

Slide Guide 2
Human Physiology BMS 653
LC55F-LC57-F
Respiratory Section

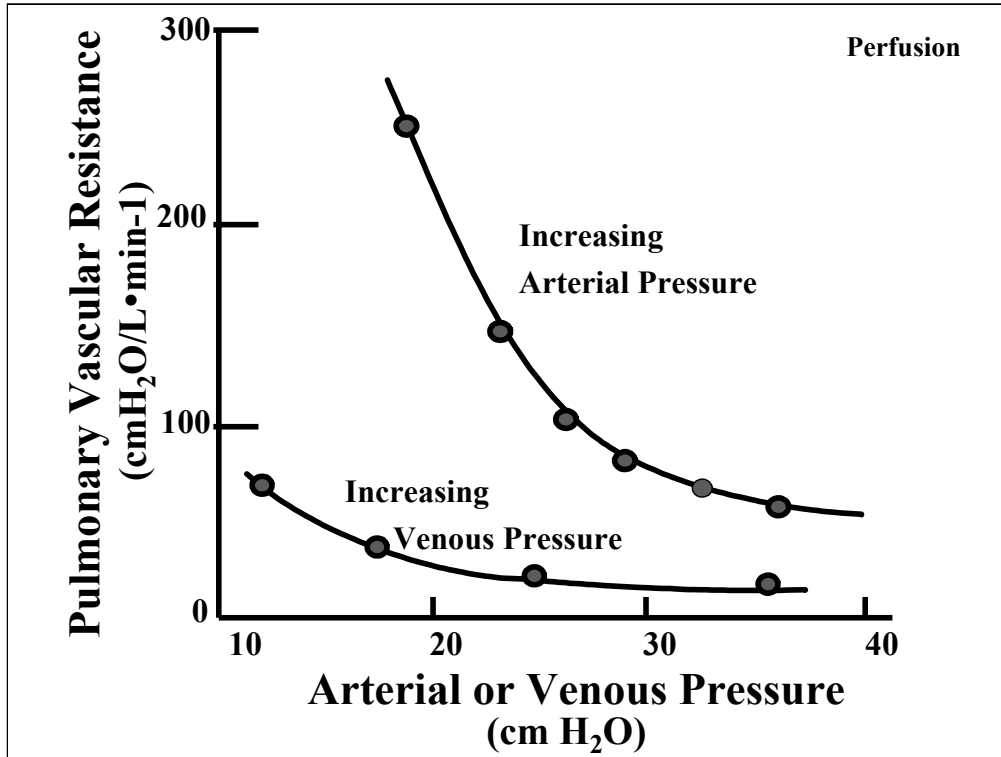
William R. Law, Ph.D.

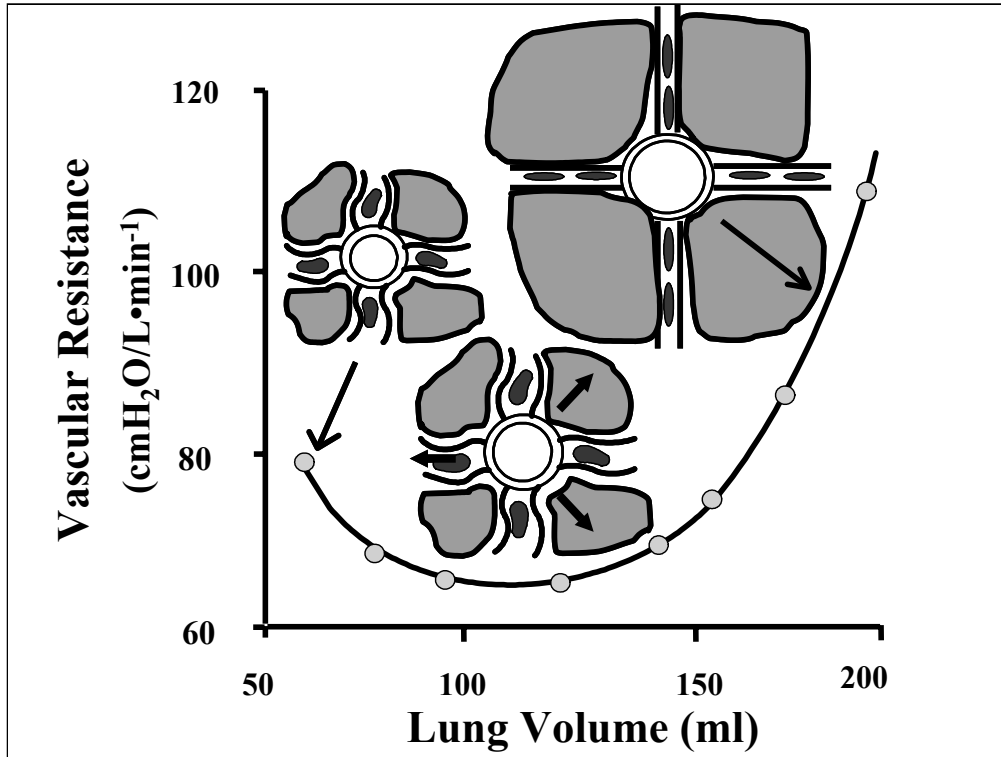
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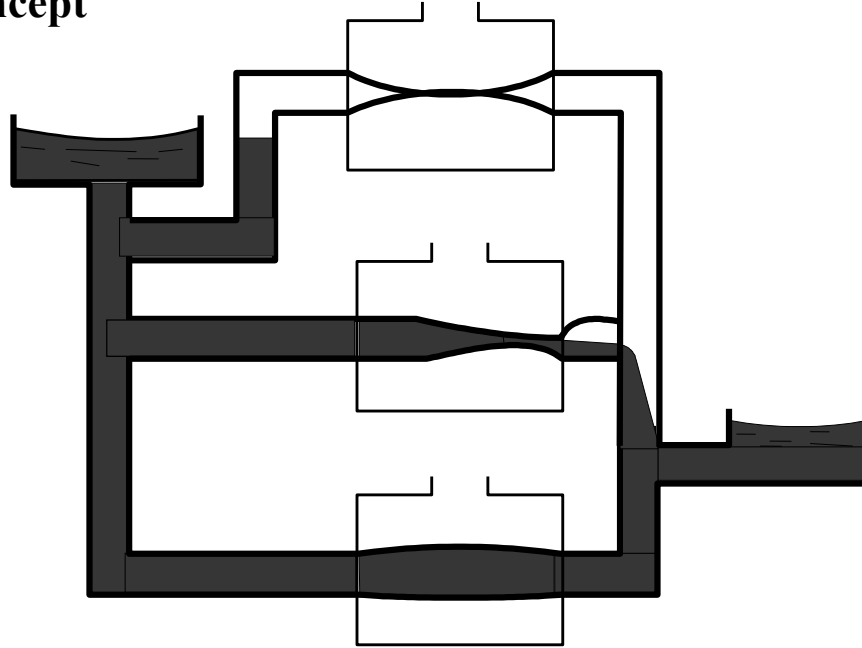
Wrlaw@uic.edu

