

# Surface Matters

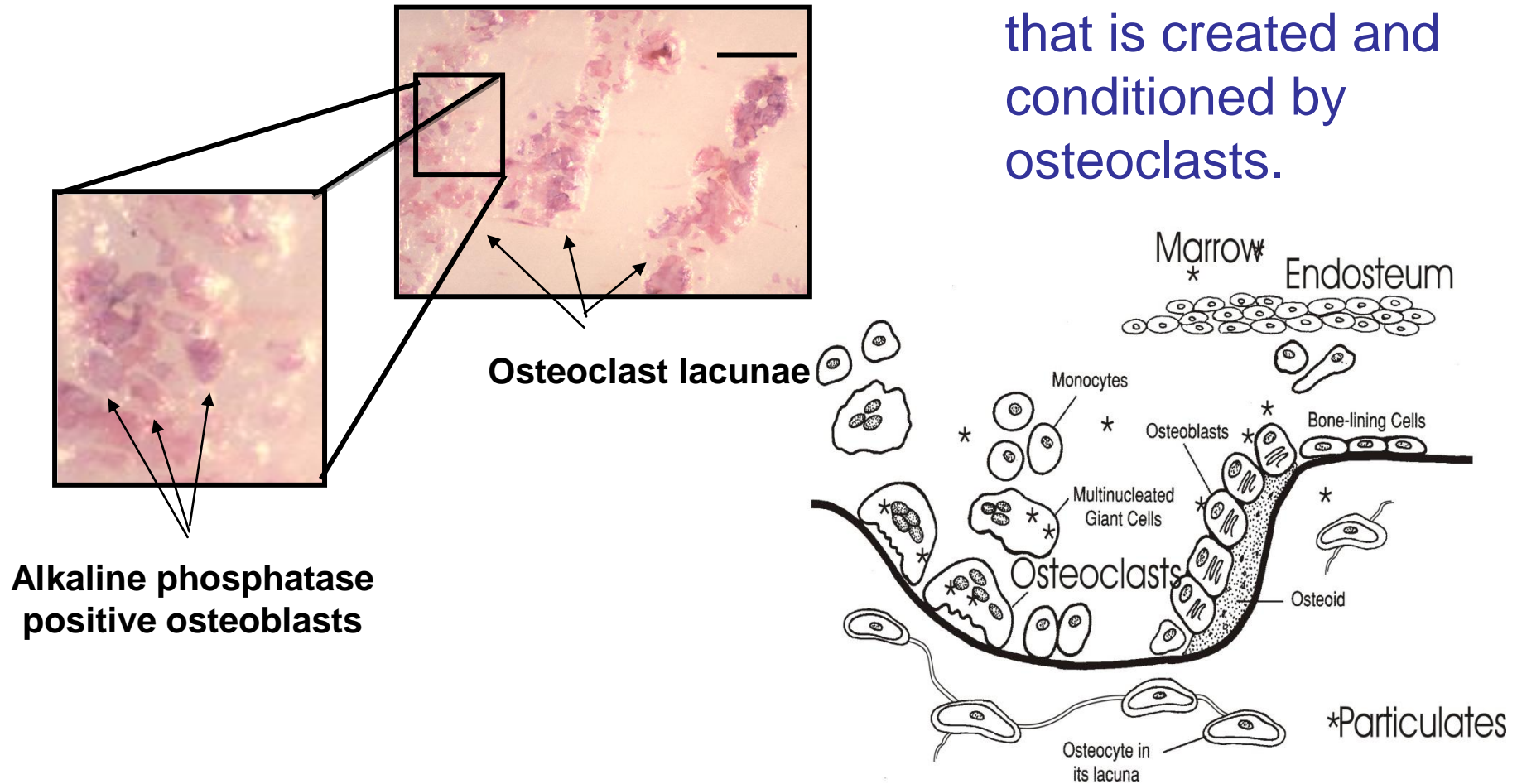
**Adam Bruggeman, MD**

**Texas Spine Care Center**



# Is surface morphology biologically relevant?

Osteoblasts form bone on a surface that is created and conditioned by osteoclasts.

