

## Biomaterial scaffolds for tissue engineering

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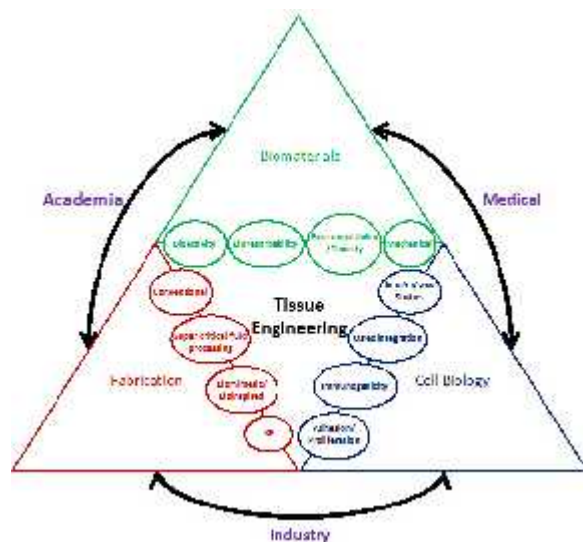
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## 1. ABSTRACT

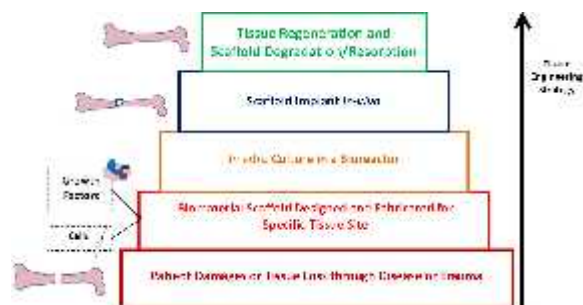
Reconstruction and regeneration of new tissues are challenges facing scientists, technologists and clinicians. This review describes strategies of selection and design of biomaterials having significant impact on various possible synthesis routes for scaffold fabrication. The criteria for three-dimensional (3D) scaffold architectures are explored in tandem with biomaterial properties such as porosity, interconnectivity and mechanical integrity. The cell-surface biointerface is outlined in terms of biomaterial composition, target tissues and biological evaluation with emphasis on bone tissue engineering. Comparative merits and demerits of conventional and rapid prototyping (RP) approaches of fabrication are discussed. The conventional methods are often simple to design, inexpensive and flexible to optimise or modulate physicochemical properties. Despite being expensive and suffering from certain drawbacks of choice of materials and capital costs many generic RP techniques are extremely attractive in their ability to mimic new tissue structures and possibility of incorporating pharmaceutical agents. The future directions include scaffold development using nanobiomaterial based biosystems /biointerfaces where cell biology including genetically modified tissue engineering approaches can play a cross-disciplinary role for the success of tissue augmentation.

## 2. INTRODUCTION

For the past decade, the field of tissue engineering is in the process of evolution and is still growing rapidly in order to formulate specific strategies to offer alternative solutions to the replacement of diseased or damaged/malfunctioned tissues. Traditionally, allograft and autograft procedures are used for tissue grafting and organ transplantation but with known associated problems of morbidity and pathogen transmission (1). Thus, biodegradable tissue engineered scaffold constructs for clinical applications, either in-vitro or in-vivo, have become an important focus of the multidisciplinary biomedical research involving material science and engineering, scaffold fabrication techniques, cell biology and associated biointerfacial studies. These synthetic or biologic scaffolds, amenable for tissue regeneration, present an alternative approach to allograft and autograft for regeneration of new tissue growth. The goal here is to facilitate a clinically viable strategy to augment hard or soft tissues (1, 2-5). It is imperative however that such an engineered scaffold must successfully mimic the natural tissue in terms of its structure, composition and function with desired level of hierarchy, interconnectivity, porosity and mechanical strength so as to allow cell attachment and proliferation resulting in adequate level of integration with surrounding tissues (3). In this review, we intend to focus



**Figure 1.** Cross-disciplinary tissue engineering approach



**Figure 2.** Tissue engineering strategy for bioscaffolds

on the current status of the development of biomaterials, synthesis, fabrication, processing methodologies and applications of porous scaffolds for tissue engineering but limited to particular emphasis on hard tissue replacement.

## 3. THE STRATEGY

The strategies relating to the cross-disciplinary tissue generation approaches as well as concepts of bone tissue engineering of a defect are schematically presented in Figures 1 and 2, respectively. The protocol and an approach similar to that shown in Figure 2 can also be easily adapted to find solutions for soft tissue replacement.

## 4. SCAFFOLD SPECIFICATIONS/CRITERIA

### 4.1. Design and Function of 3D Architecture

Human tissues are organized into 3D structures as functional organs and organ systems. To engineer functional tissues and organs successfully, the scaffolds have to be designed to facilitate cell distribution and guide tissue regeneration in three dimensions. The primary function of a porous scaffold is to provide a suitable substrate for cell mediated adhesion and growth, either by seeding within the construct or allowing cells migrating from surrounding tissue, differentiated function and

migration. Mammalian cell types are intrinsically dependent on anchorage mechanisms and generally lysing occurs if the adhesion is poor. The prerequisite physicochemical properties of scaffolds are as follows: (i) support, supply and delivery of cells (ii) induce, differentiate and conduit tissue growth (iii) promote cell-substrate adhesion and stimulate cellular response by surface conduction (v) elicit minimal immunogenicity (vi) act as wound healing barrier (vii) good cytocompatibility, hemocompatibility and bioresorbability to degrade at a similar rate to new tissue generation and remodeling (viii) easy to fabricate to desired shapes and hierarchy with dimensional stability (ix) highly porous and permeable with large surface/volume ratio to allow cell infiltration, nutrient and metabolite diffusion (x) appropriate mechanical properties to suit microstress environment for cell types (xi) sterilizability (6, 7). These properties will vary from material to material and can affect the overall cellular response. Additionally, since successful design of scaffold materials serves also as synthetic extracellular matrices (ECMs) a thorough knowledge base and understanding of molecular interaction that occur within the tissues and between the cells and the ECM are required (8-10).

