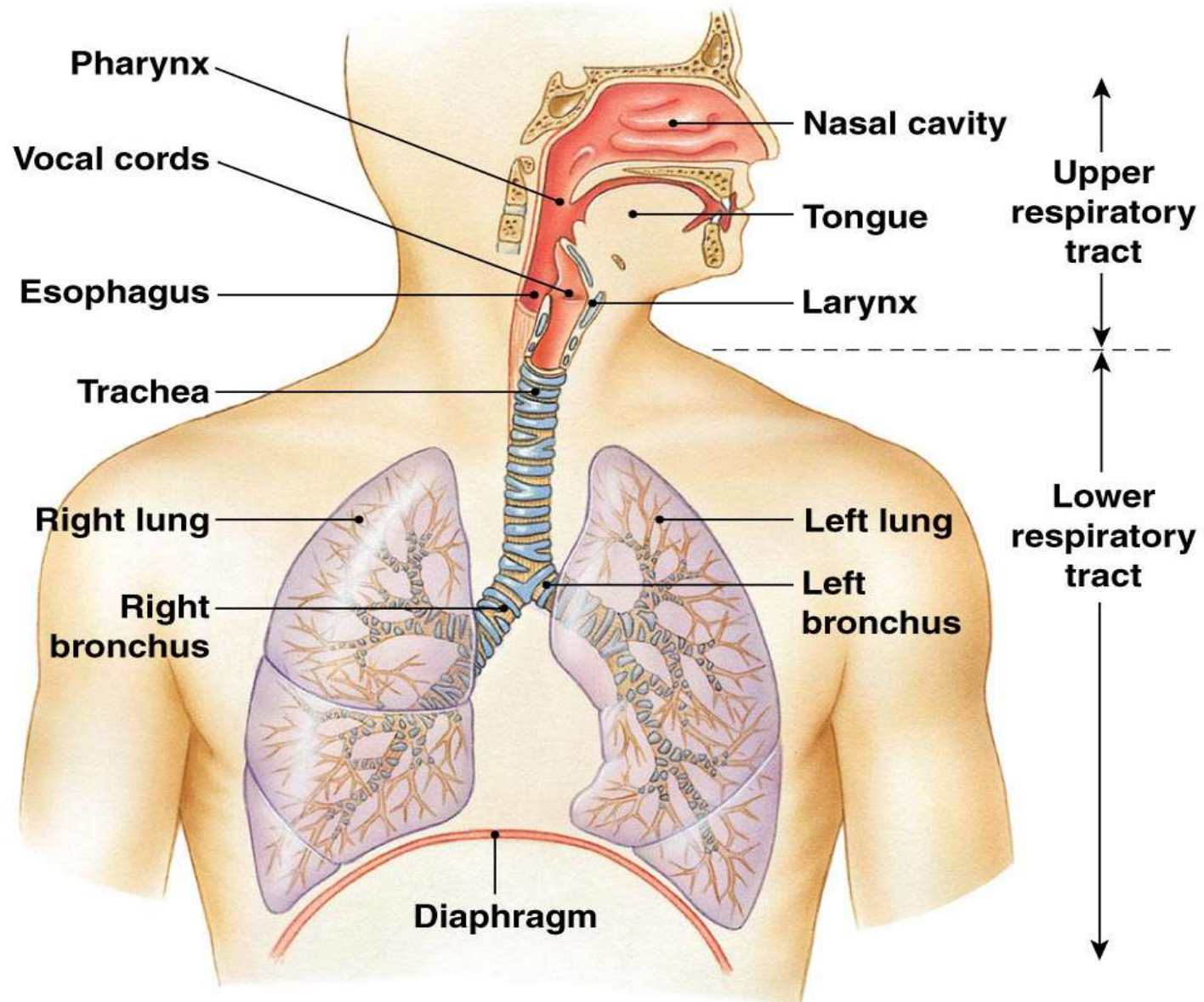

Respiratory System

- Consists of the respiratory and conducting zones
- Respiratory zone:
 - Site of gas exchange
 - Consists of bronchioles, alveolar ducts, and alveoli
- Conducting zone:
 - Conduits for air to reach the sites of gas exchange
 - Includes all other respiratory structures (e.g., nose, nasal cavity, pharynx, trachea)
- Respiratory muscles – diaphragm and other muscles that promote ventilation

Respiratory System

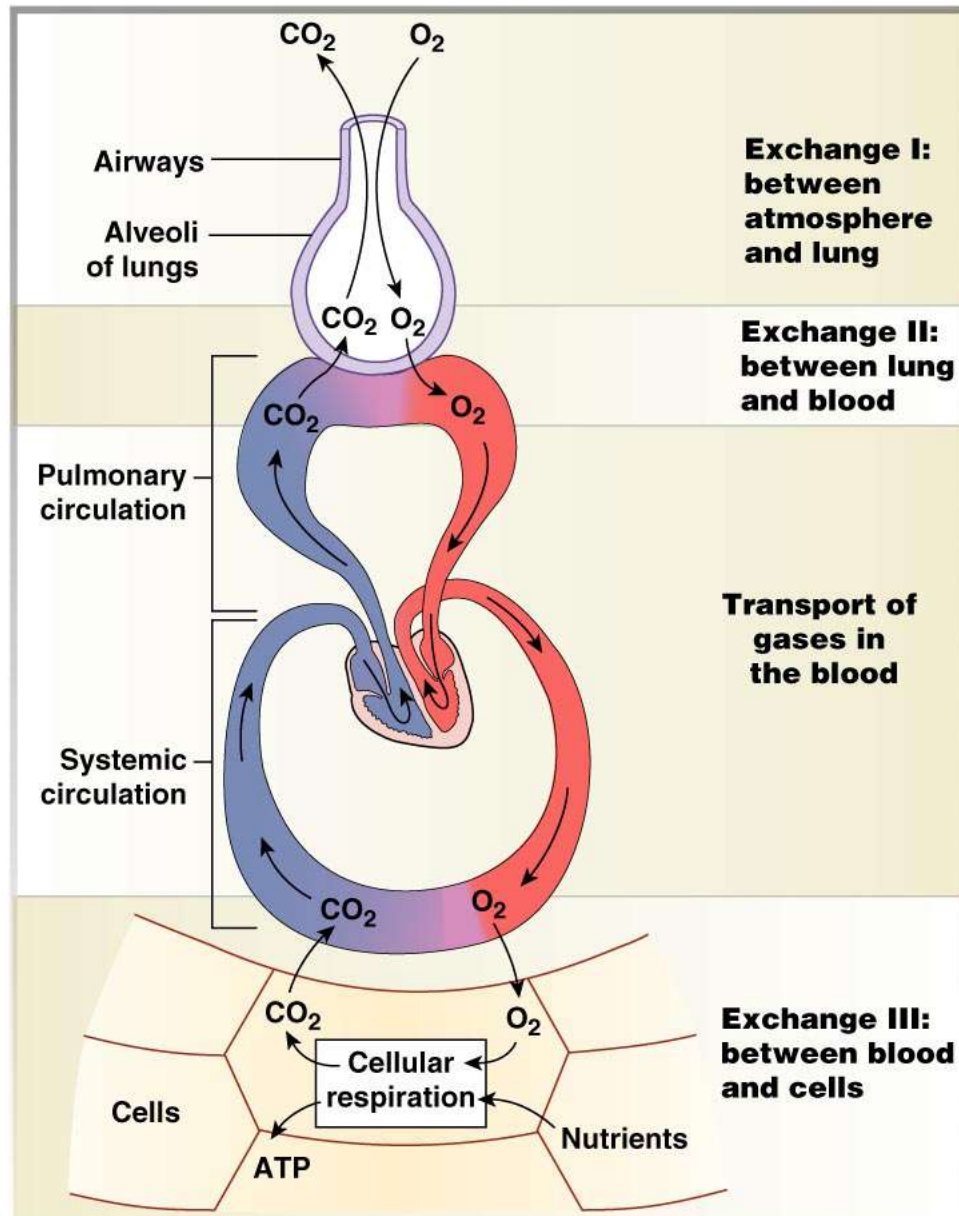


Major Functions of the Respiratory System

- To supply the body with oxygen and dispose of carbon dioxide
- Respiration – four distinct processes must happen
 - Pulmonary ventilation – moving air into and out of the lungs
 - External respiration – gas exchange between the lungs and the blood

Major Functions of the Respiratory System

- Transport – transport of oxygen and carbon dioxide between the lungs and tissues
- Internal respiration – gas exchange between systemic blood vessels and tissues



Copyright © 2007 Pearson Education, Inc., publishing as Benjamin Cummings.

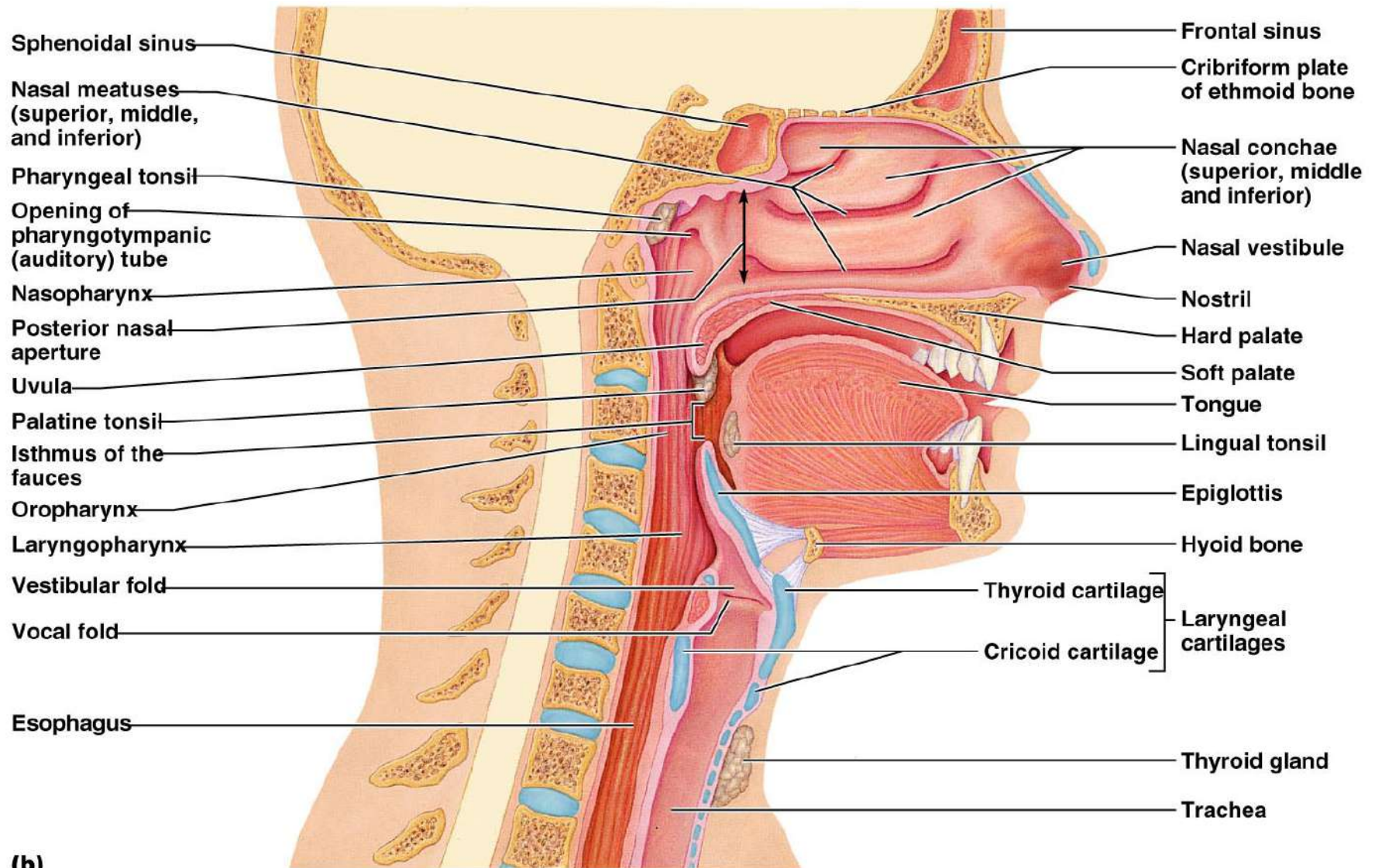
Function of the Nose

- The only externally visible part of the respiratory system that functions by:
 - Providing an airway for respiration
 - Moistening and warming the entering air
 - Filtering inspired air and cleaning it of foreign matter
 - Serving as a resonating chamber for speech
 - Housing the olfactory receptors

Nasal Cavity

- Vestibule – nasal cavity superior to the nares
 - Vibrissae – hairs that filter coarse particles from inspired air
- Olfactory mucosa
 - Lines the superior nasal cavity
 - Contains smell receptors
- Respiratory mucosa
 - Lines the balance of the nasal cavity
 - Glands secrete mucus containing lysozyme and defensins to help destroy bacteria

Nasal Cavity



(b)

Functions of the Nasal Mucosa and Conchae

- During inhalation the conchae and nasal mucosa:
 - Filter, heat, and moisten air
- During exhalation these structures:
 - Reclaim heat and moisture
 - Minimize heat and moisture loss

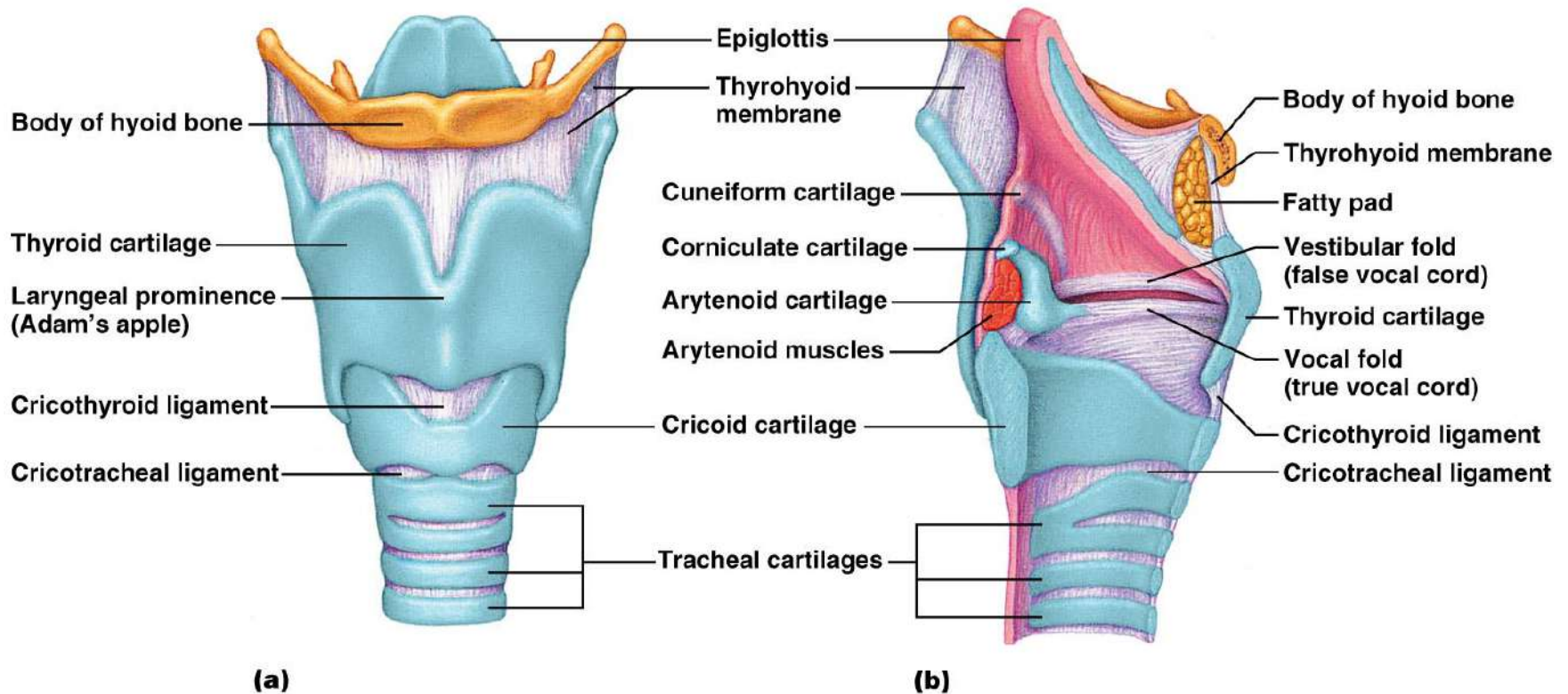
Pharynx

- It is divided into three regions
 - Nasopharynx
 - Oropharynx
 - Laryngopharynx

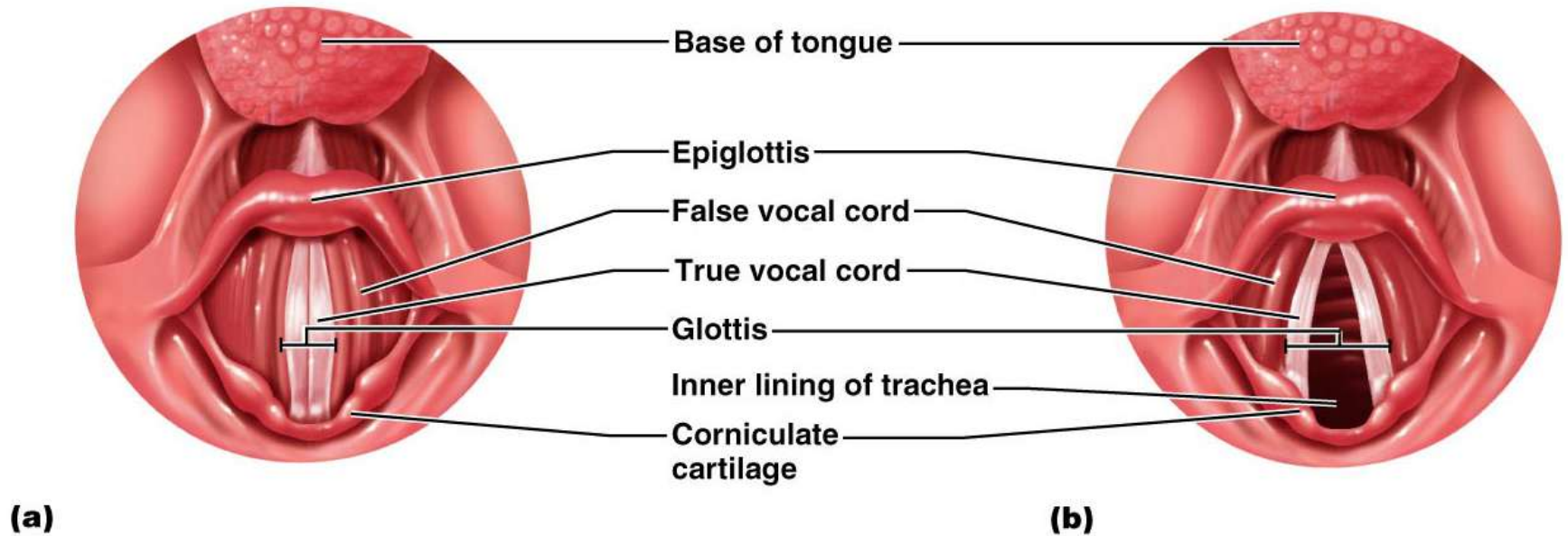
Larynx (Voice Box)

- Attaches to the hyoid bone and opens into the laryngopharynx superiorly
- Continuous with the trachea posteriorly
- The three functions of the larynx are:
 - To provide a patent airway
 - To act as a switching mechanism to route air and food into the proper channels
 - To function in voice production

