

Development of a Decellularized Extracellular Matrix from Porcine Aorta for Heart Valve Applications in the Ross Procedure

Mariana S. Reis¹, Marta Rosadas¹, Chou I Ho¹, Teresa Sousa¹, Carlos Pazmino¹, João Costa¹, Thibault Vervenne², Ana L. Oliveira¹, Viviana P. Ribeiro¹, Arn Mignon²

¹ CBQF-Centro de Biotecnologia e Química Fina-Laboratório Associado, Escola Superior de Biotecnologia, Universidade Católica Portuguesa, Porto, Portugal
² Biomaterials and Tissue Engineering – Department of Materials Engineering, Campus Group T, KU Leuven, Belgium

INTRODUCTION

Cardiovascular diseases are the leading cause of adult mortality worldwide, according to the World Health Organization [1]. An important surgical approach for treating diseased aortic valves is the **Ross procedure**, in which the affected aortic valve is replaced with an autograft from the patient's own pulmonary valve (Fig.1).

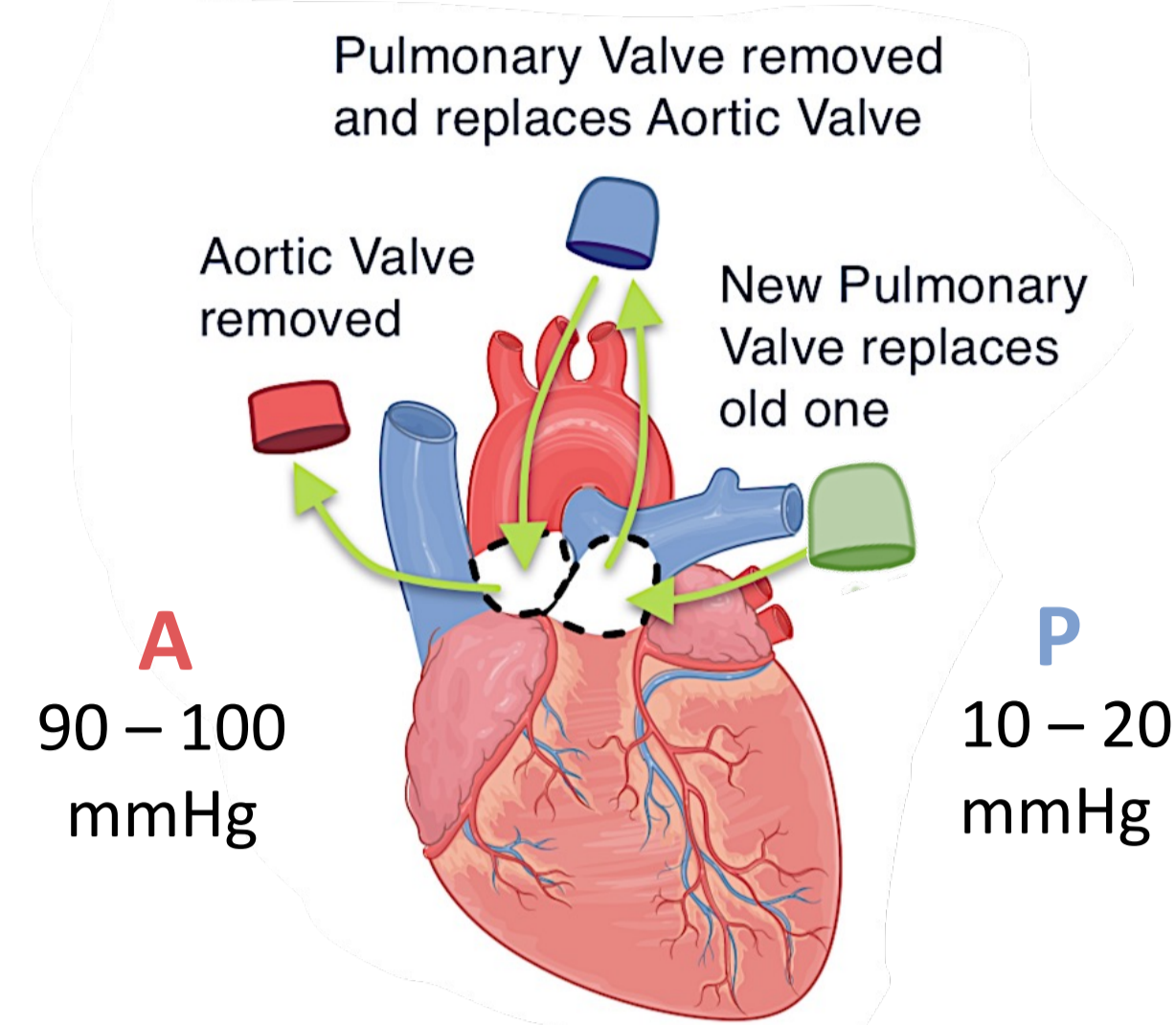
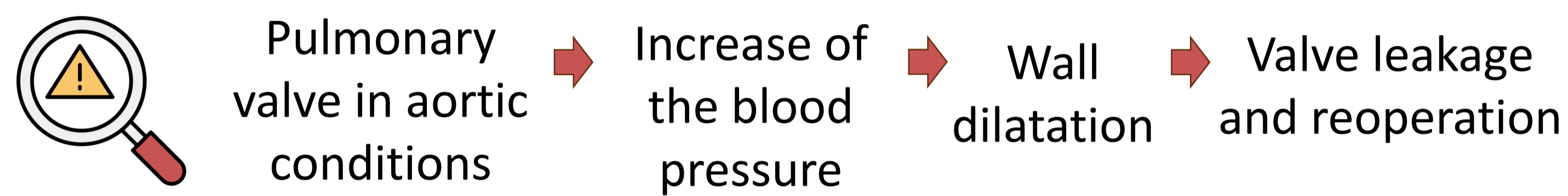


