

Lauralee Sherwood Hillar Klandorf Paul Yancey

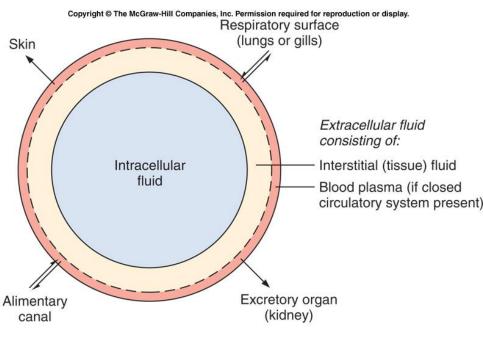


Kip McGilliard • Eastern Illinois University



Exchanging Materials

- Every organism must exchange materials with its environment.
 - This exchange ultimately occurs at the cellular level.



A

Exchanging Materials



- In unicellular organisms, these exchanges occur directly with the environment.
- For most of the cells making up multicellular organisms, direct exchange with the environment is not possible.

Circulatory Systems Reflect Phylogeny



 Transport systems functionally connect the organs of exchange with the body cells.



20	Solubility of Gases in Distilled Water					
°C	Oxygen	Carbon Dioxide	Nitrogen	Helium		
0	21.7	767.5				
10	16.9	531.2				
20	13.7	386.8	6.82			
30	11.6	294.9	_			
37	10.6	250.5	5.61	3.75		
40	10.2	234.8				



	Effect of Salinity on Oxygen Solubility					
°C	Salinity	0%00	10%c	20% c	30%	40%
0		21.7	20.2	18.9	17.7	16.6
10		16.9	15.8	14.8	13.9	16.6 13.1
20		13.7	12.9	12.2	11.5	10.8
30		11.6	11.0	10.4	9.86	9.33
40		10.2	9.71	9.26	8.73	8.35

Effects of high altitude on atmospheric pressure (P_b ; kPa), ambient pO₂ (kPa), and alveolar pO₂ and pCO₂ ($p_A O_2$, and $p_A CO_2$; kPa) for a human.

Altitude	P _b	Ambient pO ₂	p _A O ₂	p _A CO ₂			
0	101	21.1	13.8	5.3			
3100	70.6	14.6	8.9	4.8			
4340	61.9	12.8	6.0				
6200	46	9.7	5.3	3.2			
7100		normal "ceiling" v					
8848	33	6.9	4.0	1.5			
9200	30	6.3	2.8	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
12300	19	3.9	1.1				
14460	17	"ceiling" with					
	12	2.4	0.1	(aum anum			
15400	12		0.1	0			
20000	6	1.3	0	0			



Sea level

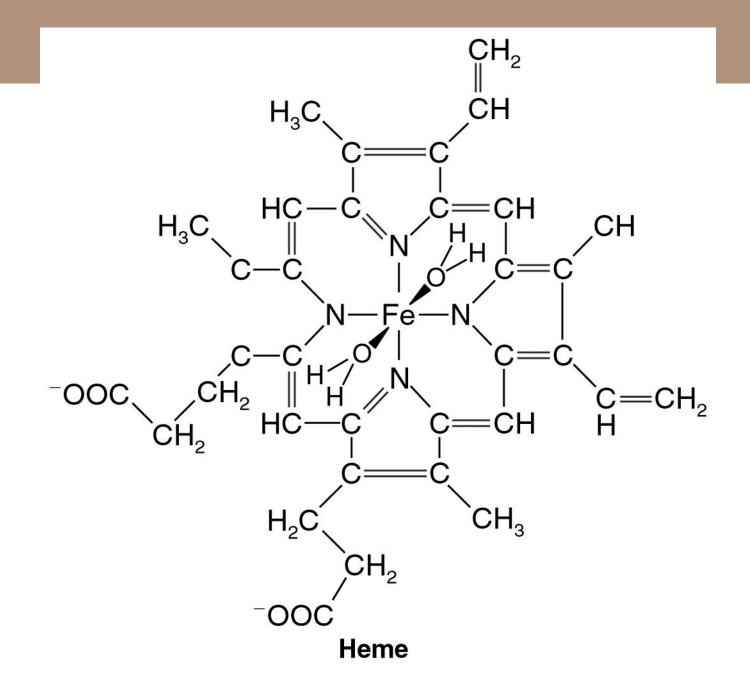
$$P_{O2} = 760 * 0.2094 = 159 \text{ mmHg}$$

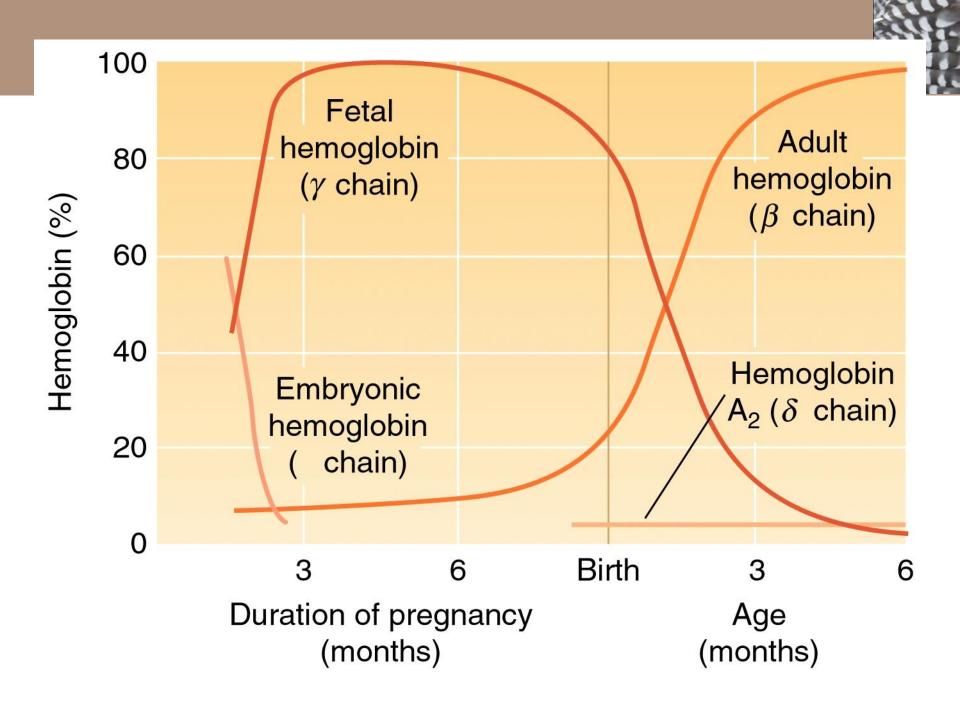
 $P_{O2} = (760-18)*0.2094 = 155 \text{ mmHg}$

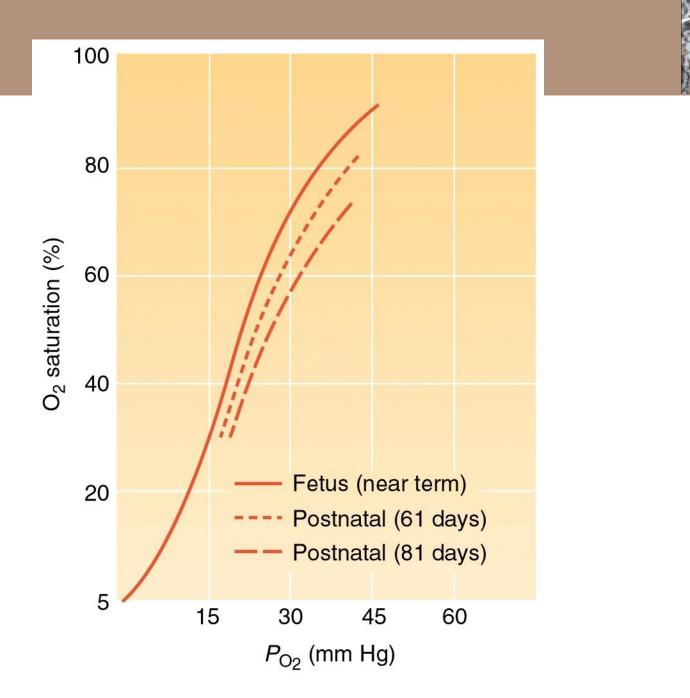
Partial pressures (kPa) for oxygen and nitrogen (dry, CO₂-free values for ambient air), alveolar carbon dioxide, and plasma-dissolved O₂ (ml O₂ per liter plasma; assuming plasma solubility of O₂ is 0.209 ml liter⁻¹ kPa⁻¹) and fat N₂ content (ml N₂ per liter body fat; assuming fat solubility of N₂ is 0.67 ml liter⁻¹ kPa⁻¹ dissolved N₂) for a human scuba diver in equilibrium with the ambient hydrostatic pressure as a function of depth of diving.

Depth (m)	0 50		100	500	
Ambient Pressure	101	202	1111	5151	
pO ₂	21.1	42.4	233.5	1082.6	
pN ₂	79.8	159.7	878.3	4072.5	
Alveolar pCO ₂	5.32	5.32	5.32	5.32	
Plasma O ₂	4.4	8.8	48.3	223.9	
Fat N ₂	53	106	582	2700	

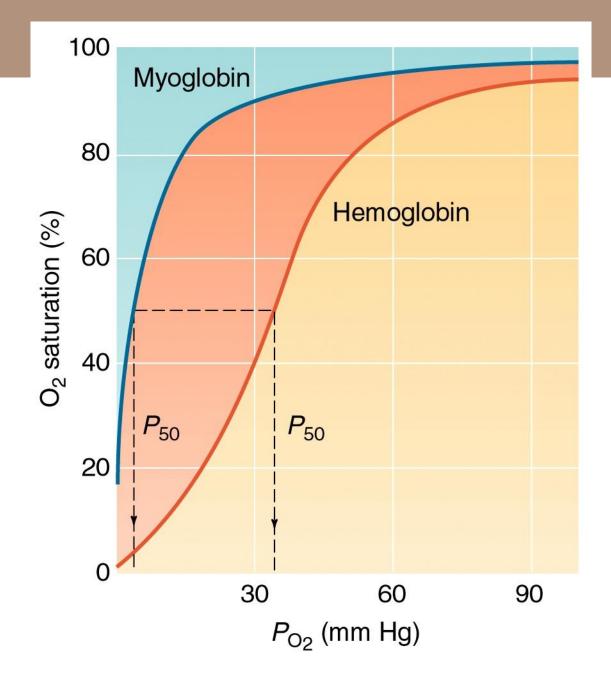


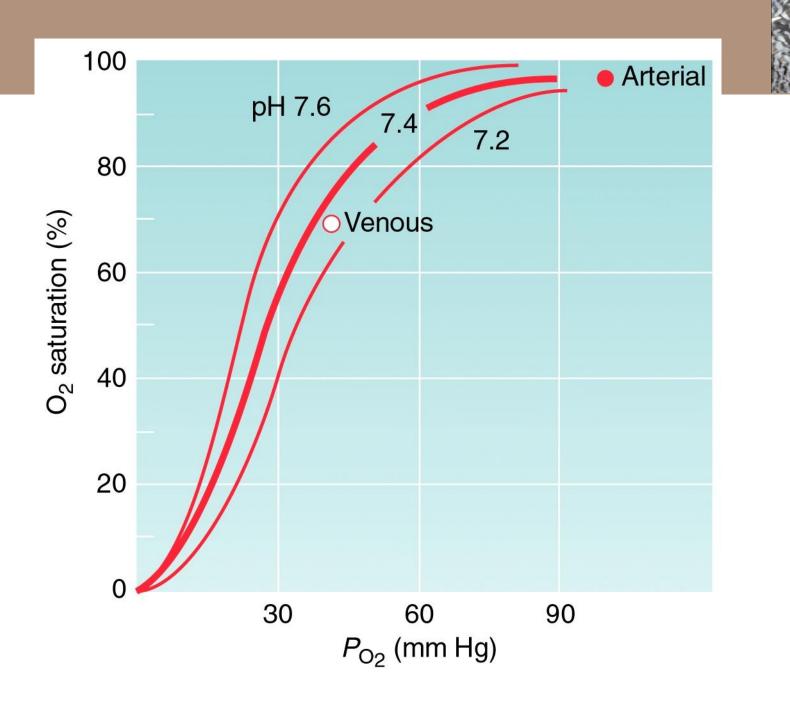


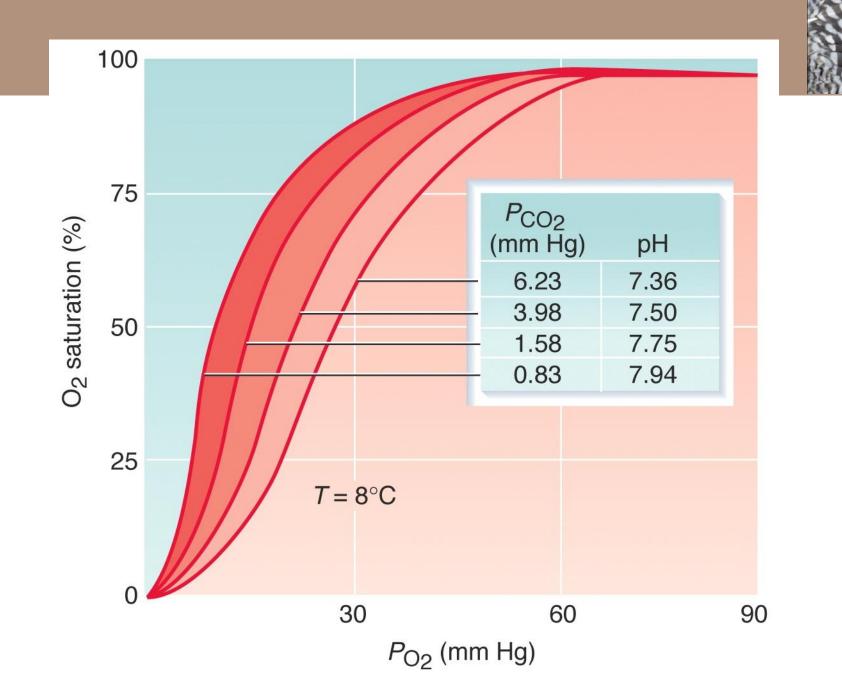














Four steps in external respiration

Ventilation

 Bulk transport of external media across a gas exchange surface

Respiratory exchange

 Gas diffusion between the environmental medium and internal body fluids

Circulation

• Bulk transport of the ECF

Cellular exchange

Gas diffusion between the cell's immediate surroundings and its mitochondria

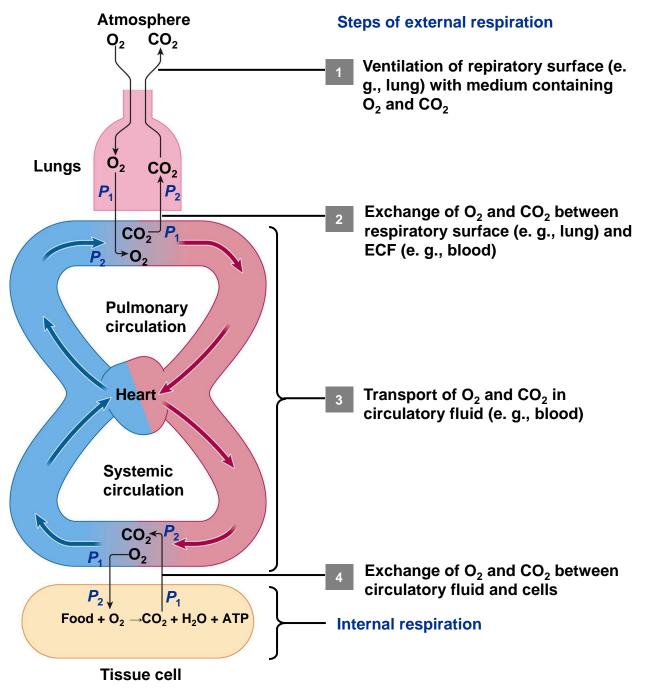
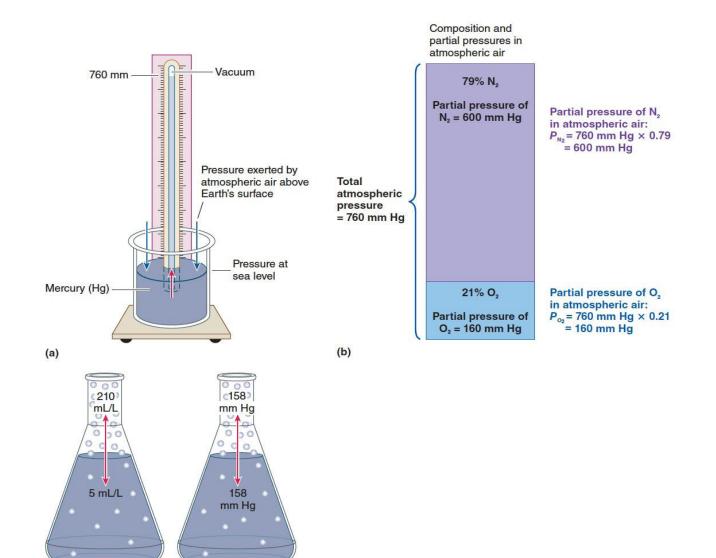