Framework of the Larynx



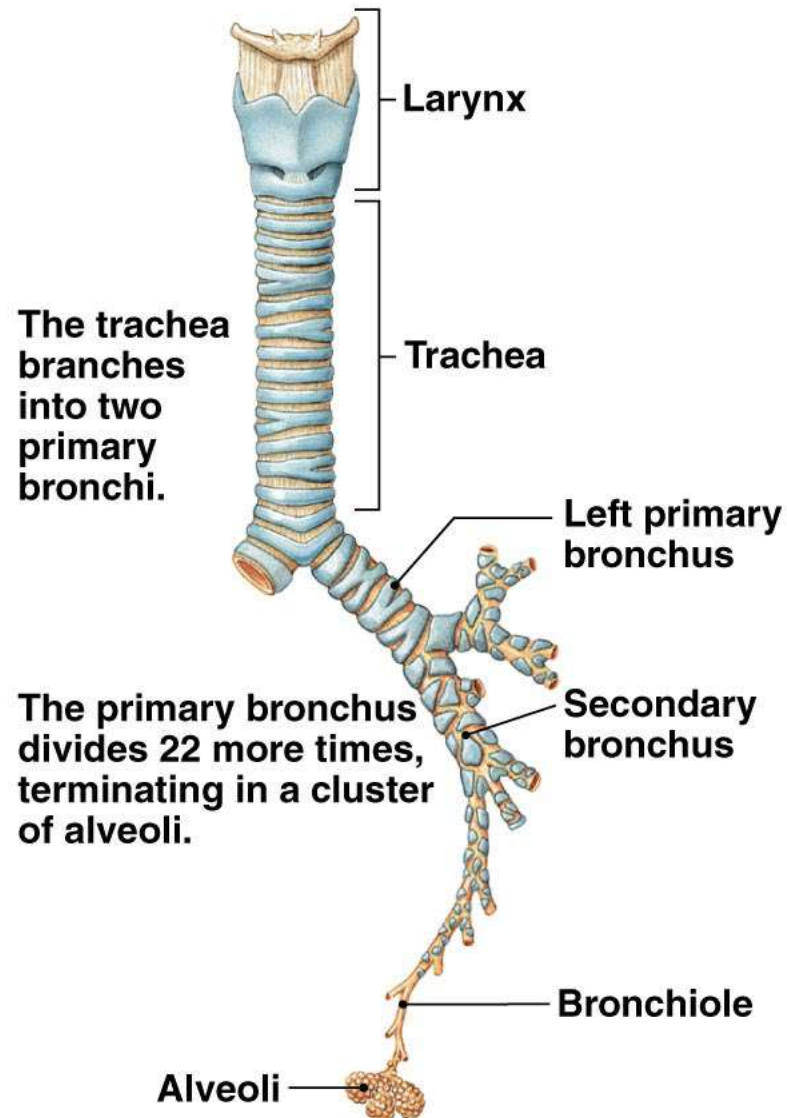
Movements of Vocal Cords



Trachea

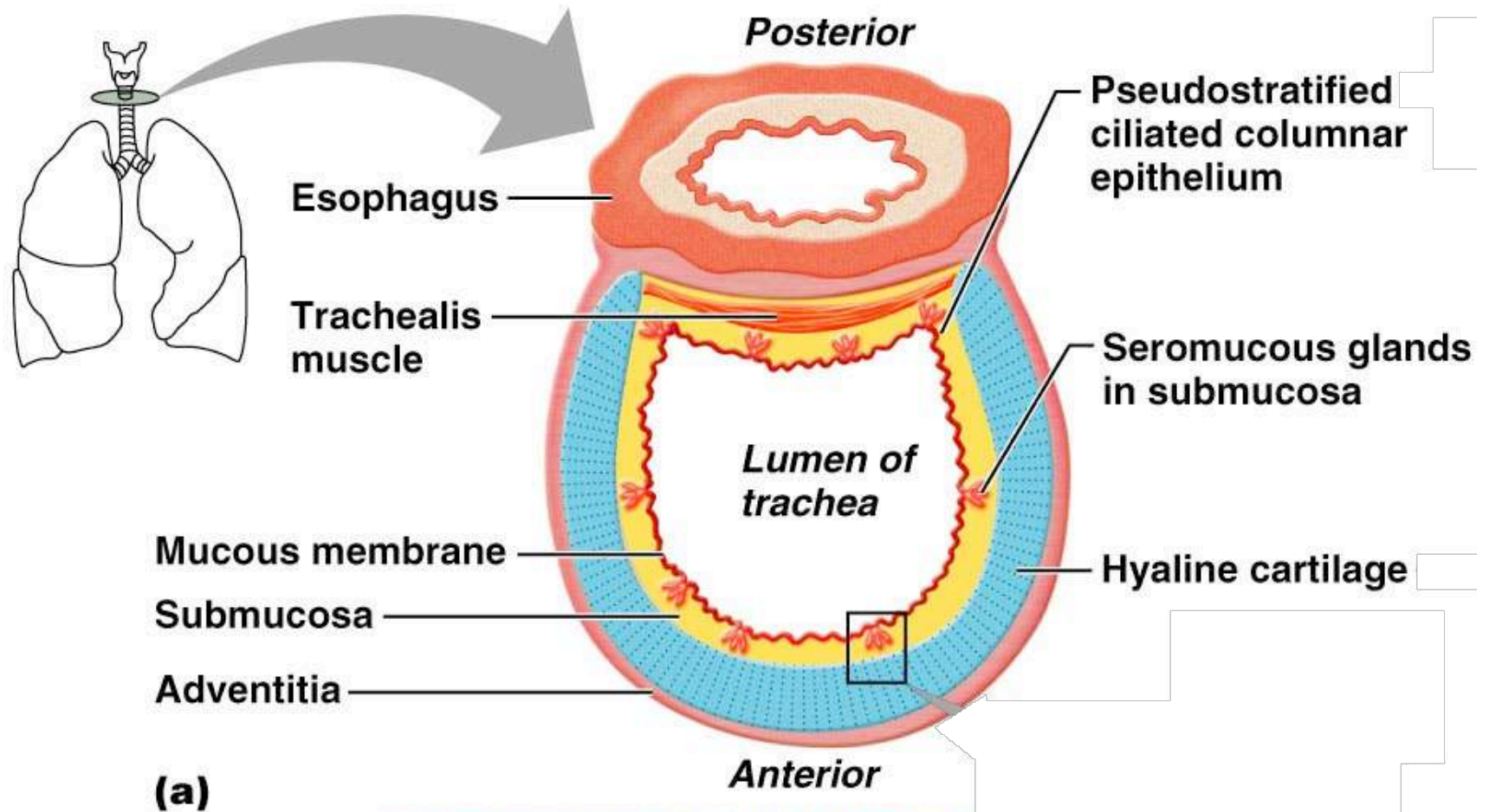
- Flexible and mobile tube extending from the larynx into the mediastinum
- Composed of three layers
 - Mucosa – made up of goblet cells and ciliated epithelium
 - Submucosa – connective tissue deep to the mucosa
 - Adventitia – outermost layer made of C-shaped rings of hyaline cartilage

(e) Branching of airways



Copyright © 2007 Pearson Education, Inc., publishing as Benjamin Cummings.

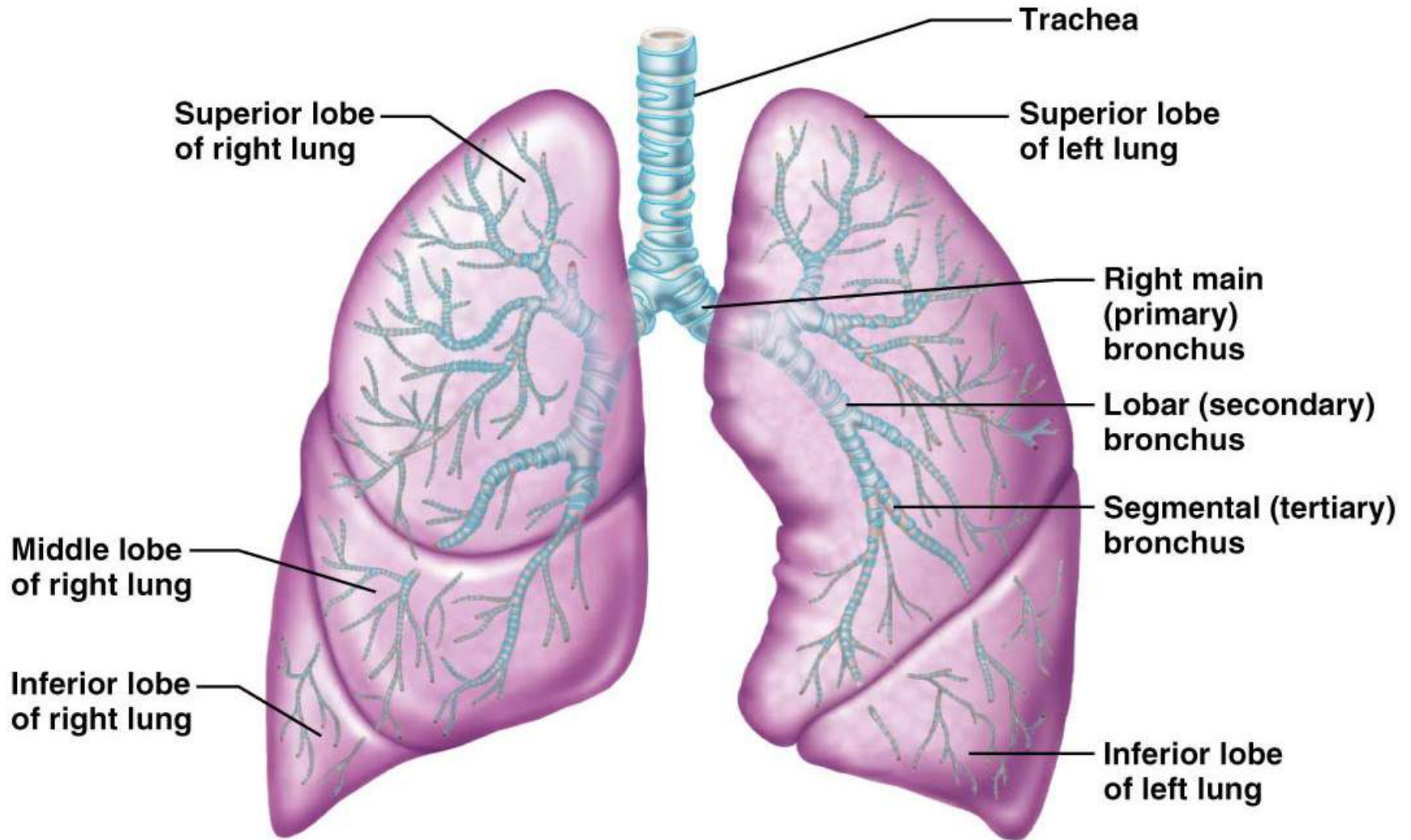
Trachea



Conducting Zone: Bronchi

- Carina of the last tracheal cartilage marks the end of the trachea and the beginning of the bronchi
- Air reaching the bronchi is:
 - Warm and cleansed of impurities
 - Saturated with water vapor
- Bronchi subdivide into secondary bronchi, each supplying a lobe of the lungs
- Air passages undergo 23 orders of branching

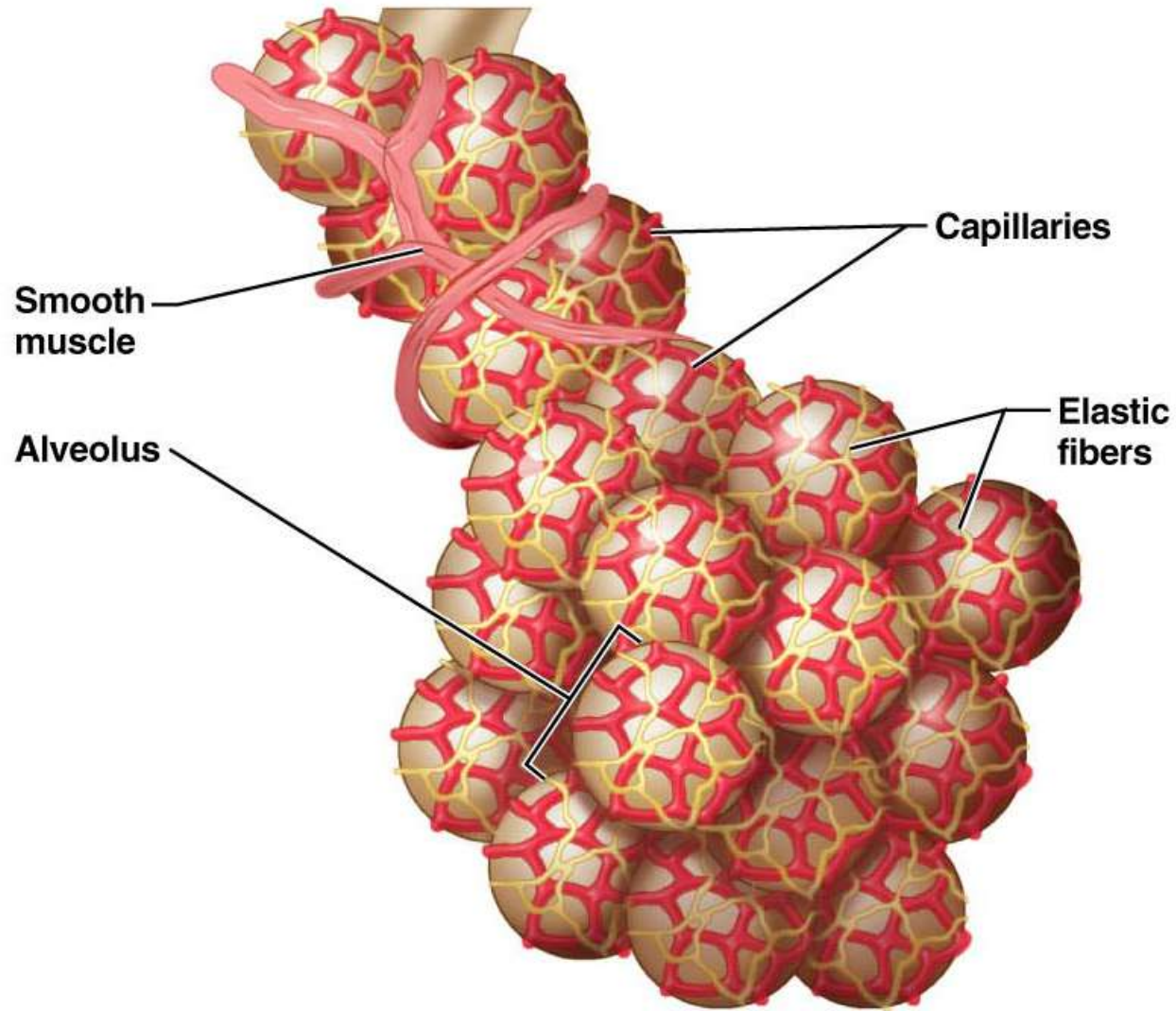
Conducting Zones



Respiratory Zone

- Defined by the presence of alveoli; begins as terminal bronchioles feed into respiratory bronchioles
- Respiratory bronchioles lead to alveolar ducts, then to terminal clusters of alveolar sacs composed of alveoli
- Approximately 300 million alveoli:
 - Account for most of the lungs' volume
 - Provide tremendous surface area for gas exchange

Respiratory Membrane

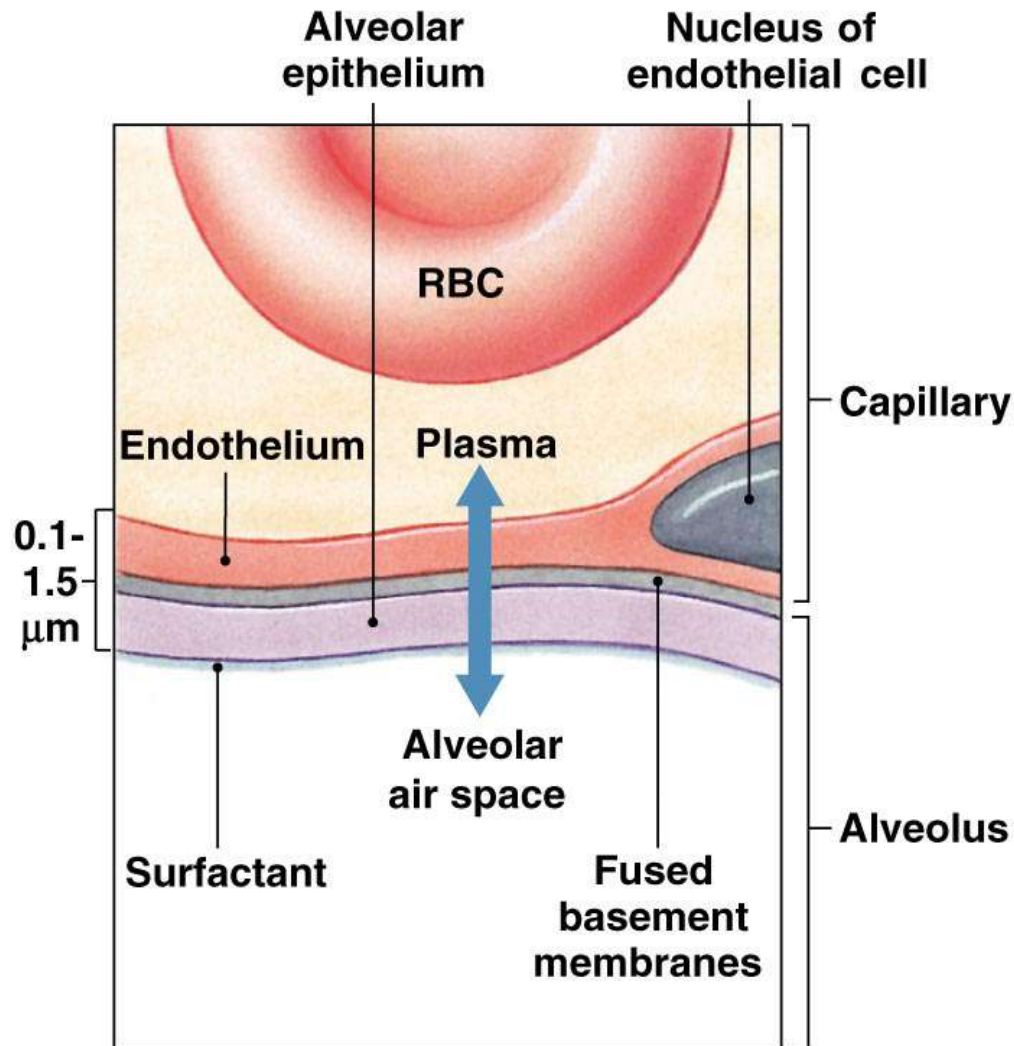


(b)

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
 - Secrete angiotensin converting enzyme (ACE)
- Type II cells secrete surfactant

(h) Exchange surface of alveoli



Blue arrow represents gas exchange between alveolar air space and the plasma.

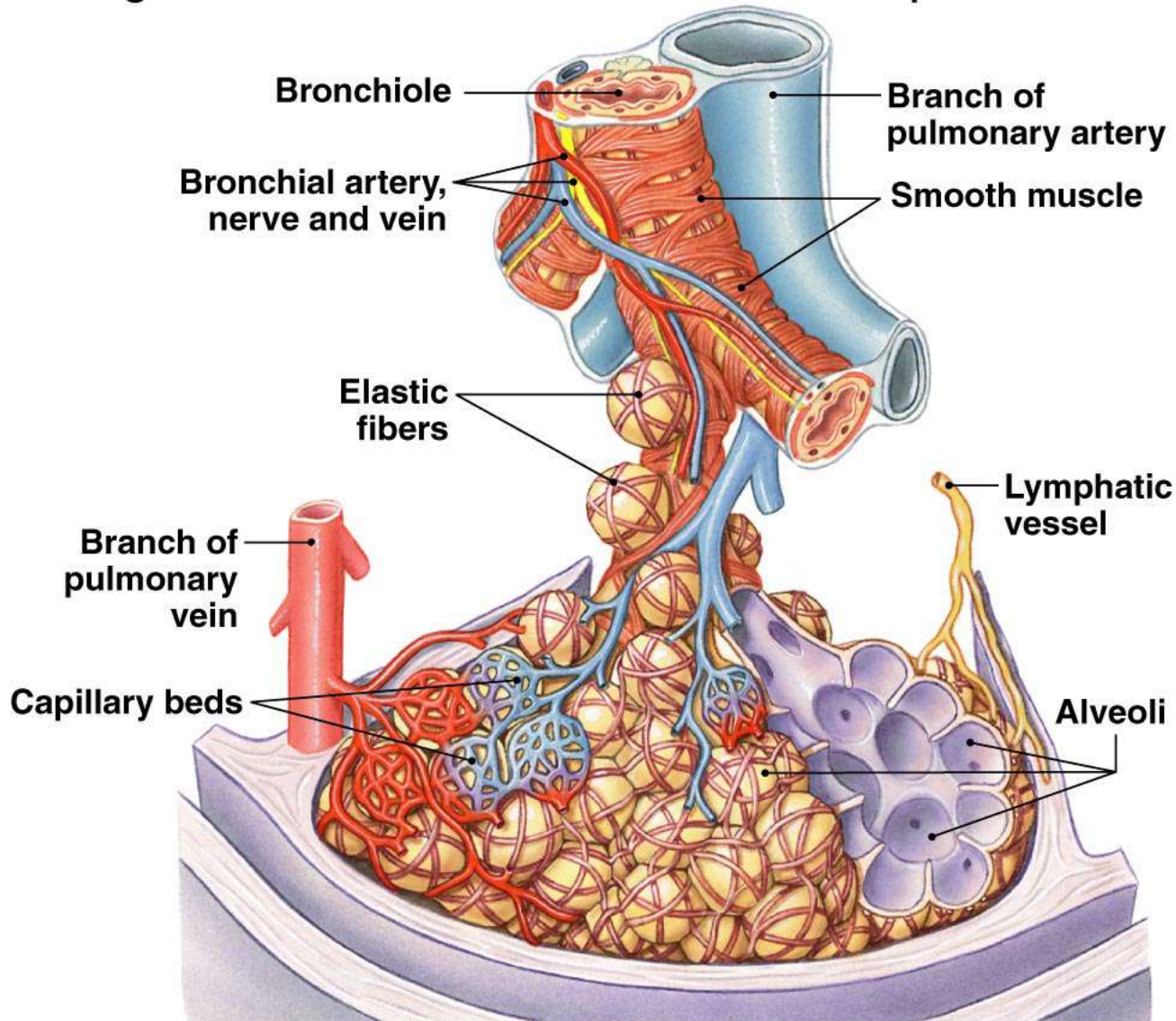
Copyright © 2007 Pearson Education, Inc., publishing as Benjamin Cummings.

