



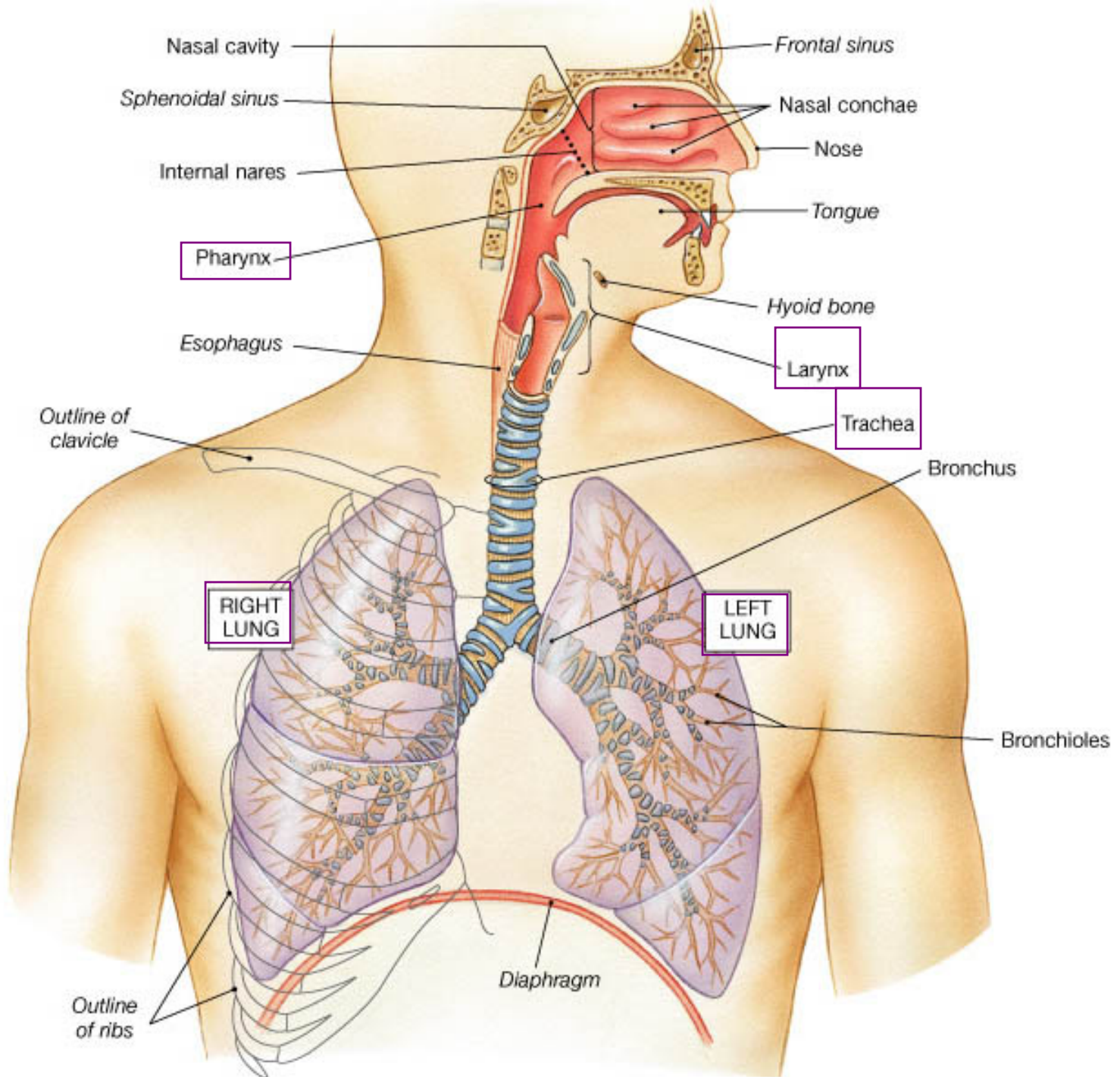
Respiratory system



Functions of the respiratory system

- Ventilation-air is warmed, humidify, filtered.
- Gas exchange- O_2 & CO_2
- Permit vocal communication
- Defend respiratory system from pathogens
- pH regulation of blood
 - Exhalation of CO_2

Fig
24.1



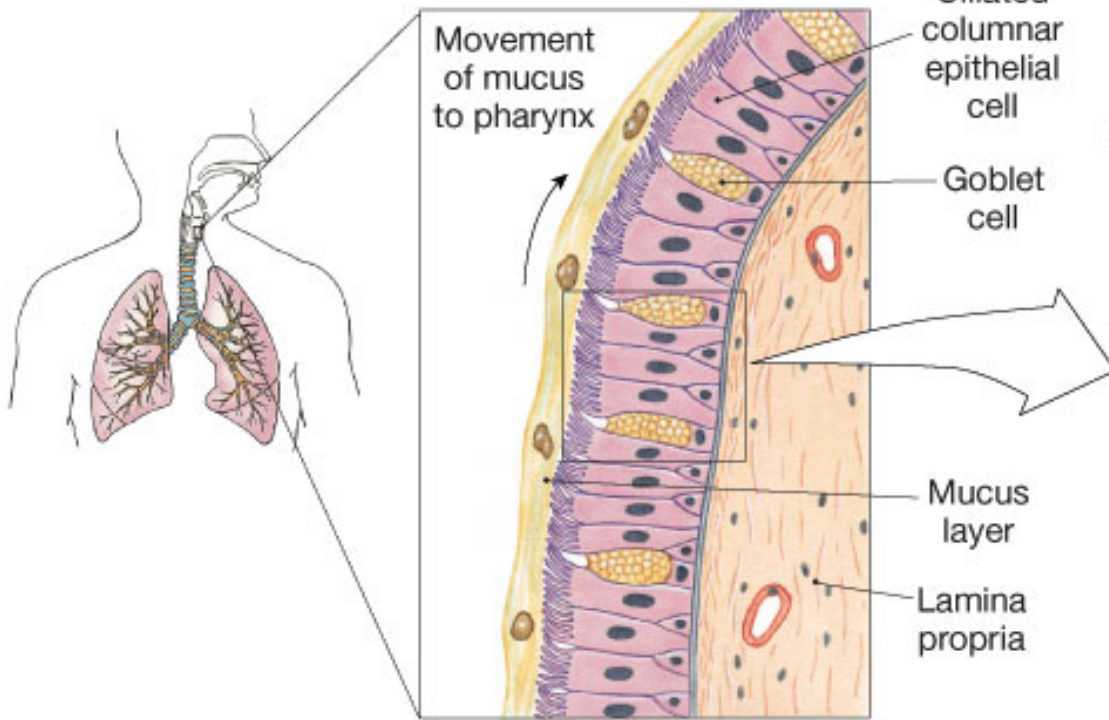
- Conduction zone
 - Ventilation of air-movement of air from the environment towards the alveoli
 - Humidify & cleans air
 - Environment > terminal bronchioles
- Respiratory zone
 - Gas exchange at the alveoli
 - Respiratory bronchioles > alveoli

Respiratory Epithelium

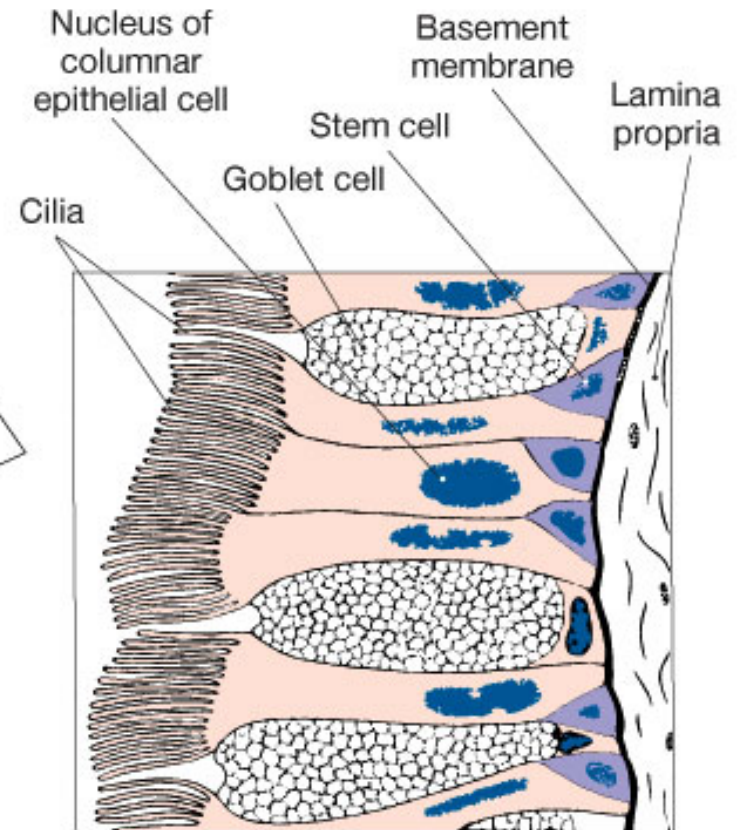
- Lines majority of respiratory tract
- Pseudostratified ciliated columnar epithelium (PSCC) with many goblet cells
 - Produces mucus to trap foreign particles
- Lamina propria (connective tissue layer)
 - Epithelium and lamina propria = mucus membrane

cilia rhythmically 'sweeps' debris up
to be swallowed at pharynx

Fig
24.2



(a) Respiratory epithelium of trachea

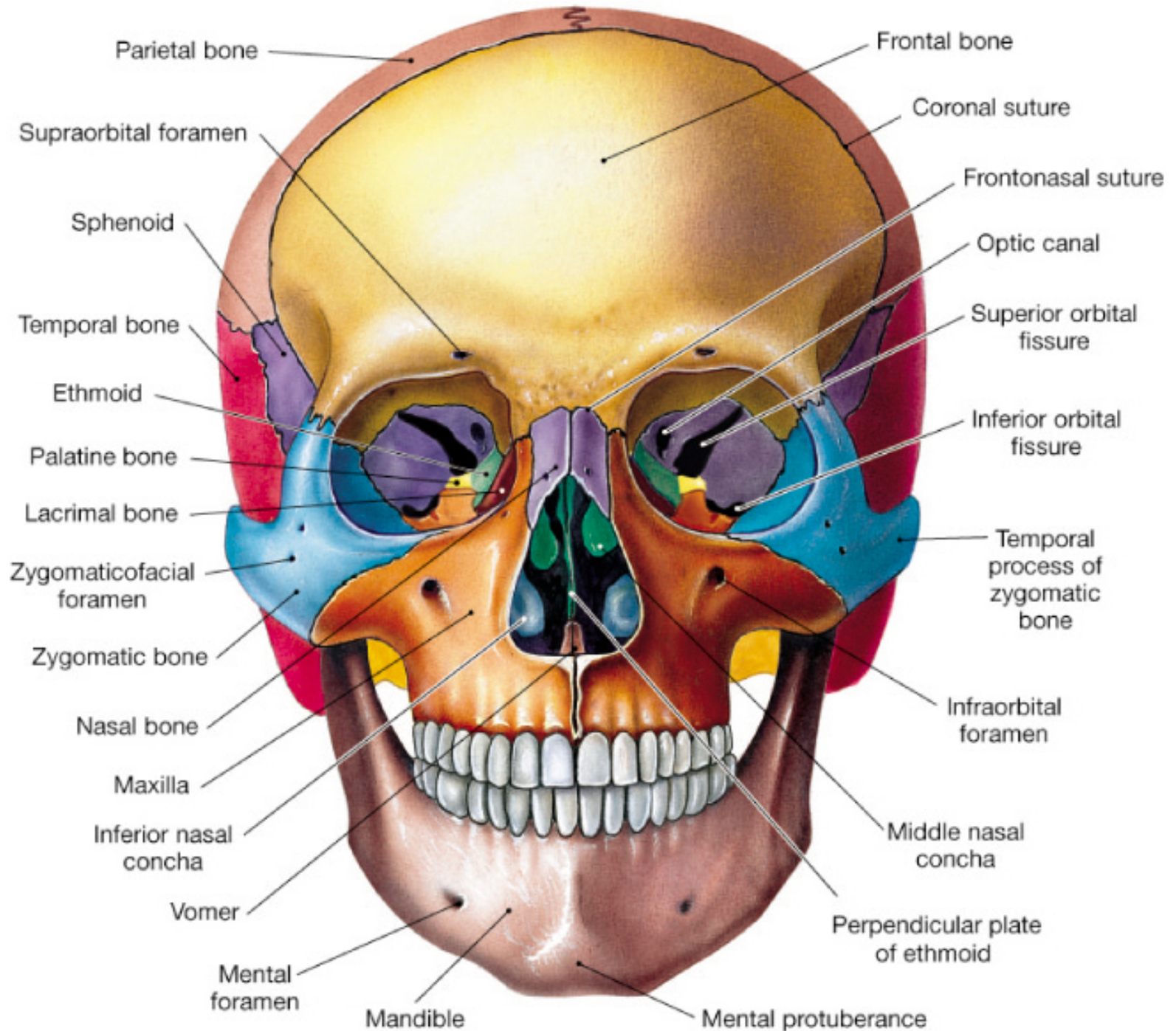


(b) Respiratory epithelium (LM \times 932)

The Nose

- Primary airway for respiration
 - Moistens and warms air
 - Filters inhaled air (mucus)
 - Resonating chamber for speech
 - Houses olfactory receptors
-
- It would be healthier to smoke cigarettes through the nose!

