

Assessment of Xenogenic Bone Plate and Screw using Finite Element Analysis

Su-young Heo, Dong-bin Lee* and Nam-soo Kim¹

BK 21 Plus Program and College of Veterinary Medicine, Chonbuk National University, Iksan 54596, Korea

*College of Veterinary Medicine, Western University of Health Sciences, USA

(Received: November 20, 2017 / Accepted: June 02, 2018)

Abstract : The aim of this study was to evaluate the biomechanical behavior of xenogenic bone plate system (equine bone) using a three-dimensional finite element ulna fracture model. The model was used to calculate the Von Mises stress (VMS) and stress distribution in fracture healing periods with metallic bone plate and xenogenic bone plate systems, which are installed while the canine patient is standing. Bone healing rate (BHR) (0%) and maximum VMS of the xenogenic plate was similar to the yield strength of equine bone (125 MPa). VMS at the ulna and fracture zones were higher with the xenogenic bone plate than with the metallic bone plate at BHRs of 0% and 1%. Stress distributions in fracture zone were higher with the xenogenic bone plate than the metallic bone plate. This study results indicate that the xenogenic bone plate may be considered more beneficial for callus formation and bone healing than the metallic bone plate. Xenogenic bone plate and screw applied in clinical treatment of canines may provide reduced stress shielding of fractures during healing.

Key words : Finite element analysis, xenogenic bone plate, xenogenic bone plate screw, Von Mises stress, ulna fracture model.

Introduction

Metallic bone plates and screws are widely used for the treatment of bone fractures in both human and veterinary medicine (7,17). Metallic internal fixation hardware provides excellent reduction of the bone fragment and has the necessary strength to stabilize and support the fracture, allowing early mobility of the limb. Metallic bone plate made of stainless steel, cobalt-chromium and titanium alloys are commonly used to treatment of bone fracture. However, the metallic plates have an elastic modulus (110-220 GPa) at least 10 times greater than that of bone (17-24 GPa) (12). Numerous studies have established that these metallic plates interfere with normal bone physiology by causing bone loss under the plate. The long-term effect of using the metallic plate is bone remodeling and loss due to the changed stress-condition induced by metallic internal fixation (6,16,18). Although their appropriate mechanical properties of certain popular plate designs have been reported, the overall clinical outcome remains pessimistic.

The importance and high cost of treating bone fractures has promoted the development of non-invasive methods of assessing fracture risk and prevention. Finite element (FE) analysis of skeleton, a very powerful tool for biomechanical research, involves examination of the regions where the fracture or healing initially appears, and the forces and orientations needed to produce them (2,10,13,14). FE analysis is increasingly used in the design and evaluation of bone plates

and screws to overcome the major weaknesses of current fixation devices: fatigue failure of the device and stress-shielding of the bone.

Xenogenic cortical bones are useful for enhancing bone repair and reconstructive bone defect, and have been advocated due to their reliable incorporation and remodeling with fracture sites (1,9,20). Additionally, the mechanical strength and volume of xenogenic bone make its use for interference internal fixation devices possible (11,15,20).

In order to evaluate the newly developed bone plate with xenogenic bone plate and screw, we presently compared it with metallic bone plate by investigating biomechanical behavior in critical parts of the bone-plate systems under the static loading condition of canine standing weight.

Material and Methods

Design and Fabrication of Xenogenic Bone Plate and Screw

The xenogenic bone plates and screws were designed to the dimensions of standard Dynamic Compression Plate (DCP) of the Arbeitsgemeinschaft für Osteosynthesefragen (AO) institute. The plates were rectangular, 48 mm in length, 10 mm in width and 3 mm thick. The screws were conical with a diameter of 3.5 mm, length of 13 mm and head diameter of 6 mm. The metallic plates and screws had the same size as the xenogenic bone plates and screws (Fig 1).

