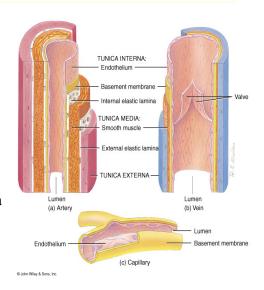
PTA/OTA 106 Unit 2 Lecture 2



# Comparative Structure of Artery and Vein Vessel Walls

## **Arteries**:

- 1. Tunica Interna
  - a. Endothelium
  - b. Basement membrane
  - c. Internal elastic lamina
- 2. Tuncia Media
  - a. Smooth muscle
  - b. External elastic lamina
- 3. Tuncia Externa
  - a. Connective tissue



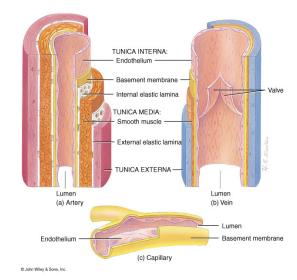
## Comparative Structure of Artery and Vein Vessel Walls

#### **Veins:**

- 1. Tuncia Interna
  - a. Endothelium
  - b. Basement membrane
- 2. Tuncia Media
  - a. Smooth Muscle
- 3. Tuncia Externa
  - a. Connective Tissue

#### Capillary:

- a. Endothelium
- b. Basement membrane



## **Classification of Arteries**

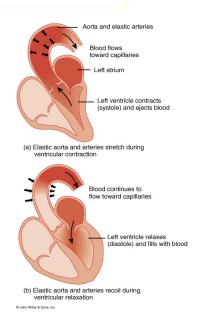
#### **Elastic Arteries**

(Conducting arteries)

Aorta, Brachiocephalic, Commom Carotid, Subclavian, Vertebral, Pulmonary, Common Iliac

#### **Muscular Arteries**

(Distributing Arteries)
Brachial artery, radial artery,
Popiteal, Common Hepatic



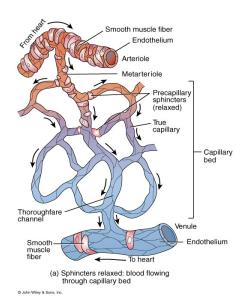
## Circulation Through a capillary bed

<u>Arterioles</u>: deliver blood to capillaries

<u>Metarterioles</u>: emerges from arterioles and supplies a group of capillaries

#### **Thoroughfare Channel:**

arise from metarterioles and contain no smooth muscle. Thoroughfares allow blood to bypass the capillary



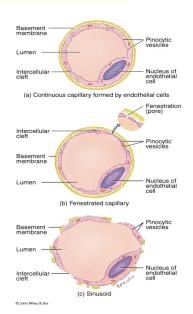
## **Different types of Capillaries**

### **Continuous Capillaries**

Plasma membranes of endothelial cells forms a continuous tube only interrupted by intercellular clefts (gaps between cells) (lungs and muscle)

#### Fenestrated Capillaries

Plasma membrane of endothelial cells contain pores or fenestrations (Kidney and Villi of small intestines

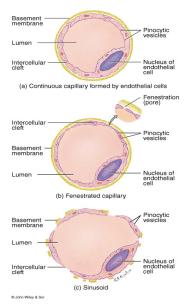


## **Different types of Capillaries**

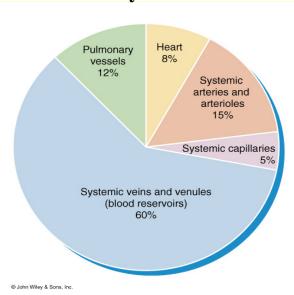
#### **Sinusoids**:

Wider and more winding than other capillaries, with incomplete basement membranes and large fenestrations

(red bone narrow and liver)



