

Chapter2

part 1

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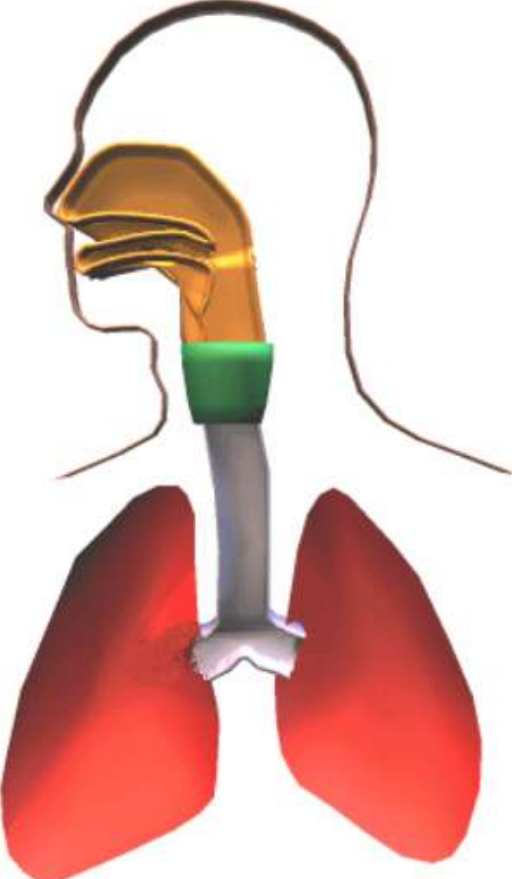
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Let's establish some basic terminology for our discussion of Respiration.

We'll present the concepts of airflow, air pressure, and Boyle's Law, and then give you some definitions, to make sure you have a handle on these. We're going to quiz you after you read these, so pay attention!

Lesson 02-01: Intro to Respiration [Page 2]

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The **RESPIRATORY SYSTEM** consists of the **LUNGS** and the passageway connecting them with the outside environment. The **TRACHEA** is a long tube connecting the **PHARYNX** with the **ORAL CAVITY** (mouth) and the **NASAL CAVITY** (nose).

Push the buttons below to see these components until you are comfortable with the identification.

Respiratory system

Lungs

Trachea

Pharynx

Nasal cavity

Oral cavity



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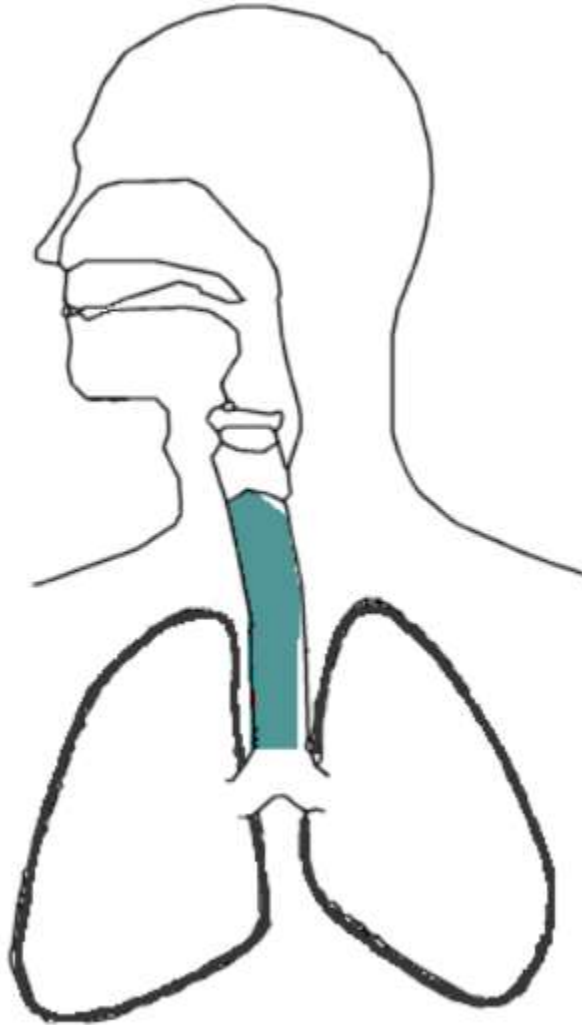
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Now identify the same structures on the schematic image.
Click on the name of the flashing item.

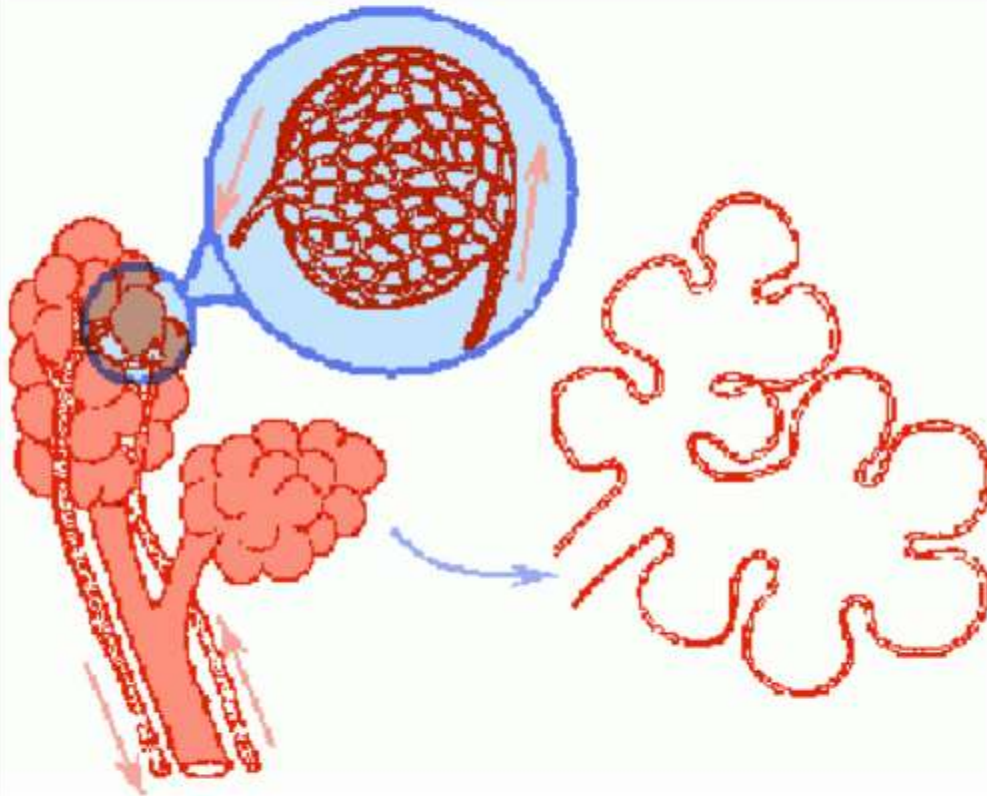
Lungs

Pharynx

Trachea

Respiratory system

Nasal cavity

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Gas exchange occurs within tiny air sacs known as the ALVEOLI deep within the lungs. Each ALVEOLUS is wrapped by a rich CAPILLARY BED so that GAS EXCHANGE can occur between your vascular supply and the environment outside of your body. ALVEOLI group in clusters at the end of the BRONCHIAL TREE.

A BRONCHIOLE is the passageway leading to a group of ALVEOLI.

Push the button bars to identify these components.

[Alveolus \(closeup\)](#)[Alveoli](#)[Bronchiole](#)[Capillary Bed](#)



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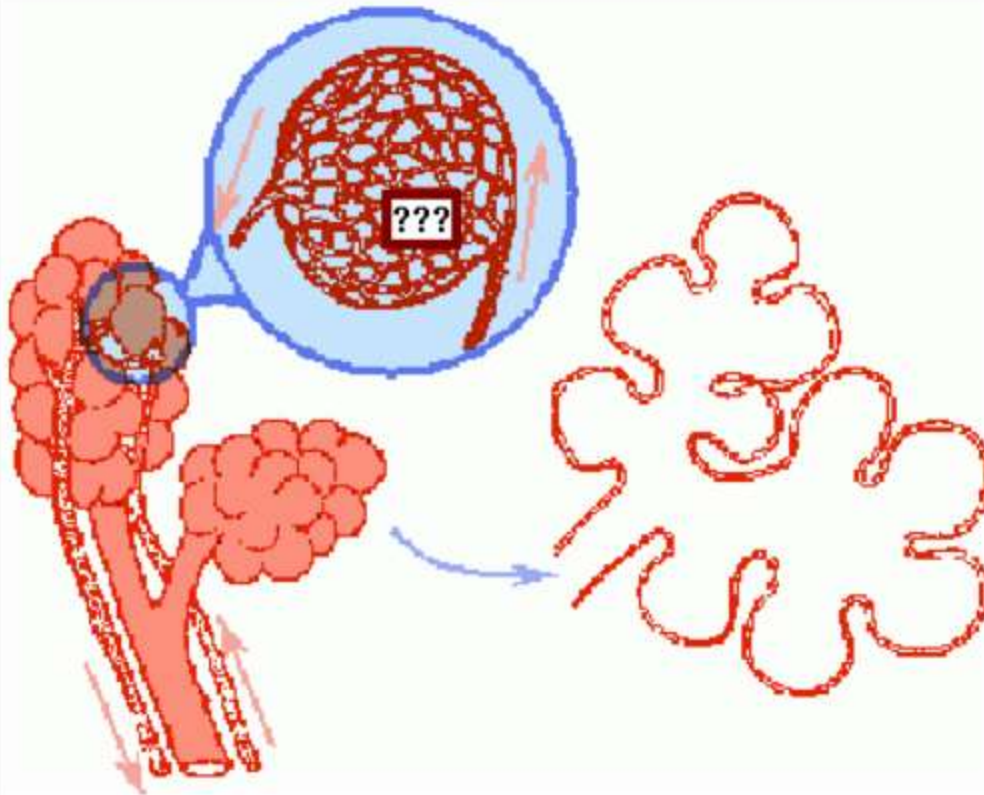
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Now identify the components being highlighted:

Alveolus (closeup)

Alveoli

Bronchiole

Capillary Bed

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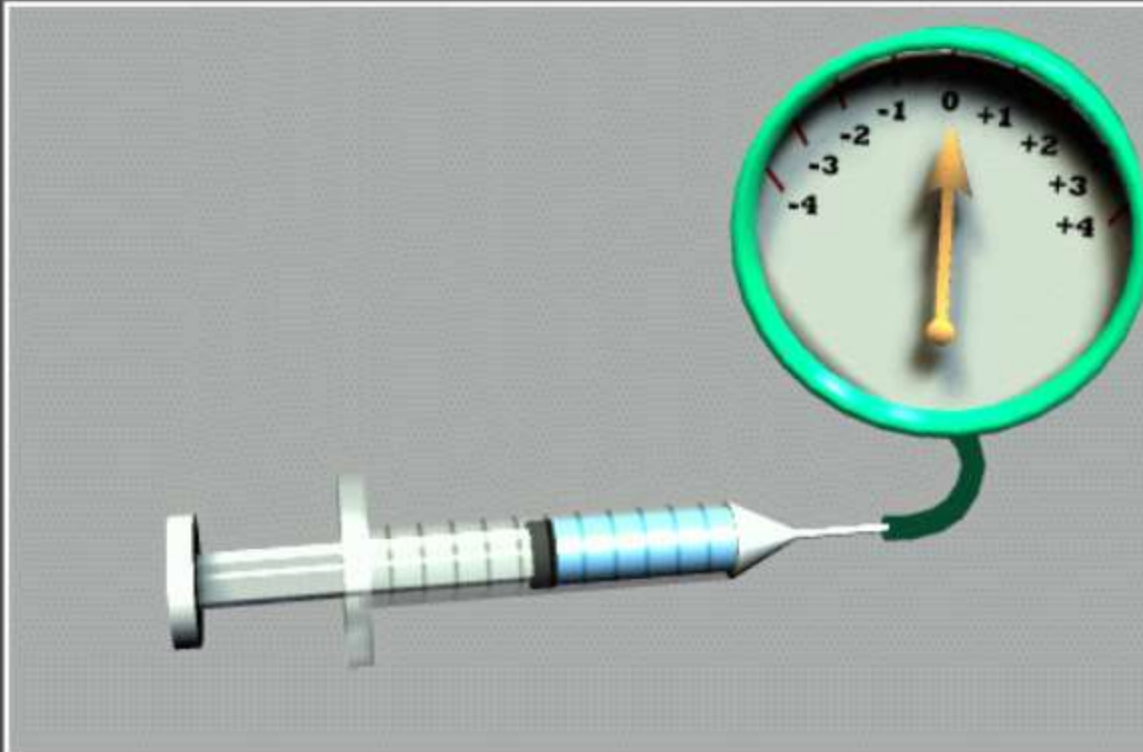
INSPIRATION is the process of drawing air into the lungs for RESPIRATION.

**This depends on a fact of nature described in BOYLE'S LAW:
In a gas like air, volume and pressure are inversely related.**

**We increase the volume of the lungs, which thus decreases the pressure
inside the lungs.**

**Since the pressure of the outside atmosphere has not changed, this creates
a difference between inside and outside; the air molecules outside are more
densely packed.**

**Air then flows from the denser outside atmosphere, through the airway, into
the lungs, until it reaches equilibrium.**

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If you push on the plunger of the hypodermic needle in the picture it will increase the **FORCE** applied to an **AREA** (that is, it will increase the **PRESSURE**.) Using the slide bar, increase the force upon the plunger and watch the **PRESSURE** increase on the dial.

When you applied force to the plunger, you increased the **FORCE** applied to an **AREA**, and increased **PRESSURE**. This produced a **POSITIVE AIR PRESSURE** relative to the atmosphere outside of the plunger. A **NEGATIVE AIR PRESSURE** could be produced if you pulled the plunger back. Try that with the slider.





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**Exchange of gas between an
organism and its environment.**

**Push buttons to see the
definitions:**

Respiration

Respiratory System

Inspiration

Expiration

Air pressure

Rel. negative pressure

Rel. positive pressure

Boyle's law

Airflow

لكل وحدة
تعريف
على السفت
وير اكتبهم

Vertebrae and vertebral column

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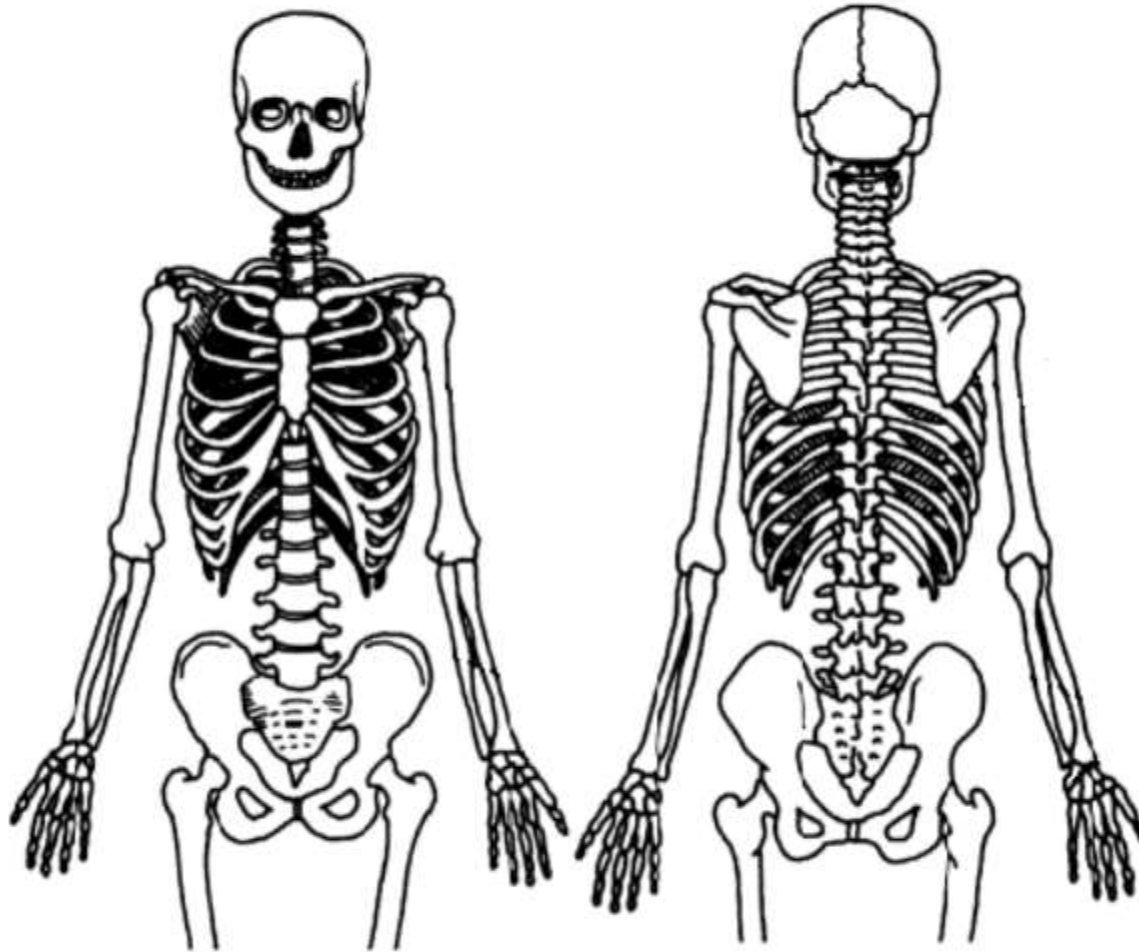
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The **THORAX** or **RIB CAGE** houses the lungs. The thorax is made up of **RIBS** which form a barrel-shaped cylinder.

The **STERNUM** provides the front point of articulation for ribs, and the **VERTEBRAL COLUMN** or **SPINAL COLUMN** provides the rear point of articulation. Ribs are numbered from the top, starting with 1. Push the button bars to highlight these areas.

