

骨替代材料BCP应用于种植体骨再生的研究进展

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摘要

双相磷酸钙(biphase calcium phosphate, BCP)是由 β -磷酸三钙(β -tricalcium phosphate, β -TCP)和羟基磷灰石(hydroxyapatite, HA)组成的种植体牙周骨替代材料。种植体牙周骨量、骨质密度和牙槽骨结构决定着种植义齿修复的稳定性。近年来随着研究的不断深入, 发现BCP具有着一定的骨诱导能力有利于种植体牙周骨再生, 并且具有极佳的骨传导性、生物相容性、生物活性等特点, 所以利用BCP来恢复种植体牙周水平及垂直骨量不足是目前口腔临床治疗领域中一大研究热点。本文旨在通过梳理国内外相关文献资料, 对牙周骨替代材料BCP的组成及优点、BCP复合材料的研究新进展、BCP在种植体骨再生领域的研究现状等进行综述, 以期能为口腔临床诊疗及应用提供参考。

关键词

骨替代材料, BCP, 种植体骨再生, β -TCP, HA

Research Progress on the Use of Bone Substitute Material BCP for Bone Regeneration in Implants

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Abstract

Biphasic calcium phosphate (BCP) is a material used to replace periodontal bone in implants. It consists of β -tricalcium phosphate (β -TCP) and hydroxyapatite (HA). The stability of implant denture restorations is determined by the amount of implant periodontal bone, bone density, and alveolar bone structure. In recent years, research has shown that BCP has osteoinductive ability and is beneficial for implant periodontal bone regeneration. Additionally, BCP has excellent osteoconductivity, biocompatibility, and bioactivity. Therefore, using BCP to restore implant periodontal horizontal and vertical bone volume is a major research focus in oral clinical treatment. The aim of this paper is to review the composition and benefits of periodontal bone replacement material BCP, recent advances in BCP composite research, and the current research status of BCP in the field of implant bone regeneration. Relevant domestic and foreign literature will be combined to provide a reference for dental clinical diagnosis, treatment, and application.

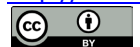
Keywords

Bone Substitute Material, BCP, Implant Bone Regeneration, β -TCP, HA

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1. 引言

BCP 是由 HA 和 β -TCP 按照一定比例混合的种植体牙周骨替代材料, 因此其同时具有两种材料在种植体骨再生领域的性质。HA 的无机成分和骨组织相似, 其降解速率低可为骨再生提供一定稳定性, 目前在骨再生工程中主要应用于大面积骨缺损[1]。 β -TCP 材料性能和 HA 相似, 但其与骨组织之间的生物学特性更为显著, 不足之处在于其骨诱导性不佳[2]。目前 BCP 已经应用于口腔临床治疗中并已取得不错的成效, 为使 BCP 性能被口腔临床医师更广泛地认知, 本文就 BCP 骨替代材料在种植体骨再生领域的应用进行综述。

2. BCP 骨移植材料的优势及构成

口腔种植学植骨材料中“自体骨”的成骨性能最为稳定, 但其存在取骨区二次创伤、术后并发症高、取骨数量有限等缺点。其他植骨材料例如“同种异体骨”、“异种骨”在临床中也有使用, 但其存在传播疾病以及性能单一性等缺点。随着对植骨材料的不断深入, BCP 因其良好的理化性能被广大骨替代材料的口腔基础研究者所知晓, 将 BCP 复合材料与 3D 打印技术结合起来, 在口腔种植体牙周骨再生工程中已广泛应用[3] [4] [5]。

BCP 是一种生物陶瓷类的种植体骨替代材料, 其主要合成方法为机械混合法、化学沉淀法等。通过调节 BCP 材料中 HA 与 β -TCP 的构成比, 可取得较稳定的骨再生率及降解率, 其中 HA 主要影响着 BCP 的降解速率, HA 比例较高则 BCP 材料吸收速率更稳定[6]。BCP 作为种植体骨替代材料较常用于上颌窦提升术中, Bouwman W F 等[7]经过对比研究得出当 HA: β -TCP 分别为 0:100、60:40、20:80 时, 当比例

