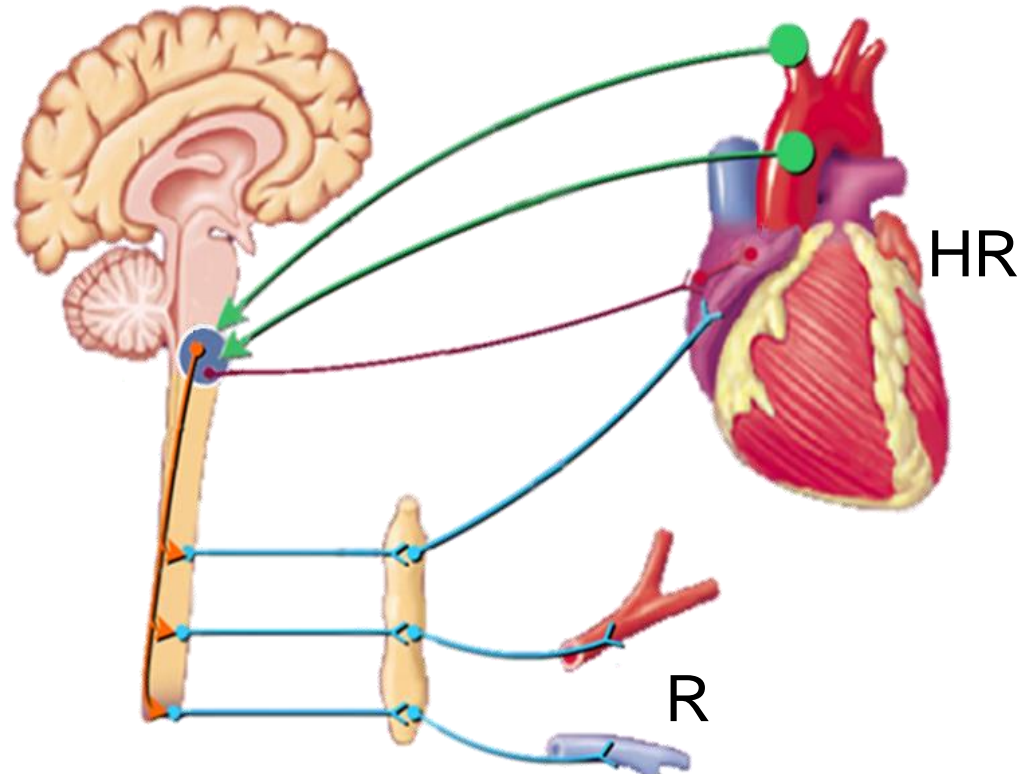


**M U N I**  
**M E D**

**Compendium**  
**CVS II**

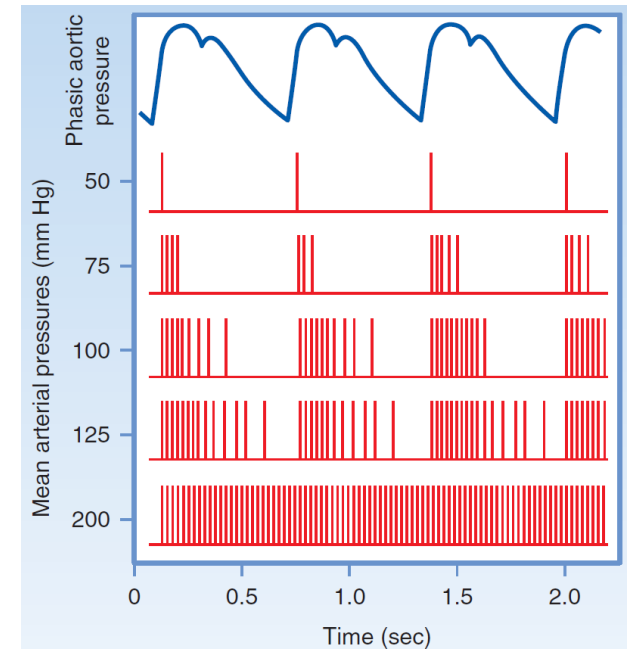
# Baroreflex



- █ Aferent pathway
- █ Parasympathetic pathway
- █ Sympathetic pathway

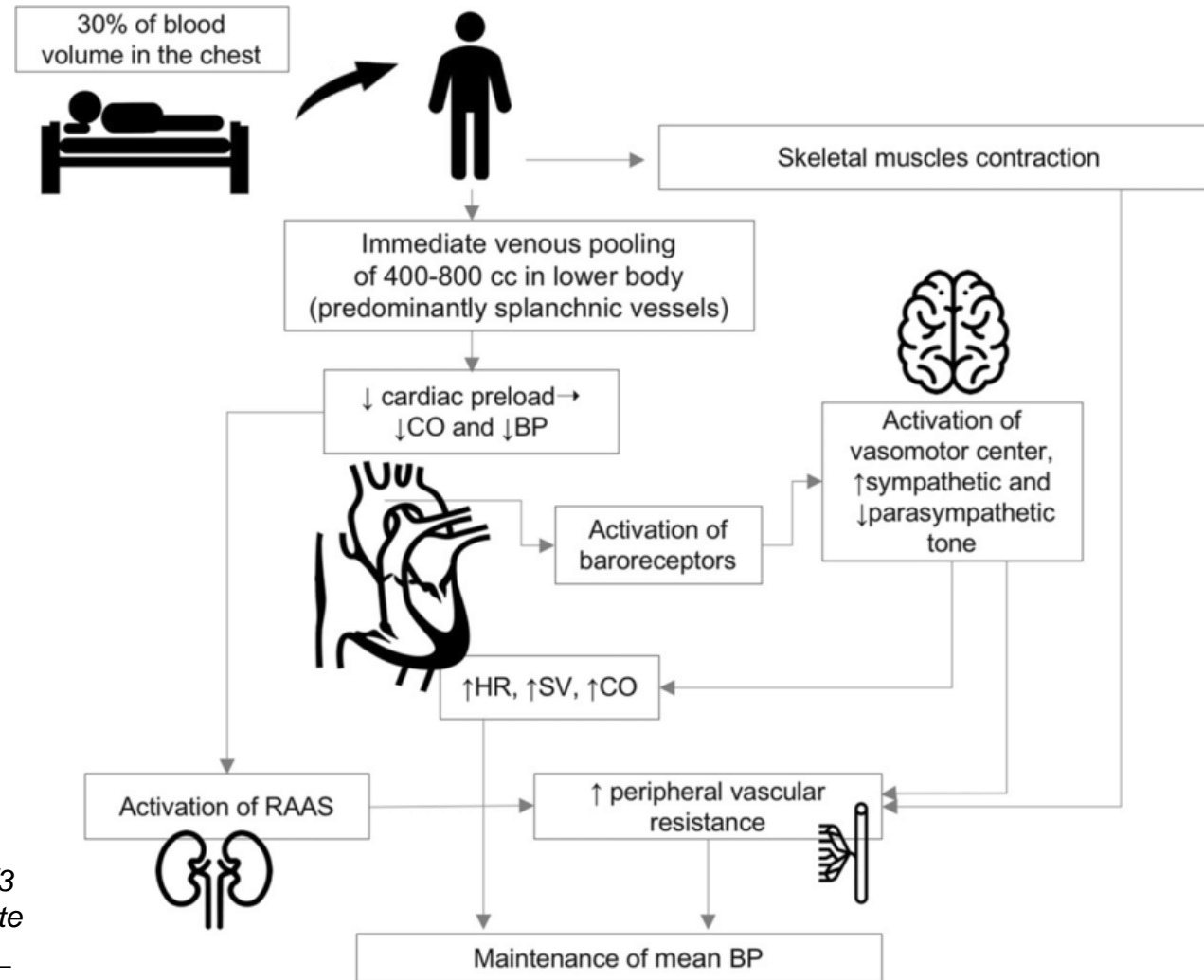
$$BP = HR \times SV \times R$$

- Inotropic
  - Chronotropic
  - Dromotropic
  - Batmotropic
- } effect

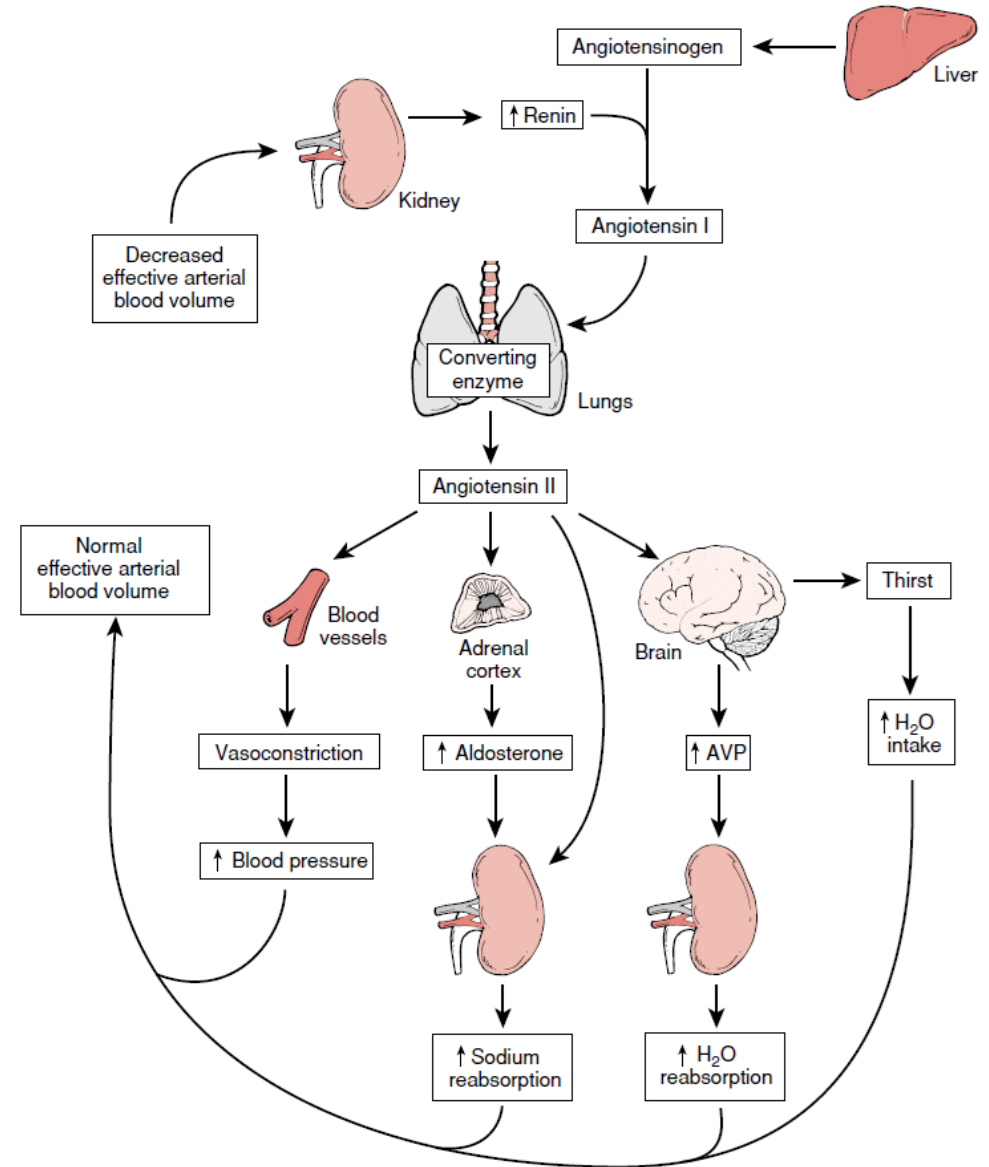
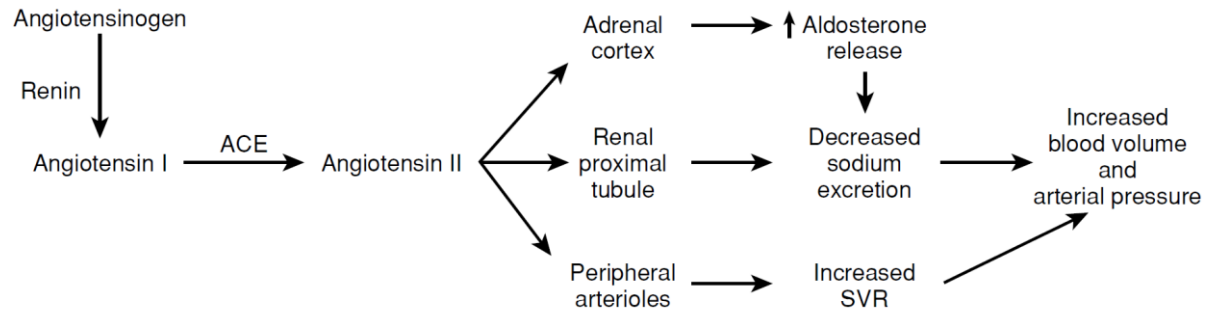