FE Analysis

The mean weight (average 11.2 ± 1.34 kg) and ulna diameter (inner and outer diameters of 4 mm and 7 mm, respectively) of 10 beagle dogs were used for this study. Three-dimen-

¹Corresponding author.
E-mail : namsoo@jbnu.ac.kr

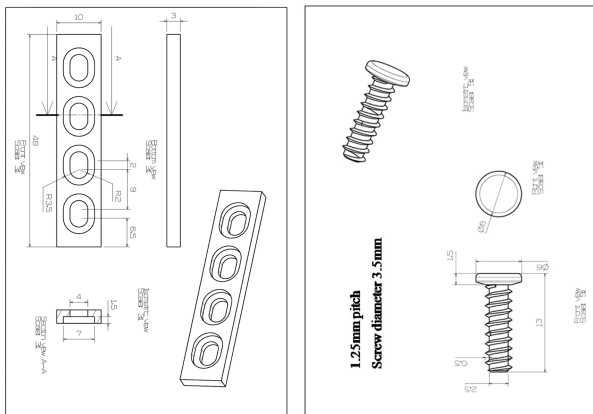


Fig 1. Shape and dimension of xenogenic bone plates and screws.

sional models of the bone-plate systems were analyzed using ABAQUS 6.7-1 software. Canine bone (ulna) and fracture sites were defined as smooth, hollow cylindrical geometric shapes. The bone marrow was thought not to bear a load. The bone model taken into account has a ratio of 2/3 between internal and external diameters (8). Metallic bone plates were dimensioned using a four-hole DCP. Screws were taken as 3.5 mm cortical screws and modeled as completely fixed to bone. It was assumed that a 1 mm-thick transverse fracture between intact bone fragments existed. The bone material was assumed to be isotropic and uniform throughout the cortical bone, and was made by the cortical bone throughout with a Young’s modulus of 15 GPa and poisson ratio of 0.3.

The callus was assumed to bridge the fracture gap. The callus material was assumed to be isotropic and homogenous having $E = 0.01$ GPa at a bone healing rate (BHR) of 1%, 15 GPa = 15000 MPa at a BHR of 75% (BHR 0%: 0 MPa, BHR 1%: 150 BHR, callus 50%: 7500 MPa, BHR 90%: 13500 MPa) (Benli et al. 2008). Compression, which was considered as the loading condition of the problem, was thought to be caused by the standing weight of the canine patient. For an 11 kg weight canine, the approximate load applied to the ulna cross-section was calculated as:

$$F = 11 \text{ Kg} \times 9.81 \text{ N} = 107.9 \text{ N}$$

$$A = \pi / 4 \times (7^2 - 4^2) = 25.9 \text{ mm}^2$$

$$P = 107.9 \text{ N} / 25.9 \text{ mm}^2 = 4.2 \text{ MPa}$$

Material properties were defined for each element are given in Table 1. The area under the lower bone segment was selected as the boundary condition in the x, y and z direc-

Table 1. Material properties of the elements

		Young’s modulus (E)	Poisson’s ratio	Yield strength	Ultimate strength
Ti6Al4V*		110 GPa	0.3	800 MPa	-
Bone	Equine*	20 GPa	0.3	125 MPa	-
	Canine*	15 GPa	0.3	-	455 MPa (F), 584 MPa (M)

*(3)

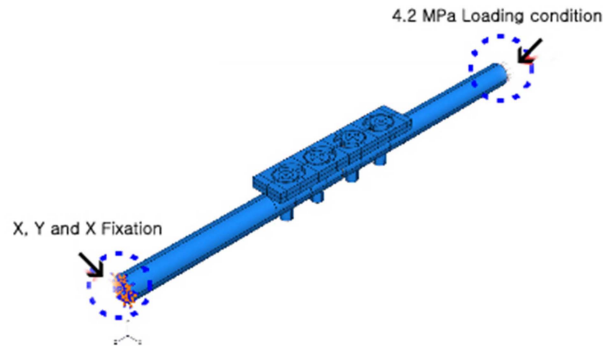


Fig 2. The finite element model of bone-plate system. Compression, which was considered as the loading condition of the problem, is thought to be caused by the canine patient weight while standing up (4.2 MPa). The area under the lower bone segment is selected as boundary condition in x, y and z direction.

tions. The FE model of bone-plate system is shown in Fig 2.

