# **Diffraction Analyses of Mineralized Tissue**

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## <u>Outline</u>

- Bone and tooth hierarchy of structures
- Internal strain measurements approach in mineralized tissues - carbonated hydroxyapatite (cAp) - based.
- Example Internal strains vs position across the dentino-enamel junction (DEJ) & applied load.
- Example Elastic modulus vs anatomical position.
- **Diffraction tomography** approach.
- Example trabecular bone sample.
- Examples Al/SiC composite, mineralized byssus.
- Future

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## Why care about bone (tooth)?

- Osteoporosis major morbidity, mortality issue for aging populations.
- Critical sites (trabecular bone primarily):
  - Femoral neck, head
  - Vertebrae (collapse)
- Clinical assessment: Bone mineral density (BMD) predicts only a fraction of fractures.
- Add bone microarchitecture: Improved prediction.
- Stochastic, environmental effects: NO.
- Bone "quality" invoked. Largely undefined.
- Tooth: How does dentino-enamel junction (DEJ) work (~3.5x difference in moduli)?

#### **Hierarchy of structures in bone**



#### **Tooth structure**



- Enamel cAp ceramic. Dentin collagen/cAp composite.
- Intertubular dentin (ITD) and peritubular dentin (PTD).
- PTD nominally hypercalcified relative to ITD.
- Tubules 1-2 μm diameter, 5-10 μm spacing.
- Fibril orientations  $\rightarrow$  cAp 00.2 preferred orientation.

High energy x-ray scattering: WAXS + SAXS



#### **2D detector collection and transformation**



### **Resolution limits for 2D detector setup**



4 instrumental broadening contributions shown

Typical values for these experiments provided (1m s-d distance)

Quadrature broadening matches standard well (ceria or LaB6)

- ΔR/R~Δd/d gives instrumental 'strain' resolution
- Sample broadening will degrade this best-case resolution
- Peak fit accuracy is ~10x better than this resolution
- Typically  $\Delta d/d^{10-4}$  for 2 $\theta$ >5 deg

#### Peak fitting versus azimuth

## R(002) vs azimuth, single load. Normalized Data (blue) and fit (red) shown.



- Data from 4 quadrants: azimuth η ~ ψ
- (small angles).
- Red line fits data, assumes linear *d* vs. sin<sup>2</sup>ψ – good assumption here.
- Use of many data pts (η) gives good precision,
  here ~5e-5

## Normalized R(002) vs azimuth, multiple loads (data only).



- Overlaying different stress levels on same specimen allows cross-over to be established.
- Provides zero-point 'strain' reference to separate e11, e22
- Reduces systematic errors good accuracy.

## Strain gradients vs. applied stress across bovine dentinoenamel junction (DEJ)



J Biomech 43 (2010) 2294

## Deviatoric strain vs position vs $\sigma_{appl}$



- Specimen 91a, cAp 00.2 (left), 22.2 (right).
- Positions -1 to 0 mm, dentin; 0 to 1 mm, enamel.
- 00.2: enamel, strong gradients rise with  $\sigma_{appl}$ ; dentin, uniform increasing strain.
- 22.2: enamel, uniform rising strain near DEJ for
- $\sigma_{appl} \leq 43$  MPa, then drops (cracking?); dentin ?
- 00.2 dentin: E<sub>dentin</sub> ~ 24 GPa.
- 22.2 enamel: E<sub>enamel</sub> ~ 82 GPa.

## Variation of cAp, fibril moduli with anatomical position in bovine femur

- HAP = cAp.
- Singhal et al. Adv Eng Mater 15 (2013) 238
- Apparent moduli:  $E_{apparent} = \sigma_{applied} / \epsilon_{x-ray}$  for cAp (WAXS) and fibril (SAXS).
- Measure multiple specimens from different quadrants of the same bone.
- Similar study on bovine dentin: Deymier-Black et al. J Mech Behav Biomed Mater 5 (2012) 71.



N = 80 45 68 33

Apparent moduli for anterior and posterior samples. Box =  $75^{th}$ ,  $50^{th}$  and  $25^{th}$  percentiles, whiskers  $95^{th}$  and  $5^{th}$  percentiles, (**a**) mean, (**a v**) max and min values.



Quadrant-wise comparison of HAP and fibrillar apparent moduli.

