

## Review

# Historical Review of Biological Apatite Crystallography

Toshiro Sakae<sup>1)</sup>, Hiroshi Nakada<sup>2)</sup> and John P. LeGeros<sup>3)</sup>

<sup>1)</sup> Department of Histology, Nihon University School of Dentistry at Matsudo, Chiba, Japan

<sup>2)</sup> Department of Removable Prosthodontics, Nihon University School of Dentistry at Matsudo, Chiba, Japan

<sup>3)</sup> Department of Biomaterials and Biomimetics, New York University College of Dentistry, New York, USA

(Accepted for publication, March 20, 2015)

**Abstract:** Biological apatites composing the inorganic part of many hard tissues have many characteristics differing from mineral and/or synthetic apatites. Before the modern precise analytical technique and methods were introduced to the hard tissue study, the non-stoichiometry of biological apatites was a problem, and the carbonated apatite in bone and tooth was sometimes mistaken for a mixture of calcium carbonates, calcium phosphates, and calcium oxides. Apatite is a mineral group which makes wide ranged solid-solution systems. Although hydroxyapatite is the most stable phase in the mimetic conditions to body system among the calcium phosphates, it can not be successfully precipitated under laboratory conditions. Therefore, some mechanisms have been proposed to crystallize biological apatite in the body conditions. In this review, the history of unveiling the nature of biological apatites is described from a crystallographic viewpoint, and bio-medical applications of calcium phosphates are introduced.

**Key words:** Calcium phosphate, Precursor, Tooth enamel, Dentin, Bone

### Introduction

Biological apatites, composing the inorganic part of many hard tissues with the wide distribution from vertebrate bone and tooth to invertebrate Brachiopod *Lingula* shell<sup>1-3)</sup>, have many characteristics differing from the mineral and/or synthetic apatites<sup>4)</sup>. The terms of “Biomineral” and “Biomineralization” were firstly used by Oomori for the pearl<sup>5)</sup>. And the terms of “calcification” and “mineralization” were used as the same meanings in this paper, though there are some controversies for the use of these terms. Before the modern precise analytical technique and methods had been introduced to the hard tissue study, the nonstoichiometry of biological apatites was the arduous problem<sup>6)</sup>. These confusion or turmoil was caused from the unique wide variability of apatite crystal itself<sup>7,8)</sup>. Therefore, it was unavoidable even if it mistaken the carbonated apatite in bone and tooth as the mixture of calcium carbonate, calcium phosphate, and calcium oxide<sup>9-14)</sup>.

Before access to the crystallography of apatite and biological apatite in this content, it should be clarified what is crystal. Because, at the formation stage of hard tissues there is a discussion for a long time lasting about the presence of amorphous, or non-crystalline, materials<sup>15-23)</sup>. The “amorphous” problem in hard tissues was discussed together with the “precursor” problem in the

latter part. Among the wide ranged calcium phosphate components, only orthophosphate,  $\text{PO}_4^{3-}$ , occurs in the normal human body system, and the other types such as diphosphate,  $\text{P}_2\text{O}_7^{4-}$ , triphosphate,  $\text{P}_3\text{O}_{10}^{5-}$ , tetraphosphate,  $\text{P}_4\text{O}_{13}^{6-}$ , pentaphosphate,  $\text{P}_5\text{O}_{16}^{7-}$ , and the other condensed chained phosphates were not found<sup>8)</sup>.

This review briefly describes the history of resolving the “Apatite Problem” in mineralogy and also the “Biological apatite Problem” in the biomineralogy, in concern with the variety of calcium phosphates and apatites. The history of biological apatite was described with the study of the x-ray diffraction (XRD) which is the most powerful and reliable method for crystallographic analysis<sup>24)</sup>, and the other modern analytical instruments such as Fourier Transform InfraRed (FTIR), Fourier Transform Raman (FT Raman) spectroscopy which are the powerful and reliable methods for molecular structure analysis<sup>25)</sup>, and some elemental analysis techniques.

Calcium phosphates are the essential minerals for human body not only for the skeletal system but for the homeostasis of mineral balance in body. At the last part, the biomedical applications of apatite and calcium phosphates were briefly reviewed with special remarks on R. Z. LeGeros, she and her colleague firstly proved biological apatite as carbonateapatite.

