Physiology assignment

18/mhs01/180

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Medicine and surgery 200 level

Assignment on cardiovascular physiology for 200l

1.discuss the long term regulation of mean arterial blood pressure

In each cardiac cycle arterial blood pressure fluctuates between diastolic and systolic pressure. However, the body behaves from day to day as if it regulated the mean arterial blood pressure, which is the average between diastolic and systolic pressures. Such regulation is achieved by interdependent adjustments of only 3 parameters: Heart rate (HR), ventricular stroke volume (SV) and total peripheral vascular resistance (TPVR). These are related as follows: HR - SV = Cardiac Output (CO); CO - TPVR = Mean Arterial Blood Pressure. The regulatory system includes stretch-sensitive sensors, central nervous integrators/evaluators and neuro-humoral effector mechanisms. Central nervous integration and evaluation of incoming signals occurs mostly in the pons/medulla regions of the midbrain. The most important effector mechanisms are the parasympathetic and sympathetic divisions of the autonomic nervous system, the renin-angiotensin system and vasopressin. Short-term regulation of arterial blood pressure is dominated by the baroreceptor mechanism, whereby pressure is sensed by both cardio-pulmonary nerve endings and stretch-sensitive cells in renal afferent arterioles. Long-term regulation involves mainly the regulation of extracellular fluid volume by pressure natriuresis mechanisms residing in the kidney and by widespread actions of angiotensin 2. Studies in hypertensives have suggested that the long-term-controlled variable is not arterial blood pressure, but the balance between intake and output of fluid and electrolytes. If the kidney requires a higher perfusion pressure to achieve that balance then daily blood pressure regulation occurs around an appropriately higher setpoint.

2. write short note on the following

Pulmonary circulation:

The pulmonary circulation is the portion of the circulatory system which carries deoxygenated blood away from the right ventricle, to the lungs, and returns oxygenated blood to the left atrium and ventricle of the heart. The term pulmonary circulation is readily paired and contrasted with the systemic circulation. The vessels of the pulmonary circulation are the pulmonary arteries and the pulmonary veins.A separate system known as the bronchial circulation supplies oxygenated blood to the tissue of the larger airways of the lungs.

Circle of willis

The Circle of Willis is the joining area of several arteries at the bottom (inferior) side of the brain. At the Circle of Willis, the internal carotid arteries branch into smaller arteries that supply oxygenated blood to over 80% of the cerebrum.

It encircles the stalk of the pituitary gland and provides important communications between the blood supply of the forebrain and hindbrain (ie, between the internal carotid and vertebro-basilar systems following obliteration of primitive embryonic connections). Although a complete circle of Willis is present in some individuals, it is rarely seen radiographically in its entirety; anatomical variations are very common and a well-developed communication between each of its parts is identified in less than half of the population.

The circle of Willis begins to form when the right and left internal carotid artery (ICA) enters the cranial cavity and each one divides into two main branches: the anterior cerebral artery (ACA) and middle cerebral artery (MCA). The anterior cerebral arteries are then united and blood can cross flow by the anterior communicating (ACOM) artery

Splanchic circulation

Splanchnic or visceral circulation constitutes three

portions:

1. Mesenteric circulation supplying blood to GI tract

2. Splenic circulation supplying blood to spleen

3. Hepatic circulation supplying blood to liver.

Unique feature of splanchnic circulation is that the blood from mesenteric bed and spleen forms a major amount of blood flowing to liver. Blood flows to liver from GI tract and spleen through portal system.

Coronary circulation

Coronary circulation is the circulation of blood in the blood vessels that supply the heart muscle (myocardium). Coronary arteries supply oxygenated blood to the heart muscle, and cardiac veins drain away the blood once it has been deoxygenated. Because the rest of the body, and most especially the brain, needs a steady supply of oxygenated blood that is free of all but the slightest interruptions, the heart is required to function continuously. Therefore its circulation is of major importance not only to its own tissues but to the entire body and even the level of consciousness of the brain from moment to moment. Interruptions of coronary circulation quickly cause heart attacks (myocardial infarctions), in which the heart muscle is damaged by oxygen starvation. Such interruptions are usually caused by ischemic heart disease (coronary artery disease) and sometimes by embolism from other causes like obstruction in blood flow through vessels.

Cutaneous circulation

The cutaneous circulation is the circulation and blood supply of the skin. The skin is not a very metabolically active tissue and has relatively small energy requirements, so its blood supply is different to that of other tissues.