$$BP = HR \times SV \times R$$

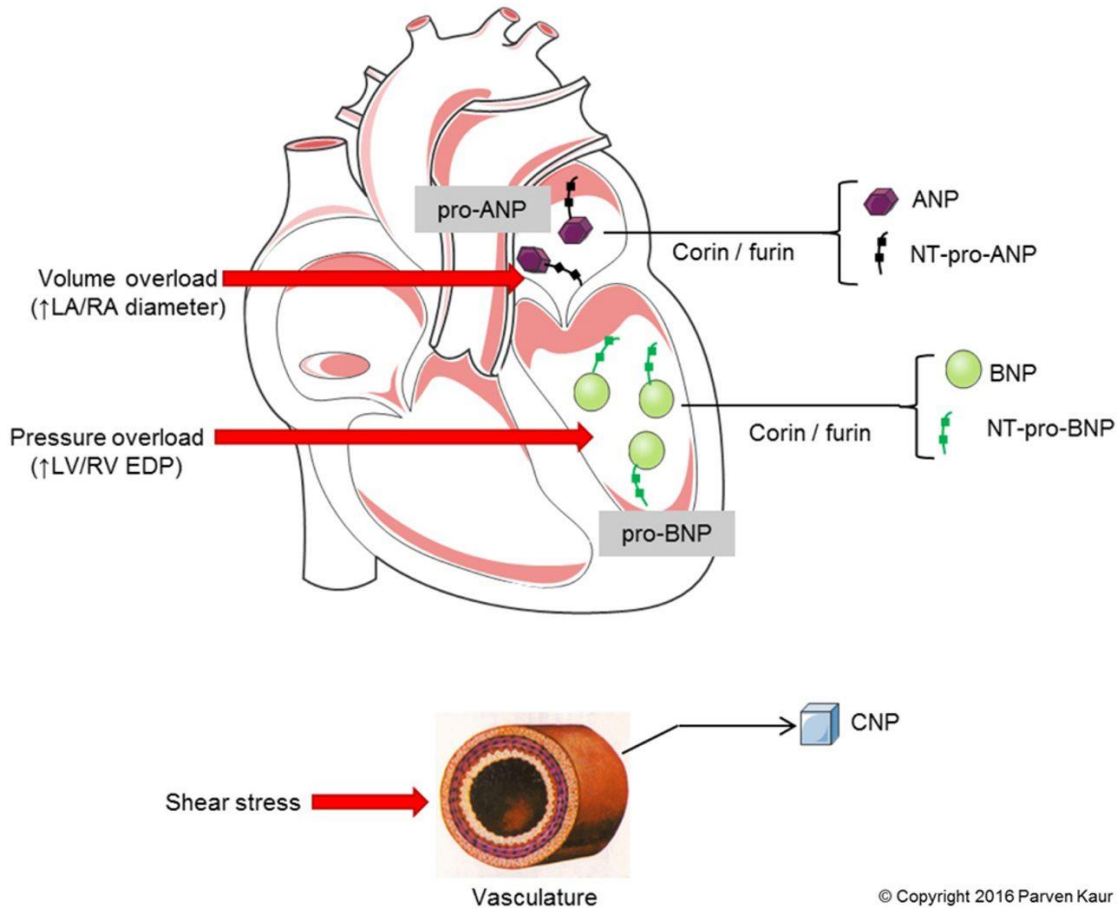
# Regulation of blood circulation upon orthostasis



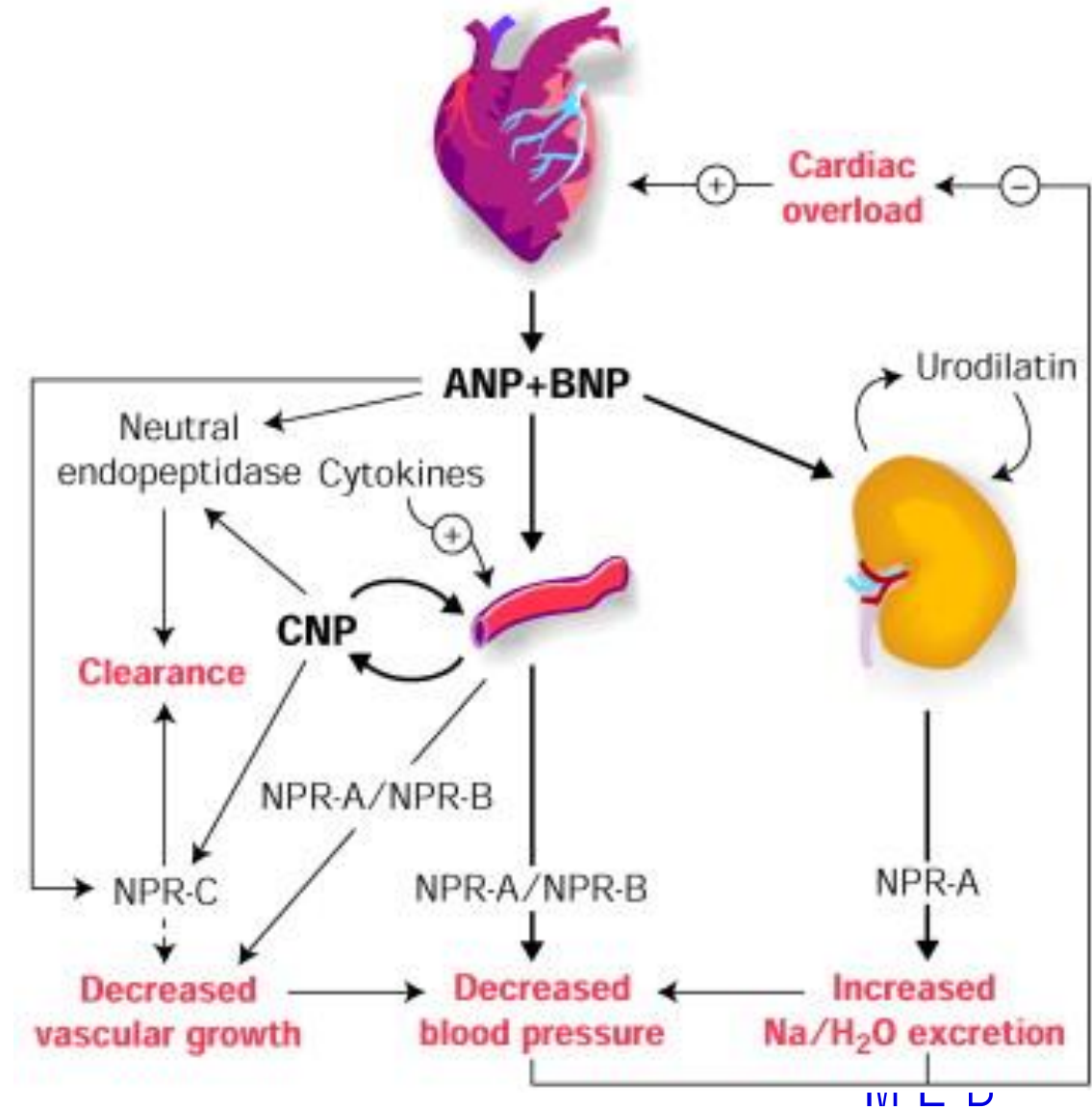
# RAAS



# Natriuretic peptides

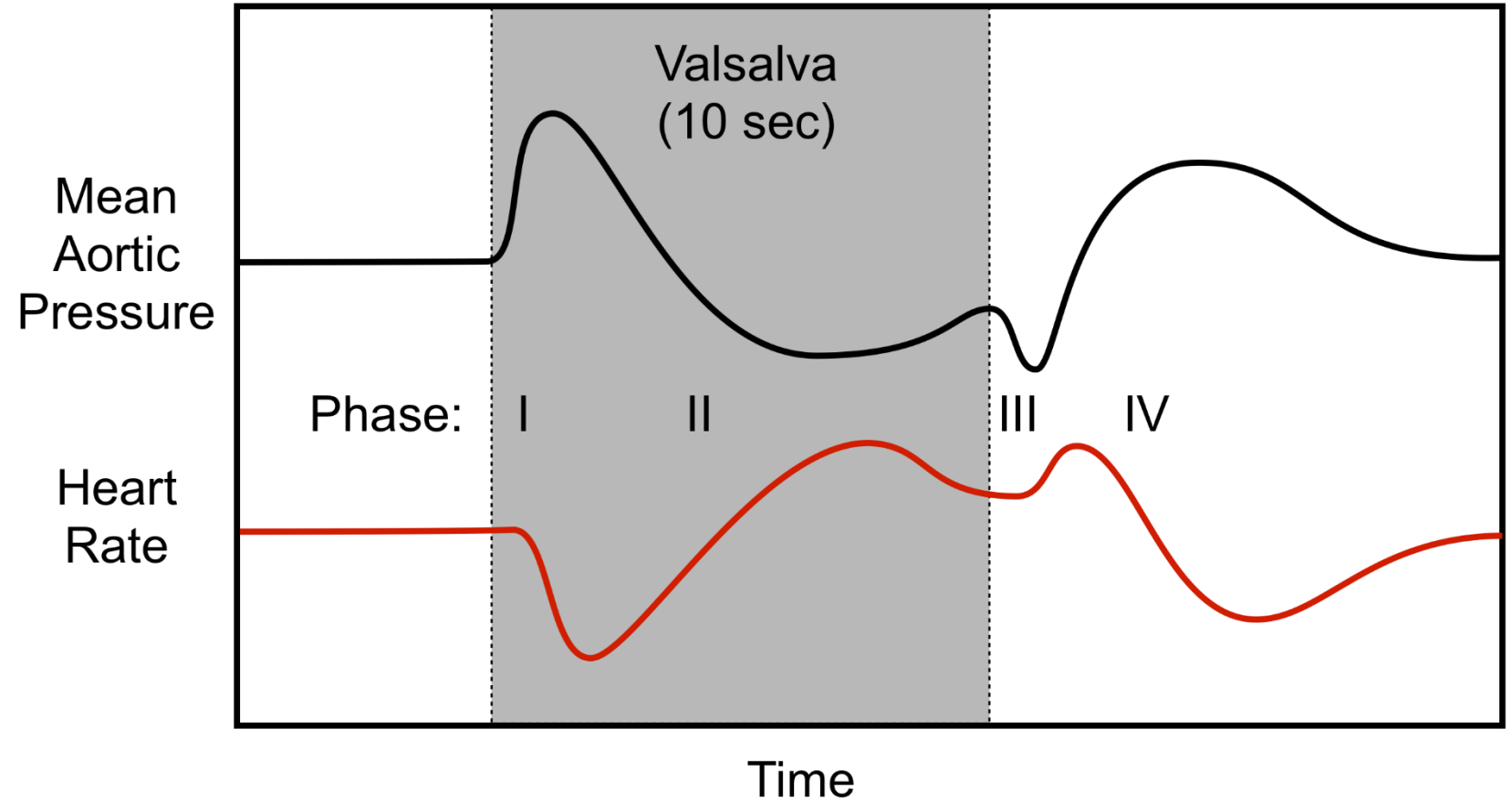
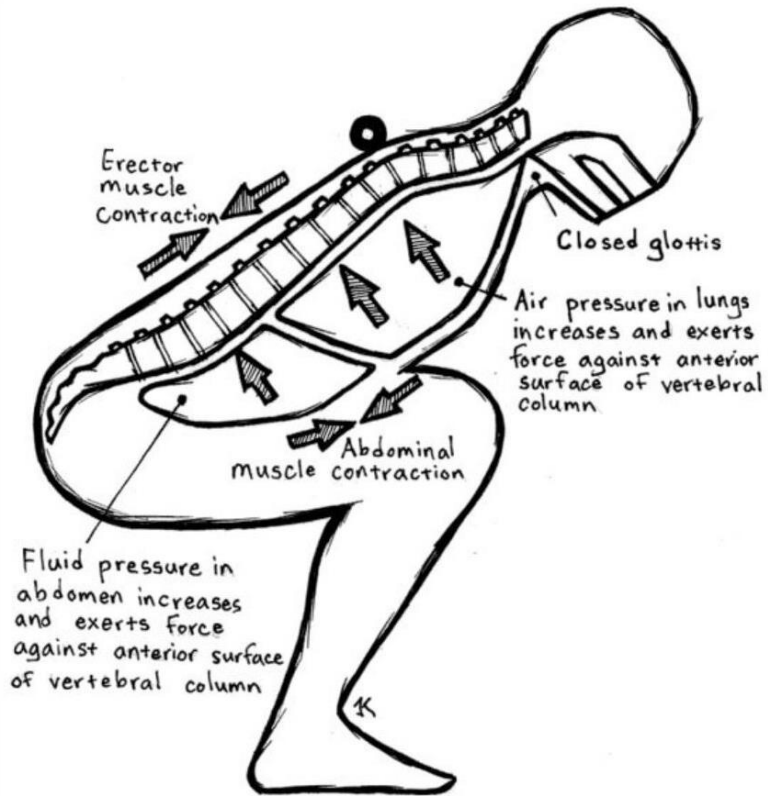


