

# Bio 104 Respiratory System

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## Lecture Outline: Respiratory System Hole's HAP [Chapter 19]

### I. Introduction

Respiration is the process of exchanging gases between the atmosphere and body cells.

Respiration consists of:

Ventilation –

External Respiration –

Transport –

Internal Respiration –

Cellular Respiration –

### II. Organization

1. Conducting division
2. Respiratory division

### III. Functions

1. Gas exchange
2. Conducting passageway
3. Protection of respiratory surfaces
4. Sound production
5. Sense of olfaction

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### IV. Components

1. Upper respiratory system
    - nose, nasal cavity, paranasal sinuses, pharynx
  2. Lower respiratory system
    - larynx, trachea, primary bronchi, lungs
- A. Nose and nasal cavity
- Nose –
    - External nares –
    - Vestibule – space within flexible area, coarse hairs
    - Nasal septum – perpendicular plate of ethmoid and vomer
    - Nasal conchae – superior, middle, inferior  
meatuses –
    - Hard palate –
    - Soft palate –
    - Olfactory region – extends from superior nasal conchae
    - Internal nares – nasal cavity opens into nasopharynx
- B. Sinuses
- C. Pharynx
1. Nasopharynx –
  2. Oropharynx –
  3. Laryngopharynx –

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### D. Larynx –

#### Cartilages

1. Thyroid – shield, hyaline cartilage
2. Cricoid – hyaline cartilage
3. Epiglottis –
4. Three pairs of smaller cartilages:
  - arytenoid
  - 
  - cuneiform

#### Vocal cords

##### Vestibular folds

- false vocal cords
- 

##### Vocal folds

- true vocal cords
- 
- 

### E. Trachea

Length is about 11 cm, open tube

#### Histology

Mucosa –

Submucosa –

Cartilages –

Heimlich maneuver – abdominal thrusts

Tracheostomy –

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### F. Bronchi

Trachea bifurcates into 2 primary bronchi

Primary bronchi

Right primary bronchus – larger in diameter, more vertical

Left primary bronchus

Branching

Primary bronchi → (intrapulmonary bronchi) secondary

bronchi → \_\_\_\_\_ → bronchioles →

\_\_\_\_\_

### G. Alveoli

Approximately 300 million total

Sacs composed of 2 cell types:

- Simple squamous epithelium (\_\_\_\_\_)

- Septal cells (\_\_\_\_\_) →

Macrophages

Capillaries surrounding alveoli:

RV → pulmonary arteries → capillaries

→ \_\_\_\_\_ → LA

### H. Lungs –

1. Location:

2. Characteristics:

Apex – superior end

Base – concave inferior end, rests on diaphragm

Hilus –

Cardiac notch – indentation on left lung

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### 3. Lobes – supplied by lobar bronchi

Right lung –

Left lung –

### 4. Pleural membranes (serous)

Parietal pleura

Visceral pleura

Pleurisy –

Pneumothorax –

Hemothorax –

## V. Respiratory Mucosa

### 1. Respiratory epithelium

PSCCE with Goblet cells –

Stratified Squamous –

PSCCE –

Cuboidal cells with cilia –

### 2. Lamina propria –

### 3. Respiratory defense system

- mucus escalator – cilia beat upward

- filtration – traps particles in mucus

- alveolar macrophages –

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### VI. Breathing Mechanism

Breathing is the movement of air from outside the body into the bronchial tree and alveoli

- air movements of inspiration and expiration
- changes in the size of the thoracic cavity due to \_\_\_\_\_

Lungs at rest have an internal pressure equal to the outside pressure of the thorax

#### 1. Inspiration

- intra-alveolar pressure decreases to about \_\_\_\_\_ as the thoracic cavity enlarges
- atmospheric pressure forces air in the airways
- shape of thorax changes by contraction of sternocleidomastoid and pectoralis minor muscles

#### 2. Expiration

- due to elastic recoil of the lung tissues and abdominal organs
- maximal expiration is due to contraction of abdominal muscles and intercostal muscles

#### 3. Boyle's law

Inverse relationship between \_\_\_\_\_ and \_\_\_\_\_

Pressure and airflow – air flows from high to low pressure

Diaphragm flattens as it contracts

During inhalation:

→ increase volume of thoracic cavity

→

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Pressure changes

Atmospheric pressure (1 atm) = 760 mmHg

Inhalation

Exhalation

Intra-alveolar pressure

Intra pleural pressure

4. Respiratory Cycle  
= inhalation + exhalation

Tidal Volume – amount of air inhaled or exhaled

\_\_\_\_\_ ml at rest

Eupnea –

5. Respiratory muscles  
Inspiration – diaphragm, external intercostals

Expiration – passive process

Hyperpnea –

Inspiration – scalenes + same as above

Expiration – internal intercostals and abdominal muscles

6. Respiratory rate  
Adults

Children

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### 7. Respiratory Volumes

- A. Resting tidal volume =
- B. Expiratory reserve volume =
- C. Residual volume =
- D. Inspiratory reserve volume
- E. Vital capacity