为 60:40 时种植体牙周垂直丧失骨量最低;同时 Cha J K 等[8]研究人员则发现 HA: β -TCP = 60:40 时 BCP 吸收速率及骨再生率稳定。

3. BCP 复合材料新进展

在种植体牙周骨替代材料领域中, BCP 与各种微量元素或其他材料共同促进种植体牙周骨再生是近年研究的热点。BCP 和 Mg 构成的复合材料在骨再生工程领域中也有着不错的成效。例如: Ballouze R 等[9]研究人员对掺镁双相磷酸钙(Mg-BCP)进行研究,体外实验结果表明 Mg-BCP 具有生物活性且无细胞毒性。经过体内实验的结果显示, Mg-BCP 物质在生物体内表现出了良好的相容性,同时还展现出了出色的骨骼再生能力。然而与其他生物陶瓷一样, Mg-BCP 支架的最佳理化性质尚未确定,因此 Mg-BCP 在种植体牙周骨组织工程中的应用需要进一步深入研究。Padmanabhan V P 等[10]研究银(Ag)纳米粒子(NPs)与 BCP 复合材料结合用于骨再生领域的有效性。实验对复合材料的各种理化性质进行了表征研究,包括结晶度、晶体结构、孔隙率、表面电荷、形貌和热稳定性等,同时还测试了 Ag-BCP 的抗菌性能。最后研究结果显示该复合材料保持了 BCP 的结构框架,同时在不影响其基本特性的情况下形成了多孔网络结构。当 Ag 粒子被引入时,BCP 材料的抗压强度和热稳定性都得到了改善。根据实验结果可知, Ag-BCP 复合材料将成为理想的骨替代材料。Yoo K H 等[11]研究者在经过文献查阅后知晓锂离子(Li)是在骨再生过程中发挥作用的微量元素。通过共沉淀法合成了不同掺杂水平(0、5、10、20 at%)的掺锂 BCP 粉末,通过一系列实验结果得出结论 BCP 中最有效的锂掺杂水平约为 10%。因为鞣酐(T)被认为是一种有前途的骨整合剂, da Costa K J R 等[12]研究评估 PLGA、PCL 和 BCP 的鞣酐复合物的活性和骨再生性,并评估组织对复合材料植入的反应。最后结果表明鞣酐与聚合物复合材料的组合能够增加成骨细胞的活力,增加细胞外基质的产生和矿化。此外该支架具有良好的生物相容性,可引起细胞粘附和血管生成,这说明从复合材料在骨替代材料领域具有着研究潜力。在骨组织领域,骨移植材料是否能够保持足够的机械强度和维持组织体积是较为关键的一个因素。Choi J B 等[13]将 BCP 应用于 GelMA 中制备出复合水凝胶。采用红外光谱仪(FTIR)、X 射线衍射仪(XRD)和力学测试仪对制备的水凝胶进行了分析。结果确认其成功地与水凝胶结合。同时检查细胞的增殖和分化能力,为了评估细胞活力。分析结果表明,应用了 BCP 的复合水凝胶具有较高的细胞活力和较高的骨分化能力。这一实验结果表明 BCP 与 GelMA 复合水凝胶是理想的骨替代材料。通过上述实验研究可知 BCP 复合材料作为骨替代材料应用于种植体骨再生领域是有效的策略。