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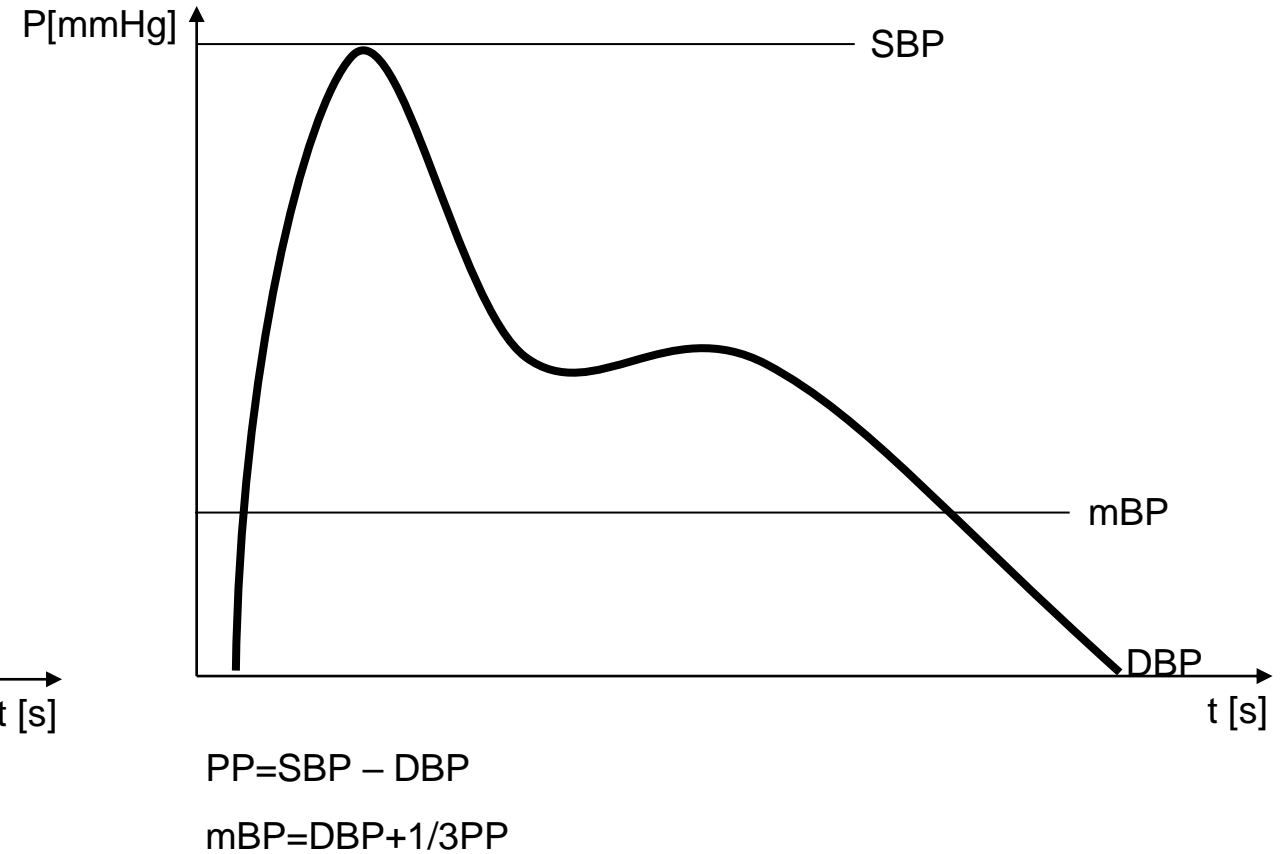
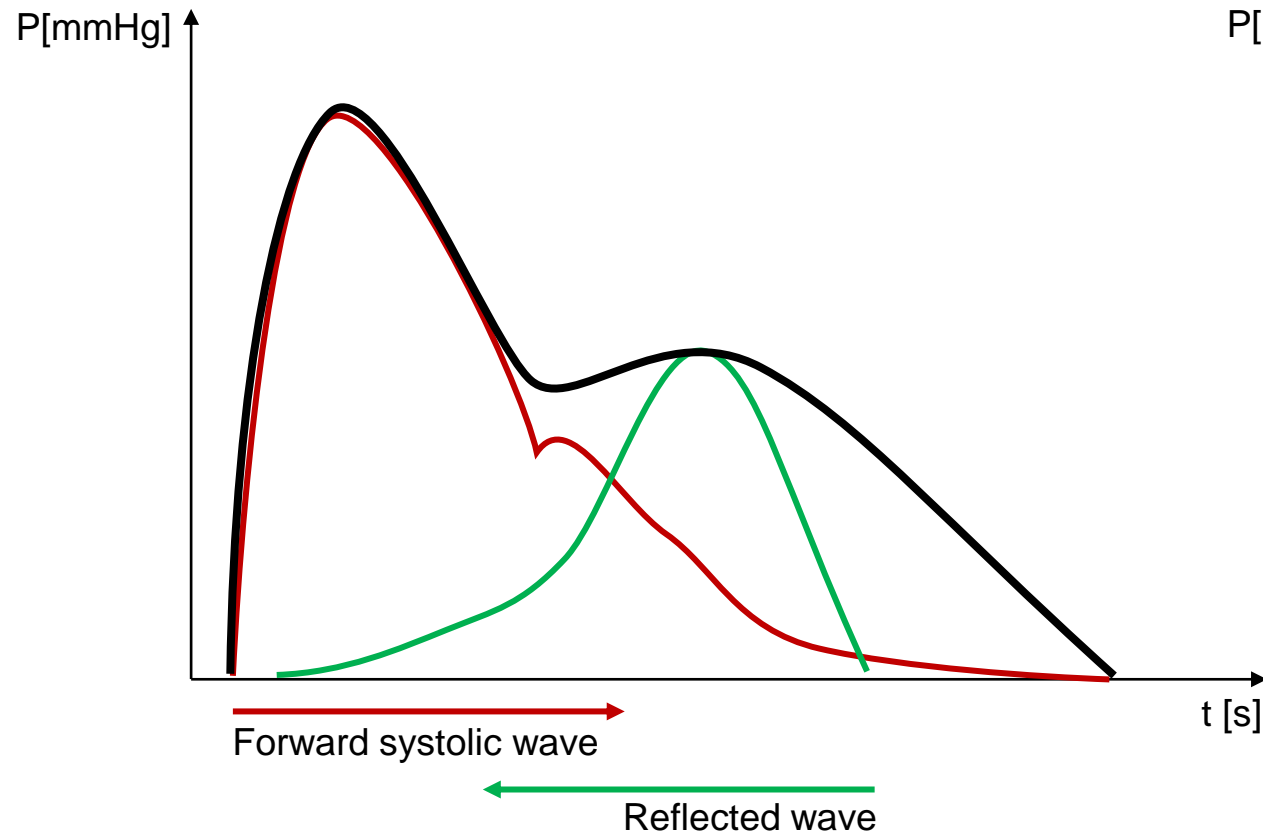


111 111 111

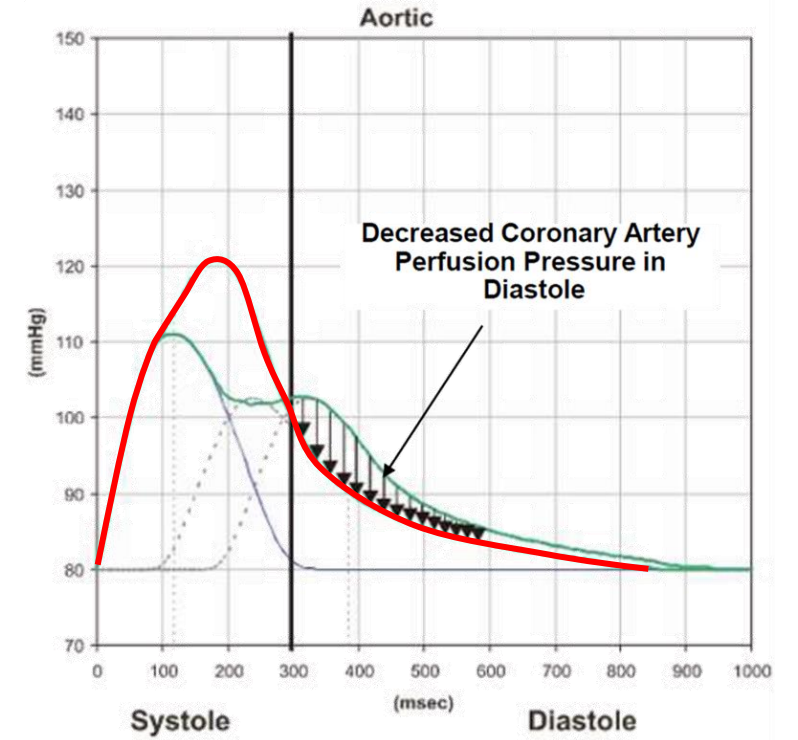
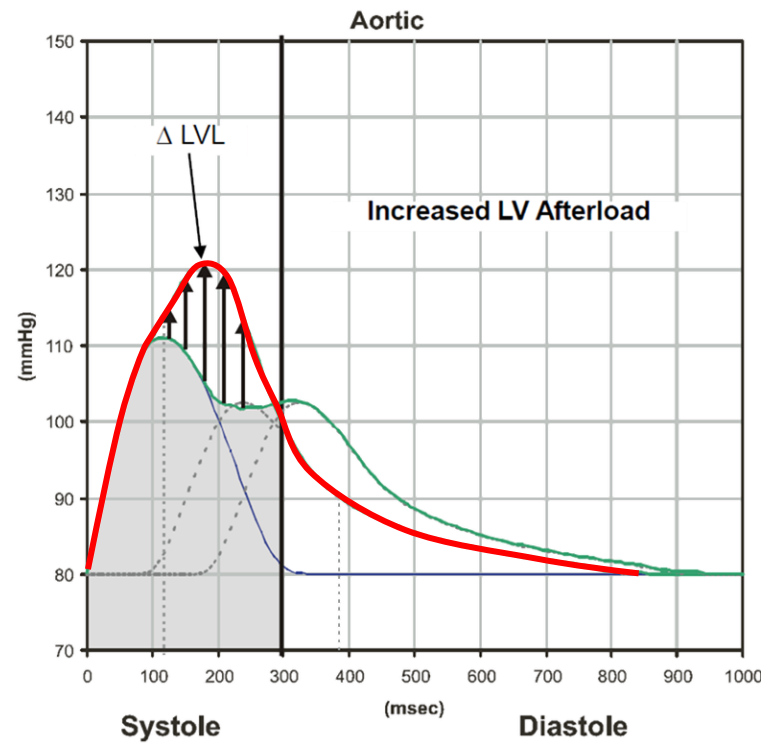
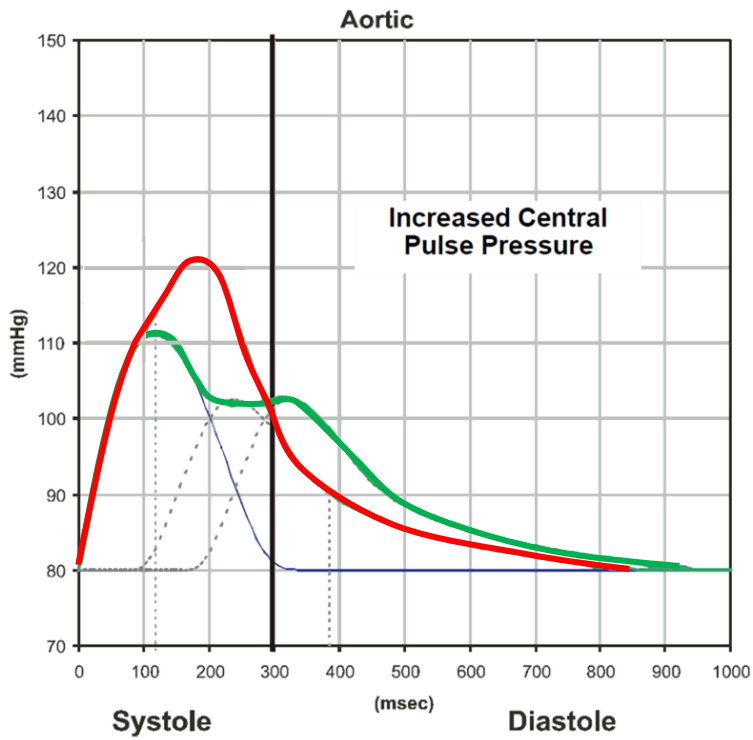
# Valsalva maneuver



