

# Dental implants of Innovative Design: Experimental Characterization of Mechanical Properties and Bone-Implant Surface Interaction

R. Piccardo<sup>1</sup>, M. Sanscrito<sup>1</sup>, E. Finocchio<sup>2</sup>, G. Facco<sup>3</sup>, A. Rebaudi<sup>4</sup>, F. Barberis<sup>1\*</sup>

<sup>1</sup>DICAT, Università di Genova, Facoltà di Ingegneria, Via Montallegro 1, Genova, Italia  
<sup>2</sup>DICHER, Università di Genova, Facoltà di Ingegneria, Piazzale Kennedy 1, Genova, Italia  
<sup>3</sup>Biogenway S.r.l., Viale B. Portogruaro 10/10, Genova Italia  
<sup>4</sup>DISTIMO, Università di Genova, Largo Rosanna Benzi 10, Pad. IV, Genova Italia  
 \* Corresponding Author: fabrizio.barberis@unige.it



## Introduction:

A dental implant is a surgical device designed to be placed in the upper or lower jaw. Its clinical success depends on effective bone-implant contact.

Implant systems are generally composed by two elements: the abutment toward the crown and the fixture, surgically inserted and integrated with the bone.

They are made of titanium grade 5 according to ASTM classification, their surface is treated to increase the contact area between bone and implant and to improve osseointegration, i.e. reducing the bone-implant contact without interposition of soft tissues.

This study is conducted on a new type of endosseous dental implant shaped blade patent pending, to resolve the problems arising from the use of traditional tapered systems where the bone thickness is reduced.

## Materials and Methods:

A dental implant is mechanically reliable if its tensile strength exceeds 800 N [1], in the absence of narrative interferences, the experimental tests are conducted in traction installations following the guidelines of ISO 5834:2007 (Fig. 1), using the machine with servo-hydraulic fixture 8061 rotation speed of 2 mm / min.



Fig. 1. Implanting ratios of tensile strength tests

The technical assessment of the implant is extended to *in vivo* testing [2], performing tests of insertion and extraction of dental implants in animal bone after a specific implant site preparation done by the piezoelectric device developed by Medtronic [3].

In order to fully assess the degree of integration between the new implant and the bone site of insertion, I analyzed the bone directly in contact with the implant surface by FT-IR spectroscopy and scanning electron microscopy with EDX probe [4] to detect traces of the bone after extraction.

The application of these techniques of investigation, with the objective test set out, had not yet been made on bone tissues.

In order to characterize the state of the surface, comparing a system never put in place and one that has been incorporated in animal bone, I made an assessment on different sites of the surface by atomic force microscopy in contact, to assess the homogeneity coating and the average surface roughness.

## Results and Discussions:

The tensile strength tests carried out on 9/2 are performed on implants with abutment and fixture of different brands, and 4 on systems with innovative components.

By experimental tests, it has been found that both systems with compatible components and with original members are able to withstand static load over 800 N.

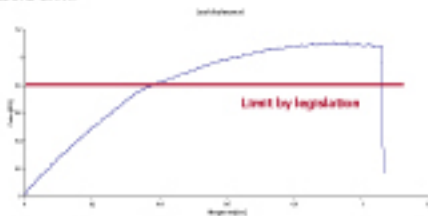


Fig. 2. Ultimate strength of a new implant

The tensile strength, in Fig. 2, shows that the system has an elastic limit exceeding the levels described in the legislation.

The instability between the components of an implant could cause loosening of the screw fixture-abutment connection, causing an unfavorable soft tissue response and the failure of osseointegration [5].

The insertion tests of the new implant type, carried out *in vitro*, represent a preliminary analysis on the surgical procedure and the surface and geometry characteristics of the device.

The primary stability of the implant, defined as the first mechanical anchorage of the device into the bone, depends strongly on the geometry of the same: should not occur micro-movements, capable of destroying the cells that form in the interstices and causing bone resorption.

Sample	INSERTION	
	Maximum Load [kN]	Depth [mm]
1	0.42375	7.46969
2	0.23216	7.58029
3	0.23485	6.00099
4	0.20037	7.58204
5	0.24892	7.68017
6	0.27949	7.59081
<b>Average</b>	<b>0.25946</b>	<b>7.3743</b>

Tab. 1. Value of insertion of new implant

Evaluating the maximum and minimum value obtained experimentally (Tab. 1), the average magnitude of the applied load is equal to 0.2482 kN, the amount of insertion force depends on the mechanical properties of bone in which the surgery is performed.

The bone surrounding the implant is eroding according to the tissue response to stress-induced device.

The osseointegration of implants is linked to early interactions between osteoblastic cells and the surfaces of titanium.

The challenge in designing implant surfaces is to attract mainly osteoblasts that produce bone extracellular matrix, ensuring a high degree of contact between bone and implant [6].

