

Application of 3D Printing in Cardiomyopathy

Yulin Ji

Yangzhou High School, Yangzhou, Jiangsu Province, 225009, China

Jiyulin238701@outlook.com

Abstract. Cardiomyopathy encompasses a diverse group of heart muscle diseases that can lead to severe complications, including heart failure and arrhythmias. Traditional research methods, such as animal models and two-dimensional cell cultures, struggle to replicate the complex three-dimensional architecture of heart tissue, hindering the development of effective therapies. Recent advancements in 3D printing technology, particularly in bioprinting, present novel opportunities to overcome these limitations. This paper explores the applications of 3D printing in cardiomyopathy, highlighting its role in heart modeling, tissue engineering, drug testing, and regenerative medicine. Patient-specific heart models created from imaging data allow for enhanced surgical planning and improved communication between healthcare providers and patients. Tissue engineering efforts, utilizing 3D-printed scaffolds and bioprinting techniques, aim to restore heart function by regenerating damaged tissues. Furthermore, 3D-printed heart tissue models facilitate more accurate drug testing and disease modeling, enabling researchers to better understand disease mechanisms and assess therapeutic efficacy. Despite its promise, challenges such as the complexity of heart tissue, scalability, and regulatory considerations remain. Future research should focus on refining 3D printing technologies, developing advanced bio-inks, and ensuring the integration of engineered tissues with native heart structures. Overall, the integration of 3D printing into cardiomyopathy research and treatment holds significant potential to transform patient care and improve outcomes, paving the way for personalized medicine approaches in managing this complex group of diseases.

Keywords: 3D Printing, cardiomyopathy, drug testing, heart modeling, regenerative medicine.

1. Introduction

Cardiomyopathy refers to a group of diseases that affect the heart muscle, which can lead to heart failure, arrhythmias, and even sudden death. Given the complexity of the heart and the heterogeneity of cardiomyopathy, developing effective therapies and interventions has been a challenge [1]. Traditional methods of studying heart diseases and testing treatments, such as animal models or two-dimensional (2D) cell cultures, have limitations in replicating the three-dimensional (3D) architecture and functionality of human heart tissue.

Recent advancements in 3D printing technology, or additive manufacturing, have brought new opportunities for addressing these limitations [2]. By allowing the construction of patient-specific, three-dimensional models and scaffolds, 3D printing holds great promise in cardiomyopathy research, diagnostics, and therapeutics. This paper discusses the current and promising applications of 3D printing technology in cardiomyopathy, focusing on heart modeling, tissue engineering, drug testing, and regenerative medicine [3].

This review summarizes the types of cardiomyopathy and each presenting unique challenges. It discusses the principles and advantages of 3D printing technology, highlighting its applications in creating patient-specific heart models, tissue engineering, drug testing, and regenerative medicine. Despite challenges like structural complexity and scalability, 3D printing holds significant potential to enhance diagnosis and treatment, aiming to facilitate the research for personalized medicine and to advance patient performance in cardiomyopathy.

2. Cardiomyopathy overview

There are several types of cardiomyopathy, each with distinct pathophysiologies: 1). Dilated Cardiomyopathy (DCM): The heart chambers enlarge and weaken, impairing the heart's ability to pump blood effectively [4]. 2) Hypertrophic cardiomyopathy (HCM): The heart muscle thickens abnormally, particularly the ventricles, and dystroys the function of pumping blood [5]. 3). Restrictive Cardiomyopathy (RCM): The ventricles walls can be stiff, leading to restricted filling of the heart between beats [6]. 4). Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC): The cardiac muscle can be replaced by scar and fat tissue, predominantly affecting the right ventricle and leading to arrhythmias [7]. Each of these types presents unique challenges for diagnosis and treatment, and 3D printing can play a critical role in addressing these challenges.

3. Principles of 3D printing

3D printing is based on additive manufacturing processes, where materials are deposited layer by layer to create a 3D structure. This contrasts with traditional manufacturing methods, which often involve subtractive processes like cutting or molding. Various materials can be used, including plastics, metals, and biological materials (bioprinting).

There are different categories of 3D printing by the key techniques used in 3D printing Stereolithography (SLA) utilizes a laser to cure photosensitive resin into solid structures. Fused Deposition Modeling (FDM) involves melting and depositing material, typically thermoplastic, layer by layer. Selective Laser Sintering (SLS) uses A laser sinters powdered material to form solid layers. Bioprinting uses bio-inks made from living cells and biomaterials to create tissue-like structures [8].

There are advantages of 3D printing in clinical applications, including customization, precision, and scalability. Customizable 3D printing enables the creation of patient-specific models, which is particularly important in cardiology where each patient's heart anatomy can differ significantly [9]. 3D printing makes the fabrication of complex structures with high spatial resolution and provide precise solutions [10]. From small tissue constructs to entire organ models, 3D printing is scalable to suit different research or therapeutic needs.