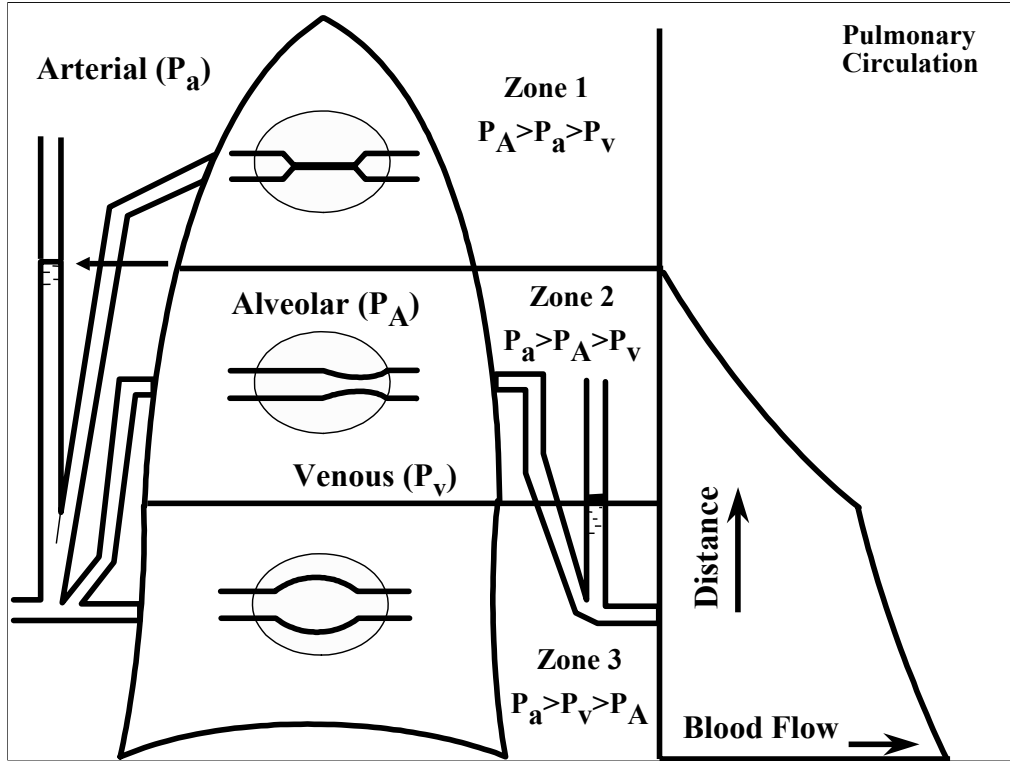


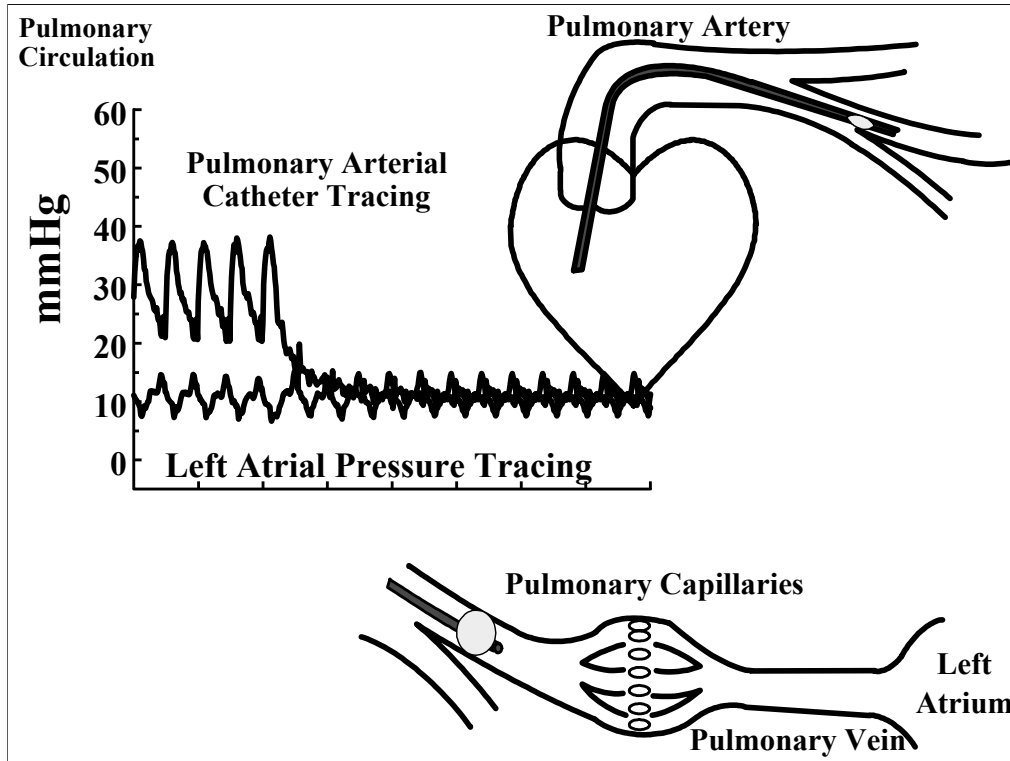


The Starling Resistor Concept

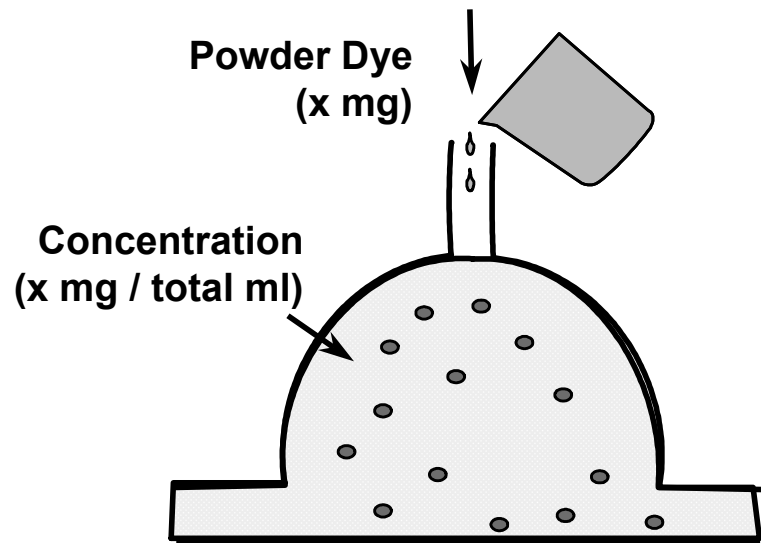
Pulmonary
Circulation

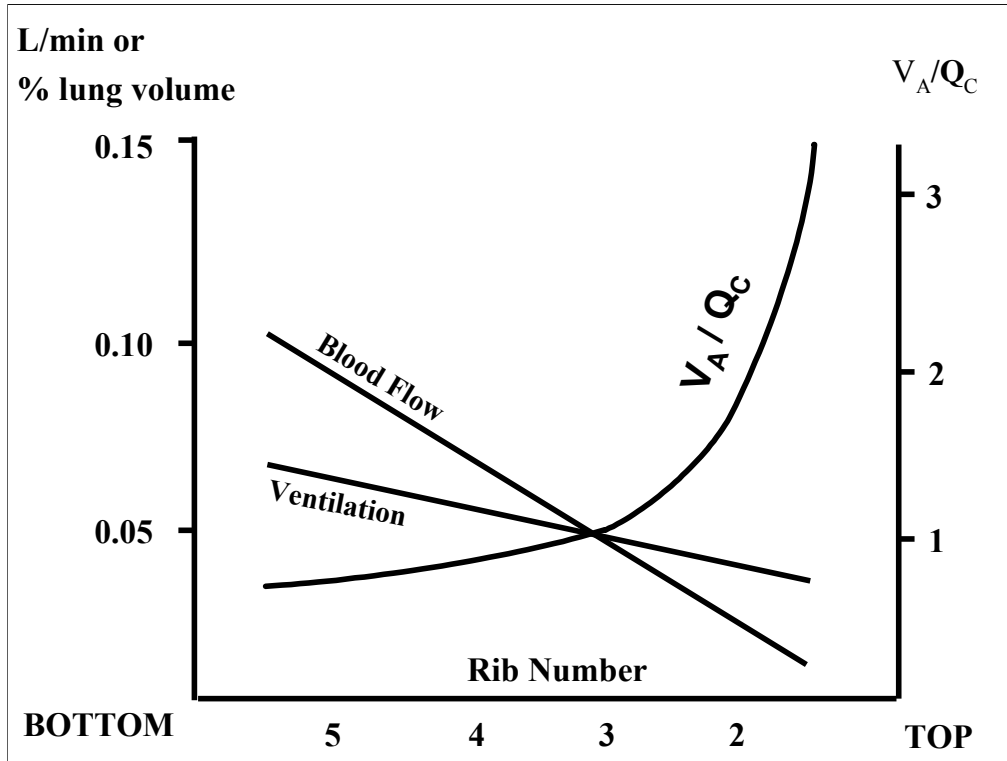


