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***DEVELOPMENT OF NANOCOMPOSITE 3D-SCAFFOLDS FOR BONE
REPAIR***

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**DEVELOPMENT OF NANOCOMPOSITE 3D-SCAFFOLDS FOR BONE
REPAIR**

By

SAFFANAH KHUDER MAHMOOD

**Thesis Submitted to the School of Graduate Studies, Universiti Putra Malaysia, in
Fulfilment of the Requirements for the Degree of Doctor of Philosophy**

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

أَوْلَمَ يَرَ الْإِنْسَانَ أَنَّا خَلَقْنَاهُ مِنْ نُطْفَةٍ فَإِذَا هُوَ خَصِيمٌ مُبِينٌ (77) وَضَرَبَ لَنَا مَثَلًا وَنَسِيَ خَلْقَهُ قَالَ مَنْ يُحْيِي الْعِظَامَ وَهِيَ رَمِيمٌ (78) قُلْ يُحْيِيهَا الَّذِي أَنْشَأَهَا أَوَّلَ مَرَّةٍ وَهُوَ بِكُلِّ خَلْقٍ عَلِيمٌ (79) **سورة يس**

DEDICATION

I stand in the mihrab of giving between desire and awe, the sincere desire to express what is mental and futile, and the dread of failing to fulfill part of my religion. I have given little to those who have given so much.

And To

My “eyelashes”, my dear parents, may this be a step in the realization of their dreams.

My loyal brothers and sisters.

My greater family, members of the Faculty of Veterinary Medicine in general and the branch of Anatomy in particular, especially at the University of Mosul - Iraq and Malaysia, as a group and as individuals, and every one of those who have taught me character which I have found useful in my life in interaction with my teachers and my colleagues.

Finally to

All Aziz and Gal, to all those who are happy for my success; I feel my affection for all of them, and I give them my fruit as well as the essence of my thoughts.

Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfilment of the requirement for the degree Doctor of Philosophy

DEVELOPMENT OF NANOCOMPOSITE 3D-SCAFFOLDS FOR BONE REPAIR

By

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October 2017

Chairman : Professor Md Zuki Abu Bakar @ Zakaria, PhD
Faculty : Veterinary Medicine

The demands for applicable tissue-engineered scaffolds that can be used to repair load-bearing segmental bone defects (SBDs) are vital and increasing. Significant bone problems named trauma, deformity and tumors leave the patients under the pressure of surgical complications, high cost, risk of infection, donor shortage and slow healing process. The main objective of this study is to develop porous nanocomposite scaffold from cockle shell nanopowder for SBD repair. In this study, 9 different combinations of nanocomposite porous scaffolds were fabricated using various proportion of cockle shell-derived CaCO_3 aragonite nanoparticles, gelatin, dextran and dextrin. The scaffold then used for repairing critical-size bone defect (2 cm) that made on the shaft of radial bone of 16 adult, male New Zealand White rabbits which divided into four groups (n=4): Group A (control), Group B (scaffold 5211), Group C ($5211_{\text{GTA+Alginate}}$) and Group D (5211_{PLA}). The defect site implanted with scaffold was assessed for 8 weeks by means of radiography, hematology, biochemistry, grossly and histology. The micron sized cockle shell-derived CaCO_3 powder obtained (75 μm) was transformed into nanoparticles using mechano-chemical and ball mill (top-down) methods of nanoparticle synthesis with the presence of surfactant BS-12 (dodecyl dimethyl bataire). The phase purity and crystallographic structures, the chemical functionality and the thermal characterization of the scaffolds' powder were analyzed using Fourier Transform InfraRed (FTIR) spectrophotometer, Powder X-Ray Diffractometer (PXRD) and Differential Scanning Calorimetry (DSC), respectively. Characterizations of the scaffolds were assessed by Scanning Electron Microscopy (SEM), porosity test, swelling test, water absorption test, degradation manner and mechanical test. The cytocompatibility of the scaffolds was assessed in terms of cell attachment, alkaline phosphatase (ALP) concentration, cell proliferation and capability to form mineralized bone nodules. The tests were conducted throughout *In vitro* cell culture using human Fetal OsteoBlast cells line (hFOB). Top-down methods produced cockle shell-derived CaCO_3 aragonite nanoparticles having size range of $15.94\text{-}55.21\pm 6$ nm which were determined using Field Emission Scanning Electron Microscopy (FESEM) and

