

## Biomaterial Solutions to Clinical Concerns Silicon Nitride Ceramic

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## Current Interbody Materials are a Compromise

- Biomaterials:
  - Bone autograft, allograft
  - Polymers, i.e., PEEK
  - Porous metals (titanium, tantalum)
- Solutions-
  - Materials, Micro-, Nano-, 3-D, Scaffolds, Additives, Putties, Bone void fillers, Stem Cells, Amniotic therapies, HA, Coatings
  - Surface treatments, Design Variations




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## History

- Bones were healing long before surgery or surgeons
- *The Edwin Smith Papyrus* (copied circa 1600 BC)
- Fusion works
  - Cloward 1908, 1958 ACDF
  - Faldini 2010 100% success
- What are we improving on?
- The donor site




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### Ideal Spine Interbody Device

- Biocompatible, strong, stable, non-toxic
- Easier Imaging, Reasonable Cost
- Osteoconductive: Porous, roughness
- Osteoinductive
  - Stem Cell Stimulation
  - Into osteoblasts and HA
- Antimicrobial Surface
- Bone ingrowth into device
- Avoid added components and expense
- Custom implants -3D manufacture




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### Si<sub>3</sub>N<sub>4</sub> Industrial History

- High strength and fracture toughness
- High pressure, high temperatures
  - Automotive engines, gas turbines, aerospace, electronics
- Low coefficient of thermal expansion, extreme thermal shock resistance
- Dimensional precision by machining
- Impervious to chemical attack (HF, H<sub>2</sub>SO<sub>4</sub>)
- Resistant to corrosion (sea-water tidal valves)
- Extreme: The Biomedical Environment




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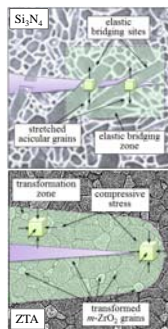
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### Material Technology

- Non-oxide ceramic (zirconia, alumina, ZTA)
- Powders → Additives → Slurry → Shape → HIP → Polish Grind
- Lumbar fusion (Sorrell *et al.* 2004, World Biomat. Cong.)
  - Reaction-bonded Si<sub>3</sub>N<sub>4</sub> (Heat Si in N<sub>2</sub>, 1200°C; 150-200 hours)
  - 15-year follow-up of n=30
- Si<sub>3</sub>N<sub>4</sub> + ~ Yttria, Alumina ceramic powders
- ~30,000 implants (cervical, lumbar) with 8-year follow-up
- Material resists internal crack propagation




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### Comparisons of Orthopedic Materials

	Material and Properties	Strength & Toughness	Wear & Fracture Behaviour	Flow Stability	Biocompatibility	Osseointegration	Resorbable Imaging	Biostability
Hydrogels	Hydrogels (PHEMA, etc.)	Low	Low	Low	High	Low	Low	Low
	PDMS (Bioactive Optimal?)	Low	Low	Low	High	Low	Low	Low
	TPMS (Optimal?)	Low	Low	Low	High	Low	Low	Low
Metals	Aluminum (Corrosion Susceptible)	High	Low	Low	High	High	Low	Low
	Stainless (Corrosion)	High	Low	Low	High	High	Low	Low
	Co-Cr (Corrosion)	High	Low	Low	High	High	Low	Low
	Titanium (Corrosion)	High	Low	Low	High	High	Low	Low
	Gold (Corrosion)	High	Low	Low	High	High	Low	Low
Ceramics	Alumina (Corrosion Resistant)	High	Low	Low	High	High	Low	Low
	Zirconia (Corrosion Resistant)	High	Low	Low	High	High	Low	Low
	SiC (Corrosion Resistant)	High	Low	Low	High	High	Low	Low

