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RECENT TRENDS IN THE DEVELOPMENT OF Ti–Zr-BASED ALLOYS FOR BIOMEDICAL APPLICATIONS AND HYDROGENATED POWDER TECHNOLOGIES FOR THEIR MANUFACTURING

Alloys based on Ti, Zr, Nb and Ta are the main metal biomedical materials. The proper selection of compositions based on these elements provides the necessary biocompatibility and mechanical compatibility with bone and other tissues of a living organism, as well as high strength with sufficient corrosion resistance in acid and alkaline environments, which are the key criteria in the manufacture of medical implants. The advantages of producing biomedical alloys using powder technology, in comparison with conventional techniques (such as vacuum casting and hot deformation), are discussed. The use of hydrogen as a temporary alloying element in powder technologies of these metals, and the positive effect of hydrogen on reducing residual porosity in the formation of alloys with an enhanced complex of physical and mechanical properties, are considered.

Keywords: biocompatible materials, titanium, zirconium, Young's modulus, corrosion resistance

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1. Basic Requirements for Biocompatibility, Physical and Mechanical Properties of Metallic Materials for Medical Applications

There is evidence that as early as 4,000 years ago, people began using artificial materials to repair damaged tissues and organs of the human body [1]. In the early centuries, the Greeks and Egyptians implanted wood and animal bones in people. However, it was only in 1546 that a metallic material (gold plate) was first tested in experiments with animals to restore wolf teeth. Despite this [2], the field of science dealing with the development of materials for biomedical applications received due recognition only after the first seminar on biomaterials at Clemson University, South Carolina, in 1969 [2], and since then it has only increased in pace [3–5]. Biomaterials are artificial or natural materials used for making structures or implants to replace a lost or diseased biological structure to restore its shape and function (Fig. 1) [6]. The development of biomaterials with the required properties helps to improve the quality and increase the life expectancy of a living organism.

The main requirements for medical materials [7], which can be used for the manufacture of orthopaedic, dental, and cardiovascular implants, as well as medical devices and instruments, are high corrosion resistance and biological compatibility.

Biomedical materials should be absolutely non-toxic and not cause chemical, inflammatory or allergic reactions in a living organism. The possibility of using biomaterials depends largely on the reaction of the human body to the implant [8]. The biocompatibility of a material is determined by two main factors: the reaction of biological tissues caused by the material and the degradation of the material themselves in the body environment [1]. When implants are exposed to body tissues and fluids, several types of chemical reactions are possible between the host and the implant material, which determine the acceptability of these materials to humans. According to the biocompatible characteristics (Fig. 2), metallic materials can be divided into three main groups [9]: (i) chemical elements that are toxic to living organisms, which can interact with biological tissues rather actively (nickel, vanadium, copper, cobalt); (ii) chemical elements that are encapsulated in biological environments, covered with a passivation layer, and therefore are considered relatively inert (stainless steels, cobalt-chromium alloys, iron, aluminium, gold, *etc.*); (iii) completely biocompatible and inert elements that do not have any negative impact on a living organism (titanium, zirconium, niobium, tantalum, platinum).

Given the compliance of the properties of various alloys with the complex of the above biocompatibility requirements, the main metallic materials for biomedical use today are stainless steels, Co–Cr alloys, and Ti-based alloys of various alloying systems [10–13].

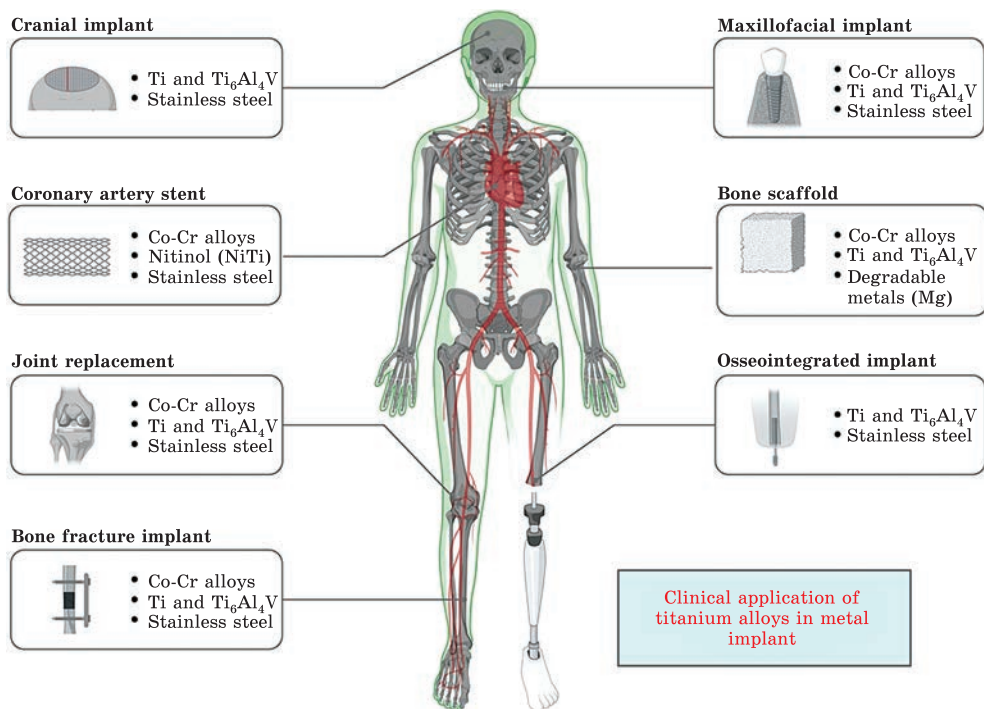
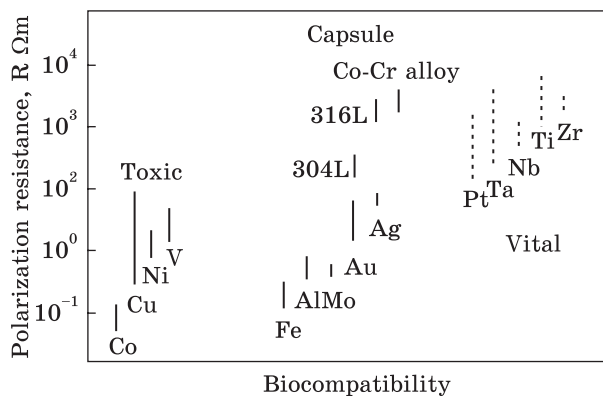


Fig. 1. Metal implant in the human body, highlighting the clinical applications of Ti alloys in cranial, maxillofacial, orthopaedic, and cardiovascular devices [6]

