



Cortex Dental Implants Industries Ltd.

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Dr. **gian paolo gennari**: One of the leading experts in implantology and digital dentistry in Italy.

"Why do I enjoy working with Cortex? Because of their diverse solutions. Take MAGIX, for example. MAGIX is an unbelievably innovative product that I have carefully studied. This technology solves a multitude of surgical problems, especially in the upper jaw. Cortex's innovative design allows for pain-free guided surgery, simultaneously reducing post-operative aches and pains, as well." - Dr. **gian paolo gennari**



Gerald Niznick DMD, MSD

Dental Implant Pioneer

27m ...

"Cortex's innovative design allows for pain-free guided surgery, simultaneously reducing post-operative aches and pains, as well."

What nonsense! Pain during implant surgery relates to improper application of local anesthetic. Post-operative aches and pains related to surgical trauma to soft tissue during implant insertion which can not be avoided by using a pointed implant like Cortex's "Magic" implant. The Magic implant is advertised as a "drill-less approach", but why would anyone want to trade the efficiency of initiating the osteotomy with a pointed locator drill followed by a 2mm pilot drill to allow insertion of a guide pin to verify and if necessary, modify, the direction and location of the implant, especially when multiple implant's are being inserted. Once the depth and trajectory are established with a pilot drill, or in the case of immediate insertion following extraction, the pointed end is rudimentary. Also, why use an implant system only suited for soft bone when you can use the same implant in soft or hard bone by varying the diameter of the final sizing drill. Implant diameters vary from 3.2mm to 7mm in the legacy system. Even in soft bone they could not all be inserted drillless just by having a pointed apex.

Magix Dental Implants | Cortex

Cortex provides Magix Dental Implants - ideal for Drill-Less approach. Visit Cortex website now to order this product and view the rest of our catalog.





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CEO presso ReGeneering srls

I always use guided surgery, better planning , better position of the implant prosthetically driven, in case of hard bone perfect osteotomy with calibrated burs using the Cortex guided surgery kit.



Gerald Niznick DMD, MSD
Dental Implant Pioneer

Agreed... but none of these factors have anything to do with placing a pointed implant claiming to be inserted drill-less compared to a tapered implant inserted into a “perfect osteotomy (created) with calibrated burrs”



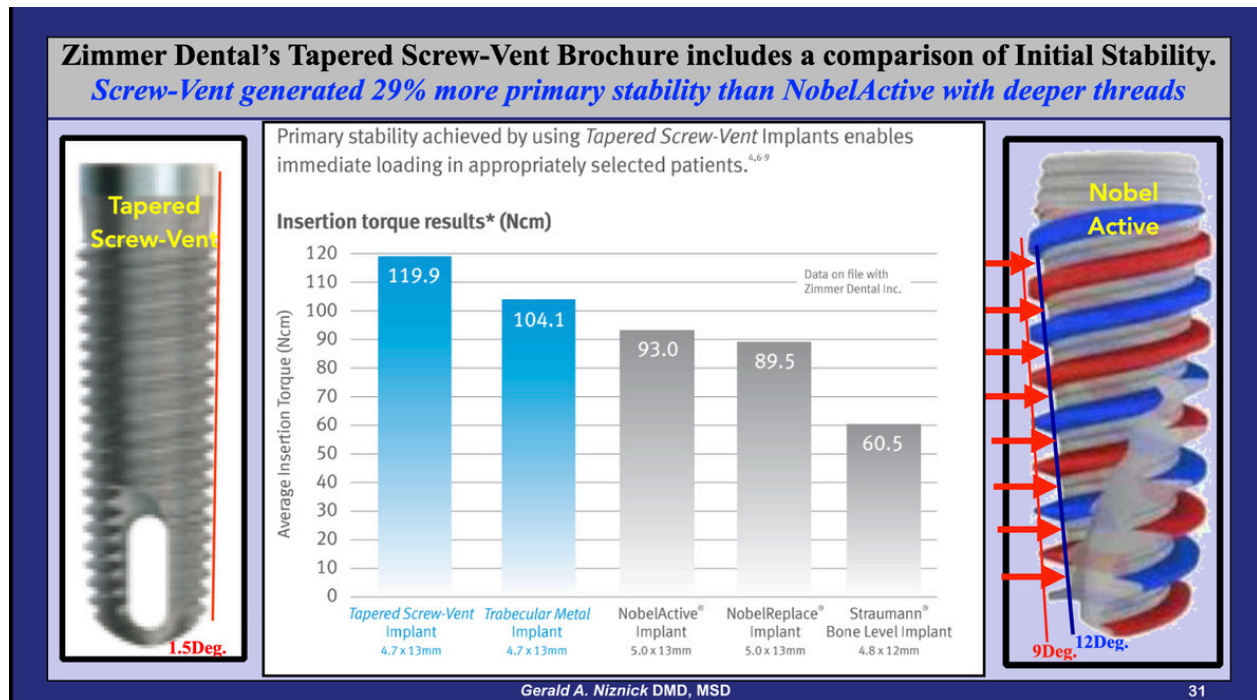
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This type of implant condense the bone during the insertion often I reach good ISQ Numbers with Osstel and often after two months of healing I take the digital impressions. Obviously with osteotomes you can do it but the technique is more sensitive and difficult



