MORITA

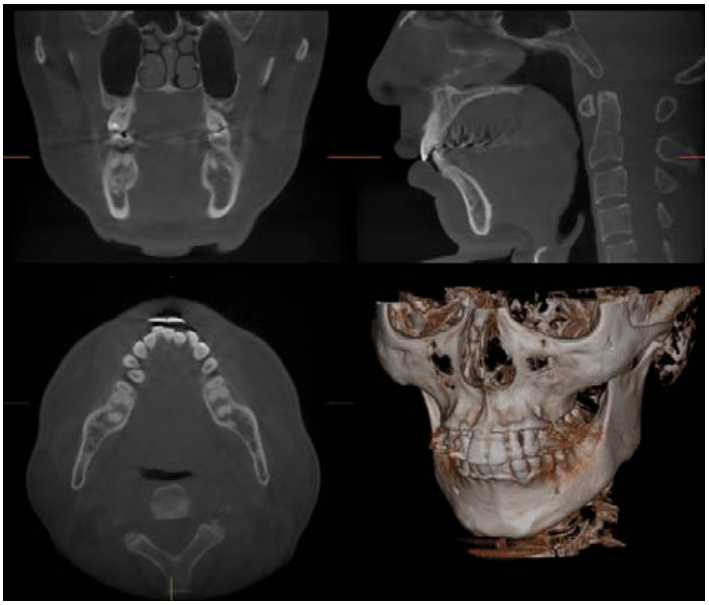
3D Accuitomo 170

Thinking ahead. Focused on life.

3D Accuitomo 170

Nitidezza delle immagini senza eguali

Accuitomo 3D 170 offre immagini senza precedenti. Con 9 campi visivi e multiple modalità di acquisizione, Accuitomo 3D 170 può offrirti tutte le diagnosi di cui necessiti con una qualità ineguagliabile. Grazie al suo voxel super fine di soli 80 micron consente diagnosi anche nei dettagli impercettibili di ossa a dentizione. Accuitomo 3D 170 è altamente raccomandato da radiologi di spicco in Periodonzia chirurgia orale, Endodonzia, Orthodonzia, implantologia, per maxillo-facciale e oltre.

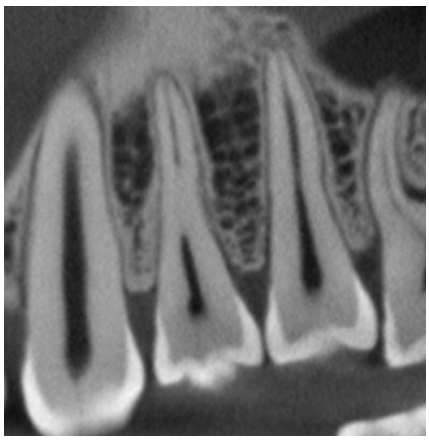


ø170 × H120 mm (250µm)

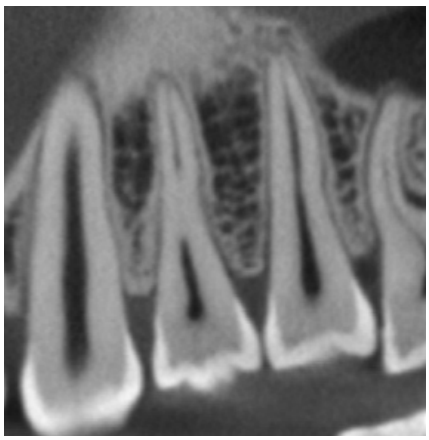
ø40 × H40 mm (80µm)

Nitidezza sbalorditiva

l'alta risoluzione di 80 micron in acquisizione, fornisce una nitidezza sbalorditiva, fornendoti diagnosi dettagliate che non avevi mai visto fin ora. Porta la pianificazione dei tuoi trattamenti ad un livello superiore.



Alta risoluzione 360° (80µm)

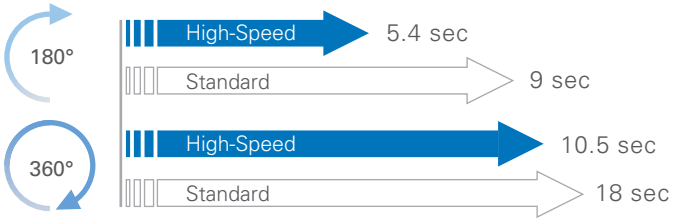


Standard-resolution 360° (80µm)

Alta velocità 360° (80µm)

Modalità di acquisizione adattabile

Accuitomo 3D 170, è equipaggiato di 4 modalità di acquisizione, che permettono flessibilità durante la scansione di un paziente che necessita di diverse necessità diagnostiche e indicazioni cliniche. Scegli una modalità ad Alta risoluzione e alta fedeltà per una migliore qualità di immagine, oppure Alta Velocità per pazienti con difficoltà a rimanere fermi. Accuitomo 3D 170, si adatterà alle necessità diagnostiche e a quelle del paziente.



※ High-Speed Mode is available for ø 40 x H40mm and ø 60 x H60mm fields of view only.

9 differenti campi visivi possono essere selezionati per avere una vasta disponibilità in base alle necessità cliniche. Dal più piccolo, 40x40 al più grande 170x120, disporrai sempre di una dimensione precisa per assicurare sempre al tuo paziente le dosi di radiazioni più basse. Questa flessibilità permette ad Accuitomo 3D 170 di fornire immagini pazzesche in Endodonzia, Periodonzia, Maxillo Facciale chirurgica e molto altro.

Standar Mode

Scansione a 360° in 17.5 sec, 180° in 9 sec La modalità standard offre immagini eccezionalmente nitide ottime per le articolazioni temporali piccoli o ampi, seni, paranasali, mascella e mandibola, denti singoli, etc…

