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Journal homepage: www.Sjournals.com**Review article****Advances in biomaterials, new strategies, development and applications for biomedicine and engineering****S. Jebahi^{a,*}, H. Oudadesse^a, E. Abdelfatteh^c, E. Hafedh^b, K. Hassib^d**^aUniversity of Rennes 1, UMR CNRS 6226, Campus de Beaulieu, 263 av. du Général Leclerc, 35042 Rennes, France.^bAnimal Ecophysiology Laboratory, Sfax Faculty of Science, Department of Life Sciences, Sfax, Tunisia.^cScience Materials and Environment laboratory, Sfax Faculty of Science, Sfax, Tunisia.^dHistology, Orthopaedic and Traumatology laboratory Sfax Faculty of Medicine Sfax, Tunisia.

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ABSTRACT

One of the most exciting and rewarding research areas of materials science involves the applications to health care, especially to skeletal repair and reconstructive surgery. The potential benefits of these materials for this clinical needs, strongly depend on more research works and multidisciplinary approaches that combine engineering, and the technical expertise of medical specialists. The development regarding the tissue engineering and the social obligations to provide a better quality of life seemed to be the crucial factors to this progress. In this field, the association of osteo-inductive factors with implantable materials; as well as the association of osteogenic stem cells with these materials in the field of orthopaedic surgery are now booming. This paper aims to review the progression in biomaterials and the several therapeutic strategies in order to examine biomaterial interactions at the cellular and wider host level. Moreover, the favorable properties of nanotechnology exploited in biomedical applications were widely focused on. In our opinion, these advances represent some of the few examples in which the progress of molecular biology has a good chance of early clinical success.

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1. Introduction

With the increase in the percentage of aging population worldwide, the number of individuals suffering from physical disability is also on the rise. This increase drives the demand for biomaterials products and open more doors to the development of a new tissular engineering strategy. In fact, the global market for materials products was valued at \$13.8 billion in 2011 and is projected to reach nearly \$14.7 billion, and \$19.5 billion in 2017, a five-year compound annual growth rate (CAGR) of 5.9%. The industrial sector as well as other ones are projected to total nearly \$5.6 billion in 2012 and \$7.9 billion in 2017, a CAGR of 7.1% (Fa-Ming et al. 2010). In the early part of the twentieth century, naturally derived materials began to be replaced by synthetic polymers, ceramics and metal alloys, which provided better performance, increased functionality and more reproducibility than their naturally derived counterparts (Jeong et al. 2013 , Jeong et al. 2009 , Lin et al. 2008). The development of biomaterials for tissue engineering applications has recently focused on the design of biomimetic materials that are able to interact with surrounding tissues by biomolecular recognition (Chan et al. 2008). In this regard, as cell and molecular biology converge with materials science and biomedical engineering, new applications in regenerative medicine benefited from interactive biomaterials serving to orchestrate cell attachment and growth. For example, biomaterials can be implanted with a combination of specific cell types as a cell delivery vehicle, be utilized as a drug carrier to activate a specific cellular function in the localized region (Chan et al.2008, Catledge et al.2004, Heuts et al.2010, Tang et al.2013, Weis et al.2013, Seeto et al.2013). On the other hand, nanotechnology, which first appeared in the twentieth century, is an area of science devoted to the manipulation of materials atoms and molecules of materials in the nanometer range. Therapeutic uses of nanoparticles are among the most recent developments including all particles that possess at least one dimension that is less than 100 nm. It has been shown that the remarkable recognition capabilities of biomolecules when combined with the unique properties of nanomaterials can lead to novel tissue substitutes, biological electronics such as biosensors, sensitive diagnostic systems, and controlled drug delivery systems with significantly improved performances. This paper comprehensively covers literature reports which have investigated specifically the current state of the art, starting with current products of usual graft substitutes and moving onto recent developments and novel therapeutic approaches in clinical setting of tissue engineering as shown in Figure 1.

