

Title	In Silico Analysis of the Biomechanical Stability of Commercially Pure Ti and Ti-15Mo Plates for the Treatment of Mandibular Angle Fracture	
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12	In silico analysis of the biomechanical stability of commercially pure Ti and Ti-15Mo
13	plates for the treatment of mandibular angle fracture
14	Υ.·
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1 Abstract

2	Purpose: To investigate the influence of different materials and fixation methods on
3	maximum principal stress and displacement in reconstruction plates using in silico three-
4	dimensional finite element analysis (3D-FEA).
5	Methods: CAD models of the mandible and teeth were constructed. CHAMPY and
6	AO/ASIF plates and fixation screws were designed with CAD software. 3D-FEA was
7	performed by image-based CAE software. Maximum and minimum values of
8	biomechanical stability, maximum principal stress and displacement distribution were
9	compared in CHAMPY and AO/ASIF plates made from commercially pure titanium
10	grade 2 (cp-Ti) and titanium-molybdenum (14.47%wt) alloy (Ti-15Mo).
11	Results: For plates fixed on a fractured left angle of mandible model, the
12	maximum/minimum values of MPS in the cp-Ti-constructed CHAMPY plate, upper
13	AO/ASIF plate, and lower AO/ASIF plate were 19.5/20.3%, 15.2/25.3%, and 21.4/4.6%
14	lower, respectively, than for plates made from Ti-15Mo. In the same model, the
15	maximum/minimum values of displacements in cp-Ti-constructed CHAMPY plate, upper
16	AO/ASIF plate, and lower AO/ASIF plate were 1.6/3.8%, 3.1/2.7%, and 5.4/10.4%
17	higher, respectively, than for plates made from Ti-15Mo.

- 1 Conclusion. This in silico 3D-FEA demonstrates that Ti-15Mo plates have greater load-
- 2 bearing capability.
- 3
- 4 Keywords: Mandibular fracture; Finite element analysis; Ti-15Mo alloy; Osteosynthesis,
- 5 fracture.
- 6

1 INTRODUCTION

2	Mandibular angle fractures most commonly occur in 20- to 40-year-old males,
3	generally as the result of personal assault, falls, or motorized vehicle accidents [1, 2].
4	Treatment of these fractures is challenging due to the difficulty of treating a sensitive
5	load-bearing region that is susceptible to infection. In recent years, validation studies have
6	been conducted to develop optimized reconstruction plates with appropriate mechanical
7	properties and therefore reduce the healing period of the fracture [3]. Precise evaluation
8	of the mechanical stresses that develop in a fractured mandible is essential to this
9	optimization process.
10	There are two main avenues to reducing stress shielding and damage to the blood
11	supply in fractured bone [4-7]. The first is to modify the bone-plate material. The second
12	is to reduce the contact between the bone and the plates. Few studies have investigated
13	the combined effects of these two parameters on stress shielding in the fractured bone [6].
14	Various types of internal fixation devices are used to promote the stabilization of
15	bone structure [5, 8]. Reconstruction plates should be biocompatible and have appropriate
16	mechanical properties for the support of fractured bone [5-7, 9, 10]. Conventional
1 🗖	

1	and titanium alloys. These plates have acceptable bio-compatibility, provide excellent
2	reduction of bone fragments and have the required strength to stabilize and support the
3	fracture. Titanium alloys are also the preferred material for the manufacture of miniplates
4	and screws because of its stiffness, strength, and biocompatibility, which help these
5	devices to maintain the relative position of bone segments. Ti-15Mo-a titanium-
6	molybdenum system alloy containing 14.47% wt molybdenum—is known to exhibit high
7	corrosion resistance, high electrochemical stability, and excellent biocompatibility [11]
8	closer to commercially pure titanium grade 2 (cp-Ti) [12]. In terms of elastic modulus,
9	Ti-15Mo closely approximates to that of human bone (~30 GPa) [13], unlike cp-Ti.
10	The primary goal of a bone plate should be to provide the maximum stability in the
11	bone fracture region with the minimum amount of implanted material. Achieving this
12	goal will reduce patient complications and overall patient discomfort. Greater
13	biomechanical understanding allows the designer to take a more structured perspective
14	on the design and composition of bone plates [4]. Three-dimensional finite element
15	analysis (3D-FEA)-a computational technique, originally developed by engineers to
16	model the mechanical behavior of structures such as buildings, aircraft, and engine
17	parts—can determine the displacements, stresses and strains over an irregular solid body

- 1 given the complex material behavior and loading conditions imposed on that body. 3D-
- 2 FEA has been used previously to evaluate the treatment of facial fractures [9, 14-16] and
- 3 its use in evaluating plating techniques has been shown to be promising [9].
- 4 The aim of this study was to use *in silico* 3D-FEA to investigate the maximum
- 5 principal stress and displacement in two types of reconstructive fixation plate (CHAMPY

6 and AO/ASIF) made from two types of material (cp-Ti and Ti-15Mo).