Modalità alta risoluzione

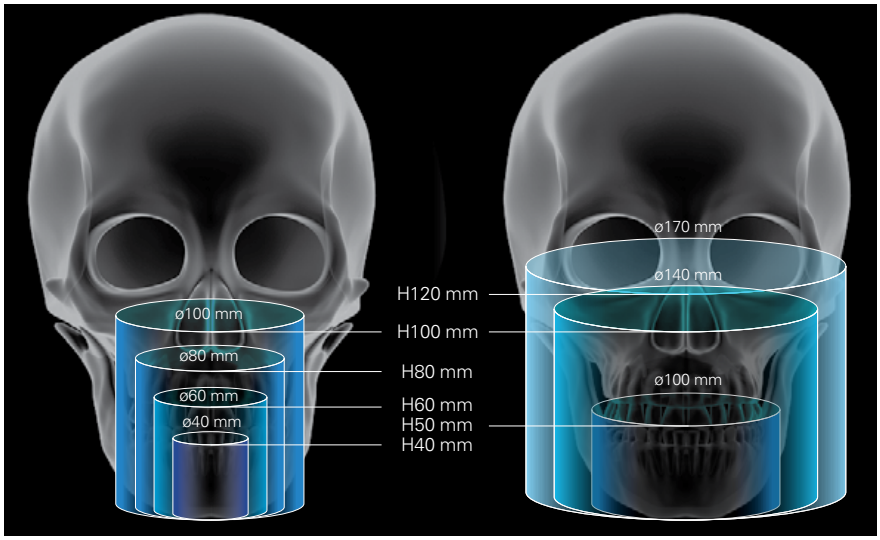
Ad 1\4 della grandezza standard dei pixel, la modalità ad alta risoluzione offre immagini più nitide e chiare che Accuitomo 3D ha da offrirti. Anche in modalità Alta Risoluzione, la scansione a 360° impiega solo 30.8 sec, 180° scan appena 15.8 sec. Disponibile nei FOV 40x40mm o 60x60mm.

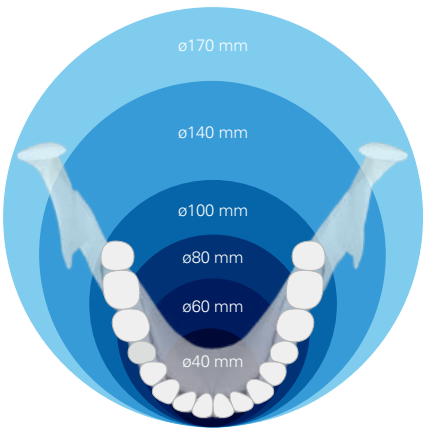
Modalità High fidelity

la scansione lenta e stabile a 30.8 sec per i 360° e 15.8 sec per il 180° rendono eccezionalmente chiare le immagini con artefatti minimi. Lo ZOOM reconstruction fatto da queste acquisizioni sono eccezionalmente chiare.

High Speed Mode

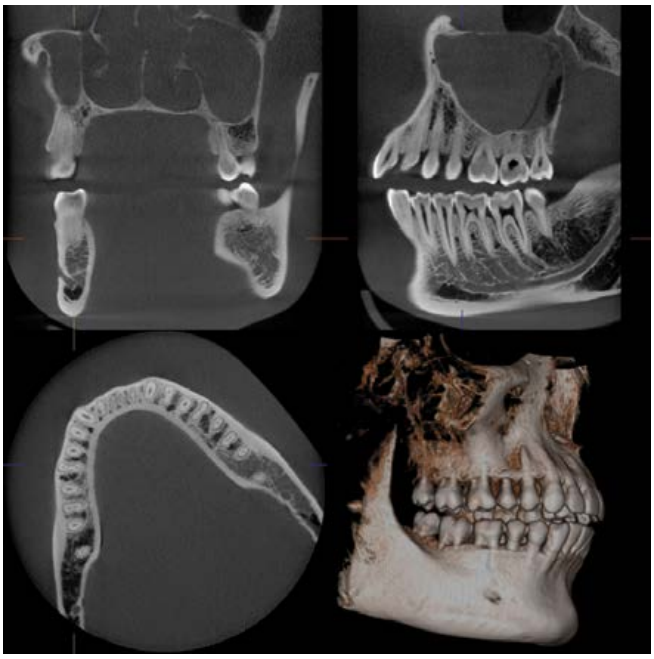
Scansione a 360° : 10.5 sec, scansione a 180° : 5.4 sec utilizzando la modalità Alta Velocità per ridurre gli artefatti da movimento sui pazienti che non riescono a stare fermi. E' un ottima scelta per bambini e per i pazienti preoccupati per le alte dosi di esposizione. Disponibile nei FOV 40x40mm e 60x60mm

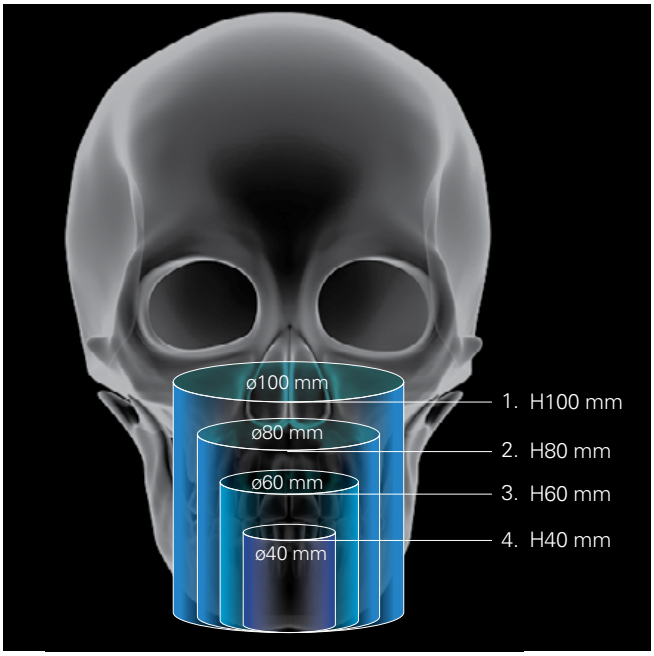




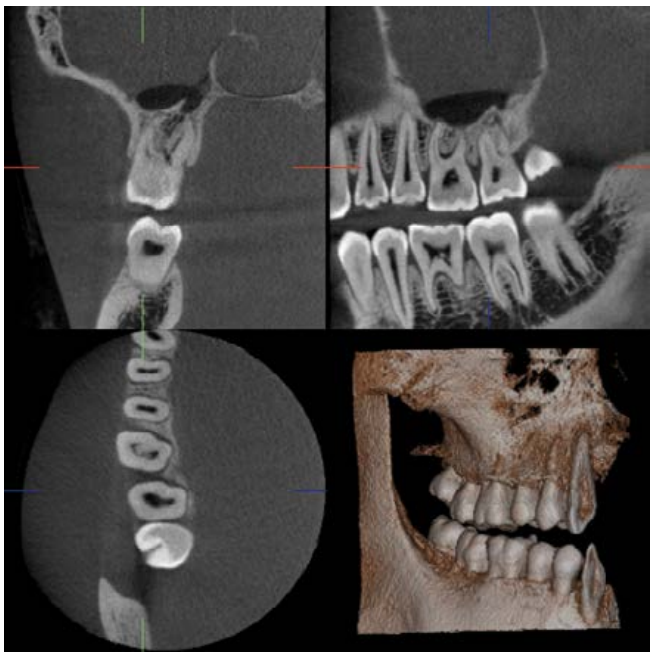
Campi visivi Piccoli

Rimani concentrato nella regione di interesse selezionando il migliore Campo visivo in base alle tue esigenze. Il diametro del volume più piccolo per la dentizione è 40 mm oppure il più grande a 100 mm.