Alveoli

- Surrounded by fine elastic fibers
- Contain open pores that:
 - Connect adjacent alveoli
 - Allow air pressure throughout the lung to be equalized
- House macrophages that keep alveolar surfaces sterile

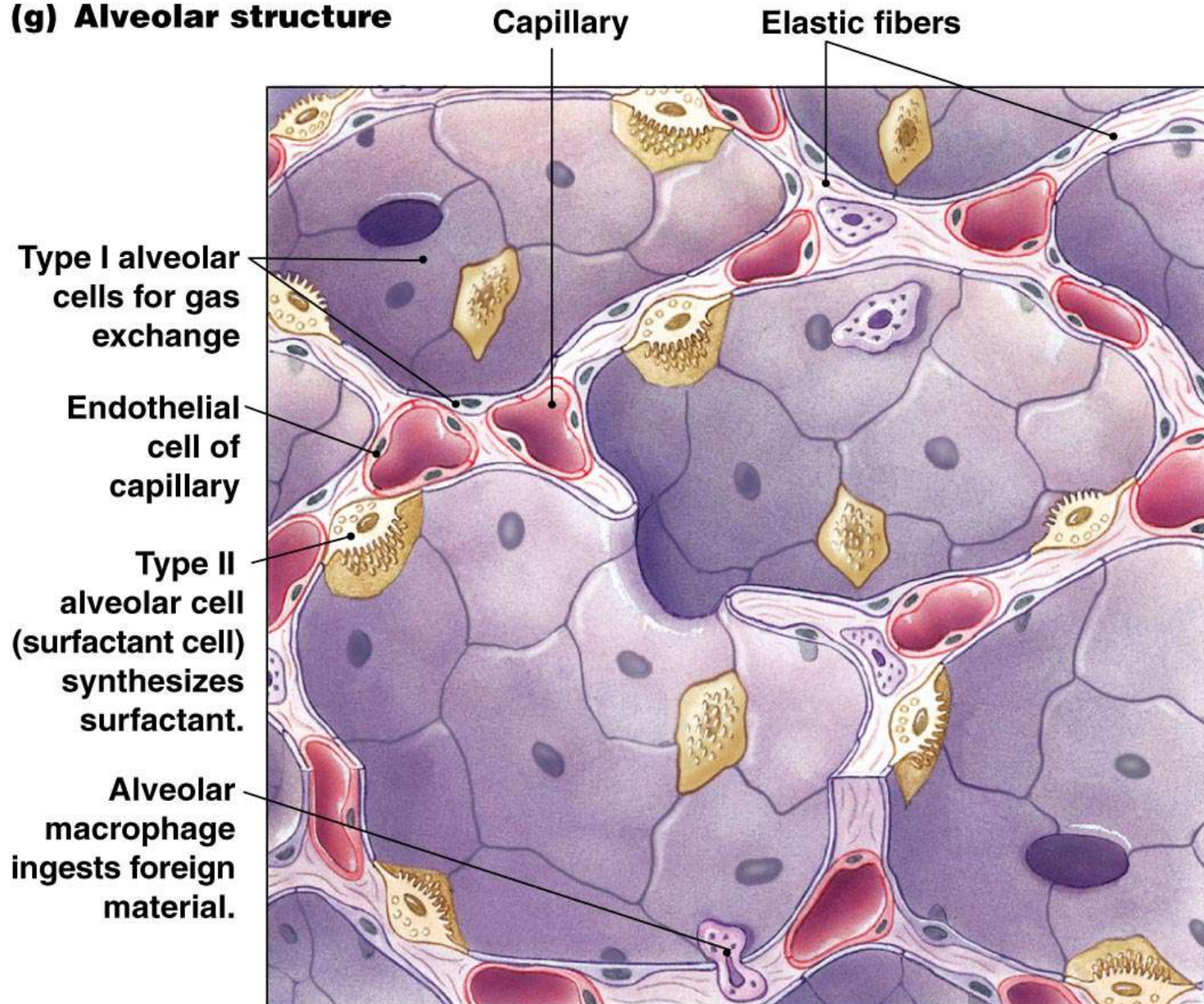
(f) Structure of lung lobule

Each cluster of alveoli is surrounded by elastic fibers and a network of capillaries.



Copyright © 2007 Pearson Education, Inc., publishing as Benjamin Cummings.

(g) Alveolar structure

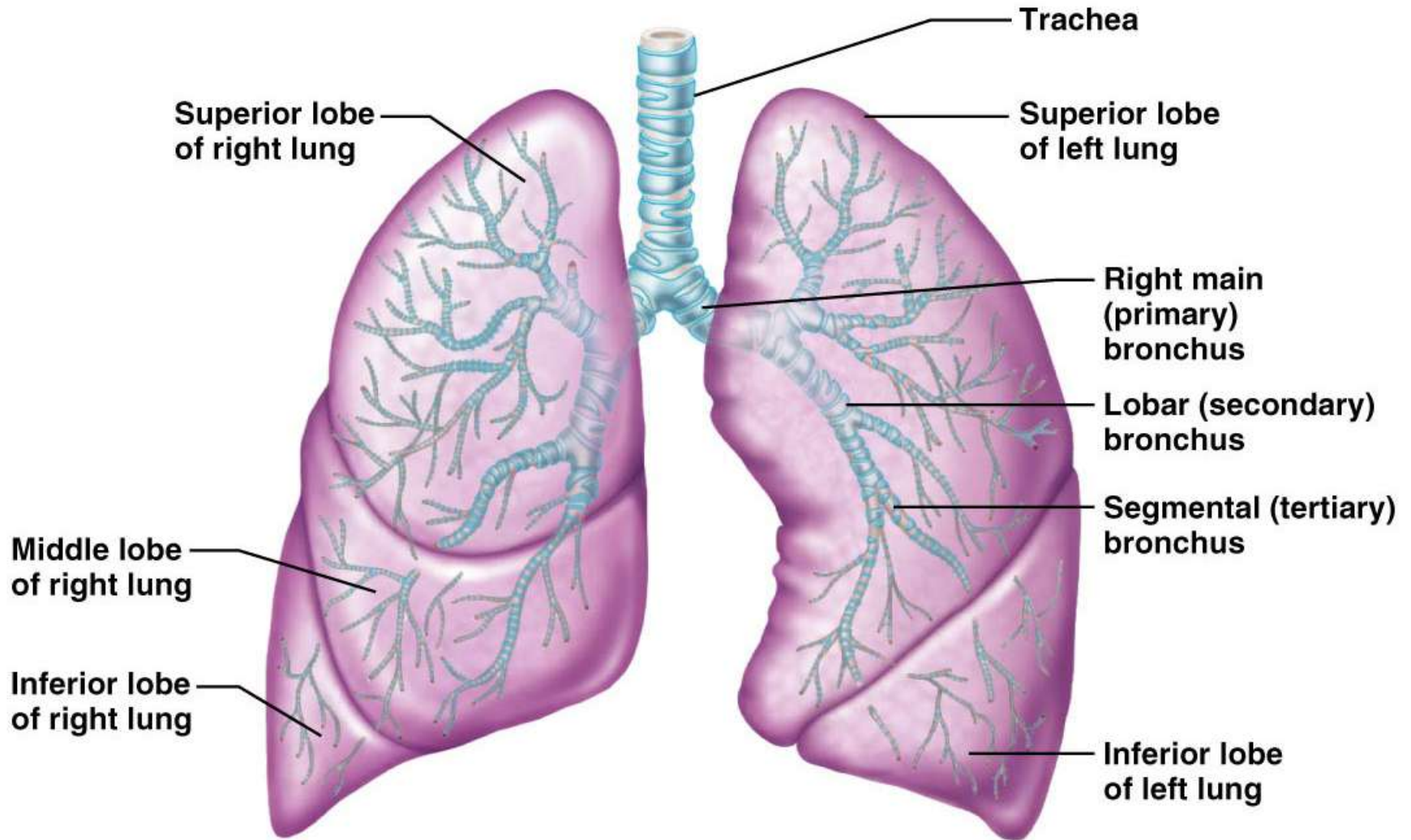


Copyright © 2007 Pearson Education, Inc., publishing as Benjamin Cummings.

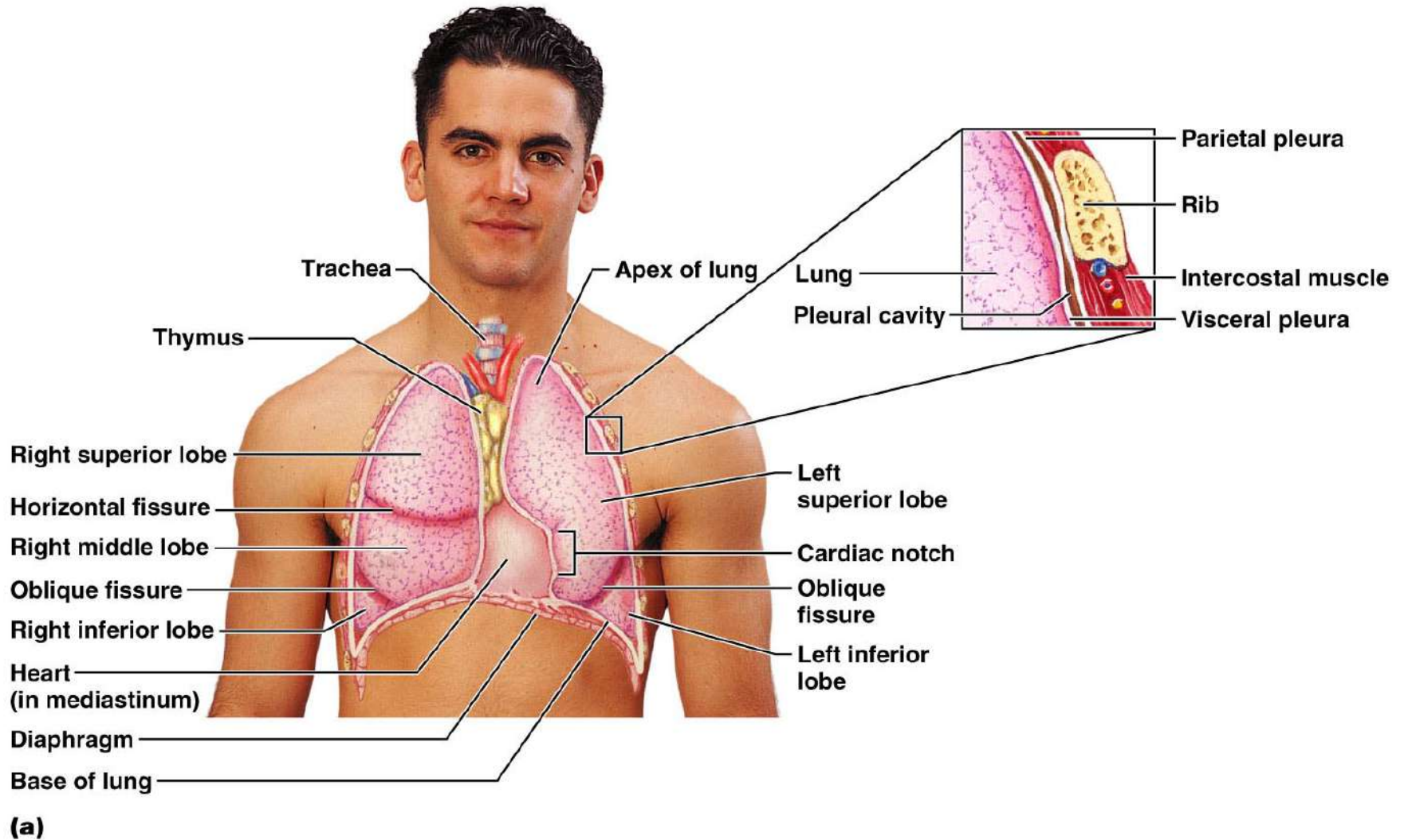
Gross Anatomy of the Lungs

- Lungs occupy all of the thoracic cavity except the mediastinum
 - Root – site of vascular and bronchial attachments
 - Costal surface – anterior, lateral, and posterior surfaces in contact with the ribs
 - Apex – narrow superior tip
 - Base – inferior surface that rests on the diaphragm
 - Hilus – indentation that contains pulmonary and systemic blood vessels

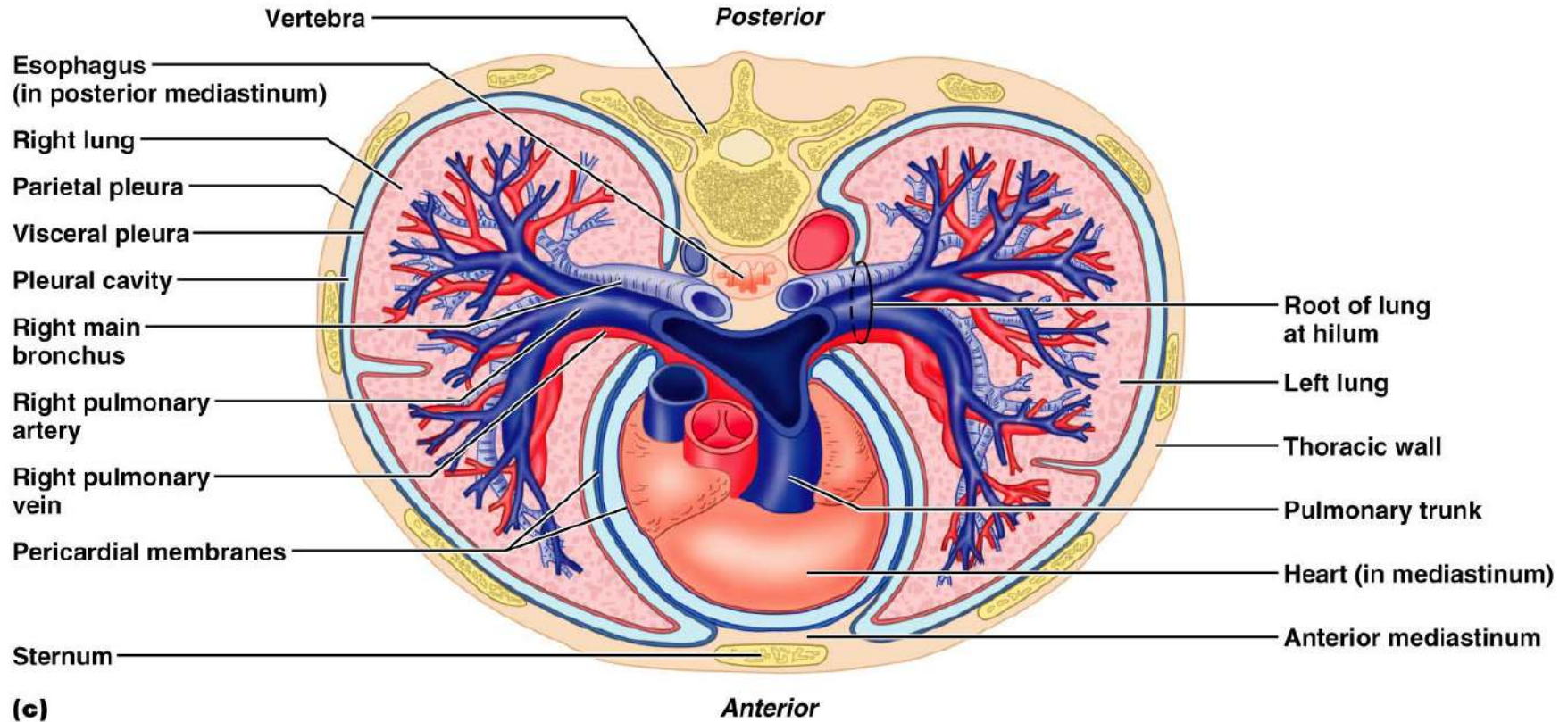
Conducting Zones



Organs in the Thoracic Cavity



Transverse Thoracic Section



Blood Supply to Lungs

- Bronchial arteries – provide systemic blood to the lung tissue
 - Arise from aorta and enter the lungs at the hilus
 - Supply all lung tissue except the alveoli
- Bronchial veins anastomose with pulmonary veins
- Pulmonary veins carry most venous blood back to the heart

Pleurae

- Thin, double-layered serosa
- Parietal pleura
 - Covers the thoracic wall and superior face of the diaphragm
 - Continues around heart and between lungs
- Visceral pleura
- Covers the lungs

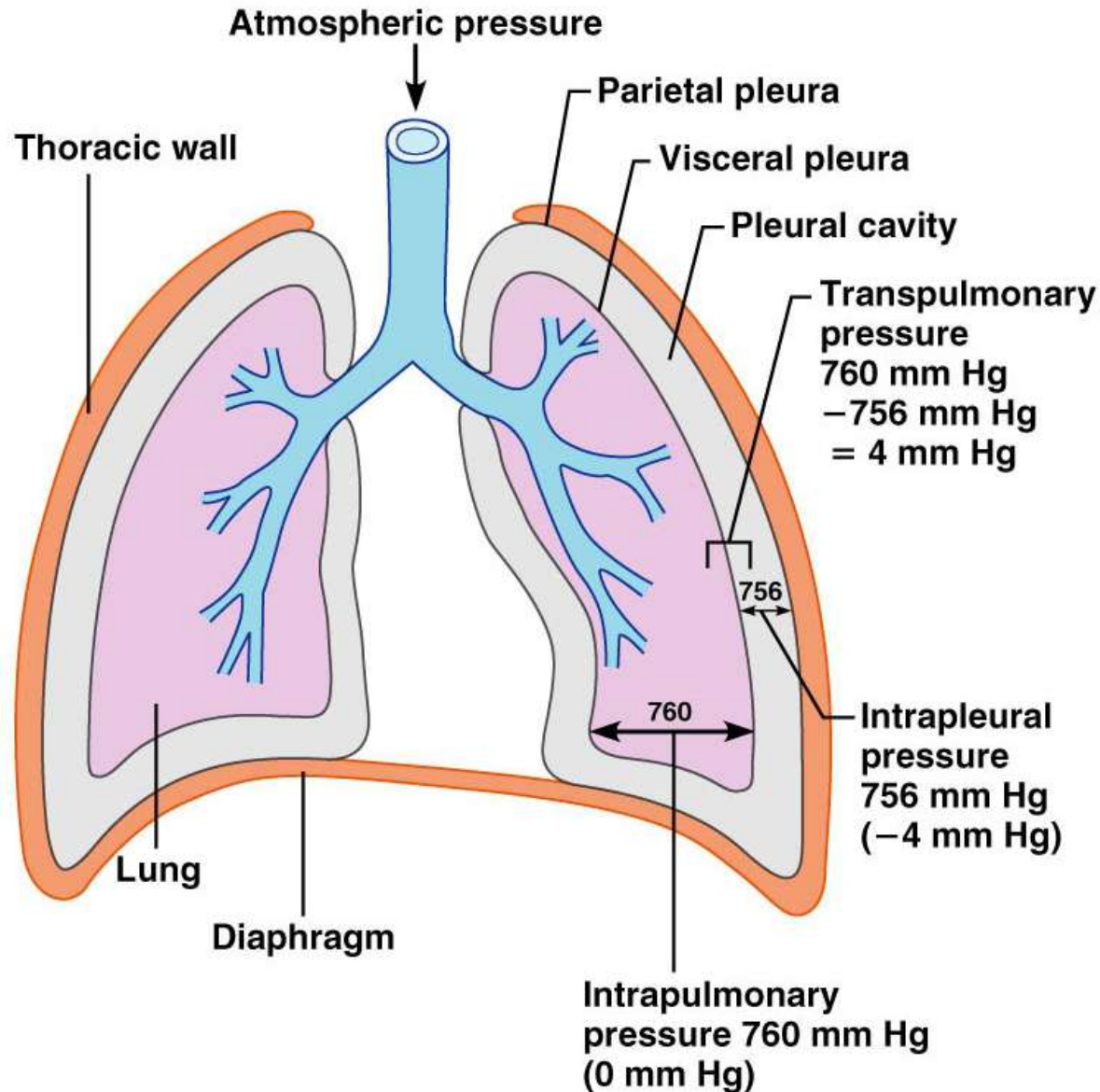
Pressure Relationships in the Thoracic Cavity

- Intrapulmonary pressure (P_{pul}) – pressure within the alveoli
- Intrapleural pressure (P_{ip}) – pressure within the pleural cavity

Pressure Relationships

- Two forces act to pull the lungs away from the thoracic wall, promoting lung collapse
 - Elasticity of lungs causes them to assume smallest possible size
 - Surface tension of alveolar fluid draws alveoli to their smallest possible size
- Opposing force – elasticity of the chest wall pulls the thorax outward to enlarge the lungs