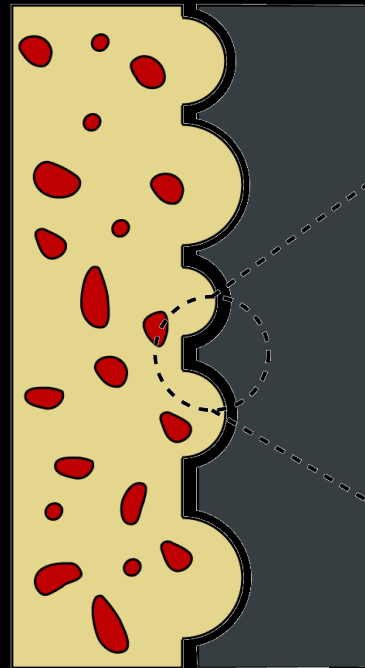


# Bone Structural Complexity

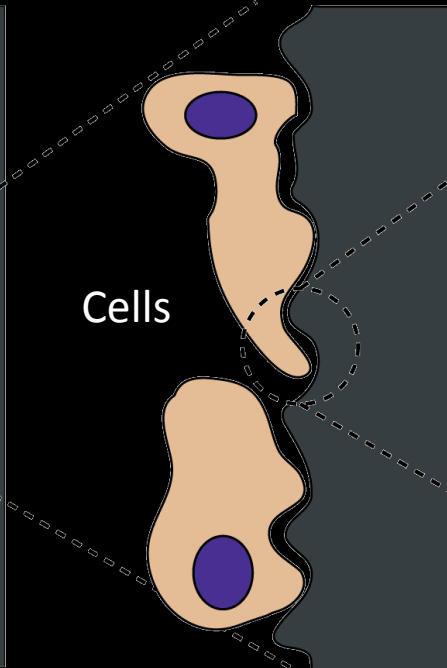
Macroscale

Microscale

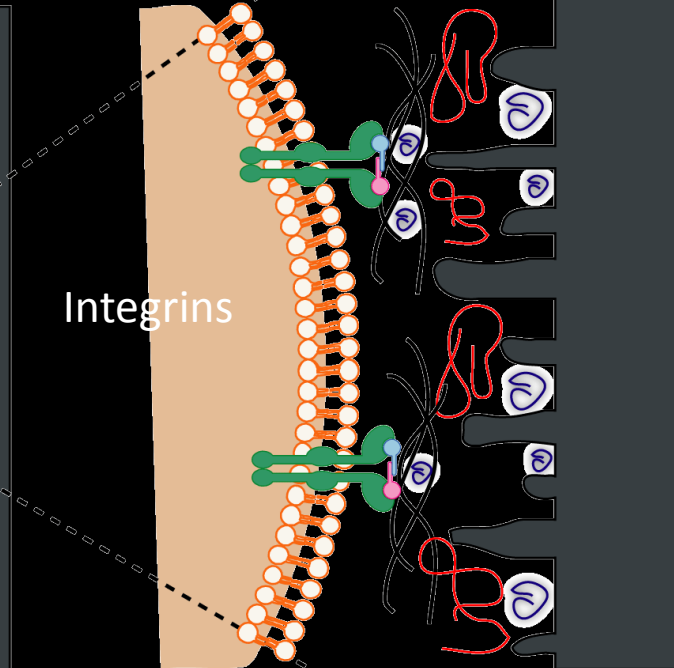
Nanoscale



Bone Implant



Cells

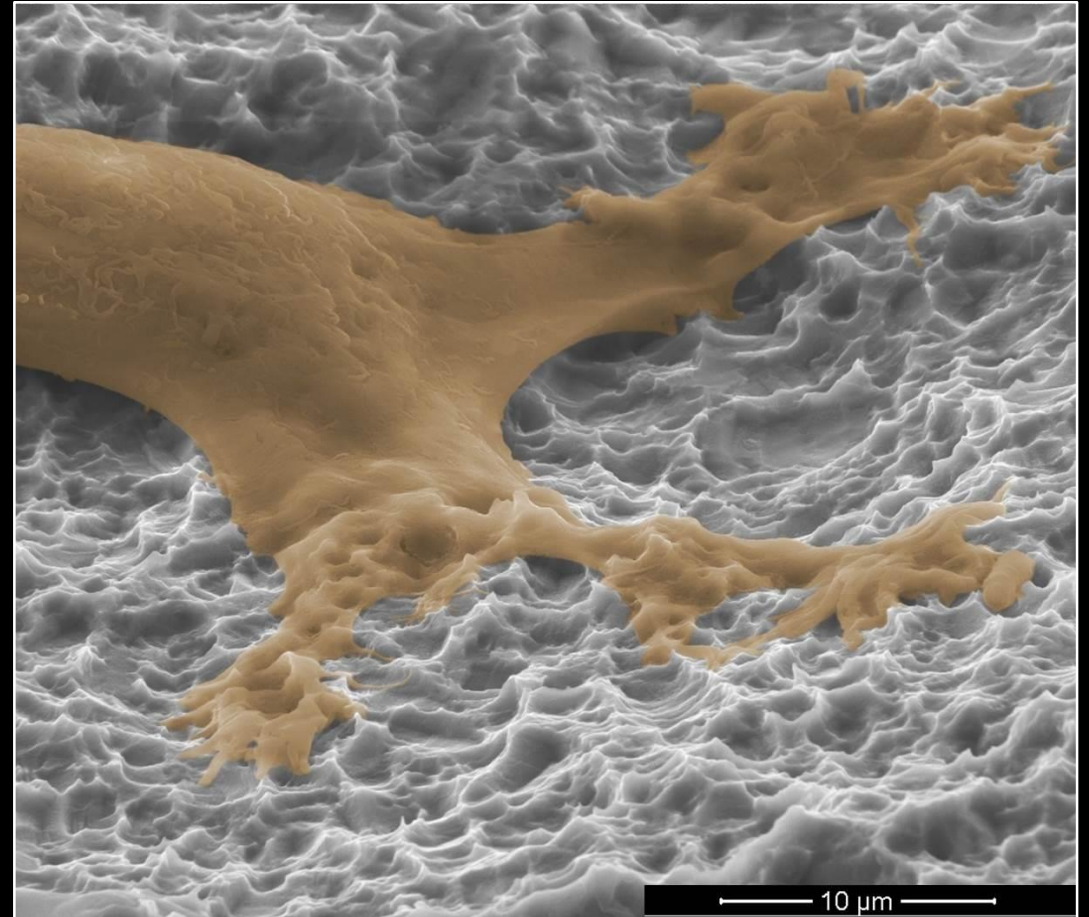


Integrins

Collagen & Other ECM  
Proteins

# What is it that cells like?

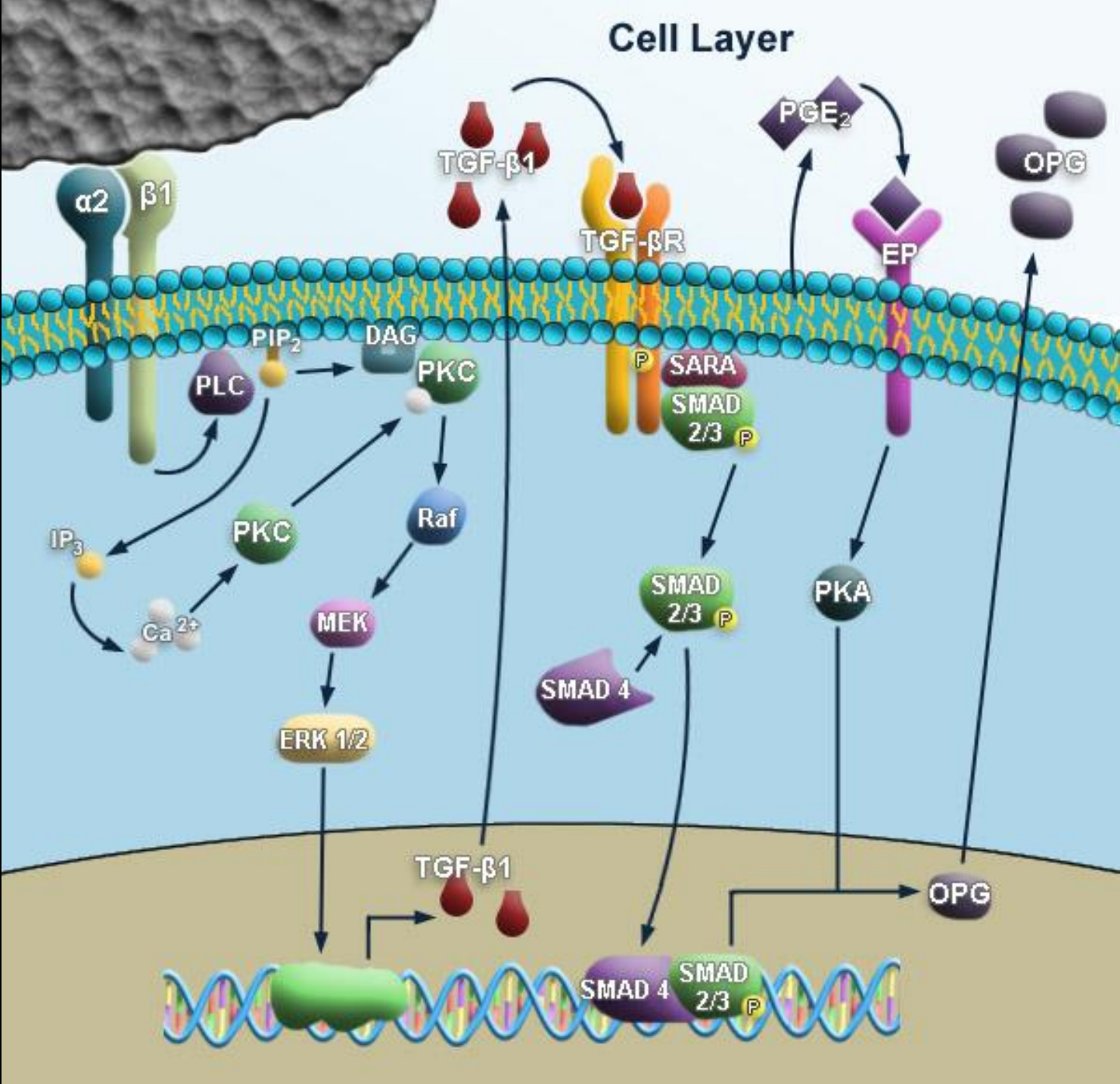
- Complex microtextured surfaces
- Craters that are 30-100  $\mu\text{m}$  wide
  - Macro
- Pits that are 1-3  $\mu\text{m}$  wide
  - Micro
- Peaks that are “pointed” with a regular shape
  - Nano



MSC interacting with a roughened Ti surface.

Image Courtesy of Dr. Robert Brown, Department of Bioengineering, Penn State University

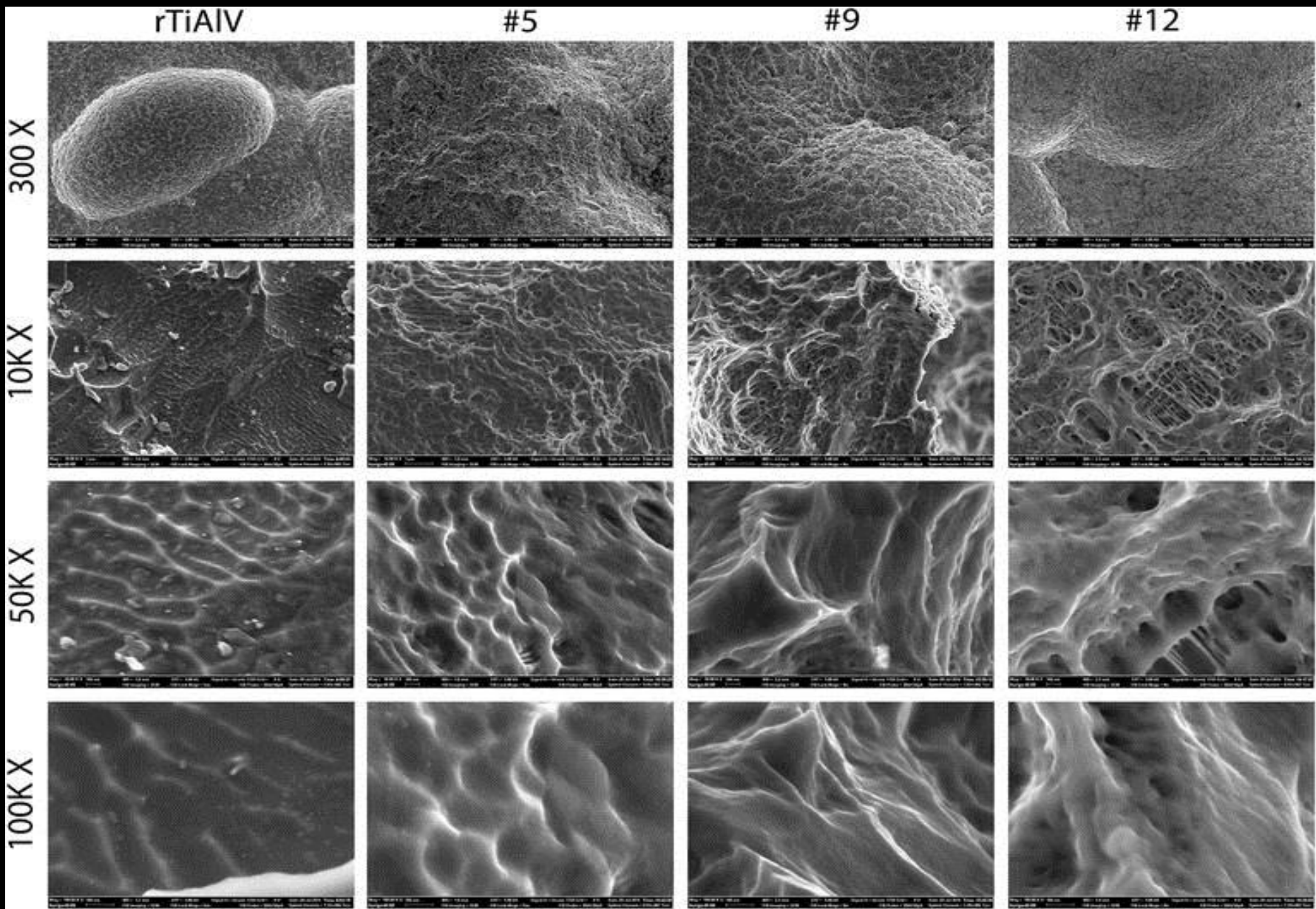
How can the surface have an effect?



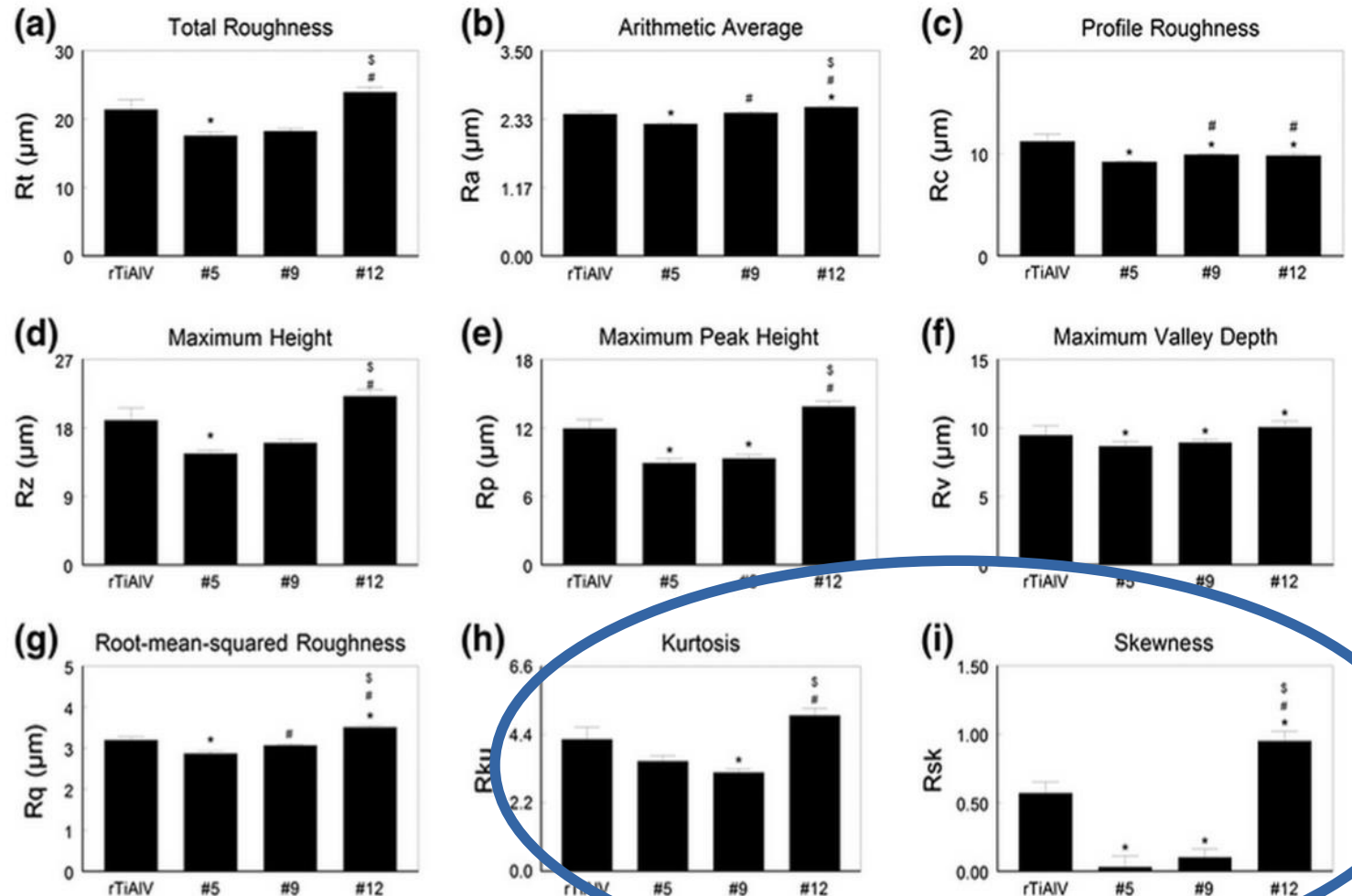
# **Osteoblast Lineage Cells Can Discriminate Microscale Topographic Features on Titanium–Aluminum–Vanadium Surfaces**