- External nares
 - Open into nasal cavity
 - nose hairs
- Nasal cavity
 - Superior, middle and inferior meati
 - Narrow grooves and conchal surfaces (ethmoid bone)
- Hard palate-divides nasal and oral cavities
- Internal nares
 - Between nasal cavity and nasopharynx



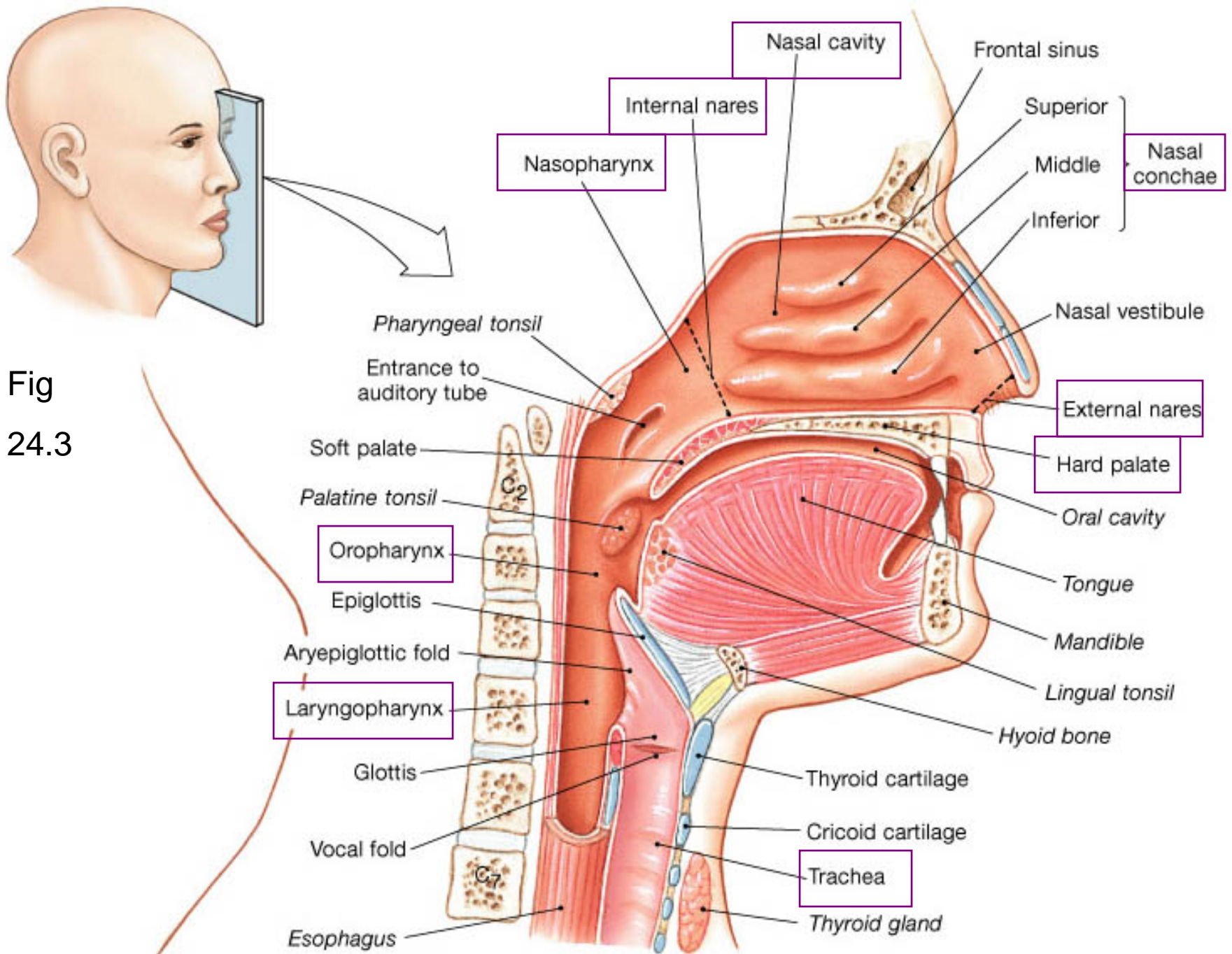
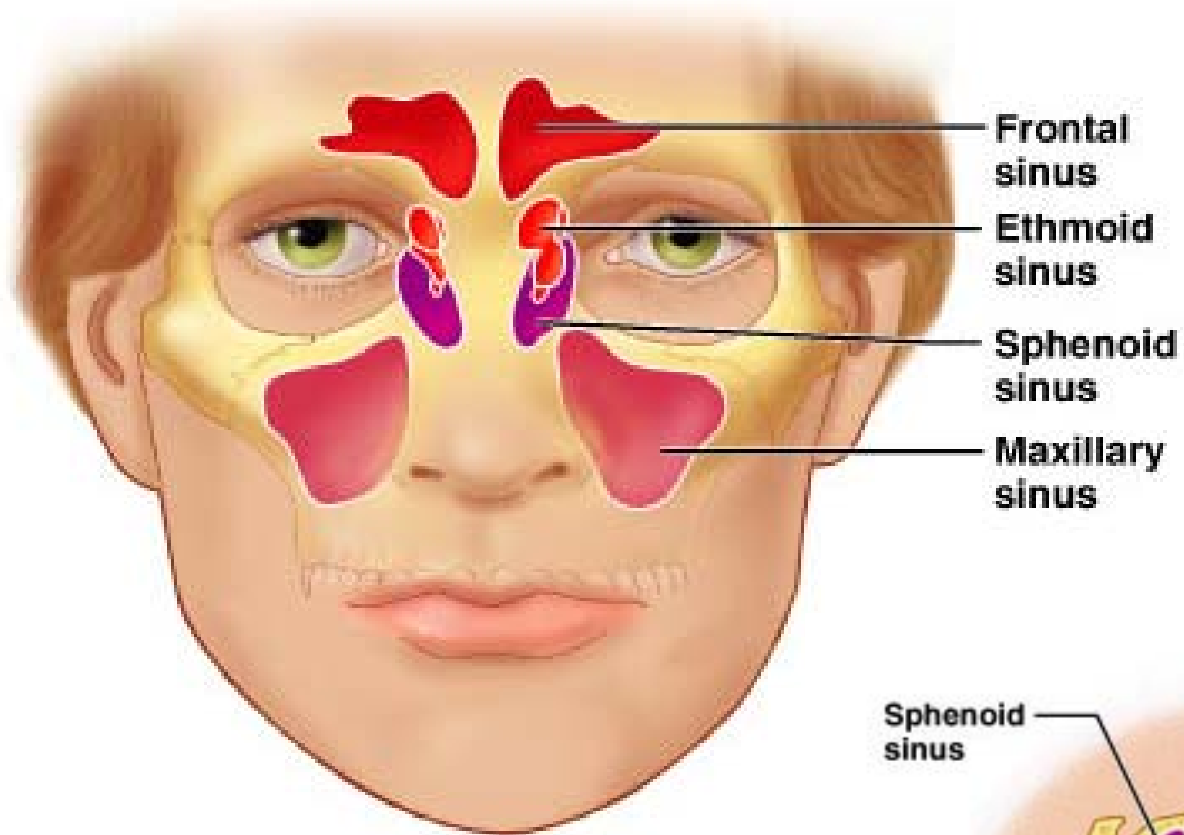


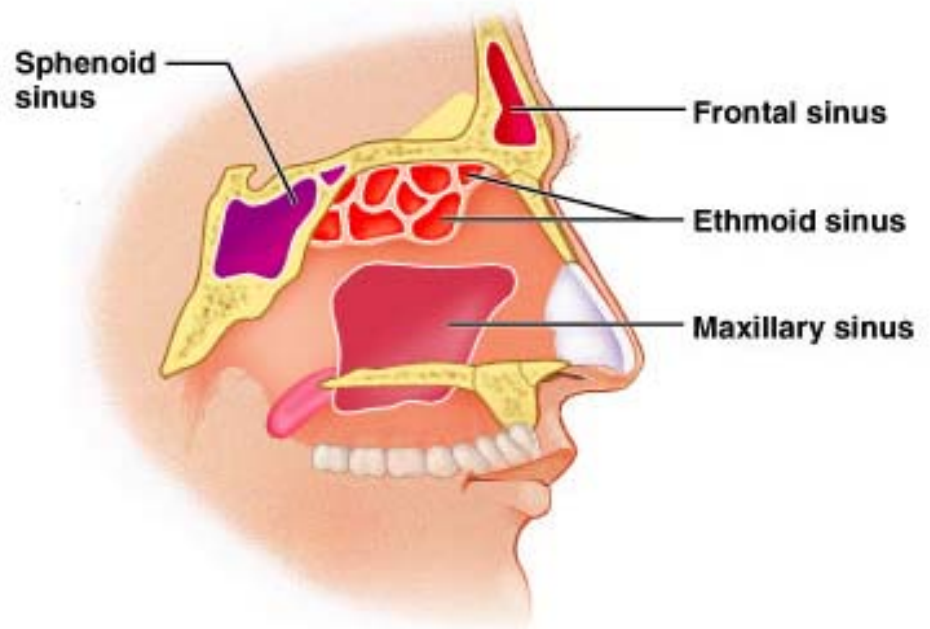
Fig 24.3

(d) Sagittal section

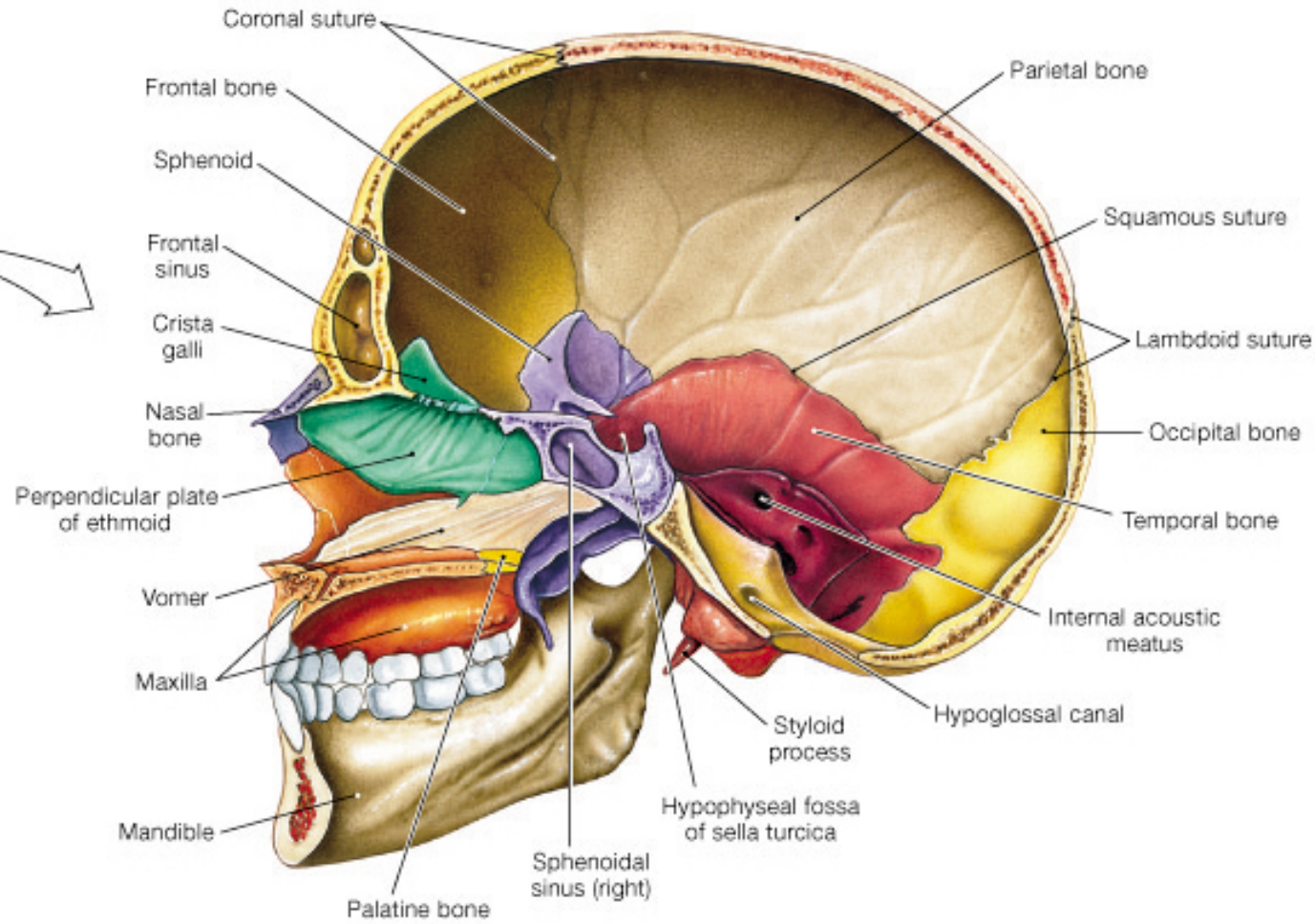
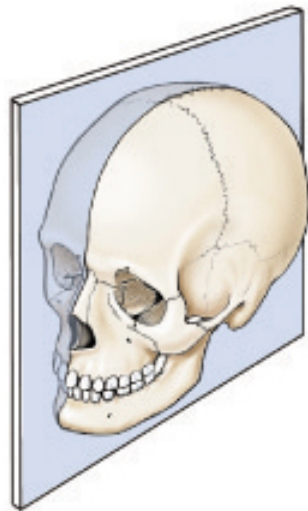