Results

FE analyses of bone plate system assembly were conducted for the aforementioned implant materials. The Von Mises Stress (VMS) for FE analyses of xenogenic bone plate and screw are shown in Figs 3-5. The maximum stress in the plate was exerted in the screw hole located close to the fracture site. The VMS of the metallic and xenogenic plates at a BHR of 0% were 112.6 MPa and 112.3 MPa, respectively. The stress displacement was 0.115 mm and 0.557 mm, respectively. At a BHR of 50%, the VMS for metallic and xenogenic plates of bone period were 13.29 MPa and 6.002 MPa, respectively. Meanwhile, the stress displacement was 0.023 mm and 0.024 mm, respectively. The results are summarized in Tables 2 and 3 and Fig 6. As shown in Fig 7, the compressive stress was determined by selecting the nodes from the FE analysis model. Compressive stress was 0.2 MPa in the metallic bone plate and 0.2 MPa in the xenogenic bone plate. At a BHR of 1%, the xenogenic bone plate provided more compressive stress than metallic bone plate in fracture zone (Fig 8). At a BHR of 50%, the neutral axis of the xenogenic bone plate moved to the bone more than that of metallic bone plate (Fig 9). Similar results were obtained at a BHR of 90% (Fig 10).

Discussion

By the BHR, the VMS and displacement at the fracture interface were analyzed to evaluate the effect of the metallic

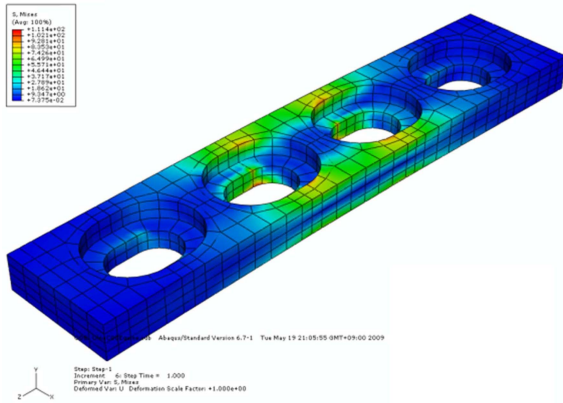


Fig 3. The Von Mises stress distribution of xenogenic bone plate at the bone healing rate (0%). The maximum stresses in plate are in the near to the screw hole located close to fracture site.

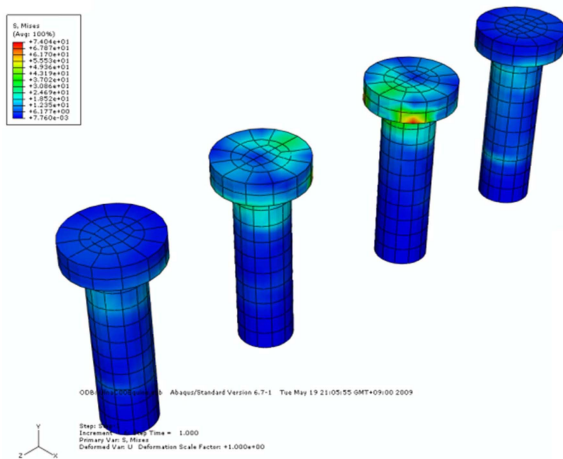


Fig 4. The Von Mises stress distribution of xenogenic bone screw at the bone healing rate (0%). The maximum stresses in screw are in the screw neck located close to fracture site.

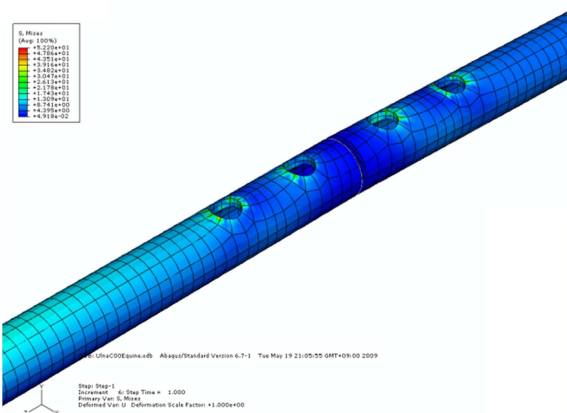


Fig 5. The Von Mises stress distribution of canine bone at the bone healing rate (0%). Maximum stresses of bone are observed at the screw holes due to the concentrated contact stresses.

bone and xenogenic bone plates. The xenogenic bone plate displayed a similar stress response to the metallic bone plate.

