Metallic Alloys, Biomaterials,
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EVALUATION OF SURFACE DAMAGE OF PLATES USED IN FUNNEL CHEST TREATMENT

Abstract: The paper presents evaluations of surface damage of plates made of Cr-Ni-Mo stainless steel, used in funnel chest treatment. The surface damage is induced in the given deformation regions and is a potential reason of corrosion. The corrosion tests were realized by recording of anodic polarization curves with the use of the potentiodynamic method. The VoltaLab® PGP 201 system for electrochemical tests was applied. Additionally, the tests showed that the structure of the steel the plates were made of, met the PN-ISO 5832-1 standard. On the basis of the obtained results it can be stated that that stainless steel can be applied in funnel chest treatment.

1. INTRODUCTION

Funnel chest (pectus excavatum) is backwards deformation of a corpus of sternum and forward deformation of an ensiform process. Costicartilages are deformed and too long. Occurrence of this defect is about 2% but surgical treatment is necessary for about 25% of patients. This type of deformation is almost 2 times frequent in boys than girls [2÷5]. In 1998 Donald Nuss introduced a new, minimally invasive technique of funnel chest treatment – fig. 1. Short hospitalization time and good temporary cosmetic result are doubtless advantages of this method. Correction of deformation is realized by the growth of ribs along the fixation plate. The most popular metallic biomaterial used for this type of implants is austenitic stainless steel [7, 15, 16, 18, 19].

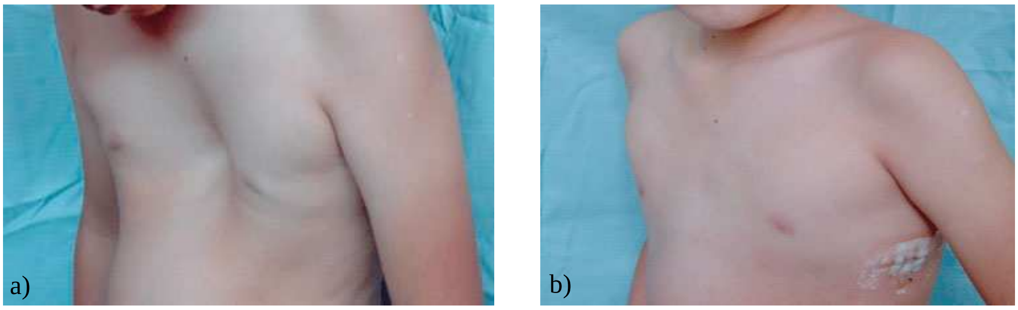
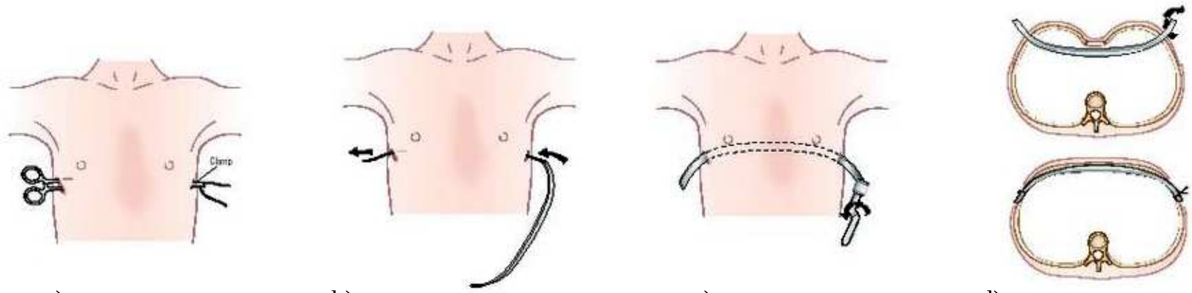


Fig. 1 Pectus excavatum: a) pre- operative, b) post- operative [20]

Implantation technique is presented in figure 2. The technique consists of the following operations [1÷6, 20, 21]:

- general anaesthesia with endotracheal intubation and epidural anaesthesia,
- administration of an antibiotic while anaesthesia with 48 hours continuation after operation,

- placement of patient with hand abduced on the shoulder line,
- selection of the proper length of the fixation plate and appropriate bent,
- determination of auxiliary points on chest,
- incision of skin,
- insertion of thoracoscope,
- insertion of clamp,
- insertion of bent plate,
- reversion of the plate (180˚) and correction of deformation.



a) b) c) d)

Fig. 2 Implantation technique of fixation plate – Nuss method: a) drilling the holes, b) insertation of clamb, c) insertation of bent plate, d) reversion of the plate (180°) and correction of deformation [1[1], 4]

2. MATERIALS AND METHODS

The first stage of research 50 plates after implantation were selected. All the plates were made of the AISI 316 LVM stainless steel. The chemical composition meets the PN ISO 5832-1 standard [17]. In order to check the amount of non-metallic inclusions and grain size, additional metallographic and microscopic tests were carried out.

