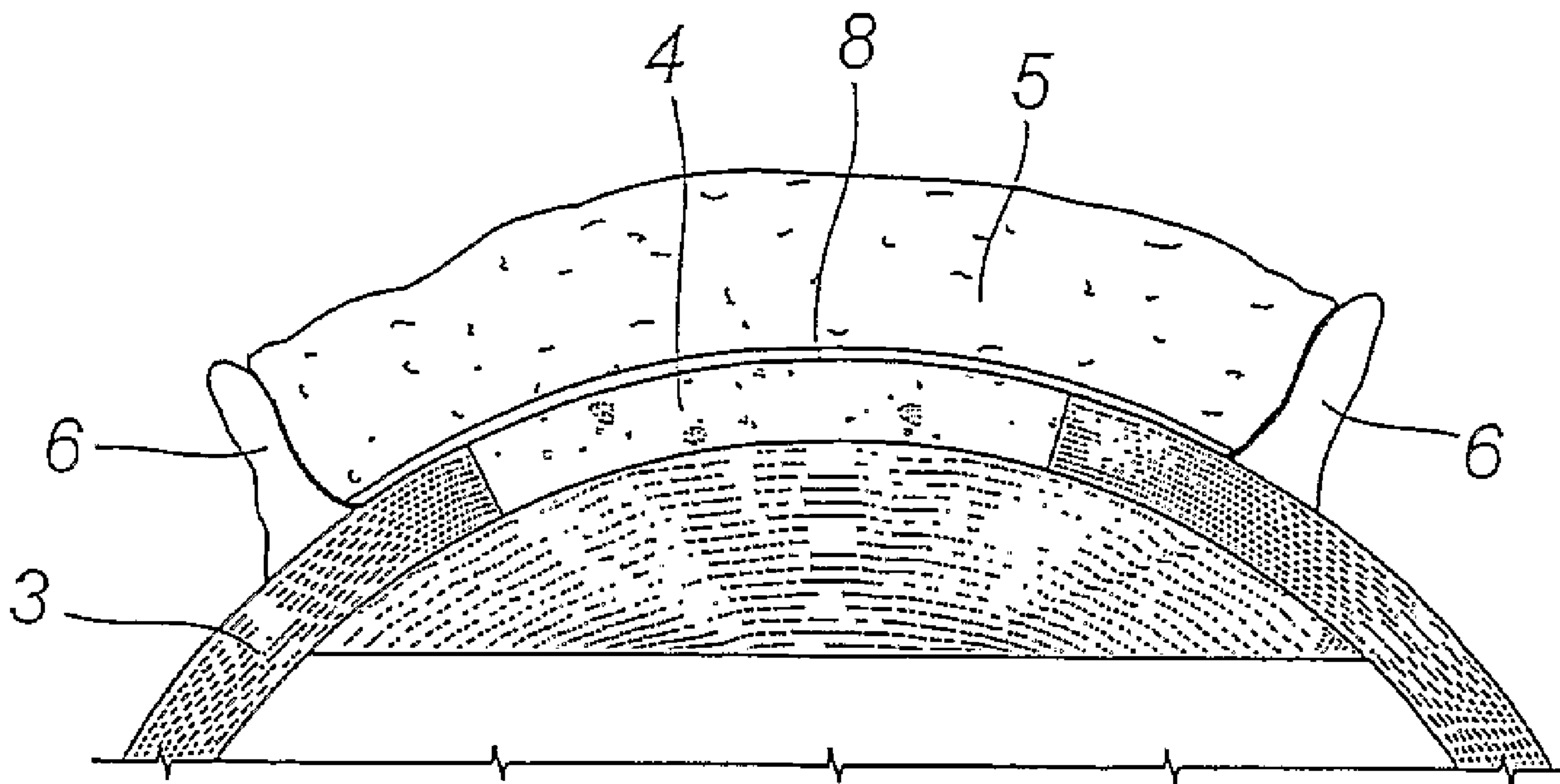




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(54) Titre : PROCEDE DE PRODUCTION D'UN DISPOSITIF PROTHETIQUE BIOLOGIQUEMENT ACTIF DESTINE A LA RECONSTRUCTION DE TISSU OSSEUX ET DISPOSITIF PROTHETIQUE CONCERNE  
 (54) Title: A METHOD FOR THE PRODUCTION OF A BIOLOGICALLY ACTIVE PROSTHETIC DEVICE FOR THE RECONSTRUCTION OF BONE TISSUE AND THE PROSTHETIC DEVICE ITSELF



(57) Abrégé/Abstract:

The invention relates to a method for the production of a biologically active prosthetic device for the reconstruction of bone tissue comprising the steps of: a CAT (Computerized Axial Tomography) scan of the patient and obtaining a three-dimensional electronic model (1) of the part of the bone and of a bone defect (2) to be reconstructed; production by prototyping of a prototype resin model (3) of the area of the patient's bone involved, forming of a model (4), of the patient's bone defect to be reconstructed; construction of a negative mould (5), production of a ready sintered ceramic semi-finished product with controlled and interconnected porosity, said semi-finished product being made with dimensions and shape slightly larger than the bone defect; mechanical processing and manual finishing of the sintered semi-finished product, to obtain the precise dimensions and shape of the bone defect, the invention also relating to the prosthetic device obtained using the method described above.

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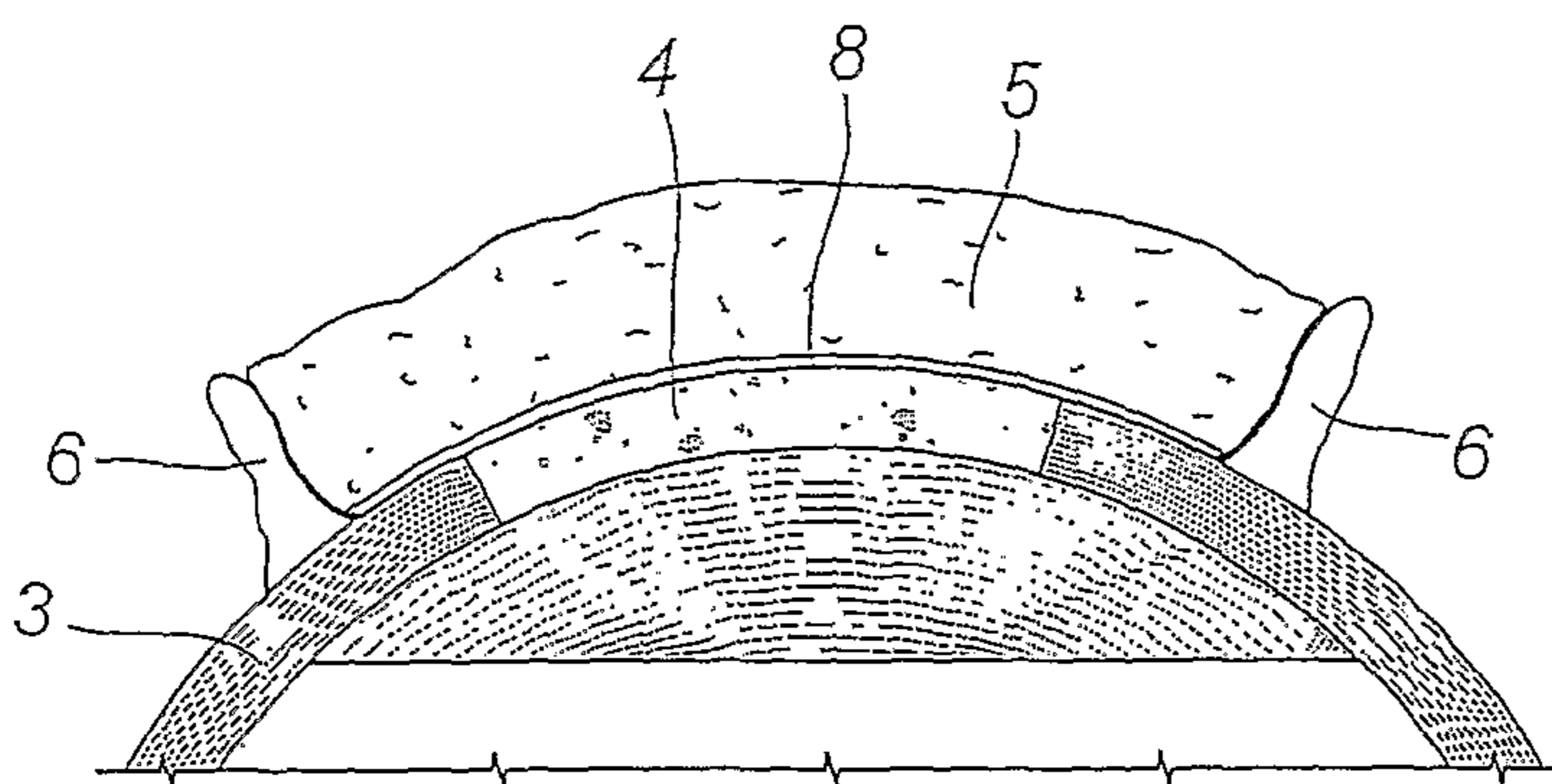
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(54) Title: A METHOD FOR THE PRODUCTION OF A BIOLOGICALLY ACTIVE PROSTHETIC DEVICE FOR THE RECONSTRUCTION OF BONE TISSUE AND THE PROSTHETIC DEVICE ITSELF



