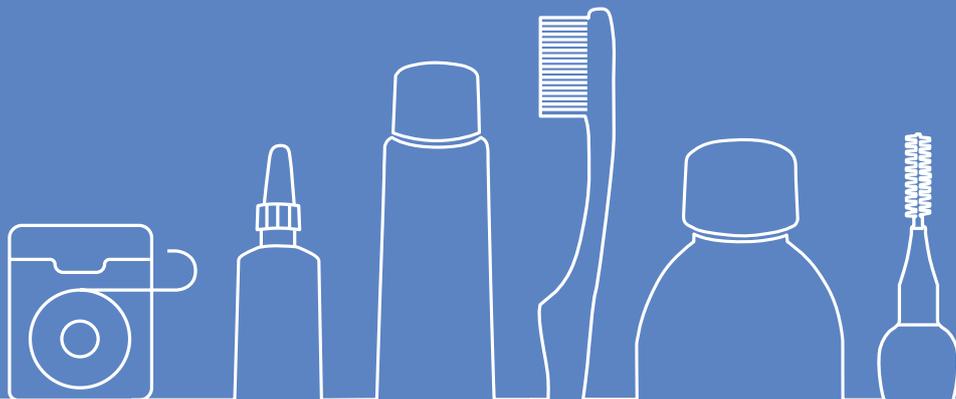


CURASEPT®



**A SPECIFIC
ANSWER
TO ANY CLINICAL NEED**





ADS

**A SYSTEM THAT REDUCES TOOTH PIGMENTATION,
THE MOST COMMON AND TROUBLESOME SIDE-EFFECT
ASSOCIATED WITH THE USE OF CHLORHEXIDINE.** (1, 2, 3, 8, 10, 12, 13, 16, 17)

INTERFERENCE WITH MAILLARD REACTION

Thanks to Sodium Metabisulphite, it transforms diketosamines into Bertagnini compounds, interrupting the sequence of these reactions.

INTERFERENCE WITH THE PROTEIN DENATURATION REACTION

Thanks to Ascorbic Acid, it reduces Fe^{3+} to Fe^{2+} , preventing the formation of organic ferric sulphides.

UNALTERED ACTIVITY OF CHLORHEXIDINE (1, 2, 3, 18, 20)

ADS[®] components do not prevent the substantivity of chlorhexidine, do not impair its bactericidal, bacteriostatic and denaturing activity and do not bind to molecules in solution.

CLINICALLY CONFIRMED EFFICACY (1, 2, 3, 8, 13, 16, 17, 18, 20)

Chlorhexidine with ADS[®] can reduce plaque and gingival inflammation as chlorhexidine alone (also described by Italian Ministerial Guidelines on Oral Health, 2014), but it significantly reduces staining.

TOTAL SAFETY AND VERSATILITY (14)

Chlorhexidine with ADS[®] can be safely used for both short- and long-term treatment. According to concentration and components' addition can be used for a medium-long period.

ALCOHOL-FREE FOR A BETTER COMPLIANCE

The absence of alcohol reduces pain, mucosal dehydration and irritations during rinsing. It prevents the risk of developing diseases that are related to the prolonged use of alcohol-based mouthwashes.

ALCOHOL FREE

NON STAINING CHLORHEXIDINE IS THE FIRST, STILL UP-TO-DATE INNOVATION.

Extract from the the "Companies inform" section

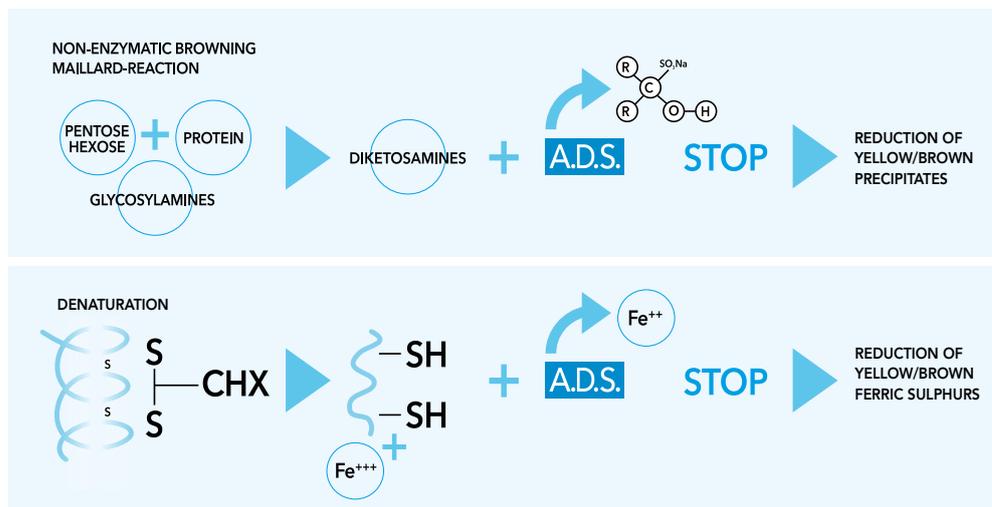
Newsletter SIdP

INFORMATION BULLETIN OF THE ITALIAN SOCIETY
OF PERIODONTOLOGY
N° 19 – JUNE 2017

RESEARCH ANSWERS

Chlorhexidine is at present the most effective mouth antiseptic, as it is considered the "gold standard" in the field. **Tooth pigmentation is possibly the most reported side effect related to the use of Chlorhexidine**, and it can lead to a consistent limit, lowering the patient compliance with the prescribed treatment. In Periodontology, the compliance with the prescribed treatment is however requested for its clinical success, during the active treatment and during management therapy as well.

