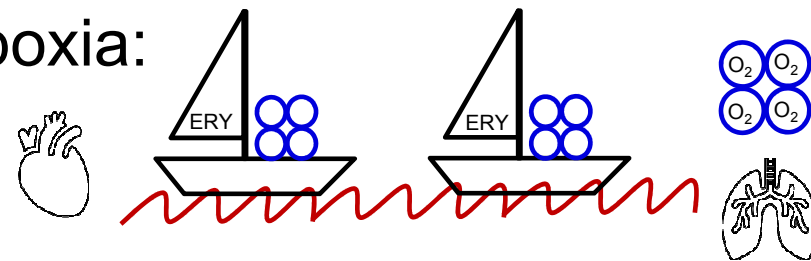


**MUNI
MED**

Respiratory system.

A22: Hypoxia and ischemia

- Hypoxia is a general name for a lack of oxygen in the body or individual tissues
- Ischemia, meaning insufficient blood flow to a tissue, can also result in hypoxia
- The most common types of hypoxia:
 - Hypoxic
 - Transport (anemic)
 - Ischemic (stagnation)
 - Histotoxic



ERY: ♀ $3.4 - 4.4 \cdot 10^{12}/l$

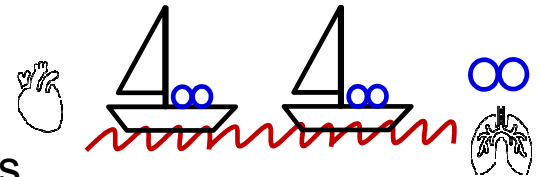
♂ $4.5 - 5.5 \cdot 10^{12}/l$

$pO_2: 21kPa$

A22: Hypoxia and ischemia

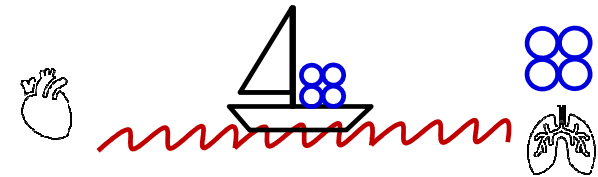
– Hypoxic:

- physiological: stay at higher altitudes
- $\downarrow pO_2$; \uparrow Ery
- pathological: hypoventilation during lung or neuromuscular diseases
- \downarrow ventilation; $\downarrow pO_2$; \uparrow Ery



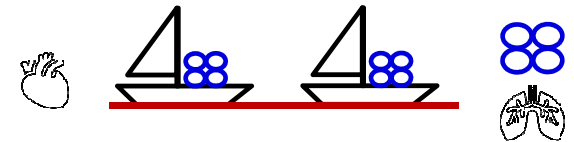
– Transport (anemic):

- reduced transport capacity of blood for oxygen (anemia, blood loss)
- $\downarrow pO_2$; \downarrow Ery/Hb



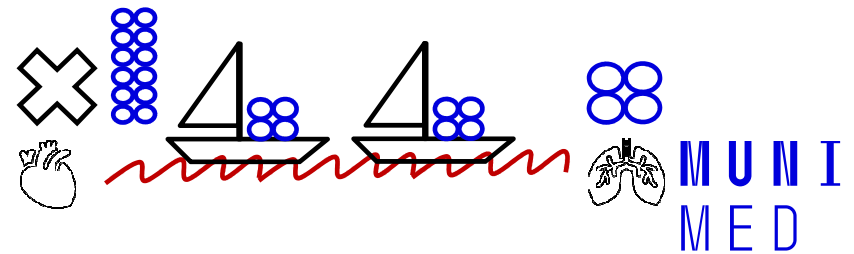
– Ischemic (stagnation):

- restricted blood flow to tissue (heart failure, obstruction of an artery)
- $\downarrow pO_2$; \uparrow Ery



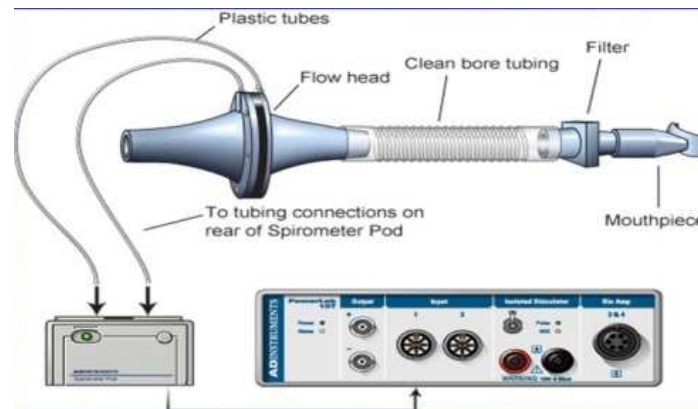
– Histotoxic

- cells are unable to utilize oxygen (cyanide poisoning)
- $\downarrow pO_2$; \uparrow Ery