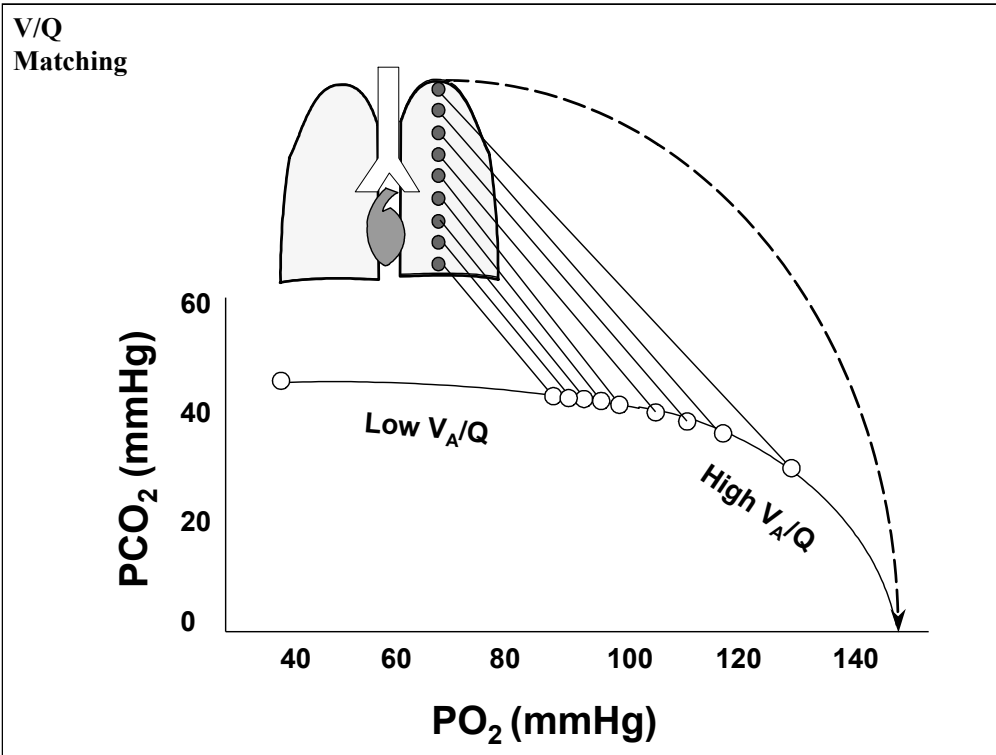


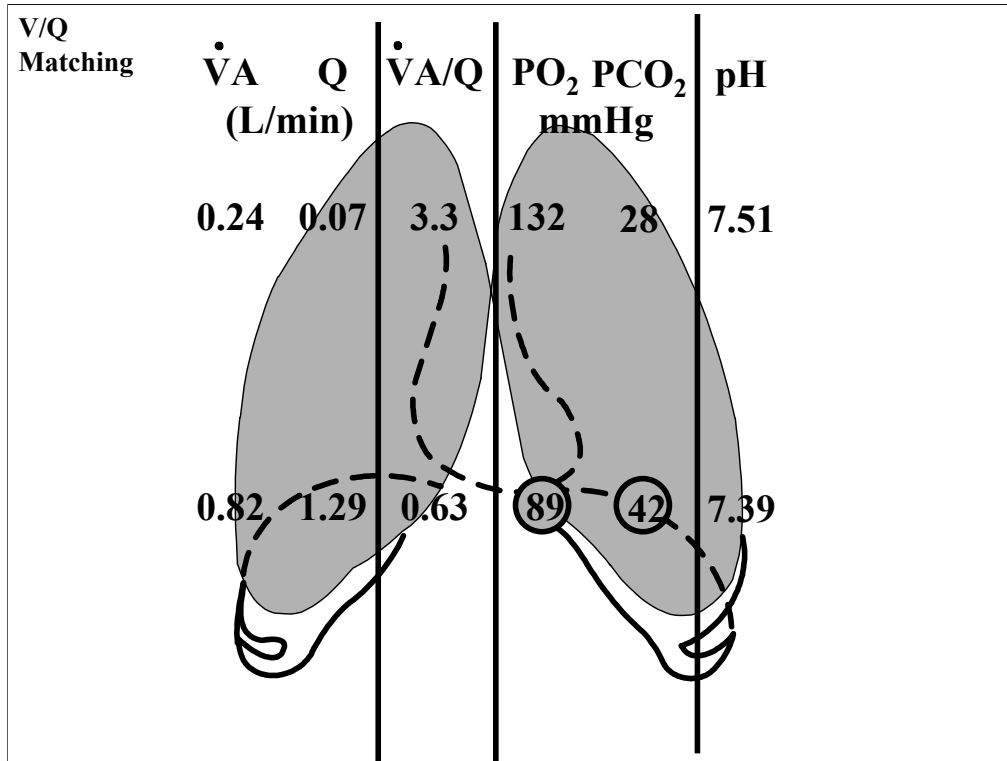


V/Q
Matching









Why is arterial PO_2 lower than average (ideal) alveolar PO_2 ?

- When pulmonary veins joins combining volumes of blood that have different oxygen concentrations, the final concentration of oxygen is a simple, linear function of
 - Oxygen content of each volume
 - Sum of the volumes (final volume)
- PO_2 *is not* a simple linear function of oxygen content or concentration.

