



Comparison of the strength characteristics of a carbon friction pair of a hip joint endoprosthesis, including components from monolithic or non-monolithic pyrolytic carbon

Alexander N. Mitroshin, Mikhail A. Ksenofontov✉, Dmitriy A. Kosmynin

Penza State University, Penza, Russian Federation

Corresponding author: Mikhail A. Ksenofontov, Maksenofontov@mail.ru

Abstract

Introduction The problem a large number of revision operations due to aseptic loosening after primary hip arthroplasty necessitates the search for a new material for a friction pair. The pyrocarbon, which has high tribological characteristics, can be used both in a monolithic and in a prefabricated design; however, the manufacture of a monolithic pyrocarbon block complicates production. **Aim** Compare the strength characteristics of the stem head and liner designs with monolithic and non-monolithic pyrocarbon. **Materials and methods** To assess the reliability of the designs, a digital mathematical model of the head and liner implants with a monolithic and non-monolithic pyrocarbon component was built. After the manufacture of prototypes friction pairs, an assessment of the static load on bench tests was carried out. **Results** While analyzing the mathematical model, the construct of non-monolithic pyrocarbon broke in one of the experiments, while the strength of the construct of monolithic pyrocarbon was 4.5 times higher than the stresses arising under load. While studying the maximum static load, the friction pair from monolithic pyrocarbon exceeded the maximum possible load in the human hip joint by 5 times. **Discussion** The studies allow us to be confident about the reliability of the design in in vitro studies, which will create conditions for reducing the number of revision surgeries after hip arthroplasty. **Conclusion** Based on the data obtained, the design of the head and liner of the hip joint endoprosthesis with a friction pair made of carbon material will provide high reliability under conditions of functioning in the hip joint at maximum loads. It serves as a prerequisite for conducting a clinical study of the proposed friction pair.

Keywords: hip arthroplasty, friction pair, carbon

For citation: Mitroshin A.N., Ksenofontov M.A., Kosmynin D.A. Comparison of the strength characteristics of a carbon friction pair of a hip joint endoprosthesis, including components from monolithic or non-monolithic pyrolytic carbon. *Genij Ortopedii*. 2023;29(5):495-499. doi: 10.18019/1028-4427-2023-29-5-495-499

INTRODUCTION

The incidence of hip arthrosis is more than 10 % in patients over 35 years of age and more than 35 % in patients over 85 years of age [1]. One of the most common and effective methods of surgical treatment of coxarthrosis is total hip replacement [2, 3].

The number of hip replacements in Russia has been growing annually, from 33 thousand per year in 2008 to 76 thousand in 2019 [4]. This tendency, according to the forecasts of a number of authors, will continue in the coming decades [5, 6].

Despite the successful results of hip replacement, the problems of osteolysis and aseptic loosening of implants caused by wear particles from friction pair materials remain unresolved [7-9]. According to a number of authors, the rate of revision interventions due to aseptic loosening ranges from 3 to 39.9 % [10-12]. The main cause of aseptic loosening of endoprosthetic components is periprosthetic osteolysis, the frequency of which reaches 66 % among all the causes of aseptic loosening [13-15]. Osteolysis most often occurs due to wear particles formed during the functioning of the friction surfaces of the friction pair materials [16]. Wear particles are absorbed by macrophages what

leads to the formation of a large number of cytokines that activate osteoclasts and can cause osteolysis around the endoprosthesis resulting in loosening of its components [17, 18].

The level of wear of current materials used in hip replacement reaches 0.74 mm³/million cycles for ceramic friction pairs, 1 mm³/million cycles for metal-to-metal friction pairs and 30-100 mm³/million cycles of a metal-polyethylene friction pair [19-22].

It is known that high-carbon metal alloys have an initial wear level of 0.21 mm³/million – 0.24 mm³/million cycles, while alloys with low carbon content have a significantly higher wear rate, 0.76 mm³/million cycles [19].

