



## Advancing Biomedical Frontiers: Unveiling The Potential Of 3d Bioprinting In Organ Regeneration

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### Abstract

The advent of 3D bioprinting marks a pivotal moment in biomedical research and healthcare, unlocking a realm of possibilities. This abstract explores the transformative potential of 3D bioprinting technology, its diverse applications in medical domains, and the inherent challenges it faces. 3D bioprinting represents a revolutionary fusion of three-dimensional printing precision with the intricacies of biological materials. This groundbreaking technology revolutionizes the fabrication of intricate, customized structures by layering bioinks containing living cells, biomaterials, and growth factors. These engineered constructs faithfully replicate the complex architecture of native tissues and organs, presenting unprecedented opportunities for progress in regenerative medicine, drug testing, and disease modeling. The versatility of 3D bioprinting extends across various medical fields. In regenerative medicine, the ability to craft tissue grafts and organ substitutes tailored to individual patients has the potential to transform transplantation procedures, overcoming challenges like donor shortages and organ rejection. Additionally, pharmaceutical companies are employing 3D bioprinting to generate functional tissue models for drug testing, reducing reliance on animal testing and speeding up drug development processes. 3D bioprinting represents a transformative technology with the potential to advance healthcare through personalized regenerative solutions, ethical drug testing practices, and an improved understanding of diseases. However, the adoption of 3D bioprinting is not without its challenges. The intricacy of the bioprinting process necessitates a profound understanding of cellular biology, materials science, and engineering. Overcoming hurdles related to ensuring cell viability and functionality within printed structures is paramount, along with the imperative to scale up production for clinical applications. Ethical and regulatory considerations also emerge, particularly in the context of printing human tissues and organs.

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## Introduction:

The advent of 3D bioprinting represents a groundbreaking convergence of biological sciences, engineering, and materials science, introducing transformative possibilities in the realms of biomedical research and healthcare. This review article aims to offer a comprehensive exploration of the current landscape of 3D bioprinting, encompassing its fundamental principles, diverse applications, and the inherent challenges associated with its rapid development. 3D bioprinting has evolved from traditional 3D printing methodologies, transcending the boundaries of inanimate materials to include living tissues. This innovative technology enables the precise layer-by-layer deposition of bioinks, comprising living cells, biomaterials, and growth factors. The result is the fabrication of intricately designed structures that closely mimic the complex architecture of natural tissues and organs. From the promises of regenerative medicine, where the creation of patient-specific tissue grafts and organ substitutes could revolutionize transplantation, to the transformative impact on pharmaceutical research by facilitating the development of functional tissue models for drug testing, the applications of 3D bioprinting are far-reaching and paradigm-shifting. Nevertheless, amidst the remarkable potential of 3D bioprinting, significant challenges persist, demanding careful consideration and innovative solutions. This review will examine the complexities surrounding issues such as ensuring cell viability and functionality within bioprinted structures, scaling up production for clinical applications, and navigating ethical and regulatory concerns—especially in the context of printing human tissues and organs (Panja et al., 2022; Papaioannou et al., 2019).

## Mechanism of 3D Bioprinting

The foundational concept of 3D printing lies in the meticulous layer-by-layer arrangement of biological components, biochemicals, and living cells, coupled with precise spatial control over the placement of functional constituents on the resulting 3D structure. The 3D bioprinting process is grounded in three distinct methods (Nishiyama et al., 2009)

### 1. Biomimicry

Biomimicry refers to the reproduction of the extracellular and cellular elements of tissues and organs, achieved through a thorough examination of nature. The scaffold plays a crucial role in governing cell proliferation and differentiation, as the materials employed in this process significantly influence cell attachment, size, and shape (Norotte et al., 2009).

### 2. Autonomous self-assembly

Autonomous self-assembly replicates biological tissue by mimicking embryonic development. Cellular components generate their own matrix, allowing self-organization. Using self-assembling spheroids, this scaffold-free approach relies on cells to determine tissue location, functionality, and structure, requiring a deep understanding of organogenesis (Rouwkem et al., 2008).

### 3. Mini tissues building blocks

The method of little tissue building blocks integrates techniques from previous approaches to generate miniature functional units of tissues and organs through bioprinting. These minuscule tissues, exemplifying the smallest anatomical and functional units such as kidney neurons, can be produced using biomimicry or autonomous self-assembly. Subsequently, the bioprinting process arranges these mini-tissues into macro-tissues, replicating biological organization. This approach enables tissue units to autonomously self-assemble into functional structures (Lin et al., 2013).

