

In vitro evaluation of TiO2 nanotubes as cefuroxime carriers on orthopaedic implants for the prevention of periprosthetic joint infections

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In-vitro evaluation of TiO₂ nanotubes as cefuroxime carriers on orthopedic implants for the prevention of periprosthetic joint infections

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5 Structured Abstract:

6 <u>Context</u>: The prevention of periprosthetic joint infections requires an antibiotic 7 prophylactic therapy, which could be delivered locally using titanium dioxide 8 nanotubes as novel reservoirs created directly on the orthopaedic implant titanium 9 surface.

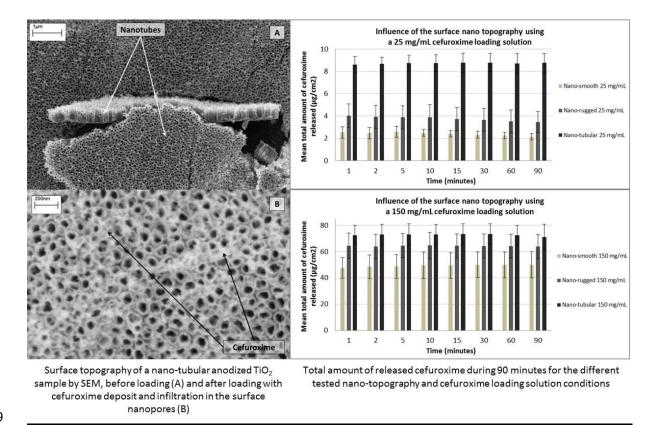
<u>Objective</u>: In this study, the influence of several parameters that could impact the use
 of titanium dioxide nanotubes as cefuroxime carriers was investigated.

<u>Method</u>: Cefuroxime loading and release was studied for 90 minutes with three nanotopography conditions (nano-smooth, nano-rugged and nano-tubular), two cefuroxime loading solution concentrations (150 mg/mL and 25 mg/mL) and two nano-tubular crystalline structures.

<u>Results</u>: In all tested conditions, maximum amount of cefuroxime was obtained within two minutes. For both cefuroxime loading solution concentrations, nano-smooth samples released the least cefuroxime, and the nano-tubular samples released the most, and a six-fold increase in the concentration of the cefuroxime loading increased the amount of cefuroxime quantified by more than seven times, for all tested nanotopographies. However, the nano-tubes' crystalline structure did not have any influence on the amount of cefuroxime quantified.

<u>Conclusion</u>: The results demonstrated that the surface nano-topography and loading
 solution concentration influence the efficiency of titanium dioxide nanotubes as
 cefuroxime carriers and need to be optimized for use as novel reservoirs for local
 delivery of cefuroxime to prevent periprosthetic infections.

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In-vitro evaluation of TiO₂ nanotubes as cefuroxime carriers on orthopedic implants for the prevention of periprosthetic joint infections

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- 52
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- 54 Periprosthetic joint infections, Drug delivery systems, Titanium dioxide, Nanotubes,
- 55 Cefuroxime

56

57 Introduction

58 Total knee and hip arthroplasties (TKA and THA) are frequent orthopaedic 59 procedures, with over 4,400,000 TKA and 2,100,000 THA having been performed

between 1998 and 2008 in the United States (Memtsoudis et al., 2012). 60 Periprosthetic joint infection incidences vary notably with patient comorbidities, but 61 are estimated to range between 0.86% to 1.1% for TKA and between 0.3% to 1.63% 62 for THA (Dale et al., 2011; Jämsen et al., 2010; Ong et al., 2009; Phillips, 2006; 63 Pulido et al., 2008). With the number of TKA and THA predicted to grow by nearly 64 600% and more than 100% respectively between 2005 and 2030 in the United States 65 (S. Kurtz et al., 2007; lorio et al., 2008), the absolute number of periprosthetic joint 66 infections is set to increase. The most prevalent etiological agents of orthopaedic 67 infections are gram positive opportunistic cocci, namely Staphylococcus aureus and 68 Staphylococcus epidermidis, responsible for more than two thirds of all infections 69 70 (Campoccia et al., 2006; Montanaro et al., 2011). If surgical debridement combined with antibiotic therapy and implant retention is still possible in the early stages of 71 72 infections, in the other cases a surgical revision with implant ablation and several weeks of intravenous antibiotic therapy is necessary to treat the infection completely 73 74 (Cuckler, 2005; Senthi et al., 2011).

75 A prophylactic systemic antibiotic treatment is recommended when using implantable medical devices such as articular implants (AlBuhairan et al., 2008; 76 Meehan et al., 2009; Kuong et al., 2009; Gillespie and Walenkamp, 1996; Société de 77 Pathologie Infectieuse de Langue Française (SPILF), 2009). Regrettably, due to the 78 disturbed bone structure and local vascularity, caused by the trauma of the surgery, 79 as well as probable initial bad distribution of antibiotics into the bone (Smilack et al., 80 1976), it is thought that the achieved in situ concentrations might not be enough to 81 exceed minimal inhibition concentrations (Schmidmaier et al., 2006; Zilberman and 82 Elsner, 2008), leading to a suboptimal efficiency. 83