Corresponding to: Dr. Toshiro Sakae, Department of Histology, Nihon University School of Dentistry at Matsudo, 28701 SakaechoNishi, Matsudoshi, Chiba, 271-8587 Japan; Tel & Fax: +81473609323; Email: sakae.toshiro@gmail.com

**Igneous apatites**

(after Boudreau, 1995)

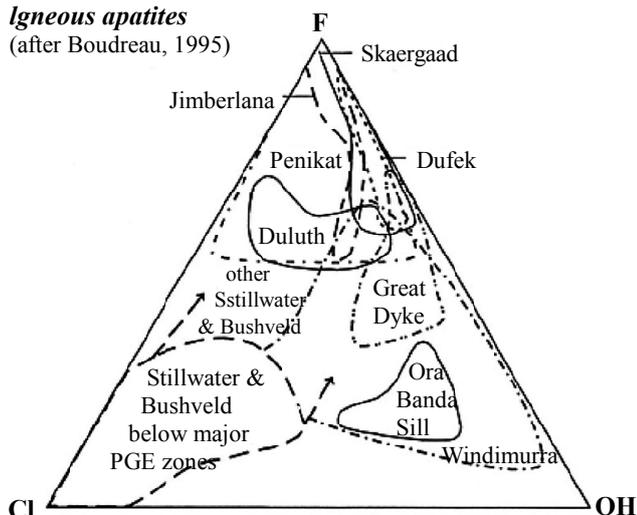


Figure 1. F-OH-Cl solid-solution diagram for the apatite minerals occurred in igneous rocks<sup>30</sup>

Apatite is the most abundant of the phosphatic minerals and consequently is of great importance to industry as the phosphorus containing compounds<sup>8</sup>. Apatites are found in the variety of occurrences in nature; in igneous rocks, metamorphic rocks, sedimentary rocks, meteorites as well as in many biological origins including fossils<sup>6,26,27</sup>.

Apatite was named from the Greek “απαταω”, to deceive, because of the older mineralogists having referred wrongly it to aquamarine, chrysolite, amethyst, fluor, schorl, etc. showing the variety in color and morphology<sup>7</sup>. “Asparagus stone” from Spain was one of the strangely named examples, and “Osteolite” was named for those found in the fossil bones. “Collophane” as carbonate hydroxyapatite, “Stafferite” as francolite, and the other old names are still used at now.

Apatite group has the chemical formula of  $M_{10}(XO_4)_6Z_2$ , where  $M = Ca, Sr, Ba, Cd, Pb, \text{ etc.}$ ,  $X = P, As, V, Mn, Cr, \text{ etc.}$ , and  $Z = OH, F, Cl, Br, \text{ etc.}$ <sup>6</sup>. The name “apatite” describes a family of compounds having similar structure (hexagonal crystal system, space group,  $P6_3/m$ ) in spite of a wide range of composition<sup>4,28,29</sup>. The apatite series makes a unique solid-solution system; for example, hydroxyapatite, HAp  $Ca_{10}(PO_4)_6(OH)_2$ , and fluorapatite, FAp  $Ca_{10}(PO_4)_6F_2$ , making a perfect solid solution system (Fig. 1)<sup>30,31</sup>. It is notable that the nomenclature of hydroxyapatite valid from the terminal composition,  $Ca_{10}(PO_4)_6(OH)_2$ , to the midpoint,  $Ca_{10}(PO_4)_6FOH$ , in the OH-F solid solution system.

Therefore, the slightly substituted F for OH apatite might not be called as fluorapatite, which sometimes misused in some international medical and dental journals.

Table 1<sup>6-8, 32-34</sup> list the major apatite group minerals with the unit cell dimensions, which are useful to identify the mineral species and/or estimation of the substituted ions. Based on the wide range substitution system of apatite, the included elements,

i.e. rare earth elements, have some important information such as geological chronology, environmental geology, geothermometry, etc.<sup>35-37</sup>.

**Crystal Structures of Apatite and Related Calcium Phosphates**

Before the exact apatite crystal structure had been solved, the apatitic X-ray patterns were found in tooth and bone mineral<sup>39,40</sup>. In 1930, NaraySzabo<sup>41</sup> and Mehmel<sup>42</sup> determined the crystal structure of FAp and HAp, respectively. However, it was observed that many calcium phosphates with low Ca/P ratio precipitated from solution give the X-ray diffraction pattern of HAp but depart from the ideal stoichiometry,  $Ca_{10}(PO_4)_6(OH)_2$ <sup>43</sup>. In 1964, the precise crystal structure of HAp was determined<sup>44</sup>. In 1969, the refinement of the naturally occurred HAp was performed<sup>45</sup>, and in 1980, fine apatite crystal structure characterization from gravimetrically separated human teeth was achieved by the Reitveld analysis of X-ray data<sup>46</sup>.