### 4.2. Pore Morphology and Structure

3D architecture of the scaffold is very important when attempting to mimic the structure and functions of the natural ECM. One pre-requisite characteristic required for bone tissue engineering is that the scaffolds must have a porous and interconnected structure, enabling the migration and infiltration of cells (11). There is no clear consensus in the literature regarding the pore size that best promotes osteoconduction. The established view is that bone growth occurs when the pore is large enough to host cells and facilitates vascularisation. A pore size larger than 100µm and smaller than 400µm is usually considered optimal for osteoconduction (15). However, there are conflicting scientific reports demonstrating that bone growth can occur in pores smaller than 100µm and larger than 500µm (3, 13-16). The structural configuration of, for example, hydroxyapatite (HAP) within the fabricated scaffold including pore size, morphology and surface area has been shown to be critical in allowing osteoconduction, growth and migrations of tissue and transfer of nutrients through the scaffold (3, 17). Macro and microporosity within the scaffold facilitates the transfer of nutrients and encourages, via biomolecular signals, the deposition of ECM by promoting favourable cellular interactions. Apart from porosity another important factor is to create optimal strut dimension of interconnecting pores in order to maintain scaffold mechanical strength, complete penetration of cells and nutrients throughout the scaffold, thus preventing the formation of necrotic tissue in the centre of the scaffold (18).

### 4.3. Mechanical

Several authors have drawn attention to the need of good mechanical properties in scaffolds intended to be used in bone tissue engineering. Although not universally agreed there is a view in the literature that supporting mechanical forces is secondary as the main function of a scaffold is to support bone growth (3, 11). All factors

affecting the porosity must be considered and be balanced with the mechanical strength of the tissue engineered scaffolds that are designed for specific application since bone density at different anatomical locations vary. The compressive strength of compact bone is approximately 133MPa whereas cancellous bone ranges from 10-80MPa. Engineering of porosity balanced with strength is challenging. For example, highly porous (greater than 80% porosity) HAP scaffolds suffer from a reduction in mechanical strength and therefore can only be used in non-load bearing application but can be supported by several forms of fixation devices. The advantage here is that once the process of tissue mineralisation has started the initial weak mechanical strength of such highly porous HAP or other biomaterials would increase and provide adequate mechanical support. Microporosity can also compromise the mechanical integrity of the struts within the scaffold. If the scaffold is unable to provide a mechanical modulus in the range of hard (10-1500MPa) (18) or soft tissues (0.4-350MPa) any nascent tissue formation will probably fail due to excessive deformation.

### 4.4. Cell Attachment

Cell adhesion to scaffolds is a prime requirement for the success of scaffold based tissue engineering strategy. Cell/scaffold biointerfaces play a prominent role via cell adhesion molecules (CAMs). CAMs are glycoproteins which act as receptors on the cell surface for enhancing cell/cell and cell/ECM adhesions (8). Integrins are one such major class of CAMs that is known to regulate many cellular functions such as cell adhesion, differentiation, motility and growth (19). Although there are many cell types that are routinely used *in vivo* and *in vitro* for a diverse range of tissue engineering applications the regenerative medicine using stem cells is a rapidly developing field in the treatment of tissue defects (20). The platform technology is based on judicious selection of an appropriate type of cell and a cytocompatible and biodegradable scaffold matrix or carrier in order to develop a regulatory biosystem that mimics the structure, function or even composition of a specific type of tissue (21).

## 5. BIOMATERIALS FOR SCAFFOLD

Target tissues for regenerative therapies where appropriate scaffolds include hard tissues such as bone (various types) and teeth whereas cartilage, tendon, ligament, skin, liver, muscles, nerve, vascular, neural and others form the class of numerous soft tissues. Since the dynamics of different tissues vary significantly, appropriate materials need to be carefully selected to satisfy the necessary physicochemical and biological properties. Over the last decade, much scientific understanding in these areas has led to the design and development of several bioresorbable biomaterials to fabricate scaffolds for engineering different tissue types (31). Table 1 summarizes the different classes of biomaterials used to fabricate scaffolds for a variety of indications for both structural and non-structural augmentation. A number of materials have been used for bone tissue engineering that include metallic, polymeric either synthetic or biologic (natural), apatite based bioceramics as well as bioglass and bioglass-

ceramics. Also, there is considerable research interest in the bioinspired, biomimetic and bioactive biomaterials that may be used as desirable tissue engineered scaffolds due to their ability to mimic natural environments of the extracellular matrix (2).

### 5.1. Extracellular Matrix (ECM)

The nature of the development of an ECM during tissue generation is very complex. However, its presence is crucial for the success of any tissue engineering approach as it plays a critical role in controlling or mimicking specific cell function. The ECM glycoproteins develop an interwoven network of fibers and fibrils. This matrix is known to function as a structural as well as a signalling scaffold for cells. The degree to which the spatial arrangement, composition and immobilisation of ECM vary is dependent on each tissue type. Bone ECM, for example, consists mostly of collagen type I structural proteins, apatite mineral and non-collagenous proteins such as osteocalcin, fibronectin and vitronectin (6). When designing exogenous synthetic ECM one approach might be to incorporate bioactivity in the scaffold by introducing soluble bioactive agents e.g. growth factors or plasmid DNA, which can trigger or modulate new tissue formation. The second strategy is to incorporate analogues of well known CAMs into the biomaterials. This is achieved via physicochemical, photochemical or ionic cross-linking methods. Integrins, a family of cell/surface transmembrane receptors, play an important role in mediating transmission of chemical and mechanical signals from the ECM. Biomimetic scaffolding using specific peptides or bioactive molecules is also attractive. In this case, the ECM recapitulation via incorporation of adhesive peptide sequences can be made bound to molecules that are correspondingly bound to the scaffold material and growth factors.