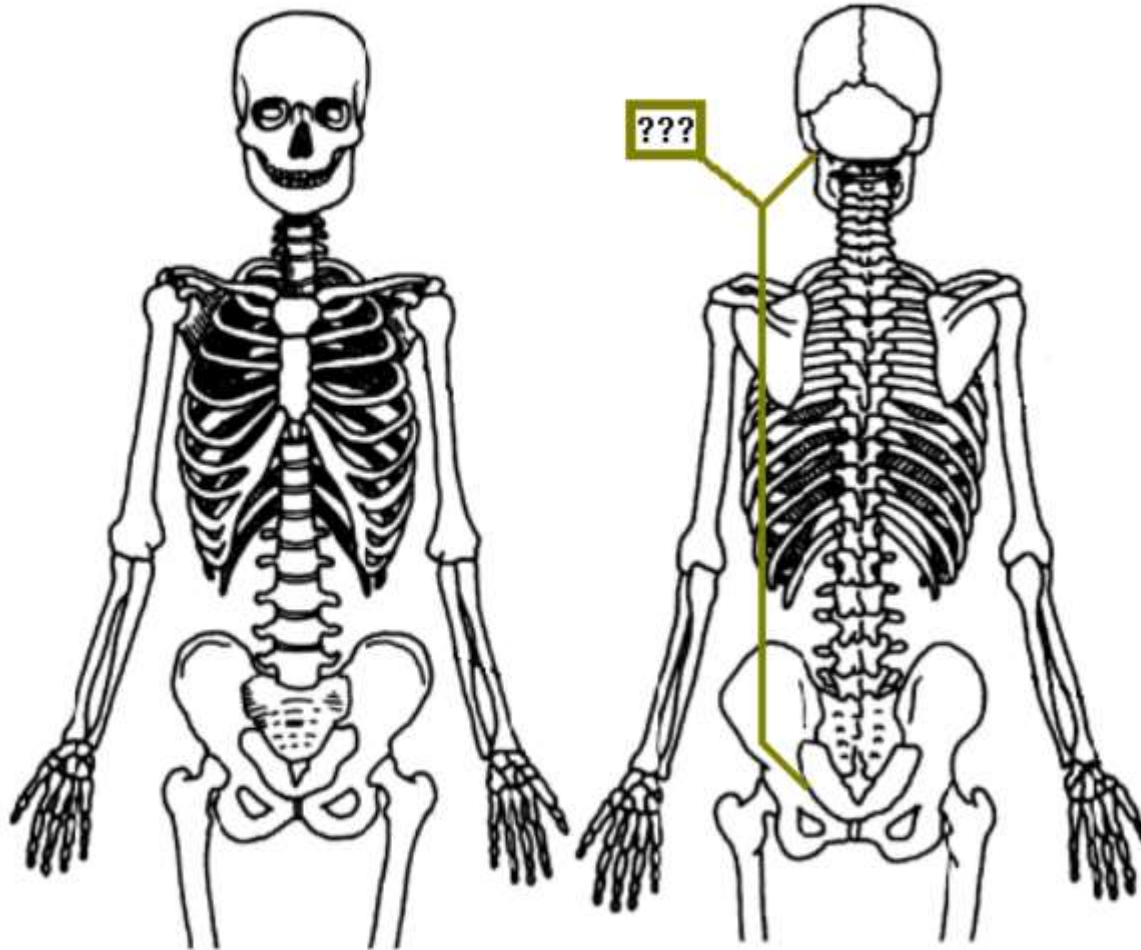
Sternum

Thorax

3rd Rib

5th Rib

Vertebral column

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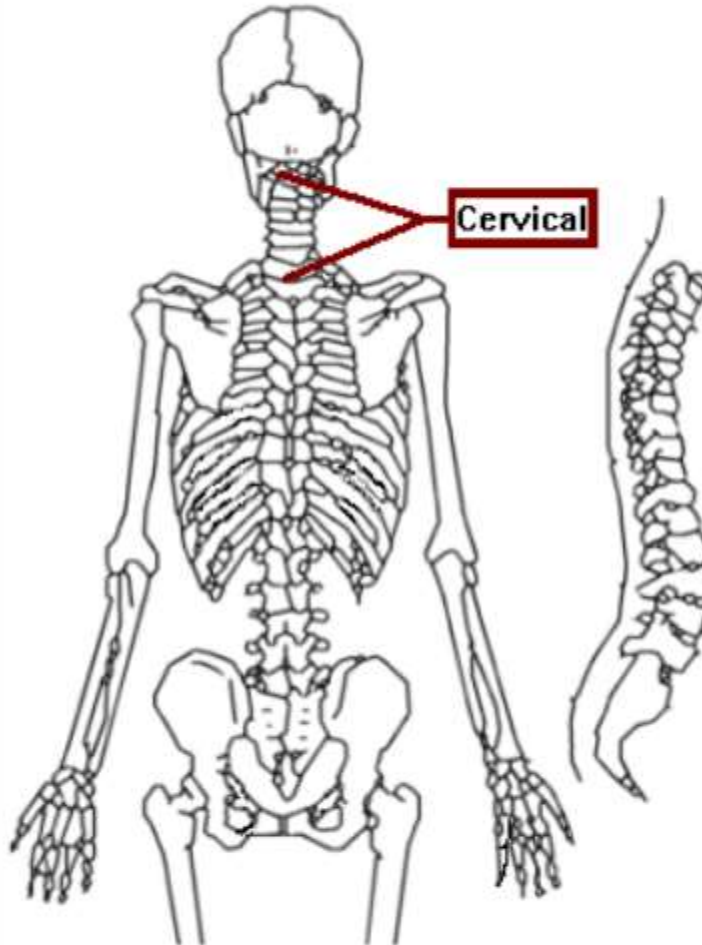
Now take a little quiz to keep you on your toes.
Click on the correct button for each flashing area....

[Sternum](#)[Thorax](#)[3rd Rib](#)[5th Rib](#)[Vertebral column](#)

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The VERTEBRAL COLUMN is actually a series of 33 individual VERTEBRAE stacked on top of each other. As you can see from the schematic, the LUNGS will fit neatly into the region defined by the RIB CAGE.

The VERTEBRAL COLUMN is divided into five groups of VERTEBRAE. These groups correspond to anatomically distinct regions.

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The **CERVICAL VERTEBRAE** are the top seven vertebrae, making up the region above the thorax. All vertebrae are labeled according to region and number.

So, the **FIRST CERVICAL VERTEBRA** is C1, the **THIRD CERVICAL VERTEBRA** is C3, and so on.

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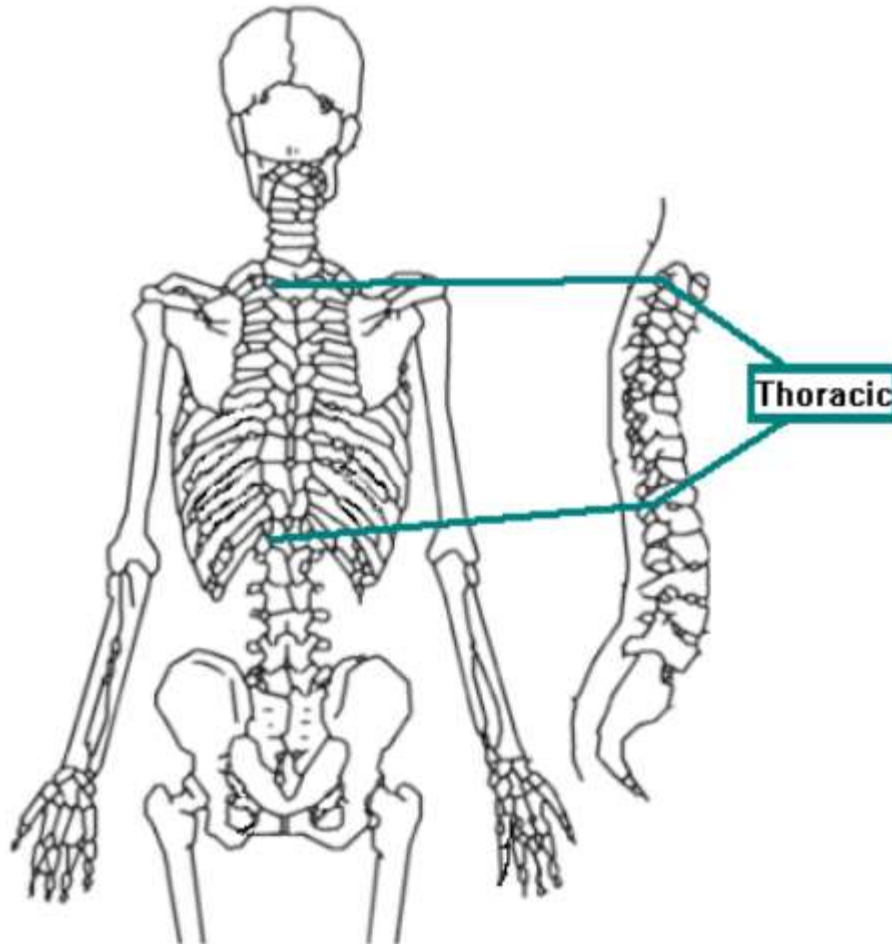
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The **THORACIC VERTEBRAE** are those associated with the **THORAX**.

There are 12 thoracic vertebrae, T1 through T12.



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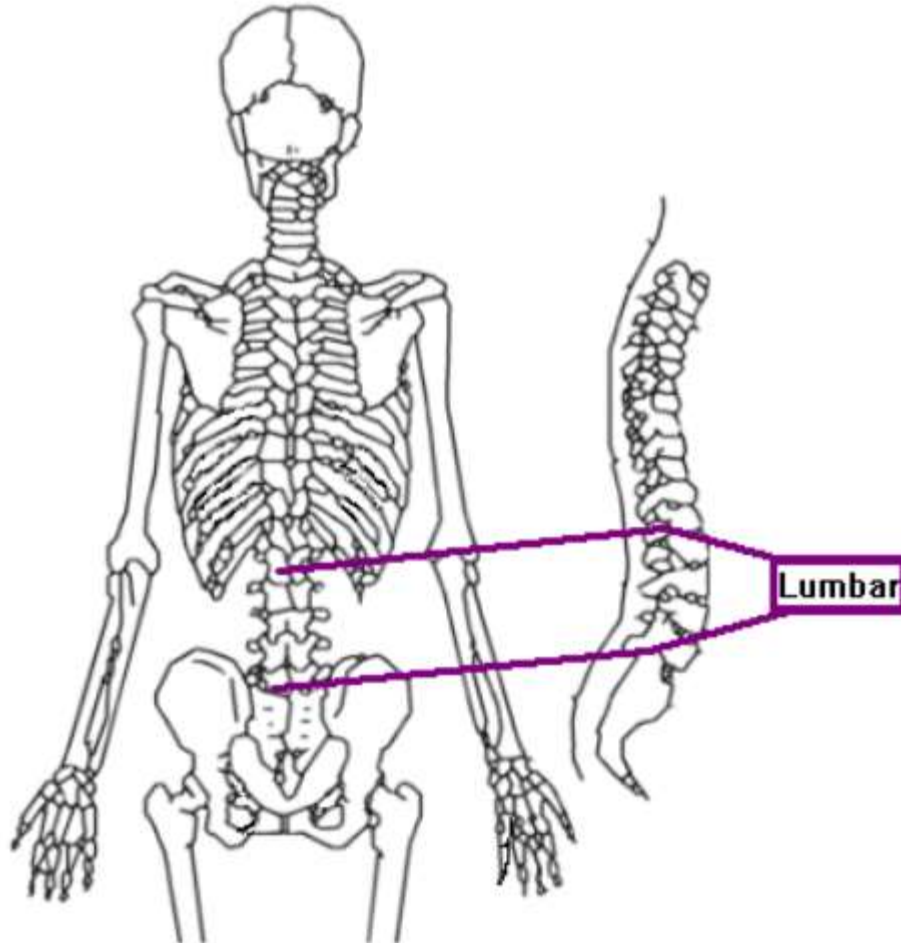
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There are 5 LUMBAR VERTEBRAE, labeled L1 through L5.

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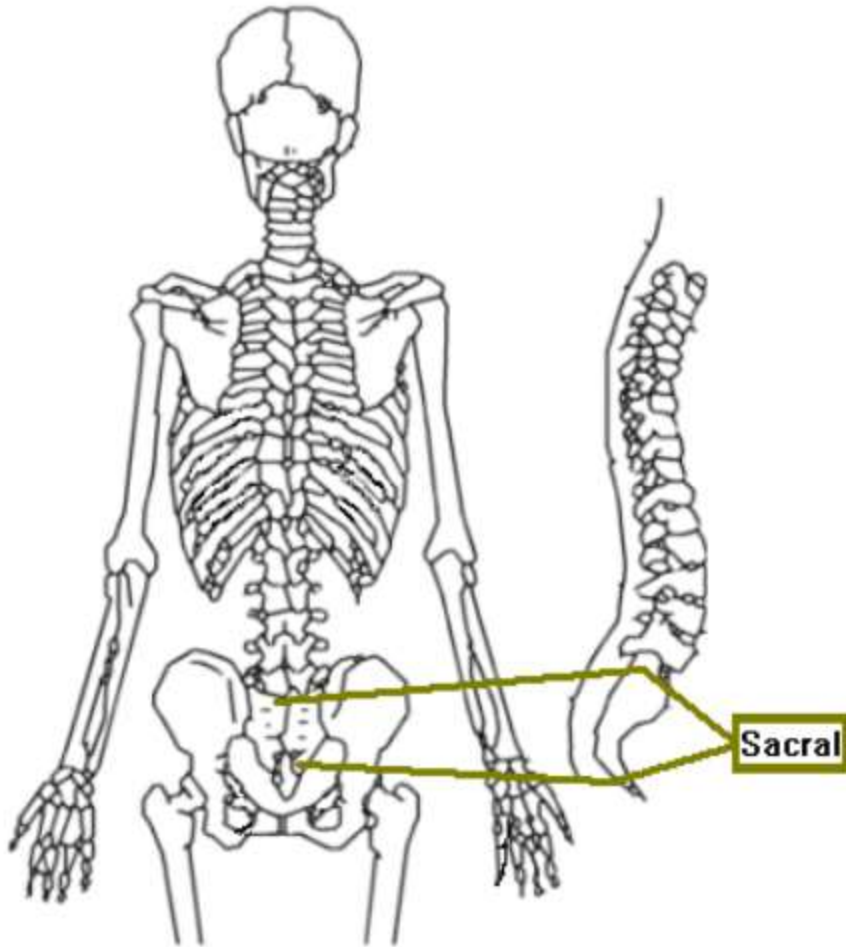
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The **SACRUM** is made up of the five **SACRAL VERTEBRAE**.

The **SACRUM** was perhaps so named because it looked like a temple ("sacred").



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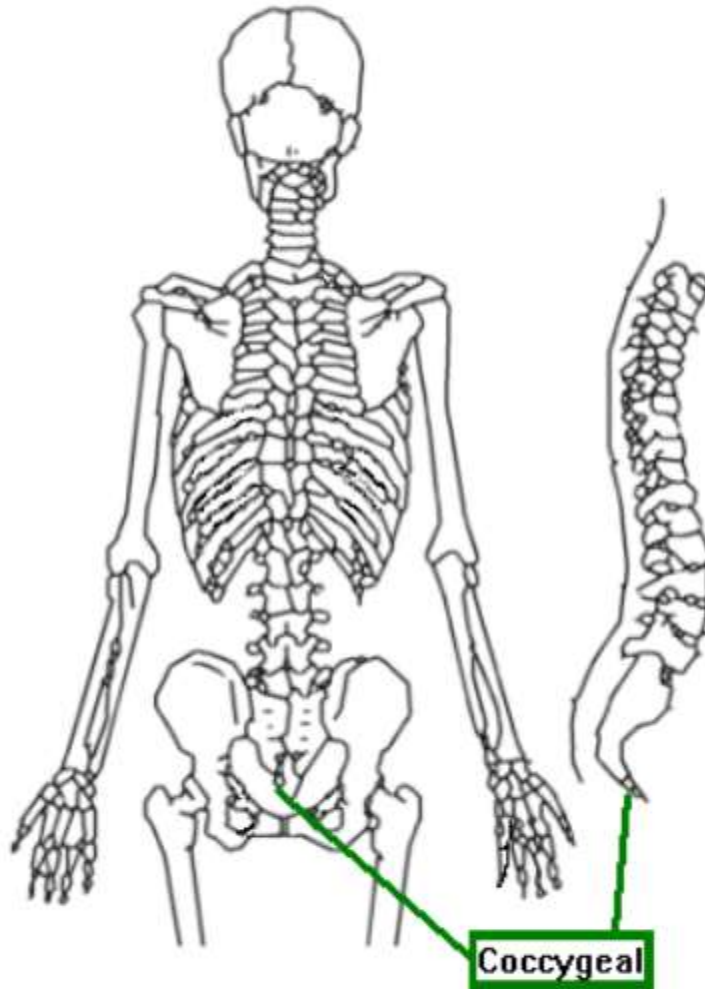
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The COCCYX, commonly called the tailbone, is made up of four fused COCCYGEAL VERTEBRAE.

The COCCYX is the Latin word for cuckoo, apparently because it looked to someone like a cuckoo's beak!

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Before we go on, let's review those components, by number. Take your time. Push the button for each of the components listed, and then go to the next page to try your luck at some questions.

[Cervical Vertebrae](#)[C1](#)[C7](#)[Thoracic Vertebrae](#)[T1](#)[T7](#)[Lumbar Vertebrae](#)[L1](#)[L5](#)[Sacral Vertebrae](#)[Coccyx](#)

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The VERTEBRAL COLUMN is made up of individual vertebrae, and each anatomically distinct region of the vertebral column has its own characteristics. Let's take a close-up of the CERVICAL spine.

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On the right side you can see the cervical vertebrae, stacked to form the cervical spine (the bottom vertebra is actually T1). On the left are the top two cervical vertebrae, the ATLAS and the AXIS, as seen from above. → ATLAS (or C1) provides support for the skull, while AXIS (C2) lets ATLAS rotate.

Push the buttons to identify the components before we go on.

[Atlas](#)[Axis](#)[C1](#)[C2](#)[C3](#)[C4](#)[C5](#)[C6](#)[C7](#)[T1](#)

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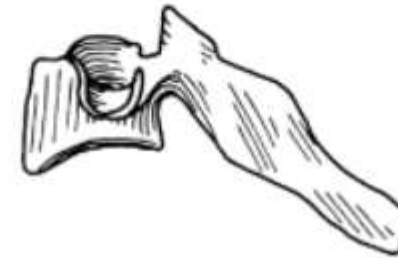
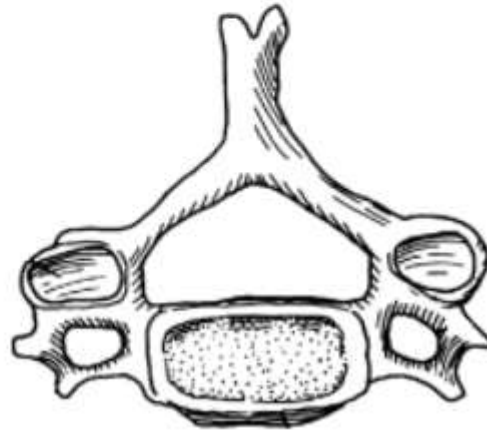
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This is a typical cervical vertebra. On left is top view, on right is a view from the side.

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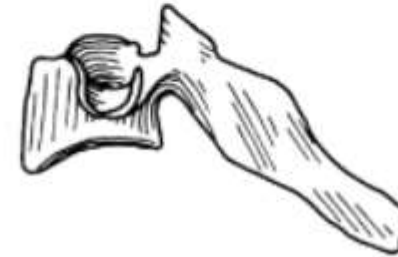
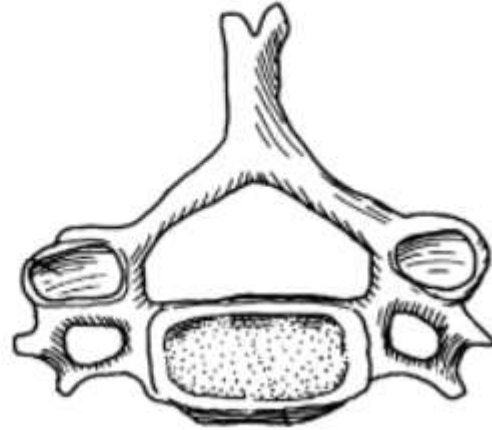
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The VERTEBRAL CANAL protects the SPINAL CORD within it.

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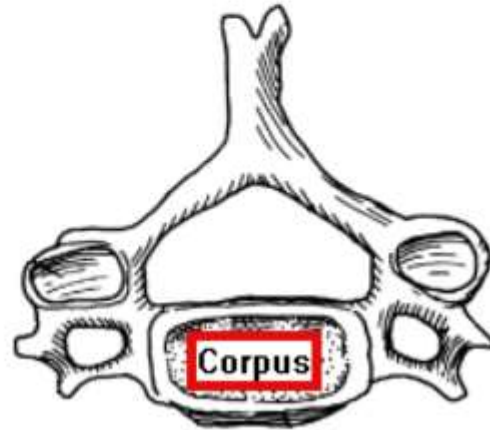
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The **CORPUS**, or **BODY**, makes up the bulk of the vertebra.

