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**Questions:**

**1.Discuss the long-term regulation of mean arterial blood pressure**.

The body’s blood pressure is a measure of the pressures within the cardiovascular system during the pumping cycle of the heart. It is influenced by a vast number of variables, and can alter in either direction for various reasons. Everyone’s blood pressure is slightly different and can change throughout the day depending on activity.

There are several mechanisms that regulate long term arterial blood pressure and they are (RAAS) Renin Angiotensin Aldosterone System,(ADH) Anti Diuretic Hormone, (ANP) Anti Natriuretic Peptide and Prostaglandins. Renin is a peptide hormone released by the granular cells of the juxtaglomerular apparatus in the kidney. It is released in response to:

-Sympathetic stimulation

-Reduced sodium-chloride delivery to the distal convoluted tubule

-Decreased blood flow to the kidney

Renin facilitates the conversion of angiotensinogen to angiotensin I which is then converted to angiotensin II using angiotensin-converting enzyme (ACE).

Angiotensin II is a potent vasoconstrictor. It acts directly on the kidney to increase sodium reabsorption in the proximal convoluted tubule. Sodium is reabsorbed via the sodium-hydrogen exchanger. Angiotensin II also promotes release of aldosterone. More sodium collects in the kidney tissue and water then follows by osmosis. This results in decreased water excretion and therefore increased blood volume and thus blood pressure.

The second mechanism by which blood pressure is regulated is release of Anti Diuretic Hormone (ADH) from the OVLT of the hypothalamus in response to thirst or an increased plasma osmolarity.

ADH acts to increase the permeability of the collecting duct to water by inserting aquaporin channels (AQP2) into the apical membrane.

It also stimulates sodium reabsorption from the thick ascending limb of the loop of Henle. This increases water reabsorption thus increasing plasma volume and decreasing osmolarity.

Prostaglandins act as local vasodilators to increase GFR and reduce sodium reabsorption. They also act to prevent excessive vasoconstriction triggered by the sympathetic nervous and renin-angiotensin-aldosterone systems.

**2.Write short notes on the following:**

**a.Pulmonary circulation:** Pulmonary circulation is the system of transportation that shunts de-oxygenated blood from the heart to the lungs to be re-saturated with oxygen before being dispersed into systemic circulation. Deoxygenated blood from the lower half of the body enters the heart from the inferior vena cava while deoxygenated blood from the upper body is delivered to the heart via the superior vena cava. Both the superior vena cava and inferior vena cava empty blood into the right atrium. Blood flows through the tricuspid valve into the right ventricle. It then flows through the pulmonic valve into the pulmonary artery before being delivered to the lungs. While in the lungs, blood diverges into the numerous pulmonary capillaries where it releases carbon dioxide and is replenished with oxygen. Once fully saturated with oxygen, the blood is transported via the pulmonary vein into the left atrium which pumps blood through the mitral valve and into the left ventricle. With a powerful contraction, the left ventricle expels oxygen-rich blood through the aortic valve and into the aorta: This is the beginning of systemic circulation.

**b.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. The arrangement of the brain's arteries into the circle of Willis creates redundancy (analogous to engineered redundancy) for collateral circulation in the cerebral circulation.It is named after Thomas Willis (1621–1675), an English physician.

**c.Splanchnic Circulation:** The splanchnic circulation is a complex system. A number of important functions depend on its normal operation, including digestion and absorption within the gut, maintenance of the mucosal barrier, and successful healing of surgical anastomoses. The term ‘splanchnic circulation’ describes the blood flow to the abdominal gastrointestinal organs including the stomach, liver, spleen, pancreas, small intestine, and large intestine. It comprises three major branches of the abdominal aorta; the coeliac artery; superior mesenteric artery (SMA); and inferior mesenteric artery (IMA).The hepatic portal circulation delivers the majority of the blood flow to the liver.

**d.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.

**e.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.

**3.Discuss the cardiovascular adjustment that occurs during exercise:** The cardiovascular system provides the link between pulmonary ventilation and oxygen usage at the cellular level. During exercise, efficient delivery of oxygen to working skeletal and cardiac muscles is vital for maintenance of ATP production by aerobic mechanisms. Cardiac output during exercise increases greatly owing to the relatively high heart rates that are achieved during exercise. Heart rate increases proportionately with workload until heart rates close to maximal are attained. It is remarkable that exercise heart rates six to seven times resting values are not associated with a fall in stroke volume, which is maintained by splenic contraction, increased venous return, and increased myocardial contractibility. Despite the great changes in cardiac output, increases in blood pressure during exercise are maintained within relatively smaller limits, as both pulmonary and systemic vascular resistance to blood flow is reduced.