

Development of local skin dose evaluation system using 3D-printed plastic scintillator imitating skin layer

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1. Introduction

Workplaces that involve the use of high-level radioactive sources, such as in non-destructive testing or semiconductor defect inspection, always carry the risk of radiation exposure accidents. In local radiation exposure accident that exceeds the permissible dose limit, an evaluation of the exposed dose should be conducted. Currently, several methods such as computational simulation, chromosomal aberration tests, and EPR (Electron Paramagnetic Resonance) are used as retrospective dosimetry methods. [1] However, there has been no case of using customized phantom that reproduces the accident situation for retrospective dosimetry. This study is a basic study for skin imitation layer fabrication using a 3D printed plastic scintillator for the development of a local skin dose evaluation system. A thin scintillator layer which imitating the thickness of skin basal layer and tissue equivalent phantom layer were produced, and the results of absorption dose evaluation for gamma radiation sources were described

2. Methods and Results

2.1 Fabrication of skin imitation layer using 3D printing

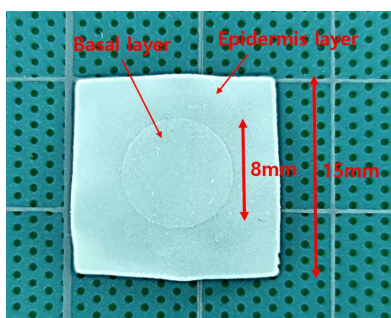


Fig. 1. Basal layer (plastic scintillator) & Epidermis layer (tissue-equivalent resin)

The deterministic effect on the skin is caused by the death of basal layer cells in the epidermis. [2] Hence, by imitating the basal layer of the skin using plastic scintillators, it is possible to evaluate the locally deposited radiation dose. The plastic scintillator was fabricated using a DLP-based 3D printer (IMD, Carima) with resin, which composed of D0241(monomer), PPO (primary-dye), TPO(photo-initiator) and ADS086BE

(wavelength shifter).[3] The thickness was set to 50 μm , the average thickness of the basal layer.[4] The epidermal layer, including the stratum spinosum, which is 100 μm thick, was made using commercially available 3D printing resin (CUKM25W, Carima), with a composition similar to that of the skin. In order to attach the two layers, the epidermal layer was first manufactured, and then the basal layer was manufactured by adjusting the zero point of the 3D printer. Manufactured products are shown in Fig. 1.

2.2 Thickness measurement of skin imitation layer

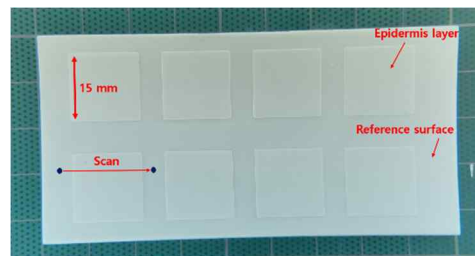


Fig. 2. Epidermal layer imitation samples for thickness measurement

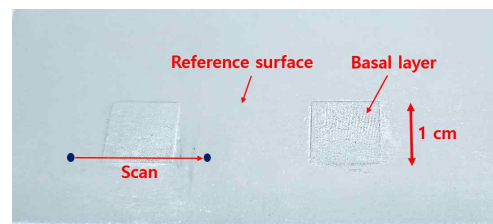


Fig. 3. Measurement method of thickness of basal layer imitation sample

The thickness accuracy of the fabrication was evaluated using a surface profilometer (Dektak-XT, Bruker). To prevent any sample displacement due to the tip of the instrument and enhance measurement accuracy, a reference surface made of CUKM25W was fabricated together under each sample (Fig. 2, Fig. 3). After scanning a total of 20 mm(epidermis) and 14 mm(basal) from the left reference plane to the right reference plane of the samples, both 1 mm of reference planes were set as leveling points to show a thickness of sample. (Fig. 4, Fig. 5)

