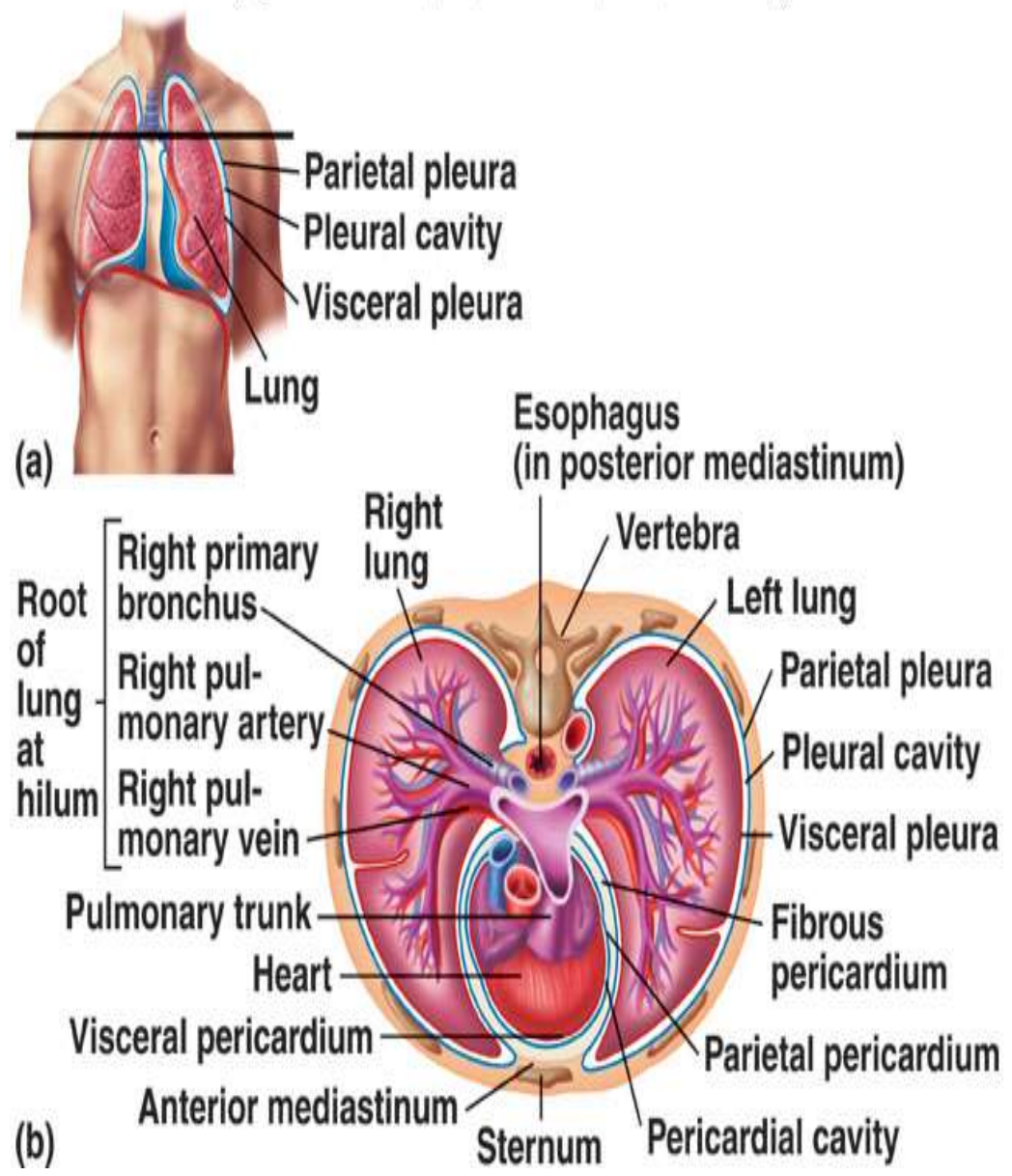


College of science , Biology  
Department .  
Animal physiology, Respiratory  
Physiology.