Some of the circulating blood volume in the skin will flow through will flow through arteriovenous anastomoses (AVAs) instead of capillaries. AVAs serve a role in temperature regulation. In this article we shall consider the different adaptations of the cutaneous circulation, and its role in body temperature control.

Arteriovenous Anastomoses

AVAs are low-resistance connections between the small arteries and small veins that supply and drain the skin. These allow the shunt of blood directly into the venous plexus of the skin, without it passing through capillaries. Since AVAs contain no capillary section, they are not involved in transport of nutrients to/from the tissues, but instead play a major role in temperature regulation.

Temperature Regulation

The skin is the body's main heat dissipating surface: the amount of blood flow to the skin determines the degree of heat loss and therefore the core body temperature. The blood flow through AVAs is heavily influenced by the sympathetic nervous system. At rest, the sympathetic nervous system dominates and acts to constrict AVAs. Any changes in core temperature are detected by the thermoregulatory centre in the hypothalamus. It regulates temperature by altering the level of sympathetic outflow to the cutaneous vessels, to return temperature to its normal range:

In high core temperatures:

Sympathetic innervation is decreased, reducing the vasomotor tone in the AVAs.

More blood flows through the AVAs and reaches the venous plexus (close to the surface of the skin), increasing heat loss to reduce core temperature.

In low core temperatures:

Sympathetic innervation is increased, increasing the vasomotor tone in the AVAs.

Less blood flows to the apical skin (of nose, lips, ears, hands and feet), reducing heat loss to increase the core temperature

3. Discuss the cardiovascular adjustment that occurs during exercise

„ 1. ON BLOOD

Mild hypoxia developed during exercise stimulates the juxtaglomerular apparatus to secrete erythropoietin. It stimulates the bone marrow and causes release of red blood cells. Increased carbon dioxide content in blood decreases the pH of blood.

„ 2. ON BLOOD VOLUME

More heat is produced during exercise and the thermoregulatory system is activated. This in turn, causes secretion of large amount of sweat leading to:

i. Fluid loss

ii. Reduced blood volume

iii. Hemoconcentration

iv. Sometimes, severe exercise leads to even dehydration.

„ 3. ON HEART RATE

Heart rate increases during exercise. Even the thought of exercise or preparation for exercise increases the heart rate. It is because of impulses from cerebral cortex to medullary centers, which reduces vagal tone. In moderate exercise, the heart rate increases to 180 beats/minute. In severe muscular exercise, it reaches 240 to 260 beats/minute. Increased heart rate during exercise is mainly because of vagal withdrawal. Increase in sympathetic tone also plays some role.

„ 4. ON CARDIAC OUTPUT Cardiac output increases up to 20 L/minute in moderate exercise and up to 35 L/minute during severe exercise. Increase in cardiac output is directly proportional to the increase in the amount of oxygen consumed during exercise. During exercise, the cardiac output increases because of increase in heart rate and stroke volume. Heart rate increases because of vagal withdrawal. Stroke volume increases due to increased force of contraction. Because of vagal withdrawal, sympathetic activity increases leading to increase in rate and force of contraction. „

5. ON VENOUS RETURN Venous return increases remarkably during exercise because of muscle pump, respiratory pump and splanchnic vasoconstriction . „

6. ON BLOOD FLOW TO SKELETAL MUSCLES There is a great increase in the amount of blood flowing to skeletal muscles during exercise. In resting condition, the blood supply to the skeletal muscles is 3 to 4 mL/100 g of the muscle/minute. It increases up to 60 to 80 mL in moderate exercise and up to 90 to 120 mL in severe exercise. During the muscular activity, stoppage of blood flow occurs when the muscles contract. It is because of compression of blood vessels during contraction. And in between the contractions, the blood flow increases. Sometimes the blood supply to muscles starts increasing even during the preparation for exercise. It is due to the sympathetic activity. Sympathetic nerves cause vasodilatation in muscles. The sympathetic nerve fibers causing vasodilatation in skeletal muscle are called sympathetic cholinergic fibers since these fibers secrete acetylcholine instead of noradrenaline.

„ 7. ON BLOOD PRESSURE During moderate isotonic exercise, the systolic pressure is increased. It is due to increase in heart rate and stroke volume. Diastolic pressure is not altered because peripheral resistance is not affected during moderate isotonic exercise. In severe exercise involving isotonic muscular contraction, the systolic pressure enormously increases but the diastolic pressure decreases. Decrease in diastolic pressure is because of the decrease in peripheral resistance. Decrease in peripheral resistance is due to vasodilatation caused by metabolites. During exercise involving isometric contraction, the peripheral resistance increases. So, the diastolic pressure also increases along with systolic pressure.