### 5.2. Natural and Synthetic Polymers

Many synthetic and naturally occurring (biologic) macromolecular polymers are ECMs generally used as scaffold biomaterials for tissue engineering applications. The natural polymers are proteins, polysaccharides collagens (gelatin), alginate, cellulose, starch, chitosan (chitin), fibrins, albumin, gluten, elastin, fibroin, hyaluronic acid, sclerolucan, elsinan, pectin (pectinic acid), galactan, curdlan, gellan, levan, emulsan, dextran, pullulan, heparin, silk, chondroitin 6-sulfate, small intestine submucosa (SIS), acellular dermis, polyhydroxyalkanoates and others (23-32). These relatively abundant natural polymers exhibit notable biocompatibility and minimal adverse immunogenic response. However, although commercially available mainly due to ease of processing and notwithstanding compositional variation that can occur from batch-to-batch processing there are significant issues that need to be addressed. Typically, these are expensive and there exist shortages of some of these natural polymers. There is also the likelihood of cross-contamination and transmission of virus or disease during extraction and enzymatic processing from plant, animal or human tissue (33-35). In contrast, for the synthetically derived polymers, various physicochemical properties, nature of the by-products during polymerization, purity, batch weight,

**Table 1.** Summary of biomaterial classes used for scaffold fabrication

| Material Class                  | Scaffold Composition                             | Fabrication Technique  | Pore Size/<br>Porosity<br>( $\mu\text{m}/\%$ ) | Target Tissue       | <i>In vitro</i> / <i>In vivo</i> Study  | Ref      |
|---------------------------------|--|--|--|---------------------|---|----------|
| Ceramic                         | HAP  | Porous block sintering   | 90-600/  | Bone                | <i>In-vivo</i> : BMP-2 delivery, ectopic bone formation in rats   | 168-170  |
|                                 |  | SFF and image based design   | 366, 444/38, 44                                | Bone                | <i>In-vivo</i> : Mandible defects in Yucatan minipigs   | 171      |
|                                 |  | Porous sintering   | 200-800/60-80                                  | Bone                | <i>In-vitro</i> and <i>in-vivo</i> : Goat bone marrow stromal cells, femoral defects in rabbits, ectopic bone formation in goats, dogs and mice | 172      |
|                                 |  | Sintering (solid, porous particles and porous coral replication)               | 150, 230/66, 70                                | Bone                | <i>In-vivo</i> : Ectopic bone formation in rats   | 173      |
|                                 | TCP cement                                       | Salt-leaching  | 0.2, 8.7/31, 62                                | Bone                | -   | 174      |
|                                 | Calcium metaphosphate                            | Porous sintering   | 200/   | Bone                | <i>In-vitro</i> and <i>in-vivo</i> : Rat bone marrow stromal cells <i>ex vivo</i> and ectopic bone formation in mice                            | 175      |
|                                 | Natural coral                                    | Porous sintering   | 150-220/36                                     | Bone                | <i>In-vitro</i> and <i>in-vivo</i> : Rabbit marrow mesenchymal cells <i>ex vivo</i> and ectopic bone formation in mice                          | 176      |
|                                 | HAP-TCP  | Porous cylinder sintering  | 100-150/36                                     | Bone                | <i>In-vivo</i> : Femoral defects in dogs  | 177      |
|                                 | Calcium phosphate                                | Compaction   | -  | Drug delivery       | <i>In-vitro</i>   | 178      |
| Glass and Glass Ceramic         | Porous-glassy-carbon                             | Porous pellet sintering  | 100-200/40                                     | Bone                | <i>In-vivo</i> : Tibia defects in rabbits   | 179      |
|                                 | Na2O-CaO-SiO2-P2O5                               | Reaction sintering under isostatic pressure                                    | 100-200/                                       | -                   | <i>In-vitro</i> : Simulated body fluid  | 180      |
|                                 | Bioglass 45S5                                    | Melt derived   | -  | Bone                | <i>In-vitro</i> : Human osteoblasts <i>in vitro</i>   | 181, 182 |
|                                 |  | Foaming and porous sintering   | 100-600/                                       | Bone                | <i>In-vivo</i> : Ectopic bone formation in dogs   | 193      |
|                                 | SiO2 based Sol-gel foams                         | Foaming  | <10-500/                                       | Bone                | <i>In-vitro</i>   | 182      |
|                                 | Silica-calcium phosphate                         | Phase transformation   | 10-300/43-51                                   | Bone                | <i>In-vivo</i> : Femoral defects in rabbits   | 184      |
|                                 | Hyaluronic acid                                  | Phase inversion, particulate leaching  | 100-600/80-90                                  | Bone                | <i>In vitro</i> : BMP-2 delivery and C3H10T1/2 cells  | 185      |
|                                 | Mesoporous bioactive glass                       | Polyurethane sponge technique, immersion in phosphate buffered saline solution | 0.002-0.05/                                    | Drug delivery       | <i>In-vitro</i>   | 186      |
| Natural Polymers                | Collagen   | Freeze drying  | 11-134/  | Bone                | <i>In-vivo</i> : Tibia defects in rats  | 187      |
|                                 | Collagen/hyaluronate                             | Cross linking  | 45.7, 35.4/                                    | Bone                | <i>In-vitro</i> and <i>in-vivo</i> : Cranial defects in rats  | 188      |
|                                 | Silk fibroin                                     | Freeze drying, salt-leaching, gas foaming                                      | 15-100/84-99                                   | -                   | -   | 189      |
|                                 |  | Salt leaching  | 202/84-98                                      | Bone                | <i>In-vitro</i> : Human bone marrow stromal cells in-vitro  | 189, 190 |
| Chemically Synthesized Polymers | PLA  | Phase separation, emulsion-solvent diffusion and porogen leaching              | 50-800/  | Bone                | -   | 191      |
|                                 | PLA/PGA  | Melt processing  | 800  | Bone                | -   | 191      |
|                                 | PLDLA  | Solution coating, porogen decomposition  | /58-80   | Bone                | -   | 192      |
|                                 | PLGA   | Sintered microsphere method  | 83-300/35                                      | Bone                | <i>In-vitro</i>   | 193      |
|                                 |  | Consolidation by pressure drop   | 100/60-66                                      | Teeth implants      | -   | 194      |
|                                 |  | Sintering  | 187/31   | Bone                | <i>In-vitro</i>   | 195      |
|                                 |  | Gas foaming  | 200/   | Bone                | <i>In-vitro</i> : Human mesenchymal cells in-vitro  | 195      |
|                                 |  | Electrospinning  | 2-465/92                                       | -                   | -   | 197      |
| Chemically Synthesized Polymers | PLGA/PEG   | Porogen dissolving   | 300-500/85                                     | Articular cartilage | <i>In-vitro</i>   | 198      |
|                                 | PLGA/PVA   | Melt molding particulate leaching method                                       | 200-300/90                                     | Bone                | <i>In-vitro</i> and <i>in-vivo</i> : Cranial defects on rabbits   | 199      |
|                                 | Poly(multifunctional lactic acid based oligomer) | Salt leaching  | 45-150, 300-600/80                             | Bone                | <i>In-vitro</i> and <i>in-vivo</i>  | 200, 201 |
|                                 | PPF  | Gas foaming with   | 50-  | Bone                | <i>In-vivo</i> : Tibia defects in rats  | 202      |

