

Transplantation of the nanobioelectronics

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- Discrepancy between the requirement/demand and support
- High MEMS Technology vs. Low Medical Technology
- High Tech.
 - Uncertainty: unstable in developing stage
 - Fast-changing: "Seize the chance"
 - Getting smaller and more efficient
- Medical Tech.
 - Patient oriented
 - Responsibility and liability

- The failure comes from
 - Inconvenience to user: doctors usually do not understand high-tech terminology
 - Inconvenience to patient: patients are impatient
 - Other chores
 - stability
 - durability
 - reproducibility
 - biocompatibility



- "Medicine"
 - Restore healthy condition
 - Health: soundness of body or mind, freedom from disease or ailment
 - "Disease"
 - Diagnosis > Treatment > Rehabilitation
 - Patient Doctor
 - Medical contracthigh value





- "Health promotion"
 - Enhance healthy condition
 - "Well-being"
 - Health evaluation > Lifestyle modification
 - Normal people ?
 - Personal willinglow value







Sputum sample is o by coughing and is in the laboratory

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Diagnosis and health evaluation

- Diagnosis
 - the process of determining by examination the nature and circumstances of a diseased condition or the decision reached from such an examination.
 - Specific: requires critical decision point
 - Starting point of the evidencebased medicine
 - Criteria for the treatment
 - e.g. heart beat: tachycardia, bradycardia, arrhythmia
- Symptom
 - Manifested
 - Incipient
- Sign
 - Structural; metamorphosis, dismorphysm, neoplasm
 - Functional change; mechanical, neuronal

Diagnosis and health evaluation

- Health evaluation
 - "Well-being sense" is subjective
 - Nonspecific: healthy vs. unhealthy
 - Proposed criteria are also subjective, even though it can be quantified
 - e.g. Body-Mass Index (BMI), Biorhythm

Objectiveness and Reproducibility

Implantable MEMS

- For Diagnosis
 - Biosignal Monitoring
 - Electrophysiology: EKG, NCV, ECoG,...
 - Physical measurement: Blood Pressure in selective vessel, Temperature, Oxymetry,...
 - Surveillance
 - Chemical measurement: BUN, Glucose,...
 - Biomarker tracing: Disease-specific antigen, pathogen,...

- For Treatment
 - Drug Delivery System (DDS)
 - Slow release Controlled release
 - Channel-pump: Osmotic, Piezo-Maze Micro-bead
 - Functional Stimulation
 - Central Nervous System (CNS) / Peripheral Nervous System (PNS) stimulator:
 - Deep brain stimulation (DBS) Sacral Plexus Stimulator – Percutaneous nerve Stimulation (PNS)

Implantable Cardioverter

 Artificial Sensory Organ: Artificial Cochlea Artificial retina

Diabetes Mellitus

Cut-section view of skin

Insulin pen injector

Insulin jet injector

Biosignal Monitoring

- Implantable glucose sensor and insulin pump
- RF Detection Circuit Antenna Substrate Glucose Affinity Polymer Physical Sensor Biocompatible Semi-Permeable Membrane Implant Size - 12x12 2,5mm

 Mouse with a glowing glucose sensor implanted in its right ear.

Heo et al. PNAS 2011;108:13359-13360

Action potential

Membrane current

Electrode as a sensor : ion to free electron conversion

- Good conductor
- Mechanically strong and reliable
 - Must withstand effects of movement of body
- Material cannot:
 - Dissolve in tissue
 - Irritate the tissue
 - Undergo electrolytic reaction due to stimulation
 - React biologically
- Good electrical insulation

Unipolar vs. Bipolar Electrodes

- Unipolar:
 - Single electrode
 - Negative-going pulses are conducted
 - A large indifferent electrode is located elsewhere in the body to complete the circuit
- Bipolar:
 - Two electrodes
 - Stimuli are applied across these electrodes

- Housing for the components must be compatible and well tolerated by the body
- Needs to provide protection to circuit components to ensure reliable operation
- Size and weight must be considered
- Common designs consist of hermetically sealed titanium or stainless steel

Interfacing with the Nervous System

- Interfacing with Neurons
 - Microelectrodes
 - Electrical, neurochemical
 - Microdrive mechanisms
- Interfacing with Brain Tissue Slices
 - Microelectrode arrays
 - Electrical/optical recording
- Recording and Stimulating Whole Brain
 - Microelectrode arrays
 - Electrical and chemical recording; Stimulation
 - VLSI circuitry, Wireless telemetry

- Applications of interfacing microelectrodes to neurons
 - studying the effect of different chemicals/ neurotrophic factors
 - study of axon growth and regeneration
- Applications of interfacing microelectrodes to brain
 - large scale neurophysiological studies of mechanisms, diseases
 - emerging fields like brain computer interface

Interfacing with neurons

Interfacing with In Vitro Brain Slices

Neural Microelectrodes

Flat array of micro electrode for invivo application

Pyramidal shaped microelectrode for in-vivo application

Figure 10:

Simple, triple and multiple shank electrode for in-vivo application

Interfacing with brain

Cortical Microelectrodes

Parkinsonism

Cut section of the midbrain where a portion of the substantia nigra is visible

Diminished substantia nigra as seen in Parkinson's disease

Artificial Cochlea

array of tiny electrical signals across an array of tiny electrodes to the hearing nerve. The hearing nerve carries the sound to the brain where it is heard.