Dr. Sanaa Jameel Thamer

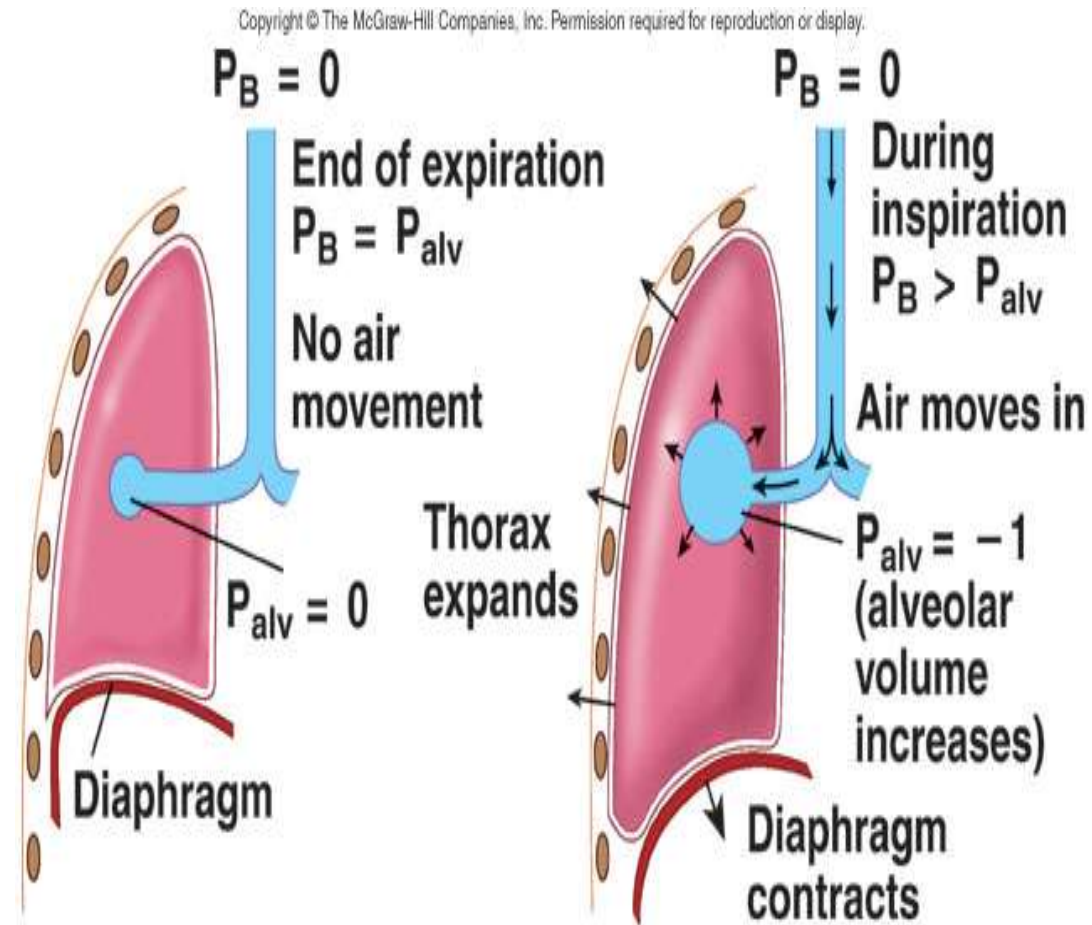
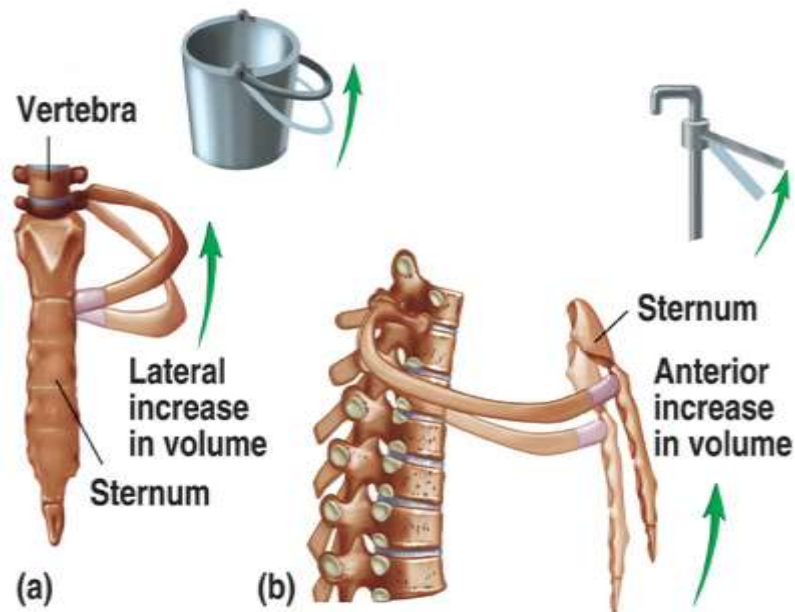
- Overall function
- Movement of gases
- Gas exchange
- Transport of gas (oxygen and carbon dioxide).
- PULMONARY VENTILATION:
- BOYLE'S LAW
- Gas pressure in closed container is inversely proportional to volume of container.
- Pressure differences and Air flow.
- Pressures
- Atmospheric pressure – 760 mm Hg, 630 mm Hg here
- Intrapleural pressure – 756 mm Hg – pressure between pleural layers