Fig. 2. Biocompatibility and polarization resistance of metallic materials [9]

Besides the biocompatibility characteristics, the key role in the manufacture of implants is played by the compliance of the physical and mechanical characteristics of the materials with certain criteria. For implant material, the main mechanical parameters are high strength, sufficient fatigue properties, hardness and ductility characteristics. Besides [2], an extremely important criterion is the mechanical compatibility of the implant material and bone tissue, *i.e.*, the correspondence of Young's modulus of the implant to the modulus of human bone (Fig. 3). The Young's modulus of the material attached to the bone should be close to the bone modulus, which is from 4 to 30 GPa, depending on the type of bone and



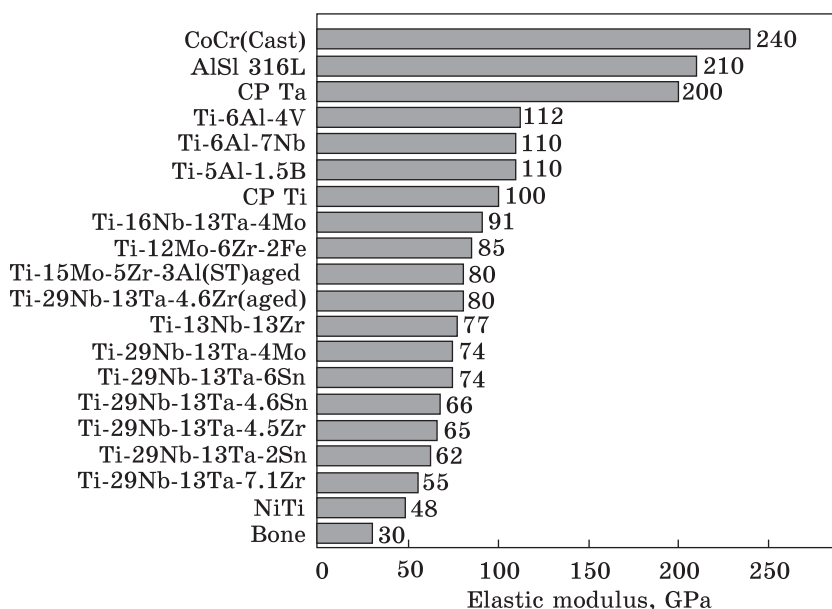


Fig. 3. Comparison of Young's moduli of biomedical alloys and human bone [2]

the direction of loading [14]. If the bone is replaced with a metal analogue with a significantly higher modulus of elasticity, this implant usually bears most of the mechanical stresses, protecting the parts of the skeleton around it from normal loads. This leads to resorption of the bone around the implant, and therefore to a weakening of the bond tissue between the implant and the bone. This biomechanical incompatibility ('stress shielding effect') leads to the death of bone cells [14]. Therefore, implants require materials with an excellent combination of high strength, fatigue strength, and low Young's modulus close to that of bone, to increase their service life [8].

Wear resistance and corrosion resistance are important properties of metal implant materials that determine their service life. The low resistance of metal products to wear and corrosion in a living body leads to the release of incompatible metal ions into the body from implants, which causes allergic and toxic reactions [15]. Low wear resistance also leads to loosening of implants, and wear fragments cause negative reactions in the tissue in which they deposit [16]. Therefore, the development of metallic materials with high corrosion and wear resistance is of primary importance for their long-term operation in biological environments. Besides, the state of the material surface is important, as its chemical composition, roughness, and topography play a significant role in the development of implant-biological tissue integration [17]. Controlled porosity and surface

roughness of the implant contributes to its improved integration with biological tissues [17].

Due to the good compliance with the above requirements, stainless steels, Co–Cr alloys, and Ti-based alloys of various alloying systems are the main metallic materials for the manufacture of implants [10–13], although they have certain disadvantages.

For example, stainless steel 316L (Fe–18Cr–12Ni–2.5Mo–2Mn, wt.%) is widely used in medicine [18]. This is a molybdenum-containing austenitic stainless steel that is more resistant to general corrosion and pitting/crevice corrosion than the conventional chromium-nickel austenitic stainless steels such as Type 304 [19]. In addition to excellent corrosion resistance, this steel also has high strength (500–700 MPa) and good machinability [20]. However, stainless steels also have certain disadvantages: in particular, the proneness to cracking under the combined effect of tensile stresses and an aggressive environment enriched with Cl^- ions (which is typical for human body tissues). This causes an unexpected and instantaneous failure of the implant under the influence of stresses that are much lower than the theoretical strength of steel [21].

Alloys based on the Co–Cr system, in particular Co–Cr–Mo and Co–Cr–W ones, have enhanced mechanical properties, including strength, as well as high corrosion resistance and wear resistance [13, 22]. The martensitic transformation that occurs in these alloys under plastic deformation contributes to ‘enhanced work hardening and high wear resistance’ [22]. The high Cr content in Co–Cr alloys [23, 24] results in the formation of a thin surface oxide scale (Cr_2O_3) [24], which has even better corrosion resistance in the human body than 316L stainless steel. However, the prolonged presence of 316L stainless steel and Co–Cr-based alloy implants in the human body leads to the gradual development of corrosion and wear, with elements such as Ni, Co, and Cr being released from the implants into the adjacent tissues [25], which results in negative consequences. Nickel and cobalt can cause allergies, skin diseases, and have carcinogenic effects [26, 27]. Chromium can damage kidneys, liver and blood cells through oxidation reactions [28]. Besides, the negative features of 316L steel [20] and alloys based on the Co–Cr system are their high Young’s moduli in the range of 190–240 GPa, which is about 10 times higher than that of human bones, which leads to mechanical incompatibility (the so-called ‘stress shielding’ effect) [29].

It is possible to avoid the above disadvantages by manufacturing implants from titanium alloys of various alloying systems, which are extremely attractive for biomedical use [9, 12], having high strength, sufficient corrosion resistance, excellent biocompatibility, high ability to contact with bone and other tissues and a reduced elastic modulus compared to stainless steels and Co–Cr alloys.