84 Recently, the use of self-assembled titanium dioxide nanotubes (TiO₂ NT) as reservoirs for localized antibiotic prophylactic therapy has been described (Ayon et 85 al., 2006; Gulati et al., 2011; Kang et al., 2007; Losic and Simovic, 2009; Macak et 86 al., 2007; Popat et al., 2007). Created directly on the titanium surface, TiO₂ NT, in 87 certain conditions, have been shown to improve osteoblast adhesion, reduce 88 bacterial colonization and serve as a reservoir for drugs (Losic and Simovic, 2009; 89 Gulati et al., 2011; Ghicov and Schmuki, 2009; Roy et al., 2011), possibly allowing an 90 in situ release of antibiotics after the prosthesis implantation. 91

In this work, Cefuroxime, a second generation cephalosporin, was chosen as a model drug as its use is recommended by the American Academy of Orthopaedic surgeons (Meehan et al., 2009) and by the French Society of Anaesthesia and Intensive care (Société française d'anesthésie et de réanimation, 2011) for antibiotic prophylactic treatment in orthopaedic surgery. Moreover, to our knowledge, there is no data in the literature concerning the use of nanotubes as cefuroxime carriers.

We studied the influence of several parameters that could have an impact on the use of TiO₂ NT as a cefuroxime carrier: the surface nano-topography (smooth versus nano-rugged versus nanostructured titanium samples), the loading solution concentration (by comparing the use of a saturated solution of cefuroxime (150 mg/mL) to a much lesser concentrated solution (25 mg/mL), for each nanotopography condition) and the nanotube's crystalline structure (annealed nanotubes versus non-annealed nanotubes).

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106 I. Materials and methods

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A. Sample preparation

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1. Titanium samples

Unpolished titanium foil (99.6% purity, 0.1 mm thickness, Goodfellow, Lille France) was first cut into rectangular samples (2.5 X 1.5 cm), which were then degreased by successive 5 minutes sonications in trichloroethylene (VWR BDH Prolabo, Fontenaysous-Bois, France), acetone (Merck Millipore, Darmstadt, Germany) and methanol (UCB Pharma France, Colombes, France), then rinsed with deionised water, dried in the oven at 100 °C and finally cooled in a desiccator. The obtained samples are later on referred to as nano-smooth samples.

To obtain nano-rugged surfaces, but without fully formed nanotubes, the as previously described cleaned titanium foil samples (smooth samples) were anodized by immersion to a height of 1.5 cm in a 0.4 wt. % HF aqueous solution with a platinium cathode, as schematized in Figure 1. The anodizing voltage was maintained at 20 V, for 80 seconds, at a constant temperature of 20 °C.

To obtain TiO₂ nanotubes (nano-tubular samples), the anodization was carried out in 121 the same conditions as described above but for 20 minutes. 122

All experiments were conducted on the obtained nano-smooth, nano-rugged or nano-123 tubular titanium foil. 124

To convert the amorphous nanotubes into the mixed crystalline phases of anatase 125 and rutile, some samples were annealed at 500°C for 2 hours under oxygen, with a 126 heating and cooling rate of 5 °C min⁻¹. 127

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- 2. 129

Cefuroxime loading solutions

A 150 mg/mL cefuroxime solution was prepared by dissolving 1.5 g of cefuroxime 130 (Panpharma, Fougeres, France, batch No 104179) with sterile deionised water 131 (VERSYLENE®, Fresenius Kabi, Louviers, France) to a total volume of 10 mL. 132

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3. Loading method and storage

To load the samples with cefuroxime, an adapted soaking technique was used (Ayon 135 et al., 2006; Kim et al., 2008). Each sample was immersed to a height of 1.5 cm, in 136 either a 150 mg/ml or a 25 mg/mL solution of cefuroxime, for 30 minutes, in ambient 137 daylight, at room temperature (22-26°C). At the end of the loading time, the samples 138 were removed from the immersion solution and were immediately air blown to 139 remove excess solution on the surface and to dry them. 140

141 The samples were stored prior to loading and after loading, until cefuroxime quantification, in a climate chamber (BINDER GmbH, Tuttlingen, Germany), in the 142 dark, at 25°C. 143

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Sample characterizations В.

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1. Structural characterizations

The crystalline structure and phase of the TiO₂ nanotube layers of a smooth, a non-147 annealed and an annealed nano-tubular sample were determined by X-ray diffraction 148

(XRD) using a Scintag XRD X'TRA diffractometer with CuKα (λ = 1.54° radiation). The CuK_β radiation was filtered through a nickel filter. The diffraction pattern was achieved between 20 and 80° with a step angle of 0.05° and a scanning speed of 0.01° per second.

For the study of the surface nano-topography, structural characterization of a smooth, a nano-rugged and a nano-tubular sample was performed before and after drug loading with two different concentration cefuroxime solutions using a field emission scanning electron microscope (SEM). It was performed using a Supra 55 VP SEM (Carl Zeiss SMT, Nanterre, France) with secondary emission and in lens detector. The accelerating voltage and the working distance were respectively 3 kV and either 5 or 6 mm (image dependent).