(57) Abstract: The invention relates to a method for the production of a biologically active prosthetic device for the reconstruction of bone tissue comprising the steps of: a CAT (Computerized Axial Tomography) scan of the patient and obtaining a three-dimensional electronic model (1) of the part of the bone and of a bone defect (2) to be reconstructed; production by prototyping of a prototype resin model (3) of the area of the patient's bone involved, forming of a model (4), of the patient's bone defect to be reconstructed; construction of a negative mould (5), production of a ready sintered ceramic semi-finished product with controlled and interconnected porosity, said semi-finished product being made with dimensions and

shape slightly larger than the bone defect; mechanical processing and manual finishing of the sintered semi-finished product, to obtain the precise dimensions and shape of the bone defect, the invention also relating to the prosthetic device obtained using the method described above.

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A method for the production of a biologically active prosthetic device for the reconstruction of bone tissue and the prosthetic device itself

The present invention relates to a method for the production of a biologically active prosthetic device for the reconstruction of bone tissue and the prosthetic device itself.

5 More specifically, the method according to the present invention involves obtaining a made to measure prosthetic device identical to a bone defect or lacuna to be filled in a patient, and which is made of a biologically active material,  
10 that is to say, a Ca/P-based ceramic synthesis material (calcium phosphate material, i.e.: stoichiometric hydroxyapatite; non-stoichiometric hydroxyapatite: carbonated hydroxyapatite (mainly of type B); hydroxyapatite enriched with magnesium or fluoride or with strontium or sodium;  
15 hydroxyapatite enriched with magnesium; hydroxyapatite/ $\beta$  tricalcium phosphate in proportions of 50% - 50%, 70% - 30%, 30% - 70%; alpha-tricalcium phosphate ( $\alpha$ TCP); beta-tricalcium  
20 phosphate ( $\beta$ TCP); mixtures of alpha-tricalcium

phosphate ( $\alpha$ TCP) and beta-tricalcium phosphate  
( $\beta$ TCP) with predetermined and interconnected  
porosity in the 30 - 90% range with bimodal  
distribution of the dimensions of the pores in the  
5 0.1 - 125 microns and 125 - 2500 microns range.

The prosthetic device according to the present  
invention is obtained with a new production  
technology and is used for a new bone  
reconstruction technique.

10 Having achieved the primary objective of saving the  
patient's life, in its latest scientific and  
technological evolution, surgery aims in its most  
advanced area of development to improve the  
patient's quality of life, making the surgical  
15 solutions adopted more acceptable for the patient  
in functional and aesthetic terms.

It is currently possible to carry out operations  
substituting both hard tissue and very extensive  
tissue.

20 In parallel, biotechnologies, with great progress  
made in molecular biology, have undergone enormous  
growth particularly in the last decade.

Genetic engineering and prosthetic engineering were  
a driving force behind research and development of  
25 new systems for the production of medical devices,

in terms of both materials and components, to allow  
clinical solutions whose size and quality are  
suitable for the individual, specific patient and  
are the main driving forces in the field of  
5 biomedical research for this type of clinical  
applications.

At present in the reconstruction of lacunae in  
bones, such as parts of the cranium, maxillofacial  
zones or parts of long bones (for example the  
10 femur), parts of bone are used which are taken from  
the patient (autologous transplant) or from other  
persons (heterologous transplant) or artificial  
materials such as: metals (gold, steel, titanium,  
tantalum) in the form of plates or meshes or in  
15 elongated form, polymers (Nylon, Polyethylene),  
cements (PMMA: polymethyl methacrylate) and porous  
bio-ceramic materials, for example ceratite and  
hydroxyapatite.

Each of these materials has pros and cons, but as a  
20 whole porous bio-ceramic materials have some  
important advantages: the possibility of  
practically unlimited supplies, unlike transplants  
using biological materials (autologous or  
heterologous bone) in which the bone to be used  
25 must be taken from the patient or a donor, the fact

that they are biologically active materials and so promote bone regeneration, and the quality of being recognised as inorganic material not alien to the patient and so free of the problems of rejection.

5 There are basically two types of surgical reconstruction techniques: manual modelling during an operation of the prosthetic device which must be implanted and must fill the lacuna in the bone, or it is possible to implant a prosthetic device  
10 already produced and modelled to size for the specific lacuna in the patient's bone before the operation.

The fact that a prosthetic device to be substituted is already ready with the shape and  
15 dimensions made to measure for the patient's lacuna makes the surgery much faster and simpler, however, the production of a prosthetic device with shape and dimensions already suitable for the patient's specific lacuna  
20 involves difficulties, and the current technique for the production of these devices does not yet give satisfactory results when the above-mentioned bio-ceramic materials are used.

More precisely, due to the intrinsic  
25 characteristics and porosity of the above-

mentioned bio-ceramic materials, when a substitute part for a lacuna in a bone is slip cast using bio-ceramic material, it is difficult to obtain a part with the allocated shape and dimensions.

In particular, it is difficult to obtain a part which precisely substitutes a lacuna in a bone to be filled because the above-mentioned bio-ceramic materials are subject to variations in shape and size retraction during both drying after slip casting and after firing.

One aim of the present invention is to present an improved method for the production of a prosthetic device for the reconstruction of bone tissue with size and shape characteristics identical to the section of bone missing from the patient without the need for adaptations during insertion of the prosthetic device.

Another aim of the present invention is to present an improved method for the production of a prosthetic device for the reconstruction of bone tissue which is made of biologically active material with a controlled-porosity ceramic component.

In accordance with one aspect of the present

invention, a method is proposed for the production of a prosthetic device for the reconstruction of bone tissue comprising the following steps: CAT (Computerised Axial Tomography) scan of the patient and obtaining a three-dimensional electronic model of the part of the bone and of a bone defect to be reconstructed; creation through prototyping of a prototype resin model of the area of the patient's bone involved, for example using the three dimensional stereolithographic technique; forming of a model, for example by means of "slip casting" forming; of the patient's bone defect to be reconstructed; and production of a ceramic finished product; the method being characterised in that it comprises the intermediate steps of constructing a negative mould, for example using "slip casting" forming, of the of the patient's bone defect to be reconstructed; producing a ready sintered ceramic semi-finished product the dimensions and shape of the semi-finished product being slightly larger than those of the bone defect, and the step of mechanical processing and manual finishing of the sintered semi-finished product to obtain the precise dimensions and shape of the bone defect the sintered ceramic semi-finished product having a controlled and interconnected porosity of 30 - 90% with pore dimensions in the 0.1 - 2500 microns range.

Yet another aim of the present invention is the production of a prosthetic device made of biologically active material with a ceramic component having controlled and interconnected porosity in the 30 - 90% range, with bimodal distribution of the dimensions of the pores, in the 0.1 - 125 microns and 125 - 2500 microns range, and with bioactivity characteristics, through the osteoconductive properties of the Ca/P-based material, able to contribute to bone regeneration mechanisms, so as to promote the laying down and regrowth of bone tissue.

6a

In accordance with another aspect of the present invention, a  
prosthetic device is proposed which is made of biologically  
5 active material with a porous structure as described below.

Embodiments of the present invention, shown by way of example  
only and without limiting the scope of the invention, are  
described below with

reference to the accompanying drawings, in which:

- 5 - Figure 1 illustrates a computer model of a patient's cranium in which there is a lacuna in the bone;
- Figures 2 and 3 illustrate a resin model obtained from the computer model shown in the previous figure;
- 10 - Figures 4 and 5 illustrate two successive steps of the method in accordance with the present invention;
- Figure 6 is a cross-section of the cranium illustrated in the previous figures during the step relative to Figure 5;
- 15 - Figure 7 illustrates another application of the present invention relative to long bones, for example a femur, in particular illustrating a patient's femur with a missing central part;
- Figure 8 illustrates the femur shown in the previous figure with a prosthetic device in  
20 accordance with the present invention;
- Figure 9 is a front view of a computer model of the femur illustrated in the previous figures with the central part missing (a lacuna in the  
25 bone) and a control mould for a prosthetic

device; and

- Figure 10 is a cross-section of the mould illustrated in the previous figure.