2. General Characteristics of Titanium-Based Biomedical Materials

Titanium has been used as a biomedical material since the 1950s [2, 12]. The surface of titanium is covered with a TiO_2 passivation film, which makes it extremely inert to acid and alkaline environments, as well as biological tissues. Commercially pure (unalloyed) titanium (CP-Ti) [2] with α -h.c.p. lattice is widely used for implant manufacturing, as it is an ideal material in terms of high biocompatibility (Fig. 2). However, its strength (345 MPa for Grade 2) and fatigue limit are insufficient, while its elastic modulus is significantly higher than the Young's modulus of bone, amounting to 105 GPa [30]. Later, two-phase α -h.c.p. + β -b.c.c. titanium alloys were widely used in medicine, mainly the Ti-6Al-4V alloy (wt.%) with significantly higher strength (820–950 MPa) and Young's modulus of 110 GPa, despite it contains toxic vanadium [2, 12, 31]. This alloy has well-balanced mechanical properties, and in order to better meet the requirements of biomedical use, the modification of Ti-6Al-4V ELI [32] (extra-low interstitial) is used for manufacturing implants, with a significantly reduced level of interstitial impurities (O, N, C, H). At the next stage, alloys with similar phase composition and mechanical properties were developed, in which toxic vanadium was substituted with safer elements: Ti-5Al-2.5Fe [33] and Ti-6Al-7Nb [32, 34]. The advantage of two-phase ($\alpha + \beta$) alloys [35, 36] is the significant potential for changing their phase and structural states, which makes it possible to vary the complex of mechanical properties by heat treatment in a rather wide range. However, the Young's modulus of all two-phase ($\alpha + \beta$) alloys is about 105–110 GPa, *i.e.*, it is close to the value for single-phase CP-Ti with α -h.c.p. lattice (Fig. 4), which is not the optimal choice for biomedical implants, since it does not solve the issue of mechanical compatibility of implants with bone tissue.

Given that the elastic modulus of the b.c.c. β -Ti phase (70–90 GPa [31]) is lower than that of the h.c.p. α -phase (105 GPa [31]), the logical solution for implant materials is to develop compositions enriched with alloying elements that increase the content of the β -phase in titanium alloys or provide the formation of the single β -phase state (Fig. 4). The high-temperature β -phase is stabilized at room temperature by adding a sufficiently high amount of β -stabilizers to titanium, such as molybdenum, niobium, tantalum, vanadium, iron, *etc.* [37]. Compositions based on the β -phase (Fig. 4) are the most promising not only in terms of reducing the Young's modulus, but also due to the possibility to adjust the complex of their mechanical properties by changing the chemical composition. Taking into account the criterion of biological compatibility (Fig. 2), Nb and Ta are recommended for stabilizing the β -phase [38]. These alloying elements are used most often, as they also provide high strength and reduced elastic modulus [39–43]. The absence of microgalvanic interphase effect in the

Fig. 4. Young's moduli for typical α , $(\alpha + \beta)$, and β biomedical alloys [38]

single-phase structures contributes to higher corrosion resistance in the human body, which allows solving certain problems in the use of biomedical materials [44, 45].

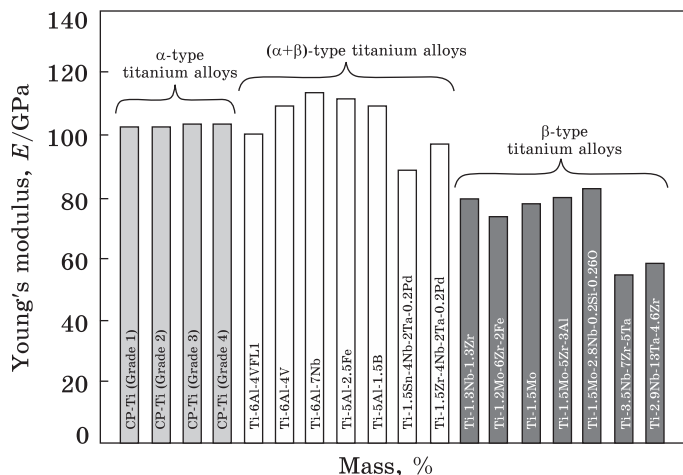
One of the methods for predicting the stability of the β -phase in the development of appropriate chemical compositions is the DV- X_α cluster technique (Fig. 5). This technique allows determining two parameters: the bonding order (B_o) and the energy level of the d -orbitals in metals (M_d). The bonding order is a measure of the strength of the bond between titanium and an alloying element, while M_d is related to the electronegativity and metal radii of the alloying elements [46]. In alloys, the average values of the bond order and energy level of the d -orbitals can be found as follows [47, 48]:

$$B_o = \sum_i X_i(B_o)_i, \quad M_d = \sum_i X_i(M_d)_i,$$

where X_i is the atomic percentage of element i in the alloy [47, 48]. Using this method, a phase stability map was plotted; see Fig. 5 [9]. The position of an alloy in the diagram varies depending on its chemical composition. In particular, this technique was used to develop several new β -alloys based on the systems Ti–Fe–Ta, Ti–Fe–Nb, Ti–Zr–Fe–Cr, Ti–Zr–Fe–Mn, and Ti–Nb–Fe–Cr [49–53].

A number of the developed β -Ti alloys, along with β -stabilizing alloying elements, contain zirconium in the amount of 4–13%, which both contributes to the strengthening of titanium by the solid-solution mechanism and is also one of the most biocompatible elements (Fig. 2). In general, many properties of titanium and zirconium are similar. Both of these elements have high inertness in biological tissues due to passivating the surface with the instantaneous formation of thin oxide scales (TiO_2 , ZrO_2) [54]. When the surface oxide layer is destroyed, the rapid formation of a new passivation scale protects against further corrosion [55]. This gives the alloys based on the Ti–Zr system an advantage in the biomedical industry, as well as under conditions of exposure to aggressive environments.

Both of these metals have the α -h.c.p. lattice at room temperature. Therefore, the binary alloys of the Ti–Zr system have a single α -phase



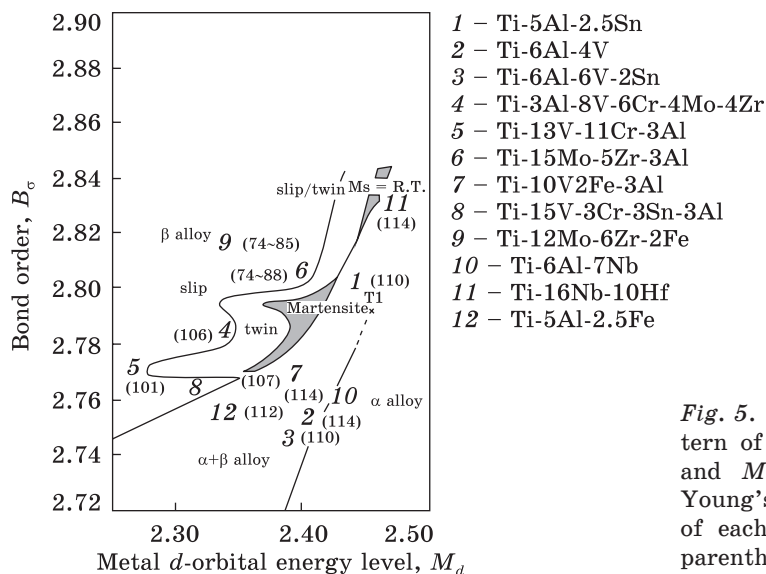


Fig. 5. Phase stability pattern of alloys based on B_o and M_d parameters. The Young's modulus (in GPa) of each alloy is shown in parentheses [9]

state, so they have rather high values of the Young's modulus (about 90–115 GPa), and their strength/ductility balance cannot be significantly changed with heat treatment [56]. Hence, Ti–Zr binary alloys have a very limited potential for implant manufacturing [57], so the development of more complex compositions is needed.