Transmission Electron Microscopy (TEM). The aragonite form of calcium carbonate was identified in both PXRD and FTIR for all scaffolds, while the melting (T_m) and transition temperatures (T_g) were identified using DSC with the range of T_m 62.41-75.51°C and T_g 229.38-232.58°C. Engineering analyses showed that scaffolds possessed a 3D interconnected homogenous porous structure with pore sizes 8-526 μm , porosity 6-97%, mechanical strength 4-65 MPa, Young's Modulus 104-296 MPa and enzymatic degradation rate 16-67% within 2, 4 and 10 weeks. The biological evaluation also showed that all scaffolds did enhance the osteoblast proliferation rate and improved the osteoblast function as demonstrated by the significant increase in ALP concentration. Radiographic examination showed new trabecular bone formation that signifies the bone healing/regeneration. This occurred in the defects edge as well as in the middle within one month which involved osteogenesis that moved within the central region and margin of the scaffold implant. This was attained with negligible tissue responses to a foreign body which was seen through hematology, biochemistry and histopathological analyses results. Grossly and histologically, after 8 weeks post-implantation the quantity of mature bone increased forming whole bone. The new bone tissue that was produced was successively matured within time as anticipated with increased mature cortical bone development and regeneration. Animal experiment revealed that the material used was able to resist load-bearing situations in extended usage without material breaking or generating stress protective effects to the bone of the host. This work signifies a key development in the healing of artificial bone grafts and suggests that the biomaterial of the grafted scaffold could possess great potential in prospective clinical uses where regeneration of bone is necessary.

Key words: 3D-porous scaffolds, bionanocomposite, tissue engineering, non-seeded, rabbits.

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk ijazah Doktor Falsafah

PEMBUATAN PERANCAH-3D NONOKOMPOSIT BAGI MEMPERBAIKI TULANG

Oleh

SAFFANAH KHUDER MAHMOOD

Oktober 2017

Pengerusi : Profesor Md Zuki Abu Bakar @ Zakaria, PhD
Fakulti : Perubatan Veterinar

Permintaan bagi perancah tisu yang direka untuk membaiki kecacatan tulang segmental yang menampung beban (SBDs) adalah penting dan semakin bertambah. Masalah tulang yang signifikan terutama trauma, kecacatan dan tumor meninggalkan pesakit di bawah tekanan komplikasi pembedahan, kos yang tinggi, risiko jangkitan, kekurangan penderma dan proses penyembuhan yang perlahan. Objektif utama kajian ini adalah untuk mencipta perancah nanokomposit berpori dari serbuk nano yang didapati daripada cengkerang kerang untuk membaiki SBD. Dalam kajian ini, 9 kombinasi perancah berpori nanokomposit dibuat dengan menggunakan pelbagai komposisi nanopartikel aragonit CaCO_3 yang diperolehi daripada cengkerang kerang, gelatin, dekstran dan dekstrin. Perancah kemudian digunakan untuk membaiki kecacatan tulang ukuran kritikal (2 cm) yang dibuat pada batang tulang radial 16 ekor anab putih New Zealand jantan yang dibahagikan kepada empat kumpulan ($n = 4$): Kumpulan A (kawalan), Kumpulan B (perancah 5211), Kumpulan C (5211_{GTA+Alginate}) dan Kumpulan D (5211_{PLA}). Tempat kecacatan yang ditanam dengan perancah dinilai selama 8 minggu dengan cara radiografi, hematologi, biokimia, pandangan kasar dan histologi. Serbuk CaCO_3 (75 μm) bersaiz mikron yang diperolehi dari cengkerang kerang diubah menjadi nanopartikel menggunakan kaedah mekano-kimia dan pengisar bebola (atas bawah) sintesis nanopartikel dengan menggunakan surfaktan BS-12 (dodecyl dimethyl baine). Struktur kristal dan fasa purifikasi, fungsi kimia dan ciri-ciri termal serbuk perancah dianalisis menggunakan spektrofotometer jelmaan Fourier inframerah (FTIR), Difensometer Sinar-X Serbuk (PXRD) dan Kalorimetri Pengimbangan Perbezaan (DSC). Ciri-ciri perancah dinilai oleh Pengimbangan Mikroskop Elektron (SEM), ujian-ujian keliangan, pengelembungan, penyerapan air, cara penurunan dan ujian mekanikal. Ketakempurnaan sitokompatibiliti ditaksir dari segi penampunan sel, kepekatan fosfatase alkali (ALP), proliferasi sel dan keupayaan untuk membentuk nodul tulang mineral. Ujian telah dijalankan ke atas kultur sel *In vitro* dengan menggunakan garis sel-sel OsteoBlast janin manusia (hFOB). Nanopartikel aragonit CaCO_3 yang diperolehi dari cengkerang kerang menggunakan kaedah atas-bawah mempunyai julat saiz 15.94-