Another stage of the research was the evaluation of mechanical damage caused by bending of the plate to the anatomical curvature of chest. Reactivity of implants in body environment is generally determined by corrosion resistance of metallic biomaterial. Corrosion resistance is correlated with a biocompatibility. Good biocompatibility is observed for metals and alloys with high anodic potentials [7]. Therefore, for the selected plates, pitting corrosion tests were carried out.

The corrosion resistance tests of the samples were performed with the use of the potentiodynamic tests (VoltaLab, type PGP 201) – fig. 3.

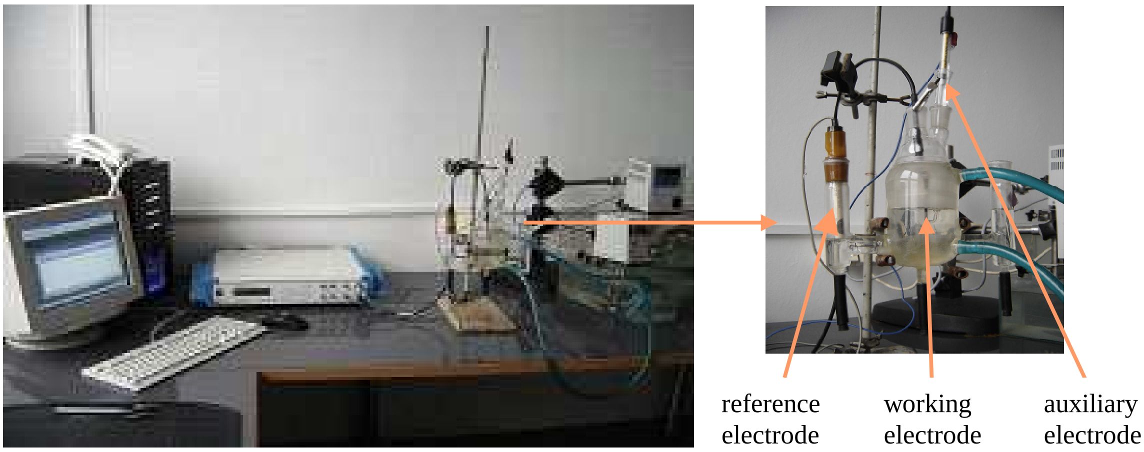


Fig. 3. Diagram of the corrosion tests stand

Anodic polarization curves were registred with the use of measuring set consisting of:

- potentiostat with generator,
- reference electrode – saturated calomel electrode (SCE),
- auxiliary electrode – platinum electrode,
- working electrode – speciment tested,
- PC computer with special software.

The test consisted in the recording of the anodic polarization curves. Before the tests the samples were cleaned with the ethyl alcohol in the ultrasound washer. The tests were performed in the Tyrode's physiological solution, at the temperature of 37±1ºC and pH = 6,8 ÷ 7,4. Measurements started after the corrosive potential had been established, which took place after about 60 minutes. The change of the potential rate was equal to 1 mV/s.

3. RESULTS

3.1. RESULTS OF STRUCTURES ANALYSIS

Non-metallic inclusions didn't exceed the pattern number equal to 1,5 which according to the ISO 4967-1997 (E) standard [13] is the limit value – fig. 4.

Structure of the tested stainless steel consisted of deformed austenite with numerous slip bands – fig. 5. The grain size met the PN – ISO 5832-1 standard and was equal to the pattern number G=11.

No damage of structure (microcracks) and no stress corrosion were observed in the bent area of the plates – fig. 6. Deformation of austenit grains was caused by clinical prebending of the plate.