RENE OLIVARES-NAVARRETE,<sup>1</sup> SHARON L. HYZY,<sup>1</sup> MARK E. BERG,<sup>2</sup> JENNIFER M. SCHNEIDER,<sup>2</sup>  
KELLY HOTCHKISS,<sup>1</sup> ZVI SCHWARTZ,<sup>1,4</sup> and BARBARA D. BOYAN<sup>1,3,4,5</sup>

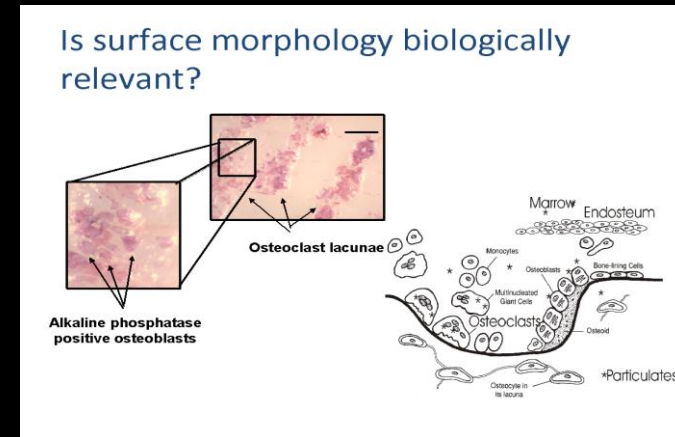
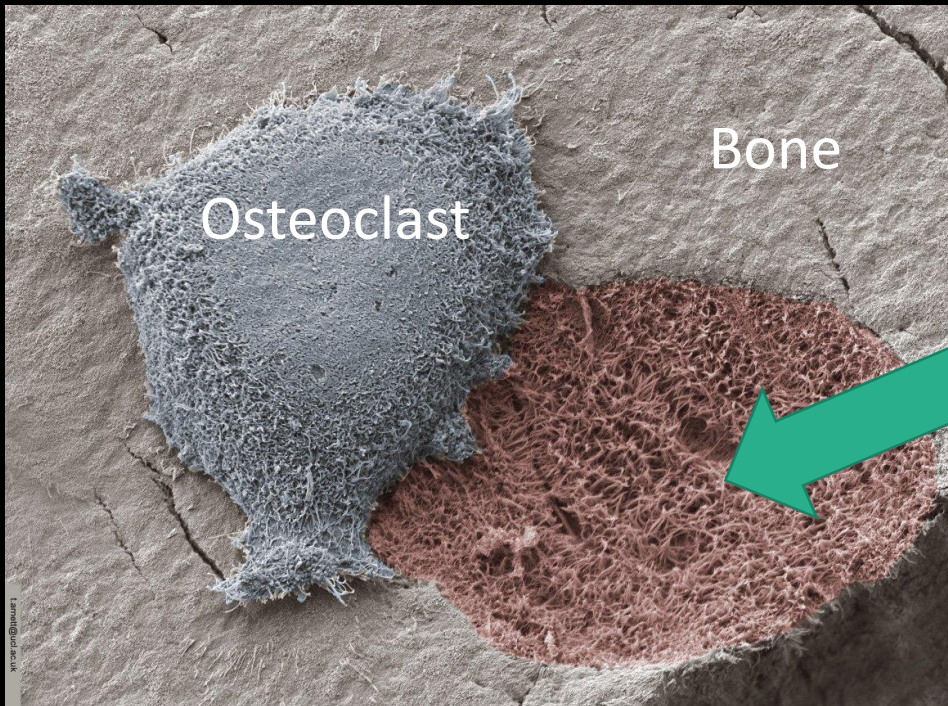
<sup>1</sup>Department of Biomedical Engineering, Virginia Commonwealth University, Richmond, VA, USA; <sup>2</sup>Titan Spine LLC, Mequon, WI, USA; <sup>3</sup>Wallace H. Coulter Department of Biomedical Engineering, Georgia Institute of Technology, Atlanta, GA, USA; <sup>4</sup>Department of Periodontics, University of Texas Health Science Center at San Antonio, San Antonio, TX, USA; and <sup>5</sup>School of Engineering Virginia Commonwealth University, 601 West Main Street, Suite 331a, Richmond, VA 23284, USA



- Multiple surface characteristics were measured
- Only two parameters showed significant differences
  - Low Skewness (deep valleys)
  - High Kurtosis (sharp peaks)



# Morphology of an osteoclastic pit

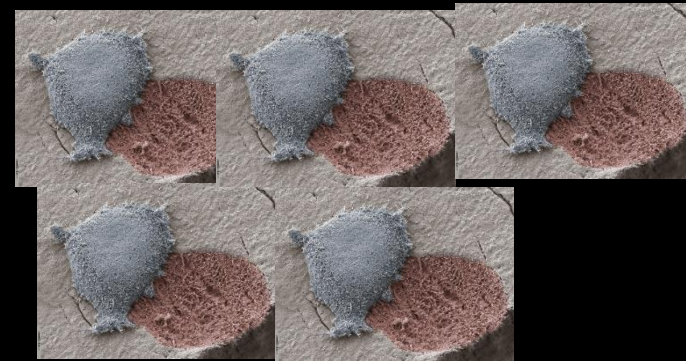
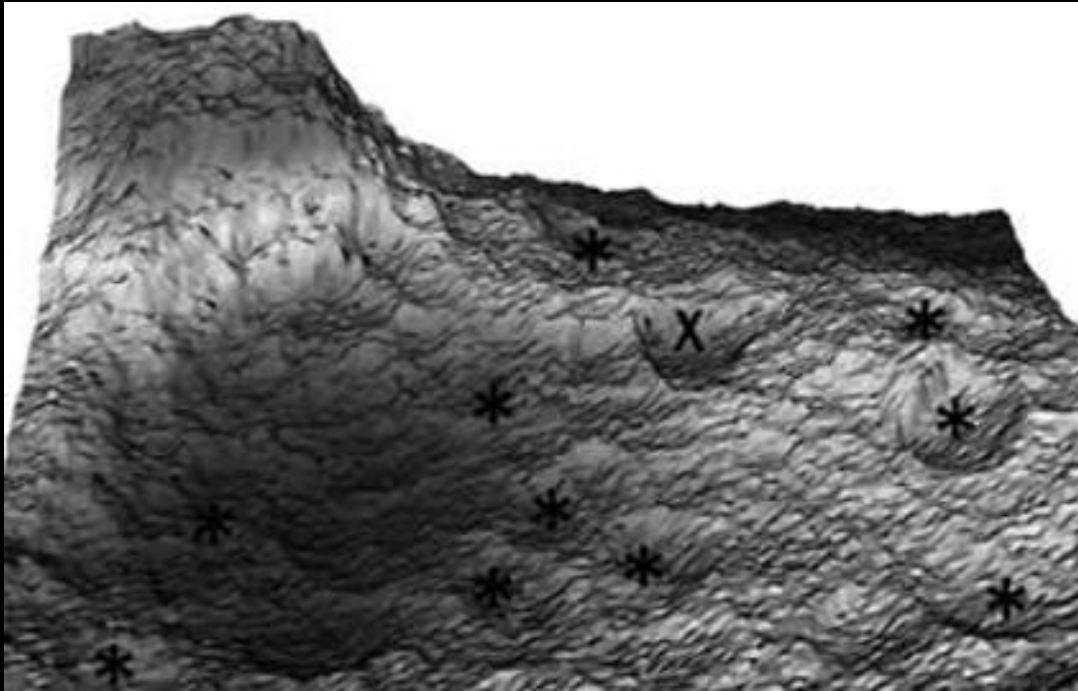


## Osteoclastic Pit

\*Osteoblasts seek these pits out to grow bone in them\*

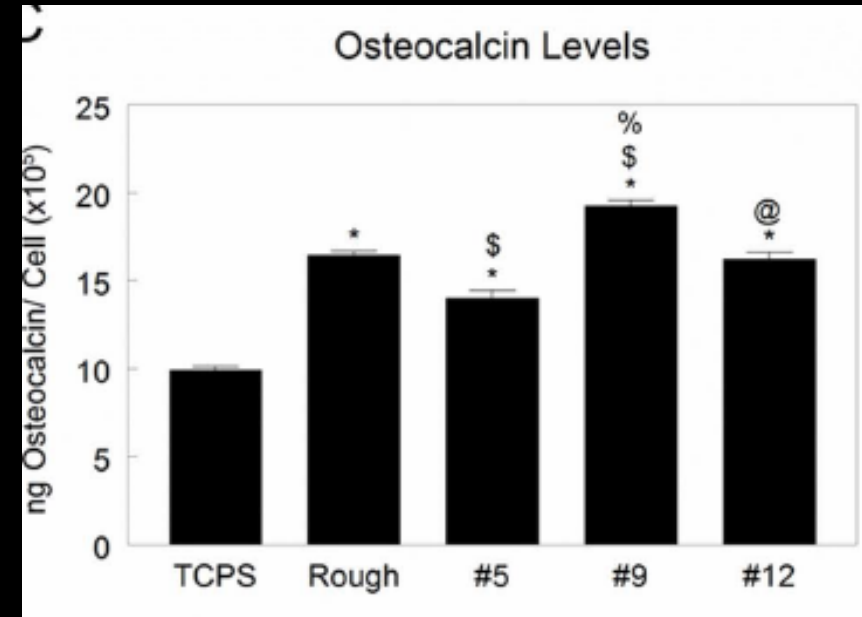
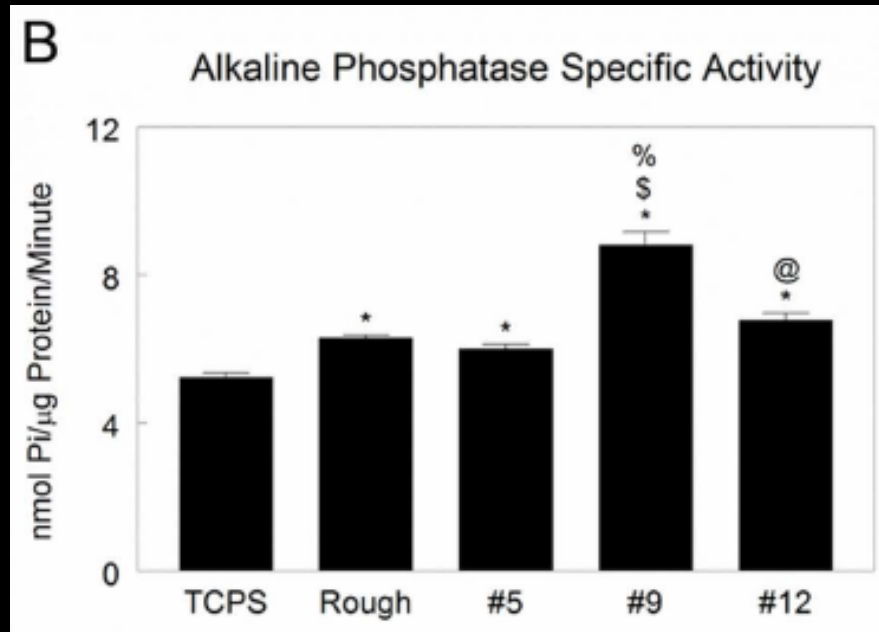
By kind permission of Tim Arnett ([t.arnett@ucl.ac.uk](mailto:t.arnett@ucl.ac.uk)) & Javier Manzano, UCL.

