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Title: Impact of sandblasting on the mechanical properties and aging resistance of alumina and zirconia based ceramics

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<AT>Title: Impact of sandblasting on the mechanical properties and aging resistance of alumina and zirconia based ceramics

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<ABS-HEAD>Abstract

<ABS-P>Bioinert zirconia and alumina ceramic devices are widely used, both in orthopaedics and in dentistry. In order to improve their bonding with bone tissues or dental resin cements, their surfaces are often roughened at different scales. In this work, we have investigated the effects of the same sandblasting treatment on alumina, zirconia and a zirconia-toughened alumina, focusing on their mechanical performance and the interplay between surface defects and residual stresses. Additionally, we explored the impact of the treatment on the hydrothermal aging of the two zirconia-containing materials. Residual stresses generated during sandblasting were always predominant over surface defects but their effect varied with the material: while they had a weakening effect on alumina, they reinforced both zirconia-containing materials. Finally, we found that the monoclinic grains at the surface of sandblasted zirconia recrystallized into tetragonal nanograins after annealing and this led to an increased resistance to aging.

<KWD>Keywords: Zirconia; Alumina; Sandblasting; Aging; Fracture strength

<H1>1 Introduction

The use of high-performance ceramics, such as alumina or zirconia, for biomedical devices has been documented since the early seventies [1,2]. They were developed as an alternative to surgical metal alloys [3] and as a way of overcoming the risks of periprosthetic osteolysis and reaction to wear debris from metal-on-polyethylene or metal-on-metal implants for total hip arthroplasty [4,5], as well as early failure due to scratches and third-body wear [4,6,7]. The use of ceramic materials as femoral heads and/or acetabular cups reduces wear rate of bearing components and produces negligible amount of ion release [8]. The clinical success associated to the use of ceramics led to the implantation of more than 12 million ceramic components over the last four decades [9]. High performance ceramics are also gaining popularity in dentistry [10]. This is in particular the case of zirconia, which is now widely used for dental restorations and under strong development for endosseous implants. Nonetheless, both alumina and zirconia can be labelled as "bioinert" materials, since they do not cause adverse immunological reaction but neither positive cellular activity: indeed upon implantation, a fibrous non-adherent membrane shields the surface of the implant impeding a direct integration to bone [11,12]. The causes of this shielding are not yet fully clear, but they have been often correlated to micro-motion and migration of the prosthetic component, and lead to clinical loosening [13,14]. This is why, when implanted, the ceramic parts are usually coupled with a metallic structure (so called 'metal-back') in total hip arthroplasty (THA). The metal-back shell is usually made of titanium and entrusted with the task of attaching the acetabular cup to bone [15]. Its surface is usually treated to improve its attachment to

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