V/Q

Matching

$$60 \times 10 = 600$$

$$100 \times 10 = 1000$$

$$150 \times 1 = \underline{150}$$

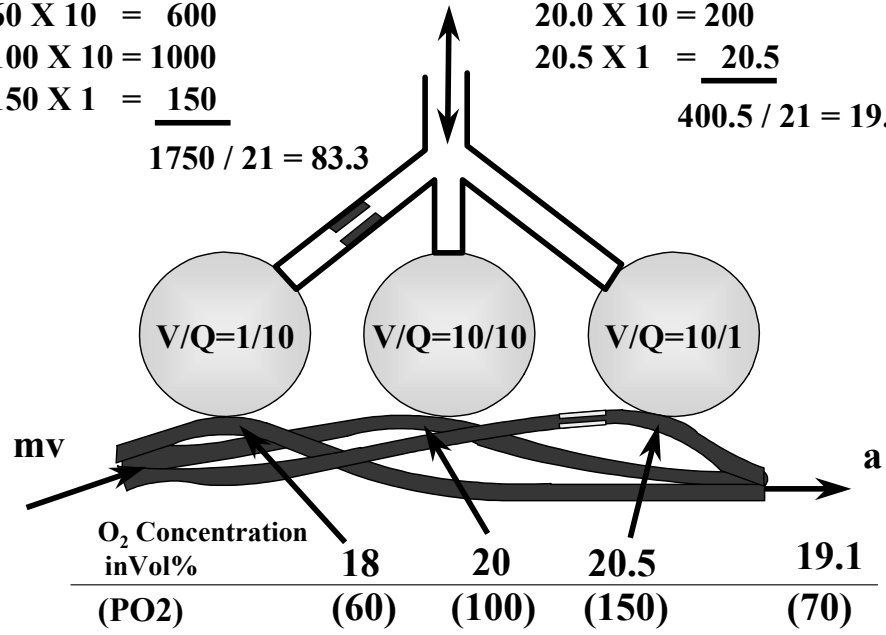
$$1750 / 21 = 83.3$$

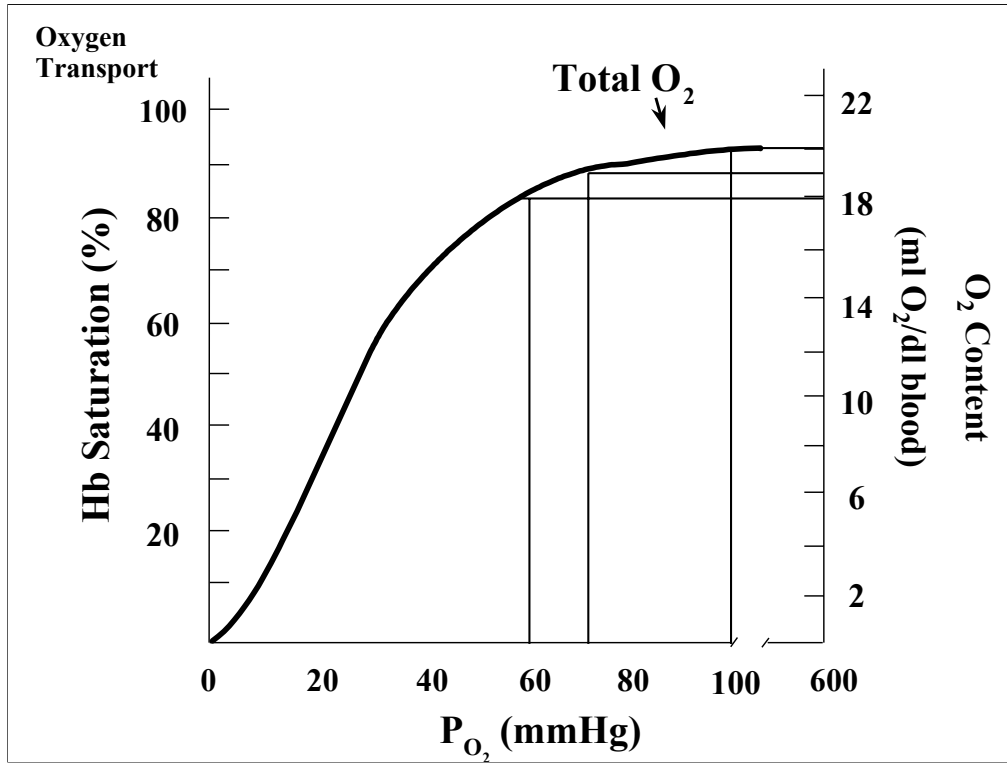
$$18.0 \times 10 = 180$$

$$20.0 \times 10 = 200$$

$$20.5 \times 1 = \underline{20.5}$$

$$400.5 / 21 = 19.1$$





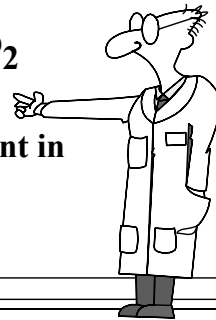
If PAO₂ normally averages 100 mmHg,

why is average PaO₂ =95 mmHg??