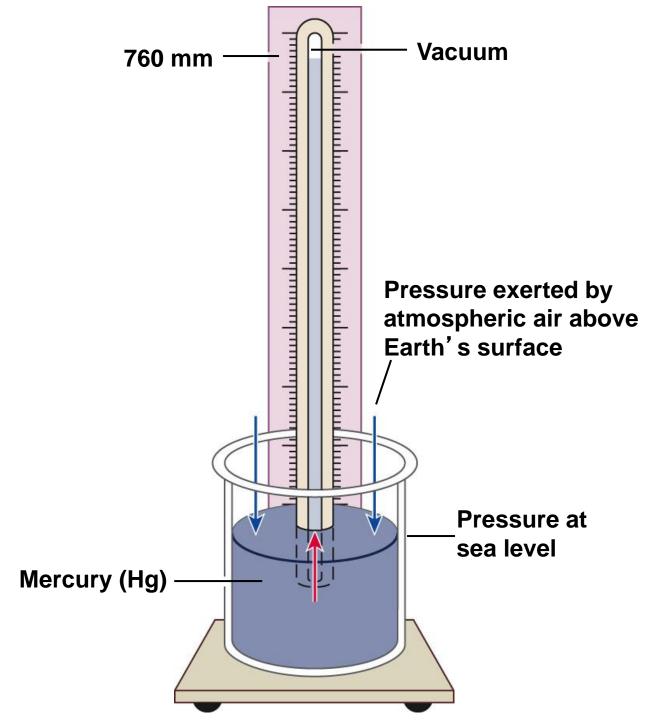
Figure 11-1 p494



- Gas diffusion follows Fick's law
 - For gases, concentration gradient is replaced by partial pressure gradient
 - The partial pressure of a gas (P_{gas}) is the pressure exerted independently by the gas within a mixture of gases
 - Example: Po_2 in dry atmospheric air (21% O_2) is 0.21 x 760 mmHg = 160 mmHg
 - Water that is in equilibrium with air has the same gas partial pressures as the air
 - Concentrations may be different, depending on the solubility of the gas







Composition and partial pressures in atmospheric air

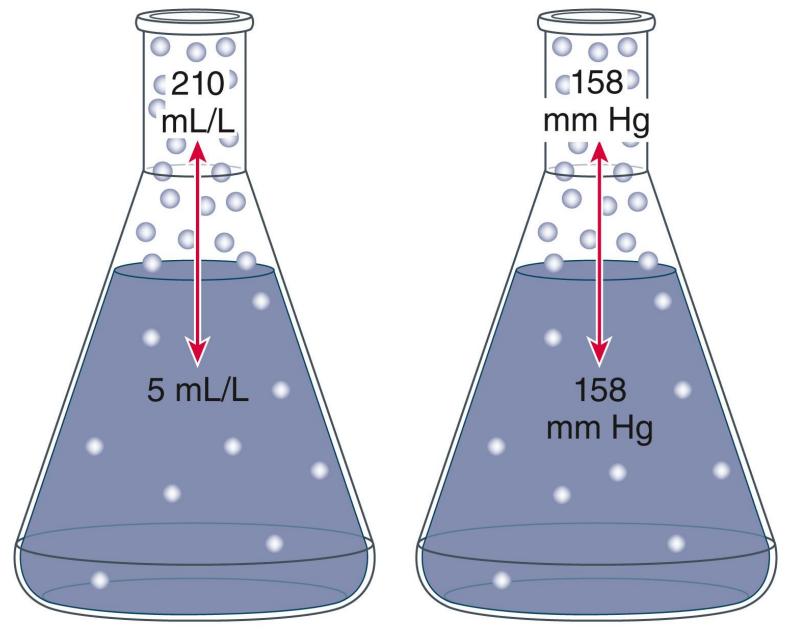
Total atmospheric pressure = 760 mm Hg



Partial pressure of N_2 in atmospheric air: $P_{N_2} = 760 \text{ mm Hg x 0.}$ = 600 mm Hg

Partial pressure of O_2 in atmospheric air: $P_{O_2} = 760 \text{ mm Hg x } 0.21$ = 160 mm Hg

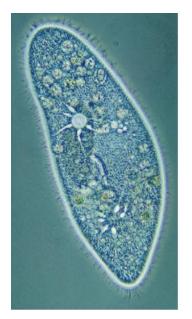
Figure 11-2b p495

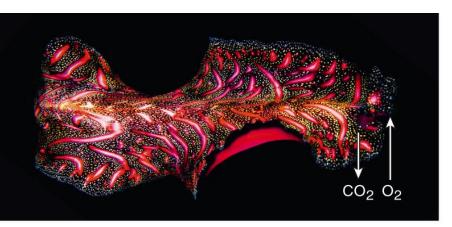




- Diversity of gas exchange structures
 - Plasma membrane of unicellular organisms
 - Skin of small multicellular organisms
 - Some have cilia to create feeding and breathing currents
 - Evaginated surfaces (gills) of large aquatic animals
 - Invaginated surfaces (tracheae or lungs) of terrestrial animals







(b)



(c)

(a)







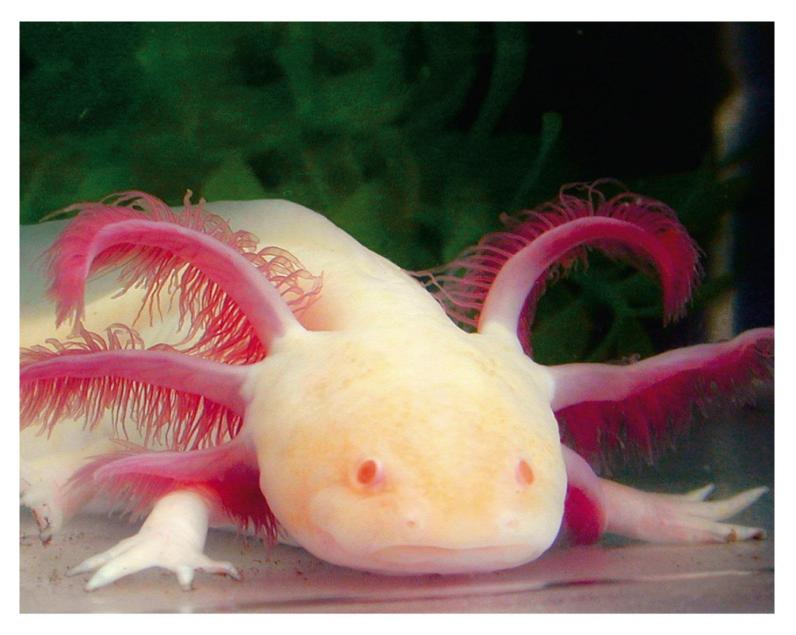
(f)



(a)



Figure 11-3b p496









- Breathing can be tidal or flow-through
 - Tidal breathing
 - External medium is moved in and out of the same opening through **inhalation** and **exhalation**
 - Fresh medium is only brought in half the time and is mixed with depleted medium
 - Flow-through breathing
 - External medium enters one opening and leaves through a separate opening
 - Flow of fresh medium can be continuous and very little mixing occurs
 - More efficient gas exchange than tidal breathing

- Water is a more difficult medium than air for gas exchange
 - Higher viscosity than air
 - O₂ is **less soluble** in water
 - Rate of **diffusion** of gases is slower
 - Solubility of O₂ decreases with increasing salinity
 - Solubility of O₂ decreases with increasing temperature
 - O₂ content in water is more variable due to habitat variation
 - Environmental water contains many more components than air

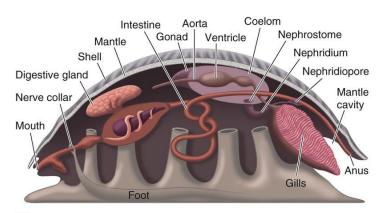
- Integumentary respiration
 - Flatworms and Cnidaria
 - Enhanced by internal circulation (e.g. earthworm)
 - Important in amphibians, aquatic reptiles and most fishes
 - During hibernation, frogs and turtles exchange all of their respiratory gases across the skin
 - Eels exchange 60% of gases through highly vascular skin



• Gills

- Evaginations of tissue protruding into the external medium
- Delicate structures composed of thin cell layers
 - Protected by shells, toxins, withdrawal, exoskeletons, bony plates
- Highly perfused by a circulatory system
- May have flow-through breathing mechanisms



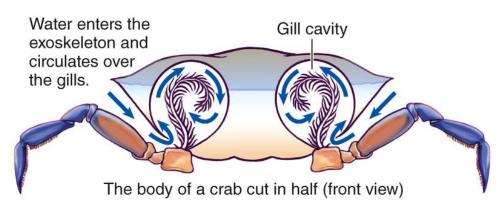


(a)





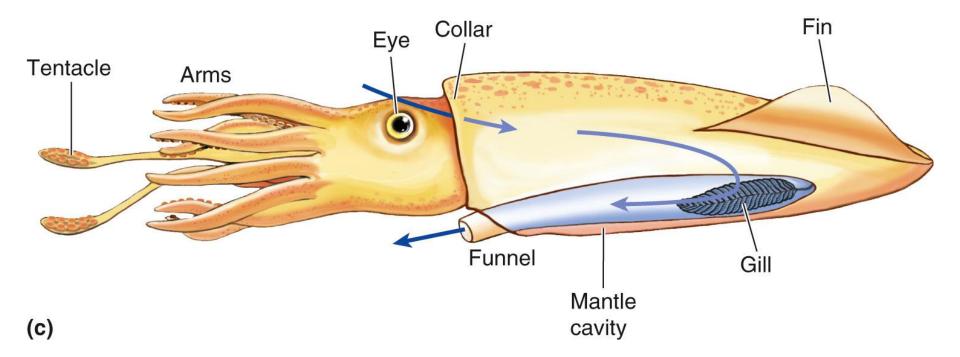
(a)



(b)

- Muscle-driven breathing
 - Cephalopods
 - During inhalation, the funnel closes and mantle cavity expands, drawing water in
 - During exhalation, the mantle opening seals up, the **mantle contracts**, and the funnel opens, expelling water out the siphon
 - Also used for jet propulsion

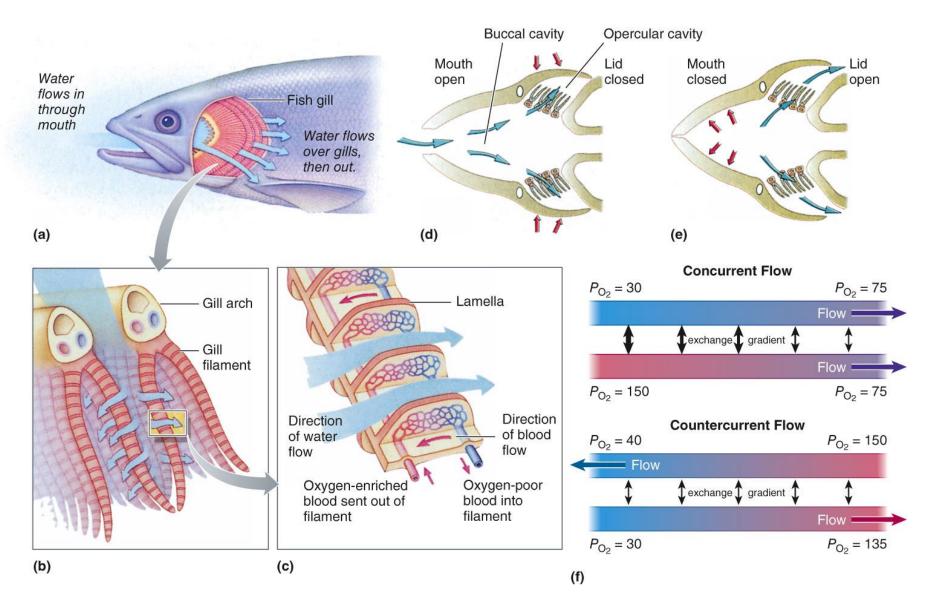


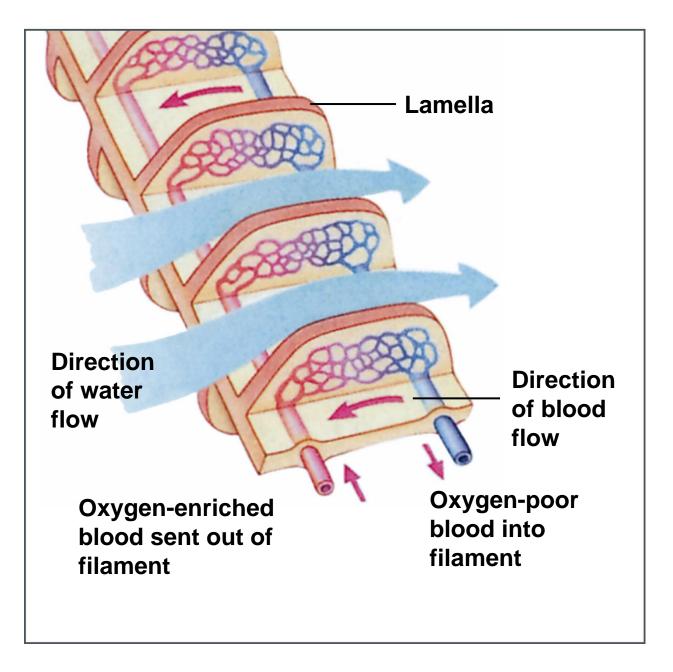




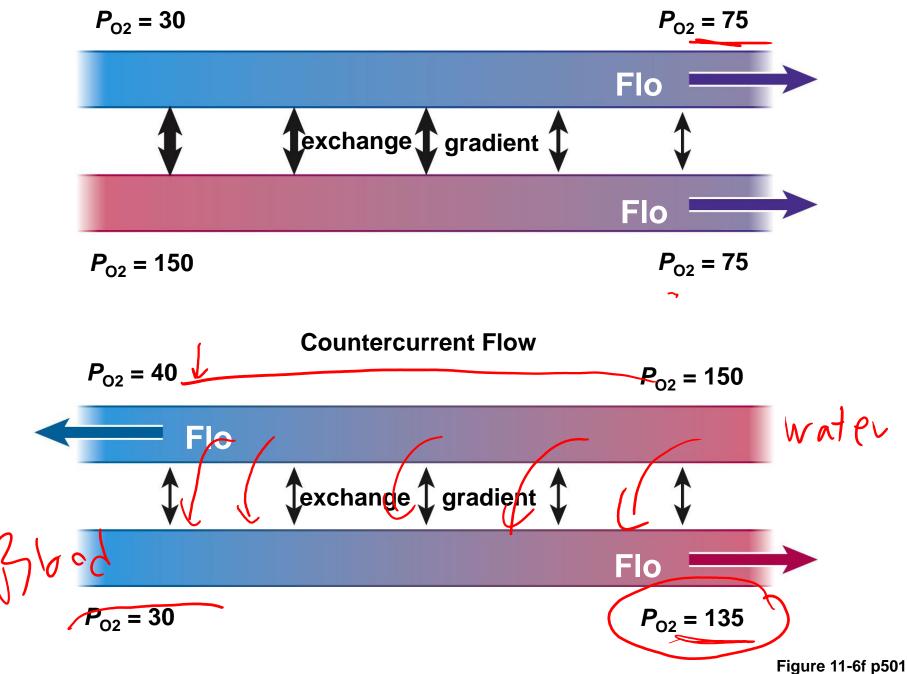
- Muscle-driven breathing in fishes
 - Skeletal muscle pumps in buccal and opercular cavities
 - Mouth opens and O₂-rich water is drawn into the mouth by negative pressure
 - Then the mouth closes, the **opercular cavity constricts** and opercula open, forcing water through the gills and out the opercular exit
 - Lamprey uses tidal flow in and out of the opercular opening, because its mouth remains attached to the host while feeding







Concurrent Flow





- Muscle-driven breathing in fishes
 - In **ram ventilation**, bulk transport is created by the animal's swimming motion
 - Obligate ram breathers (e.g. tuna and sharks) must swim in order to breathe
 - Facultative ram breathers (e.g. rainbow trout) switch from buccal-opercular breathing to ram ventilation when swimming above certain velocities



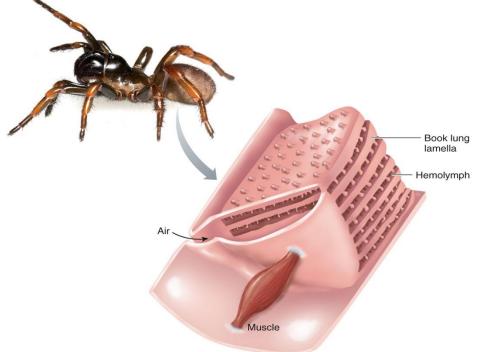
- Muscle-driven breathing in fishes
 - Countercurrent blood flow enhances gas
 pressure gradients
 - Blood flows in a direction opposite to that of water flow
 - Blood continually encounters water whose O₂ content is higher
 - Provides much greater efficiency of gas exchange