● - Excellent    ● - Marginal    ● - Poor or Unknown

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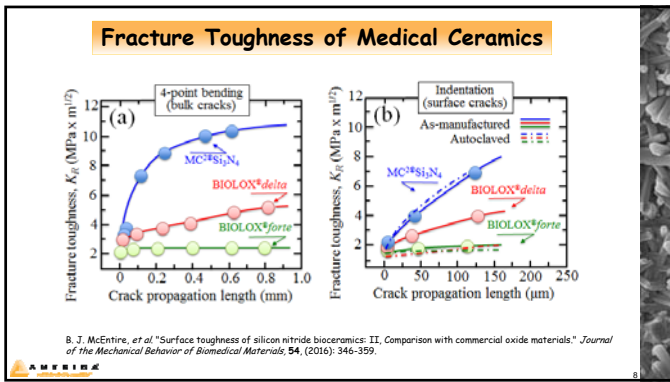
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**It's Definitely Easier to See...**

**PEEK**      **Silicon Nitride**

$Si_3N_4$  radiolucency provides greater visibility allowing for accurate device placement and post-op fusion detection

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**Comparisons Using Different Imaging Modalities**

	Titanium	PEEK	$Si_3N_4$
X-Ray			
MRI			
CT			

J. Bernero, et al., "Medical Imaging Characteristics of Silicon Nitride," *SAS Conference*, Miami, (2008)

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**Wetting Behavior of Biomaterials**

(a) $86 \pm 4^\circ$ Polyetheretherketone	(b) $71 \pm 5^\circ$ Medical grade Ti Metal	(c) $66 \pm 12^\circ$ "As-Fired" $Si_3N_4$
(d) $28 \pm 14^\circ$ SiYAlON-Glazed $Si_3N_4$	(e) $9 \pm 2^\circ$ $N_2$ -Treated $Si_3N_4$	(f) $8 \pm 1^\circ$ Oxidized $Si_3N_4$

R. M. Bock, et al., "Bacteriostatic Behavior of Surface Modulated Silicon Nitride in Comparison to Polyetheretherketone and Titanium," *J. of Biomed. Mater. Res., Part A* (2016)

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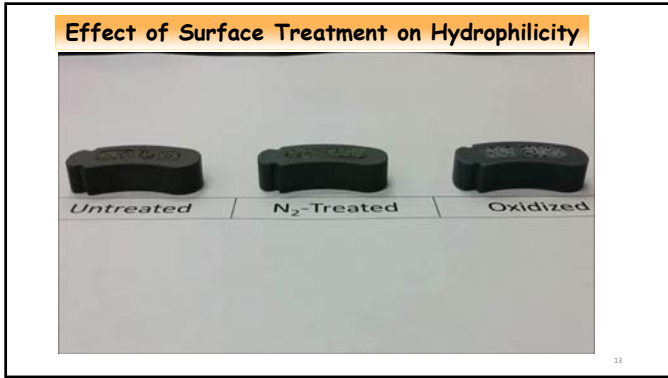
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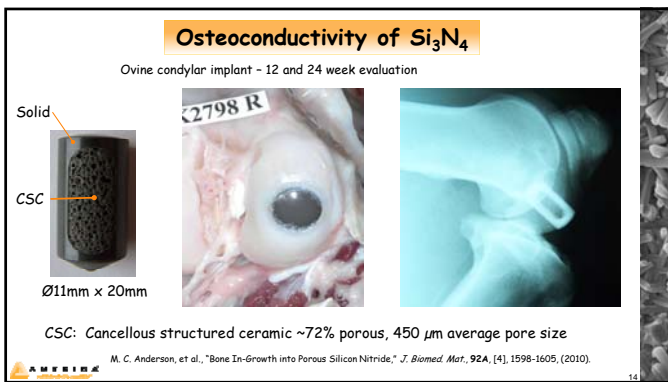
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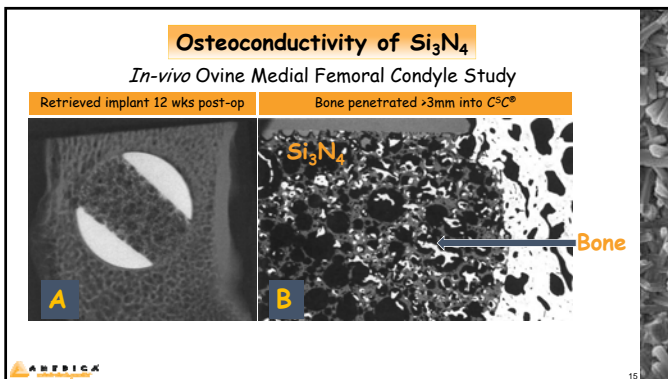
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## Si<sub>3</sub>N<sub>4</sub> – Naturally Nanostructured

