



# Effects of SLA+Nano/CaP surface on Osseointegration of a Titanium Dental Implant

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**Objective:** The aim of this study was to evaluate the efficiency of combined surface treatments with blasting and chemical application by investigating the osseointegration level using animal study.

**Materials and Methods:** The samples were divided into 3 Groups according to the surface treatment method. These groups are control group (machined surface), SLA Group (Sandblasting and acid etched) and SLA+Nano/CaP (SLA+Nano/CaP coating). The surface characteristics were observed with water contact angle test and SEM. In animal experiment, all lower premolars and 1<sup>st</sup> molars were extracted bilaterally in three beagle dogs. After a healing period of 2 months, each side of the mandible received four randomly assigned dental implants alternating between the machined surface and SLA surface. The animals were sacrificed after 8 weeks healing period. In that histometric analysis, bone-to implant contact ratio (% BIC) were calculated in the threads. All the data were statistically analyzed with t- test ( $\alpha=0.05$ ).

**Results:** Surface roughness of SLA Group and SLA+Nano/CaP Group showed the same macro roughness under  $\times 100$  magnification level. In histometric analysis of animal test, the BIC value SLA+Nano/CaP group (73.3 %) was more than the machine group (54.7 %) and SLA group (64.4%) ( $P < 0.05$ ).

**Conclusion:** In this in vivo study, the surface treatment combining blasting, aetching and Nano/CaP coating (SLA+Nano/CaP) was improved the degree of the early osseointegration of implant

Albrektsson et al. (1981) recognized early on that the implant surface, including topography, chemistry, surface charge, and wettability, is one of the important factors influencing osseointegration. A great number of research were had been performed to examine altered titanium surfaces, and focused on subtractive surface techniques such as sandblasting and/or acid-etching procedure (Wennberg, A et al. 1996, 1998, Buser et al 1991, Buser et al. 1998). They demonstrated that the new titanium surface had better bone integration than machined titanium surfaces. A greater percentage of bone implant contact (BIC) were observed adjacent to microrough titanium surfaces, compared with machined titanium surface (Buser D 2001). In addition to surface roughness, the surface chemistry is another factor important for peri-implant bone apposition, because it influence surface charge and surface wettability. Surface wettability is largely dependent on surface energy, and influences the degree of contact with the physiologic environment. Increased wettability enhances interaction between the implant surface and the biologic environment (Kilpadi & lemons 1994) The SLA surface treatment is to blast large grit particles (250-500 $\mu$ m) onto the implant surface and to acid-etch the titanium implant surface (Buser et al. 2004). Large grit blasting is to achieve macro-roughness of 18- 23 $\mu$ m. Numerous reports have shown that both the early fixation and long-term mechanical stability can be improved with this roughness. In addition, the SLA surface on which micro-roughness of 2-4 $\mu$ m was achieved with acid etching (HCl/H<sub>2</sub>SO<sub>4</sub>) enhanced the osteoconductive process. The experiments showed higher bone-to-implant contact with SLA surfaces than TPS surfaces and the enhanced removal torque value. Buser et al. reported the 99% success rate of their five-year clinical study on the loading of the SLA surface treated implants at six weeks.

Surface characteristics including hydrophilicity, chemical bonding, and nanostructures have been developed with the intent to enhance/accelerate osseointegration (Wennerberg & Albrektsson 2010). A hydrophilic SLA surface submerged in NaCl showed increased bone-implant contact compared with a hydrophobic SLA surface (Buser et al. 2004). Calcium-phosphate-coated implants demonstrate higher disruption resistance and increased bone-implant contact compared with non-coated implants in a rat femur model (Mendes et al. 2007). Few studies have investigated the significance of dental implant surface nanostructures for osseointegration (Meirelles et al. 2007). Nanostructures attained through hydroxyapatite (HA) coating have been shown to enhance bone formation (Meirelles et al. 2008). HA-coated SLA titanium dental implant surfaces show significantly enhanced mesenchymal stem cell adherence, increased alkaline phosphatase activity, osteocalcin content, and osteopontin mRNA expression compared with control SLA surfaces in vitro (Wang et al. 2008).

In this study, the surface efficiency of the combined surface treatment with the resorbable large grit medium blasting, acid-etching and nano-calcium phosphate coating procedure was compared with that of machined surface and SLA surface by investigating the osseointegration level using animal experiments.