2. Advances in biomaterials

2.1. First generation

Traditional biomaterials employed in bone defect management consist in the use of autografts, allografts or xenografts [Kivovics et al.2013, Marquardt et al.2013). Despite all the satisfactory results, these therapies present limitations such as material availability, donor site morbidity, anatomic problems and the risk of inducing transmissible diseases (Vining et al.2012). These complications prompted research activities to provide alternatives to conventional tissue grafting. A strong interest in use of ceramics for biomedical applications appeared in the late 1960's (Dorozhkin et al .2010). Used initially as alternatives to metals in order to increase a biocompatibility of implants, bioceramics have become a diverse class of biomaterials, presently including three basic types, relatively bioinert ceramics, bioactive and bioresorbable ones (Rey et al .2009). Among these biomaterials, biphasic calcium phosphate (BCP) ceramics are used successfully in human surgery because their chemical composition is closely related to that of bone mineral (Rey et al .1995). These ceramics are biocompatible, osteoconductive, and degradable through a chemical and cellular process. Macroporosity of calcium phosphate (CaP) blocks facilitates bone colonization in both the deep and peripheral parts of the implants. Improvements in CaP biotechnology and new therapeutic approaches such as percutaneous or minimal-invasive techniques in radiology, orthopedics (Hrubina et al.2013)and spinal surgery, allowed the development of injectable CaP biomaterials for bone replacement. This launched the field of bioactive ceramics, with many new materials and products being formed from variations on bioactive glasses and also glass–ceramics.The first bioactive glass was invented by Larry Hench at the University of Florida in 1969 (Larry et al.2006). The mechanism of bonding of bioactive glasses (composed of $\text{Na}_2\text{O}-\text{aO}-\text{P}_2\text{O}_5-\text{SiO}_2$) to living tissue, established in 1971 (Hench et al.1997). The main discovery was that of a glass having the composition 46.1 mol. % SiO_2 , 24.4 mol.% Na_2O , 26.9 mol.% CaO and 2.6 mol.% P_2O_5 , later termed 45S5 (Hench et al.1997). These bioactive glasses, exhibit unique properties for this application showing ability to bond to soft tissue as well as to hard tissue and to form a carbonated hydroxyapatite layer (HCA) when

exposed to biological fluids (Jebahi et al.2012, Dietrich et al. 2012, Oudadesse et al. 2011). More recently, a second generation of biomaterials has been developed. Bioactive materials elicit a controlled action and therapeutic responses in the physiological environment are widely studied in the remainder of this work.