- As-fired: Nanostructured –cell adhesion
- FDA: "at least one dimension in the size range of approximately 1 nanometers (nm) to 100 nm"
- 1 micrometer = 1,000 nanometer
- Sub-micron topography is common in ceramics
- No need for expensive re-engineering of the surface

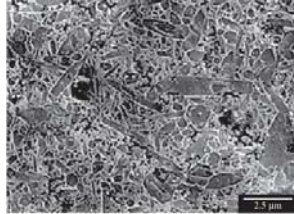


Figure 1. Scanning electron micrograph (SEM) of polished and etched sample surface of silicon nitride.

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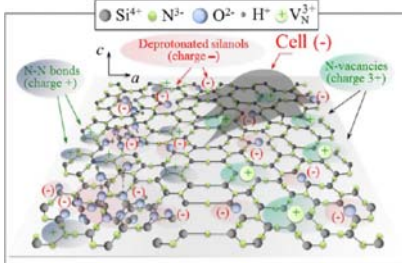
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## Surface: Osteoblast Cell Proliferation Mechanism



- Si<sub>3</sub>N<sub>4</sub> surfaces exhibit zwitterionic-like character, similar to native hydroxyapatite.

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## Silicon Nitride and Non-Stoichiometric Chemistry

Non-stoichiometric compounds (almost always solid inorganic compounds) having elemental composition in proportions that cannot be represented by integers. In such materials, some small % of atoms are missing, or an excess of atoms are packed into an otherwise perfect lattice work.

Tools: Raman Spectroscopy, Energy-dispersive X-ray spectroscopy (XDS), SEM, X-ray photoelectron spectroscopy (XPS), Fourier transform infrared spectroscopy (FTIR)...all molecular and sub-molecular probes.

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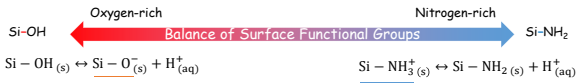
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### Surface Modulation of Silicon Nitride



▪ Silicon Nitride Surface Treatments

- As-Fired.
- HF Etch.
- Thermal Annealed in Nitrogen (1400°C, 30 min).
- Thermal Oxidized in Air (1070°C, 7 h).
- Polished.

R.M. Beck, et al., "Surface Modulation of Silicon Nitride Ceramics for Orthopaedic Applications," *Acta Biomater.*, 26 318-330 (2019).

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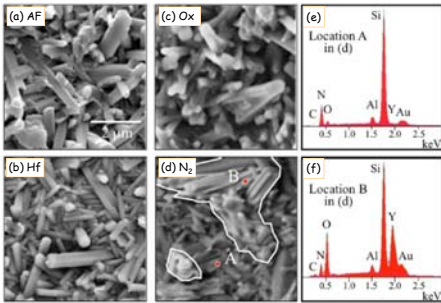
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### Surface Modulated Microstructures




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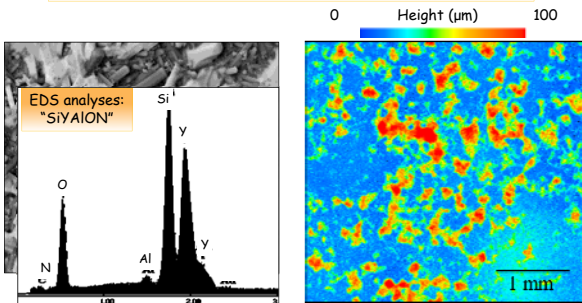
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### Preferred Adhesion Sites by SaOS-2 Cells