Fig. 1: The Ross Procedure.

Limitations:



PROPOSED SOLUTION AND METHODS

We aim to develop a **bio-mechano-compatible external support** around the autograft made of polycaprolactone (PCL) and elastin enhanced with **decellularized extracellular matrix (dECM)**.

Mechanically compatible: to sustain high blood pressures and avoid stress shielding.

Biologically compatible: to promote favorable biological integration and tissue remodeling.

Decellularization removes immunogenic cellular material, minimizing inflammation and rejection risk, while preserving key ECM components that guide cellular behavior [2].

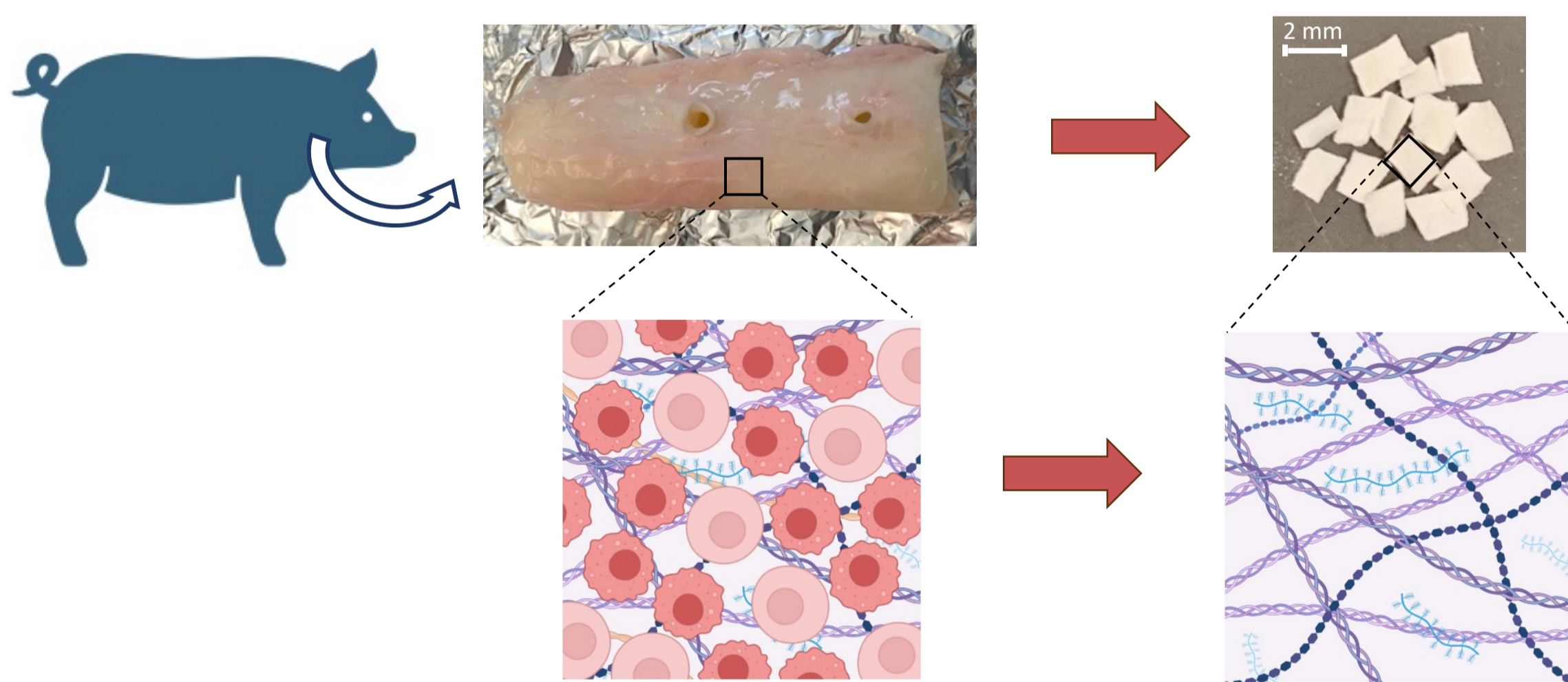


Fig. 2: Native tissue.

Fig. 3: Decellularized tissue.

Decellularization of the porcine aortic tissue was performed using a detergent and enzymatic-based protocol combined with supercritical CO₂ (scCO₂). Additional steps of sonication, agitation, washing and freeze-thaw were performed to enhance decellularization efficiency.

REFERENCES & ACKNOWLEDGEMENTS

1. Parmaksiz, M., Dogan, A., Odabas, S., Elçin, A. E., & Elçin, Y. M. (2016). Clinical applications of decellularized extracellular matrices for tissue engineering and regenerative medicine. *Biomedical Materials*, 11(2), 022003.
2. Zhang, X., Chen, X., Hong, H., Hu, R., Liu, J., & Liu, C. (2022). Decellularized extracellular matrix scaffolds: Recent trends and emerging strategies in tissue engineering. *Bioactive Materials*, 10, 15–31.
3. Phillips, C., Terrie, L., Muylle, E., & Thorrez, L. (2024). Determination of DNA content as quality control in decellularized tissues: challenges and pitfalls. *Regenerative Biomaterials*, 11, rbae123.

Individual funding 2023.07374.CEECIND from Fundação para a Ciência e Tecnologia (FCT). Be@t-Textile Bioeconomy (TC-C12-i01, Sustainable Bioeconomy No. 02/C12-i01.01/2022), promoted by the Recovery and Resilience Program (RRP), Next Generation EU, 2021-2026. Project IBEROS+ (0072_IBEROS_MAIS_1_E, Interreg-POCTEP 2021-2027). LESSisMORE under FCT ERC-Portugal Program and UIDB/50016/2020.