# Pulse wave



# Higher arterial stiffness





# Factors of arterial stiffness changes

## A. Vascular Structure

## B. Stiffness Pathology

### Tunica adventitia

- Fibroblasts
- Collagen-containing matrix
- External elastic lamina

### Tunica adventitia

- Collagen deposition
- Increase in fibroblasts

### Tunica media

- Smooth muscle cells
- Elastic fibers

### Tunica media

- Collagen deposition
- Elastin degradation
- RAAS Signaling
  - AT1R & MR
- VSMC stiffness
  - Increase in  $\alpha$ -SMA &  $\beta$ 1-integrin

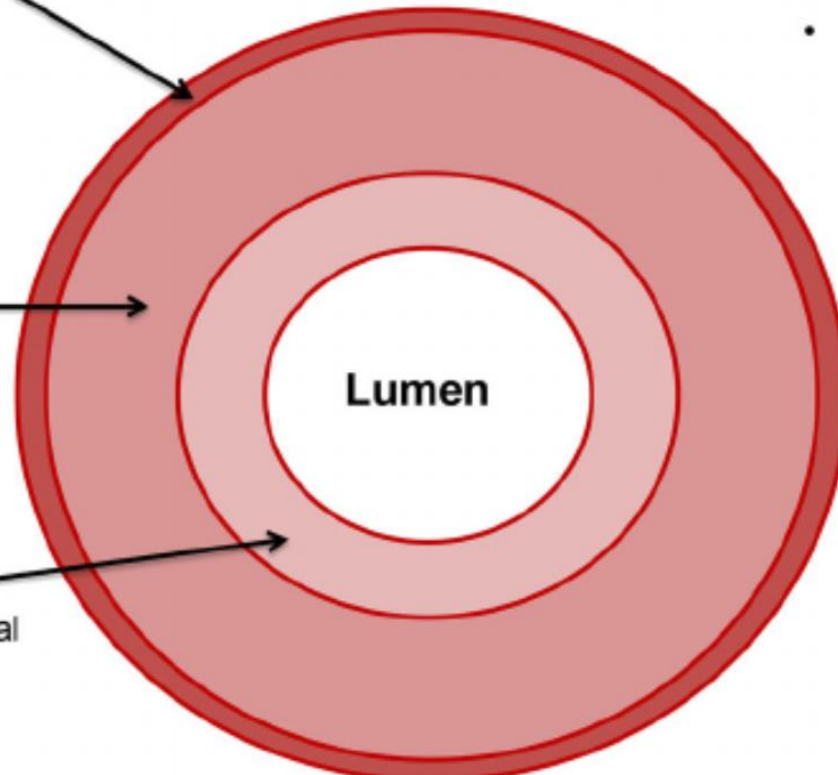
- Elastin degradation
- Collagen deposition
- Endothelial dysfunction

### Tunica intima

- Monolayer of endothelial cells
- Internal elastic lamina

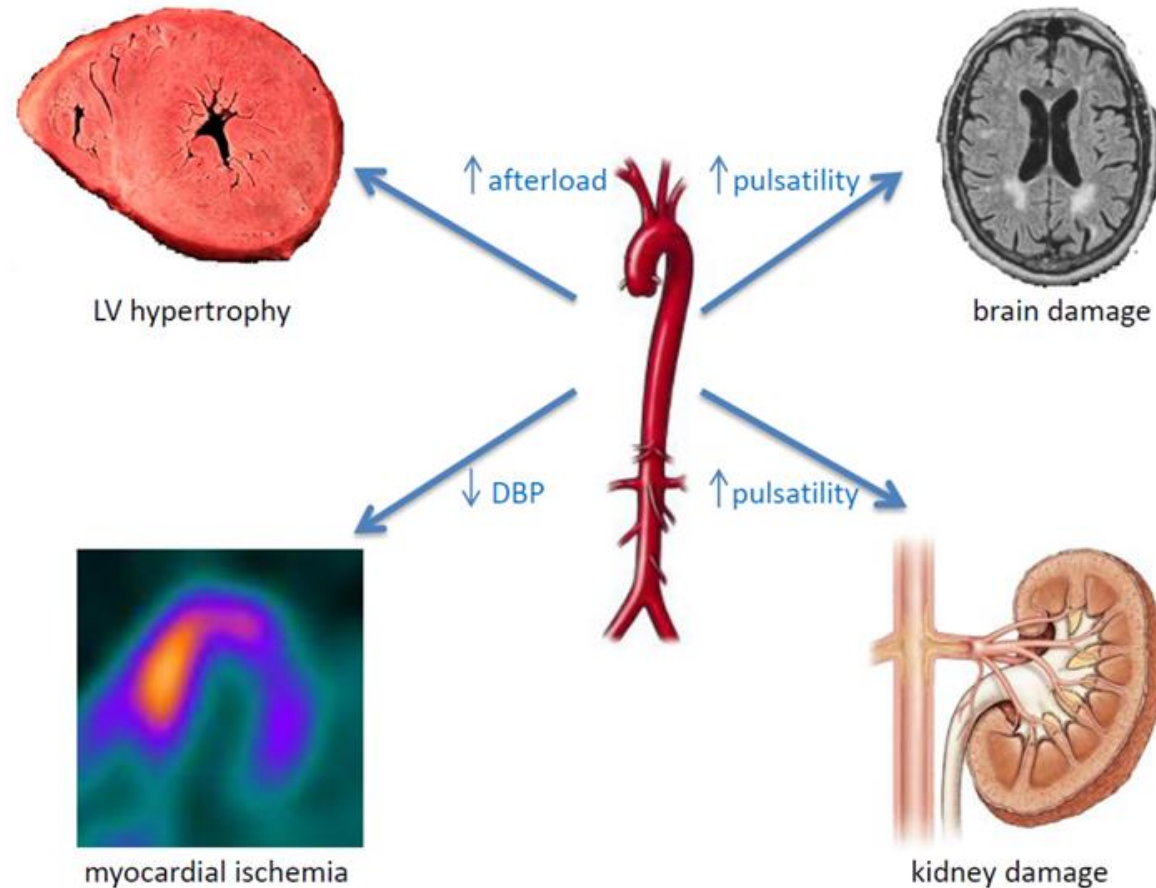
### Tunica intima

- Endothelial dysfunction
- Oxidative stress

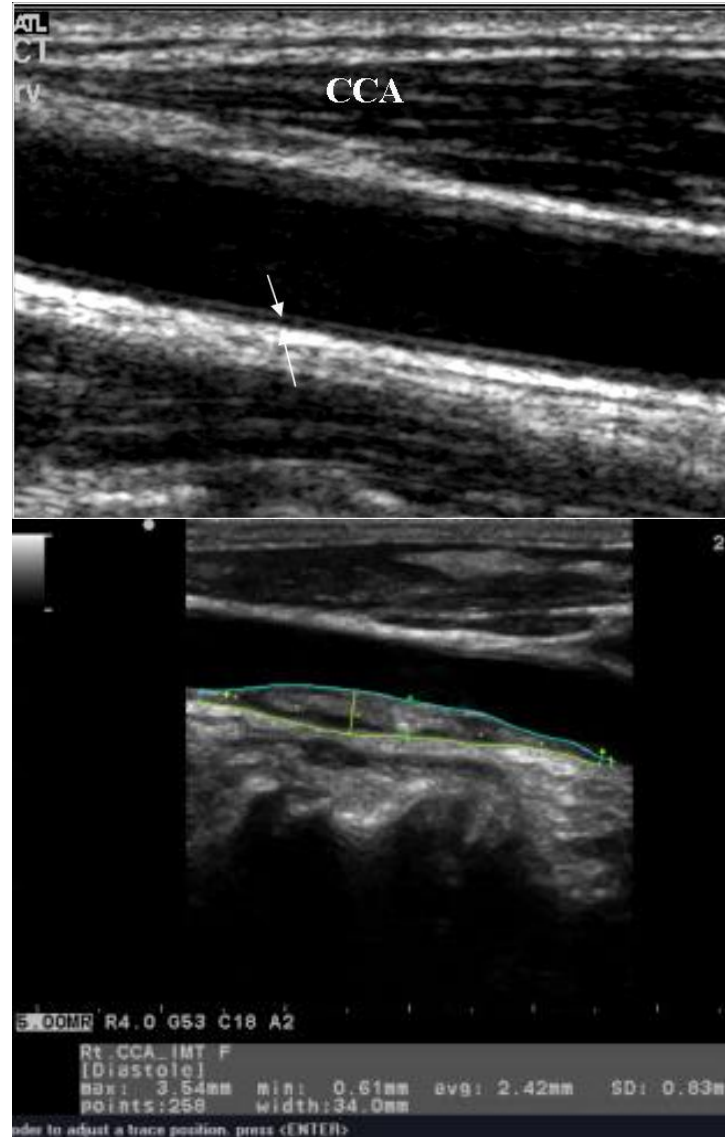
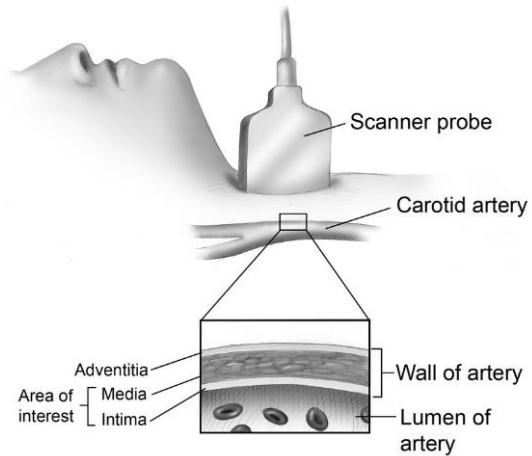