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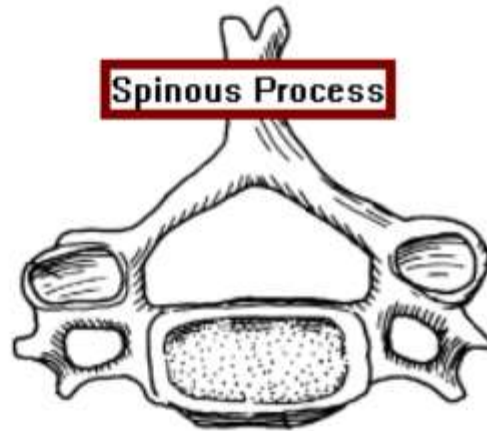
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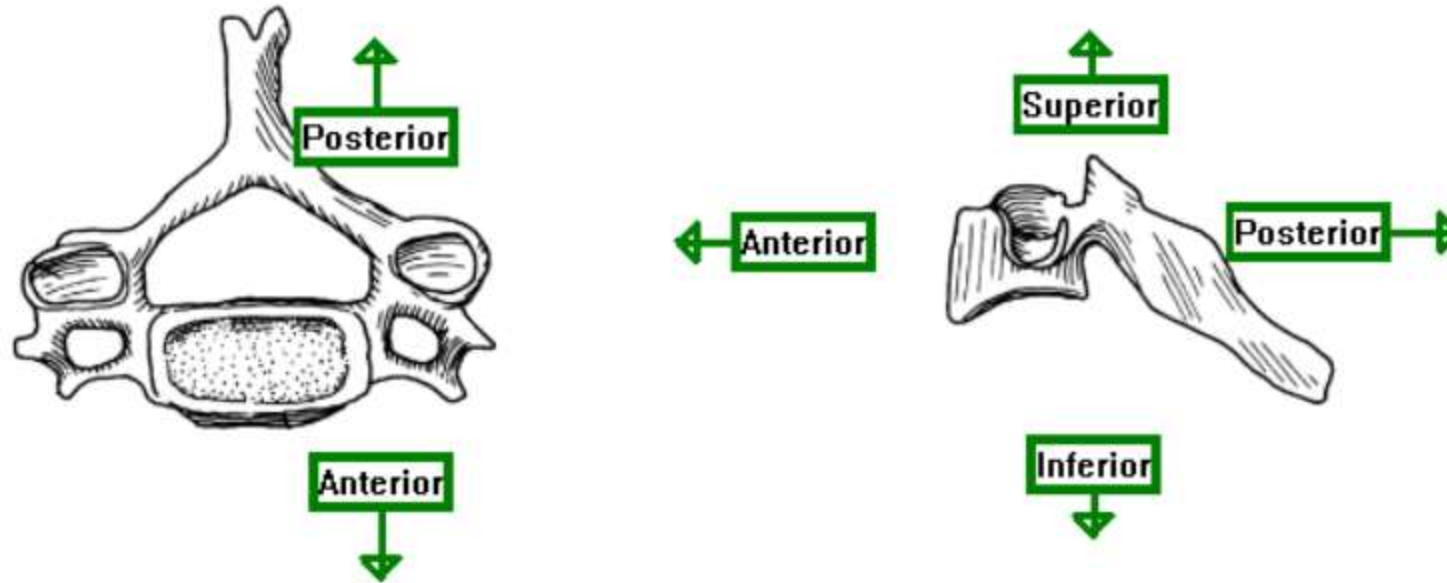
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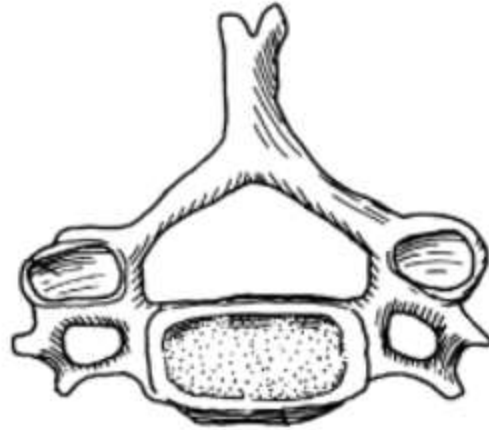
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The SPINOUS PROCESS projects toward the back.

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You can tell ANTERIOR, POSTERIOR, SUPERIOR, and INFERIOR by means of the SPINOUS PROCESS and CORPUS. The corpus is in front, and the spinous process is in back pointing downward.

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The **SUPERIOR ARTICULAR FACET** is the place upon which the vertebra above will rest. There is a corresponding **INFERIOR ARTICULAR FACET**. The **TRANSVERSE FORAMINA** hold the left and right **VERTEBRAL ARTERIES**. The **TRANSVERSE PROCESS** protrudes from the side of the vertebra.

[Superior Articular Facet](#)[Transverse Foramina](#)[Transverse Process](#)



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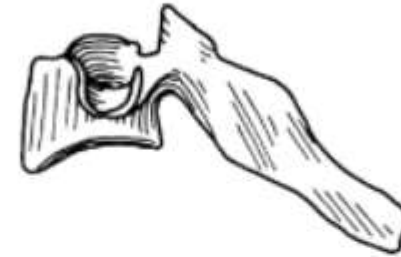
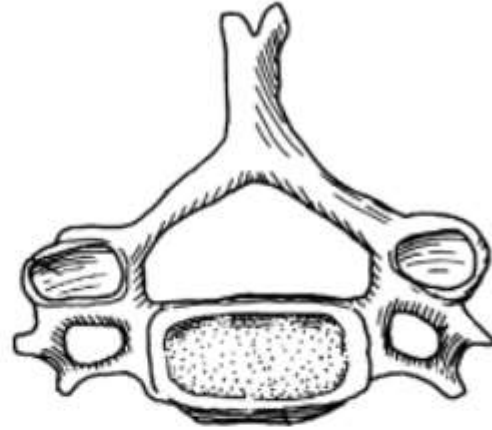
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Now, press the buttons to verify the areas you've just studied.

Vertebral Canal

Spinous Process

Corpus

Superior Articular Facet

Transverse Foramina

Transverse Process

Anterior

Posterior

Superior

Inferior



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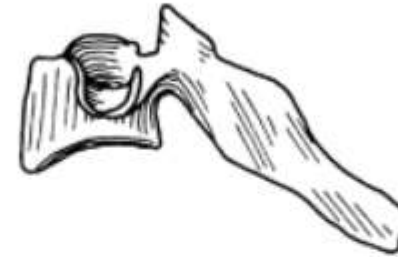
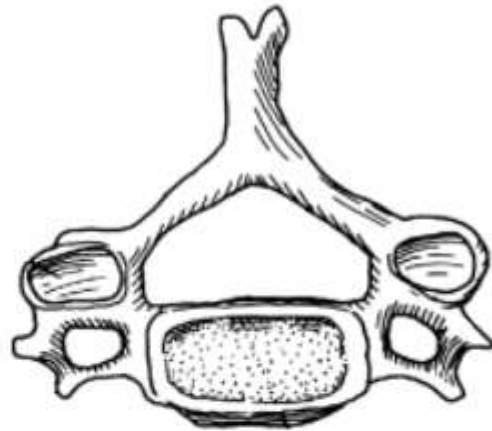
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Put the cursor on the area through which the vertebral artery passes.



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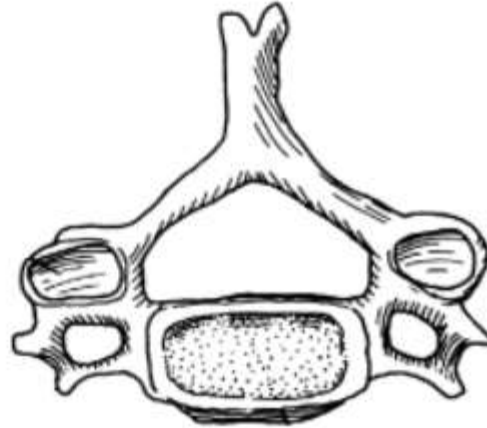
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Put the cursor on the area through which the spinal cord passes.



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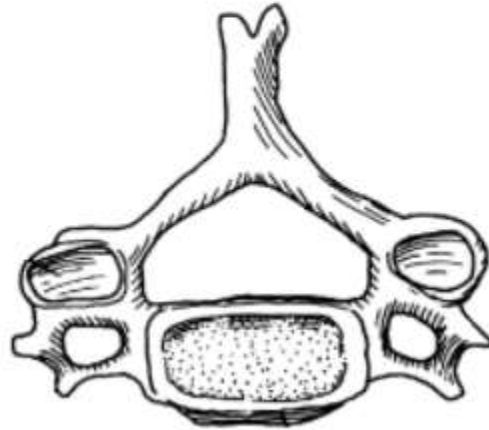
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As each part or direction flashes, click the correct button:

Vertebral Canal

Spinous Process

Corpus

Superior Articular Facet

Transverse Foramina

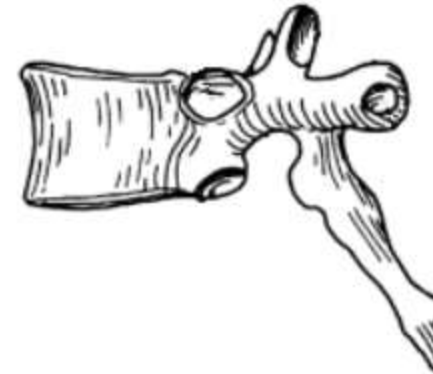
Transverse Process

Anterior

Posterior

Superior

Inferior

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Now look at a THORACIC VERTEBRA. You can recognize the following landmarks which are the same as with the CERVICAL VERTEBRA. Take a moment to verify these.

[Vertebral Canal](#)[Spinous Process](#)[Corpus](#)[Superior Articular Facet](#)[Anterior](#)[Posterior](#)[Superior](#)[Inferior](#)



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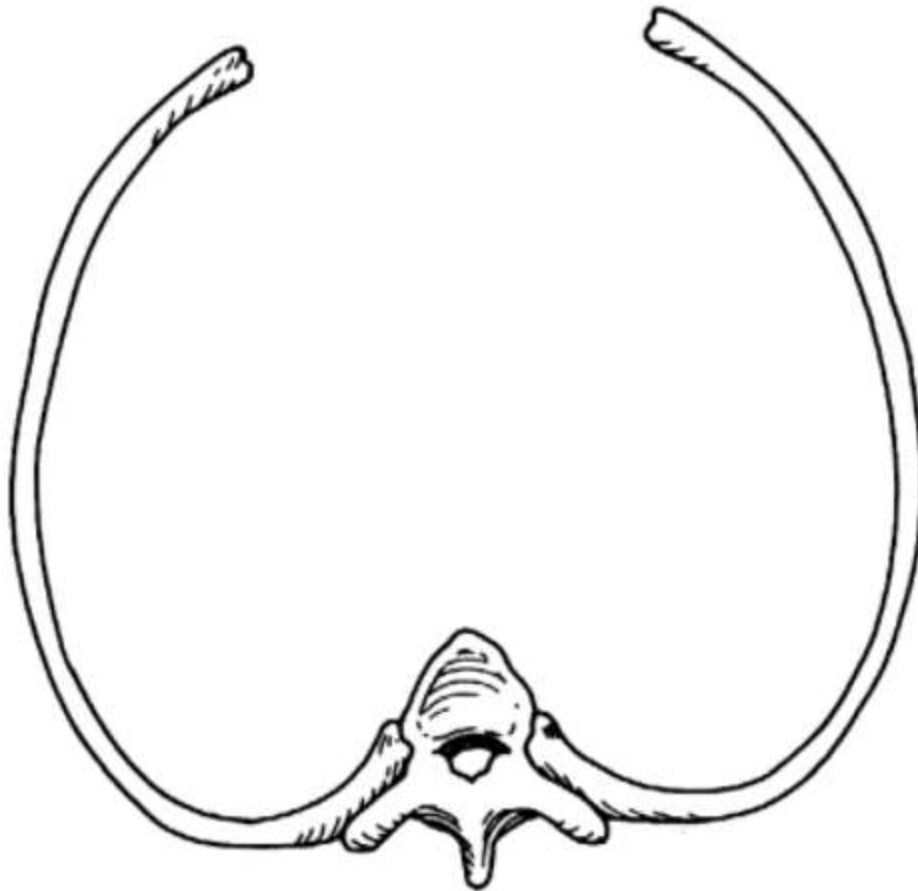
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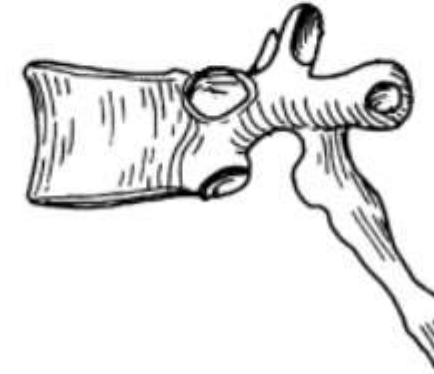
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Here is a pair of RIBS as seen from above, along with one thoracic vertebra.

For ribs 2 through 9, each rib attaches to the thoracic vertebra of its number (e.g., T2), as well as the rib above it.

Ribs 1, 10, 11, and 12 don't make this double-vertebra articulation.

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The **Inf. Articular Facets** and **Sup. Articular Facets** mate to let the vertebrae stack.

The **Transverse Process**, which supports ribs, is much larger than on the cervical spine.

The **Sup. Costal Facet**, **Inf. Costal Facet** and **Costo-transverse Facet**

are all points of rib articulation. The **Inf. Vertebral Notch**

forms a foramen through which spinal nerves exit the spinal cord.



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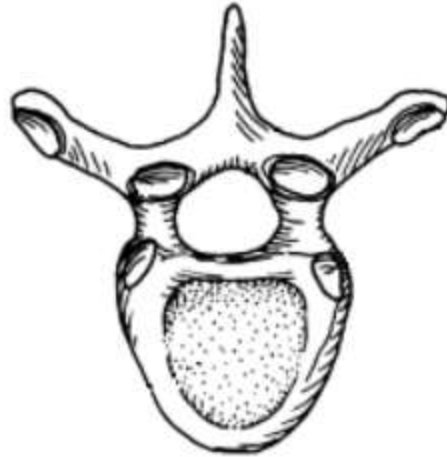
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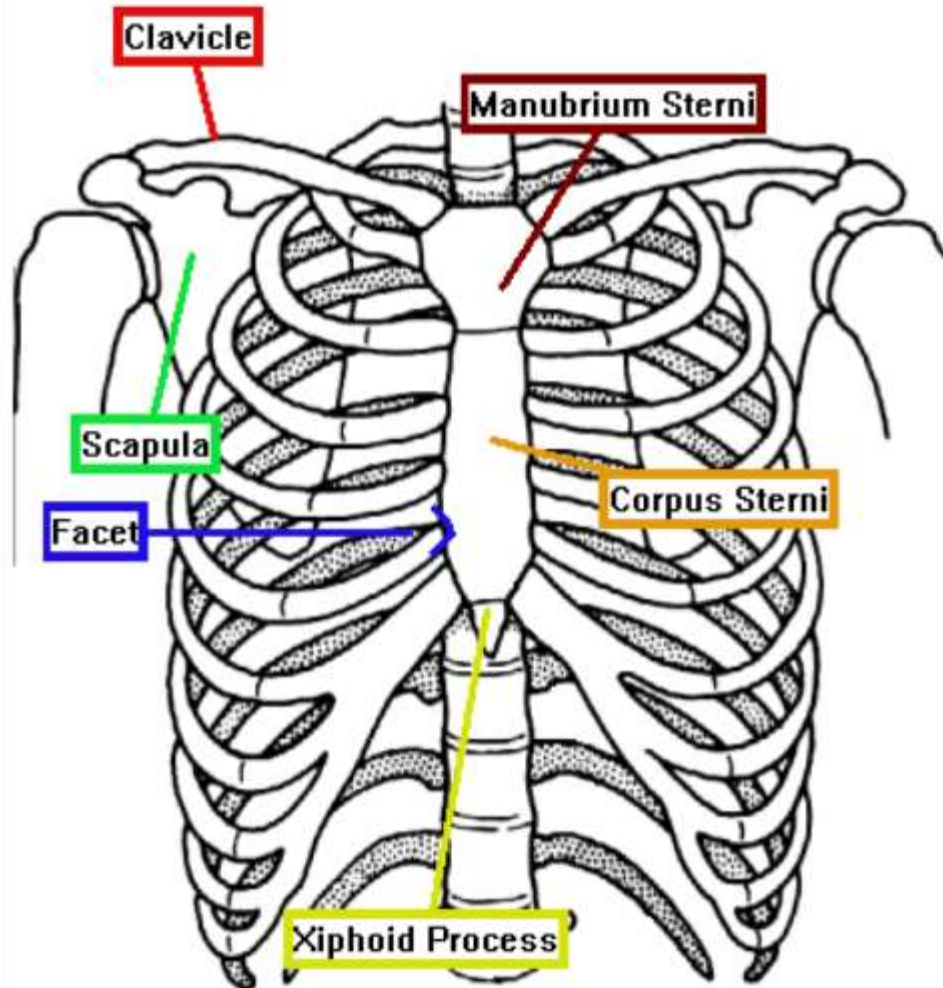
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Move the cursor to a landmark that is a mating surface for another vertebra.

Rib cage

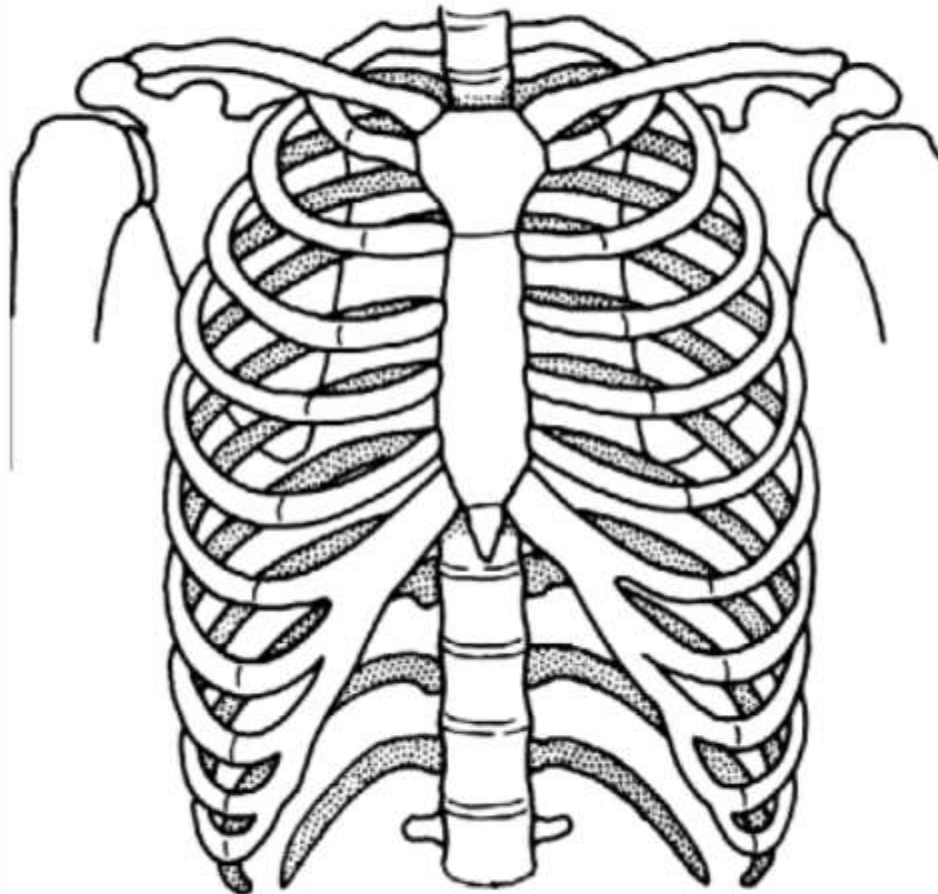
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The rib cage is obviously more than just ribs and vertebrae. Let's look at the components of the rib cage in front.

