Breathing Mechanics & Basics of Gas Exchange



- Ventilation vs Respiration
- "Dead space", "Alveolar", and "Minute"-ventilation
- Primary & Accessory muscles of respiration
- Respiratory system pressures (alveolar, intrapleural, transpulmonary)
- Clinical application: Pneumothorax
- Role of surfactant
- Spirometry
- Gas Exchange (basics)
- Practice Questions (WooClap!)



Ventilation vs Respiration

- "Breathing" = Ventilation + Respiration
- Ventilation = the process by which we move air into and out of the lungs to enable gas exchange
- Respiration = gas exchange (CO₂ for O₂), deep in lungs, between alveoli and pulmonary capillaries [external respiration] as well as gas exchange between tissues and the bloodstream [internal respiration]



Ventilation vs Respiration: Anatomical Considerations

• <u>Conducting zone:</u>

trachea \rightarrow 1° bronchus \rightarrow 2° bronchi \rightarrow 3° bronchi \rightarrow bronchioles \rightarrow terminal bronchioles $\rightarrow \dots$

★ • <u>Respiratory zone* (gas exchange)</u>: respiratory bronchioles → alveoli



Gas exchange is exclusive to the respiratory zone



Dead space ventilation

- <u>NOT</u> all the air we breathe participates in gas exchange
- Anatomic dead space:

Areas of the lung that are **structurally incapable of gas exchange**: trachea, bronchi, and terminal bronchioles

• <u>Alveolar dead space :</u>

Alveoli that do <u>not</u> participate in gas exchange due to **insufficient perfusion** (usually pathological)

• **Physiologic (total) dead space :**

Anatomic dead space + Alveolar dead space



Minute ventilation (VE)

• **Minute ventilation (VE)** = rate of air entering the lungs per minute (ml / min)

[does not matter whether or not air reaches alveoli and participates in gas exchange]

 $VE = V_t * RR$

Vt = tidal volume* (ml) (~500ml) RR = respiratory rate

*Tidal volume is the amount of air that moves in or out of the lungs with each respiratory cycle



Alveolar ventilation

 Alveolar ventilation (V_a) = rate of air (ml / min) that <u>reaches the alveoli</u> and participates in gas exchange

 $V_a = (V_t - V_d) * RR$

Vt = tidal volume (ml) [~500ml] Vd = physiologic (total) dead space (ml) RR = respiratory rate

*Tidal volume is the amount of air that moves in or out of the lungs with each respiratory cycle



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Muscles of Respiration: Inspiration

- Normal / quiet inspiration is driven by the <u>diaphragm*</u> with some assistance from the external intercostal muscles
- Deep / forced inspiration requires the diaphragm + external intercostals, but in addition to these: SCM, scalenes, serratus anterior

diaphragm contracts during inspiration*

Muscles of Respiration: Expiration

- Normal / quiet expiration is a passive activity that occurs once the diaphragm relaxes
- Deep / forced expiration
 principally involves abdominal muscles: rectus+transeversus
 abdominis, internal+external
 obliques

Q: What's the goal of all this muscle activity? A: To create <u>pressure gradients</u> (so you can breathe)

🔆 As with any fluid, air wants to flow **DOWN its pressure gradient**

Boyle's Law. Inspiration & Expiration

Boyles Law: $P_1V_1 = P_2V_2$

$$P \propto \frac{1}{V}$$

Inspiration

Diaphragm contracts (flattens) lung/alveolar vol↑ alveolar pressure ↓ P_{atm} > P_{alveolar}

Air flows INTO the lungs

Expiration

Diaphragm relaxes lung/alveolar vol↓ alveolar pressure ↑ P_{atm} < P_{alveolar} Air flows OUT OF the lungs

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Respiratory system pressures: Overview

- Intra-alveolar pressure (aka intrapulmonary pressure)
- Intrapleural pressure

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Respiratory system pressures: Alveolar Pressure (aka intrapulmonary pressure)

