

Skin Bioprinting: An Innovative Technology For skin Reconstruction

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ABSTRACT

3D bioprinting is an advanced technology that can easily create skin grafts for the patient by using different biomaterials and cells in less time and cost. 3D bioprinting can fabricate skin tissue which can help to reconstruct skin in severe skin disease and burn patients. This technology improves the production process of the covering skin that covers the entire burn bound. With the help of this technology, scientists can create skin transplants of specific shape and size as per patient's requirement and which is also suitable for the patient's injury.

Keyword: 3D bioprinting, skin grafting, reconstruction of skin

I. INTRODUCTION

The largest and complicated organ of human body is skin. Skin is the outermost covering of human body which protects the muscles, ligaments and various internal organs. Skin acts as the first line of defense hence, any injury first attacks the outermost layer of the body. So, various regeneration methods of skin tissue is necessary. Day by day need for organ donors are increasing.

Using 3D bioprinting regeneration of organs and tissues are possible in the laboratory (Ai L & L. Weng, 2013). Skin wounds are common which may result from trauma, skin diseases, burn or removal of skin during surgery (Coyer et al., 2015). Nowadays, skin injuries due to burns is a very common case. Even minor defects bring psychological distress on the affected individuals. There are several options of skin tissue engineering such as autografts, allografts, xenografts etc. Though each technique has some demerits like creation of secondary wounds, risk of immune reactions etc.

Every year, around 11 million people need medical help. The burn injuries are life-long ache whose survival

rates are high among the patients (M. Bacakova & Musilkova J, Riedel T et al., 2016). In this regard, tissue engineering holds great promises for improving the treatment of skin defects and it is a viable method in the tissue and organ reconstruction (J. B. Jank et al., 2017). Tissue-engineered skin (TES) is mainly composed of biomaterials, cells, and bioactive factors. It can completely cover skin wounds, accelerating wound healing and promoting the vascularization of dermal substitutes. However, there are also many limitations such as non-pigmented skin, insufficient elasticity of dermis, long-term postoperative scars, and loss of skin appendages etc. (T. Weng et al., 2021). Therefore, these limitations of TES have been resolved by the development of three-dimensional (3D) printing technology with its accuracy and high resolution.

Bioprinting is a process where biomaterials are used to create tissue like structures which looks similar to the original tissue. 3D bioprinting is a type of Additive Manufacturing (AM) technology that becomes widely used in the medical sector for reconstruction of the burn injuries with the help of computer-aided design (CAD) model inputs. This technology helps to create better skin grafts which is also cost effective (P. He et al. & P. Rider et al., 2018). Inkjet 3D printing and laser assist 3D printing is used commonly. In future, this technology can create 3D tissue-engineered structures that can rectify the defect in a patient-specific organ (Md. Javaid & A. Haleem, 2021). Though it involves some risks such as developing cancer, teratoma etc. Bioink is used to create these structures layer by layer (L. Bai, D. D. Ginty & A. Zimmerman, 2014). In bioprinting, mostly use of living cells are encouraged whereas in 3D bioprinting mostly plastic is used to make the models. Three dimensional bioprinting works on the principle of deposition of biomaterials

layer by layer in the infected area (H. Bien, C.Y. Chung & X. Zong, 2005). 3D bioprinting is used to develop complicated organs and tissues which look very similar to the original organs and tissues (A. Chaudhari et al., 2017). The 3 basic steps of 3D bioprinting involves (C.M. Chuong et al., 2012):

- Pre-printing involves imaging of the target tissue,
- development with CAD/CAM softwares and selecting a biomaterial
- Post-printing involves maturation and implantation of tissues

Within 5-7 years, the bioprinting market will increase by 15.7% and by 2025 it will cross \$4.70 billion. With the advent of skin bioprinting it will mark the end of the testing of drugs on animals (3). It is a promising technique with the aim to produce 3D tissues or organs. Skin bioprinting involves the replacement of skin injury with skin substitutes by the process of reconstruction.