The above reasons promoted the development of biocompatible alloys based on the Ti–Zr system with a b.c.c. β -phase structure stabilized at room temperature by adding significant amounts of non-toxic β -stabilizers (such as Nb and Ta). These compositions provide a low elastic modulus and increased biocompatibility [58, 59]. It is alloys based on the above elements that are most widely developed and practically implemented. In particular, much attention is paid to the development of high-alloyed materials based on the Ti–Zr–Nb system with a low elastic modulus for medical needs (implant manufacturing), as well as for mechanical engineering for the manufacturing of elastic elements designed to work in chemically and corrosively aggressive environments [57].

3. High-Alloyed Medical Materials Based on Ti–Zr System

Titanium, zirconium, niobium, and tantalum have the best biocompatibility properties, which determine their choice as optimal materials for the manufacture of orthopaedic, dental and other implants. These elements are most often added to the high-alloyed medical materials with a b.c.c. β -structure [38, 60]. The zirconium–titanium binary system has a continuous series of solid solutions (Fig. 6) [61]. These metals are usually neutral strengtheners to each other; however, it is known [62, 63] that zirconium

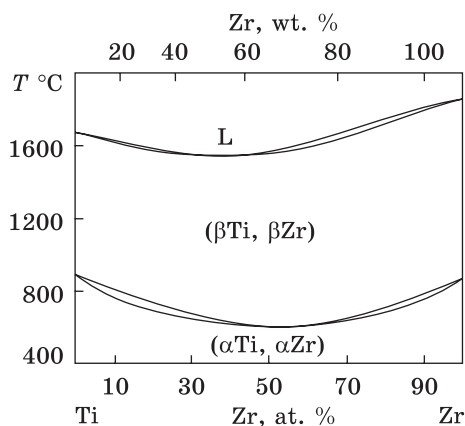
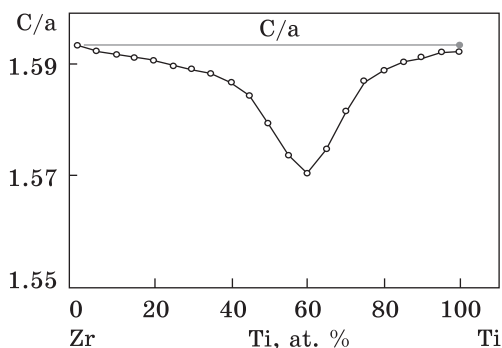


Fig. 6. Ti–Zr phase diagram [61]

Fig. 7. The lattice parameters c/a ratio vs. the chemical composition of Ti–Zr binary alloys [71]

acts as a β -stabilizer in titanium in the presence of niobium. According to Ref. [64], the β -stabilizing effect of zirconium in the Ti–Nb system is observed in a wide concentration range of 6–50% Zr, increasing with the content of both zirconium and niobium. This makes it possible to increase the stability of the b.c.c.- β lattice of Ti–Zr–Nb alloys, avoiding the precipitation of the α I-martensite and w-phase at relatively low niobium content (10–14%), or when the concentrations of Zr and Nb change within a wide range. It should be emphasized that the possible precipitation of the α I-martensite or w-phase significantly increases the elastic modulus of the alloy, so, it is extremely undesirable for biomedical materials. Alloying titanium with a significant amount of zirconium and niobium simultaneously provides a number of advantages [64]. In particular, the Zr addition to the Ti–Nb β -alloys is effective in increasing the superelasticity, the maximum recovered strain, and the critical resolved shear stress [46, 65–67]. Niobium is used not only due to its β -stabilizing and strengthening effect on Ti–Zr alloys, but also due to its ability to stabilize the passivation oxide scale on the surface of biomedical alloys. This is provided by reducing the concentration of anion vacancies [68], which makes it possible to increase the corrosion resistance of the material in the human body. That is why Ti–Zr–Nb alloys have excellent corrosion resistance [69]. Changes in the contents of alloying elements in the ternary Ti–Zr–Nb system allow adjusting mechanical properties in wide ranges: for example, the strength of 316L stainless steel can be achieved [39], which is important for practical use.

As for biomedical compositions of the Ti–Zr system, the most promising are those close to equiatomic ones with the addition of niobium in the amount necessary to stabilize the β -phase [70]. The binary Ti–Zr compositions close to equiatomic [71, 72] have particular physical and mechanical properties, including the minimum melting point and the temperature of

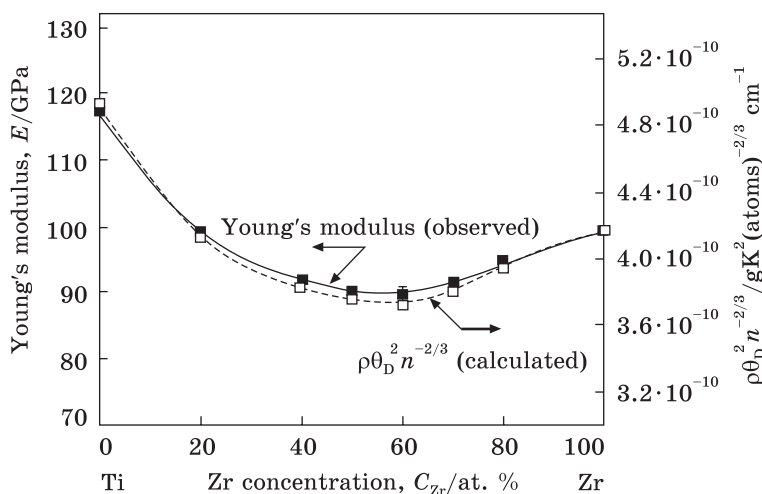


Fig. 8. Dependence of Young's modulus on zirconium content in the Ti–Zr binary system [72]

$\alpha \leftrightarrow \beta$ -phase transformation (Fig. 6), as well as the minimum ratio of c/a parameters in the h.c.p. lattice (Fig. 7) [71].