(a)

PARANASAL SINUSES



(b)



The Pharynx

Shared by digestive and respiratory systems

Nasopharynx

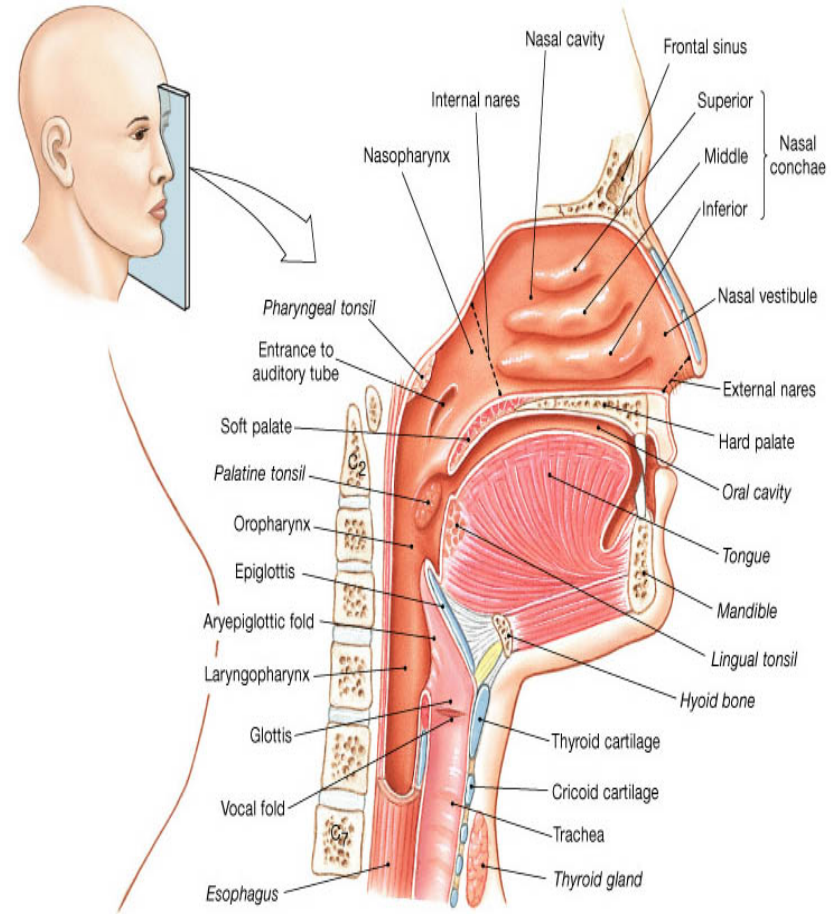
from Internal nares to uvula.

Oropharynx

From soft palate to the epiglottis

Laryngopharynx

Between hyoid and entrance to esophagus



Nasopharynx

- Only an air passageway
- Closed off during swallowing
- Pharyngeal tonsil-(lymphatic system)
- Contains the opening to the auditory tube (special senses)

Oropharynx

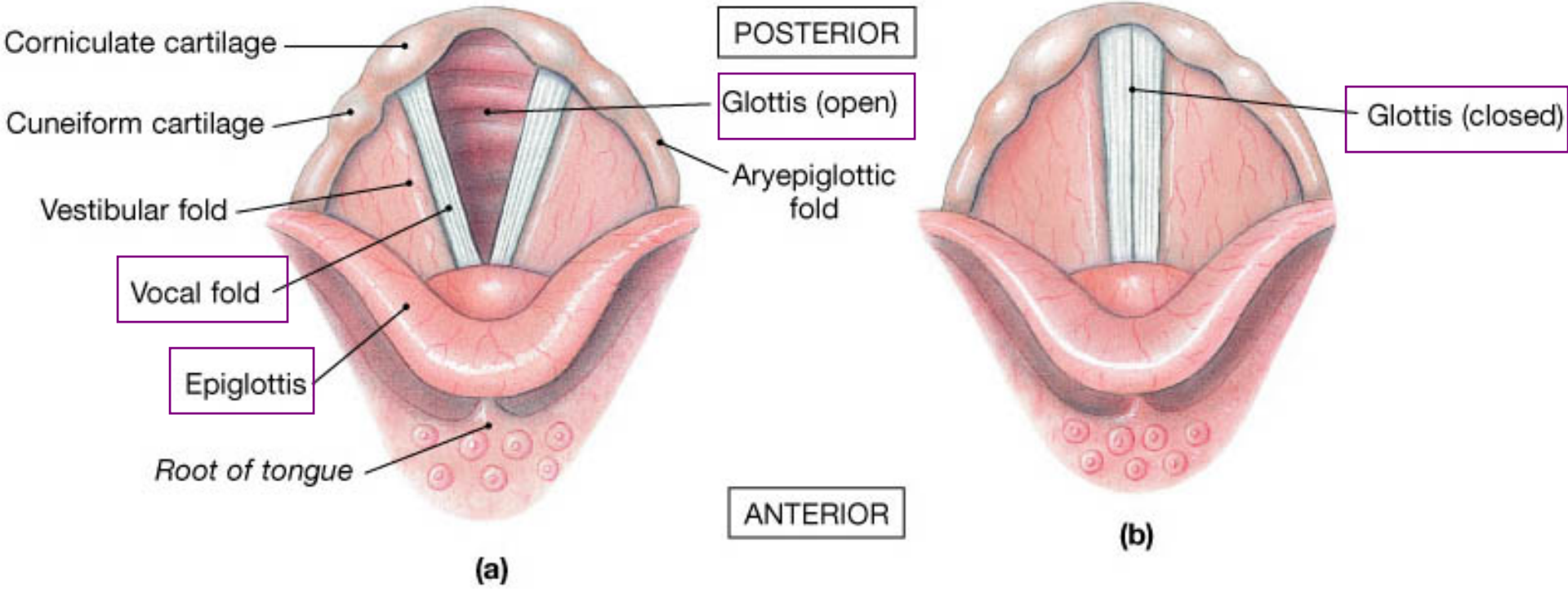
- Extends from soft palate to the epiglottis
- Epithelium is stratified squamous epithelium
- Two types of tonsils in the oropharynx
 - Palatine tonsils
 - Lingual tonsils

Laryngopharynx

- Passageway for both food and air
- Continuous with the esophagus and larynx

Fig Larynx & vocal cords
24.5

The length & thickness of the vocal folds help determine the sound of one's voice



Trachea

- From C₆ to T₅
- “C” rings of cartilage
 - Tracheal cartilages
 - Stiffen tracheal walls and protect airway
 - Posterior wall distorts allowing food passage through esophagus

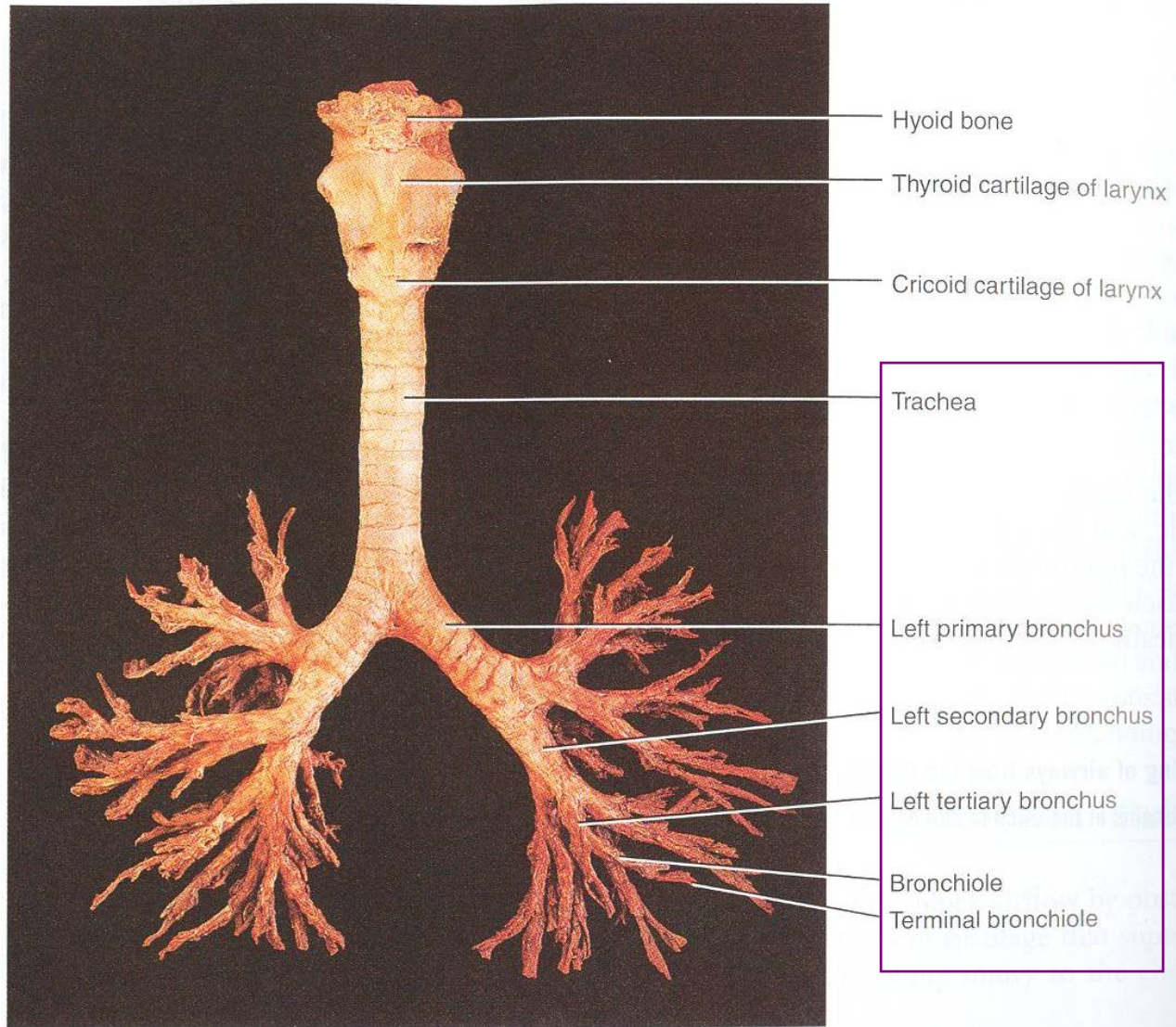
Left and Right primary (1°) Bronchi

- Right and left (1°) bronchi
 - Trachea branches within mediastinum
- Bronchial tree – extensively branching respiratory passageways
- (1°) bronchi – largest bronchi
- Right (1°) bronchi – wider and shorter than the left (foreign object more likely to lodge in right (1°) bronchi)

- Secondary (lobar) bronchi
 - Three on the right
 - Two on the left
- Tertiary (segmental) bronchi
 - Branch into each lung segment
- Bronchioles – little bronchi, less than 1 mm in diameter
- Terminal bronchioles – less than 0.5 mm in diameter

- Bronchopulmonary segments
 - 10 in right lung; 8-9 in left lung
 - Gives rise to 50-80 terminal bronchioles

SUPERIOR



INFERIOR

(b) Anterior view



How many lobes and secondary bronchi are present in each lung?

