Abstract: Unidirectional porous hydroxyapatite (UDPHAp) is a material whose microstructure consists of cross-sectional oval pores with a pore diameter in the range of 100-300 μm that penetrate through the material. UDPHAp has proven suitable for osteogenesis and angiogenesis. The present study was designed to evaluate the osteogenic effect of a newly developed UDPHAp as a carrier of recombinant human bone morphogenetic protein-2 (rhBMP-2) in a rat onlay graft model. UDPHAp was implanted beneath the calvarial periosteum of rats to simulate alveolar bone augmentation in a clinical condition. At 2 weeks after implantation, UDPHAp with rhBMP-2 resulted in active bone formation, and the augmented bone was connected directly with the original bone, whereas commercialized porous hydroxyapatite (PHAp) with rhBMP-2 showed little bone formation. These results suggest that UDPHAp in this model is suitable for onlay graft and is an effective biomaterial for the rhBMP-2 delivery system.

Key words: Unidirectional porous hydroxyapatite (UDPHAp), Onlay graft, Bone augmentation, Recombinant human bone morphogenetic protein-2 (rhBMP-2)
and 4 weeks after operation, the implant and the skull were removed en bloc without stripping away the soft tissues and fixed in 10% neutral buffered formalin, dehydrated and cleared with graded alcohols and xylol, and embedded in paraffin wax. Sectioned at 5 μm thickness with a microtome, the paraffin wax-embedded specimens were stained with hematoxylin and eosin (H & E). Histological observation and recording were carried out with an optical microscope (Olympus BX-51, Tokyo, Japan). All procedures followed the International Guidelines for Experiments on Animals. This project was approved by the Ethical Committee for Animals Care at Hokkaido University.

For comparison, we purchased a commercialized porous hydroxyapatite (PHAp; Boneceram P ”Sumitomo Pharmaceuticals Co., Ltd., Funabashi, Japan), which has been used in orthopedic or dental surgery. The pore size ranged from 50 to 300 μm, the mean porosity was 48 %, and the bending strength was 8 Mpa, according to the manufacturer’s information.

Results

Microstructure

Fig. 1 shows DM and SEM photographs of UDPHAp and PHAp. UDPHAp had tubular micropores unidirectionally aligned to the ice growth direction. The cross sections perpendicular to the pore axis showed spindle-shaped pores in random directions. PHAp had microscopic random pores with spherical shape, and the pore size was widely distributed in the range 50-300 μm.

Histological findings

In the UDPHAp without rhBMP-2, dense fibrous tissue was observed in most of the pores of UDPHAp at 2 weeks (Fig. 2a, b). Osteogenesis was not observed in the pore of the UDPHAp. Neither bone nor cartilage was found inside the UDPHAp without rhBMP-2. In the UDPHAp with rhBMP-2, new bone formation was observed in some pores close to the host parietal bone at 2 weeks (Fig. 2c). The augmented bone was connected directly with the original bone (Fig. 2d). At 4 weeks postoperatively active osteogenesis was observed and newly bone formation increased (Fig. 2e). The interconnected trabecular bone and bone marrow were found inside it. Numerous osteocytes and new blood vessel growth were observed in an immature trabecular bone with continuous osteoblasts lining (Fig. 2f). Cartilage was not found in any of the specimens. For the PHAp with rhBMP-2 at 2 weeks postoperatively, new bone formation was observed only on the surface of the material (Fig. 2g, h). No invasion of bone tissue or vessels could be detected in any of the pores inside the material.
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Figure 2. HE-stained histological sections of UDPHAp and PHAp implanted beneath the calvarial periosteum of SD rats. 
a: UDPHAp alone at 2 weeks. UDPHAp caused little inflammation, and dense fibrous tissue was observed in most of the pores of UDPHAp; b: Higher magnification of a. Neither bone nor cartilage was found in any of UDPHAp without rhBMP-2; c: UDPHAp with rhBMP-2 at 2 weeks. New bone formation occurred in some pores close to the host parietal bone; d: Higher magnification of c. The augmented bone was connected directly with the original bone; e: UDPHAp with rhBMP-2 at 4 weeks. Active osteogenesis was observed in most of the pores of UDPHAp; f: Higher magnification of e. Numerous osteocytes and new blood vessel growth were observed in an immature trabecular bone with continuous osteoblasts lining; g: PHAp with rhBMP-2 at 2 weeks. New bone formation was observed only on the surface of the material; h: Higher magnification of g. No invasion of bone tissue or vessels could be detected in any of the pores inside the material. Scale bar = 1 mm (in c, e) or 500 μm (in a, d, g) or 100 μm (in f, h) or 50 μm (in b).
Discussion
Previously, Iwasashi et al. reported good osteogenesis after implantation of UDPhAap in tibial cortical bone defects of rabbits and dogs. In the result section, we speculate whether UDPhAap would be suitable for the treatment of alveolar bone augmentation by the onlay graft with rhBMP-2. In the present study, UDPhAap was implanted beneath the calvarial periosteum of rats to simulate alveolar bone augmentation in a clinical condition. The present study demonstrated that UDPhAap with rhBMP-2 resulted in active bone formation under the periosteum and the augmented bone was connected directly with the original bone, whereas PHAap with rhBMP-2 resulted in little bone formation at 2 weeks after implantation. The distinct differences between the two implants indicates that the rhBMP-2 increased bone ingrowth into UDPhAap and facilitated its replacement by new bone and marrow. These results indicate that the structure of UDPhAap might offer an environment that does not inhibit invasions of rhBMP-2-target cells and capillaries and, thus, contributes to osteoblast differentiation in the presence of rhBMP-2.

A previous research suggested that favorable porous diameters for cell migration are over 50 μm, and over 100-300 μm for angiogenesis. UDPhAap is close to these qualifications, which contribute to osteogenic cell’s migration and osteogenesis at 2 weeks after implantation. Furthermore, angiogenesis was observed at 2 weeks, this may contribute to nutrition and to subsequent osteogenesis.

To be implanted on bone, i.e. onlay bone graft, it is necessary for materials to have sufficient mechanical strength corresponding to the pressure from the periosteum, mucosa, or skin. Fujita et al. reported that the mechanical strength of materials implanted on bone influences osteogenesis in comparison with the pore size. In this study, the compressive strength of UDPhAap was approximately 1.5 times as great as that of PHAap, and the amount of newly formed bone with UDPhAap was greater than that with PHAap, despite their having almost the same pore size. These results suggest that UDPhAap in this model is suitable for onlay graft because of its excellent invasiveness of rhBMP-2-target cells and mechanical strength. In conclusion, the onlay graft of UDPhAap with rhBMP-2 should be biologically a novel effective system for bone augmentation.

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References

