RESEARCH NOTE Open Access

Comparison of insertion time, pull-out strength, and screw-media interface area of customized pedicle screw with different core and thread design against commercial pedicle screw: a pilot study on Indonesian Population

Rahadyan Magetsari^{1,2*}, Tedjo Rukmoyo¹, Marda Ade Saputra¹ and Yudha Mathan Sakti¹

Abstract

Objective: This research aimed to developing customized pedicle screw based on Indonesian vertebral anatomy and compare the insertion time, pull-out strength, and screw-media interface area of different screw design. We have developed 3 different types of pedicle screws (v-thread cylinder-core, square-thread cylinder-core and square-thread conical-core). The thread diameter was calculated from pedicle width of Indonesian population (6 mm). We used commercially available pedicle screw as control group (6.2 mm).

Result: The insertion time were significantly difference between v-thread cylinder-core pedicle screw (22.94 s) with commercially available pedicle screw (15.86 s) (p < 0.05). The pull-out strength was significantly difference between commercially available pedicle screw (408.60 N) with square-thread conical pedicle screw (836.60 N) (p < 0.05). The square-thread conical-core group have the highest interface area (1486.21 mm²). The data comparison showed that the square-thread conical-core customized pedicle screw group has comparable insertion time and has better pull-out strength than commercially available pedicle screw.

Keywords: Pedicle screw, Pull-out strength, Insertion time, Interface area

Introduction

Pedicle screw is widely used in spinal surgeries. It is as a gold standard for fusion procedure of spine. The example uses of pedicle screw are in correcting scoliosis deformity, disc degenerative disease, infection in spine, tumor, and fractures [1].

In Indonesia, the use of pedicle screw is still limited due to its cost and complexity in its instruments for application. There is no single factory in Indonesia that has been able to produce pedicle screw. The needs for pedicle screws are all being full filled by importing from aboard.

Although pedicle screw has the advantage as one of the most rigid fixator [2], failure of fixation is still can occur. Factor that can be one of potential risk for failure of fixation is pull-out strength of pedicle screw. Some studies have reported that different design of thread and core of pedicle screw affect its biomechanical properties like insertion time and pull-out strength [3–5]. Size of the screw is also important, with bigger size and larger surface area correlates with greater pull-out strength, but it is also limited by the size of the anatomical size of the

Full list of author information is available at the end of the article



© The Author(s) 2022. **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit http://creativeccommons.org/licenses/by/4.0/. The Creative Commons Public Domain Dedication waiver (http://creativecommons.org/publicdomain/zero/1.0/) applies to the data made available in this article, unless otherwise stated in a credit line to the data.

^{*}Correspondence: rahadyan@ugm.ac.id

² Orthopaedic and Traumatology Division, Department of Surgery, Faculty of Medicine, Universitas Gadjah Mada/Dr, Sardjito Hospital, Jl. Kesehatan No. 1, Yogyakarta 55281, Indonesia

pedicle. Study of anatomical size of pedicle in Indonesian population that had been held by Wibowo and Suwardi in 2017, found that it has smaller size compare to western population where commercially available pedicle screws are being produced. A study conducted based on Indonesian population has observed that the mean diameter of Indonesian pedicle is 6.48 mm [6, 7]. In this case, the challenge is to produce pedicle screws with specific size based on Indonesian pedicle anatomy and designs that have comparable insertion time and pull-out strength to commercially available pedicle screws.

The aim of this study was to develop a customized pedicle screw based on Indonesian vertebral anatomy and compare the insertion time, pull-out strength, and screw-media interface area of different screw design.

Main text

Material and methods

This was an experimental study. We used 4 groups of pedicle screws with 5 screws each, that consist of group A (v-thread cylinder-core pedicle screw), group

B (square-thread conical-core pedicle screw), group C (square-thread cylinder-core pedicle screw), and group D (commercially available pedicle screw). We used 6 mm of diameter for our customized pedicle screw based on study of thoracic and lumbar pedicle of Indonesian population instead of 6.2 mm of diameter of commercially available pedicle screw. Our pedicle screws were made of AISI 316L and being produced at UPT Logam in Yogyakarta city of Indonesia by using Computerized Numerical Control (CNC) machines. The human resources consist of orthopaedic surgeon, resident and technician team. Statistical calculations were carried out with the IBM SPSS Statistics ver. 22.0 (IBM Co., Armonk, NY, USA) (Fig. 1).