55.21±6 nm yang ditentukan menggunakan Mikroskop Elektron Pengimbasan Pelepasan Medan (FESEM) dan Mikroskop Elektron Transmisi (TEM). Bentuk kalsium karbonat aragonit telah dikenal pasti oleh kedua-dua PXRD dan FTIR dalam semua perancah, manakala suhu lebur (T_m) dan suhu peralihan (T_g) telah dikenalpasti menggunakan DSC dengan julat T_m 62.41-75.51°C dan T_g 229.38-232.58°C. Analisis kejuruteraan menunjukkan bahawa perancah mempunyai struktur porous dalaman homogen 3D dengan saiz liang 8-526 μm , porositi 6-97%, kekuatan mekanikal 4-65 MPa, Young Modulus 104-296 MPa dan kadar degradasi enzimatik 16-67% dalam tempoh 2, 4 dan 10 minggu. Penilaian biologi juga menunjukkan bahawa semua perancah telah meningkatkan kadar percambahan osteoblast dan meningkatkan fungsi osteoblas seperti yang ditunjukkan oleh peningkatan ketara dalam kepekatan ALP. Pemeriksaan radiografi menunjukkan pembentukan tulang trabekular baru yang menandakan penyembuhan tulang / regenerasi. Ini berlaku di bahagian tepi kecacatan dan juga di bahagian pertengahan dalam masa satu bulan yang melibatkan osteogenesis yang bergerak di dalam kawasan tengah dan margin implan perancah. Ini dicapai dengan tindak balas tisu kepada badan asing yang boleh diabaikan seperti yang dilihat melalui hasil analisis hematologi, biokimia dan histopatologi. Secara kasar dan histologi, selepas 8 minggu pos-implantasi jumlah tulang matang telah meningkat dan membentuk seluruh tulang. Tisu tulang baru yang dihasilkan telah berturut-turut matang dalam masa seperti yang dijangkakan dengan perkembangan tulang kortikal dan regenerasi yang meningkat. Ujikaji ke atas haiwan mendedahkan bahawa bahan yang digunakan mampu menahan beban dalam penggunaan lanjutan tanpa memecahkan atau menghasilkan kesan perlindungan stres ke tulang perumah. Kerja-kerja ini menandakan perkembangan penting dalam penyembuhan graf tulang tiruan dan menunjukkan bahawa biobahan yang digunakan berpotensi besar dalam penggunaan klinikal yang memerlukan pertumbuhan semula tulang.

Kata kunci: perancah 3D-berliang, bionanokomposit, kejuruteraan tisu, tidak bertunas, arnab.

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I certify that a Thesis Examination Committee has met on 13 October 2017 to conduct the final examination of Saffanah Khuder Mahmood on his thesis entitled "Development of Nanocomposite 3D-Scaffolds for Bone Repair" in accordance with the Universities and University Colleges Act 1971 and the Constitution of the Universiti Putra Malaysia [P.U.(A) 106] 15 March 1998. The Committee recommends that the student be awarded the Doctor of Philosophy.

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LIST OF ABBREVIATIONS

%	Percentage
°C	Degree Celsius
μl	Microlitter
μm	Micrometer
2D	2 Dimensional
2θ	Two Theta
3D	3 Dimensional
5211	Cockle Shells Nanoparticles 50%, Gelatin 25%, Dextran 10% and Dextrin 15%
5211 _{GTA+Alginate}	Cockle Shells Nanoparticles 50%, Gelatin 25%, Dextran 10% and Dextrin 15%, soaked in Crosslinking GTA and coated using Alginate
5211 _{PLA}	Cockle Shells Nanoparticles 50%, Gelatin 25%, Dextran 10% and Dextrin 15%, coated using PLA
5400	Cockle Shells Nanoparticles 50%, Gelatin 40%, Dextran 5% and Dextrin 5%
6211	Cockle Shells Nanoparticles 60%, Gelatin 20%, Dextran 10% and Dextrin 10%
6300	Cockle Shells Nanoparticles 60%, Gelatin 30%, Dextran 5% and Dextrin 5%
7101	Cockle Shells Nanoparticles 70%, Gelatin 15%, Dextran 5% and Dextrin 10%
7200	Cockle Shells Nanoparticles 70%, Gelatin 20%, Dextran 5% and Dextrin 5%
8100	Cockle Shells Nanoparticles 80%, Gelatin 10%, Dextran 5% and Dextrin 5%
ACC	Amorphous Calcium Carbonates
ALP	Alkaline Phosphatase