In the HAp crystal structure, there are two sites for calcium ions, namely Ca(I) and Ca(II). The Ca(I) is called as the columnar Ca, and the Ca(II) the screw axis Ca (Fig. 2). The screw axis Ca makes the calcium triangle, and then the calcium tunnel, in which the OH ions locate. Based on this structural configuration, the OH ions easily substitute with F ions, and the OH ions in tooth enamel are easily released by attack of acids resulted in tooth decay (Fig. 3).

For the more information of the calcium phosphates and apatite crystal structure, refer the references<sup>47-52</sup>, and it may be worth to introduce the techniques and methods for hard tissue research<sup>53-62</sup>.

**Calcium Phosphate Precursors of Apatite**

There are some solid phases of calcium phosphate that have been linked to biological mineralization (Table 2). HAp is universally recognized as the final solid mineral phase of bone and teeth<sup>6,64</sup>. The other calcium phosphates have been implicated as minor or precursor phases; they are acid stable and will convert to the thermodynamically stable and insoluble HAp at a high pH (Fig. 4). HAp is stable at neutral or basic pH<sup>65</sup>. Tricalcium phosphate, TCP, needs Mg ion for its formation at room temperature. Both dicalcium phosphate dehydrate, DCPD, or dicalcium phosphate, DCP, and octacalcium phosphate, OCP, have acid phosphate groups (HPO4) and a structural plane on which HAp can be grown epitaxially<sup>66,67</sup>.

These hypotheses may explain the dominant morphology of bone apatite is platelets<sup>68</sup> and also in tooth enamel<sup>69</sup>. The formation mechanism of platelike crystals in the mineralized collagen fibrils is not fully understood. One possible explanation is that crystal growth occurs via an OCP intermediate (Fig. 5)<sup>67,70</sup>. OCP has almost the same crystal structure as HAp but contains an extra hydrated layer that may be responsible for the observed plateshaped crystals in natural bone. Amorphous calcium