The **STERNUM** is the prominent bone of the anterior rib cage. It is made up of three parts.

The upper "handle" of the sternum is the **MANUBRIUM STERNI**. In the middle is the **CORPUS STERNI**, and the small protrusion at the bottom is the **ENSIFORM PROCESS** or **XIPHOID PROCESS**.

The sternum has a number of **FACETS** or surfaces to which ribs attach.

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You can see the **CLAVICLE** attaching to the uppermost set of facets. The clavicle attaches to the **MANUBRIUM STERNI** and to the **SCAPULA**. The **FIRST RIB** is the only rib to attach to the **MANUBRIUM STERNI**. You can see that the second rib attaches to the sternum at the junction of the **MANUBRIUM STERNI**.

Press the button bars to review:

[Manubrium Sterni](#)[Corpus Sterni](#)[Xiphoid Process](#)[Clavicle](#)[Scapula](#)

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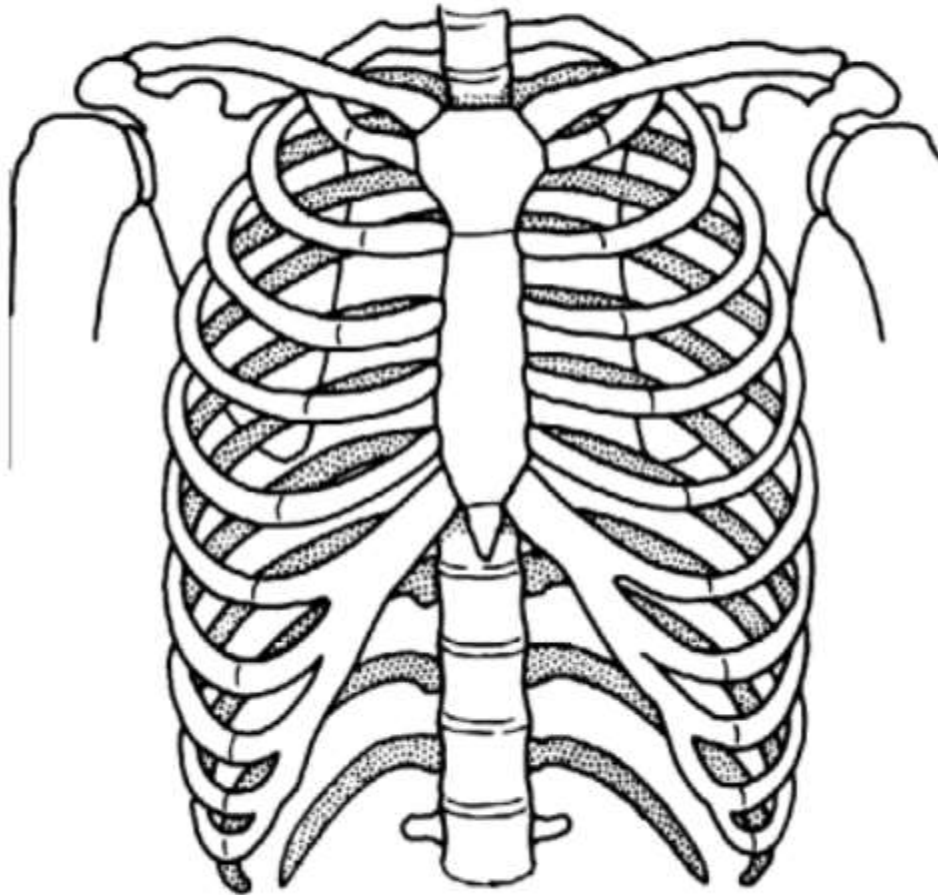
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Now try your hand at it. Identify the structure that is highlighted.

Sternum

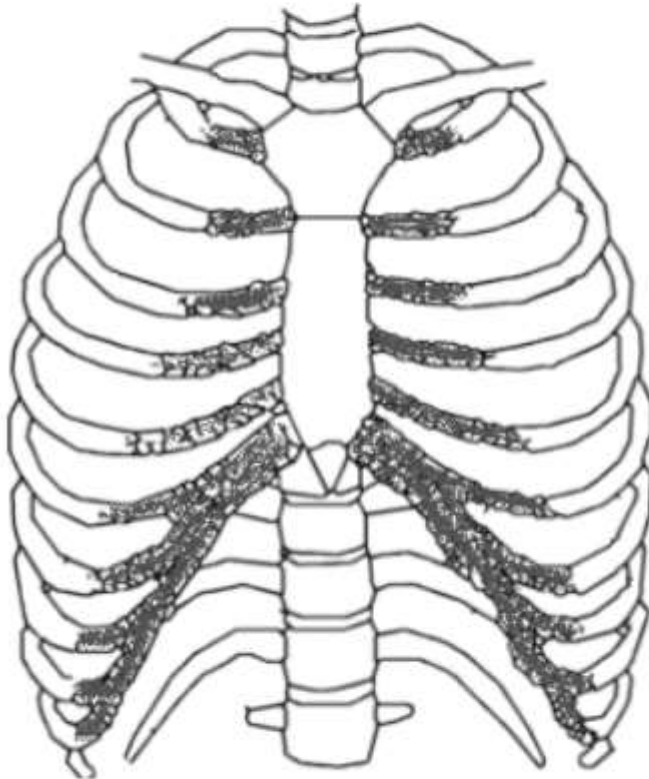
Manubrium Sterni

Corpus Sterni

Xiphoid Process

Clavicle

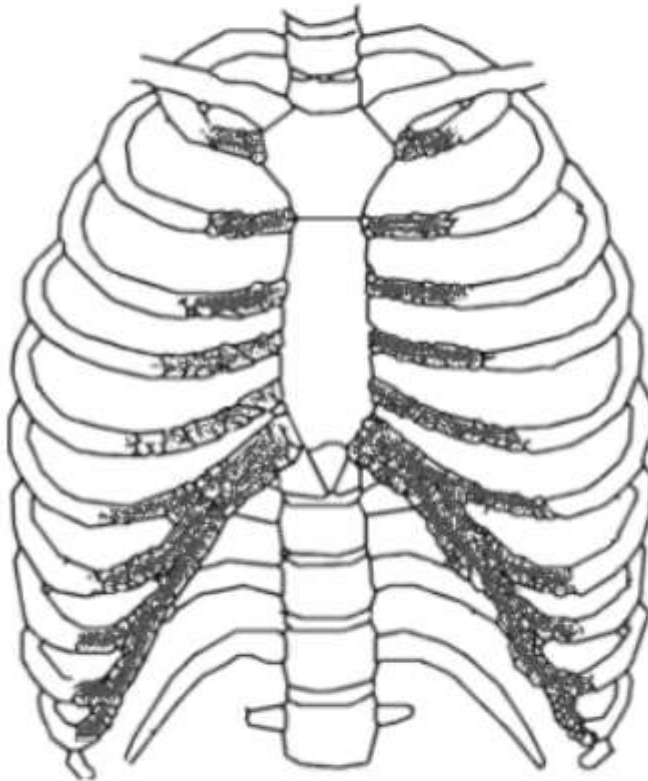
Scapula

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Notice on this picture that there is shading on the ribs lateral to the sternum. This represents **CARTILAGE**. This area is known as the **CHONDRAL (CARTILAGINOUS) PORTION** of the rib cage. As you know, the ribs are **BONE**.

CARTILAGE has unique and beneficial properties. It is **FIRM** and holds its shape, much as bone does. It is also **ELASTIC**, so that when it is deformed it tends to return to its original position.

Also notice that the ribs have different appearance. There are three types of ribs: **TRUE RIBS**, **FALSE RIBS**, and **FLOATING RIBS**.

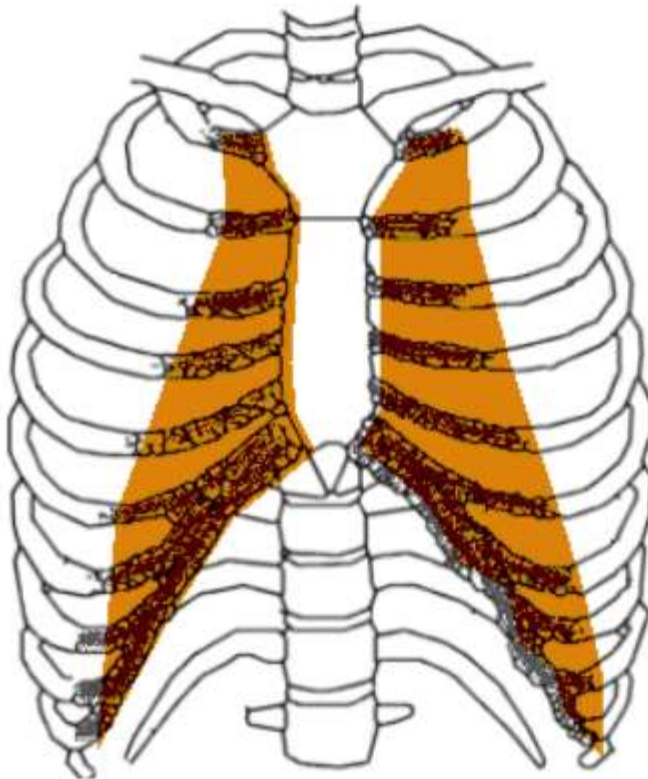
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Ribs 1 through 7 are the **TRUE RIBS**. Push the button bar to see these. They make a rather direct connection to the sternum by means of a small **CHONDRAL** segment. Push the button to verify the **CHONDRAL PORTION** of the ribs.

Ribs 8 through 10 are called the **FALSE RIBS**. Their connection with the sternum is through a much more indirect cartilaginous attachment. Push the button bar to verify the **FALSE RIBS**.

Ribs 11 and 12 are termed **FLOATING RIBS**. They have no attachment to the sternum. Verify those ribs using the button bar.

[True Ribs](#)[Chondral portion](#)[False Ribs](#)[Floating Ribs](#)

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Now try your hand at identifying the anterior rib cage elements as they flash on this picture:

[Clavicle](#)[Corpus Sterni](#)[Chondral Portion](#)[Manubrium Sterni](#)[False Ribs](#)[Xiphoid Process](#)[Floating Ribs](#)[True Ribs](#)

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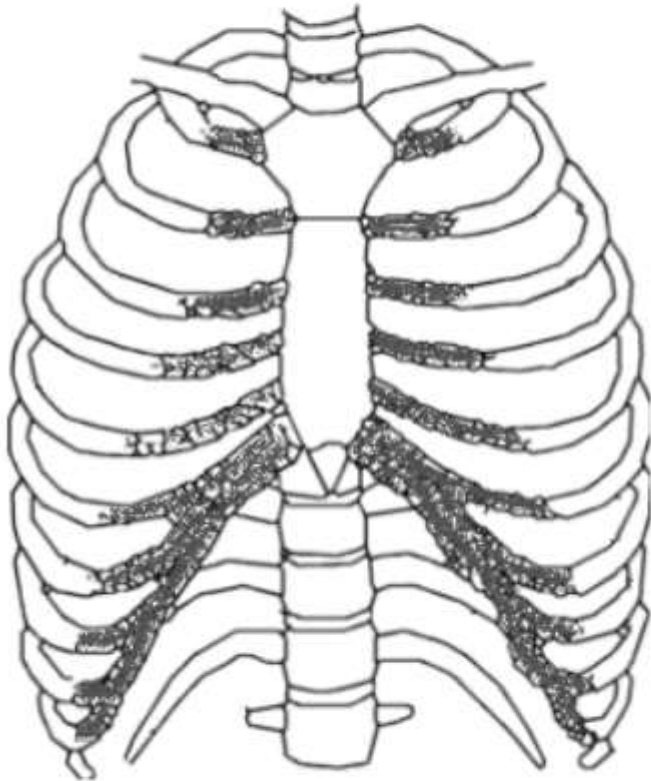
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How many false ribs are on each side?

1

2

3

4

5

6

7

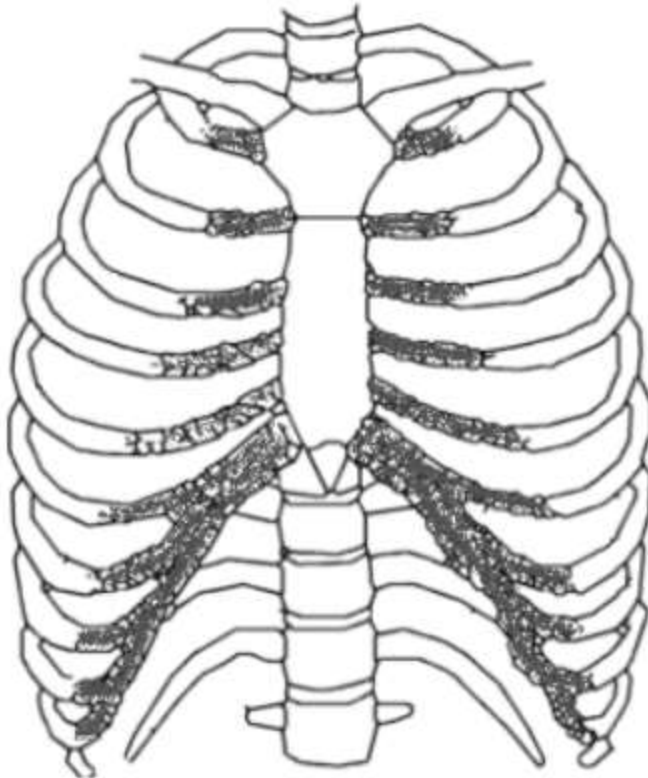
8

9

10

11

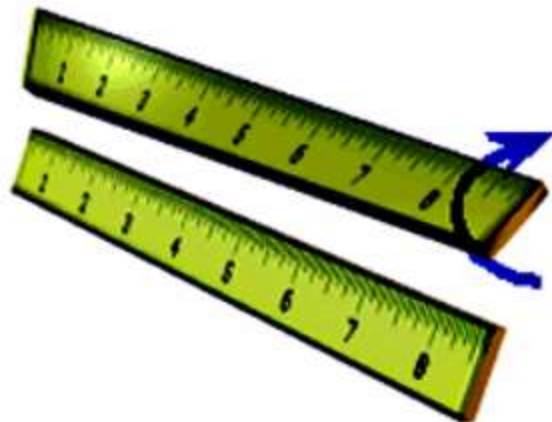
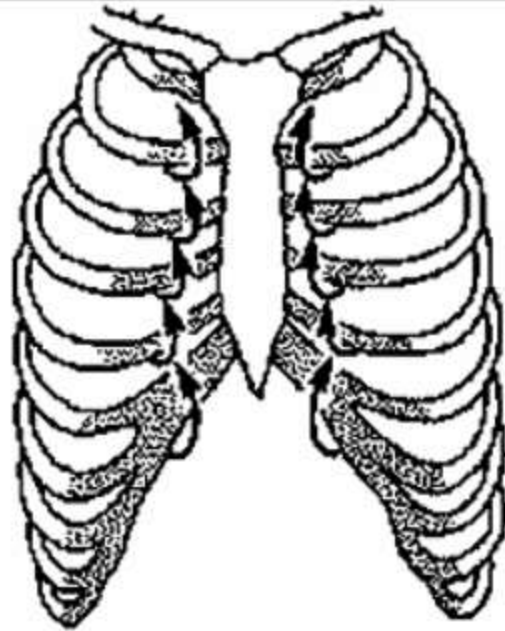
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There is a reason for the **CHONDRAL PORTION** of the rib cage.

Ribs are bone, and bone is hard, inelastic, and generally incapable of bending (as you may know from your last ski trip).

Cartilage is reasonably hard, but also it is elastic. The combination of cartilage and bone makes it possible for the rib cage to be strong but mobile. Strength comes from the bone; cartilage gives the rib cage mobility.

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Look at the rib cage in a new light. In the back the ribs articulate by means of a gliding (arthrodial) joint with the thoracic vertebrae, and they are free to rotate upward a little.

Here in front, you can see the direction of movement of the rib cage, shown by the arrows.

The cartilage is capable of **TORQUING** between the rib and sternum. **TORQUE** is the rotation of one end of an object when the other end is held still.

Try it with a ruler as shown below. You can feel that the ruler wants to return to its original position, and that the desire to return gets stronger as you torque the ruler further. This is one example of **ELASTICITY** or **STIFFNESS**.

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Here is the rib cage as seen from the side.

When the rib cage is elevated for inspiration, the cartilages are **TORQUED**, which takes some effort. As the muscles are relaxed for expiration, that elastic energy is returned.

Elevating the ribs also increases the front-to-back measurement of the ribcage, which means that the total volume is greater.

كل وحدة برضو
الها تعريف اكتبه
جنبنهم بيحي في
تعبة الفراغات

___ is hard but brittle.

Elasticity

Bone

Depresses

Decreases

Chondral portion

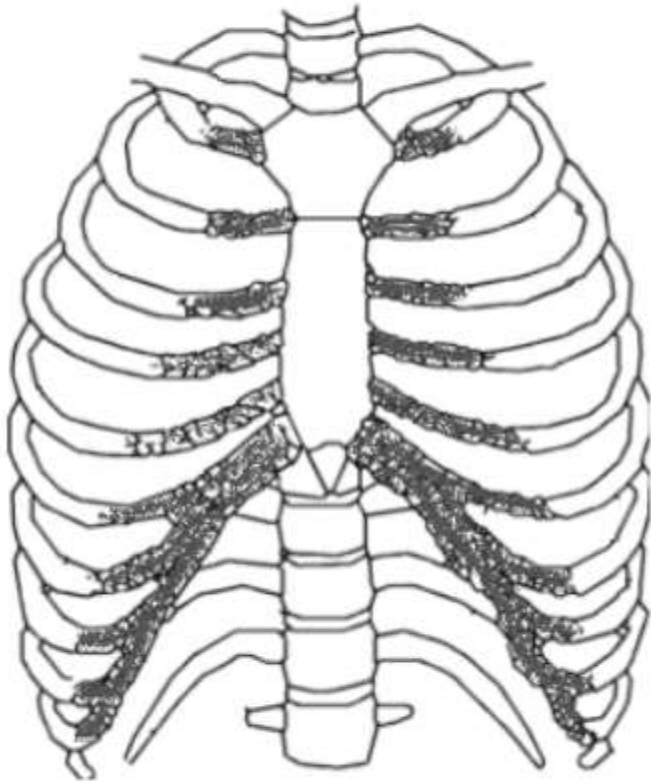
Torqued

Elevate

Increases

Cartilage

Volume

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The thorax can be expanded in two dimensions by two essential mechanisms. We'll discuss this again after showing you the muscles and fine structure of the lungs, but we want to take this opportunity to reinforce a few ideas.

The rib cage can also be expanded in the **TRANSVERSE** dimension by means of the **ACCESSORY MUSCLES** of inspiration. When the ribs are elevated by the **ACCESSORY MUSCLES**, they rise in the sides and front. This **ELEVATION INCREASES** the **VOLUME** of the thorax and causes air to enter the lungs. Let's investigate both of these mechanisms.

The rib cage can be expanded in the **VERTICAL DIMENSION** by means of the **DIAPHRAGM**, and this is the primary means of inflation of the lungs. When the diaphragm contracts, the **VOLUME** of the **THORAX INCREASES** and air rushes in to fill the lungs.

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The second direction of change is the vertical dimension. When the rib cage elevates, the volume of the thorax also increases.

When the rib cage ELEVATES, the thorax INCREASES in VOLUME. When the VOLUME INCREASES, the air PRESSURE in the thorax DECREASES. This decrease in air pressure causes AIR to ENTER the THORAX.