- Air respirers vs. water respirers
 - Air is much less viscous than water, allowing easier bulk transport
 - Air contains more O₂ than water
 - Reduced need for surface area
 - Permits less efficient tidal breathing
 - Thin respiratory surfaces exposed to air must be kept moist
 - Remain in a moist environment or
 - Have covered or fully internal gas exchange structures

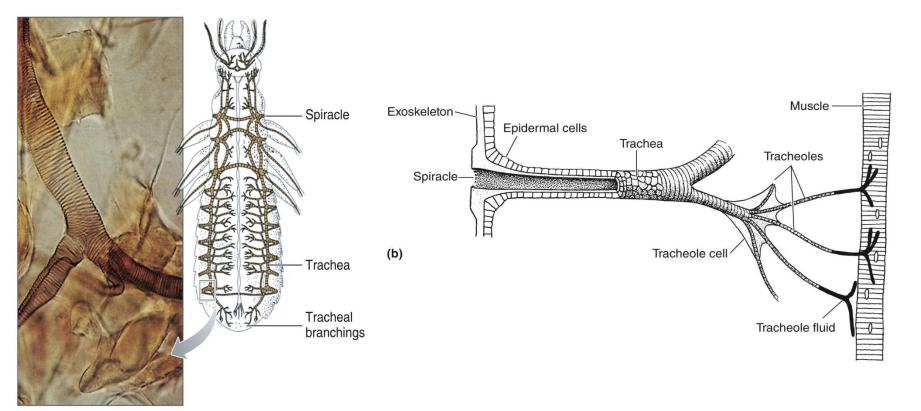


- Arthropods
 - Scorpions and some spiders have book lungs
 - Stacks of lamellae invaginating from the cuticle into the abdomen





- Arthropods
 - Insects and many spiders have tracheae.
 - Tubular extensions into the tissues reinforced with rings of chitin
 - Break up into finer branches (tracheoles)
 - Tracheae connect to outside through openings in the exoskeleton (spiracles)
 - **Distribution of tracheae** reflects the O₂ demands of tissues
 - Larger and flying insects have active tidal pumping of air

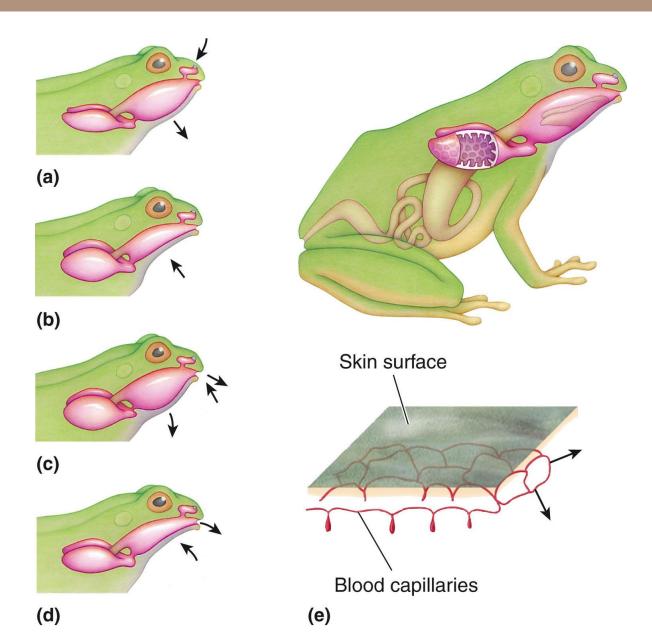


(a)

- Bimodal breathers
 - The first air breathers evolved in tropical lowlands where stagnant ponds were subject to hypoxia or desiccation.
 - **Bimodal breathers** have gills and other respiratory exchange structures (e.g. skin)
 - Lungs in fishes were simple ventral evaginations of the pharynx

- Amphibians
 - Bimodal or trimodal breathers (gills, lungs, integument) to support aquatic and terrestrial lifestyles
 - In frogs, larval stages have gills; adults have simple, noncompartmentalized lungs
 - Air is forced into lungs by positive pressure from a buccal pump
 - Several inspiratory oscillations fill lungs; empty in one long exhalation
 - Adaptation to air-breathing included a decrease in affinity of hemoglobin to O₂



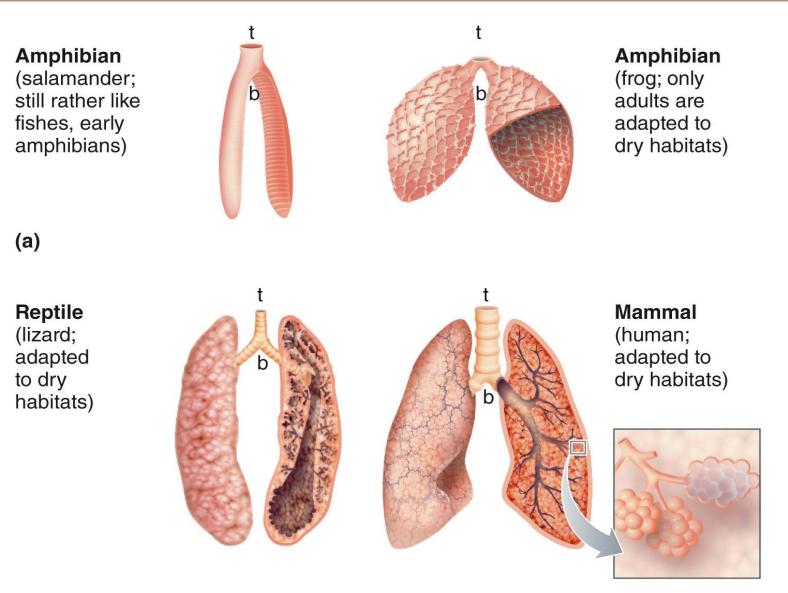


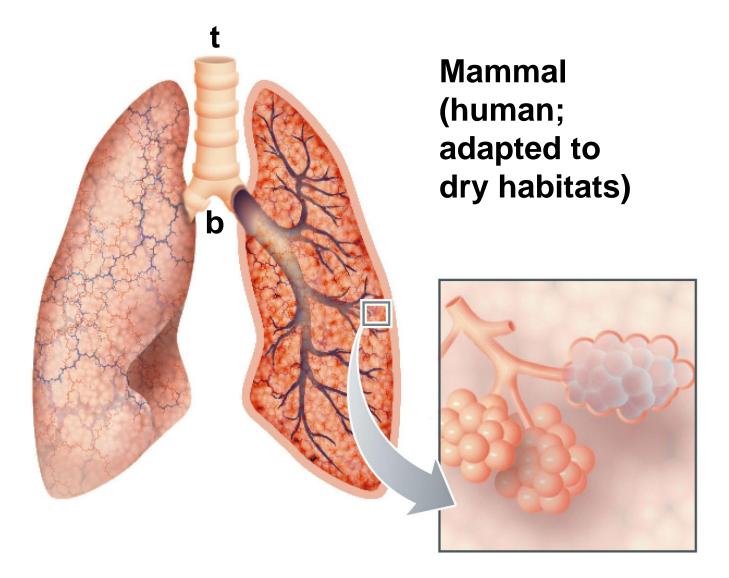


- Lungs in reptiles, birds and mammals are compartmentalized and fill by negative pressure
- Reptile lungs are expandable, tidally ventilated sacs
- Vascularized ingrowths or dividing walls (septa) subdivide pulmonary lumen
 - Air sacs are called ediculae (spherical) or faveoli (oblong)

- Reptiles
 - Lizards and snakes rely on costal (rib) muscles for expansion of lungs
 - Turtles (with fixed ribs) use limb extension
 - Crocodilians have a connective tissue diaphragm adhering tightly to the anterior surface of the liver
 - **Diaphragmaticus muscle** contracts during inhalation
 - Flow-through system in secondary and tertiary bronchi







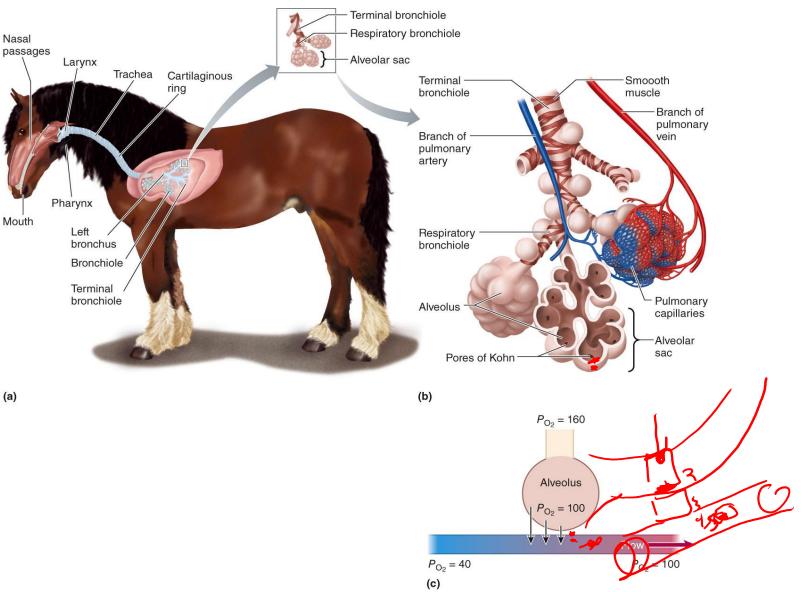


- Birds and mammals
 - Surface area of lungs for gas exchange is expanded to support increased metabolic rates
 - Very small **alveoli** in mammals
 - Parabronchi with air capillaries in birds
 - Oxygenated blood from lung is completely separated from systemic venous blood by four-chambered heart
 - Small percentage of skin breathing in most mammals

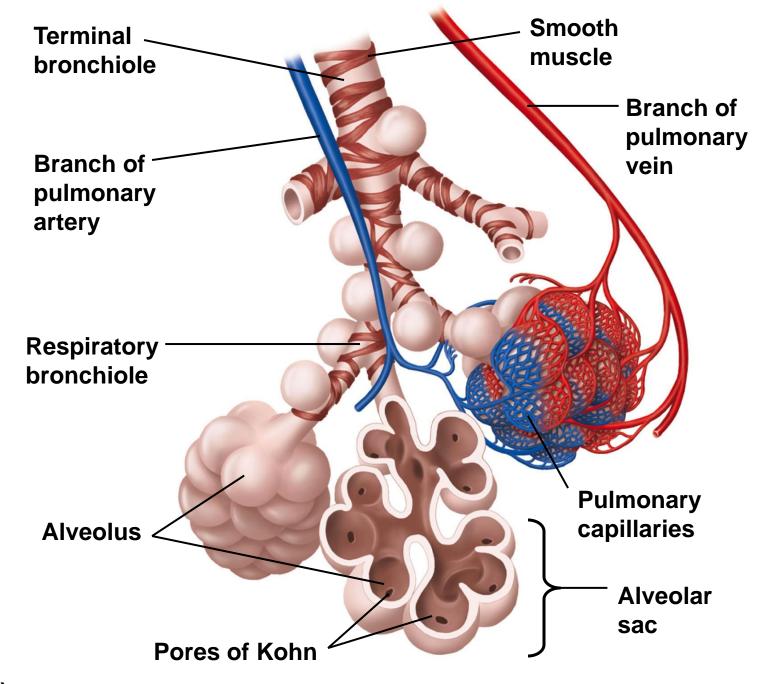
- Mammalian airways
 - Nasal passages
 - Maxilloturbinals retain heat and water
 - **Pharynx** is a common passageway for air and food
 - **Trachea** and esophagus exit pharynx
 - Reflexes close off trachea during swallowing

Bronchi

- Trachea divides into right and left bronchi, each entering a lung
- Bronchi branch within lungs
- Trachea and large bronchi are supported by cartilaginous rings
- Bronchioles -- smaller branches
 - Walls contain smooth muscle innervated by the autonomic nervous system
 - Terminal bronchioles open into alveoli



(a)

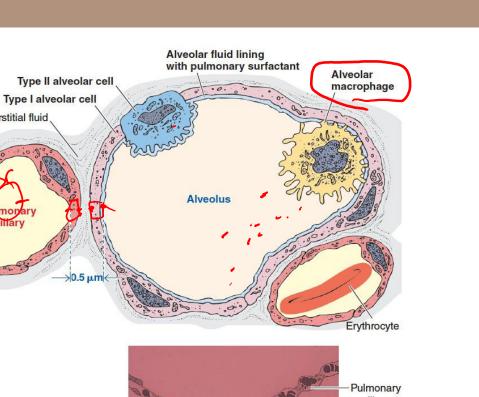


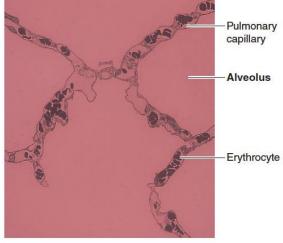
- Alveoli
 - Very small, tidally ventilated sacs
 - Gas exchange
 - Large surface area
 - Single layer of highly flatter ed Type I alveolar cells
 - Dense network of capillaries surrounding alveoli
 - Thin interstitial space
 - Achieve partial pressures of gases in blood comparable to those in inspired air
 - Type II alveolar cells secrete pulmonary surfactant
 Facilitates alveolar expansion
 - Pores of Kohn permit airflow between adjacent alveoli (collateral ventilation)

Interstitial fluid

capill

(a)



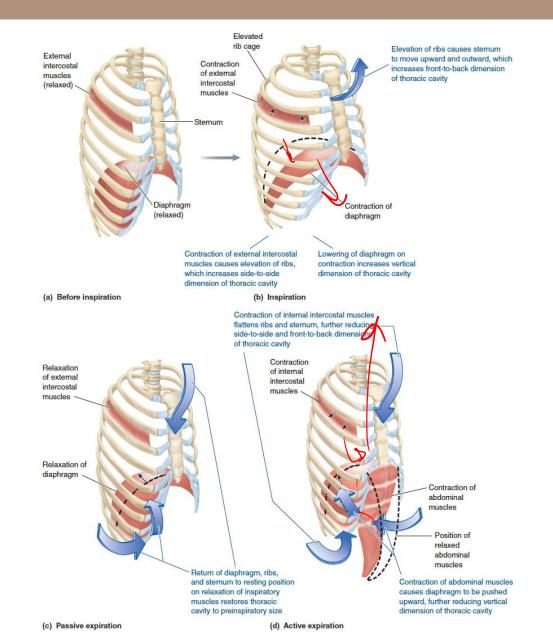


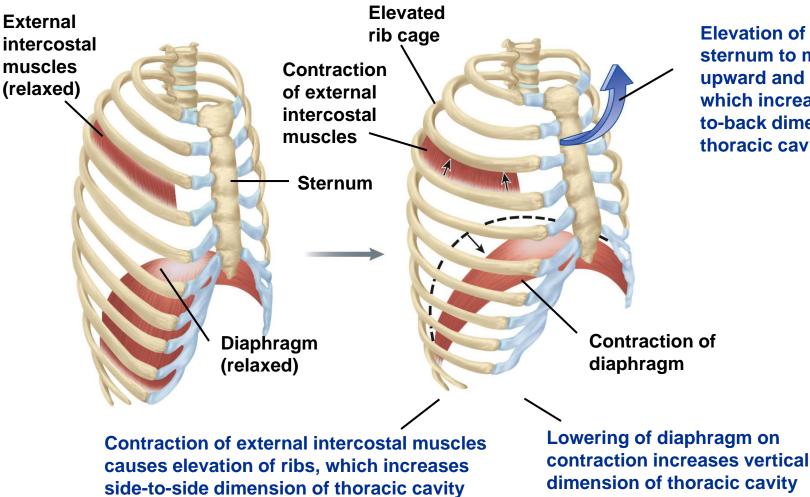
(b) Transmission electron micrograph of several alveoli and surrounding pulmonary capillaries

- Respiratory cycle
 - Inspiration involves contraction of inspiratory muscles
 - Diaphragm contracts downward
 - External intercostal muscles expand ribs outward, enlarging the thoracic cavity
 - Exhalation normally involves relaxation of inspiratory muscles and elastic recoil of chest wall and lungs

 Active exhalation involves contraction of abdominal wall muscles and internal intercostal muscles







Elevation of ribs causes sternum to move upward and outward, which increases frontto-back dimension of thoracic cavity

(a) Before inspiration

(b) Inspiration

Figure 11-14ab p512

Contraction of internal intercostal muscles flattens ribs and sternum, further reducing side-to-side and front-to-back dimensions of thoracic cavity **Relaxation of** external Contraction intercostal of internal muscles intercostal muscles Relaxation of **Contraction of** diaphragm abdominal muscles **Position of** relaxed abdominal muscles Return of diaphragm, ribs, and sternum to **Contraction of abdominal muscles** resting position on relaxation of inspiratory causes diaphragm to be pushed muscles restores thoracic cavity to upward, further reducing vertical preinspiratory size dimension of thoracic cavity