RESULTS

SEM micrographs

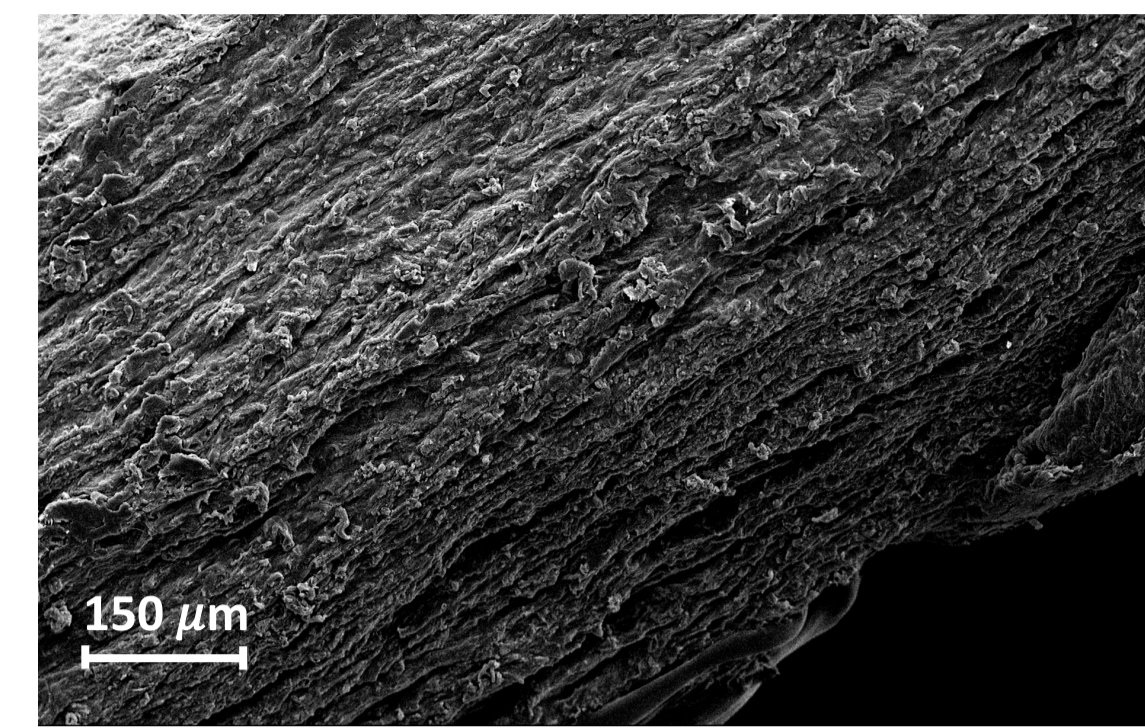