## Biomaterial scaffolds for tissue engineering

|            |  |   |                   |                                  |   |          |
|------------|--|---|-------------------|----------------------------------|---|----------|
|            |  | effervescent reaction                                     | 1000/51           |                                  |   |          |
|            |  | Porogen leaching and photo-cross linking                  | 300-800/57-80     | Hard and soft tissue             | <i>In-vivo</i> : Cranial defects in rabbits                       | 203, 204 |
|            |  | Gas foaming with effervescent reaction                    | 100-500/          | Bone                             | <i>In-vivo</i> : Cortical defects in rats                         | 205      |
|            | PET  | Melt blowing  | /93-97            | Bone                             | <i>In vitro</i> : Rat mesenchymal stem cells <i>in vitro</i>      | 206      |
|            | Polymeric foams                                      | High internal phase emulsion                              | 40, 100/70-97     | Bone                             | <i>In vitro</i> : Rat osteoblasts <i>in vitro</i>                 | 207      |
|            | Poly(desaminotyrosyl-tyrosine ethyl ester carbonate) | Solid freeform  | 486/80-87.5       | Bone                             | <i>In-vivo</i> : Cranial defects in rabbits                       | 208      |
| Composites | PLLA/collagen/chitosan                               | Solvent castings<br>Salt leaching                         | 125-500/          | Bone                             | <i>In-vivo</i> : Rat calvaria stromal cells                       | 209      |
|            | PLGA/bioactive glass microsphere                     | Microsphere Heating mold                                  | 350-500/          | Bone                             | <i>In-vitro</i> : Marrow stromal cells (MSC)                      | 210      |
|            | PPF/PLGA-PEG microparticles                          | Salt leaching   | -                 | Bone                             | <i>In-vitro</i>   | 211      |
|            | PLA/calcium metaphosphate                            | Porous sintering  | 100-400/          | Bone                             | <i>In-vitro</i> and <i>in-vivo</i> : Mice osteoblast cells        | 212      |
|            | PLLA/nHAP/collagen/chitin fibres                     | Ultrasonication, Lyophilised                              | 200/              | Bone                             | <i>In-vitro</i>   | 213      |
|            | PLGA/HAP   | Gas forming<br>Particulate leaching                       | 100-250/          | Bone                             | <i>In-vitro</i>   | 214      |
|            | L-PLGA/TCP<br>D, L PLGA/L-PLA                        | TheriForm 3D printing                                     | 40-150/55, 90     | Articular cartilage              | <i>In-vitro</i>   | 215      |
|            | PGA fiber/fibrin                                     | Freeze drying   | 300/              | Skin                             | <i>In-vitro</i> and <i>in-vivo</i> : Fibroblasts                  | 216      |
|            | PLGA mesh/collagen gel, sponge                       | Knitted mesh  | -                 | Urinary bladder                  | <i>In-vitro</i> : Urothelial and smooth muscle cells              | 217      |
|            | PLLA braid/collagen coating                          | Freeze drying   | 50-100/           | Ligament                         | <i>In-vitro</i> and <i>in-vivo</i> : Fibroblasts                  | 218      |
|            | PCL fiber/pHEMA hydrogel                             | Polymerisation, etched acetone                            | 100-400/34-41     | Neural TE                        | -   | 219      |
|            | PLGA/chitin  | Electrospinning   | -                 | Skin                             | <i>In-vitro</i>   | 220      |
|            | PGA mesh/Bioglass 45S5                               | Bioglass particle in distilled water<br>Immerses PGA mesh | -                 | Soft tissue                      | <i>In-vitro</i> and <i>in-vivo</i>                                | 221      |
| Composites | PLGA/Bioglass® tubular foam                          | Dispersion<br>Freeze drying                               | 10-50, 100/       | Intestine, trachea, blood vessel | <i>In-vitro</i> : Mouse fibroblasts                               | 222      |
|            | PLA/nHAP/collagen                                    | Phase separation  | -                 | Periodontal tissues              | <i>In-vitro</i>   | 223      |
|            | HAP/PCL  | Polymeric reticulate method                               | 150-200/87        | Drug delivery                    | <i>In-vitro</i>   | 224      |
|            | HAP/chitosan-gelatin                                 | Freeze drying   | 300-500/91        | Bone                             | <i>In-vitro</i> : Rat calvarial osteoblasts                       | 225      |
|            | HAP/-TCP/chitosan                                    | Porogen leaching<br>Freeze drying                         | 300-600/          | Bone                             | <i>In-vitro</i>   | 226      |
|            | Collagen/HAP   | Freeze drying   | 30-100/85         | Bone                             | <i>In-vitro</i> : Rabbit periosteal cells                         | 227      |
|            | CO3Ap/collagen                                       | Freeze drying   | 50-300/49, 73, 79 | Bone                             | <i>In-vitro</i> : MC3T3-E1 osteoblasts                            | 228      |
|            | Titanium alloy (Ti-6Al-4V)/CaP sol-gel               | Porous sintering  | 50-200/35         | Bone                             | <i>In-vivo</i> : Femoral defects in rabbits                       | 229      |
|            |  | Sintering (porous)  | 250/86            | Bone                             | <i>In-vivo</i> : Ectopic bone formation in rats                   | 230      |
|            | Titanium/nHAP  | Soaking   | -                 | Bone                             | <i>In vitro</i> : Human osteoblasts, canine bone-ingrowth chamber | 231      |
|            | Ti-TiBx, NiTi  | Self-propagating high                                     | /15-55            | Bone                             | -   | 232      |

