Respiratory Physiology



Functions of the respiratory system

- Moving air to the exchange surface of the lungs
- Gas exchange between air and circulating blood
- Protection of respiratory surfaces (from dehydration, temperature changes, and defending the RS from invading pathogens)
- Production of sound
- Provision for olfactory sensations

The Components of the Respiratory System



The Components of the Respiratory System

Conducting Zone.

Respiratory Zone

Conducting Zone

• All the structures air passes through before reaching the respiratory zone.

• Function:

- Warms and humidifies inspired air.
- Filters and cleans:
 - Mucus secreted to trap particles in the inspired air.
 - Mucus moved by cilia to be expectorated.

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Respiratory Zone

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The Bronchi and Lobules of the Lung



Respiratory Membrane



Respiratory Membrane



Respiratory Membrane

- This air-blood barrier is composed of:
 - Alveolar and capillary walls
 - Their fused basal laminas
- Alveolar walls:
 - Are a single layer of type I epithelial cells
 - Permit gas exchange by simple diffusion
- Type II cells secrete <u>surfactant</u>

- **Tidal volume (TV)** air that moves into and out of the lungs with each breath (approximately 500 ml)
- **Inspiratory reserve volume (IRV)** air that can be inspired forcibly beyond the tidal volume (2100–3200 ml)
- Expiratory reserve volume (ERV) air that can be evacuated from the lungs after a tidal expiration (1000–1200 ml)
- **Residual volume (RV)** air left in the lungs after maximal forced expiration (1200 ml)

- Inspiratory capacity (IC) total amount of air that can be inspired after a tidal expiration (IRV + TV)
- Functional residual capacity (FRC) amount of air remaining in the lungs after a tidal expiration (RV + ERV)
- **Vital capacity (VC)** the total amount of exchangeable air (TV + IRV + ERV)
- **Total lung capacity (TLC)** sum of all lung volumes (approximately 6000 ml in males)

Respiratory Volumes and Capacities



- The volume of the airways that does not participate in gas exchange
- Anatomical dead space volume of the conducting respiratory passages (150 ml)
- **Functional dead space** alveoli that cease to act in gas exchange due to collapse or obstruction
- **Physiological dead space** sum of alveolar and anatomical dead spaces

Mechanics of Breathing

Pulmonary Ventilation

• The physical movement of air into and out of the lungs

Air movement

- Movement of air depends upon
 - Boyle's Law
 - Pressure and volume inverse relationship
 - Volume depends on movement of diaphragm and ribs

Inspiration

Inspiration

- Diaphragm contracts -> increased thoracic volume vertically.
- Intercostals contract, expanding rib cage -> increased thoracic volume laterally.

• Active

- More volume -> lowered pressure -> air in.
- (Negative pressure breathing.)

Expiration

<u>Expiration</u>

- Due to recoil of elastic lungs.
- Passive.
- Less volume -> pressure within alveoli is above atmospheric pressure -> air leaves lungs.
- Note: Residual volume of air is always left behind, so alveoli do not collapse.

Mechanisms of Pulmonary Ventilation



Gas Exchange

- Daltons Law and partial pressure
 - Individual gases in a mixture exert pressure proportional to their abundance
- Diffusion between liquid and gases (Henry's law)
 - The amount of gas in solution is directly proportional to their partial pressure

Henry's Law and the Relationship between Solubility and Pressure



Diffusion and respiratory function

- Gas exchange across respiratory membrane is efficient due to:
 - Differences in partial pressure
 - Small diffusion distance
 - Lipid-soluble gases
 - Large surface area of all alveoli
 - Coordination of blood flow and airflow

Gas Pickup and Delivery

An Overview of Respiratory Processes and Partial Pressures in Respiration



Gas Exchange in the Lungs and Tissues: Oxygen



Gas Transport in the Blood: Oxygen

- 2% in plasma
- 98% in hemoglobin (Hb)
- Blood holds O₂ reserve



Oxygen transport

- Carried mainly by RBCs, bound to hemoglobin
- The amount of oxygen hemoglobin can carried is dependent upon:
 - P₀₂
 - pH
 - temperature
 - DPG
- Fetal hemoglobin has a higher $\rm O_{_2}$ affinity than a dult hemoglobin

- 4 binding sites per Hb molecule
- 98% saturated in alveolar arteries
- Resting cell $P_{O2} = 40 \text{ mmHg}$
- Working cell P_{O2} = 20 mmHg
- More unloaded with more need
- 75% in reserve at normal activity

Hemoglobin Saturation Curve



Factors Influencing Hemoglobin Saturation

- Temperature, pH, P_{CO2}, and DPG
 - Increase of temperature, P_{CO2}, and DPG and decrease of pH :
 - Decrease hemoglobin's affinity for oxygen
 - Enhance oxygen unloading from the blood
 - Decreases of temperature, P_{CO2}, and DPG and the increase of pH act in the opposite manner
- These parameters are all high in systemic capillaries where oxygen unloading is the goal

The Effect of pH and Temperature on Hemoglobin Saturation



A Functional Comparison of Fetal and Adult Hemoglobin



P_{O2} (mm Hg)

Carbon dioxide transport

- 7% dissolved in plasma
- 70% carried as carbonic acid
 - buffer system
- 23% bound to hemoglobin
 - carbaminohemoglobin
- Plasma transport

Carbon Dioxide Transport in Blood



- Driven by differences in partial pressure
- Oxygen enters blood at lungs and leaves at tissues
- Carbon dioxide enters at tissues and leaves at lungs

A Summary of the Primary Gas Transport Mechanisms





Control of Respiration

Respiratory centers of the brain

- Medullary centers
 - Respiratory rhythmicity centers set pace
- Dorsal respiratory group (DRG) inspiration
- Ventral respiratory group (VRG)– forced breathing

Respiratory centers of the brain

• Pons

• Apneustic and pneumotaxic centers:

 regulate the respiratory rate and the depth of respiration in response to sensory stimuli or input from other centers in the brain

Respiratory Centers and Reflex Controls



Chemoreceptors

• Chemoreceptors are located throughout the body (in brain and arteries).

- <u>chemoreceptors</u> are more sensitive to changes in P_{CO2} (as sensed through changes in pH).
- Ventilation is adjusted to maintain <u>arterial</u>
 <u>PCo</u>₂ of 40 mm Hg.

Medullary Respiratory Centers