- Alveolar pressure is the pressure within the alveoli.
- Alveolar pressure changes during the respiratory cycle.
- Inspiration: P_{alveolar} < P_{atm}
- Expiration: P_{alveolar} > P_{atm}
- No air movement: $P_{alveolar} = P_{atm}$

i.e. below 760 mmHg. NOT < 0 mmHg</p>

Respiratory system pressures: Intrapleural pressure (i)

- Intrapleural pressure is the pressure within the pleural space (between visceral & parietal pleura)
- Always negative pressure under physiological conditions
- <u>Negative pressure prevents</u> the <u>lungs from collapsing</u> AND prevents the chest wall from springing out

Respiratory system pressures: Intrapleural pressure (ii)

- <u>Always negative</u> under physiological conditions
- during inspiration, the pleural space volume expands (as diaphragm pulls downwards) and <u>intrapleural</u> <u>pressure becomes "even more</u> <u>negative"</u>
- during expiration, <u>intrapleural</u> pressure becomes "less negative", but still negative!

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Pneumothorax (i)

- Usually due to penetrating injury (i.e. stab & gun shot wounds) to chest wall
- Negative intrapleural pressure <u>is</u> <u>lost</u> as <u>air inappropriately enters the</u> <u>intrapleural space</u>

- Alveoli's <u>natural tendency to recoil</u> (due to elasticity) is now <u>unopposed</u>
- <u>Affected lung collapses</u> & <u>chest wall</u> <u>expands</u>

Pneumothorax (ii)

Collapsed lung

Chest wall expansion

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Role of surfactant (i)

- Surfactant is essential to survival.
- Without surfactant, your alveoli would collapse
- Surfactant ↓ alveolar surface tension
- Smaller alveoli are at greater risk of collapse then large alveoli

• Law of Laplace: $P_{collapsing} = \frac{2*T}{r}$ T = surface tension r = alveolar radius

Role of surfactant (ii)

- Surfactant is made by Type 2 pneumocytes
- Surfactant is composed of 90% lipids, and reduces surface tension at the air/liquid interface

Role of surfactant (iii): Neonatal respiratory distress syndrome

- <u>Premature birth</u> earlier than week 24 →
 NO surfactant present
- Premature birth between week 24 week
 35 → "uncertain surfactant status"

 Lack of surfactant → alveolar collapse → <u>collapsed alveoli</u> <u>cannot be ventilated</u>

Treatment: Endotracheal admin of artificial surfactant + nasal CPAP

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Spirometry: Volumes (i)

- **TV =** tidal volume
- **IRV** = inspiratory reserve volume
- **ERV =** expiratory reserve volume
- **RV** = residual volume*

*RV = Air that is left in the lungs after maximal expiration. Cannot be measured with spirometry.

* It is important to know <u>all</u> these definitions (volumes and capacities) for your midterm.

Spirometry: Capacities (ii)

- Volume vs Capacities: A <u>capacity</u> is the sum of ≥ 2 lung volumes
- <u>Vital capacity (VC)</u>: volume of air that can be forcefully expired after max inspiration
- <u>Total lung capacity (TLC)</u>: vital capacity + residual volume

* It is important to know <u>all</u> these definitions (volumes and capacities) for your midterm.

Spirometry: Other Measures (ii)

- MVV (maximal voluntary ventilation): total volume of air that can be exhaled during 12 seconds of deep breathing
- FEV₁ (forced expiratory volume, during first second):
 Volume that has been exhaled by the end of the first second of forced expiration
 - The FEV₁ / FVC ratio is also used for diagnostic purposes (normal ~70%)

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Basics of Gas Exchange: External Respiration

Po, 160 Dry inspired air Pco. Po₂ 150 Humidified tracheal air Pco. PAO2 100 Alveolar air PACO₂ $O_2 CO_2$ $P\bar{v}_{O_2}$ 40 Pa_{O2} 100 $P\bar{v}_{CO_2}$ 46 Pa_{CO2} 40 **Mixed venous** Systemic blood arterial blood

How to participate?

1

2

You can participate