## **MATERIALS AND METHODS**

### **Materials**

For the animal experiments, the implants of grade 4 titanium (Dynamet, Washington, PA, USA) with 3.75mm diameter and 7mm length were used. The samples were divided into 3 groups according to the surface treatment. They are the control and the SLA-SH groups. The control group has machined titanium surface and SLA surface. For the SLA-SH group, Biphasic calcium phosphate particles with 0.18-0.5mm diameter were blasted onto the machined titanium surface in four directions with 0.8MPa to produce macro roughness. On the surface, a mixture of HCl: H<sub>2</sub>PO<sub>4</sub>: H<sub>2</sub>O was applied at 80°C for 1 hour and hydrophilic nano-calcium phosphate was coated.

### **Surface Characterization**

Using a sputter coater (SCD 005, BALTEC [Leica Microsystems GmbH], Wetzlar, Germany), each disc sample was coated with platinum. The platinum-coated samples were photographed using a field emission-scanning electron microscope (FE-SEM; Quanta 200, FEI, Hillsboro, OR, USA) at ×100 and×500 magnifications to observe their microstructures. To investigate the surface chemical components, an energy-dispersive spectrometer (Quanta 200, FEI, Hillsboro, OR, USA) was used. S

### **Roughness Measurement**

After the surface treated disc sample was coated with platinum, 3D images of the surface were taken at ×800 magnifications at 6° using a stereo scanning electron microscope (Zeiss EVO25; Zeiss, Germany) and MeX V5.1 software (Alicona, Grambach, Austria). Using a Gaussian filter with a cutoff wavelength of  $\lambda_c=31\mu\text{m}$ , the Sa (the average of absolute values of the surface protrusion on the mean surface), Sq (the root mean of squared values of the protruding surface from the mean surface) and Rt (the average of the distance from the line of the maximum and minimum heights of the protruding surface) on the  $340\times 250\mu\text{m}^2$  surface were calculated.

### **Static water contact angle**

On 1 month after packing procedure, the static water contact angle of sessile drop method was analyzed with Contact angle analyzer Phoenix 150 (SEO Korea) and Image XP 5.6 software. Experimental Animals

### **Preparation of the Experimental Implants**

A total of 15 implants (length: 7mm and diameter: 3.75mm; Cowellmedi Co., Busan, Korea) were prepared. All the implants were screw-type and made of grade 4 commercially pure titanium. The experimental implants were divided into three groups (5 implants per group) as in vivo test.

## **Primary Surgery**

Three beagle dogs aged 2-3 years, each of which weighed 15kg, were used. Each beagle was reared in an individual cage wherein the temperature was maintained at 20-25°C and relative humidity, at 30-50%. A soft diet was provided with water before and after the surgery.

Food was withheld the night before surgery. The animals were injected with atropine sulfate (0.05mg/kg) and tiletamine/zolazepam (5mg/kg IV). During the surgery, anesthesia was maintained using isoflurane and by supplying oxygen. Lactate ringer solution (5 ml/kg/h) was injected. Ampicillin sodium (20mg/kg IV) and meloxicam (0.2mg/kg IV) were injected preoperatively. The surgical area was injected with lidocaine that contained epinephrine (1:100,000) for the local anesthesia. All the mandibular premolar and first molar were extracted carefully to avoid damaging extraction socket. The furcation region of first molar was trimmed using a fissure bur. After verifying that no dental root remained, a suture was made with 4-0 silk. After the extraction, Meloxicam (0.1mg/kg PO) was administered to the animals for pain relief, and amoxicillin (20mg/kg PO) was administered to them every 12 hours for 6 days.

## **Secondary Surgery**

After checking that the alveolar bone healed well two months after the primary surgery, implant placement was performed. The general and local anesthesia procedures were the same as that of the primary surgery. Four implants were placed on each side of the mandible. An incision was made at the mid-crest of the alveolar bone.

After the full-thickness flap was dissected, the cortical bone was leveled. Then the implant site was prepared using a 3.2mm diameter drill as final drill. Eight implants were randomly placed on both sides. The distance between implants made at 4mm regular interval using a ruler.

Penicillin G procaine and penicillin G benzathine (1ml/5kg) were intramuscularly injected in the experimental animals immediately after the surgery and 48 hours after the surgery. The animal's oral cavity was rinsed twice a day with 2% chlorhexidine. A soft diet was allowed.