- Intrapulmonary pressure – varies, pressure inside lungs



# Inspiration/Inhalation

- Diaphragm & Intercostal muscles
- Increases volume in thoracic cavity as muscles contract
- Volume of lungs increases
- Intrapulmonary pressure decreases (758 mm Hg)

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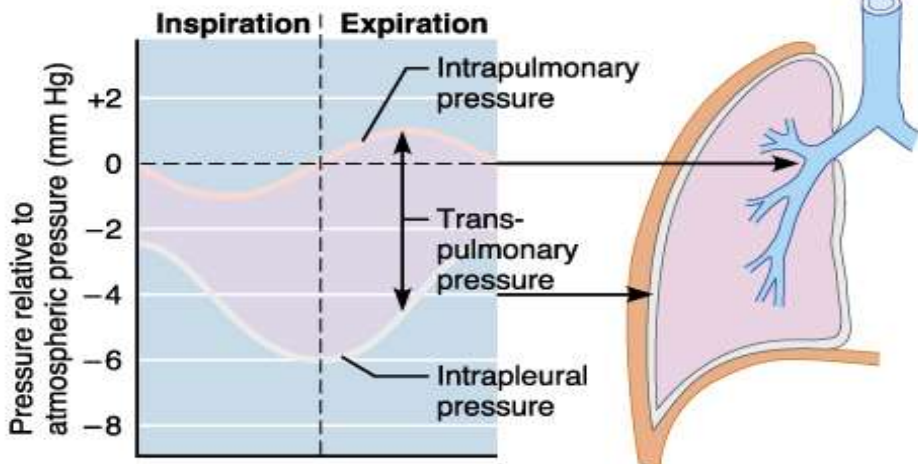
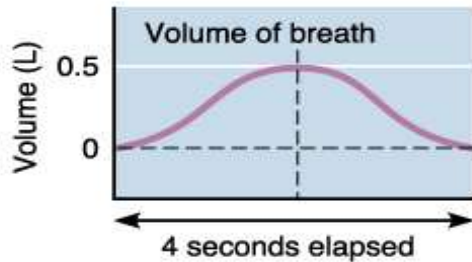
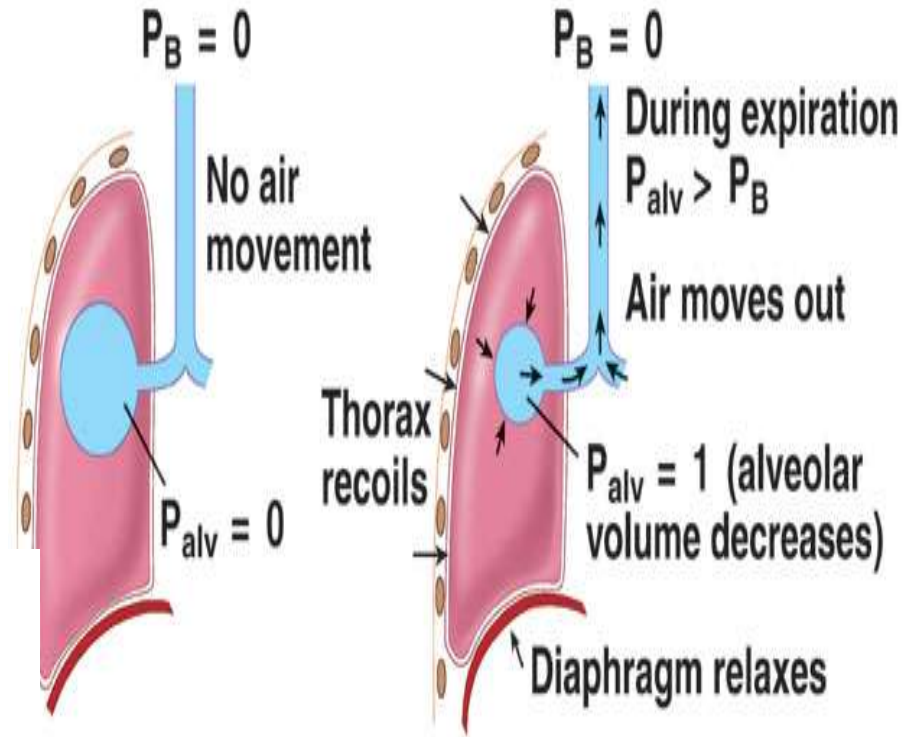