The method for the production of a prosthetic  
5 device for the reconstruction of bone tissue in  
accordance with the invention basically  
comprises the following steps:

1. CAT (Computerised Axial Tomography) scan of  
the patient and creation of a CAT file representing  
10 the three-dimensional electronic model 1 (Figures 1  
and 7) of the part of the bone and the bone defect  
2 to be reconstructed;
2. based on the data obtained from the CAT  
(Computerised Axial Tomography) scan of the patient  
15 and the CAT file, rapid main and interface software  
system controlled prototyping is used to create a  
prototype resin model 3 (Figures 2, 3 and 9) of the  
area of the patient's bone involved, for example  
the model 3 may be obtained using the three-  
20 dimensional stereolithographic technique;
3. this resin prototype is used to, make, with  
slip casting forming technology, the model 4 (in  
calcium sulphate, resins or silicone rubbers) of  
the patient's bone defect to be reconstructed;
- 25 4. the model in the previous point is used to

make a mould 5 (Figures 5, 6, 9 and 10) out of calcium sulphate, resins or silicone rubbers which is a negative of the patient's bone defect, again using slip casting forming technology. To obtain this mould a kind of barrier 6 (Figures 5 and 6) or a containment mould 7 (Figure 9) is made using suitable material (for example clay, plasticine or modelling paste) around the bone defect 2 area. The mould 5 made of calcium sulphate, resins or silicone rubbers is then slip cast in this barrier 6 (or containment mould 7) and will serve as a control for the shape and dimensions of the prosthetic device. For said control, the mould 5 has means 8 (Figures 6 and 9) able to detect any points of contact between the semi-finished product and the mould 5. These means 8 may be, for example a coating of tracing paper which can be coloured at points of contact;

5. production of a semi-finished product (not illustrated) already sintered, with controlled and interconnected porosity (30 - 90%) having pore dimensions in the 0.1 - 125 microns and 125 - 2500 microns range made of Ca/P-based biologically active ceramic materials. These materials may be the material described in Italian patent IT-1 307

292 or the material described in the application  
for a European patent EP-1 411 035 (and in the  
corresponding application for an Italian patent  
BO2002A000650). During this step the semi-finished  
5 product is made with dimensions larger than and  
shapes close to those of the model of the patient's  
bone defect;

6. mechanical processing and manual finishing of  
the sintered semi-finished product with controlled  
10 and interconnected porosity (30 - 90%) with bimodal  
distribution of the dimensions of the pores in the  
0.1 - 125 microns and 125 - 2500 microns range,  
made of Ca/P-based ceramic material using as a  
shape and size comparator the negative mould of the  
15 patient's bone defect (point 4), to obtain a  
finished ceramic component corresponding to the  
patient's bone defect to be filled; mechanical  
processing and finishing are carried out by  
removing excess material with diamond milling  
20 cutters;

7. the final check of the finished ceramic  
component, that is to say, the prosthetic device 9  
(Figure 8), in terms of dimensions and shape, is  
carried out directly on the resin model of the area  
25 of the patient's bone involved - made in point 2 -

and using the negative mould 6 or 7 obtained in point 4.

It should be noticed that the mechanical processing for removal of material which allows obtainment of the dimensions and shape of the prosthetic device which must fill the bone defect is necessary because Ca/P-based porous ceramic material cannot be slip cast directly with the shape and dimensions required because it is subject to retraction and variations in shape which cannot be foreseen.

Therefore, a part must be made of porous ceramic material which is close to but slightly larger than the required shape and dimensions of the bone defect to be reconstructed.

The shape and precise dimensions of the prosthetic device 9 will then be achieved by means of successive approximations by manually removing material with diamond milling cutters which turn at high speed. Removal of material must be manual because porous ceramic material does not withstand mechanical processing by machine tools, for example, those of the numeric control type, since it would break.

Manual processing to remove material is essential because only an expert operator has the sensitivity

required to avoid breaking the ceramic material. The check to ensure that the shape and precise dimensions of the prosthetic device 9 have been achieved takes place as indicated above with  
5 successive checks on the resin model 3 and with the aid of the control mould 5 and the means 8 able to detect any points of contact between the semi-finished product and the mould 5.

The prosthetic device disclosed is characterised in  
10 particular by the following aspects:

the shape and dimensions derive from a model of the area of the patient's bone involved, the model being obtained using rapid prototyping technology; its structure has a predetermined and  
15 interconnected porosity (30 - 90%) with bimodal distribution of the dimensions of the pores in the 0.1 - 125 microns and 125 - 2500 microns range, and is made of Ca/P-based ceramic synthesis material (Hydroxyapatite, Tricalcium Phosphate or mixtures  
20 of them) using technologies for the impregnation/imbibition of porous supports (cellulose, polyurethane, resin), gel-casting, low pressure injection moulding.

The production process flow refers to the following  
25 steps:

- CAT scan of the patient and creation of the CAT file (Figure 1);
- reading of the CAT file and check of the extent of the bone defect;
- 5 - production of the model of the area of the patient's bone involved using resin with rapid prototyping (Figures 2 and 3);
- production of the model of the bone defect using calcium sulphate, resins or silicone rubbers  
10 (Figure 4);
- production of a negative mould of the bone defect using calcium sulphate, resins or silicone rubbers (Figures 5 and 6);
- production of a sintered semi-finished product  
15 with dimensions greater than and shape similar to the bone defect, having controlled and interconnected porosity (30 - 90%) with pore dimensions in the 0.1 - 125 microns and 125 - 2500 microns range, using Ca/P-based ceramic material;
- 20 - mechanical processing for removal of material and finishing of the porous ceramic component;
- check of the size and shape of the porous ceramic component on the resin model of the area of the bone involved and with the negative of the bone  
25 defect;

- washing, drying and packaging of the porous ceramic component;
- sterilisation with gamma rays.

The materials which can be used to make the  
5 prosthetic device disclosed are:

stoichiometric hydroxyapatite; non-stoichiometric  
hydroxyapatite: carbonated hydroxyapatite (mainly  
of type B); hydroxyapatite enriched with magnesium  
or fluoride or with strontium or sodium; carbonated  
10 hydroxyapatite enriched with magnesium;  
hydroxyapatite/ $\beta$  tricalcium phosphate in  
proportions of 50% - 50%, 70% - 30%, 30% - 70%;  
alpha-tricalcium phosphate ( $\alpha$ TCP); beta-tricalcium  
phosphate ( $\beta$ TCP); mixtures of alpha-tricalcium  
15 phosphate ( $\alpha$ TCP) and beta-tricalcium phosphate  
( $\beta$ TCP), finally more specifically the materials  
mentioned above and forming the subject matter of  
patents IT-1 307 292 and EP-1 411 035 (and the  
corresponding application for an Italian patent  
20 BO2002A000650).

The following is a description of several examples  
of applications of the invention, provided by way  
of example only and without limiting the scope of  
the invention.

25 In a first example, the made to measure prosthetic

device has the following application:  
reconstruction of extensive sections of the cranial  
theca (neurosurgery).

5 Accidents involving head trauma have become  
particularly frequent in recent years proportional  
with the increase in road traffic, accidents at the  
workplace or during leisure time. Serious head  
traumas often involve brain function, which takes  
priority over other lesions, whose future  
10 preservation becomes the neurosurgeon's priority.

A second cause may be skin tumours or rejection  
phenomena following the use of other materials, for  
which the treatment requires surgical removal as a  
last resort.

15 In all of these cases the surgical treatment is  
based on the removal of extensive sections of bone  
tissue with consequent primary problems of brain  
safety and, second in order of priority, aesthetic  
implications.

20 To solve and overcome these clinical problems, for  
reconstruction of the cranial theca a prosthetic  
device was produced, which forms the subject matter  
of the present invention, "made to measure" and  
identical to the lacuna in the bone to be filled,  
25 using hydroxyapatite with controlled and

interconnected porosity (45 - 65%) with objective clinical evidence showing immediate advantages, from an aesthetic viewpoint, but above all in terms of biocompatibility, which other materials cannot fully guarantee.