## **Sacrifice of the Experimental Animals**

The experimental animals were sacrificed 8 weeks after the second surgery. They were first sedated using a zaperone and midazolam (1mg/kg, IM) before they were sacrificed via intravenous injection of 20% pentobarbital solution.

## **Preparation of the Specimen**

The specimen that included the implant was prepared after the sacrifice of the experimental animals. The specimen was fixed for 2 weeks in a neutral buffered formalin solution, and then dehydrated by increasing the ethanol concentration to 70-100%. The dehydrated specimen was embedded in a Technovit 7200 resin. A block of the polymerized specimen was cut in the direction of the long axis of the implant at the center of the implant using an EXAKT diamond cutter. A slide with a final thickness of 30 μm was made from the 400 μm thick slide using an EXAKT grinding machine. The tissue was stained using hematoxylin and eosin stain.

## **Histometric Analysis**

An observer who was blind to the experimental conditions analyzed the histological findings. The measurement was performed three times to reduce the possibility of error. The obtained images from an optic microscope were analyzed using an image analysis computer program. The center of the specimen that was cut in the direction of the buccal lingual side was used for the histological analysis. All the images of the specimens were taken under ×2.5 magnification. ×40 magnified images were used for the histological analysis, and ×100 magnified images for accurate assessment of the BIC. The following factors were analyzed (Fig. 2).

## Statistical Analysis

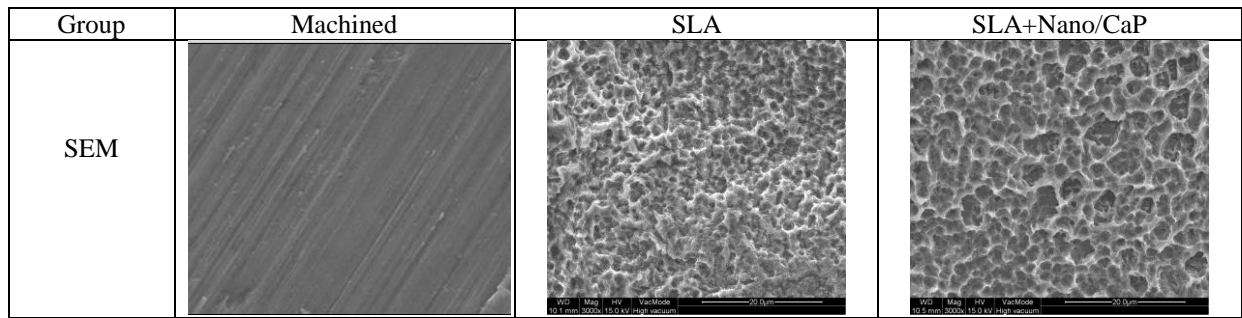
Statistical analysis was performed using SPSS ver. 18.0 (SPSS, Chicago, IL, USA). To analyze measurements taken in individual test animals, groups were compared using student t-test. Values of  $p < 0.05$  were taken to indicate statistical significance.

## RESULTS

### Surface Characterization

Through SEM, the surface morphologies of each group were confirmed (Fig. 1). The SLA group showed a macro roughness at  $\times 3000$  magnification. The rough surface had sharp peaks with irregular heights.

Figure 1. SEM surface morphologies of each group



### Surface Roughness Measurement

Using a stereo-scanning electron microscope (Zeiss EVO25; Zeiss, Germany), 3D surface image of each sample was obtained, and their  $S_a$ ,  $S_q$  and  $R_t$  were calculated. The SLA group and SLA+Nano/CaP group showed the greatest degree of roughness, which was 20 times that of the control group.

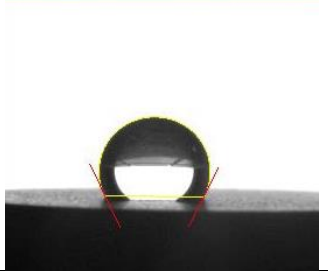
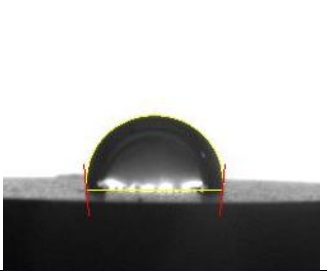
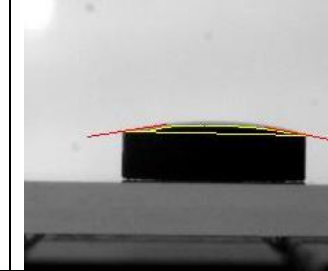
Table 1. Surface roughness by stereo scanning electron microscope