Due to the high wear resistance of carbon, it was proposed to use the carbon material applied in cardiac surgery for prosthetic heart valves which is isotropic pyrolytic carbon. However, the functioning conditions of the material in the human heart and hip joint are very different. The loads on the components of the joint endoprosthesis are much higher, and the size of the carbon component must be larger. However, it is more difficult to obtain isotropic pyrolytic

carbon of the size needed to make a monolithic component than to create a prefabricated component from two parts of the material. Thus, assessing the reliability of such structures is a necessary stage of research for the manufacture of an optimal design

of a friction pair for a hip joint endoprosthesis made of pyrolytic carbon.

Purpose To compare the strength characteristics of head and liner designs using monolithic and non-monolithic pyrolytic carbon.

MATERIALS AND METHODS

Two friction pair designs were studied. The head of the first design consisted of two parts of pyrolytic carbon, which were mounted on a titanium bushing; the liner was made of polyethylene and had a pyrolytic carbon insert, the diameter of the spherical surfaces was 28 mm (Fig. 1, 3).

The second design of the friction pair of the hip joint endoprosthesis consisted of a head having a monolithic pyrolytic carbon part, which was mounted on a titanium bushing. The pyrocarbon part of the liner was mounted directly into the titanium body. The diameter of the spherical surfaces was also 28 mm (Fig. 2; Fig. 4).

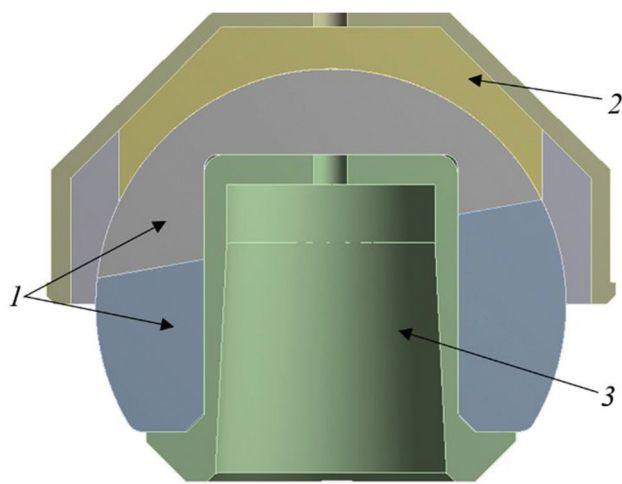


Fig. 1 The first design option for the motion unit of the hip joint endoprosthesis made of non-monolithic pyrolytic carbon: 1 – pyrolytic carbon part of the head, consisting of two parts; 2 – pyrocarbon part of the liner; 3 – titanium alloy bushing

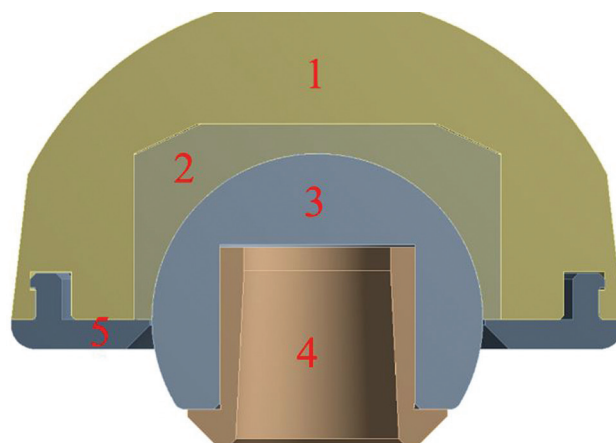


Fig. 2 The first design of the motion unit of the hip joint endoprosthesis made of pyrolytic carbon (diameter 28 mm): 1 – titanium liner; 2 – insert made of monolithic pyrocarbon; 3 – monolithic head made of pyrolytic carbon; 4 – bushing made of titanium alloy; 5 – polyethylene collar