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|        |  |   |                |               |   |          |
|--------|--|---|----------------|---------------|---|----------|
|        |  | temperature synthesis (porous)  |                |               |   |          |
|        | PPF/ -TCP                                    | Salt leaching   | 150-300/69, 74 | Bone          | <i>In-vitro</i>   | 233      |
|        | PLLA/Bioglass                                | Phase separation  | <10, >100/     | Bone          | <i>In-vitro</i>   | 234      |
|        | Silica-calcium phosphate                     | Sintering   | 10-300/43-51   | Bone          | <i>In-vitro</i> and <i>in-vivo</i> : Femoral defects in rabbits | 184      |
|        | PLGA/collagen/apatite                        | Salt leaching   | 355-425/87     | Bone          | -   | 235      |
|        | -TCP/calcium phosphate invert glass/chitosan | Thermally induced phase separation, immersion in phosphate buffered-saline solution | -              | Drug delivery | <i>In-vitro</i>   | 236      |
|        | Bioactive glass/ -cyclodextrin               | Sol-gel   | -              | Drug delivery | <i>In-vivo</i>  | 237      |
|        | Starch/PLA                                   | Supercritical phase inversion   | -              | Drug delivery | <i>In vitro</i>   | 238      |
| Metals | Nickel/Titanium                              | Self-propagating high temperature synthesis   | 229-641/47-66  | Bone          | <i>In-vivo</i> : Femoral defects in rats                        | 239      |
|        | Titanium fiber meshes                        | Sintering   | 250/86         | Bone          | <i>In-vivo</i> : TGF-1 delivery in cranial defects in rabbits   | 240      |
|        | Titanium                                     | Plasma-spraying   | 200-400/50-60  | Bone          | <i>In-vivo</i> : Femoral defects in dogs                        | 241      |
|        |  | Porous sintering  | 50-200/35      | Dental        | -   | 242      |
|        |  | Diffusion   | 350/45         | Bone          | <i>In-vivo</i> : Hip arthroplasty in dogs                       | 243      |
|        |  | Laser-texture (Ti-6Al-4V)   | 100, 200, 300/ | Bone          | <i>In-vivo</i> : Femoral defects in rabbits                     | 244      |
|        |  | Electrochemical oxidation   | 1-8/13-24      | Bone          | <i>In-vivo</i> : Tibia defects in rabbits                       | 245      |
|        |  | Shot-blasting   | <10/44, 48     | Bone          | <i>In-vivo</i> : Mandible and femoral defects in dogs           | 242, 246 |
|        |  | Acid-etching  | 400/           | Bone          | <i>In-vitro</i> : Femoral defects in rabbits                    | 247      |
|        |  | Deposition through polystyrene latex beads  | 0.5, 16, 50/   | Bone          | <i>In-vivo</i> : Human bone derived cells <i>in vitro</i>       | 248      |

compositional consistency and absence of immunogenicity of synthetically derived polymers can be easily controlled. Also, various processing methods are readily available that are able to optimize the physical and mechanical properties, molecular weight and molecular structure, for example, of tissue engineered scaffolds designed for specific *in-vivo* locations and clinical indications.

The materials in the category of synthetic polymers as porous scaffold are numerous (36, 37). The most commonly used formulations belong to a family of linear aliphatic polyesters such as polyglycolic acid (PGA), polylactic acid (PLA) and their copolymers (PLGA) (38-40). The choice of these polymeric scaffolds is dictated by the fact that degradation rate can be tuned or controlled to the rate of new tissue in-growth, with times ranging from two to twelve weeks for PGA and for up to a year for PLA. This is due to PGA being more hydrophilic than PLA resulting in its relatively rapid rate of hydrolytic dissolution (41) *in-vivo*. These polymers are also a family of few synthetic polymers approved by the US Food and Drug Administration (FDA) (42). The other examples include polycaprolactone (PCL) used as long term implants and drug release microcapsules (43), polyhydroxybutyrate (PHB) for slow degradation rate (44), polypropylene fumarate (PPF), -hydroxyesters, polyanhydrides (45, 46), polyphosphazenes and polyphosphoesters (47-50). The hydrogel character of the natural ECM has inspired the development of several synthetic hydrogels for tissue engineering applications such as artificial soft tissues, ophthalmological and drug delivery devices (51-56).

### 5.3. Bioceramics and Bioglasses

Of many hundreds of thousands of inorganic compounds, bioceramics and bioglass derived ceramics are the most widely used for hard tissue substitution due to their chemical and crystallographic similarity to natural mineral, bioactivity and good biocompatibility and ability to form stable interface with the host tissue (57). This class constitutes primary candidate biomaterial scaffolds for their use in tissue engineering (58). The third generation bioceramics is now focussed to provide suitable scaffolding system in order for the bone cells to mimic biomineralisation functionalities (59). Porous bioceramics are a family of calcium phosphates and hydroxy or fluoroapatites (60-52) where Ca/P ratio can vary between 1.5 and 1.67 in HAP, and tricalcium phosphates (TCP) thus offering the ability to control the rate of *in-vivo* degradation. These are widely used in the fabrication for the tissue engineering applications as porous scaffolds and coatings. Synthetic HAP has been shown to stimulate osteoconduction and can be integrated into bone without triggering an immune reaction (63, 64). Bioglasses also fall into this class (60) and are highly versatile when fabricating 3D scaffold constructs. They can be used as nonresorbable (relatively inert), surface active (semi-inert) where composition can be varied to suit the bioactivity and biodegradability or resorbability (65). The advantages are their well known properties of osteoconduction, and osteoinduction with the ability to incorporate pharmaceutical agents such as bone morphogenetic protein (BMP) and growth factors such as TGFs to promote cell growth. Bioactive glasses and glass ceramics interact well with osteoblasts and chondrocytes; cells attach, spread, proliferate, and synthesize extracellular matrix on the

bioactive glass and glass-ceramic surface (66, 67). Bioglass®, a bioactive glass, the first of its kind belonged to the  $\text{SiO}_2\text{-Na}_2\text{O-CaO-P}_2\text{O}_5$  system and now there are many other derivative compositions in the silicate, borate, and phosphate glass systems as well as compositions that can be converted to glass-ceramics. Many have been used to produce porous 3D bone tissue engineered scaffolds. The bioactivity mechanism in bioglass and glass-ceramics is typified by the dissolution of surface moieties and formation of hydroxylated calcium apatite (HCA) (68) layer similar to chemical and crystallographic properties of bone (69). Recent research has demonstrated that doping of certain ions such as Zn, Mg and Sr can stimulate osteogenesis, osteoblast proliferation, differentiation, and bone mineralization (70-76).