The surgical technique, not innovative in itself, involves detachment of tissues from the edge of the defect and insertion of the made to measure prosthesis by slotting into place; fixing it with simple wiring thanks to the holes in the "made to measure" prosthesis.

In a second example, the made to measure prosthetic device has the following application: lifting the buccal cavity (dental surgery).

Loss of the upper back teeth often leads to vertical bony atrophy of the alveolar ridge to a certain extent, such that titanium implants cannot be inserted. Today, it is already possible to successfully lift the buccal cavity by means of bone graft according to the Caldwell - Luc technique, but insertion of implants in a single step cannot also be guaranteed.

Therefore, in these cases the buccal cavity lift is normally done first, using autologous or homologous bone, then insertion of the implants after 6

months.

However, observing biological principles, it is possible to use "made to measure prostheses" made of hydroxyapatite with controlled and interconnected porosity (40 - 60%) which allow immediate insertion of the titanium implant, at the same time allowing clotting and its transformation into bone.

The clinical example involved the use of a prosthetic device disclosed, "made to measure" using hydroxyapatite with controlled and interconnected porosity (40 - 60%) which made it possible to insert the titanium implants in a single step, thus achieving a primary stability that would otherwise be difficult.

The surgical technique, also not innovative in itself, involves opening of the buccal cavity from the side and insertion of the made to measure prosthesis in the space obtained.

In a third example, the made to measure prosthetic device has the following application:

ceramic support (scaffold) on which staminal cells can be "sown" for repairing long bones (orthopaedic surgery, maxillofacial surgery).

Progress in knowledge of cellular biology and

improvements in culture techniques make it possible to imagine and in some cases achieve in vitro reconstruction of skeletal tissues able to substitute sick ones.

5 In the specific case for this application a pre-shaped device was produced using hydroxyapatite with controlled and interconnected porosity (55 - 85 %) modelled, with the same design and production criteria as the previous examples, in the  
10 dimensions and shape of the sick bone to be substituted and able to be attached to the staminal cells previously taken from the patient's bone marrow then expanded in vitro.

With this system, hydroxyapatite with controlled  
15 and interconnected porosity is used as a "scaffold" in which the staminal cells (expanded in vitro) are placed. Once they make contact with the ceramic support, the staminal cells start proliferating, becoming different and generating new bone tissue.

20 The next step, as in the other cases, consists of surgically replacing the sick or damaged bone with this synthetic - organic bone. Again, the operating technique, not innovative in itself, involves substitution of the damaged section with a made to  
25 measure prosthesis (to which the autologous

staminal cells were previously added) secured by a Kirsh thread or by wiring.

The positive results of these transplants are guaranteed by the use of a synthetic material (Ca/P compounds such as: stoichiometric hydroxyapatite, non-stoichiometric hydroxyapatite, carbonated hydroxyapatite, doped hydroxyapatites, tricalcium phosphate or mixtures of them) chemically similar to the inorganic component of the bone tissue and of cells which the immune system recognises as its own. With the passage of time (several months) the "device" surgically inserted is slowly transformed into bone, binding perfectly with the surrounding tissue.

This material constitutes, by the interconnections of the channels, the ideal foundation for allowing the growth of bone tissue inside it, since it acts as a vascular support for the newly formed tissue, also promoting bone mineralisation for the specific dimensions of the pores.

The part of the bone missing is substituted by an identical segment of bone perfectly similar to the part removed, but made synthetically in a laboratory and no longer removed from other individuals.

Moreover, another advantage of the bone device disclosed is that it may form a support (scaffold) for the connection to it of cells and/or growth factors in order to create an osteoinductive effect and/or a support for "drug release" with which drugs and/or chemotherapeutic substances can be associated in medical or oncological therapies.

In the case of flat bones (like those of the cranium) the preferred material is a ceramic of the type described in Italian patent IT-1 307 292, that is to say, a ceramic material with less porosity and greater mechanical strength.

In the case of long bones (for example the femur) the preferred material is a ceramic of the type described in the application for a European patent EP-1 411 035 (and in the corresponding application for an Italian patent BO2002A000650), that is to say, a ceramic material with greater porosity which acts as a scaffold for bone restructuring.

The invention described is subject to modifications and variations without thereby departing from the scope of the inventive concept as described in the claims.

Claims

1. A method for the production of a biologically active prosthetic device for the reconstruction of bone tissue, comprising the following steps:  
CAT (Computerised Axial Tomography) scan of the patient and obtaining a three-dimensional electronic model (1) of the part of the bone and of a bone defect (2) to be reconstructed;  
creation through prototyping of a prototype resin model (3) of the area of the patient's bone involved;  
forming of a model (4) of the patient's bone defect (2) to be reconstructed; and  
production of a ceramic finished product;  
the method being characterised in that it comprises the intermediate steps of constructing a negative mould (5) of the patient's bone defect (2) to be reconstructed;  
producing a ready sintered ceramic semi-finished product, the dimensions and shape of the semi-finished product being slightly larger than those of the bone defect (2); and the step of mechanical processing and manual finishing of the sintered semi-finished product to obtain the precise dimensions and shape of the bone defect (2); the sintered ceramic semi-finished product having a controlled and interconnected porosity of 30 - 90% with pore dimensions in the 0.1 - 2500 microns range.
2. The method for the production of a prosthetic device according to claim 1, wherein the mechanical processing and manual finishing are carried out by removing excess material using diamond milling cutters which turn at high speed.

3. The method for the production of a prosthetic device according to claim 1 or 2, wherein the negative mould (5) of the patient's bone defect comprises means (8) able to detect any points of contact between the semi-finished product and the mould (5).
4. The method for the production of a prosthetic device according to claim 3, wherein the means (8) able to detect any points of contact between the semi-finished product and the mould (5) comprise a coating of tracing paper which can be coloured at points of contact.
5. The method for the production of a prosthetic device according to any one of claims 1 to 4, wherein the material used to make it is a Ca/P compound-based biologically active ceramic material.
6. The method for the production of a prosthetic device according to any one of claims 1 to 5, wherein the material used to make the device is a ceramic material selected from the group consisting of: stoichiometric hydroxyapatite; non-stoichiometric hydroxyapatite: carbonated hydroxyapatite; hydroxyapatite enriched with magnesium or fluoride or with strontium or sodium; carbonated hydroxyapatite enriched with magnesium; hydroxyapatite/ $\beta$  tricalcium phosphate in proportions of 50% - 50%, 70% - 30%, 30% - 70%; alpha-tricalcium phosphate ( $\alpha$ TCP); beta-tricalcium phosphate ( $\beta$ TCP); mixtures of alpha-tricalcium phosphate ( $\alpha$ TCP) and beta-tricalcium phosphate ( $\beta$ TCP).

7. The method for the production of a prosthetic device according to any one of claims 1 to 6, wherein said method comprises a step of final checking of the prosthetic device component, in terms of dimensions and shape, the check being carried out on the resin model of the area of the patient's bone involved and using the negative mould (6 or 7).
8. A biologically active prosthetic device for the reconstruction of bone tissue obtained according to the method in any one of claims 1 to 7, wherein the shape and dimensions derive from a model of the area of the patient's bone involved, said model being obtained using rapid prototyping technology; and wherein said prosthetic device has a structure with predetermined and interconnected porosity of 30 - 90% with bimodal distribution of the dimensions of the pores in the 0.1- 125 microns and 125 - 2500 microns range, being made of Ca/P-based ceramic synthesis material using technologies for the impregnation/imbibition of porous supports, gel-casting, and low pressure injection moulding.
9. The prosthetic device according to claim 8, wherein said device is made of a ceramic material selected from the group consisting of: stoichiometric hydroxyapatite; non-stoichiometric hydroxyapatite: carbonated hydroxyapatite; hydroxyapatite enriched with magnesium or fluoride or with strontium or sodium; carbonated hydroxyapatite enriched with magnesium; hydroxyapatite/ $\beta$ -tricalcium phosphate in proportions of 50% -50%, 70% -30%, 30% - 70%; alpha-tricalcium phosphate ( $\alpha$ TCP); beta-tricalcium phosphate ( $\beta$ TCP); mixtures of alpha-tricalcium phosphate ( $\alpha$ TCP) and beta-tricalcium phosphate ( $\beta$ TCP).