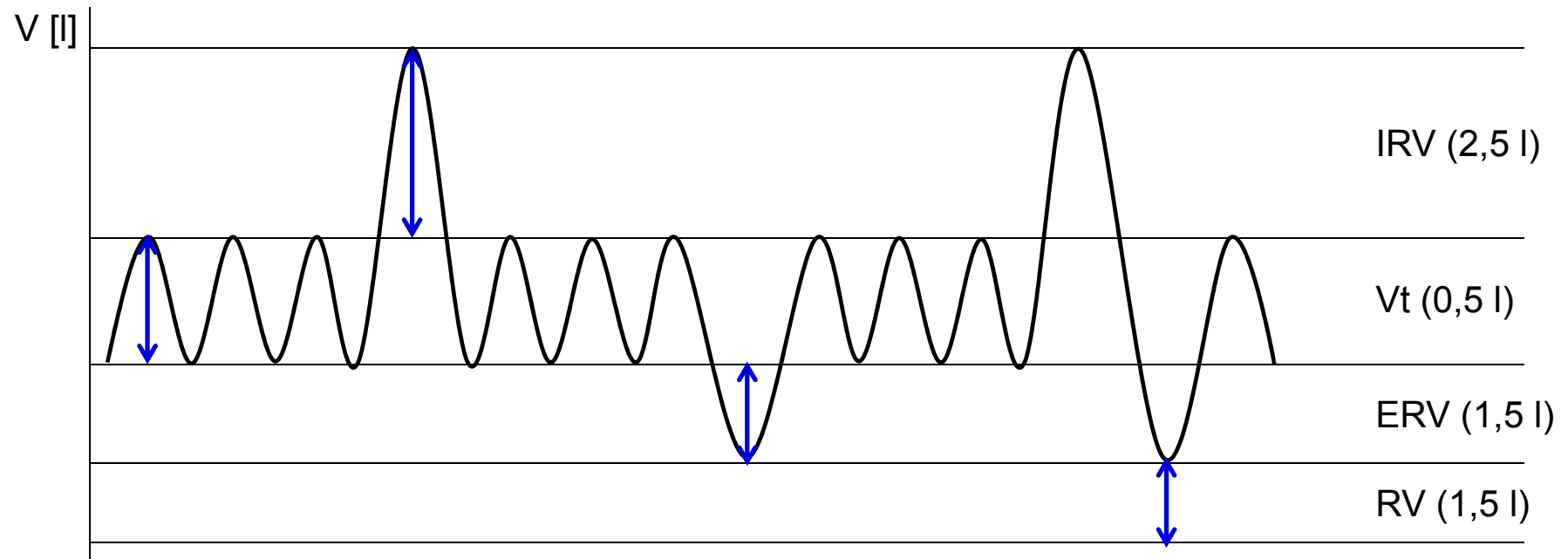


A25: Lung ventilation, volumes, measurement

- *Ventilation*, or breathing, is the movement of air through the conducting passages between the atmosphere and the lungs
- Principle: determination the air flow velocity from the measured pressure differences between the inner and outer spirometer membranes, the volumes being calculated (PowerLab spirometry)

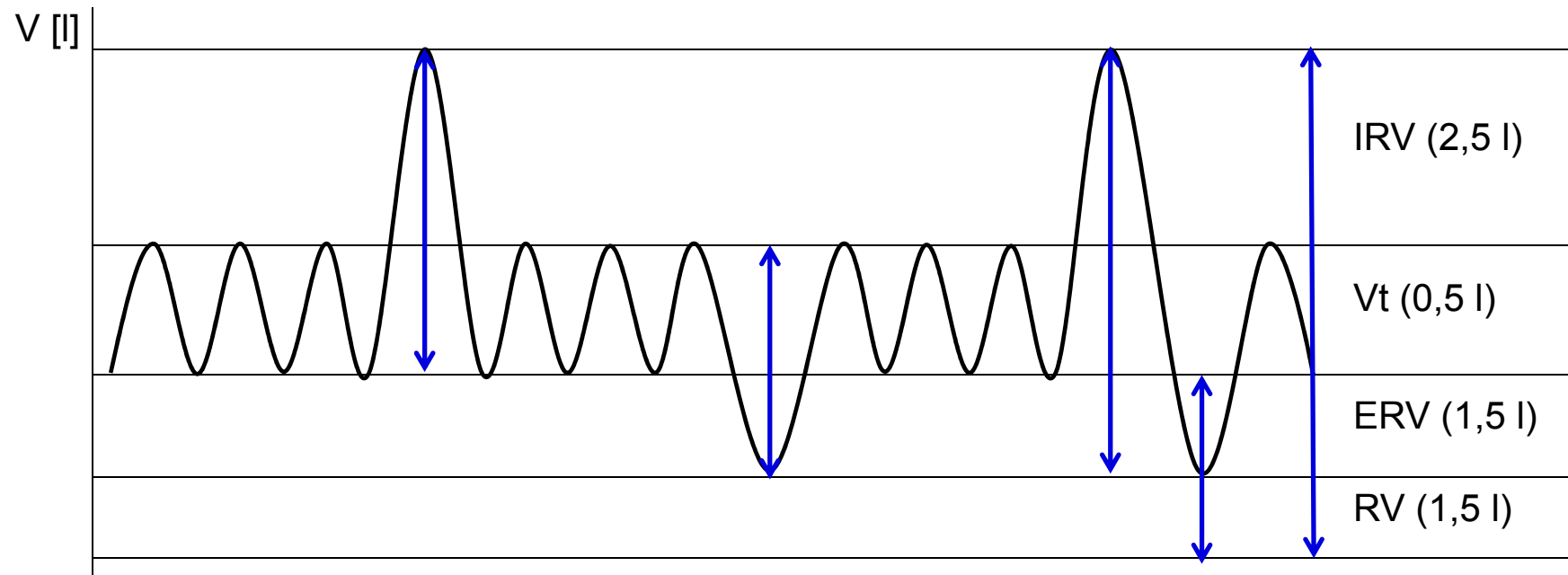


A25: Lung ventilation, volumes, measurement



- **Tidal volume (TV)** – the volume of air that enters the lungs during each inspiration (or the volume that is exhaled during every expiration).
- **Inspiratory reserve volume (IRV)** – the maximal amount of additional air that can be drawn into the lungs by determined effort after a normal inspiration at rest.
- **Expiratory reserve volume (ERV)** – the additional amount of air that can be exhaled from the lungs by determined effort after a normal expiration.
- **Residual volume (RV)** – the volume of air still remaining in the lungs after the most forcible expiration possible.