#### Effect of radiation dose

- WAXS, SAXS patterns recorded in ~ 1s at 80 keV.
   Dose ~ 0.3-0.4 kGy.
- Currey et al. [1] sterilization protocol
  - <sup>60</sup>Co γ (1.17 + 1.33 MeV): Doses 17, <u>30</u>, 95 kGy
  - Even 17 kGy, 50% reduction in work to fracture
- Kinney et al. [2] in vivo synchrotron microCT (rat)
  - 25 keV, 0.9 Gy/data set, bone response not affected
- Barth et al. [3] dose response synch. X-rays
  - 20 keV, ~ 70 kGy dose suppresses plasticity

• [1] J Orthop Res <u>15</u> (1997) 111; [2] JBMR <u>10</u> (1995) 264. [3] Bone (in press)

Diffraction tomography of porcine spinous process

**Cut piece of process** 

- 1-ID, APS: E=70 keV
- beam 0.1mm (H) x ~0.05mm (V)



- 80 x @ 0.1mm/step, 6° rotation steps over 180°
- 5s/pt, ~10s between points
- Hydra configuration: 4 GE panels + ion chamber (trans.)
- GE1&3 vertical & GE 2&4 horizontal component
- Reconstruct 3 cAp peaks for panel 3, 4: 22.2, 31.0, 00.4
- **Compare to lab microCT**

<u>High energy x-ray diffraction tomography</u> Use integrated diffracted intensity Reconstruct with filtered back projection



#### X-ray scattering tomography literature

- <u>1985</u>. CT phantom. Harding et al. Phys Med Biol **30**, 183-186.
- <u>1998</u>. Lamb chop (muscle, fat, bone). Kleuker et al. Phys Med Biol 43, 2911-2923.
- <u>2001</u>. Synthetic hydroxyapatite bone phantom. Barroso et al. Nucl Instrum Meth A 471, 75-79.
- <u>2008</u>. Bone. Stock et al. J Struct Biol **161**, 144-150.
- <u>2008</u>. Carbon. Bleuet et al. Nature Mater **7**, 468-472.
- <u>2010</u>. Cement. Artioli et al. Anal Bioanal Chem **309**, 2131-6.
- <u>2012</u>. Al/SiC. Stock, Almer, J Appl Cryst **47**, 1077-83.

. . .

- 2012. Review. Alvarez-Murga et al. J Appl Cryst 47, 1109-24.

#### dark = greater signal, linear gray scale [min, max]



#### AI - SiC uniaxially aligned monofilaments





SiC sheath ~140 µm dia.

AA 6061 matrix

C core ~30 µm dia.

AA 1100 cover sheet

Stock, Almer, J Appl Cryst **47** (2012) 1077-1083.

62 x 62 voxels (15 µm in-plane).

Linear color bar shown in (l).

Relative "intensities" given in lower right corner of each panel. **i.** 



(a) Reconstruction with Al 111; (b) Al 200; (c) Al 220; (d) Sum of the (a-c) Al slices. (e) Reconstruction with SiC 10.1; (f) SiC 11.0; (g) SiC 10.2; (h) Sum of Al slices (green) and SiC 11.0 slice (blue) and SiC 10.2 slice (red). (i) Transmitted intensity slice. (j) 2-BM, APS, matching slice (1.45  $\mu$ m voxels). In (i-j), black highest, white lowest absorption. (k) Reconstruction with d = 2.3 Å and (l) d = 4.15 Å (impurities?).

Profiles across two fibers. SiC 10.2 shows outer fiber texture. SiC 11.0 and 10.1 show inner fiber texture. C cores obscured by long direction of beam.



Diffraction tomography of mineralized byssus (attachment system for Anomia)

- H. Leemreize, H. Birkedal, Aarhus Univ.; J. D. Almer, APS; SRS
- Underwater attachment: challenging <u>materials</u> issue.
- Many bivalves use protein byssi.
- Anomia uses mineralized byssus; combination of calcite and aragonite, two forms of calcium carbonate.
- Mg content of calcite varies spatially.
- Control of polytypes in Anomia of may provides information on <u>biomineralization</u> process.
- Use diffraction tomography.

#### Anomia simplex byssus and shells







Mineralized byssus of Anomia sp. in (a) muscle dark blue, shell light blue in (c,d) lamellae yellow, porous region gray



## <u>Reconstruction of diffraction pattern pt. by pt.</u> In calcite, Mg $\uparrow$ , $d \downarrow$ and 20 $\uparrow$ .



## **Discussion, Future**

- Not a strictly valid reconstruction approach.
   Different grains diffract at different angles.
- Seems to work OK if there is not too much texture and if adequate numbers of grains are present.
- Local Mg content can be determined.
- Just collected byssi data with 20 µm, 10 µm voxels. Reconstruction underway.
- Can we extract strain and texture vs position? (Ex. of diffraction tomography of trabecular bone).
- Would algebraic reconstruction technique be better?



Thank you.