Table 2. The maximum Von Mises stress values of metallic bone plate system by the fracture healing rate

	BHR 0%	BHR 1%	BHR 50%	BHR 90%
Maximum Von Mises Stress (MPa)				
Plate	112.6	41.99	13.29	13.23
Screw	75.42	26.17	13.50	13.48
Ulna	17.71	15.77	14.92	14.90
Fracture zone	-	3.281	4.977	5.613

BHR: Bone Healing Rate

Table 3. The maximum Von Mises stress values of xenogenic bone plate system by the fracture healing rate

	BHR 0%	BHR 1%	BHR 50%	BHR 90%
Maximum Von Mises Stress (MPa)				
Plate	112.3	11.95	6.002	5.977
Screw	74.47	9.375	9.852	9.852
Ulna	38.57	17.86	16.61	16.59
Fracture zone	-	4.608	4.915	5.489

BHR: Bone Healing Rate

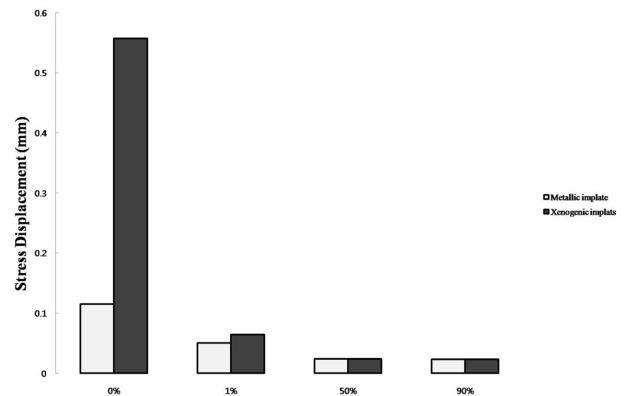


Fig 6. Stress Displacement of metallic bone plate system and xenogenic bone plate system by the fracture healing rate.

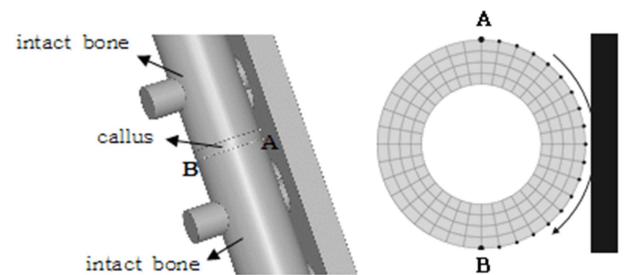


Fig 7. Stress values at the fracture interface are determined by selecting the node attached to fracture surface through arrow.

At 0% BHR, the stress in the xenogenic bone plate occurred mainly (112.3 MPa) around the middle of the shaft. The VMS of the xenogenic plate was similar to the Yield strength of

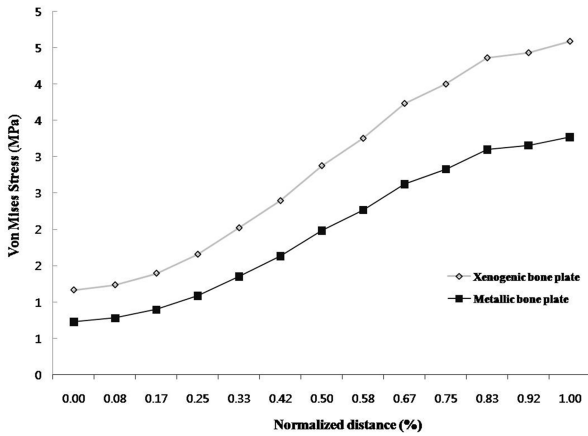


Fig 8. Stress distribution measured around the fracture model with 1% bone healing rate on each bone plate system around the fracture region.

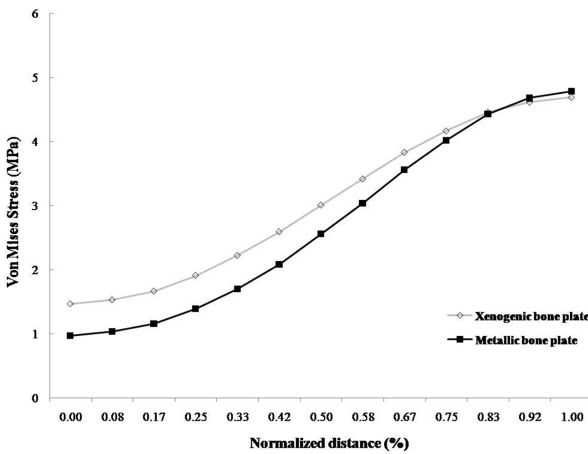


Fig 9. Stress distribution measured around the fracture model with 50% bone healing rate on each bone plate system around the fracture region.