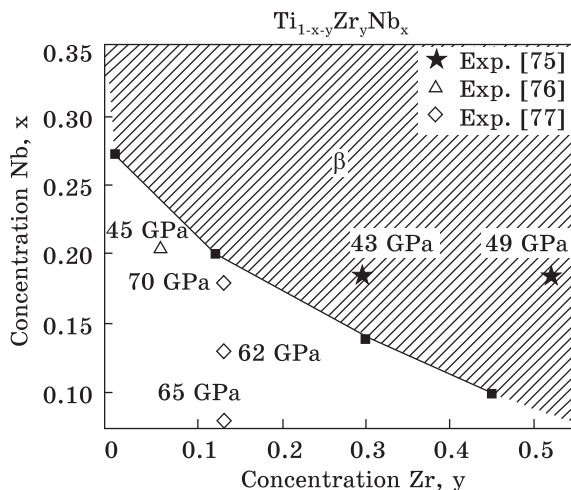
According to the literature data [72], the lowest values of the elastic modulus of about 90 GPa were observed for binary Ti–Zr compositions close to equiatomic (Fig. 8). It was shown that the Young's modulus E is proportional to the Debye temperature θ_D [73]:

$$E \propto \rho\theta_D^2 n^{-2/3}.$$

The authors of [72] calculated the value of $\rho\theta_D^2 n^{-2/3}$ for various alloys and experimentally measured the Young's modulus. The lowest values of the Young's modulus for the Ti–Zr binary system lay in the range of ≈ 50 – 60 at.% Zr (Fig. 8). Therefore, this concentration range is considered the most promising for additional alloying to further reduce the elastic modulus in the development of low-modulus compositions.

The further reduction of the Young's modulus can be provided by the formation of a single β -phase state (b.c.c. structure) at room temperature, since this type of lattice has a lower elastic modulus compared to the h.c.p. α -phase [74]. Stabilization of the high-temperature b.c.c.-phase at room temperature in medical alloys is achieved by introducing a sufficient amount of β -stabilizers, usually niobium or tantalum, and less often molybdenum. In Ref. [75], using first-principles calculations and data of Refs. [76, 77], it was shown (Fig. 9) that varying the contents of components makes it possible to change the value of the Young's modulus within a fairly wide range (43–70 GPa) in the alloys of the Ti–Zr–Nb system. According to theoretical calculations, the 55.5Ti–26Zr–18.5Nb (at.%) composition was considered as the most promising for achieving a low Young's modulus (43 GPa).

Fig. 9. The Zr- and Nb-content dependent Young's modulus in the Ti–Zr–based alloy [75–77]



Experimental studies in Refs. [71, 78] made it possible to develop a number of promising alloys based on the Ti–Zr–Nb system for medical applications. The choice of concentrations of alloying elements was based on the principle of optimal mismatches of the atomic radii of titanium, zirconium and niobium, which determine the average distance and bonding forces between atoms in the alloy lattice. The strength of the interatomic bond, in turn, determines the Young's modulus and other physical properties of the material, particularly the temperature of the $\alpha \leftrightarrow \beta$ -transformation. The determination of the mismatch was based on the fact that titanium and niobium have close atomic radii, whereas the zirconium atom has a significantly larger radius (Zr— ≈ 0.160 nm, Ti— ≈ 0.146 nm, and Nb— ≈ 0.145 nm) [79]. This allowed determining the concentrations corresponding to the minimum temperature of the $\alpha \leftrightarrow \beta$ -transformation, and the conditions for obtaining a sufficiently stable β -phase with a low Young's modulus. According to Ref. [78], deviations from the recommended concentrations of titanium and niobium lead to a violation of the required dimensional heterogeneity, and, as a result, to a loss of the stability of the β -phase and an increase in the Young's modulus.

Recently, optimal medical compositions based on the Ti–Zr–Nb system have been considered in many works [80–85]; based on theoretical calculations and experimental studies, the authors proposed several compositions with Young's moduli at the level of 40–60 GPa, and in some cases, even lower values were reported.

It is worthwhile to note that some promising biomedical compositions based on the Ti–Zr–Nb system with b.c.c.-lattice contain another β -stabilizer, tantalum [86–90]. The addition of tantalum is useful [91, 92] both for strengthening alloys and for high biocompatibility. Like niobium, tantalum contributes to the formation of a passivation scale on the alloy surface, increasing corrosion resistance. According to [93], for alloys of the Ti–Zr–Nb–Ta system, the level of tantalum concentration should be maintained within a certain range; a slight deviation from this range increases the Young's modulus. The alloys of the Ti–Zr–Nb–Ta system with tantalum concentrations of 0–20 at.% were studied in Ref. [93]; the minimum

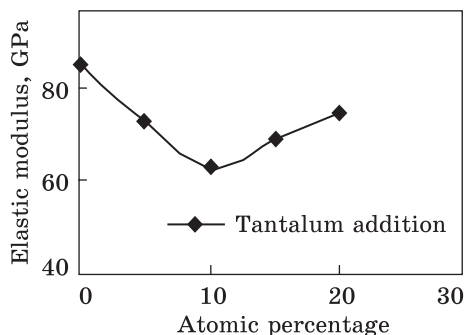


Fig. 10. The Ta-at.%-dependent Young's modulus in Ti-Zr-Nb-Ta [2]

value of the Young's modulus was observed at 10 at.% of Ta (Fig. 10). Such a nonlinear dependence of the Young's modulus is explained by the precipitation of the ω -phase at low tantalum concentrations. The ω -phase increases the elastic modulus, while the low modulus at 10 at.% Ta is associated with the single β -phase state. On the other hand, despite the single β -phase state is fixed at 15–20 wt.% Ta, the elastic modulus increases again due to the high Ta content. At high tantalum content, the alloy tends to behave like pure tantalum, so the material has a high Young's modulus close to that of this metal.

4. Features of the Phase and Structural States' Formation in Ti-Zr Alloys Produced from Powders

The specific characteristics of titanium and zirconium, such as the high ability of their surface to react with oxygen and other atmospheric impurities [94–97], especially when heated, determine the technological difficulties of manufacturing alloys (including biomedical ones) based on these metals. Typically, these alloys are produced by a complex technique of multiple vacuum remelting with subsequent multistage cold or hot deformation and heat treatment (Fig. 11) [98–101]. This provides homogeneity of chemical composition of the material, its microstructure and properties. However, the high cost of starting metals (titanium, zirconium, and alloying elements such as niobium and tantalum) and their high melting points significantly complicate the ingot production [102]; vacuum casting and hot deformation also increase the cost of materials. Besides, when producing alloys of different compositions using conventional casting techniques, the following problems can be encountered: evaporation of some alloying elements during melting; segregation of components during liquid phase solidification and ingot cooling; uncontrolled grain growth.