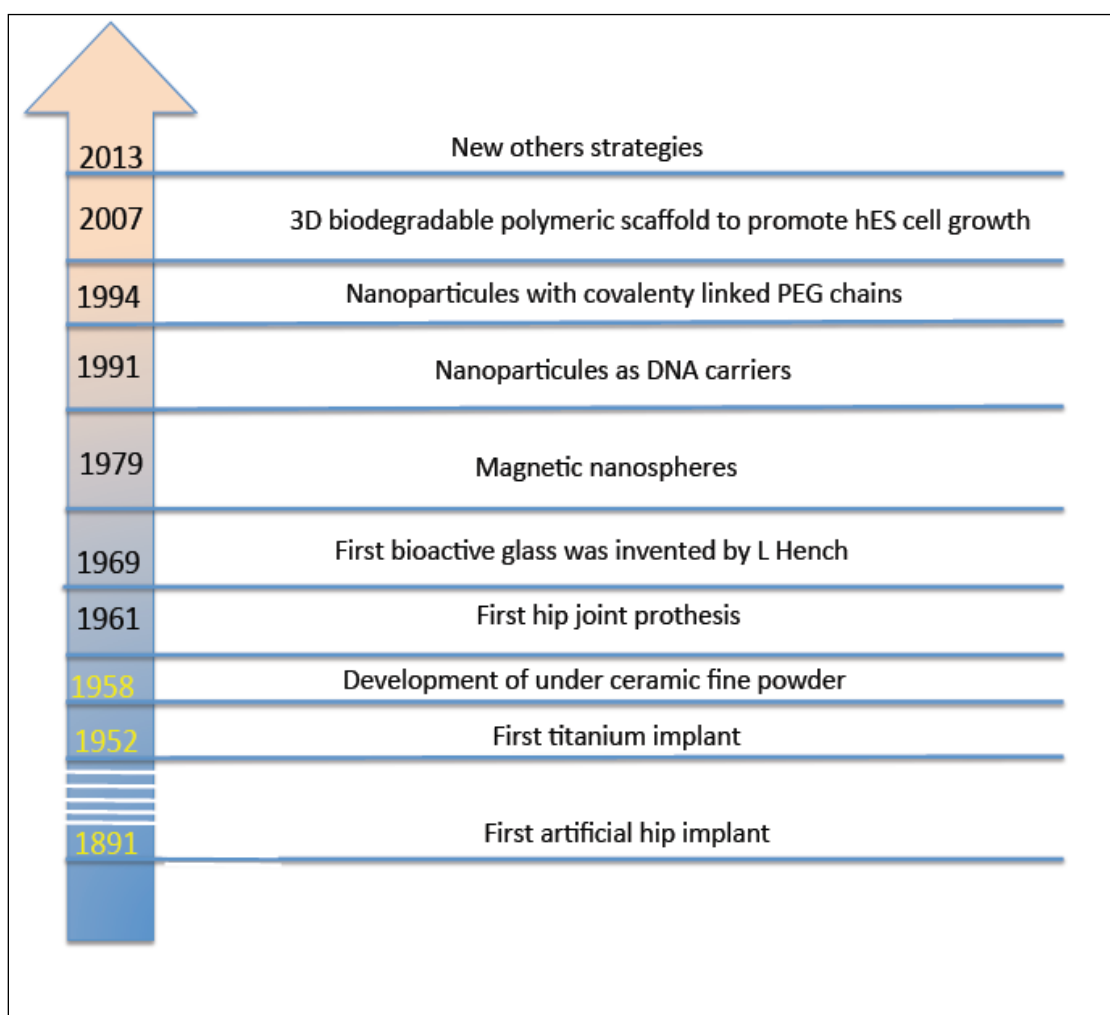


Fig. 1. development of biomaterials for tissue engineering .

2.2. Second generation

Great progress in structure control and functionalization design has been achieved for biomedical applications. Recently, much attention has been paid to the molecules delivering properties in tissue engineering. As the science of biotechnology keeps advancing, researchers are exploring different materials for various biomedical applications and local gene delivery systems.

2.2.1. Ions release

Due to the benefic influence of some ion on the health tissue disease, some study was concentrated on the influence of some inorganic element. Phosphorous (P) (Gough et al. 2002), Silicon (Si) (Zhang et al. 2013, Fouad et al. 2013), Strontium (Sr) [Jebahi et al. 2013, Jebahi et al. 2012], Zinc (Zn) (Cheng et al. 2013, Geilich et al. 2013) as well as Boron (B) (Wang et al. 2008, Uysal et al. 2009), Vanadium (V) (Kim et al. 2012) , Cobalt (Co) [Lee et al. 2013, Ignjatović et al. 2013] and Magnesium (Mg) (Yang et al. 2008) are known to be involved in the bone metabolism and to play a physiological role in angiogenesis, growth and mineralization of bone tissue. In particular, metal ions act as enzyme co-factors and therefore influence signalling pathways and stimulate metabolic effects occurring