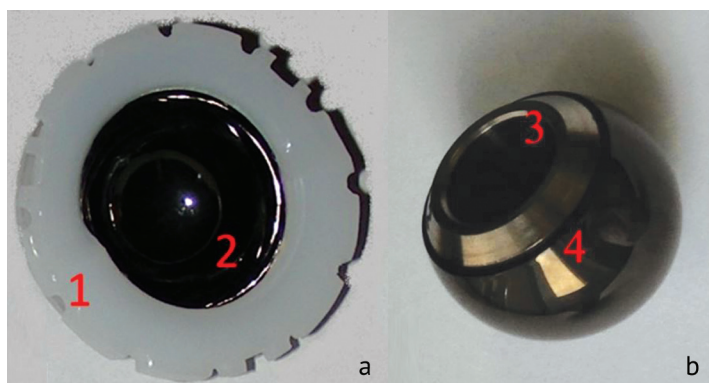


Fig. 3 Appearance of the liner (a) and head (b) with non-monolithic pyrocarbon: 1 – polyethylene liner, 2 – pyrocarbon insert, 3 – titanium bushing, 4 – pyrocarbon part of the head

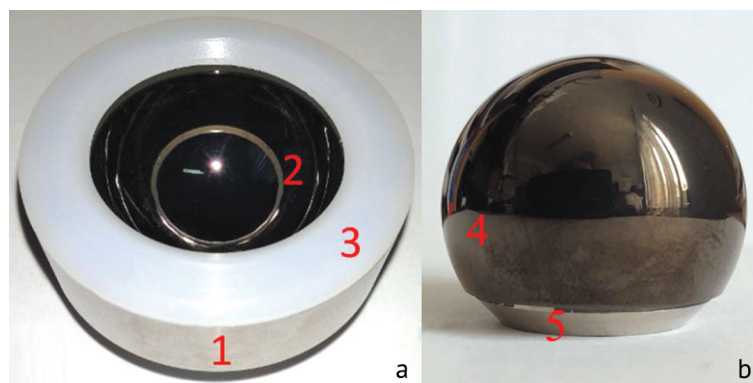


Fig. 4 Appearance of the liner (a) and head (b) with monolithic pyrocarbon: 1 – titanium body, 2 – pyrocarbon insert, 3 – polyethylene collar, 4 – pyrocarbon part of the head, 5 – titanium sleeve

The minimum gap between the block head and the liner was 0.15 mm, and the maximum gap was 0.35 mm.

The characteristics of the physical and mechanical properties of pyrolytic carbon indicate a significant difference in its resistance to fracture under tension and compression. The difference in the resistance of pyrolytic carbon to fracture during tension and compression requires consideration when assessing the strength of parts made from this material. To assess the strength of the parts of the motion unit of the hip joint endoprosthesis, the Balandin strength criterion was chosen. According to this criterion, the indicator of material destruction occurs when stress is reached in the structure of the unit.

The variable parameter was the angle of load application to the motion unit liner. Variation levels: 0° (vertical load application), 22.5° and 45°. The gap between the pyrocarbon parts of the head and the liner was 0.2 mm.

The angles of load application were selected to determine whether the stresses occurring in the structure depend on the direction of load application. The size of the gap varied within the technological tolerance of the product.

When calculating the stress-strain state of the motion unit of the hip joint endoprosthesis made of pyrolytic carbon, it is assumed that the head of the unit is fixed on the inner surface of the bushing, and the load is applied to the motion unit liner at an angle of 0° (vertical load application), 22.5° and 45°.

To conduct a study of the maximum static load on a friction pair, prototypes of the head and liner with monolithic and non-monolithic parts of pyrolytic carbon were manufactured. The design of the components corresponded to the schemes used in mathematical modeling (Fig. 3, 4).

The study was conducted on a specialized system TbcTester IR5145-500. The angle of stress application was 45°.

RESULTS

For both constructs, under all considered loading conditions, the maximum values of relative stresses arise in places of stress concentration, which are the edges or rounding on the inner surface of the head of the motion unit.

The second most important place for stress concentration is the contact patch between the spherical surfaces of the head and the liner of the motion unit.

A high level of relative stress occurs when the end surface of the titanium bushing contacts the inner surface of the head. Contact occurs when an axial load is applied and is accompanied by the occurrence of high stresses of a local nature.

When evaluating head designs with a non-monolithic pyrolytic carbon part, a peculiarity was that the load concentrations fell on the connection zones of the pyrolytic carbon parts. In one experiment, the stress exceeded the strength of the structure, which may cause the break of the structure. For a friction pair with monolithic pyrolytic carbon, the safety margin was 4.5 times higher than the stresses that arose during the modeling (Table 1).