# Subtractive Manufactured “Osteoclastic Pits” \*



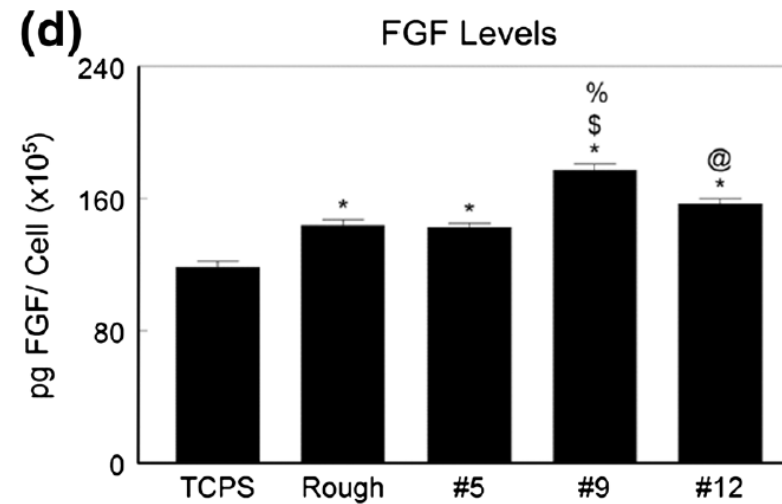
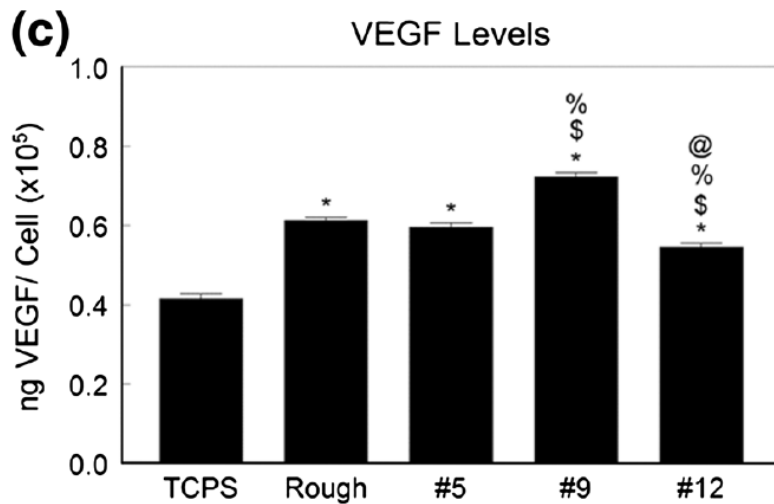
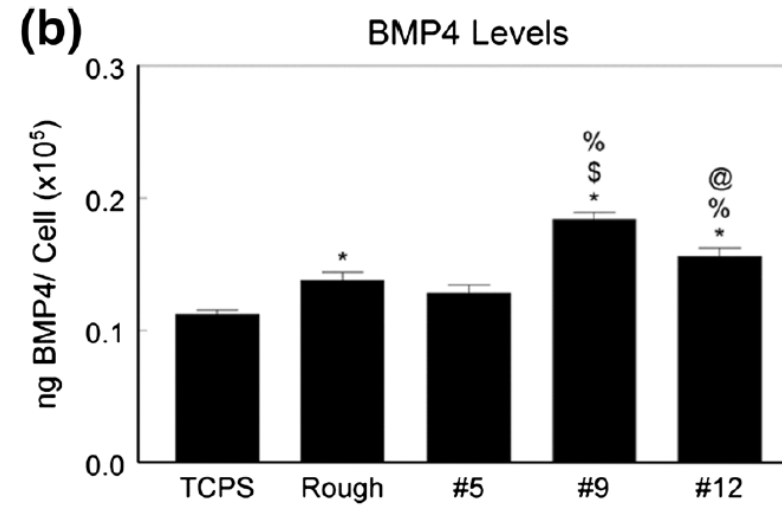
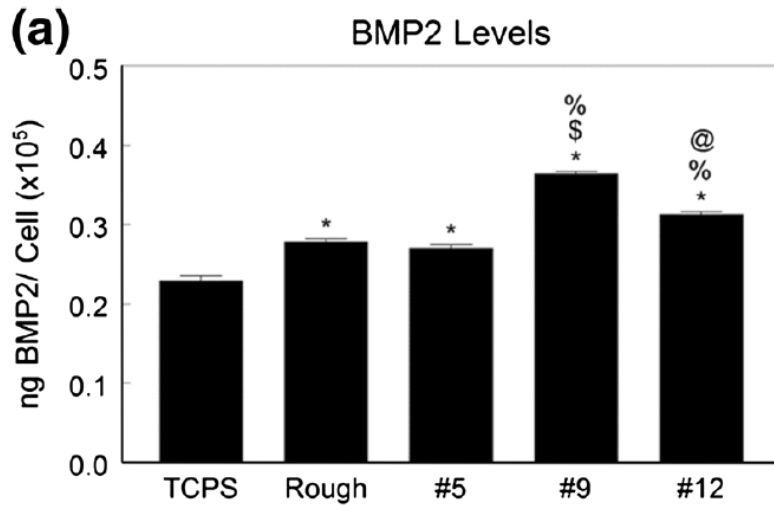
\*Osteoblasts seek these pits out to grow bone in them\*

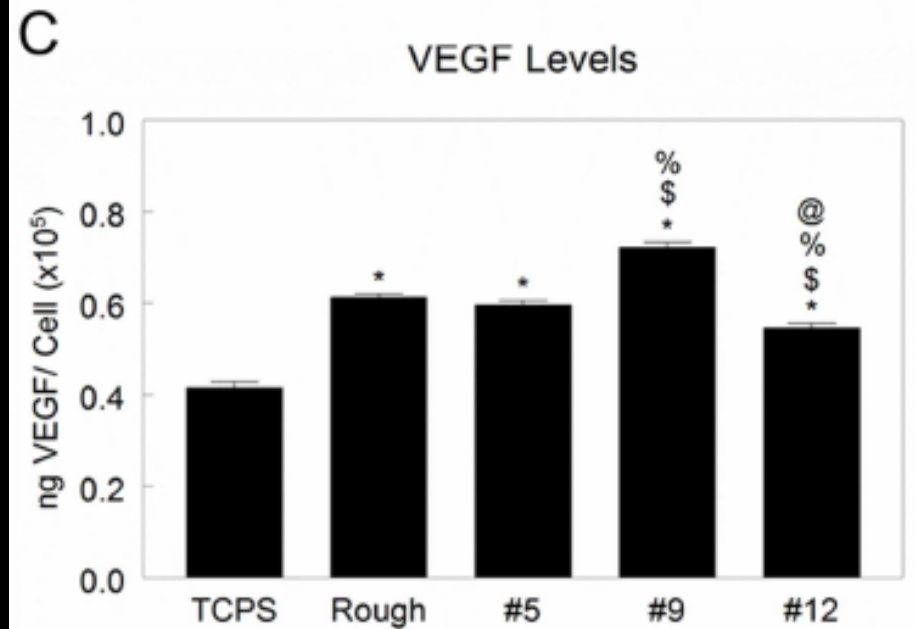
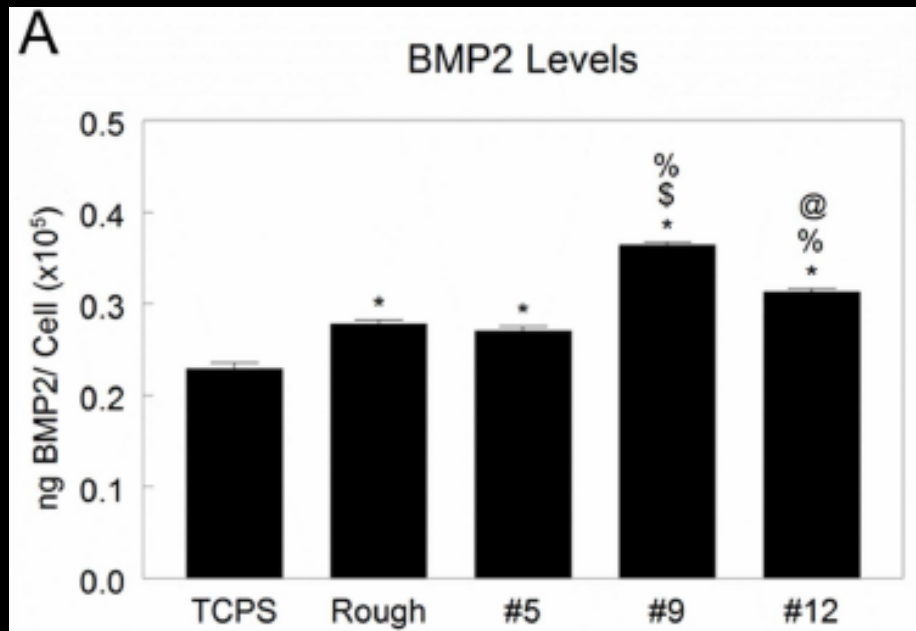
# MSCs exhibit greater osteoblastic differentiation on #9.



[Olivares-Navarrete et al. Ann Biomed Eng. 2014 Dec;42\(12\):2551-61.](#)  
doi: 10.1007/s10439-014-1108-3. Epub 2014 Sep 17.

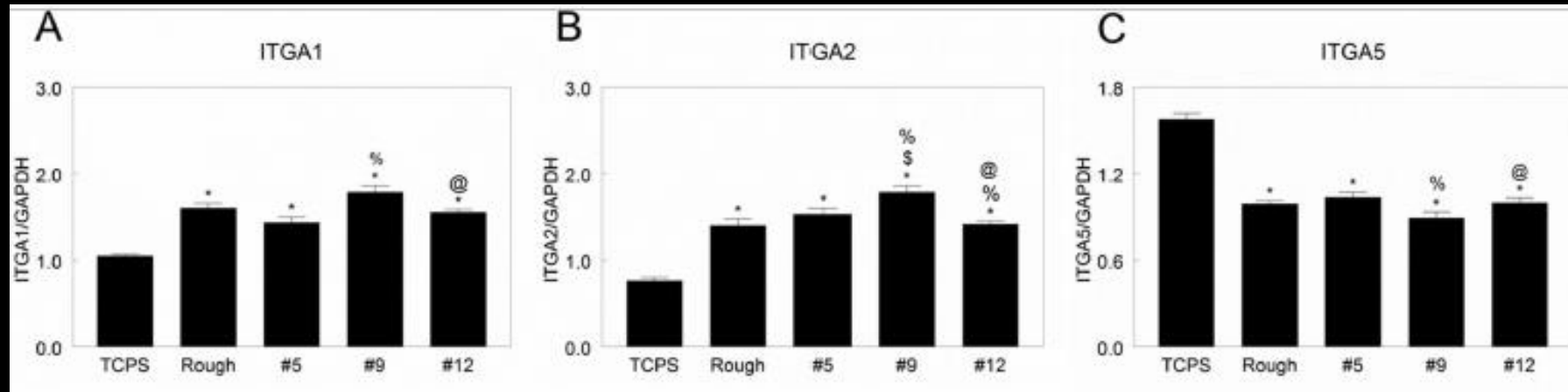
# Local factor production by osteoblasts (#9)





MSCs produce more osteogenic factors on #9.