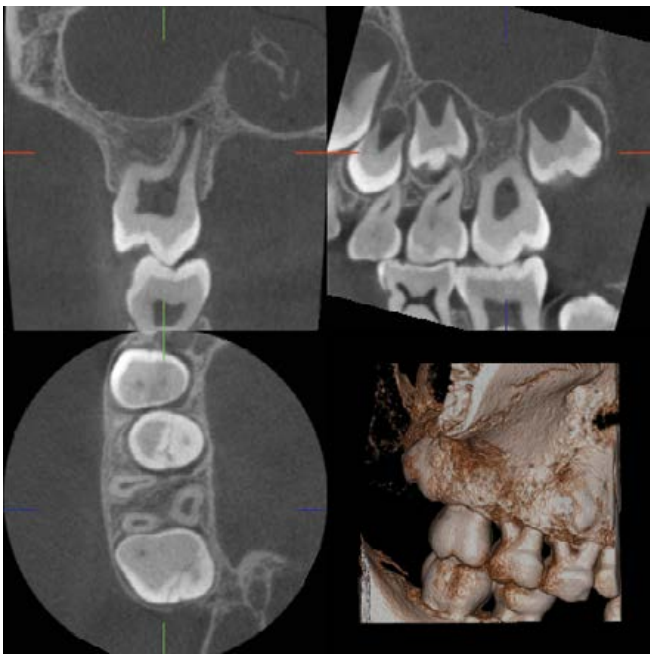




1. ø100 × H100 mm (250µm)



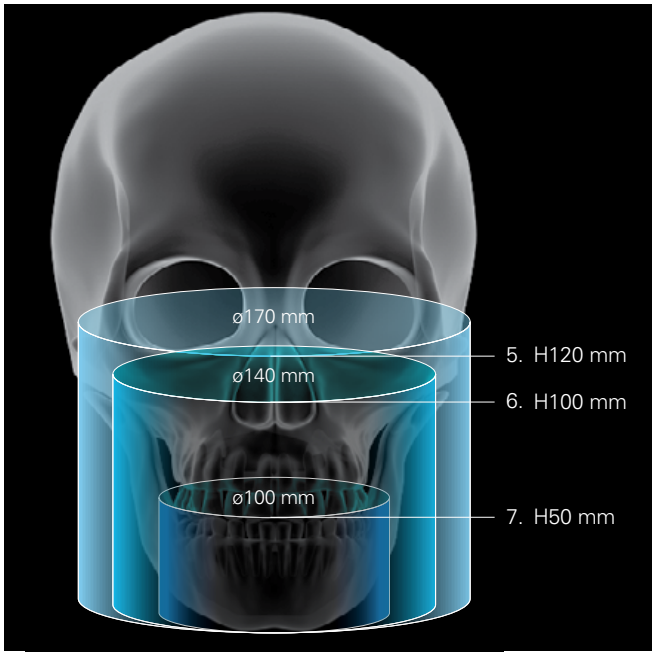
2. ø60 × H60 mm (125µm)

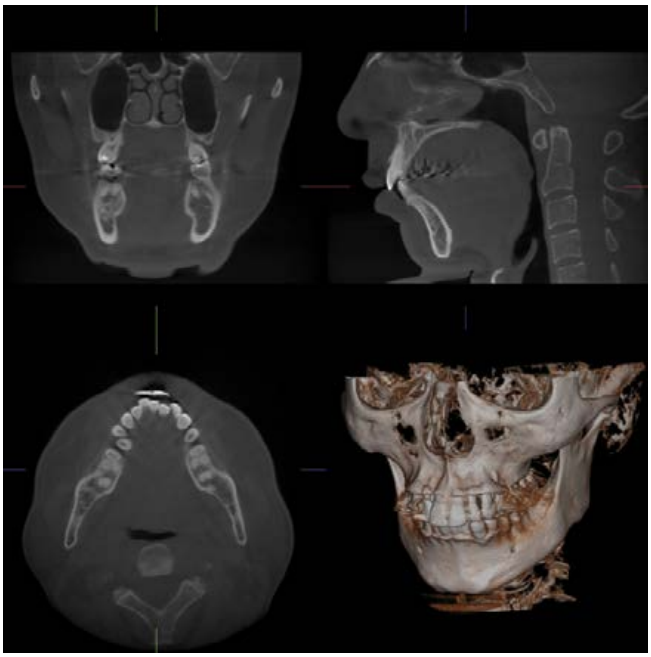


3. ø40 × H40 mm (80µm)

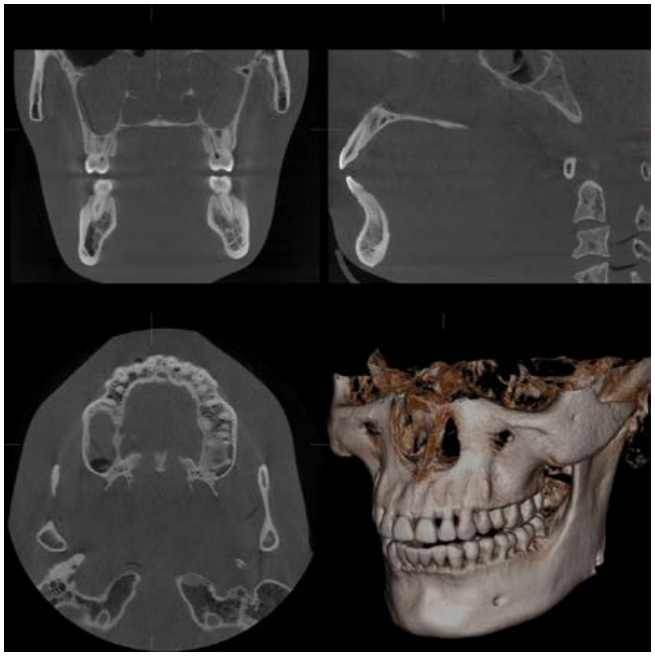
Campi visivi grandi

Per le grandi scansioni maxillo-facciali, seleziona un diametro di 100 a 170 per coprire un ampio range di chirurgia Maxillo-Facciale