4. Applications of 3D printing in cardiomyopathy

Currently, 3D printing has been used in cardiomyopathy research and treatment, including heart models before surgery, drug screening, regenerating heart tissue, and whole-heart bioprinting, which are summarized in Figure 1 and Table 1.

4.1. Heart modeling and simulation

One of the most straightforward applications of 3D printing in cardiomyopathy is creating patient-specific heart models. Using imaging techniques such as magnetic resonance imaging (MRI) and computed tomography (CT), it is possible to create 3D reconstructions of a patient's heart. These models can then be printed using 3D printers to replicate the structure.

In the context of cardiomyopathy, 3D heart models provide a detailed understanding of the patient's unique heart anatomy and pathological changes. For example, in hypertrophic cardiomyopathy (HCM), where the heart's walls are abnormally thickened, 3D printing allows for the visualization of the hypertrophic areas in relation to the heart's functional regions, such as the left ventricular outflow tract. This helps cardiologists plan surgical interventions, like septal myectomy, with higher precision [11].

Patient-specific models are valuable tools for both surgeons and patients. Clinicians can use these models for planning for surgery, allowing surgeons to simulate various procedures in advance, thereby improving outcomes. Additionally, these models can be used for educational purposes, helping medical students and healthcare providers better understand complex heart conditions. They also allow patients to visualize their condition, fostering better communication between patients and their doctors [12].

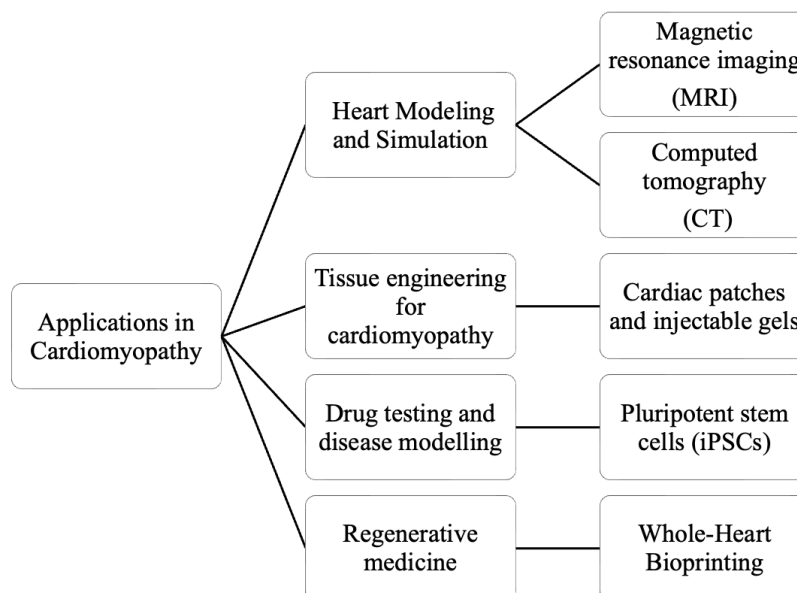


Figure 1. Applications of 3D printing in cardiomyopathy. Figure credit, original.

4.2. Tissue engineering for cardiomyopathy

Tissue engineering is a promising field that aims to create biological substitutes to restore or maintain the function of damaged tissues or organs. In cardiomyopathy, where the heart muscle is often damaged or scarred, tissue engineering can potentially offer regenerative solutions.

3D printing enables the creation of scaffolds that mimic the extracellular matrix (ECM) of the heart tissue. These scaffolds provide the necessary support for cell attachment and growth, allowing for the creation of functional cardiac tissues *in vitro*. For example, in dilated cardiomyopathy (DCM), where the heart's walls are weakened and stretched, bio-printed scaffolds can be used to reinforce the heart muscle or to grow new heart tissue that can be transplanted into the patient.

One of the most exciting developments in 3D printing is bioprinting, which uses living cells to create tissue constructs. In cardiomyopathy research, scientists have used bioprinting to print heart muscle cells (cardiomyocytes), fibroblasts, and endothelial cells to create tissue models that closely mimic the structure and function of human heart tissue.

For instance, researchers can bio-print cardiac patches that contain healthy heart cells, which can then be implanted onto a diseased heart to restore function. This approach is particularly useful in cases of ischemic cardiomyopathy, where parts of the heart muscle are damaged due to a lack of blood flow, as these patches can help regenerate damaged tissue [13].

4.3. Drug testing and disease modeling

Traditional 2D cell cultures often fail to accurately replicate the complex 3D structure and environment of human tissues, leading to unreliable results in drug testing. 3D printing provides a solution to this problem by enabling the building of 3D heart tissue models that resemble the *in vivo* environment.