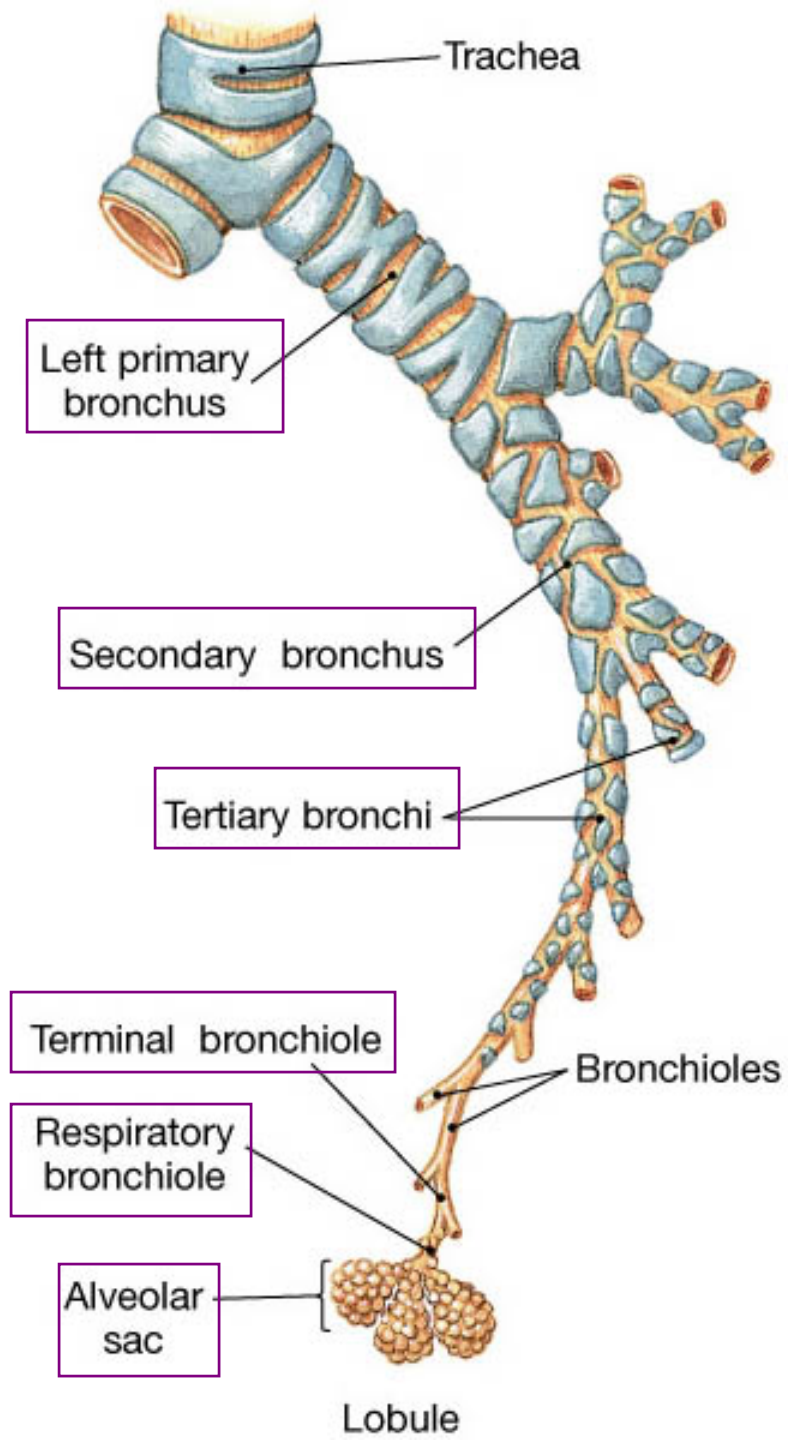
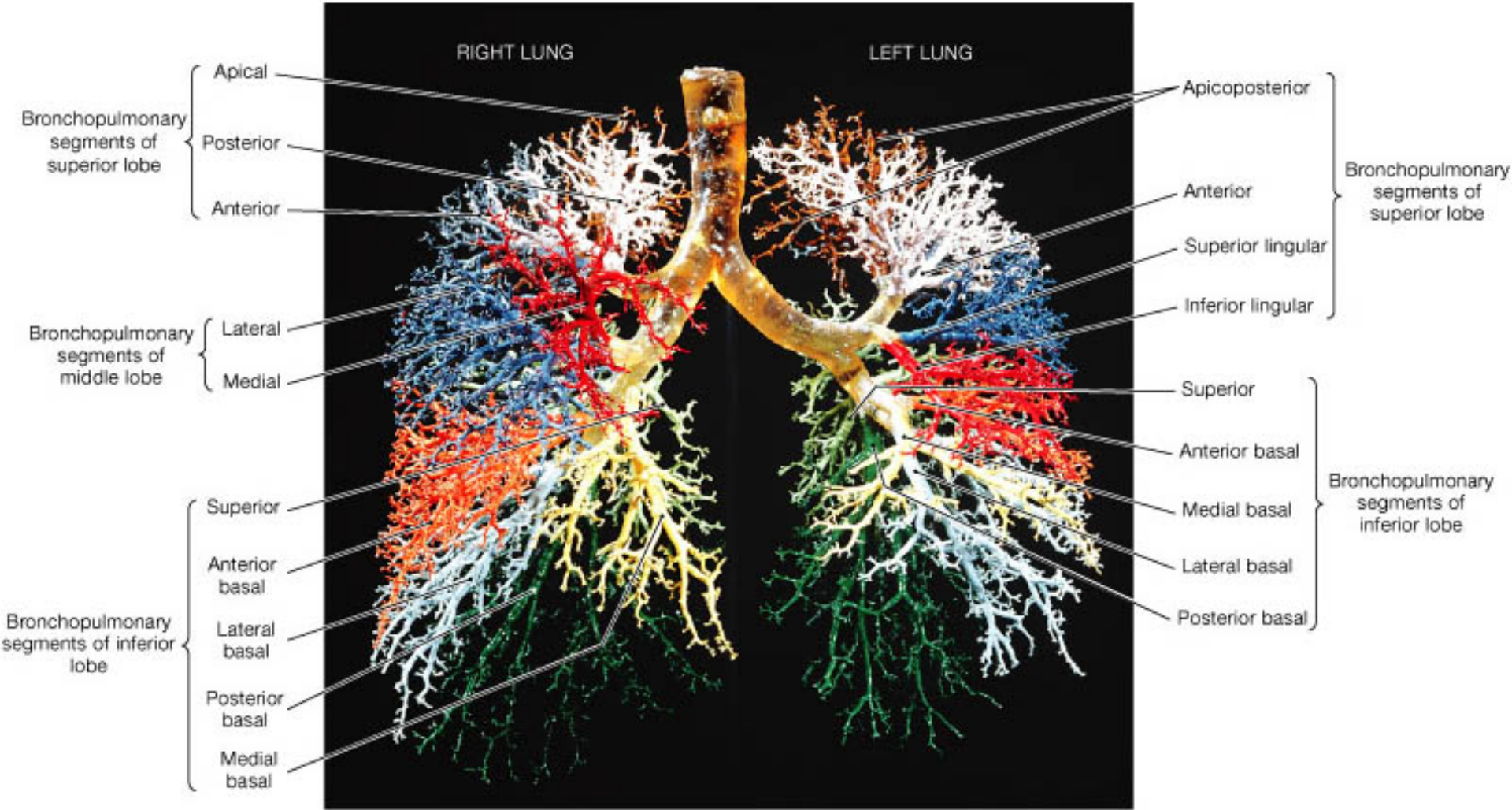


Fig
24.11



(d) The bronchial tree

Lungs

Held within Pleural Cavities

visceral / parietal pleura

Diaphragmatic surface- diaphragm forms floor

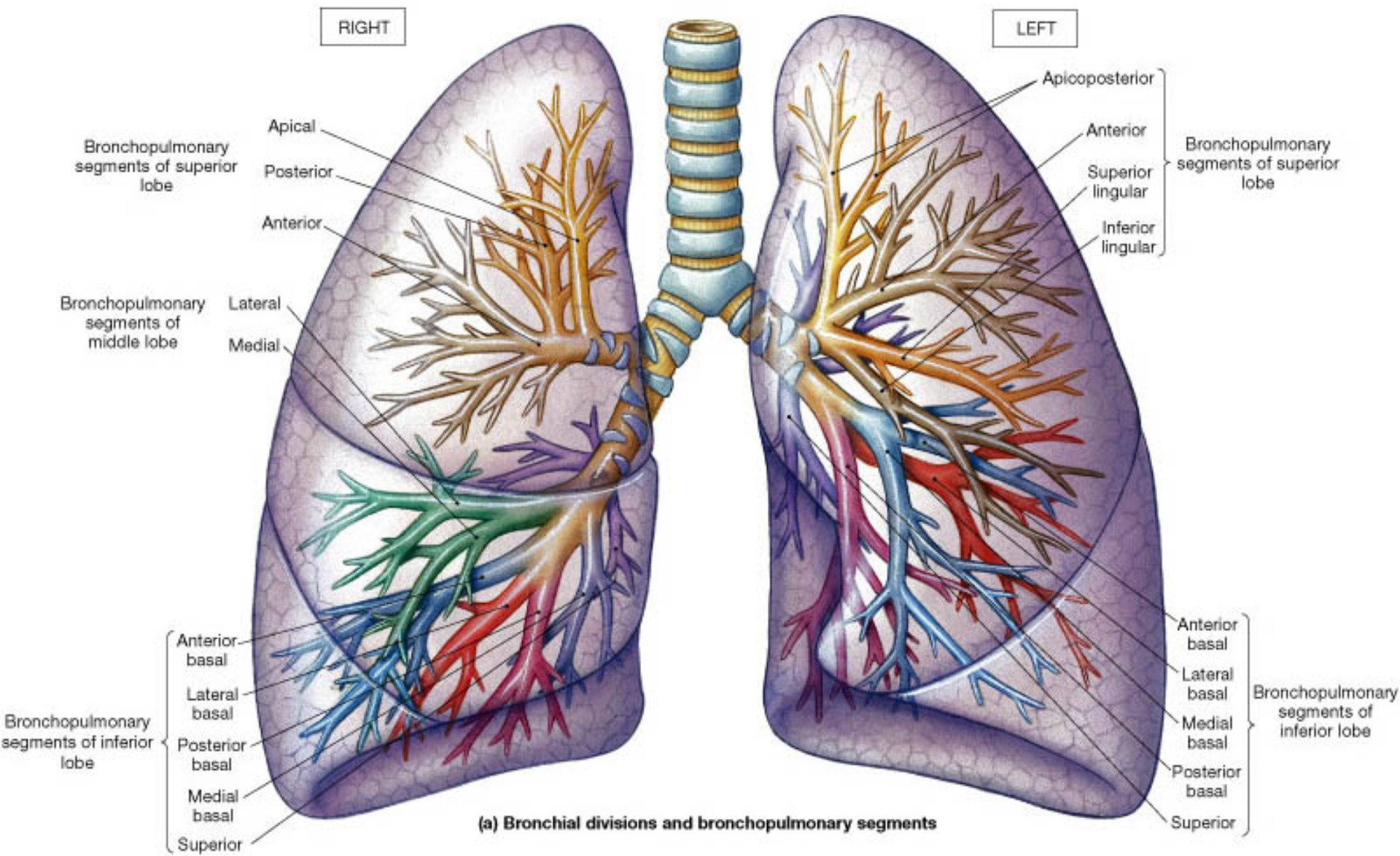
Costal surface- rib cage forms outer wall

Mediastinal Surface-medial surface

Right Lung= 3 lobes; Left lung= 2 lobes

Lungs

- Separated by fissures
 - Right lung has three lobes
 - Left lung has two lobes
- Costal surface
 - Anterior surface
 - Follows contours of rib cage
- Mediastinal surface
 - hilus-pulmonary vessels, (1^o) bronchi, nerves