during tissue formation (Naik et al. 2013, Sobczak-Kupiec et al. 2012). These effects make metal ions attractive for use as therapeutic agents in the fields of hard and soft tissue engineering (Caridade et al. 2013). Moreover, Ca and P, bone apatite is substituted by many different trace elements occurring in smaller concentration. Hence, several ions have been considered to be promising agents in enhancing the bone-forming ability of implant materials and scaffolds, which can be achieved by controlling the release of specific ions during in vivo dissolution of the scaffold. In previous studies, a new developed type of Sr-incorporated hydroxyapatite, glass cement (Sr-HAC, 46S6Sr) have been studied (Okayama et al.1991, Oudadesse et al.2011). The Sr-HAC's in vivo biocompatibility, including acute toxicity, hemolytic reaction, pyrogen reaction, and cytotoxicity has been evaluated, during intramuscular and femoral implantation. In this study, the optical transmission photographs show that the Sr doses play an important role on the interface between the implants and the new bone. The energy dispersion X-ray spectrum analysis indicates that there exists a gradient distribution of Sr element in the tight and bioactive interface between the implants and the new bone. This result indicates that the Sr element takes a share in the mineralization of the new bone together with Ca element. The bioactive glass is found as a therapeutic biomaterial protecting against oxidative stress for application in tissue engineering. Zinc is also known to play an important role in bone metabolism (Hackenberg et al.2013) and to have anti-inflammatory effects. Furthermore, Zinc-containing bioactive glasses stimulates bone formation in vitro by activating protein synthesis in osteoblast cells and increasing ATPase activity in bone (Yan et al.2013). Moreover, Zn shows inhibitory effect on bone resorption inhibiting the formation of osteoclast cells in mouse marrow cultures. The regulatory effects of Zn on bone cells has suggested also the importance of role in gene expression. Copper (Cu) has been shown to play a significant role in angiogenesis. For example, remarkable distributions of cellular Cu have been found in human endothelial cells when they were induced to undergo angiogenesis revealing the importance of the ion as angiogenic agent (Maeyama et al.2005, Naghiu et al.2013).

2.2.2. Antibacterial carriers

It is acknowledged that medical device related infections account for a substantial morbidity as well as causing a sharp increase in health-care costs. Biofilms cause pipe plugging and corrosion and are responsible for causing important economic losses by damaging equipment and contamination of biomaterials. Removal of damaged material is a solution in both industrial and medical fields. Achievement of infection-resistant materials can be based on different strategies, (i) modification of the biomaterial surface to give anti-adhesive properties, (ii) doping the material with antimicrobial substances, and (iii) combining anti-adhesive and antimicrobial effects in the same coating. Furthermore, another requirement to be reached is (iv) the realization of a material able to oppose biofilm formation and, at the same time, to support bone repair. One of the strategies to prevent the bacterial attachment and biofilm formation is to kill the bacterial cells when they come in contact with the polymeric surfaces. Treatment of these infections often requires multiple operations, device removal, long-term systemic antibiotics, and extended rehabilitation, and is frequently ineffective, leading to worse clinical outcomes and increased financial costs (Chang et al.1992). Hence previous studies mixed bactericidal and fungicidal agents with polymethyl methacrylate (PMMA), and other polymers to reduce the bacterial infections (Chang et al.1992). Other strategies include the use of molecules which can dissolve biofilms (Kulkov et al.2013), or change the surface energy of the polymer. The second strategy is mainly based on the local delivery of antibiotics through carrier biomaterials and the risk of eliciting antibiotic resistance have been extensively discussed in Campoccia et al (Liu, et al.2012). Besides antibiotics, chitosan also has been proven to be effective as an antimicrobial coating. Moreover, different sophisticated technologies have been studied for its grafting on material surface (Sivakumar et al.2010, Hansson et al.2012, Gao et al.2012, Sivakumar et al.2012). Nanoparticles are defined as clusters of atoms whose size ranges from 1 to 100 nm, characterized by a very large surface area to volume ratio. Copper, zinc, magnesium and especially silver and gold nanoparticles display an antibacterial activity (Shameli et al. 2012, Erriu et al. 2013, Lin et al. 2006, Varkey et al. 2004). The antimicrobial activity of titanium oxide (TiO₂) and of silver oxide (Ag₂O) nanoparticles can be enhanced by irradiation with visible light (Tayalia et al. 2009). A comprehensive review on the photoinduced catalytic mechanisms of TiO₂ and on its antibacterial activity, also against biofilm-embedded bacteria, has been recently presented (Langer et al. 1998). The use of TiO₂ as a photocatalyst is limited to medical devices reachable by visible light irradiation (>400 nm).