We performed insertion time test, pull-out strength test and measurement of screw-media interface area for all groups of pedicle screws. Pull-out strength test was performed based on ASTM F543-02 as the Standard Specification and Test Methods for Metallic Medical Bone Screws. We embed the pedicle screw on the block of balsa wood. The head of pedicle screw was

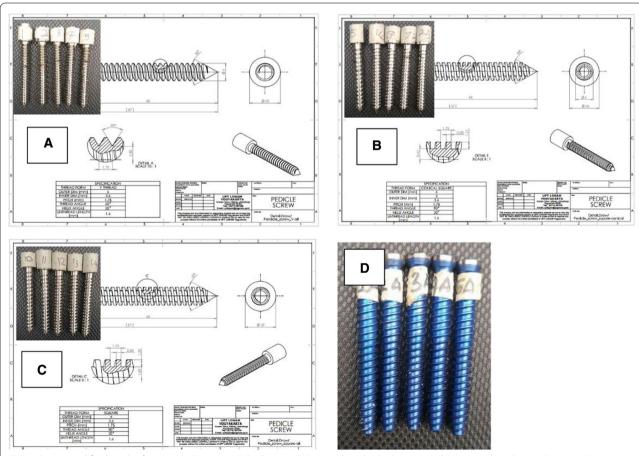


Fig. 1 Design and final result of customized screw; A Cylinder core, B Square-thread cylinder-core and C Square-thread conical-core and commercially available pedicle screw (D) EXPEDIUM® 5,5 Spine System pedicle screw (DePuy Synthes, United States, California)

fixated by load fixture and the balsa wood was fixated by block holder on the load frame. Pull-out testing machine applied axial pulling force for ± 5 mm/minute till the pedicle screw was detached from the block. The tests were being performed at laboratory of mechanical engineering faculty of Universitas Gadjah Mada.

Result

We evaluated 4 groups of pedicle screws that consist of 15 customized pedicle screws and 5 commercially available pedicle screws. Presented in Table 1, the mean of insertion time for group A was 22.94 s, 17.04 s for group B, 15.57 s for group C, and 15.86 s for group D. The mean of pull-out strength for group A was 746.6 N, 836.6 N for group B, 692.4 N for group C, and 408.6 N for group D. The measurement of screw-media interface area of group A was 1147.93 mm², 1486.21 mm² for group B, 1473.33 mm² for group C, and 1054.63 mm² for group D.

The results of insertion time test show that group B pedicle screw with square-thread conical-core design has moderate insertion time compare to other pedicle screw groups. The results of pull-out strength test show that group B pedicle screw has the highest pull-out strength compare to other pedicle screws and it is also correlated with the measurement of screw-media interface area which show that group B has the largest results.

Based on Table 2, it is showed that the insertion time of customized pedicle screws were not statistically different compare to commercially available pedicle screw except for v-thread cylinder-core group which showed the slowest insertion time. It is also showed that the pull-out

Table 1 Means of insertion time and pull-out strength

Descriptive result						
	N	Minimum	Maximum	$Mean \pm SD$		
Insertion time (s)						
V cylinder (A)	5	19.97	28.85	22.94 ± 1.54		
Square conical (B)	5	15.79	18.88	17.04 ± 0.64		
Square cylinder (C)	5	10.85	19.27	15.57 ± 1.56		
Commercial (D)	5	9.19	22.72	15.86 ± 2.44		
Total	20	9.19	28.85	17.85 ± 1.02		
Pullout strength (N)						
V cylinder (A)	5	476	1043	746.60 ± 97.89		
Square conical (B)	5	618	1143	836.60 ± 95.05		
Square cylinder (C)	5	579	860	692.40 ± 48.54		
Commercial (D)	5	314	541	408.60 ± 43.23		
Total	20	314	1143	671.05 ± 50.50		

strength of group B pedicle screw was significantly higher than commercially available pedicle screw.