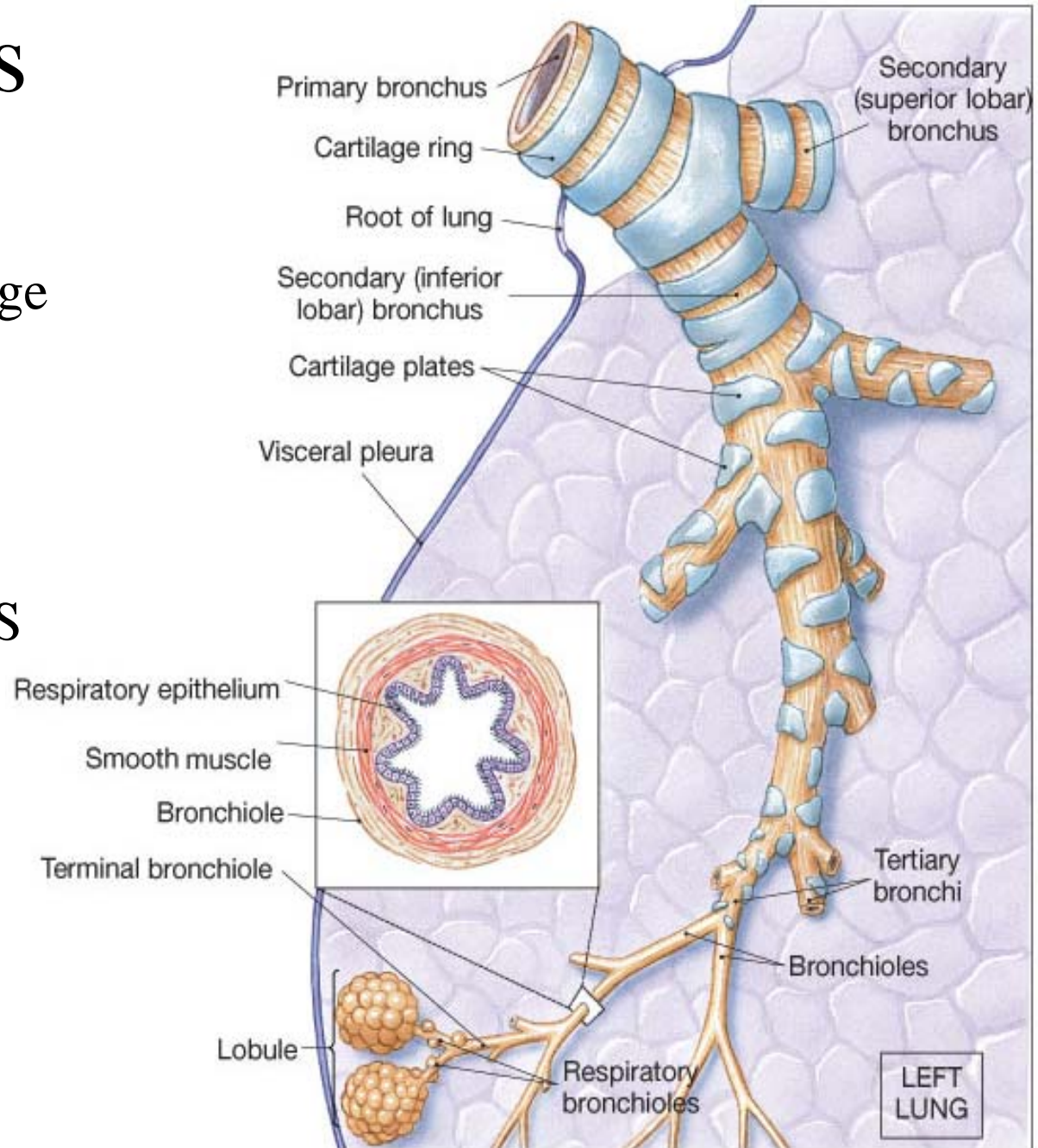


Bronchioles

- Do not contain cartilage
- Have smooth muscle
- Are Innervated by ANS

Parasympathetic
– constrict airways

Sympathetic
– dilate airways



- Alveoli 150 million per lung
- Surrounded by capillaries & elastic fibers
- Capillaries cover 90% of surface
- Elastic fibers-for recoil to push air out (assists ventilation).
- Internal surfaces
 - A site for free movement of alveolar macrophages

Cells of alveoli

Alveolar type I cells – simple squamous epithelium

- more numerous

- makes 'walls' of alveoli

- provides surface area for gas exchange

- thin-good for diffusion

Alveolar type II/surfactant cells – release surfactant

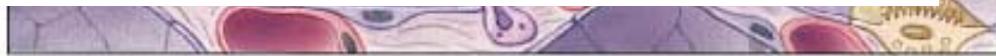
- Produce surfactant to reduce surface tension

- Prevents alveolar collapse during exhalation

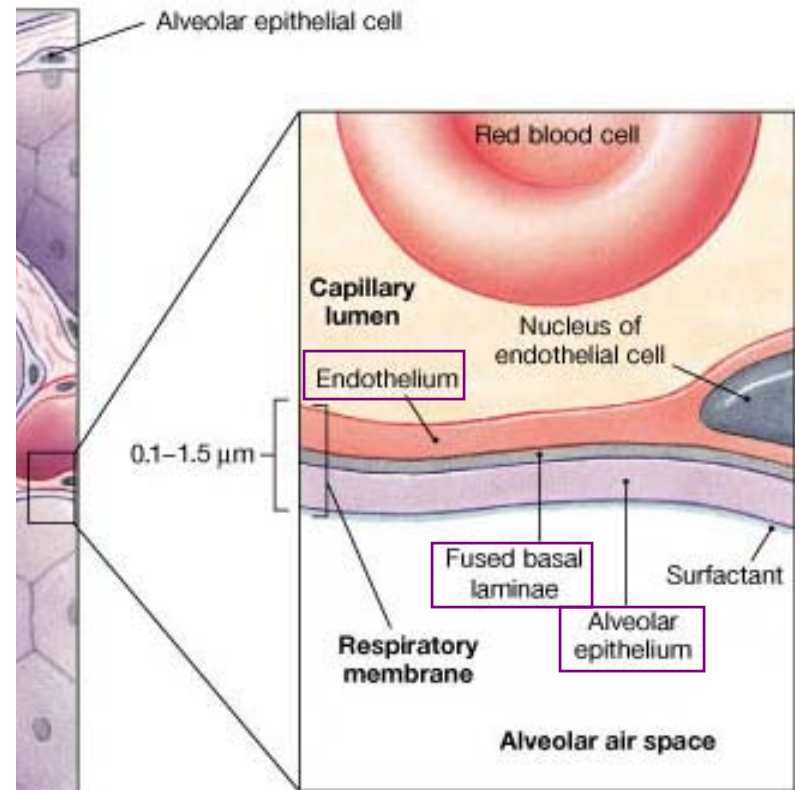
- Begin at 7-8 months of fetal development

Alveolar Macrophages –defense and protection of alveolar surface.

- **Respiratory Membrane**
(blood-air Barrier)
- “point of gas exchange”
- Alveolar Epithelium simple squamous epithelia
- Fused basement membrane
- Capillary endothelium simple squamous epithelia



(c) Alveoli, sectional view

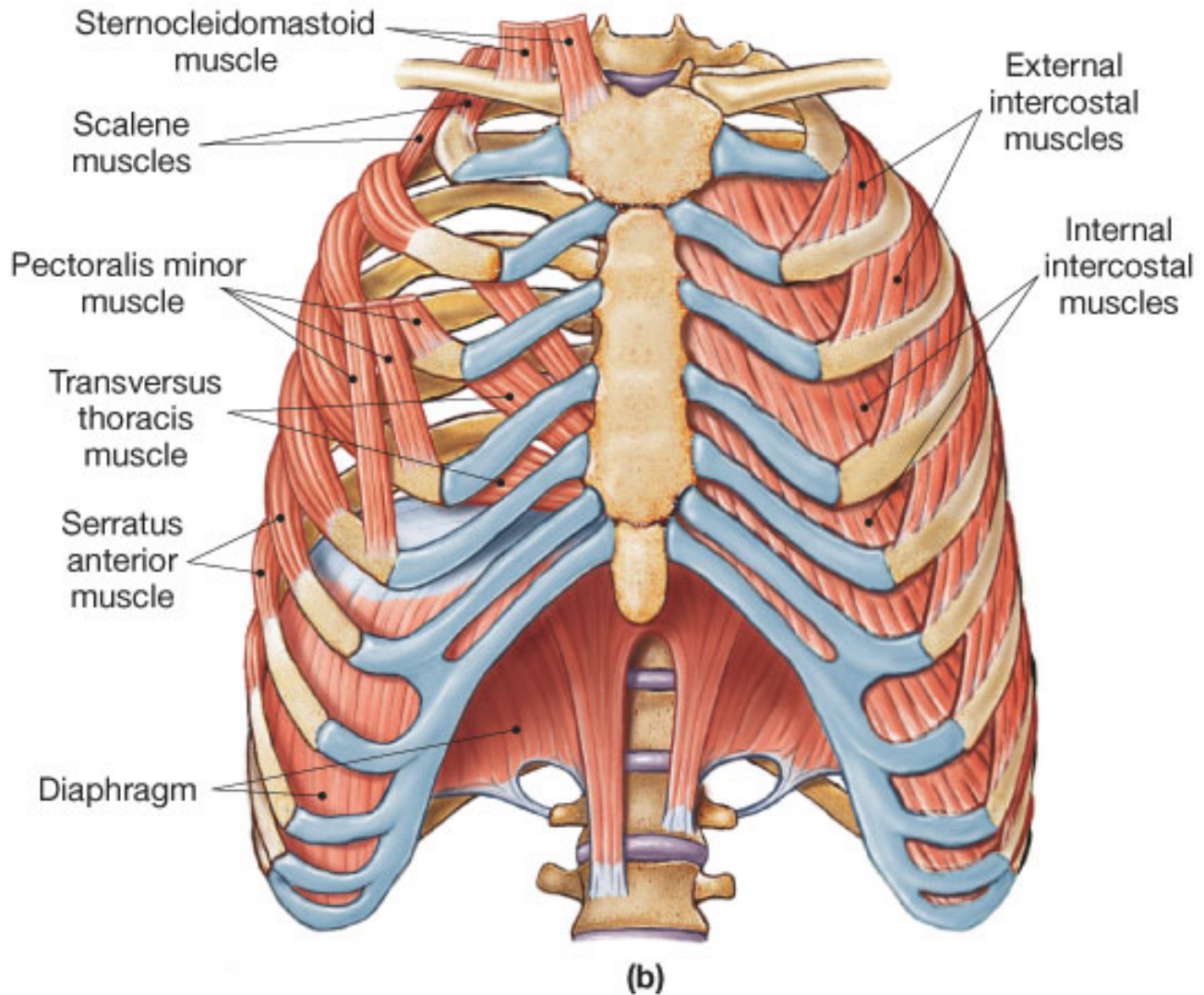
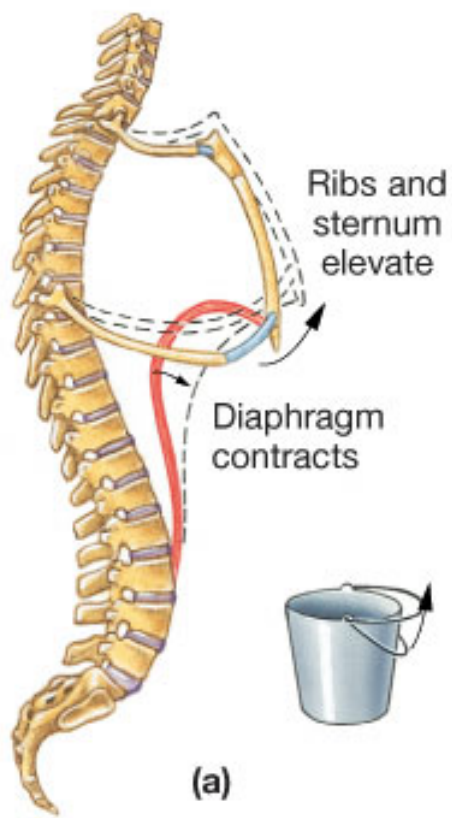


(d) Respiratory membrane

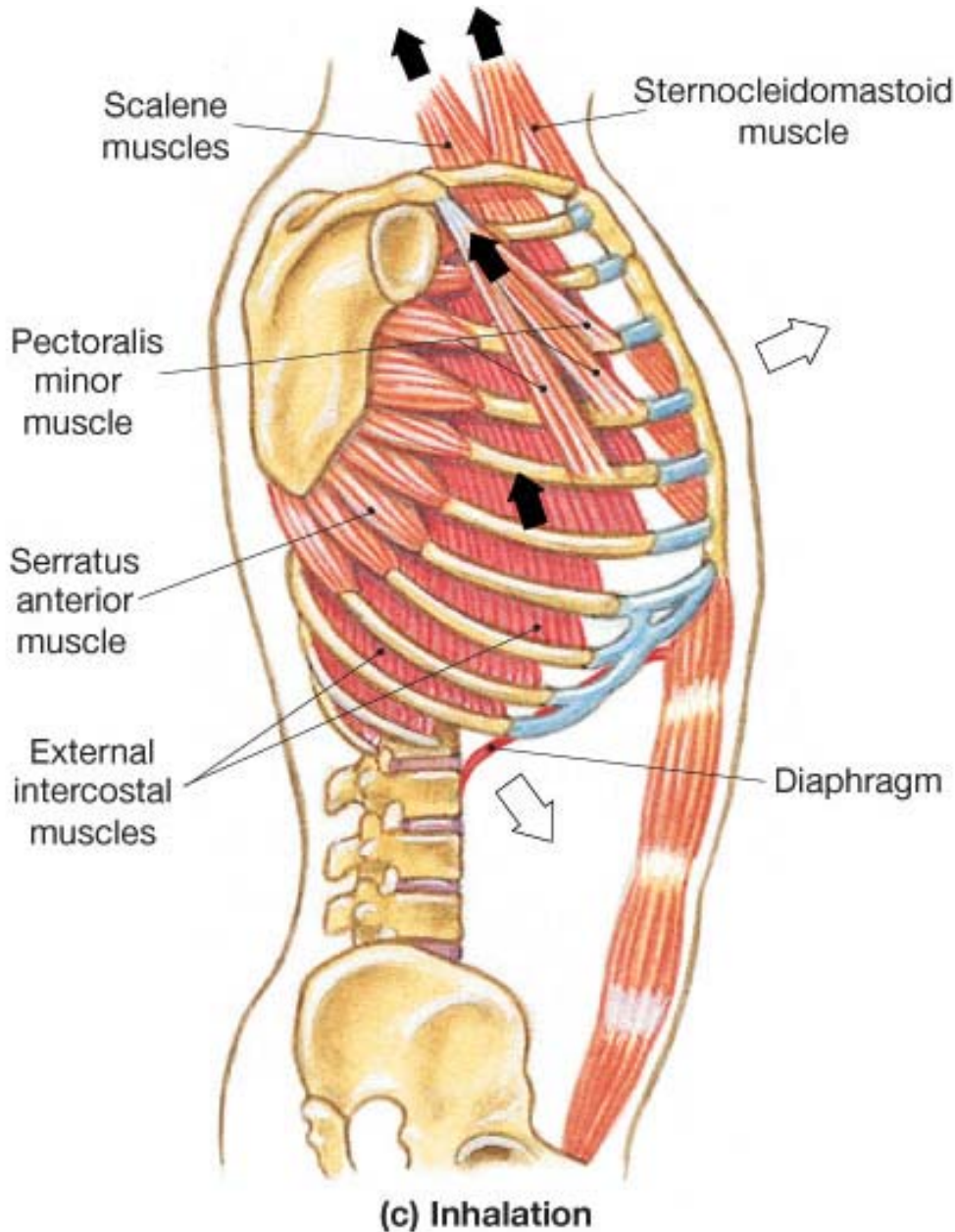
Fig

24.12

Respiratory Muscles



normal quite breathing at rest.



