

### Dublin Institute of Technology ARROW@DIT

**Conference** Papers

Biomedical Devices and Assistive Technology Research Group

2012-01-27

### Investigation of a New Material for Heart Valve Tissue Engineering

Claire Brougham School of Manufacturing and Design Engineering, Dublin Institute of Technology., claire.brougham@dit.ie

Nian Shen TCD

Allison Cudsworth *TCD* 

Thomas Flanagan *UCD* 

Stefan Jockenhoevel Aachen University of Technology

See next page for additional authors

Follow this and additional works at: http://arrow.dit.ie/biodevcon Part of the <u>Biology and Biomimetic Materials Commons</u>, and the <u>Biomaterials Commons</u>

### **Recommended** Citation

Brougham, C.et al. (2012) Investigation of a New Material For Heart Valve Tissue Engineering. *Royal Academy of Medicine, Bioengineering in Ireland conference* 18 January.

This Conference Paper is brought to you for free and open access by the Biomedical Devices and Assistive Technology Research Group at ARROW@DIT. It has been accepted for inclusion in Conference Papers by an authorized administrator of ARROW@DIT. For more information, please contact yvonne.desmond@dit.ie, arrow.admin@dit.ie.





This work is licensed under a Creative Commons Attribution-Noncommercial-Share Alike 3.0 License

#### Authors

Claire Brougham, Nian Shen, Allison Cudsworth, Thomas Flanagan, Stefan Jockenhoevel, and Fergal O'Brien Prof

# INVESTIGATION OF A NEW MATERIAL FOR HEART VALVE TISSUE ENGINEERING



<u>Claire Brougham<sup>1,2</sup>, Nian Shen<sup>3, 4</sup>, Allison Cudsworth<sup>3</sup>, Thomas C. Flanagan<sup>5</sup>,</u> Stefan Jockenhoevel<sup>4</sup>, Fergal J.O'Brien<sup>1,3</sup>

> <sup>1</sup> Department of Anatomy, Royal College of Surgeons in Ireland, Dublin, Ireland. <sup>2</sup> Biomedical Devices and Assistive Technology Research Group, DIT <sup>3</sup> Trinity Centre for Bioengineering, Trinity College Dublin <sup>4</sup> Helmholtz Institute for Biomedical Engineering & Institute for Textile Engineering **University Hospital Aachen | RWTH Aachen University** <sup>5</sup> School of Medicine & Medical Science, University College Dublin



# Introduction

- Approx 300,000 heart valve replacements are performed annually however, current treatment options have limited success.
- Current therapies cannot grow or remodel with the patient. These shortcomings have prompted increased focus on tissue engineering techniques to create fully autologous heart valve replacements.

# Materials and methods

- Scaffolds crosslinked physically were by dehydrothermal (DHT) cross-linking at 105°C for 24 hours. They were subsequently chemically crosslinked using 1-Ethyl-3-(3-dimethyl aminopropyl) carbodiimide (EDAC) in the presence of N-hydroxysuccinimide (NHS), solution which stiffens the scaffold while maintaining elasticity [7].
- To infiltrate the CG material with fibrin (a four stage solution which polymerises once the final ingredient is added), both drop loading and injection methods were assessed.

# Results

• Drop loading resulted in a layer of fibrin being established on the edges of the material due to the rapid polymerisation time of fibrin. Injection of the fibrin solution allowed for an even distribution of polymerised fibrin throughout the material as demonstrated in the SEM image shown.



• Despite significant advances in the field of heart valve tissue engineering, a major problem is the inability of valves to maintain an appropriate seal upon closure as a result of cell-mediated retraction of the leaflets [1].



Figure 1. This image shows a native aortic valve (taken from the arterial side) [2] where the leaflets form a closed seal. In cases of heart valve disease the shape or elasticity of the leaflets prevents this seal forming which means that there is a leakage of blood through the valve.

- We are currently investigating natural biomaterials (collagen, glycosaminoglycans (GAGs) and fibrin) for the development of a scaffold which will have sufficient stiffness to resist the contractile forces of cells acting upon it.