[Olivares-Navarrete et al. Ann Biomed Eng. 2014 Dec;42\(12\):2551-61. doi: 10.1007/s10439-014-1108-3. Epub 2014 Sep 17.](#)



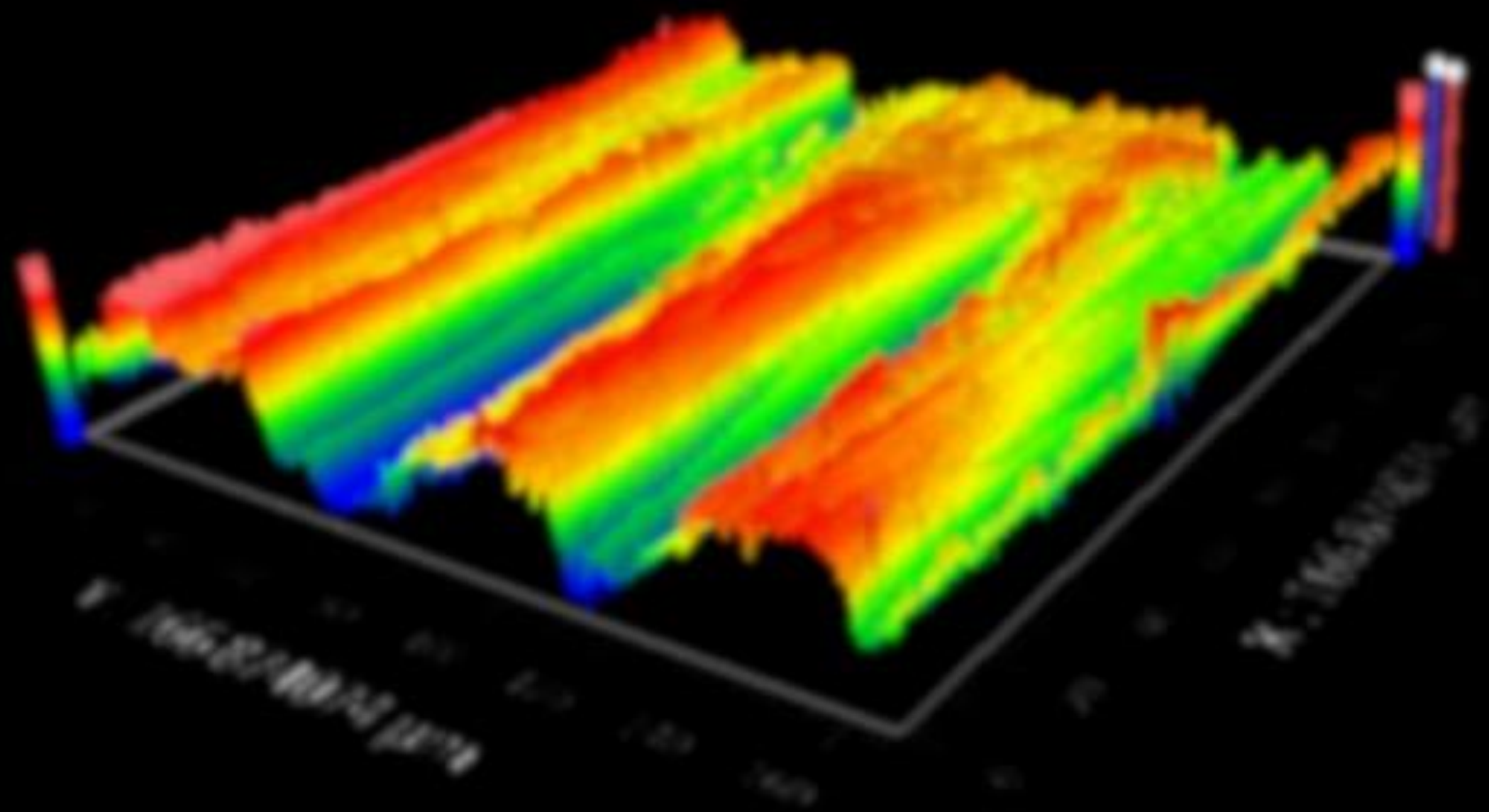
MSCs express more mRNAs for  $\alpha 1$  and  $\alpha 2$  integrin subunits on #9.

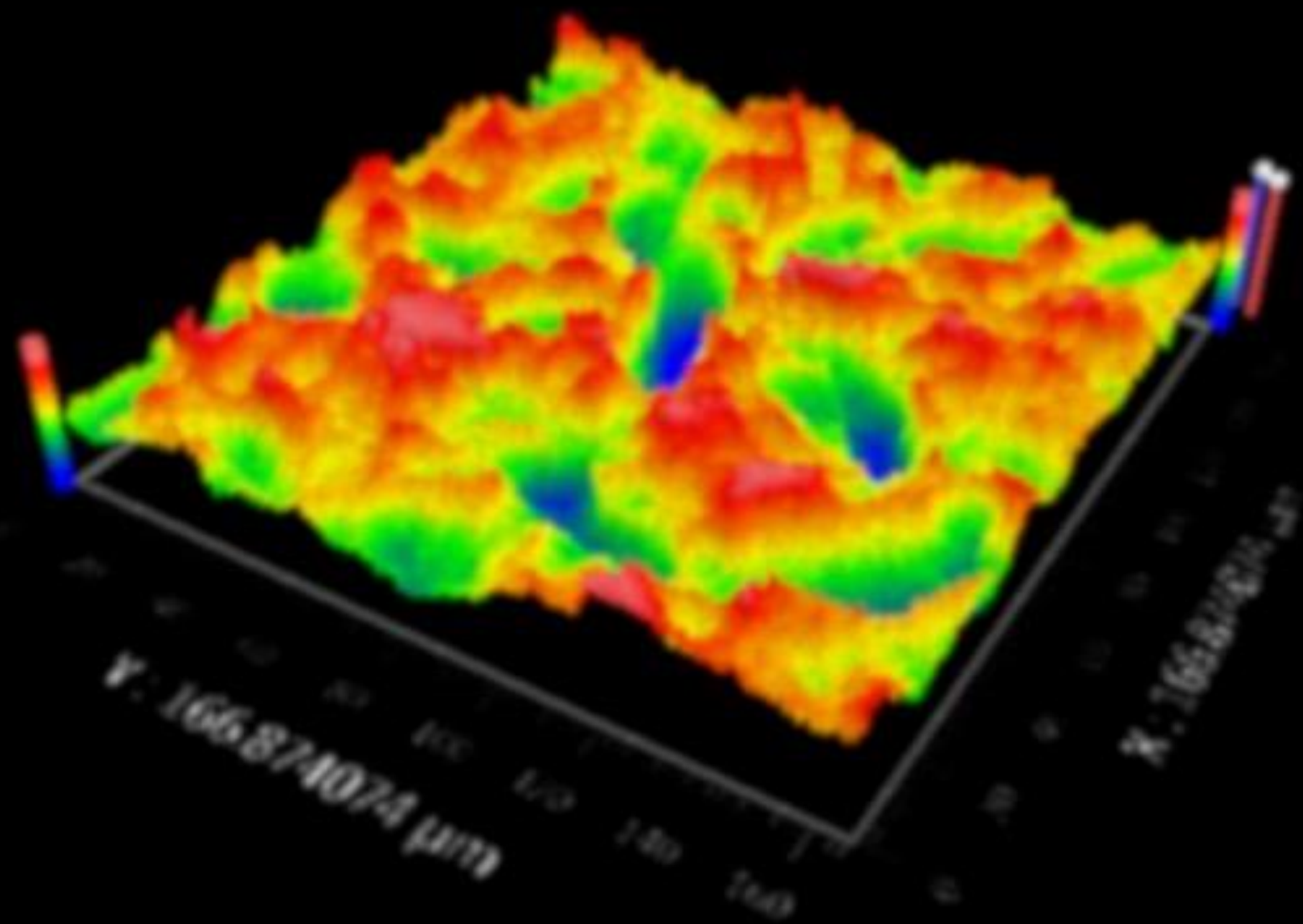
[Olivares-Navarrete et al. Ann Biomed Eng. 2014](#)

Dec;42(12):2551-61. doi: 10.1007/s10439-014-1108-3. Epub 2014 Sep 17.

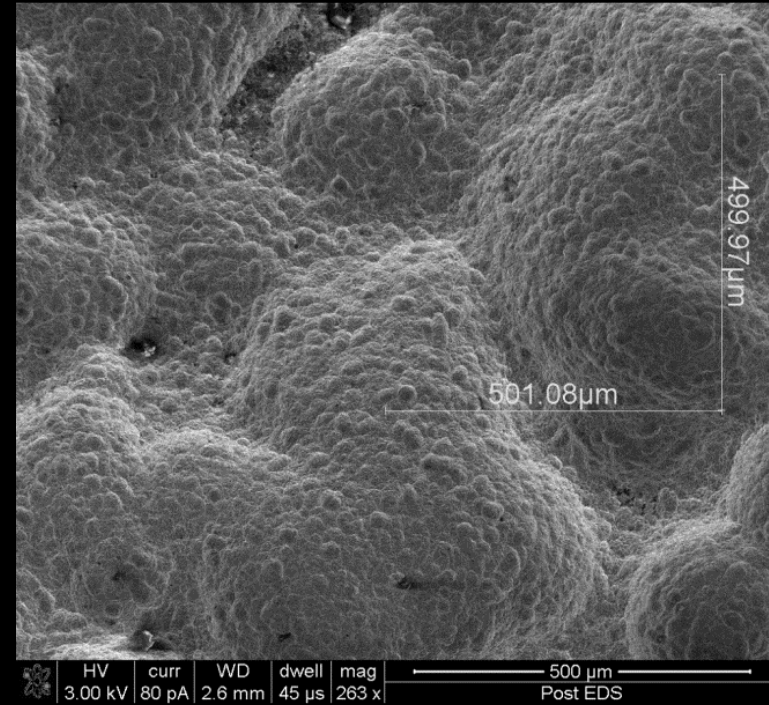
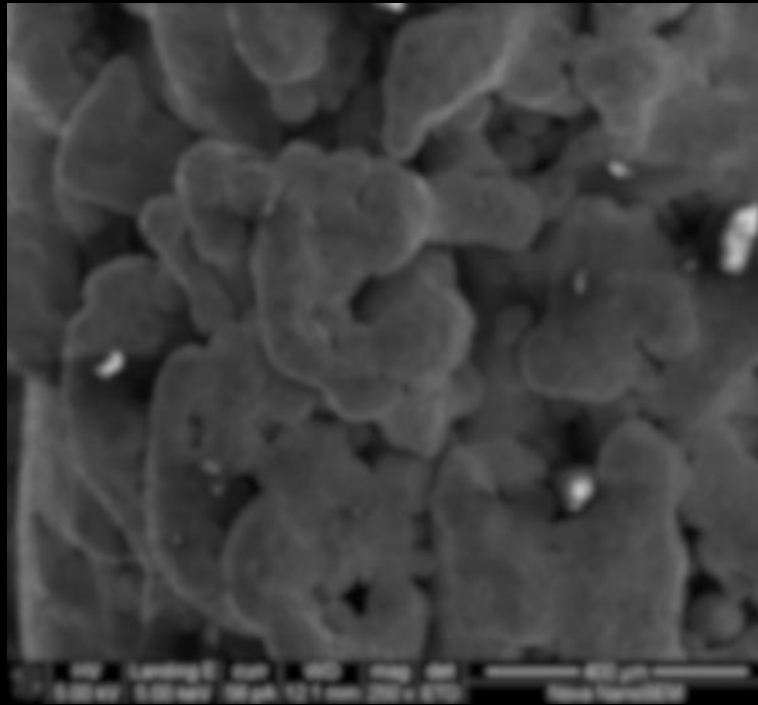
# Conclusion