Table 1. Apatite Group Minerals<sup>6-8,31-34)</sup>

Chemical name <i>mineral name</i>	Idealized chemical formula	Unit cell dimensions axis ( Å ), angle (°)	Strong X-ray diffraction peaks	Powder Diffraction File (PDF) (JCPDS card no.)
<i>Hydroxyapatite</i> HAp (Hexagonal)	Ca <sub>10</sub> (PO <sub>4</sub> ) <sub>6</sub> (OH) <sub>2</sub>	a = 9.41, c = 6.88	2.814 (100) 2.778 (60) 2.720 (60)	9-432
<i>Hydroxyapatite</i> (Monoclinic)	Ca <sub>10</sub> (PO <sub>4</sub> ) <sub>6</sub> (OH) <sub>2</sub>	a = 9.445, b = 18.853, c = 6.8783, β = 120	2.817 (66) 2.724 (79) 2.267 (100)	
<i>Fluorapatite</i> FAp	Ca <sub>10</sub> (PO <sub>4</sub> ) <sub>6</sub> F <sub>2</sub>	a = 9.3973, c = 6.8782	2.800 (100) 2.702 (60)	15-876
<i>Chlorapatite</i>	Ca <sub>10</sub> (PO <sub>4</sub> ) <sub>6</sub> Cl <sub>2</sub>	a = 9.5979, c = 6.7762	2.853 (100) 2.770 (100) 1.960 (50)	12-263
<i>Oxyapatite</i>	Ca <sub>10</sub> (PO <sub>4</sub> ) <sub>6</sub> O	a = 9.38, c = 6.93		
<i>Pyromorphite</i>	Pb <sub>10</sub> (PO <sub>4</sub> ) <sub>6</sub> Cl <sub>2</sub>	a = 9.987, c = 7.33	2.99 (100) 2.96 (100) 2.89 (60)	19-701
<i>Dahllite</i> <i>carbonate apatites</i>	Ca <sub>10</sub> (PO <sub>4</sub> ) <sub>5</sub> (CO <sub>3</sub> ) (OH) <sub>2</sub>	a = 9.419, c = 6.886	2.811 (80) 2.717 (100) 2.261 (35)	21-145
<i>Franconite</i>	Ca <sub>10</sub> (PO <sub>4</sub> ) <sub>5</sub> (CO <sub>3</sub> )F <sub>2</sub>	a = 9.346, c = 6.887	2.79 (55) 2.692(100) 2.24 (45)	31-267
<i>Alforsite</i>	Ba <sub>10</sub> (PO <sub>4</sub> ) <sub>6</sub> Cl <sub>2</sub>	a = 10.25, c = 7.64	3.06 (100) 2.13 (40) 2.03 (30)	35-691
Fermorite	(Ca,Sr) <sub>10</sub> (AsO <sub>4</sub> ,PO <sub>4</sub> ) <sub>6</sub> (OH,F) <sub>2</sub>		3.49 (50) 2.86 (100) 2.75 (60)	14-215
<i>Whitlockite</i>	Ca <sub>18</sub> Mg <sub>2</sub> (PO <sub>4</sub> ) <sub>12</sub> [PO <sub>3</sub> (OH)] <sub>2</sub>	a = 10.357, c = 37.077	3.1845 (59) 2.8604 (100) 2.5893 (73)	(syn. 9-169)
<i>Mimetite</i>	Pb <sub>10</sub> (AsO <sub>4</sub> ) <sub>6</sub> Cl <sub>2</sub>	a = 10.250, c = 7.454	3.06 (100) 3.01 (95) 2.96 (65)	19-683
<i>Chlorellestadite</i> ( <i>Ellestadite</i> )	Ca <sub>10</sub> (SiO <sub>4</sub> ) <sub>3</sub> (SO <sub>4</sub> ) <sub>3</sub> Cl <sub>2</sub>	a = 9.491, c = 6.921	2.84 (100) 2.74 (60) 1.85 (50)	25-173
<i>Britholite</i>	Ca <sub>4</sub> (Ca,Ce) <sub>6</sub> (SiO <sub>4</sub> ,PO <sub>4</sub> ) <sub>6</sub> (OH,F) <sub>2</sub>	a = 9.63, c = 7.03	3.48 (80) 2.836 (100) 2.809 (80)	31-892

phosphate, ACP, was also found to spontaneously precipitate to apatite at physiological conditions<sup>16,71-76)</sup> (Fig. 6). Although many studies searching OCP *in vivo* had been failed<sup>17,77-78)</sup>, the improved

methods of imaging and structure determination have since led to the identification of stable and transient forms of amorphous precursors in biomineralization of bone and teeth<sup>8,18,19,22,79)</sup>. The

Table 2. Calcium phosphates Candidates for the Precursor of Apatite Formation <sup>63)</sup>

	Chemical composition	Ca/P ratio	JCPDS card
Octacalcium phosphate (OCP)	$\text{Ca}_8\text{H}_2(\text{PO}_4)_6 \cdot 5\text{H}_2\text{O}$	1.33	26-1056
<i>hydroxyspodiosite</i>	$\text{Ca}_2\text{PO}_4(\text{OH}) \cdot 2\text{H}_2\text{O}$	2.00	
Teracalcium phosphate	$\text{Ca}_3(\text{PO}_4)_2 \cdot \text{CaO}$	2.00	
Tricalcium phosphate (TCP)	$\text{Ca}_3(\text{PO}_4)_2$	1.50	9-167
$\alpha$ -TCP (high temp. type)			9-348
$\beta$ -TCP (low temp. type)			
Dicalcium phosphate dihydrate (DCPD)	$\text{CaHPO}_4 \cdot 2\text{H}_2\text{O}$	1.00	9-77
<i>Brushite</i>			11-293
Calcium phosphate-sulfate hydrate	$\text{CaHPO}_4 \cdot \text{CaSO}_4 \cdot 4\text{H}_2\text{O}$	0.50	41-585
<i>Ardealite</i>			
Dicalcium phosphate hemihydrate (DCPh)	$\text{CaHPO}_4 \cdot 1/2\text{H}_2\text{O}$	1.00	
Dicalcium phosphate (DCP)	$\text{CaHPO}_4$	1.00	9-80
Monetite			
Monocalcium phosphate monohydrate (MCPM)	$\text{Ca}(\text{H}_2\text{PO}_4)_2 \cdot \text{H}_2\text{O}$	0.50	9-347
Monocalcium phosphate (MCP)	$\text{Ca}(\text{H}_2\text{PO}_4)_2$	0.50	9-390
Amorphous calcium phosphate	$\text{Ca}_9(\text{HPO}_4)_6(\text{OH})_6$	1.33	

