

Zygomatic implants

Variations to match the ZAGA
classification



The Zygomatic implant range

Tailored implant variations, designed to address the specific anatomical needs in the diverse ZAGA classification, ensuring optimal prosthetic outcomes.



The Zygomatic Difference

Three implant options to match a range of ZAGA classifications and anatomical needs.



55° Co-Axis®



High strength titanium



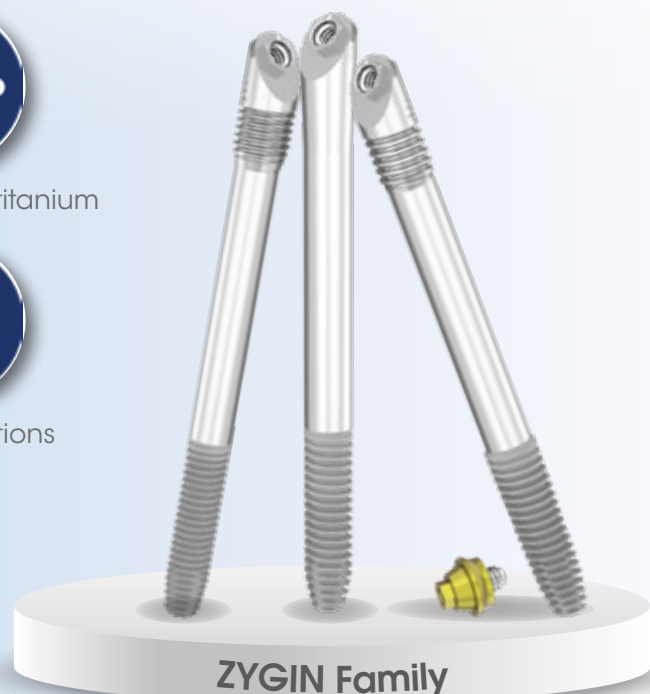
Body variations

Compact head design across the range with a rescue option available.



Consists of 3 **variations**
ZYG, ZYGAN® and ONC

Uses AMCZ (MUA)



Consists of 3 **variations**
ZYGIN, ZYGIN-W and ZYGON

Uses MC-ZYG (MUA)



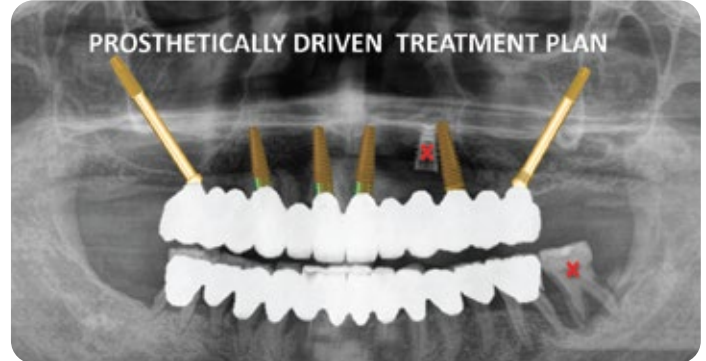
Site specific Zygomatic implants for full arch rehabilitation

Clinical treatment by: **Dr Costa Nicolopoulos and Dr Petros Yuvanoglu**
(Greece & UAE)

Full arch rehabilitation in patients who present with maxillary atrophy can present with various ZAGA classifications which require different surgical techniques. The choice of technique should consider the ridge crest concavity and sinus anatomy. Depending on the anatomy, Southern's Zygomatic range offers the clinician the choice of choosing the implant that is best suited to the ZAGA classification and placement technique.



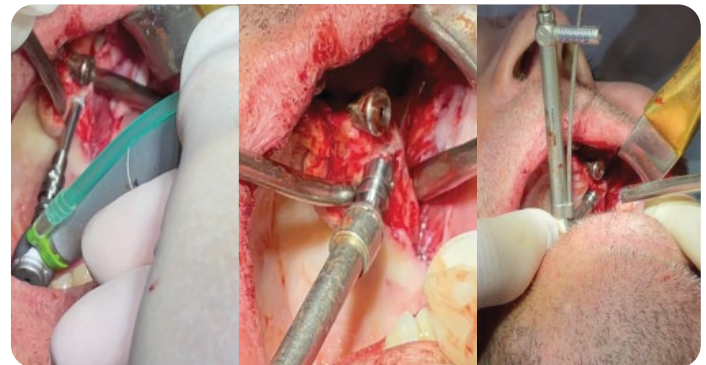
1. The patient presents with failing dentition, infection at a failed implant site and resorbed alveolar bone in the maxilla.



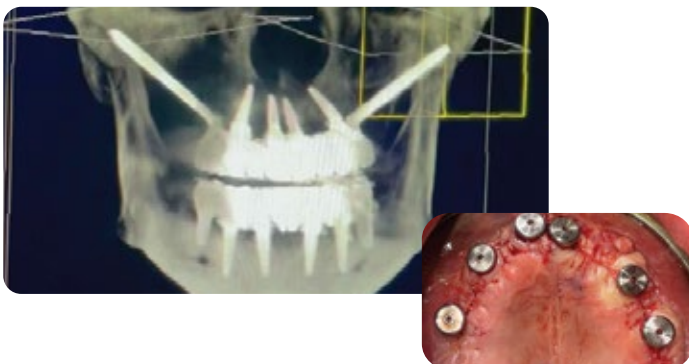
2. A prosthetically driven treatment plan is proposed to remove the failed implant and restore the maxilla by utilising 2 Zygomatic implants (ZYGAN® and ZYGEX) to be placed alongside Co-Axis® implants.