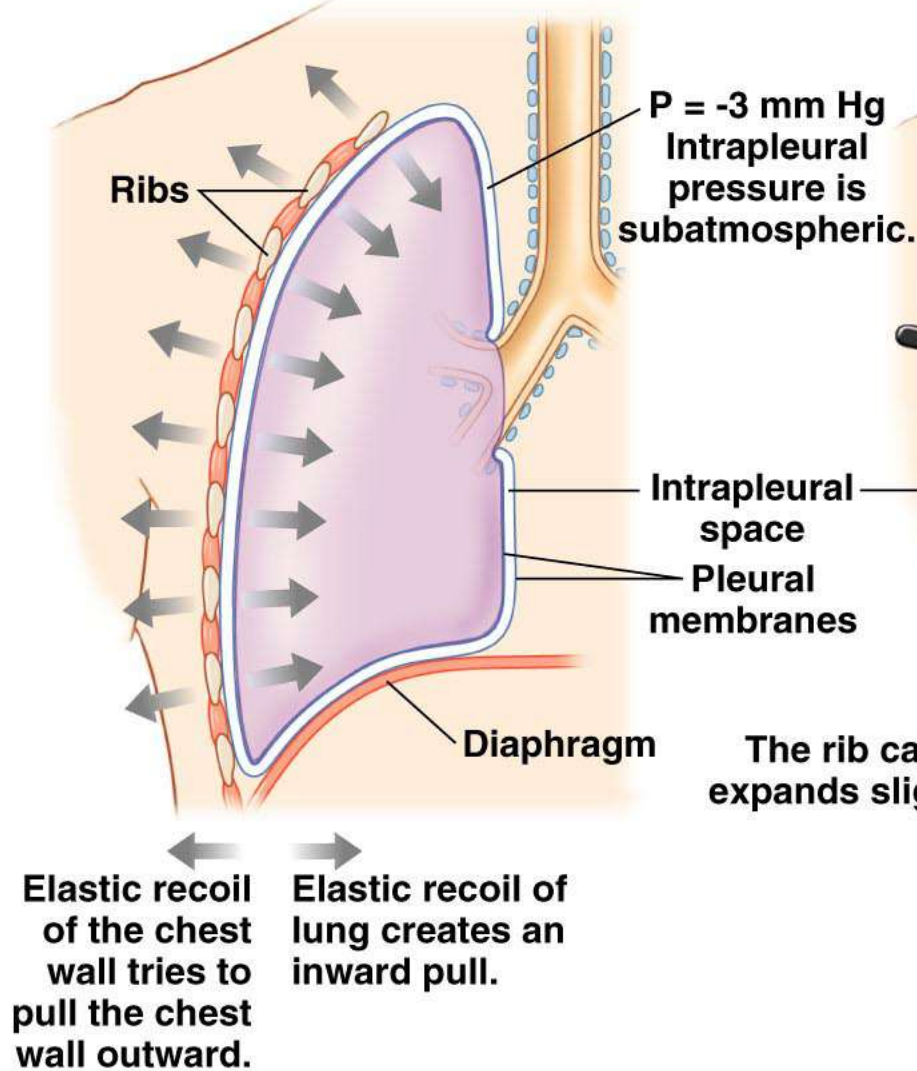
Pressure Relationships



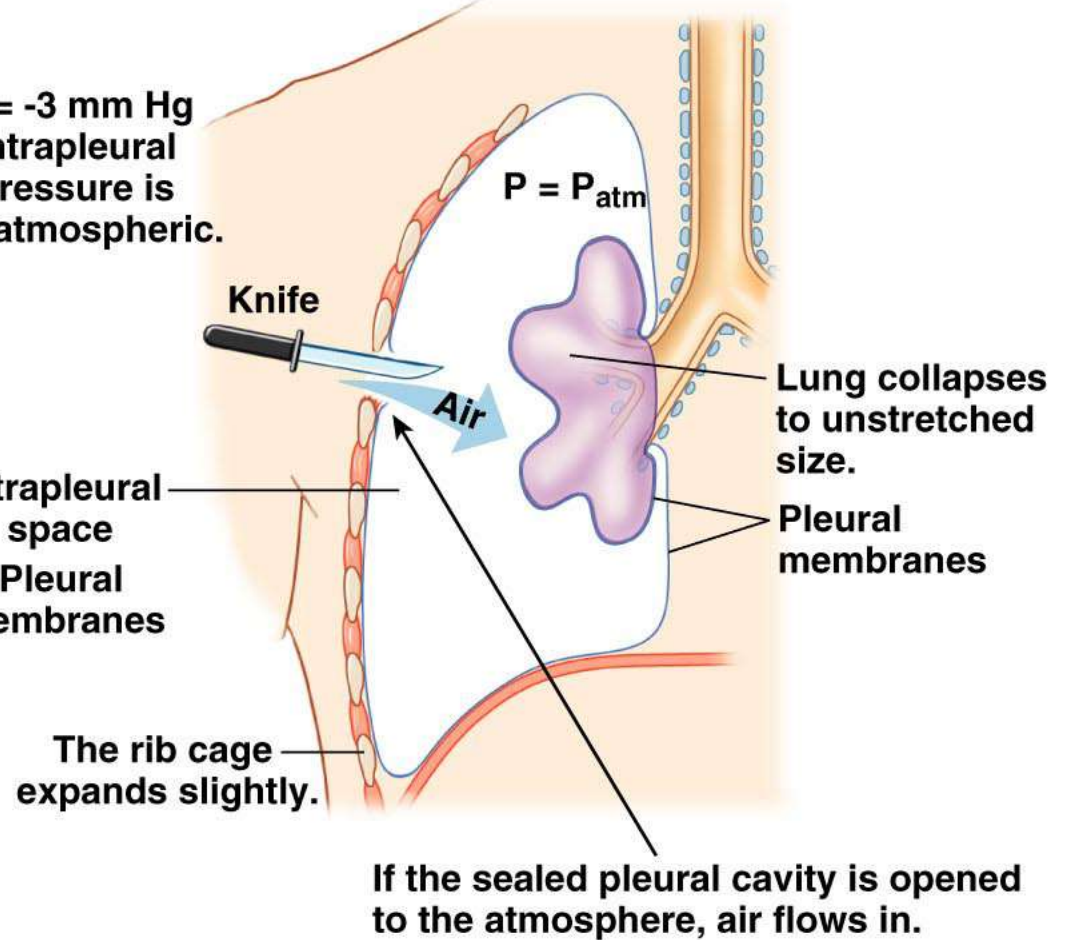
Lung Collapse

- Caused by equalization of the intrapleural pressure with the intrapulmonary pressure
- Transpulmonary pressure keeps the airways open
 - Transpulmonary pressure – difference between the intrapulmonary and intrapleural pressures
($P_{pul} - P_{ip}$)

(a) Normal lung at rest



(b) Pneumothorax

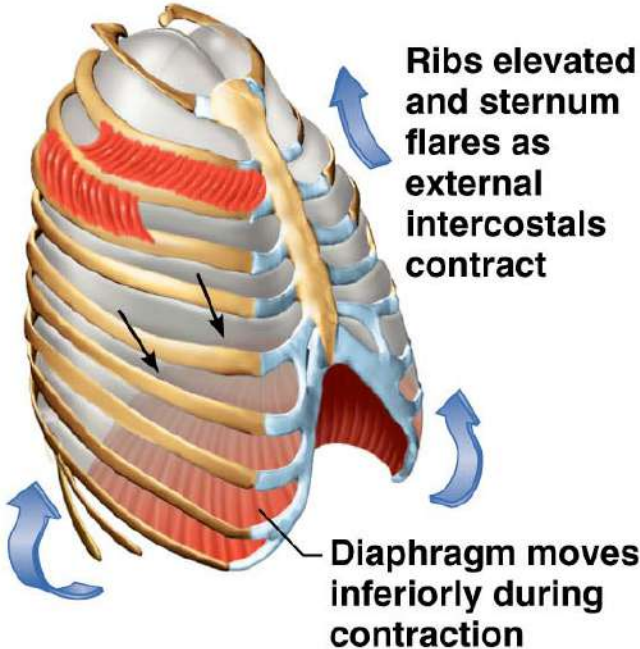
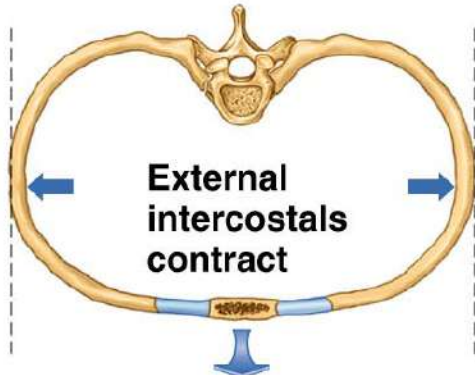


Copyright © 2007 Pearson Education, Inc., publishing as Benjamin Cummings.

Inspiration

- The diaphragm and external intercostal muscles (inspiratory muscles) contract and the rib cage rises
- The lungs are stretched and intrapulmonary volume increases
- Intrapulmonary pressure drops below atmospheric pressure (-1 mm Hg)
- Air flows into the lungs, down its pressure gradient, until intrapleural pressure = atmospheric pressure

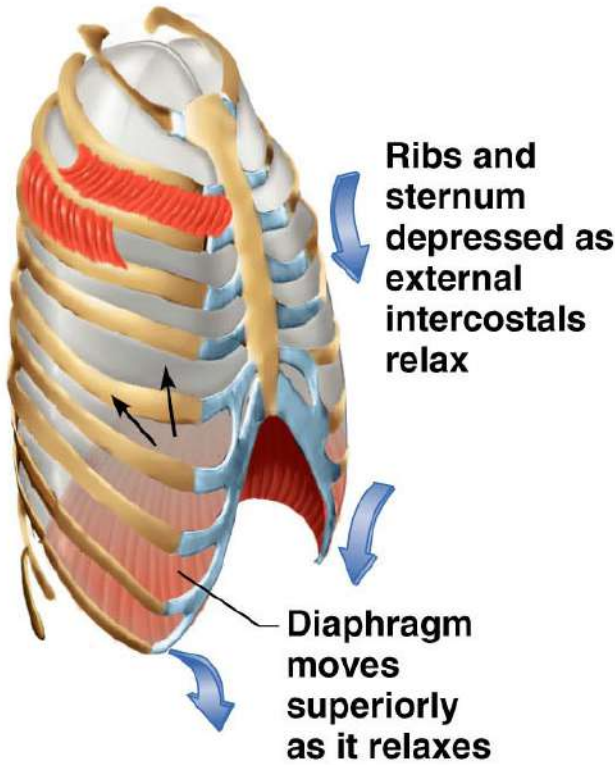
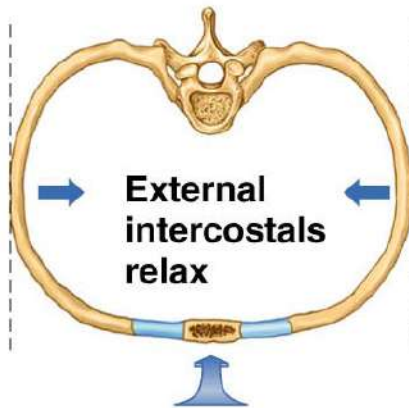
Inspiration

	Sequence of events	Changes in anterior-posterior and superior-inferior dimensions	Changes in lateral dimensions
Inspiration	<ol style="list-style-type: none"> ① Inspiratory muscles contract (diaphragm descends; rib cage rises) ② Thoracic cavity volume increases ③ Lungs stretched; intrapulmonary volume increases ④ Intrapulmonary pressure drops (to -1 mm Hg) ⑤ Air (gases) flows into lungs down its pressure gradient until intrapulmonary pressure is 0 (equal to atmospheric pressure) 	 <p>Ribs elevated and sternum flares as external intercostals contract</p> <p>Diaphragm moves inferiorly during contraction</p>	 <p>External intercostals contract</p>

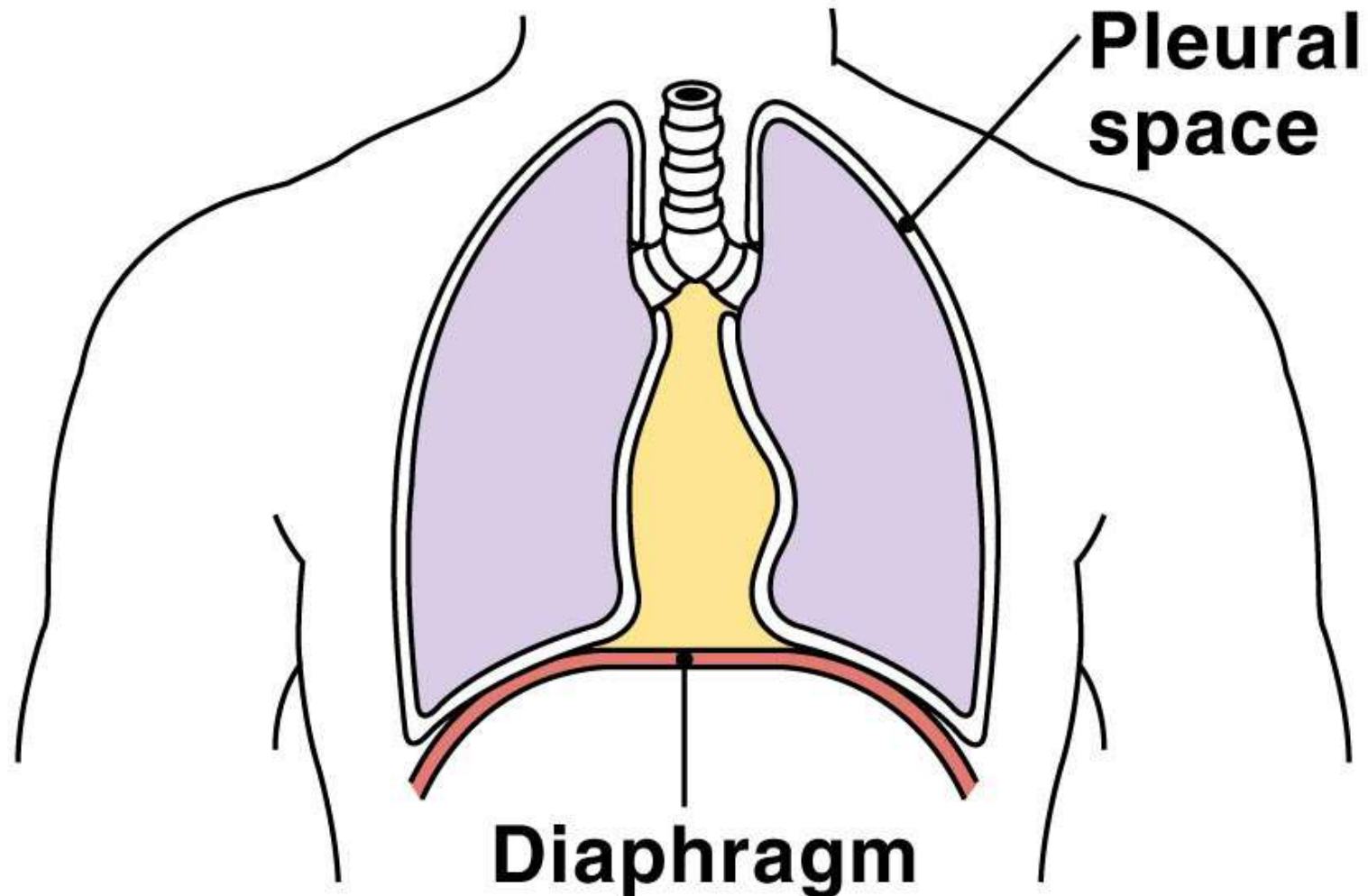
Expiration

- Inspiratory muscles relax and the rib cage descends due to gravity
- Thoracic cavity volume decreases
- Elastic lungs recoil passively and intrapulmonary volume decreases
- Intrapulmonary pressure rises above atmospheric pressure (+1 mm Hg)
- Gases flow out of the lungs down the pressure gradient until intrapulmonary pressure is 0

Expiration

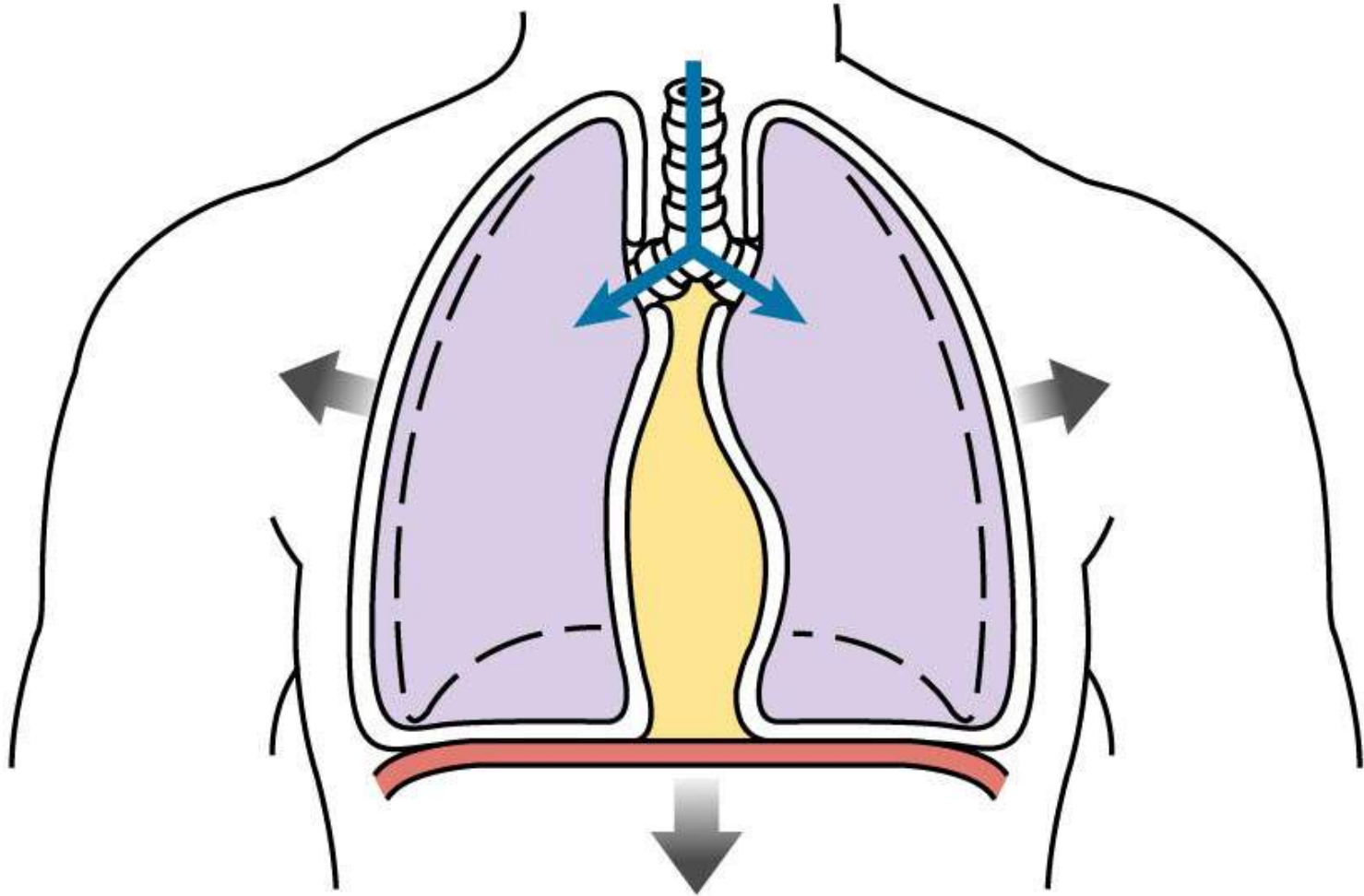
	Sequence of events	Changes in anterior-posterior and superior-inferior dimensions	Changes in lateral dimensions
Expiration	<ol style="list-style-type: none"> ① Inspiratory muscles relax (diaphragm rises; rib cage descends due to recoil of costal cartilages) ② Thoracic cavity volume decreases ③ Elastic lungs recoil passively; intrapulmonary volume decreases ④ Intrapulmonary pressure rises (to +1 mm Hg) ⑤ Air (gases) flows out of lungs down its pressure gradient until intrapulmonary pressure is 0 	 <p>Ribs and sternum depressed as external intercostals relax</p> <p>Diaphragm moves superiorly as it relaxes</p>	 <p>External intercostals relax</p>

(a) At rest, diaphragm is relaxed.



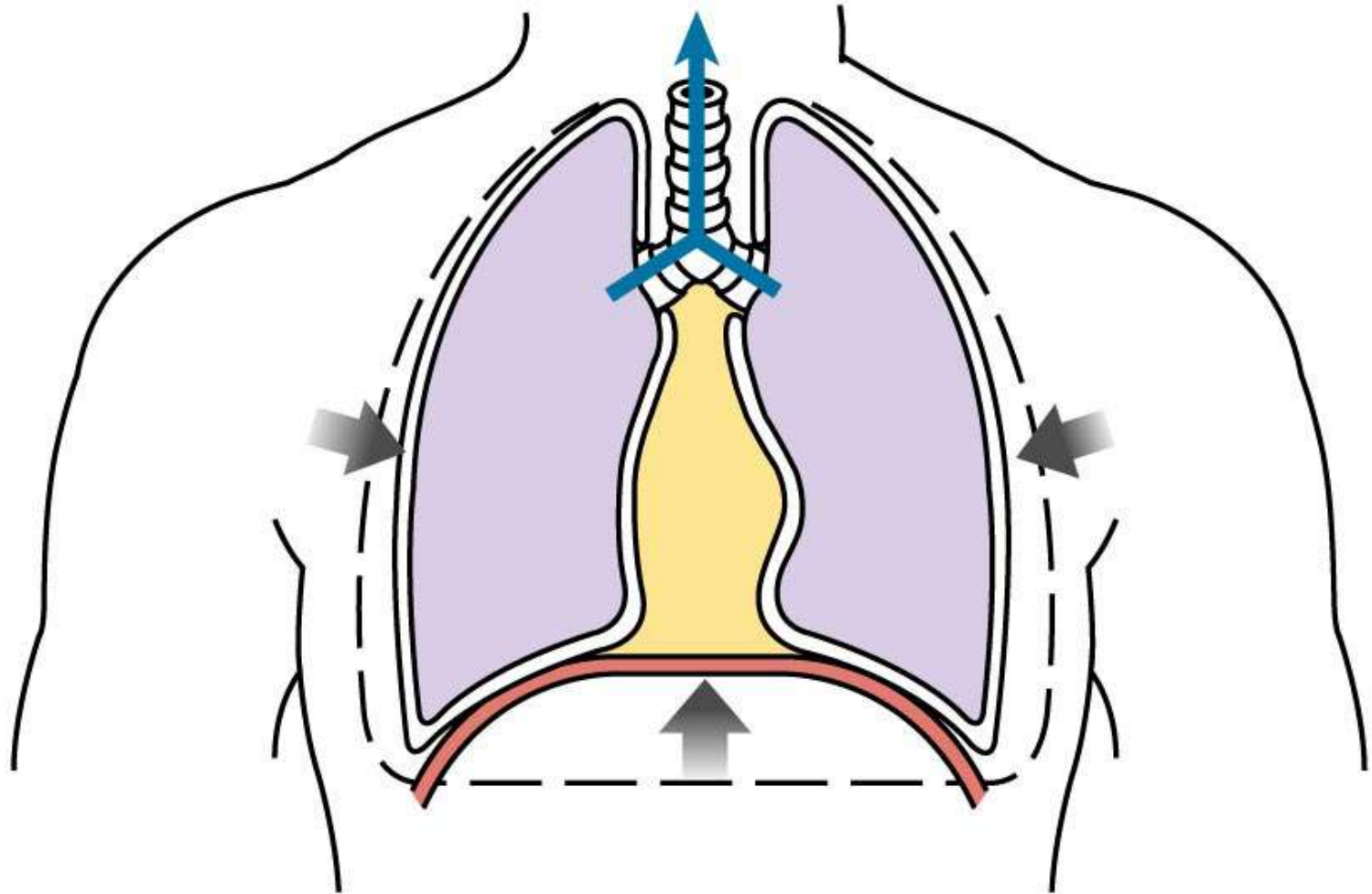
Copyright © 2007 Pearson Education, Inc., publishing as Benjamin Cummings.