The analysis of surface of the bone site, which hosted the facility, could be a method of investigation of the first interaction that occurs between implant and bone during surgery.

The spectroscopic analysis is performed on a bone reference sample treated in the same way as samples of animal bones that have hosted the innovative device.

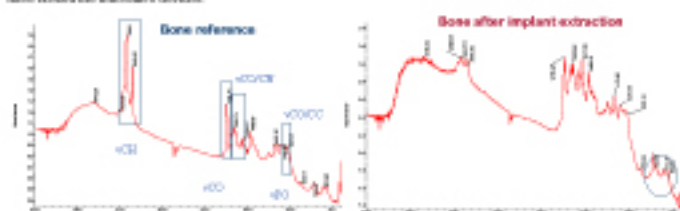


Fig. 3. FT-IR spectra of bone reference and bone after implant extraction

Examining the spectra in Figure 3 and 4, between 3000 and 2800 cm<sup>-1</sup>, we can see the peaks typical of CH stretching, belonging to the aliphatic chain, aliphatic and aromatic ring. In the region 1750-1650 cm<sup>-1</sup>, the peaks are associated with primary amide and stretching of the primary CO. In the region 1020-870 cm<sup>-1</sup>, the absorptions indicate the presence of carbohydrates and phosphorus.

In Fig. 4, we can observe a broad absorption in the region between 700 and 450 cm<sup>-1</sup>.

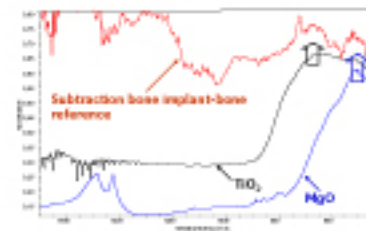


Fig. 4. XPS spectra of subtraction bone implant-reference, TiO<sub>2</sub> and MgO

The spectra of Ti oxide and Mg oxide in XPS are performed to detect the presence of metals ions in the spectra of the bone fragments, that have been in contact with the implant.

Through the spectrum of abutment highlighted in red in Fig. 5, we note the presence of two absorption bands, corresponding to the stretching vibrational modes of the bulk of inorganic oxides.

The contact between implant and bone has been likely to release traces of surface treatment of the device at the site of action; the surgical procedure used has preserved the bone preserving the integrity.

The bone sample analysis, which has been in contact with the implant, is conducted making global and local scans of the most interesting areas of the sample by SEM-EDS.

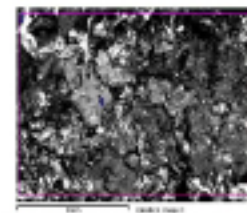


Fig. 5. SEM-EDS image of bone after implant extraction

In Fig. 6, the inorganic component predominance: in fact, we can distinguish aggregates of inorganic bearing against each other. Ions such as oxygen, calcium, potassium, sodium and sulfur are typical of the organic; the purpose of the analysis is found in the sample traces of titanium and magnesium.

Experimental tests show that there isn't a detectable amount of Ti, while there are traces of magnesium; the result is in agreement with the electrochemical oxidation treatment which incorporates magnesium cations.

The surface treatments, performed on dental implants, are extremely important to promote osseointegration; each device produces a bone-implant primary stability through mechanical retention of bone with the implant surface structure [7].

The homogeneity of the coating surface is characterized by atomic force microscopy: in order to evaluate the specific interaction between implant and location of installation, a comparison is made between a system never put in place and one incorporated into a bone [8].



Fig. 7. AFM images of implant never put in place and one that has been incorporated in bone

The surface treatments and machining operations performed on the device are high level. Observing figures 7 and 8, we can see the homogeneity of the surfaces, including the effectiveness of the coating process and regions by the implants.

## Conclusions:

Experimental results show that new implants are mechanically reliable in 80% of cases; they may adopted where the traditional tapered implants fail.

The type of stress due to the inclusion of the new implant is much lower than the stress normally used for standard implants. The insertion values obtained represent a starting point for the evolution of side effects present when the glazing site conditions are unfavorable, because of low bone density or a thin bone.

The characterization of the bone-implant interaction through the spectroscopy has been very interesting; the exploration of ways of stretching vibration of organic components, together with the absorption bands of the oxides of Ti and Mg, has allowed the identification of bands characteristic of the oxides in the region of low frequencies in the spectra of components of bone.

The detection of traces of oxides by SEM-EDS is less effective when compared to infrared spectroscopy: a very small traces of Mg oxide is present, the amount of oxide of Ti is small enough to be visible in the range of error tool.

The uniformity of the coating in the presence of jagged has been verified by atomic force microscopy: the surfaces are homogeneous even in the presence of discontinuities.

## References:

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## Acknowledgements:

The authors thank to Ing. M. F. Rossi, CNR-IRI di Genova for AFM tests carried out on dental implants, and Dot. P. Riani, DICI University of Genoa for SEM-EDS tests carried out on animal bone.