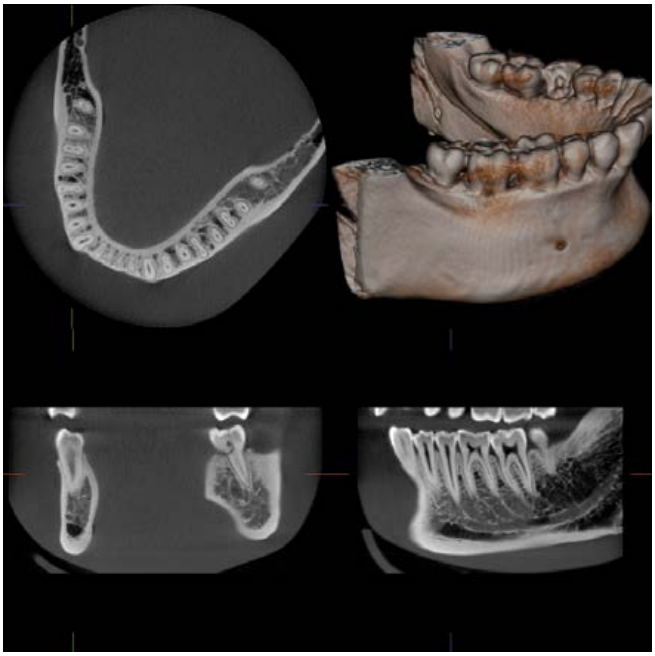




4. ø170 × H120 mm (250µm)

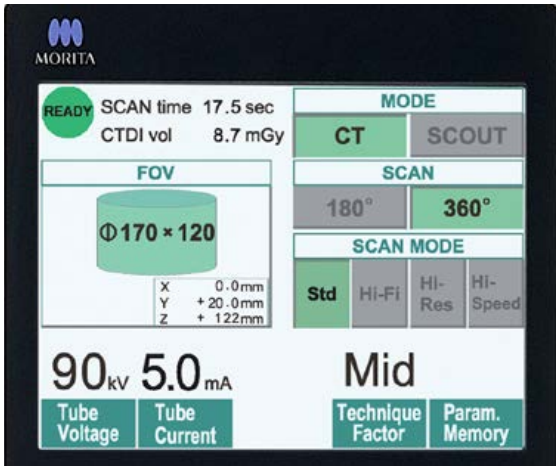


5. ø140 × H100 mm (250µm)



6. ø100 × H50 mm (250µm)

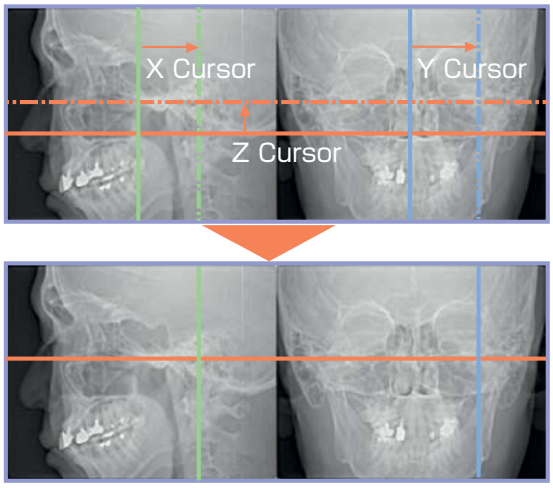
Semplice, Posizionamento Perfetto



I tre laser di posizionamento ed un display LCD rendono il posizionamento del paziente davvero semplice.
La mentoniera stabilizza la testa del paziente per evitare movimenti.
L'immagine Scout permette un posizionamento ancora più accurato.

Semplice come, Uno, Due, Tre.

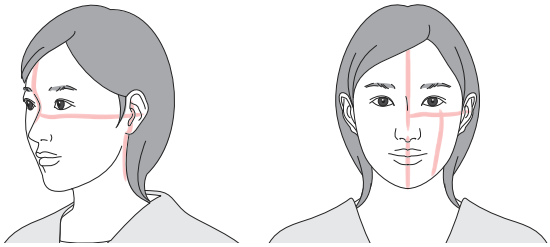
Per prima cosa, il paziente è in posizione con i tre laser posizionati. A seguire, la regione di interesse è allineata nel LCD. La seduta automaticamente si muoverà nella posizione ottimale. Durante le esposizioni di raggi, il paziente è stabilizzato dalla mentoniera e dai poggia testa.



Scout a 2 direzioni

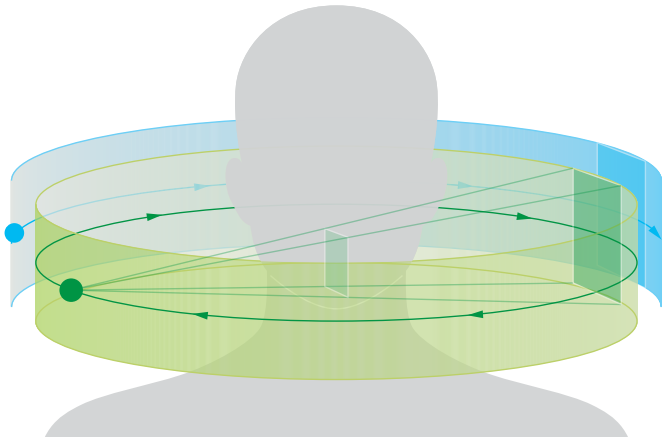
Per un posizionamento più accurato, Può essere utilizzata la funzione Scout Bidirezioanale. Dopo il posizionamento potrai acquisire 2 immagini, coronale e sagittale, in modo da confermare l'accuratezza del posizionamento. Se sarà necessario una modifica, potrai effettuarla direttamente trascinando il cursore dal monitor dirigendoti nella regione di interesse.

L'esposizione di una Scout (80kV e 2.0 mA) Aumenterà il totale delle esposizioni di una standard mode CT (90kV e 5.0 mA) di circa il 2%



3D-CT image
La regione di interesse è perfettamente centrata

L’Acquisizione è solamente l’inizio

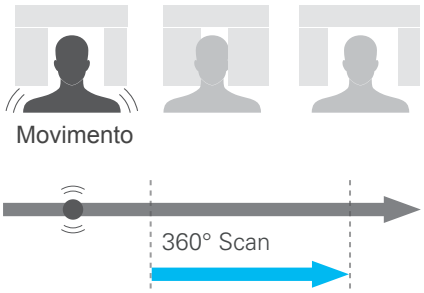


La ricostruzione a 180° per ridurre gli artefatti
Il paziente si è mosso durante l’acquisizione? Devi ripetere l’esame? Ora non più ! Accuitomo 3D 170 ti permette di estrarre 1\2 di 360°in ogni punto e rimuovere uno sbalzo iniziale, oppure il paziente ha deglutito involontariamente nel finale.