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1 MATERIALS AND METHODS

2 CAD models simulating angle fractures

3	CAD models of the mandible and teeth for <i>in silico</i> 3D-FEA were constructed from
4	a three-dimensional whole-body model for an adult human male [17]. Plates (CHAMPY
5	and AO/ASIF types) and fixation screws were designed with CAD software
6	(Solidworks2011; Dassault Systèmes Solidworks Corp, MA, USA) (Fig. 1). Each 1.0-
7	mm-thick plate included four screw holes of 2.0 mm in diameter. The CHAMPY plate
8	was fixed to the isolated left angle of mandible model by four ϕ 2.0 $ imes$ 6.0 mm screws
9	made of alpha-beta titanium alloy (Ti-6Al-4V; ASTM F136-12a). The AO/ASIF system
10	consists of upper and lower plates fixed to the isolated left angle of mandible model by
11	four ϕ 2.0 \times 6.0 mm Ti-6Al-4V screws (upper plate) and four other screws of ϕ 2.0
12	\times 12.0 mm (lower plate).
13	
14	Three-dimensional finite element analysis

3D-FEA was performed by image-based CAE software (VOXELCON2015; Quint
Corp., Tokyo, Japan). Material properties used for 3D-FEA are shown in Table 1. The
voxel numbers of each CAD model are shown in Table 2. Both mandibular rami were



1 **RESULTS**

2 Maximum principal stress

3	Table 3 summarizes maximum and minimum values of MPS in plates made from
4	cp-Ti and Ti-15Mo. It can be seen that the maximum/minimum values of MPS in the
5	CHAMPY plate, upper AO/ASIF plate, and lower AO/ASIF plate were 19.5/20.3%,
6	15.2/25.4%, and 21.4/4.56% higher, respectively, in plates made from cp-Ti than in those
7	made from Ti-15Mo. For both the cp-Ti and Ti-15Mo CHAMPY plates, the maximum
8	and minimum values of MPS were observed in the upper-middle and lower-middle areas
9	of the plates, respectively (Fig. 3). For AO/ASIF plates (irrespective of material), the
10	maximum MPS values were observed in the upper-middle section of the upper plate,
11	while the minimum MPS values were found inside the first screw hole on the bottom
12	plate (Fig. 4).
13	
14	Displacement
15	Table 4 shows maximum/minimum values of displacements occurring in plates
16	made from cp-Ti and Ti-15Mo. The maximum/minimum values of displacements in the

17 CHAMPY plate, upper AO/ASIF plate, and lower AO/ASIF plate were 1.6/3.8%,

3.1/2.7%, and 5.4/10.4% higher in Ti-15Mo plates than in cp-Ti plates. Irrespective of
material, maximum values of displacement in CHAMPY plates were observed at the
mesial end of the plate, whereas minimum values were at the distal end (Fig. 5). In the
AO/ASIF model, maximum values of displacement were found at the proximal end of
the upper plate, while minimum values were obtained from the distal sections of the lower
plate, regardless of material (Fig. 6).

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1 **DISCUSSION**

2	A previous in vitro single load failure test of a synthetic mandible model concluded
3	that AO/ASIF plates made of a titanium-molybdenum system alloy containing 14.47 wt%
4	of molybdenum (Ti-15Mo) were more resistant to load and displacement than CHAMPY
5	plates [18]. However, the mechanism by which this improved resistance was conferred
6	could not be determined. The present in silico study demonstrated the distribution of
7	stress and displacement in reconstruction plates and investigated the biomechanical
8	stability of CHAMPY and AO/ASIF plates fabricated from commercially pure titanium
9	grade 2 (cp-Ti) and Ti-15Mo.
10	Von Mises stress is known as a superior failure criterion for ductile materials such
11	as metals during <i>in silico</i> analysis. However, because of the scalar nature of its values,
12	Von Mises stress cannot determine whether observed stresses are compressive or tensile.
13	Maximum principal stress (MPS)—a vector value—is a useful parameter for identifying
14	the location(s) of those compressive and tensile stresses. Displacement observed in the
15	reconstruction plates is helpful to understand a relative displacement of fractured bones.
16	In this study, MPS and displacement were calculated by three-dimensional finite element
17	analysis to evaluate the biomechanical stability of the types of plates used in treatment of

1 mandibular angle fracture.