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1. Barometric air pressure ( $P_B$ ) is equal to alveolar pressure ( $P_{alv}$ ) and there is no air movement.
2. Increased thoracic volume results in increased alveolar volume and decreased alveolar pressure. Barometric air pressure is greater than alveolar pressure, and air moves into the lungs.

# Expiration/Exhalation

- Muscles relax
- Volume of thoracic cavity decreases
- Volume of lungs decreases
- Intrapulmonary pressure increases (763 mm Hg)
- Forced expiration is active

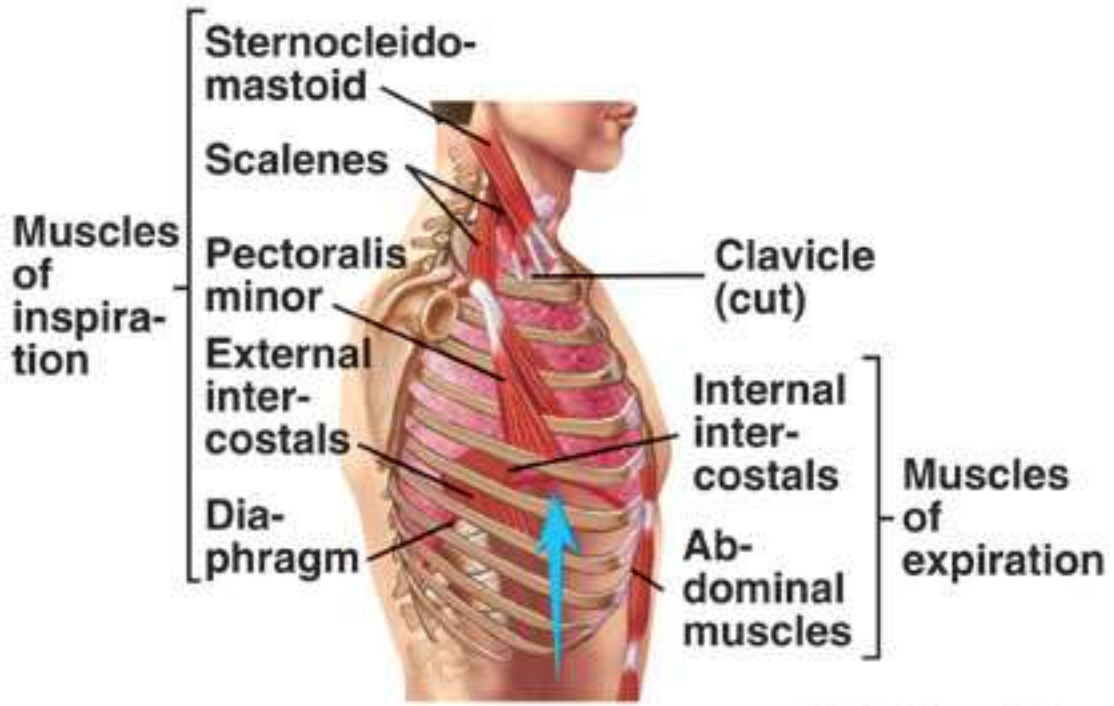


3. End of inspiration.

4. Decreased thoracic volume results in decreased alveolar volume and increased alveolar pressure. Alveolar pressure is greater than barometric air pressure, and air moves out of the lungs.