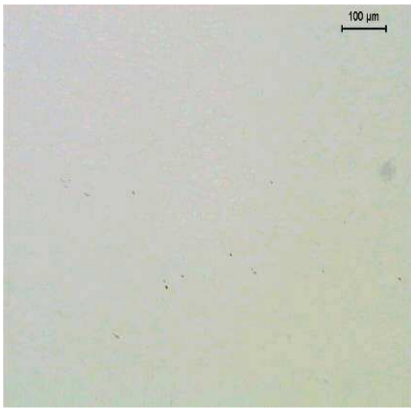


Fig. 4. Non-metallic inclusions stainless steel, longitudinal microsection magn. x100

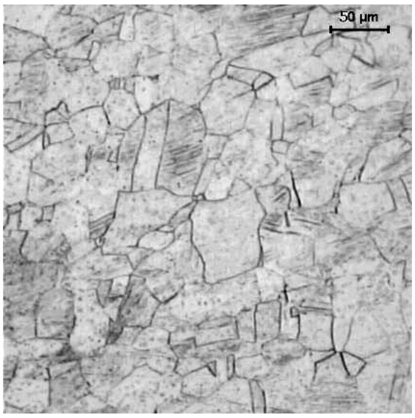


Fig. 5. Structure of the stainless steel, longitudinal microsection, magn. 200x

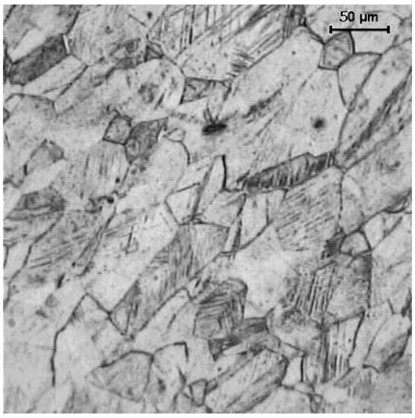
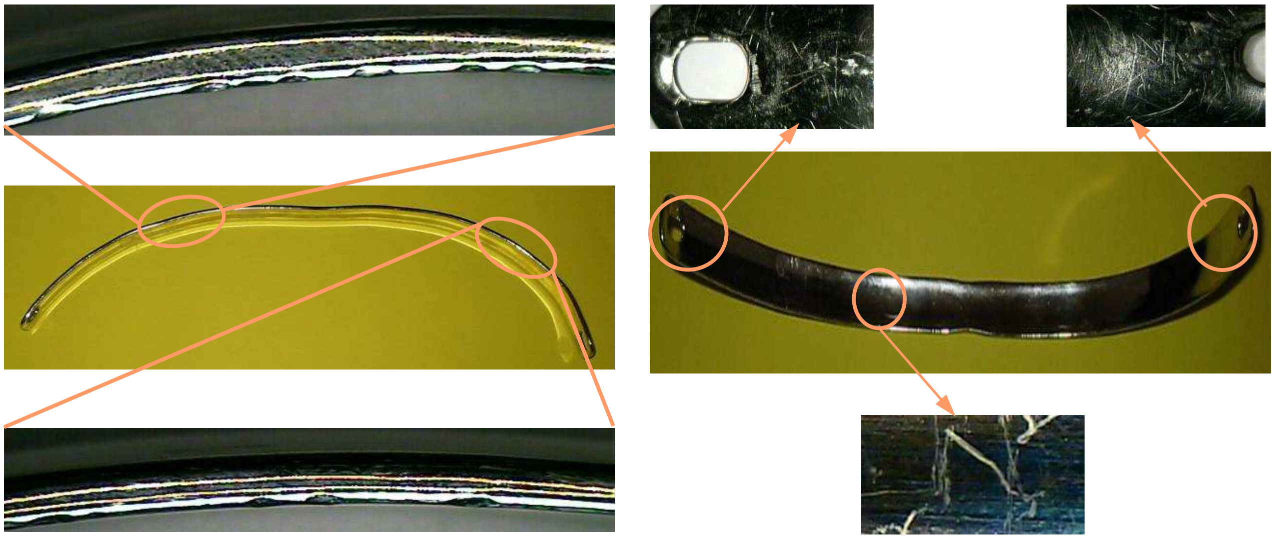


Fig. 6. Structure of the stainless steel in the maximum bent area, longitudinal microsection, magn. 200x

3.2. ANALYSES OF SURFACE DAMAGE

Microscopic observations of implant surfaces showed mechanical damage. Numerous, deep scratches appeared as the result of fitting of the plates to the anatomical curvature of chest with the use of the surgical tool. The most damaged surface was observed in the middle part of the plates (outer side) as well as at the ends (holes) – fig. 7. The damage were similar for all the plates. These regions are the most subjected to interference of surgical tools damaging the passive layer that cause the decrease of the corrosion resistance of implants. These regions were selected for corrosion tests. Obtained results were compared with non-damaged surfaces.