10. The prosthetic device according to claim 8 or 9, wherein said device constitutes a support to which cells and/or growth factors are attached in order to create an osteoinductive effect and/or a support for drug release with which drugs and/or chemotherapeutic substances are associated in medical or oncological therapies.
11. The method of claim 1 wherein said prototype resin model of the area of the patient's bone involved is created using the three-dimensional stereolithographic technique.
12. The method of claim 1 wherein said model of the patient's bone defect to be reconstructed is formed by means of "slip casting" forming.
13. The method of claim 1 wherein said negative mould of the patient's bone defect to be reconstructed is constructed using "slip casting" forming.
14. The prosthetic device of claim 8 wherein said rapid prototyping technology is stereolithography.
15. The prosthetic device of claim 9 wherein said carbonated hydroxyapatite is mainly of type B.

FIG. 1

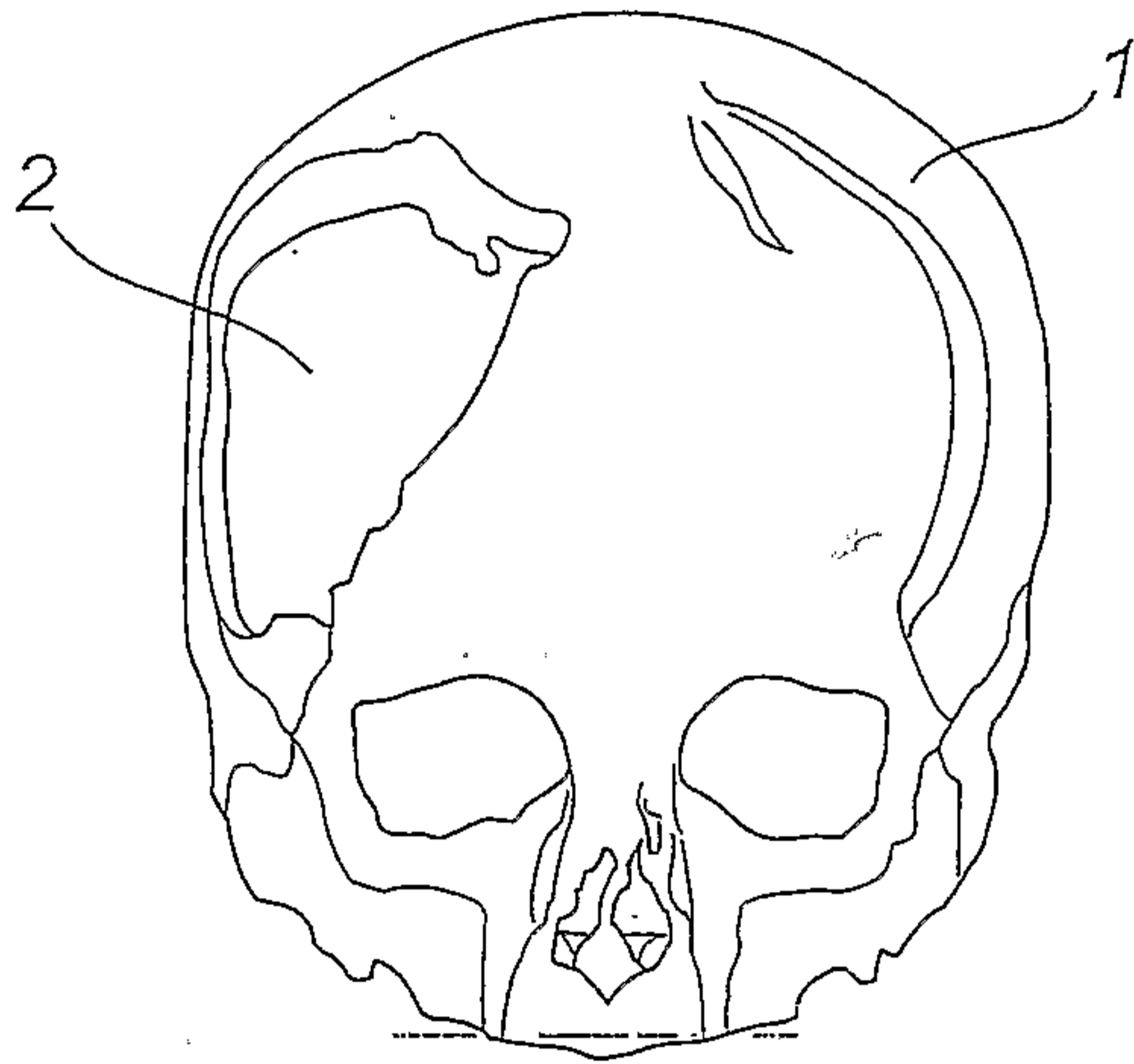


FIG. 2

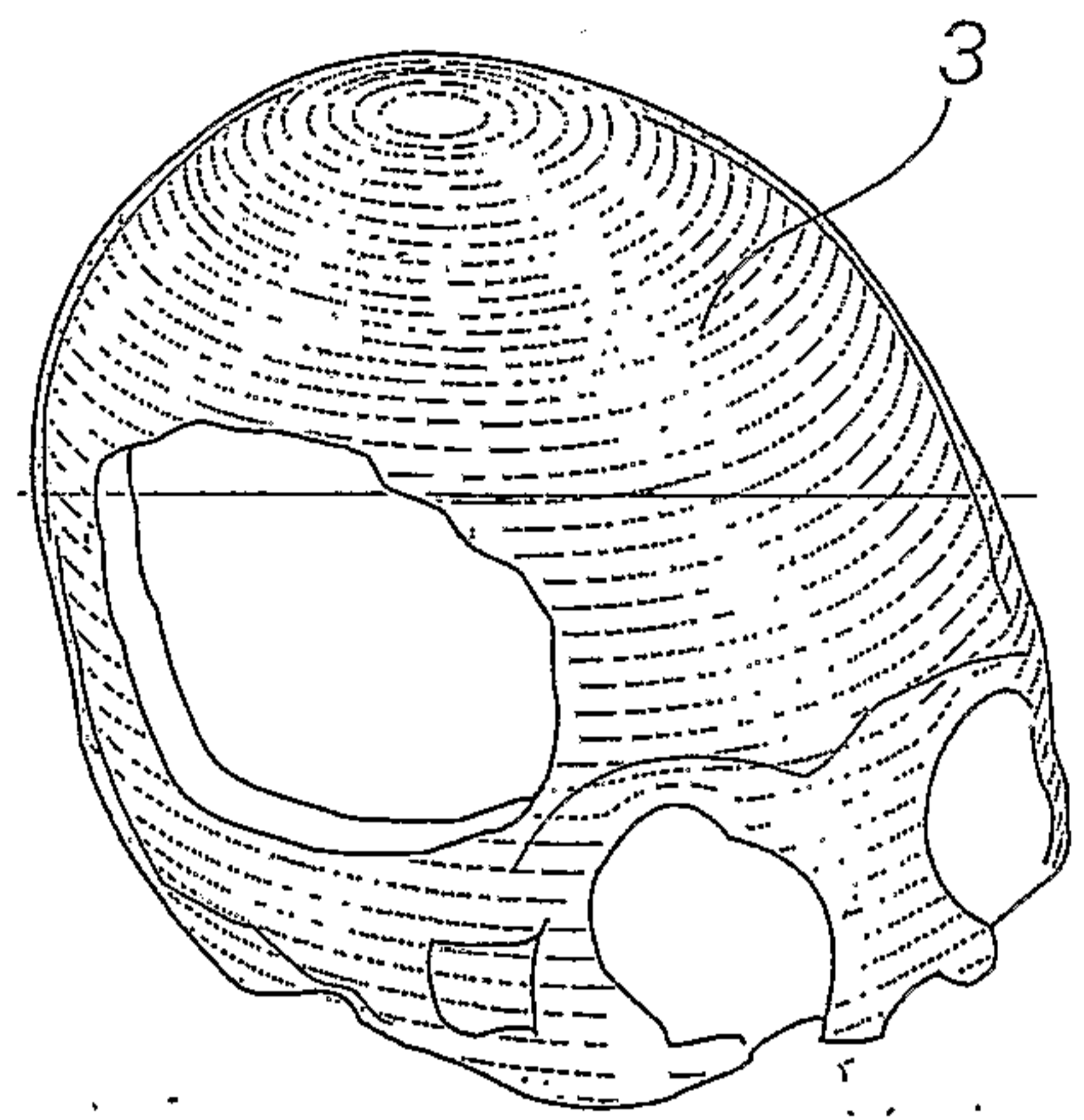


FIG. 3

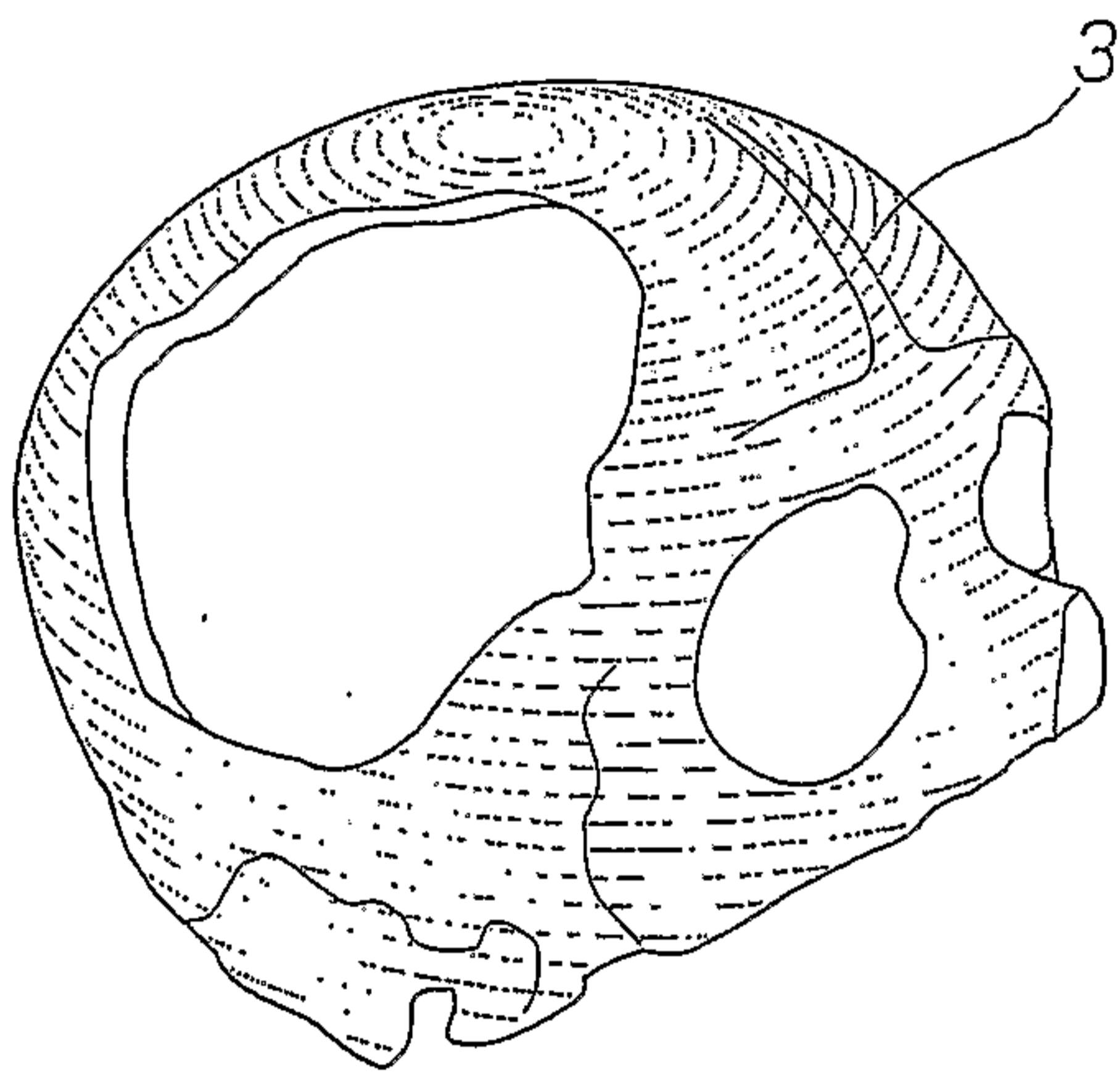


FIG. 4

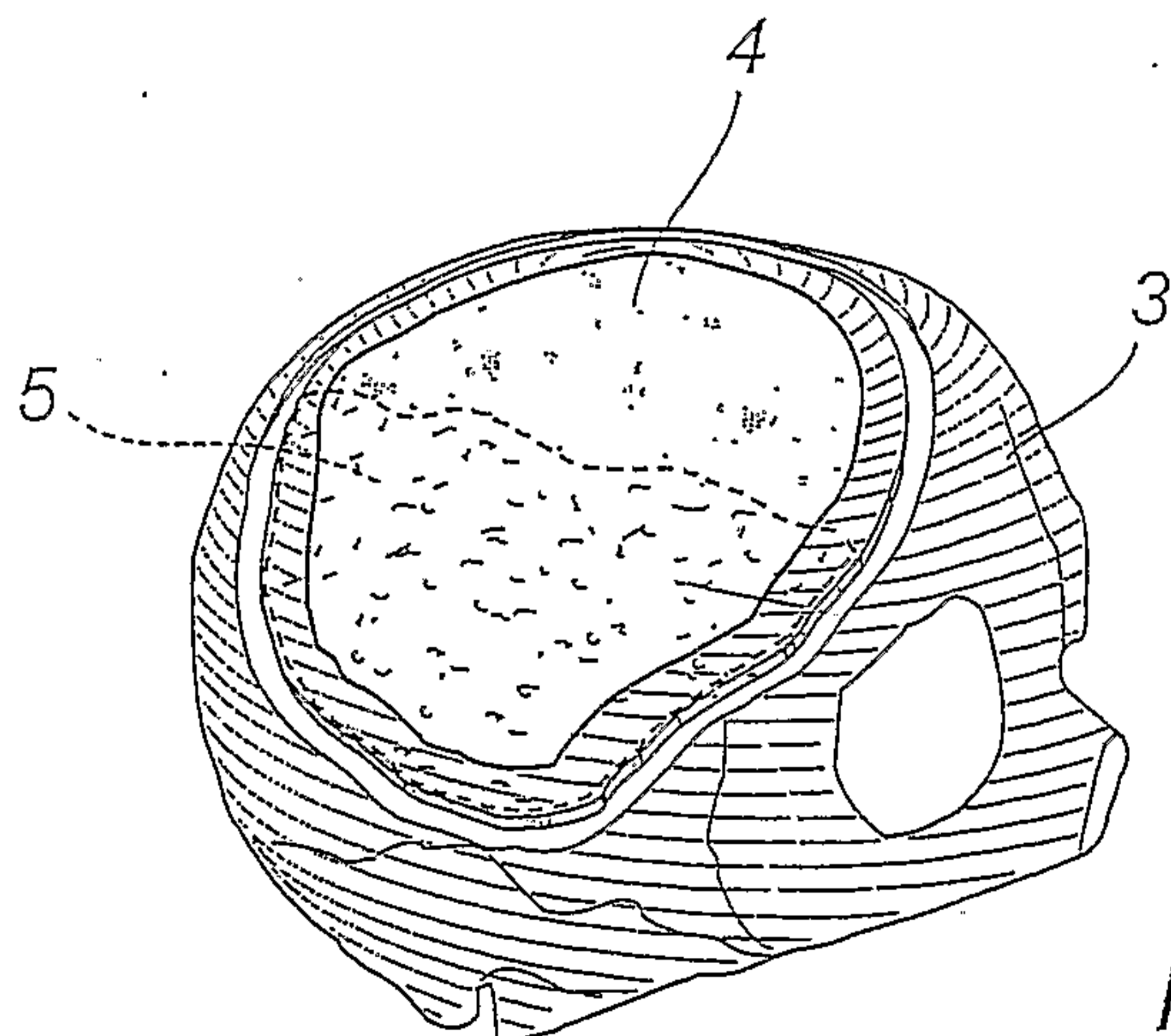
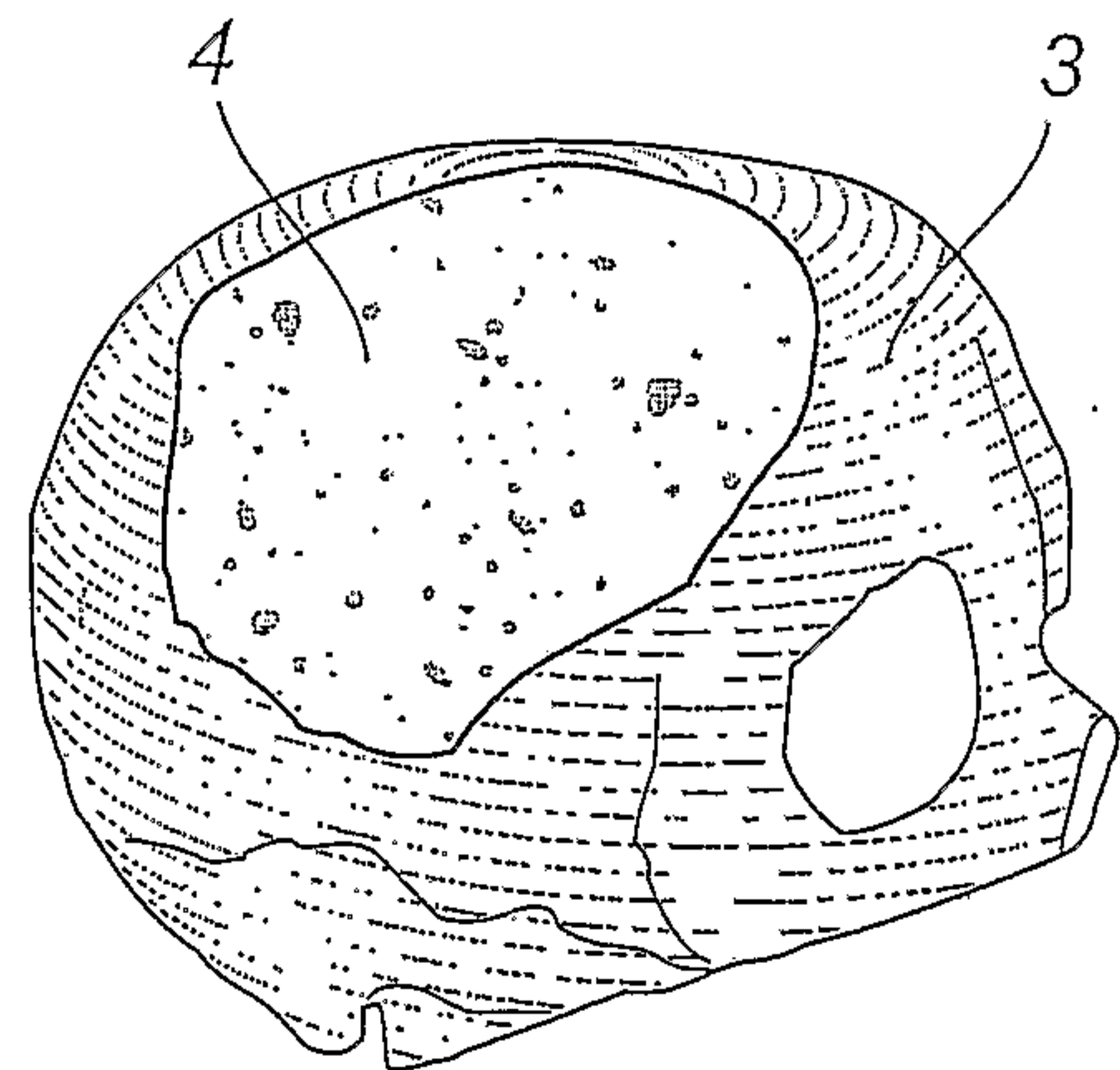


