Respiratory role in acid base balance disorders :

- normal arterial blood pH is 7.4 (7.35-7.45)
- acidosis : a decrease in arterial blood pH below normal level < 7.4
- alkalosis : an increase in arterial blood ph above normal > 7.4
- Acid-base disorders are 4 types :
 - 1. Respiratory acidosis : acidosis caused by a rise in arterial PCO₂ (hypoventilation) ex: pulmonary edema , chronic obstructive pulmonary disease .
 - 2. Respiratory alkalosis : alkalosis caused by lowering of PCO_2 below what is needed for proper CO_2 exchange ex: hyperventilation in high altitude .
 - Metabolic acidosis : acidosis due to non respiratory causes, when strong acid is added to the blood(\U0070HCO3) ex: aspirin overdose ,diabetic acidosis
 - Metabolic alkalosis : alkalosis due to non respiratory causes, when alkali is added to the blood or removal of large amount of acid (\(\+++)HCO3\)) ex: following vomiting .

ABG	pН	PaCO ₂	НСОз
Respiratory Acidosis	ļ	1	normal
Respiratory Alkalosis	1		normal
Metabolic Acidosis	ļ	normal	
Metabolic Alkalosis	1	normal	1

Uncompensated acid bas disorders

- The respiratory system compensates for metabolic acidosis or alkalosis by altering ventilation
- CO2 + H2O ↔ H2CO3 ↔ H⁺ + HCO3⁻ Lung role kidney role
- PCO 2 can directly change blood pH→ Respiratory mechanisms are fast.

- In response to metabolic acidosis: ↑ ventilation→↓Pco 2 (ex:PCO₂↓ from 40 mm Hg to 20 mm Hg) →shift the equilibrium of carbonic acid bicarbonate to lower H ion conc.→↑ pH toward normal
- In response to metabolic alkalosis: ↓ventilation →↑ Pco2 → shift the equilibrium of carbonic acid bicarbonate system to ↑ H ion conc →↓ pH toward normal.

Disturbance of respiration

Hypoxia : Is oxygen deficiency at the tissue level : 4 types :

- **1. Hypoxic hypoxia** (**hypoxemia**) : ↓ PO₂ of the arterial blood , is the most common cause of hypoxia .Causes :
 - I. Inadequate oxygenation of the blood in the lung because of extrinsic causes ex: \downarrow O2 in the atmosphere ex: high altitude
 - II. Pulmonary disease ex: ex: decrease ventilation in bronchial obstruction ,pulmonary fibrosis , respiratory center depression
 - III. Venous to arterial shunt (Rt to Lt shunt) .
- **2. Anemic hypoxia** : arterial PO2 is normal but the amount of hemoglobin available to carry O2 is reduced .ex: anemia and CO poising (as it decreases the amount of O2 that can be carried by Hb).
- 3. Ischemic (stagnant hypoxia) low blood flow to the tissue →inadequate O2 is delivered to it despite a normal PO2 and Hb concentration .causes:
 - a) Generalized : ex : shock , polycythemia, congestive heart failure
 - b) Localized ex: thrombosis, embolism
- 4. Histotoxic hypoxia : the amount of O2 delivered to the tissue is adequate but because of the toxic substance ,the tissue cell cannot use O2 supplied to them .ex: cyanide poisoning inhibits cytochrome oxidase →inhibits tissue oxidative process .

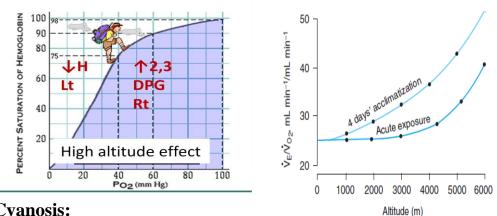
Examples of hypoxic hypoxia : Effect of decrease barometric pressure (high altitude):

- □ The composition of air stays the same, but the total barometric pressure \downarrow with increasing altitude $\rightarrow \downarrow$ Po 2.
- □ At 3000 m above sea level, the alveolar Po 2 is about 60 mm Hg and there is enough hypoxic stimulation of the chemoreceptors $\rightarrow \uparrow$ ventilation.
- □ in **unacclimatized** person at altitudes above 6000 m ,consciousness is usually lost
- □ the lowest atmospheric pressure at which a normal alveolar PO2 of 100 mm Hg with 100% O2 is at 187 mm Hg, at about 10,400 m (34,000 ft) because PH₂O in the alveolar air is constant (47 mm Hg), and that of PCO 2 is 40 mm Hg, so that (100+47+40)

<u>Acclimatization</u> Is the adaptations or the adjustments by the body in high altitude. \rightarrow hypoxic effects are reduced.

Changes during acclimatization :

- Initially ↑ ventilation : →↑Po2 but also it causes PCo2 ↓→depressed respiration and also cause respiratory alkalosis which leads to a shift O2 Hb dissociation curve to the Lt (less oxygen delivery)
- 2. 2,3 DPG $\uparrow(12-24 \text{ hr}) \rightarrow \text{shift of O2 HB dissociation curve to the Rt}$ $\rightarrow \downarrow \text{affinty for O2} \rightarrow \uparrow \text{O2 delivery to the tissue}$
- Erythropoietin secretion ↑→ ↑ RBC in 2–3 day and continue weeks to month
- Ventilation ↑over next 4 days : active transport of H ion and developing of lactic acidosis in the brain, →↓CSF pH →↑the response to hypoxia.
- 5. Increase vascularity of tissue :cardiac output increase 20-30%
- 6. ↑Diffusion capacity :due to increase ventilation and pulmonary blood flow and increase surface area
- At tissues level . \mitochondria, \mitochondria, \mitochondria, (more oxygen store and delivery to muscle), \mitochondria capillaries and \mitochondria tissue content of cytochrome oxidase .



Cyanosis:

Is a bluish discoloration of the skin and mucous membrane by deoxygenated Hb > 5 g/dl. Could be central or peripheral cyanosis.

Causes : •

- 1. Hypoxic hypoxia : ex : cyanotic congenital Heart disease, respiratory disease ex: chronic obstructive lung disease .
- 2. Stagnant hypoxia ex: polycythemia : slow blood flow by high blood viscosity and there is excess of available Hb that can be deoxygenated

Cyanosis also occurs in exposure to sever cold where there is sever vasoconstriction

Cyanosis does not occur in

Anemic hypoxia as hemoglobin content is low ,CO poisoning: give • cherry red color, histotoxic hypoxia: tissue unable to use oxygen

Asphyxia : a condition in which hypoxia (\downarrow PO2) is associated with hypercapnia ($\uparrow PCO_2$) ex : in drowning , acute tracheal obstruction , foreign body inoculation in the trachea, traumatic compression of the chest.

Stages:

- 1. Stage of exaggerated breathing : hyopxia and hypercapnia causes strong stimulation with violent respiratory effort. it ends with loss consciousness because of hypoxia.
- 2. Stage of convulsion : \uparrow heart rate , blood pressure , Acidosis and convulsion (increase catecholamine and sympathetic activity)
- 3. Stage of exhaustion: if no artificial respiration Is started , respiratory movement becomes sluggish then coma, death occurs due to respiratory center depression and cardiac arrest within 5-6 min .