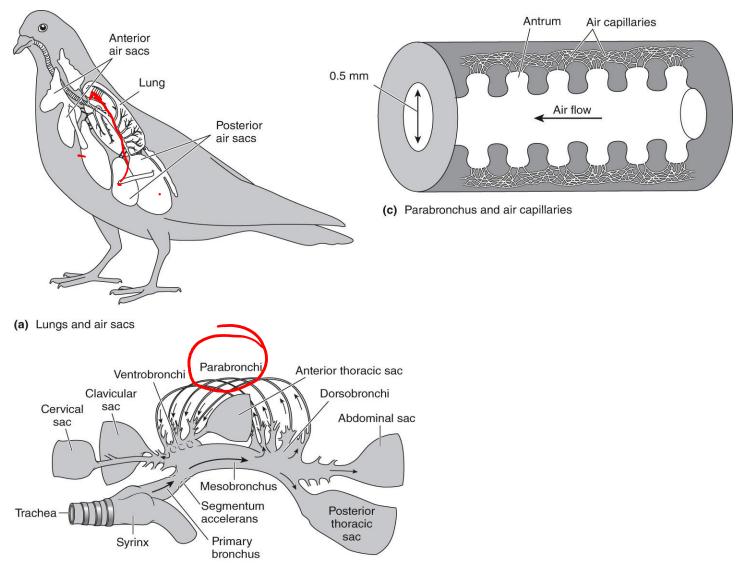
(c) Passive expiration

(d) Active expiration

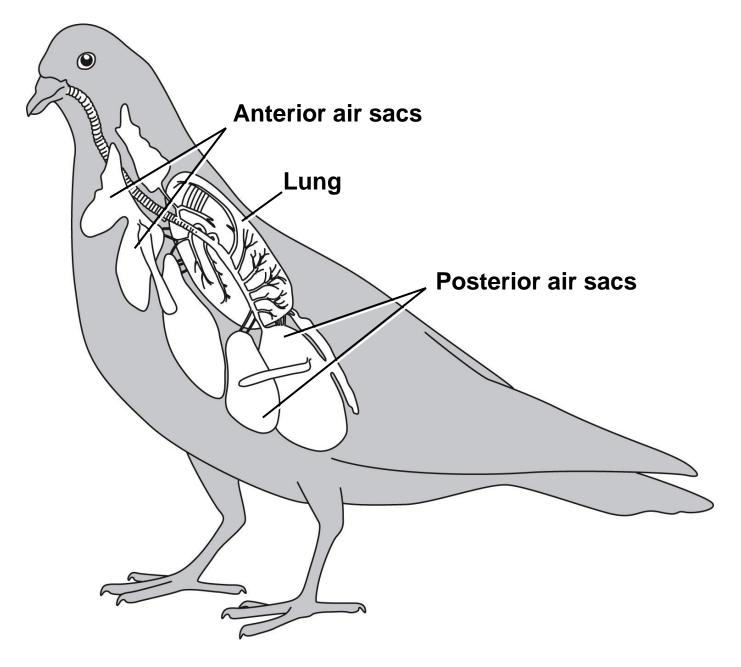


- Birds
 - Complete **separation** of ventilation and gas exchange
 - Lungs are **smaller** than in mammals and **inelastic**
 - Ventilation of expandable air sacs perform tidal function without gas exchange
 - Air enters nasal passages, trachea, bronchi and air sacs
 - Bronchi gives rise to secondary bronchi
 - Air flows from dorsobronchi to ventrobronchi through parallel parabronchi
 - Air capillaries branch from parabronchi

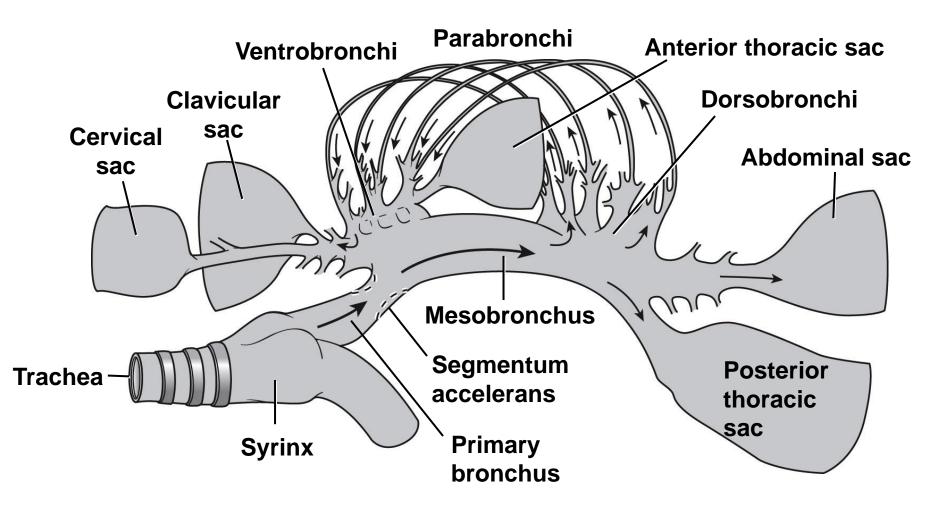




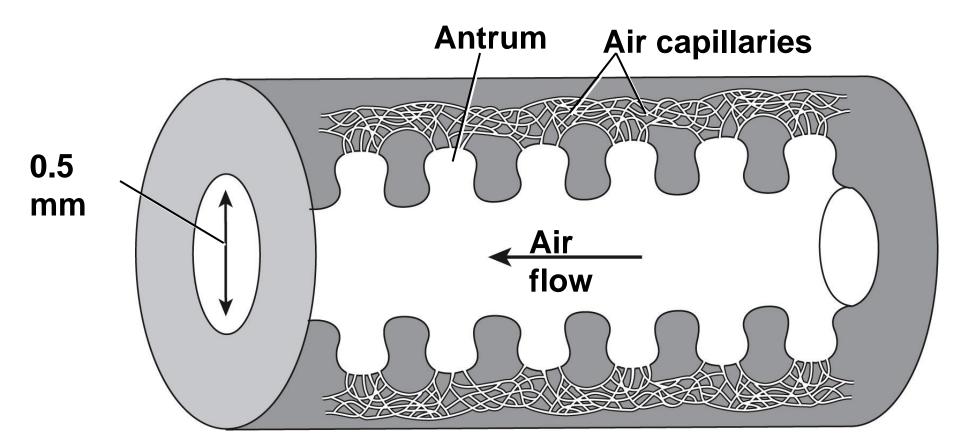
(b) Schematic of air sacs and bronchi showing aerodynamic valve (segmentum accelerans; see text p. 515)



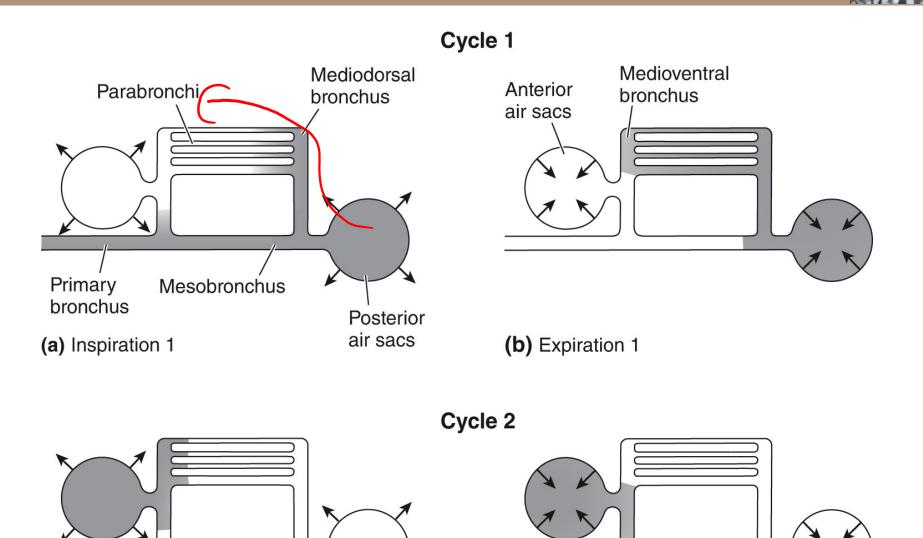
(a) Lungs and air sacs



(b) Schematic of air sacs and bronchi showing aerodynamic valve (segmentum accelerans; see text p. 515)



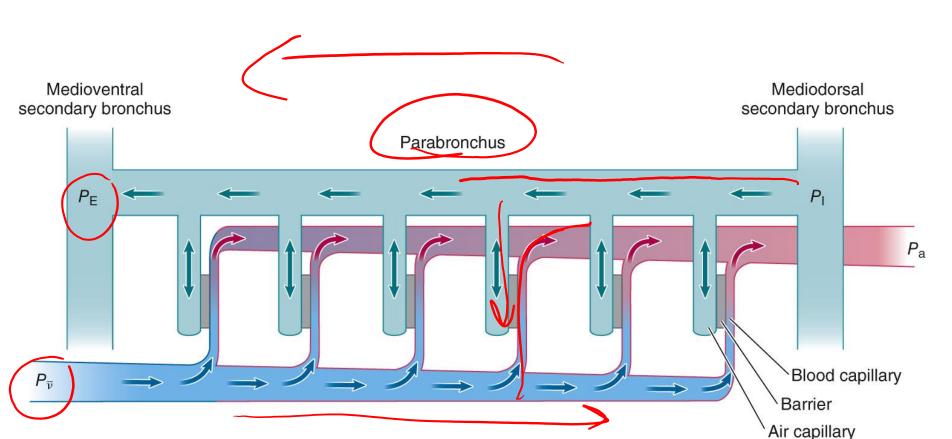
(c) Parabronchus and air capillaries



(c) Inspiration 2

(d) Expiration 2

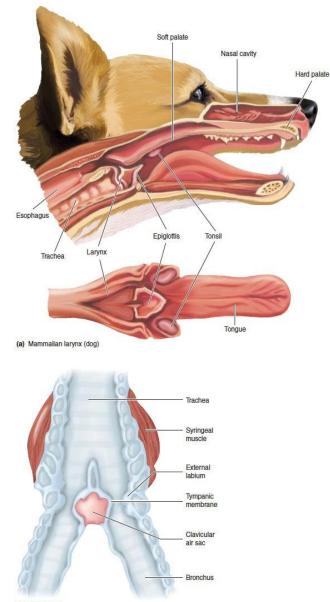
- Air capillaries vs. alveoli
 - Air capillaries are **narrower** than alveoli
 - Epithelial cells are thinner
 - Flow-through design
 - Rigid -- resist damage
 - Greater blood volume in pulmonary capillaries
 - Crosscurrent blood flow in parabronchi provides more efficient uptake of O₂



- Nonrespiratory functions of aerial respiratory systems
 - Regulation of water loss and heat exchange
 - Moistening of inspired air is essential to prevent desiccation of respiratory surfaces
 - Improved venous return -- respiratory pump
- Acid-base balance
- Defense against inhaled foreign matter
 - Removal, modification, activation or inactivation of substances passing through the pulmonary circulation
 - Olfaction
 - Vocalization
 - Larynx in mammals
 - **Syrinx** in birds -- the number of syringial muscles relates to complexity of song

11.4 Air Respirers: Vertebrates





(b) Bird syrinx

11.5 Breathing: Respiratory Mechanics in Mammals



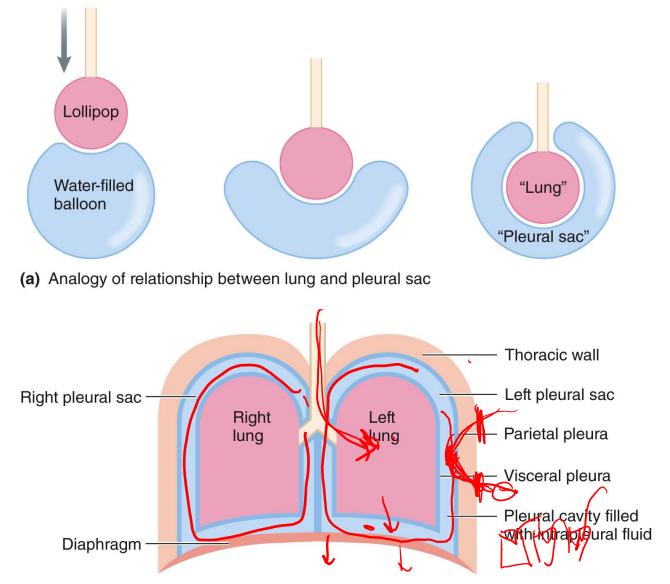
- Air flows according to pressure gradients
 - Atmospheric pressure (760 mmHg at sea level)
 - Decreases with increasing altitude
 - Intra-alveolar pressure -- seeks equilibrium with atmospheric pressure
 - Intrapleural pressure
 - Usually less than atmospheric pressure
 - (4 mmHg less on average)

11.5 Breathing: Respiratory Mechanics in Mammals



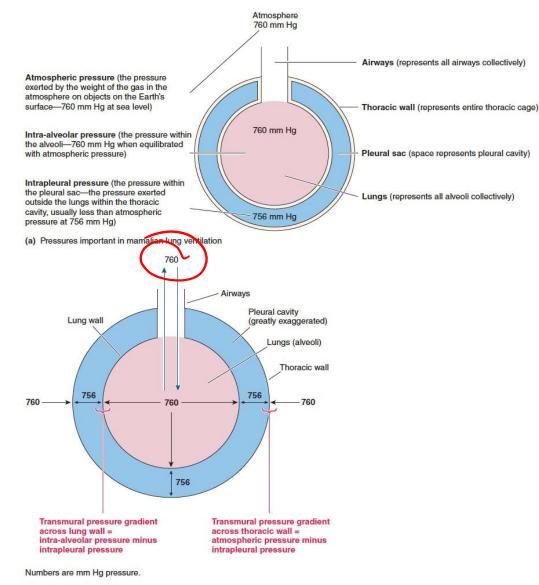
- Influence of intrapleural pressure
 - Pleural sac separates lungs from the thoracic wall
 - Pleural cavity contains intrapleural fluid
 - Polar water molecules in intrapleural fluid resist being pulled apart -- hold pleural surfaces together
 - Lungs are stretched and follow movements of the chest wall because of transmural pressure gradient
 - Intrapleural pressure and intra-alveolar pressure decrease when the chest wall expands during inspiration and increase during expiration
 - **Boyle's law** -- At any constant temperature, the pressure exerted by a gas varies inversely with the volume of the gas

11.5 Breathing: Respiratory Mechanics in Mammals



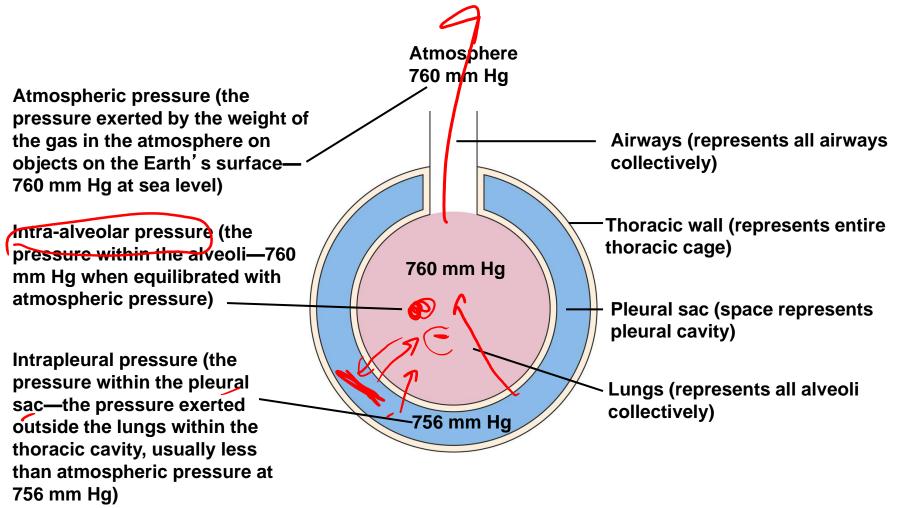
(b) Relationship of lungs to pleural sacs, thoracic wall, and diaphragm

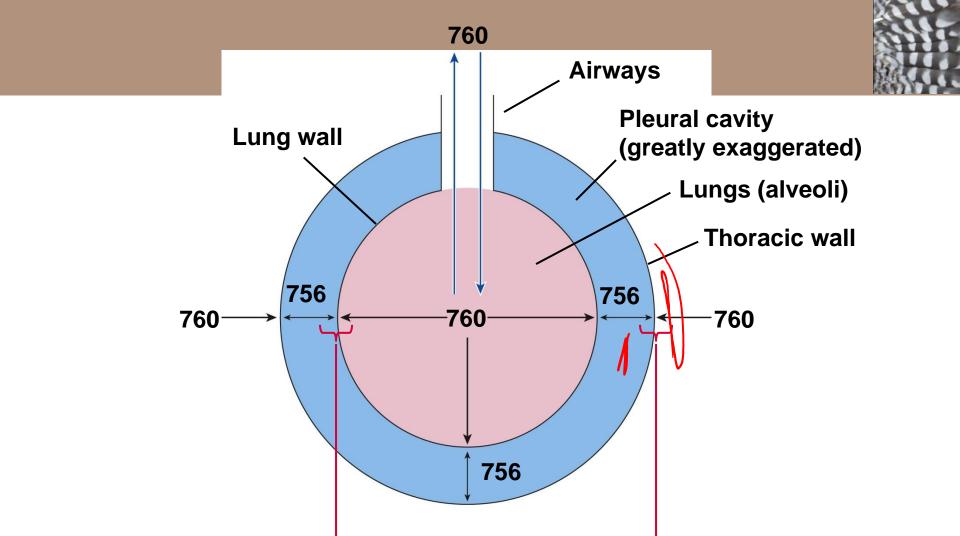
11.5 Breathing: Respiratory Mechanics in Mammals