ALT	Alanine Transaminase
ANOVA	One-Way Analysis Of Variance
AO	Acridine Orange
AST	Aspartate Aminotransferase
ATCC	American Type Culture Collection
B.W	Body Weight
BCA	Bicinchoninic Acid
BCP	Biphasic Calcium Phosphate
BMPs	Bone Morphogenic Proteins'
BMU	Basic Multicellular Unit
BS-12	Dodecyl Dimethyl Bataine
b-TCP	b-Tri Calcium Phosphate
Ca ⁺²	Calcium ion
Ca ₁₀ (PO ₄) ₆ (OH) ₂	Chemical Structure of Hydroxyapatite
CaCO ₃	Calcium Carbonate
C-C	Carbon-Carbon
CCAN	Cockle shell-derived CaCO ₃ Aragonite Calcium Nanocrystals
CCN	Calcium Carbonate Nanoparticles
C-H	Carbon-Hydrogen group
CH ₂ C ₁₂	Dichloromethane
cm	Centimeter
C-O	Carbon-Oxygen group
CO ₂	Carbon Dioxide
CP	Calcium Phosphate

CSD	Critical-Size Defect
CT	Computed Tomography
d (nm)	crystallite size (nm)
DBM	Deminerlized Bone Matrix
DMEM	Dulbecco's Modified Eagle;S Medium
DMSO	DiMethyl SulfOxide
DSC	Differential Scanning Calorimetry
D_{TEM}	crystallite size (nm) using TEM
DW	Deionized Water
D_{XRD}	crystallite size (nm) using XRD
ECM	ExtraCellular Matrix
EDAC	1-Ethyl-3-3-DimethylAminopropyl Carbodiimide
EDS	Element Detection System
EDX	Energy Dispersive X-ray
EG	Ethylene Glycol
ELISA	Enzyme-Linked ImmunoSorbent Assay
ESEM	Environmental Scanning Electron Microscopy
FBS	Fetal Bovine Serum
FDA	Food and Drug Administration
FDM	Freeze Drying Method
FESEM	Field Emission Scanning Electron Microscopy
FOS	Faculty Of Science
FTIR	Fourier Transform InfraRed
FWHM	Full Width at Half Maximum
g	Gram

G	L-Guluronic Acid
G418	Geneticin solution
GAG	GlycosAminoGlycan
GBR	Guided Bone Regeneration
GCE	Glassy Carbon Electrode
GTA	GluTarAldehyde
h	Hour
H&E	Haematoxylin and Eosin
HA	HydroxyApatite
HA	Hyaluronic Acid
ha	Hectare
Hb	Haemoglobin
HCL	Hydrochloric Acid
H _f	Heat of fusion
hFOB	human Fetal OsteoBlast Cells
HIV	Human Immune-deficiency Virus
HOB	Human OsteoBlast Cells
I/M	IntraMuscular
I/V	IntraVenous
IACUC	Institute of Animal Care and Use Committee
IU	International Unit
JCPDS	Joint Committee of Powder Diffraction Society
Kg	Kilogram
L	Litter
lit	Litter

M	1(4)-Linked D-Mannuronic Acid Monomer
MCHC	Mean Corpuscular Hemoglobin Concentration
M-CSF	Macrophage Colony-Stimulating Factor
MCV	Mean Corpuscular Volume
mg	Milligram
min	Minute
mins	Minutes
mL	MilliLiter
mm	Millimeter
MPa	Megapascals (Mpa Or N/Mm ²) Pascal (Pa) Uint = One Newton Per Square Meter
MRI	Magnetic Resonance Imaging
MSCs	MeSenchymal Cells
MTT	3-(4,5-Dimethyl-2-Thiazolyl)-2,5-Diphenyltetrazolium Bromide
MV	Matrix Vesicles
NC	Normal Coral
NC	Natural Coral
nm	Nanometer
NPs	Nanoparticles
NZW	New Zealand White
O ₂	Oxygen
O-H	Oxygen-Hydrogen group
OPG	OsteoProteGerin
P3HB	Poly-3-HydroxyButyrate
PBS	Phosphate Buffer Solution

