

factors affecting bronchial tone(airway radius) :

a) smooth muscle: smooth m. contract \rightarrow \downarrow airway radius \rightarrow \uparrow resistance

Smooth m is controlled by :

- autonomic control:
 - parasympathetic control: parasympathetic nerve fiber by vagus nerve \rightarrow release acetylcholine(Ach) \rightarrow binds to M3 muscarinic receptors \rightarrow bronchoconstriction \rightarrow \downarrow airflow
 - sympathetic system : norepinephrine (sympathetic fiber terminal) and epinephrine (adrenal medulla) \rightarrow bind β 2 adrenergic receptors \rightarrow bronchodilation \rightarrow \uparrow air flow
- local factors : \rightarrow airway smooth muscle contraction \rightarrow bronchoconstriction
 - local irritants and allergens
 - histamine and inflammatory mediators

b) lung volume

- high volume : radial traction : because airways are tethered to surrounding alveoli , when alveoli inflate \rightarrow force airways to dilate \rightarrow \uparrow airway radius \rightarrow \downarrow resistance \rightarrow \uparrow airflow
- low volumes : \downarrow radial traction \rightarrow \downarrow airway radius \rightarrow \uparrow resistance \rightarrow \downarrow airflow

c) Airways cooling : inhalation of cold air \rightarrow bronchoconstriction

d) circadian rhythm :

- maximum constriction of bronchial muscle occurs at 6 am maximum dilation occurs at 6 pm .

Work of breathing :

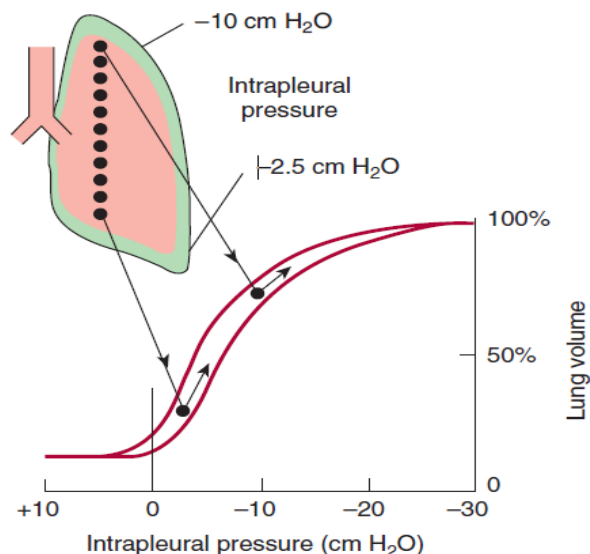
- is the work done by respiratory muscles during breathing to overcome the resistance in thorax and respiratory tract
- At rest : it accounts for 5% of total energy .
- During exercise: energy required \uparrow as much as 50 folds .
- Work of breathing is Insignificant in healthy persons but in some patient with respiratory diseases \rightarrow lung expansion is difficult \rightarrow \uparrow work

- work of breathing can be divided into three fractions :
 1. compliance or Elastic work : 65 % required to counter lung recoil
 2. tissue or Viscous resistance work :moving inelastic tissue 7%
 3. Airways resistance work : 28%
- Work of breathing ↑ in :
 - COPD : high airway resistance.(↑resistance work).
 - Pulmonary fibrosis : stiff lung (↑elastic work).

Effects of gravity :

Lungs has a mass →regional differences(apex Vs base) in intrapleural pressure and alveolar volume . When the lung positioned vertically it is like a coil .

- Apex : Alveoli are forced to inflate by the pulling effect of underlying lung tissue weight (coil is widely spaced at the top)and intrapulmonary pressure is more negative (- 10 cmH₂O) . lungs at the apex are functioning near the top of pressure –volume curve (further inflation is limited) .
- Base: alveoli are compressed by overlying lung tissue weight ,intrapleural pressure = -2 cm H₂O.Lungs at the base are functioning near the base of the pressure-volume curve (further expansion is favored) .