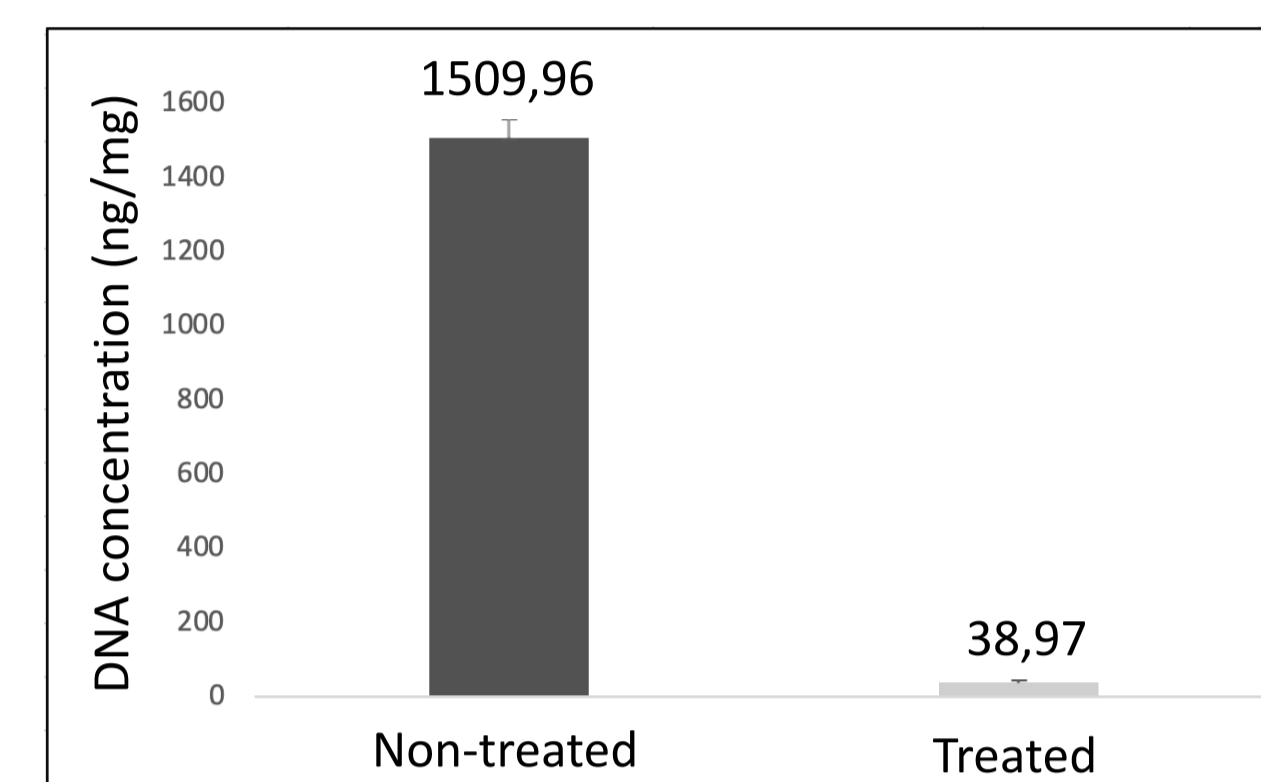