These 3D heart tissue models can be used to study the pathophysiology of different types of cardiomyopathy. For example, in hypertrophic cardiomyopathy, researchers can create 3D heart tissue models that replicate the thickened heart muscle. These models can be used to study how genetic

mutations in sarcomeric proteins, commonly associated with HCM, lead to changes in heart muscle function and structure [14].

3D-printed heart tissues are also useful for drug screening. These tissue models allow researchers to test the efficacy and toxicity of drugs in a more physiologically relevant environment compared to 2D cell cultures or animal models. For example, in arrhythmogenic right ventricular cardiomyopathy (ARVC), where heart tissue is replaced by scar tissue, researchers can use 3D-printed models to test new drugs aimed at preventing or reversing fibrosis (the formation of scar tissue).

Moreover, patient-specific 3D-printed heart tissues can be created using cells derived from a patient's own induced pluripotent stem cells (iPSCs). These personalized models enable researchers to test how a patient's heart might respond to a particular drug, paving the way for personalized medicine approaches in the treatment of cardiomyopathy [15].

4.4. Regenerative medicine

An ultimate goal of applying 3D printing in cardiology is to regenerate damaged heart tissue. In cardiomyopathy, especially in cases where the heart muscle has been significantly damaged or replaced by scar tissue, the ability to regenerate functional heart tissue would be a game-changer. Researchers are using 3D printing to develop cardiac patches and injectable gels that contain living heart cells or stem cells. These materials can be applied directly to the damaged tissue to promote tissue regeneration. For example, in patients with dilated cardiomyopathy, where the heart muscle is weak and thin, a 3D-printed cardiac patch could help reinforce the heart and improve its ability to pump blood [16].

Although still in the experimental stage, there have been significant advances in the bioprinting of whole organs, including the heart. In 2019, researchers at Tel Aviv University successfully bioprinted a small, 3D human heart complete with blood vessels using patient-derived cells. While this heart was too small for transplantation and lacked full functionality, it represents an important step towards the goal of printing fully functional human hearts [17].

In the future, whole-heart bioprinting could provide a solution for patients with end-stage cardiomyopathy who require heart transplants. This would address the current shortage of donor hearts and eliminate the need for lifelong immunosuppressive therapy, as the bio-printed heart would be made from the patient's own cells.

Table 1. Applications of bioprinting in cardiomyopathy

| Applications | Methods | Effects | Ref (s) |
|----------------------------|--|---|---------|
| Heart model before surgery | Using imaging techniques such as MRI and CT to construct 3D model, then using these models for pre-surgical planning and patient communication | Improved communication efficiency and surgery outcomes | [11] |
| Drug screening | Pluripotent stem cells (iPSCs) | Test the efficacy and toxicity of drugs in a more physiologically relevant environment | [15] |
| Regenerating Heart Tissue | Cardiac patches and injectable gels | Reinforce the heart and improve its ability to pump blood | [16] |
| Whole-Heart Bioprinting | Using patient-derived cells | Provide a solution for patients with end-stage cardiomyopathy who require heart transplants | [17] |

5. Challenges and future directions

Despite the promising applications of 3D printing in cardiomyopathy, several challenges remain. One of the main obstacles is the complexity of the heart's structure and function, which is difficult to fully replicate using current 3D printing technologies. Additionally, while bioprinting has advanced

significantly, creating functional heart tissues that are able to be integrated and adapted to the patient's existing heart tissue remains a challenge.

Another limitation is the scalability of 3D printing. While small cardiac patches and tissue models are feasible, printing large-scale tissues or entire organs requires further technological advancements. Additionally, the cost of 3D printing technology, particularly bioprinters and bio-inks, is still relatively high, which may limit its accessibility in clinical settings.

Future studies should focus on improving the resolution and speed of 3D printers, developing new bio-inks that more closely mimic the properties of natural heart tissue, and advancing our understanding of how to integrate 3D-printed tissues with native heart tissues. As these challenges are addressed, 3D printing will likely be critical in the diagnosis, treatment, and prevention of cardiomyopathy [18].

Applying 3D printing technology in cardiomyopathy holds tremendous potential for transforming how we understand and treat this complex group of heart diseases. From patient-specific heart models that improve surgical planning to 3D-printed tissue scaffolds that promote heart regeneration, the use of 3D printing in cardiology is expanding rapidly. Although challenges remain, continued advancements in 3D printing technology and tissue engineering will likely lead to more effective therapies and improved outcomes for patients with cardiomyopathy in the future. native heart and sustain long-term function remains a significant challenge. Another limitation is the current regulatory environment. As 3D-printed tissues and organs move closer to clinical use, regulatory bodies like the FDA will need to develop guidelines to ensure their safety and efficacy. This includes determining how to test the durability and function of 3D-printed tissues over time.