The extensive use of Ca-apatites, bioglass and bioglass-ceramics for load bearing applications are limited by their inherent brittleness, poor elastic stiffness and compressive strength compared to human bone. These properties vary greatly from scaffold to scaffold but are more evident for highly porous scaffolds. As new bone grows into the scaffold the mechanical properties are likely to continue to improve until tissue regenerates fully over a period of time. Consequently, the apatite based bioceramics are also used as non-structural biomedical applications such as grafts, fillers and coatings (77). However, the composite scaffolds using variations of bioceramic, bioglass and polymers have successfully demonstrated to exhibit excellent mechanical properties and support new tissue growth (78-83).

### 5.4. Biocomposites

Much of the current research is devoted to the development of composite scaffolds using natural or synthetic polymers, bioactive ceramics, glasses and glass ceramics. Increasing research efforts in this area (84, 85-93, 94-99) have demonstrated that biocomposite systems have great advantages in combining various biomaterial properties such as biodegradation, biocompatibility and mechanical strength into one ideal structure for applications in both hard and soft tissue engineering. The aims are twofold: (1) to increase the mechanical stability and formability of the scaffold and enhance tissue interaction (85-90) (2) to incorporate biomolecules, and activate surface functionalization and (3) design, fabricate and characterize 3D scaffolds to find strategies for clinical solutions. Stem cell impregnated scaffolds also promise immense potential for next generation synthetic and biomimetic composite biomaterials that can be tuned to the biological environment.

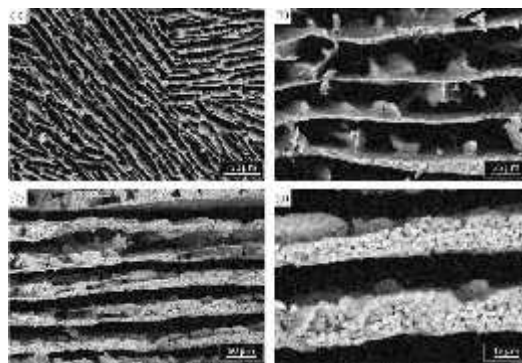
Some of the most extensively studied polymers, both synthetic and natural, in the fabrication of interconnected 3D polymer-ceramic composites include PLA, PGA and their co-polymers, polymethyl methacrylate (PMMA), chitin, chitosan, collagen, gelatin, starch and their derivatives (88, 100-104). The ceramics are normally micro or nanocrystalline HAP and TCP and bioactive glass and glass-ceramics. The filler ceramic constituents of inorganic bioactive phases in the biopolymer matrix have the dual purpose of mimicking the nanostructure of natural

bone and enhancing the mechanical properties (105). Chitosan and its derivatives and collagen are particularly attractive candidates in the scaffold composites due to their minimal inflammatory reactions or toxic degradation and good biodegradability coupled to excellent osteoconductivity in the case of bone graft (106-109). There are conflicting literature reports as to whether or not the inclusion of the ceramic phase improves strength. Whilst some studies suggest an increase (110) others report either no change or decrease in strength (111-114). Recently compiled data however concluded that apatite/polymer composites could potentially improve both biocompatibility and mechanical properties of load bearing bone grafts particularly since HAP and TCP scaffolds overlap with cortical and most are at the upper limit of the cancellous bone in either strength, porosity or both (115). In this case, the challenging task would be to control the kinetics of the simultaneous resorption of both constituent phases so tuned to the rate of new tissue growth in order to achieve the strength and porosity of native bone.

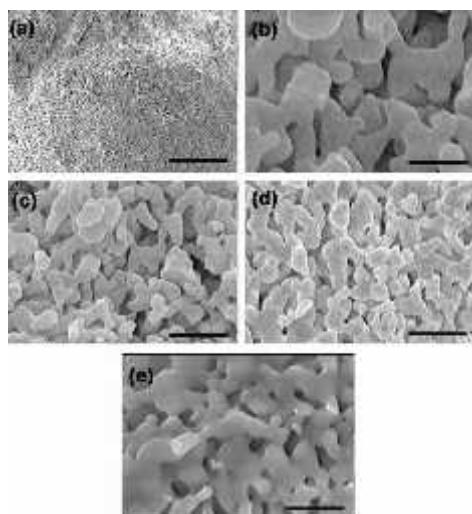
Since bioactive glasses exhibit good bonding ability with both hard and soft tissues (116-119) and ability to form apatite in the presence of bioactive glass particles it is possible to control mineralization in the composite by changing the glass content and also strengthen the porous polymer matrix. There are only a few studies on polymer-bioglass composites. Porous bioresorbable composite materials using PLGA containing bioactive glass particle additions (up to 50 wt %) have been fabricated with good interconnected porosity, *in vitro* bioactivity and the degradability of the composite foams (120-122). Asymmetric structures of porous composites comprising a non-biodegradable polysulfone (or cellulose acetate) polymer matrix and bioactive glass particulates and successful in-vitro growth of HAP crystals have demonstrated their potential bone graft integration with microstructural features (20-150µm pores) being strongly dependent on the polymer type, the interaction between the polymer and bioactive glass. Composite modulus and failure strength increased with increasing glass content due to the change in composition and pore content (123).