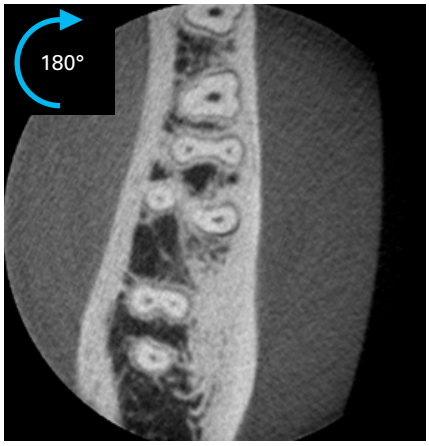
(solo per le acquisizioni a 360°)

La scansione a 360° mostra un artefatto da movimento

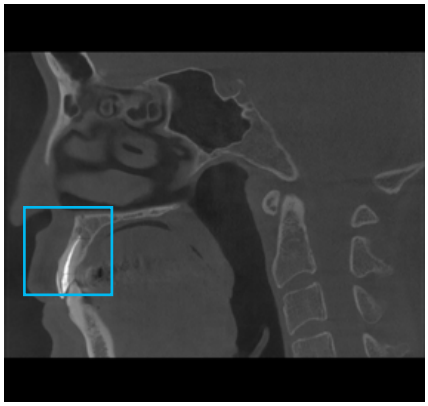
Rimozione di un artefatto dovuto ad un movimento involontario



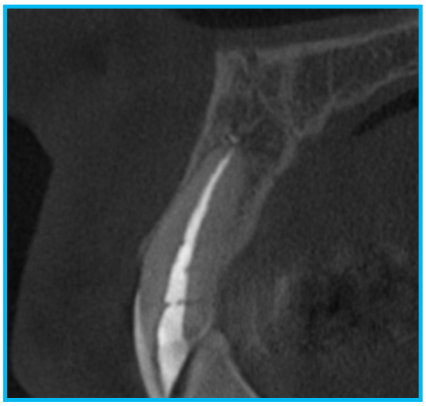
Estrazione Motion-Free180°



Risultato di un estrazione Motion-Free180°



Ø170 × H120 mm (250µm)

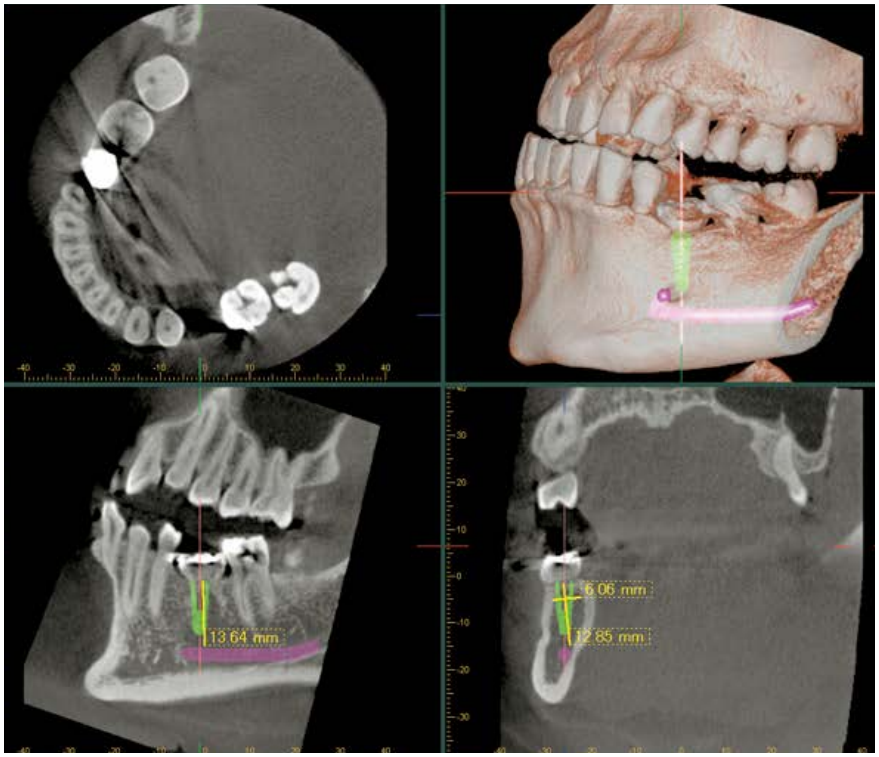


Ø40 × H40 mm (80µm)

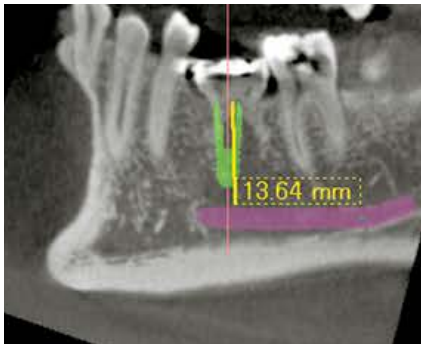
Zoom reconstruction

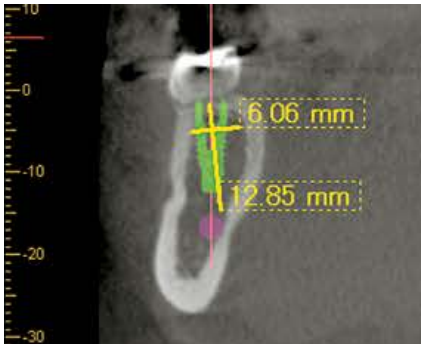
Accuitomo è equipaggiato di una funzione unica, chiamata zoom reconstruction, questa ti consente di zoommare e ricostruire un nuovo volume dall’originale, senza dover acquisire nuovamente. Il nuovo volume può essere ricostruito con una risoluzione fino a 80 micron, migliorando l’accuratezza senza dover aggiungere dosi di esposizione.

i-Dixel



Volume Rendering
Volume rendering displays a solid 3D image showing the bone structure and dental arch. The volume rendered image is linked to the slices and moves in real time whenever a slice is adjusted.



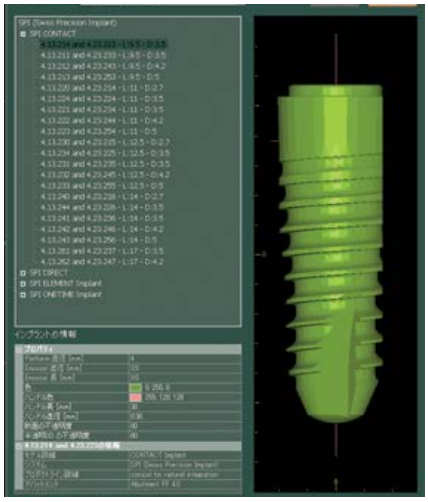


From multiplanar reconstructions to implant presentations

Implant Presentation
Select from a variety of popular implant manufacturers and place the implant directly in the CT slice for presentation. This presentation can be easily understood by patients and helps with case acceptance.