Inspiration:
↑ volume of
thoracic cavity.

Muscle activity
required:
Diaphragm
External Intercostals
Sternocleidomastoid

To increase depth and frequency of breaths
use:

Sternocleidomastiod

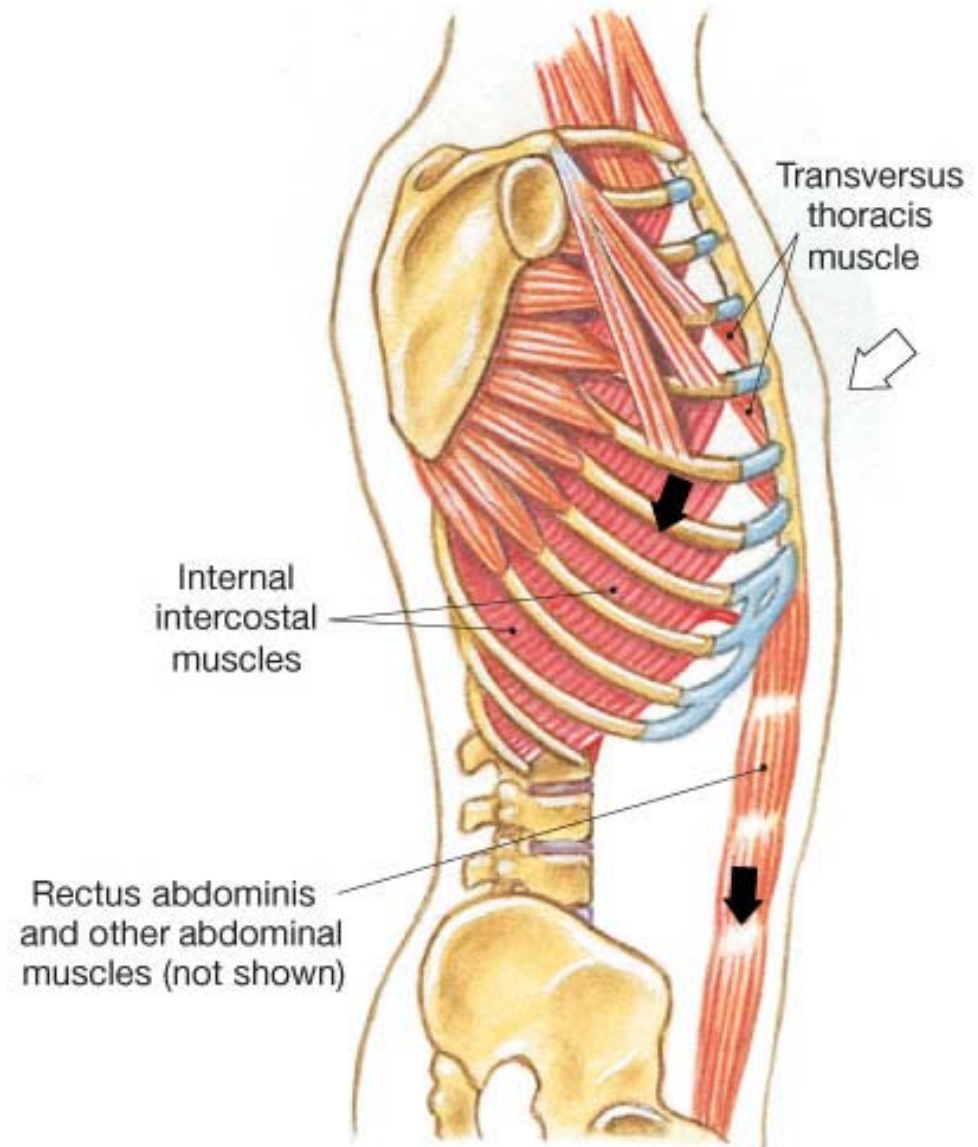
Scalenes

Expiration: ↓ volume of thoracic
cavity.

No Muscular activity required

When Forcefully exhaling

Muscles used:
Internal Intercostals
Rectus abdominis
Transverse abdominis,
Internal and External obliques.



(d) Exhalation

Sensory Receptors - regulate respiration.

Mechanoreceptors

detect changes in lung volume or arterial blood pressure

Chemoreceptors

Changes in P_{CO_2} , pH, P_{O_2} of blood and CSF

Central chemoreceptors - in medulla

Peripheral chemoreceptors

Aortic bodies (in aorta)

Carotid bodies (in carotids)

CNS control

Respiratory rhythmicity center - Sets respiratory pace.
in medulla oblongata.

Apneustic center - used for 'overdrive' when breathing
deep.

Pneumotaxic center - sets limits to over inflation of lung.

- Bronchial asthma – an allergic inflammation

A hypersensitivity to irritants in the air or to stress

Asthma attacks characterized by: Contraction of bronchiole smooth muscle. Secretion of mucus in airways.

- Cystic fibrosis (CF) – inherited disease
 - Exocrine gland function is disrupted
 - Respiratory system affected by:
 - Oversecretion of viscous mucus

Smoking dries air, contaminates air
and damages respiratory membrane
nicotine, tar, carcinogens

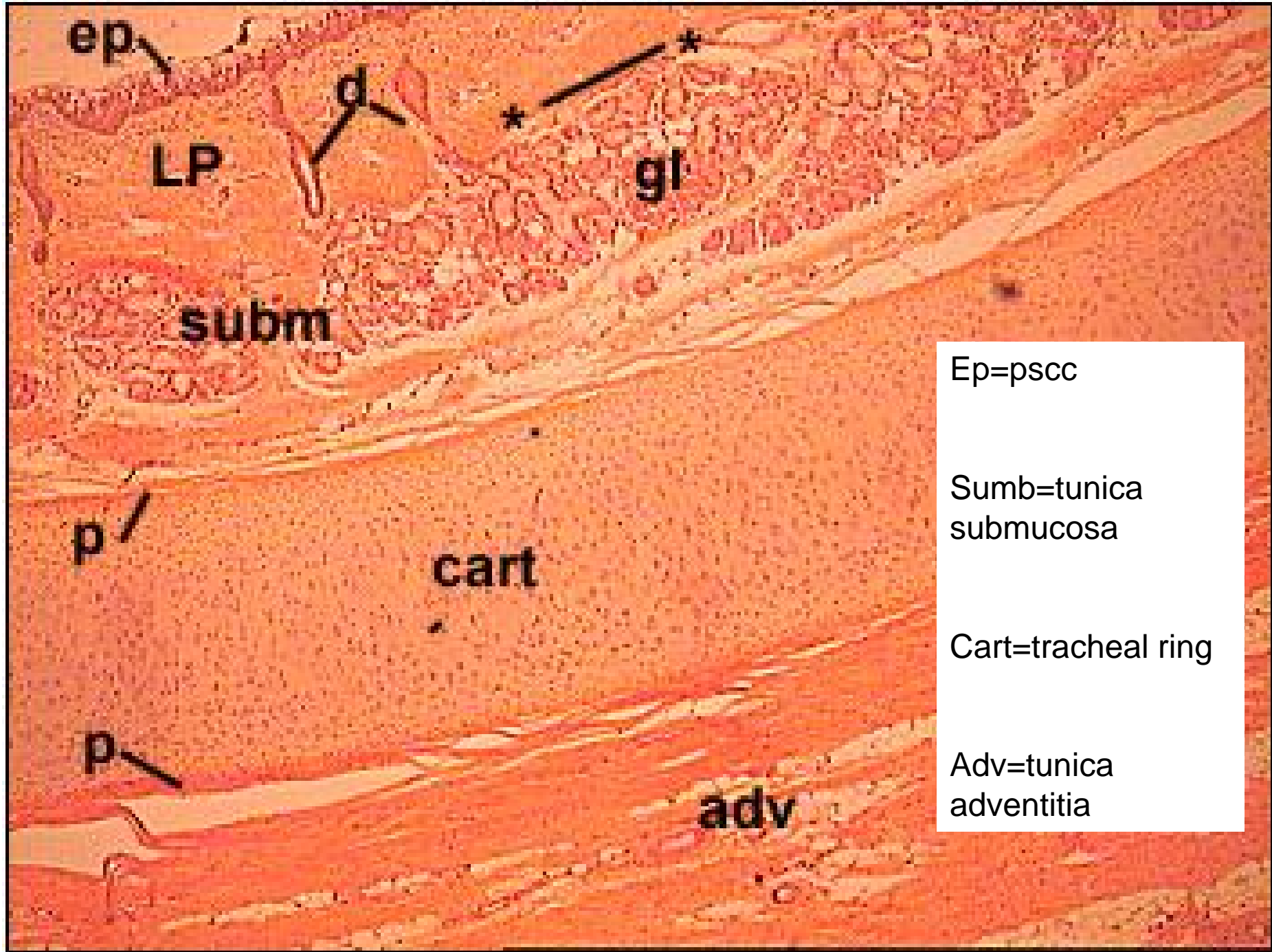


Respiratory tracing

Air	epithelial tissue
• External Nares	stratified squamous
• Nasal cavity	p SCC
• Nasopharynx	p SCC
• Oropharynx	stratified squamous
• Laryngopharynx	stratified squamous
• Larynx	stratified squamous
• Trachea	p SCC
• Rt./Lt. primary bronchi	p SCC
• Secondary (lobar) bronchi	p SCC
• Tertiary (segmental) bronchi	p SCC
• Terminal bronchioles	simple cuboidal
• Respiratory bronchioles	simple cuboidal
• Alveolar duct	simple squamous
• Alveolar sac	simple squamous
• Alveolus	simple squamous