160 Images were acquired at different scan sizes from the top surface.

161 For the four different tested conditions of titanium foil nano-topography and crystalline structure (smooth, nano-rugged, non-annealed nano-tubular and annealed nano-162 tubular), surface wettability was investigated using a drop shape analysis system 163 (EasyDrop, Kruss, Hamburg, Germany). The contact angle was measured with a 164 deionized water sensile droplet of 3 µL in ambient conditions. The measurement was 165 taken 5 seconds after the deposition of the water droplet on the substrate. After 166 measurement, the samples were cleaned, dried in nitrogen and stored in a 167 desiccator. 168

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2. Cefuroxime quantification

Each sample was placed into a known volume of sterile deionised water (5 or 10 mL depending on the estimated loaded quantity of cefuroxime), for 90 minutes. At determined times (1; 2; 5; 10; 15; 30; 60 and 90 minutes) a determined volume (1000 μ L) of release solution was collected and was replaced with the same volume of fresh sterile deionised water.

The cefuroxime present in the collected sample was then quantified by HPLC composed of a PU-2080 Plus pump, and an AS-2055 Plus auto-sampler coupled with an UV/VIS spectrophotometer (UV-2075 Plus detector), from Jasco France (Bouguenais, France)

The HPLC separation column used was a 5 µm Lichrospher 100 RP 18 endcapped 180 column (125 × 4.6 mm ID) (Macherey-Nagel EURL, Hoerd, France) 181

The HPLC mobile phase was composed of 85/15 phosphate buffer/acetonitrile (v/v) 182 mixture. The phosphate buffer used was a 0.1 mol/L solution of H₂KPO₄ (VWR 183 International Pessac, France). The flow rate through the column for the analysis was 184 set at 1 mL/min, with the column thermo regulated to a temperature of 35°C. The 185 injection volume was of 20 µL. The detection wavelength was set up at 273 nm. 186

Cefuroxime presents a retention time of 3.8 minutes. This chromatographic method is 187 linear for concentrations ranging from 0.25 µg/mL to 20 µg/mL. The mean linear 188 regression equation obtained is y = 35022x + 3014.7 ($r^2 = 0.9998$), where x is the 189 cefuroxime concentration and y the surface area of the corresponding peak. This 190 method has acceptable accuracy and precision as the intra-assay and inter-assay 191 coefficients of variation are below 5%. The limit of guantification of this method is of 192 0.25 mg/mL. 193

Cefuroxime release results were expressed in µg of cefuroxime over the loaded 194 surface of anodized TiO₂ (μ g/cm²). 195

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C. **Tested parameters**

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In this work, several parameters that could have an influence on the use of 198 TiO_2 NT as cefuroxime reservoirs were investigated. 199

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Influence of the surface nano-topography and loading solution concentration

10 anodized (nano-tubular) non annealed Ti samples, 10 nano-rugged Ti samples, 202 and 10 smooth Ti samples were prepared. 5 samples of each surface nano-203 topography (15 samples in total) were loaded by immersion into a 150 mg/mL 204 cefuroxime solution, as previously described, whilst the other 5 of each surface nano-205 topography were loaded with a 25 mg/mL cefuroxime solution. 206

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2. Influence of the nanotube's crystalline structure

To see if annealing (heat treating) the nanotubes could impact their use as 208 cefuroxime carriers as it modifies the nanotubes crystalline structure, annealed 209 210 nanotubes were compared to non-annealed nanotubes.

7 non-annealed anodized samples and 7 annealed anodized samples were loaded
by immersion in a 150 mg/mL cefuroxime solution, as previously described.

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D. Statistical considerations

Statistical analysis was performed using a non-parametric Man-Whitney test. The difference was considered significant for a p-value ≤ 0.05 .

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218 II. Results

A. Structural characterization and surface wettability

Figure 1 shows the current density time curve for Ti anodization obtained in our operating conditions, and illustrates the nanotube growth. SEM pictures of obtained nano-rugged and nano-tubular samples before loading are presented in Figure 2. Anodization occurred on both sides of the anodized samples.

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Nano-smooth non anodized samples typically are not microscopically smooth, but do not present any nano-scale ruggedness. Nano-rugged samples present nano-scale modifications with the formation of what seems to be shallow nanopores, whilst retaining their micro-scale topography. For the 20 minutes anodized samples, the formed nanotubes have dimensions of between 300 to 400 nm high and 70 to 90 nm in diameter.

The XRD results are depicted in Figure 3. The peaks characteristic of anatase and rutile crystalline structure only appear after annealing at 500°C, and are not present in Ti foil or as-anodized Ti.

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235 Concerning the contact angle measurements (data summarised in Table I), 236 anodization times of 80 seconds and 1200 seconds greatly increase the contact 237 angle compared to smooth un-anodized titanium; however the contact angle 238 measured for an annealed nanotubular surface was lower than un-annealed 239 anodised surface (Figure 4), and even lower than for a nano-smooth surface.

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242B.Cefuroxime quantification

SEM pictures of loaded samples are shown in Figure 5, with light grey/white colouring showing the titanium sample, and dark grey patches being cefuroxime deposits. In Figure 5(A), a relatively large deposit of cefuroxime can clearly be seen, with Figure 5(B) being a closer view of the phenomenon. Figure 5(C) and Figure 5(D) show how cefuroxime infiltrates and sometimes covers the nano-rugged surface nanopores, and in Figure 5(E) and Figure 5(F) the same can be said of the nanotubular surface.