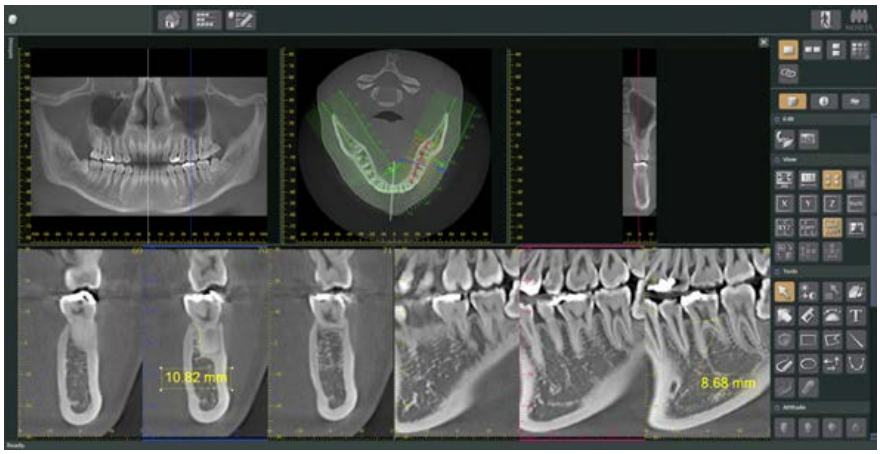
Dall'acquisizione alla diagnosi diventa facile

The i-Dixel imaging software offers a wide variety of features to help you quickly and easily create comprehensive treatment plans and explain those plans to your patients. Mandibular canal marking, implant presentation, multiplanar reconstruction are just a few of the features that i-Dixel provides for diagnoses. i-Dixel is also fully DICOM compliant and provides quick and easy integration with both practice management software and advanced treatment planning tools.



i-Dixel WEB

Freedom from platform and simplicity of design
i-Dixel WEB runs as a web service on an X-ray server PC included with your Morita X-ray system. It serves as a local and secure web-based dental image processing service that you can access throughout your practice on a wide range of devices.



No software installation needed
With the latest advancements in web technology, i-Dixel WEB gives you the freedom to view your images wherever you want and however you want. Gone are the days of complicated chairside PC setups, and limited choices of hardware. Mac OS X and even iPads can be used to view and edit data from a Morita X-ray system.

3D image processing
Even though i-Dixel WEB is a fully web-based system, the features you've come to expect are not compromised. View Morita's signature high quality images on the device of your choice!

Implantology

Image 1a: Clinical aspect at the initial examination

Case 1: Female patient referred for 3-dimensional analysis of an esthetic complication in the left maxillary incisor region (a).

The clinical status exhibits a mucosal recession as well as a flattening and discoloration of the facial mucosa at the implant crown. The patient complained about recurrent peri-implant infections.

*: Nasal palate tube

Image 1b: Coronal CBCT slice

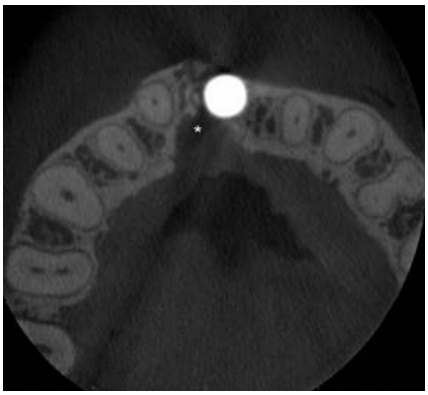


Image 1c: Axial CBCT slice

Image 1d: Sagittal CBCT slice

Case courtesy Prof. em. Dr. Daniel Buser, Clinic for oral surgery and somatology University Bern Prof. Dr. Michael Bornstein, Department of Oral Health & Medicine, University Center of Dental Medicine Basel UZB, University of Basel (Switzerland) and Honorary Professor in Oral and Maxillofacial Radiology, Faculty of Dentistry, The University of Hong Kong (Hong Kong SAR, China).