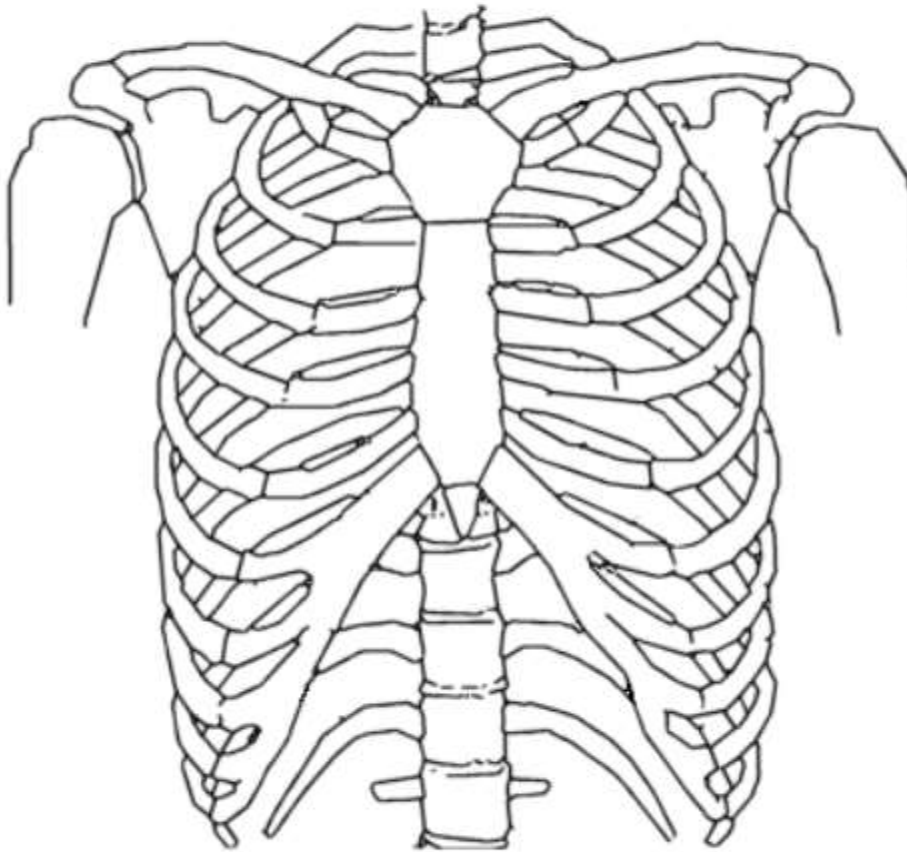
The movement of the rib cage provides the changes in the transverse dimension. The movement of the diaphragm provides the changes in the vertical dimension.

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Answer some questions to firm up these concepts before we move on to the inner structure of the respiratory system.

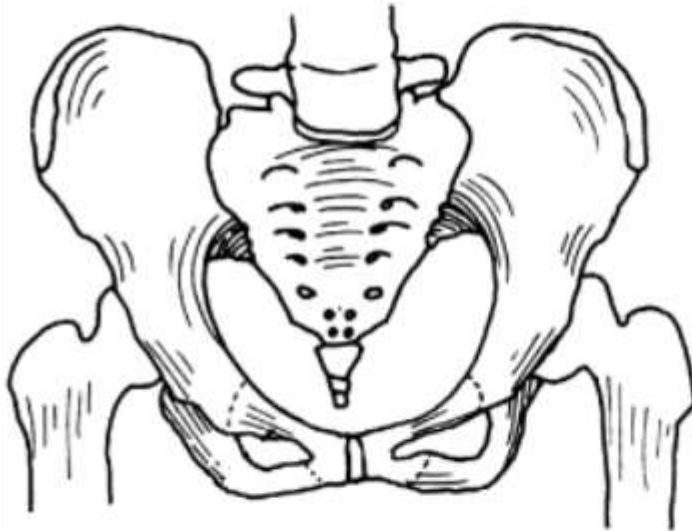
When the rib cage elevates, the volume of the thorax will ____.

[Increase](#)[Decrease](#)[Into](#)[Out of](#)

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The PECTORAL GIRDLE (or shoulder girdle) is the superstructure of the upper body. From the front you can see the CLAVICLE, attached to the sternum in the anterior. Laterally, the CLAVICLE attaches to the SCAPULA. This is the only bone to which the SCAPULA (the shoulder blade) is attached. The PECTORAL GIRDLE permits attachment of the arms and lets you investigate your environment. Push the buttons to verify the structures:

[Clavicle](#)[Pectoral Girdle](#)[Scapula](#)[Sternum](#)[Sternal Notch](#)[Manubrosternal Angle](#)

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The **PELVIC GIRDLE** is the lower body counterpart to the pectoral girdle. The **PELVIC GIRDLE**, which provides structure for attachment of the legs, is made up of the **ILIUM**, **SACRUM**, **PUBIC BONE**, and **ISCHIUM**.

The **ILIUM** is a large, wing-like bone which provides most of the support for the abdominal musculature. The **ILIAC CREST** is the superior-lateral margin of the **ILIAC BONE**.

Press the button to verify the

Iliac Crest.

The **PUBIC BONES** are the medial inferior bones of the **PELVIC GIRDLE**. The point of union between the two pubic bones is the **PUBIC SYMPHYSIS**. Symphysis refers to a point of juncture. The **ISCHIUM** is between the **PUBIC** and **ILIAC** bones.

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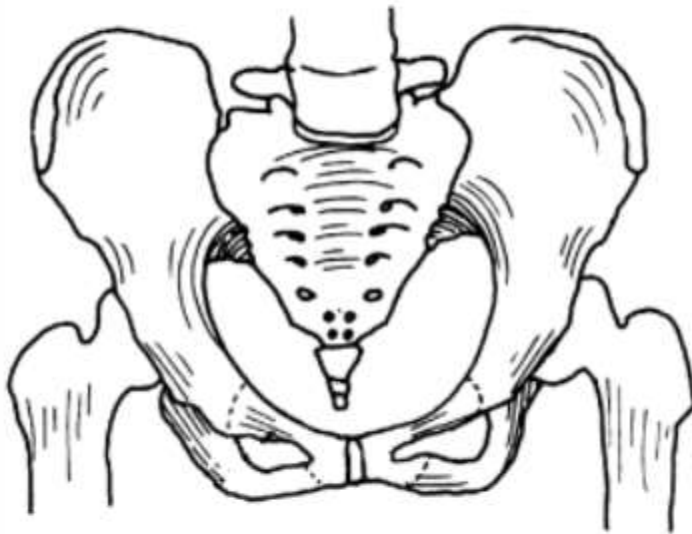
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Verify these structures now.

Pubic bones

Ischium

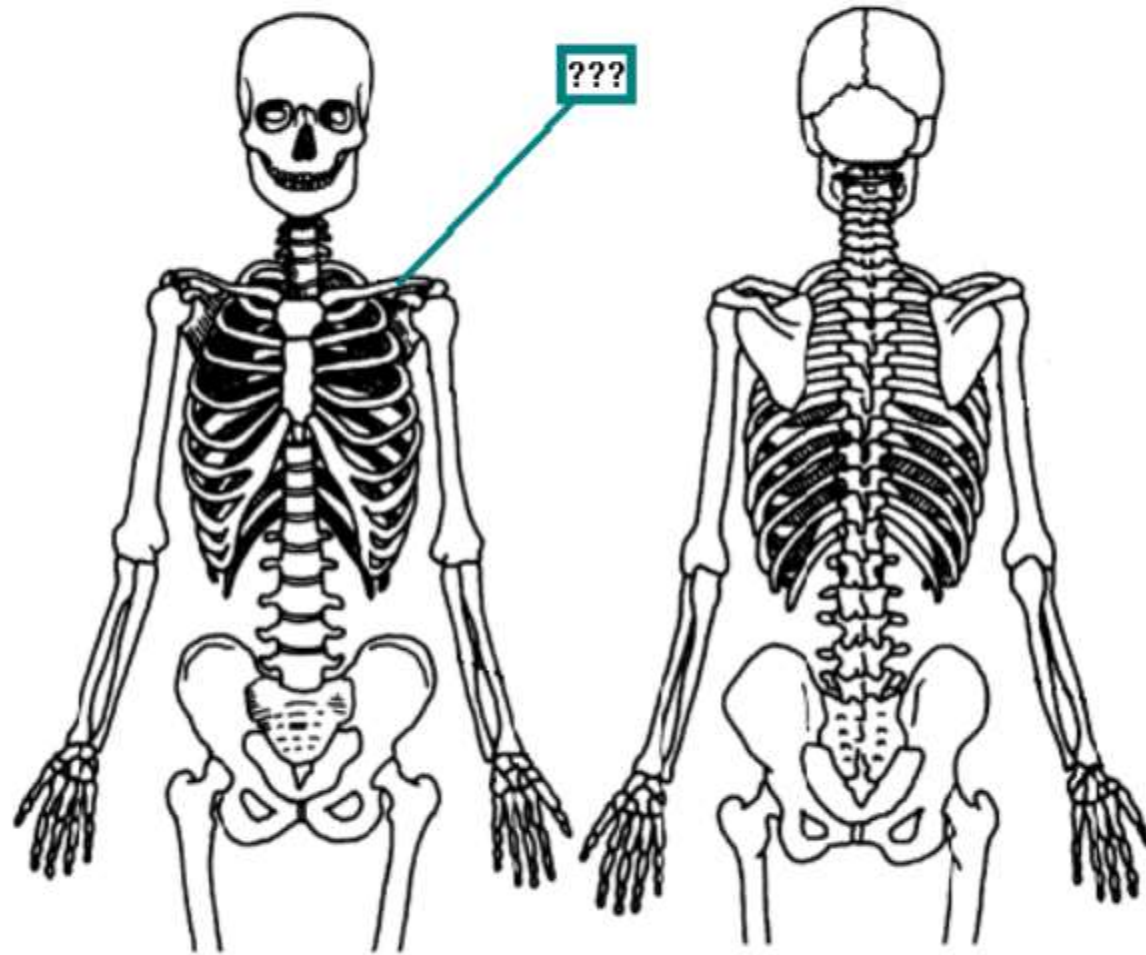
Ilium

Iliac Crest

Sacrum

Pubic Symphysis

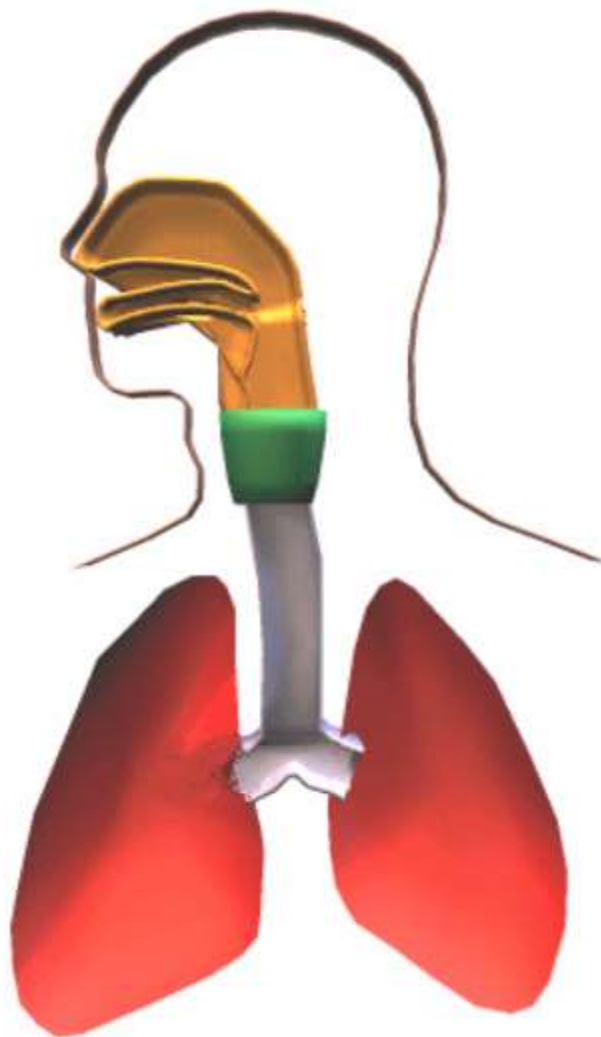
Pelvic Girdle

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Now take a quiz about the pectoral and pelvic girdles. Identify the structure or landmark illuminated.

[Sacrum](#)[Scapula](#)[Ilium](#)[Clavicle](#)[Ischium](#)[Pectoral Girdle](#)[Pelvic Girdle](#)[Sternal Notch](#)[Iliac Crest](#)[Pubic Symphysis](#)[Manubriosternal Angle](#)

Lung

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The lungs are safely housed within the rib cage. Beneath the lungs is the diaphragm, and to the side of the lungs are the ribs. The only means of communication between the lungs and the environment outside the lungs is through the respiratory tract.

The respiratory passageway is comprised of the oral and pharyngeal cavities, the larynx, trachea and bronchial tubes.

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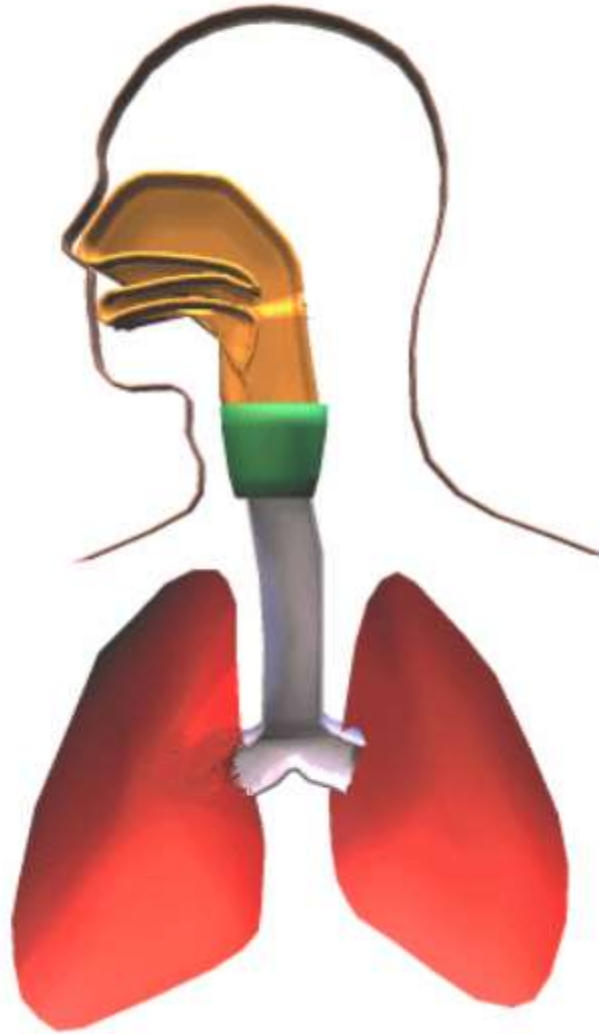
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Using the buttons identify the areas.

Oral Cavity

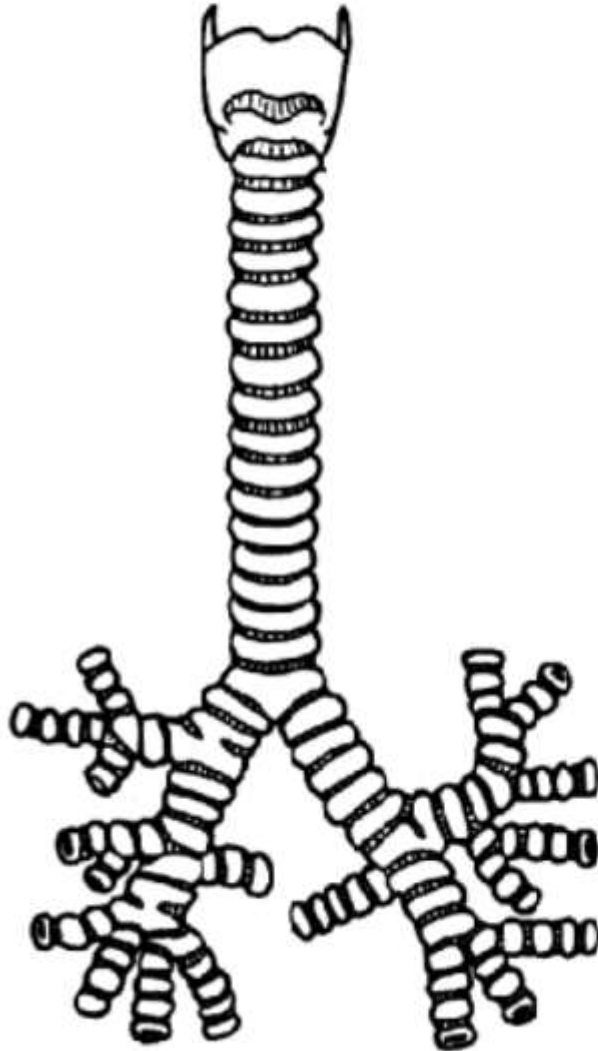
Pharynx

Larynx

Trachea

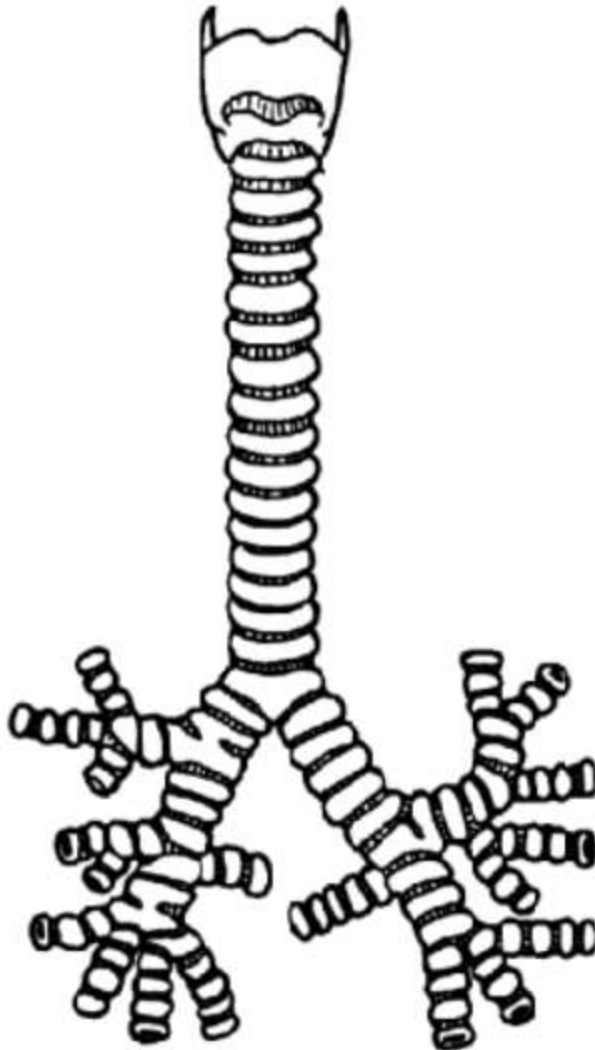
Bronchial Tubes

Lungs

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The **TRACHEA** needs to be both **SUPPORTIVE** and **FLEXIBLE**. It needs to be **SUPPORTIVE** because drops in air pressure would cause it to collapse if it were not. It needs to be **FLEXIBLE** to permit you to move your head and neck. The trachea meets these design requirements by being made of **CARTILAGE**. Cartilage is **ELASTIC** in nature, which means that when it is deformed it tends to return to its original structure. Cartilage is also supportive.