PBS	PolyButylene Succinate
PCC	Precipitated Calcium Carbonate
PCL	PolyCaproLactone
PCL	Poly (E-CaproLactone)
PCV	Packed Cell Volume
P_{et}	Density of Ethanol
PET	Poly Ethylene Terephthalate
PG	Plane Geometry
PGA	Poly Glycolic Acid
pH	Power of Hydrogen
PHA	PolyHydroxyAlkanoates
PHB	PolyHydroxyButyrate
PHV	Hydroxyl-Valerate
PI	Propidium Iodide
PLA	PolyLactic Acid
PLGA	Poly-DL-Lactic-Co-Glycolic Acid
PLLA	Poly(L-Lactide) Acid
PMMA	Poly (Methyl MethAcrylate)
pNPP	P-NitroPhenyl Phosphate
PPO	PolyPhenol Oxidase
PSS-ACC	Poly (4-Sodium Styrene Sulfonate)-Stabilized Amorphous Calcium Carbonate
PTH	ParaThyroid Hormone
PXRD	Powder X-Ray Diffraction
R	Radius
RANK-L	Receptor for Activation of Nuclear Factor Kappa B Ligand

RBCs	Red Blood Cells
Reagent A	Sodium Carbonate, Sodium Bicarbonate, Bicinchoninic Acid and Sodium Tartrate In 0.1M Sodium Hydroxide
Reagent B RM	4% Cupric Sulphate Ringgit Malaysian
ROD	Renal OsteoDystrophy
rpm	round per minute
SBDs	Segmental Bone Defects
SE	Standard Error
SEM	Scanning Electron Microscopy
SG	Solid Geometry
solution A	Bicinchoninic Acid Solution
solution B	Copper Sulfate Solution
T	Thickness
t	Ton
TCP	TriCalcium Phosphate ($\text{Ca}_3(\text{PO}_4)_2$)
TEM	Transmission Electron Microscopy
T_f	Temperature of freezing
T_g	glass Transition Temperature
TGFs	Transforming Growth Factors
T_m	melting Temperature
U/ml	Unit per milliliter
UPM	Universiti Putra Malaysia
UV	UltraViolet light
VPSEM	Variable Pressure Scanning Electron Microscopy
W_0	Dry Weight (Initial Weight)

W_1	Dry Weight
W_2	Wet Weight
W_d	Dry Weight
W_w	Wet Weight
β -TCP	β -TriCalcium Phosphate
μ CT	micro-Computed Tomography
μ g	Microgram



CHAPTER 1

GENERAL INTRODUCTION

The thoughts of restoring a damaged body have been in existence since the start of humankind with early history manifesting them as myths and magic. New understanding of the natural world, disease, trauma and the introduction of scientific methods enabled the production of an artificial prosthetic materials to restore the lost functions of organs and tissues. With the unfolding of the 20th century, the concept of substituting one tissue with another was developed. This has laid the foundation for the emergence of the field of tissue engineering which formally begun in 1987 (vacanti and vacanti, 2007). The science of designing and fabricating new tissues or materials for impairment repairs has since been widely studied and is constantly expanding. The bone possessing the highest regeneration potentials provides a classic example of a clear principle of a tissue engineering model (fisher and reddy, 2003).

Currently, novel nanotechnology approaches are being engaged in the tissue engineering. The human bone represents one of the most important organs of the human body. These rigid organs play an essential role in providing the needed support, protection and movement. These unique features of the bones are well manipulated in the field of tissue engineering in a constant search for an ideal bone replacement material. A major problem for bone surgery frequently presents secondary bone tumour, trauma or deformity (Buckwalter, 2004; Nihorbd, 2004; Brydone *et al.*, 2010).