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Figure 6 (A) and (B) shows the total amount of cefuroxime released over a 90 minutes period from the different tested nano-surfaces with a 25 mg/mL and 150 mg/mL cefuroxime loading solution, and Figure 7 shows the total amount of cefuroxime released over a 90 minutes period for annealed and un-annealed nanotubular surfaces. Table II summarise the statistical data of the different tested conditions at 90 minutes.

Maximum cefuroxime release for the studied conditions was obtained within the first one or two minutes, and no additional cefuroxime release was detected for the rest of the release study period.

For the nanotube length tested, there is no statistical influence of the nanotube's crystalline structure on the amount of cefuroxime quantified (p = 0.28). Cefuroxime loading solution concentration does have a significant impact on cefuroxime quantities released (p = 0.001) as does the surface nano-topography, but only between the smooth samples and the nanotube samples for both tested loading solution concentrations (p = 0.04). The difference between the nano-rugged surface samples and the nanotubular surface samples is not statistically significant, for neither loading solution concentrations (p = 0.08). The difference in cefuroxime release is significant between the smooth and nano-rugged surface samples only for a loading solution concentration of 25 mg/mL (p = 0.02).

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274 III. Discussion

The aim of this work was to study several conditions which where hypothesised to influence the use of TiO_2 nanostructures as cefuroxime carriers.

Firstly, to try and characterize whether nanotubes can be used as cefuroxime 277 278 reservoirs, 3 different nano-topography conditions were compared: smooth, nanorugged, nano-tubular. After loading, the smooth samples released the least 279 cefuroxime (median 49.89 μ g/cm²), and the nano-tubular samples released the most 280 (median 70.03 μ g/cm²). The difference between the smooth samples and 281 nanotubular samples was statistically different, for both loading solution 282 283 concentrations, but was much more pronounced for the 25 mg/mL loading solution (4.4-fold increase) when compared to the 150 mg/mL loading solution (40%) 284 increase). This could indicate either a loading of the nanotubes (penetration of 285 cefuroxime into the tubes), or an increased surface adsorption, mediated by the 286 nanotubes, or both. It could also be possible the cefuroxime penetrated the 287 interstices visible between the nanotubes. Despite the differences not being 288 significant between the nano-rugged samples and the smooth and nanotubular 289 samples, the quantities of cefuroxime released by the nano-rugged samples are 290 intermediate between the smooth and the nanotubular samples (67.89 μ g/cm²). 291

There is a statistical difference in released cefuroxime from samples loaded with a 150 mg/mL cefuroxime solution when compared to samples loaded with a 25 mg/mL solution, for all tested surface nano-topographies, which indicates an influence of the loading solution concentration, which is what was expected. However, despite there being a fixed six-fold difference in concentration between the 25 mg/mL and the 150 mg/mL, the obtained difference in quantified cefuroxime was greater, and varied depending on the nano-topography (24-fold, 20-fold and 7.7-fold for respectively the nano-smooth, nano-rugged and nano-tubular topographies). Such a difference is difficult to explain by just the results' variability. One explanation is that despite a thorough air blowing cleaning procedure, surface adsorption of cefuroxime accounts for an important percentage of total loaded and released drug.

303 TiO₂ exists naturally in 3 crystalline phases, anatase, rutile and brookite (Roy et al., 2011), yet after their electrochemical formation, TiO_2 nanotubes are amorphous. By 304 annealing (heat treating), the nanotubes can be converted to anatase or rutile, which 305 changes notably the TiO₂ nanotubes electrochemical and photocatalytical properties, 306 but without notably altering the nanotube's morphological characteristics (Lin et al., 307 308 2011; Yu and Wang, 2010). In this work, annealed nanotubes did release more cefuroxime than non-annealed, but the difference was not statistically significant, 309 notably due to the observed large variations of cefuroxime release within the 310 annealed group. The annealed nano-tubular surfaces were however much more 311 hydrophilic than the un-annealed nano-tubular surfaces, with a contact angle of 42° 312 313 versus 120° for the un-anodized nano-tubular. In the conditions of this assay, it is therefore hard to draw any conclusions on the real influence of the crystalline state. 314

315 The relatively high cefuroxime quantities quantified with the nano-smooth samples could be linked to moderate surface wettability, as expressed by the measure of 316 317 water droplet contact angles, as the contact angle for such a surface was measured to be 77°. By contrast, non-annealed anodized surfaces (nano-rugged and nano-318 319 tubular) had contact angles measured to be around 120°, expressing a more hydrophobic state, and yet released after loading more cefuroxime. Such results 320 321 could be in favour of nanotube loading and release of cefuroxime, independently of 322 the surfaces' wettability, at least for the tested conditions.

However, due to the small number of samples, the statistical power of the used test is probably insufficient to identify small differences between certain tested conditions.

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In our work, the drug release was nearly immediate, and is much faster than reported in other studies. Popat et al report loaded bovine serum albumin (BSA) and lysozyme using a pipetting method onto unpolished titanium samples with similar TiO₂

nanotubes and obtained maximum release times that varied between 25 and 110 329 minutes (Popat et al., 2007). Using a similar method, Aninwene et al loaded 330 penicillin/streptomycin or dexamethasone and obtained drug elution for 3 days 331 (Aninwene et al., 2008). The very fast release obtained here could be explained by 332 high Cefuroxime water solubility (150 mg/mL), or by a surface layer of Cefuroxime, or 333 possibly by both. Despite our cleaning method, SEM images showed significant 334 Cefuroxime deposit on the surface of the TiO₂ layer, on samples with different nano-335 topography, possibly linked to the surface micro-topography. However, since nano-336 337 tubular samples released significantly more Cefuroxime than smooth samples, it seems quite plausible that Cefuroxime penetrated at least partially into the 338 339 nanotubes.