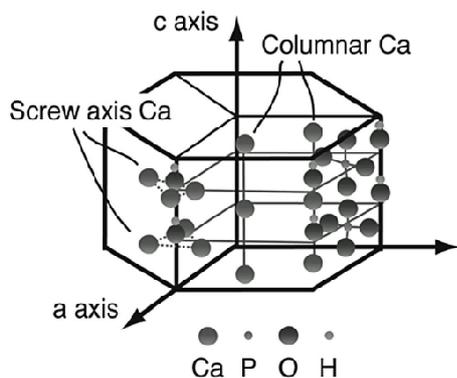


Figure 2. Crystal structure of hydroxyapatite<sup>30)</sup>

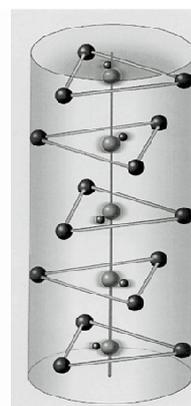


Figure 3. "Calcium-triangle" and "Calcium tunnel" in the hydroxyapatite crystal structure (original)

role of polyphosphate in the bone formation was repostulated<sup>80)</sup>. The role of amorphous phases in mineralization of HAp in biological tissues such as bone continues to be a subject of great research interest<sup>81)</sup>.

Studies on the early phases of the calcification can be divided into two groups: those carried out up to about 1960 on the basis of histological, histochemical, biochemical and biophysical

methods on topics related to the nature and composition of the inorganic component of hard tissues, and those carried out after 1960s by applying the more refined modern methods<sup>74)</sup>. With specific reference to bone that three concepts were prominent at that time: that the bone mineral is carbonateapatite; that it is a calcium carbonate mixed with HAp; or that it is a mixture of TCP and calcium carbonate. In 1985, Posner<sup>73)</sup> stated that "the bone

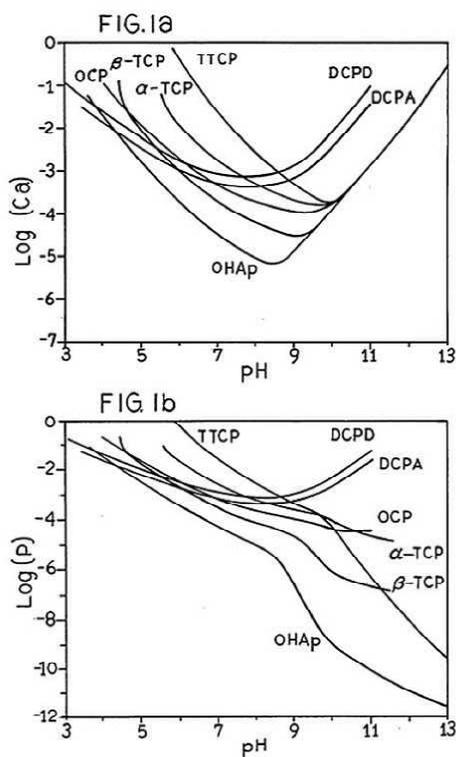


Figure 4. Stability of calcium phosphates<sup>70)</sup>

mineral is a calcium and hydroxyl-deficient, hydrogen and carbonate-containing analogue of HAp characterized by structural imperfection". The early stage of calcification problem still remained to be clarified.

For the more information of apatite formation in body system, refer the references<sup>82-85)</sup>.

### Biological Apatites

#### Nonstoichiometry of the Inorganic Composition in Hard Tissues

The word "Hard Tissue" is also used in the other vertebrate and invertebrate kingdom such as fish scale, shell of a tortoise, spicules of sand star and coral, beaks of cattle fish, shells of bivalves and Brachiopod, test of Foraminifera, and so on<sup>3,74)</sup>. "Hard Tissues" may not be defined clearly, but usually including tooth enamel, dentin, cementum, and bone in vertebrates and also including pathological concretions such as dental calculus, salivary stones, and many pathological calculus<sup>34,86)</sup>. Except otolith in the inner ear, all the inorganic parts of human bone and teeth are composed of biological apatites.