## Steps Involved

3D bioprinting is a revolutionary technology that enables the precise layer-by-layer fabrication of three-dimensional structures using biological materials, including living cells and biomaterials. The mechanism of 3D bioprinting involves several key steps: (Qi et al., 2017; Derakhshanfar et al., 2018; Jovic et al., 2020; Saini et al., 2021):

**1. Digital Design:** The process initiates with the development of a digital model or blueprint for the intended three-dimensional structure. Usually derived from medical imaging data, computer-aided design (CAD) software, or alternative sources, this design serves as the foundation for the subsequent steps.

**2. Selection of Bioinks:** Bioinks are materials used in 3D bioprinting that typically consist of living cells, biomaterials, and growth factors. These bioinks serve as the building blocks for the printed structures. The choice of bioink depends on the type of cells and tissues being printed.

**3. Preparation of Bioinks:** The selected bioinks are prepared to ensure the viability and functionality of the living cells. This involves carefully mixing the cells with supporting biomaterials, such as hydrogels, to create a printable substance.

**4. Printing Process:** The 3D bioprinter follows the digital design to deposit layers of bioink onto a substrate or scaffold. The printer moves in a controlled manner, precisely placing each layer according to the specified design. The bioink layers may contain different cell types or biomaterials to replicate the complex architecture of tissues and organs.

**5. Crosslinking or Solidification:** After each layer is deposited, a crosslinking or solidification process occurs to ensure the stability and structural integrity of the printed layers. This step is crucial for maintaining the shape of the printed structure.

**6. Post-Processing:** Once the printing is complete, the bioprinted structure may undergo post-processing steps. This can include additional treatments, such as exposing the structure to specific environmental conditions, to enhance cell viability, maturation, and integration.

**7. Maturation and Culture:** The bioprinted structure is often transferred to an incubator or a bioreactor, where it undergoes maturation and culture. This allows the cells to proliferate, differentiate, and organize into functional tissues over time.

**8. Application-Specific Modifications:** Depending on the intended application, additional modifications may be made to enhance the functionality of the bioprinted tissue. For example, vascularization techniques may be employed to integrate blood vessels into the structure for improved nutrient and oxygen supply.

### 3D Bioprinting in Organ Regeneration

#### Skin

Diverse tissue engineering approaches are employed to produce skin tissue, encompassing autologous split-thickness skin grafts, allografts, acellular dermal substitutes, and commercially available products resembling cellularized grafts. In the bioprinting process for skin tissue, a 13-layer structure is constructed using a collagen hydrogel and an eight-channel valve-based bioprinter. The technique involves the sequential bioprinting of keratinocytes on alternating layers of acellular collagen and human foreskin fibroblasts to create structures with densely packed cells in epidermal layers. Following an incubation period of approximately ten days, the resulting tissue constructs are engrafted into the stratified epidermis of the host, fostering the development of blood vessels and initial signs of differentiation in the stratum corneum. This innovative approach showcases the potential of bioprinting technology in the creation of skin tissue with promising characteristics for therapeutic applications (Tripathi et al., 2022).

#### Bone and cartilage

The forefront of bioprinting applications is notably evident in the realm of bone and cartilage fabrication, given the relatively simple composition of these rigid tissues, primarily composed of inorganic materials. Although diverse techniques such as salt leaching, gas foaming, and freeze-drying have been employed for rigid tissue creation, 3D bioprinting stands out for its ability to produce precise architectures. In bone tissue engineering, human mesenchymal stem cells sourced from bone marrow are utilized to construct polymethacrylate scaffolds using a thermal inkjet bioprinter. This process includes the co-printing of bioactive glass nanoparticles to precisely regulate the spatial arrangement of the cells. On the other hand, in the context of cartilage tissue engineering, human chondrocytes serve as living soft tissue, and a specialized bioink, comprising nano fibrillated cellulose and alginate, is meticulously created for printing. This innovative approach showcases the potential of 3D bioprinting in achieving intricate structures for bone and cartilage, surpassing other methods in precision and spatial control (Tripathi et al., 2022).

### **Blood vessels**

Ensuring vascularization is imperative for providing oxygen and nutrients to bioprinted constructs, underscoring the crucial role of bioprinting vascular networks in tissue and organ development. Among the bioprinting technologies employed for this purpose, extrusion- and laser-assisted bioprinting stand out. Hydrogel materials, such as sodium alginates and chitosan, are bioprinted directly in tubular form, encapsulating cells in the process. This groundbreaking technique yields tubular structures, improving cellular viability and metabolic transit. This method marks a substantial advancement in bioprinting, ensuring the intricate vascularization essential for successfully fabricating functional tissues and organs (Tripathi et al., 2022).