Longer release times have been reported. Peng et al, also using unpolished TiO_2 nanotube surfaces and a consistent cleaning technique, found that elution kinetics of paclitaxel and BSA were influences by nanotube height and pore diameter (Peng et al., 2009), with nanotubes of 5 µm height and 100 nm of diameter releasing the most drug for up to 3 weeks.

Therefore, in this study, the thickness of the nanotube layer could impact the maximum loading capacity of the tubes, as the longer the tube, the more volume it could contain. It could be possible that 400 nm of length is not enough to allow a significant amount of drug into the nanotubes, with regard to the potential surface adsorption. Therefore, any conclusions about the impact of the nanotubes' crystalline structure might be premature, as the 400 nm high nanotubes could have been loaded at maximum capacity regardless of the surface wettability.

In this work, the titanium foil used for the experiments was unpolished, and wasn't 352 microscopically smooth. This could have an impact on cefuroxime adsorption, as 353 SEM structural characterization of samples with different nano-topographies, loaded 354 with cefuroxime, showed an inhomogeneous cefuroxime spread. The microscopic 355 surface features could lead to the formation of "beds" of cefuroxime, protected from 356 the surface cleaning procedure. It has also already been hypothesized that in 357 previous studies at least a significant amount of drug stayed on the surface and did 358 penetrate into the nanotubes (Peng et al., 2009). These microscopic features could 359 360 also account for the high variability between samples of the same series. Also,

surface adsorption could account for the instant burst-like release that was observed.
 Therefore, it would seem that in order to more accurately measure the exact quantity
 of drug actually loaded and then released by the nanotubes, microscopically smooth
 samples are needed, as well as an adequate and validated surface cleaning method.

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Several improvements could be made to this study. To achieve a microscopically smooth surface, a polishing method (electro-chemical polishing or physical polishing) could have been used. The effects of micro-scale ruggedness would therefore be reduced. Also, higher nanotubes could offer improved loading volume and drug storage capacity, and could also improve loading and elution kinetics.

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The work presented here seems to indicate that some parameters, like nanotube 372 height and the loading solution concentration, have more influence on cefuroxime 373 release from TiO₂ nanotubes, whereas the crystalline structure of the nanotubes 374 didn't influence the amount of cefuroxime released. The nano-tubular samples 375 released more cefuroxime than nano-smooth or nano-rugged samples, for both 150 376 mg/mL and 25 mg/mL cefuroxime loading concentrations. However, cefuroxime 377 release kinetics were too fast for lasting local drug delivery, and need to be extended. 378 Longer nanotubes could increase the amount of cefuroxime loaded and release 379 times, but might also increase overall fragility, and thus need to be tested. Also, the 380 antibacterial efficacy of such a delivery method using cefuroxime still needs to be 381 investigated. 382

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384 IV. Acknowledgements

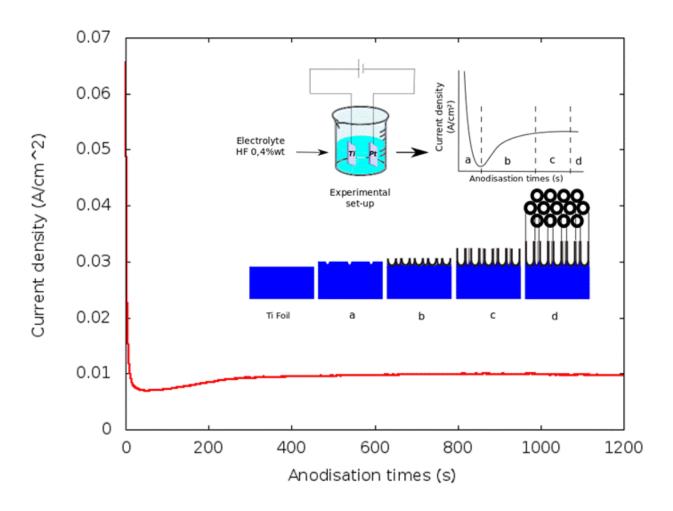
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388 V. Bibliography