Periodontics

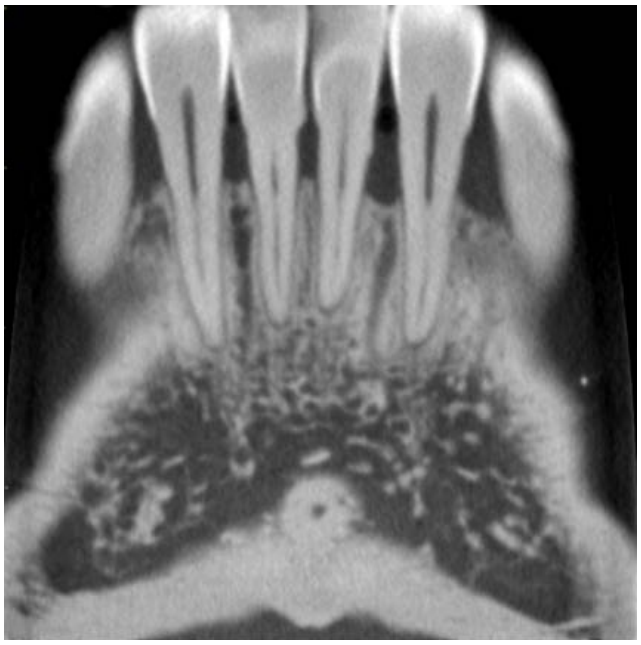


Image 2a: Para-coronal view

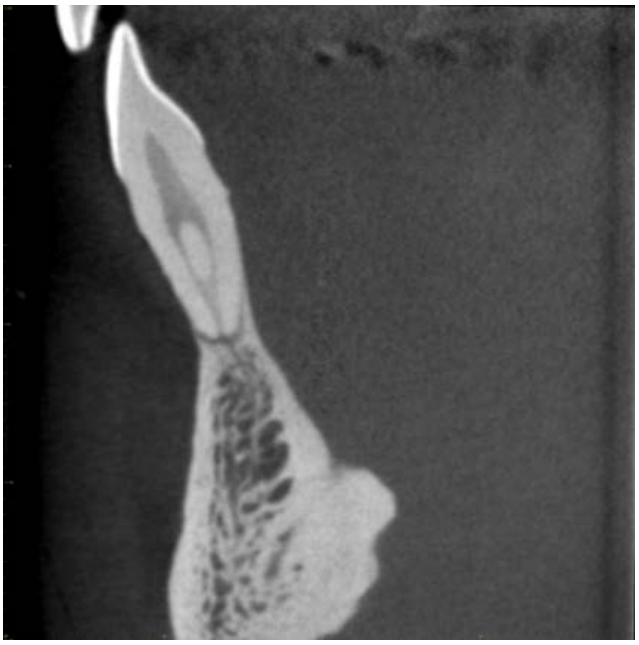


Image 2b: Cross-sectional view

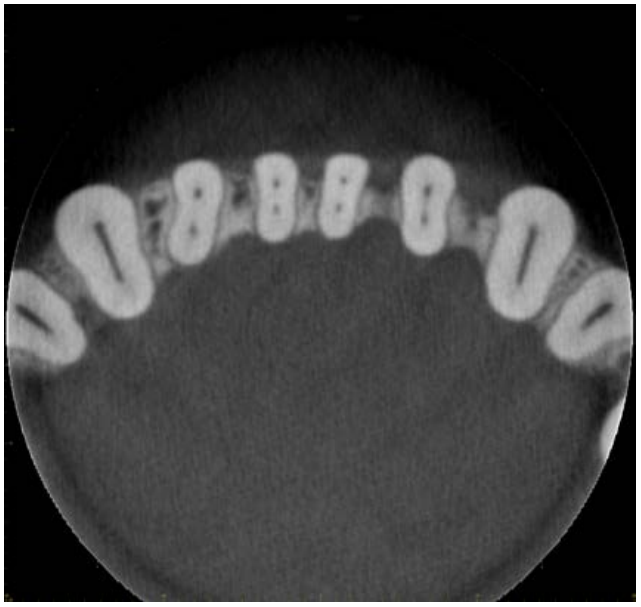


Image 2c: Axial view

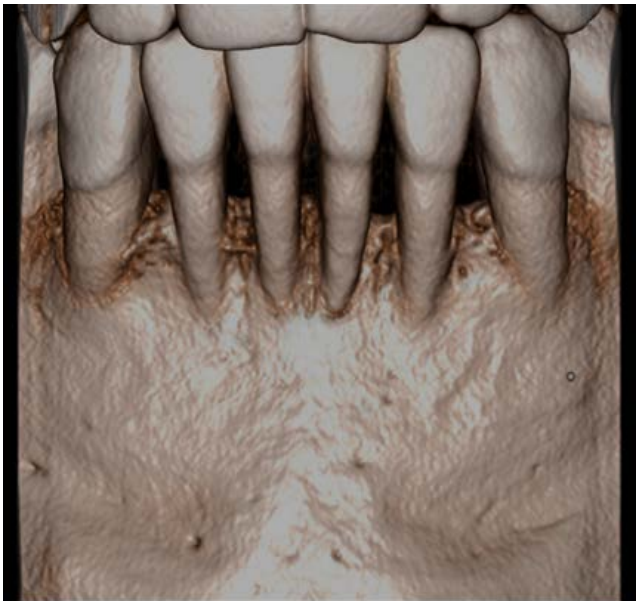


Image 2d: Volumetric Rendered view

An asymptomatic 51-year-old male presents with numerous complaints associated with the mandibular anterior teeth including unesthetic "black triangles" between the teeth, shrinking gums making the teeth look long, and "loose". The patient reports an extensive dental history of periodontal bone loss and therapy. A 4 cm x 4 cm FOV at 0.08 nominal voxel size was acquired and para-coronal (a), cross-sectional (b), axial (c), and three dimensional volumetric rendered (d) images clearly show the presence of calculus on the mandibular central incisors and generalized alveolar peri-circumferential radiographic bone loss extending to the middle third of the root and beyond consistent with a diagnosis of Periodontitis Stage III, localized incisor pattern. The patient was referred to a periodontist for management.

Case courtesy, Drs William C. Scarfe and Gustavo Santaella, Louisville Kentucky

Endodontics

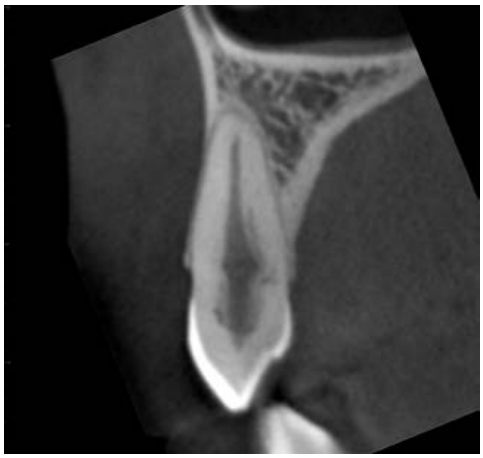


Image 3a: Cross-sectional view

Image 3b: Para-sagittal view

An asymptomatic 27-year-old female presents immediately after fixed orthodontic appliance therapy with bitewing imaging showing diffuse radiolucent increase in the middle third of the pulp chamber of the maxillary right canine compared to the contralateral side. An 8 cm x 8 cm FOV at 0.25 nominal voxel size was acquired and a suspicious opacification of the pulp canal of the maxillary right canine noted on axial (a) images. A 4 cm diameter "zoom reconstruction "was performed at a nominal 0.08 mm voxel resolution centered on the maxillary canine. Cross-sectional (a), and para-sagittal (b) images clearly identify dentin resorption on the mesio-palatal aspect of the root extending peri-circumferentially around the pulp canal and chamber and loss of the root continuity at the level of the cervical third of the root indicative of Class III invasive cervical resorption. The patient was referred to an endodontist for management.

Image 4a: Axial view

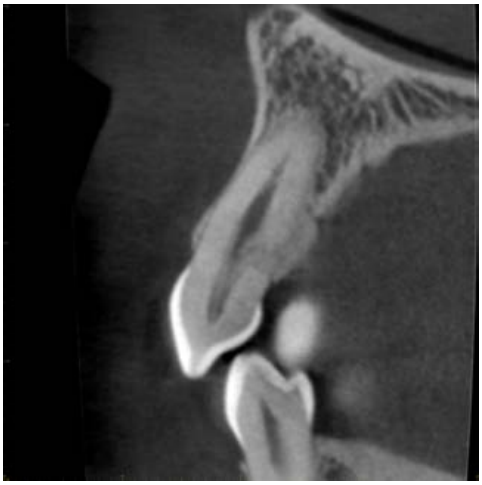


Image 4b: Cross-sectional view

A 24-year-old female presents with vague tooth sensitivity in the maxillary right region. Her dental history reveals active orthodontics more than 8 years previously involving extrusion of her right maxillary canine. Intraoral imaging is noncontributory. An 8 cm x 8 cm FOV at 0.25 nominal voxel size was acquired and a suspicious opacification of the pulp canal of the maxillary right canine noted. A 4 cm diameter "zoom reconstruction "was performed at a nominal 0.08 mm voxel resolution centered on the maxillary canine and these indications are noted on axial (a) and magnified cross-sectional (b) images. This image serves as a baseline for periodic, limited field, high resolution CBCT imaging to determine progression.

