

A novel micro-injector for micro injection in dental application

Micro-injection technology is widely used in clinical surgery. Herein, periodontal disease is to be a starting point, we will develop a novel micro-injector carrying bone graft substitutes for repairing bone defect to minimizing the patient's discomfort.

Periodontal disease, an infectious disease of the gingival tissue, might lead to a bone defect, even tooth loss. Traditionally, repairing bone lost from periodontal disease is widely by guide bone regeneration (GBR) which utilizes a barrier membrane with bone graft sealing off the cavity site of bone. However, during the GBR surgical process, it needs a stable barrier membrane and creates a new creative space during surgical process so that most patients don't like the wound cavity created by surgical process. Therefore, we hope to develop a new micro-injector instead of the traditional GBR method for reconstruct bone defects in periodontal disease.

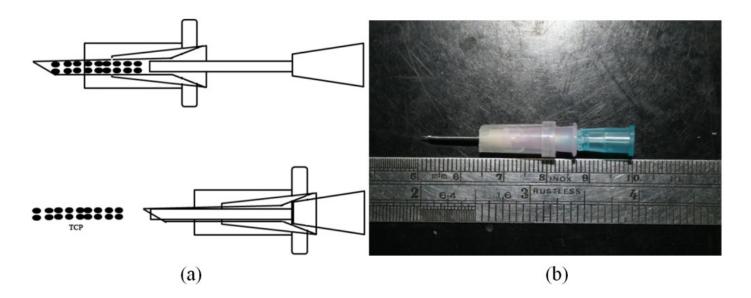


Fig. 1. (a) The schematic diagram of double-tube structure of dental micro-injector. (b) The picture of novel dental micro-injector.

In this study, the structure of novel micro-injector is designed to possess double tubes (embedding portion and injected portion) and easy for handling (Fig. 1 (a)). The embedding portion fills with tricalcium phosphate (TCP), a bone substitute which could promote bone formation. Additionally, the total length of dental micro-injector was only 4.8 cm which is smaller than commercial clinical syringe (Fig. 1 (b)) and is very convenient to manipulate.

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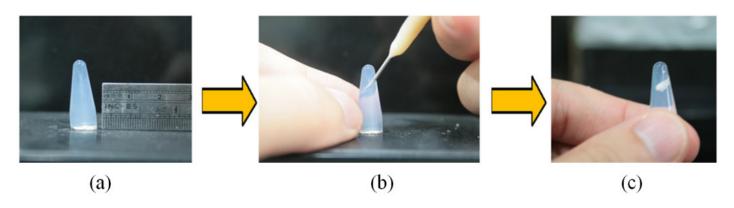


Fig. 2. Using agarose gel model for observing the distribution of ejected bone substitues from micro-injector to evaluate the feasibility of micro-injector. (a) The morphology of agarose gel without micro-injection. (b) Agarose gel before micro-injection and (c) distribution of bone graft substitutes after micro-injection of bone graft substitutes, TCP, into the agarose gel.

Furthermore, to estimate the feasibility of dental micro-injector, a soft agarose gel *in vitro* model (Fig. 2) is used to mimic a soft alveolar tissue. The model shows that TCP carried by the micro-injector could be injected into agarose gel easily, having only a small invasion wound, and avoiding flap operation for the patients. Therefore, the micro-injector provides a new concept of device carrying the bone graft substitutes in repairing the bone defects from periodontal diseases. We believe that is very encouraging and worthy for further clinical applications.

Publication

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