3D Stem cell bioprinters in Tissue Engineering

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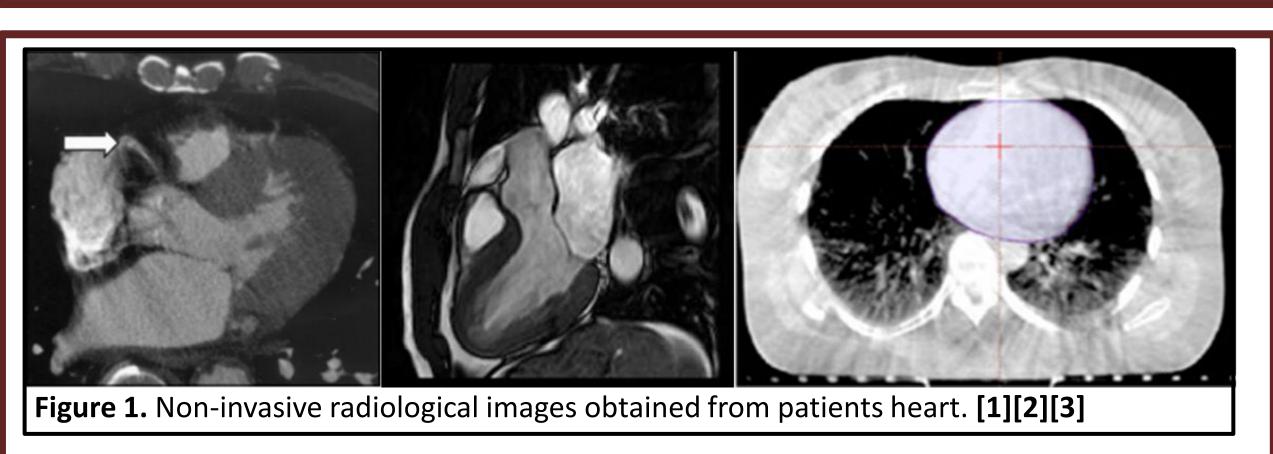


1.Introduction

Organ bioprinting with three-dimensional (3D) stem cell printing technology is one of the approaches being studied nowadays in order to satisfy the organ demand of patients with a death risk who have a loss of function of some organ (caused by aging or an injury).

Organ printing consist in three basic steps:

- Pre-processing: Generation of a 3D model.
- Processing: Construction of a Scaffold and cell deposition.
- •Post-processing: Maturation of the tissue construct and transplanting.



High-resolution images are basically taken by Multidetector computed tomography (MDCT) and Magnetic Resonance Imaging (MRI).

Several post-processing tools are used in order to improve the quality of the images collected and form the surfaces and volumes of the 3D object.

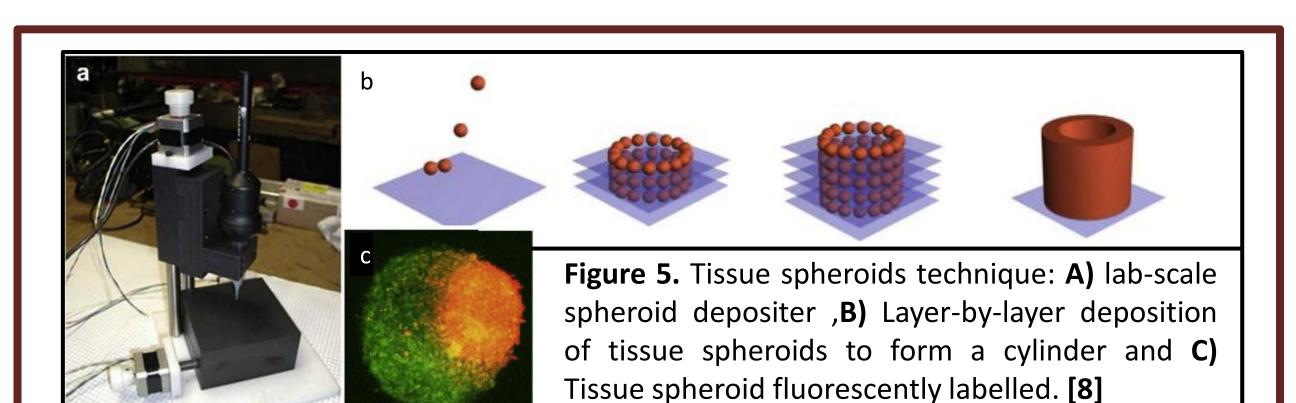
- 3D model is produced by:
- Segmentation evaluation.
- Surface and volume rendering. Maximal intensity projection.
- Multiplanar reformation



3. Image post-processing

Pre-processing





Tissue spheroids are clusters of cells used for direct bioprinting. After their encapsulation in an hydrogel, they are deposited layerby-layer and finally self-assembled.