- Masson's Trichrome staining and SEM were used to assess the distribution of the fibrin throughout the CG material.
- Mechanical properties were tested using a Zwick/Roell Z050 testing machine.

## Results

 Successful development of a freeze dried CG material with a homogenous structure in a tri-leaflet valve conduit shape.



Figure 3. The image above shows the CG freeze dried construct. Through optimisation of the freeze drying process, a tri-leaflet valve was fabricated.

Figure 6. SEM image of freeze-dried CG material (A), infiltrated with fibrin (B) using an injection method.

• The tensile and compressive moduli of the materials were also tested and the crosslinking greatly enhanced the stiffness of the material.

# **Discussion and conclusions**

- This study has led to the development of a freezedried CG-fibrin scaffold which will be used for heart valve tissue engineering.
- This CG scaffold has a homogeneous pore structure throughout and can be manufactured in a

• The novel scaffold proposed is based around the concept of reinforcing cell-seeded fibrin gel component [3] with a collagen-GAG (CG) matrix.

# Aims and objectives

- Hypothesis: A CG-fibrin scaffold will provide sufficient structural stiffness to resist the contractile forces of cells.
- Aim of this study: Develop a method of fabricating the CG-fibrin scaffold and analyse the resulting material.

# Materials and methods

A CG scaffold will be fabricated through freeze drying in a 3-D mould (Figure 2).



Figure have we previously developed a mould for the triconstruction Of leaflet heart valve conduits [1,4,5] This mould was modified for producing freeze-dried CG scaffolds.



Figure 4. Masson's Trichrome staining was used to assess the pore size and porosity of the scaffolds produced using a variety of freeze drying parameters. This image shown is from the optimised set of parameters. It shows a homogenous pore structure with an average pore size of 128.9 39.3µm and a porosity of 99.2% Analysis was completed at the top, in the middle leaflet section and at the lower section of the scaffold.

• We successfully developed of a method of infiltrating the CG scaffold with fibrin using an injection technique. Through optimisation of fibrin infiltration,

repeatable, 3-D form.

- The proof of principle that fibrin can be successfully the CG material has infiltrated into been demonstrated.
- The stable ratio of fibrin to CG has been established at 0.7 $\mu$ l per mm<sup>3</sup> CG.
- A method of injecting the fibrin into the CG has been developed which has demonstrated full infiltration of the fibrin through the CG.
- The use of crosslinking has been found to increase the compressive and tensile moduli of the material backbone which will improve the ability of the material to withstand the contractile forces of the cells on the material.

# **On-going Work**

• The next phase of this study is to introduce cells to the scaffold in order to assess the biological performance of the material. This will also demonstrate the resistance of the material to the contractile forces exerted by the cells.

Freeze drying parameters such as final freezing temperature, cooling rate and drying times were optimised to produce a CG scaffold with a homogenous pore size structure [6].

 The freeze drying cycle optimisation was assessed using SEM, pore size and porosity analysis.

a final volume of 0.7µl of fibrin gel per mm<sup>3</sup> of CG was established as the most stable ratio.



Figure 5. Masson's Trichrome staining of a section of CG (blue) with fibrin (red) showing that the fibrin has completely permeated the CG scaffold.

# References

[1]Flanagan, et al,. Tissue Eng,(A) 15(10): 2965-76, 2009 [2] Schoen, et al., Cardiovascular Pathology, 3<sup>rd</sup> Ed. 402–442, 2001. [3]Murphy, et al., Cell Adh Migr., 4 (3), 377-81, 2010 [4]Jockenhoevel, et al., Thorac Cardiovasc Surg, 49(5): 287-90, 2001 [5]Flanagan, et al., Biomaterials, 27 (10): 2233-46, 2006 [6]O'Brien, et al., Biomaterials 25 (6) 1077-86, 2004 [7] Haugh, et al., Tissue Eng. (A) 17 (9-10) 1201-8, 2011

# Acknowledgements

Acknowledgements to RCSI Tissue Engineering Research Group and the FOCUS institute, DIT. Funding for this research was provided by Irish Heart

Foundation and the European Research Council. Funding for this conference was provided by DIT.