- Microstructured surfaces can vary greatly
  - #9 outperformed other samples
  - Best cellular response because the micro topography mimics an osteoclastic resorption pit
  - This specific surface also induced highest expression of a2 and b1 integrin mRNA due to nano-scale features ( $10^{-9}$ )
- Small differences in topography will result in different cellular responses (Not all titanium implants are the same)





250x







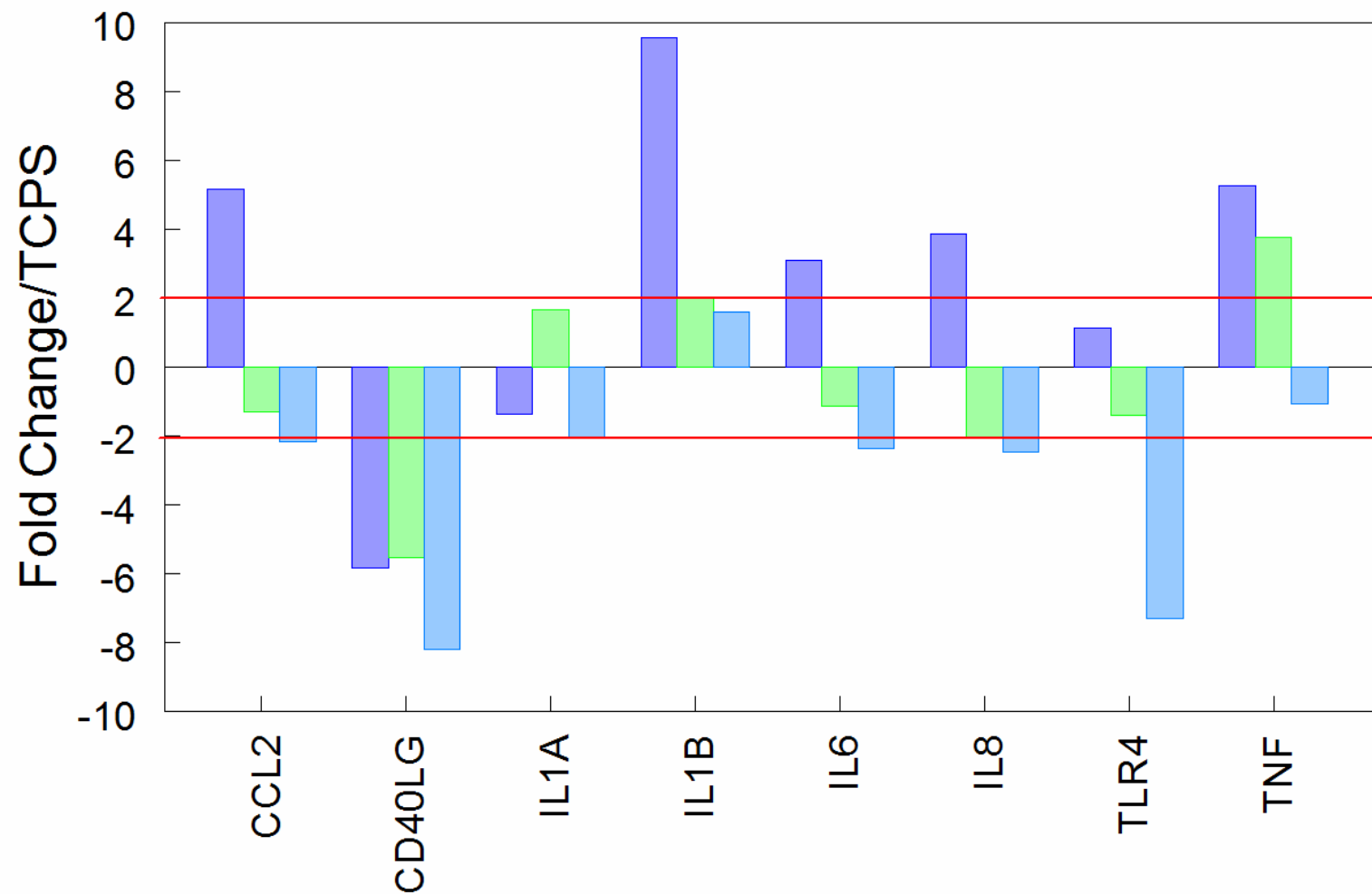
EPIDEMIOLOGY

# Implant Materials Generate Different Peri-implant Inflammatory Factors

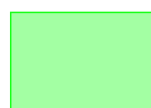
*Poly-ether-ether-ketone Promotes Fibrosis and Microtextured Titanium Promotes Osteogenic Factors*

Rene Olivares-Navarrete, DDS, PhD,\* Sharon L. Hyzy, MS,\* Paul J. Sosa, MD,† Jennifer M. Schneider, MS,‡  
Zvi Schwartz, DMD, PhD,\*§ and Barbara D. Boyan, PhD\*¶