390	AlBuhairan, B., Hind, D., Hutchinson, A., 2008. Antibiotic prophylaxis for wound infections in
391	total joint arthroplasty: A SYSTEMATIC REVIEW. J Bone Joint Surg Br 90-B, 915–919.
392	Aninwene, G.E., Yao, C., Webster, T.J., 2008. Enhanced osteoblast adhesion to drug-coated
393	anodized nanotubular titanium surfaces. Int J Nanomedicine 3, 257–264.
394	Ayon, A.A., Cantu, M., Chava, K., Agrawal, C.M., Feldman, M.D., Johnson, D., Patel, D.,
395	Marton, D., Shi, E., 2006. Drug loading of nanoporous TiO2 films. Biomed Mater 1,
396	L11–15.
397	Campoccia, D., Montanaro, L., Arciola, C.R., 2006. The significance of infection related to
398	orthopedic devices and issues of antibiotic resistance. Biomaterials 27, 2331–2339.
399	Cuckler, J.M., 2005. The Infected Total Knee: Management Options. The Journal of
400	Arthroplasty 20, Supplement 2, 33–36.
401	Dale, H., Skråmm, I., Løwer, H.L., Eriksen, H.M., Espehaug, B., Furnes, O., Skjeldestad, F.E.,
402	Havelin, L.I., Engesaeter, L.B., 2011. Infection after primary hip arthroplasty: a
403	comparison of 3 Norwegian health registers. Acta Orthop 82, 646–654.
404	Ghicov, Andrei, Schmuki, Patrik, 2009. Self-ordering electrochemistry: a review on growth
405	and functionality of TiO2 nanotubes and other self-aligned MOx structures. Chem.
406	Commun. 2791–2808.
407	Gillespie, W.J., Walenkamp, G.H., 1996. Antibiotic prophylaxis for surgery for proximal
408	femoral and other closed long bone fractures, in: Cochrane Database of Systematic
409	Reviews. John Wiley & Sons, Ltd.
410	Gulati, K., Aw, M.S., Losic, D., 2011. Drug-eluting Ti wires with titania nanotube arrays for
411	bone fixation and reduced bone infection. Nanoscale Research Letters 6, 571.
412	Iorio, R., Robb, W.J., Healy, W.L., Berry, D.J., Hozack, W.J., Kyle, R.F., Lewallen, D.G.,
413	Trousdale, R.T., Jiranek, W.A., Stamos, V.P., Parsley, B.S., 2008. Orthopaedic Surgeon
414	Workforce and Volume Assessment for Total Hip and Knee Replacement in the
415	United States: Preparing for an Epidemic. J Bone Joint Surg Am 90, 1598–1605.
416	Jämsen, E., Varonen, M., Huhtala, H., Lehto, M.U.K., Lumio, J., Konttinen, Y.T., Moilanen, T.,
417	2010. Incidence of prosthetic joint infections after primary knee arthroplasty. J
418	Arthroplasty 25, 87–92.
419	Kang, HJ., Kim, D.J., Park, SJ., Yoo, JB., Ryu, Y.S., 2007. Controlled drug release using
420	nanoporous anodic aluminum oxide on stent. Thin Solid Films 515, 5184–5187.
421	Kim, D., Macak, Jan M, Schimidt-Stein, F., Schmuki, Patrik, 2008. Capillary effects, wetting
422	behavior and photo-induced tube filling of TiO2 nanotube layers. Nanotechnology 19,
423	305710.
424	Kuong, E.E., Ng, F.Y., Yan, C.H., Fang, C.X.S., Chiu, P.K.Y., 2009. Antibiotic prophylaxis after
425	total joint replacements. Hong Kong Med J 15, 458–462.
426	Kurtz, S., Ong, K., Lau, E., Mowat, F., Halpern, M., 2007. Projections of primary and revision
427	hip and knee arthroplasty in the United States from 2005 to 2030. J Bone Joint Surg
428	Am 89, 780–785.
429	Lin, J.Y., Chou, Y.T., Shen, J.L., Yang, M.D., Wu, C.H., Chi, G.C., Chou, W.C., Ko, C.H., 2011.
430	Effects of rapid thermal annealing on the structural properties of TiO2 nanotubes.
431	Applied Surface Science 258, 530–534.
432	Losic, D., Simovic, S., 2009. Self-ordered nanopore and nanotube platforms for drug delivery
433	applications. Expert Opinion on Drug Delivery 6, 1363–1381.