Interactive CD

- Break
- Trachea slide

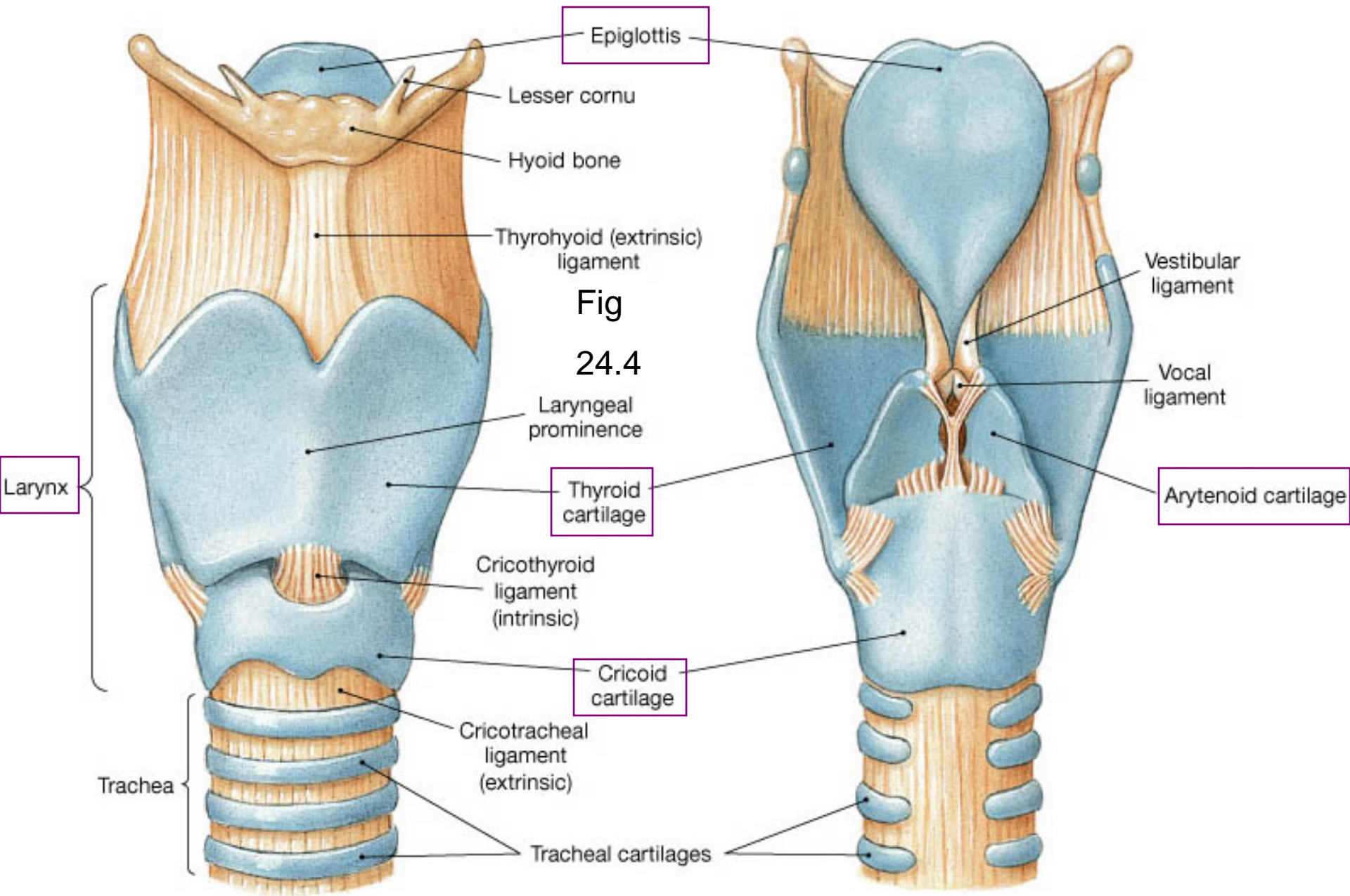


Ep=pscc

Sumb=tunica submucosa

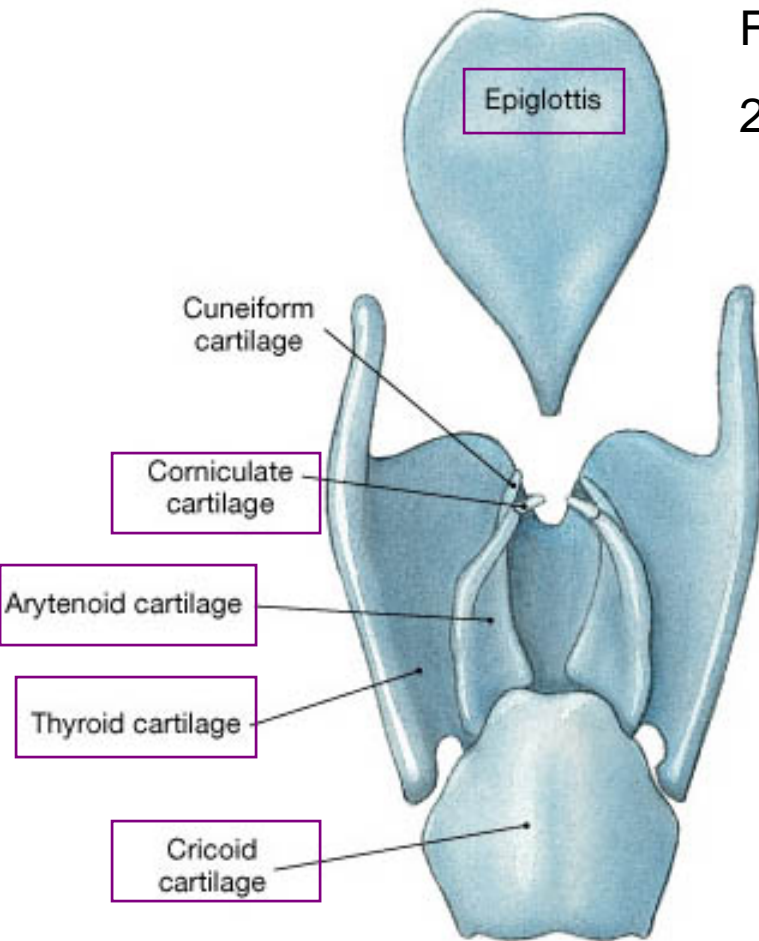
Cart=tracheal ring

Adv=tunica adventitia



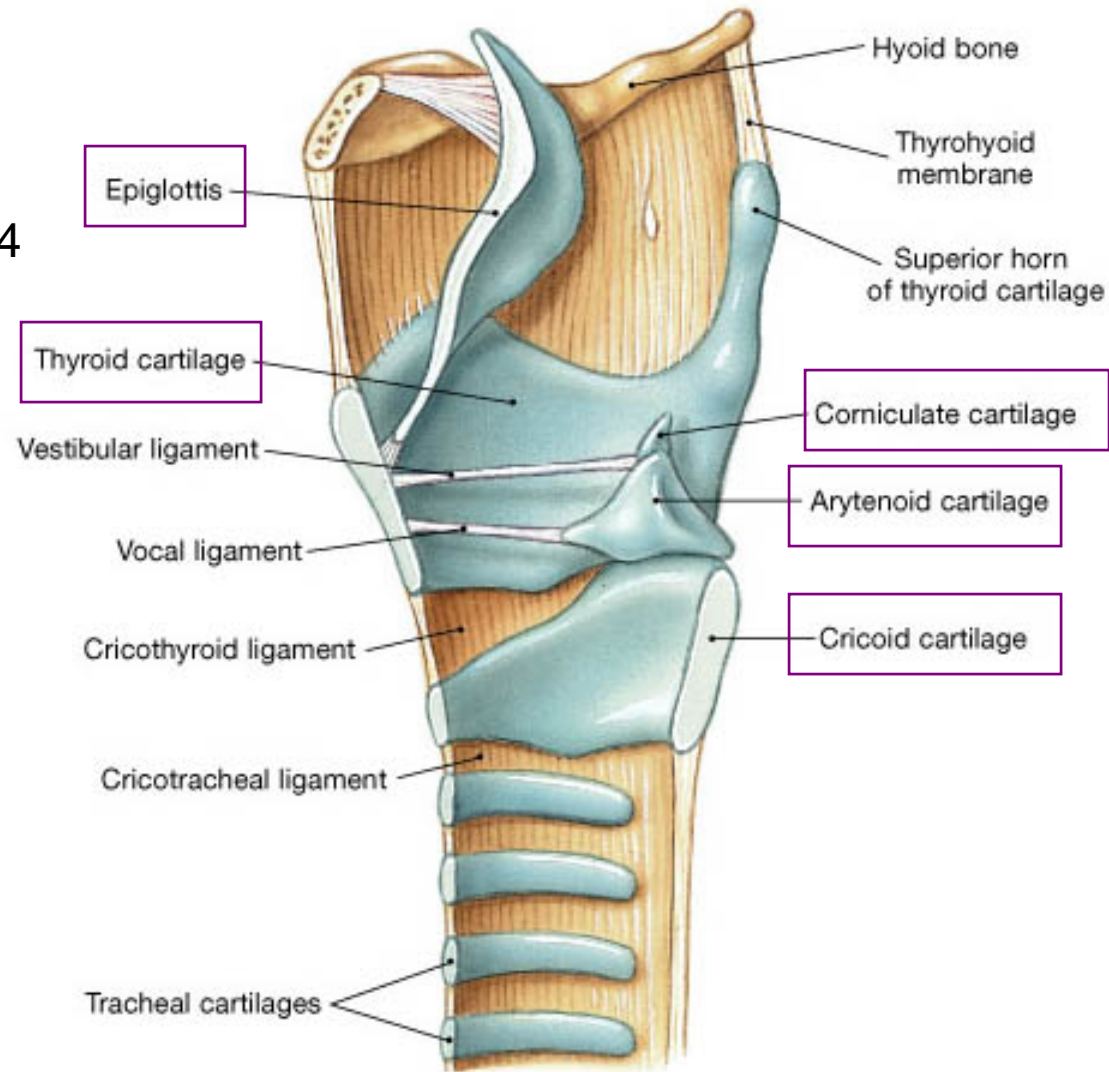
(a) Larynx, anterior view

(b) Larynx, posterior view

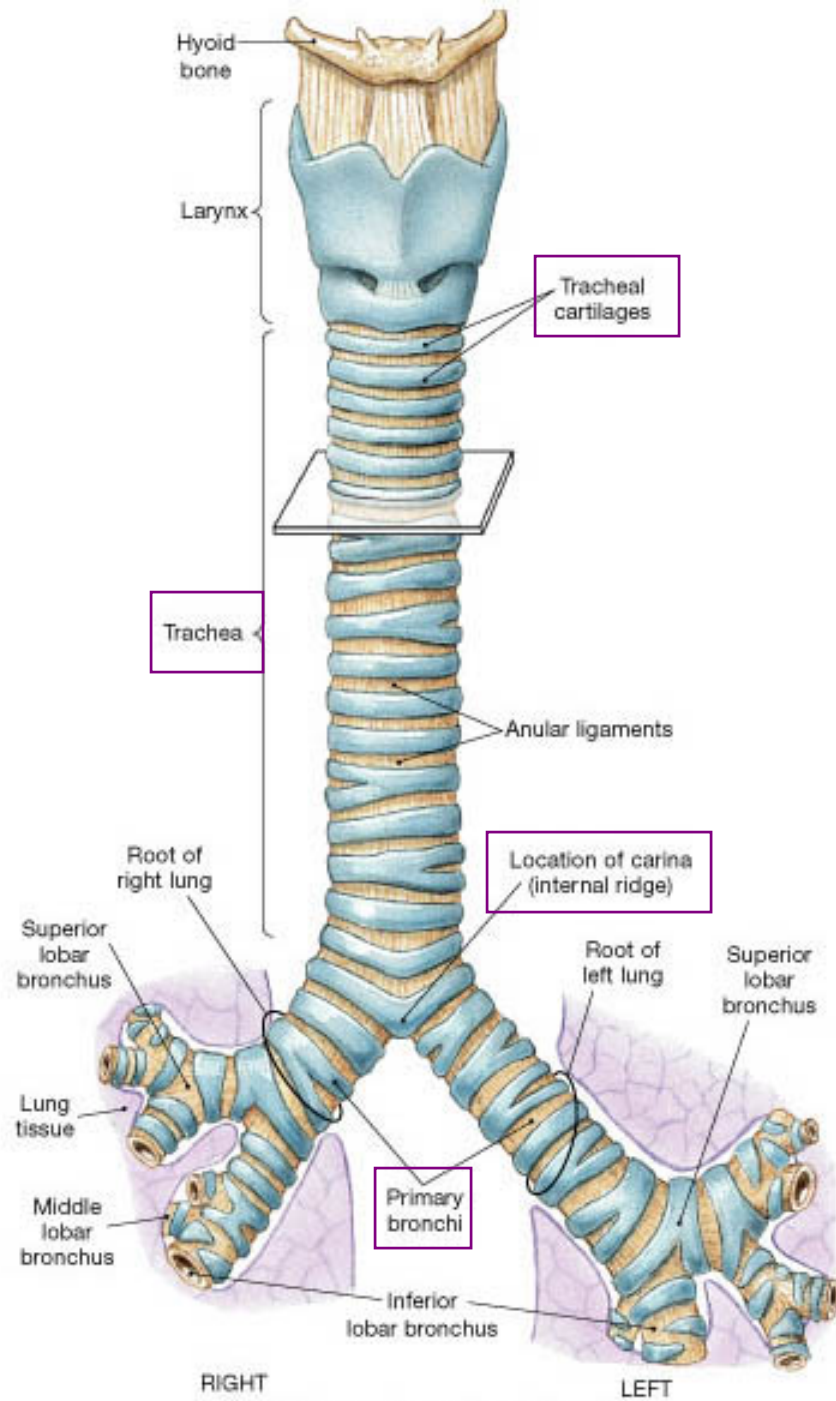


(c) Posterior view of laryngeal cartilages

Fig 24.4

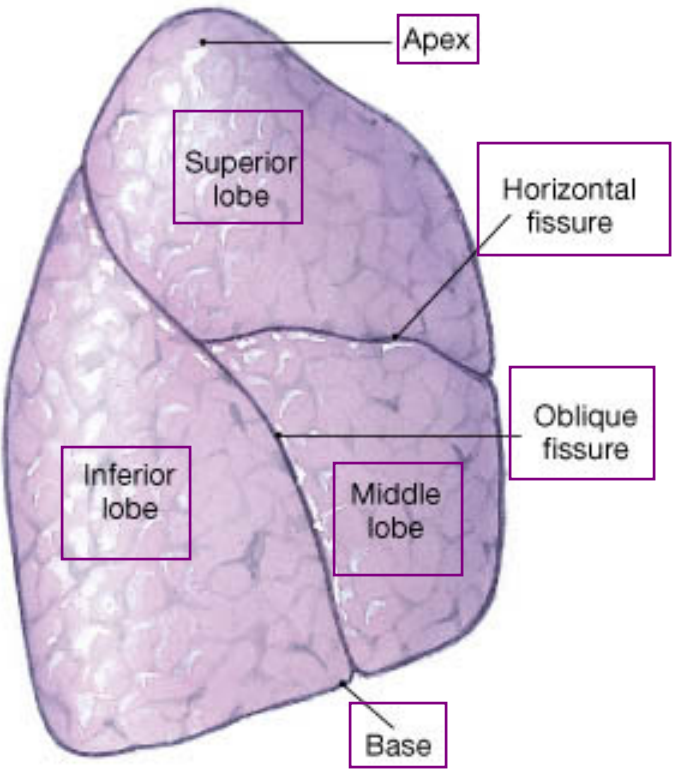


