PTA 106 Unit 2 Lecture 5



Processes of the Respiratory System

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- Pulmonary ventilation mechanical flow of air into and out of the lungs
- External Respiration exchange of gases between the pulmonary air spaces and the blood
- Internal Respiration exchange of gases between blood and tissues



Structural Portions of the Respiratory System

• Lower Respiratory System:

Contains a set off conducting ducts that carry air to the exchange surfaces.

Know order from largest to smallest.

Alveolar macrophage

Red blood cell

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(a) Transverse section of an alveolus showing its cellular components



Structural Portions of the Respiratory System

 Lower Respiratory System Respiratory Portion
Peticular fiber Respiratory Concept Basic fiber Respiratory Respiratory Portion

Portion words



Microscopic Anatomy of a Lobule

Pulmonary Ventilation Inspiration

Muscles of Inspiration ٠ MUSCLES OF INSPIRATION MUSCLES OF EXPIRATION **Primary Muscle** Sternocleidomastoid Scalene **Diaphragm – only muscle** Sternum: - Expiration Internal active during normal breathing spiration intercostals External or eupnea intercostals Externa Diaphragn lique **Secondary Muscles** Diaphragm: — Expiration — Inspiration Active during deep Internal oblique breathing Rectus abdominis Sternocleidomastoid (a) Inspiratory muscles and their actions (left), expiratory muscles and their actions (right) (b) Changes in size of thoracic cavity during inspiration and expiration Scalenes **External Intercostals** (c) During inspiration, the ribs move upward and outward like the handle on a bucket © John Wiley & Sons, Inc.

Pulmonary Ventilation Expiration



Pressure Changes in Pulmonary Ventilation and Boyle's Law



Summary of Inspiratory and Expiratory Events



Factors Affecting Pulmonary Ventilation

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• Surface Tension

Surfactant decreases surface tension thus preventing alveolar collapse

• Compliance

High compliance means the lungs and thoracic wall expand easily

Low compliance means that they resist expansion



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Factors Affecting Pulmonary Ventilation

- Decreased Compliance
- 1. Tuberculosis scarring of the lungs
- 2. Pulmonary edema Retention of fluid in lung tissue
- 3. Respiratory distress Syndrome – Lack of surfactant in premature infants
- 4. Paralysis of respiratory muscles
- Increased Compliance
- 1. Emphysema destruction of elastic fibers in alveolar walls



Factors Affecting Pulmonary Ventilation





Lung Volumes and Capacities

Factors affecting External Respiration

- 1. Partial Pressure of gases
- 2. Alveolar surface area
- 3. Diffusion rate and distance
- 4. Solubility of each gas and molecular weight of the gas
- 5. Hemoglobin affinity



Factors affecting External Respiration

- Dalton's Law Atmospheric pressure is the sum total of all partial pressures of all gases in the atmosphere
- N2 78% 597.4mmHg
- 02 21% 158.8mmHg
- CO2 >1% .3mmHg



Factors affecting External Respiration

- Dalton's Law and High Altitude sickness
- Sea Level: pO2 160mmHg
- 10,000ft.: pO2 110mmHg
- 20,000ft.: pO2 73mmHg
- 50,000ft.: pO2 18mmHg



Factors affecting External Respiration



Factors that effect Oxygen Transportation by Hemoglobin

- 1. pH (blood acidity)
- 2. Partial pressure of CO2
- **3. Blood Temperature**
- 4. 2,3bisphosphoglycerate (BPG)



The Effect of Blood pH on the Affinity of Hemoglobin for O2

- Increased pH of blood (more basic) the greater the affinity
- Decreased pH of blood (more acidic) the lower the affinity



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The Effect of pCO2 on the Affinity of Hemoglobin for O2

- Low pCO2 the higher the affinity
- High pCO2 the lower the affinity
- H2O + CO2
- Bohr Effect



H20 + CO2 Carbonic Acid (H2CO3) H+ + HCO3

The Effect of Blood Temperature on the Affinity of Hemoglobin for O2



The Difference between Fetal and Maternal Hemoglobin for O2 Affinity

• For efficient gas 100 exchange between a 90 Percent saturation of hemoglobin fetus and it's mother, 80 70 Fetal hemoglobin has 60 a higher affinity for 50 O2 then maternal 40 30 hemoglobin. 20



Summary of gas Exchange during both external and Internal Respiration

- O2 is carried on hemoglobin forming Oxyhemoglobin.
- 7% of CO2 is carried as dissolved CO2
- 25% of CO2 is carried as carbaminohemoglobin
- 70% of CO2 is carried as bicarbonate ions



Summary of gas Exchange during both external and Internal Respiration

- Haldane effect: The lower the oxyhemoglobin, the higher the CO2-carrying capacity of the blood.
- Deoxyhemoglobin binds more readily with CO2
- Deoxyhemoglobin also acts as a better buffer absorbing more H+, causing more bicarbonate to form.



Nervous Control of Pulmonary Ventilation and the of respiratory centers

- MRA: Controls the ٠ basic rhythm of ventilation • PA: transmits inhibitory impulses to the
- **AA:** Transmits • stimulatory impulses to the inspiratory area

inspiratory area



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Proposed mechanism of ventilation control



Chemical Regulation of Respiration

- Aortic Body: Cluster of chemoreceptors located in the wall of the aortic arch that respond to H+
- Carotid Bodies: Cluster of chemoreceptors located in the walls of the L & R Carotid arteries that respond to H+
- Central Chemoreceptors: located in the Medulla Oblongata also respond to H+

Clinical Terms

- Hypercapnia: Arterial Blood PCO2 above 40mmHg
- Hypocapnia: Arterial Blood PCO2 below 40mmHg
- Hyperventilation: Rapid/deep breathing
- Hypoventilation: Slow/shallow breathing
- Hypoxia: O2 deficiency at the tissues
- Hypoxic hypoxia: due to high altitude, airway obstruction, or fluid
- Anemic hypoxia: deficiency fo hemoglobin
- Ischemic hypoxia: decreased blood flow
- Histotoxic hypoxia: Caused by toxic agent such as cyanide which prevents tissues from using O2