(b) Transmural pressure gradient



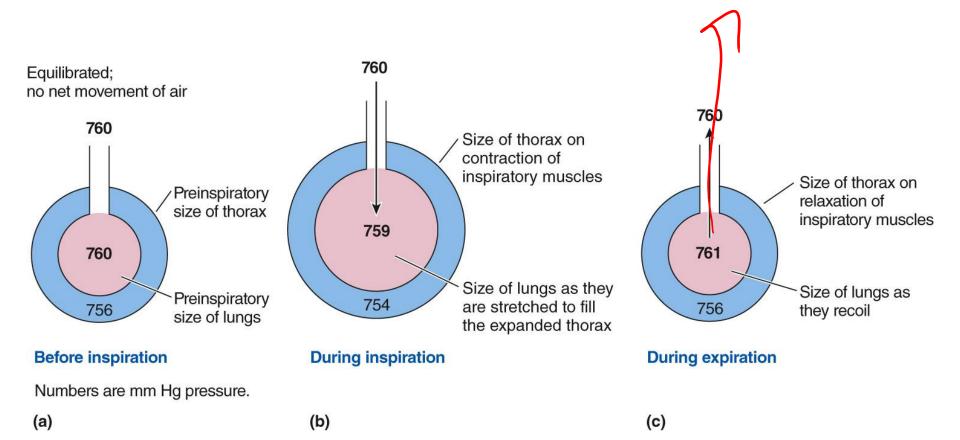




Transmural pressure gradient across lung wall = intra-alveolar pressure minus intrapleural pressure

Numbers are mm Hg pressure. (b) Transmural pressure gradient Transmural pressure gradient across thoracic wall = atmospheric pressure minus intrapleural pressure

11.5 Breathing: Respiratory Mechanics in Mammals



11.5 Breathing: Respiratory Mechanics in Mammals

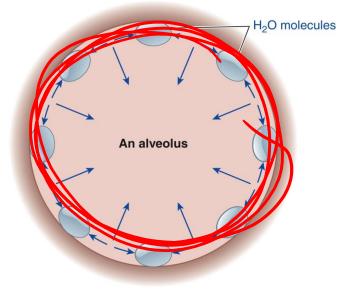


- Airway resistance is normally low
 - Depends on **radius** of the conducting system
 - Pressure gradients of 1 2 mmHg produce adequate rates of air flow
 - Diseases causing narrowing of airways greatly increase resistance and the work of breathing
 - Chronic obstructive pulmonary diseases (COPD) -- chronic bronchitis, asthma, emphysema
 - Equine restrictive lung diseases

11.5 Breathing: Respiratory Mechanics in Mammals



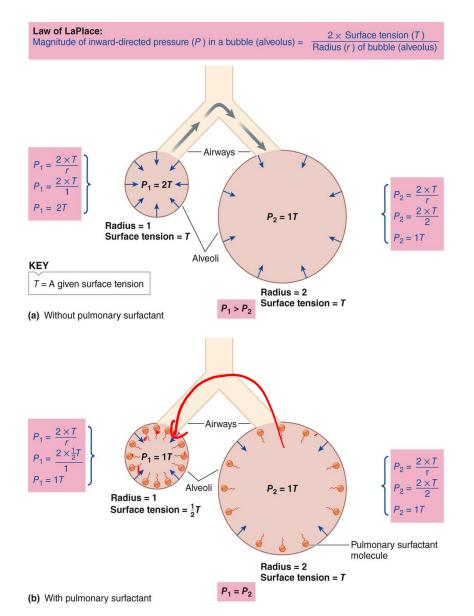
- Elasticity of lungs depends on connective tissue and alveolar surface tension
 - Pulmonary connective tissue contains large amounts of elastin -- rebound after being stretched
 - Alveolar surface tension is reduced by pulmonary surfactant
 - Increases pulmonary compliance
 - Reduces the lungs' tendency to recoil



 Prevents collapse of smaller alveoli (predicted by LaPlace's law: P = 2T/r)

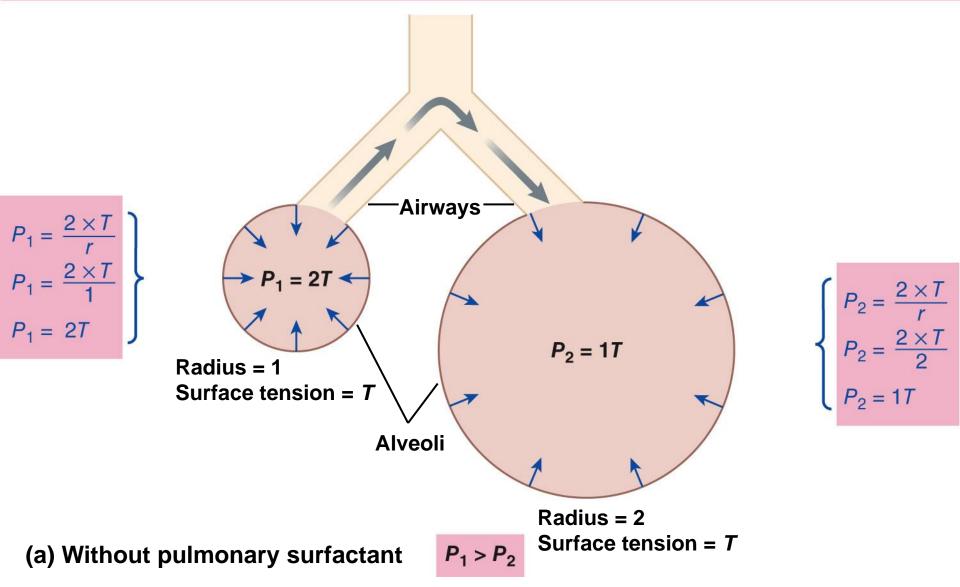
11.5 Breathing: Respiratory Mechanics in Mammals



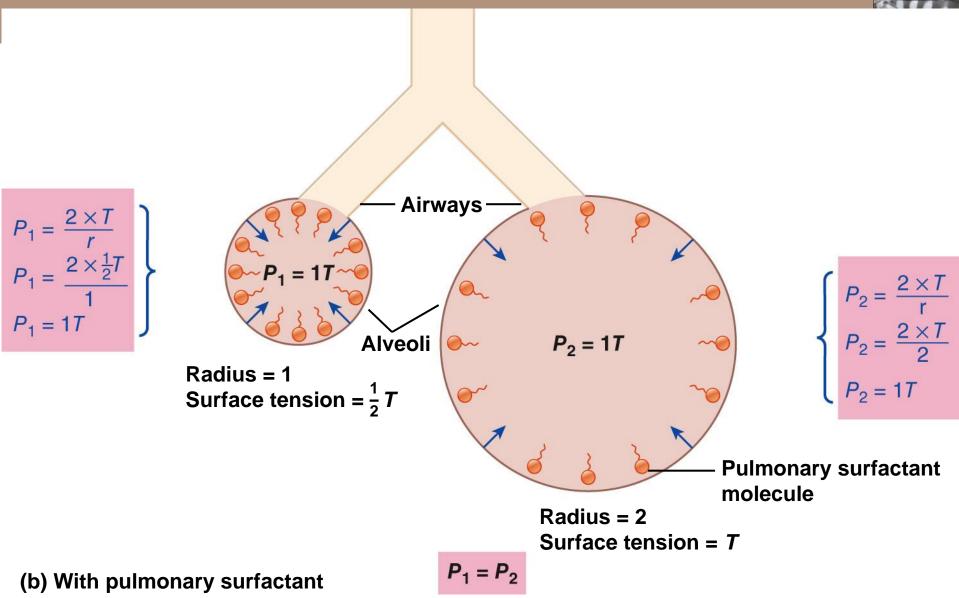




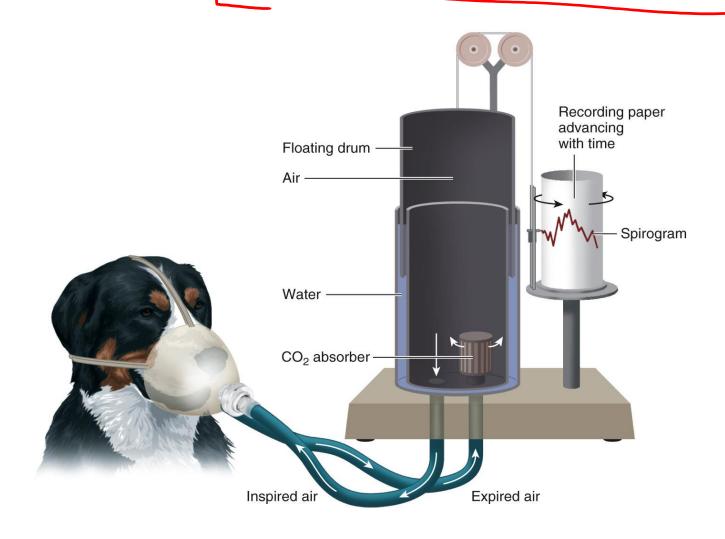
Law of LaPlace: Magnitude of inward-directed pressure (P) in a bubble (alveolus) = Radius (r) of bubble (alveolus)







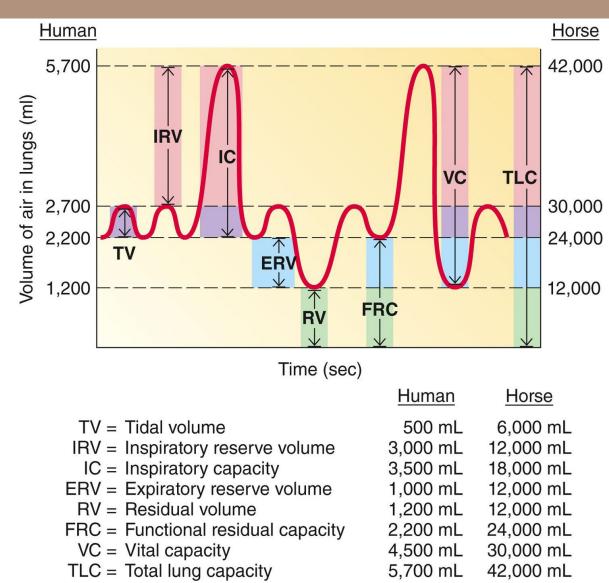
Measurement of lung volumes with a spirometer





- Lung volumes and capacities
 - Total lung capacity (TLC) = Maximum amount of air that the lungs can hold (~5.7 L in humans)
 - Tidal volume (TV) = Volume of air entering or leaving the lungs during a single breath (resting TV ~ 0.5 ml)
 - Functional residual capacity (FRC) = Volume of air in the lungs at the end of a normal passive expiration (~2.2 L)
 - Residual volume (RV) = Minimum volume of air remaining in the lungs after a maximal expiration (~1.2 L)
 - Vital capacity (VC) = Maximum volume of air that can be moved out during a single breath following maximal inspiration (~4.5 L)





(b) Spirogram and table of values for adult male human and horse

- Pulmonary ventilation (minute ventilation)

Pulmonary ventilation = tidal volume x respiratory rate (L/min) (L/breath) (breaths/min)

- Scales with body size
 - Tidal volume increases with increasing body size (m_b), while respiratory rate decreases with increasing body size:

$$TV = 0.0062 m_b^{1.01}$$
 RR = 53.5 $m_b^{-0.26}$



- Please note some significant errors on page 523
 - 3. Functional Reserve Capacity (FRC)

Pulmonary ventilation = tidal volume x respiratory rate (L/min) (L/breath) (breaths/min)



Animal at Rest	Pulmonary Ventilation (PV)	=	Resting Tidal Volume (rTV)	\times	Respiratory Rate
Rat (0.22 kg)	0.12 L/min	=	0.001 L/breath	×	120 breaths/min
Human (70 kg)	6.0 L/min	=	0.4 L/breath	×	15 breaths/min
Giraffe (400 kg)	30 L/min	=	3.3 L/breath	×	9 breaths/min
Horse (450 kg)	72 L/min	=	6 L/breath	×	12 breaths/min
Elephant (7,000 kg)	235 L/min	=	47 L/breath	×	5 breaths/min
Active Animals			Active TV		
Human, fast run:	150 L/min	=	2.5 L/breath	×	60 breaths/min
Horse, fast trot:	1,500 L/min		25 L/breath	×	60 breaths/min

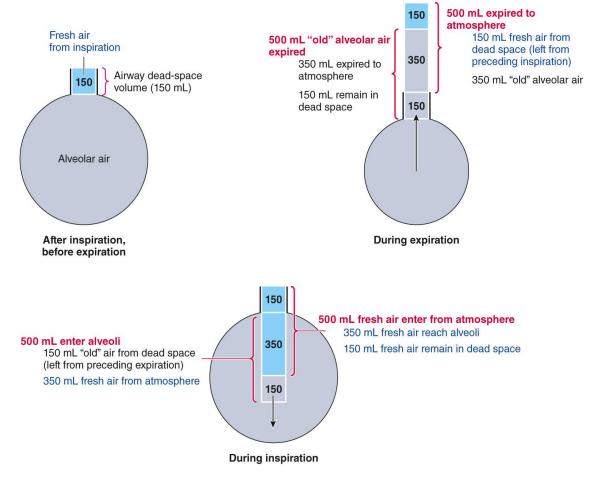


Alveolar ventilation

- When increasing pulmonary ventilation (e.g. during activity), it is advantageous to have a greater increase in tidal volume than respiratory rate
 - Not all inspired air reaches the alveoli for gas exchange
 - Anatomic dead space = Volume of conducting passages (~0.15 L)
 - Alveolar ventilation = Volume of air exchanged between the atmosphere and alveoli per minute

Alveolar ventilation = $(TV - dead space) \times RR$





The numbers in the figure represent ml of air.