## 6. SCAFFOLD FABRICATION METHODS

Over the last decade the development of bioengineered porous scaffold structures for hard and soft tissue augmentation is motivated to replicate the inherently 3D nature of functional tissues especially natural bone (124, 125). Since there is an inherent lack of strength associated with porosity much attention has been devoted to fabrication of porous scaffolds that can meet the engineering challenges in order to overcome the problem of optimising strength and porosity. Hence, the development of 3D porous scaffolds has been hindered to non-load bearing applications. To design and engineer functional tissues and organs successfully, interconnected porous structures using bioresorbable materials, fabrication processes and technologies for tissue engineering must meet certain critical criteria, as elucidated earlier, i.e. to promote and guide tissue growth in three dimension by cell attachment, proliferation and differentiation (126). There



**Figure 3.** Microstructure of porous HAP samples parallel to the ice front (a) and detail (b), and perpendicular to the ice front (c) and detail (d). (Reproduced with permission from ref 128)



**Figure 4.** SEM micrographs of freeze cast Bioglass® scaffolds sintered at 730°C at -10°C using solid loading of (a) General microstructure, (b) 10 wt%, (c) 20 wt%, (d) 40 wt%, (d) 60 wt% and (e) 70 wt% [(a) bar = 1mm ; (b), (c), (d), (e) bar = 200µm]. (Reproduced with permission from ref 121).

are mainly two unique fabrication approaches to produce 3D porous scaffolds, namely conventional and rapid prototyping. These are discussed in this section.

### 6.1. Conventional Methods

The many conventional methods available for scaffold fabrication can be listed as freeze casting, solvent casting and particulate leaching, phase separation, foam reticulate method, gel casting, conventional sintering with fugitive phases, gas foaming, melt moulding, emulsion freeze drying and electrophoretic deposition. Some important methods are discussed here.

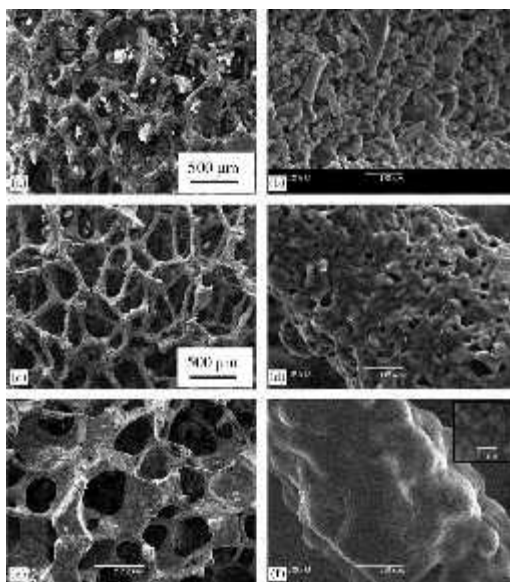
#### 6.1.1. Freeze Casting

Freeze casting of biomaterial scaffolds is a simple method originally used to produce complex porous structures of ceramic or polymeric components (127). The technique was subsequently adopted to produce a variety of porous scaffolds for tissue engineering using HAP, TCP, bioglasses and their composites using water, camphene and glycerol as solvents. The solvent vehicle acting as a binder holding the slurry intact is then removed from the slurry by

sublimation by freeze drying leaving an interconnected porous network. The green body is further sintered at appropriate temperatures to provide improved mechanical strength (121, 122, 128, 129). A wide range of compressive strength (65-145MPa) and porosity (56-85%) for HAP, bioglasses, composites of HAP-TCP and Bioglass-HAP have been reported. These may point the ways to design scaffolds for structural grafts. It is also possible to produce anisotropic microstructures with control of the pore alignment, orientation and morphology of the scaffolds by controlling the growth direction of the solvents. Although not having stiffness and strength the polymeric scaffolds produced by this method for non-load bearing applications include chitin (130-133), collagen (134), PLA, PDLA and PLGA (135, 136) and poly(HEMA) (137) agarose (138) sericin (139) and alginate (140-142). Figure 3 shows an example of the formation of lamellar microstructure of HAP with flat interconnecting macropores. Figure 4 shows the coralline/dendritic nature of highly interconnected porous Bioglass 45S5 scaffold structures.

(d), (e) bar = 200µm] (from Ref 121) Copyright © 2009 Wiley and Sons





**Figure 5.** Pore structure and strut microstructure of 45S5 Bioglass derived foams (Reproduced with permission from ref 165).



**Figure 6.** Scanning electron micrograph of a poly (L-lactic acid) (PLLA) foam fabricated using the salt-leaching technique. (Reproduced with permission from ref 144).

#### 6.1.2. Ceramic Powders with Fugitive Phases

Synthetic porous structures are produced by this popular method where a mixture of bioceramic and beads of polymer. Subsequent melting and vaporization of the combustible pore forming fugitive phase results in the creation of porous construct (114). Considerable difficulty is encountered in the optimization of the size of the pore forming feed that results in poor interpore connectivity and combustion kinetics due to variable morphology of the feed.

#### 6.1.3. Foam reticulation and gel casting

Similar to slip casting, this method is extremely versatile and is able to generate net shape and complex

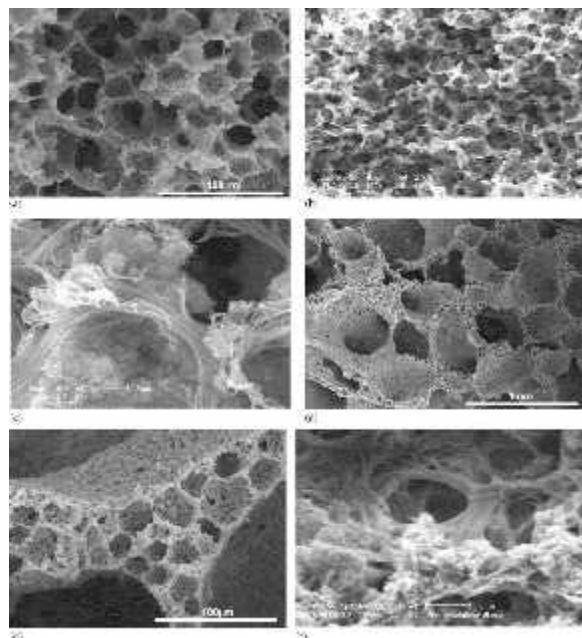
scaffold profiles. Commercially available polymeric foams (usually polystyrene) of desired pore sizes are infiltrated with organic or aqueous slurry of ceramic, glass or composite powders. The solvent is then removed using drying as it sublimates. The process can be cost effective and the negative issues are additive toxicity, control of the drying process and the difficult polymerization reactions where organic gel is used. Figure 5 shows an example of Bioglass derived porous structure using this method. Using this method, a variety of other variant composites such as PLLA/Bioglass has been fabricated. The advantage of such these scaffolds is in their ability to make the surface more bioactive and controlling the resorption rate for accelerated tissue growth.