Alternative techniques of producing alloys that not only solve the abovementioned problems but also significantly reduce the cost of the materials are the methods of powder metallurgy [103, 104]. However, alloys made using powder technologies have comparatively high impurity content and pores, which often leads to a decrease in certain mechanical, physical, or performance characteristics of the final material. Therefore, studies [105–109] on the production of titanium and zirconium alloys

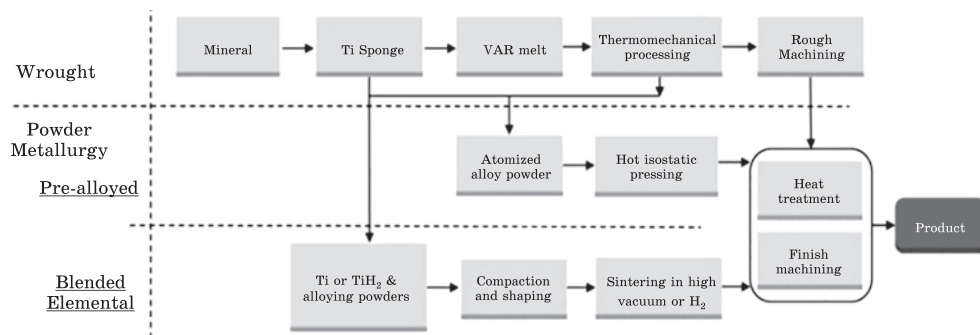


Fig. 11. Flow chart of conventional cast-wrought and powder metallurgy approaches for manufacturing Ti products [110]

from powder materials aimed to develop fundamentally new technological solutions that would not only significantly reduce the cost of production of these materials, but also form optimized structural and phase states while keeping the content of impurities at an acceptable level. This should provide the necessary complex of physical and mechanical properties of the materials.

Technologically, the simplest and, accordingly, cheapest method is to produce Ti- and Zr-based alloys by solid-phase sintering of multicomponent powder mixtures [110]. This approach eliminates the processes of remelting components, as sintering occurs at temperatures below the melting points of the components, and, in the simplest version, without additional pressure or deformation (Fig. 11). However, it is necessary to achieve the needed phase and structural states of the sintered alloy, which would provide its target properties.

The main technological operations in the manufacture of alloys from powders usually include the preparation of powders and their mixtures, compaction and sintering in vacuum [111, 112]. The production of Ti- and Ti–Zr-based alloys using this approach involves the use of base powders blended with an appropriate amount of powders of alloying elements (as pure metals or master alloys) and their transformation into chemically and microstructurally homogeneous bulk alloys with target phase composition during high-temperature annealing in vacuum. Thus, the processes of sintering and chemical homogenization of the particle system occur simultaneously with the corresponding evolution of the microstructure, which is controlled by diffusion processes in the solid phase. The exception is some alloying systems (e.g., Ti–Al, Ti–Fe, Ti–Mn [113–115]), in which liquid phases temporarily form during sintering, when low-melting-point components melt or eutectic compositions form during chemical homogenization of a system of mixed powders. The production of alloys from multicomponent powder systems has the following advantages [116]:

- the possibility of forming homogeneous alloys at solid-phase temperatures below the melting points of all components, which prevents excessive grain growth and chemical segregations;
- the possibility of manufacturing a homogeneous material from metals that differ significantly in melting points and have limited mutual solubilities;
- the ability to control and regulate the parameters of the porous structure of the alloys, since the increased surface porosity of medical materials is necessary in some cases for better contact of the implant with biological tissues;
- low material losses in the production of alloys by this method (7–10 %), and the possibility of using cheap starting powders and waste from the metallurgical industry, which helps to reduce costs.

Besides the above advantages, there are certain disadvantages of producing Ti- and Zr-based alloys using powder technology. Firstly, a developed specific surface of the starting powders, with their significant affinity to atmospheric impurities, poses a risk of excessive contamination of the final products [116]. Secondly, the final materials often contain residual porosity that cannot be removed [113, 117]. These factors affect the phase and structural state of the final alloys, deteriorating their mechanical properties. The minimization of these negative effects requires: the use of impurity-free starting powders and their reliable protection from contamination during the mixing, compacting and high-temperature sintering; the latter operation is carried out in a high vacuum or, less often, in an inert atmosphere [118]. Except for the purposeful manufacture of products with significant controlled porosity, it is important to reduce the volume fraction of pores to a minimum, or even to form pore-free states. This is a criterion for providing high mechanical performance [113]. For this purpose, the following approaches can be applied: optimization of the size of starting powder particles [119, 120]; complex techniques of powder compaction (in particular, cold and hot isostatic pressing) [121]; special methods of particle sintering (*e.g.*, pressure sintering) [122, 123]; use of additional hot deformation to modify the structure of the final alloys [124]. Despite this, as a rule, alloys produced by powder approaches contain about 1.0% of residual pores that cannot be completely eliminated due to various impurities [125].

5. Physical Bases of Application of Hydrogenated Powders to Manufacture Ti–Zr-Based Biomedical Alloys

To achieve minimum residual porosity, low content of impurities, target structure, and, accordingly, enhanced physical and mechanical properties of Ti- and Zr-based alloys produced by sintering multicomponent powder mixtures, an approach was developed that uses the positive effect of hyd-

rogen as a temporary alloying element [117–119, 126–132]. The approach is based on the use of starting hydrogenated metal powders to activate the processes of forming alloys from multicomponent powder mixtures by means of only cold compaction and subsequent vacuum sintering without pressure or deformation.

This approach was pioneered on the example of titanium alloys [113, 117, 119, 131, 132], and later extended to zirconium alloys. The use of TiH_2 titanium hydride particles as the basis of powder mixtures was shown to have significant advantages over conventional titanium powder. In particular, titanium alloys produced using the hydride approach have a lower residual porosity (*i.e.*, higher density) and a better balance of mechanical properties than similar alloys produced using conventional non-hydrogenated titanium powder.

The physical foundations of the hydrogen approach [117, 132–135] and the reasons for the advantages of hydrogenated powders in alloy production [113, 115] are as follows (on the example of titanium). When titanium is heated in a hydrogen atmosphere, gas molecules dissociate into atoms on the metal surface. Then, atomic hydrogen, which is an interstitial impurity, quickly diffuses into the crystal lattice, saturating it to a certain concentration. The unique ability of hydrogen as a temporary alloying element lies in the possibility of its reverse removal from the metal to practically zero content by operating temperature, partial pressure, and exposure time [136–138].