Thus, the design of a friction pair with monolithic pyrolytic carbon provides a lower level of relative stresses in the entire considered range of angles of load application compared to the design in which

non-monolithic pyrolytic carbon was used. The construct of a friction pair with non-monolithic pyrolytic carbon broke in an experiment with a load applied along the axis of the neck.

Table 1

Maximum values of relative stresses in the head and liner with monolithic and non-monolithic pyrocarbon

Construct variant	Angle of stress application		
	0°	22.5°	45°
Non-monolithic pyrocarbon	1.628	0.580	0.390
Monolithic pyrocarbon	0.149	0.222	0.202

According to the results of the static load study, the destruction of the friction pair with non-monolithic pyrolytic carbon was recorded at 1.5 tons. The destruction began with the deformation of the polyethylene adapter of the insert, which led to the destruction of the carbon liner.

The destruction of the friction pair with monolithic pyrocarbon occurred at a load of 3.5 tons. This value is 5 times higher than the maximum loads occurring in the hip joint.

Thus, the construct of a friction pair with monolithic pyrocarbon showed higher resistance to static loads than the design of a friction pair with non-monolithic pyrocarbon.

DISCUSSION

Advances in technology, improved materials and a better understanding of natural tissue responses will certainly lead to breakthroughs in implant selection. Due to the aging population, the number of joint

replacement surgeries has increased in recent years [23]. Consequently, the number of revision surgeries is also increasing, since the life expectancy of patients is longer than that of endoprostheses [24-27].

Current trends in prosthetic design emphasize the importance of biocompatible materials that are durable enough to withstand the increasingly active lifestyles of many patients while generating minimal wear debris. Since the main problems affecting the survival of the prosthesis is wear and wear particles, extensive research has been currently carried out to improve such biomaterials and provide an “infinite life of the endoprosthesis”.

Despite the currently available materials for friction pairs, such as ceramics, metals, and polyethylene [28], the use of carbon materials for friction pairs seems to us to be an extremely promising direction.

Despite the fact that the reliability of the structure after implantation has yet to be studied, we can

confidently speak about the high mechanical strength of the design of the head and liner of the hip joint endoprosthesis with a friction pair made of carbon material. High tribological characteristics of materials containing carbon were described in the literature, and it is stated that the improvement in wear resistance is directly proportional to the increase in the carbon content in the material [19].

Thus, the use of a material with the potential to multiply the survival of the hip joint endoprosthesis will help to significantly improve the quality of life of such patients and will increase the age range for the use of this type of surgical care without the risk of early revision interventions [29, 30].

CONCLUSION

Technical result In all the experiments, only the friction pair structure with monolithic pyrolytic carbon withstood the specified loading conditions for structures in the mathematical model, with a safety margin of 4.5. The design of a friction pair with non-monolithic pyrocarbon collapsed in an experiment with a load applied along the axis of the neck. By comparing the maximum static load, the strength

of the structure with monolithic pyrolytic carbon was 2.3 times higher than the strength of the structure with non-monolithic pyrolytic carbon.

Clinical relevance Due to the high strength characteristics of the friction pair construct with monolithic pyrocarbon and the insufficient strength of the structure with non-monolithic pyrocarbon, only the design with monolithic pyrocarbon might be used for clinical practice.

Conflict of interest None.

Funding The authors declare no grant funding.

Ethical review Not required.

Informative consent Not required.

