





The SmallOne with a strong heritage. Built on legendary science.

Dedicated small-diameter implant having all to inspire trust in an implant solution for narrow interdental spaces or ridges: Less invasive and truly reliable with a pleasing outcome.

The SmallOne possesses the outstanding mechanical strength of our Roxolid® material and the extensive healing potential of our SLActive® surface. This made it possible to engineer an implant with a diameter as narrow as 2.9 mm that is reliable without compromising on strength.

New prosthetic components in a unique oval design address the esthetic challenges. They provide enough space for surrounding soft tissue to achieve pleasing esthetic results in the anterior region.

With the SmallOne you can treat your patients with confidence and offer an ideal treatment solution to increase patient acceptance.



LESS INVASIVE*

A perfect combination of shape, strength and healing power.



NATURAL-LOOKING ESTHETICS

Novel prosthetic design that closely matches the anatomy of teeth.



FULL STRENGTH

A strong and reliable treatment option thanks to Roxolid®.

Reaching new dimensions.

The SmallOne is specifically engineered to address esthetic challenges in compromised situations such as narrow interdental spaces or reduced bone availability.

E| Full strength

- Strength outstanding mechanical properties with Roxolid[®]
- Reliability
 - 35 Ncm tightening torque like all other Straumann abutments.
 - We are so confident in the quality of our implants that all Straumann® Bone Level Tapered Implants Ø 2.9 mm are covered by our Straumann® Lifetime Plus Guarantee for Roxolid® implants.



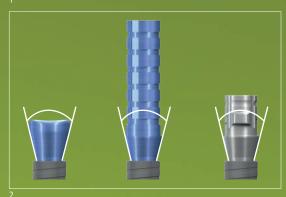


Novel prosthetic design closely matches the anatomy of the teeth:

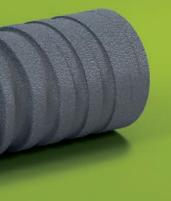
- 1. Unique oval shape for soft tissue
- 2. Consistent emergence profile™
- 3. Three gingiva heights

New: Small CrossFit™conical indexed connection for long-term mechanical stability









Less invasive

Based on our clinically proven BLT family, the SmallOne maximizes the benefits of our material and surface capabilities for a faster, less traumatic procedure in a \emptyset 2.9 mm implant:

- Tapered design improved primary stability
- Roxolid® reduced invasiveness with smaller implants*
- **SLActive®** extensive healing power, designed to maximize treatment success and predictability

*if GBR can be avoided

Designed to give a natural-looking result. Engineewred to fit.

BENEFIT FROM THE CLINICAL ADVANTAGE

More confidence when placing small diameter implants.

The Straumann® BLT \varnothing 2.9 mm is designed to achieve esthetically desirable results and provide a sustainable, reliable treatment with reduced invasiveness for younger patients with tooth agenesis.



Patient suffering from tooth agenesis



Planning in coDiagnostiX®



Postoperative CBCT showing right positioning of implant (ultralow-dose protocol)



Implant inserted with Loxim™



Healing screw placement after 9 weeks healing time



Anatomical reconstruction of provisional crown



Final impression taking with customized impression post



Patient after successful treatment with Straumann® BLT 2.9 mm implants

Case courtesy of Dr. Vietor, GER

Tooth agenesis, also known as congenitally missing teeth, is the lack of development of one or more teeth. It is one of the most common dental anomalies and a condition that can have serious consequence for patients' quality of life and especially the social lives of younger patients.

With a prevalence of 0.8 to 2% for the lateral incisors*, this represents a total between 8'000 and 20'000 patients with missing lateral incisors per 1 million inhabitants.

The Straumann® SmallOne provides the flexibility to address the needs of this challenging patient population. These patients deserve a predictable treatment option with high esthetic results.

*Marchi L.M., Pini N.I., Hayacibara R.M., Silva R.S., Pascotto R.C. Congenitally missing maxillary lateral incisors: functional and periodontal aspects in patients treated with implants or space closure and tooth re-contouring. Open Dent. J. 2012;6:248–254



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