The saturation of a metal with hydrogen significantly changes its phase composition, physical (density, electrical conductivity, *etc.*), and mechanical (strength, ductility, hardness, Young's modulus) properties [133]. Metal hydrides are brittle and rather low-strength materials compared to non-hydrogenated metals [134, 135]. These mechanical properties facilitate the production of hydride powders with a given size distribution. Besides, hydride particles are crushed into fine fragments under the pressing force, forming a special system of fine pores between the compressed particles, which promotes porosity healing during subsequent sintering [139–141]. The processes that occur during hydrogen desorption are especially important. When the temperature in a vacuum rises above 300–400 °C (consider the example of titanium), hydrogen is released from the metal crystal lattice, $\text{MeH}_2 \rightarrow \beta\text{-b.c.c.} \rightarrow \alpha\text{-h.c.p.}$ transformations occur, accompanied by significant volumetric effects with an overall decrease in the volume of materials with a decrease in the concentration of hydrogen dissolved in them. These phase transformations significantly increase the defect density in the crystal lattice [142]. The presence of hydrogen in the metal lattice increases the equilibrium concentration of vacancies [143]. Besides, atomic hydrogen dissolved in the metal lattice is much more active than in its normal molecular state. Therefore, atomic hydrogen reduces the surface TiO_2 oxide scale during sorption-desorption cycles [132,

144, 145], which is always present on the surface of powder and is a barrier to mutual diffusion in the powder system ($\text{TiO}_2 + 4\text{H} = \text{Ti} + 2\text{H}_2\text{O}$).

The possibility of the above reaction (before the transition of hydrogen to the molecular state during desorption from the surface) was predicted by thermodynamic calculations, and first experimentally proved by mass-spectrometric analysis of gases released during heating of titanium hydride. These phenomena lead to a significant activation of diffusion processes that accelerate the sintering and chemical homogenization of multicomponent powder systems. Hydrogen also additionally purifies the powder system, reducing the final content of impurities such as oxygen, chlorine, and carbon [146]. At the same time, hydrogen is completely removed from the material during vacuum sintering, which eliminates the problem of hydrogen embrittlement. The final contents of impurities in the sintered alloys are at safe levels: hydrogen—0.002–0.003, oxygen — 0.15–0.20, chlorine — 0.001–0.015 wt.%. Thus, alloys produced using the hydride approach have lower residual porosity (1–2%), acceptable impurity content, and, as a result, significantly enhanced mechanical properties.

Similar to titanium, zirconium interacts with hydrogen: both of these metals have similar binary phase diagrams with hydrogen. Therefore, the activation of solid-phase sintering of zirconium hydride powder ZrH_2 [118, 147, 148] occurs according to the same physical principles as for titanium hydride, *i.e.*, due to a higher concentration of equilibrium vacancies in the presence of hydrogen [142], and increased density of lattice defects caused by phase transformations [142].

As shown in Ref. [118], the synergistic use of mixtures of two hydrides (titanium and zirconium) in the synthesis of binary Ti–Zr–based alloys allows enhancing the positive effect of hydrogen on diffusion-controlled sintering processes. In particular, a positive aspect is the noticeable difference in the desorption temperatures of hydrogen from zirconium (approximately 330–800 °C) and titanium (approximately 300–600 °C), so the addition of zirconium hydride allows extending the effect of hydrogen on the activation of sintering to higher temperatures. These results became the basis for the production of binary alloys of the Ti–Zr system from powders, as well as multicomponent materials based on this system. On the example of the 60% Zr–40% Ti composition, it was shown that the use of mixtures of the two hydrides allowed reaching the density 98–98.5% of the theoretical one (*i.e.*, the residual porosity was reduced to 1.5–2%), whereas the density was ≈95–96.5% (4.5–5% porosity), when conventional powders were used.

Obvious extension of these studies was the use of the hydride powder approach to produce low-modulus alloys of the Ti–Zr–Nb system for medical applications [116, 130, 149, 150]. Besides, some studies [151] have been conducted to test the hydride powder approach for the synthesis of

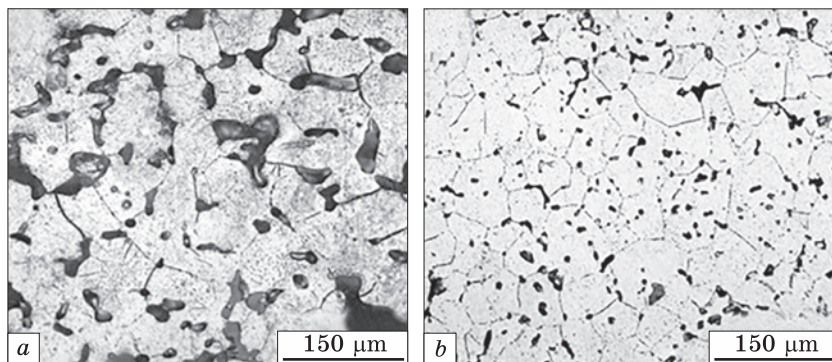


Fig. 12. Typical microstructures of Ti–Zr–Nb alloys produced from mixture $\text{ZrH}_2 + \text{TiH}_2 + \text{Nb}$ (a) and $\text{ZrH}_2 + \text{TiH}_2 + (\text{TiNb})\text{H}_x$ (b) [149]

nickel-containing alloys of the Zr–Ti–Ni system, which are promising materials for hydrogen batteries.

The main ways of producing alloys of the Ti–Zr–Nb system for biomedical applications were studied on the example of two compositions, 51Zr–31Ti–18Nb and 55.5Ti–26Zr–18.5Nb (wt.%), manufactured by pressing and vacuum sintering of powder mixtures [116, 130, 149]. Structurally homogeneous single b.c.c. β -phase alloys with low Young's modulus (55–56 GPa) were produced, which met the requirements for implant materials. At the same time, the residual porosity of sintered Ti–Zr–Nb alloys significantly depends on the type of starting powders. The alloys produced by sintering mixtures of two hydride powders and non-hydrogenated niobium powder ($\text{ZrH}_2 + \text{TiH}_2 + \text{Nb}$) had a significantly higher residual porosity (up to 6–11%; Fig. 12, a) than binary Ti–Zr alloys (1–3%) produced from the $\text{ZrH}_2 + \text{TiH}_2$ mixture. A significant volume fraction of pores is useful for reducing the Young's modulus; on the other hand, it leads to deterioration of strength and ductility, so the reasons for the increase in porosity and ways to control it were investigated.