II. SKIN BIOPRINTING – AN UNORTHODOX APPROACH

Over the former decade, there has been an outstanding advancement towards the evolution of substitutes which are in vitro-engineered. These in vitro-engineered substitutes help to imitate human skin. It either acts as an aid to grafts for the substituting lost skin, or for the initiating in vitro model. A new and unique plan of action has evolved known as tissue engineering. This has progressed by utilizing the contemporary advances in diverse areas. These fields of action include stem cell research, bioengineering, polymer engineering and nano medicine. Lately, a growth in the area of 3D printing technology and its advancements are being used for a larger benefit. This is popularly known as bio printing. This helps to formulate cell loaded scaffolds which in turn fabricate materials more complimentary to the original, indigenous tissue. Bio printing works on smoothening out the process of the concurrent and highly unequivocal skin cells deposition of multiple types and biomaterials. This is a procedure which requires advancement towards traditional tissue-engineering of skin. Bio printed skin replaces or acts as a counterpart to equivalents consisting of dermal as well as epidermal elements. Such constituents put forward a hopeful perspective in the field of skin bioengineering. Numerous mediums which include either natural or synthetic biopolymers and cells, in addition to or

without adding a warning towards molecules such as growth elements which are being avoided to assemble effective skin constructs. This applied science makes an impressive appearance as a fresh and unique policy plan to prevail over the topical constrictions in the engineering of skin tissues such as establishment of sweat glands, weak vascularization, and non-appearance of hair follicles.

Advantages

- Growth components, extracellular matrix as well as units which are epidermal can be easily located in the necessary places which makes them extremely reproductive.
- Affability, extensibility, inflated yield and improved plasticity.
- We can mark and reprint the matrix of blood vessels to make it much more remarkable for an extended endurance of the operation.

Disadvantages

- The cost is very much high. It needs expensive biological printers and manpower.
- Bio printing technology has not yet developed enough. Bio printed skin constructs may originate some security complications, more so, if it is applied straight away to clinical implementation.

III. WOUND HEALING AND BIOPRINTING

Skin is a complicated and most sensitive part of our body hence, if there is any wound or burn injury we need to treat it immediately. Skin bioprinting treatment by darning of wounds diminishes gap. But it is difficult to treat a patient with extensive burns. With age skin tends to become thin and sensitive. Hence, wound healing becomes a tough job. Skin biotechnology is one of the promising techniques which involves the use of it in various medicinal lines such as growth of tissues and cells in laboratory etc. Skin bioprinting helps in the treatment of wounds by darning wounds and alleviating, lessen the chance of contamination, reduce blemishes, upgrade cosmetic consequences etc.

There are different kinds of bioprinting technologies. Among them four of which are widely used at present: Inkjet-based printing, Extrusion-based printing, Laser-assisted printing and DLP-based printing—dynamic optical projection stereolithography (DOPSL).

There are two basic styles for skin bioprinting - In vitro and in situ bioprinting. L.

Koch et al., (2012) reported that 20 layers of fibroblasts (murine NIH-3 T3) and 20 layers of keratinocytes (human immortalized HaCaT) embedded in collagen were printed by a Laser-assisted BioPrinter to generate simple 3D skin which is similar with dermis and epidermis (Fig. 2). In 2013, V. Lee et al. demonstrated that the 3D Printed skin samples on collagen layers retained their form and shape, whereas manually deposited structures shrank and became concave shapes. Separately Michael et al. (2013) demonstrated that bi-layered constructs formed dermis and epidermis.

After 11 days of transplantation, some blood vessels from the wound bed could be observed.

In case of in situ bioprinting, amniotic fluid-derived stem cells (AFSCs) and bone marrow-derived mesenchymal stem cells (MSCs) were suspended in fibrin-collagen gel, mixed with the thrombin solution and then printed onto the wound site. The bioprinter was used to deposit two layers of a fibrin-collagen gel by depositing a layer of thrombin, a layer of fibrinogen/collagen, a second layer of thrombin, a second layer of fibrinogen/collagen, and a final layer of thrombin.