### End of expiration



Muscles of inspiration

Clavicle (cut)

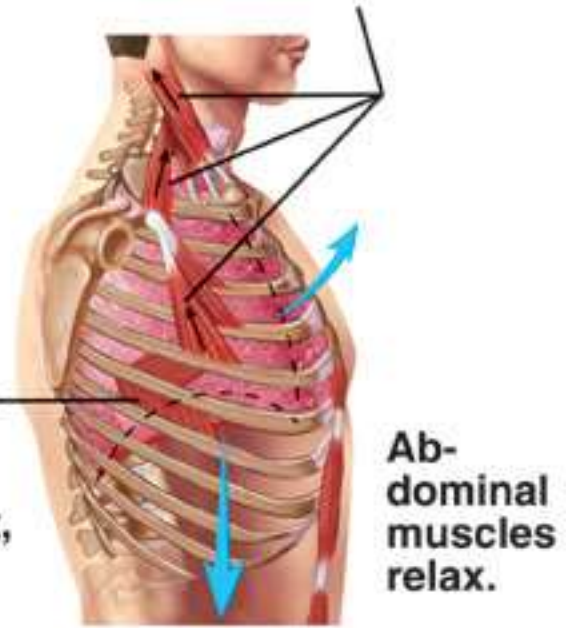
Muscles of expiration

Diaphragm relaxed

(a)

### End of inspiration

Labored breathing: Additional muscles contract, causing additional expansion of the thorax.



Quiet breathing: The external intercostal muscles contract, elevating the ribs and moving the sternum.

Abdominal muscles relax.

The diaphragm contracts, increasing the superior-inferior dimension of the thoracic cavity.

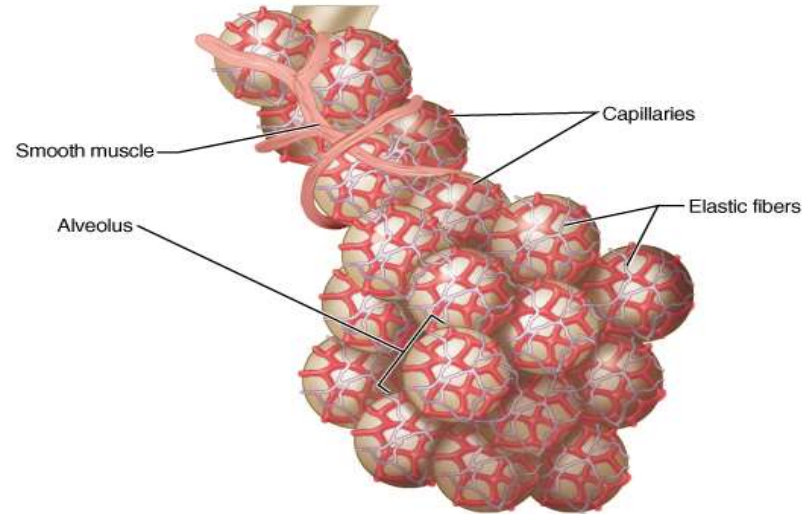
(b)

- Factors that influence pulmonary air flow

- Diameter of airways, esp. bronchioles
- Sympathetic & Parasympathetic NS.
- Lung collapse.
- Surface Tension:
  - Surface tension tends to oppose alveoli expansion
  - Pulmonary surfactant reduces surface tension.

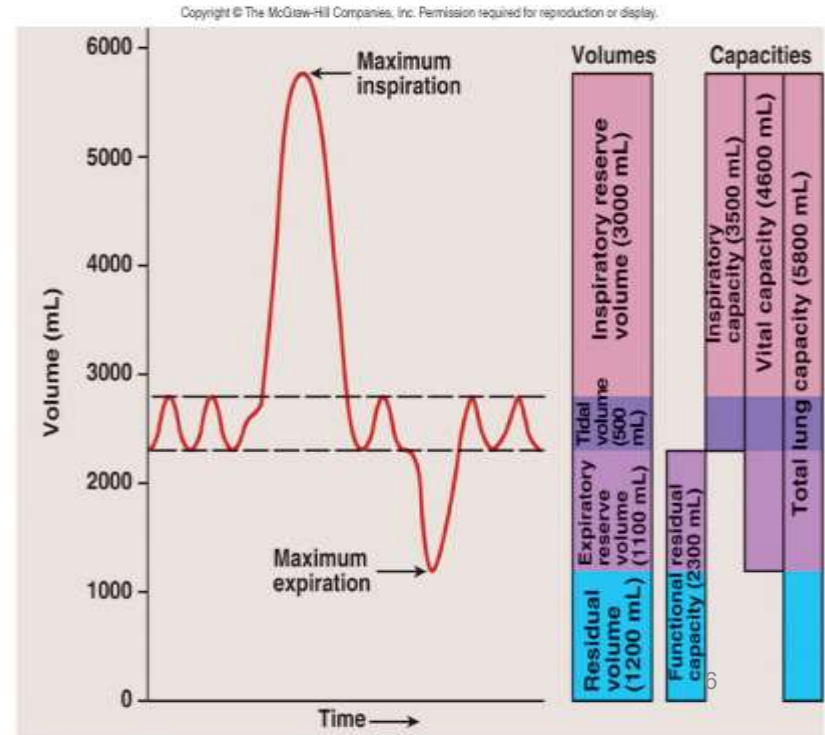
- Lung Volumes & Capacities

- Tidal Volume (500 mls)
- Respiratory Rate (12 breaths/minute)
- Minute Respiratory Volume (6000 mls/min).
- Inspiratory Reserve Volume (3000, 2100 mls)
- Inspiratory Capacity (TV + IRV).
- Expiratory Reserve Volume (1200, 800 mls)
- Residual Volume (1200 mls)
- Air left in lungs after exhaling the tidal volume quietly