FIG. 5

FIG. 6

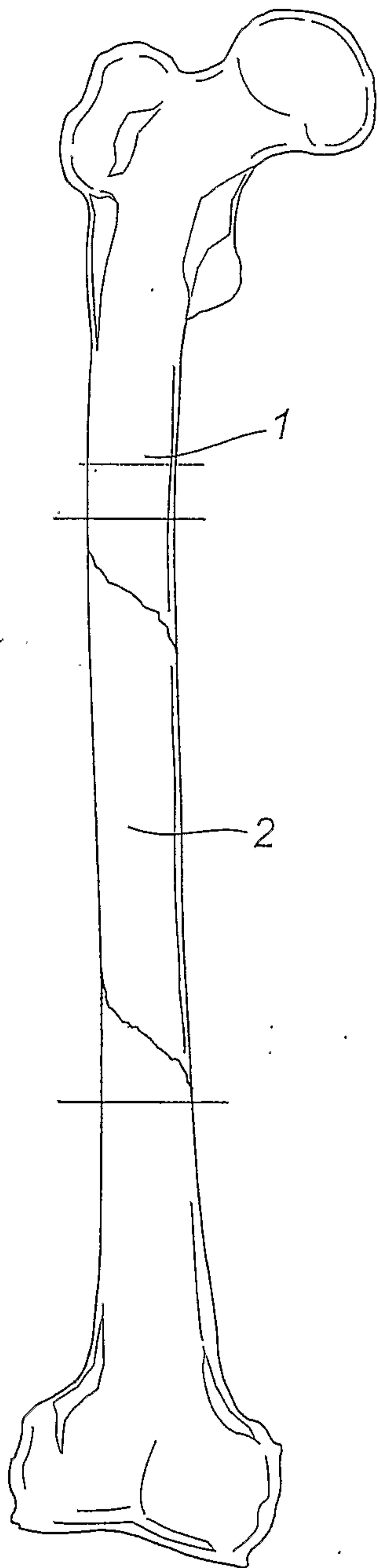
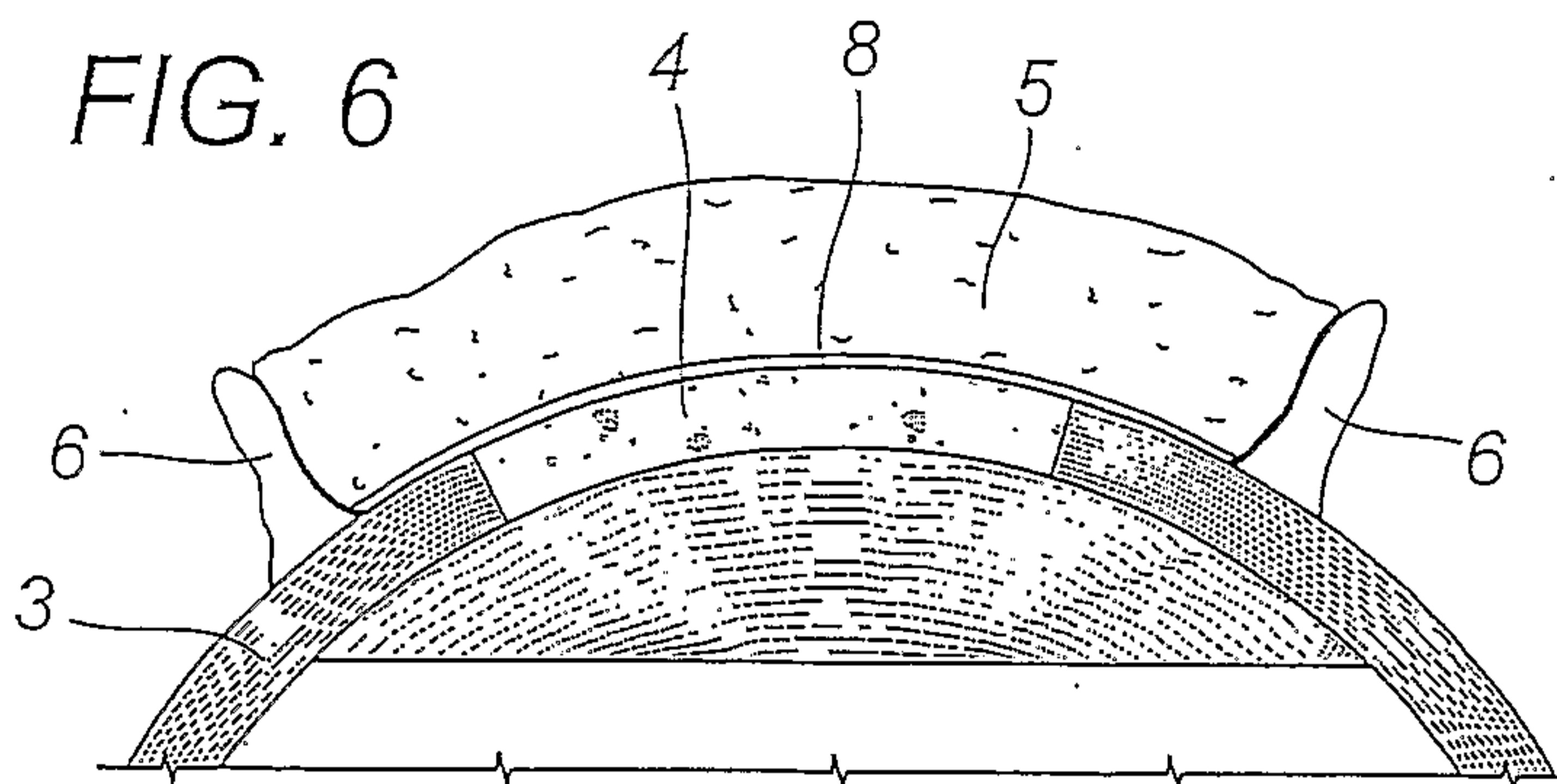