Curasept S.p.A developed at the beginning of the year 2000, a patented system called Anti Discoloration System (ADS®), included in the Curasept ADS® line products.



The ADS® system can affect the two main reactions liable for the stains: the Maillard reaction and the protein denaturation process.

The efficacy of Curasept ADS® against the gingival irritation was confirmed by many in vitro and in vivo studies. Such studies, (among which, for example: Trombelli 2018, controlled trial, 35 patients; Cortellini 2008, cross-over, 48 patients; Solis 2011, cross-over, 15 patients; Graziani 2015, controlled trial, 70 patients) clearly prove **how the gingival inflammation control in patients undergoing oral surgery is guaranteed by the regular use of 0.20% Curasept ADS® mouthwash, in case of complete interruption of any other oral hygiene practice.**

A few studies assumed that the ADS® system integration, consisting of sodium metabisulphite and ascorbic acid, even though lessening stains, could reduce Chlorhexidine efficacy thus limiting its action (Li & Lang 2013, Guggenheim & Meier 2011). However it is however strange that renowned scientists simply reported the opposite, that is that Chlorhexidine is perfectly working while the ADS® system is entirely ineffective or barely effective (Addy 2005, Bevilacqua 2016).

However never forget that the compounds of ADS® can't chemically interact with Chlorhexidine in the solution form, and therefore they can't affect its efficacy.

As for the different results obtained between the studies on Curasept ADS®, it is possible to report that the selection of the protocol, population and statistical analysis as well could affect the results when the antiseptic mouthwash efficacy is to be tested. It can therefore reasonably possible to more positively assess studies forecasting real clinical use of the tested product and the analysis of subjects in a statistically predetermined number, not healthy volunteers, as they do not represent real operating conditions.

**VAN SWAAIJ BWM, VAN DER WEIJDEN GA,
BAKKER EWP, SLOT DE - 2018⁽¹⁸⁾**

The efficacy of chlorhexidine mouthwash, with and without an Anti Discolouration System (ADS[®]), on the parameters plaque, gingivitis and staining control. A systematic review and meta-analysis.

GOAL

AIM OF SYSTEMATIC

To determine whether combining chlorhexidine with ADS[®] is efficacious in reducing tooth discolouration, whilst maintaining the plaque- and gingivitis-reducing effects of chlorhexidine.

87 publications analysed, 11 articles selected for review (6 with protocols in which mechanical hygiene was discontinued, 5 in which mechanical hygiene was not discontinued). It was possible to obtain 14 direct comparisons, 9 of which were included in the final metaanalysis.

CONCLUSIONS

Adding ADS[®] to a chlorhexidine mouthwash significantly reduces tooth discolouration and does not affect the action of chlorhexidine in controlling gingival inflammation and plaque indices. The recommendation resulting from this review is that the chlorhexidine + ADS[®] combination should be taken into consideration, given its efficacy in reducing plaque and gingival inflammation associated with anti-discolouration activity.

Systematic reviews and meta-analysis: the highest level of scientific evidence

**Meta-analysis
Systematic**

Randomised clinical trials

Cohort study

Case-control study

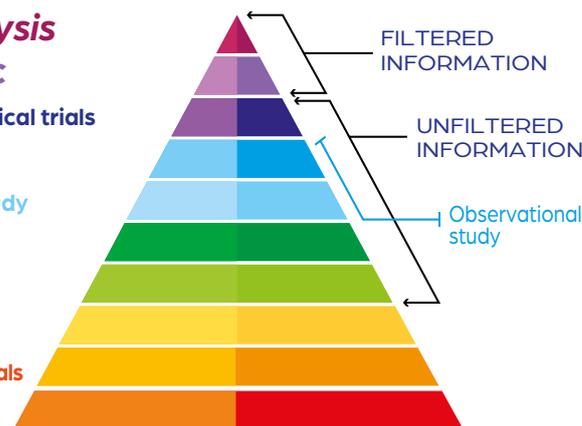
Series of cases

Single case

Expert Opinion

Research on animals

In vitro research



SYSTEMATIC REVIEW AND META - ANALYSIS: THE HIGHEST LEVEL OF SCIENTIFIC EVIDENCE

Results of the systematic review with the group without brushing (above, 6 publications, 8 comparisons) and with brushing (below, 5 publications, 6 comparisons).