## Blood distribution in the Cardiovascular System



## **Mechanisms of Capillary Exchange**

#### • Simple Diffusion:

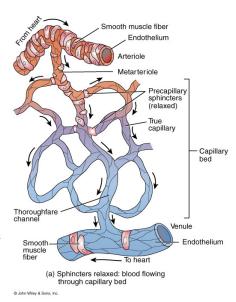
(CO2, O2, glucose, amino acids, and hormones)

#### • Transcytosis:

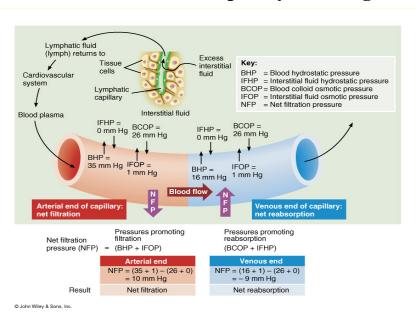
Substances enter lumen side of endothelial cells via endocytosis and exit the other side via exocytosis

#### Bulk Flow:

Substances dissolved in fluid are moved toward in the same direction as the fluid



## Forces involved in Capillary Exchange



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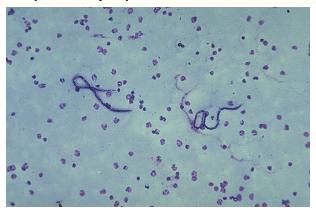
## **Factors that Affect Capillary Exchange**

- Edema = increased Interstitial Fluid
  - 1. Increased BHP
    - a. increased CO
    - b. increased blood volume
  - 2. Increased Permeability of Capillaries
    - a. Increased IFOP
    - b. Bacteria
    - c. Tissue damage

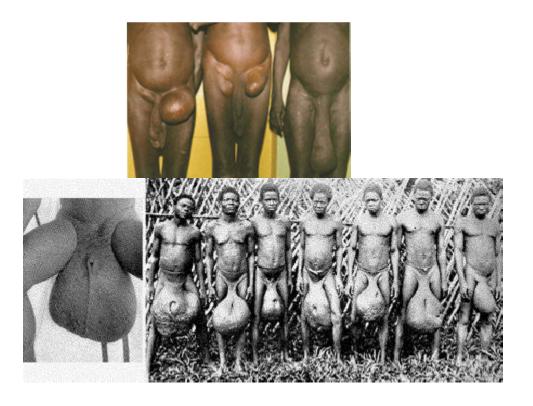
### **Factors that Affect Capillary Exchange**

- Edema = increased Interstitial Fluid
  - 3. Decreased reabsorption
    - a. Decreased BCOP: liver disease, burns, kidney disease
    - b. Lymphatic blockage: cancer and parasites

Elephantiasis: is a rare disorder of the lymphatic system caused by parasitic worms such as Wuchereria bancrofti, Brugia malayi, and B. timori, all of which are transmitted by mosquitos. Inflammation of the lymphatic vessels causes extreme enlargement of the affected area, most commonly a limb or parts of the head and torso. It occurs most commonly in tropical regions and particularly in parts of Africa.







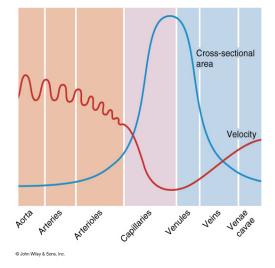
#### **Factors That Affect Circulation**

- Velocity of Blood:
  - 1. Measured as the volume of blood that flows through any tissue in a given time period.
  - 2. Velocity is inversely related to cross-sectional area

Aorta: 3-5 cm2, 40cm/sec Capillaries: 4,500-6,000 cm2/

0.1cm/sec

Vena Cava's: 14cm2, 5-20cm/sec



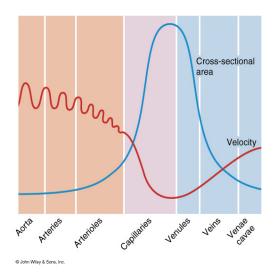
#### **Factors That Affect Circulation**

#### • Resistance:

Measured as the opposition to blood flow through blood vessels due to friction between the blood and vessel walls.