Discussion

This study found that the insertion time were significantly difference between v-thread cylinder-core pedicle screw (22.94 s) with commercially available pedicle screw (15.86 s) (p < 0.05). The pull-out strength was significantly difference between commercially available pedicle screw (408.60 N) with square-thread conical pedicle screw (836.60 N) (p < 0.05). The square-thread conical-core group have the highest interface area (1486.21 mm 2).

The insertion time of pedicle screw is important because it can be a factor that influence how fast a surgeon can finish the operation. The longer the time taken to insert a pedicle screw means the longer the duration of surgery and the higher the risk of complications. Cheng Hang had reported that every additional of 15 min for surgery times can increase the infection rate by 13% [8].

Study by Higashino showed that pedicle screw removal was found to be 435.6 N in osteoporotic vertebra [9], which is comparable to this study for measurement of commercially available pedicle screw group (408.6 N). This study propose that best combination of pedicle screw design is square-thread conical-core design regarding the statistical analysis due to its comparable insertion time and higher pull-out strength compare to commercially available pedicle screw.

Screw loosening was found between 0.6 and 11% and might be higher in osteoporotic bone. Re operation rate because pedicle screw loosening was found between 14 and 27% [10]. Fixation failure because of screw loosening might change the spinal alignment and fixation stability that might harm the patient.

The geometry of the pedicle screw core can be conical, cylindrical or combination of both. The three types have different mechanical strengths. Abshire et al. compared the conical and cylindrical core designs and concluded that the conical screw has a better pull-out strength than the core cylinder [3]. However, Kwok et al. carried out a similar study and found that there was no significant difference in the pull-out strength between screw with conical design and cylinder core [11]. Meanwhile, Yaman et al. examined the pull-out strength of a pedicle screw with dual core and found that the design had a higher pull-out strength value compared to the screw with conical and cylinder cores [1]. The limitation in this study is that we cannot use a pedicle screw with dual cores due to the limited production equipment.

Kim et al. examined the shape of the thread on a screw and its effect on pull-out strength and found that threads with a v-thread design had a higher pullout strength compared to square threads. According Magetsari et al. BMC Research Notes (2022) 15:17 Page 4 of 5

Table 2 Statistical analysis of insertion time

Dependent variable	Screw type	Mean difference	p value	95% CI
Insertion time	V Cylinder (A)			
	Square Conical (B)	5.90 ± 2.36	0.10	-0.87-12.67
	Square Cylinder (C)	$7.37* \pm 2.36$	0.03	0.56-14.13
	Commercial (D)	$7.09* \pm 2.36$	0.04	0.31-13.86
	Square Conical (B)			
	V Cylinder (A)	-5.90 ± 2.36	0.10	— 12.67 – 0.87
	Square Cylinder (C)	1.47 ± 2.36	0.92	- 5.30-8.24
	Commercial (D)	1.20 ± 2.36	0.95	- 5.60-7.96
	Square Cylinder (C)			
	V Cylinder (A)	$-7.37*\pm2.36$	0.03	- 14.13-0.60
	Square Conical (B)	-1.47 ± 2.36	0.92	-8.24-5.30
	Commercial (D)	-2.82 ± 2.36	0.99	- 7.05-6.50
	Commercial (D)			
	V Cylinder (A)	$-7.09*\pm 2.36$	0.04	- 13.85-0.31
	Square Conical (B)	-1.19 ± 2.36	0.96	- 7.96-5.60
	Square Cylinder (C)	0.28 ± 2.36	0.99	- 6.50-7.05
	V Cylinder (A)			
Pull-out Strength	Square Conical (B)	-90.00 ± 106.87	0.834	- 395.76-215.76
	Square Cylinder (C)	54.20 ± 106.87	0.956	- 251.56-359.96
	Commercial (D)	$338.00* \pm 106.87$	0.028	32.24-643.76
	Square Conical (B)			
	V Cylinder (A)	90.00 ± 106.87	0.834	- 215.76-395.76
	Square Cylinder (C)	144.20 ± 106.87	0.547	- 161.56-449.96
	Commercial (D)	$428.00* \pm 106.87$	0.005	122.24-733.76
	Square Cylinder (C)			
	V Cylinder (A)	-54.20 ± 106.87	0.956	- 359.96-251.56
	Square Conical (B)	144.20 ± 106.87	0.547	- 449.96-161.56
	Commercial (D)	283.80 ± 106.87	0.074	- 21.96-589.56
	Commercial (D)			
	V Cylinder (A)	$-338.00*\pm106.87$	0.028	- 643.76-32.24
	Square Conical (B)	$-428.00^* \pm 106.87$	0.005	− 733.76 − 122.24
	Square Cylinder (C)	-283.80 ± 106.87	0.074	- 589.56-21.96