A25: Lung ventilation, volumes, measurement



Lung capacity:

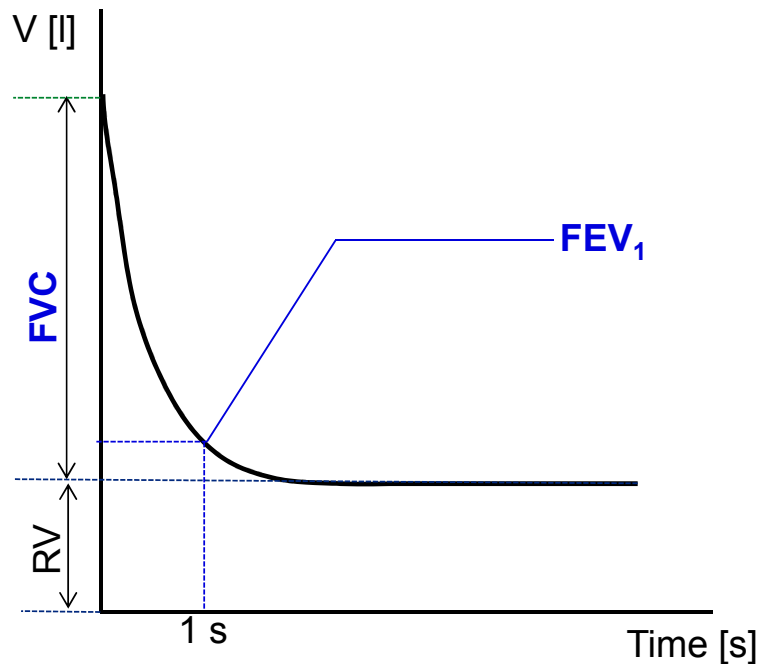
- $VC = VT + IRV + ERV$
- $TLC = VC + RV$
- $FRC = ERV + RV$
- $IC = IRV + VT$
- $EC = ERV + VT$

Dynamic lung volumes:

- VE
- MMV

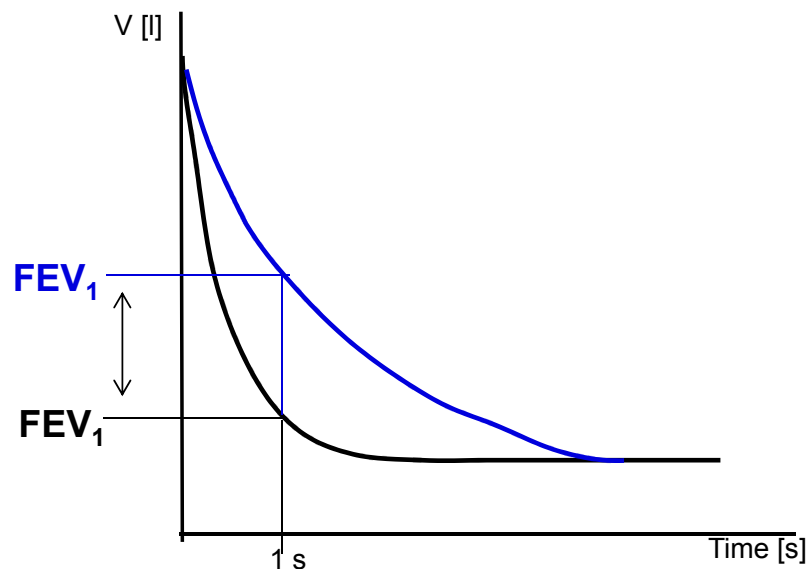
A25: Lung ventilation, volumes, measurement

Dynamic lung volumes



- **FVC** – the maximum volume of air that can be exhaled after maximum inhale
- **FEV_1** – the volume of air exhaled with the greatest effort in 1 second after maximum inhale
- **FEV_1/FVC (%)** – Tiffeneau index – around 0,8 (80 %)

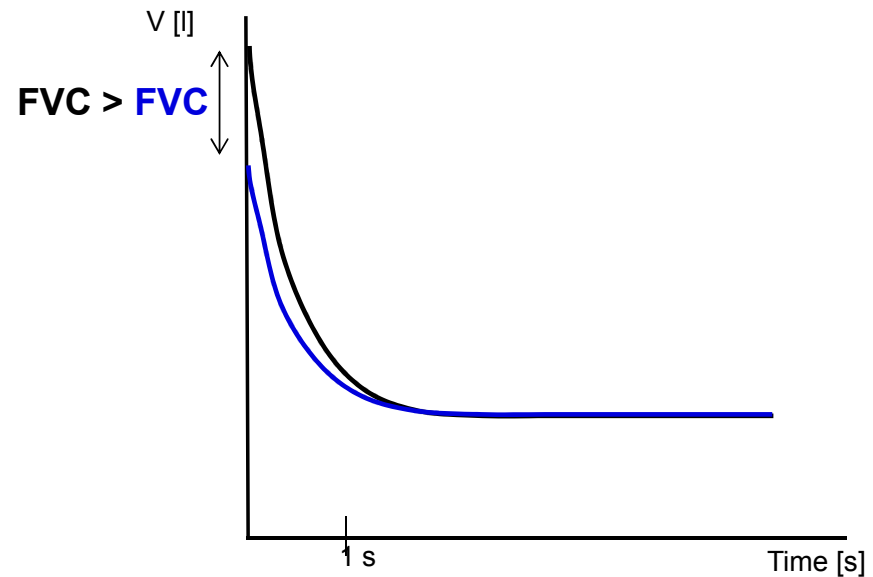
A25: Lung ventilation, volumes, measurement