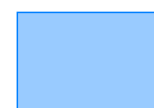
# Inflammation



PEEK

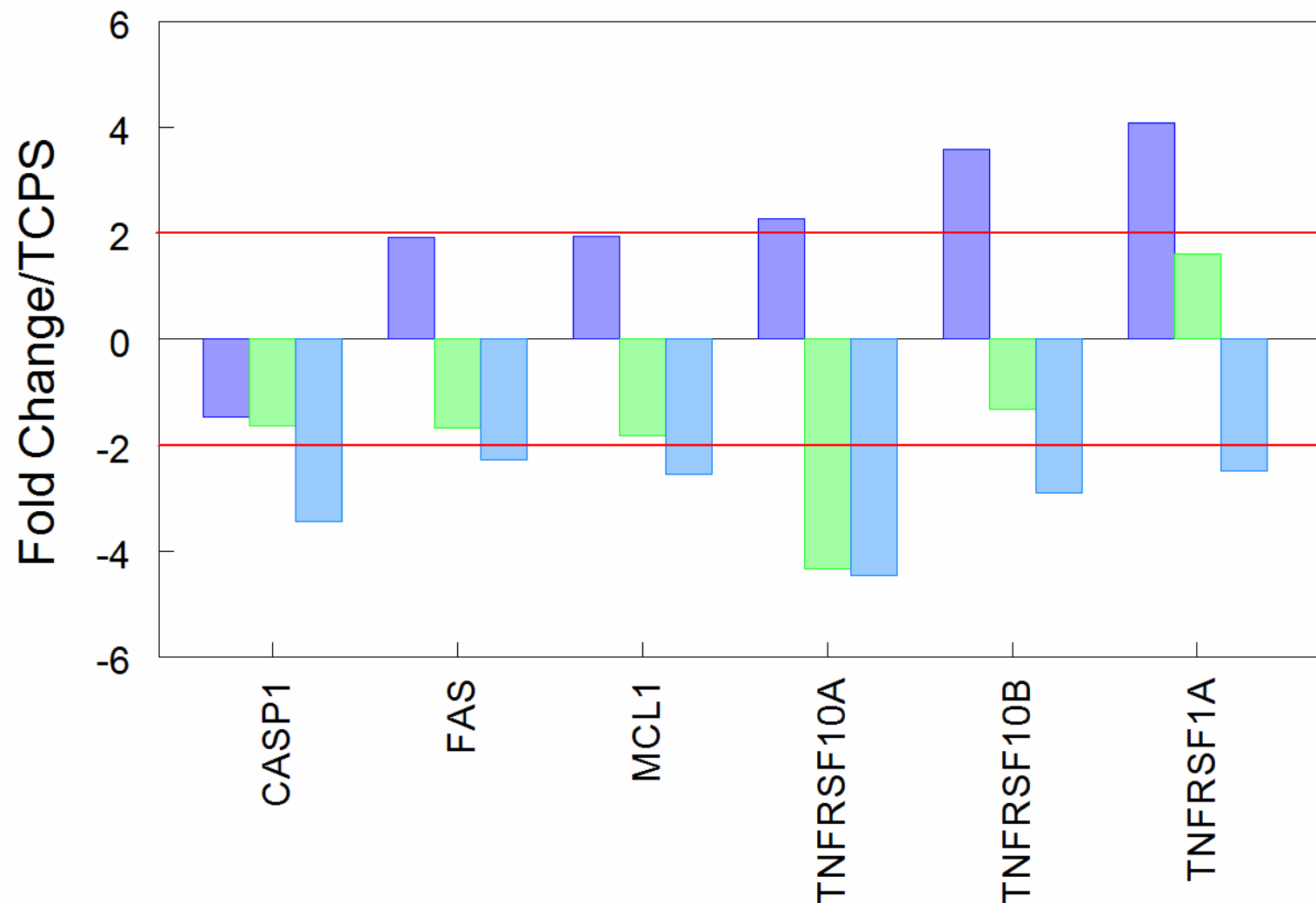


Smooth

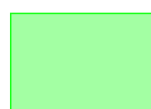


MMN

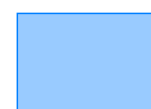
# Apoptosis



PEEK

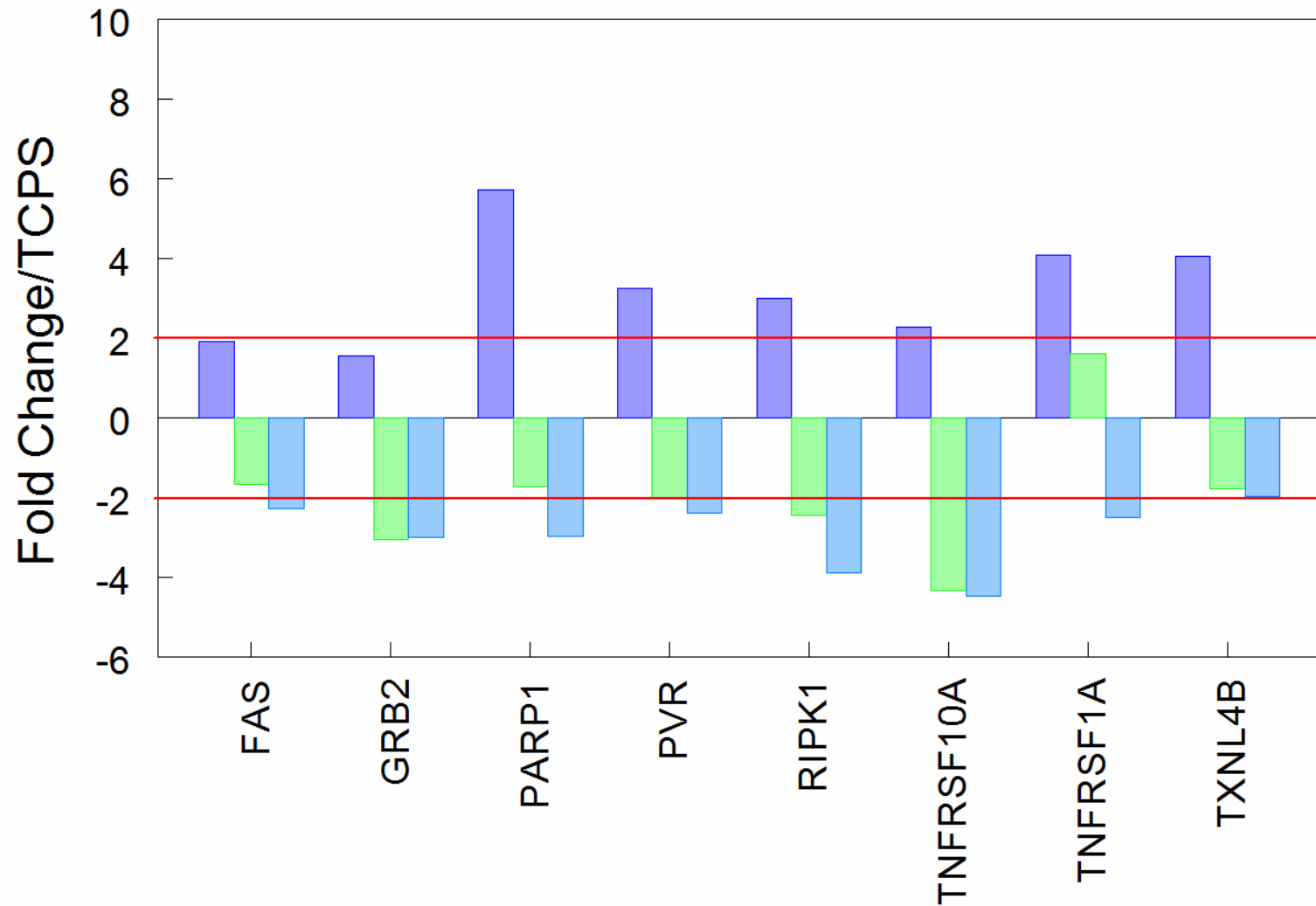


Smooth

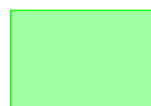


MMN

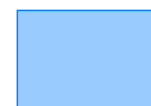
# Necrosis



PEEK

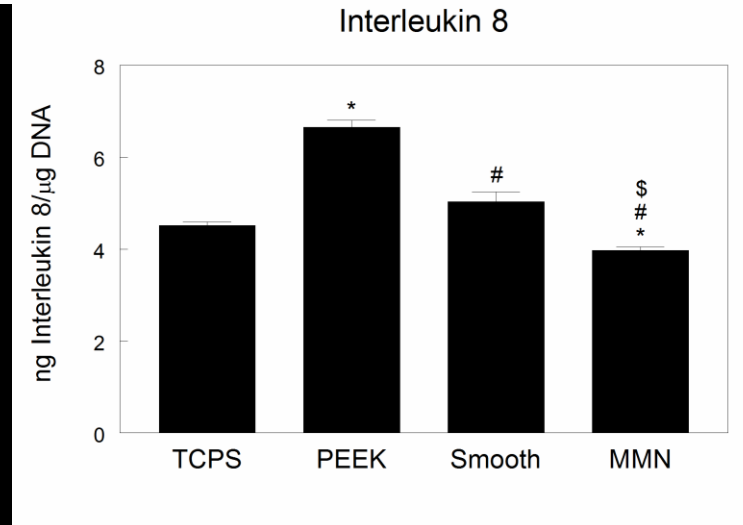
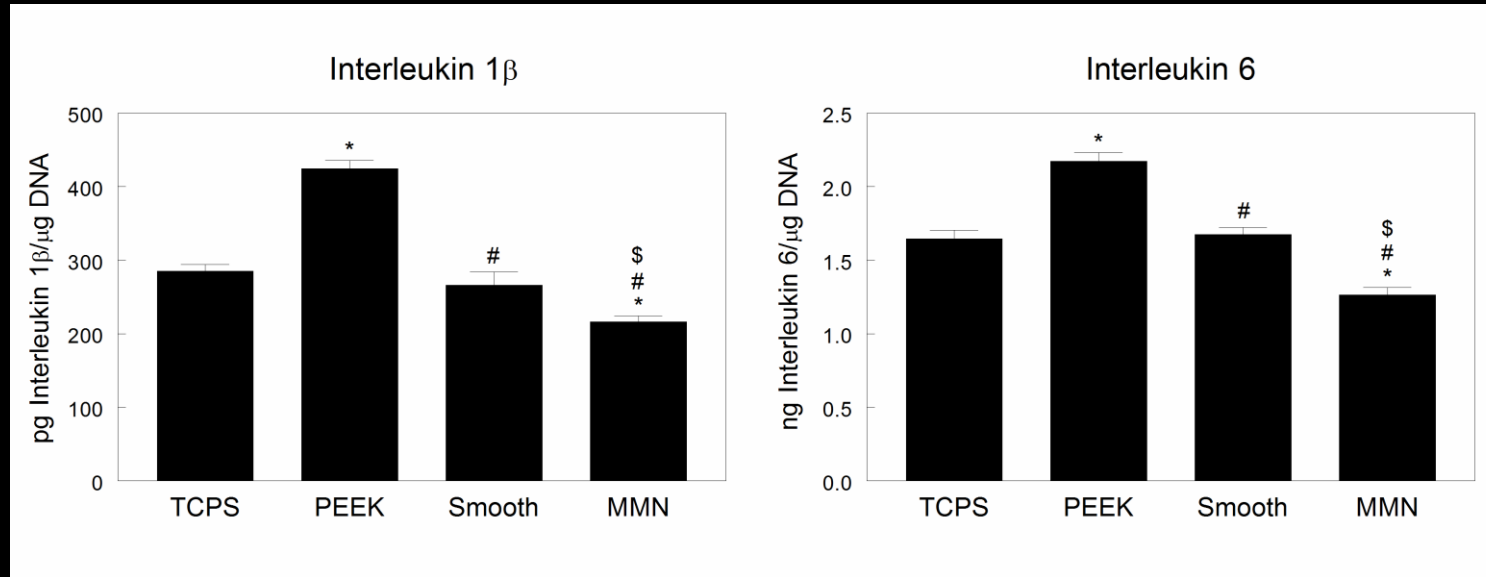