- 1. V/Q differences from apex to base**
- 2. Shunt**

To understand both influences we must remember:

- arterial O₂ content is a function of the contributing sources' relative volumes and O₂ contents.**
- the relationship between PO₂ and O₂ content in the presence of Hb.**

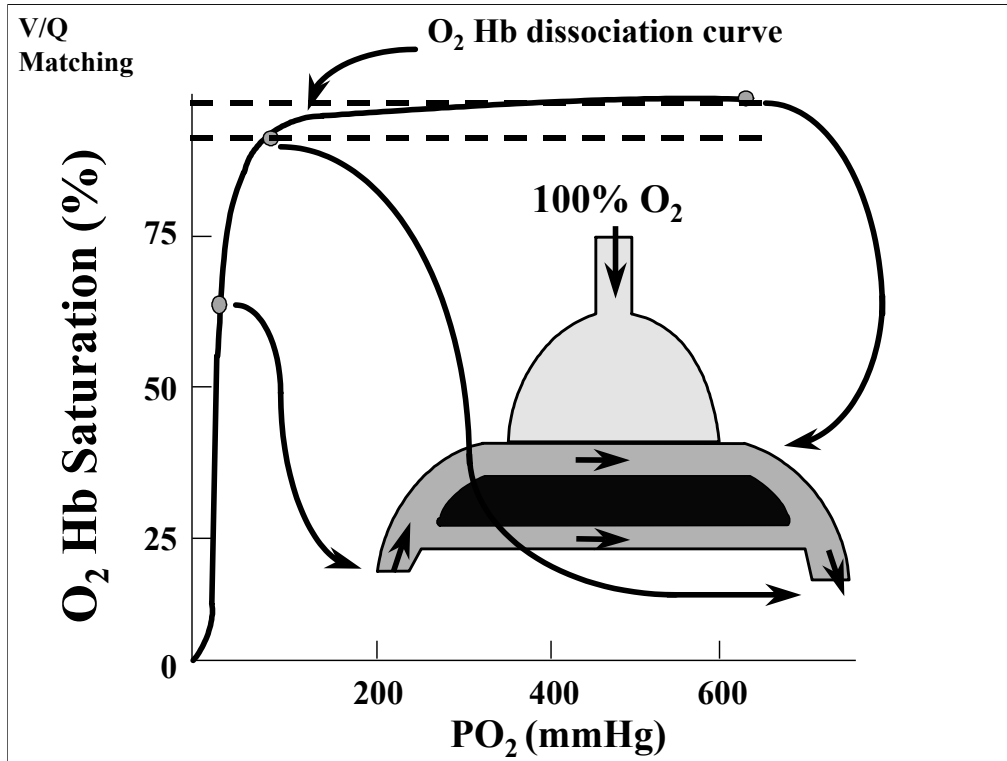


V/Q
Matching

Alveolar Gas Equation

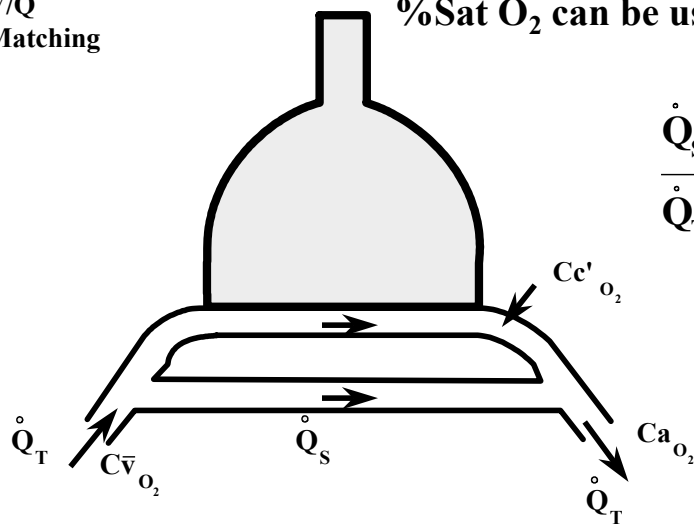
$$PAO_2 = FIO_2 (P_B - P_{H_2O}) - PACO_2 \left[FIO_2 + \frac{(1-FIO_2)}{R} \right]$$

$$\begin{aligned} & 0.21 * (747-47) - 40 \left[0.21 + \frac{(1-0.21)}{0.8} \right] \\ & = 147 - 47 \underbrace{\left[1.2 \right]}_{\text{(range 1.0-1.2)}} \\ & = 100 \end{aligned}$$