### 8. Alveolar ventilation

Minute ventilation – tidal volume multiplied by breathing rate

-

Alveolar ventilation rate – major factor affecting concentrations of oxygen and carbon dioxide in the alveoli

-

- tidal volume minus physiologic dead space then multiplied by breathing rate

### 9. Nonrespiratory air movements

- Coughing
- Sneezing
- Laughing
- Crying
- Hiccuping
- Yawning
- Speech



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### VII. Control of Respiration

1. Respiratory centers in medulla oblongata
  - respiratory rhythmicity center = controls basic rhythm of respiration
  
2. Pontine respiratory group – formally called \_\_\_\_\_ and \_\_\_\_\_ centers in Pons
  - Apneustic center – lower pons
    - increases inspiration =
  - Pneumotaxic center – superior pons
    - coordinates transition between inspiration and expiration
    -
  
3. Respiratory reflexes –
  - A. Chemoreceptors – sensitive to \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ in blood
    - stimulate respiratory centers →
    - Central chemoreceptors – located in medulla oblongata
      - sensitive to \_\_\_\_\_ and \_\_\_\_\_ changes in CSF
    - Peripheral chemoreceptors in carotid and aortic bodies
  - B. Baroreceptors
    - carotid and aortic sinus detect stretching in vessel walls and blood pressure is adjusted
    - 
    - Hering-Breuer reflex
      - stretch receptors in lungs prevent over-inflation
      - 
      - inhibitory impulses to respiratory center in medulla oblongata →

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### Factors affecting breathing

- decreased blood oxygen concentration stimulates peripheral chemoreceptors in the carotid and aortic bodies
- motor impulses travel from the respiratory center to the diaphragm and external intercostal muscles
- 
- 
- inhibitory impulses from receptors to respiratory center prevent over-inflation of lungs

### VIII. Alveoli

- gas exchanges between the air and blood occur within the alveoli

Alveolar pores =

1. Respiratory membrane
  - 2 cell layer thickness

Simple squamous epithelium –

Endothelium –

RDS – Respiratory Distress syndrome = not enough surfactant produced

2. Diffusion through respiratory membrane
  - gases are exchanged because of differences in \_\_\_\_\_

#### A. Dalton's law and partial pressure

- pressure exerted by a particular gas in a mixture of gases is directly related to the concentration of that gas in the mixture and to the total pressure of the mixture

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Atmospheric pressure –

760 mmHg =

Partial pressure of individual gas = % of that gas in atmosphere times total pressure of system

Ex.  $pO_2$

### B. External respiration

- $pCO_2$  is greater in capillary surrounding alveoli than in alveoli
- 
- $CO_2$  diffuses from blood →
- $O_2$  diffuses from alveoli →

### C. Internal Respiration

- $pCO_2$  is greater in tissues & tissue fluid than in capillaries →  $CO_2$  diffuses to blood
- $O_2$  diffuses into tissues

## 3. Oxygen Transport

- Most oxygen binds to hemoglobin to form oxyhemoglobin
- Oxyhemoglobin releases oxygen in the regions of body cells
- Much oxygen is still bound to hemoglobin in the venous blood

### A. Oxygen

Hemoglobin (Hb) bound = 98.5%

Oxygen dissolved in plasma = 1.5%

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### B. Oxygen Release

Amount of oxygen released from oxyhemoglobin increases as:

- partial pressure of carbon dioxide increases
- the blood pH decreases
- blood temperature increases

Each Hb can carry 4 molecules of O<sub>2</sub>

If all Hb carry 4 molecules, then \_\_\_\_\_ saturated.

If Hb average 2 molecules, then \_\_\_\_\_ saturated.

Factors that affect oxygen dissociation curve:

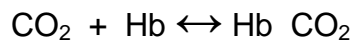
- 1) pO<sub>2</sub>
- 2) pH - \_\_\_\_ acid environment (\_\_\_\_ pH)  
→ O<sub>2</sub> dissociates more readily from Hb
- 3) Temperature - \_\_\_\_ temperature → \_\_\_\_ O<sub>2</sub> released from Hb
- 4) fetal Hb - binds more O<sub>2</sub> than adult Hb

### 4. Carbon Dioxide Transport

- dissolved in plasma
- combined with hemoglobin
- in the form of bicarbonate ions

A. Dissolved in plasma: \_\_\_\_\_

B. Combines with globin part of Hb: \_\_\_\_\_  
- called carbaminohemoglobin



C. Most transported as bicarbonate ions: \_\_\_\_\_



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### 5. Chloride Shift

- bicarbonate ions diffuse out of RBCs

-

-

When blood reaches lungs, all reactions are reversed:

$\text{Cl}^-$  moves out of RBC;

$\text{HCO}_3^-$  moves into RBC;

$\text{H}_2\text{CO}_3$  forms  $\leftrightarrow$   $\text{CO}_2 + \text{H}_2\text{O}$

$\text{CO}_2$  diffuses into alveoli

### Life-Span Changes

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### **Clinical Applications**