# Complications of the higher arterial stiffness

- $\uparrow$  SBP
- $\downarrow$  DBP
- $\uparrow$  PP

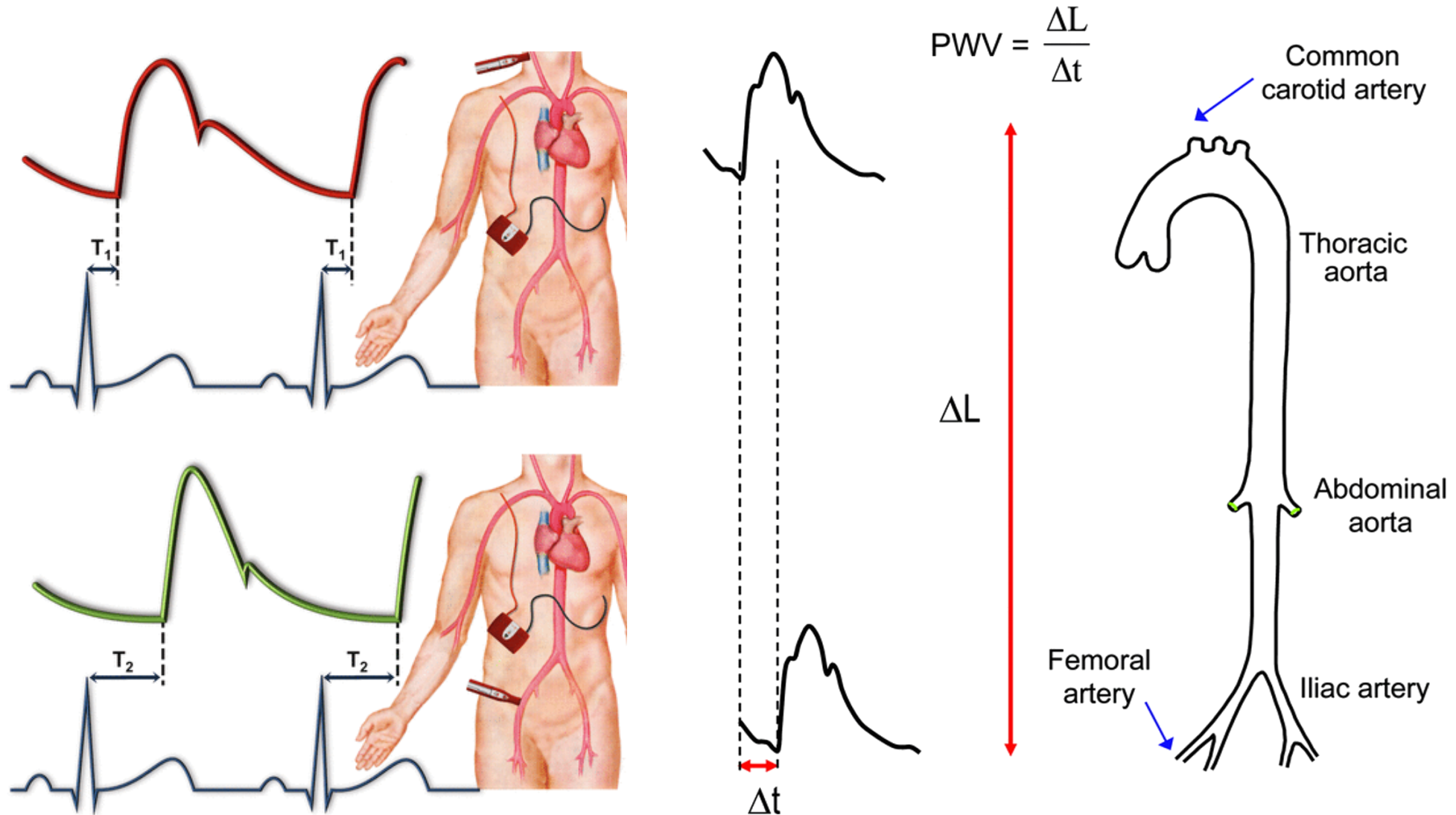


# Ultrasound measurement



age		IMT <sub>R</sub> (mm)	IMT <sub>L</sub> (mm)
25-35	Mean	0.39±0.07	0.40±0.07
	V%	18.26	17.37
	CI	0.36<x<0.42	0.38<x<0.42
35-45	Mean	0.43±0.07	0.46±0.09
	V%	15.15	18.59
	CI	0.41<x<0.45	0.43<x<0.49
45-55	Mean	0.47±0.08	0.50±0.11
	V%	17.49	21.18
	CI	0.44<x<0.50	0.47<x<0.54
55-65	Mean	0.52±0.11	0.54±0.11
	V%	21.01	20.89
	CI	0.48<x<0.56	0.50<x<0.58
65-75	Mean	0.55±0.09	0.57±0.09
	V%	16.65	14.60
	CI	0.53<x<0.59	0.55<x<0.61

# PWV



A highly compliant aorta has a relatively low PWV (< 6 m/s)

# Methods of the arterial blood pressure measurement

Palpatory  
(sphygmomanometer)



Auscultatory  
(sphygmomanometer, stethoscope)



Oscillometric



24-hour blood pressure monitoring



Photoplethysmographic  
(volume-clamp method, Peñáz)



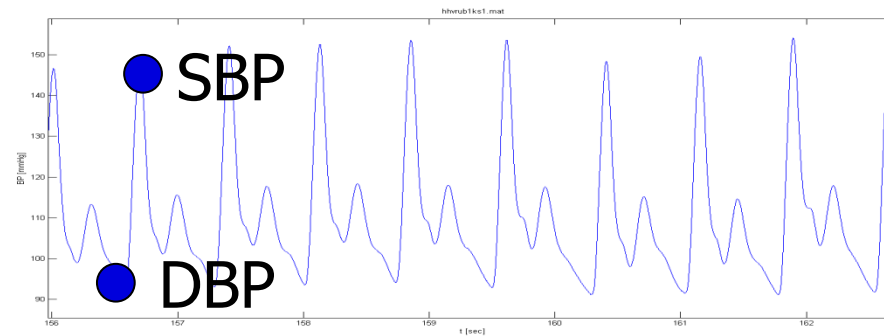
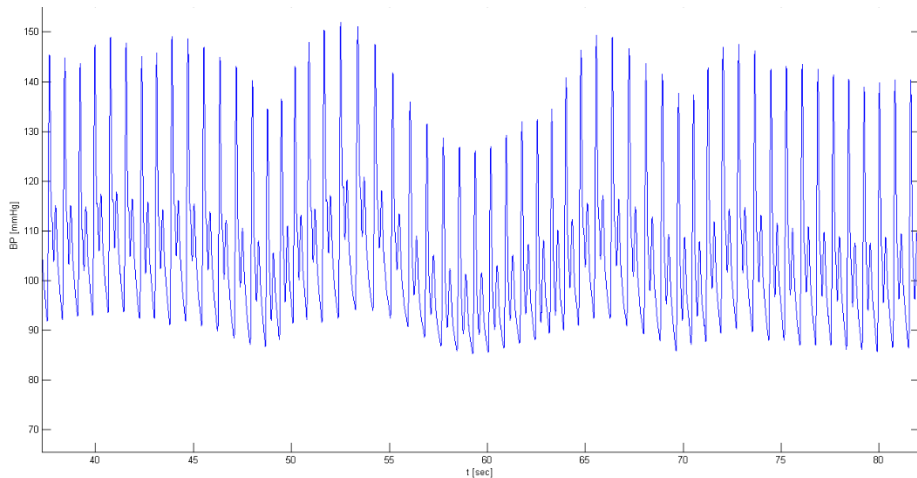
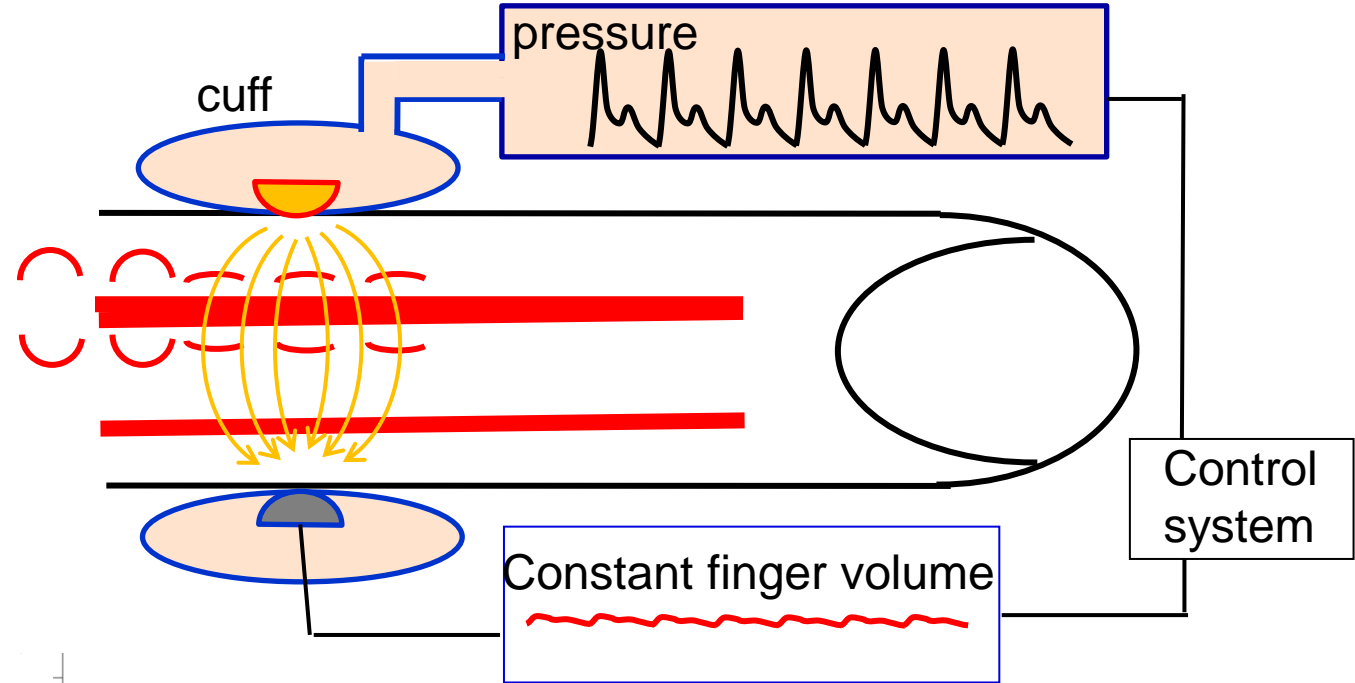


# Photoplethysmography

## Control system:

Correction of the pressure in the finger cuff according to the arterial lumen changes.

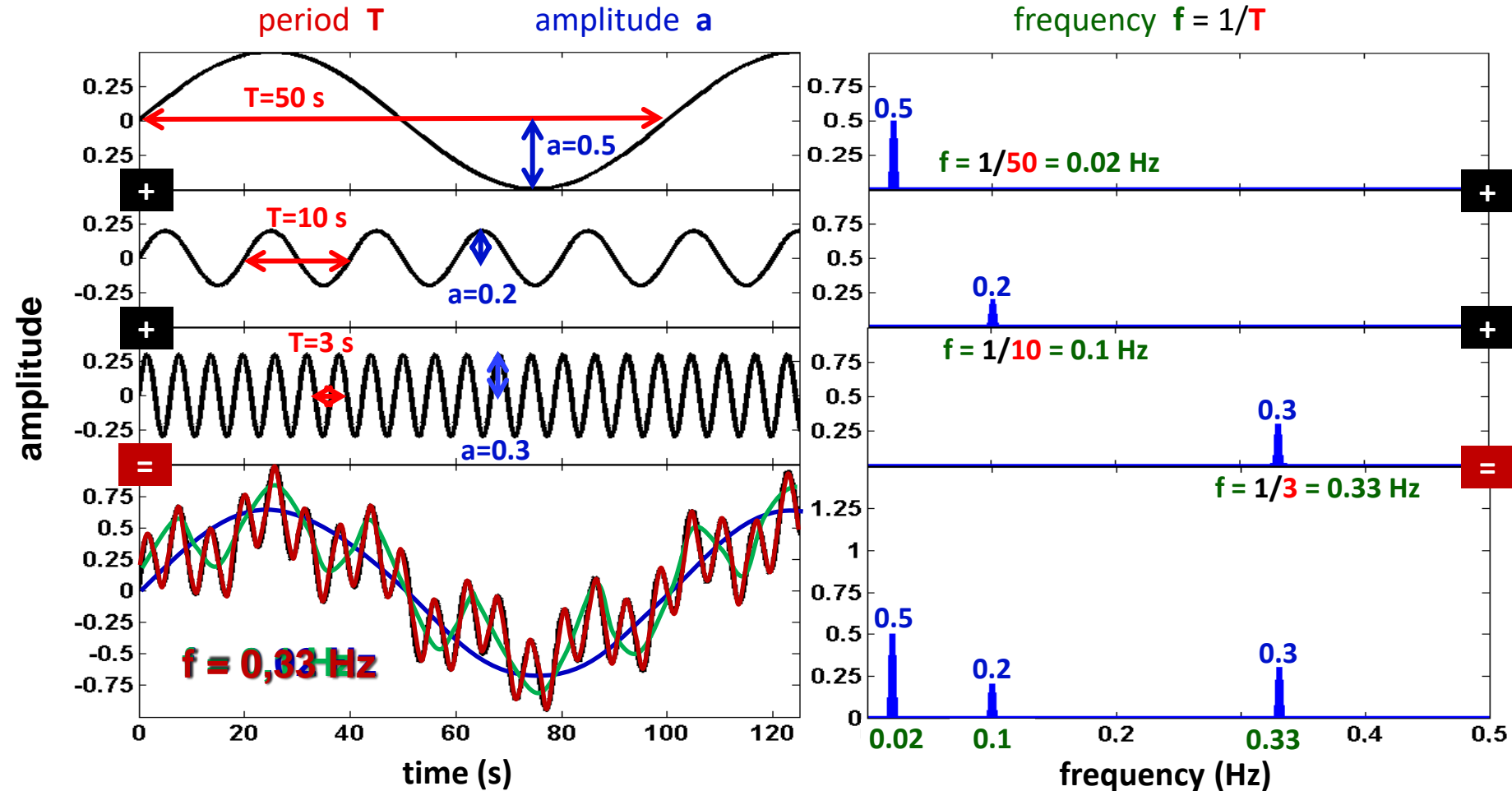
Aim: maintaining of constant arterial lumen through pressure changes in the cuff.