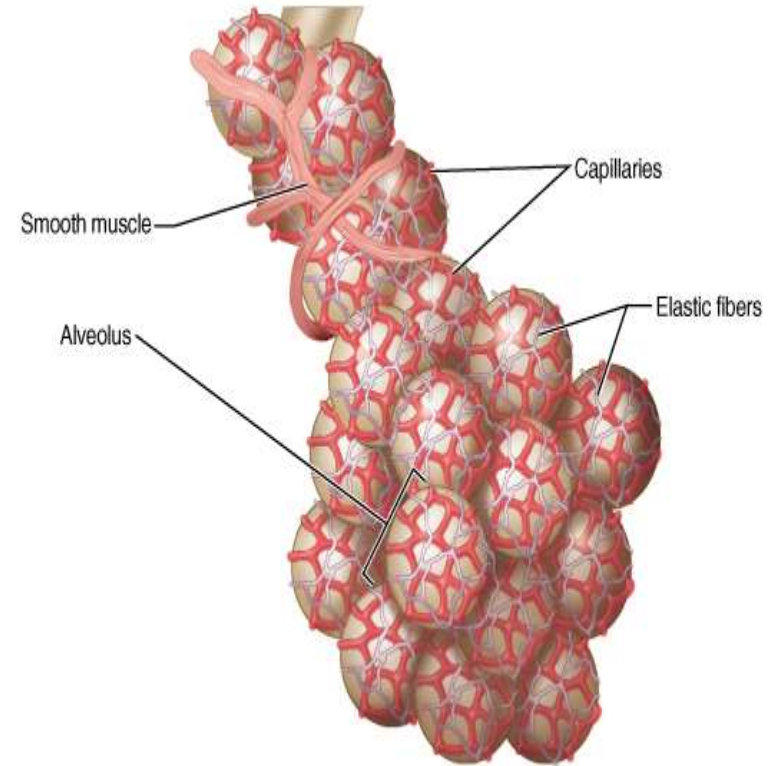
(b)

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# Alveolar Ventilation Efficiency

- Matching Alveolar air flow with blood flow
- Pulmonary vessels
- Vessels can constrict in areas where oxygen flow is low
- Respiratory passageways
- Airways can dilate where carbon dioxide levels are high.
- Gas Exchange.
- Partial Pressure
- Each gas in atmosphere contributes to the entire atmospheric pressure, denoted as P
- Gases in liquid
- Gas enters liquid and dissolves in proportion to its partial pressure
- O<sub>2</sub> and CO<sub>2</sub> Exchange by DIFFUSION
- PO<sub>2</sub> is 105 mmHg in alveoli and 40 in alveolar capillaries
- PCO<sub>2</sub> is 45 in alveolar capillaries and 40 in alveoli



(b)

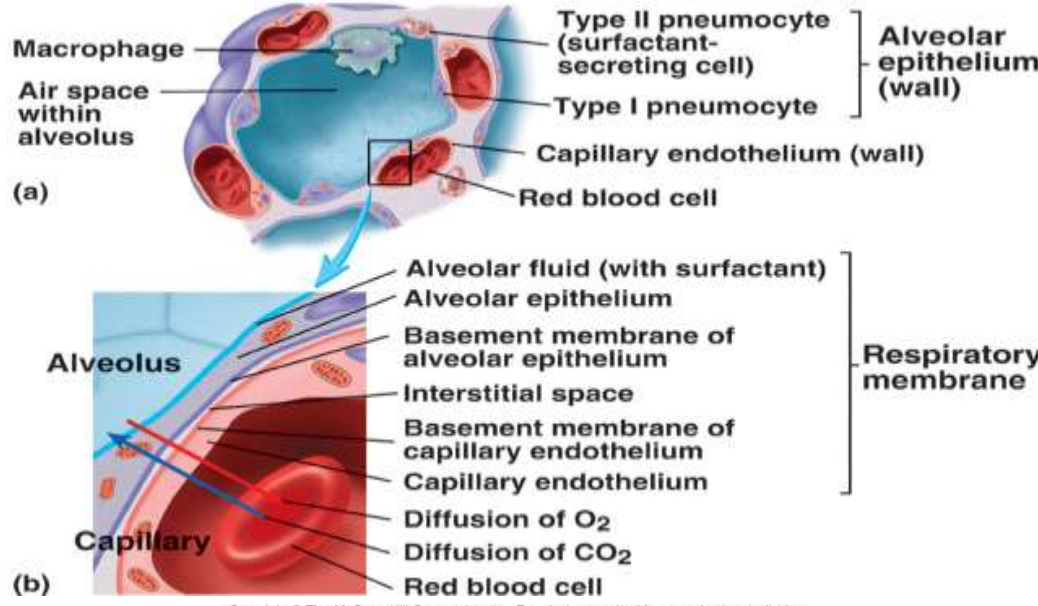
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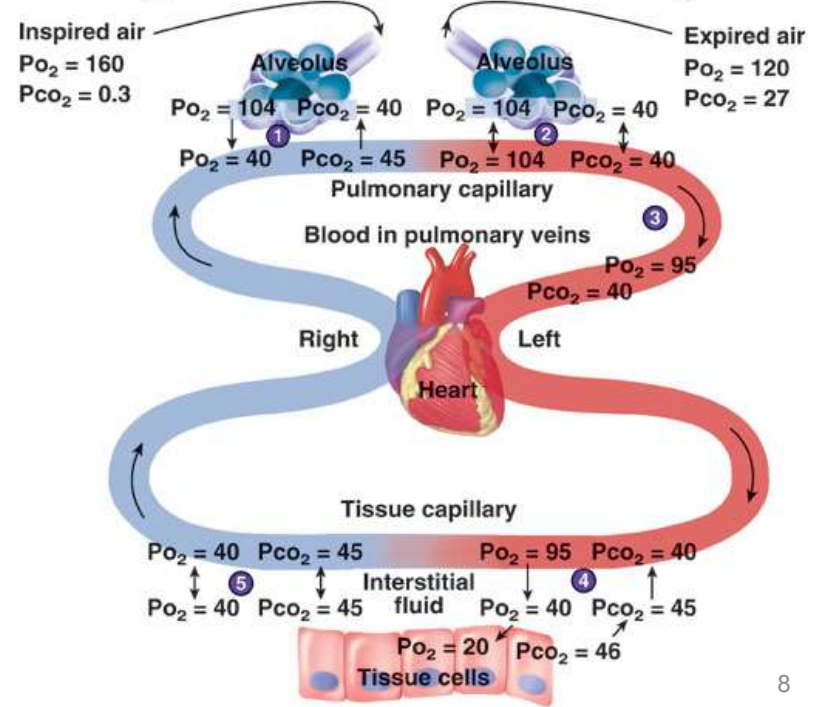
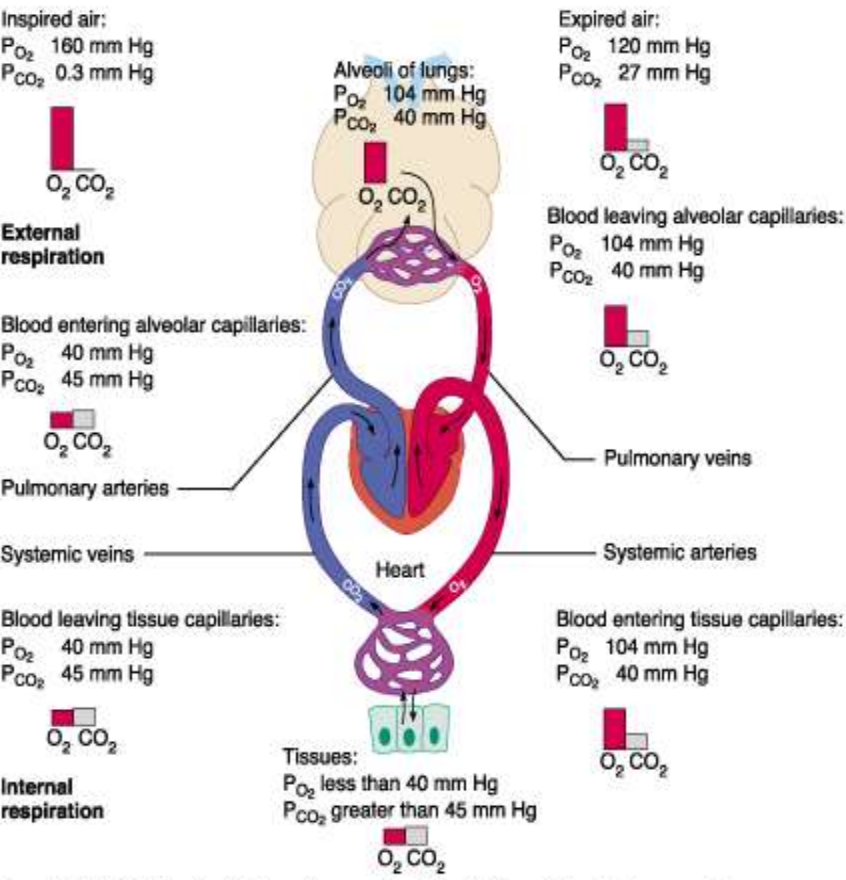
# Partial Pressures