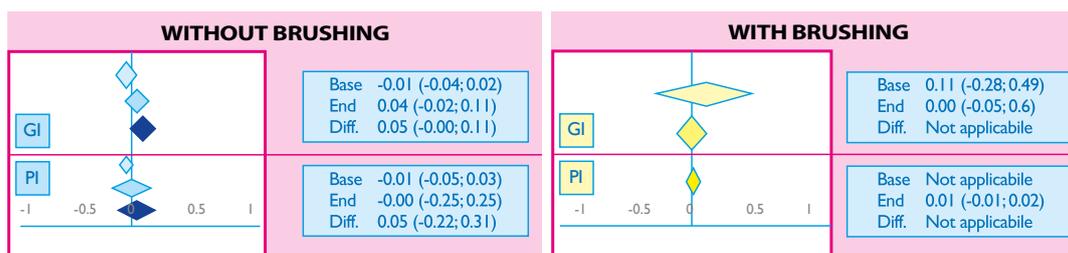
WITHOUT BRUSHING						
Author, year	Intervention	SI	PI	BI	GI	Control
Basso et al. (2008)	CHX + ADS® 0.2%	+	○	□	○	CHX 0.2%
Li et al. (2013)	CHX + ADS® 0.12%	+	-	□	-	CHX 0.12%
Weinstein et al. (2014)	CHX + ADS® 0.09%	+	○	□	○	CHX 0.2%
Marrelli et al. (2015)	CHX + ADS® 0.2%	+	+	□	□	CHX 0.2% (A)
		+	-	□	□	CHX 0.2% (B)
Cortellini et al. (2008)	CHX + ADS® 0.2%	+	□	□	○	CHX 0.2%
Bevilacqua et al. (2016)	CHX + ADS® 0.2%	○	○	○	○	CHX 0.2%
		○	○	○	○	CHX 0.12%

WITH BRUSHING						
Author, year	Intervention	SI	PI	BI	GI	Control
Bernardi et al. (2004)	CHX + ADS® 0.2%	+	○	□	○	CHX 0.2%
Solis et al. (2010)	CHX + ADS® 0.2%	+	○	○	□	CHX 0.2%
Graziani et al. (2013)	CHX + ADS® 0.2%	○	-	○	○	CHX 0.2% (A)
		○	-	○	○	CHX 0.2% (B)
Pereira et al. (2017)	CHX + ADS® 0.2%	+	○	□	□	CHX 0.2%
Varoni et al. (2017)	CHX + ADS® 0.12%	○	○	○	□	CHX 0.12%

SI: Stain Index. PI: Plaque Index. BI: Bleeding Index. GI: Gingival Index.

+: Significant difference in favour of CHX + ADS®. -: Significant difference in favour of CHX.

○: No significant difference. □: No data available (not tested).



The charts show the results of the meta-analysis. The minimal deviation from the value "zero" confirms that there is no significant difference between Curasept ADS® and chlorhexidine without ADS® in controlling plaque and gingival inflammation.



CORTELLINI P, PINI PRATO G, TONETTI M, ET AL 2008⁽¹⁾

Chlorhexidine with an Anti Discolouration System after periodontal flap surgery: a crossover, randomized, triple-blind clinical trial.

GOAL

To evaluate the efficacy, the side effects, and the patient acceptance of a 0.20% chlorhexidine mouthwash containing ADS[®] compared with a traditional 0.20% chlorhexidine mouthwash without ADS[®].

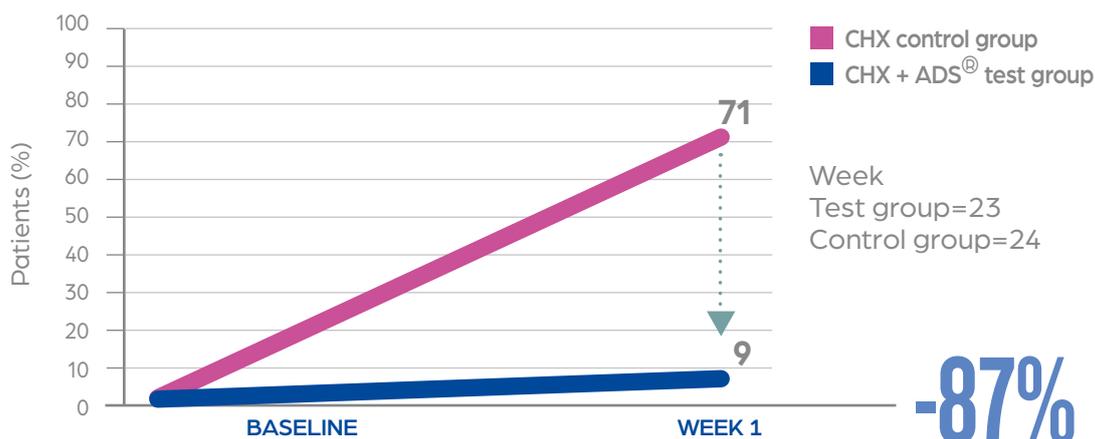
Study conducted on 48 patients with advanced periodontal disease undergoing periodontal flap surgery.

International publication of a triple blind, randomized controlled crossover trial.

