

TLDR

Artificial Lung: A Biomedical Engineering Approach

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The Big Idea:

Due to the increasing demand of donor organs, biomedical engineers have found a way to address the shortage - artificial lung technology. This paper explores recent advancements in artificial lung technology and the potential and key features of implantable artificial lungs.

Key Terms and Concepts:

ECMO systems:

Extracorporeal membrane oxygenation (ECMO) systems are life-support machines that temporarily take over the work of the heart and lungs.

Biocompatibility:

Ability of a material to be in contact with the body system without any adverse effects.

Microfluidics:

The field that studies the behaviour of fluids through micro-channels, and the technology to manufacture devices that can allow the fluid to flow through them.

Biohybrid:

Material that is composed of both biological and non-biological components.

Hemocompatibility:

The tolerance of materials with blood without causing adverse effects.

Stem cells:

Unspecialised cells which can differentiate into specialised cells for specific functions.

Spatial accuracy:

How precisely something is made or arranged. In other words, how closely the shape, size, and position of parts match the real thing.

Patency:

The state of being open or unobstructed.

Organ rejection:

When the body's own immune system is not able to recognise the foreign organ and proceed to attack the organ.

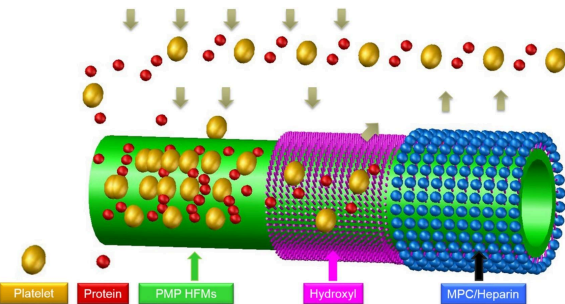
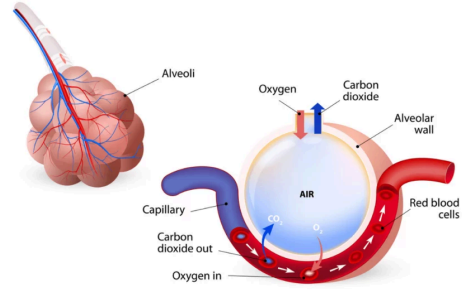
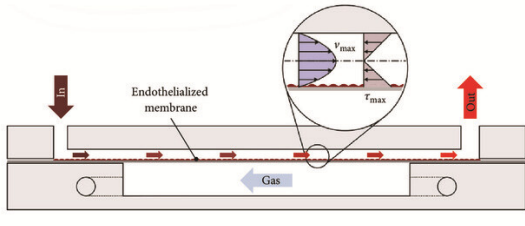
Mechanical integrity:

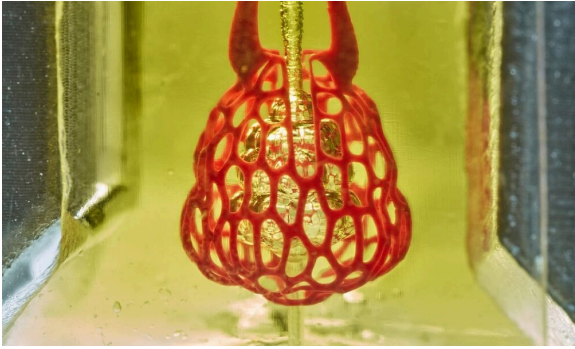
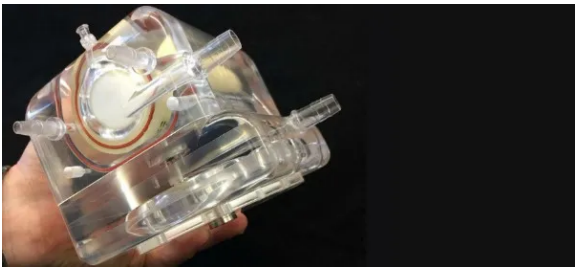
The process of managing the equipment so that they function correctly.

Key Findings:

- Although we have ECMO systems, they are impractical for long-term use as they are too large and non-portable. In addition, these machines are associated with high complication rates, such as bleeding and infections.
- As chronic lung diseases continue to rise, these limitations have led to the innovation of a more practical solution: the implantable artificial lung.

Key Characteristics:

 <p>The diagram shows a cross-section of an artificial lung membrane. It consists of a central green tube (PMP HFMs) surrounded by a blue layer (MPC/Heparin) and a red layer (Hydroxyl). Above the tube, yellow spheres represent platelets and red spheres represent proteins. Arrows indicate the flow of these components towards the membrane.</p>	<p>Polymethylpentene and surface-coated hollow fibres are used to line the membrane of artificial lungs.</p> <ul style="list-style-type: none"> Improves gas exchange rates Great for biocompatibility
 <p>The diagram illustrates the natural alveolar-capillary interface. It shows a cluster of alveoli (red) and a capillary (blue). Oxygen (O₂) moves from the alveoli into the capillary, while carbon dioxide (CO₂) moves from the capillary into the alveoli. Red blood cells are shown in the capillary. Labels include: Alveoli, Capillary, Carbon dioxide out, Oxygen in, AIR, Alveolar wall, and Red blood cells.</p>	<p>Artificial lungs incorporate microfluidic designs inspired by the natural alveolar-capillary interface.</p> <ul style="list-style-type: none"> Increases surface area → more efficient gas exchange
 <p>The diagram shows a cross-section of an endothelialized membrane. It consists of a central tube (Gas) surrounded by a layer of endothelial cells (red). Arrows indicate the flow of gas into and out of the tube. Labels include: In, Endothelialized membrane, Gas, and Out.</p>	<p>Artificial lungs are lined with endothelial cells (specialized cells found in blood vessels) to create biohybrid lungs</p> <ul style="list-style-type: none"> Promotes hemocompatibility and reduces inflammatory responses.

	<p>3D printing techniques used to create lung scaffolds</p> <ul style="list-style-type: none"> • Precise spatial accuracy • Helps overcome the structural complexity of human lung
	<p>Prototypes: Paracorporeal Ambulatory Assist Lung (PAAL)</p> <ul style="list-style-type: none"> • Portable • Provide effective oxygenation during preclinical trials • Potential to turn into a wearable product

- Engineering considerations:
 - Autologous cell use, anti-inflammatory coatings, immune-modulatory materials
 - Works to negate any extreme immune responses
 - Lengthens the lifespan of the technology
- Despite its promise, implantable artificial lungs encounter many challenges, like:
 - Maintenance of device patency
 - Risks of organ rejection
 - Maintenance of mechanical integrity
 - Consistent gas exchange

Future Directions:

- Miniaturization of artificial lung for full implantability
- Advanced materials engineering to increase gas exchange efficiency without risk of clotting
- Integration of sensors for monitoring purposes
- Clinical trials

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