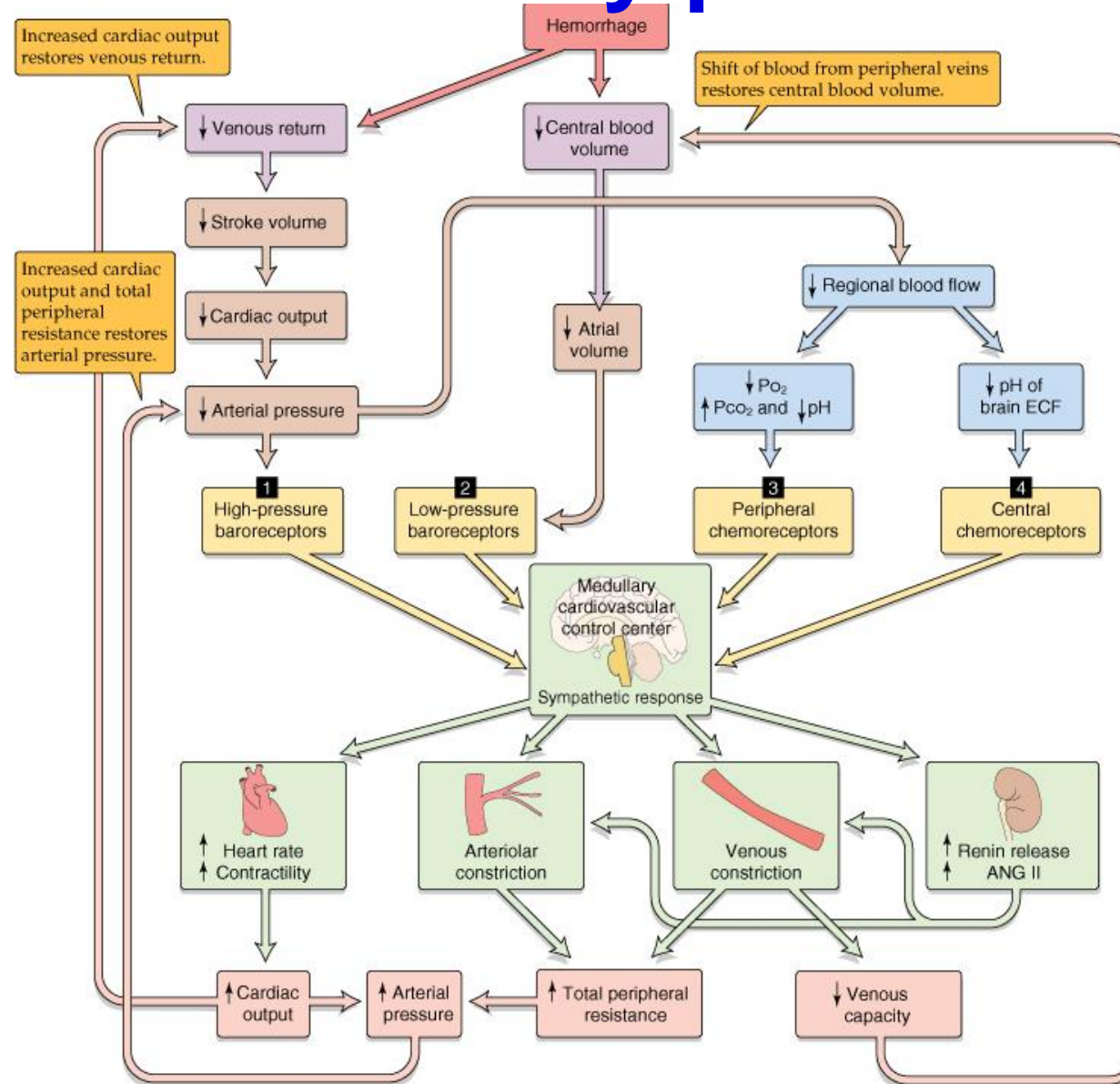
# Variability of circulatory parameters

Time domain

Spectrum  
Frequency domain



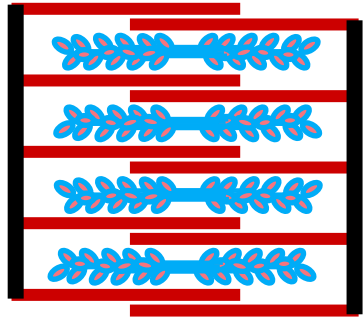
# Variability of circulatory parameters



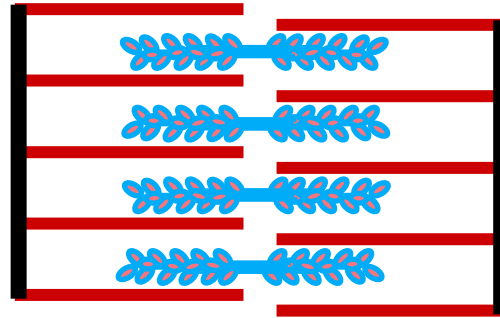


# Autoregulation of cardiac contraction

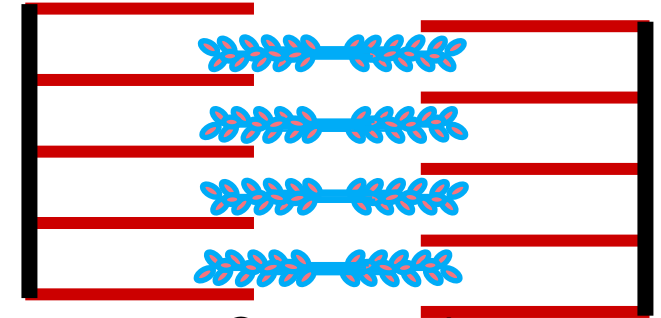
## – Heterometric autoregulation



Resting filling

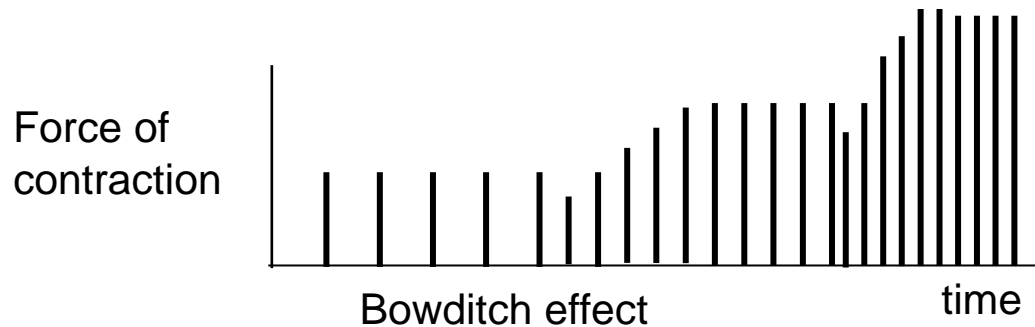