Obstruction lung disease

($FVC=N$; $FEV_1=\downarrow$)

- tracheal stenosis
- astma bronchiale
- CHOPN
- tumor



Restrictive lung disease

($FVC=\downarrow$; $FEV_1=N$)

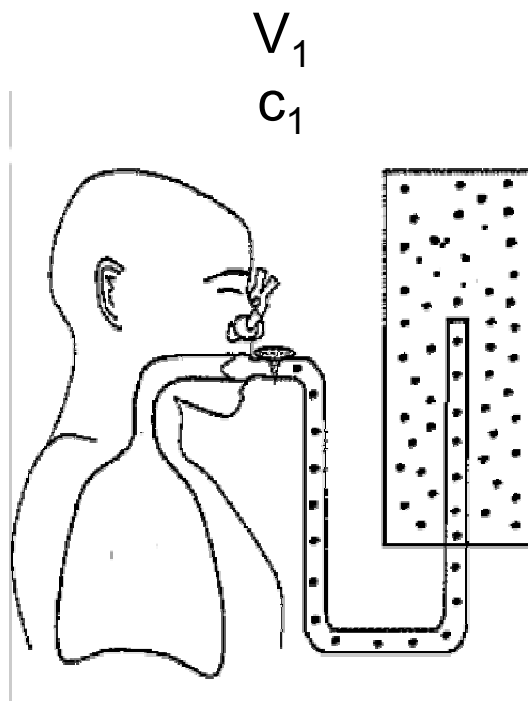
- ### Pulmonary etiology
- pulmonary fibrosis
 - lung resection
 - pulmonary edema
 - pneumonia

Extrapulmonary etiology

- ascites
- kyphoscoliosis
- burns
- high diaphragm condition

A25: Lung ventilation, volumes, measurement

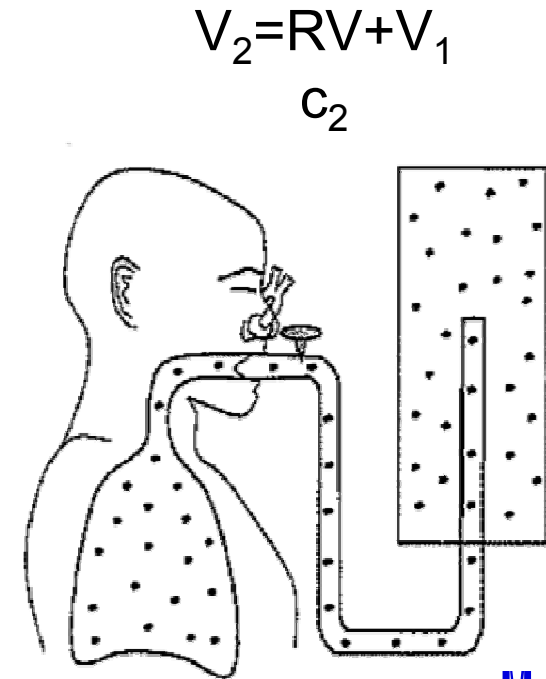
Helium dilution method – residual volume