^{*}The mean difference is significant at 0.05 level. Significant value is identified with bold marks

to their study, this is influenced by the flank overlap area (FOA) and thread pitch where the screw which has a larger flank overlap area and a smaller thread pitch has a higher pull-out strength value [4]. This is different from the results we obtained in this study where the pull-out strength value of a pedicle screw with a square thread has a higher pull-out strength value than a pedicle screw with a v-thread. This may be influenced by the contact surface area between the screw and the larger media on the pedicle screw with the square thread which in this study was successfully measured using the solid works software program. This difference certainly requires further study and further research with a larger sample size may be required.

Conclusion

This study showed that our institution has been able to develop customized pedicle screws that the square-thread conical-core customized pedicle screw group has comparable insertion time and has better pull-out strength than commercially available pedicle screw.

Limitation

Our recent development of pedicle screw has only designed for lumbar segment of vertebra. Further research is mandatory to develop another pedicle screw for thoracic and cervical segment. We propose the continuation of this research by comparing designed pedicle screw of lumbar, thoracic and cervical segment.

Acknowledgements

We would like to thank all of the staff in the orthopaedic and traumatology department in RSUP Dr. Sardjito and Faculty of Medicine, Public Health and Nursing Universitas Gadjah Mada for all of given support to the authors.

Authors' contributions

RM conceived the study. TR, MAS and YMS, drafted the manuscript and critically revised the manuscript by RM for important intellectual content. TR, MAS and YMS facilitated all project-related tasks. All authors read and approved the final manuscript.

Authors' information

RM is an orthopaedic practitioner, oncology consultant. RM achieved his doctoral degree on Rijks Universitiet Groningen (RuG), Netherland with the major of Medical Sciene. Previously, RM was the head of orthopaedic and Traumatology Residency Program in Faculty of Medicine, Public Health and Nursing Universitas Gadjah Mada before RM's retirement. RM had been involved in 39 international and national journal publications. RM's latest publication entitled "Giant Cell Tumor of the Right Distal Radius Campanacci lii Treated with Wide Excision and Space Filler Using Prefabricated Polymethyl Methacrylate (Pmma) Bone Cement: A Case Report" published by Journal of Global Pharma Technology in 2019.

TR is an orthopaedic practitioner, spine consultant. TR achieved his orthopaedic and spine surgery training in Sapporo University (Japan), Indonesia University (Indonesia), and State University of New York (United States). TR is the head of Orthopaedic and Traumatology Department in Faculty of Medicine, Public Health and Nursing Universitas Gadjah Mada. TR's latest publication entitled "Anterior Cruciatel Ligament Reconstruction with Peroneus Longus Tendon Autograft: Functional Outcome and Donor Site Morbidity" published by Orthopaedic Journal of Sports Medicine in 2020.

MAS is an orthopaedic practitioner. Recently, MAS has been practicing in Yogyakarta General Hospital since 2019 until now. MAS had been attending in total of 9 national and international seminars or workshops related to orthopaedic field. MAS had been awarded as the 1st winner of final paper presentation in 18th Business Meeting of IOA 2018 and 1st winner of free paper presentation in 20th Congress of IOA 2016. MAS's latest publication entitled "Spinal Cord Injury without Radiological Abnormality Manifested as Self-Limited Brown-Sequard Syndrome" published by Trauma Case Reports, Elsevier in 2018.