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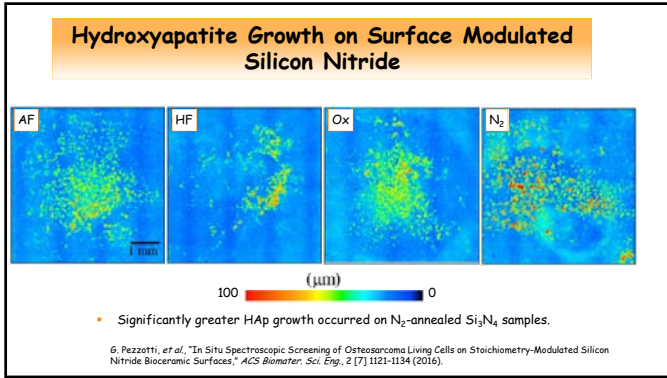
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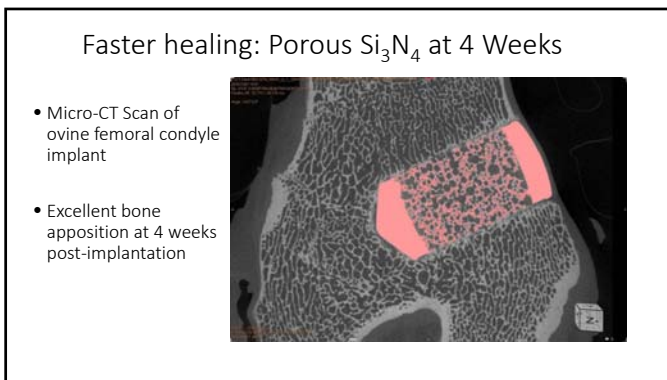
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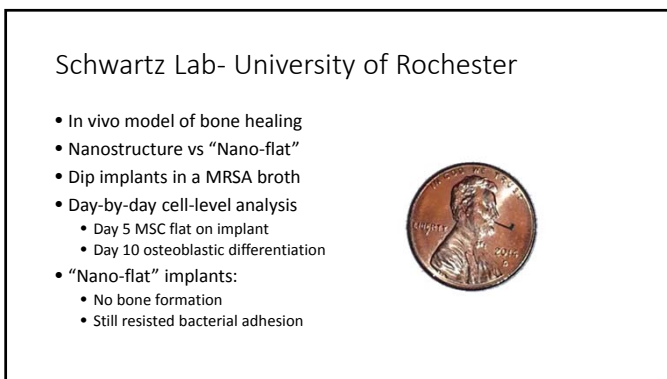
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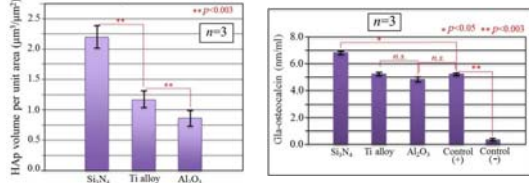
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Osteoinductivity: Stem-Cells → HA Deposition

- *In vitro* study using murine bone marrow stromal cells.
- Three different biomaterials ( $\text{Si}_3\text{N}_4$ ,  $\text{Al}_2\text{O}_3$ , and Ti).
- Monitored differentiation into osteoblasts and native bone formation.
- $\text{Si}_3\text{N}_4$  showed greater HAp deposition and osteocalcin generation.




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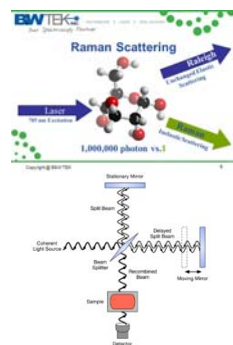
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Raman Spectroscopy, EM, FTIR

- Molecular fingerprinting – 2 key findings
- Si-substituted HA (Si-HAps)
  - Accelerate bone formation
  - Silicon is critical element
- SiYAION glass-like phase on surface
  - Variations in Silicon Nitride structure
  - Range:  $\text{Si}_{3-3(m+n)/4}\text{Al}_n\text{Y}_m\text{O}_x\text{N}_{4-2x/3}$
  - Replace Si, N with Al, Y, O
  - Bioactive glasses promote bone healing