Looking to the future, ongoing advancements in materials science, stem cell biology, and bioprinting technology will likely continue to drive the development of more sophisticated and functional 3D-printed heart tissues. These developments could revolutionize the treatment of cardiomyopathy and other heart diseases, offering new hope to patients with previously untreatable conditions. 3D printing technology holds immense potential in the field of cardiomyopathy, offering innovative solutions for heart modeling, tissue engineering, drug testing, and regenerative medicine. By enabling the creation of patient-specific models and functional heart tissues, 3D printing is poised to transform the diagnosis and treatment of cardiomyopathy. While there are still challenges to overcome, the future of 3D printing in cardiology holds promise to improve patient outcomes, as well as revolutionize the field of heart disease treatment [19].

6. Conclusion

The integration of 3D printing technology into the study and treatment of cardiomyopathy represents a transformative advancement in cardiology. By enabling the creation of patient-specific heart models, 3D printing enhances surgical planning and improves communication between healthcare providers and patients. This personalized approach allows for better visualization of complex cardiac structures, particularly in cases like hypertrophic cardiomyopathy, where precise interventions are critical. Furthermore, the potential of tissue engineering through 3D-printed scaffolds and bioprinting of living cells offers promising avenues for regenerating damaged heart tissue, particularly in dilated and ischemic cardiomyopathy. The ability to create functional cardiac patches and even whole-heart constructs could revolutionize treatment options, addressing the urgent need for effective therapies in patients with severe heart conditions. Additionally, the utilization of 3D-printed heart tissues for drug testing and disease modeling provides a more accurate representation of human physiology, facilitating the discovery of new treatments and personalized medicine approaches tailored to individual patient needs. However, challenges such as the complexity of heart tissue, scalability of production, and regulatory hurdles must be addressed to realize the full potential of these technologies. Continued research and development in this field are essential to improve the efficacy and applicability of 3D printing in cardiomyopathy. Thus, the applications of 3D printing in cardiomyopathy not only improve our understanding of the disease but also hold the promise of significantly improving patient outcomes through innovative treatment strategies.

References

- [1] Maron BJ 2002 JAMA. 287 1308-20.
- [2] Ventola CL 2014 P T. 39 704-11
- [3] Sakar MS, Baker BM. 2018 Dev Cell.44 131-132
- [4] Norton N, et al. 2013 Circ Cardiovasc Genet. 6 144-53
- [5] Rowin EJ, Maron MS and Maron BJ. 2018 Circulation. 137 2541-2542
- [6] Zangwill S and Hamilton R 2009 Pacing Clin Electrophysiol. 32 Suppl 2 S41-3
- [7] Basso C, Bauce B, Corrado D and Thiene G. 2011 Nat Rev Cardiol. 9 223-33
- [8] Ding G, Gao G, and Yao K 2015 Sci. Rep. 5 9567
- [9] Yoo SJ et al. 2015 3D Print Med. 2 3
- [10] Tejo-Otero A, Buj-Corral I and Fenollosa-Artés F 2020 Ann Biomed Eng. 48 536-555
- [11] Ong CS and Hibino N. 2017 Thorac Dis. 9 2301-2302
- [12] Morris JM, Wentworth A, Houdek MT, Karim SM, Clarke MJ, Daniels DJ and Rose PS 2023 Neuroimaging Clin N Am. 33 507-529.
- [13] Wang Z, Wang L, Li T, Liu S, Guo B, Huang W and Wu Y. 2021 Theranostics. 11 7948-7969
- [14] Hadeed K, Acar P, Dulac Y, Cuttone F, Alacoque X and Karsenty C 2018 Arch Cardiovasc Dis. 111 1-4
- [15] Gaurkhede SG, Osipitan OO, Dromgoole G, Spencer SA, Pasqua AJD and Deng J 2021 J Pharm Sci. 110 3829-3837
- [16] Chen X, Liu S, Han M, Long M, Li T, Hu L, Wang L, Huang W and Wu Y 2024 Adv Healthc Mater. 13 e2301338
- [17] Mokhtarinia K and Masaeli E. 2023 Biomater Sci. 11 2317-2329
- [18] Morrison RJ, Kashlan KN, Flanagan CL, Wright JK, Green GE, Hollister SJ and Weatherwax KJ 2015 Clin Transl Sci. 8 594-600
- [19] Zhang L, Forgham H, Shen A, Wang J, Zhu J, Huang X, Tang SY, Xu C, Davis TP and Qiao R 2022 J Mater Chem B. 10 7473-7490