#### 6.1.4. Solvent Casting and Solute Leaching

These methods have been used with limited success to fabricate scaffolds for tissue engineering applications (144-147) and can be used separately or can be combined to circumvent processing problems. The method involves intimate mixing of salt or sugar in a polymeric solution PLA, PGA, PCL, PMAA and others (Figure 6 shows an example). The mixture is then cast in a mould and following evaporation of the solvent the water soluble particulates are leached out to produce a porous structure. Polymer-bioceramic constructs can also be fabricated but the main disadvantages of this method are the likelihood of retaining toxic solvent, trapped solute and denaturation of the proteins and other molecules in the polymer by the presence of solvents. The porosity can be controlled by solute/polymer ratio and solute concentration. The porosity up to 90% and pore sizes can exceed 100 micron with poor mechanical properties.

#### 6.1.5. Phase separation

Phase separation techniques rely on inducing thermodynamic instability during solvent removal from a multicomponent polymeric solution that results in separation of two phases and the solidification of the polymer rich phase. There are many variants of this technique but mainly two types are used, namely solid-liquid phase separation (solid phase formation in a liquid phase) and liquid-liquid phase separation. Solid-liquid phase separation has been used to fabricate various types of polymers and their composites (148-150). Although the pore size ranges can be in the order of 15-120 micron with porosity up to 95% the methods suffer from non-uniform pore size distribution. Research has shown that this method is capable of forming oriented tubular or fibrous architecture with anisotropic mechanical properties and may be suitable for soft tissue structures such as nerve, muscle, tendon, ligament, or dentin (151). Controlled thermally induced phase separation has also been developed for scaffold fabrication (152, 153). During liquid-liquid phase separation, temperature is lowered to induce the liquid-liquid phase separation of a polymeric solution with an upper critical solution temperature leading to the formation of a bicontinuous open pore scaffold structure. A mixture of dioxane and water has been used for liquid-liquid phase separation to fabricate PLA and PLGA scaffolds (154-156). Single phase or multicomponent composite scaffolds with high porosity (90%) and well-



**Figure 7** SEM micrographs of NHAP/PLLA (30:70) scaffolds fabricated using dioxane/water mixture solvents. (a) Dioxane:water=95:5,  $\times 500$ . (b,c) Dioxane:water=90:10,  $\times 500$ ,  $\times 8000$ . (d,e,f) Dioxane:water=87:13,  $\times 45$ ,  $\times 500$ ,  $\times 10000$ . (Reproduced with permission from ref 144).

controlled pore architectures have been fabricated using thermally induced phase separation (TIPS) techniques. The morphologies, mechanical properties and protein adsorption capacities of the composite scaffolds can be suitable for hard and soft tissue replacements. Figure 7 shows examples of different morphologies of 3D porous PLLA and nanoHAP/PLLA composites.

## 6.2. Rapid Prototyping (RP)

In the past two decades over 20 RP systems have been presented with respect to hard tissue engineering. The notable methods are stereolithography, selective laser sintering (SLS), 3-D printing, fused deposition modeling (FDM), wax printing and bioplotter. A summary and the literature exploring the advantages and disadvantages of the most important systems have been extensively reviewed (157). RP allows precise control of otherwise complex scaffold architecture, size, shape, interconnectivity, branching, geometry and orientation. Any design of 3D pore architecture generated using hierarchical image based or computer-assisted design and manufacture (CAD/CAM) techniques cannot readily be built using conventional techniques (158, 159). Scaffold architectures must therefore be built using layer by layer manufacturing processes (160-163). The processes are computer controlled and can be integrated with medical imaging systems thus allowing accurate patient specific geometries to be produced. These methods can produce scaffolds with anisotropic properties allowing different areas of the scaffold to be optimised for certain cells. Most RP processes do not use toxic organic solvents and some allow cells and growth hormone to be incorporated into the scaffold during manufacture. However, RP can be capital intensive, low image

resolution, time consuming and very much dependant on the availability of biomaterials with exact morphology and curability in case of bioresorbable feedstock.

## 7. CONCLUSIONS AND FUTURE DIRECTIONS

Biological systems are hierarchical and spanning about eight orders of magnitude in length scales from cells to the biomaterial scaffolds. Synthesis of well optimised properties of scaffolds that can successfully interact with the physiological environment of the human body is critical for tissue regeneration. The review presented here clearly demonstrated the need for this dynamic process and a plethora of synthesis routes and suitable biomaterial properties available to the scientists, practitioners and clinicians alike. Although not covered in this review gene mediated tissue engineering is necessary to have a more unifying tissue engineering strategy and some researchers are already engaged toward this effort.

Nanotechnological aspects of tissue engineering have focussed on both the design and fabrication of structures with control and manipulation of individual constituent molecules. The importance of nanostructured scaffolds or constructs that make use of nanobiomaterials cannot be more emphasized. The developed ECM structures would act as ideal scaffolds and be able to interact with cells and tissues at subcellular level with a high degree of functional specificity. Recent efforts in tissue engineered biomaterial development have focused on ECM derived peptides or proteins into biomaterials in order to mimic natural ECM (164). The application of nanotechnology to tissue engineering has been focusing on non-biochemical and nanotopographical aspects of ECM (165-167). Hence design of synthetic scaffold at a nanoscale is one of the exciting emerging areas in tissue engineering particularly if biomolecules can be incorporated in the scaffolds.

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