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3D Bioprinting a Tissue Engineered Aortic Valve for a Biomimetic and Integrated Leaflet Scaffold

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Aortic valve disease in children

~14 in every 1,000 live births¹

Valve Function:
 Maintain unidirectional blood flow throughout the cardiac cycle²

When is aortic valve replacement necessary?

- Aortic valve disease (stenosis and regurgitation)
- Congenital valve defects – two leaflets fuse together, as bicuspid aortic valves
- Rheumatic fever – leaflets become damaged due to untreated infection

Healthy Valve	Unhealthy Valve	
Normal	Bicuspid	Rheumatic

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Current treatment options

- Ross Procedure**
 - Pulmonary valve autograft
 - Transforms single-valve disease to 2 valve disease
- Repair**
 - Repair of aortic regurgitation
 - Associated with low risk of infection, and preserves valve strength
- Replacement**
 - Replacement of valve with either a mechanical or biological valve
 - Performed through open-heart surgery or transcatheter

Limitations

- Aortic dilatation
- Regurgitation
- Size: 15 mm – 29 mm
- Lifelong anticoagulation
- Degradation and calcification
- Valve refitting surgery

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Clinical need for pediatric heart valve patients

A need for a functional valve capable of somatic growth and remodeling

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The big picture

Heart Valve Scaffold → Mimic structure and function, Patient-Specific Cells, Biomaterials, CT Scans, 3D Aorta Model → **3D Bioprinting** → No additional surgery → Somatic Growth, Biological Integration, Mechanical Function, Long-Term Performance → Patient

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Valve design and assembly

Tissue Engineered Heart Valve

- Hydrogel
- Valve Stent
- PCL

Assembly

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