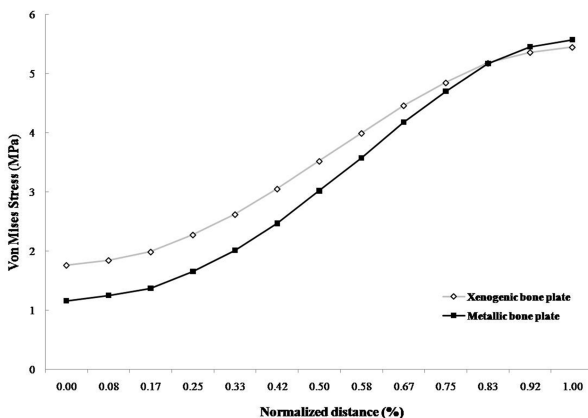


Fig 10. Stress distribution measured around the fracture model with 90% bone healing rate on each bone plate system around the fracture region.

equine bone (125 MPa). Indications of stress can occur to the breaking point in a xenogenic bone plate. In dogs, during slow walking the ground reaction force equals 30% of the

body weight with each forelimb and 20% of the body weight with each hindlimb. However, the ground reaction force may increase to five times or more of body weight at a fast trot or run, or on landing from a jump (17). Hence, for a xenogenic bone plate, postoperative immobilization is needed during the initial healing periods. At BHRs of 1%, 50% and 90%, this maximum loading resulted in VMS values below the Yield strength of equine bone and metallic material. This result indicates that xenogenic bone plate and screw may be used for the treatment of canine bone fracture.

Numerous studies have shown that these rigid metal plates contribute to bone mass loss due to the stress shielding of the bone beneath the plate. Mechanical changes due to internal fixation result in the reduction in cortical bone structure by the thinning of the cortex, rather than by a reduction in bone substance mechanical properties (19,22). The latter study compared the results obtained with a rigid metal plate and a less rigid composite plate. After 9 and 12 months of plate application, a significantly increased amount of bone atrophy was seen on the rigid plate side. Femurs showed bone to similar mechanical properties, but different structural properties (21).

VNS contours showed that the maximum stresses in the plate were near to the screw hole located close to fracture site; the stress value was 112.6 MPa for the metallic bone plate and 112.3 MPa for the xenogenic bone plate. There is a need improve the xenogenic plate design so that will not fail at the screw hole near to fracture site. Maximum bone content at the screw holes reflects the concentrated contact stresses in this region.

Presently, the VNS at ulna and fracture zone were higher with the xenogenic bone plate than with the metallic bone plate at 0% and 1% BHR. VNS of ulna and for the metallic and xenogenic plates at 0% BHR were 17.71 MPa and 38.57 MPa, respectively, and 26.17 MPa, 17.86 MPa and 3.281 MPa, 4.608 MPa, respectively, at 1% BHR. The VMS at 50% BHR was similar to that for 90% BHR. Based on the results obtained at 0% and 1% BHR, xenogenic bone plate may be considered as more beneficial for callus formation and bone healing compared to the metallic bone plate.

Research is ongoing aimed at incorporating bioabsorbable materials into plate designs and uses. The designs are based on the hypothesis that suitable stress of host bone during the fracture healing can be attained with low stress shielding of the fracture zone (4,5,10,14).

The stress distributions of bone plate system change during healing. The present results show that, for a given load, stress distributions in the fracture zone are higher with the xenogenic bone plate than with the metallic bone plate. This higher stress in bone could aid growth of the callus. It is apparent that the xenogenic bone plate system provides less stress-shielding to bone, and offers higher stresses at the fracture interface that improves the fracture healing process in comparison with the metallic bone plate system. Therefore, the xenogenic bone plate system verified by FE analysis may be applied to fix bone fracture as an internal fixation material.

Conclusion

In summary, a three-dimensional FE model was used to

evaluate the VMS and stress distribution in fracture healing periods with the metallic bone plate and xenogenic bone plate systems. The maximum VMS at ulna and fracture zones were higher with xenogenic bone plate than with metallic bone plate at BHRs of 0% and 1%. Stress distributions in fracture zone were higher with the xenogenic bone plate than with the metallic bone plate. Our results from FE analysis establish that the xenogenic bone plate and screw applied clinical treatment will offer reduced stress shielding of canine fractures during their healing.