(d) Larynx, sagittal section



(a) Trachea and bronchi, anterior view

Fig
24.7



COSTAL SURFACE
RIGHT LUNG

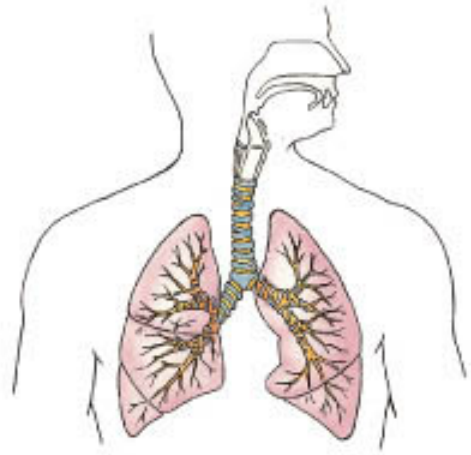
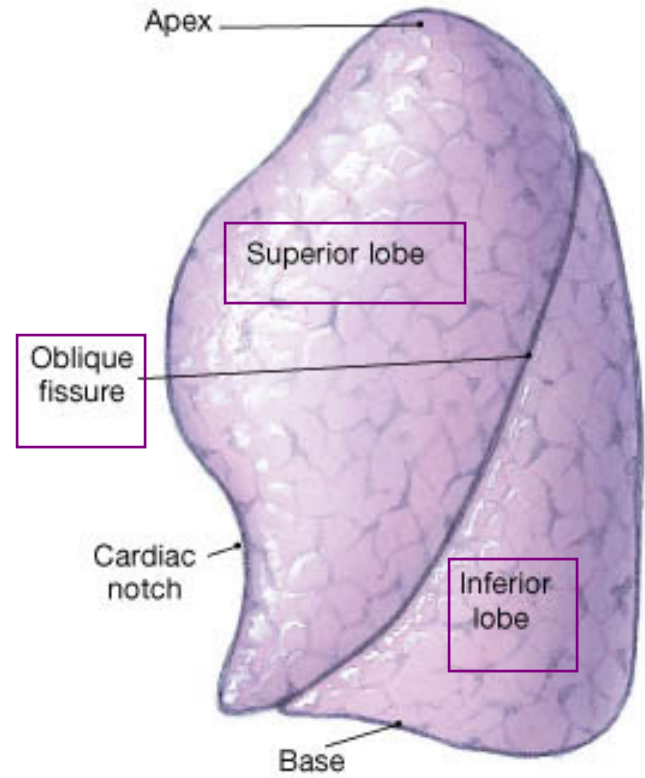


Fig
24.8



COSTAL SURFACE
LEFT LUNG

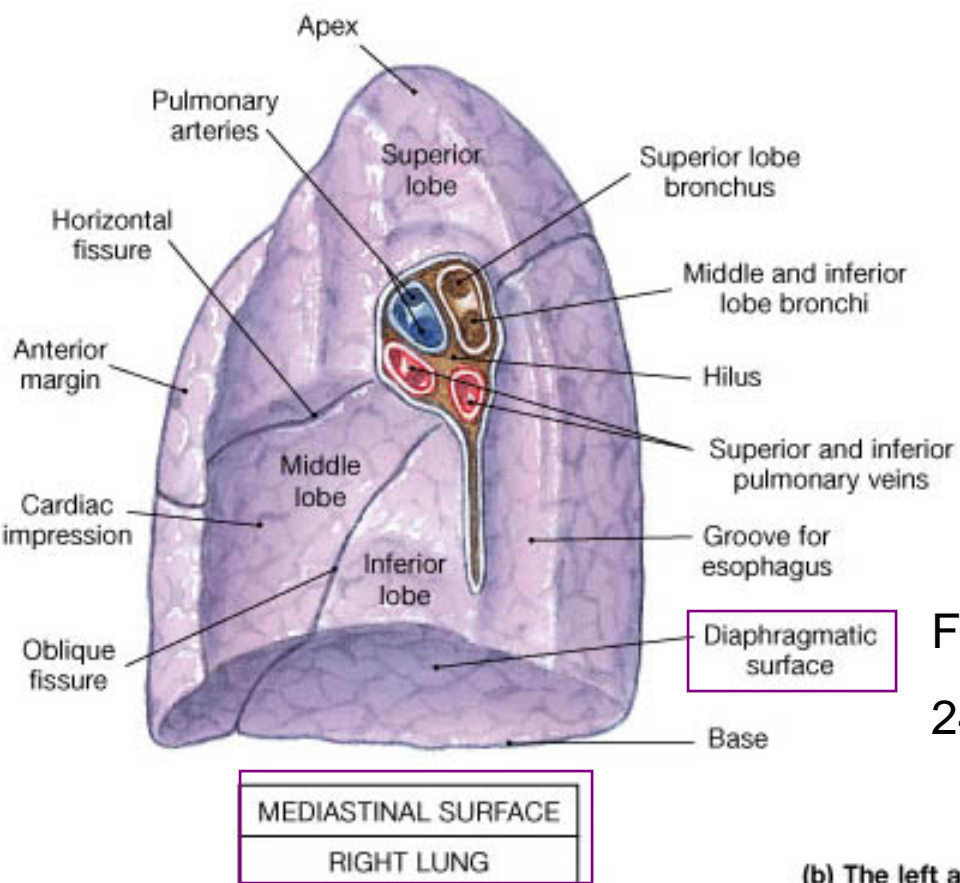
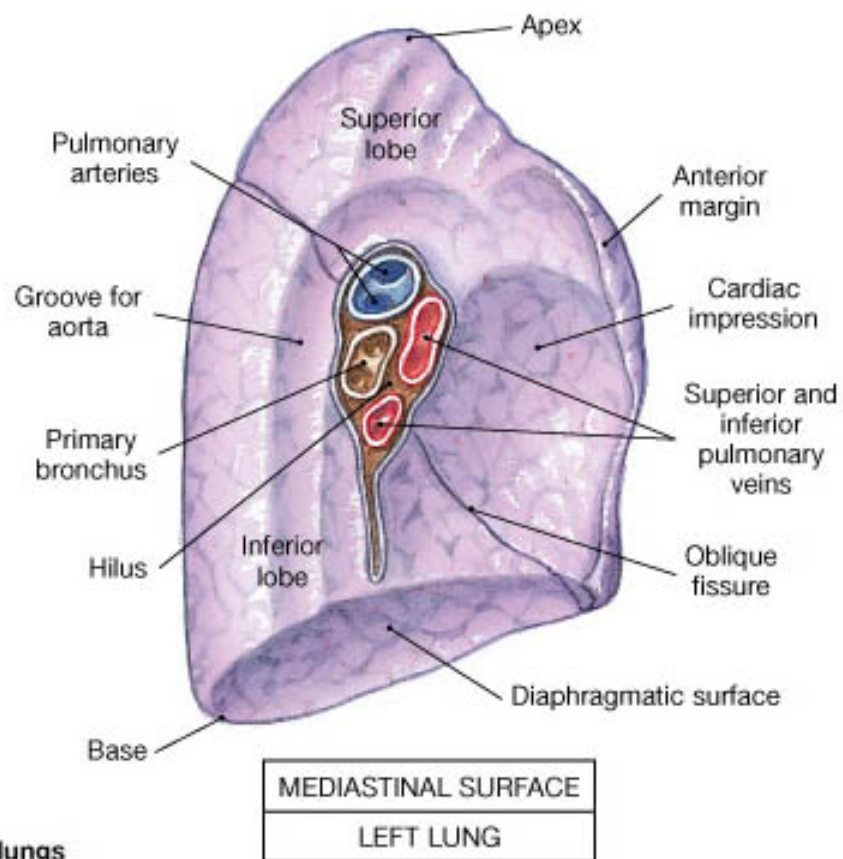


Fig
24.8

(b) The left and right lungs



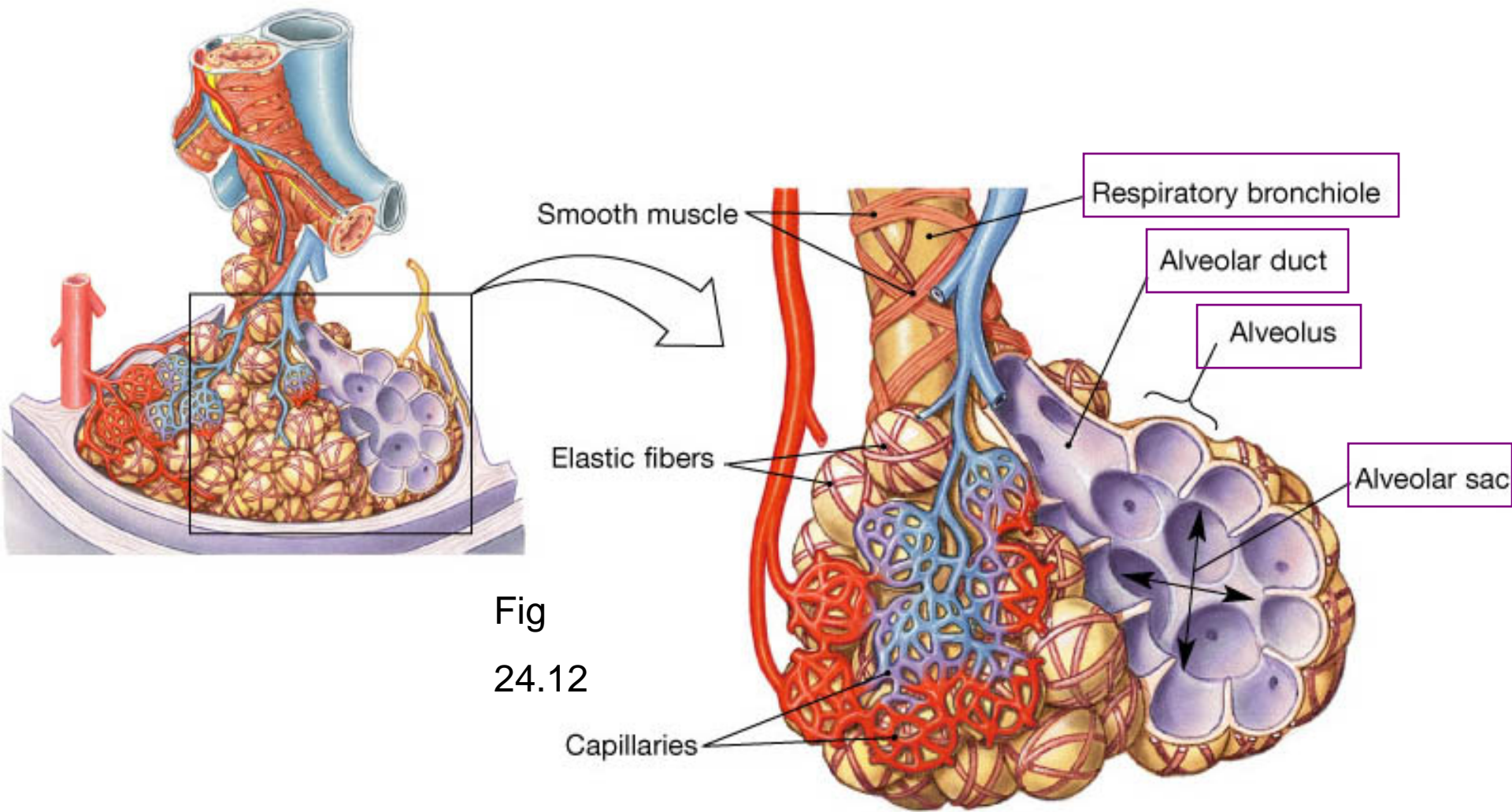


Fig
24.12

(a) Alveolar organization