Bone injury, mainly is as a result of aged, deteriorating diseases or accidents. Many repair techniques have been suggested over the past decades. However almost all of them failed to produce long-lasting tissue repair (Salgado *et al.*, 2002; van Gaalen *et al.*, 2008). Bone replacement or transplantation involves the grafting of a new bone or a suitable replacement material between the spaces of a fractured bone or a defected bone in order to aid the healing process. Transplantation of bone is a fast growing field, which has a considerable influence on patients that suffer from bone tissue injury and infection (Sagar *et al.*, 2013). Over a century, the process of bone grafting has been utilized by orthopedic surgeons due to the constant need for bone replacement. In medical procedures, grafting is commonly used to substitute damaged tissue. Presently the alternatives to treat these injuries are inadequate as they depend on allografts, autografts, and biomimetic or variety of synthetic materials and strategies (Da Silva, 2009). Autografts are osteoconductive, osteoinductive, with osteogenic characteristics (Cypher and Grossman, 1996; Ilan and Ladd, 2002). Even though, autografts are consider to be the standard for bone transplant, they likewise possess some restrictions because of probable donor morbidity, establishment of other medical complications and low tissue accessibility (Moore *et al.*, 2001; Ilan and Ladd, 2002; Jakoi *et al.*, 2015). The expectation of a graft substitute is highly dependent on the nature of the fracture or defect of the bone. This determines the use of the graft whether as simple void filler or as larger gap filler that acts like a scaffolding material to facilitate formation of new bone. In both

cases, the graft material acts as a structural support and strength provider (Ilan and Ladd, 2002).

To date, the choice of graft substitute marketed fulfills these criteria and one or more of the key principals of bone healing (osteoconduction, osteoinduction and osteogenesis) but not all. At the very least a grafting material designed should be osteoconductive in nature to be used as simple void fillers facilitating the formation of new bone cells. With the incorporation of growth factors such as Bone Morphogenic Proteins' (BMPs) that promotes cell growth, an osteoinductive nature could be conferred to a grafting material to promote an even faster rate of healing. The constant emergence of newly innovated or improved grafting materials keeps the field of bone tissue engineering an exciting avenue for future studies in order to fulfill these empty voids in producing a grafting material that fulfills the principals of a successful bone substitute material. Prosthetics from metals and bone cement fillers, polymers and ceramics are additional treatment options in addition to bone defect renovation or changing broken bone tissue. The entire predictable approaches to renovate and replace bone may be painful, taking longer time and may be discarded by the body (Nandi *et al.*, 2010; Bose *et al.*, 2012; Santos Jr. and de Carvalho Zavaglia, 2016). It is in this context that in the last decades tissue engineering arose as a substitute method to restore and redevelop injured tissues to avoid the prerequisite for everlasting implant (Mistry and Mikos, 2005; Nestic *et al.*, 2006; Chung and Burdick, 2008).

Tissue engineering may be divided into diverse approaches, the best approach for the creation of strong tissue (such as, bone and cartilage) substitutes is by the combination of living cells, biologically dynamic molecules and temporary three-D (3-D) permeable scaffolds (Hutmacher *et al.*, 2007). Substitute strategies have been intensely explored and scrutinized based on a tissue engineering approach, attempting to rise above the innate restrictions of the presently obtainable solutions to bone defects. Using this strategy, forming of bone by tissue engineering is through seeding cells which can develop into osteoblasts on greatly permeable biomaterials (Brydone *et al.*, 2010; Bose *et al.*, 2012). Base on Williams (1987), tissue engineering is definite as an multidisciplinary field that uses the values of engineering and the life sciences in the direction of the improvement of biological alternatives that maintain, reestablish or progress function of tissue. These replacements are commonly branded as “scaffolds”.

In the last few decades, tissue engineering has arose as a hopeful substitute to treat or substitute loss function of tissues and organs that result from infection or distress (Scheller *et al.*, 2009; Torroni, 2009). The most studied approach includes the usage of artificial extracellular matrix (the scaffold) normally planned to be provisional and therefore made from bioresorbable or biodegradable polymers. Tissue engineering in recent time has boost up the awareness in producing permeable configurations for scaffolding in regeneration of tissue. The fundamental standard in tissue engineering is culturing of cells isolates from a patient, expanded, and even prompted to segregate *In vitro* in culturing of cell. Within *In vitro*, the cells seeded onto a scaffold further developed *In vitro*, ultimately in vibrant culture settings, after which is implanted into

the recipient deficiency which will act as an inductor for tissue redevelopment (Langer and Vacanti, 1993). Tissue engineering gives a prospective method to form tissues, organs and artificial graft products under laboratory circumstances in defeating the troubles of implantation refusal, diseases related with xenografts transmission and allografts, with deficiency in donation of organ (Blom *et al.*, 2005; Lee *et al.*, 2008; Navarro *et al.*, 2008).