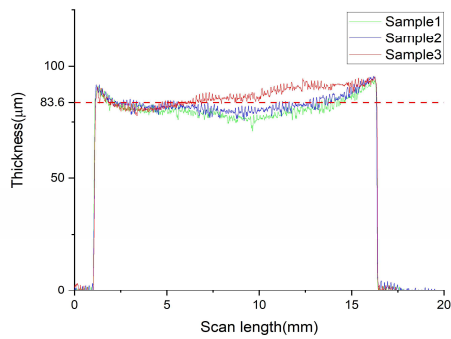


Fig. 4. Epidermis layer thickness measurement results

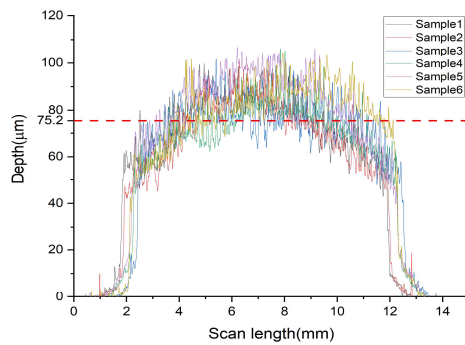


Fig. 5. Basal layer thickness measurement results

The measurement results indicated that the average thickness of the epidermal imitation layer was approximately $83.6 \pm 4.7 \mu\text{m}$, while the average thickness of the basal layer made by plastic scintillators was approximately $75.2 \pm 12.9 \mu\text{m}$. These outcomes were influenced by the over-curing of the plastic scintillator resin. Not only can this phenomenon be improved in the future, but in actual dose measurements, values can be corrected through computer simulations.

2.3 Absorbed dose evaluation using skin imitation layer

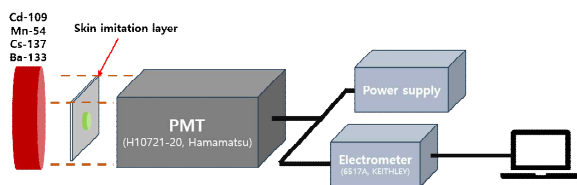


Fig. 6. Schematic diagram of a radiation dose measurement system using a skin imitation phantom

In order to validate the applicability of the manufactured basal layer scintillator, a system was set up to detect radiation. (Fig. 6) Cumulative charge values were obtained by measuring for one minute with each of four gamma sources and background. The result shows difference in values from between the background and sources, indicating the ability to measure the radiation dose by the basal layer scintillator (Table I). And the

difference in this value can get bigger as more doses are exposed. If the relationship between the irradiation dose and signal yield is derived in the future work, it could serve as a skin dosimetry tool.

Table. I: Results of absorbed dose collection through a basal layer imitated scintillator

Source	Gamma energy (keV)	Activity* (kBq)	Coulomb (nC)	Ratio (%)
Background	-	-	12.34 ± 0.09	100
Cd-109	88.03	340.45	28.17 ± 0.92	228.2
Mn-54	834.85	315.30	12.41 ± 0.10	100.5
Cs-137	661.66 $174.32(\beta)$	357.75	39.14 ± 0.75	317.1
Ba-133	356.01 81.00	248.61	36.32 ± 0.46	294.2

*Theoretical value

3. Conclusions

The method of retrospective dosimetry has been discussed in relation to the fabrication and application of a localized radiation dose assessment system. Using 3D printing, a skin imitation layer which consists of plastic scintillator as basal layer and tissue-equivalent resin as epidermis layer with a total thickness of $150 \mu\text{m}$ was created, and the thickness as well as the radiation response of the fabricated layer was evaluated. By refining the 3D printing fabrication and post-processing procedures in the future, the thickness can be brought closer to the theoretical value. Finally, by integrating the signal transport system with proposed product, a local dose evaluation system can be established, which can provide auxiliary assistance in retrospective dosimetry.

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