- 1. Average Vessel radius:

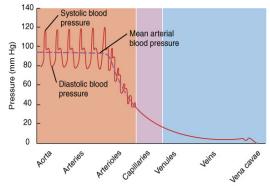
  Resistance is inversely proportional to the fourth power of the radius
- 2. Blood viscosity: Resistance is directly proportional to viscosity
- 3. Total Vessel length: Resistance is directly proportional to vessel length



#### **Factors That Affect Circulation**

- Volume of Blood Flow:
   Measured by Cardiac Output
   CO = SV x HR
- Blood Pressure:
   Measured as the Hydrostatic pressure exerted on vessel walls by the blood

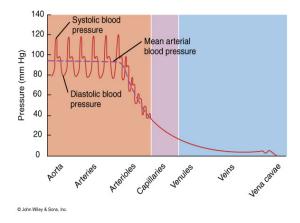
Young Adult: 120/80 120 = ventricular systole 80 = ventricular diastole Mean arterial blood pressure: MABP = diastolic BP + 1/3(systolic BP – diastolic BP)



#### **Factors That Affect Circulation**

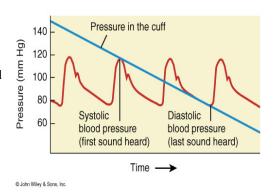
 Cardiac Output is directly related to blood pressure

CO = MABP/R



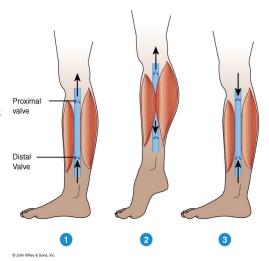
## Relationship between Blood Pressure, Cuff Pressure, and Korotkoff Sounds

- Blood Pressure is measured in the Brachial Artery using a Sphygmomanometer
- As cuff pressure drops to a point where it equals systolic pressure the first Korotkoff sound is heard
- As cuff pressure continues to drop to the point where it equals Diastolic pressure the last korotkoff sound is heard
- Blood pressure is recorded as the first sound (systolic) and the last sound (diastolic) pressure

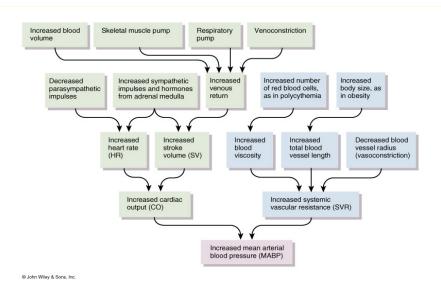


#### **Action of Skeletal Muscle in Venous Return**

- While standing at rest venous valves are open
- Contraction of muscles pushes blood upward through the proximal valve, back-pressure closed the distal valve
- As muscle relaxes, pressure drops closing the proximal valve.
   Higher blood pressure in the foot opens the distal valve allowing blood to flow into section of the vein.



# **Summary of Factors that Increase Blood Pressure**

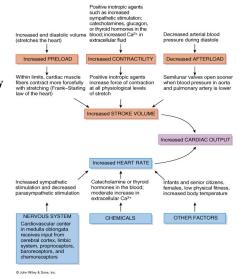


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## **Overview of Hormones that Regulate Blood Pressure**

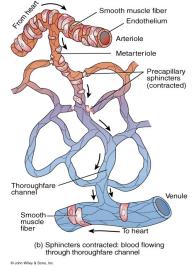
#### 1. Cardiac Output:

**Increased CO = Increased BP Increased CO and contractility** epinephrine from **Adrenal Medulla** Norepinephrine from sympathetic neurons