Fig. 4: Native aorta.



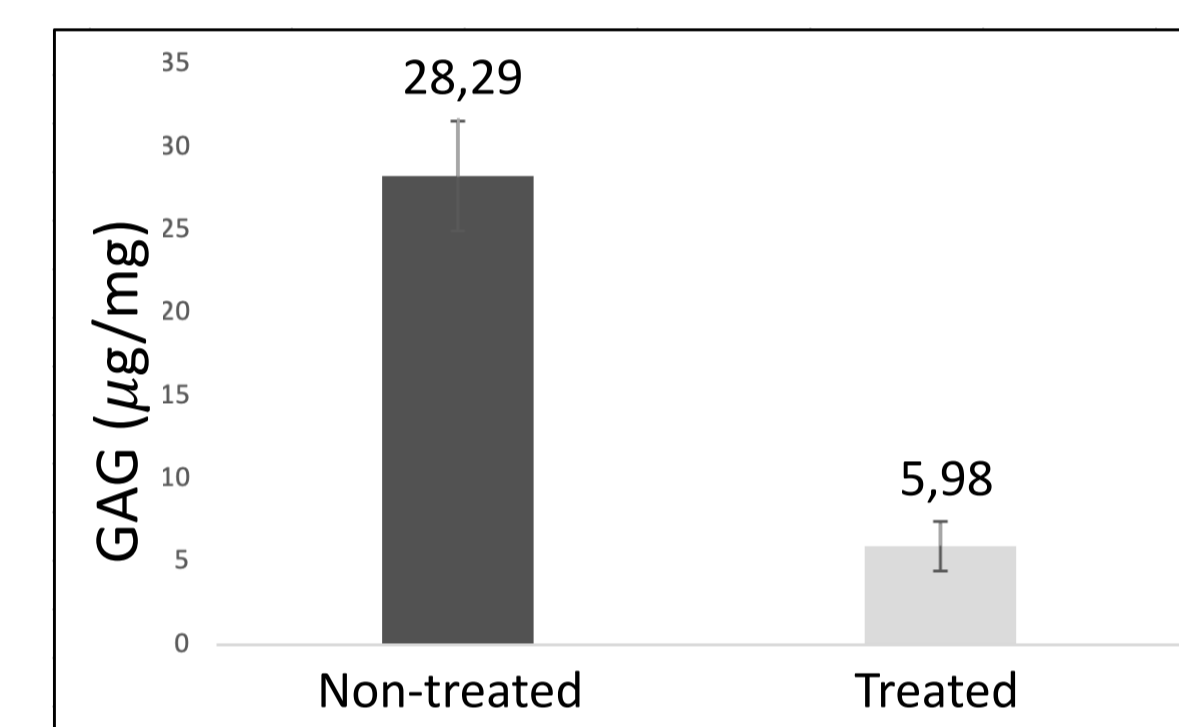
Fig. 5: Decellularized aorta.