"Old" alveolar air that has exchanged O_2 and CO_2 with the blood

Fresh atmospheric air that has not exchanged O_2 and CO_2 with the blood

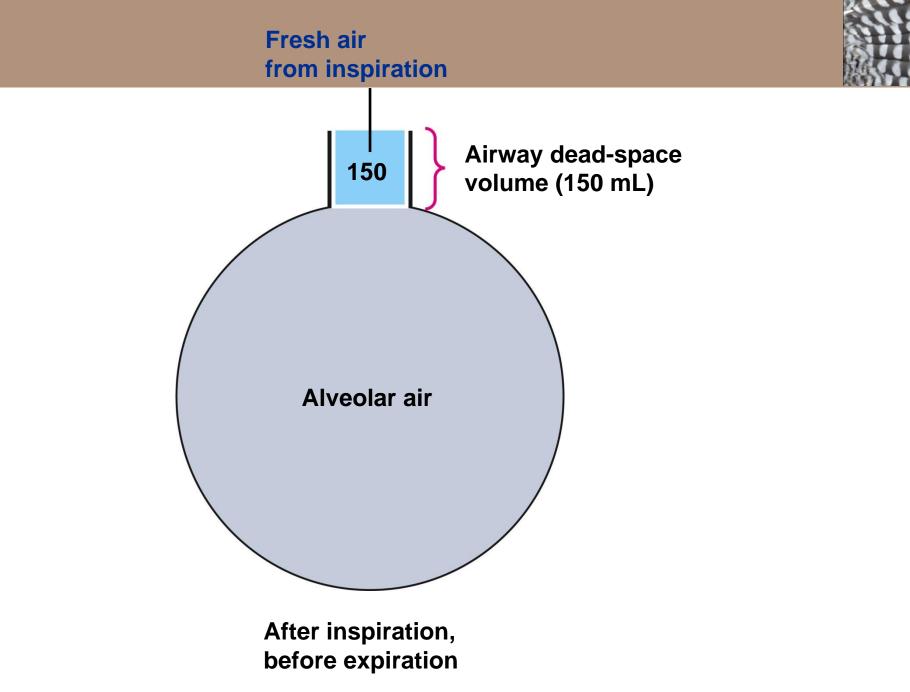
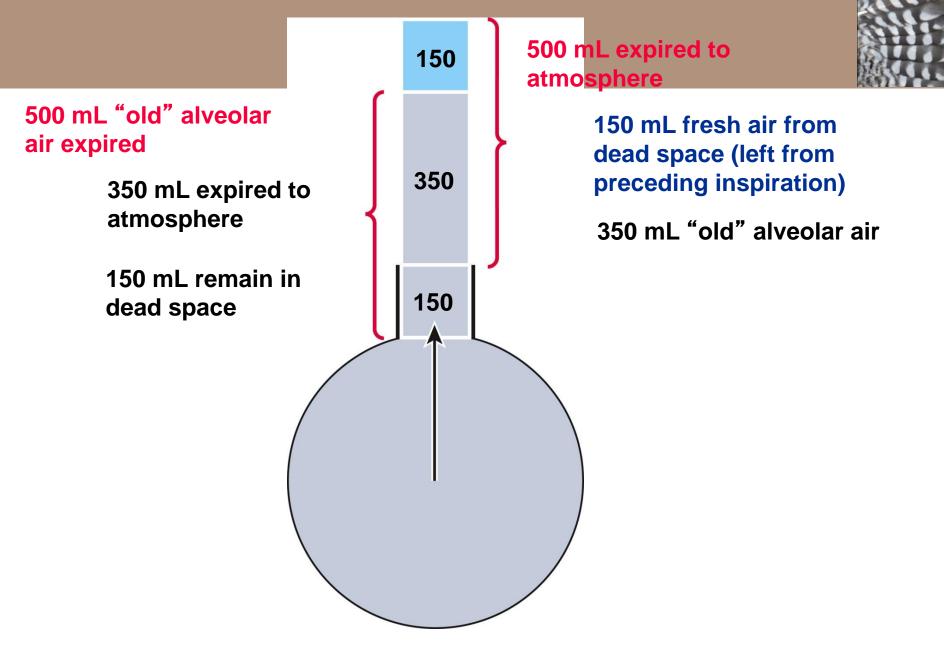
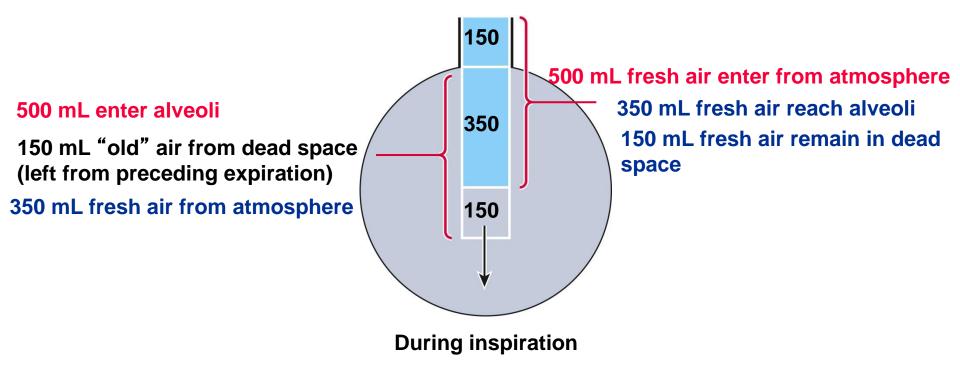


Figure 11-26a p526



During expiration





11.7 Breathing: Flow-through versus Tidal Respirers



- Comparative efficiency
 - Flow-through systems (e.g. fishes) have much lower dead-space volumes than tidal systems
 - Partial flow-through systems in birds have higher dead-space volumes
 - Due to the larger size of the trachea
 - To compensate, a bird has a **higher TV** and **lower RR** than a mammal of comparable size
 - Only 2% of total energy is expended on quiet breathing in mammals
 - 25-fold increase in energy requirement for pulmonary ventilation during strenuous activity increases percentage to 5%
 - ~20% of total energy is expended on respiration in fish

11.7 Breathing: Flow-through versus Tidal Respirers

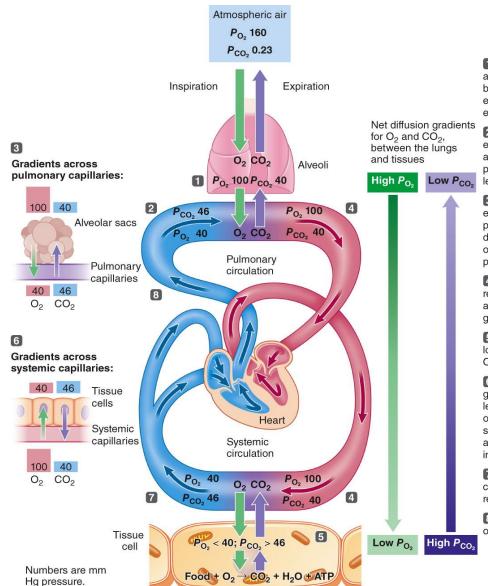


- Comparative efficiency
 - The tidal lung of mammals can only achieve a blood Po₂ equal to that of expired air
 - 25% efficiency of O₂ extraction from air
 - In birds (partially tidal with dead spaces and crosscurrent blood flow), efficiency is 30 - 40%
 - Countercurrent blood flow in fish, crustaceans and amphibians yields 90% O₂ extraction efficiency from water (however, O₂ content is lower in water)



- Lung air Po₂ is lower than inspired atmospheric air
 - Saturated with water (partial pressure of water vapor is 47 mmHg at body temperature)
 - Inspired air is **mixed with old air** in dead space
 - Average **alveolar Po₂** is **100 mmHg**
 - O₂ diffuses into pulmonary capillary blood about as fast as it is inhaled
 - Pco₂ is higher in lung air than in inspired air
 - Average alveolar Pco₂ is 40 mmHg





1 Alveolar P_{O_2} remains relatively high and alveolar P_{CO_2} remains relatively low because a portion of the alveolar air is exchanged for fresh atmospheric air with each breath.

2 In contrast, the systemic venous blood entering the lungs is relatively low in O_2 and high in CO_2 , having given up O_2 and picked up CO_2 at the systemic capillary level.

3 The partial pressure gradients established between the alveolar air and pulmonary capillary blood induce passive diffusion of O_2 into the blood and CO_2 out of the blood until the blood and alveolar partial pressures become equal.

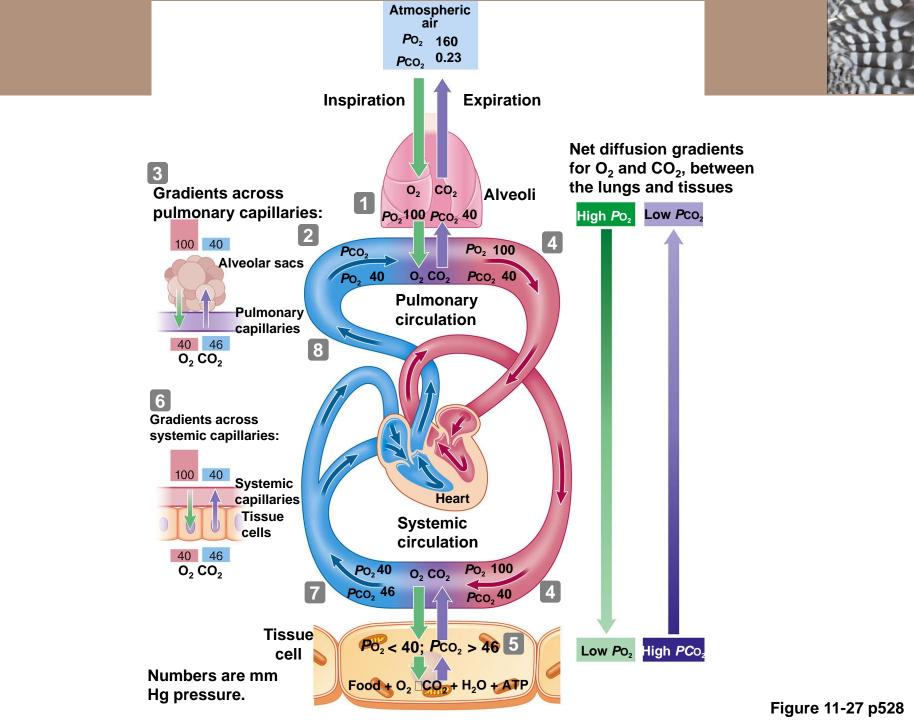
4 The blood leaving the lungs is thus relatively high in O_2 and low in CO_2 . It arrives at the tissues with the same blood-gas content as when it left the lungs.

5 The partial pressure of O_2 is relatively low and that of CO_2 is relatively high in the O_2 -consuming, CO_2 -producing tissue cells.

 $\fbox{(6)} Consequently, partial pressure gradients for gas exchange at the tissue level favor the passive movement of O₂ out of the blood into non-circulatory cells to support their metabolic requirements and also favor the simultaneous transfer of CO₂ into the blood.$

7 Having equilibrated with the tissue cells, the blood leaving the tissues is relatively low in O_2 and high in CO_2 .

8 The blood then returns to the lungs to once again fill up on O_2 and dump off CO_2 .





- Gas exchange in the lungs
 - O₂ diffuses from alveolar air into capillary blood, equilibrating at Po₂ of 100 mmHg
 - CO₂ diffuses from capillary blood into alveolar air, equilibrating at Pco₂ of 40 mmHg
 - Increased perfusion of lung or gill capillaries
 improves gas exchange
 - Increased thickness of gas exchange barriers slows diffusion and reduces gas exchange
 - Low or high environmental pH causes mucification and inflammation of gill epithelium
 - Pulmonary edema, pulmonary fibrosis and pneumonia interfere with gas exchange in air breathers

- Gas exchange in the tissues
 - Cellular Po₂ is 40 mmHg and Pco₂ is 46 mmHg
 - O₂ diffuses from systemic capillary blood into cells, equilibrating at 40 mmHg
 - CO₂ diffuses from cells into capillary blood, equilibrating at 46 mmHg
 - Increased metabolic activity will lower capillary blood and tissue Po₂ and raise blood and tissue Pco₂



11.9 Circulatory Transport and Gas Exchange O₂ is transported in blood bound to metalcontaining respiratory pigments

Hemoglobin

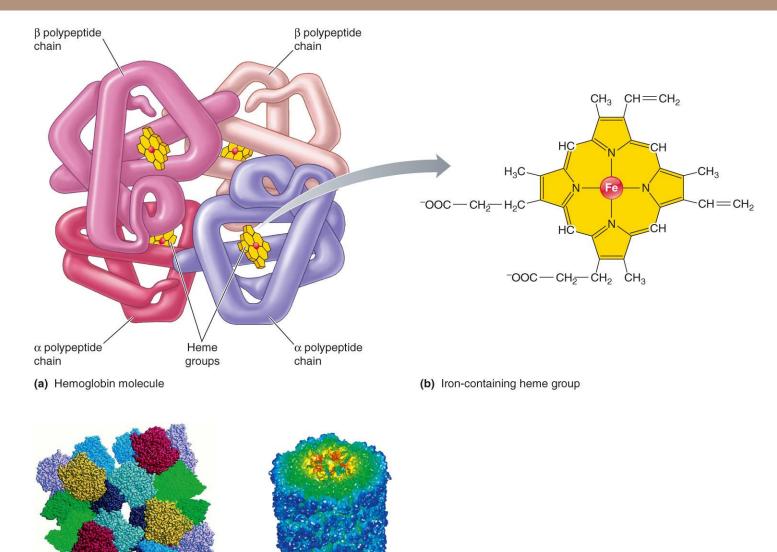
- Annelids, mollusks, crustaceans, vertebrates
- Highly folded polypeptide chain (globin) and iron-containing heme group
- Red when oxygenated; blue when deoxygenated
- Hemocyanin
 - Arthropods, annelids, mollusks
 - Large proteins bound to copper ions
 - Blue when oxygenated; colorless when deoxygenated

Hemerythrin

- Brachiopods, sipunculids, one annelid
- Red iron pigment, not in heme complex <u>https://en.wikipedia.org/wiki/Hemerythrin</u>
- Chlorocruorin and erythrocruorin
 - Some annelids
 - Large iron/heme proteins; green or red
 - <u>https://en.wikipedia.org/wiki/Chlorocruorin</u>

https://en.wikipedia.org/wiki/Leghemoglobin





(d)



- O₂ transport in vertebrates
 - Amount of O₂ dissolved is proportional to Po₂ of blood (3 ml O₂/liter of blood at Po₂ of 100 mmHg)
 - The majority of O₂ is **bound to hemoglobin**
 - Most vertebrate hemoglobin is tetrameric and capable of binding to four O₂ molecules

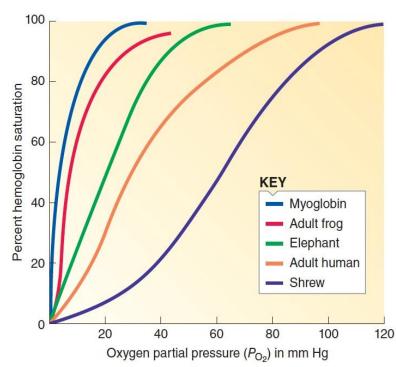
- Myoglobin is a monomer that stores O₂ in muscle cells
- Neuroglobin (neurons) and cytoglobin (fibroblasts)

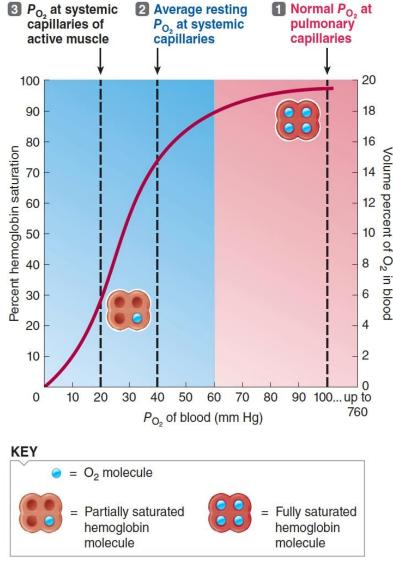


 Please note another significant error on page 532



- Hemoglobin saturation
 - Binding of O₂ to hemoglobin is reversible and subject to the law of mass action
 - The most important factor determining
 % hemoglobin saturation is Po₂
 - Hemoglobin binds O₂ in the lungs and unloads
 O₂ in the tissues
 - Affinity of hemoglobin for O₂ (measured as P₅₀) increases with body size and is higher in animals adapted to high altitude or low oxygen environments

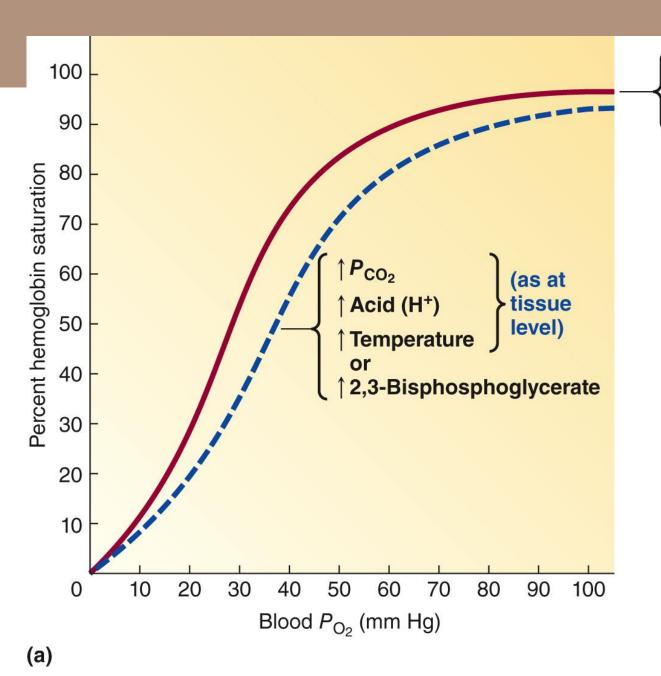




(b)



- Factors that decrease affinity of Hb for O₂ promote greater unloading of O₂ in the tissues
 - Increased Pco₂
 - Increased acidity (Bohr effect)
 - Acidity also lowers maximal O₂-binding capacity (Root effect)
 - Increased temperature
 - Organic phosphates
 - 2,3-diphosphoglycerate (DPG) in most mammals
 - Inositol pentaphosphate (IPP) in birds
 - Nucleoside triphosphates in fishes



Arterial P_{CO2} and acidity, normal body temperature (as at pulmonary level)