2	Ti-15Mo plates have been shown to exhibit lower MPS and higher tensile strength
3	than plates made from cp-Ti [21, 22], strongly suggesting that Ti-15Mo provides greater
4	resistance than cp-Ti for a same amount of load/displacement. Furthermore, we observed
5	that the maximum and minimum values of MPS were focused respectively in the upper-
6	middle and lower-middle of the CHAMPY plate, characteristic of a flexural mode of
7	stress. Conversely, the concentration of maximum and minimum forces in the AO/ASIF
8	plates suggested that they might inhibit flexural stress.
9	The addition of molybdenum to titanium is believed to reduce the Young's modulus
10	of the resultant alloy [23-25] and give it similar material properties to human mandibular
11	bone [26]. In the case of the CHAMPY plate and the upper AO/ASIF plate, the maximum
12	and minimum values of displacements were observed in peripheral areas of the plates,
13	whereas the minimum displacement in the lower AO/ASIF plate was shifted towards the
14	middle of the plate. This altered center of rotation in the lower AO/ASIF plate could
15	reduce the relative displacement of the fractured bones it re-apposes. There is further
16	scope to improve this stability by optimizing the position and orientation of the plates.
17	However, the use of two plates rather than one represents an increased risk of

1	complications [4]. Ti-15Mo has properties that make it superior to Ti-6Al-4V as the
2	material from which the screws are fabricated, notably that it has similar material
3	properties to human mandibular bone [18] and appears to inhibit the strain concentration
4	that is known to induce bone resorption [27].
5	Within the limitations of in silico 3D-FEA (namely the linear properties used for
6	the mandible and teeth), our results suggest that Ti-15Mo is a suitable material for bone
7	reconstruction plates. Further in silico study considering anisotropic and non-
8	homogeneous properties of the mandible [28, 29] may be helpful in further optimizing
9	fracture fixation methods for patients.
.0	CERTER -

1 CONCLUSIONS

This *in silico* three-dimensional finite element analysis demonstrated that plates made from Ti-15Mo possess greater load-bearing capacity than those made from cp-Ti. From these findings, it can be predicted that the superior performance of CHAMPY plates made from Ti-15Mo may enable a shorter treatment period with greater longevity in clinical service.

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- 4

ACTIFICATION

1 FIGURE LEGENDS

2	Figure 1. CAD models used for <i>in silico</i> finite element analysis with (a) CHAMPY plate
3	and (b) AO/ASIF plates. Yellow and red areas correspond to the mandible, white areas to
4	the teeth, while the light gray and dark gray denote the plate and screws, respectively.
5	
6	Figure 2. Voxel models and boundary conditions used for <i>in silico</i> finite element analysis
7	with (a) CHAMPY plate and (b) AO/ASIF plates. Yellow denotes the loaded areas and
8	direction of force (arrow), whereas red indicates fixed areas.
9	
10	Figure 3. Maximum principal stress distribution obtained in CHAMPY plates fabricated
11	from (a) cp-Ti and (b) Ti-15Mo. Red and blue arrows indicate the position of the
12	maximum and minimum values, respectively, of the maximum principal stresses in these
13	CHAMPY plates.
14	
15	Figure 4. Maximum principal stress distribution obtained in AO/ASIF plates fabricated
16	from (a) cp-Ti and (b) Ti-15Mo. Red and blue arrows indicate the position of the

17 maximum and minimum values, respectively, of the maximum principal stresses in these

1 AO/ASIF plates.

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- 3 Figure 5. Displacement distribution obtained in CHAMPY plates fabricated from (a) cp-
- 4 Ti and (b) Ti-15Mo. Red and blue arrows indicate the position of the maximum and
- 5 minimum values of displacements, respectively.
- 6
- 7 Figure 6. Displacement distribution obtained in AO/ASIF plates fabricated from (a) cp-
- 8 Ti and (b) Ti-15Mo. Red and blue arrows indicate the position of the maximum and
- 9 minimum values of displacements, respectively.

1 **TABLES**

- 2 Table 1. Material properties used for *in silico* finite element analysis. Young's modulus
- 3 and Poisson's ratio represent elasticity of materials.