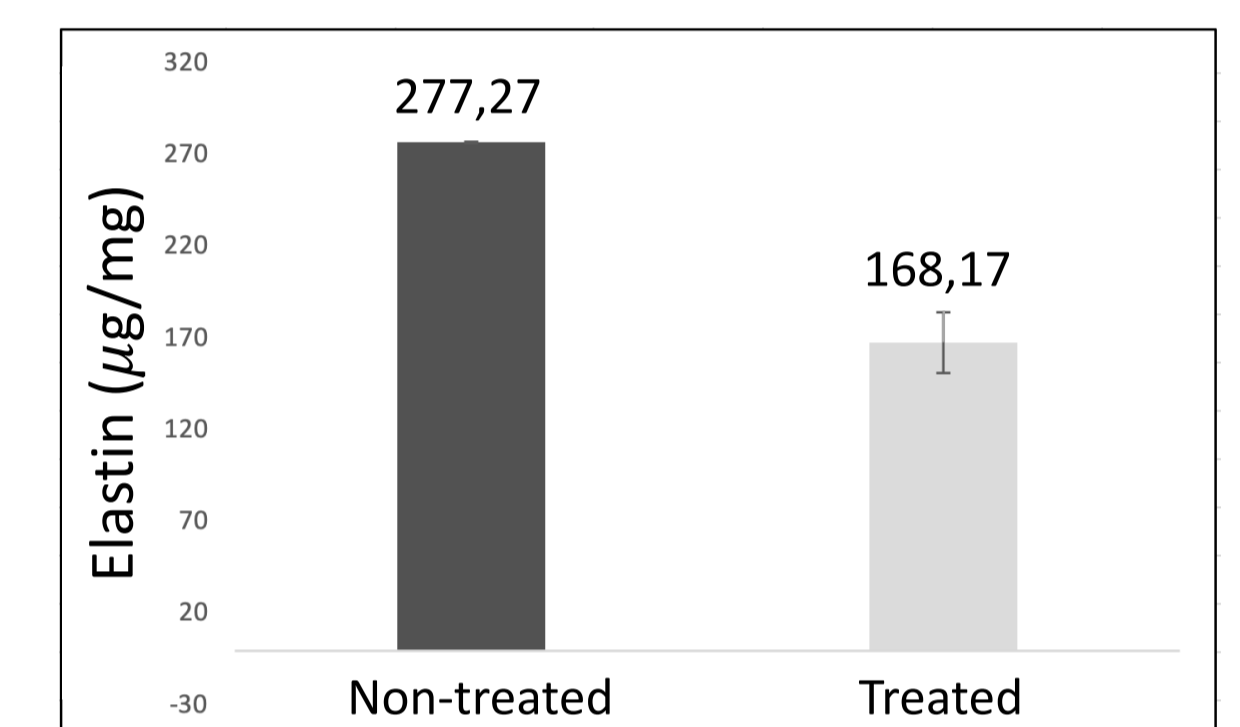
Graph. 1: DNA content.

Graphic 1 shows a ~97% reduction in DNA content following decellularization, with the treated tissue reaching the accepted threshold of <50 ng/mg of DNA content [3], indicating **effective removal of immunogenic components**.