a) b)

Fig. 7. Plate with the surface damage: a) side, b) front view

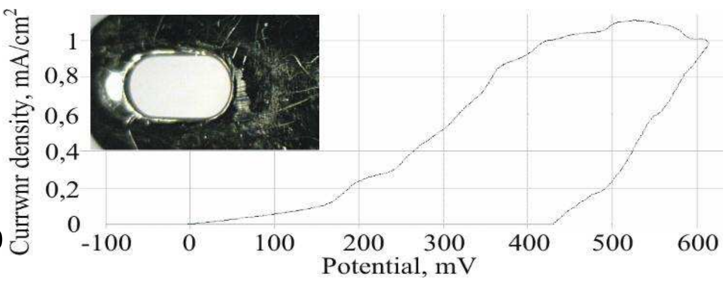
3.3. RESULTS OF PITTING COROSSION RESISTANCE

The corrosion tests revealed that in the undeformed areas of the plates, the passive layer formed during technological process assures the corrosion resistance, breakdown potentials E_B are in the range +1180 do + 1220mV – tab. 1. In the deformed areas of the plates, the passive layer was damaged what initiated pitting corrosion. The range of breakdown potentials E_B decreased to +464 do +579mV – fig. 8 and tab. 1. These areas are vulnerable to pitting corrosion and metalosis in consequence. During clinical examinations, reactions in tissues surrounding the implant can be observed.

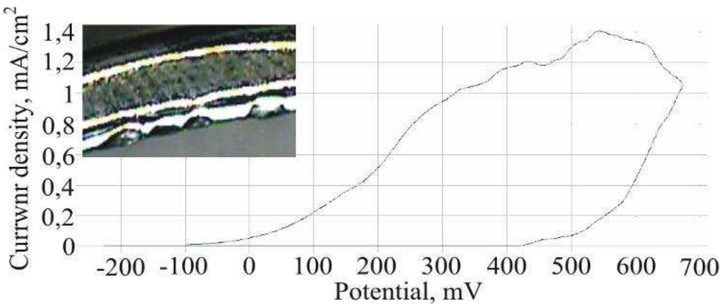
The initial stress analysis in the strenuous areas and metallographic examinations have shown that the plates are resistant to stress corrosion that in consequence can cause cracking during the usage phase.

Table 1. Results of research on the pitting corrosion resistance

Material	Sample	Corrosion potential E_{corr}, mV	Breakdown potential E_{B}, mV	Repassivation potential E_{cp},mV	Average polarization resistance $R_{p\ av}$, kΩcm^2	Degree of rusting C, mm/year
316 LVM	electropolished and passivated	-85 ÷ +21	+1180 ÷ +1220	0 ÷ +75	837	-
	1	+ 6	+464	-20	702	335
	2	+26	+579	-	909	400
	3	+13	+547	-97	1370	232



a)



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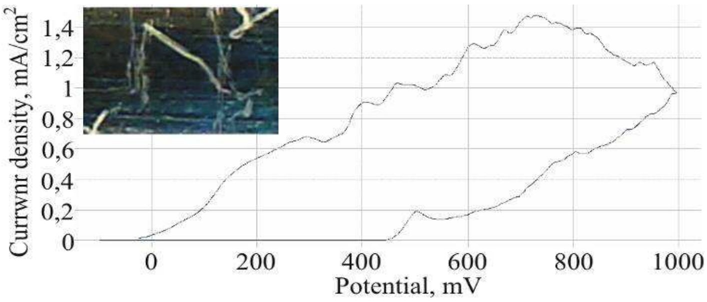

Fig. 8. Example of the anodic polarization curve for samples with the most mechanical surface damage:
a) sample 1, b) sample 2, c) sample 3

4. CONCLUSION

The tests showed that the structure of the steel the plates were made of, met the PN-ISO 5832-1 standard. In the maximum deformation areas, no stress corrosion cracks were observed. This proves that mechanical properties of the steel were correctly selected. The surface damage is mostly mechanical. The damage is induced in the given deformation regions and is a potential reason of corrosion. Corrosion products can cause immuno- and allergic reactions. The mechanical damage causes the decrease of the corrosion potentials of the metallic biomaterial that causes the increase of metalosis risk of.

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