FIG. 7

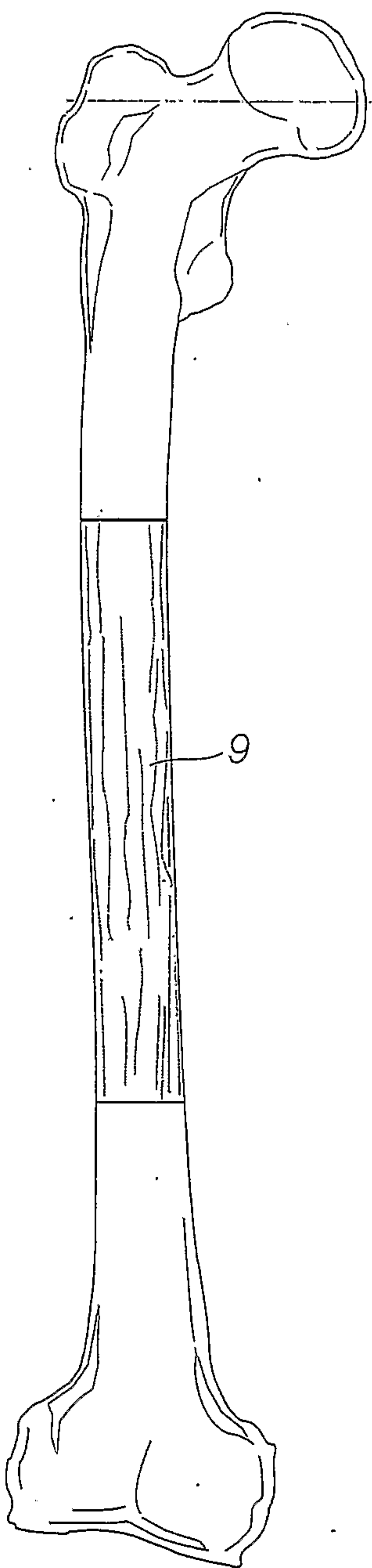


FIG. 8

FIG. 9

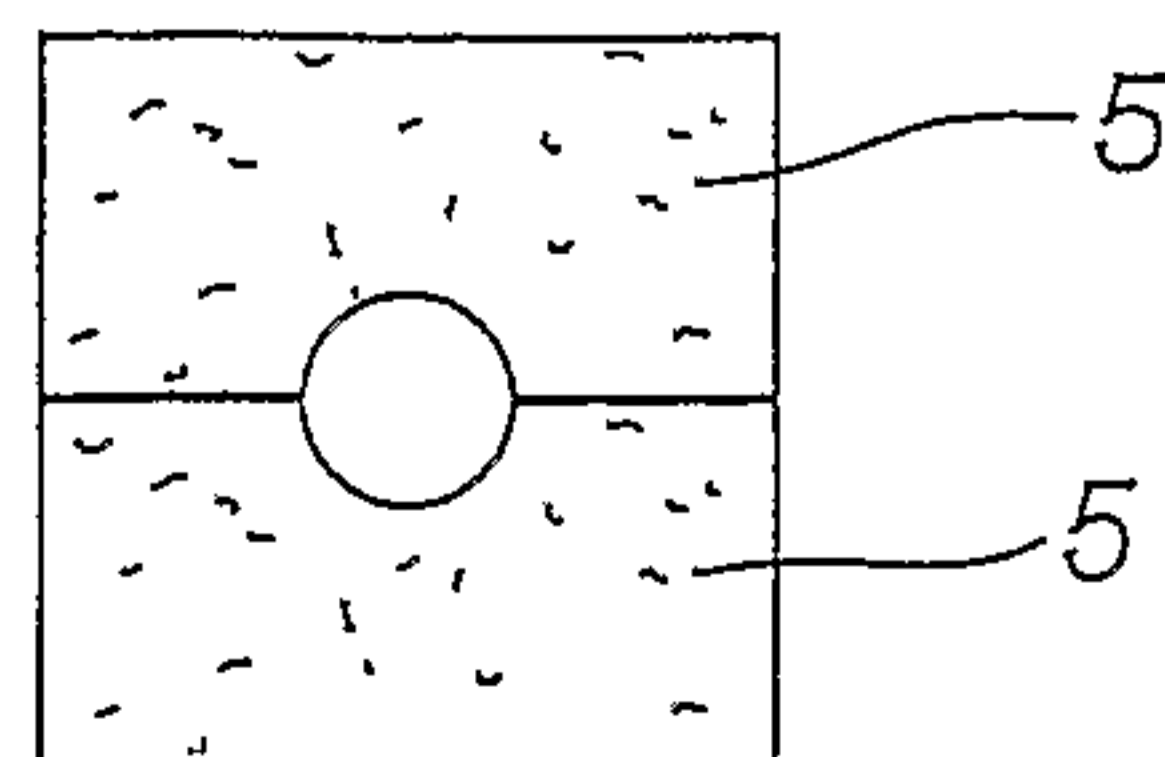
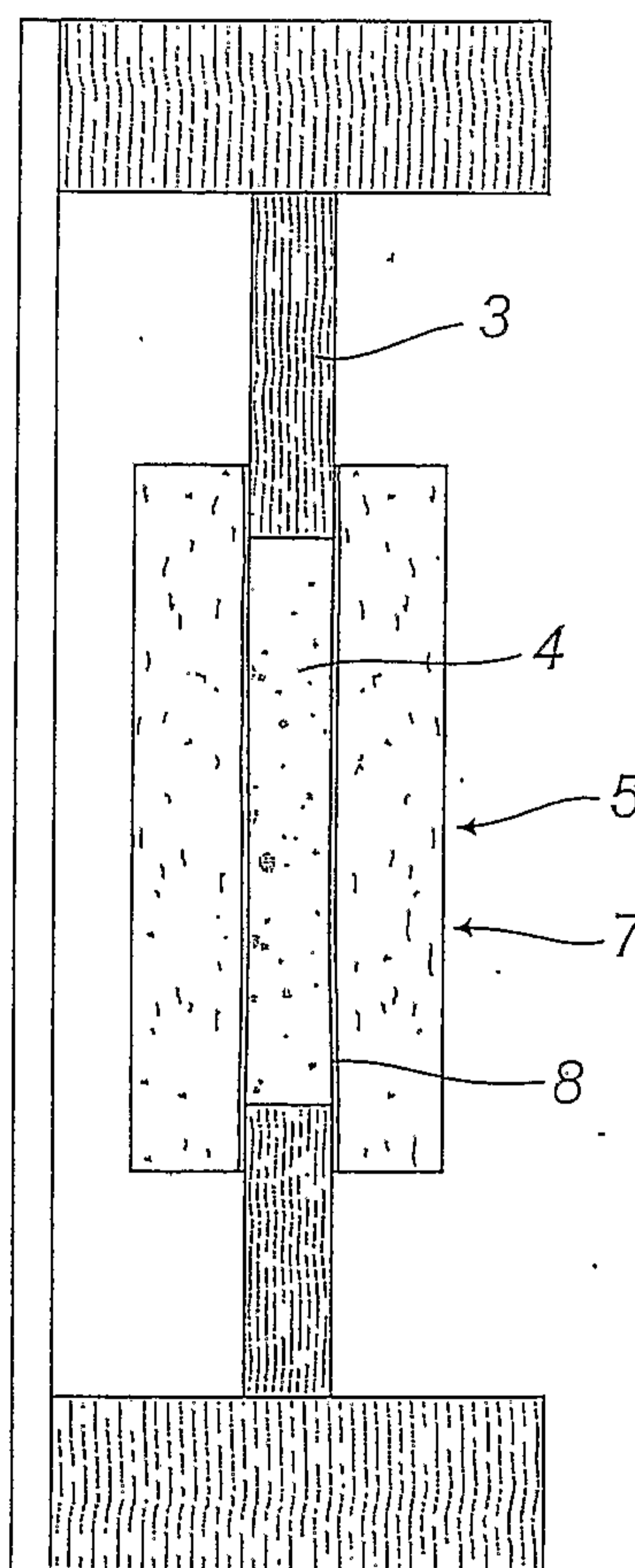


FIG. 10