Bone tissue engineering is a multidisciplinary research area in which new approaches are developed to treat human patients suffering from bone loss or disease. The same as in tissue engineering, synthetic bone is formed by seeding cells that can grow to be osteoblasts on three dimensional porous scaffolds for incubation either *In vitro* or *in vivo* to motivate bone matrix production (Navarro *et al.*, 2008; Brydone *et al.*, 2010; Bose *et al.*, 2012). The biological artificial bone is predictable to substitute the autogenous bone graft by providing parallel essential apparatus. Bone tissue engineering can be addressed to resolve a lot of troubles such as possibility of bacterial infection, donor shortage, high cost and slow vascularization (Navarro *et al.*, 2004, 2008; Sagar *et al.*, 2013). Bone repair is the normal objective for bone tissue engineering, it may be useful in healing or fixing broad variety of bone defects (Blom *et al.*, 2005; Navarro *et al.*, 2008; Brydone *et al.*, 2010). As explained above, tissue engineering of bone needs three significant fundamentals: these are cellular components, extracellular matrix (ECM) and growth factors (Søballe, 1993; Nandi *et al.*, 2010). There are a lot of different approaches which could be used in building bone tissue engineering. Among the approach is a seeding autologous osteogenic cell *In vitro* beside a biodegradable scaffold forming a scaffold–cell hybrid which can be called a tissue-engineered constructs. Chondrocytes and Mesenchymal stem cells osteoblasts, from rigid and soft tissues of the patient could be extended in culture and seeded onto a scaffold that would in a few manner die permitting fully normal bone tissue substitution (Czekanska *et al.*, 2012; Biomed Central, 2015; Chen *et al.*, 2015). A current report on the world marketplace of orthopedic implants and products industry indicated that the total drug orthopedic implant and device market to grow at a CAGR of approximately 8.8% over the next decade to reach around \$91.42 billion by 2025 (Glover, 2016).

Orthopedic implants develop with a growth rate of 7% to 10% over the last decade and this trend is predictable to carry on in the years to come (FDA, 2015). The global dental implants and prosthetics market is predictable to grow at a CAGR of 7.2% during the forecast period, to influence USD 12.32 Billion by 2021 (Sunita, 2010).

The major part of this market was thoracolumbar fixation, followed by inter body devices and cervical fixation, which together compose the whole market for spinal fusion (Mis and Vcf, 2009). The global foot and ankle devices market is composed to grow at a CAGR of about 7.9% over the next decade to reach about \$7.82 billion by 2025 (ZMR, 2017).

The achievement of tissue engineering scaffold will appear into play to find out if it will sustain attachment of cell, growth and finally cell distinction into the proper tissue. Because of these, the bioresorbable scaffold should be biocompatible and having permeable related linkage to make easy vascularization and quick growing of a new produced tissue (Lee *et al.*, 2008; Navarro *et al.*, 2004, 2008). Consequently, numerous requirements were recognized as essential for the manufacturing of scaffolds in tissue engineering: the scaffold should have (1) connecting pores of a scale suitable to support incorporation and vascularization of tissues through allowing cell migration, conveying of gases, metabolites, nutrients and signal molecules both inside the scaffold and amongst the scaffold and the local environment, (2) substances that restricted the biodegradability or bioresorbability in order for the host tissue to finally substitute the scaffold through allowing to be break down by biological procedures at a rate compatible to the rate of tissue growth while supporting mechanical reliability at a giving time which vary from weeks to many months, (3) suitable surface chemistry to support cell connection, distinction and growing, (4) satisfactory mechanical properties, (5) not stimulate an adverse reaction, and (6) simple range of forms and dimensions (Li and Li, 2005; Lee *et al.*, 2008; Navarro *et al.*, 2004, 2008). Having these necessities in mind, numerous substances have been accepted or produced and made-up into scaffolds (Harrison, 2007).

A number of polymers are normally used in bone scaffolds, including collagen, hydroxyapatite, polylactic acid (PLA), polyglycolic acid (PGA) and polycaprolactone (PCL). Once artificial, scaffolding may sustain other surface modifications to improve their interactions with cells (Duan and Wang, 2010; Chang and Wang, 2011; Saber-Samandari *et al.*, 2016a).