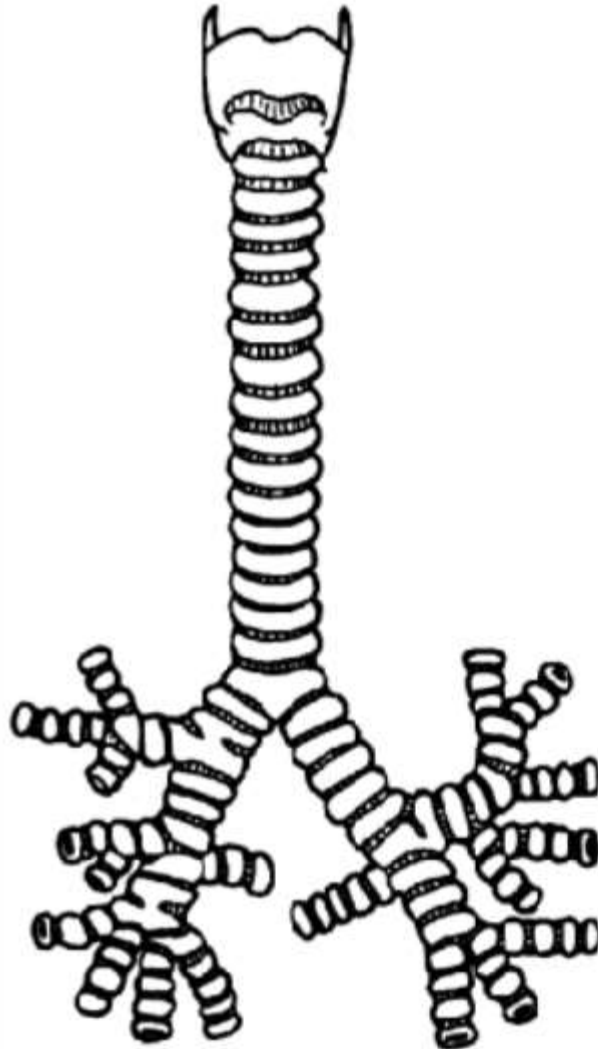
The trachea is composed of 16 to 20 cartilage rings, connected by membrane and muscle. Each ring is **OPEN** in the **BACK**. When the rings are combined they form a tube with an opening in the back that is spanned by **MUSCLE**. This muscle **REMAINS CONTRACTED** until your air need increases. During **PHYSICAL EXERTION** the muscle relaxes and lets the trachea **OPEN WIDER**.

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The **FIRST BRONCHIAL DIVISION** occurs at the base of the trachea. The **CARINA TRACHEAE** is the dividing point, separating left and right **MAINSTEM BRONCHI**. This is called a **BIFURCATION**.

The **LEFT BRONCHIAL TUBE** serves the **LEFT LUNG**; the right bronchial tube serves the right lung.

The **BRONCHIAL TREE** further divides into progressively smaller divisions. The **SECONDARY DIVISIONS** serve the **LOBES** of each lung.

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The **LEFT** lung has **TWO LOBES**, and the **RIGHT** lung has **THREE LOBES**, so that there is a total of five secondary bronchi. These bronchi are also called **LOBAR BRONCHI**, because they serve the lobes.

Each lobe is further broken into **SEGMENTS**, and the tertiary divisions called segmental bronchi divide to serve the segments. The bronchial tree undergoes 28 divisions before its final division, the **TERMINAL RESPIRATORY BRONCHIOLE**.



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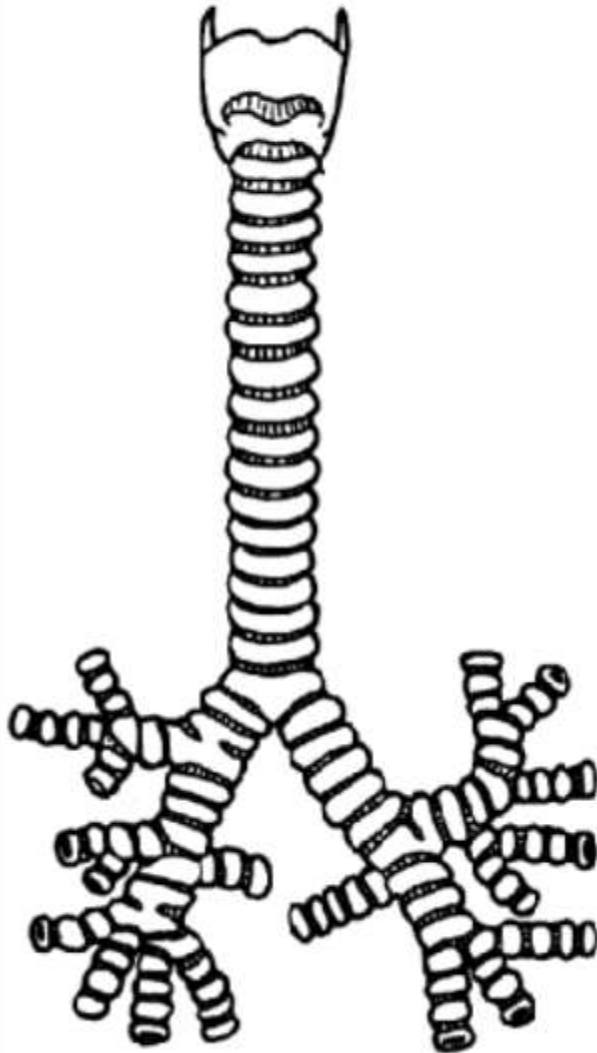
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Verify these structures before we go on.

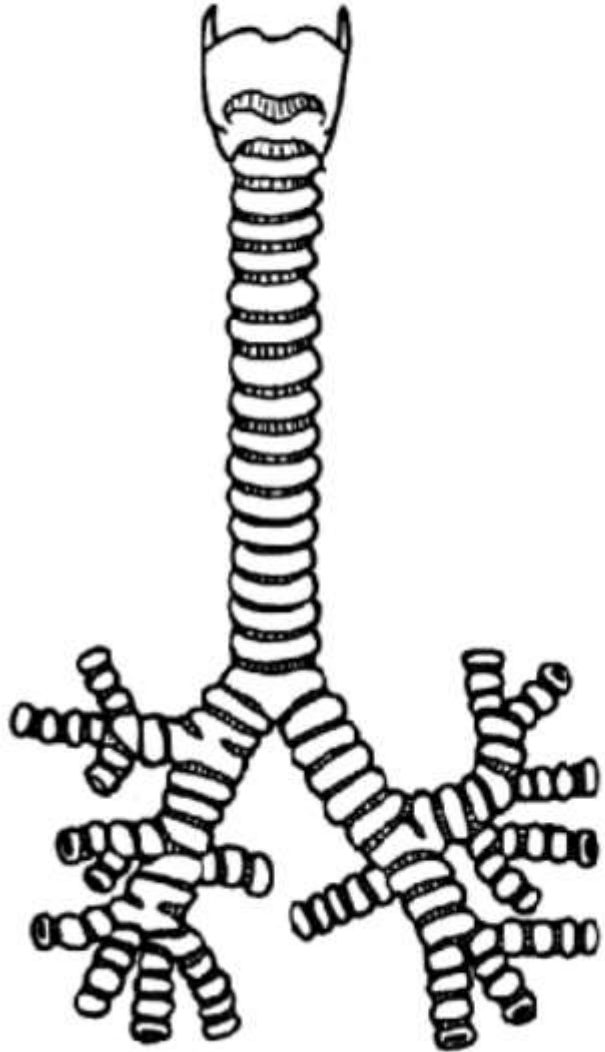
Trachea

Carina Tracheae

Mainstem Bronchi

Secondary (lobar) Bronchi

Tertiary Bronchi

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There are ____ lobes in the right lung.

collapsing

flexible

supportive

contracted

relaxed

carina tracheae

lobar bronchus

cartilaginous rings

mainstem bronchus

segmental bronchi

greater surface area

term. resp. bronchiole

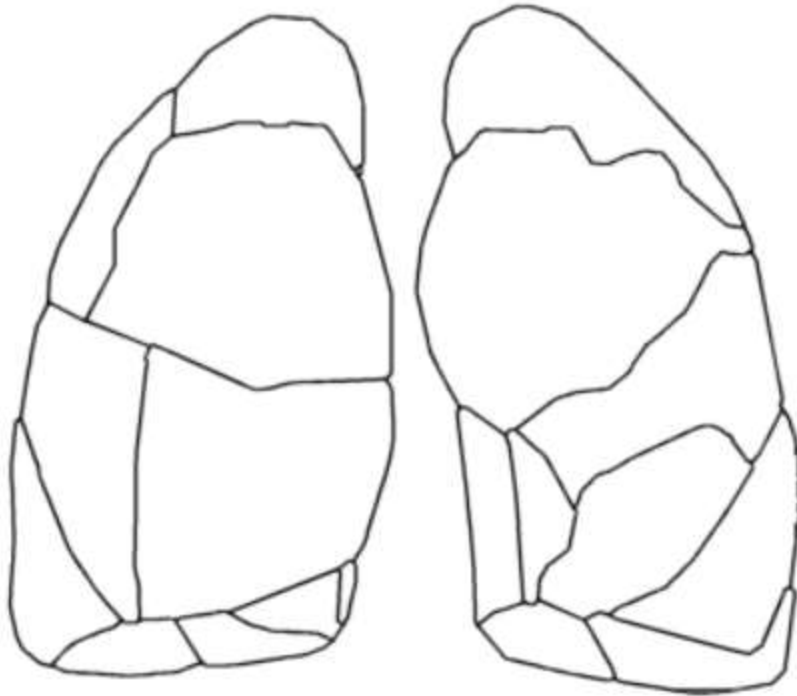
1

2

3

4

5

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Here are the right and left lungs.

The right lung has three lobes, the upper, middle, and lower lobe.

The left lung has two lobes, the upper and lower. The heart lies between the lungs, and takes up space from the left lung so that there are only two lobes. The heart rests in the cardiac impression.

Beneath the lungs is the diaphragm, and the impression on the bottom of the lungs is the diaphragmatic impression.

The top and bottom of each lung are called APEX and BASE respectively; these are just names for regions, unlike lobes which are actual parts.



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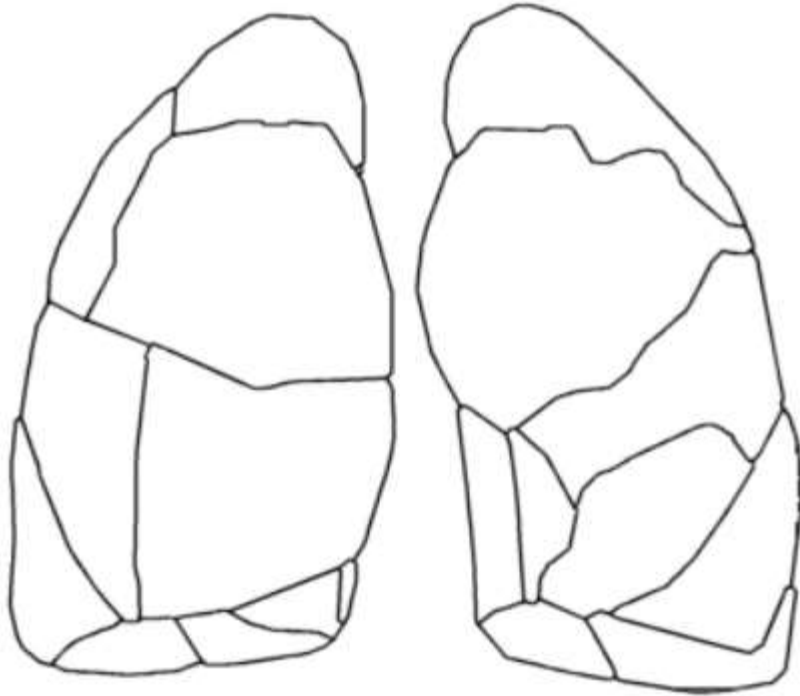
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Press the buttons and identify these landmarks.

left lung

right lung

upper lobes

middle lobe

lower lobes

diaphragmatic impression

cardiac impression

base

apex

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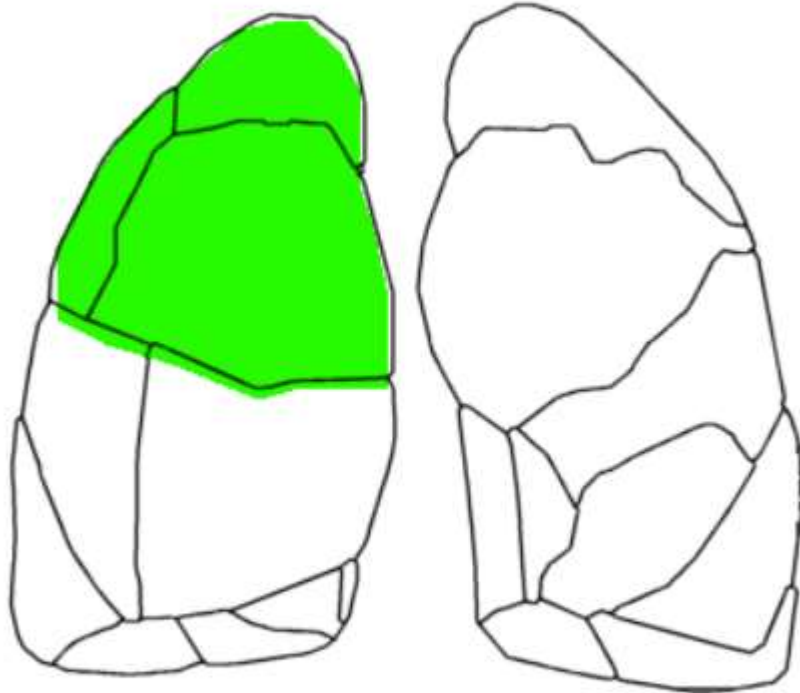
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Try your hand at these structures.

left lung

right lung

upper lobe, right lung

middle lobe, right lung

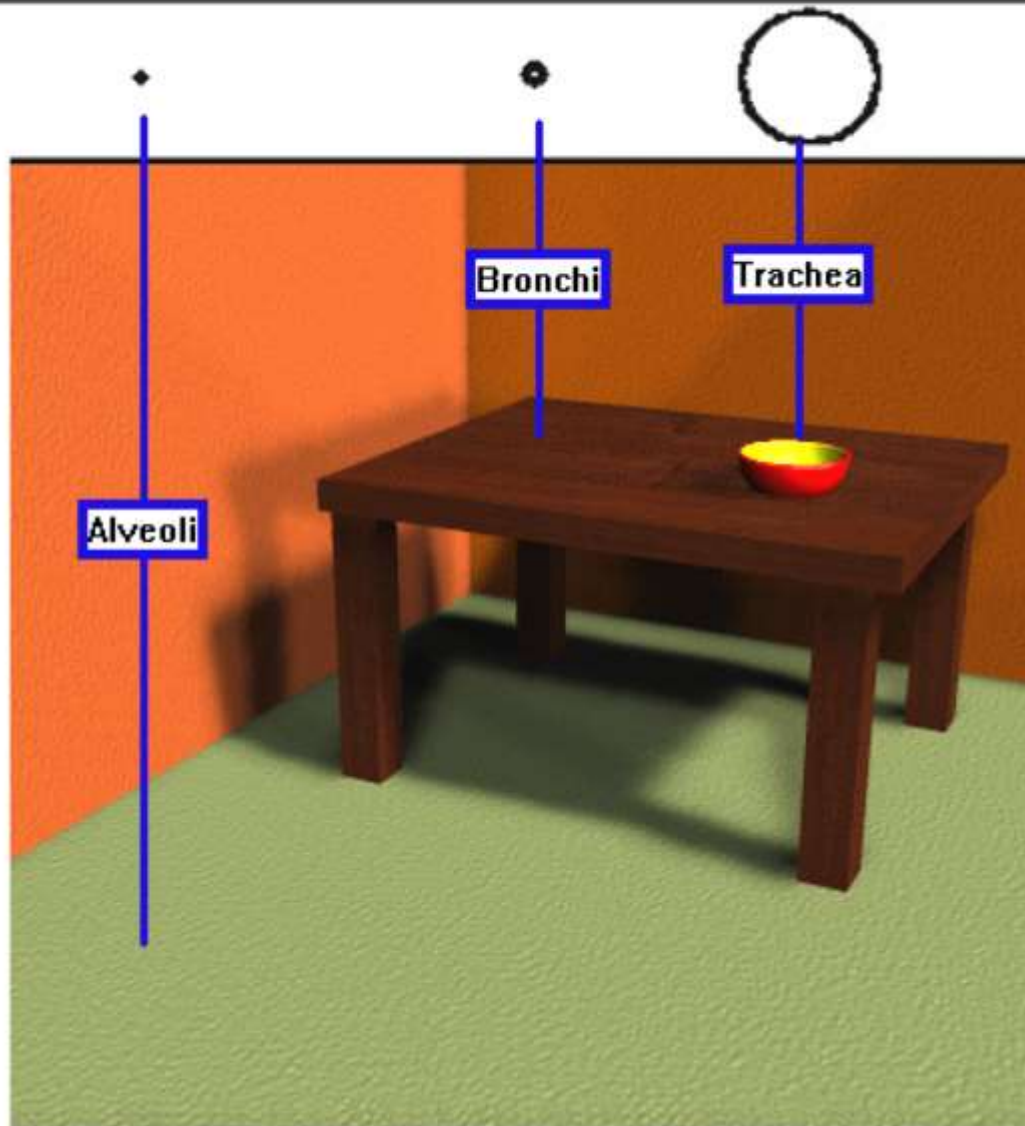
lower lobe, right lung

upper lobe, left lung

lower lobe, left lung

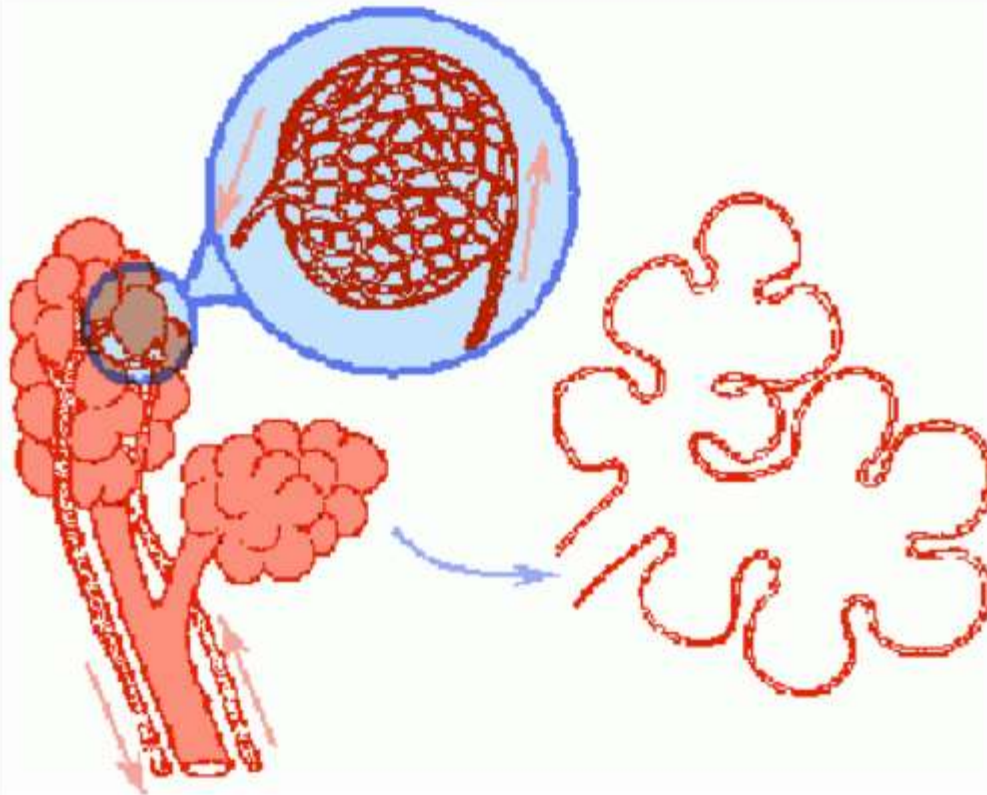
diaphragmatic impression

cardiac impression

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The upper figure shows comparative cross-sections. In cross-section, the trachea is about the diameter of a quarter. In contrast, each terminal respiratory bronchiole is about the width of a fat pencil line. The alveoli that cluster at the end of the respiratory tree are the width of a thin pencil line.