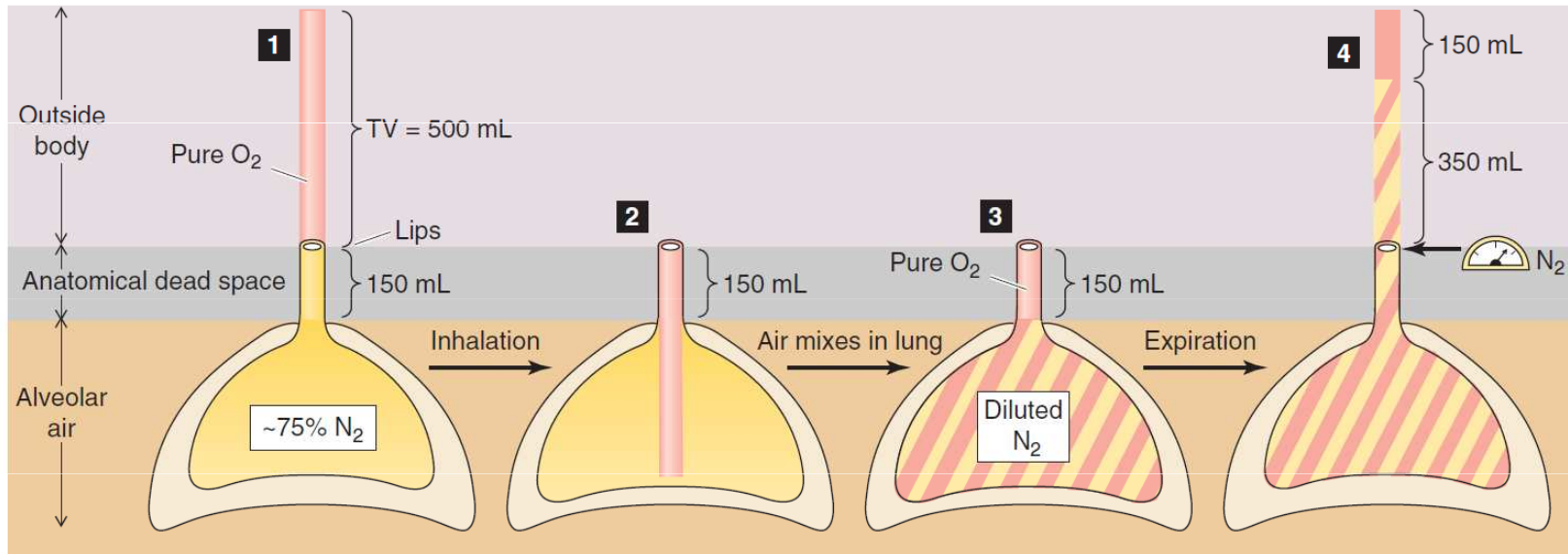
$$C = \frac{n}{V}$$

$$V_1 \times C_1 = (RV + V_1) \times C_2$$

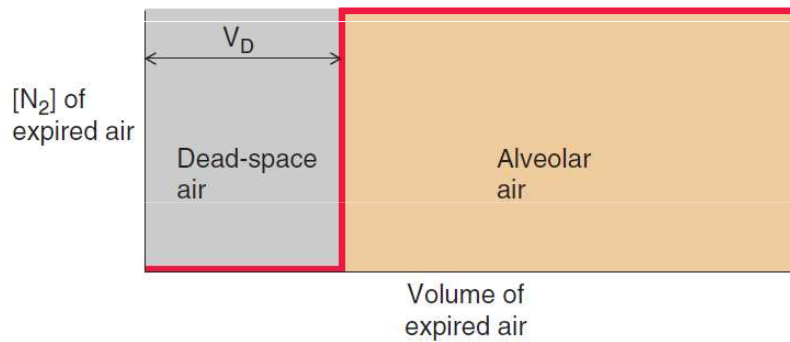
$$RV = \frac{V_1 \times C_1}{C_2} - V_1$$



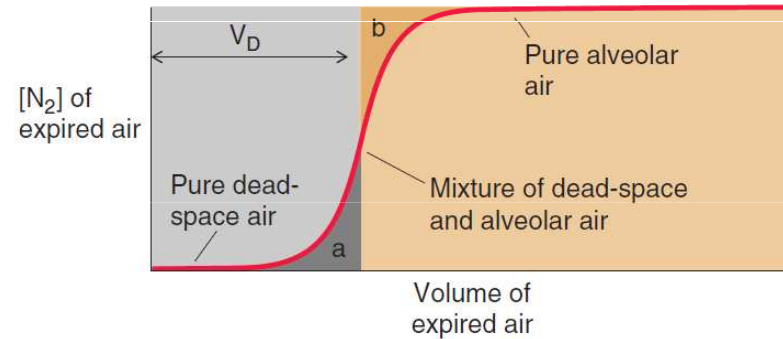
A26: Dead space, measurement



[N₂] PROFILE OF EXPIRED AIR WITH NO MIXING



MEASURED [N₂] PROFILE



A46: Compliance of lungs. Respiratory work. Pneumothorax

– According to etiology:

- **traumatic** pneumothorax (due to an injury) occurs if the chest wall is perforated or during an injury of the esophagus, bronchi, and during rib fractures.
- **spontaneous** pneumothorax
- **primary** idiopathic pneumothorax (without any known cause) may occur in tall healthy young men with an incidence of pneumothoraxes in the family,
- **secondary** pneumothorax arises as a consequence of lung diseases (such as COPD or cystic fibrosis),
- **iatrogenic** pneumothorax (due to medical procedures) occurs during invasive medical examinations such as transparietal aspiration biopsy, subclavian vein catheterization, or mechanical ventilation with positive pressure.
- **artificially induced** (deliberate) pneumothorax is used during thoracoscopy, an endoscopic examination the thoracic cavity.

– According to the communication of the pleural space with its surroundings

- **open pneumothorax** (when the hole in the pleural space remains open, the air in the pleural cavity moves back and forth with each breath of the patient)
- **closed pneumothorax** (when a small opening through which air enters the pleural cavity closes)
- **valvular pneumothorax** (the tissue of the lungs or the chest wall covers the hole in such a way that a valve emerges, this valve allows air to flow inside during inspiration, but it prevents the air from leaving the pleural cavity during exhalation).

A47: Composition of atmospheric and alveolar air. Gas exchange in lungs and tissues.