- Oxygen is 21% of atmosphere
- $760 \text{ mmHg} \times .21 = 160 \text{ mmHg PO}_2$
- This mixes with "old" air already in alveolus to arrive at  $PO_2$  of  $105 \text{ mmHg}$
- Carbon dioxide is .04% of atmosphere
- $760 \text{ mmHg} \times .0004 = .3 \text{ mm Hg PCO}_2$
- This mixes with high  $CO_2$  levels from residual volume in the alveoli to arrive at  $PCO_2$  of  $40 \text{ mmHg}$

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# Gas Transport

- **O<sub>2</sub> transport in blood**

- Hemoglobin – O<sub>2</sub> binds to the heme group on hemoglobin, with 4 oxygens/Hb

- PO<sub>2</sub>

- PO<sub>2</sub> is the most important factor determining whether O<sub>2</sub> and Hb combine or dissociate

- O<sub>2</sub>-Hb Dissociation curve.

- pH

- CO<sub>2</sub>

- Temperature

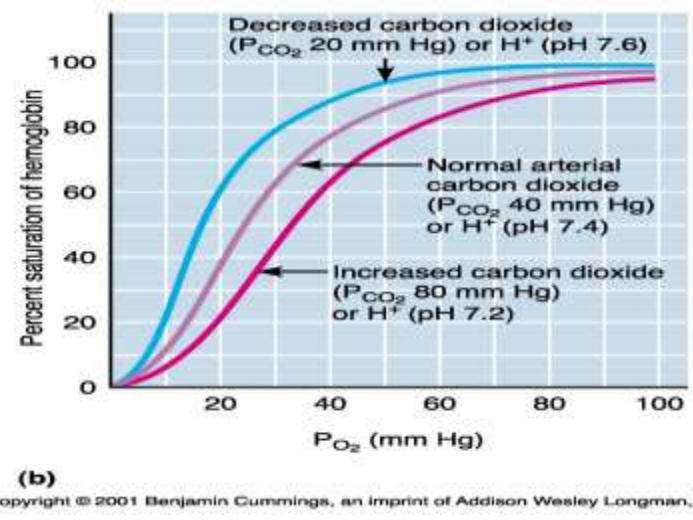
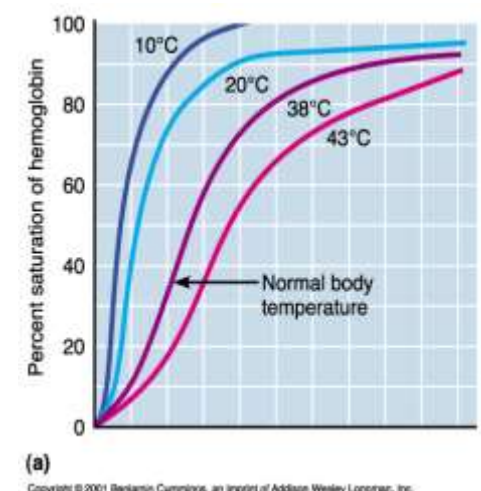
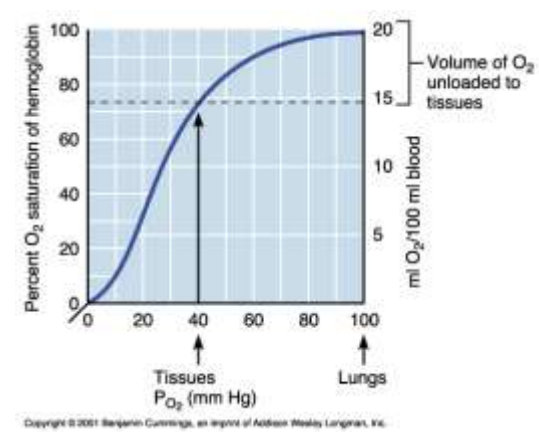
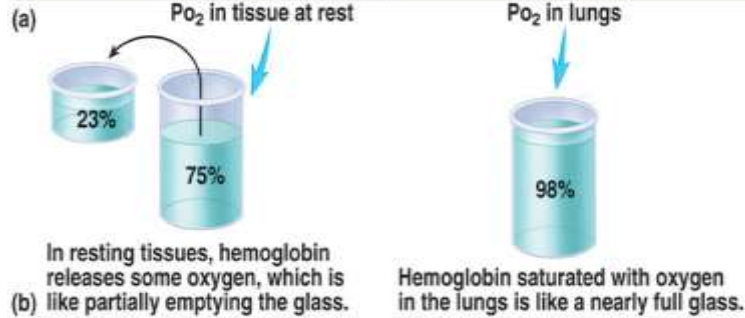
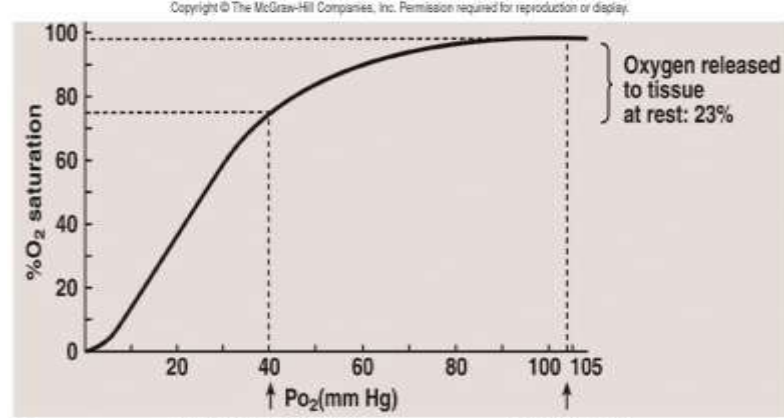
- DPG

- CO<sub>2</sub> transport

- 7% in plasma

- 23% in carbamino compounds (bound to globin part of Hb)

