

Radiofrequency Induced Heating of Biodegradable Implants

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Abstract

In orthopaedic surgery, magnesium (Mg)-based implants have reemerged as an alternative to permanent implants. The degradation of biodegradable implants may have safety implications for medical imaging-based patient follow-up, but little is known about this. Post-surgery monitoring of the healing of the bone and the implantation sites is made easier with magnetic resonance imaging (MRI). Electromagnetic fields used in MRI were found to cause permanent implants to be heated by radiofrequency (RF). The degradation layer's effect on RF-induced heating of biodegradable orthopaedic implants is first reported in our study.

Introduction

The orthopaedic compression screws WE43 were degraded *in vitro*. The corrosion process and the material composition of the deteriorated screws were evaluated using imaging techniques. In order to quantify implant heating in relation to the degradation layer, temperature measurements were carried out. A standard titanium implant screw was used as a comparison. For samples of WE43 screws that had not degraded, the strongest RF-induced heating was observed. The degradation layer had demonstrated a decrease in implant heating. Heating the titanium equivalent and the WE43 material that had not been degraded revealed no statistically significant differences. Mg-based screws have the greatest potential for implant RF heating prior to degradation. Revision to industry guidelines for X-ray wellbeing evaluation is justified to incorporate biodegradable materials.

Ascend in maturing populace, mechanical progressions, and accessibility of better clinical offices drive the pervasiveness of muscular implantations [1-3]. The restoration of biodegradable materials prevents the need for additional surgery to remove implants and significantly reduces patient burden and healthcare costs. As a modern alternative to conventional permanent implants, interest in magnesium (Mg)-based materials has increased exponentially. The material's appropriate biocompatibility and mechanical properties support the appeal.

Postoperative consideration of muscular inserts is supported by imaging of implantation locales to screen the mending system of encompassing bone and tissues, and to survey the embed status [4]. Because it uses non-ionizing radiation and has excellent bone-soft tissue contrast, MRI is an effective method for examining implantation sites. Due to the fact that they produce fewer metallic artifacts, Mg-based implants have been shown to work well with MRI and provide excellent visualization. However, Mg-based and other metallic implants pose difficulties for MRI due to their metallic and electrically conductive nature. Tissue heating as a result of interactions between conductive implants and electromagnetic (EM) fields may compromise patient safety.

Exposure to two time-varying fields required for MRI may cause implant heating: Heating was caused by switched magnetic field gradients (BG) and RF field transmission (B1+). For the generation of both the signal and the image in MRI, radiofrequency (RF) power transmission is used. B1+ is supplied by a spin excitation transmit RF coil with base frequencies in the MHz range. Switched magnetic field gradients (BG) with frequencies in the kHz range are used for spatial encoding in MR image generation [5-7]. Eddy currents are the result of time-varying magnetic fields being naturally accompanied

by electric fields (E-fields) in accordance with Faraday's law. Power can be deposited into implants by induced eddy currents, which in turn can further induce secondary EM fields around the implant, which may result in tissue heating. The degree of heating caused by switched magnetic field gradients and by RF power deposition may differ depending on the material, shape, location, orientation, and degradation state of a conductive implant.

The "skin effect," a law of electrodynamics, causes the effective transmission field B1+'s induced eddy currents to condense to the metal's surface. However the warming of the little embed mass (like a screw) might be insignificant, the optional (dispersed) E-field initiated by the vortex flows becomes risky at basic areas along the embed [8]. As a result, the majority of RF-induced heating is caused by RF currents that are indirectly induced in adjacent tissue by the secondary E-field. The "antenna effect" can also affect thin wires, screws, and other one-dimensional-like geometries. This impact depicts force tops when the embed length falls inside one-quarter to one-half of the RF frequency found in tissue. Subsequently, raised warming might be noticed for slight calculations since the optional E-field is ideal under these circumstances, all the more overwhelmingly at the embed tip closes.

Several tests are run on medical devices to make sure they meet their standards before they enter the market. International standards have been established to guarantee patient safety during MRI studies with the assistance of government agencies. Vital principles in regards to embed warming in X-ray incorporate ASTM F2182, IEC 60601-2-33, and ISO/TS 10974. To this end, obligation heaps of clinical gadgets to limit dangerous gamble and maintain patient security.

Permanent metallic implants have been shown to cause heating in MRI in previous studies. In addition, certain studies have estimated RF-induced heating using computational modeling techniques, and. Using the eddy thermal effect, magnesite-based materials have also been utilized for tumor thermal ablation. However, there are no reports in the literature that explain how RF causes biodegradable orthopaedic

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implants to heat up. Although it is still unknown, the degradation layer's ability to influence potential heating in MRI has significant clinical significance and calls for further investigation. Using micro computed tomography, X-ray diffraction, scanning electron microscopy, and energy dispersive X-ray electron microscopy, this study first. Carefully characterizes the degradation layer of in vitro corroded Mg-based biodegradable orthopaedic compression screws (WE43) in order to fill this void [9-10]. The effect of the degradation layer state on RF-induced heating in MRI of WE43 materials is investigated following this material characterization. Temperature profiles of WE43 material are compared to those of a commercial titanium implant screw equivalent for the purpose of evaluation. MRI-aided monitoring of implantation sites may benefit from the disruption of secondary E-field distribution caused by the degradation layer that forms around the base material of an Mg-based biodegradable screw over time. This disruption may reduce RF heating of the surrounding environment.

A phantom gel was used to fill a rectangular case made of acrylic glass with dimensions set by the ASTM Standard. 1.32 g/L of NaCl (Sigma Aldrich, Taufkirchen, Germany), 10 g/L of polyacrylic acid (Sigma Aldrich, Taufkirchen, Germany), and 25 L of distilled water were used to make the tissue-imitating phantom. Local incident field calibration was carried out in accordance with ASTM specifications prior to each specimen heating test.

Declaration of Competing Interest

The Authors declare that they have no conflict of interest.

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