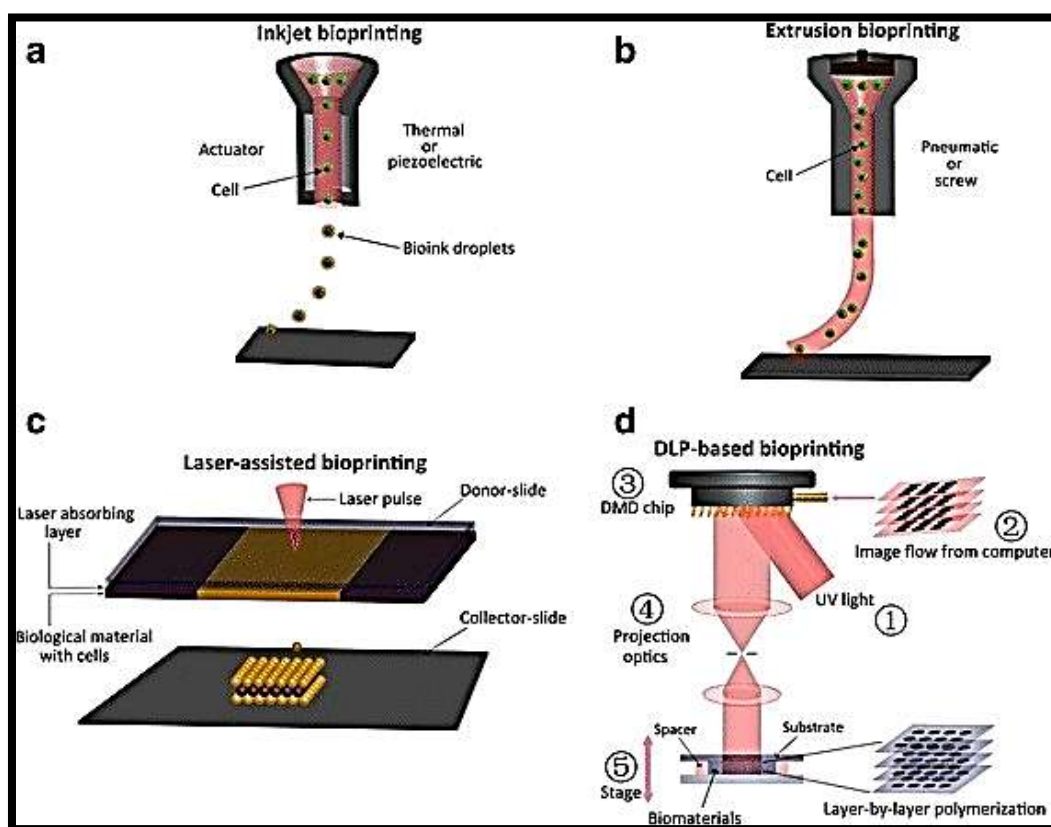


Fig1:Bioprinting techniques. **a.** Inkjet bioprinter eject small droplets of cells and hydrogel sequentially to build up tissues. **b.** Extrusion bioprinter use pneumatics or manual force to continuously extrude a liquid cell–hydrogel solution. **c.** Sketch of the laser printer setup. **d.** Schematic of the DLP based bioprinter—dynamic optical projection stereolithography (DOPsL).

(Picture curtsy: P. He, J. Zhao, J. Zhang, B. Li, Z. Gou, M. Gou, X. Li Bioprinting of skin constructs for wound healing. Burns Trauma, 6 (2018), p. 5)

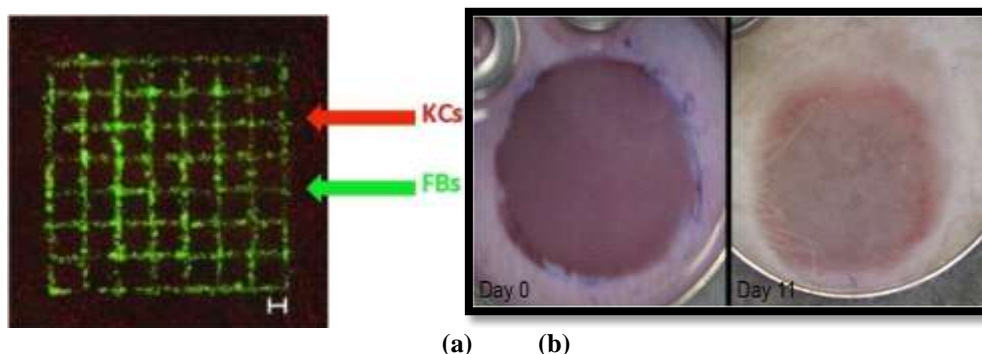


Fig2:In vitro bioprinting.

a.Fibroblasts (green) and keratinocytes (red) was printed by the laser printing technique.

(Picture curtsy: Koch L, Deiwick A, Schlie S, Michael S, Gruene M, Coger V, et al. Skin tissue generation by laser cell printing. *BiotechnolBioeng.* 2012; 109(7):1855–1863. doi: 10.1002/bit.24455.).

b.Skin construct inserted into the wound directly

after the implantation (day 0) and on day 11.