(b) Diaphragm contracts, thoracic volume increases.

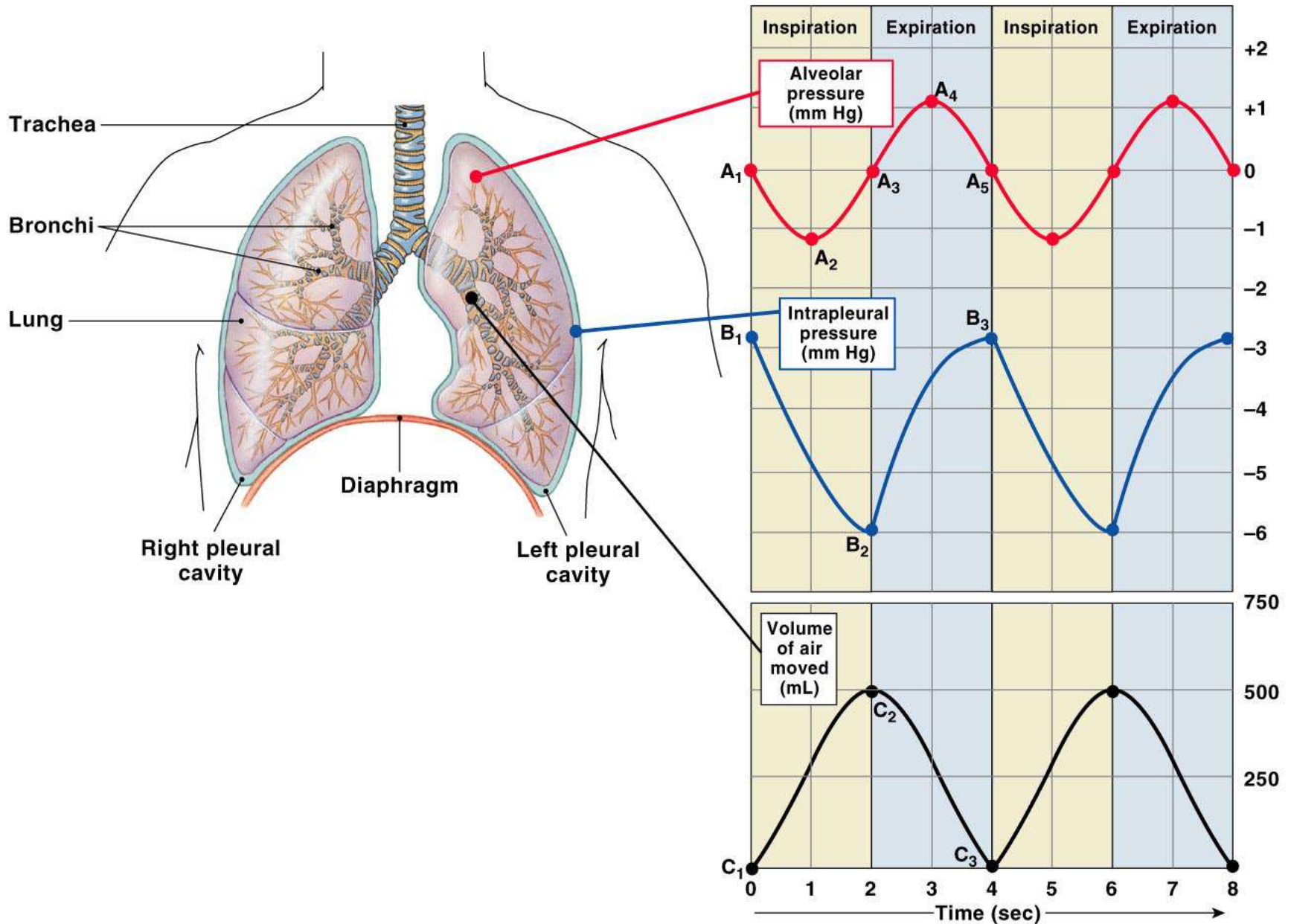


Copyright © 2007 Pearson Education, Inc., publishing as Benjamin Cummings.

(c) Diaphragm relaxes, thoracic volume decreases.



Copyright © 2007 Pearson Education, Inc., publishing as Benjamin Cummings.



Copyright © 2007 Pearson Education, Inc., publishing as Benjamin Cummings.

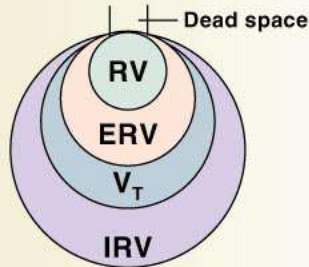
Lung Compliance

- The ease with which lungs can be expanded
- Specifically, the measure of the change in lung volume that occurs with a given change in transpulmonary pressure
- Determined by two main factors
 - Distensibility of the lung tissue and surrounding thoracic cage
 - Surface tension of the alveoli

Respiratory Volumes

- 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 strenuous expiration (1200 ml)

The four lung volumes

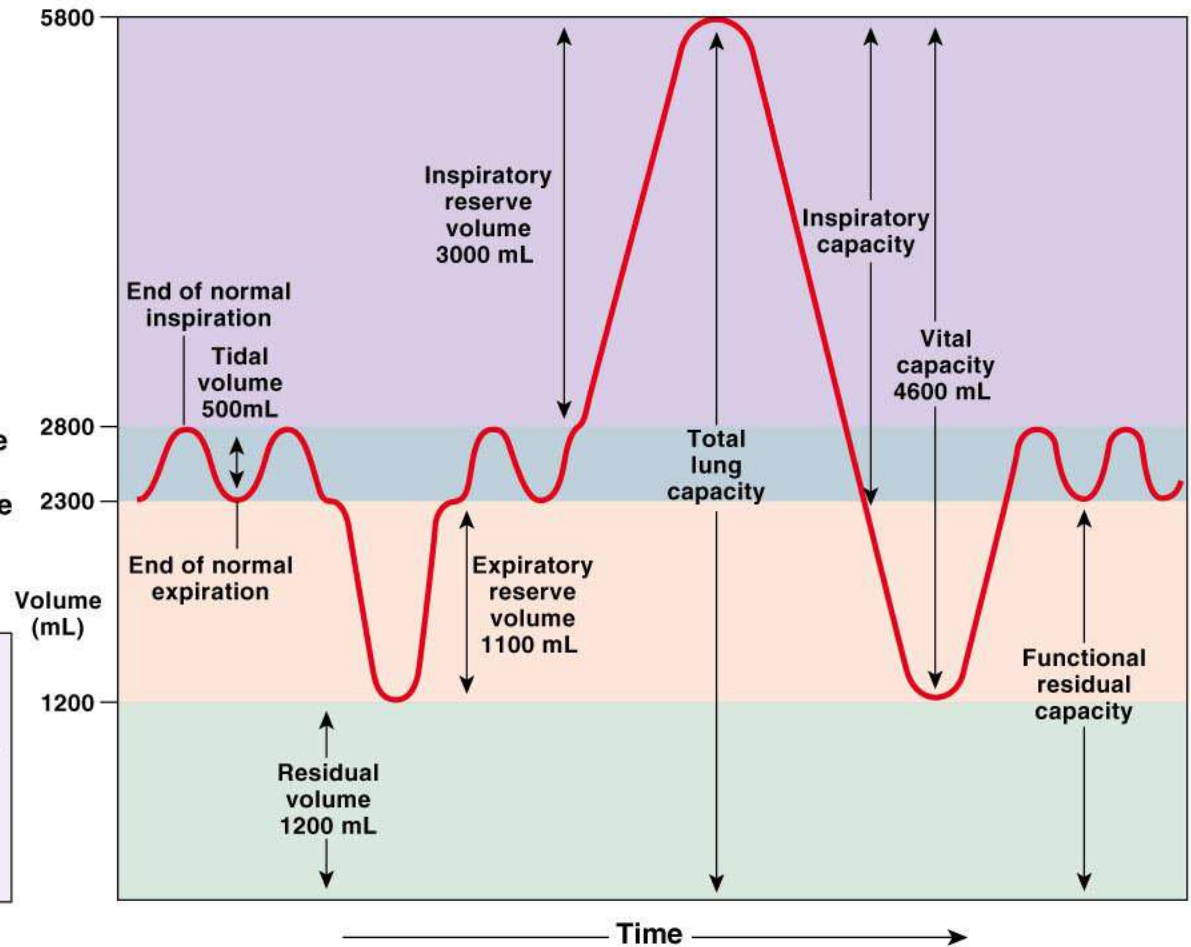


RV = Residual volume
 ERV = Expiratory reserve volume
 V_T = Tidal volume
 IRV = Inspiratory reserve volume

Pulmonary volumes

	Males	Females	
Vital capacity	IRV 3000	1900	Inspiratory capacity
	V_T 500	500	
	ERV 1100	700	Functional residual capacity
Residual volume	1200	1100	
	5800 mL	4200 mL	

A spirometer tracing showing lung volumes and capacities

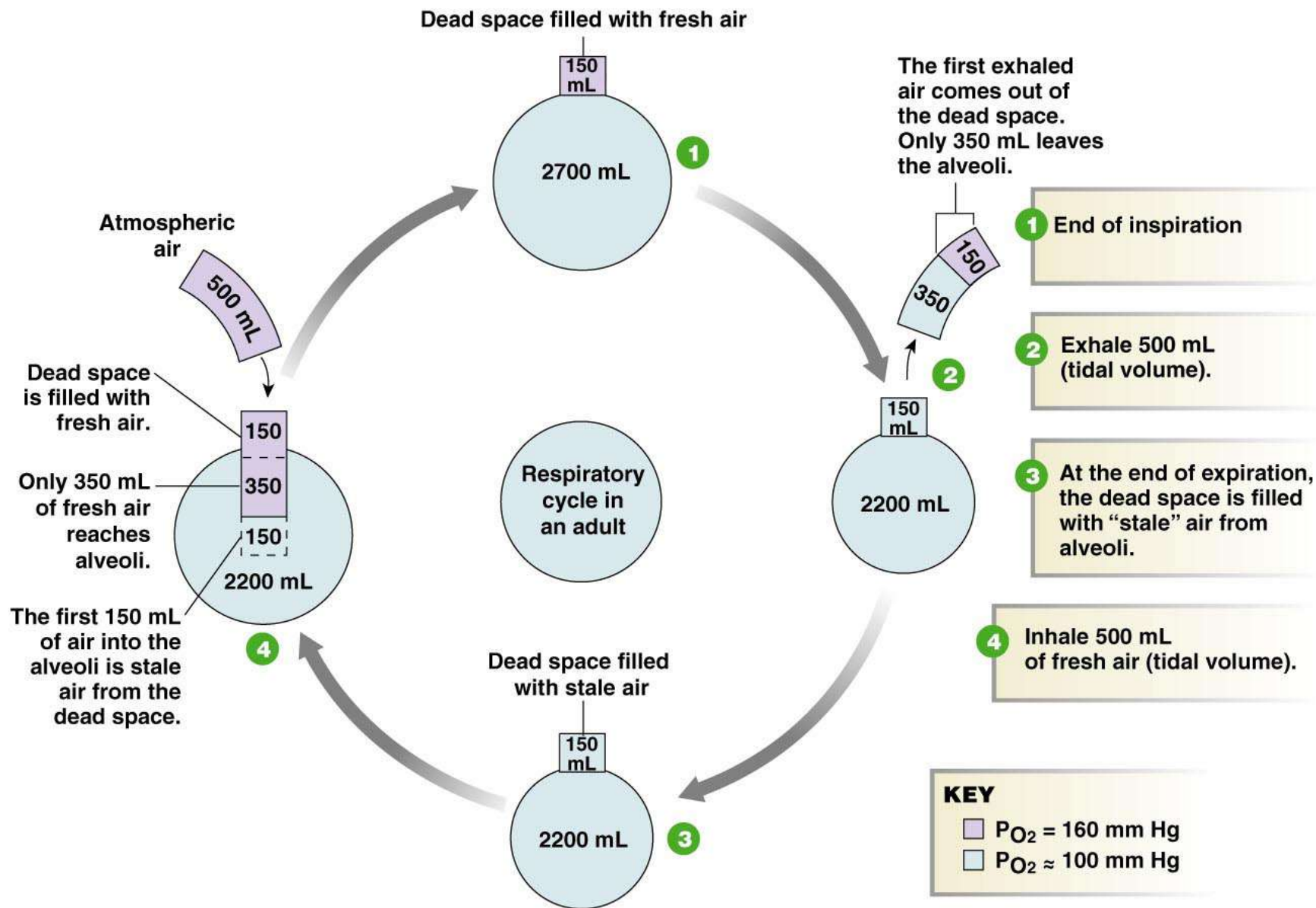


Capacities are sums of two or more volumes.

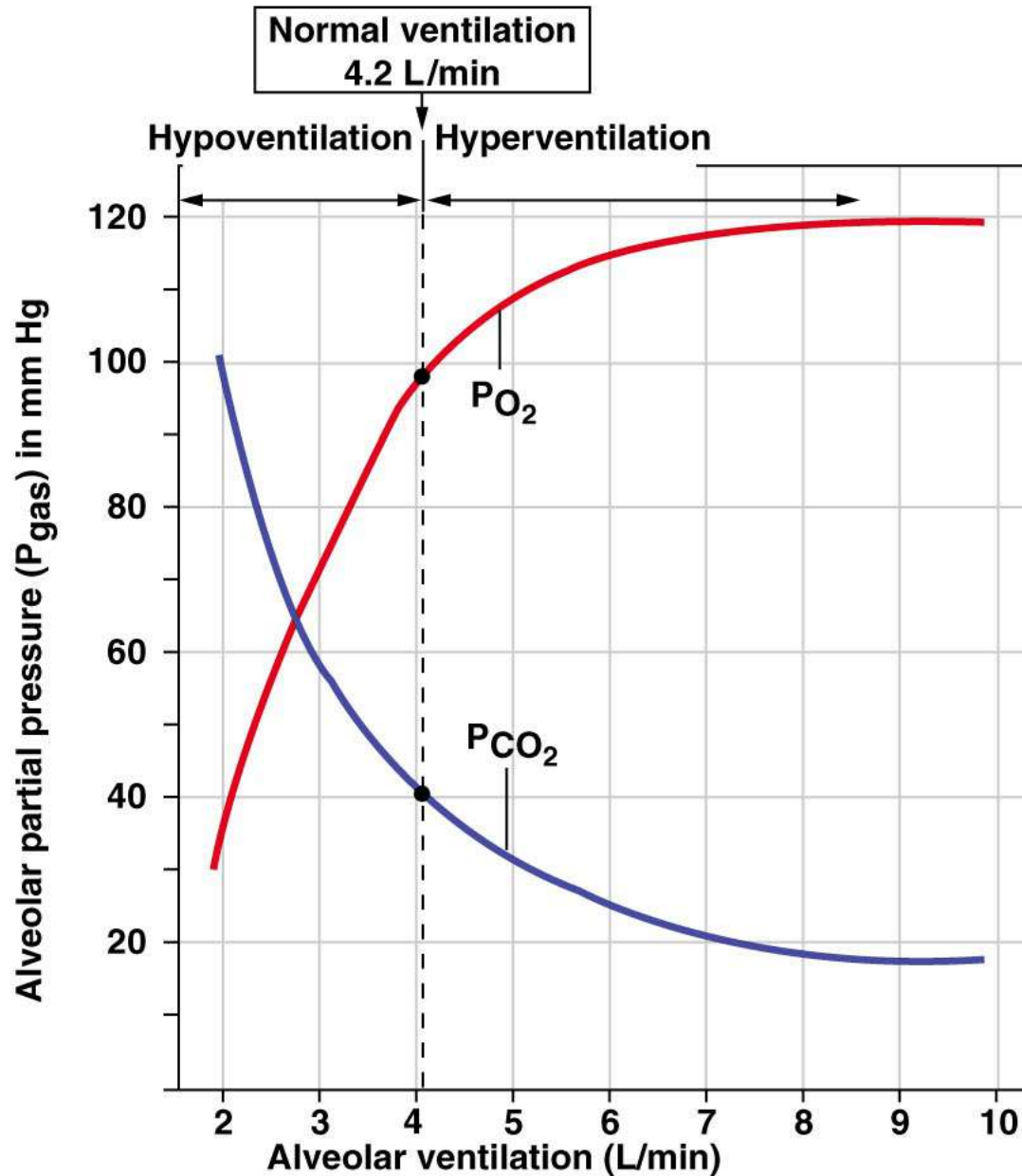
Copyright © 2007 Pearson Education, Inc., publishing as Benjamin Cummings.

Dead Space

- Anatomical dead space – volume of the conducting respiratory passages (150 ml)
- Physiological dead space – alveoli that cease to act in gas exchange due to collapse or obstruction
- Total dead space – sum of anatomical and physiological dead spaces

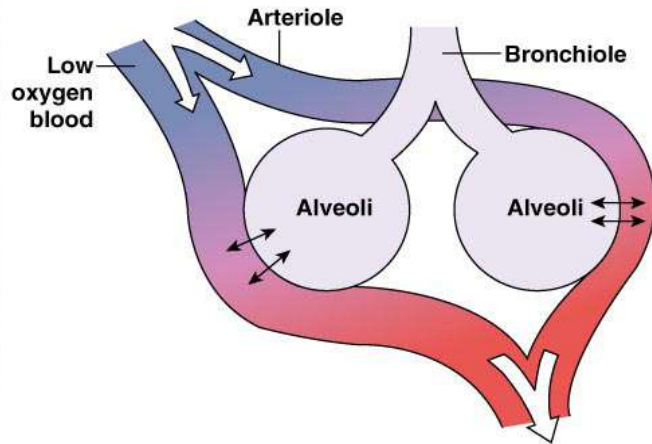


Copyright © 2007 Pearson Education, Inc., publishing as Benjamin Cummings.



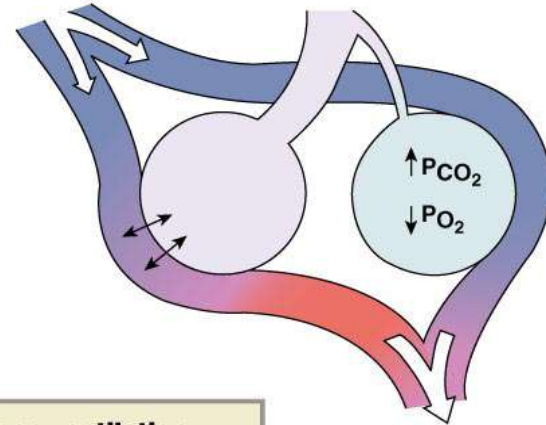
Copyright © 2007 Pearson Education, Inc., publishing as Benjamin Cummings.

(a) Ventilation in alveoli is matched to perfusion through pulmonary capillaries.



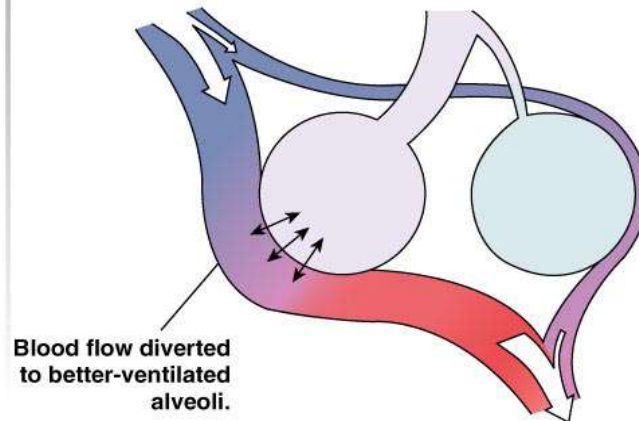
(b) Ventilation-perfusion mismatch.

If ventilation decreases in a group of alveoli (blue), PCO_2 increases and PO_2 decreases. Blood flowing past those alveoli does not get oxygenated.