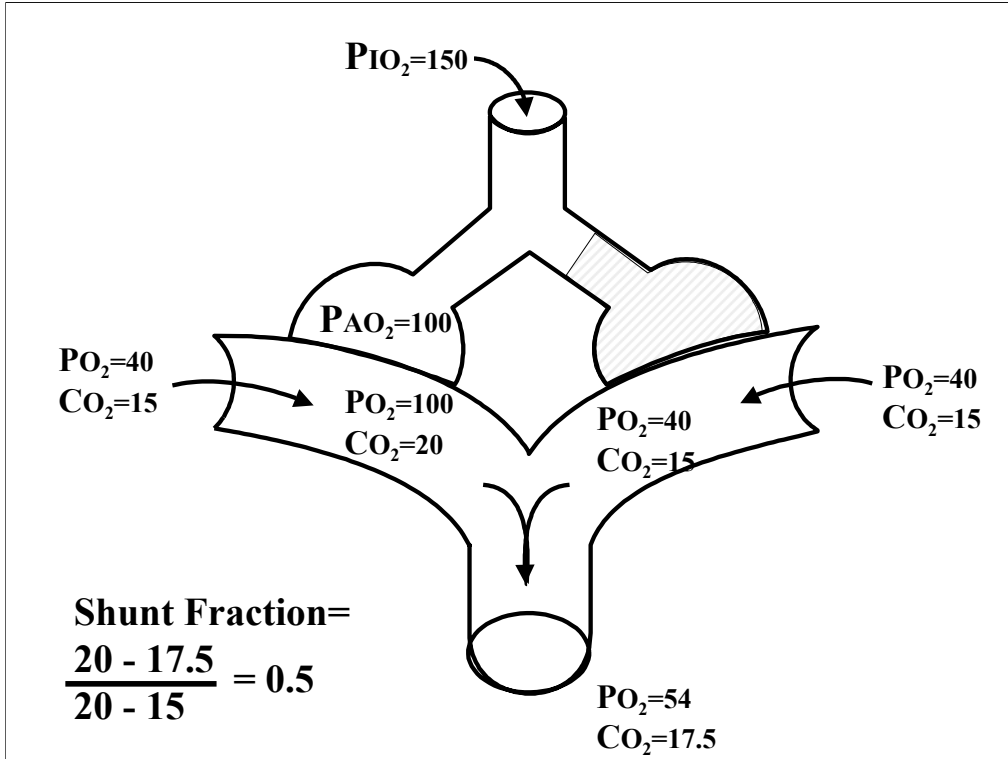
V/Q
Matching

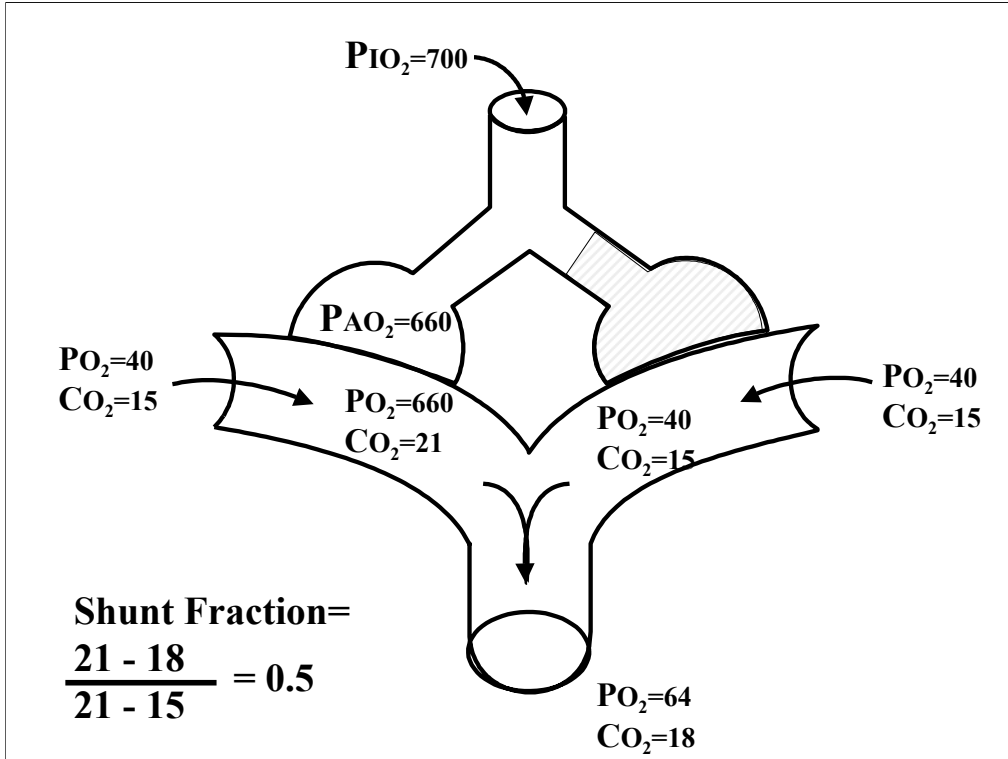
%Sat O₂ can be used in place of C

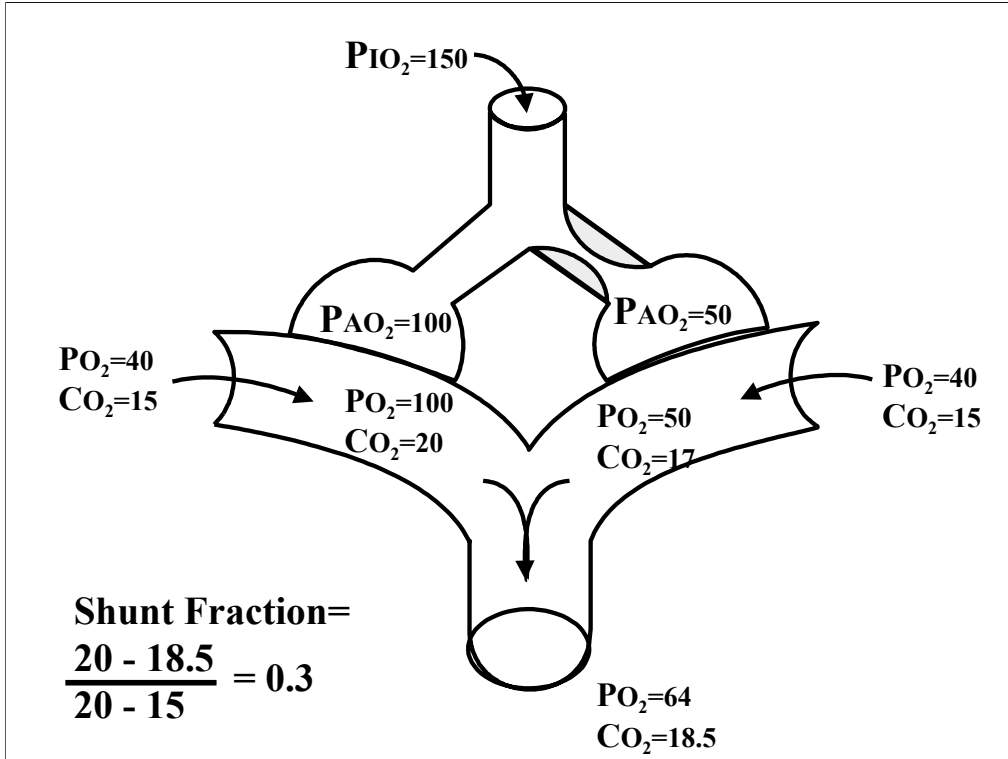


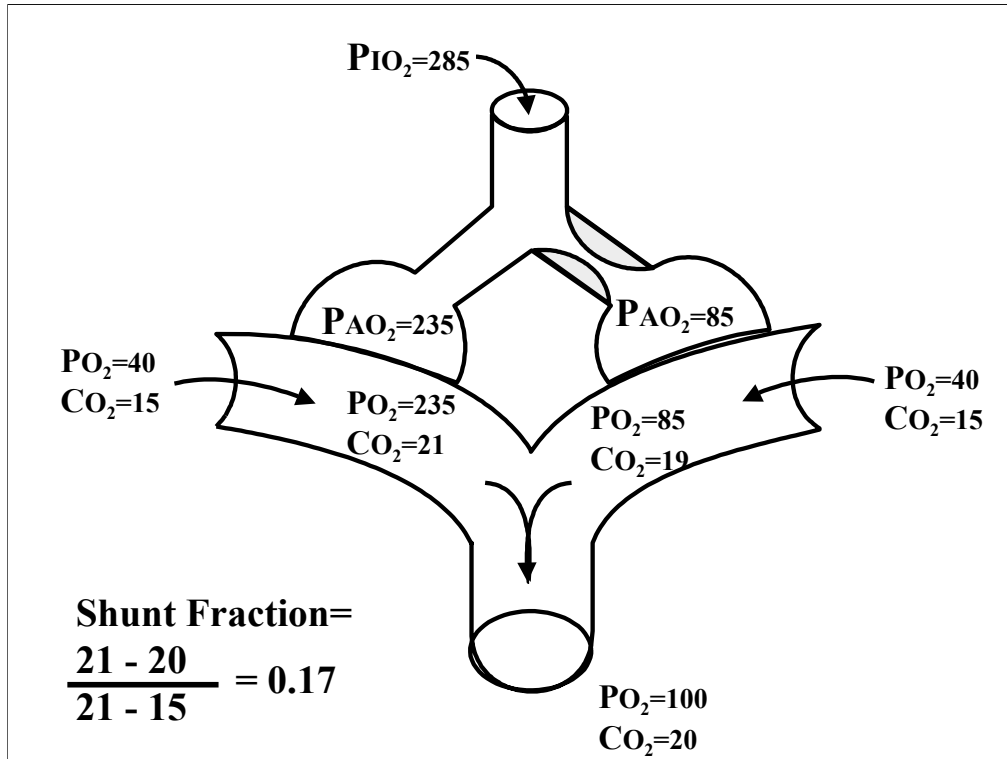
$$\frac{\dot{Q}_S}{\dot{Q}_T} = \frac{Cc'_{O_2} - Ca_{O_2}}{Cc'_{O_2} - C\bar{v}_{O_2}}$$

If breathing 100% O₂, the shunt fraction can be approximated as 1% of the cardiac output for every 20 mmHg PAO₂-PaO₂ difference.









Case Study

- The following data is obtained from a man with smoke inhalation injury who is breathing 100% oxygen:

– PaO₂ 190 mmHg

– PaCO₂ 36 mmHg

– SaO₂ 59%

– COHb 40%

– pH 7.47

$$1.0 * (747-47) - 36 \left[1.0 + \frac{(1-1)}{0.8} \right]$$

$$700 - 36 = 664 \text{ mmHg}$$

$$PAO_2 - PaO_2 = 474$$

$$Q_s = 474/20 = 23.7\%$$

Case Study

- A patient presents with pneumonia which involves the entire left lung, sparing the right. The following data is obtained on ambient air

– PaO₂ 52 mmHg SaO₂ 75%
– PaCO₂ 39 mmHg SmvO₂ 60%

- On 50% oxygen, the data obtained are:

– PaO₂ 65 mmHg SaO₂ 80%
– PaCO₂ 35 mmHg SmvO₂ 60%

$$0.21 * (747-47) - 39 * 1.2$$

$$147 - 47 = 100 \text{ mmHg}$$

$$0.50 * (747-47) - 35 * 1.125$$

$$350 - 39 = 311 \text{ mmHg}$$

Shunt Fraction=

$$\frac{97 - 75}{97 - 60} = 0.59$$

Shunt Fraction=

$$\frac{98 - 80}{98 - 60} = 0.47$$

Case Study

- **In one lung anesthesia, only one lung (referred to as the dependent lung) is ventilated, while the non-dependent lung is not ventilated. Blood flow to the non-ventilated lung becomes shunt flow. This is in addition to any shunt flow through the dependent lung. During such a procedure the following data were obtained:**

- **mvO₂ content 15 ml/dl**
- **aO₂ content 19 ml/dl**

- **Assuming that oxygen content of blood leaving well ventilated regions of the dependent lung is 20 ml/dl, the calculated shunt fraction is**

$$\text{Shunt Fraction} = \frac{20 - 19}{20 - 15} = 0.20$$