Case courtesy, Drs William C. Scarfe and Gustavo Santaella, Louisville Kentucky

Oral Surgery

Image 5a: MPR Panoramic view

Image 5b: Para-sagittal view

An asymptomatic 56 year-year-old male presents with a history of incidental discovery of possible mandibular pathology in the left mandible on routine panoramic imaging taken 1 month previously. A 10 cm x 10 cm FOV at 0.25 nominal voxel size was acquired, A reformatted MPR panoramic (a), and para-sagittal (b) images clearly show a single, well-defined, corticated, irregularly-shaped bilobular low density lesion anterior to the lingula and mandibular foramen within the left ascending ramus with extension inferiorly through the intramedullary bone to include the entire alveolus posterior to the distal root of the left mandibular third molar. There is lingual cortical expansion but no perforation. The mandibular canal is intact throughout its course within the ramus and the mandible. The patient was referred to an oral surgeon and excisional biopsy reveals an odontogenic keratocyst.

Case courtesy, Drs William C. Scarfe and Gustavo Santaella, Louisville Kentucky

Image 6a: Axial view

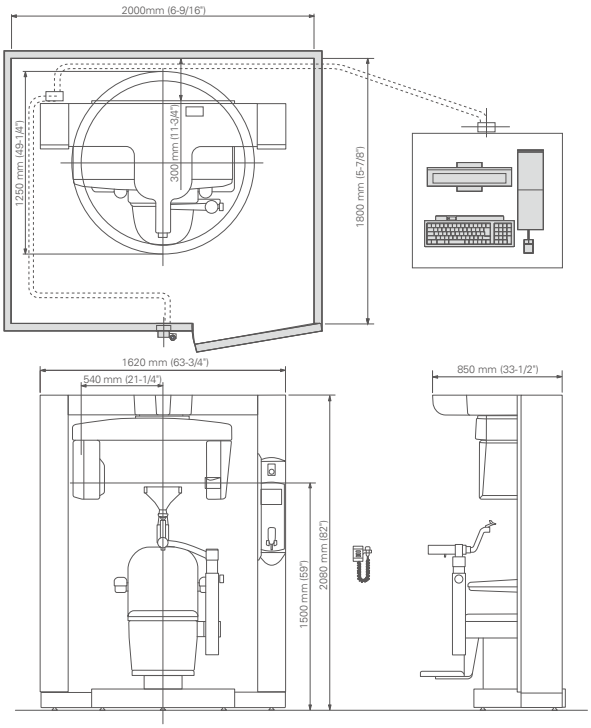
Image 6b: Volume Rendered view

Buccal bifurcation cyst. Buccal localization of the lesion with an extended resorption of the vestibular cortical plate and a periosteal reaction.

Case courtesy, Prof. Dr. Reinhilde Jacobs, Center for Dentomaxillofacial Imaging, University Hospitals Leuven and Department of Imaging & Pathology, OMFS-IMPATH Research Group, KU Leuven, Leuven, Belgium

Specifications

Trade Name:	3D Accuitomo
	XYZ Slice View Tomograph
Model:	MCT-1
Type:	EX1/2 F17
Power Supply:	AC 100/ 110/ 120 V
	AC 220/230/240 VAC
Power Consumption:	max 2.0 kVA
Dimensions:	
Main Unit:	W1,620 mm x D1,250 mm x H2,080 mm
	(63-3/4" x 49-1/4" x 82")
Control Box:	W100 mm x D40 mm x H115 mm
	(4" x 1-5/8" x 4-1/2")
Weight:	Approx. 400kg (Approx. 882lbs)
X-ray Head	
Tube Voltage:	60-90 kV
Tube Current:	1-10 mA
	(Max 8mA : Hi-Fi, Hi-Res Mode)
Focal Spot Size:	0.5
Exposure Time:	Std Mode: 17.5 / 9.0 sec
(360°/180°)	Hi-Fi Mode : 30.8 / 15.8 sec
	Hi-Res Mode : 30.8 / 15.8 sec
	Hi-Speed Mode : 10.5 / 5.4 sec
Field of View	ø 40 x H40 mm
	ø 60 x H60 mm
	ø 80 x H80 mm
	ø 100 x H50 mm
	ø 100 x H100 mm
	ø 140 x H50 mm
	ø 140 x H100 mm
	ø 170 x H120 mm
Voxel Size	80µm / 125µm / 160µm / 250µm



* X-ray protection should be provided for the patient when X-rays are emitted.
* Design and specifications are subject to change without notification.

Diagnostic and Imaging Equipment

Treatment Units

Handpieces and Instruments

Endodontic System

Laser Equipment

Laboratory Devices

Educational and Training Systems

Auxiliaries

MORITA

Development and Manufacturing
J. MORITA MFG. CORP.
680 Higashihama Minami-cho, Fushimi-ku,
Kyoto 612-8533, Japan
T +81. (0)75. 611 2141, F +81. (0)75. 622 4595

Morita Global Website
www.morita.com

Distribution
J. MORITA CORP.
3-33-18 Tarumi-cho, Suita-shi, Osaka 564-8650, Japan
T +81. (0)6. 6380 1521, F +81. (0)6. 6380 0585

J. MORITA USA, INC.
9 Mason, Irvine CA 92618, USA
T +1. 949. 581 9600, F +1. 949. 581 8811

J. MORITA EUROPE GMBH
Justus-von-Liebig-Strasse 27b, 63128 Dietzenbach, Germany
T +49. (0)6074. 836 0, F +49. (0)6074. 836 299

MORITA DENTAL ASIA PTE. LTD.
150 Kampong Ampat
#06-01A KA Centre, Singapore 368324
T +65. 6779. 4795, F +65. 6777. 2279

J. MORITA CORP. AUSTRALIA & NEW ZEALAND
Suite 2.05, 247 Coward Street, Mascot NSW 2020, Australia
T +61. (0)2. 9667 3555, F +61. (0)2. 9667 3577

J. MORITA CORP. MIDDLE EAST
4 Tag Al Roasaa, Apartment 902, Saba Pacha 21311 Alexandria, Egypt
T +20. (0)3. 58 222 94, F +20. (0)3. 58 222 96

J. MORITA CORP. INDIA
Filix Office No.908, L.B.S. Marg, Opp. Asian Paints, Bhandup (West), Mumbai 400078, India
T +91-22-2595-3482

J. MORITA MFG. CORP. INDONESIA
28F, DBS Bank Tower, Jl. Prof. Dr. Satrio Kav. 3-5, Jakarta 12940, Indonesia
T +62-21-2988-8332, F + 62-21-2988-8201

SIAMDENT CO., LTD.
71/10 Mu 5, Thakham, Bangpakong, Chachuengsao 24130, Thailand
T +66. 38. 573042, F +66. 38. 573043
www.siamdent.com

Pub: No. DI129-B005-EN-4
JME EN 0221*0.5