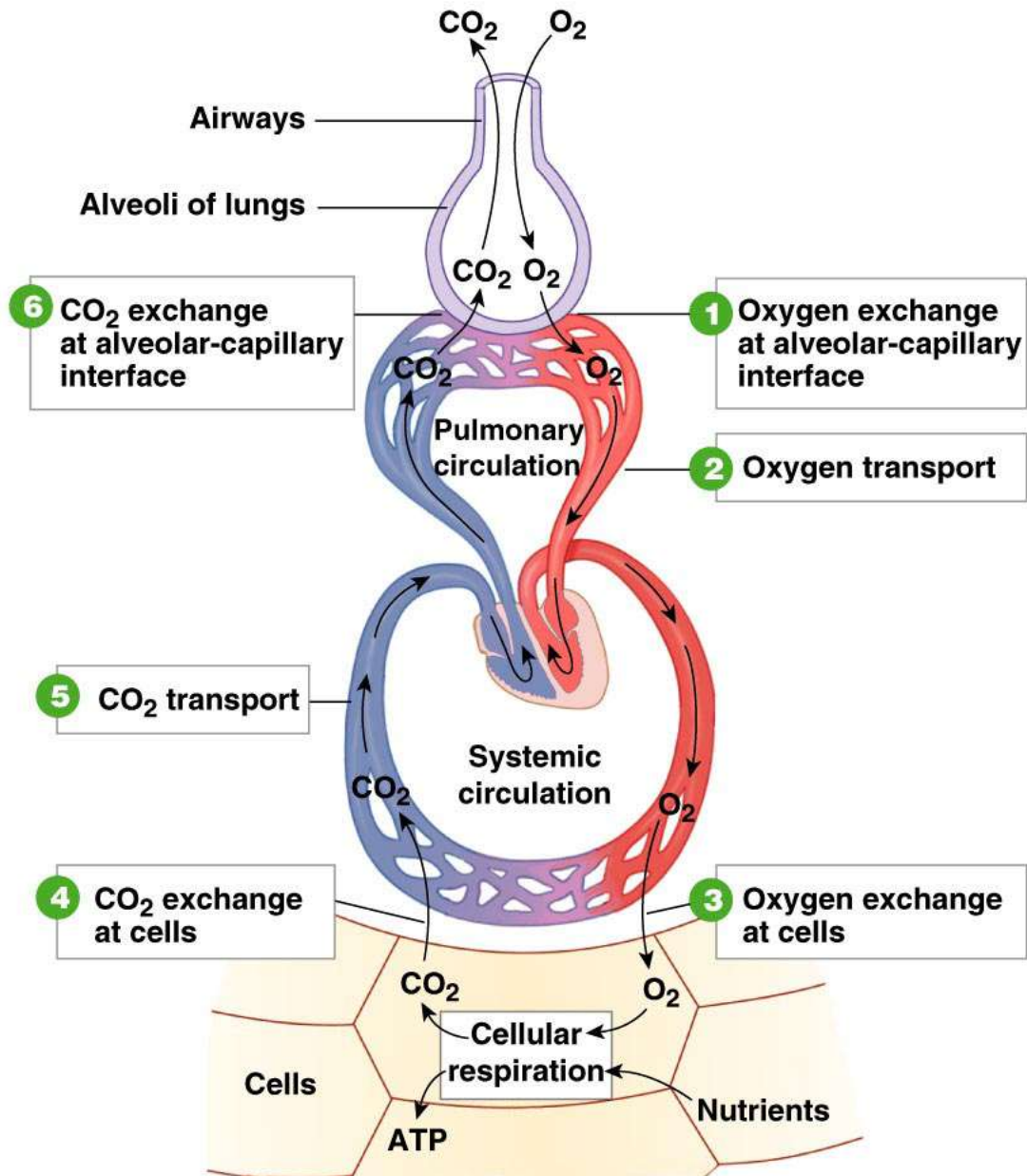


(c) Local control mechanisms try to keep ventilation and perfusion matched.

Decreased tissue PO_2 around underventilated alveoli constricts their arterioles, diverting blood to better-ventilated alveoli.

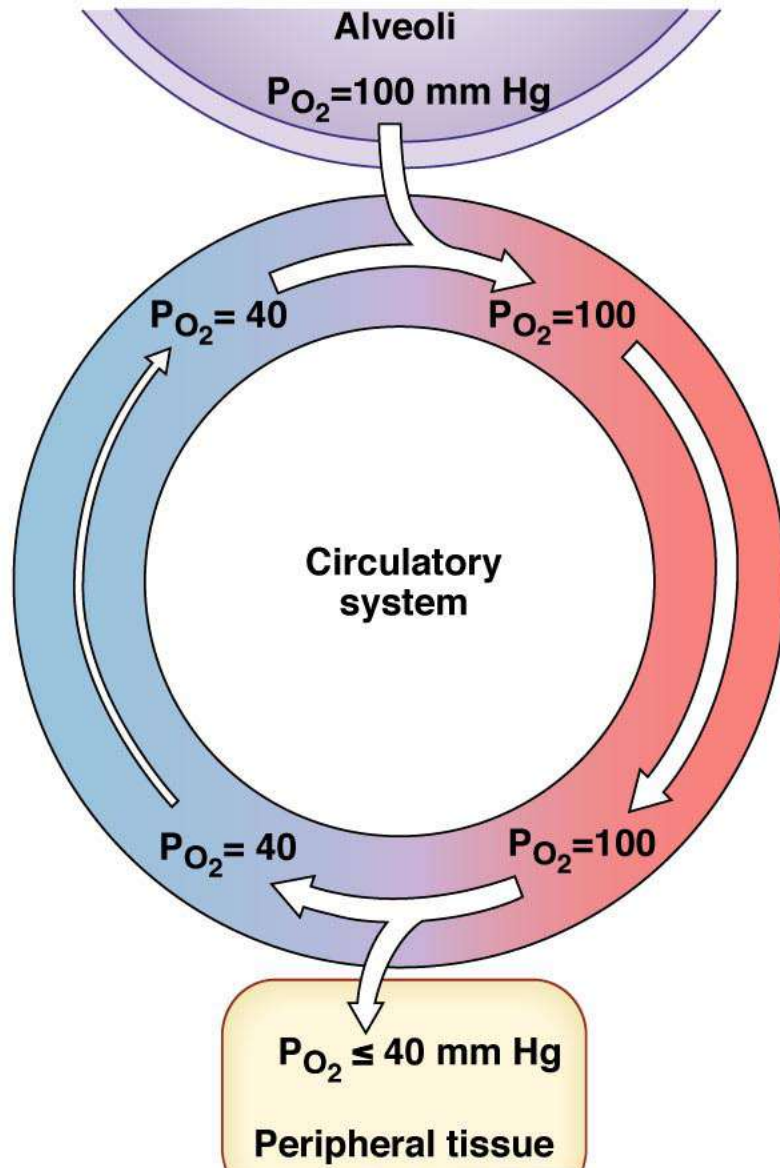


Copyright © 2007 Pearson Education, Inc., publishing as Benjamin Cummings.

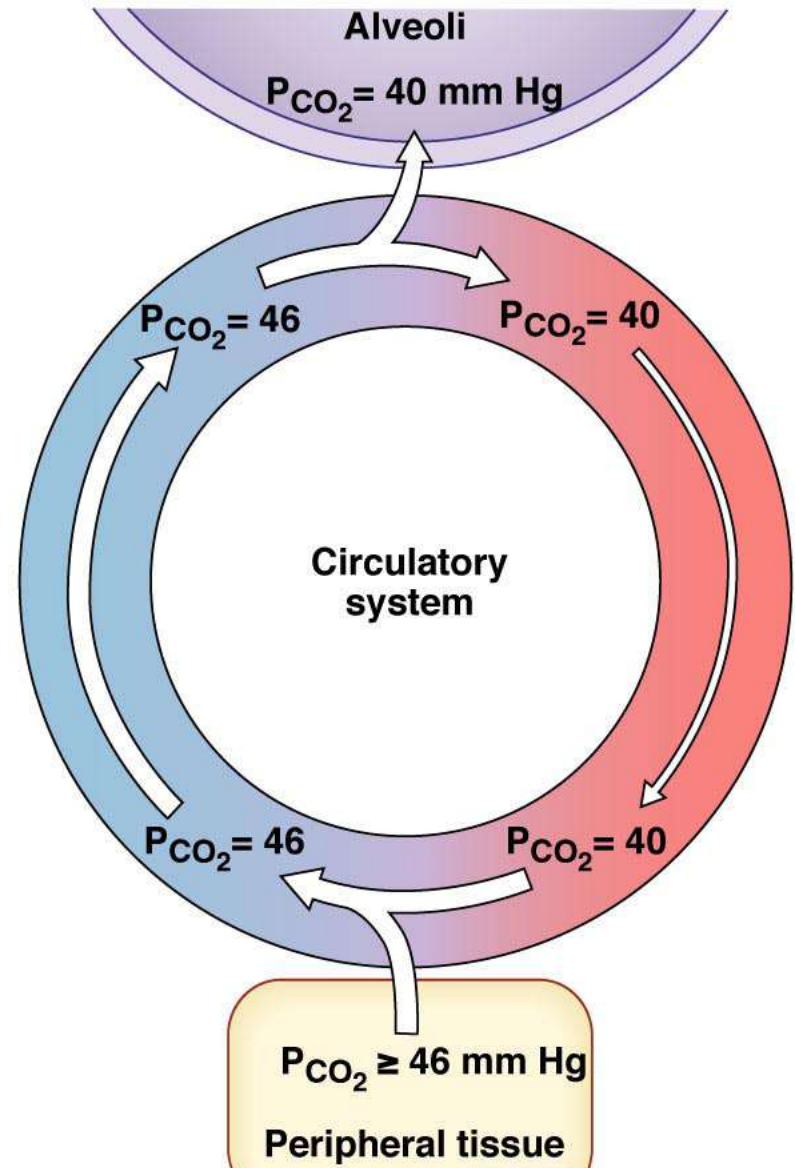


Copyright © 2007 Pearson Education, Inc., publishing as Benjamin Cummings.

(a) Oxygen diffusion

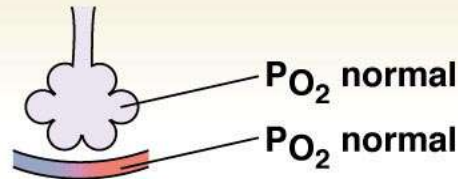


(b) CO₂ diffusion

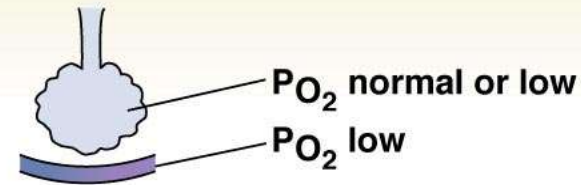


Copyright © 2007 Pearson Education, Inc., publishing as Benjamin Cummings.

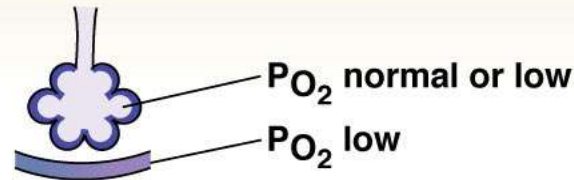
(a) Normal lung



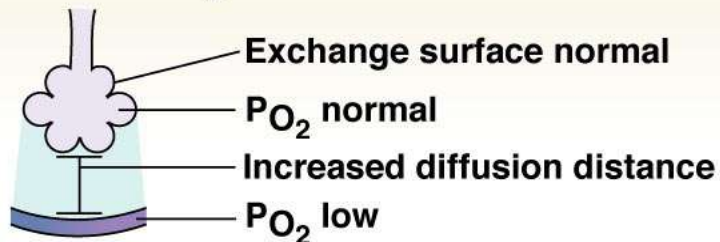
(b) Emphysema: destruction of alveoli reduces surface area for gas exchange.



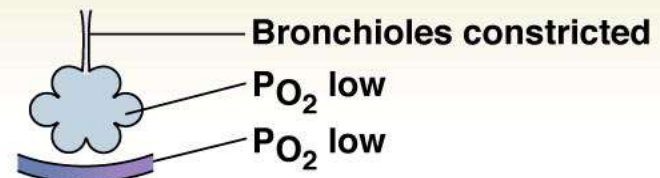
(c) Fibrotic lung disease: thickened alveolar membrane slows gas exchange. Loss of lung compliance may decrease alveolar ventilation.



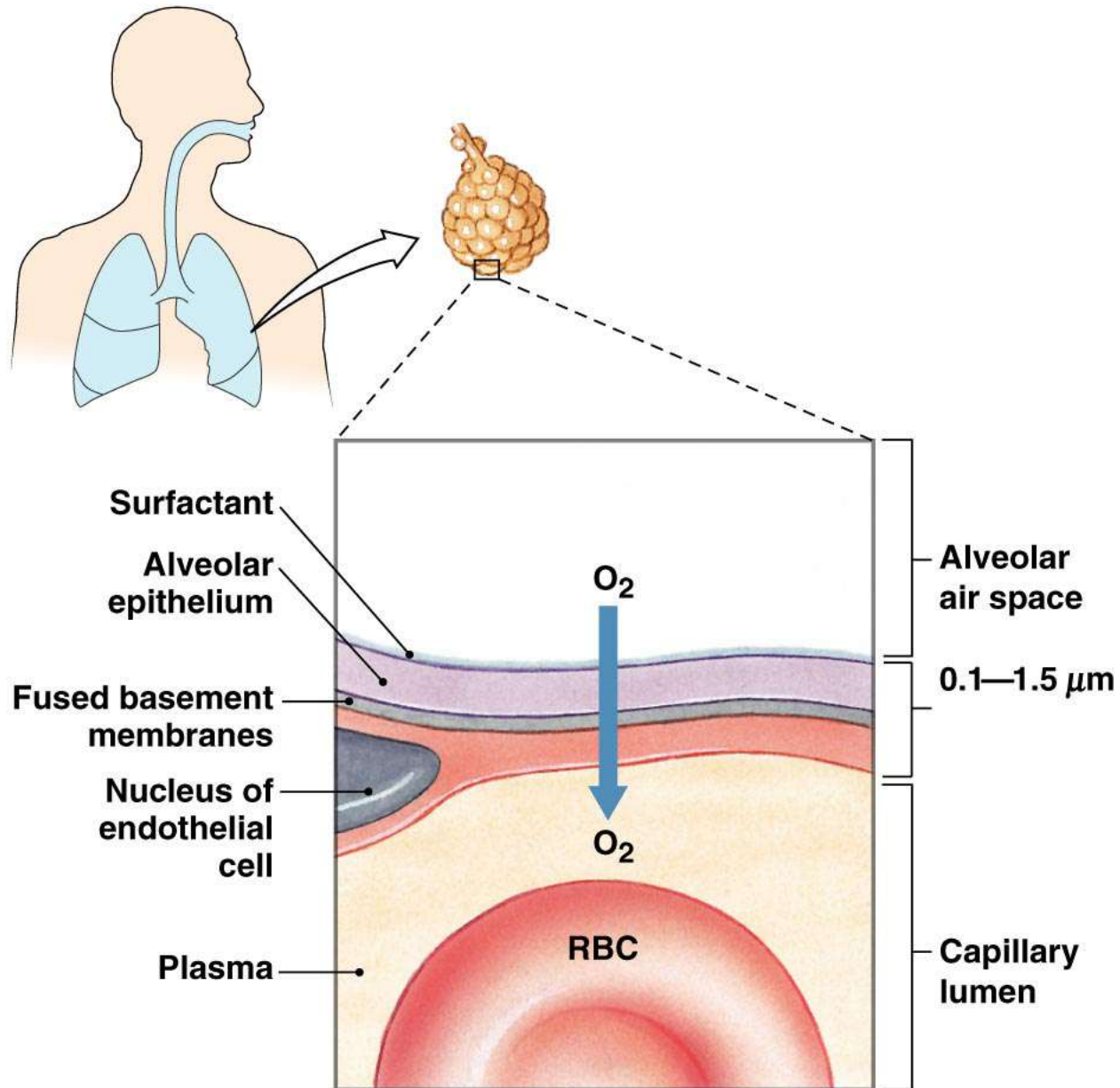
(d) Pulmonary edema: fluid in interstitial space increases diffusion distance. Arterial PCO_2 may be normal due to higher CO_2 solubility in water.



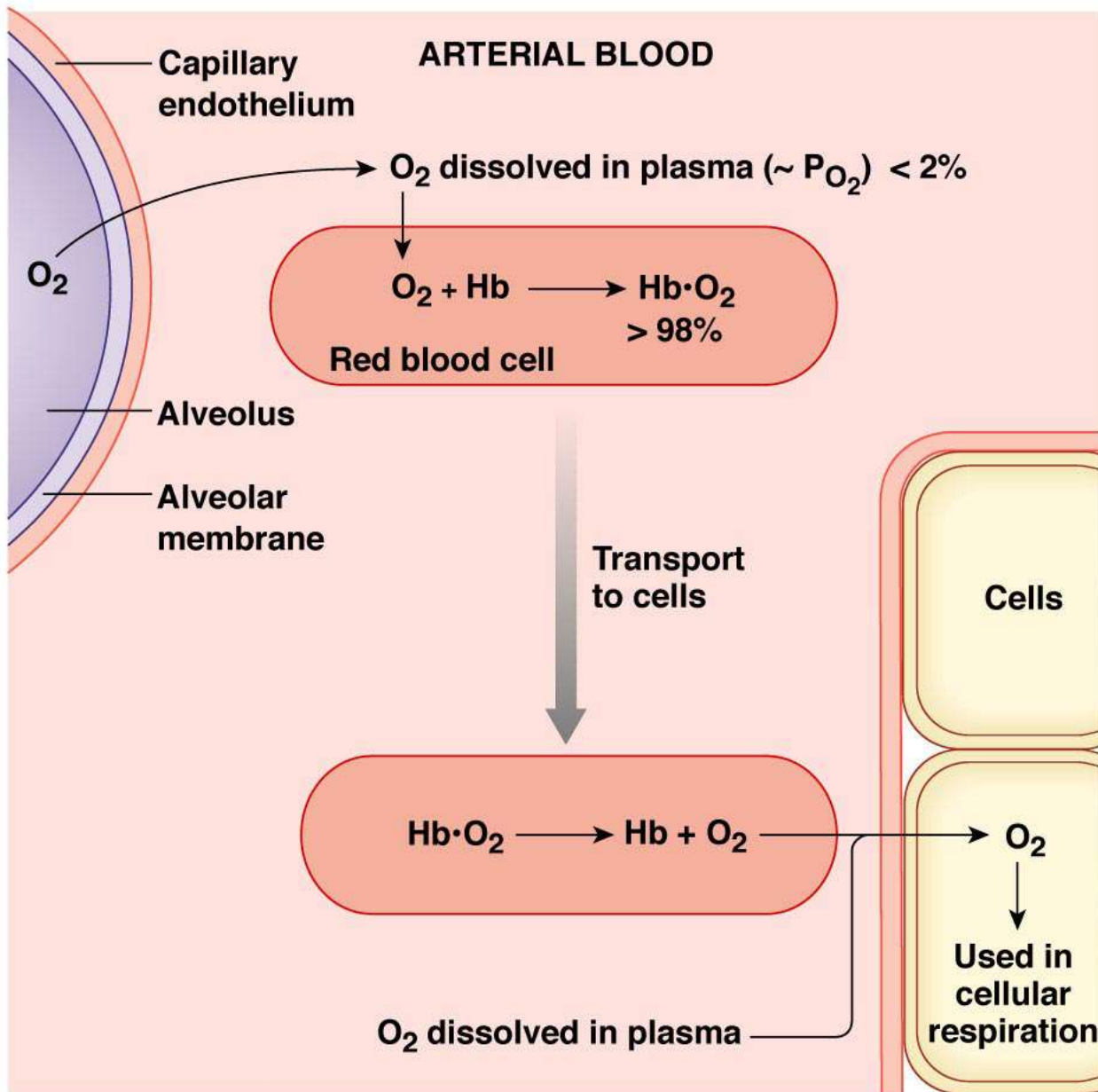
(e) Asthma: increased airway resistance decreases airway ventilation.



Copyright © 2007 Pearson Education, Inc., publishing as Benjamin Cummings.

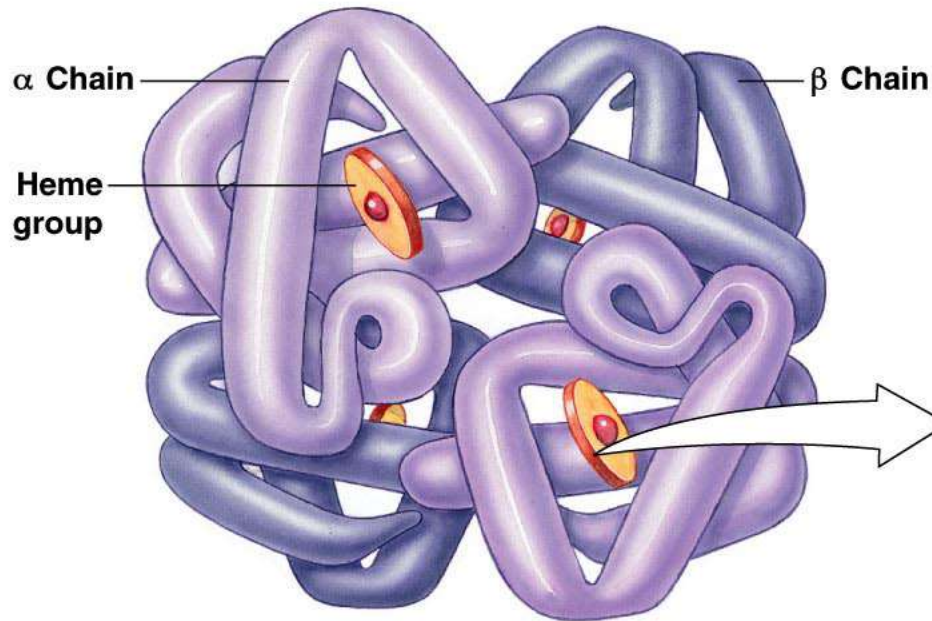


Copyright © 2007 Pearson Education, Inc., publishing as Benjamin Cummings.



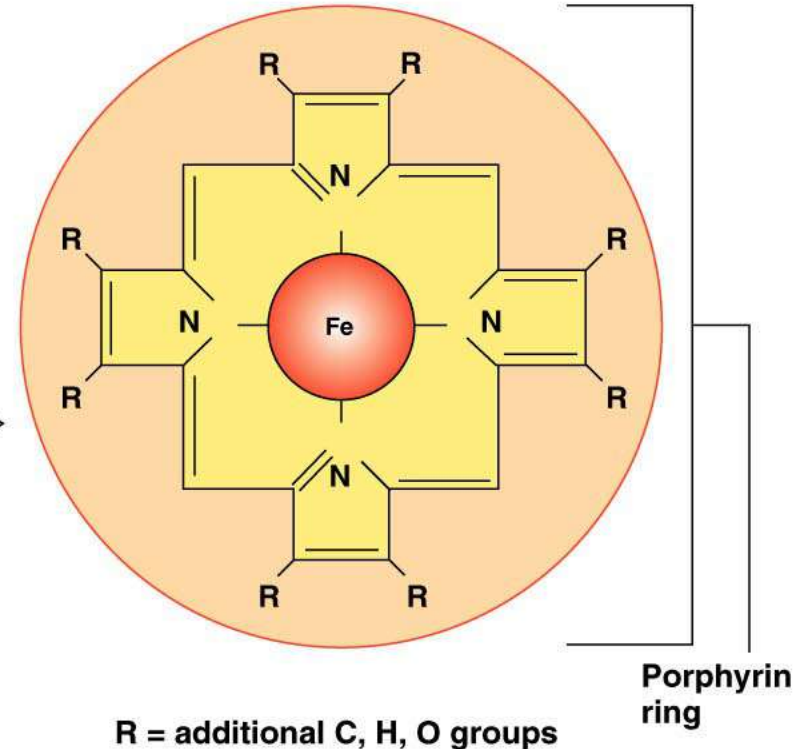
Copyright © 2007 Pearson Education, Inc., publishing as Benjamin Cummings.