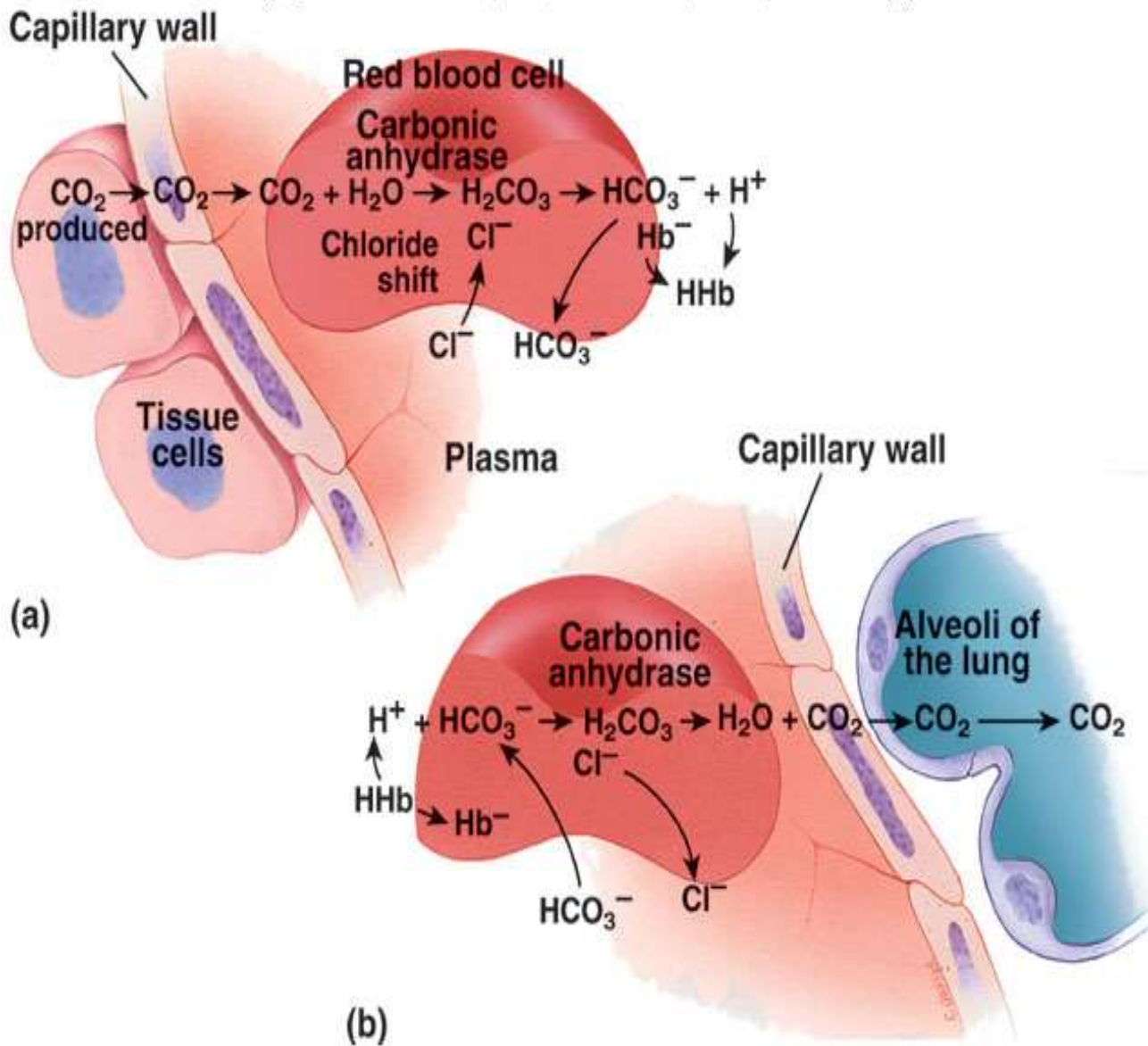
- 70% as Bicarbonate



# Carbon Dioxide

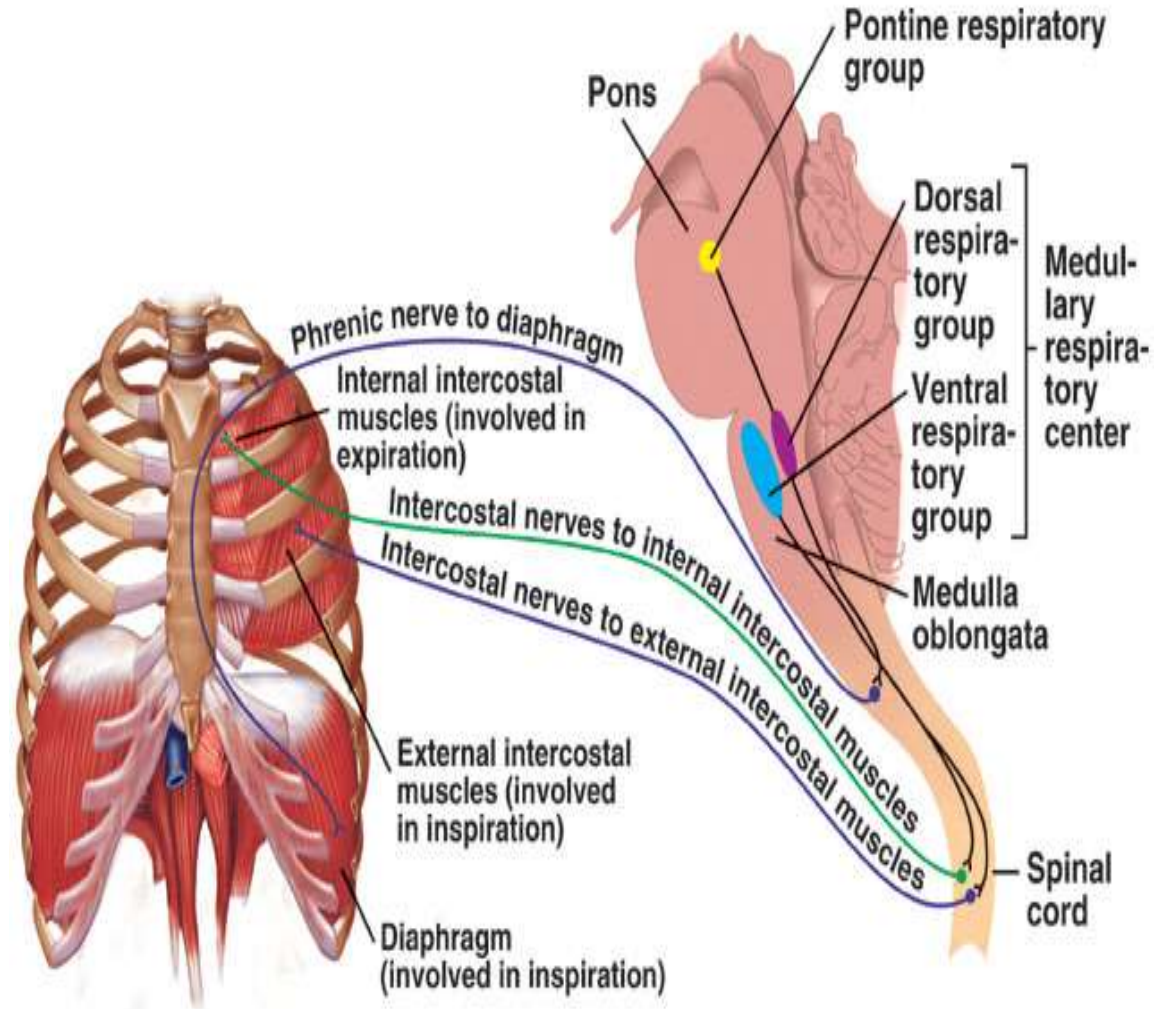
- $\text{CO}_2 + \text{H}_2\text{O} \rightleftharpoons \text{H}_2\text{CO}_3 \rightleftharpoons \text{H}^+ + \text{HCO}_3^-$
- Enzyme is Carbonic Anhydrase
- Chloride shift to compensate for bicarbonate moving in and out of RBC

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# Controls of Respiration

- Medullary Rhythmicity Area
- Medullary Inspiratory Neurons are main control of breathing
- Pons neurons influence inspiration, with Pneumotaxic area limiting inspiration and Apneustic area prolonging inspiration.
- Lung stretch receptors limit inspiration from being too deep.
- Medullary Rhythmicity Area
- Medullary Expiratory Neurons
- Only active with exercise and forced expiration





## Controls of rate and depth of respiration

- Arterial PO<sub>2</sub>
  - When PO<sub>2</sub> is VERY low, ventilation increases
- Arterial PCO<sub>2</sub>
  - The most important regulator of ventilation, small increases in PCO<sub>2</sub>, greatly increases ventilation
- Arterial pH
  - As hydrogen ions increase, alveolar ventilation increases, but hydrogen ions cannot diffuse into CSF as well as CO<sub>2</sub>