ECM components

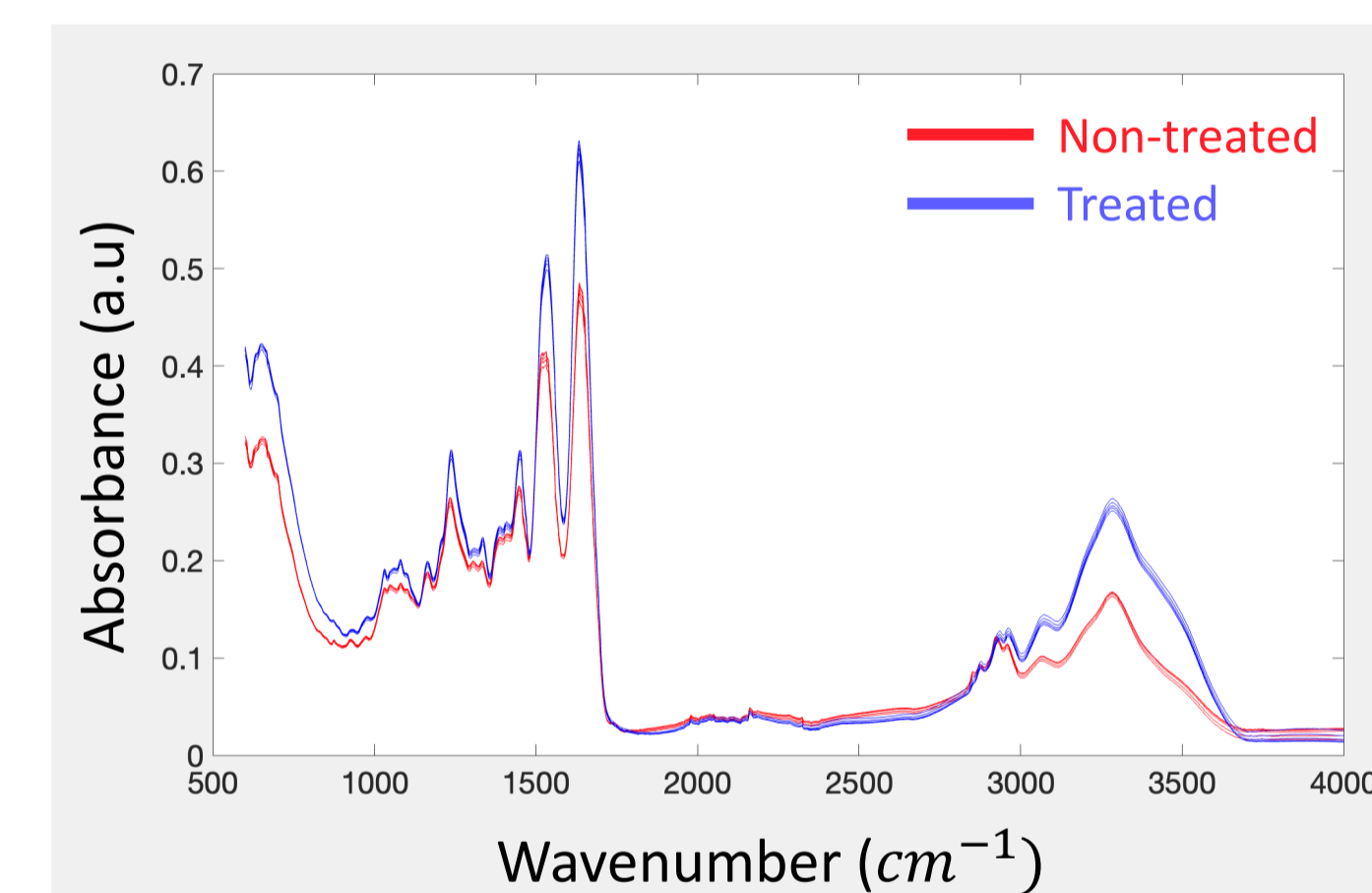


Graph. 2: GAG's content.



Graph. 3: Elastin content.

Even after the decellularization process, key **ECM components** such as glycosaminoglycans (GAG's) and elastina were maintained (Graphic 2 and 3), supporting the biological potential of the dECM to contribute effectively to tissue integration in the Ross procedure.