(a) A hemoglobin molecule is composed of four protein globin chains, each surrounding a central heme group.

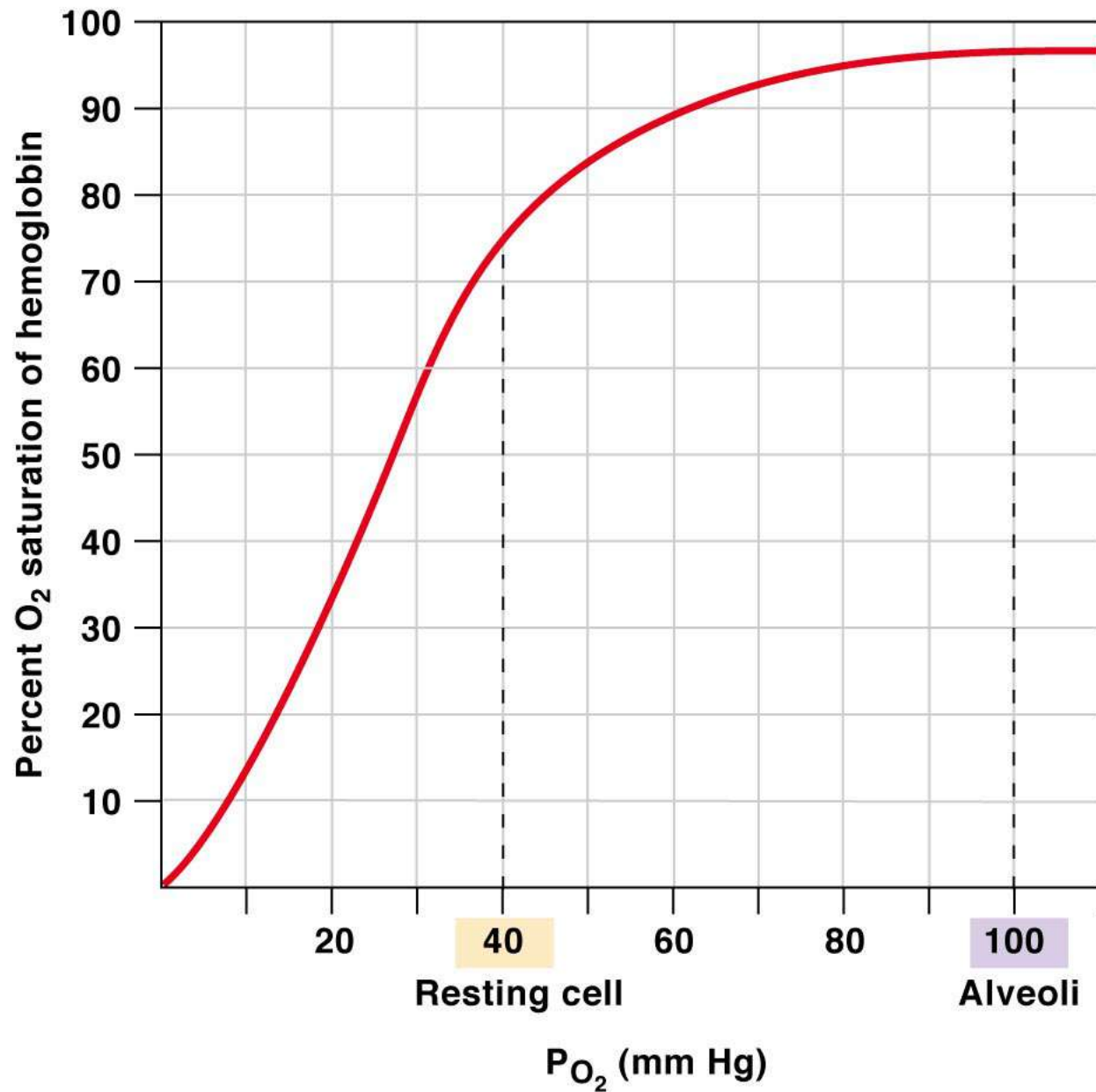


In most adult hemoglobin, there are two alpha chains and two beta chains as shown.

(b) Each heme group consists of a porphyrin ring with an iron atom in the center.

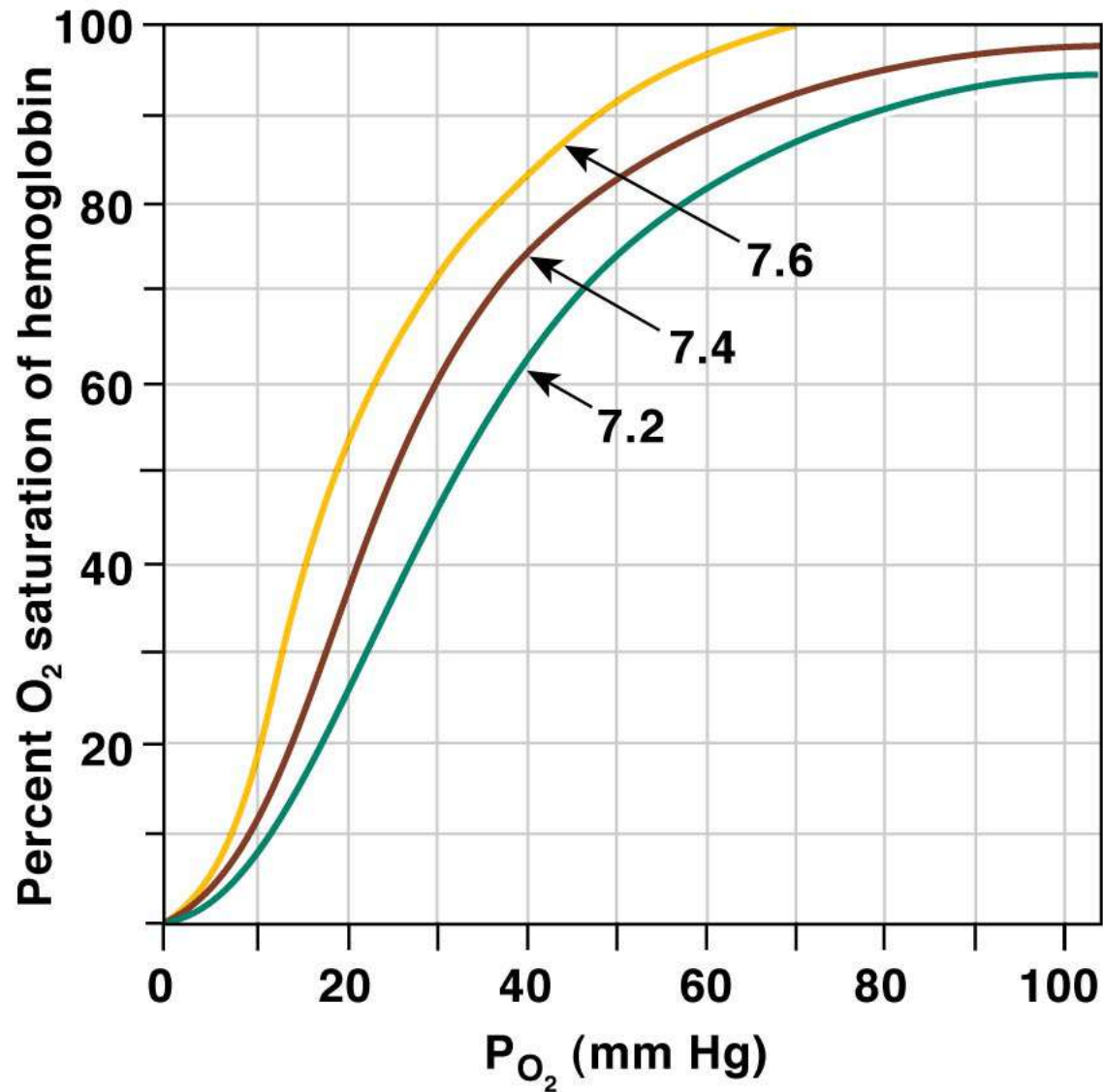


Copyright © 2007 Pearson Education, Inc., publishing as Benjamin Cummings.



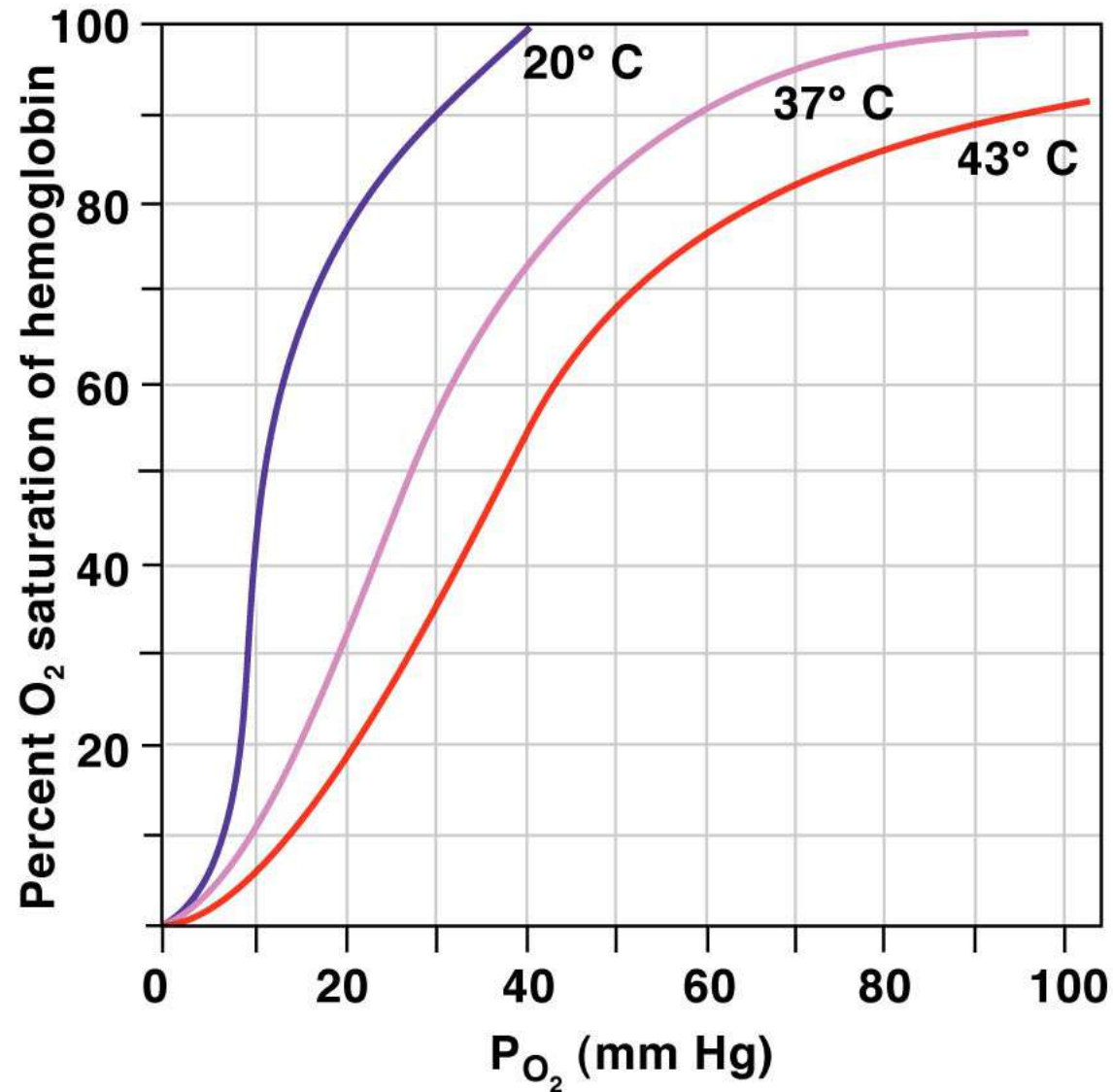
Copyright © 2007 Pearson Education, Inc., publishing as Benjamin Cummings.

(a) Effect of pH



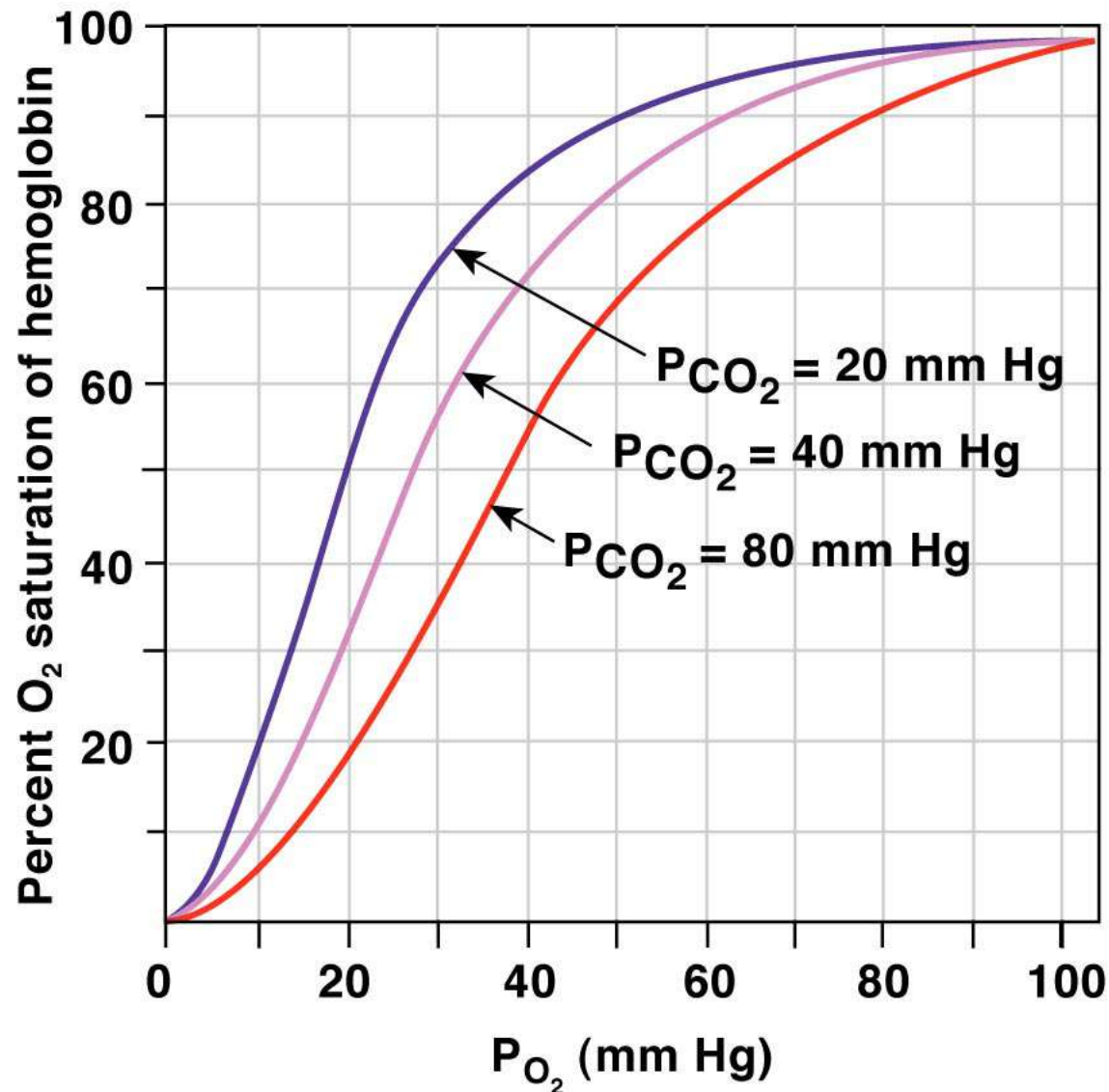
Copyright © 2007 Pearson Education, Inc., publishing as Benjamin Cummings.

(b) Effect of temperature

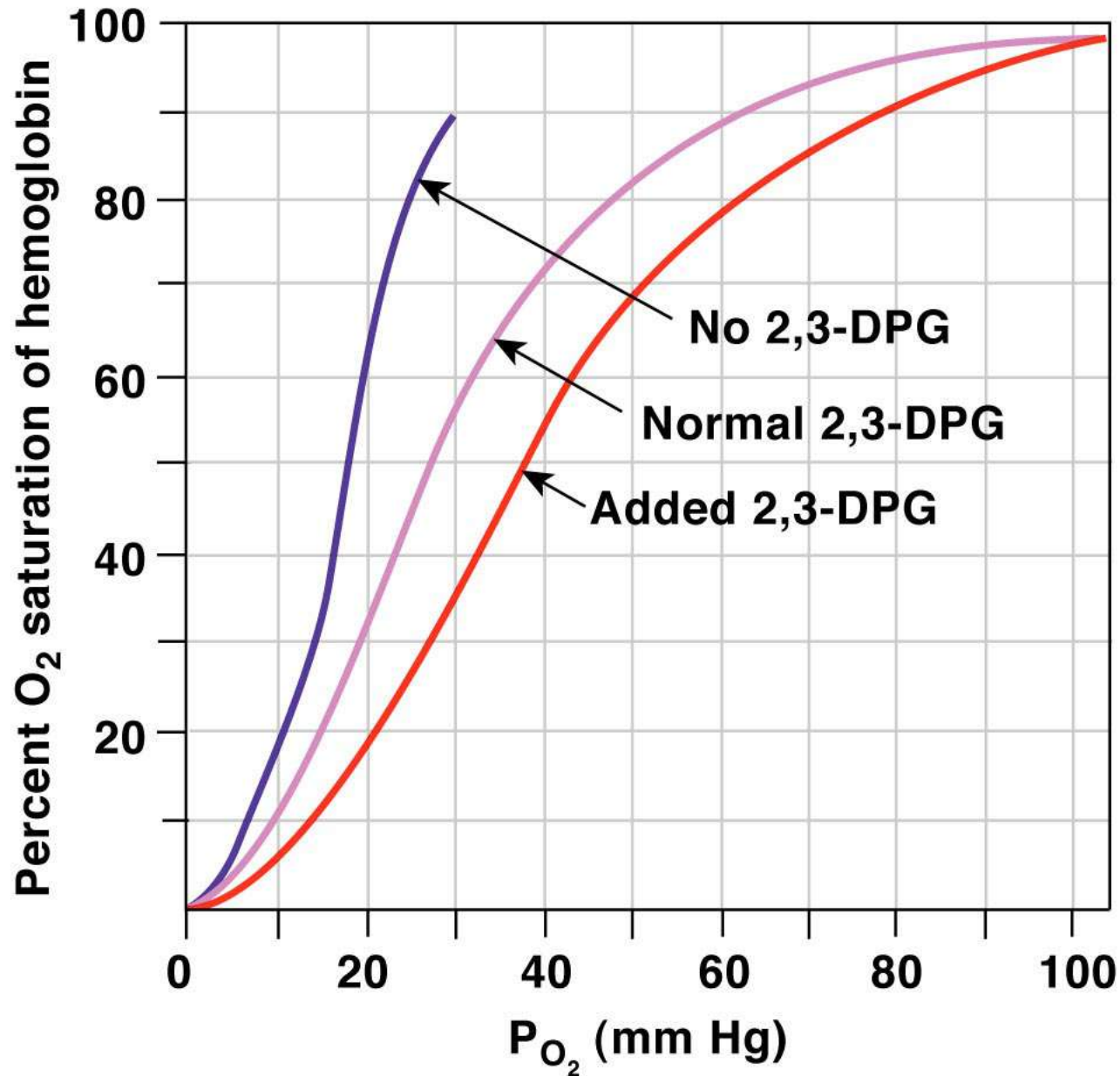


Copyright © 2007 Pearson Education, Inc., publishing as Benjamin Cummings.

