Finite element analysis of a crack emanating from microvoid behaviours in cement of reconstructed acetabulum

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Abstract:
In this study, the finite element method is used to analyse the behaviour of crack emanating from microvoid and ordinary crack in cement of reconstructed acetabulum by computing the stress intensity factor at the crack tip. In order to predict the crack initiation location, the stress distribution around the microvoid is computed under three load cases. From stress results, one can note that there is a great risk of crack initiation in radial direction. From stress intensity factors computation, this same orientation is the dangerous because the mode I stress intensity factor is the higher in this direction. From comparison results one can see clearly that crack emanating from microvoid is most dangerous, and the difference in the stress intensity factors between the two cracks change with the crack inclination and this difference is constant for three load cases.

Résumé
Polymethylmethacrylate (PMMA) est un ciment orthopédique utilisé pour fixer plusieurs implants orthopédiques. La rupture du ciment orthopédique provoque le descéllement des implants sous l’effet des chargements cyclique de la marche dans cette étude. La méthode des éléments finis bidimensionnelle est utilisée pour analyser le comportement d’une fissure émanant d’une microcavité et une fissure ordinaire à l’intérieur du ciment orthopédique par le calcul des facteurs d’intensité de contrainte à la pointe de fissure. Trois types de chargements sont analysés. Nous avons remarqué qu’il y a un risque de propagation de fissure dans la direction radial de la jonction cupule-ciment. L’étude comparative montre clairement que la fissure émanant de la microcavité est la plus dangereuse. La différence du facteur d’intensité de contrainte entre les deux fissures varie quand la direction des deux fissures change et elle reste constante quand on change le mode de chargement.

Key-words: Cement, reconstructed acetabulum, stress intensity factors.

1 Introduction:
Polymethylmethacrylate (PMMA) is an acrylic polymer used to fixate many designs of load-bearing implants, including orthopaedic implants for the hip, knee, shoulder, etc. (figure 1). Loosening of cemented implants usually is caused by mechanical failure of the PMMA bone cement under cyclic loading. Murphy’s studies of model implants under bending and torsion have shown that mechanical failure can occur by a gradual process of damage accumulation in the form of the initiation and propagation of numerous microcracks from pores within the bulk cement mantle and on the cement/bone and cement/stem interfaces. (Figure 2). Microcracking in acrylic bone cement has two main consequences: First, the mechanical integrity of the cement mantle is lost, causing direct loosening of the implant, and second, PMMA particles may be created by abrasion of crack surfaces, and these particles may react with the surrounding tissue, causing an inflammatory response leading to osteolysis and prosthesis loosening. If the functional lifetime of cemented joint replacements is to be further extended, the durability of the cement mantle must be improved; and for this, a deeper understanding of the factors determining the damage accumulation process in acrylic bone cement is required. Maloney see (1991) that fatigue damage accumulation must occur in bone cement in vivo; this is known from analyses of cement mantles retrieved postmortem because microcracking was
present in all retrievals implanted for more than 3 years; the presence of striations on the fracture surfaces confirmed that microcracking was caused by fatigue.

![FIG.1-Reconstructed acetabulum](image1)

![FIG.2- Crack emanating from microvoid in cement](image2)

Methacrylic bone cements are prepared in the operation theatre, from a powder consisting of polymethylmethacrylate (PMMA), an initiator, and a liquid component, generally methylmethacrylate (MMA) (or a mixture of MMA and butylmethacrylate) (Lennon 2003). Mixing of powder and liquid, results after a few minutes in a mouldable material, which is injected into the femoral channel. This is followed by implantation of the femoral stem and the subsequent self-curing of the cement results in anchoring of the prosthesis.

Cement specimen realized in laboratory and radiographed by Merckx, shows well that it is about a porous material which contains a variable volume of bubbles. Origin of these pores is double: introduced air into cement when mixing and specially a volatile monomer that not participate to polymerisation. Mixing is carried out under vacuum to prevent the entrapment of air bubbles that would weaken the cement. However, significant porosity is always present in set material produced by polymerisation shrinkage.

Porosity seems to be a determining factor of the cement mechanical performances. Merckx affirms that it affects primarily the tensile strength that is already a weak parameter of cement, and with fatigue, what compromises its long-term stability. The study of crack behaviour in cement mantle is then necessary to predict the life span of cemented reconstructed acetabulum.

The aim of this study is to analyse by the finite element method the behaviour of cracks emanating from microvoid and ordinary cracks. The stress intensity factor at the crack tip is used as fracture criterion.

2 Geometric model
The model was generated from a roentgenogram of 4mm slice normal to the acetabulum through the pubic and ilium.

Figure3 presents the geometrical model. The inner diameter of the UHMWPE cup is 54mm and the cement thickness was taken as 2mm(J. Tong).