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I agree that compressing bone during insertion is better than consuming bone during drilling. I just think that a pointed implant placed drill-less as claimed for the Magic implant is not the best way to achieve this, nor is using osteotomes that just pushes the bone out of the way. The tapered implant’s I have developed (Zimmer’s Screw-Vent and Implant Direct’s Legacy) maximize initial surface area in contact with bone over a wide range of diameters for optimum stability as shown in this Zimmer study.





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This article states that the BIC is similar between standard preparation and drill-less preparation. The geometry of Maqix is quite different from NobelBiocare Active



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The NobelActive has a spiral groove designed to cut bone, not during insertion like a bone tap, but during counterclockwise (unscrewing) rotation. This was done because the 9 degree tapered body (vs 3deg. With Screw-Vent) would sometimes get stuck before full seating and need to be removed so that the osteotomy could be further enlarged. This proves the point that to attempt to insert an extremely tapered (ie pointed) Implant without initiating the osteotomy with drills that enlarge the site to an appropriate dimension for the density of bone is an unpredictable proposition. Sure a pointed Implant I have a certain diameter can be inserted drill-less into certain densities a bone but that leaves two variables either of which can result in the implant not fully seating. why introduce variables that can complicate insertion, especially in the hands of a less experienced dentist? The fact that Cortex's Magic Implant only comes in 3.3, 3.8 and 4.2 mm diameters says it all. Compare this to Implant Direct's 7 diameters and you can understand the need for establishing the appropriate diameter



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How can you depend on a system whose widest implant is 4.2mmD? Are you not concerned about emergence profile and making maximum use of available bone? It is no big deal to start the osteotomy with a pilot drill through the guide and 1 or 2 enlarging drills before self tapping insertion. [Watch this 5 minute video showing insertion of a 4.7mmD Legacy into soft bone in the Maxillary posterior, achieving 60+ Ncm.](#)



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You have your opinion I have mine. What matters is the patient 's satisfaction, the biological respect of the prosthetic work and its reliability during the time.
There isn't only a way to go to Rome



Gerald Niznick DMD, MSD
Dental Implant Pioneer

Yes there "isn't only one way to go to Rome" (ie. only one way to design implants) but if you live in the U.S. the fastest way to go to Rome is by airplane whereas, if you are in Italy, driving or the train would be the preferred way. Likewise, when selecting an implant system, why chose one that is only designed for soft bone and only provides 3 relatively narrow diameter options? While one can argue that all titanium screw implants will osseointegrate, a discerning dentist will choose a system that is cost effective, simple to use and provides applications for the broadest range of bone density and dimensions. Yes, putting a tapered implant into an undersized socket will produce high initial stability, but the implant does not need to be tapered to a pointed apex to accomplish this. A pointed implant reduces surface area compared to a 3 degree tapered implant (Screw-Vent/Legacy) with a rounded apex.



Paolo Benedicti • 1st
BICON LLC Technical Sales Specialist NOC.

Why not one design that suits any bone type?



Gerald Niznick DMD, MSD
Dental Implant Pioneer

That is exactly what I designed with the Legacy system with the surgical protocol changing depending on the density of bone. ie stopping at an intermediate sized drill in soft bone and enlarge the socket further in dense bone. With the Magic pointed implant, there is only one surgical protocol - drill-less, which precludes placement in dense bone and restricts the implant to smaller diameter implant's.