Dilatometric measurements showed that an increase in the volume fraction of pores in compacted $\text{ZrH}_2 + \text{TiH}_2 + \text{Nb}$ powder systems occurs during heating at the stage of hydrogen desorption from both hydrides due to drastically different size effects in the particles of hydrides and non-hydrogenated niobium. The sizes of hydride particles reduce when hydrogen is released, while niobium particles practically do not change their size. This mismatch of size effects between the hydrogenated and non-hydrogenated components of the mixtures causes the destruction of bonds between the particles and is the main reason for the increase in porosity during sintering of multicomponent alloys.

When the temperature further increases up to 1000–1250 °C, diffusion is activated and chemical homogenization occurs. The difference in diffusion fluxes between the system components leads to the development

of porosity caused by the Kirkendall's effect, making an additional contribution to the increase in system porosity.

A possible way to reduce the volume fraction of pores (which is necessary for high strength and ductility) is to use exclusively hydrogenated powders in starting mixtures, which have similar size effects during hydrogen desorption, that should provide the integrity of the compacted powders.

Hydrogenated niobium is not stable, and loses hydrogen in a vacuum even at room temperature before heating [152]. Therefore, the use of this element in mixtures with zirconium and titanium hydrides did not have a noticeable effect on reducing the porosity in sintered Ti–Zr–Nb alloys. It is much more efficient to add niobium into the mixture in the form of particles of hydrogenated (Zr–Nb)H_x and (Ti–Nb)H_x master alloys [114, 149]. When heated at the stage of hydrogen desorption, the hydrogenated master alloys have a size effect similar to zirconium and titanium hydrides, which helps to preserve the integrity of the compacted powders and significantly enhances their shrinkage without increasing the volume of pores between the particles. Besides, the use of master alloys provides more uniform diffusion fluxes at the stage of chemical homogenization, which accelerates the achievement of microstructural homogeneity and reduces the negative impact of the Kirkendall's effect. The use of all hydrogenated powders made it possible to produce Ti–Zr–Nb alloys with a residual porosity of no more than 2% (Fig. 12, *b*).

Temporary alloying with hydrogen was also successfully used to produce a medical alloy containing tantalum—Ti–35Nb–7Zr–5Ta [149]. The clarification of the features of interaction of tantalum with hydrogen in Ref. [152] made it possible to use hydrogenated tantalum powder in starting mixtures. The hydrogenation of ductile tantalum embrittles it, promoting the production of fine powders of a given size fraction. The use of fine tantalum particles is necessary to accelerate the chemical homogenization of the powder system, given the extremely low diffusion mobility of this element ($5 \cdot 10^{-20}$ m²/s at 1250 °C [150], *i.e.*, 7–8 orders of magnitude lower than the diffusion mobility of other elements Ti, Nb, and Zr [153] at the same temperature). Besides, hydrogen dissolved in tantalum gives an additional positive contribution to the processes of particle consolidation, when the compacted Ti–Zr–Nb–Ta powder mixture is heated in a vacuum. Despite the hydrogenation of the powders, the low diffusion mobility of tantalum did not allow for the achievement of its homogeneous distribution in the Ti–Zr–Nb matrix after sintering at 1250 °C. Therefore, the method of double compaction and sintering of hydrogenated powders was successfully used to provide a completely homogeneous structure of the Ti–35Nb–7Zr–5Ta alloy. After the first sintering of the hydrogenated powder mixture, the resulting inhomogeneous alloy was re-saturated with hydrogen, which made it brittle, and then ground into alloyed Ti–Nb–Zr–Ta powder particles, which were compacted and sintered again. This ap-

proach made it possible to produce a completely homogeneous alloy with porosity reduced to 2%.

All produced alloys had mechanical properties promising for practical application. For Ti–Zr–Nb materials produced with different blends, the hardness increased with reduction of residual porosity: 159 *HV* to 273 *HV* for 55.5Ti–26Zr–18.5Nb alloy, and 185 *HV* to 262 *HV* for 31Ti–51Zr–18Nb one. The Young's modulus values were determined for both these compositions with the highest porosity (6–9%); they were 55 GPa and 56.3 GPa, respectively. Such a relatively low Young's moduli are attractive for the production of medical implants. Tensile properties also varied significantly depending on residual porosity: the ultimate tensile strength (UTS) and elongation are 630–660 MPa and 6–7%, respectively, for as-sintered materials with 6–9% porosity; however, they increase to 1135 MPa and 14.3% for completely pore-free materials after additional hot deformation is applied. The as-sintered Ti–35Nb–7Zr–5Ta alloy had UTS of 1023–1053 MPa at elongation up to 16%. Therefore, the present approach provides sufficient mechanical properties and can be used to manufacture alloys and components for medical and other applications.

6. Conclusions

The paper summarizes the literature data on the requirements for modern metal materials for biomedical applications. It is noted that multicomponent Ti–Zr-based alloys with a single b.c.c. β -phase structure most fully meet the criteria of biocompatibility and the requirements for the mechanical properties of implant materials.

Promising achievements in the development of powder technologies for the production of low-modulus Ti–Zr–Nb and Ti–Zr–Nb–Ta β -alloys for medical applications are reviewed. The positive effect of hydrogen as a temporary alloying element in the hydrogenated powders of these metals is shown. Hydrogen promotes the homogenization of the structure of the alloys during sintering and the achievement of acceptable mechanical properties, including a sufficient strength level and an elastic modulus reduced to 55–56 GPa.

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**ОСТАННІ ТЕНДЕНЦІЇ В РОЗРОБЛЕННІ СПЛАВІВ НА ОСНОВІ Ti–Zr
ДЛЯ БІОМЕДИЧНИХ ЗАСТОСУВАНЬ І ТЕХНОЛОГІЇ
НАВОДНЕНИХ ПОРОШКІВ ДЛЯ ЇХ ВИГОТОВЛЕННЯ**

Сплави на основі таких елементів, як Ti, Zr, Nb і Ta, є основними металевими біомедичними матеріалами. Правильний вибір композицій на основі цих металів забезпечує необхідну біосумісність і механічну сумісність із кісткою й іншими тканинами живого організму, досягнення високих показників міцності за достатньої корозійної стійкості в кислотних і лужних середовищах, а саме ці критерії є ключовими під час виготовлення медичних імплантатів. Зазначено переваги одержання сплавів біомедичного призначення за порошковою технологією порівняно з традиційними методами (застосування технології вакуумного лиття та гарячого деформування). Розглянуто використання Гідрогену як тимчасового легувального елементу до вказаних металів у порошкових технологіях і позитивний вплив Гідрогену на зменшення залишкової пористості під час формування сплавів з поліпшеним комплексом фізико-механічних характеристик.

Ключові слова: біосумісні матеріали, титан, цирконій, модуль Юнга, корозійна стійкість.