Surface treatment	$S_a(\mu\text{m}) \pm \text{SD}$	$S_q(\mu\text{m}) \pm \text{SD}$	$R_t(\mu\text{m}) \pm \text{SD}$
Machined	$0.08 \pm 0.04$	$0.09 \pm 0.02$	$1.95 \pm 0.11$
SLA	$1.68 \pm 0.22$	$2.15 \pm 0.29$	$16.99 \pm 3.09$
SLA+Nano/CaP	$1.71 \pm 0.24$	$2.20 \pm 0.231$	$18.72 \pm 3.21$

$S_a$ , the roughness per unit surface: the average of absolute values of the surface protrusion on the mean surface;  $S_q$ , the root mean of squared values of the protruding surface from the mean surface;  $R_t$  the distance from the line of the maximum and minimum heights of the protruding surface.









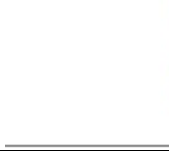

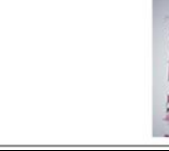
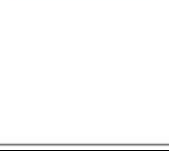
### Static water contact angle

The static water contact angles were analyzed 10.5 degree in SLA+Nano/CaP group, 54.3 in SLA group and 133.0 in machined group. The SLA+Nano/CaP group was super-hydrophilic.

Group	Machined	SLA	SLA+Nano/CaP
Water contact angle			

### Histological Analysis

The observation of the tissue sample treated with H&E (hematoxylin and eosin) stains showed that the osseointegration was successful with the eighth week sacrifice. Figure 2 shows the scope of the evaluation of each sample at  $\times 12.5$  magnifications. The SLA+Nano/CaP group showed more mature bone formation on the implant surface than the machined group and SLA group. No significant inflammatory findings were observed in all the groups.

Group	Machined	SLA	SLA+Nano/CaP	
Histologic findings				
				
				

### Histometric Analysis

The Machined group showed the BIC (%) value (mean $\pm$ SD) of  $54.7\pm 8.6$ , the SLA group,  $64.4\pm 12.9$  and the SLA+Nano/CaP group,  $73.3\pm 15.2$ .

### DISCUSSION

A lot of animal studies have performed to examine the effects of the implant surface on bone healing and bone apposition.

Microrough titanium surface regularly have a significantly greater percentage of BIC when compared with machined surface. The SLA+Nano/CaP treated surface was achieved by blasting using biphasic calcium phosphate and acid etching and nano-calcium phosphate coating. In this study, calcium phosphate is a biocompatible and resorbable blasting material. During the osseointegration, rough titanium implant surface provides a good adherent place for osteoblasts and the initiation of new bone formation begins from the titanium surface other than the adjacent alveolar bone.

In this situation, the contact osteogenesis can be anticipated rather than distant osteogenesis. The calcium phosphate and macroroughness of the SLA+Nano/CaP group may contribute to the early osteoblasts adhesion. The macroroughness is important for an implant to enable capillary tissue and osteoblasts migration into the spaces. The roughness attempts to mimic the function of the natural extracellular matrix. The primary roles of macroroughness are: (1) to serve as an adhesion substrate for the cell; (2) to provide temporary mechanical support to the newly grown tissue; (3) to guide the development of new tissues.

In the first 1-2 weeks of healing, there was a marked bony coating of the SLA+Nano/CaP surfaces with the center portion of the experimental implant device chamber less mineralized than the area adjacent to the machined implant. From week 2 onwards, the BIC percentages showed a significantly greater contact area between the newly formed bone and the titanium for implants with the SLA surface. After 6 weeks of bony healing, the differences in the bone apposition pattern and in the tissue components had disappeared, but BIC remained greater for the SLA+Nano/CaP surface. In this study, three groups were similar in the bone apposition pattern and the tissue component at 8 weeks, but BIC represented greater for SLA+Nano/CaP group. In this study the SLA+Nano/CaP groups showed much higher BICs to that of the machined and SLA group. These observations are consistent with the previous reports regarding the BIC of surface treatment. From this observation, the SLA+Nano/CaP treatment is to be effective in the osseointegration enhancement of a dental implant.

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