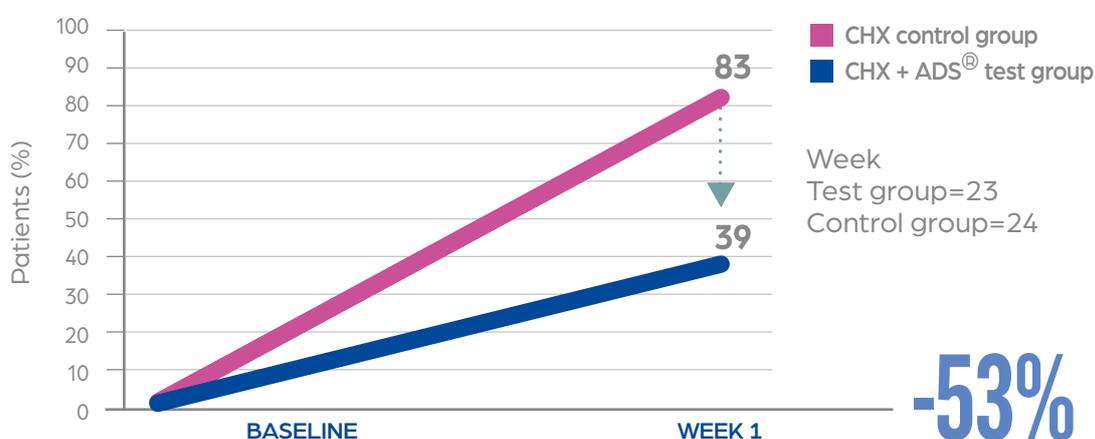
CONCLUSIONS

- Identical efficacy in reducing gingival inflammation.
- Superior satisfaction: no alteration of taste or salt perception in the CHX+ADS[®] group.
- Less irritation of oral tissue and mucosa in the CHX+ADS[®] group.
- Significant reduction in tooth discolouration in the CHX+ADS[®] group.

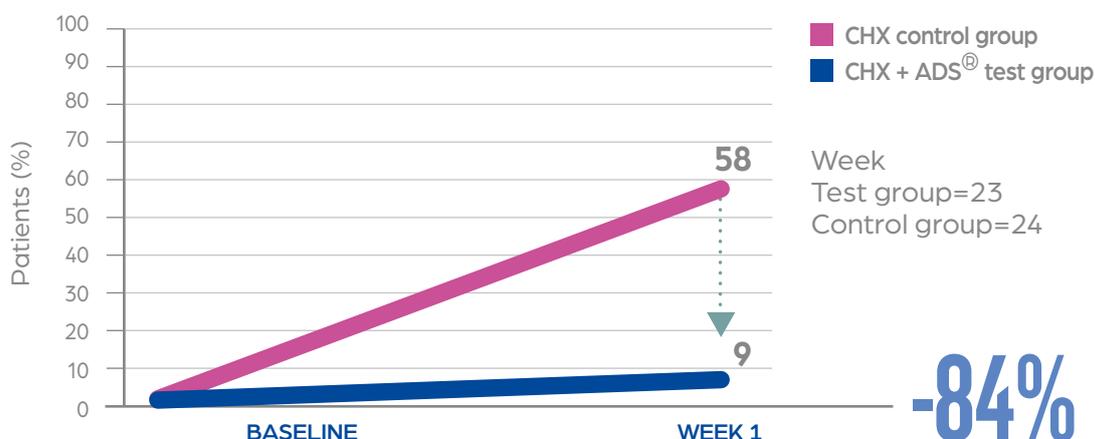
-87% of patients with discolouration in the incisal area



-53% of patients with discolouration in the interproximal area



-84% of patients with discolouration in the gingival area



The graphs show the percentage of patients who reported dental discolouration after just one week of mouthwash use. For all three tooth areas considered, the ADS[®] mouthwash caused much less discolouration than a traditional mouthwash without ADS[®].



Chlorhexidine is an antiseptic that is considered as gold standard in contrasting oral biofilm and the gingival inflammation. It is indicated in case of surgical procedures, infections, periodontal treatments and generally after the most complex dental therapies. However dentists and dental hygienists can face different challenges during his daily practice:

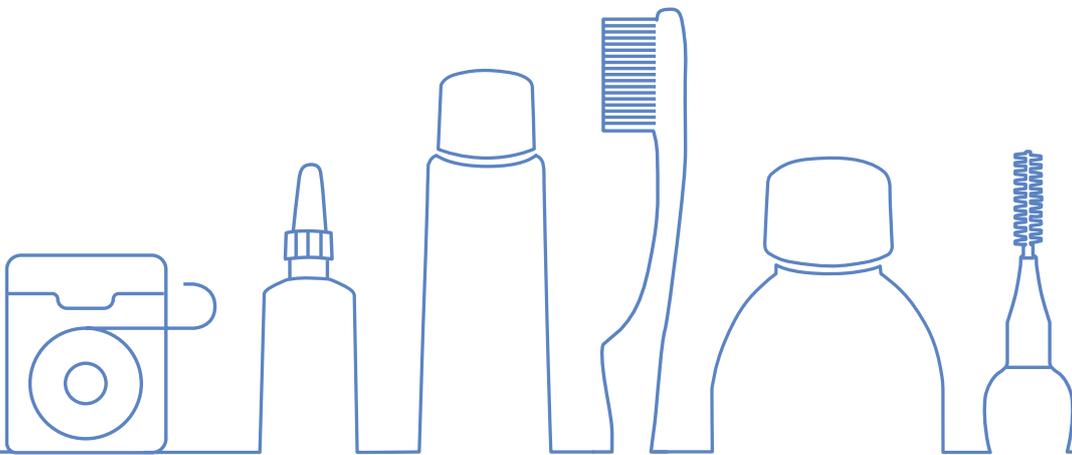
- **wound healing time**
- **pain in post-operative period**
- **bleeding**
- **gingival irritation or delayed healing in case of weakened mucosa or poorly reactive mucosa.**

To help patient with these clinical challenges, the dental professional generally prescribes adjunctive solutions solutions which, besides increasing the final costs sustained by the patient, increase the difficulties in complying with prescribed therapies, thus affecting its positive results.