(Picture curtsy: Michael S, Sorg H, Peck CT, Koch L, Deiwick A, Chichkov B, et al. Tissue engineered skin substitutes created by laser-assisted bioprinting form skin-like structures in the dorsal skin fold chamber in mice. *PLoS One.* 2013; 8(3):e57741.)

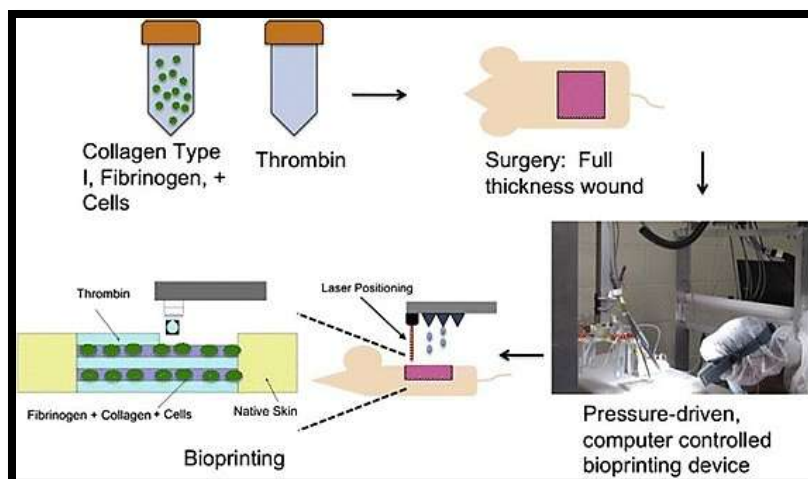


Fig3:In situ bioprinting.

(Picture curtsy: Skardal A, Mack D, Kapetanovic E, Atala A, Jackson JD, Yoo J, et al. Bioprinted amniotic fluid-derived stem cells accelerate healing of large skin wounds. *Stem Cells Transl Med.* 2012; 1(11):792.)

IV. BIOINK & CREATING BIOINK

The bioinks are the most important ingredient for 3D bioprinting. It is used for the development and regeneration of various organs and tissues. An ideal bioink should have few physicochemical properties, such as proper mechanical, rheological, chemical, and biological characteristics.

It is a mixture of cells, biomaterials, growth factors and nutrients. In 3D biopri

nting mainly two types of bioink biomaterials are used:

Natural biomaterials used as bioink

Hydrogels-based bioinks are biocompatible and typically biodegradable. Hydrogel biomaterials include alginate, gelatin, collagen, fibrin/fibrinogen, gellan gum, hyaluronic acid (HA), agarose, chitosan, silk, decellularized extracellular matrix (dECM), poly(ethylene glycol) (PEG), and Pluronic. As collagen is the main structural protein in the extracellular matrix (ECM) of mammalian cells, several scientists used collagen as bioink. Gelatin is one of the most widely used natural polymers for its thermo sensitivity and ability to form a hydrogel at lower

temperatures. For bioprinting applications, gelatin has been used as a bioink and/or as a composite with other polymers. Gelatin-alginate composite bioinks also used for bioprinting (T. Zhang et al., 2013). Alginate was also widely used as a bioink in the LaBP method. In tissue engineering, fibrinogen and fibrin are mainly used to construct functional tissue for the replacement of damaged tissues for wound healing. They are biocompatible, biodegradable, non-immunogenic and they also induce cell attachment, proliferation, and ECM formation (T. Rajangam, 2013, X. Cue & T. Boland, 2009). Silk is a natural Polymer and it has long been utilized as a scaffolding material for both soft and hard tissue engineering applications. Gellan gum is an anionic polysaccharide produced by bacteria. Like alginate, it forms a hydrogel at low temperatures when blended with monovalent or divalent cations (AH Bacelar et al., 2016). Dextran and agarose are natural polysaccharide that has been widely used in tissue engineering applications

Synthetic biomaterials used as bioink

PEG is a synthetic polymer synthesized by polymerization of ethylene oxide which facilitate the bioprinting processes. PEG with reactive groups (PEGX) is a valuable tool to modify the bioink's properties and to increase the bioink options. Pluronic is a type of poloxamer which has good printability and temperature-responsive gelation. Due to these properties, it is well-suited for use in bioinks (C. C. Chang et al., 2011).