The surface area of the trachea is about the same as the area of the bowl in the lower figure; the surface of all the bronchi is about the same as a table (10 square meters); and the surface of the 300 million alveoli adds up to the floor area of a good-sized room (70 square meters). The latter area is where gas exchange actually occurs.

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The first 9 divisions of the bronchial tree are **CONDUCTING PASSAGEWAY** only. They transport gasses between the lungs and the environment, but do not participate in gas exchange.

The final divisions are **RESPIRATORY ZONES**. These include **RESPIRATORY BRONCHIOLES**, **ALVEOLAR DUCTS**, and **ALVEOLI**.

This figure shows a nearly-microscopic view of the final division in the respiratory tree. At upper right is an even closer view of the capillaries surrounding one bronchiole; at lower right a cut-open view of the air passages inside this final division.

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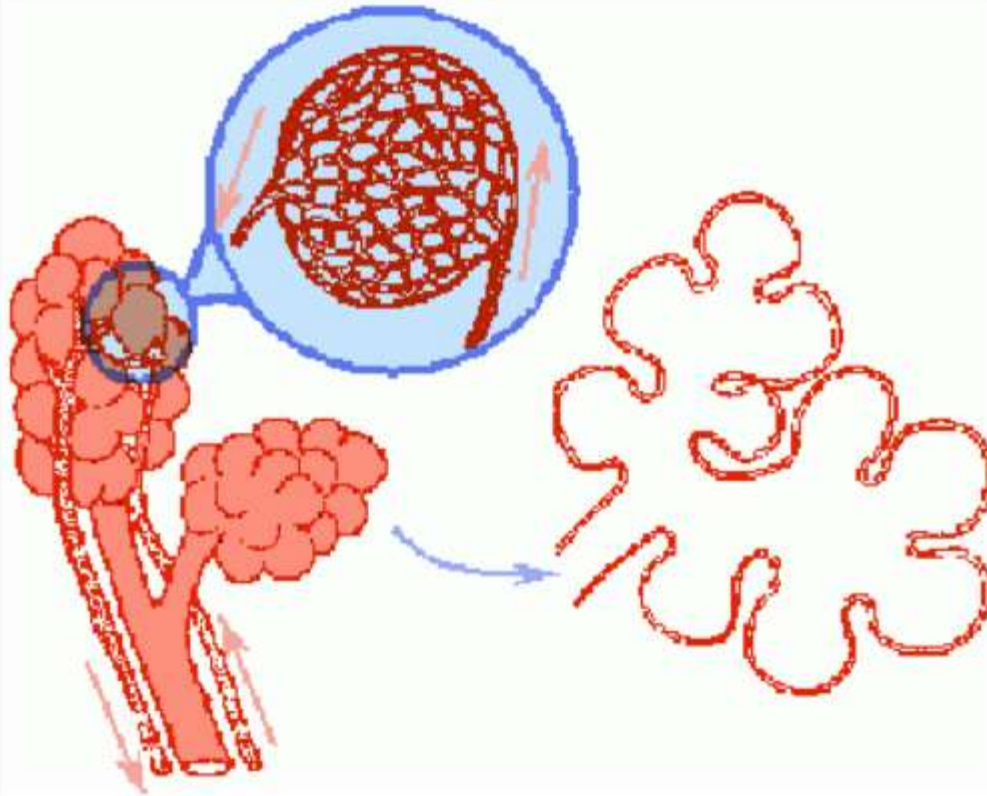
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Let's examine each component of the terminal end of the respiratory tree.

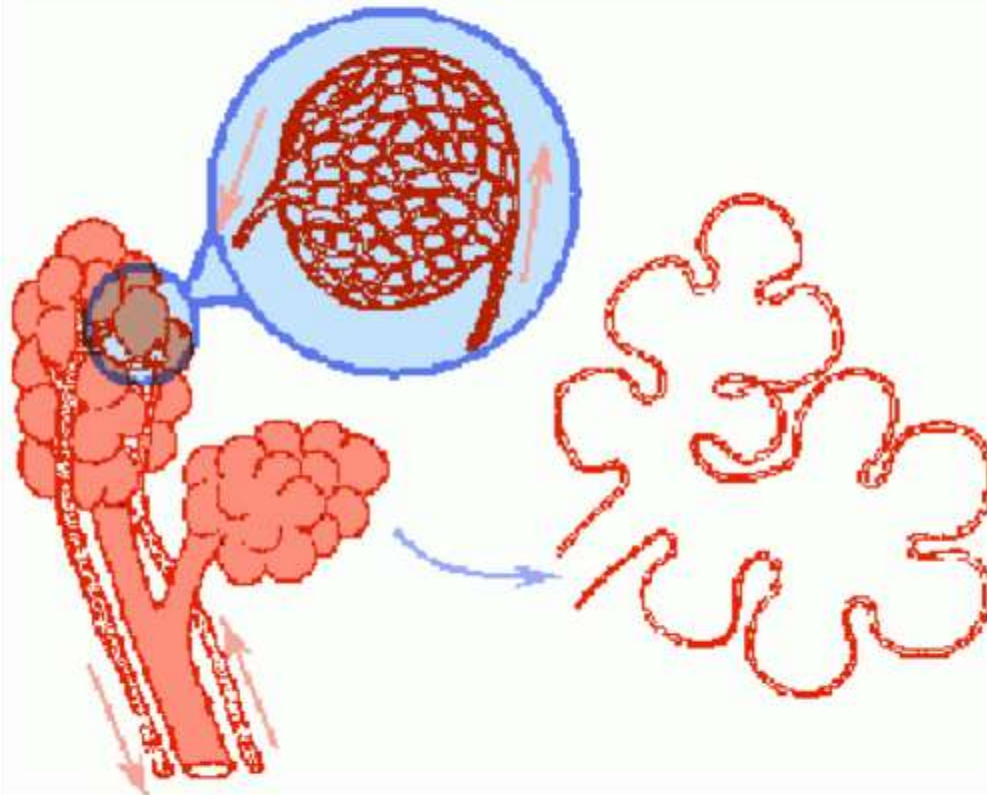
[Respiratory Bronchiole](#)

[Alveoli](#)

[Alveolus \(closeup\)](#)

[Alveolar Duct](#)

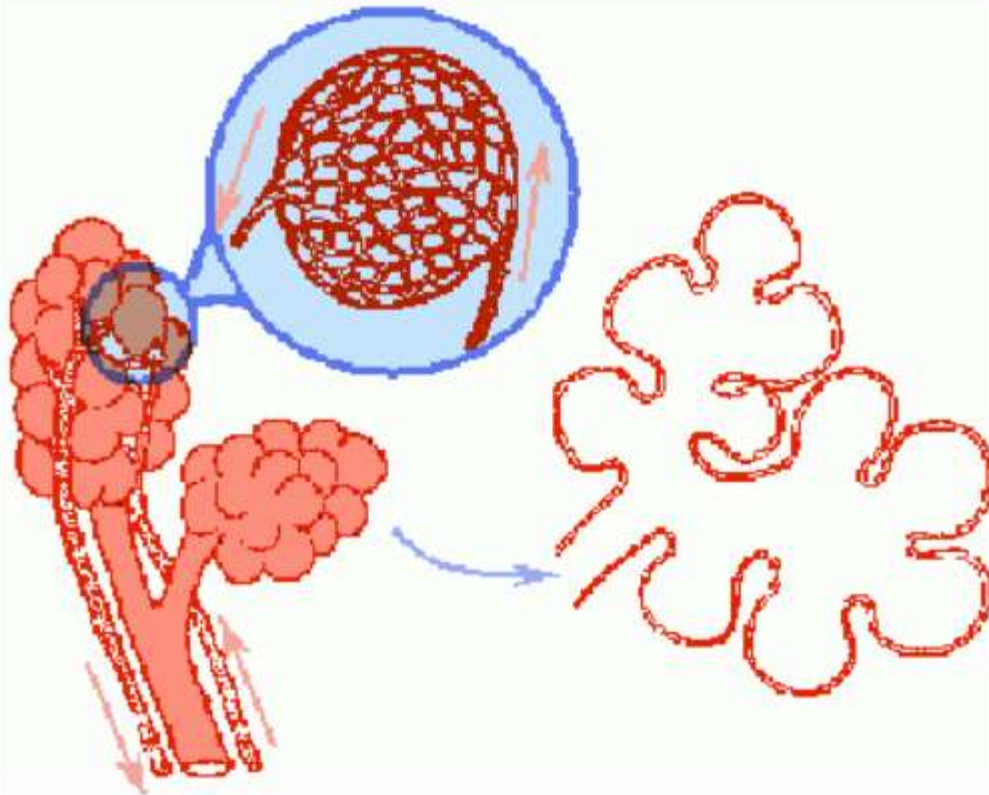
[Capillary Bed](#)

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The **ALVEOLUS** is where the work of respiration occurs. It has a rich supply of **BLOOD**.

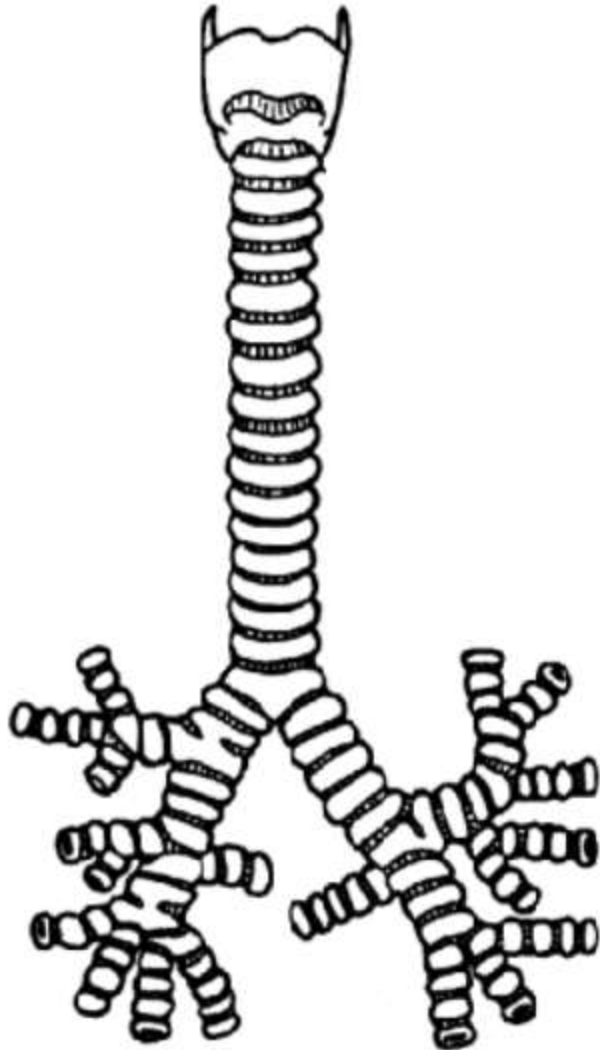
There are **2,000 CAPILLARIES** on each alveolus, meaning that there are over **600 trillion** capillaries in the lungs involved in **GAS EXCHANGE!** This is the densest "bed" of capillaries in the body.

The **WALLS** of the alveolus are extremely **THIN**, and oxygen and carbon dioxide may pass through the walls.

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This rich mat of alveoli is supported by the **CARTILAGINOUS NETWORK** supplying them. The combination of airy **ALVEOLI**, the firm and elastic lacework of **CARTILAGE**, and **BLOOD SUPPLY** make the lungs **SPONGY**.

Cells within the lungs produce surfactant, which is a substance that lowers surface tension.

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The ____ of the trachea permits movement of the head relative to the chest.

rigid

supportive

flexibility

collapsing

cartilaginous rings

carina tracheae

mainstem bronchus

lobar bronchus

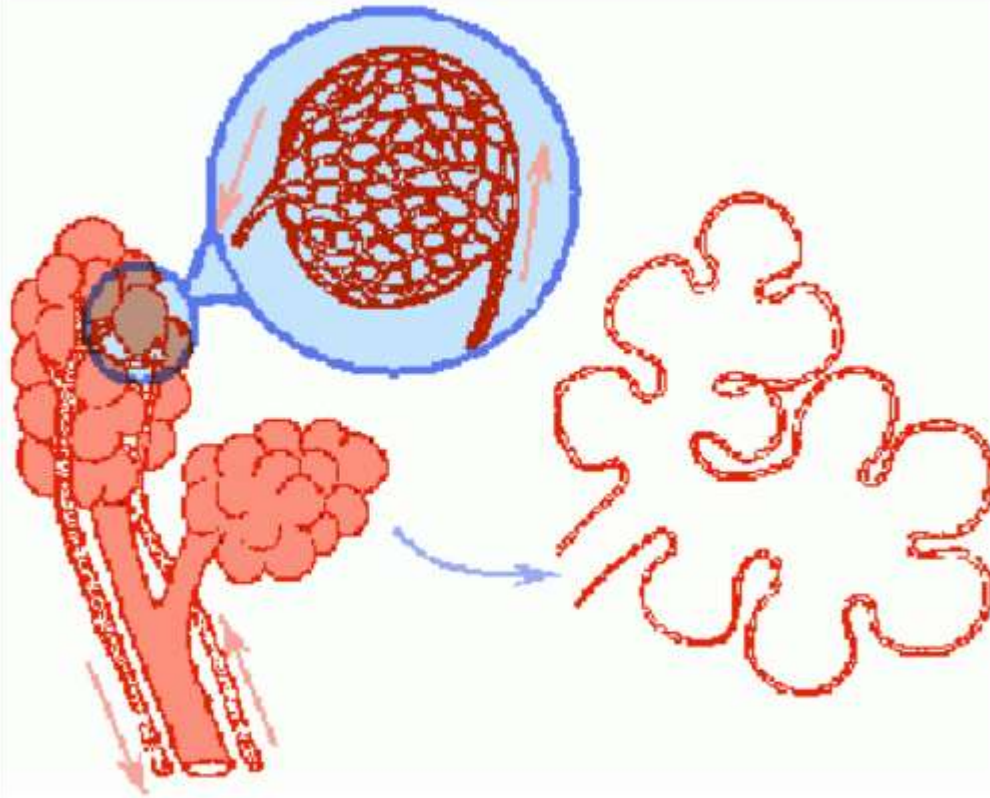
segmental bronchi

greater surface area

contracted

relaxed

term. resp. bronchiole

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The upper nine divisions of the bronchial tree are ____.

terminal bronchiole

alveolus (closeup)

conducting passageway

respiratory zones

alveolar duct

extremely thin walls

alveoli

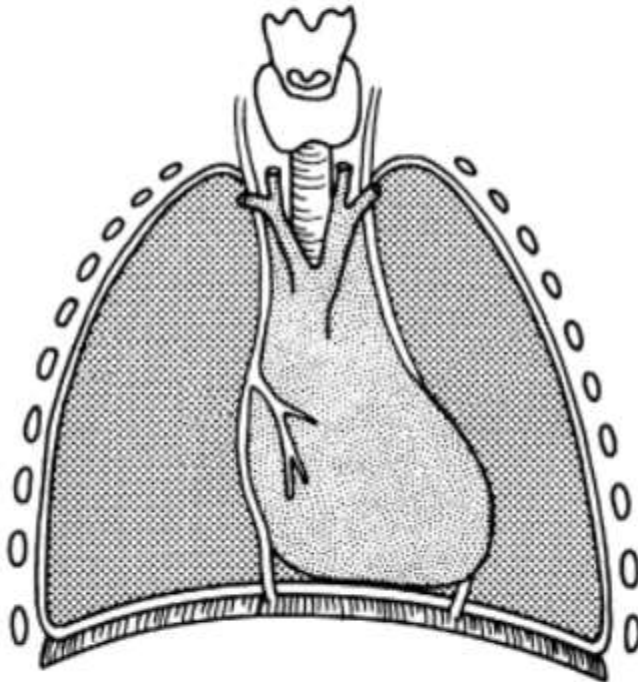
gas exchange

1500

2500

2000

1000

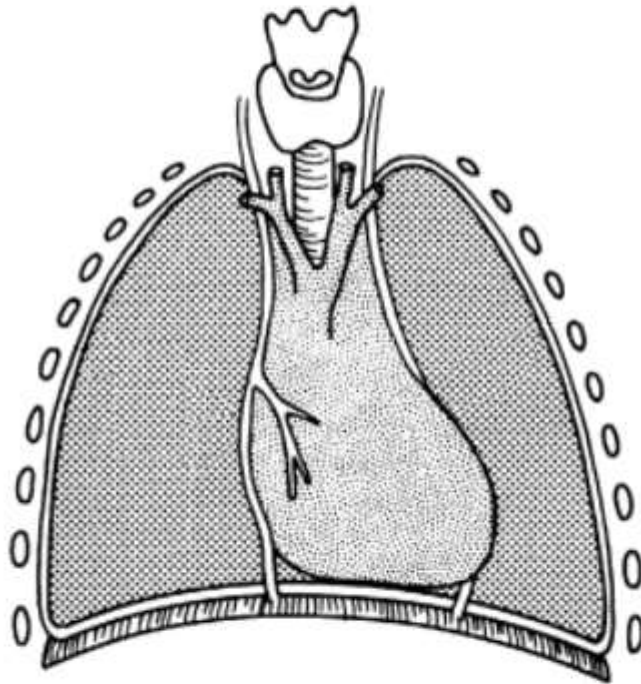
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The PLEURAE

You already know that lungs expand as a result of **ENLARGING** the structure surrounding them.

You **CONTRACT** the **DIAPHRAGM** to enlarge the **VERTICAL DIMENSION** (superior-inferior dimension).

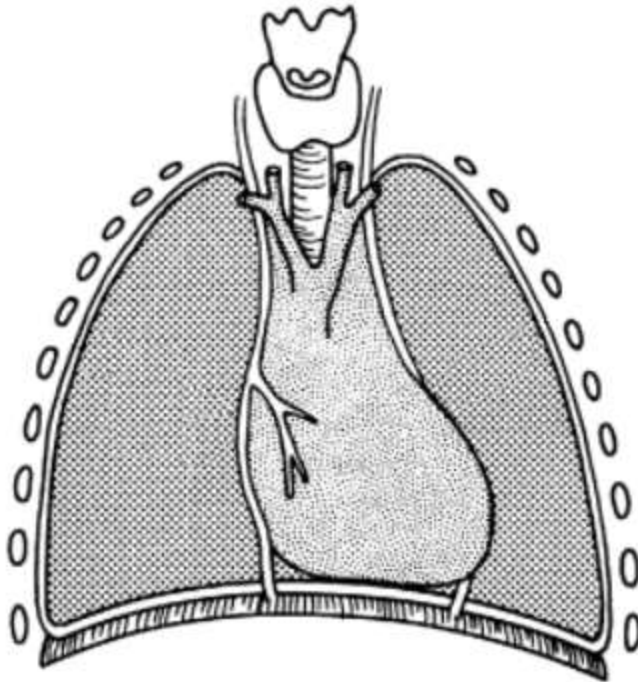
You **ELEVATE** the **RIB CAGE** to enlarge the **TRANSVERSE DIMENSION** (antero-posterior dimension).

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The thorax is a **CLOSED SYSTEM**: The **DIAPHRAGM** is in the **INFERIOR** aspect, and the **RIB CAGE** is invested with **MUSCLE** that separates the lungs from the outside world.↗
The only way to the outside environment is through the bronchial tree and ultimately the trachea.

But how are the lungs held in the thorax?↗The lungs are simply placed within the thoracic cavity. They are not held by ligaments or cartilage.