As early as 1926, the inorganic phases of bone and teeth are basically calcium HAp<sup>9)</sup>. The detailed crystal structure of human tooth enamel apatite was determined<sup>46,87)</sup>. The term "Biological Apatite" is used for these apatite which were produced by organisms. However, the minor but important differences between these biological apatites and mineral/synthetic apatites were not clarified still now. It was notable that one of the origin of life hypothesis there is "Apatite Hypothesis"<sup>82,88)</sup>.

Limited to the tooth enamel, dentin and bone in human body, the number of analytic reports for these materials have been published. However, unexpectedly the chemical compositions for these could not be converged. For human enamel, the most hardest and highly mineralized tissue in body, Ca wt % ranged from 33.6 to 39.4, P wt % from 16.1 to 18.0, and CO<sub>3</sub> from 1.95 to 3.66, Ca/P ratio (by weight) from 1.92 to 2.17, Ca/P (molar) from 1.5 to 1.68<sup>10,89)</sup>. There arose such an idea of "nonstoichiometric apatite" or "Ca-deficient apatite" that could explain the non uniform analytical data in part. Several theories have been put forward to explain the nonstoichiometry of biological apatite, such as deficiency of calcium ions, excess ion adsorption on the crystal surface, lattice substitutions, and the addition of a second phase<sup>90-93)</sup>. When the ionic substitutions occur in the apatite crystal structure, the values of the a- and c-axes, and the a/c ratio, may change<sup>6,34)</sup>. However, the high carbonate content led the old investigators to mistakes as these biological inorganic components might be composed of some calcium carbonates together with calcium phosphate and calcium oxide. And the investigators at that time considered that the nonstoichiometry of these inorganic matters might be due to the mixture of these components. Because, at that time, it was resumed that apatite crystal may not substitute carbonate ions so much. Then, the old anatomy and histology textbooks unfortunately described as the inorganic components being calcium phosphate plus calcium carbonate. This misunderstood was corrected later when the biological apatites are proved as carbonated apatite<sup>53,94)</sup>. And hereafter it has been verified that the highly carbonated apatite is the common feature for the biological apatite.

Although it had been revealed that human teeth and bones are composed of biological apatites, their chemical compositions were not unified and varied from parts to parts of bones and teeth, and among individual teeth and bones<sup>95-100)</sup>. The variation in the chemical composition of the biological apatites may be due to such conditions of the cell activity, timing, physiological and also circadian rhythm of these hard tissue formation. For the more information on the chemistry of hard tissues, refer the references<sup>4,6,34,74,78,101,102)</sup>.

#### Biological Apatite as Carbonate Apatite

Biological apatites, occur as the inorganic portion of many hard tissues, differ from pure HA in stoichiometry, composition and crystallinity, and therefore have different physical and mechanical properties. Biological apatites are typically calcium deficient carbonated calcium HAp, so are strictly carbonate apatites rather than HAp<sup>6,34)</sup>.

Carbonate ion substitution in the apatite crystal structure occurs in two site, namely A-site substitution for OH ion, and B-site for PO<sub>4</sub> ion<sup>103-105)</sup>. FTIR spectroscopic studies of synthetic and biological carbonate apatite showed that the absorption bands at