5. Tissue Spheroids

Scaffold formation for cell seeding

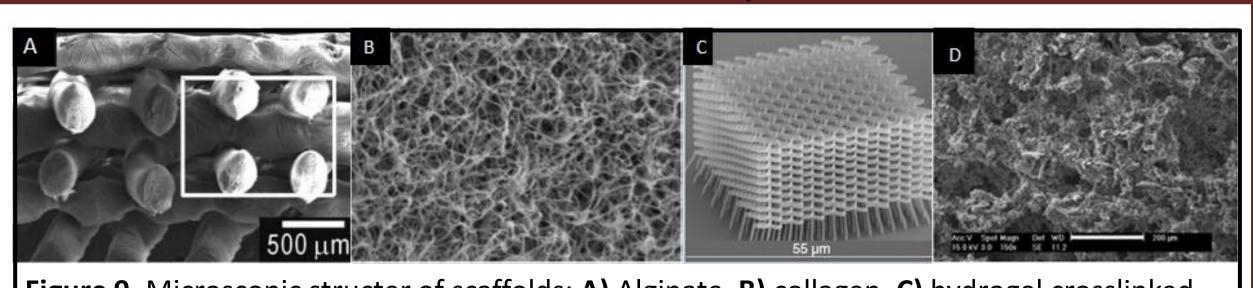


Figure 9. Microscopic structer of scaffolds: A) Alginate, B) collagen, C) hydrogel crosslinked by Multiphoton processing techniques, **D)** Polymer-based scaffold. **[9][10][11][12]**

Scaffolds serve as temporal support for the 3d cultured cells and helps in the processes of cell adhesion, growth, migration, orientation and signalling.

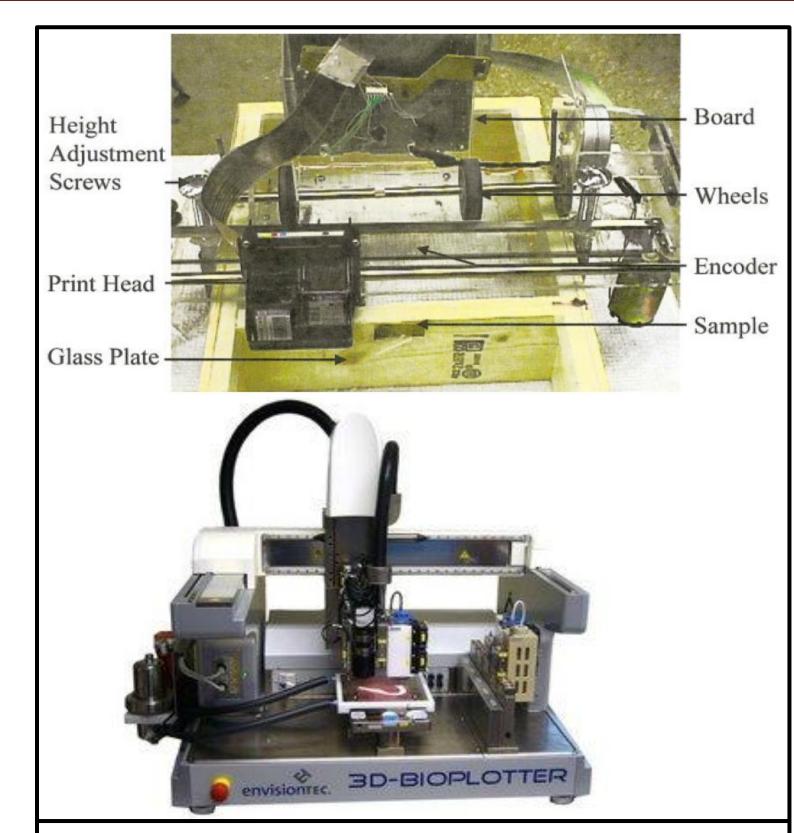


Figure 3. Different Bioprinters: Mechanical structure of the first cell printer and Robotic bioprinter (3D-Bioplotter, EnvisionTEC). [5][6]

Figure 4. Schematic presentation of the different types of dropping: A) Continuous inkjet and E) Dropping-on-demand inkjet printing. [7]

Printers have nozzles which can be and placed threemoved dimensional positions to accurately generate the droplets which will be implanted on the scaffold. They are ejected by pressure, heat or a piezoelectric transducer.

Thomas Boland and Cris Wilson were the first to design a cell printer by modifying a printer firstly designed for ink printing. Nowadays Bioplotters can automatically create a 3d scaffold from CAD models. It could be done within hours while working with a wide variety of materials.