		Plate	Plate	Screw
	Mandible and teeth	(cp-Ti)	(Ti-15Mo)	(Ti-6Al-4V)
Young's modulus (MPa)	624.24	107000	75000	110000
Poisson's ratio	0.2817	0.34	0.34	0.34

4

- 5 Table 2. Number of voxels for components of finite element models. Voxel resolution was
- 6 standardized to 0.1 mm.

					Screw	Screw
	Mandible	Teeth	Upper plate	Bottom plate	$(\phi 2.0 \times 6.0 \text{ mm})$	$(\phi 2.0 \times 12 \text{mm})$
CHAMPY	35955373	7966020	83665	-	39990	-
AO/ASIF	35909282	7966020	83665	83271	39990	89214

7

- 1 Table 3. Maximum/minimum values of maximum principal stress (MPa) in plates made
- 2 from cp-Ti and Ti-15Mo.

	cp-Ti	Ti-15Mo
CHAMPY	1226.0/-149.7	986.8/-119.3
AO/ASIF		
Upper plate	1037.9/-83.8	879.8/-62.6
Lower plate	623.1/-182.0	489.6/-173.7

3

6 7

4 Table 4. Maximum/minimum values of displacements (mm) in plates made from cp-Ti

5 and Ti-15Mo.

	cp-Ti	Ti-15Mo
СНАМРҮ	0.852/0.0684	0.866/0.0710
AO/ASIF		
Upper plate	0.513/0.150	0.529/0.154
Lower plate	0.314/0.0308	0.331/0.0340

1 **REFERENCES**

 $\mathbf{2}$

3	1. Cabrini Gabrielli MA, Real Gabrielli MF, Marcantonio E, Hochuli-
4	Vieira E: Fixation of mandibular fractures with 2.0-mm miniplates: review of
5	191 cases. J Oral Maxillofac Surg 61:430, 2003
6	2. Murthy AS, Lehman JA: Symptomatic plate removal in maxillofacial
7	trauma - A review of 76 cases. Annals of Plastic Surgery 55:603, 2005
8	3. Lieger O, Schaller B, Burki A, Buchler P: Biomechanical evaluation
9	of different angle-stable locking plate systems for mandibular surgery. J
10	Craniomaxillofac Surg 43:1589, 2015
11	4. Al-Moraissi EA: One miniplate compared with two in the fixation of
12	isolated fractures of the mandibular angle. Br J Oral Maxillofac Surg 53:690,
13	2015
14	5. Kharazi AZ, Fathi MH, Bahmany F: Design of a textile composite
15	bone plate using 3D-finite element method. Materials & Design 31:1468, 2010
16	6. Uhthoff HK, Poitras P, Backman DS: Internal plate fixation of

17 fractures: short history and recent developments. Journal of Orthopaedic

1 Science 11:118, 2006

 $\mathbf{2}$ 7. Ramakrishna K, Sridhar I, Sivashanker S, Khong KS, Ghista DN: 3 Design of fracture fixation plate for necessary and sufficient bone stress 4 shielding. Jsme International Journal Series C-Mechanical Systems Machine Elements and Manufacturing 47:1086, 2004 $\mathbf{5}$ 6 Kim SH, Chang SH, Jung HJ: The finite element analysis of a 8. 7 fractured tibia applied by composite bone plates considering contact 8 conditions and time-varying properties of curing tissues. Composite Structures 92:2109, 2010 9 Lovald ST, Khraishi T, Wagner J, Baack B, Kelly J, Wood J: 10 9. Comparison of plate-screw systems used in mandibular fracture reduction: 11 12Finite element analysis. Journal of Biomechanical Engineering-Transactions 13of the Asme 128:654, 2006 Veerabagu S, Fujihara K, Dasari GR, Ramakrishna S: Strain 10. 14distribution analysis of braided composite bone plates. Composites Science 1516and Technology 63:427, 2003

17 11. Rodrigues AV, Oliveira NT, dos Santos ML, Guastaldi AC:

1	Electrochemical behavior and corrosion resistance of Ti-15Mo alloy in
2	naturally-aerated solutions, containing chloride and fluoride ions. J Mater Sci
3	Mater Med 26:5323, 2015
4	12. Martins JRS, Araujo RO, Donato TAG, Arana-Chavez VE, Buzalaf
5	MAR, Grandini CR: Influence of Oxygen Content and Microstructure on the
6	Mechanical Properties and Biocompatibility of Ti-15 wt%Mo Alloy Used for
7	Biomedical Applications. Materials 7:232, 2014
8	13. Geetha M, Singh AK, Asokamani R, Gogia AK: Ti based biomaterials,
9	the ultimate choice for orthopaedic implants - A review. Progress in Materials
10	Science 54:397, 2009
11	14. Fernandez JR, Gallas M, Burguera M, Viano JM: A three-
12	dimensional numerical simulation of mandible fracture reduction with
13	screwed miniplates. J Biomech 36:329, 2003
14	15. Tams J, Van Loon JP, Otten B, Bos RRM: A computer study of
15	biodegradable plates for internal fixation of mandibular angle fractures.
16	Journal of Oral and Maxillofacial Surgery 59:404, 2001
17	16. Wagner A, Krach W, Schicho K, Undt G, Ploder O, Ewers R: A 3-