3. The patient presents with a ZAGA 4 classification in the first quadrant. A ZYGEX implant is placed using an extra-maxillary approach, taking advantage of the smooth mid-section and non-threaded coronal section.



4. In the second quadrant, a ZAGA 3 classification indicated the need for a ZYGAN® implant. The implant is placed using an extra-sinus approach. Taking advantage of the smooth midsection and threaded coronal section for alveolar bone engagement.



5. The Co-Axis® implants provide optimal prosthetic emergence with sufficient primary stability to provide an immediate restoration. Passive suturing is done to close the gingiva around the bone graft and healing abutments.



6. Six month follow-up shows healthy tissue with optimal prosthetic outcomes.

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“Machined surfaced, means reduced problems with soft tissue retraction and cleanable implant surfaces if implants are exposed in the oral cavity.”

Dr Stavros Eleftheriou
(UK)

“The Zygomatic implant range (in combination with the machined surface) ensures optimal implant positioning in available bone.”






Dr Riz Syed
(UK)

“Southern Zygomatic implants have different designs to perfectly match patients anatomy and ZAGA class, to achieve predictable long term results.”

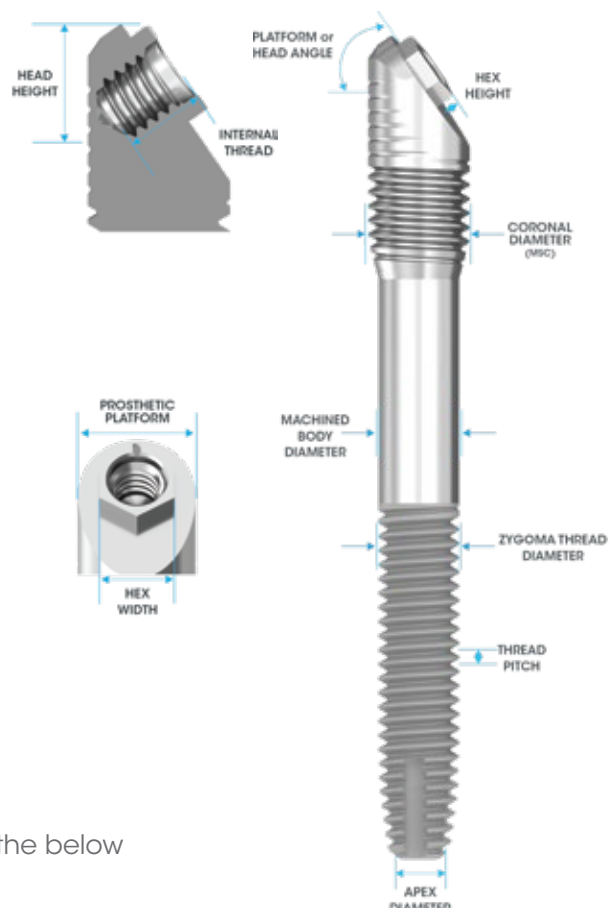
Dr Pietro Ferraris
(Italy)

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IMPLANT DIMENSIONS AND INFORMATION

RANGE	THREADED CORONAL DIAMETER	MACHINED BODY DIAMETER	PROSTHETIC DIAMETER	ZYGOMA THREAD DIAMETER	HEX WIDTH	HEX HEIGHT	THREAD LENGTH	THREAD PITCH	APEX DIAMETER	PLATFORM or HEAD ANGLE	IMPLANT LENGTHS													
											27.5	30	32.5	35	37.5	40	42.5	45	47.5	50	52.5	55	57.5	60
ZYG-55	4.3	N/A	 4.0	4.3	2.70	0.7	Full	0.6	3.0	55°				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ZYGAN®	4.3	3.4	 4.0	3.4	2.70	0.7	15	0.6	2.8	55°		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ONC-55	N/A	3.5	 4.0	4.3	2.70	0.7	15	0.6	3.0	55°	✓		✓		✓		✓		✓					
ZYGIN	4.3	3.4	 4.0	3.4	2.70	0.7	15	0.6	2.8	55°		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ZYGIN-W	4.3	3.7	 4.0	3.7	2.70	0.7	15	0.75	2.8	55°		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ZYGON	N/A	3.7	 4.0	3.7	2.70	0.7	15	0.75	2.8	55°		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

ZAGA classification	Implant path	ZYG-55	ZYGAN®	ONC-55	ZYGIN	ZYGIN-W	ZYGON
ZAGA 0	Intra-sinus	✓	✓		✓	✓	
ZAGA 1	Intra-extra path	✓	✓		✓	✓	
ZAGA 2	Extra-intra path	✓	✓		✓	✓	
ZAGA 3	Extra-sinus		✓	✓	✓	✓	✓
ZAGA 4	Extra-maxillary			✓		✓	✓



References

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2. Dattani, A., Richardson, D. and Butterworth, C.J., 2017. A novel report on the use of an oncology zygomatic implant-retained maxillary obturator in a paediatric patient. *International Journal of Implant Dentistry*, 3(1), pp.1-6.
3. Boyes-Varley, J.G., Howes, D.G., Davidge-Pitts, K.D., Bränemark, P.I. and McAlpine, J.A., 2007. A protocol for maxillary reconstruction following oncology resection using zygomatic implants. *International Journal of Prosthodontics*, 20(5).

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