The fundamental principle of the present study was to use tissue engineering approach for restoration of critical size bone defect. The novel porous bioceramic scaffold has been developed using combination of cockle shell-driven CaCO_3 aragonite nanoparticles powder, gelatin, dextran, dextrin and deionized water. The cockle shell-driven CaCO_3 aragonite nanopowder (CCAN) was used for this study. The cockle (*Anadara granosa*) is certainly, the majority plentiful species that is cultured in Malaysia. A probable benefit of using cockle shells as a biomineral is that they could work as equivalents of calcium carbonate existing *in vivo*. CCAN is an inorganic nanocrystal synthesized using the top down approach of nanoparticle preparation. Cockles are dominant faunal bivalves present, sometimes comprising the entire bivalve fauna in deep shells beds on sandy mud flats in the upper parts of estuaries and harbors. They live in super abundance in the low tidal and shallow subtidal zones of most of the present-day estuaries and enclosed bays and harbours (Hayward, 1990). In Malaysia, the cockles (*Anadara granosa*) are cultivated in a large scale in the area of intertidal coastal bordering mudfield regions and in many part of South East Asian countries, mainly Thailand and Indonesia. They are by far, the most vital species cultured in Malaysia (Ibrahim, 1995). The cockle shells contain more than 98% CaCO_3 and thus, has the potential for the development of biomaterials for orthopedic applications (Awang-Hazmi *et al.*, 2007).

Aragonite CaCO_3 polymorph is a thermodynamically less stable and less available form of crystalline CaCO_3 synthesized in laboratory. The size and shape of aragonite is strongly dependent on the preparation methods and conditions (Wang *et al.*, 1999). Due to the huge striking properties of aragonite nanoparticles as a material of biomedical importance, researchers have paid huge attention on invention of methods for its controlled and facile synthesis at appropriate sizes and shapes using bottom up methods (Wang *et al.*, 2006 a,b; Guo *et al.*, 2007). Yet, none of these methods can promise production of pure aragonite nanoparticles of suitable sizes and shapes. Aragonites resulting from this production are often mixed with calcite (Guo *et al.*, 2007) or calcite and vaterite (Chen and Xiang, 2009). Therefore, these methods may not be appropriate for specific biomedical applications. Though carbonation methods are found to be useful in industries and environmentally friendly, they are associated with the need for strict control of temperature, purified raw materials, and strenuous gas (CO_2 or combination of CO_2 and N_2) bubbling phases which are complicated, expensive and time consuming (Wang *et al.*, 2007a). Other impurities such as BS-12 are also added to the final products (Wang *et al.*, 2007a). Therefore, the top down approach of CCAN synthesis from its natural sources, for example cockle shells or sea shells is greatly promising (Islam *et al.*, 2011).

The present study is undertaken to fabricate, characterize and biologically quantify these natural origin materials for potential tissue engineering applications in the form of a bone scaffold. The abundant availability of these materials and mainly their biocompatibility nature with significant similarities to the organic and mineral phases of the bone structure makes them an interesting candidate for the study. The use of cockle shells that are mainly considered as a waste product which are easily obtained with no cost and gelatin powder that are relatively cheap, coupled with simple laboratory techniques makes the production of the scaffold material to be extremely cost effective in regards to future commercialization if intended. Although drawbacks such as batch variations and limited mechanical stability may cause an issue, the advantages of using these materials for biomedical engineering clearly outweighs its limitations as justified through the findings of these study.

The constant demands for bone grafting materials, the drawbacks of the current grafting materials and techniques as well as the ever expanding field of tissue engineering lays the foundation to embark on the current study in order to contribute to the development of the next generation of biomaterial based bone grafts.

Significant bone problems named trauma, deformity and tumors leave the patients under the pressure of surgical complications, high cost, risk of infection, donor shortage and slow healing process.

The hypothesis of the current study is that the fabricated porous nanocomposite bone scaffold is able to display the desired characteristics of an ideal bone grafting material and produce sufficient osteoconductive response in order to promote better bone healing.

Objectives of the study

The main objective of the study was to develop porous nanocomposite scaffold for critical size defect bone repair.

The specific objectives of this study were:

- i. To synthesize and characterize calcium carbonate CaCO_3 nanoparticles in the aragonite phase from cockle shells.
- ii. To develop porous nanocomposite scaffolds and determine their physical, chemical and biomechanical properties.
- iii. To evaluate the porous nanocomposite scaffolds *In vitro* using cell line.
- iv. To evaluate the porous nanocomposite scaffolds *in vivo* in a rabbit model.

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