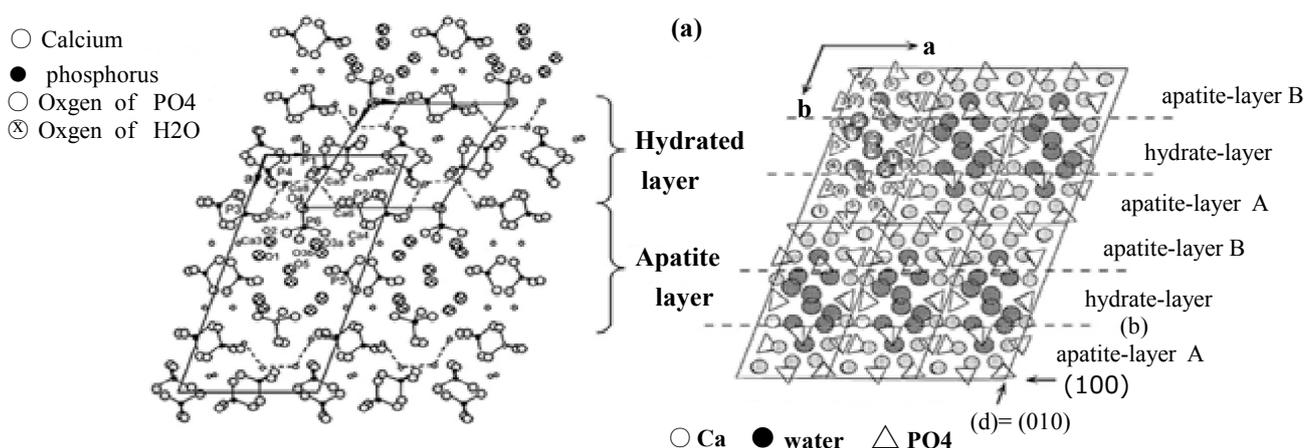


Figure 5. Relationship between the crystal structures of hydroxyapatite and octacalcium phosphate<sup>66)</sup>

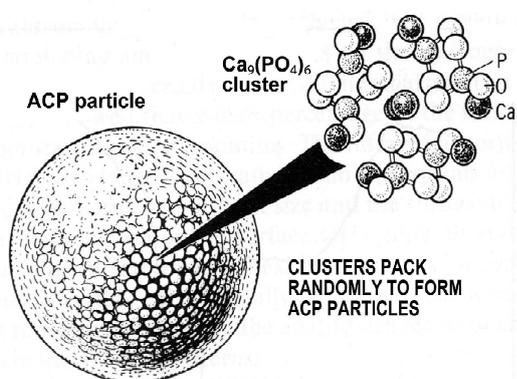


Figure 6. Structure of amorphous calcium phosphate<sup>71)</sup>

670  $\text{cm}^{-1}$  and 757  $\text{cm}^{-1}$  can be attributed to A-site carbonate, and 692  $\text{cm}^{-1}$  and 718  $\text{cm}^{-1}$  to B-site<sup>106)</sup>, 878, 1465 and 1550  $\text{cm}^{-1}$  for A-site, and 872, 1415 and 1500  $\text{cm}^{-1}$  for B-site<sup>107)</sup>. The bands at PO4  $\nu_3$  domain of A-site and B-site appeared at 1108  $\text{cm}^{-1}$  and 1070  $\text{cm}^{-1}$ , respectively<sup>108)</sup>.

Substitution of components in these biological apatites occurs in a couple manner in order to balance the electrical charges, so-called Type B substitution<sup>94)</sup>. This means that there is an equivalent calcium for sodium as phosphate for carbonate modification and the other substitutions<sup>109-111)</sup>. As a result, biological apatites vary in the products after sintering<sup>112)</sup>. Thus, sintering enamel or dentin above 800 °C gives HA and small amounts of b-TCP varying the b-TCP/HA ratio depending on the portions or individuals<sup>49,95,96)</sup>.

For the more information of biomineralization concerning to biological apatites, refer the references <sup>60,61,83,113-116)</sup>.

### Biomedical Application of Apatite and Calcium Phosphates In Vitro and In Vivo Cell Reactions of Synthetic Apatites

The cell reactions with the synthetic calcium phosphates have

been investigated and the cell affinity has been clarified<sup>117,118)</sup>. Zinc and/or magnesium containing calcium phosphate<sup>119-123)</sup>, and the osteoconductive calcium phosphates<sup>124-128)</sup> have been studied and applied to clinical uses.

### Calcium Phosphates as Biomedical Applications and Food Additives

Calcium phosphates and biphasic calcium phosphate ceramics can be candidate for the bone-scaffold and restorative dentistry<sup>129-135)</sup>. Calcium phosphate based coatings have been developed and used in clinical dentistry and medicine<sup>136-138)</sup>.

Amorphous calcium phosphate is also the candidate for the bone tissue repair substates as well as the precursor of biological apatite *in vivo*<sup>73,139)</sup>. Tetracalcium phosphate<sup>140)</sup>,  $\alpha$ TCP<sup>141,142)</sup>, and OCP<sup>143)</sup>.

Antibacterial and mineralizing calcium phosphate-based treatments are developed<sup>144,145)</sup>, and drug delivery system using some calcium phosphates are now adopted to clinical applications<sup>146,147)</sup>. A new synthetic bone mineral (SBM) diet was developed and the effect was confirmed by animal experiment<sup>148-150)</sup>.

### Acknowledgements

This paper would be a part of the series of “Calcium Phosphates from Basic to Application” writing planned by Prof. Racquel Z. LeGeros together with some collaborators. However, she passed away so suddenly in 2012, the work was left. The authors promised to write with her while in life, and write down here that the work should be completed at least in part.

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