The Chlorhexidine-based Curasept ADS line allows patients to overcome such limits, offering more benefits in a single product. With a simple rinse, the patient gets advantages from the antiseptic efficacy of Chlorhexidine with ADS, certified by many clinical studies, and benefits from important additional effects without affecting compliance.

COMPLETE CARE

Each problem of the oral cavity is solved with
**A SYNERGISTIC
ORAL CARE SYSTEM**



**MOUTHWASH, TOOTHPASTE,
GEL, TOOTHBRUSH,
DENTAL FLOSS AND INTERDENTAL BRUSH
ARE SYNERGICALLY EFFECTIVE.**

The CURASEPT SOFT MEDICAL toothbrushes are suitable for patients undergoing dental treatments. The long head distributes the load on a wider brushing area if compared to the short head, therefore the applied force on the affected parts is reduced and it offers a more delicate efficacy.

CLASSIC

CURASEPT ADS 205
Mouthwash
CURASEPT ADS 705
Toothpaste

0.05% Chlorhexidine + 0.05% Fluoride

CLASSIC



Anti-plaque and re-mineralising action.

CURASEPT ADS 350
Antiplaque Parodontal Gel
0.5% Chlorhexidine

TOPICAL USE



THE **CHLORHEXIDINE-BASED** PRODUCT RANGE WITH ADS THAT PROTECTS THE WHITENESS OF YOUR TEETH

CURASEPT ADS 212
Mouthwash
CURASEPT ADS 712
Toothpaste
0.12% Chlorhexidine



Prolonged
anti-plaque action

CURASEPT ADS 220
Mouthwash
CURASEPT ADS 720
Toothpaste
0.20% Chlorhexidine



Rapid and effective
anti-plaque action

CURASEPT ADS 1%
1% Parodontal Gel
1% Chlorhexidine + PVP-VA



Medical device. CE
Read carefully the warnings
and the instructions for use

CLASSIC

WIDESPREAD PROTECTIVE SUPPORT

CURASEPT ADS 205

0.05% Chlorhexidine
+ 0.05% Fluoride

To be used twice a day,
up to 6 months.



PROLONGED AND INTENSIVE SUPPORT

CURASEPT ADS 212 PROLONGED SUPPORT

0.12% Chlorhexidine

CURASEPT ADS 220 INTENSIVE SUPPORT

0.20% Chlorhexidine

To be used twice a day
for 14–30 days (0.12%)
or for 7–14 days (0.20%)



TOPICAL USE - SUPPORT

CURASEPT ADS 350

0.5% Chlorhexidine

CURASEPT ADS 1%

1% Chlorhexidine + PVP-VA

Simply use the Curasept Specialist
Mono Tuft single tool
for the gel application.

To be used locally twice a day
for a maximum 14 days.





DAILY PREVENTION

Daily used, twice a day, it **helps in protecting the gums** of patients with low compliance in oral hygiene or in case of specific clinical conditions (due to altered tooth position, poor dexterity, unstable or unefficient dental prosthesis).



ORTHODONTIC TREATMENT ⁽⁹⁻¹¹⁾

Daily used, twice a day it helps in preventing inflammations and tooth lesions **during orthodontic treatments**, for patients with a poor plaque control.



PATIENTS AT HIGH RISK OF CARIES

It **contrasts caries** if daily used, twice a day, for 14 days, alternating with 14 days of anticaries products (e.g. xilitol) or remineralising products (Biosmalto Mousse with ACP).



CHRONIC PERIODONTITIS ⁽²⁾

During the active phase of non-surgical periodontal treatments, it **protects the altered gums** after root planing, and it **struggles against recolonisation** of gingival pockets during the first weeks after treatment.



SIMPLE TOOTH EXTRACTIONS ⁽¹⁵⁾

It **protects the extraction sites** from any bacterial super-infection and it **prevents** colonisation of surgical sutures.



GINGIVITIS ⁽¹⁶⁾

It allows to **contrast the oral plaque**, the main cause of gingivitis and gingival bleeding, while preventing pain, leading to **better treatment outcomes**, appreciable by both dentists and patients.



SURGICAL TREATMENT OF GINGIVAL RECESSION

It **protects the surgical wounds** and sutures, **leading to a regular healing**, while limiting the risk of recession relapse and treatment failure.



SIMPLE PERIODONTAL SURGERY ⁽¹⁾

It **protects gums** involved by surgery, it limits the plaque formation in the affected area by resective surgery and it protects exposed bone.



SIMPLE IMPLANT SURGERY (WITHOUT REGENERATION)

It **protects the implant site**, surgical wounds and also the healing implant components in the case of "onestage" techniques.

