CR and the patients were asked to maintain good oral hygiene. On Day 360, the radiographic assessments were repeated to compare them with the pre-treatment radiographs.



Conclusion: Treatment with self-assembling peptide P11-4 in CR can lead to regression of early non-cavitated proximal carious lesions. The treatment might delay or ultimately avoid restorative treatments.

Reference

*Schlee M, Schad T, Koch JH, Cattin PC, Rathe F. Clinical performance of self-assembling peptide P11-4 in the treatment of initial proximal carious lesions: A practice-based case series. J Investig Clin Dent. 2018 Feb;9(1).

Supporting Studies

- ¹ Bröseler F, Tietmann C, Bommer C, Drechsel T, Heinzl-Gutenbrunner M, Jepsen S. Randomised clinical trial investigating self-assembling peptide P11-4 in the treatment of early caries. Clin Oral Investig. 2020;24:123-132
- ² Alkilzy M, Tarabaih A, Santamaria RM, Splieth CH. Self-assembling Peptide P11-4 and Fluoride for Regenerating Enamel. J Dent Res. 2018 Feb;97(2):148-154.
- ³ Sedlakova Kondelova P, Mannaa A, Bommer C, Abdelaziz M, Daeniker L, di Bella E, Krejci I. Efficacy of P11-4 for the treatment of initial buccal caries: a randomized clinical trial. Sci Rep 2020;10:20211
- ⁴ Doberdoli D, Bommer C, Begzati A, Haliti F, Heinzl-Gutenbrunner M, Juric H. Randomized Clinical Trial investigating Self-Assembling Peptide P11-4 for Treatment of Early Occlusal Caries. Sci Rep. 2020;10:4195.