(c) Effect of P_{CO_2}

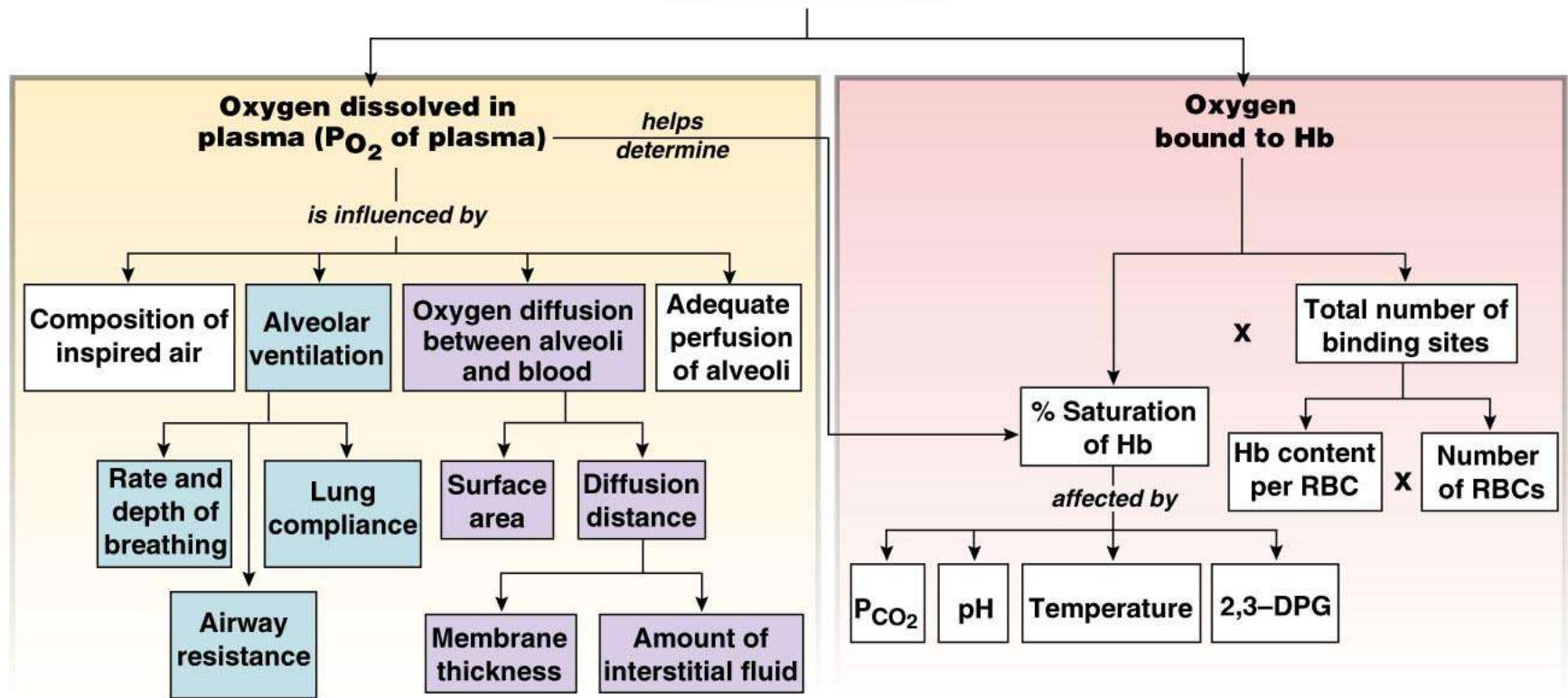


Copyright © 2007 Pearson Education, Inc., publishing as Benjamin Cummings.

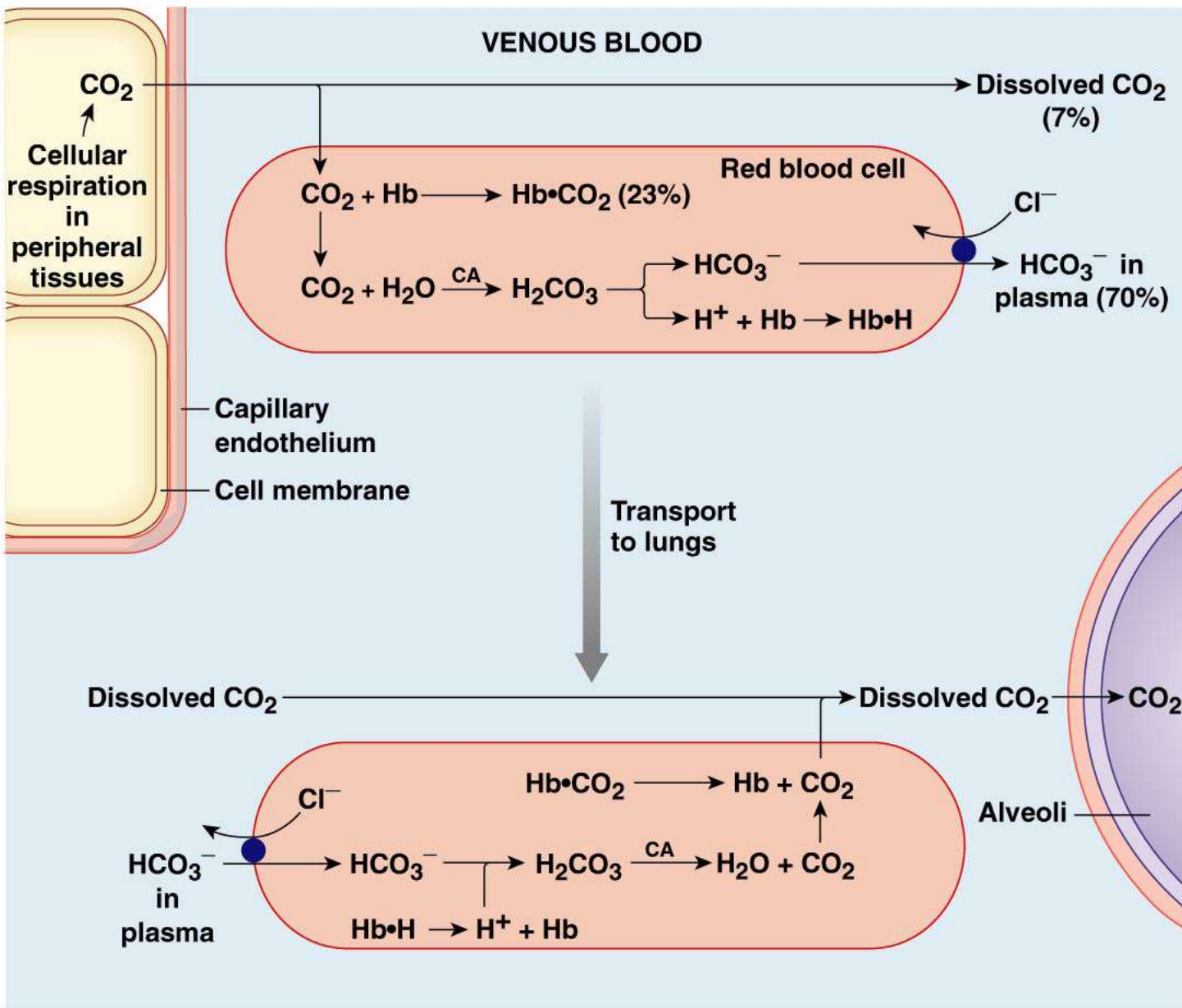


Copyright © 2007 Pearson Education, Inc., publishing as Benjamin Cummings.

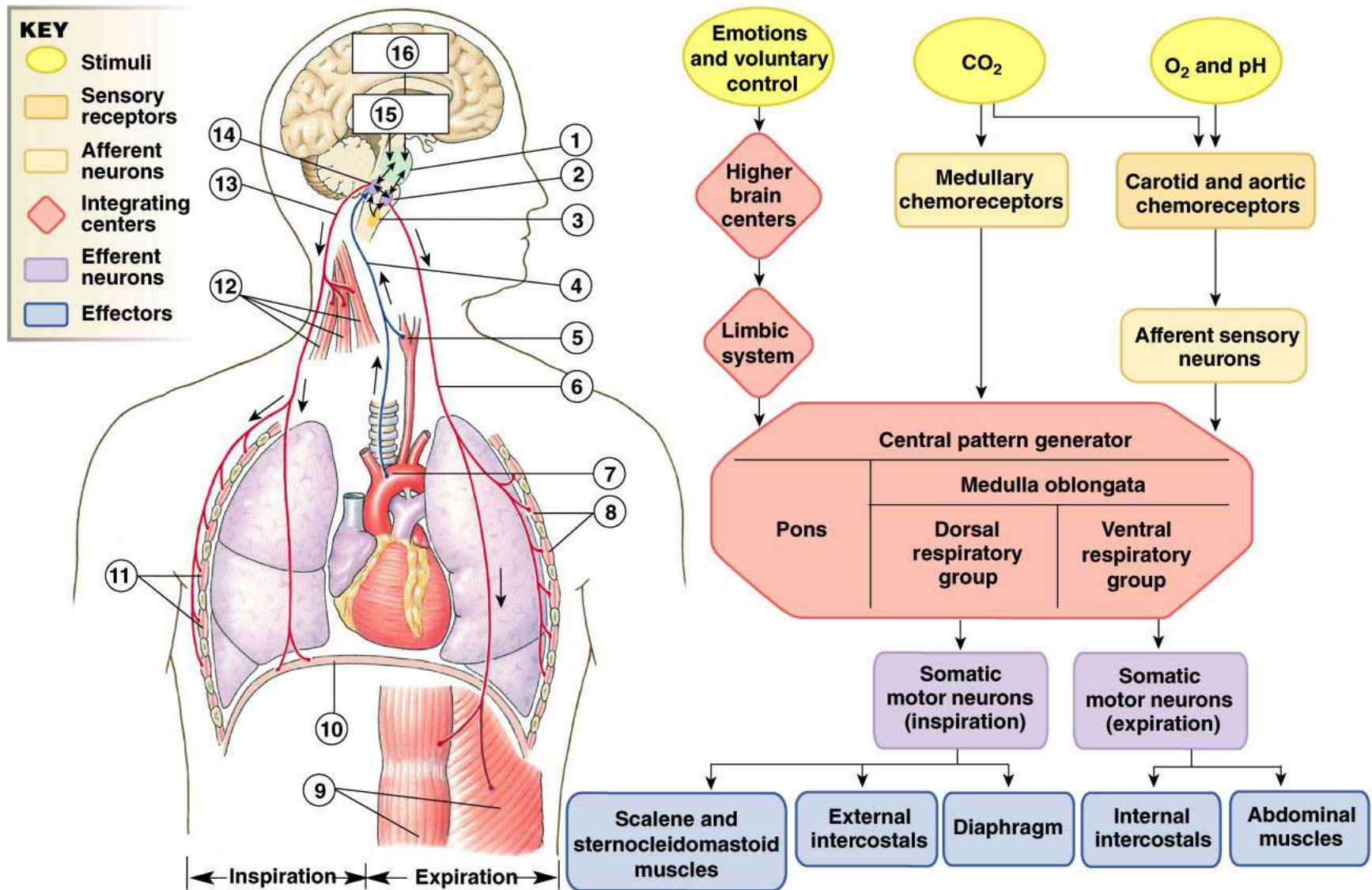
TOTAL ARTERIAL O₂ CONTENT



Copyright © 2007 Pearson Education, Inc., publishing as Benjamin Cummings.

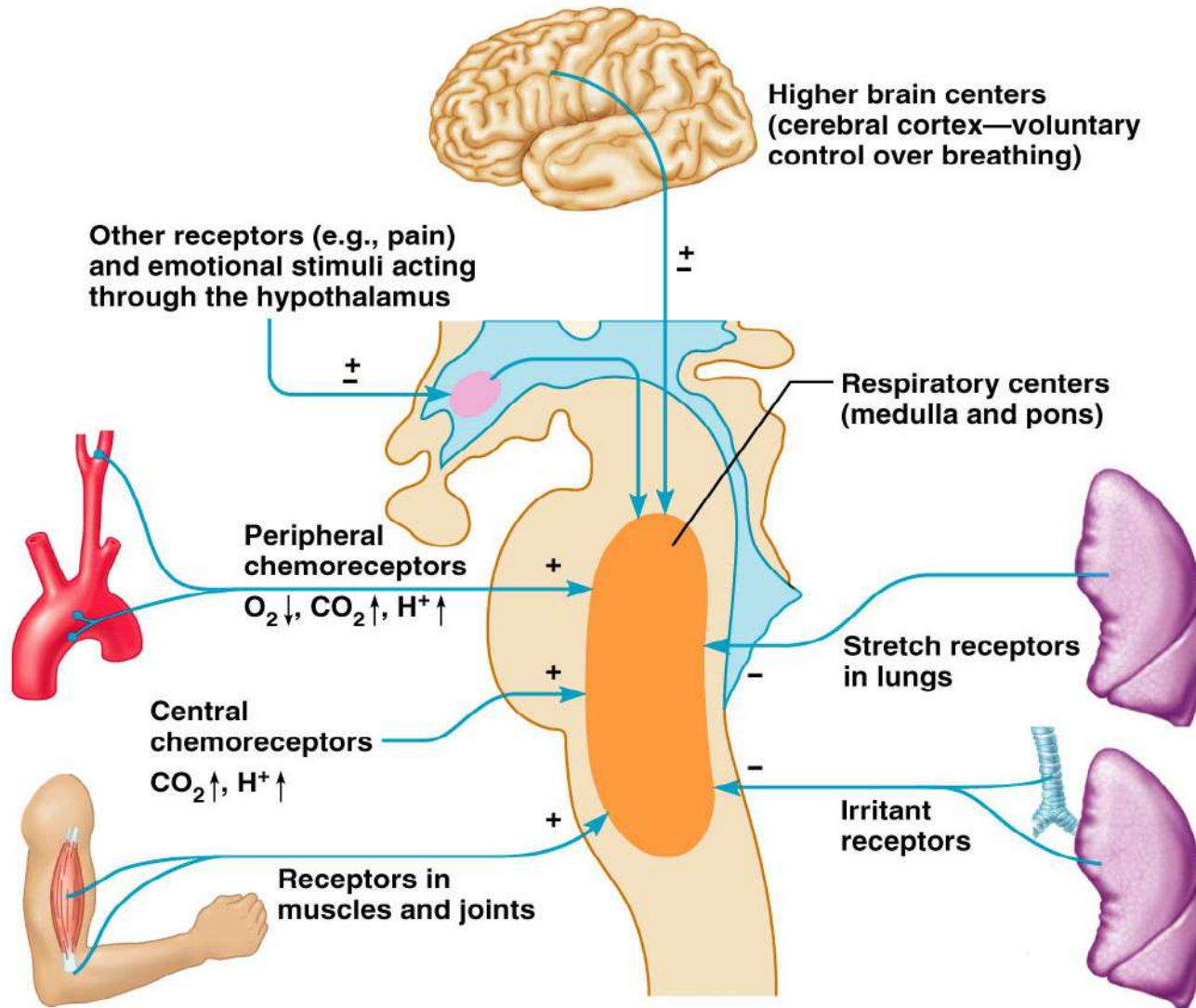


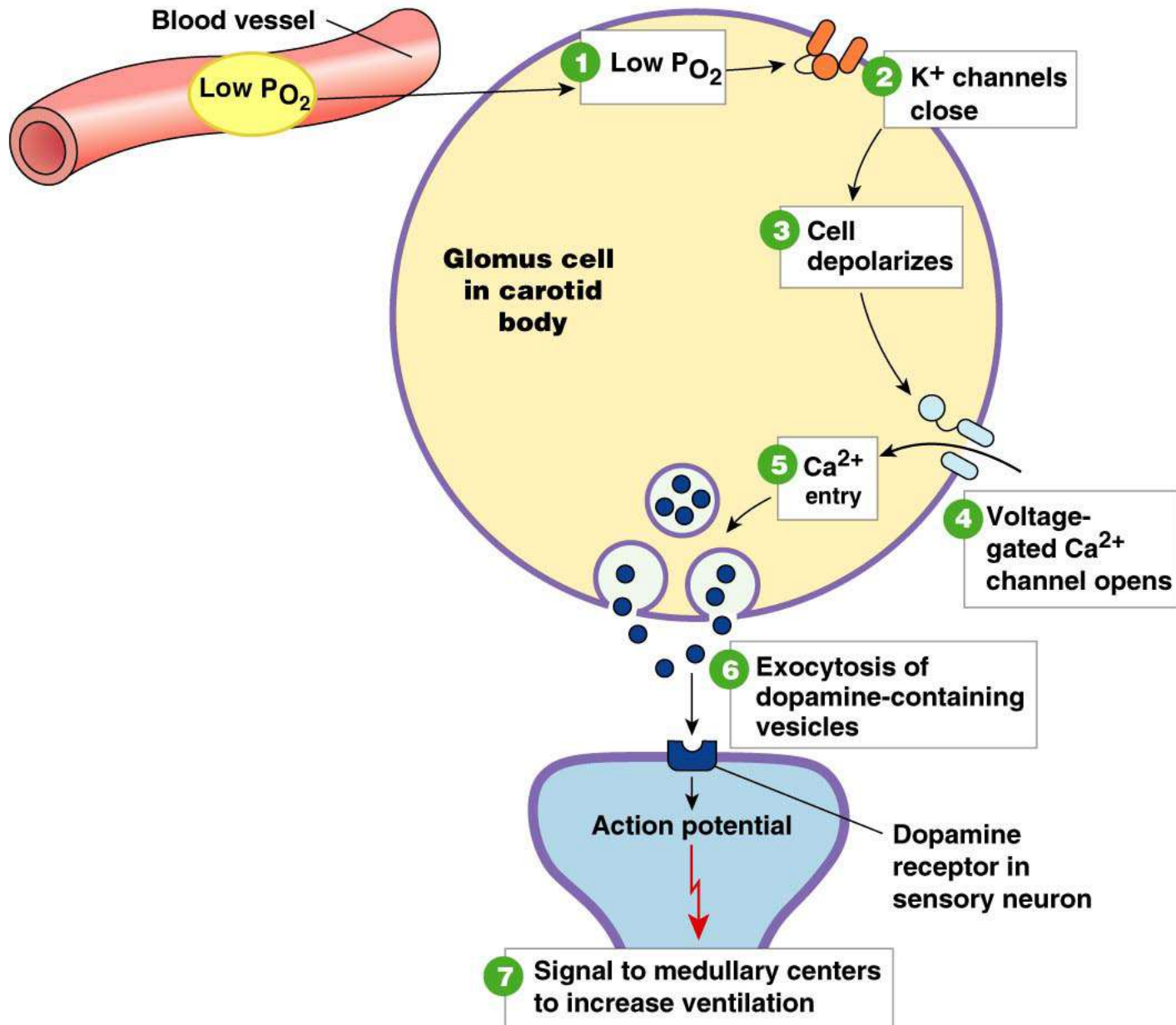
Copyright © 2007 Pearson Education, Inc., publishing as Benjamin Cummings.

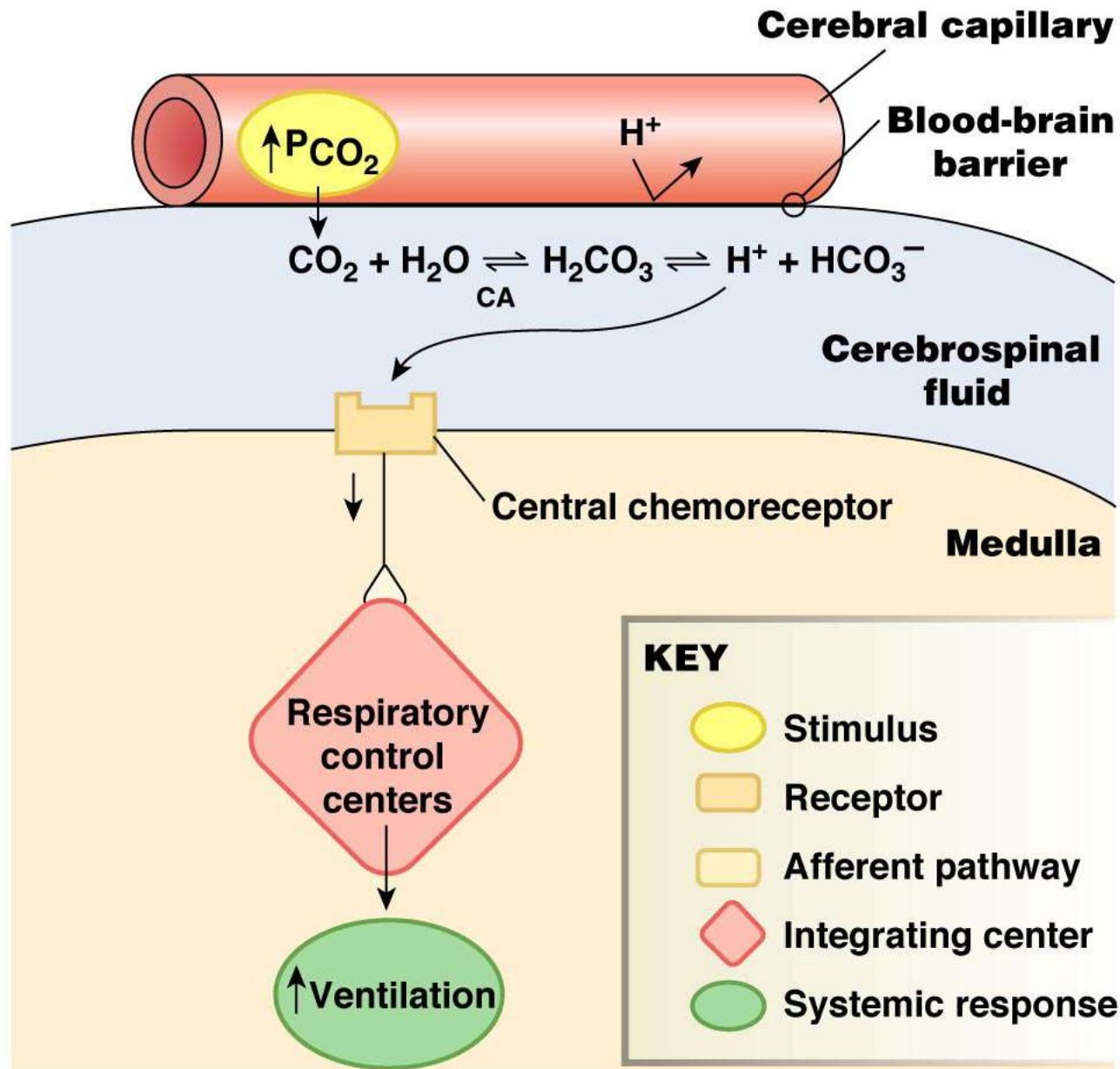


Copyright © 2007 Pearson Education, Inc., publishing as Benjamin Cummings.

Medullary Respiratory Centers







Copyright © 2007 Pearson Education, Inc., publishing as Benjamin Cummings.