Ideal filling



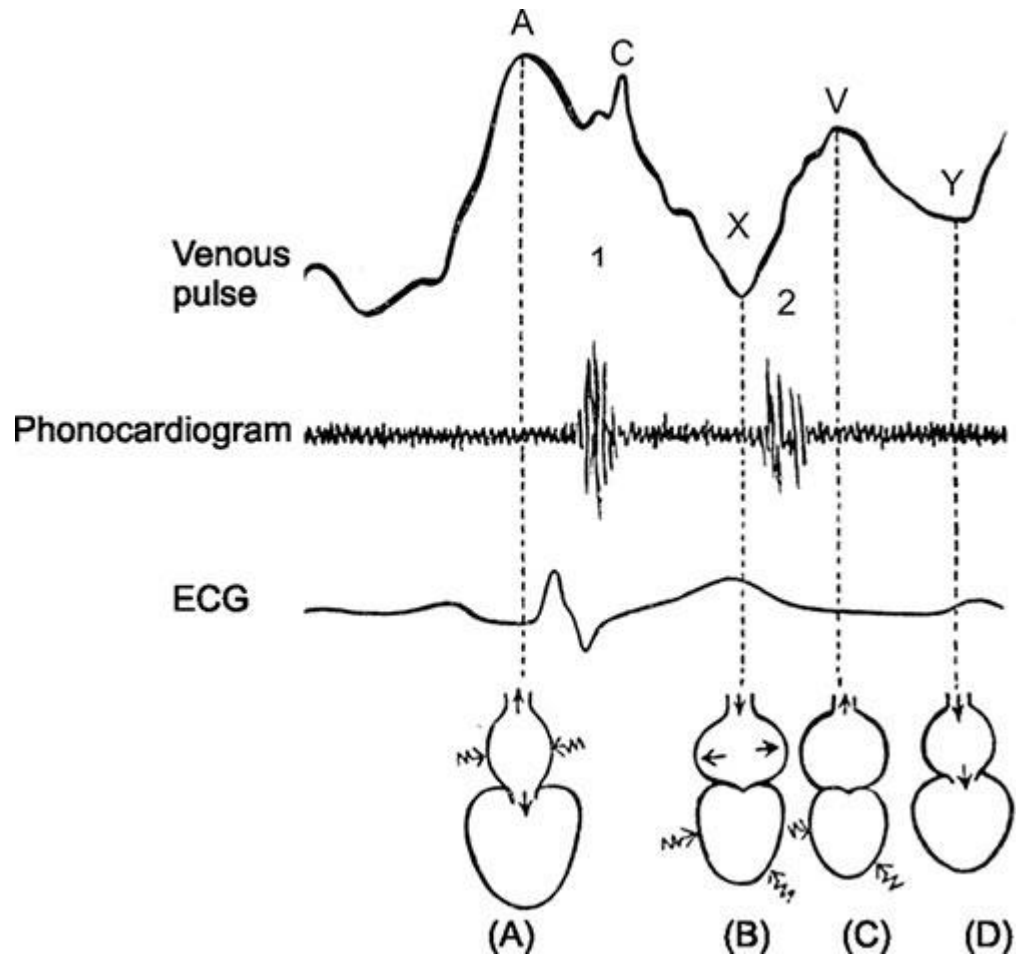
Overstretch

## – Homeometric autoregulation



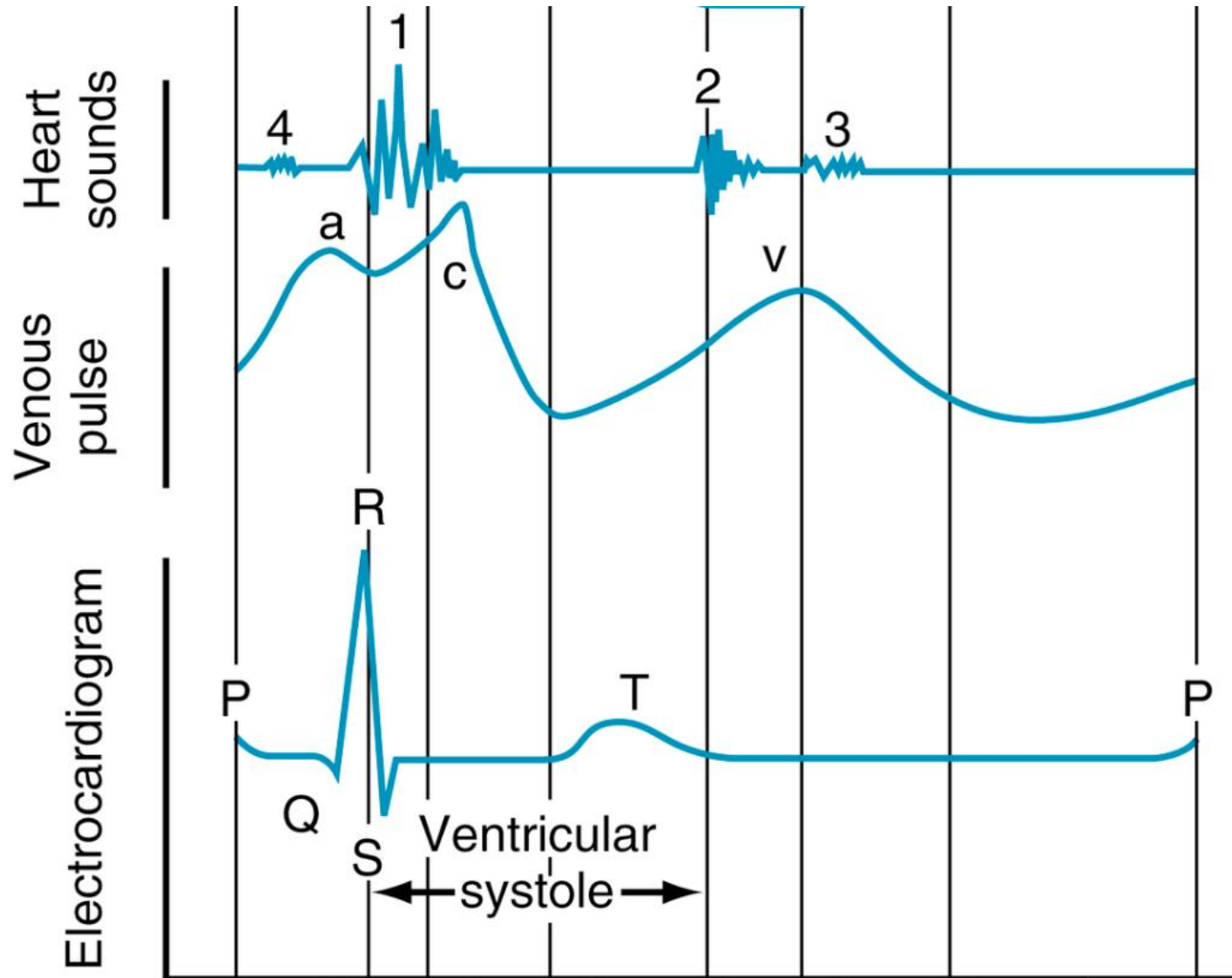
Intracellular Ca  
vs.  
Extracellular Ca

# Phlebogram

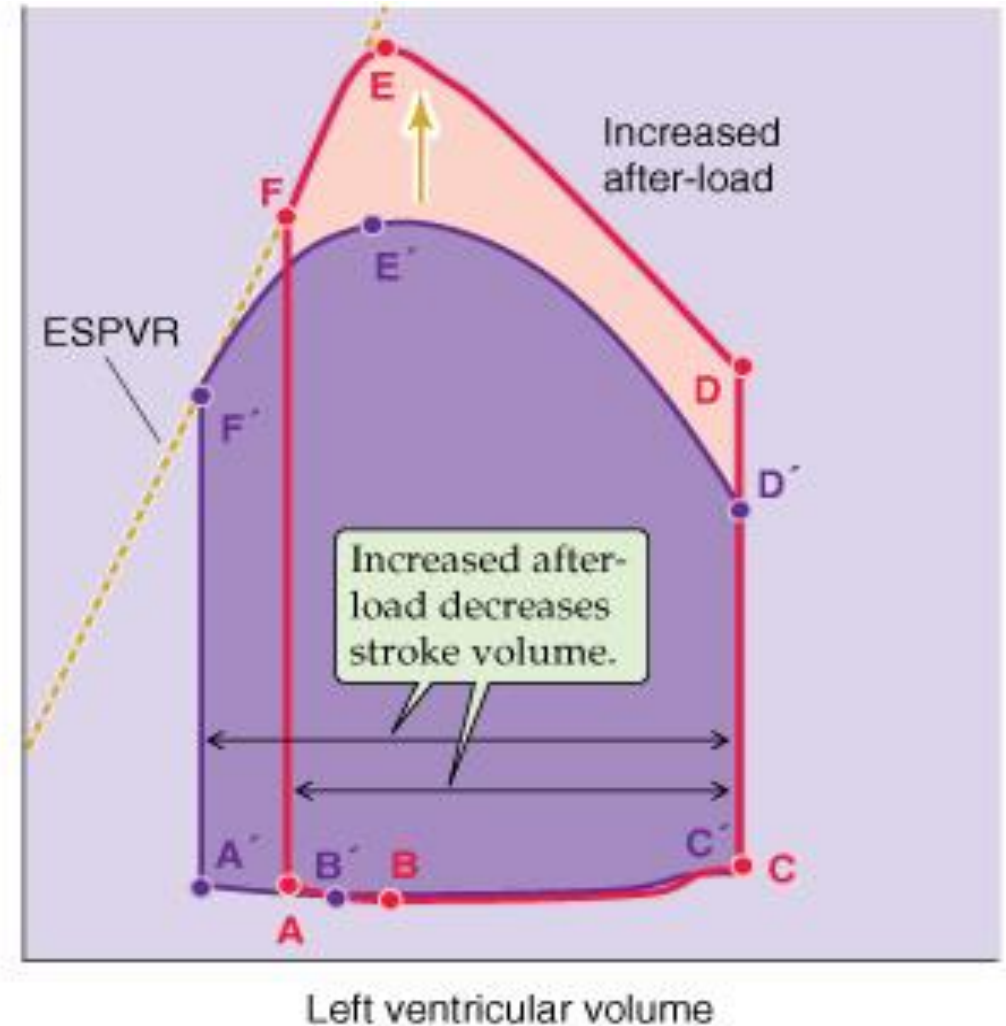
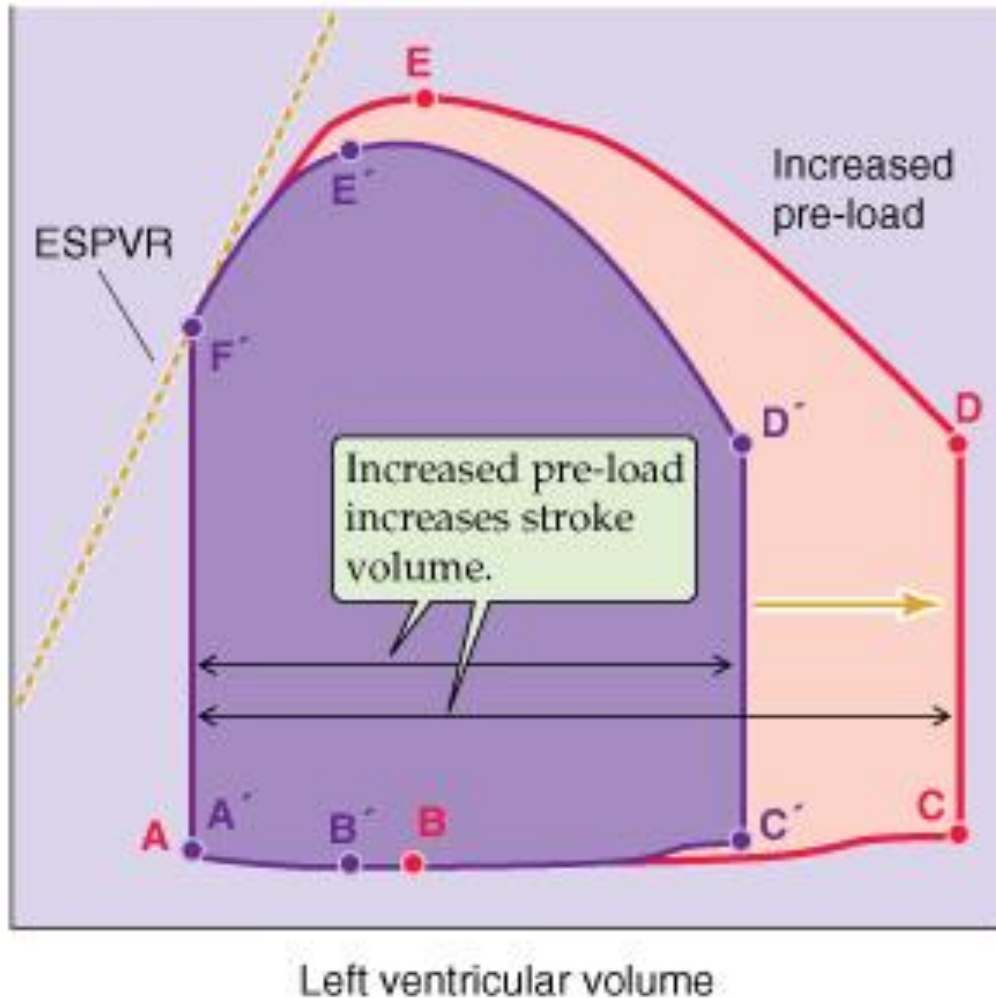


- Atrial systole (a)
- Isovolumetric contraction (c)
- Ejection phase (x)
- Isovolumetric relaxation (d)
- Filling phase (y)