SPECIFIC TREATMENTS

ASTRINGENT

Mouthwash – Toothpaste
Parodontal gel*



It effectively reduces the mucosal inflammation and the gingival bleeding.⁽⁴⁾

* Medical device CE

SOOTHING

Mouthwash – Toothpaste
Parodontal gel*



It immediately relieves pain, limiting oral NSAIDs assumption.⁽⁵⁾

* Medical device CE

THE RANGE OF ASSOCIATIONS WITH CHLORHEXIDINE SUITABLE FOR SPECIFIC CLINICAL REQUIREMENTS

REGENERATING*

Mouthwash – Toothpaste
Parodontal gel



It protects the mucosa during healing process, supporting repair of wounds.⁽⁶⁾

Medical device CE

PROTECTIVE*

Mouthwash – Toothpaste
Parodontal gel



It protects the sensitive mucosa from inflammation and recurrent gingival disorders.⁽⁷⁾

Medical device CE

SPECIFIC TREATMENTS

CURASEPT ADS ASTRINGENT

It effectively helps in case of mucosa inflammation and gingival bleeding. ⁽⁴⁾

MOUTHWASH and TOOTHPASTE

0.20% Chlorhexidine +
Hamamelis virginiana

To be used locally twice a day
for a maximum -14 days.

PARODONTAL GEL *

0.5% Chlorhexidine
+ Hamamelis Virginiana + PVP-VA

To be locally used twice a day
for a maximum 14 days.

Simply use the Curasept Specialist
Mono Tuft for the gel application.



* Medical device 



SEVERE GINGIVITIS

It **contrasts oral plaque** in provoking gingivitis and, after any professional treatment, it **reduces bleeding**, increasing quality of home tooth brushing and patient treatment compliance.



PATIENTS ADMINISTERED ANTICOAGULANTS/BLOOD THINNING AGENTS

In case of inflammations or after professional treatments, it **reduces bleeding** increased by assumption of certain drugs.



PREGNANCY GINGIVITIS

When combined with specific dental treatments, it **helps reducing bleeding and gingival pain**, rather frequent during pregnancy.



SURGERY WITHOUT THE FLAP PRIMARY CLOSING (Extraction alveoli, resective surgery ...)

It makes the **healing process to occur regularly** when it is not possible to get primary closure of wounds and there is higher risk of bleeding, even after hours from treatments.



SURGERY IN CONSISTENTLY VASCULARISED AREAS

Thanks to its astringent effect, it reduces bleeding and hematomas, **limiting post-surgical swelling** and oedema.



SURGERY OF THE TOOTH ROOT APEX (APICOECTOMY)

It **reduces the surgical site bleeding**, located in the thin **alveolar mucosa**, thus even more **difficult to suture** and therefore more likely to bleed.

ASTRINGENT PARODONTAL GEL



SEVERE GINGIVITIS AFTER WEARING DENTISTRY BRACES

The gel is effective on the strongly inflamed sites, immediately reducing bleeding and, synergically with a mechanical action, it strongly **acts against the bacterial biofilm**.

SPECIFIC TREATMENTS

CURASEPT ADS SOOTHING

It helps in immediately relieve pain, limiting the oral NSAIDs assumption.⁽⁵⁾

MOUTHWASH and TOOTHPASTE

0.20% Chlorhexidine
+ Chlorobutanol

To be used locally twice a day
for a maximum -14 days.

PARODONTAL GEL*

0.5% Chlorhexidine
+ Chlorobutanol + PVP-VA

To be used locally twice a day
for a maximum 14 days.



* Medical device 

Simply use the Curasept Specialist
Mono Tuft for the gel application.



COMPLEX TOOTH EXTRACTION

It reduces the plaque formation and **relieves pain** at the traumatised areas, soothing it immediately after rinsing.



MAXILLOFACIAL SURGERY

It protects the surgical areas, which are often quite extended, and **makes pain more bearable** while supporting the post-surgical healing process.



TRAUMA AFTER BITE AND MUCOSA TEARS

It relieves pain acting **directly on the exposed nerve endings** following a trauma, while protecting the traumatised area.



ULCERAS AND APHTOUS STOMATITIS

It **relieves pain** and **protects the areas**. To be used together with specific products for aphtous stomatitis.



TONSIL AND OROPHARYNX

Through gargling, it **prevents the development** of the pathogenic flora.



INFECTIONS OF ORAL MUCOSA

It **contrasts microorganisms** which cause oral infections and it **reduces oral pain** at infections sites.

SOOTHING PARONDOTAL GEL



DRY ALVEOLITIS

In case of post-extraction socket infection, the gel **acts locally against plaque and bacteria**, reducing the pain of such complications.

SPECIFIC TREATMENTS

CURASEPT ADS REGENERATING*

It protects the mucosa ⁽²⁰⁾
during healing process,
supporting repair of wounds. ^(6,19)

MOUTHWASH and TOOTHPASTE

0.20% Chlorhexidine
+ Sodium Hyaluronate

To be used locally twice a day
for a maximum -14 days.

PARODONTAL GEL*

0.5% Chlorhexidine
+ Sodium Hyaluronate + PVP-VA

To be used locally twice a day
for a maximum 14 days.

Simply use the Curasept Specialist
Mono Tuft for the gel application.



* Medical device 



**EXTENDED AND/OR
COMPLEX SURGERY**

It supports the early **surgical flap healing**, protecting the traumatised areas.



**POSITIONING OF
MULTIPLE TOOTH IMPLANTS**

It leads to **a more rapid and protective sealing** of the surgical site, while allowing the osteointegration of dental implants.



**IMMEDIATE-LOADING
PROCEDURES**

It **provides antiseptic protection** of the surgical areas, even if not easily reachable due to prosthesis placed immediately after procedures, **easily supporting the wound healing even** in case of presence of sutures.



**GUIDED BONE REGENERATION
WITH MEMBRANES**

It supports a **more rapid wound healing process**, while protecting grafted biomaterials from infections, **being a guarantee for more successful treatments**.