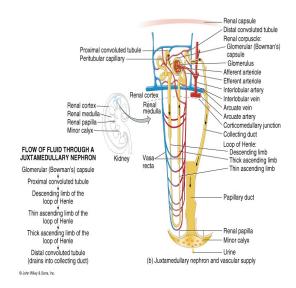
## **Overview of Hormones that Regulate Blood Pressure**

- Systematic Vascular Resistance
  - 1. Vasoconstriction (increased)
    - a. Angiotensin II
    - b. ADH (vasopressin)
    - c. Epinephrine
    - d. Norepinephrine
  - 2. Vasodilation (decreased)
    - a. ANP
    - b. Epinephrine
    - c. Nitric Oxide



### Overview of Hormones that Regulate Blood Pressure

- Blood Volume
  - 1. Increased
    - a. Aldosterone
    - b. ADH
  - 2. Decreased
    - a. ANP



## **Hypovolemic Shock**

- During to decreased blood volume
- Stages of shock
  - **Stage 1: compensated or nonprogressive**
  - Stage 2: decompensated or progressive (up to 25% loss)
  - **Stage 3: irreversible shock (death)**

## **Hypovolemic Shock**

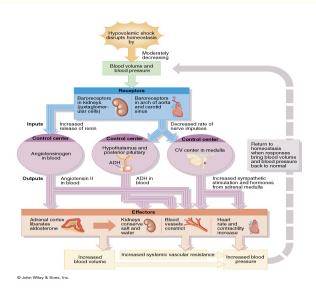
**Stage 1: compensated or nonprogressive** 

- a. Activation of the sympathetic nervous system
- b. Activation of the renin-angiotensin pathway
- c. Release of ADH
- d. Signs of clinical hypoxia

Stage 2: decompensated or progressive (up to 25% loss)

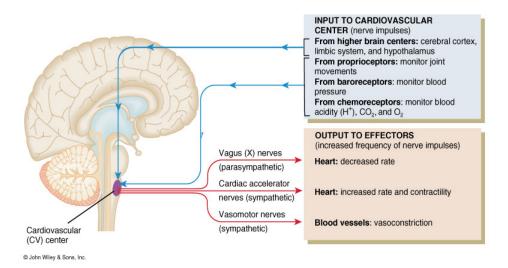
- a. Depressed cardiac activity (MABP as low as 60)
- b. Depressed vasocontriction (MABP as low as 40)
- c. Increased capillary permeability
- d. Intravascular clotting
- e. Cellular death occurs
- e. Respiratory acidosis

# Negative Feedback response to Hypovolemic Shock

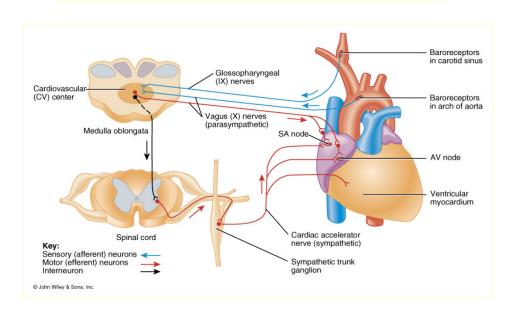


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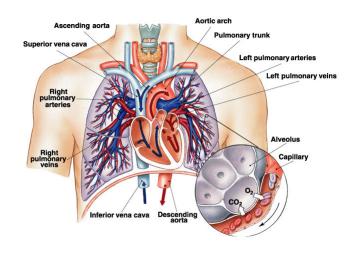
## **CNS Input and Regulation of Cardiac Activity**



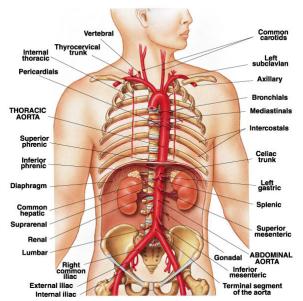
## **ANS Regulation of Cardiac Activity**



### **Arteries and Veins of the Heart**



## **Major Arteries of the Thoracic Region**



## **Veins of the Upper Thoracic Region**