The lungs are surrounded by a **THIN, MEMBRANOUS LINING** referred to as the **VISCERAL PLEURAE**. This thin lining completely **WRAPS** the **LUNGS**.

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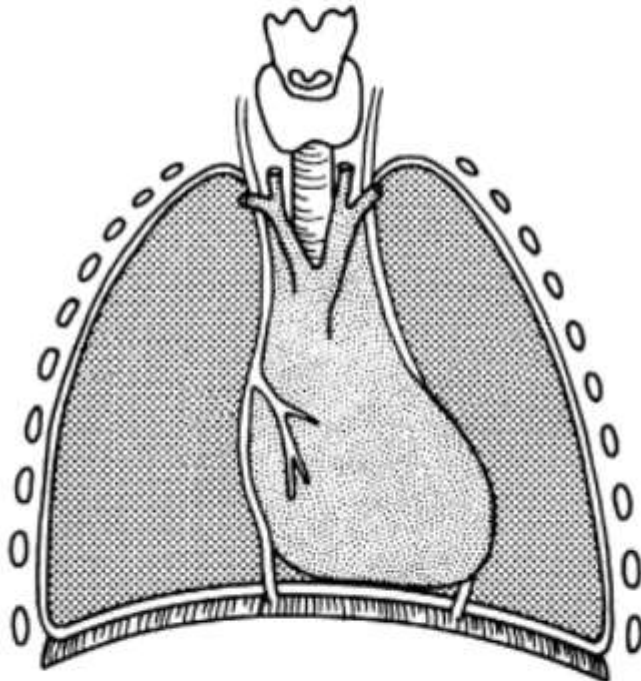
The **INNER SURFACE** of the **THORAX** is also lined with pleural lining, called the **PARIETAL PLEURAE**. We refer to **REGIONS** of the **PARIETAL PLEURAE** based upon the areas being covered by this **CONTINUOUS MEMBRANE**.

The **COSTAL PLEURAE** covers the **RIBS**. The **DIAPHRAGMATIC PLEURAE** cover the **DIAPHRAGM**. The **MEDIASTINAL PLEURAE** cover the **MIDDLE SPACE** containing the heart. The **APICAL PLEURAE** cover the **APICES**, the topmost parts of the **LUNGS**. On this figure, only the **APICAL**, **COSTAL**, and **DIAPHRAGMATIC** are clearly visible.

apical pleurae

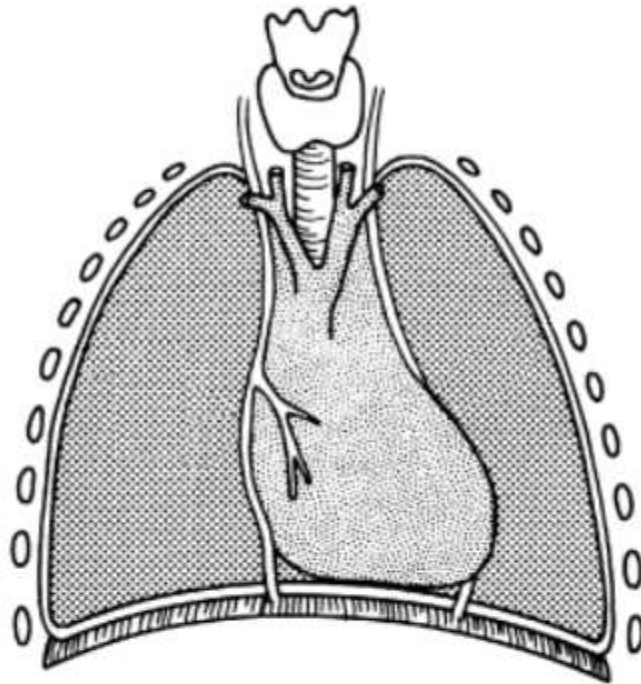
costal pleurae

diaphragmatic pleurae

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These linings are actually the same lining covering different structures. There is one pleural lining per lung, completely separating the two lungs. In each lung, the visceral pleural lining simply doubles over onto itself to cover the inner rib cage and so on.

These linings have fluid between them, and the fluid provides a slippery connection between them. The parietal and visceral linings make constant contact, but slide back and forth over each other for an almost friction-free coupling of the rib cage and the lungs.

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Because the linings are air-tight, make constant contact, and are slippery, the lungs are going to follow the rib cage and diaphragm when they move.

When the diaphragm pulls down, the visceral pleurae pull down too because they make an air-tight connection with the parietal pleurae. The lungs are attached to the visceral pleurae, so they pull down as well.

When the rib cage expands, the pleurae and lungs follow.

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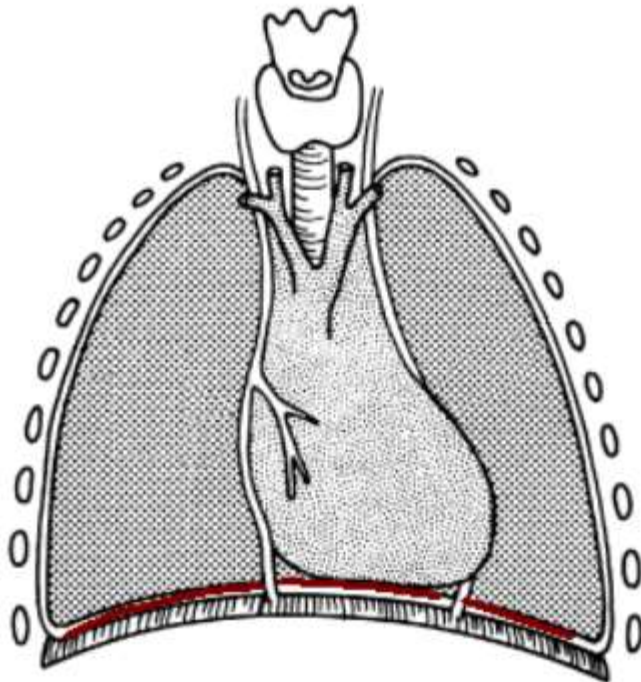
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What's flashing?

air

move down

move out

move in

move up

lungs

expand

visceral pleurae

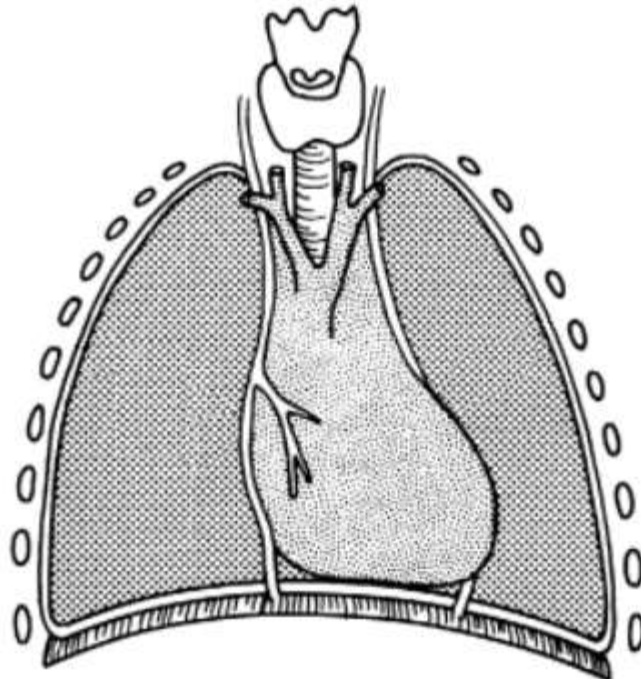
costal pleurae

parietal pleurae

diaphragmatic pleurae

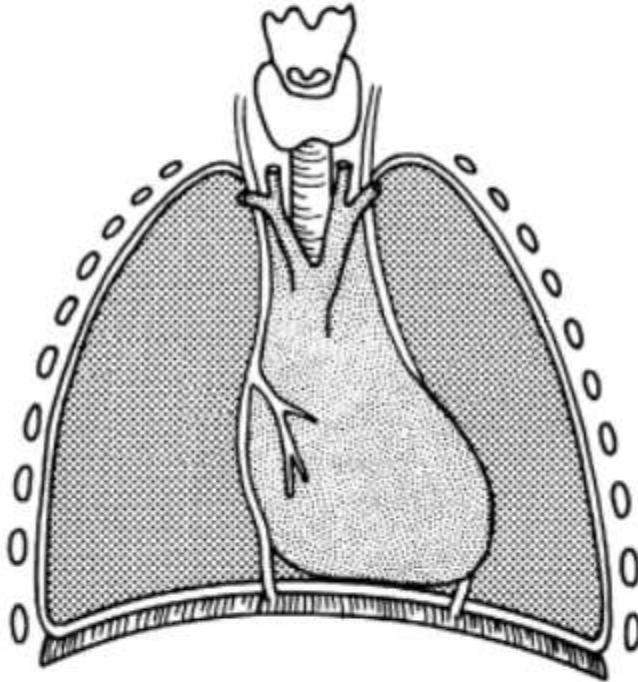
apical pleurae

mediastinal pleurae

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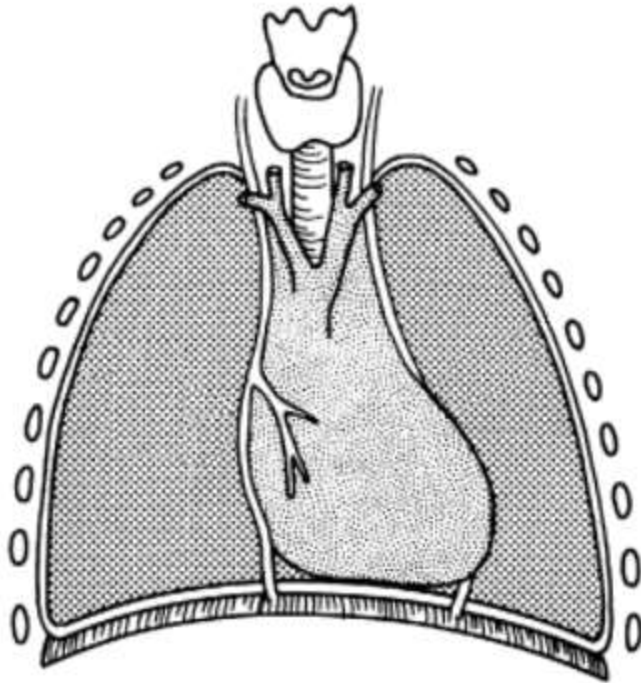
What makes the two pleurae follow each other closely?↗
It's much like two pieces of plastic food wrap. You know that if you put a little water between two thin plastic sheets they are quite hard to separate.

The **SURFACE TENSION** between the two sheets makes it difficult to pull them apart, but the fluid is **MUCOSAL** in nature, so it is **SLIPPERY** as well. The **SLIPPERY FLUID** lets the lungs **SLIDE** around within the thorax as the thorax expands. Without the fluid, the linings would be rough and would not slide.

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More important than surface tension, there is a **NEGATIVE PRESSURE** between the two linings. The linings are **AIR TIGHT**. As they are **PULLED APART** during contraction of the diaphragm or elevation of the rib cage, the **VOLUME** within the intrapleural space **INCREASES**. Boyle's Law says that as volume in the space **INCREASES** the pressure in that space **DECREASES**.

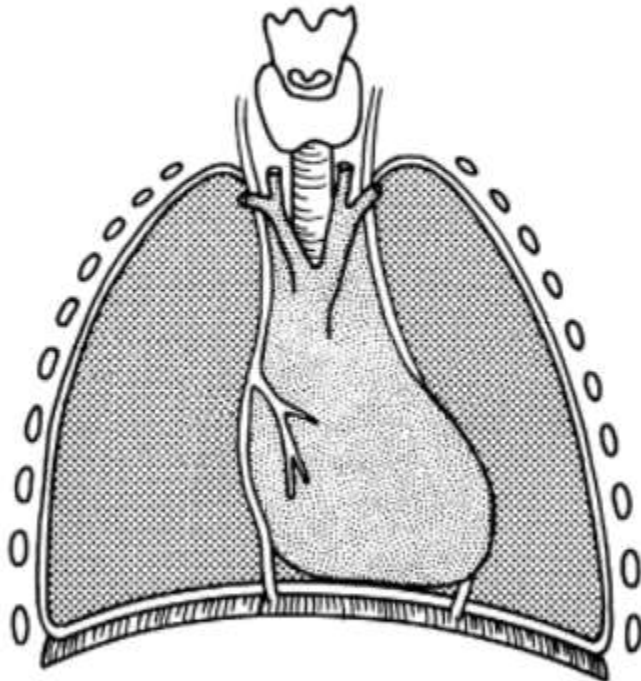
That is, as the **RIB CAGE EXPANDS** and **DIAPHRAGM CONTRACTS**, a **NEGATIVE PRESSURE** is generated **BETWEEN** the parietal and visceral linings.→The two linings will tend to stay together because of this "suction" effect, and the lungs will tend to follow the thorax.

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Through a quirk of nature the lungs are **SMALLER** than the **THORAX**. An infant's lungs exactly fit the thorax, but as she develops her **THORAX** grows faster than her **LUNGS**, so that the lungs are **STRETCHED** to fill the space.

An adult's lungs are like a small sponge stretched to fill a large bottle. The linings continually pull the lungs into this **STRETCHED** position.

When the thorax expands, the lungs stretch even more.

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The fluid between the parietal and visceral pleurae is ____ which makes the surfaces slippery.

increases

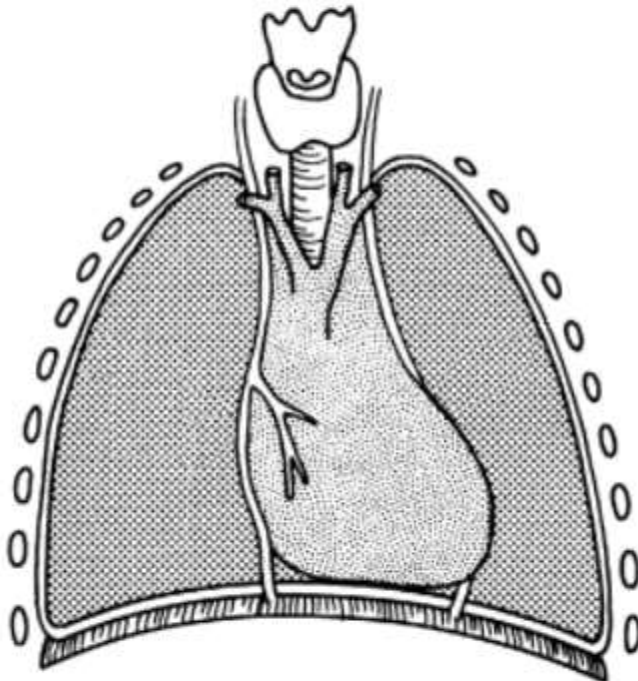
decreases

surface pressure

negative pressure

mucosal

air-tight

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Deep in the thorax is the most important muscle of the body. The heart lies within the **MEDIASTINUM**, or "middle space."

Within the mediastinal pleurae are the heart, esophagus, nerves and blood vessels.

The mediastinum is deep and protected. The heart must be hidden from external trauma. The thorax is muscle and bone. Within the thorax are the lungs. Deepest to all of these is the heart.



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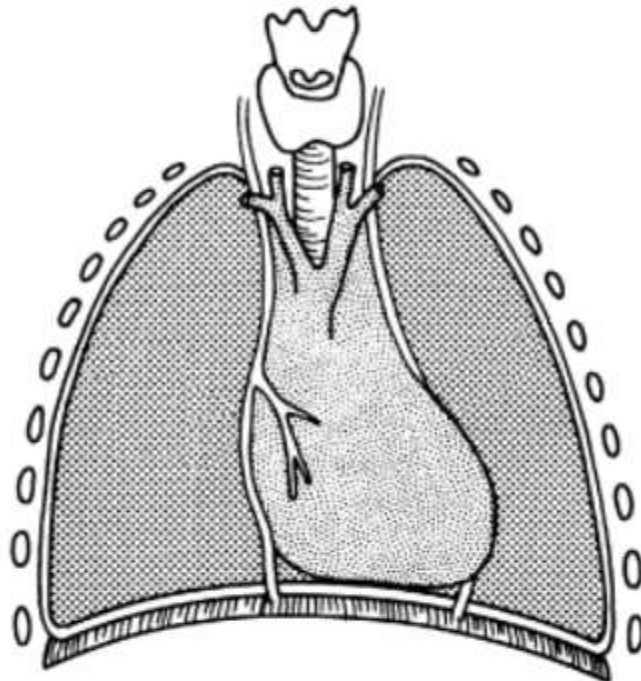
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Identify the mediastinum and associated structures before we take a quiz!

mediastinum

trachea

lungs

costal pleurae

diaphragmatic pleurae

apical pleurae

ribs

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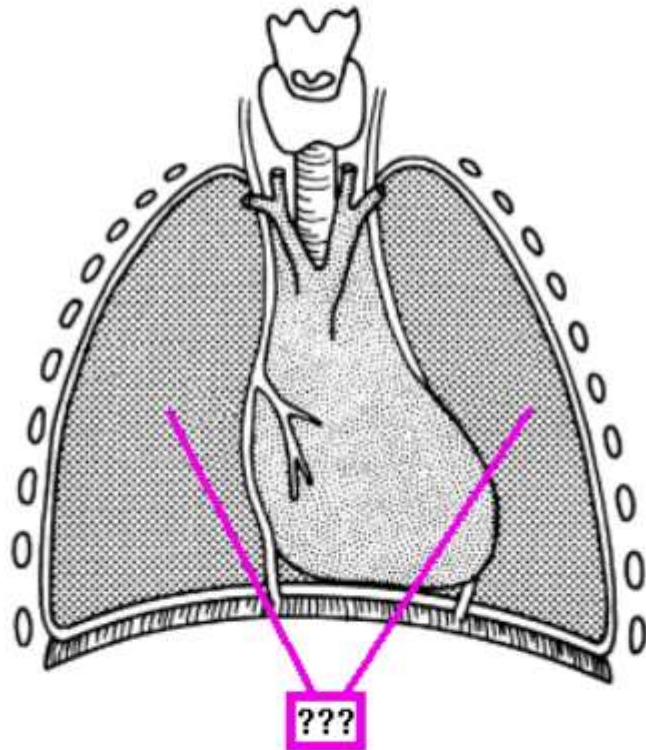
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What's highlighted now?

mediastinum

trachea

lungs

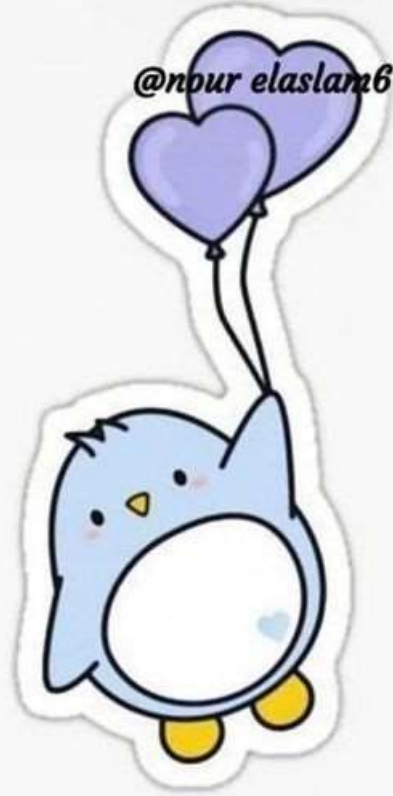
costal pleurae

diaphragmatic pleurae

visceral pleurae

ribs

أزيك يا صاحبي
هيجي اليوم اللي
هتكون فخور جداً
بنفسك وبكل الصعب
اللي عديته لوحدك،
كمل سعي يا صاحبي
مفيش مجهود بيضيع ♥



Good Luck