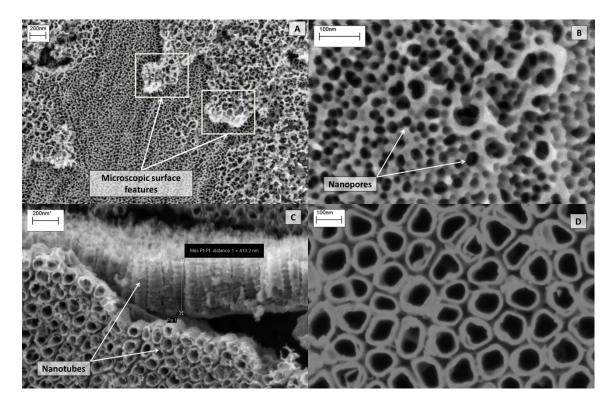
- Macak, J.M., Tsuchiya, H., Ghicov, A., Yasuda, K., Hahn, R., Bauer, S., Schmuki, P., 2007. TiO2
 nanotubes: Self-organized electrochemical formation, properties and applications.
 Current Opinion in Solid State and Materials Science 11, 3–18.
- Meehan, J., Jamali, A.A., Nguyen, H., 2009. Prophylactic Antibiotics in Hip and Knee
 Arthroplasty. JBJS 91, 2480–2490.
- Memtsoudis, S.G., Pumberger, M., Ma, Y., Chiu, Y.-L., Fritsch, G., Gerner, P., Poultsides, L.,
 Valle, A.G.D., 2012. Epidemiology and risk factors for perioperative mortality after
 total hip and knee arthroplasty. Journal of Orthopaedic Research 30, 1811–1821.
- Montanaro, L., Speziale, P., Campoccia, D., Ravaioli, S., Cangini, I., Pietrocola, G., Giannini, S.,
 Arciola, C.R., 2011. Scenery of Staphylococcus implant infections in
 orthopedics. Future Microbiology 6, 1329–1349.
- Ong, K.L., Kurtz, S.M., Lau, E., Bozic, K.J., Berry, D.J., Parvizi, J., 2009. Prosthetic joint infection
 risk after total hip arthroplasty in the Medicare population. J Arthroplasty 24, 105–
 109.
- Peng, L., Mendelsohn, A.D., LaTempa, T.J., Yoriya, S., Grimes, C.A., Desai, T.A., 2009. Long Term Small Molecule and Protein Elution from TiO2 Nanotubes. Nano Lett. 9, 1932–
 1936.
- 451 Phillips, J.E., 2006. The incidence of deep prosthetic infections in a specialist orthopaedic
 452 hospital: A 15-YEAR PROSPECTIVE SURVEY. Journal of Bone and Joint Surgery British
 453 Volume 88-B, 943–948.
- 454 Popat, K.C., Eltgroth, M., LaTempa, T.J., Grimes, C.A., Desai, T.A., 2007. Titania Nanotubes: A
 455 Novel Platform for Drug-Eluting Coatings for Medical Implants? Small 3, 1878–1881.
- Pulido, L., Ghanem, E., Joshi, A., Purtill, J.J., Parvizi, J., 2008. Periprosthetic joint infection: the
 incidence, timing, and predisposing factors. Clin. Orthop. Relat. Res. 466, 1710–1715.
- Roy, P., Berger, S., Schmuki, Patrik, Roy, P., Berger, S., Schmuki, Patrik, 2011. TiO2
 Nanotubes: Synthesis and Applications, TiO2 Nanotubes: Synthesis and Applications.
 Angewandte Chemie International Edition 50, 2904–2939.
- Schmidmaier, G., Lucke, M., Wildemann, B., Haas, N.P., Raschke, M., 2006. Prophylaxis and
 treatment of implant-related infections by antibiotic-coated implants: a review.
 Injury 37, S105–S112.
- Senthi, S., Munro, J., Pitto, R., 2011. Infection in total hip replacement: meta-analysis.
 International Orthopaedics 35, 253–260.
- Smilack, J.D., Flittie, W.H., Williams, T.W., Jr, 1976. Bone concentrations of antimicrobial
 agents after parenteral administration. Antimicrob. Agents Chemother. 9, 169–171.
- Société de Pathologie Infectieuse de Langue Française (SPILF), 2009. Recommandations de
 pratique clinique: Infections ostéo-articulaires sur matériel (prothèse, implant, ostéo synthèse) Mai 2009 107 pages.
- 471 Société française d'anesthésie et de réanimation, 2011. Antibioprophylaxie en chirurgie et
 472 médecine interventionnelle (patients adultes). Actualisation 2010. Annales Françaises
 473 d'Anesthésie et de Réanimation 30, 168–190.
- Yu, J., Wang, B., 2010. Effect of calcination temperature on morphology and
 photoelectrochemical properties of anodized titanium dioxide nanotube arrays.
 Applied Catalysis B: Environmental 94, 295–302.
- Zilberman, M., Elsner, J.J., 2008. Antibiotic-eluting medical devices for various applications. J
 Control Release 130, 202–215.
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Figure 1: Current density time curve with experimental setup. Nanotubes appear to be fully formed as of 20 minutes (1200 seconds) of anodizing time (d). The nanorugged surface was obtained with an anodizing time of 80 seconds, which corresponds to the low point of current density curve, between stage (a) and (b).

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Figure 2 (A), (B), (C) and (D): Surface topography of a nano-rugged (A) and (B) and

492 nano-tubular (C) and (D) anodized TiO₂ sample by SEM, before loading.

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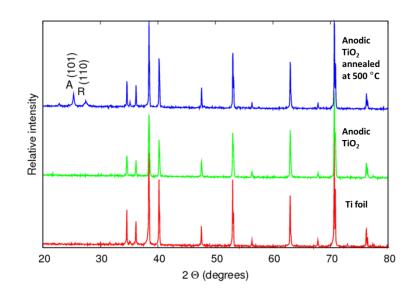


Figure 3: X-ray diffractogram of smooth Ti foil (bottom graph), anodized (Anodic TiO2, middle graph) and 500°C annealed anodized titanium foil (top graph) with two peaks (A and R) corresponding to respectively the anatase and rutile crystalline phase.