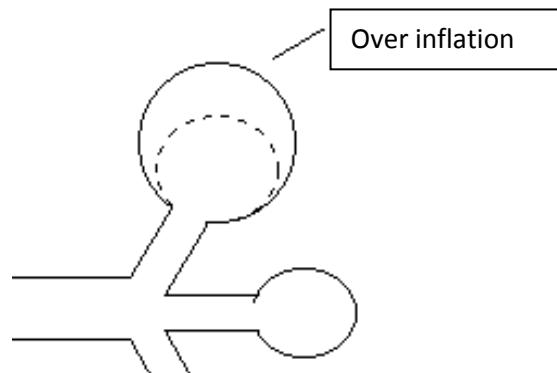
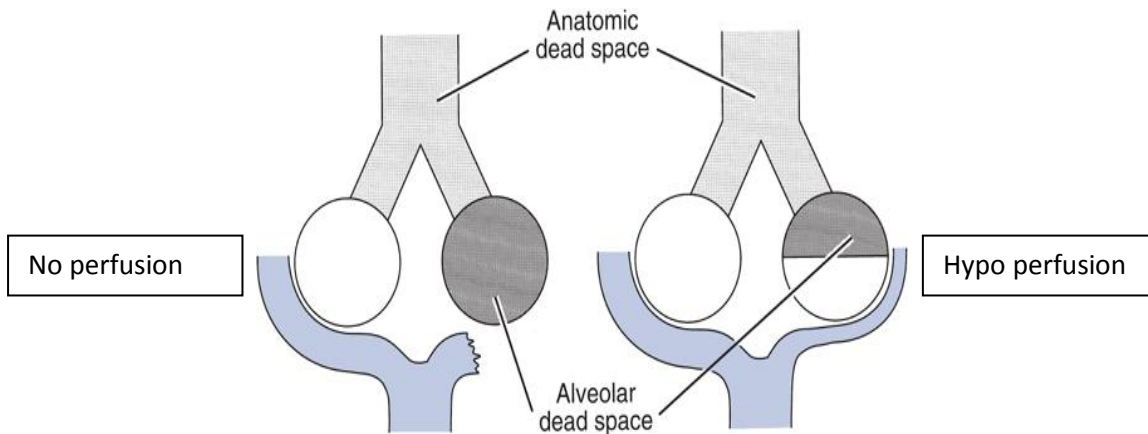


dead space : two types

1. **Anatomic dead space** : volume of air in the respiratory tree that does not participate in gas exchange process during respiration (conducting zone) it approximately equals to the body weight in pounds

2. **Physiological (Total) dead space** :

- is the total volume of air that does not participated by gas exchange . it equals to anatomic dead space + alveolar dead space (dead space generated by non functional alveoli) due to
 - a) over inflation
 - b) blood gas interface is damaged
 - c) blood flow to these alveoli is poor(hypoperfusion) or absent.
- In healthy person it equals to anatomic dead space.
- In diseased lung the physiological dead space could be 1-1.5 L > anatomic dead space



Respiratory Minute volume RMV: is the total volume of air inhaled or exhaled per minute during quite breathing

$$MRV = TV \times \text{breaths /min} = 500 \times 12 = 6 \text{ L/min}$$

Alveolar ventilation V_A : is the volume of air that reaches the gas exchange area (respiratory zone) per min.

$$V_A = (\text{tidal volume} - \text{dead space volume}) \times \text{breath /min}$$

$$= (500 \text{ ml} - 150 \text{ ml}) \times 12$$

$$= 350 \times 12 = 4200 \text{ ml /min}$$

- Rapid shallow breathing produces less alveolar ventilation than slow deep breathing at the same minute respiratory volume (RMV) :

	Rapid shallow breathing	Slow deep breathing
RR	30/min	10/min
Tidal volume	200mL	600mL
RMV	6L	6L
Alveolar ventilation	$(200-150) \times 30 =$	$(600-150) \times 10 =$
	$50 \times 30 =$	$450 \times 10 =$
	1500mL	4500mL

Maximum voluntary ventilation (MVV) :largest volume of air that can be expired with effort per min: 120-180 L/min (measured for 15 S).