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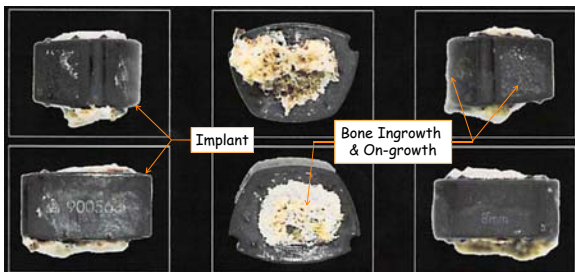
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Spinal Fusion Explant - 10 Months *in vivo*




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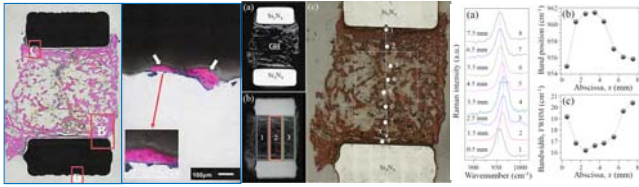
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**Raman Spectroscopy Examination of Explant**



- Band shifts near  $Si_3N_4$  surfaces indicate incorporation of Si and N into native hydroxyapatite.

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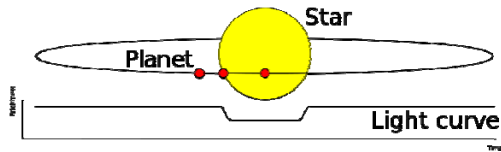
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Light bending, wavelength alterations

Doppler Spectroscopy




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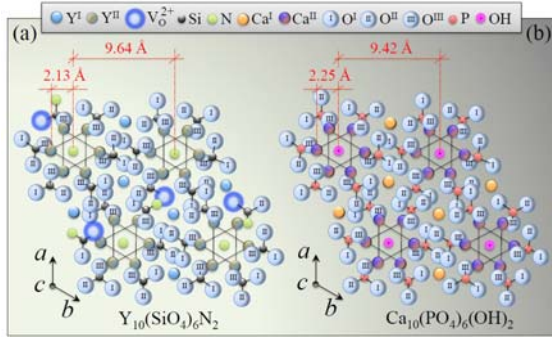
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### What Does the Science Mean?

- First time a material has induced living cells
  - To make Si- and Ni- substituted HA
  - Kick-starting new bone formation
  - So far we have added similar things
- Bagel v Bagel with Cream Cheese
- Faster fusion till 36 months (Ball 2017)
- C-spine fusion (Arts et al 2017)
  - Randomized clinical trial
  - Autograft PEEK vs Porous Silicon Nitride
  - Similar outcomes at 24 months




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### Clinical Assessment - Fusion at 12 Months



M. P. Arts, et al., "Outcomes of Anterior Cervical Fusion with PEEK versus Ceramic," (in press) (2017).

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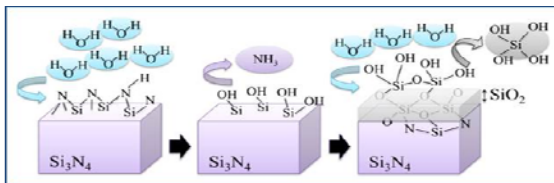
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### Why is silicon nitride antimicrobial?



- Surface chemistry consists of silicon diimide Si(NH)<sub>2</sub> groups which release ammonia (NH<sub>3</sub>) and silicic acid (H<sub>2</sub>SiO<sub>4</sub>) into biological fluids.
- NH<sub>3</sub> is converted to peroxynitride anion O=NOO<sup>-</sup> which is toxic to bacteria.
- Bioavailable silicic acid aids rapid bone formation limiting implant exposure to planktonic microbes.
- Acicular grained nano- and micro-rough surface resists bacteria adhesion.