**PERIODONTAL
PLASTIC SURGERY**

It supports the gingival grafting, it protects from the bacterial plaque formation while stabilizing the surgical flaps, **allowing surgical success**.



LASER-ASSISTED SURGERY⁽¹⁹⁾

Synergically **supports the cellular stimulation mediated by any laser treatment**, while rapidly promoting the re-epithelisation and protecting the sites from bacterial infections.

REGENERATING PARODONTAL GEL



BIOMATERIAL EXPOSURE
(Membranes, grafts ...)

The Gel in case of accidental exposure of biomaterials and/or implants **provides for a targeted shock action, protecting from infections possibly leading to the treatment failures**, and when combined to suitable treatments **it stimulates the surgical site healing** with no consistent side effect.

SPECIFIC TREATMENTS

CURASEPT ADS PROTECTIVE*

It helps to protect the easily irritable mucosa from inflammation and recurrent gingival disorders.⁽⁷⁾

MOUTHWASH and TOOTHPASTE

0.20% Chlorhexidine
+ Purified colostrum + PVP VA

To be used locally twice a day
for a maximum -14 days.

PARODONTAL GEL*

0.5% Chlorhexidine
+ Purified colostrum + PVP-VA

To be used locally twice a day
for a maximum 14 days.



* Medical device 

Simply use the Curasept Specialist
Mono Tuft for the gel application.



SMOKERS

Highly suggested when prescribing 0.20% Chlorhexidine **to smokers**, whose wounds are **always slowly healing**.



IMMUNODEFICIENT PATIENTS

In case of dental treatments, it protects the mucosa which is depleted from protective and immune factors, **stimulating the cellular activity** and effectively contrasting the plaque formation.



PATIENTS UNDERGOING RADIATING TREATMENT/CHEMOTHERAPY

It **contrasts the bacterial plaque formation** and it **stimulates the mucosa** and gingival tissues **which are less vascularised** and immunodeficient.



DIABETES

It supports the **regular course** of dental surgical treatments which can be **affected by the debilitating effects of diabetes on the body tissues**, oral mucosa included.



XEROSTOMIA AND HYPO-SALIVATION

It **protects the oral mucosa** especially if quantity/quality of **saliva is fully or partially missing**, supporting dry and sensitive mucosa during any tissue healing process.



PATIENTS AFFECTED BY AUTO-IMMUNE PATHOLOGIES OF THE ORAL MUCOSA

It **stimulates reactivity of the oral mucosa suffering from autoimmune inflammation**, possibly affecting the healing process after dental treatments.

PROTECTIVE PARODONTAL GEL



LOCALISED LESIONS AND ULCERS, CAUSED BY SYSTEMIC OR AUTO-IMMUNE PATHOLOGIES

The protective treatment Gel, if a **localised anti-septic treatment is required**, provides for a **shock treatment** thank to the presence of **stimulating and protective factors**, supporting mucosa weakened by the sistemic pathology.

PROFESSIONAL LINE

PRO
900 ml



CURASEPT ADS 905
0.05% Chlorhexidine
+ ADS System
+ fluoride 0.05%

It reduces the bacteria vitality in the oral cavity, it **limits the risk of crossed infections**, with a **pleasant taste**, for young patients as well.

USE: wash for 1 minutes before any visit

CURASEPT ADS 912 -920
0.12%-0.20% Chlorhexidine
+ ADS System

They reduce the oral bacterial load before any procedure, as well as the local contamination while contrasting the risk of crossed infections.

USE:: wash for 1 minutes before any visit

CURASEPT ADS 030
0.30% Chlorhexidine
+ ADS System

It rapidly reduces the oral bacterial load and provides for a shock treatment on the oral bacterial flora before any dental treatment.

USE: wash for 15" before treatment.

CURASEPT ADS
ASTRINGENT
0.20% Chlorhexidine
+ Hamamelis Virginia

While reducing bleeding, it is suitable for professionals asking for the best surgical field visibility during any dental procedure.

USE: wash for 1 minute before any visit and repeatedly during the same treatment.

CURASEPT ADS
SOOTHING
0.20% Chlorhexidine
+ Chlorobutanol

It reduces the gingival pain and it is suitable for whoever is willing to provide for a higher comfort to the patient during dental procedures, including hygiene treatments and before anesthesia. **Ideal at the end of treatments as it soothes any post-operative discomfort.**

USE: wash for 1 minute before any visit and repeatedly during the same treatment and at the end of the treatment as well.

CURASEPT ADS
REGENERATING
0.20% Chlorhexidine
+ Sodium Hyaluronate

Thanks to the benefits of sodium hyaluronate and besides being used for any rinse as all Chlorhexidine-based products, it is mainly suitable for rinses **after any surgical treatment, to protect and actively stimulate the surgical site healing.**

USE: wash for 1 minute, before and after any surgery.