A 0.375 mm of cracks length is supposed to exist in the cement mantle. Two configurations of cracks are studied, firstly a crack emanating from microvoid with 0.2mm of diameter and secondly an ordinary crack located at $\theta=100^\circ$ (figure3). The effect of crack inclination is studied for both cracks.figure9.
3 Material model
One take material model from Christopher studies, this model was divided in to 8 regions (figure4) of different elastic constants with isotropic material properties assumed in each region. The main regions were cortical bone, subchondral bone and spongy bone. The femoral head was modelled as a spherical surface that was mated with congruent spherical acetabular socket. Tables 1 contain material properties of cement, cup and all subregions of acetabulum bone.

![FIG.3-Geometrical model](image1)

![FIG.4-Bone regions](image2)

<table>
<thead>
<tr>
<th>Materials</th>
<th>Young modulus E (MPa)</th>
<th>Poisson ratio $\nu$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cortical bone</td>
<td>17000</td>
<td>0.30</td>
</tr>
<tr>
<td>Sub –chondral bone</td>
<td>2000</td>
<td>0.30</td>
</tr>
<tr>
<td>Spongyous bone 1</td>
<td>132</td>
<td>0.20</td>
</tr>
<tr>
<td>Spongyous bone 2</td>
<td>70</td>
<td>0.20</td>
</tr>
<tr>
<td>Spongyous bone 3</td>
<td>2</td>
<td>0.20</td>
</tr>
<tr>
<td>Cup (UHMWPE)</td>
<td>690</td>
<td>0.35</td>
</tr>
<tr>
<td>Cement (PMMA)</td>
<td>2300</td>
<td>0.30</td>
</tr>
<tr>
<td>Metallic implant</td>
<td>210000</td>
<td>0.30</td>
</tr>
</tbody>
</table>

Table.1-Materials properties

4 Finite element model
The acetabulum was modelled using finite element code Abaqus6.5-1. In order to simplify the study the 2D model of acetabulum was considered. Plane stress approximation was used. This 2D representation was used to be representative of a cut taken through the transverse plane of the acetabulum. Bergman et al found that the variation of the resultant forces acting of the acetabulum was greatest in the transverse plane.
A very high descritisation were used with an advancing front meshing strategy to represent as possible the reality, and a focused mesh was used near a crack tip. Figure5 show the finite element model.
5 Loading model

There has been a limited amount of research carried out into loading distribution acting on the acetabulum caused by the transfer of force from the femoral head. Three selected load cases were used with an average body weight of 70 kg assumed. From Bergman studies, the sacroiliac joint was fully fixed while the pubic joint was allowed to in sagittal plane, boundary conditions considered to be representative of anatomic configuration. The contact between bone and cement and between cement and cup was taken as fully bounded, and between femoral head and cup was assumed to be frictionless under small sliding condition. Figures 6, 7 and 8.

6 Analysis and results

6.1 The behaviour of a crack emanating from microvoid:

Figure 9 and 10 represent computed stress intensity factors ($K_I$, $K_{II}$) of crack emanating from micrvoid for the three load cases as function of the crack inclination in the cement mantle. One notice for the three load cases the stress intensity factors have positive values when the crack orientation lies between $0^\circ$ and $100^\circ$, the other inclinations gives negatives $K_I$ values. The $K_I$ at the crack tip have a lower value when the crack inclination is $0^\circ$(horizontal position), it reaches the Maximum value $\alpha=45^\circ$. The risk of crack propagation is high according this orientation. $K_{II}$ is less important between $0^\circ$ and $70^\circ$ and it is more important between $70^\circ$ and $90^\circ$. 
6.2 Comparison between crack emanating from microvoid an ordinary crack:

Figure 11 and Figure 12 represent the stress intensity factors ($K_I$, $K_{II}$) for both, crack emanating from microvoid and ordinary crack. One notices that the behaviour remains the same for both type of cracks. It is clearly showed that the stress intensity factors for crack emanating from microvoid is higher than the ordinary crack. One noted that both cracks under all loading cases have the same model stress intensity factor $K_I$ for $\alpha=10^\circ$, $85^\circ$ and $245^\circ$, and for the mode II stress intensity factor $K_{II}$, theses orientations are $\alpha=45^\circ$, $125^\circ$ and $243^\circ$. $K_I$ and $K_{II}$ are approximately null for crack inclination equal to $245^\circ$ and $243^\circ$. It is also noted that the difference in the stress intensity factor between the two crack remain constant whatever the load case.

7 Conclusion

This study was carried out with an aim of analyzing the behaviour of crack emanating from microvoid and compared with ordinary crack. The obtained results suggest the following conclusion:
- Existence of microvoid in orthopaedic cement rise angular stress and create tensile radial stresses.
- The risk of crack initiation in orthopaedic cement is in the radial direction.
- When the crack was initiated from microvoid, the radial direction presents the best favourite orientation to crack propagation. In anti-radial direction, results give negative values of $K_I$.
- The stress intensity factor for crack emanating from microvoid is higher than for ordinary crack. The risk of crack propagation is then greater for crack emanating from microvoid.
- Difference of stress intensity factor between both crack changes with the crack inclination, but remain constant under different loading conditions.
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