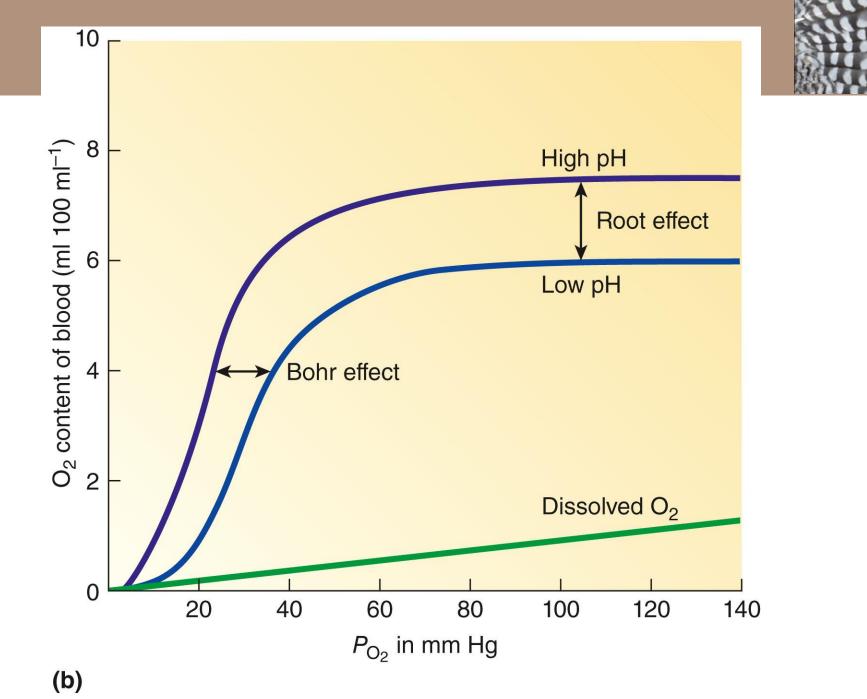
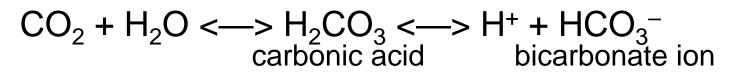


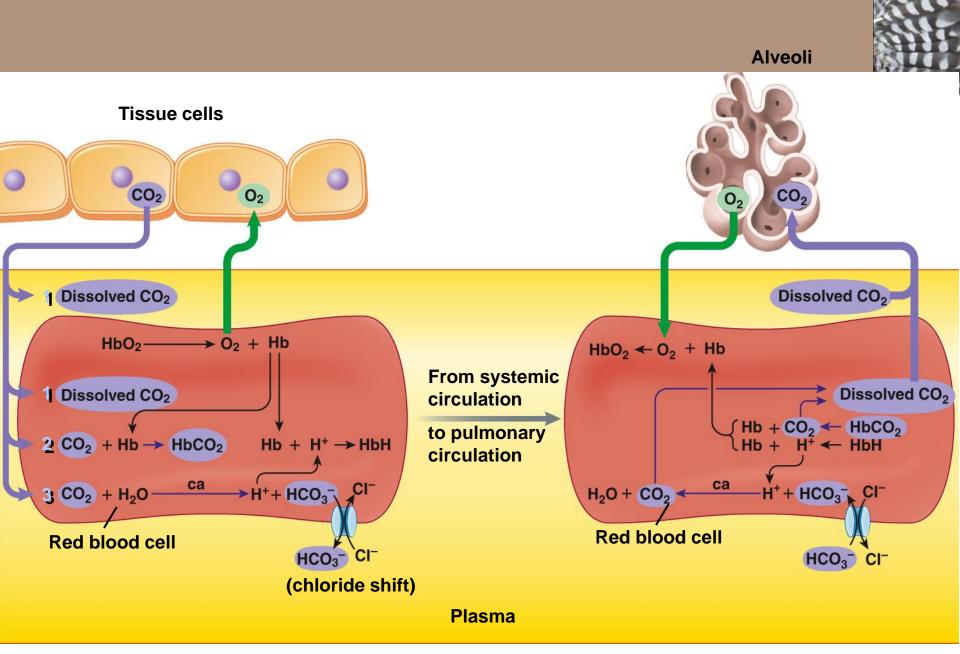
Figure 11-31b p538



- Carbon dioxide transport in blood
 - **Dissolved** (5 10%)
 - Bound to hemoglobin (25 30%)
 - Forms carbaminohemoglobin (HbCÓ₂)
 - Binds with the globin
 - Bicarbonate ion (HCO₃⁻) (60 70%)



- Enzyme for the first step is carbonic anhydrase found in lungs, kidneys and gills
- Chloride ions enter red blood cells in exchange for efflux of bicarbonate ion (chloride shift)
- Deoxygenated hemoglobin picks up CO₂ and H⁺ (Haldane effect)

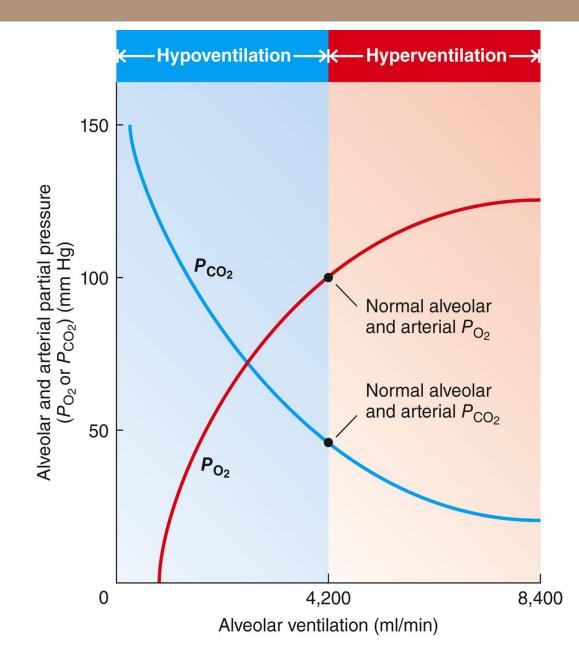


ca = Carbonic anhydrase



- Abnormalities in arterial Po₂
 - Hypoxic hypoxia (e.g. high altitude)
 - Anemic hypoxia (e.g. carbon monoxide poisoning)
 - Circulatory hypoxia (e.g. congestive heart failure)
 - Histotoxic hypoxia (e.g. cyanide poisoning)
- Abnormalities in arterial Pco₂
 - Hypercapnia = excess CO₂ in arterial blood
 - Caused by hypoventilation
 - **Hypocapnia** = below normal arterial Pco₂
 - Caused by hyperventilation
 - Changes in blood CO₂ mainly affect acid-base balance

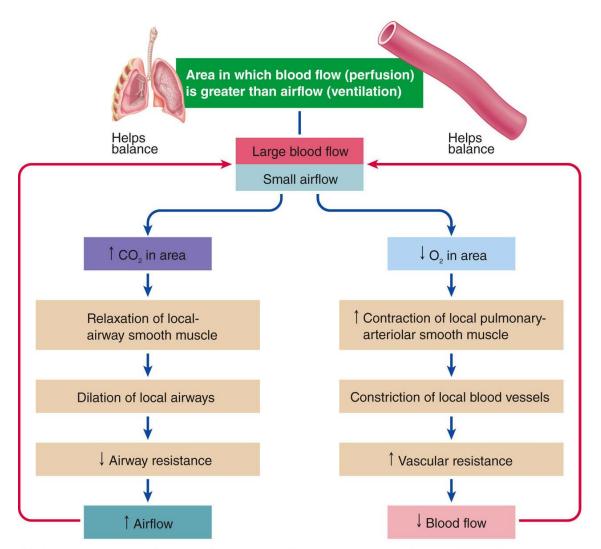






- Control of respiration in insects
 - Metathoracic ganglia control closer muscles which reduce opening of spiracles
- Extrinsic regulation of airways in mammals
 - Parasympathetic stimulation promotes
 bronchoconstriction, increasing airway resistance
 - Sympathetic stimulation promotes bronchodilation, decreasing airway resistance
- Intrinsic regulation of airways in mammals
 - Ventilation rates match perfusion rates by adjustment of airway smooth muscle and arterioles
 - Local increase in CO₂ induces relaxation of airway smooth muscle
 - Local decrease in O₂ causes vasoconstriction of pulmonary arterioles

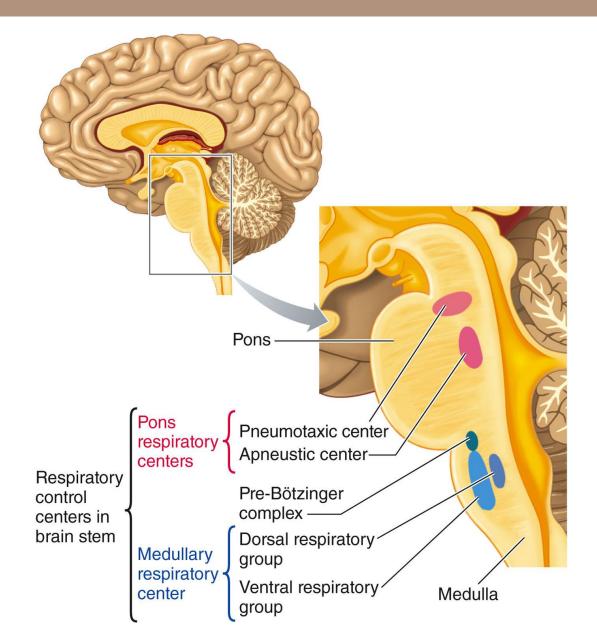


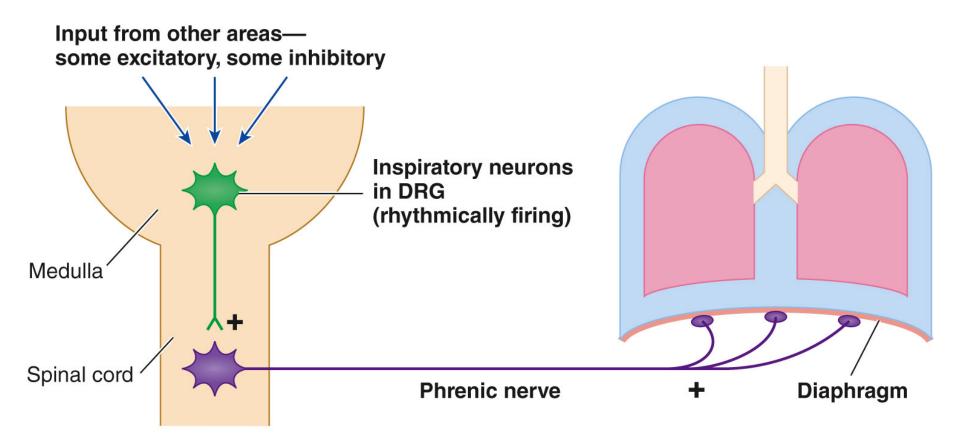


(a) Local controls to adjust ventilation and perfusion to lung area with large blood flow and small airflow



- Medullary respiratory center
 - Dorsal respiratory group (DRG) contains inspiratory neurons that terminate on motor neurons supplying inspiratory muscles
 - Ventral respiratory group (VRG) contains inspiratory neurons and expiratory neurons
 - Utilized only during active breathing when demands for ventilation increase
 - Generation of a respiratory rhythm lies in the pre-Botzinger complex
 - Neurons display pacemaker activity
 - Pneumotaxic center and apneustic center in the pons fine tune the breathing pattern



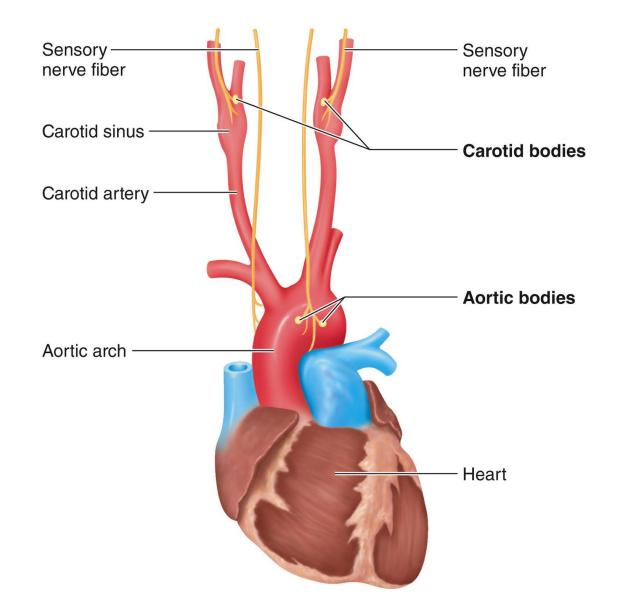


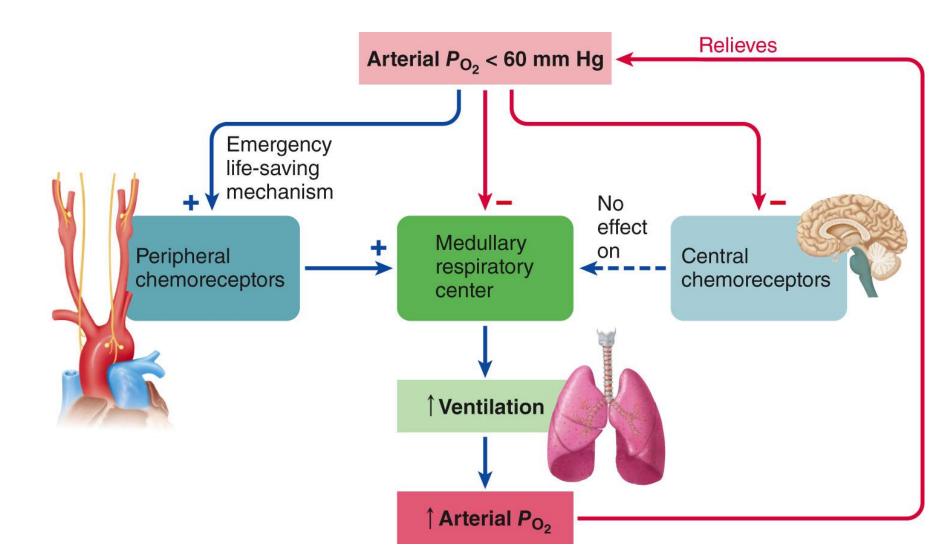
Not shown are intercostal nerves to external intercostal muscles.



- Arterial blood gases are precisely regulated.
 - The medullary respiratory center adjusts rate and depth of ventilation in response to inputs from central and peripheral chemoreceptors.
 - Arterial Po₂ is monitored by peripheral chemoreceptors in carotid and aortic bodies
 - In water-breathing vertebrates, Po₂ is the primary homeostatic variable
 - Increased arterial Pco₂, detected by central chemoreceptors, is the most powerful stimulus to breathing in air-breathers



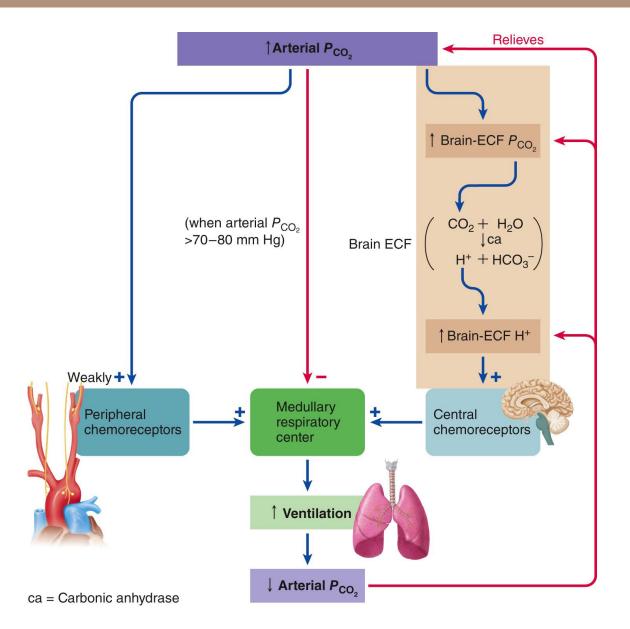


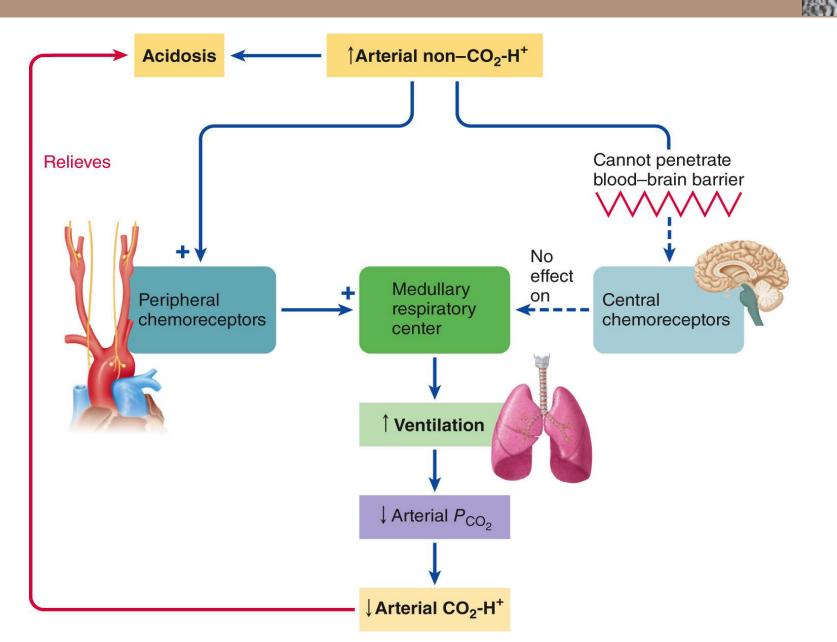


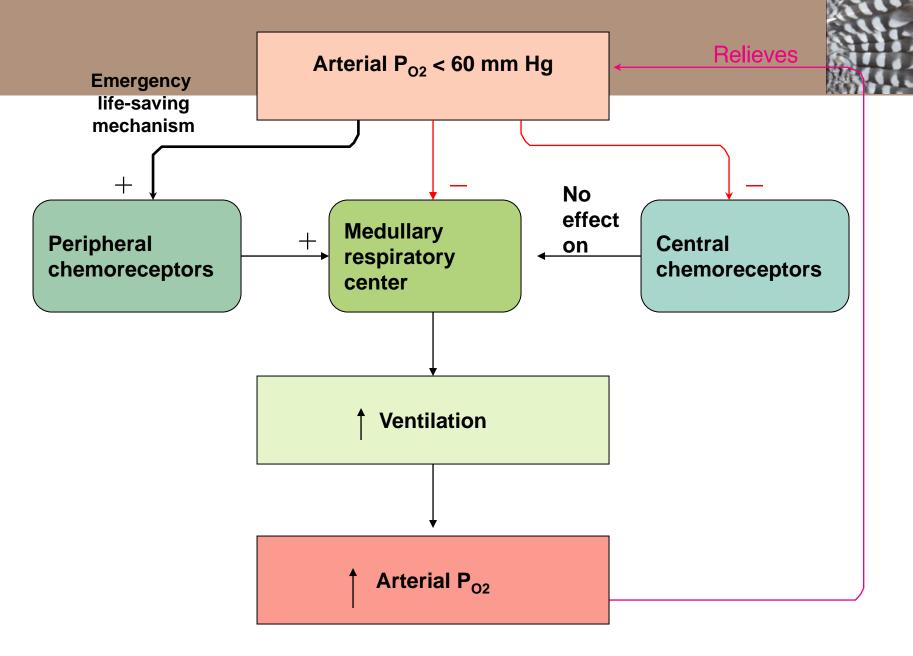


- Role of H⁺ in respiratory control
 - Central chemoreceptors are most sensitive to CO₂-induced H⁺ production in the brain extracellular fluid
 - Peripheral chemoreceptors are also highly responsive to arterial H⁺ concentration
 - Major role in response to changes in H⁺ unrelated to Pco₂ (e.g. lactate or keto acids)
 - Important in regulating acid-base balance