YMS is an orthopaedic practitioner, spine consultant. YMS achieved his orthopaedic and spine surgery training in Indonesia University (Indonesia), Hiroshima City Asa Hospital (Japan), and Hallym University Medical Center (South Korea). Previously, YMS was the secretary of Orthopaedic and Traumatology Residency Program in Faculty of Medicine, Public Health and Nursing Universitas Gadjah Mada. YMS had been involved in 10 international journal publications. RM's latest publication entitled "Management of complex pelvic fracture and sacral denis type 2 using spanning unilateral fixation of L5 to S2Al screw" published by International Journal of Surgery Case Report in 2020.

Funding

The authors declare that this study had no external funding resource. The authors declare that they have no competing interests.

Availability of data and materials

This study doesn't contain any individual data. The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request. The data is available on this manuscript.

Declarations

Ethics approval and consent to participate

Ethical clearance in this study is not applicable as it didn't involve human data, human tissue, or animal.

Consent for publication

Consent for publication is not applicable.

Competing interests

The authors declare that they have no competing interests.

Author details

¹Department of Orthopaedics and Traumatology, Dr. Sardjito General Hospital/Faculty of Medicine, Public Health, and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia. ²Orthopaedic and Traumatology Division, Department of Surgery, Faculty of Medicine, Universitas Gadjah Mada/Dr, Sardjito Hospital, Jl. Kesehatan No. 1, Yogyakarta 55281, Indonesia.

Received: 31 March 2021 Accepted: 30 September 2021 Published online: 12 January 2022

References

- Yaman O. The comparison of pull-out strengths of various pedicle screw designs on synthetic foams and ovine vertebrae. Turk Neurosurg. 2015;25(4):532–8.
- Hsu CC, Chao C-K. Increase of pull-out strength of spinal pedicle screws with conical core: biomechanical tests and finite element analyses. J Orthopaedic Res. 2005;23:788–94.
- Abshire BB, McLain RF, Valdevit A, Kambic HE. Characteristics of pull-out failure in conical and cylindrical pedicle screws after full insertion and back out. Spine J. 2001;1:408–14.
- Kim YY, Choi WS, Rhyu KW. Assessment of pedicle screw pull-out strength based on various screw designs and bone densities. Spine J. 2012;12:164–8.
- Lin J, Lin SJ, Chiang H, Hou SM. Bending strength and holding power of tibia1 locking screws. Clin Orthop. 2001;385:199–206.
- Wibowo ES. Morfometri Tiga Dimensi Vertebra Torakal pada Populasi Indonesia. Yogyakarta: UGM; 2016.
- Suwardi T. Morfometri Tiga Dimensi Vertebra Lumbar pada Populasi Indonesia. Yogyakarta: UGM; 2017.
- Cheng H, Chen BP, Soleas IM, Ferko NC, Cameron CG, Hinoul P. Prolonged operative duration increases risk of surgical site infections: a systematic review. Surg Infect. 2017;18:722–35.
- Higashino K, Kim J, Horton WC, Hutton WC. Biomechanical study of two different pedicle screw fixation methods when used in osteoporotic and non-osteoporotic vertebrae *Atlanta Veterans Affairs Medical Center and the Department of Orthopedic Surgery, Emory University School of Medicine, Atlanta, USA 2010 Mary Ann Liebert, Inc. https://doi.org/10.1089/sur. 2017 089
- Okuyama K, Abe E, Suzuki T, Tamura Y, Chiba M, Sato K. Can insertion torque predict screw loosening and related failures? An in vivo study of pedicle screw fixation augmenting posterior lumbar interbody fusion. Spine. 2000;25:85844.
- Kwok AW, Finkelstein JA, Woodside T, Hearn TC, Hu RW. Insertional torque and pull-out strengths of conical and cylindrical pedicle screws in cadaveric bone. Spine. 1996;21(21):2429–34.

Publisher's Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.