1	dimensional finite-element analysis investigating the biomechanical
2	behavior of the mandible and plate osteosynthesis in cases of fractures of the
3	condylar process. Oral Surgery Oral Medicine Oral Pathology Oral Radiology
4	and Endodontics 94:678, 2002
5	17. Mitsuhashi N, Fujieda K, Tamura T, Kawamoto S, Takagi T, Okubo
6	K: BodyParts3D: 3D structure database for anatomical concepts. Nucleic
7	Acids Res 37:D782, 2009
8	18. Semeghini Guastaldi FP, Hochuli-Vieira E, Guastaldi AC:
9	Biomechanical study in polyurethane mandibles of different metal plates and
10	internal fixation techniques, employed in mandibular angle fractures. J
11	Craniofac Surg 25:2246, 2014
12	19. Moriwaki H, Yamaguchi S, Nakano T, Yamanishi Y, Imazato S,
13	Yatani H: Influence of Implant Length and Diameter, Bicortical Anchorage,
14	and Sinus Augmentation on Bone Stress Distribution: Three-Dimensional
15	Finite Element Analysis. Int J Oral Maxillofac Implants 31:e84, 2016
16	20. Yamanishi Y, Yamaguchi S, Imazato S, Nakano T, Yatani H: Effects
17	of the implant design on peri-implant bone stress and abutment

1	micromovement: three-dimensional finite element analysis of original
2	computer-aided design models. J Periodontol 85:e333, 2014
3	21. Min XH, Emura S, Nishimura T, Zhang L, Tamilselvi S, Tsuchiya K,
4	Tsuzaki K: Effects of alpha phase precipitation on crevice corrosion and
5	tensile strength in Ti-15Mo alloy. Materials Science and Engineering a-
6	Structural Materials Properties Microstructure and Processing 527:1480,
7	2010
8	22. Elias CN, Fernandes DJ, Resende CRS, Roestel J: Mechanical
9	properties, surface morphology and stability of a modified commercially pure
10	high strength titanium alloy for dental implants. Dental Materials 31:E1,
11	2015
12	23. Niinomi M: Mechanical biocompatibilities of titanium alloys for
13	biomedical applications. J Mech Behav Biomed Mater 1:30, 2008
14	24. Ho WF, Ju CP, Lin JH: Structure and properties of cast binary Ti-Mo
15	alloys. Biomaterials 20:2115, 1999
16	25. Nag S, Banerjee R, Fraser HL: Microstructural evolution and
17	strengthening mechanisms in Ti-Nb-Zr-Ta, Ti-Mo-Zr-Fe and Ti-15Mo

1	biocompatible alloys. Materials Science & Engineering C-Biomimetic and
2	Supramolecular Systems 25:357, 2005
3	26. Sabeena M, George A, Murugesan S, Divakar R, Mohandas E,
4	Vijayalakshmi M: Microstructural characterization of transformation
5	products of bcc beta in Ti-15 Mo alloy. Journal of Alloys and Compounds
6	658:301, 2016
7	27. Pituru TS, Bucur A, Gudas C, Pituru SM, Marius Dinca O: New
8	miniplate for osteosynthesis of mandibular angle fractures designed to
9	improve formation of new bone. J Craniomaxillofac Surg 44:500, 2016
10	28. Liao SH, Tong RF, Dong JX: Anisotropic finite element modeling for
11	patient-specific mandible. Computer Methods and Programs in Biomedicine
12	88:197, 2007
13	29. Szucs A, Bujtar P, Sandor GK, Barabas J: Finite element analysis of
14	the human mandible to assess the effect of removing an impacted third molar.
- w	
15	J Can Dent Assoc 76:a72, 2010

1 Figures

2 Fig. 1a



1 Fig 1b



1 Fig 2a



1 Fig. 2b



1 Fig. 3a



1 Fig. 3b



1 Fig. 4a



1 Fig. 4b



1 Fig. 5a



1 Fig. 5b



1 Fig. 6a



Fig. 6b 1



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