Cochlear Ltd, Australia

Artificial Retina

LCP-based system

Revision of the LCP package design

Liquid Crystal Polymer (LCP), an Attractive Substrate for Retinal Implant Sensors and Materials, Vol 24, No. 4 (2012) pp. 189–203

Implantable devices

- Device surgically placed in the body and left there.
- Issues
 - Biocompatibility
 - Power source
 - Safety leakage current etc.
 - Risks from environment EM fields MRI, airport X-Ray
- Why?
 - Many conditions require continuous monitoring and the action taken depends on that. Implantable devices can achieve this without loss of mobility.

ISO 10993-5: Biological evaluation of medical devices

- ISO 10993-1: Evaluation and testing
- ISO 10993-2: Animal welfare requirements
- ISO 10993-3: Tests for genotoxicity, carcinogenicity and reproductive toxicity
- ISO 10993-4: Selection of tests for interactions with blood
- ISO 10993–5: Tests for in vitro cytotoxicity
- ISO 10993-6: Tests for local effects after implantation
- ISO 10993-7: Ethylene oxide sterilization residuals
- ISO 10993-8: Selection of reference materials
- ISO 10993-9: Framework for identification and quantification of potential degradation products
- ISO 10993-10: Tests for irritation and delayed-type hypersensitivity
- ISO 10993–11: Tests for systemic toxicity

- ISO 10993-12: Sample preparation and reference materials
- ISO 10993-13: Identification and quantification of degradation products from polymeric medical devices
- ISO 10993-14: Identification and quantification of degradation products from ceramics
- ISO 10993-15: Identification and quantification of degradation products from metals and alloys
- ISO 10993-16: Toxicokinetic study design for degradation products and leachables
- ISO 10993–17: Establishment of allowable limits for leachable substances
- ISO 10993-18: Chemical characterization of materials
- ISO/TS 10993-19: Physico-chemical, morphological and topographical characterization of materials
- ISO/TS 10993-20: Principles and methods for immunotoxicology testing of medical devices

Biocompatibility

- In vitro test
 - Cytotoxicity
 - Genetic toxicity
 - Sterility
 - Hemolysis

- In vivo test
 - Sensitization
 - Intradermal reaction
 - Acute systemic toxicity
 - Subacute systemic toxicity
 - Genetic toxicity
 - Transplantation
 - Pyogenicity
 - Oral mucosa stimulation

- By direct contact By elute or extract
- Test cell: NCTC clone 929

Group	Test Item	Concentration	Treated Time (hr)	Column	Row		
Blank	MEM	-	24	1,12	A~H		
Negative Control	Extract of HDPE	1X dilution	24	2,11	A~H		
Positive Control	DMSO	10% in media	24	3~5	A~H		
Treatment	Extract of Test article	1X dilution 2X dilution 4X dilution 8X dilution 16X dilution	24	6~10	A~H		

Text Table 1. Reactivity Grades for Elution Test

Grade	Reactivity	Conditions of all cultures
0	None	Discrete intracytoplasmic granules; no cell lysis
1	Slight	Not more than 20% of the cells are round, loosely attached, and without intracytoplasmic granules; occasionally lysed cells are present
2	Mild	Not more than 50% of the cells are round and devoid of intracytoplasmic granules; extensive cell lysis and empty areas between cells
3	Moderate	Not more than 70% of the cell layers contain rounded cells and/or are lysed
4	Severe	Nearly complete destruction of the cell layers

1. Bacteria and other pathogens enter wound.

 Platelets from blood release blood-clotting proteins at wound site.

3. Mast cells secrete factors that mediate vasodilation and vascular constriction. Delivery of blood, plasma, and cells to injured area increases.

 Neutrophils secrete factors that kill and degrade pathogens.

5. Neutrophils and macrophages remove pathogens by phagocytosis.

6. Macrophages secrete hormones called cytokines that attract immune system cells to the site and activate cells involved in tissue repair.

 Inflammatory response continues until the foreign material is eliminated and the wound is repaired.

4 Cardinal signs

Inflammatory phase

Nature Reviews | Immunology

TGF- β , ET-1

Fibroblast

Proliferative phase

TGF-B

Myofibroblast

(tension +++)

Proto-myofibroblast

(tension +)

Remodeling phase

Nature Reviews | Molecular Cell Biology

Nature Reviews | Cancer

Mobile device

• Pros

- Small, lightweight
- Multi-function: camera, accelerometer, gyroscope, GPS
- Intuitive
- Wireless network

Cons

•

- Battery lifetime
- Nonspecific
- Resolution, size
- Speed
- Contamination

Blood Sugar Test

- Pros
 - Instant, convenient
 - Record and tracking
 - Networking

- Cons
 - Contamination, invasive
 - Test strip

Blood Sugar Test

- Lens bulging > pupil constriction and convergence
- Forceful convergence > lens bulging and pupil constriction
- Bright light > pupil constriction > lens bulging and convergence

Head mount display - virtual reality

전영

Aging society

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