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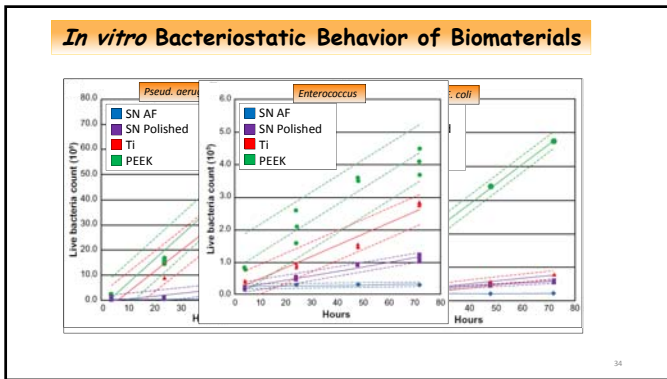
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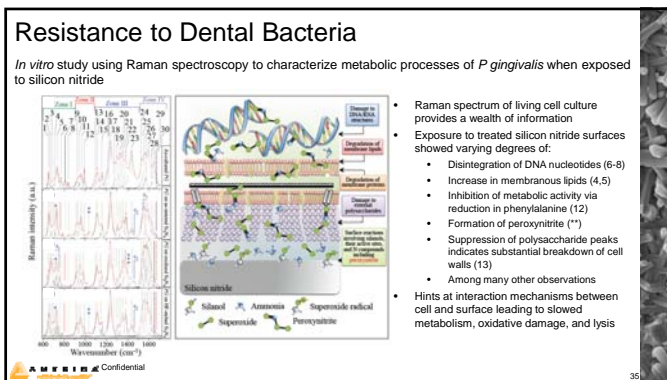
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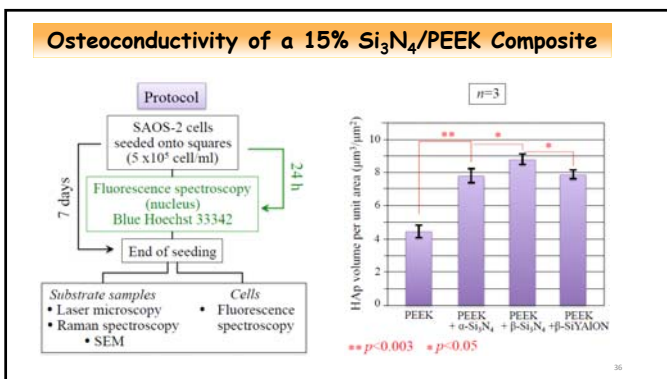
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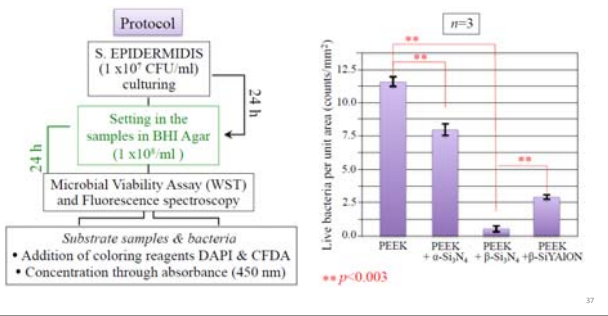
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**Bacteriostatic Behavior of a 15% Si<sub>3</sub>N<sub>4</sub>/PEEK Composite**




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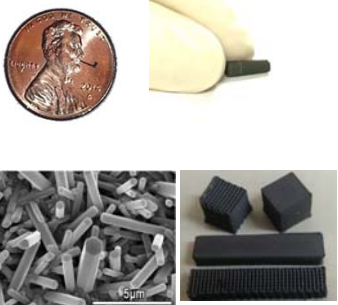
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**3-D Printing**

- Cost of Si<sub>3</sub>N<sub>4</sub> implants is comparable to PEEK
- Further efficiency with 3-D printing
- Existing manufacturing already consistent
- First time 3-D printed Si<sub>3</sub>N<sub>4</sub> implants
  - Rahaman et al 2016




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**SUMMARY & CONCLUSIONS**

- Bone healing occurs on its own
- Daily change in biochemical, molecular, ionic events from 1-30 days
- Will help identify truly bioactive materials (Bone ↔ Implant)
- That can impact clinical outcomes in a meaningful way
- And improve the lives of surgeons, and patients

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