Smooth



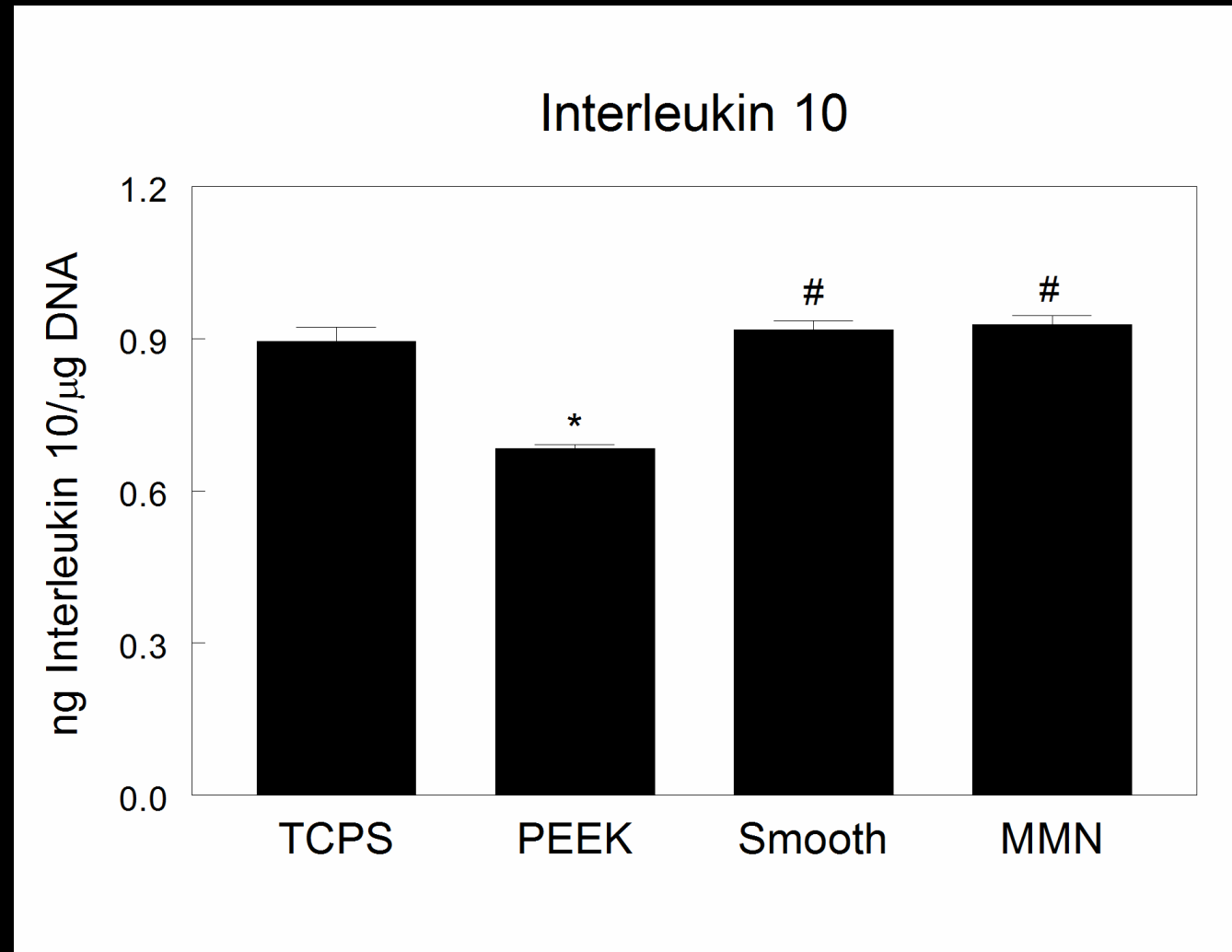
MMN

# Pro-inflammatory Interleukins



\* vs TCPS  
# vs PEEK  
\$ vs Smooth

# Anti-inflammatory Interleukin

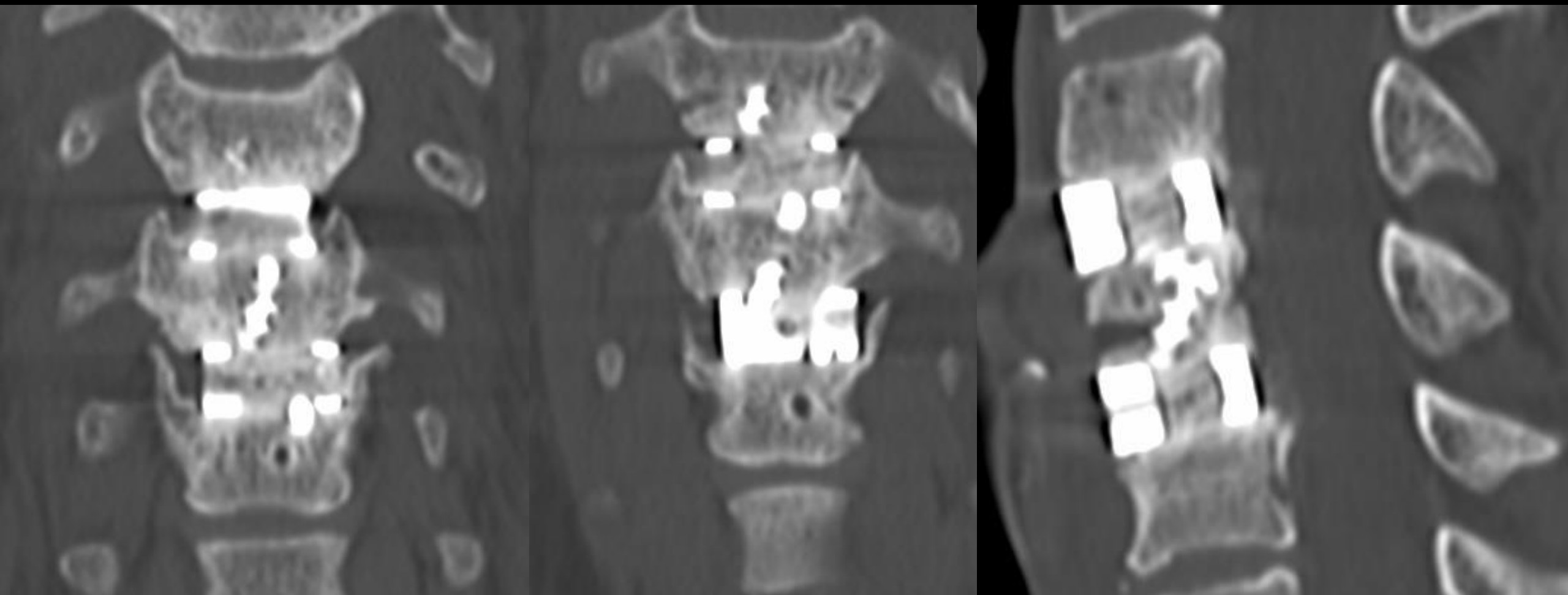


\* vs TCPS

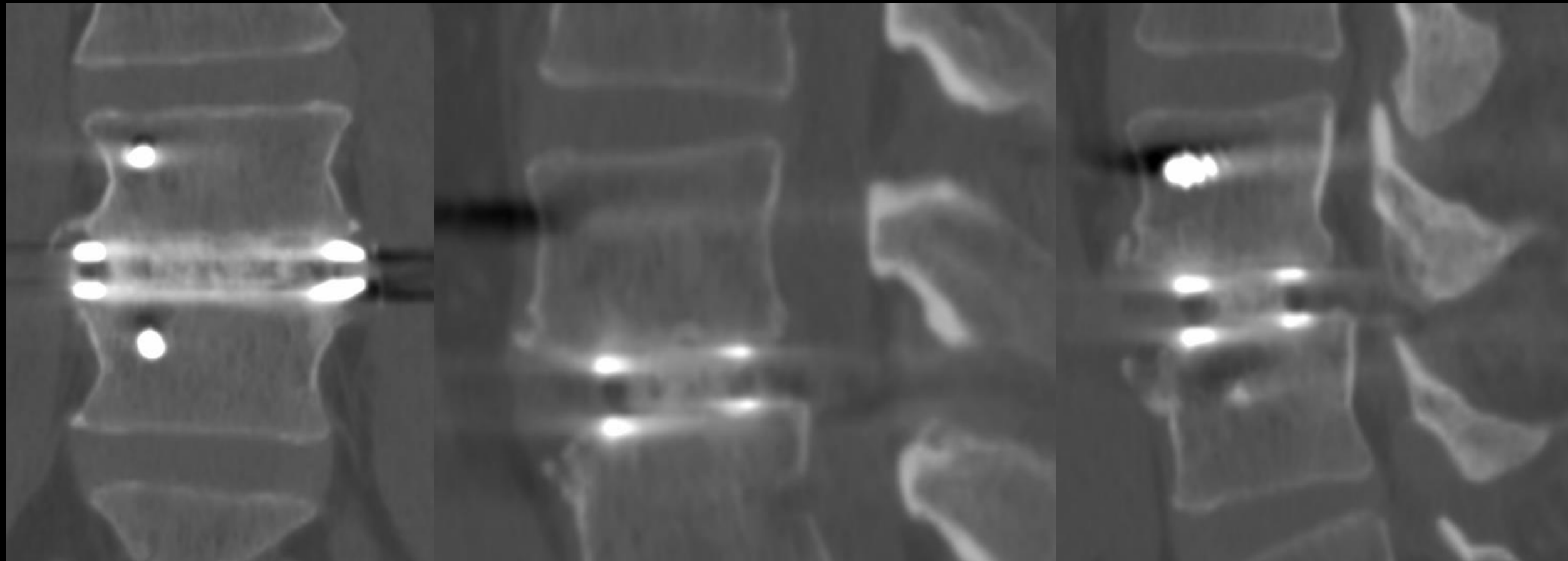
# vs PEEK

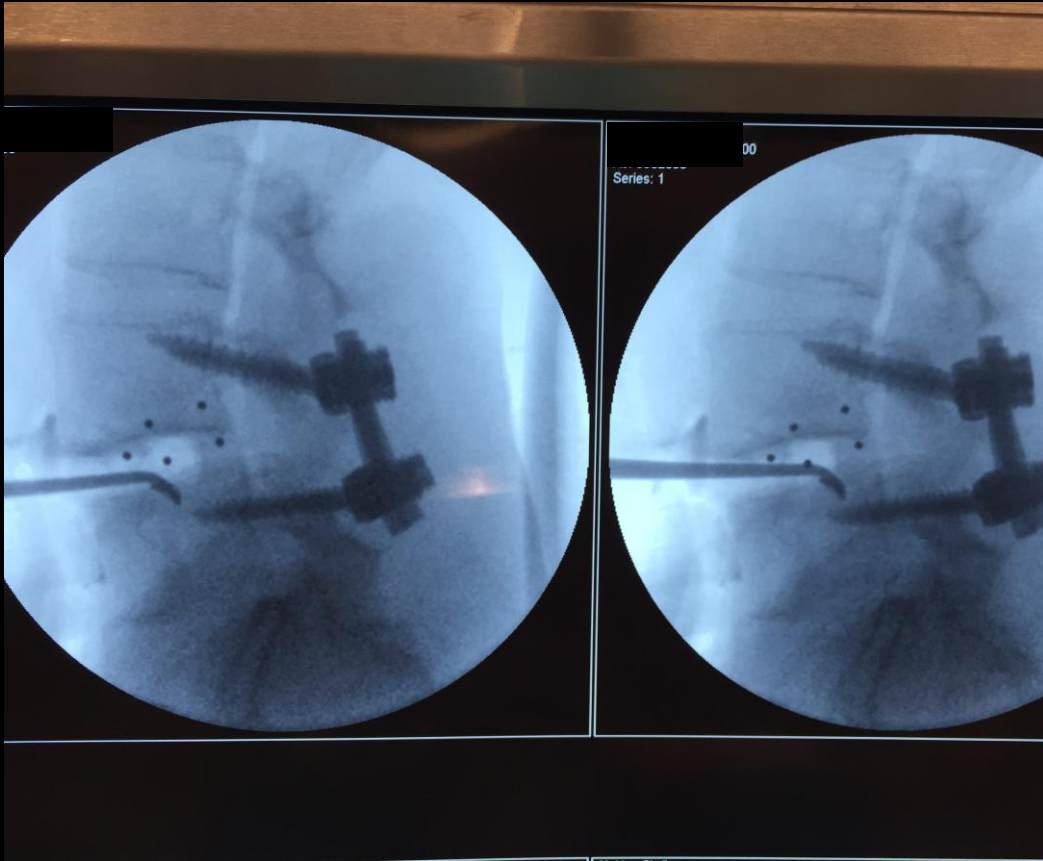
\$ vs Smooth

Pt FS 3 months



Pt MT 3 Months Postop





**TISSUE SENT:** A. Implant  
B. End plate fibrosis scar tissue

**CLINICAL HISTORY:** Radiculitis, lumbago, post-laminectomy

**FINAL PATHOLOGICAL DIAGNOSIS:**

**A. HARDWARE, SPINE, REMOVAL:**

- ORTHOPEDIC HARDWARE IDENTIFIED (GROSS ONLY).

**B. SOFT TISSUE, SPINE, EXCISION:**

- CARTILAGE AND FIBROUS TISSUE WITH FOREIGN BODY GIANT CELL REACTION AND GRANULATION TISSUE.

**Primary Pathologist – Jennifer R. Rushton, M.D.**

**GROSS DESCRIPTION:**

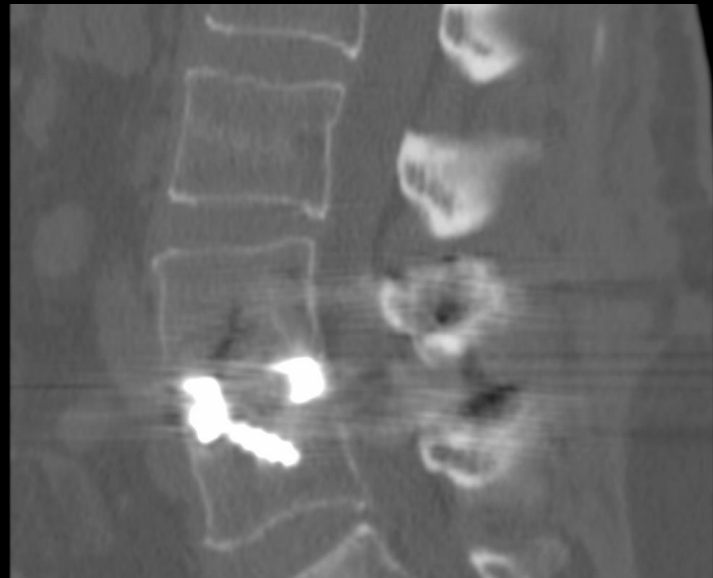
A. Received in formalin labeled “previous surgery implant” is a 2.5 x 1.3 x 0.9 cm white tan synthetic spacer with saw toothed edges. The device is partially inscribed as 23 mm – 4 degrees. The specimen is received with scant attached purple-tan tissue. No tissue is submitted for microscopic examination. The specimen is for gross identification purposes only.

B. Received in formalin labeled “end plate fibrosis – scar tissue” is a 2.5 x 1.3 x 0.4 cm irregularly shaped fragment of purple to light tan fibrous tissue. Sections reveal a rubbery to focally calcified purple-tan cut surfaces. No distinct lesions are identified. The specimen is entirely submitted as B1, post fixation and brief decalcification. (DDV; sgh; 1030 hrs; 08/16/15)

**MICROSCOPIC DESCRIPTION:**

A. (Gross only).

B. Microscopic examination performed. Results reflected in final diagnosis. (JRR; lc; 8/17/15)



	Back Pain	Right Leg Pain	Left Leg Pain	ODI
Preop	6	1	6	38%
2 wk f/u	6	1	4	N/A
6 wk f/u	3	0	3	N/A
3 mo f/u	3	0	1	26%
6 mo f/u	3	0	2	18%