COMPOSITION OF DRY ATMOSPHERIC AIR

O ₂	20.95 %	F _{O₂}	≅ 0,21
N ₂	78.09 %	F _{N₂}	≅ 0,78
CO ₂	0.03 %	F _{CO₂}	≅ 0,0004

BAROMETRIC PRESSURE IN SEA LEVEL

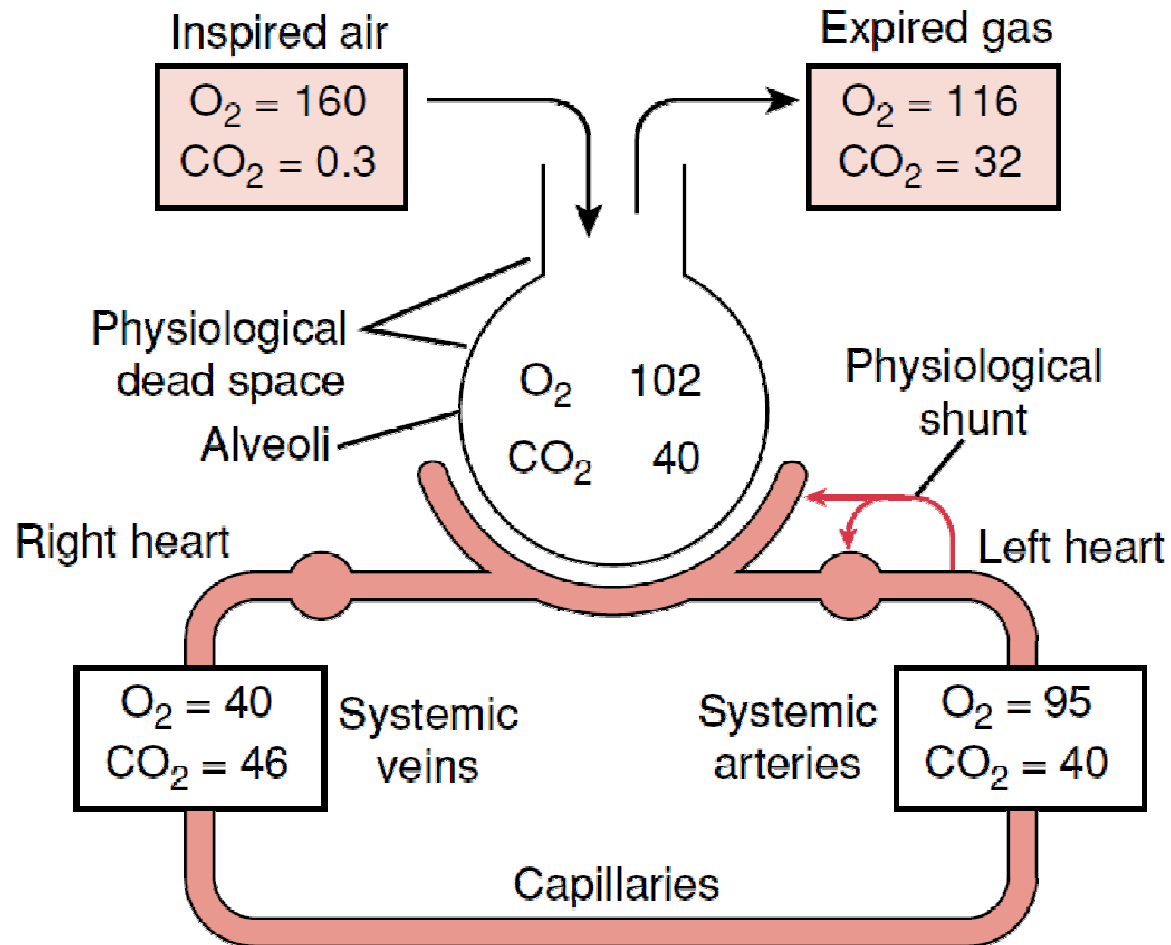
1 atmosphere = 760 mm Hg

PARTIAL PRESSURE OF DRY AIR IN SEA LEVEL

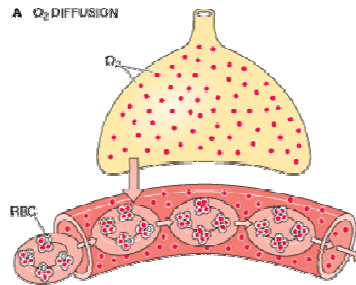
$$\begin{aligned} P_{O_2} &= 760 \times 0,21 &= \sim 160 \text{ mm Hg} \\ P_{N_2} &= 760 \times 0,78 &= \sim 593 \text{ mm Hg} \\ P_{CO_2} &= 760 \times 0,0004 &= \sim 0,3 \text{ mm Hg} \end{aligned}$$

12 1 kPa = 7,5 mm Hg (torr)

A47: Composition of atmospheric and alveolar air. Gas exchange in lungs and tissues.