- 1) Cortellini P, Pini Prato G, Tonetti M et al. Chlorhexidine with an Anti Discoloration System after periodontal flap surgery: a cross-over, randomized, triple-blind clinical trial.
J Clin Periodontol 2008; 35: 614–620.
- 2) Solis C et al. 0.2% Chlorhexidine mouthwash with an Antidiscoloration System versus 0.2% Chlorhexidine mouthwash: a prospective clinical comparative study. Journal of Periodontology, 82 (1), 2011.
- 3) Basso M et al. Collutorio modificato per la riduzione delle pigmentazioni da Clorexidina - Modified mouthwash for the discoloration reduction with Chlorhexidine.
Dental Cadmos, set 76 (7), 2008.
- 4) Basso M, Gone Benites JM, Bordini G. Efficacia astringente di un collutorio alla Clorexidina 0.2% e hamamelis virginiana - Astringent efficacy of a mouthwash holding 0.2% Chlorhexidine and Hamamelis virginiana. Studio clinico parallelo, in doppio cieco - Double blind parallel clinical trial. 2017.
To be published.
- 5) Gasparone S, Gone Benites J, Basso M, Balducci L, Motta J. Use of CHX 0.20% and CHX 0.20% + Chlorobutanol after extractive surgery. EFOSS-IADH International Congress, Abstract 859, Berlin, 2014.
- 6) Weinstein R et al. Pilot trial: Confrontation between a mouthwash holding Chlorhexidine and A.D.S. With a mouthwash holding Chlorhexidine, A.D.S. And sodium hyaluronate in periodontal surgery. Clinical research protocol enforced by the Centro di Ricerca per la Salute Orale (CRSO), Milan University, 2014.
- 7) Wakabayashi H, Yamauchi K, Kobayashi T et al. Inhibitory effects of Lactoferrin on growth and biofilm formation of Porphyromonas gingivalis and Prevotella intermedia. Antimicrob Agents Chemoter 2009; 53 (8): 3308–3316.
- 8) Bernardi F, Pincelli MR, Carloni S, Gatto MR, Montebugnoli L: Chlorhexidine with an Anti Discoloration System. A comparative study. Int J of Dental Hygiene. 2004; Vol. 2 Issue 3. 122–125.
- 9) Jurisic S, Vrzak Z, Jurisic G, Juric H. Assessment of efficacy of two chlorhexidine mouthrinses on oral hygiene and gingival health in adolescents wearing two types of orthodontic brackets. Int J Dent Hygiene, 2017; 1–6.
- 10) Kouadio AA, Struillou X, Bories C, Bouler JM, Badran Z, Soueidan A. An in vitro analysis model for investigating the staining effect of various chlorhexidine-based mouthwashes. J Clin Exp Dent 2017; 9 (3): e410–6.

- 11) Matic S, Ivanović M, Nikolić P. Effect of Oral Hygiene Training on the Plaque Control in Patients Undergoing Treatment with Fixed Orthodontic Appliances. *Serbian Dental Journal*, Vol 57, No 1, 2010.
- 12) Pereira R, Phad SG. Comparative evaluation of 0.2% mouth rinse with or without an Antidiscoloration System: a clinical study. *J Contemp Dent*, 2017, 7 (1): 53-56.
- 13) Poggio C, Dagna A, Lombardini M, Chiesa M, Bianchi S. Staining of dental composite resin with chlorhexidine mouthwashes. *Annali di stomatologia* 2009; LVIII (3): 62-67.
- 14) Sajjan P, Laxminarayan N, Prakash Kar P, Sajjanar M. Chlorhexidine as an Antimicrobial Agent in Dentistry – A Review. *OHDM*, Vol 15, No 2, April, 2016.
- 15) Donati D, Lorenzini G, Viviano F, Giovannardi M, Di Vece L, Picciotti M, Viviano M. Gestione chirurgico-estrattiva nei pazienti oncologici che assumono Bifosfonati – Surgical extraction management of oncological patients administered Biphophonates. *Dental Clinics*, Anno VI, n°2, maggio 2012.
- 16) Marrelli M, Amantea M, Tatullo M. A comparative, randomized, controlled study on clinical efficacy and dental staining reduction of a mouthwash containing 0.20% Chlorhexidine and Anti Discoloration System (A.D.S.). *Annali di Stomatologia* 2015; VI (2): 35-42.
- 17) Weinstein T, Basso M. Revisione critica sull'efficacia dei collutori con Clorexidina e Anti Discoloration System (ADS) – Clinical revision on the efficacy of mouthwashes with Chlorhexidine and Anti-discoloration system (ADS) Marzo 2015, XXVI 03.
- 18) van Swaaij BWM, van der Weijden GA, Bakker EWP, Slot DE. The efficacy of chlorhexidine mouthwash, with and without an anti-discoloration-system (ADS®), on the parameters plaque, gingivitis and tooth surface discoloration. A systematic review and meta-analysis. *EUROPERIO 9*, Amsterdam. Poster PD085.
- 19) Varoni EM, Lodi G, Sardella A, Carrassi A, et al. Efficacy of an Anti Discoloration System (ADS®) in a 0.12% chlorhexidine mouthwash: A triple blind, randomized clinical trial. *Am J Dent*. 2017 Oct;30(5):235-242.
- 20) Guarnelli ME, Farina R, Simonelli A, Pramstraller M, Maietti E, Trombelli L. Clinical efficacy of a chlorhexidine-based mouthrinse containing hyaluronic acid and an anti-discoloration system in patients undergoing flap surgery: a triple-blind, parallel-arm, randomized controlled trial. *EUROPERIO 9*, Amsterdam (June 20-23, 2018); *Journal of Clinical Periodontology* 2018 Supplement; abstract #380.



www.curaseptads.com