REFERENCES

1. Koryak VA, Sorokovikov VA, Svistunov VV, Sharova TV. Epidemiology of coxarthrosis. *Siberian Medical Journal*. 2013;(8):39-45. (In Russ.)
2. Mihalko WM, Haider H, Kurtz S, et al. New materials for hip and knee joint replacement: What's hip and what's in kneed? *J Orthop Res*. 2020;38(7):1436-1444. doi: 10.1002/jor.24750
3. Neuprez A, Neuprez AH, Kaux JF, et al. Total joint replacement improves pain, functional quality of life, and health utilities in patients with late-stage knee and hip osteoarthritis for up to 5 years. *Clin Rheumatol*. 2020;39(3):861-871. doi: 10.1007/s10067-019-04811-y
4. Zagorodniy NV. The state and quality of traumatological and orthopedic care in the Russian Federation. *Medical Bulletin of the Ministry of Internal Affairs*. 2019;(6(103)):2-6. (In Russ.)
5. Zagorodniy NV, Aleksanyan OA, Chragyan GA, et al. Reconstruction of a hip socket using trabecular metal components. *N.N. Priorov Journal of Traumatology and Orthopedics*. 2019;26(1):5-10. (In Russ.) doi: 10.17116/vto20190115
6. Vorokov AA, Bortulev PI, Khaydarov VM, et al. Total hip and knee arthroplasty: on the issue of indications for surgery. *Pediatric traumatology, orthopaedics and reconstructive surgery*. 2020;8(3):355-364. doi: 10.17816/PTORS34164
7. Castiello E, Moghnie A, Tigani D, Affatato S. Dual mobility cup in hip arthroplasty: An in-depth analysis of joint registries. *Artif Organs*. 2022;46(5):804-812. doi: 10.1111/aor.14015
8. Nikolaev NS, Pchelova NN, Preobrazhenskaya EV, et al. “Unexpected” Infections in Revision Arthroplasty for Aseptic Loosening. *Traumatology and Orthopedics of Russia*. 2021;27(3):56-70. (In Russ.) doi: 10.21823/2311-2905-2021-27-3-56-70
9. Kummerant J, Wirries N, Derksen A, et al. The etiology of revision total hip arthroplasty: current trends in a retrospective survey of 3450 cases. *Arch Orthop Trauma Surg*. 2020;140(9):1265-1273. doi: 10.1007/s00402-020-03514-3
10. Rummyantsev Yul. Beam diagnostics complications after endoprosthetic hip joints and knee joints replacement. *Radiology – Practice*. 2013;(1):37-45. (In Russ.)
11. Sharkey PF, Lichstein PM, Shen C, et al. Why are total knee arthroplasties failing today--has anything changed after 10 years? *J Arthroplasty*. 2014;29(9):1774-1778. doi: 10.1016/j.arth.2013.07.024
12. Sadoghi P, Liebensteiner M, Agreiter M, et al. Revision surgery after total joint arthroplasty: a complication-based analysis using worldwide arthroplasty registers. *J Arthroplasty*. 2013;28(8):1329-32. doi: 10.1016/j.arth.2013.01.012
13. Murylev VYu, Usabaliev BT, Muzychenkov AV. Osteoporosis and aseptic loosening of endoprosthesis components after joint replacement. *Department of Traumatology and Orthopedics*. 2022;(4):67-73. (In Russ.) doi: 10.17238/2226-2016-2022-4-67-73
14. Broomfield JA, Malak TT, Thomas GE, et al. The Relationship Between Polyethylene Wear and Periprosthetic Osteolysis in Total Hip Arthroplasty at 12 Years in a Randomized Controlled Trial Cohort. *J Arthroplasty*. 2017;32(4):1186-1191. doi: 10.1016/j.arth.2016.10.037