A48: Transport of O₂. Oxygen - haemoglobin dissociation curve. Transport of CO₂

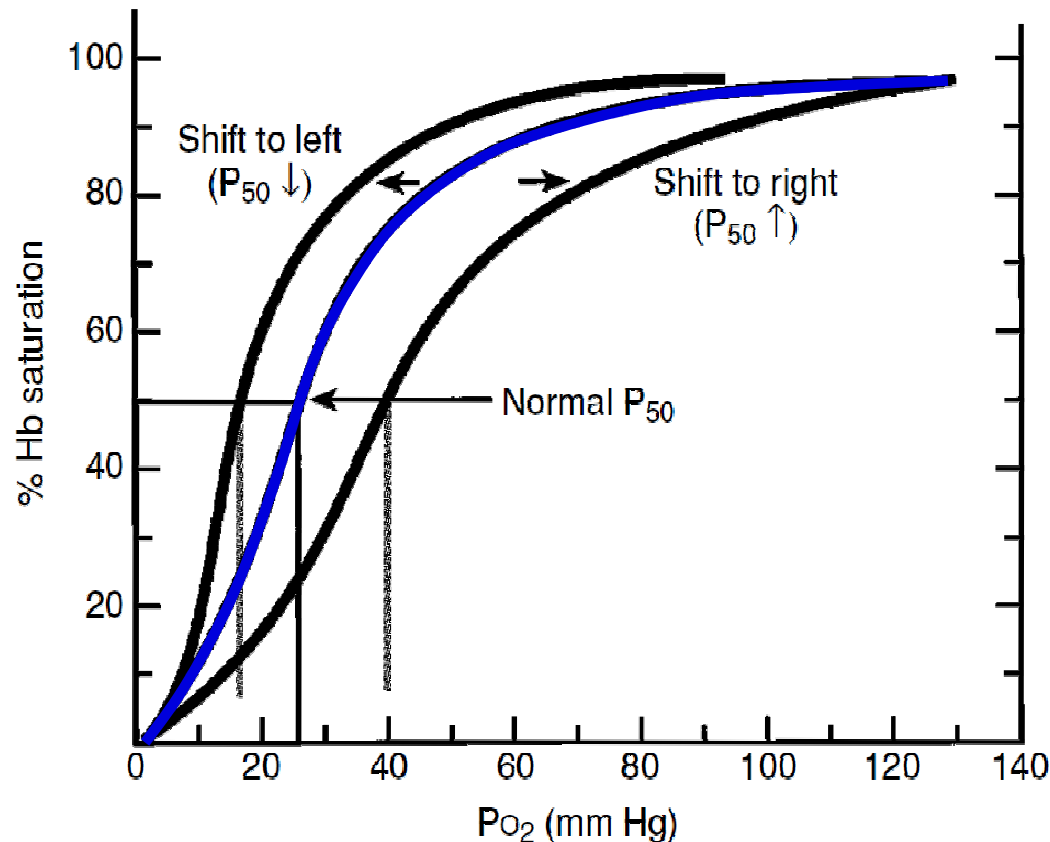


O₂ is transported in two forms :

- physically dissolved(1%)
- in chemical bond with Hb (99%)

- Fetal hemoglobin(2 α , 2 γ)
- Methemoglobin (Fe³⁺)
- Carboxyhemoglobin (CO)
- Carbaminohemoglobin (CO₂)
- Oxyhemoglobin (O₂)
- Deoxyhemoglobin (without any gases)

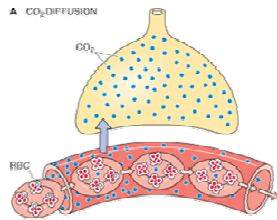
A48: Transport of O₂. Oxygen - haemoglobin dissociation curve. Transport of CO₂



Dissociation curve of Hb is influenced by:

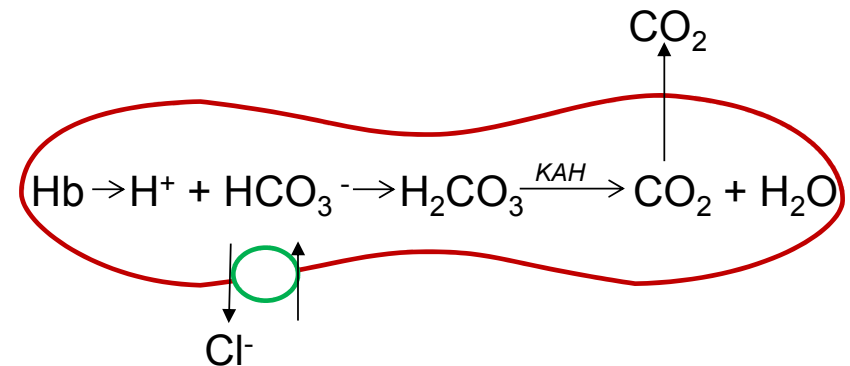
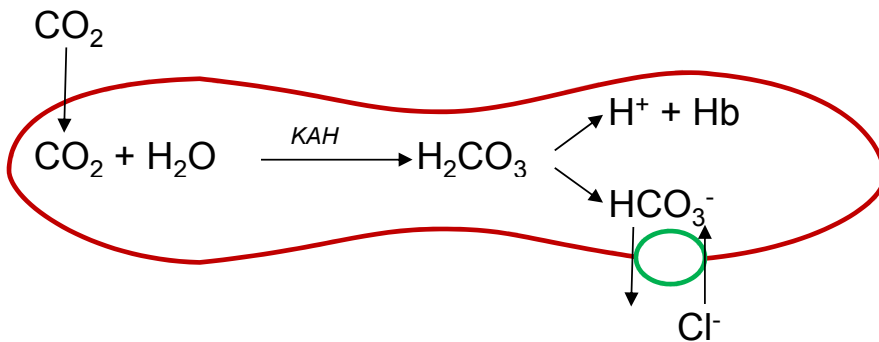
- pH of blood
- pCO₂ of blood
- Temperature
- Concentration of 2,3 - BPG