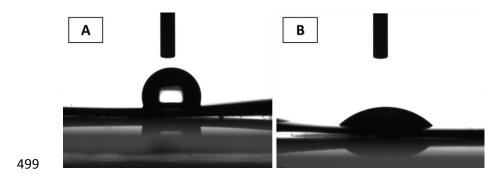


Figure 4: (A) un-annealed nano-tubular sample and (B) annealed nano-tubular 501 sample

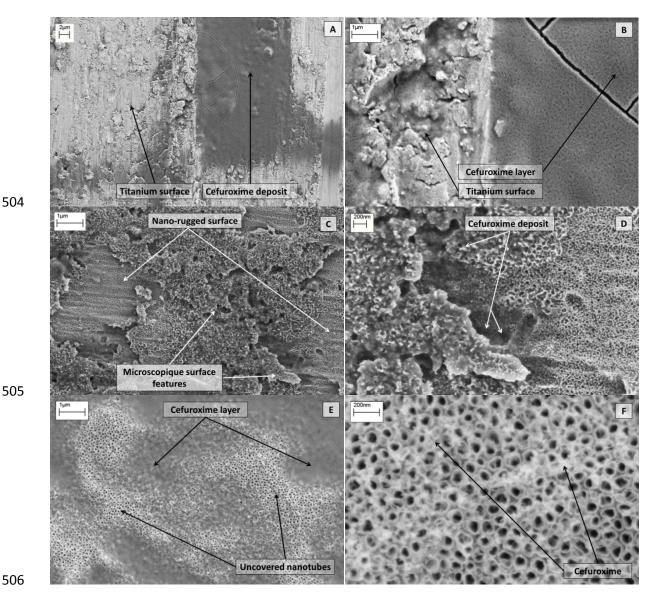
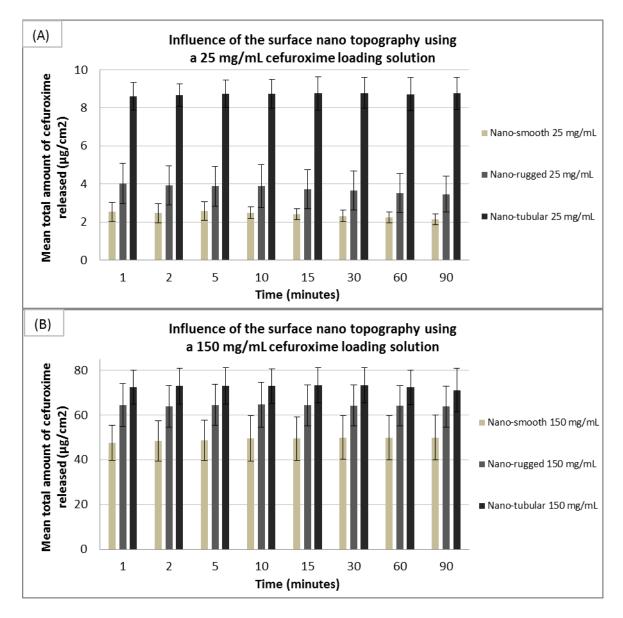


Figure 5: (A) and (B): smooth titanium sample after cefuroxime loading, with (B) being a close up view of (A). (C) and (D): nano-rugged titanium sample with cefuroxime deposit and infiltration in the surface nanopores, with (D) being a close up view of (C). (E) and (F): nano-tubular titanium sample with cefuroxime deposit and infiltration in the surface nanopores.

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515 Figure 6: Total amount of released cefuroxime during 90 minutes for the different 516 tested nano-topography and cefuroxime loading solution conditions

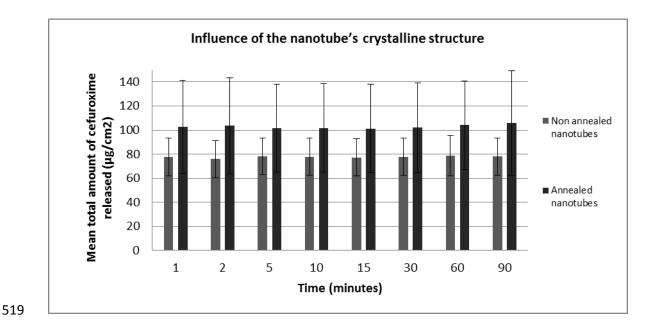


Figure 7: Total amount of cefuroxime released during 90 minutes for amorphous and

- 521 crystalline structures

- 524 Table I : Contact angle measurement data

Measured contact angle	Mean contact angle	Confidence intervalle 95%		
Nano-smooth surface	77,18	1,90		
Non-annealed nano-rugged surface	122,00	1,95		
Non-annealed nano-tubular surface	118,00	0,72		
Annealed nano-tubular surface	41,73	0,67		

Table II : Statistical data for the different tested conditions at 90 minutes

Cefuroxime release at t = 90 minutes		Number of samples	Median total quantity of Cefuroxime (μg/cm²)	Interquartile range	Mean total quantity of Cefuroxime (µg/cm ²)	Standard deviation	Variation coefficient (%)
Surface nano-	25 mg/mL nano-smooth	3	2,07	0,55	2,13	0,28	13,2
	25 mg/mL nano-rugged	4	3,45	1,22	3,46	0,95	27,4
topography and	25 mg/mL nano-tubular	4	9,09	1,58	8,77	0,84	9,6
Loading solution	150 mg/mL nano-smooth	4	49,89	15,61	50,00	10,06	20,1
concentration	150 mg/mL nano-rugged	4	67,89	17,84	63,86	9,07	14,2
concentration	150 mg/mL nano-tubular	4	70,03	10,38	71,17	9,75	13,7
Crystalline structure	Non annealed	7	76,99	21,76	78,11	15,40	19,7
Crystalline structure	Annealed	7	87,28	72,21	105,90	43,44	41,0