4. BCP 作为种植体骨移植材料的应用

BCP 因其的良好理化性能目前已广泛应用于各类型种植体骨再生工程中[14]。Andrli M 等[15]对可注射双相磷酸钙(IBCIP)进行研究,实验组中 21 名患者在牙槽嵴保存术中用 IBCIP,对照组 20 名患者用牛异种骨移植体(BX)。手术后进行了 6 个月的定性和定量组织学分析。分析结果显示,无论是使用的哪种骨移植体,均表现出了良好的骨传导性和生物相容性,没有引起炎症组织反应。而且,术后 6 个月内,牙槽嵴的新骨形成得到了有效保护。这项研究表明 IBCIP 在牙槽嵴保存术以及解决种植体牙周骨量不足领域具有潜在意义。Klimecs V 等[16]用 HA 和 β -TCP 比例为 90:10 的 BCP 颗粒(0.5~1.0 mm)用于 18 例种植体周围炎患者的牙周骨再生术。经过至少五年的随访,进行了临床检查和 3D 锥形束计算机断层扫描。临床结果确认种植体的稳定性良好,并且周围没有任何炎症迹象。影像学检查显示种植体所在的牙槽骨的放射密度与正常的牙槽骨非常相似。Allinson 等[17]将 BCP 应用于 10 例上颌窦提升术中并且从组织形态学和免疫学等多个方面进行研究。术后 6 个月通过锥形束计算机断层扫描进行了放射性分析测量所得患者牙周骨量平均增加 8.03 ± 1.72 mm。从组织学来看 BCP 是一种适合用于上颌窦提升手术的骨移植材

料, 并且具有一定的成血管作用。Toledano-Serrabona J 等[18]比较双相磷酸钙(BCP)和脱蛋白牛骨(DBB)用于上颌窦提升术中的临床和组织学结果。实验对种植体成功率、种植失败率、种植体周围边缘骨丧失、骨再生量和残留骨替代材料进行研究。从系统回顾和数据分析结果表明, BCP 可以被认为是上颌窦底增强术中 DBB 的合适替代方案。林奕真博士[19]对 BCP 结合重组人骨形态发生蛋白 2 (rhBMP2)体外及体外成骨性能进行研究。首先探讨两者结合对小鼠成骨前体细胞系 MC3T3-E1 体外成骨能力的影响, 结果显示 rhBMP2 能增强 MC3T3-E1 细胞的迁移募集能力, 并且与 BCP 结合后, 细胞的迁移募集能力没有改变, 而且能显著的增加 MC3T3-E1 细胞的增殖能力以及成骨分化能力。体内成骨性能研究表明 rhBMP2 结合 BCP 对于大鼠的骨缺损区域具有良好的骨形成能力。这一研究为 BCP 与 rhBMP2 在种植体牙周骨再生领域提供了一定实验基础。BCP 已广泛应用于牙槽嵴保存术、上颌窦提升术、种植体周围炎等种植体骨增量手术并且取得了良好的临床效果, 对种植义齿的长期稳定性具有重大意义。

5. 总结与展望

BCP 生物陶瓷类骨替代材料同时具有 HA 及 β -TCP 优异的理化性能, 并且通过两材料配比可达到稳定的骨形成率以及吸收率, 其中 HA 材料的比重决定着 BCP 复合材料吸收速率, BCP 复合材料在种植体牙周骨再生各领域的最佳比例仍有待后续研究。已有临床病例表明 BCP 在上颌窦提升术、拔牙术后牙槽嵴保存术、种植体周围炎等多领域发挥着重要的作用, 但是目前 BCP 应用于上颌窦提升植骨术中较为常见[20]-[60]。

BCP 作为种植体骨替代材料的基础研究较为缺乏。先天性免疫细胞特别是巨噬细胞, 在组织修复和防御中发挥双重作用。尽管 BCP 已被证实是一种优良的骨免疫调节生物材料, 但 BCP 的离子释放是否直接影响巨噬细胞极化以及 BCP 离子释放参与骨免疫调节的机制尚不清楚。Zhao Q 等[61]通过研究表明 BCP 持续释放的钙离子形成了有利于成骨的微环境, 同时强调了巨噬细胞在骨再生中的关键作用, 并阐明了钙离子介导的生物材料骨诱导的分子机制。种植体植入后种植体表面直接与牙槽骨及血液直接接触, 种植体涂层的性质决定着种植体骨结合能力。Tabrizi R 等[62]对双相磷酸钙涂层(BCPC)与喷砂酸蚀(SLA)种植体稳定性进行对比研究。数据分析表明, 在 ISQ 测量方面, BCPC 种植体在种植后两个月内的继发稳定性可能高于 SLA 种植体。BCP 在种植体骨再生工程的生物分子机制仍未阐明, 以及 BCP 在种植体涂层领域的应用仍有待后续进一步研究。

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