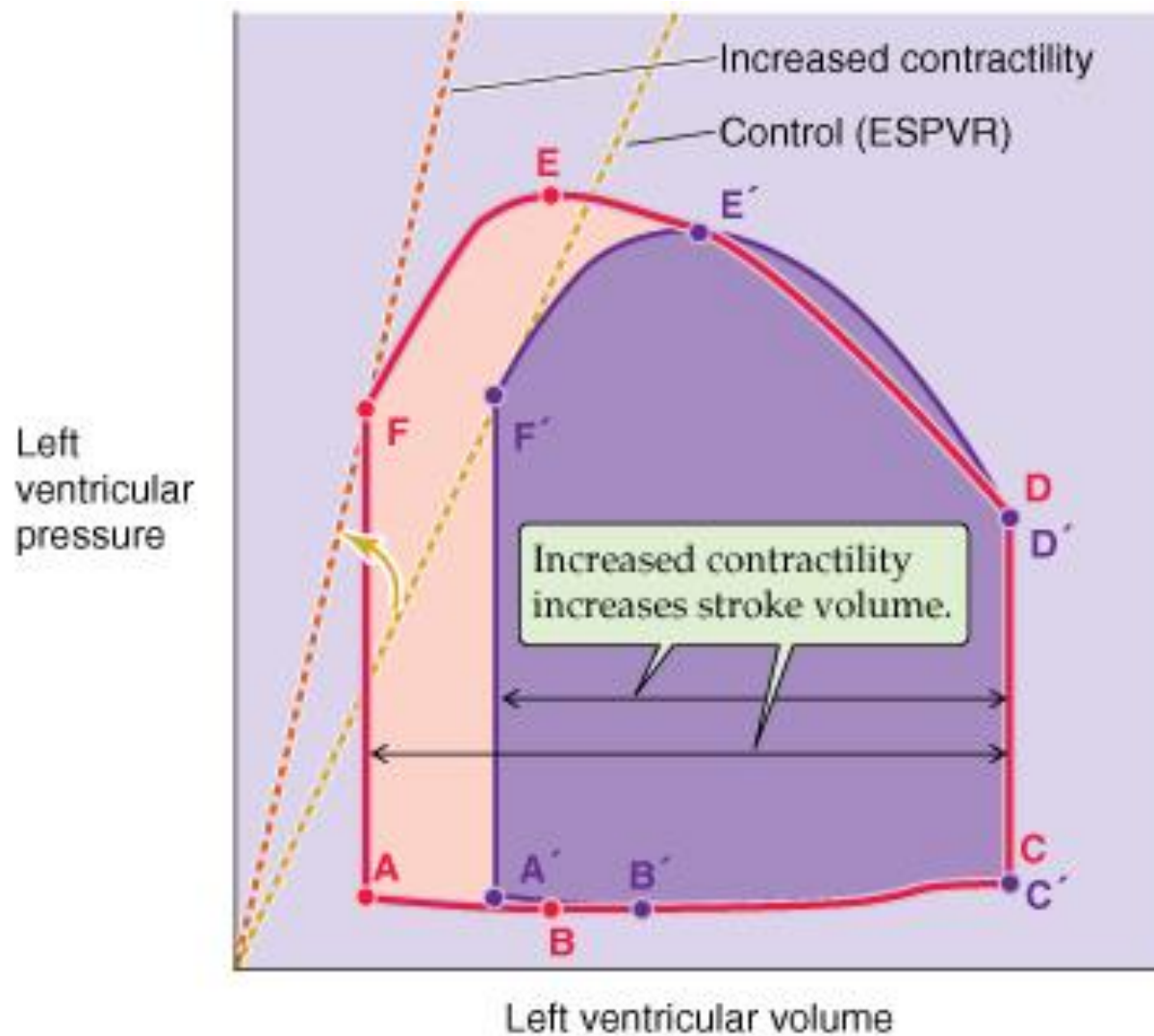
# Phlebogram



# Determinants of cardiac performance



# Determinants of cardiac performance



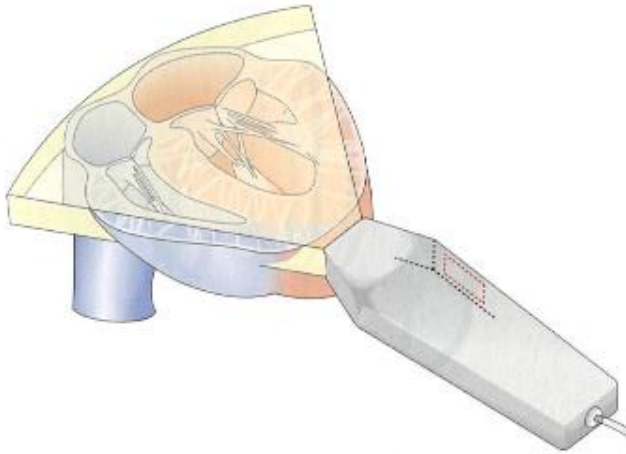
Contractility  $\neq$  Force of contraction

Contractility  $\Rightarrow$  Force of contraction

Contractility = ability for contraction

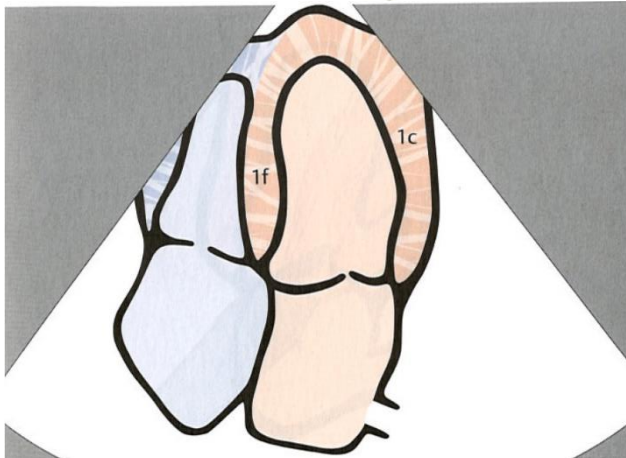
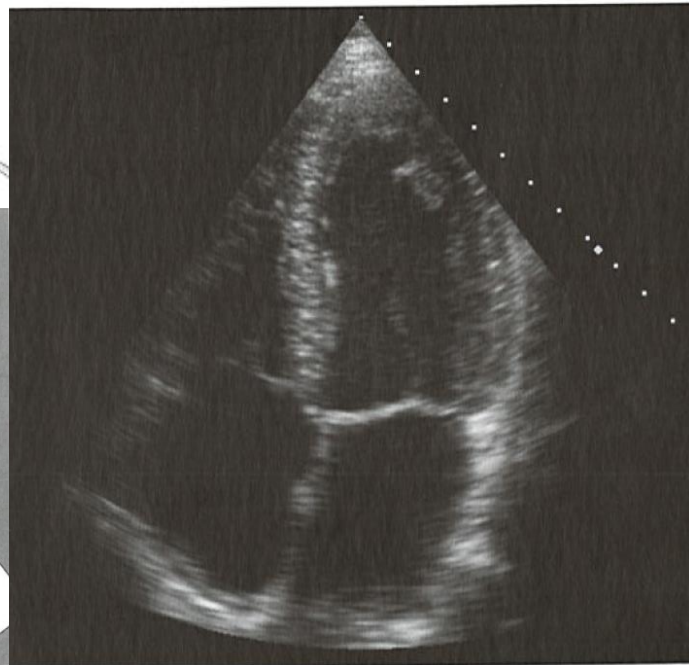
ATP, Ca, O<sub>2</sub>

# Contractility

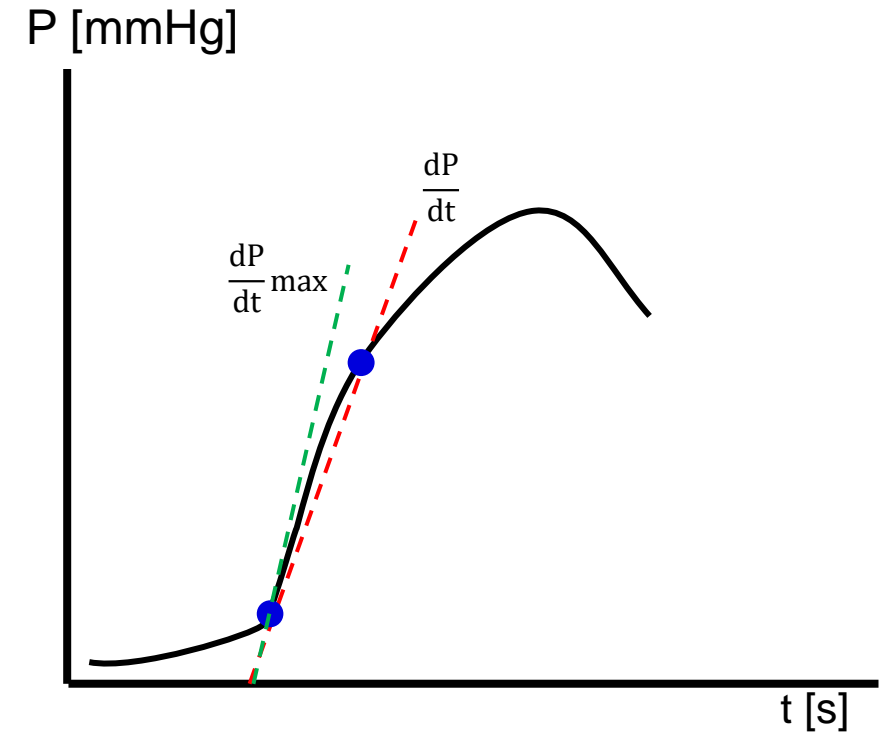


$$EF = \frac{SV}{EDV} 100\%$$

EF > 60%



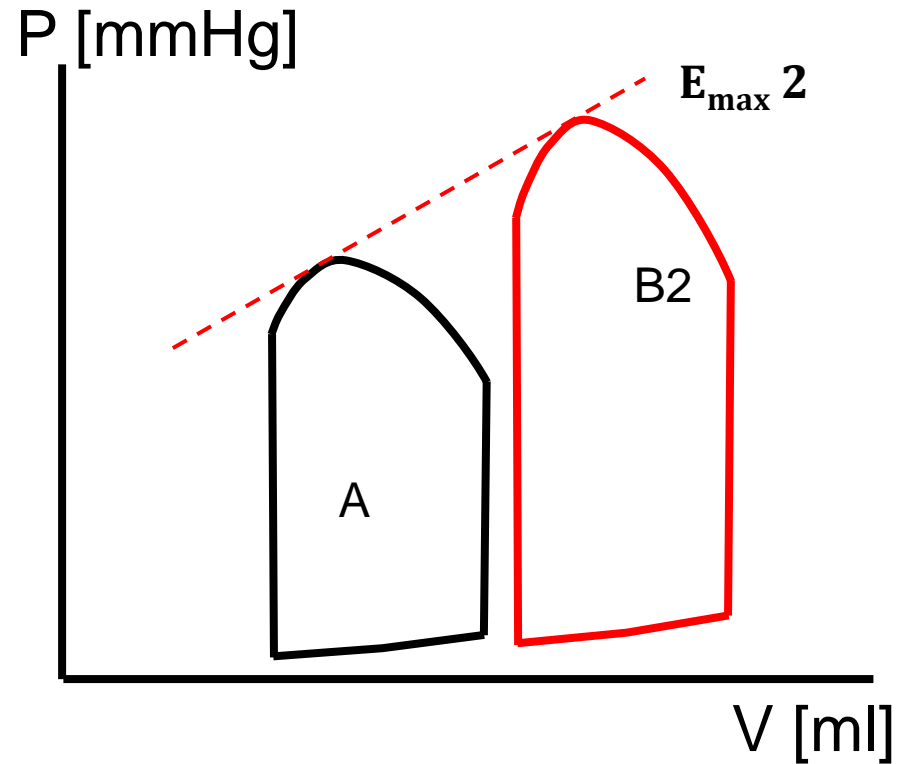
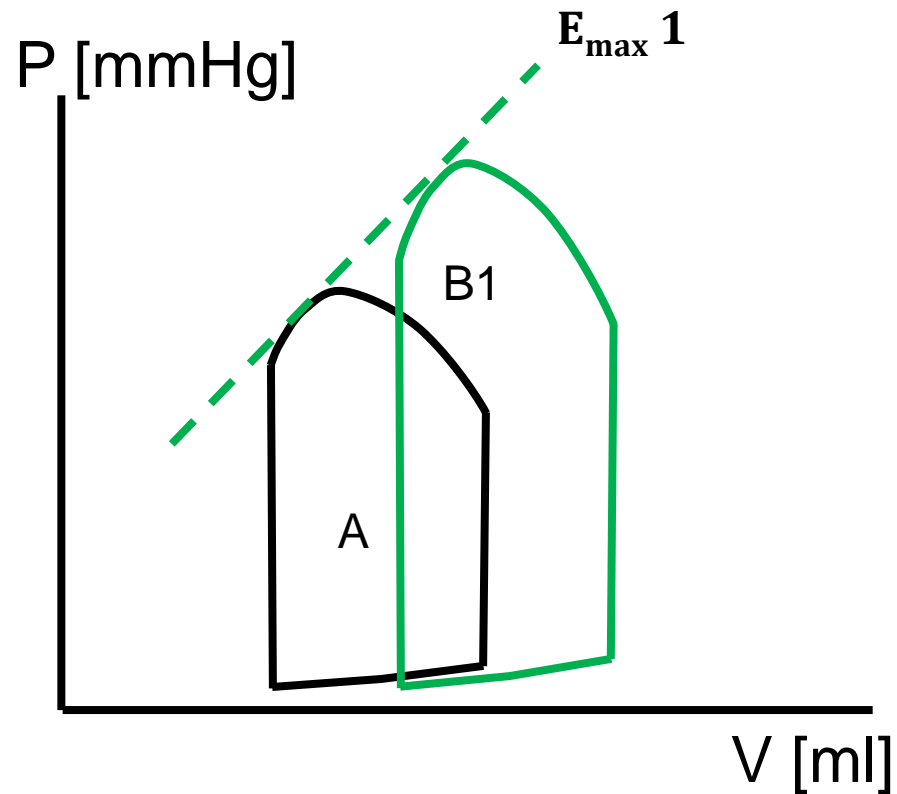
$$\frac{dP}{dt} = \frac{DBP - EDBP}{IVC} \quad \frac{dP}{dt} max$$



# Contractility

$$E_{\max} = \frac{dP}{dV}$$

Index podle Sagawa-Suga



**Thank you for your attention**