References

1. Abdullah J, Rushdan A, Hamzah M, Ariff A R, Rani A. (1999) Use of bovine xenograft in reconstruction of traumatic anterior cranial fossa bone defects involving the frontal sinus. *Ann Transplant* 1999; 4: 28-31.
2. Alberts LR, Pao YC, Lippiello L. (1993) A large-deformation, finite-element study of chondrodiatasis in the canine distal femoral epiphyseal plate. *J Biomech* 1993; 26: 1291-1305.
3. An YH, Draughn RA. Mechanical testing of bone and the bone-implant interface, Boca Raton: CRC Press. 2000: 43-64.
4. Benli S, Aksoy S, Havitcioglu H, Kucuk M. Evaluation of bone plate with low-stiffness material in terms of stress distribution. *J Biomech* 2008; 41: 3229-3235.
5. Carter DR, Blenman PR, Beaupre GS. Correlations between mechanical stress history and tissue differentiation in initial fracture healing. *J Orthop Res* 1988; 6: 736-748.
6. Claes L. The mechanical and morphological properties of bone beneath internal fixation plates of differing rigidity. *J Orthop Res* 1989; 7: 170-177.
7. Claes LE, Heigele CA, Neidlinger-Wilke C, Kaspar D, Seidl W, Margevicius KJ, Augat P. Effects of mechanical factors on the fracture healing process. *Clin Orthop Relat Res* 1998; 355: S132-147.
8. Cordey J, Borgeaud M, Perren SM. Force transfer between the plate and the bone: relative importance of the bending stiffness of the screws friction between plate and bone. *Injury* 2000; 3: C21-28.
9. Dehghani SN, Bigham AS, Torabi Nezhad S, Shafiei Z. Effect of bovine fetal growth plate as a new xenograft in experimental bone defect healing: radiological, histopathological and biomechanical evaluation. *Cell Tissue Bank* 2008; 9: 91-99.
10. Ferguson SJ, Wyss UP, Pichora DR. Finite element stress analysis of a hybrid fracture fixation plate. *Med Eng Phys* 1996; 18: 241-250.
11. Haje DP, Volpon JB, Moro CA. Bovine bone screws: metrology and effects of chemical processing and ethylene oxide sterilization on bone surface and mechanical properties. *J Biomater Appl* 2009; 23: 453-471.
12. Liebschner MA. Biomechanical considerations of animal models used in tissue engineering of bone. *Biomaterials* 2004; 5: 1697-1714.
13. Rikli DA, Curtis R, Schilling C, Goldhahn J The potential of bioresorbable plates and screws in distal radius fracture fixation. *Injury* 2002; 33: 77-83.
14. Saidpour SH (2006) Assessment of carbon fibre composite fracture fixation plate using finite element analysis. *Ann Biomed Eng* 2006; 34: 1157-1163.
15. Salci H, Sarigul S, Dogan S, Lekesiz H, Ozcan R, Gorgul OS, Aksoy K. Contribution of the xenograft bone plate-screw system in lumbar transpedicular stabilization of dogs: an in-vitro study. *J Vet Sci* 2008; 9: 193-196.
16. Slatis P, Karaharju E, Holmstrom T, Ahonen J, Paavolainen P. Structural changes in intact tubular bone after application of rigid plates with and without compression. *J Bone Joint Surg Am* 1978; 60: 516-522.
17. Slatter DH. Textbook of small animal surgery, 3th ed. Philadelphia: WB Saunders. 2003; 1785-1792.
18. Tonino AJ, Davidson CL, Klopper PJ, Linclau LA. Protection from stress in bone and its effects. Experiments with stainless steel and plastic plates in dogs. *J Bone Joint Surg Br* 1976; 58: 107-113.
19. Uthoff HK, Dubuc FL. Bone structure changes in the dog under rigid internal fixation. *Clin Orthop Relat Res* 1971; 81: 165-170.
20. Wander KW, Schwarz PD, James SP, Powers BE, Taylor B, Wimsatt JH (2000) Fracture healing after stabilization with intramedullary xenograft cortical bone pins: a study in pigeons. *Vet Surg* 2000; 29: 237-244.
21. Woo SL, Akeson WH, Coutts RD, Rutherford L, Doty D, Jemmott GF, Amiel D. A comparison of cortical bone atrophy secondary to fixation with plates with large differences in bending stiffness. *J Bone Joint Surg Am* 1976; 58: 190-195.
22. Woo S L, Lothringer KS, Akeson WH, Coutts RD, Woo YK, Simon BR, Gomez MA. Less rigid internal fixation plates: historical perspectives and new concepts. *J Orthop Res* 1984; 1: 431-449.