### **Liver tissue**

The bioprinting of hepatic tissue is relatively rare, given the liver cells' intrinsic high capacity for regeneration. However, the scarcity of healthy donor livers and the extended regeneration period required for such livers present challenges. To address these issues, bioinks derived from hepatocytes produced from stem cells and primary hepatocytes are utilized in the bioprinting process. Leveraging 3D printing technology allows for the creation of a liver that is precisely tailored to the patient's specific size and shape requirements. Notably, the bioprinting process forms interconnected canaliculi within the collagen matrix, facilitating the development of larger, more intricate structures. This innovative approach ensures the creation of hepatic tissues that meet the patient's personalized needs, highlighting the potential of bioprinting technology in addressing challenges associated with liver transplantation (Tripathi et al., 2022).

### **Additional Applications**

#### **Drug development/screening**

Establishing a methodology for early prediction of drug efficacy and toxicity is crucial in streamlining the drug discovery process, minimizing time and resource expenditure. Bioprinting, recognized for its capacity to construct 3D tissue models closely resembling native tissues, emerges as a valuable tool for conducting high-throughput assays. Particularly applicable to liver and tumor tissues, these bioprinted models can be customized to replicate the target cells of newly developed drugs. Furthermore, bioprinting introduces an innovative dimension to drug development by enabling the creation of personalized drug doses through the use of biochemical inks. This technology extends to the production of 3D printed composite pills, simplifying medication administration by combining multiple drugs with distinct release rates into a single pill. This transformative progress in bioprinting holds considerable promise for revolutionizing drug development practices and facilitating the emergence of personalized medicine (Kačarević et al., 2018; Rouwkema et al., 2008).

#### **Toxicology Screening**

Toxicology screening is crucial for identifying potential harmful effects of chemicals on individuals and the environment. Traditional approaches, notably animal testing, have been criticized for their limitations in accurately predicting human responses. In contrast, 3D bioprinting, an advanced technology, offers a more sophisticated solution by generating human-like tissue constructs for enhanced and reliable testing. This methodology proves particularly valuable in the evaluation of cosmetic ingredients using 3D-printed skin models. By employing these models, ethical considerations are prioritized, and toxicology screening becomes more relevant to human physiology. The assessments conducted encompass crucial factors such as absorption, irritation, corrosion, and sensitization, providing a comprehensive and human-centric approach to toxicology screening (Di et al., 2018).

#### **Cancer Research Tissue Model**

Conventional 2D tumor models employed in cancer research often fall short in replicating physiological conditions due to the absence of crucial cell-cell interactions. In contrast, 3D bioprinting emerges as a revolutionary technique that overcomes this limitation by facilitating the recreation of the cancer microenvironment. This breakthrough technology provides a more accurate platform for studying cancer pathogenesis and metastasis. Notably, 3D bioprinting enables the simultaneous printing of multiple cell types, leading to the formation of reproducible multicellular structures characterized by controlled cell density and spatially mediated microenvironments. For instance, the bioprinting of HeLa cells within a gelatin-alginate composite hydrogel exemplifies the potential of this method in creating a more realistic context for studying cell aggregation. This innovative approach heralds a new era in cancer research, offering improved

physiological relevance and enhancing our understanding of tumor behavior and response to treatments (Tripathi et al., 2022)

### Challenges

The challenges of 3D bioprinting encompass multiple fronts, from the search for optimal biocompatible materials that balance structural integrity with cell support, to ensuring cell viability and functionality amidst printing pressures. Achieving high resolution and precision, especially for complex tissue structures, remains an ongoing hurdle. Vascularization poses a significant challenge for larger structures, and the need for standardized protocols and ethical considerations further complicates the field. The speed of bioprinting, regulatory issues, and the long-term stability of bioprinted tissues add layers of complexity that demand interdisciplinary collaboration to advance the transformative potential of 3D bioprinting in tissue engineering and regenerative medicine (Qi et al., 2017).

### Future Prospect

The future prospects of 3D bioprinting are exceptionally promising, poised to usher in a new era in healthcare and beyond. Foremost among these prospects is the potential for bioprinting functional human organs, a breakthrough that could effectively eliminate organ shortages and transplant waiting lists, saving countless lives in the process. Furthermore, 3D bioprinting offers the prospect of personalized medicine by creating bespoke tissue and organ models for drug testing, disease modeling, and individualized treatment strategies. This innovation has the potential to revolutionize pharmaceutical research, making drug testing more precise and humane while enabling faster development of targeted therapies. Additionally, it can facilitate significant advancements in tissue engineering, regenerative medicine, and dental applications, improving the quality of life for patients with injuries, degenerative diseases, or dental issues. As the technology matures, its applications extend to fields as diverse as space exploration, cosmetic surgery, and even food production, opening up a world of possibilities. Nonetheless, as 3D bioprinting continues to evolve, researchers and regulators must address challenges related to safety, ethics, and quality control to ensure that its potential benefits are realized responsibly and ethically.