A48: Transport of O₂. Oxygen - haemoglobin dissociation curve. Transport of CO₂

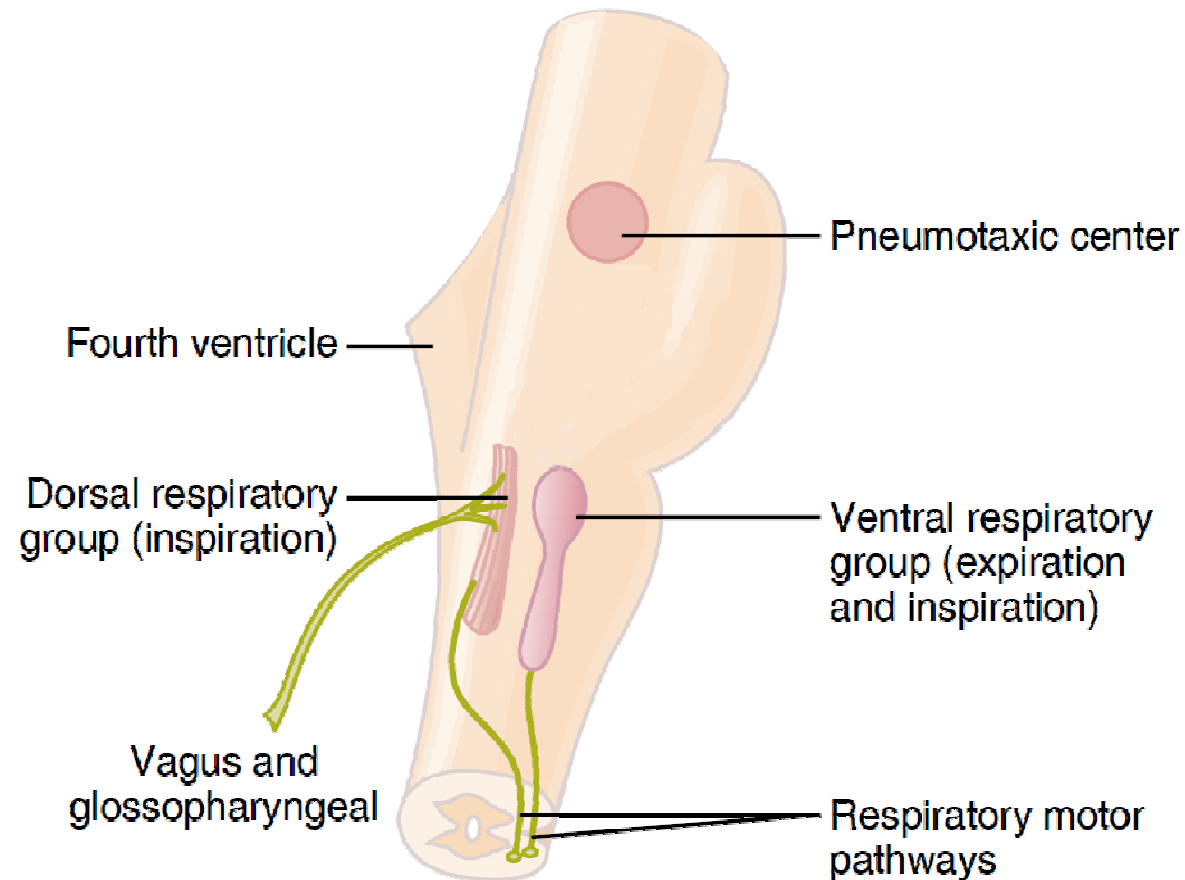


CO₂ is transported in next forms :

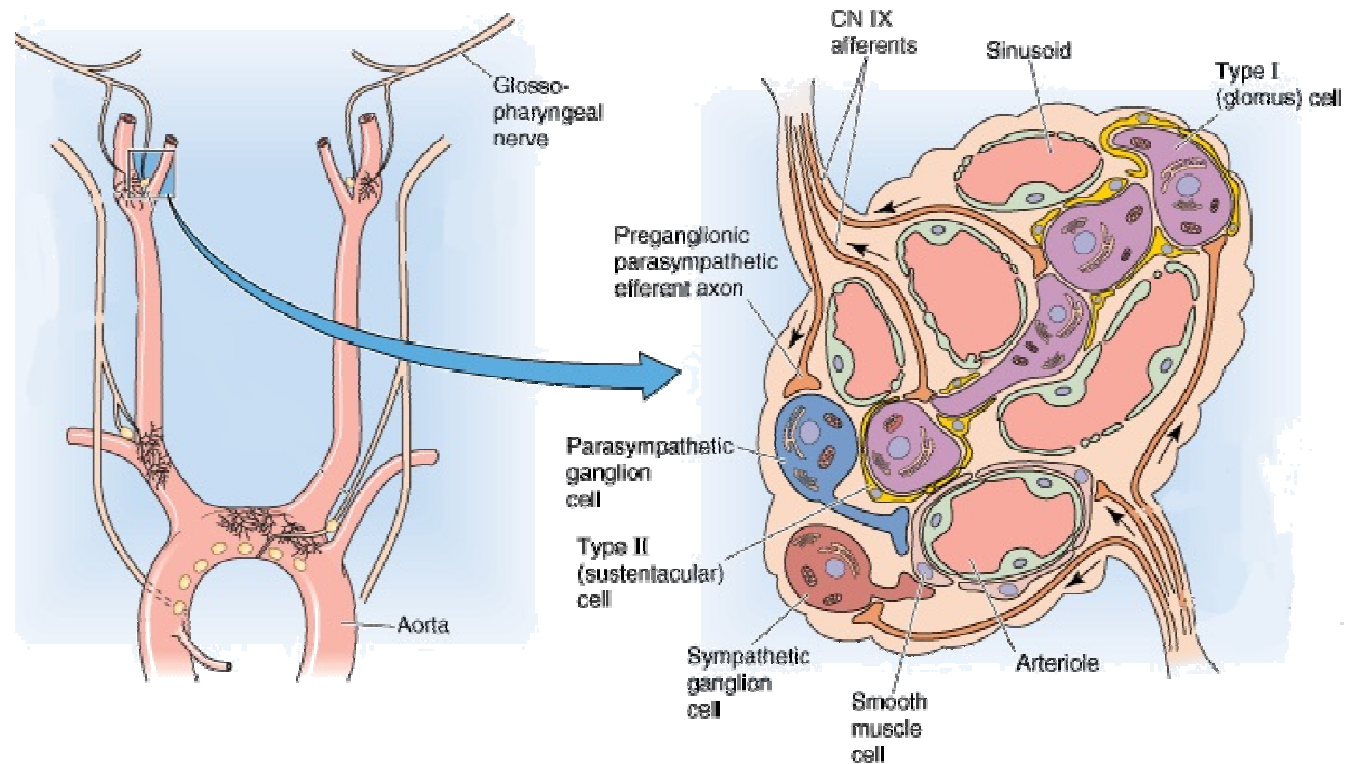
- physically dissolved (5 %)
- in the form of bicarbonate anions (85%)
- in chemical bond with Hb (10%)



A49: Regulation of ventilation



A49: Regulation of ventilation



A49: Regulation of ventilation