3. Nanobiomaterial

The nanomaterials level is the most advanced at present, both in scientific knowledge and in commercial applications (Berger et al. 2011; Panyala et al. 2009; Panyala et al. 2008). A decade ago, nanoparticles were studied because of their size-dependent physical and chemical properties. Now they have entered a commercial exploration period. Nanomaterials have unique surface properties and energetics due to higher surface areas, higher surface roughness, higher amounts of surface defects (including grain boundaries), altered electron distributions, etc. All of these unusual properties inherent for nanomaterials will affect interactions with proteins since all proteins are nanoscale entities. Recently, Cheng et al. reported that human cartilage cells attached and proliferated well on HA nanocrystals homogeneously dispersed in polylactic acid (PLA) composites (Nandi et al. 2008). Matthews et al. demonstrated that type II of collagen could be electrospun to form nonwoven fibrous scaffolds with fiber diameters ranging from 110 nm to 1.8 μm to support chondrocyte growth and infiltration (Santos et al. 2007). Even anodized metals (such as Ti) possessing nanometer pores increase chondrocyte adhesion and migration (Chen et al. 2012). In a very enhanced strategy of biomaterial use, nanoparticles are being designed to exploit the chemical and physical differences between normal and tumour-associated vasculature in order to concentrate the particles selectively within or near tumours, allowing subsequent drug-induced cell death. Recent demonstrations of polymeric nano particles could be designed for trafficking through the lymphatic vessels to target T cells in the lymph nodes. The synergistic enhanced effect of the relevant gold nanoparticles on the drug uptake of target cancer cells could provide a new strategy to inhibit the multidrug resistance of the respective cancers (Zeng et al. 2013, Rajeswari et al. 2009). Magnetic nanoparticles were also used for improving cell invasion in tissue engineering. Ion flows caused by electromechanical stimulation could probably modulate regeneration, suggesting that electrochemical signals could be used to alter cell fate directly and by manipulating biomaterial structure and presentation of chemical epitopes indirectly (Kadriye et al. 2009). In another study, PMMA-based cements containing magnetite (C-PMMA/Fe₃O₄) was found to be useful in hyperthermia treatment for bone tumor. These investigations are useful for designing new PMMA/Fe₃O₄ bone cement with high heating efficiencies and biocompatibilities for bone tumor treatments. C-PMMA/Fe₃O₄ was prepared by incorporating Fe₃O₄ powders of different diameters (means of 300, 35, and 11 nm) into the polymerization reaction of PMMA to develop new bone cement with high heating efficiencies in alternating current magnetic fields (Fabio et al. 2011, Chao et al. 2012).

4. Conclusion

The highly widespread illnesses and accidents offered much inspiration for the novel biomaterial design that can stimulate cellular regeneration and functional recovery. Many experts agree that the greatest hope for treatment of the damaged tissues will involve a combinatorial approach that integrates biomaterial scaffolds, cell transplantation, and molecule delivery. This continuing research progresses permits the discovery of new biomaterials that may provide yet another opportunity to address clinical needs. Moreover, the nanotechnology has distinct properties that make the nanostructures potential candidates for different nanoscale bio-medical and sensor device applications. This development in biomaterial design is encouraging, but new materials that provide tunable platforms addressing multiple key scaffold design criteria are currently needed. Progress toward the design and optimization of such scaffolds may potentially be hastened through more collaboration, better in vitro three-dimensional models, and more standardized in vivo animal models.

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