15. Bragina SV. Modern possibilities with early laboratory diagnosis of periprosthetic osteolysis predating aseptic loosening in total hip arthroplasty (literature review). *Genij Ortopedii*. 2020;26(2):261-265. doi: 10.18019/1028-4427-2020-26-2-261-265
16. Lapin DV, Parshikov MV, Guryev VV, et al. Risk factors and causes of complications in hip arthroplasty (literature review). *Department of Traumatology and Orthopedics*. 2022;(1):66-75. (In Russ.) doi: 10.17238/2226-20162022-1-66-75
17. Gallo J, Raska M, Mrázek F, Petrek M. Bone remodeling, particle disease and individual susceptibility to periprosthetic osteolysis. *Physiol Res*. 2008;57(3):339-349. doi: 10.33549/physiolres.931140
18. Baranowska A, Plusa T, Baranowski P, et al. Is aseptic loosening of joint prostheses aseptic? *Pol Merkur Lekarski*. 2022;50(299):318-322. (In Polish.)
19. Merola M, Affatato S. Materials for Hip Prostheses: A Review of Wear and Loading Considerations. *Materials* (Basel). 2019;12(3):495. doi: 10.3390/ma12030495
20. Affatato S, Spinelli M, Squarzone S, et al. Mixing and matching in ceramic-on-metal hip arthroplasty: an in-vitro hip simulator study. *J Biomech*. 2009;42(15):2439-2446. doi: 10.1016/j.jbiomech.2009.07.031
21. Al-Hajjar M, Jennings LM, Begand S, et al. Wear of novel ceramic-on-ceramic bearings under adverse and clinically relevant hip simulator conditions. *J Biomed Mater Res B Appl Biomater*. 2013;101(8):1456-62. doi: 10.1002/jbm.b.32965
22. Al-Hajjar M, Carbone S, Jennings LM, et al. Wear of composite ceramics in mixed-material combinations in total hip replacement under adverse edge loading conditions. *J Biomed Mater Res B Appl Biomater*. 2017;105(6):1361-1368. doi: 10.1002/jbm.b.33671
23. Kurtz SM, Ong KL, Schmier J, et al. Future clinical and economic impact of revision total hip and knee arthroplasty. *J Bone Joint Surg Am*. 2007;89 Suppl 3:144-151. doi: 10.2106/JBJS.G.00587
24. Kurtz S, Ong K, Lau E, et al. Projections of primary and revision hip and knee arthroplasty in the United States from 2005 to 2030. *J Bone Joint Surg Am*. 2007;89(4):780-785. doi: 10.2106/JBJS.F.00222
25. Rajeshshyam R, Chockalingam K, Gayathri V, Prakash T. Reduction of metallosis in hip implant using thin film coating. In *AIP Conference Proceedings*; AIP Publishing LLC: Melville. 2018;1943(1):020090. doi: 10.1063/1.5029666
26. Mohammadi MT, Pashkevich LA, Eismont OL, et al. Analysis of pathomorphological changes in primary and revision arthroplasty of the knee. *Medical news*. 2021;2(317):56-59. (In Russ.)
27. Purudappa PP, Sharma OP, Priyavadana S, et al. Unexpected positive intraoperative cultures (UPIC) in revision Hip and knee arthroplasty - A review of the literature. *J Orthop*. 2019;17:1-6. doi: 10.1016/j.jor.2019.06.028
28. Tashtanov B.R., Korytkin A.A., Pavlov V.V., Shubnyakov I.I. Ceramic Liner Fracture in Total Hip Arthroplasty: A Case Report. *Traumatology and Orthopedics of Russia*. 2022;28(3):63-73. doi: 10.17816/2311-2905-1804
29. Mattei L, Di Puccio F, Ciulli E, et al. Experimental investigation on wear map evolution of ceramic-on-UHMWPE hip prosthesis. *Tribol. Int*. 2020;143:106068. doi: 10.1016/j.triboint.2019.106068
30. Jäger M, van Wasen A, Warwas S, et al. A multicenter approach evaluating the impact of vitamin e-blended polyethylene in cementless total hip replacement. *Orthop Rev* (Pavia). 2014;6(2):5285. doi: 10.4081/or.2014.5285

The article was submitted 13.06.2023; approved after reviewing 07.08.2023; accepted for publication 25.08.2023.

Information about the authors:

1. Alexander N. Mitroshin – Doctor of Medical Sciences, Professor, Director of the Medical Institute, an-mitroshin@mail.ru, <https://orcid.org/0000-0002-2232-129X>;
2. Mikhail A. Ksenofontov – Senior Lecturer, Mksenofontov@mail.ru, <https://orcid.org/0000-0003-2333-3214>;
3. Dmitriy A. Kosmynin – Senior Lecturer, kosmynin86@mail.ru, <https://orcid.org/0000-0002-6998-7902>.

Contribution of the authors:

Mitroshin A.N. – conceptualization; validation; writing – reviewing and editing; control; project management.

Ksenofontov M.A. – methodology; formal analysis; study; data processing; writing - the original version; visualization, writing – reviewing and editing.

Kosmynin D.A. – study; writing – the original version; data processing; visualization.