Stepped Art

Fig. 11-39, p.551



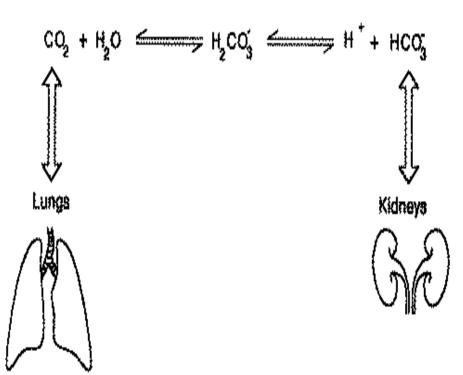
- Ventilation increases abruptly at the onset of exercise.
 - Occurs without changes in arterial Po₂ or Pco₂
 - Possible factors increasing ventilation during exercise
 - Reflexes originating from body movements
 - Anticipatory activation by **epinephrine**
 - Anticipatory activation by the cerebral cortex



ABGs

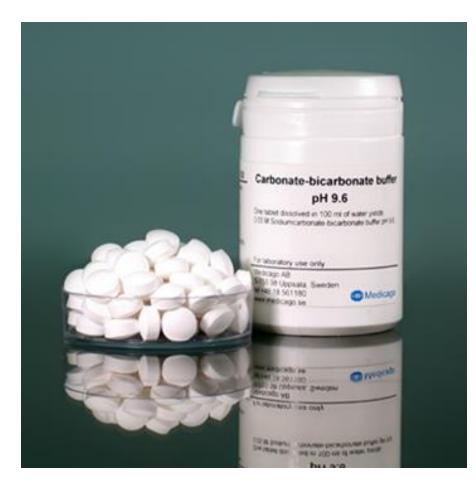
Base Excess

- Amt of blood buffer
- Normal +/- 2 mEq/L
- High value—alkalosis
 - Citrate excess from rapid blood transfusions
 - IV HCO3 infusion DKA\
 - Ingestion large amt bicarb solutions (antacids)





ABGs



Base excess

- Low value—acidosis
 - Lg amts of bicarb ion excretion
 - ie: diarrhea



ABGs

Bicarbonate

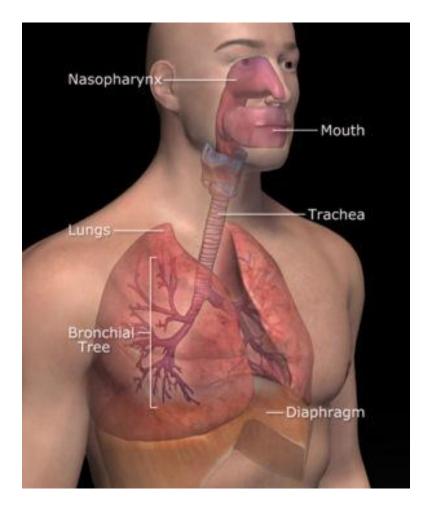
- Major renal component
- Kidneys excrete & retain to maintain normal balance
- Principal buffer ECF
- Normal 22-26 mEq/L
- Metabolic acidosis < 22 mEq/L
- Metabolic alkalosis > 26 mEq/L





Acid-Base Imbalances

- Either respiratory or metabolic, depend on their underlying cause
- Corrects AB imbalances through process known as compensation





Respiratory Acidosis

pH < 7.35 PaCO2 >45 mm Hg PaO2 < 80 mm Hg Bicarb level normal if uncompensated Bicarb level > 26 mEq/L if compensated

Hypoventilation \rightarrow CSF & brain cells become $acidic \rightarrow neurological$ changes \rightarrow hypoxemia→further neurological impairment Hyperkalemia & hypercalcemia can occur Kidneys hold to bicarb & release hydrogen ions UA-may take 24 hrs

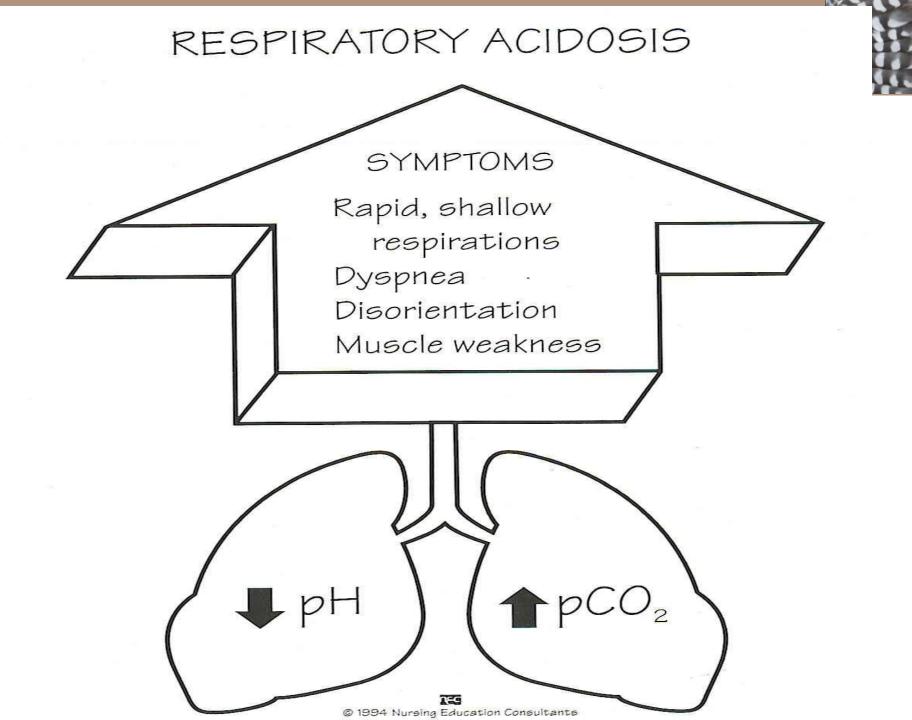


Respiratory Acidosis Causes

- Hypoventilation resulting primary respiratory problems
 - Chest wall injury
 - Respiratory failure
 - Cystic fibrosis
 - Pneumonia
 - Atelectasis

 (obstruction of small airways often caused by mucus)

- Hypoventilation resulting from factors other than resp system
 - Obesity
 - Head injury
 - Drug overdose (OD) with resp depressant
 - Paralysis of resp muscles caused by neurological alterations





Respiratory Acidosis

S/S

- Convulsion
- Coma
- Muscular twitching
- Confusion
- Dizziness
- Lethargy
- HA
- Warm flushed skin
- Ventricular dysrhythmia





Respiratory Alkalosis

- pH >7.45
- PaCO2 <35 mm Hg</p>
- PaO2 normal
- HCO3 nl if short-lived or uncompensated
- HCO3 <22 mm Hg if compensated
- Begins outside resp system ie: anxiety, panic attack OR within resp system ie: initial phase of asthma attack
- Body does not usually compensate because pH returns to nl before kidneys can



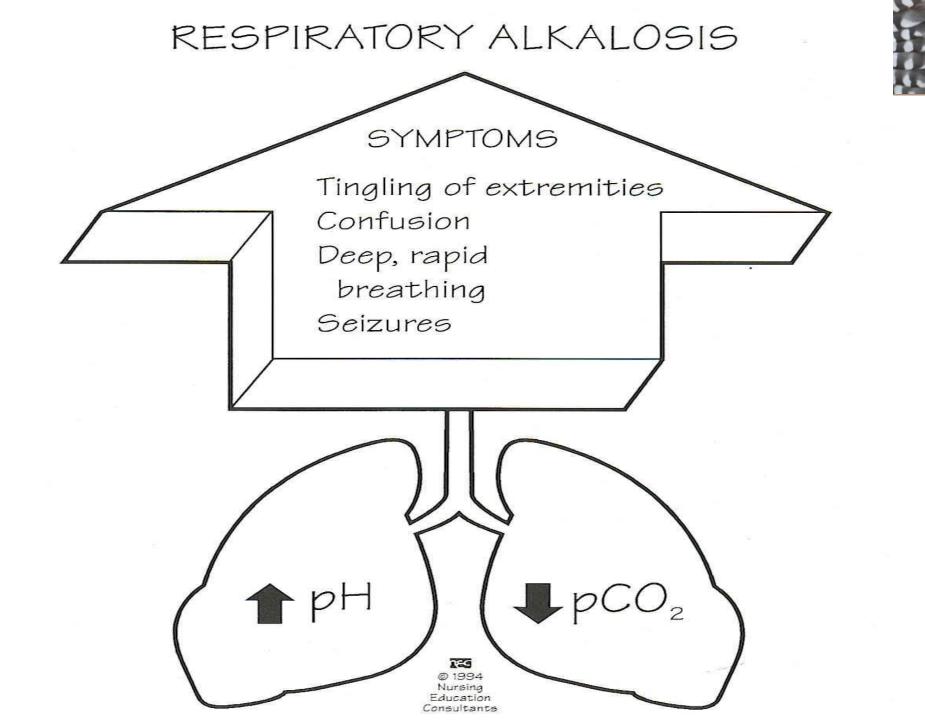
Respiratory Alkalosis

Causes

- Salicylate overdoes
- Anxiety
- Hypermetabolic states ie: fever, exercise
- CNS disorders ie: head injury, infections
- Asthma
- Pneumonia
- Inappropriate vent settings

S/S

- Confusion
- Dizziness
- Convulsions
- Coma
- Tachypnea
- Numbness/tingling of extremities
- dysrhythmias

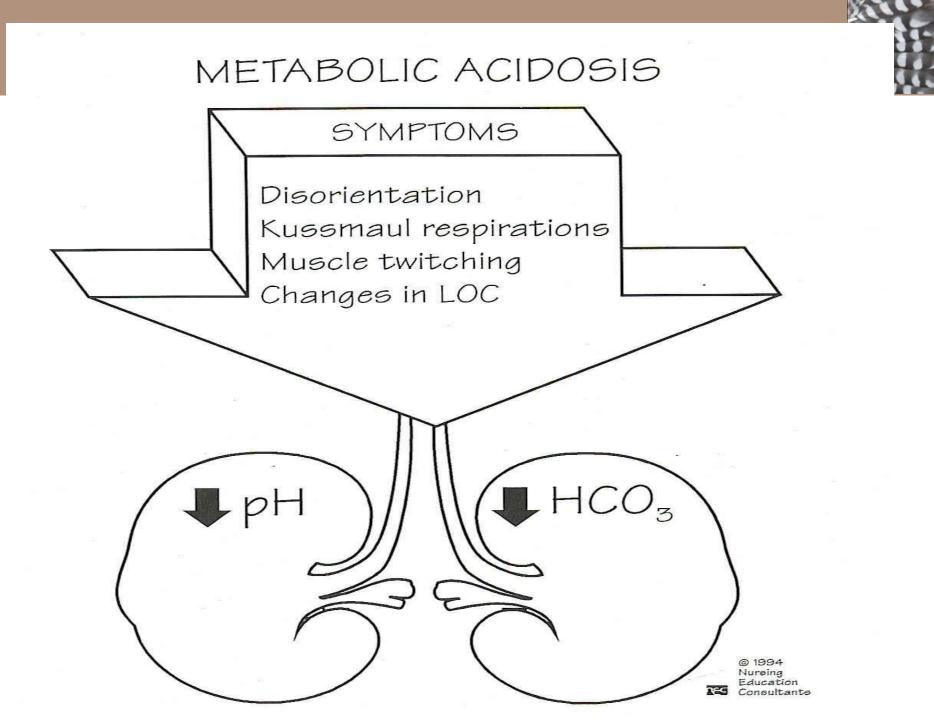




Metabolic Acidosis

High acid content of bld Loss of HCO3

pH <7.35 PaCO2 normal if uncompensated <35 mm Hg if compensated PaO2 normal or increased HCO3 < 22 mEq/L O2 Sat normal

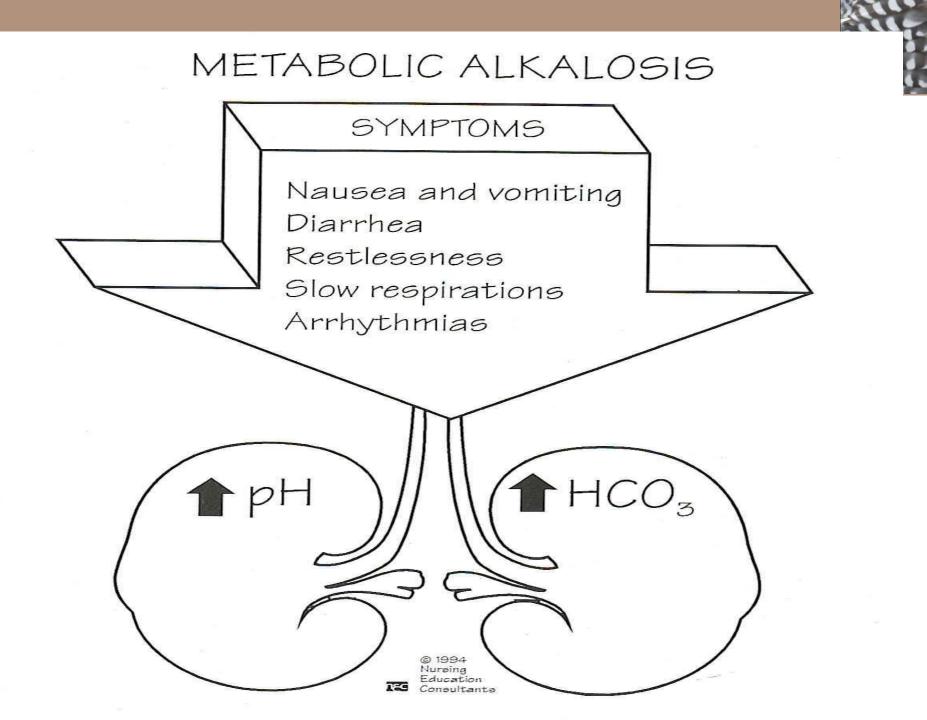




Metabolic Alkalosis

- pH >7.45
- PaCO2 normal if uncompensated
- PaCO2 >45 mm Hg if compensated (occurs by decreasing RR & no renal disease)
- PaO2 normal
- HCO3 > 26 mEq/L

- Causes
 - Excessive vomiting
 - Prolong gastric sx
 - Excess aldosterone
 - Hypokalemia
 - Hypercalcemia
 - Use of drugs ie: steriods, diuretics, sodium bicarb



Question

Interpret the following ABGs:

?

- pH
- PCO2 ? mm Hg
- PO2 ? mm Hg
- HCO3
- O2 Sat

- ? mEq/L
 - ? %



Normal blood gas in an artery for humans:

- pH 7.35–7.45
- PaCO2 35–45 mmHg
- PaO2 80–100 mmHg
- HCO3- 22-26 mmol/L

https://www.rccc.eu/ppc/calculadoras/ABG %20interpreter%20-%20calculator.htm