There are a few commercial biomaterials that have been recently introduced such as Dermamatrix, NovoGel, CELLINK etc. Recently nanomaterials [e.g. silver nanoparticles (AgNPs), gold nanorods (AuNRs)] have been used for producing conductive bioinks (P. S. G. Ozkerim et al., 2018).

V. CHALLENGES

An updated applied science becoming more and more evident for assembling artificial skin is the 3D bio printing mechanization. Nevertheless, there still exists some remarkable technological disputes in the occurrence of bio-mimetic practical skin for clinical implementation.

A single question which is majorly looked out on skin bio printing is the one of bio ink. The fundamental units of original, local skin are the quantity-seeding units. In spite of the recent up gradation in cell culture methodology for giving rise to cells for bio printing, concerns are still present as to whether there are adequate units which can very well be created willingly for bio printing of

skin establishment for clinical utilization. The potentiality of cells present during today's recent times, could be sustained in biological substances, but such mediums have the need of bio-elasticity of the raw and original skin. These mediums which are acceptable, not only for 3D scaffold impression but also for seeding units. These also include the electrophysiology of the nude skin which acts in a much better way for skin bio printing. Hence, developments of all the facts and figures used to engrave scaffolds have become a crucial provocation for future analysis.

VI. APPLICATION

Bio printing necessitates the application of 3D printing mechanism to form epithelial tissues as well as organs. This operation has been tested and tried on diverse research spheres incorporating transplantation, grafting and clinics, use of progenitor cell to produce tissues synonymously applied to the term regenerative medicine, research on carcinoma, drug testing along with drug screening and (HTS) high-throughput screening enabling the testing of large numbers of chemical substances for activity in diverse areas of biology.

VII. FUTURE

In the near future, the applied science based on 3D bioprinting could extend an aspiration amongst people. At present, these people count on donor organs. False organs printed by availing bioink created from cells belonging to a patient himself could abolish the requirement of a transplant altogether. This could also do away with the requirement for organ donors and bringing down the probable threat of transplant rejection. Crucial evolution in the operation of tissues which are 3D bio printed could be expected for the following 10–15 years. To begin with, this works by concentrating on simple, uninvolved prototype tissues for drug screening and cosmetic testing. This operation is backed by an expanding number of experiments on animals and clinical investigation of 3D bio printed muscle or epithelial tissue in the coming 10 years. We can expect a great deal of exciting possibilities in the upcoming transplantation procedures. Some of the more updated possibilities comprises of the transfer of a vascularized human body part containing multiple tissue types (such as skin, muscle, bone, nerves and blood vessels), conventions authorized the fortunate deprecation or even cessation of amantadine or immunosuppressant drugs, and the application of body's raw materials for organ restoration. Availing the facilities of bio printing will qualify the integration of different

varieties of cells in the membrane which includes foramen (sweat) and oleaginous or sebaceous glands as well as hair follicles. This in turn will sanction the renewal of Keratinocytes or in a simpler language, our skin tissue, with the formation of a cellular construction bearing a resemblance to the native or indigenous tissue.

VIII. CONCLUSION

The technology which has made an immense impact because of its huge capability to make a smoother fabrication of anatomical and body relevant tissue as well as qualifying improved, more compatible practical solutions in cases of burn patients is none other than the skin bio printing technology. The application of bio printing in cases of skin restoration after burns is definitely promising. Bio printing authorizes an error-free placement of the innumerable original skin cell classifications with all minutest details. It also enables manufacturing of clonable constructs to restore bruised or damaged skin. The application of 3D bioprinting for relieving mutilation makes such healings much faster, which is analytical in cases of large-scale, serious damage caused due to burning. An advanced and initial medication will lessen the possibilities for septicemia and provide lesser scarring, secured and speedy healing, as well as much superior cosmetic after-effects. This will also come up with a decrease in the quantity of surgeries essentially needed and the long duration for which the patients require to stay behind in the hospital. To make clinical translations successfully possible by taking advantage of the benefit of bio printing for wound restoration, the damaged product evolved needs to be uncomplicated. The injury should also be able to integrate in an uninterrupted manner into the surgical procedure and the operative activity. More additional progress in terms of occurrence of clinical grade 3D bio printers in a systematized approach and biocompatible or microporous bio inks will allow broader utilization of this technology in surgery. Universally, these all-inclusive facts help us to comprehend that 3D bio printing is an extremely life-changing technology, and its application for reformation of wound will act as a revolutionary as well as a fundamental change in consequences of all patients.

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