Graph. 4: GAG's content.

Fourier-transform infrared spectroscopy (FTIR) analysis (Graph. 4), revealed conserved spectral patterns, indicating the **preservation of native biochemical features** and no evidence of contamination during the decellularization process.

FUTURE WORK

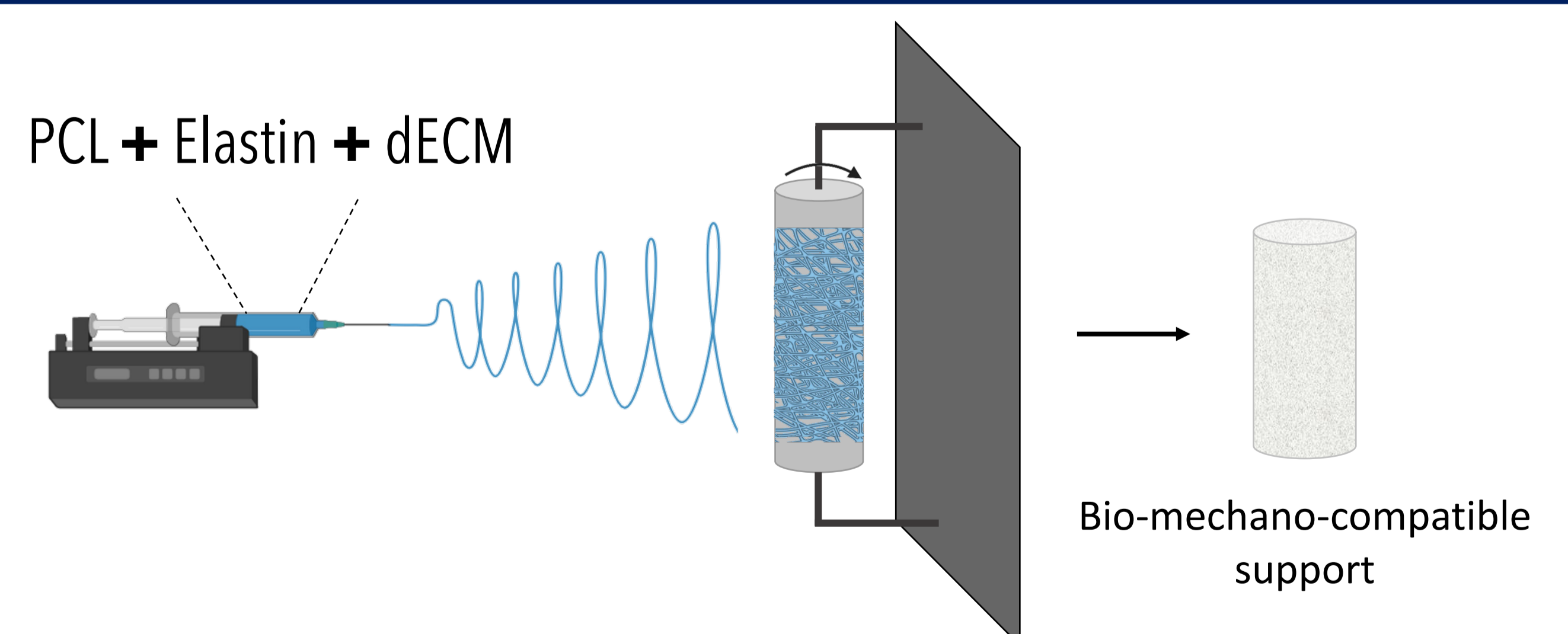


Fig. 6: Electrospinning process.

Aorta dECM powder will be combined with polycaprolactone (PCL) and elastin, then **electrospun** into a tubular scaffold designed to be an external support that aims to improve current Ross procedure outcomes. As a **bio-mechano-compatible structure**, it gradually transfers mechanical load to the regenerating valve, while the dECM provides essential biochemical cues for long-term repair and adaptation.