### Conclusion

In conclusion, 3D bioprinting stands at the forefront of scientific and medical innovation, holding immense promise for the future. It represents a transformative technology with the potential to revolutionize healthcare, research, and various industries. The ability to fabricate complex tissues and organs using biocompatible materials is not only groundbreaking but also offers practical solutions to longstanding challenges. As the technology continues to advance, we can anticipate breakthroughs in regenerative medicine, dentistry, and even space exploration, where 3D bioprinting could redefine the possibilities for long-duration missions. Moreover, the potential for ethical and sustainable food production through bioprinting further extends the reach of this technology. In the coming years, continued research, collaboration, and innovation in 3D bioprinting hold the promise of unlocking unprecedented advancements in healthcare, science, and beyond, ultimately reshaping the way we approach medicine and the limits of human potential.

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### Conflict of Interest

The authors declare that there are no conflicts of interest.

### Reference:

1. Derakhshanfar, S., Mbeleck R., Xu K., Zhang X., Zhong W., Xing M. (2018). 3D bioprinting for biomedical devices and tissue engineering: A review of recent trends and advances. *Bioactive Materials*, 3:144–156.
2. Di Bella, C., Duchi S., O'Connell C.D., Blanchard R., Augustine C., Yue Z., Thompson F., Richards C., Beirne S., Onofrillo C. (2018). In situ handheld three-dimensional bioprinting for cartilage regeneration. *Journal of Tissue Engineering and Regenerative Medicine*, 12:611–621.

3. Jovic, T. H., Combellack, E. J., Jessop, Z. M., & Whitaker, I. S. (2020). 3D Bioprinting and the Future of Surgery. *Frontiers in surgery*, 7, 609836.
4. Kačarević, Ž. P., Rider, P. M., Alkildani, S., Retnasingh, S., Smeets, R., Jung, O., Ivanišević, Z., & Barbeck, M. (2018). An Introduction to 3D Bioprinting: Possibilities, Challenges and Future Aspects. *Materials (Basel, Switzerland)*, 11(11), 2199.
5. Lin H., Zhang D., Alexander P.G., Yang G., Tan J., Cheng A.W.M., Tuan R.S. (2013). Application of visible light-based projection stereolithography for live cell-scaffold fabrication with designed architecture. *Biomaterials*, 34:331–339.
6. Nishiyama, Y., Nakamura, M., Henmi, C., Yamaguchi, K., Mochizuki, S., Nakagawa, H., & Takiura, K. (2009). Development of a three-dimensional bioprinter: construction of cell supporting structures using hydrogel and state-of-the-art inkjet technology. *Journal of biomechanical engineering*, 131(3), 035001.
7. Norotte, C., Marga, F. S., Niklason, L. E., & Forgacs, G. (2009). Scaffold-free vascular tissue engineering using bioprinting. *Biomaterials*, 30(30), 5910–5917.
8. Panja, N., Maji, S., Choudhuri, S., Ali, K. A., & Hossain, C. M. (2022). 3D Bioprinting of Human Hollow Organs. *The American Association of Pharmaceutical Scientists*, 23(5), 139.
9. Papaioannou, T. G., Manolesou, D., Dimakakos, E., Tsoucalas, G., Vavuranakis, M., & Tousoulis, D. (2019). 3D Bioprinting Methods and Techniques: Applications on Artificial Blood Vessel Fabrication . *Acta Cardiologica Sinica*, 35(3), 284–289.
10. Qi, X., Pei P., Zhu M., Du X., Xin C., Zhao S., Li X., Zhu Y. (2017). Three dimensional printing of calcium sulfate and mesoporous bioactive glass scaffolds for improving bone regeneration in vitro and in vivo. *Scientific Reports*, 7:42556.
11. Rouwkema, J., Rivron, N. C., & van Blitterswijk, C. A. (2008). Vascularization in tissue engineering . *Trends in biotechnology*, 26(8), 434–441.
12. Saini, G., Segaran, N., Mayer, J. L., Saini, A., Albadawi, H., & Oklu, R. (2021). Applications of 3D Bioprinting in Tissue Engineering and Regenerative Medicine. *Journal of clinical medicine*, 10(21), 4966.
13. Tripathi, S., Mandal, S. S., Bauri, S., & Maiti, P. (2022). 3D bioprinting and its innovative approach for biomedical applications. *MedComm*, 4(1), e194.