6. Scaffold formation

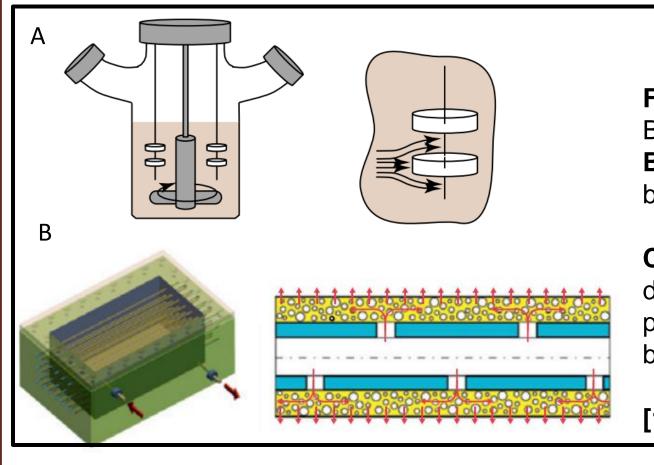
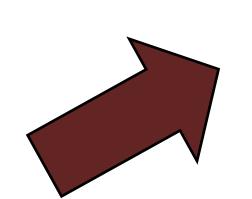


Figure 10. Bioreactor culture: B) Spinner flask bioreactor,

C) Irrigation dripping tripled perfusion bioreactor [13][14]

Different types of **Stem Cells** can be obtained depending on the approach. Cell seeding is enhanced by an homogenous cell distribution inside the scaffold. For an enhanced tissue formation, there is a need to have high cell densities. In addition, the diffusion of media inside the tissue is essential for the distribution of cells inside the scaffold.



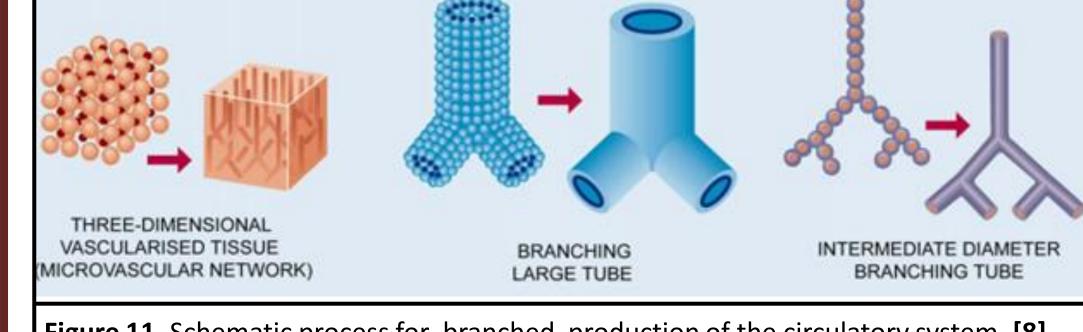


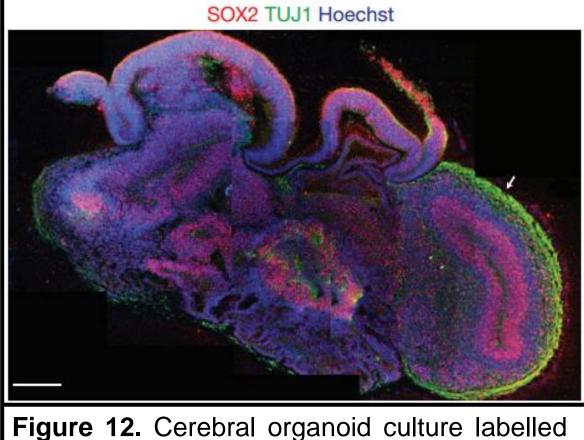
Figure 11. Schematic process for branched production of the circulatory system. [8]

4. Bioprinting

Vascularization is vital for the whole organ to be correctly irrigated for the obtention all of indispensable nutrients.

Processing

8. Tissue Maturation



with neural progenitor markers.[15]

A model of human brain was created for drug testing in spheroids matrigel spinning bioreactor.

Moreover, it showed crucial steps of the process such as the **tissue maduration** and the **organ monitoring** after the creation.

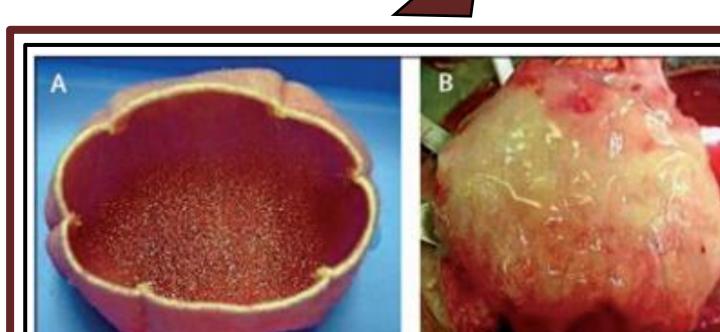


Figure 13. Process to construct the engineered bladder: A) Scaffold cell-seeded and B) engineered bladder connected by anastamoses to native bladder. [16]

Succesful transplants has been done with an **engineered bladder** with a polyglicolic acid-based scaffold.

10. Autologous Bladders

Post-processing

7. Cell seeding

9. Cerebral organoids

Conclusions

Althought 3D bioprinting is a fast-evolving technique with great potential to solve the problem of the shortage of organs donated, some limitations have appeared. More effort is needed to be done in order to increase the resolution of 3D models and improve the challenging process of vascularization. On the other hand, several objectives have been fulfilled during the past decades such as the generation of robotic bioprinters or the use of multiphoton techniques in the design of scaffolds. Future investigations will be focused on the scalability of the process and the bioprinting of heart and kidney among others.

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