Assignment 1

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

2. Write short notes on the following:

a. Pulmonary circulation

b. Circle of willis

c. Splanchnic circulation

d. Coronary circulation

e.Cutaneous circulation

3. Discuss the cardiovascular adjustment that occurs during exercise?

ANSWERS

1. Kidneys play an important role in the long­term regulation of arterial blood pressure. When blood pressure alters slowly in several days/months/years, the nervous mechanism adapts to the altered pressure and looses the sensitivity for the changes. It cannot regulate the pressure any more. In such conditions, the renal mechanism operates efficiently to regulate the blood pressure. Therefore, it is called long­term regulation.

Kidneys regulate arterial blood pressure by two ways:

1. Through renin­angiotensin mechanism.
2. By regulation of ECF volume
3. The Renin-angiotensin mechanism

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. Angiotensin II acts in two ways to restore the blood pressure:

i. It causes constriction of arterioles in the body so that the peripheral resistance is increased and blood pressure rises. In addition, angiotensin II causes constriction of afferent arterioles in kidneys, so that glomerular filtration reduces. This results in retention of water and salts, increases ECF volume to normal level. This in turn increases the blood pressure to normal level.

ii. Simultaneously, angiotensin II stimulates the adrenal cortex to secrete aldosterone. This hormone increases reabsorption of sodium from renal tubules. Sodium reabsorption is followed by water reabsorption, resulting in increased ECF volume and blood volume. It increases the blood pressure to normal level.

1. Regulation of ECF volume

When the blood pressure increases, kidneys excrete large amounts of water and salt, particularly sodium, by means of pressure diuresis and pressure natriuresis. Pressure diuresis is the excretion of large quantity of water in urine because of increased blood pressure. Even a slight increase in blood pressure doubles the water excretion. Pressure natriuresis is the excretion of large quantity of sodium in urine. Because of diuresis and natriuresis, there is a decrease in ECF volume and blood volume, which in turn brings the arterial blood pressure back to normal level. When blood pressure decreases, the reabsorption of water from renal tubules is increased. This in turn, increases ECF volume, blood volume and cardiac output, resulting in restoration of blood pressure.

1. Short notes on;
2. Pulmonary circulation: This 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. The pulmonary circuit begins with the right ventricle, which pumps deoxygenated blood through the pulmonary artery. This artery divides above the heart into two branches, to the right and left lungs, where the arteries further subdivide into smaller and smaller branches until the capillaries in the pulmonary air sacs (alveoli) are reached. In the capillaries the blood takes up oxygen from the air breathed into the air sacs and releases carbon dioxide. It then flows into larger and larger vessels until the pulmonary veins (usually four in number, each serving a whole lobe of the lung) are reached. The pulmonary veins open into the left atrium of the heart.
3. Circle of Willis

The circle of Willis is an important junction of arteries at the base of the brain. The structure encircles the middle area of the brain, including the stalk of the pituitary gland and other important structures. Two arteries, called the carotid arteries, supply blood to the brain. They run along either side of the neck and lead directly to the circle of Willis.

Each carotid artery branches into an internal and external carotid artery. The internal carotid artery then branches into the cerebral arteries. This structure allows all of the blood from the two internal carotid arteries to pass through the circle of Willis.

The structure of the circle of Willis includes:

* left and right internal carotid arteries
* left and right anterior cerebral arteries
* left and right posterior cerebral arteries
* left and right posterior communicating arteries
* basilar artery
* anterior communicating artery

The circle of Willis is critical, as it is the meeting point of many important arteries supplying blood to the brain. The internal carotid arteries branch off from here into smaller arteries, which deliver much of the brain’s blood supply.

1. Splanchnic circulation

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.

Resting splanchnic blood flow (SBF) is typically 30 ml min−1 100 g−1 of tissue, which equates to 25–30% of the cardiac output. This may decrease to <10 ml min−1 100 g−1 in low cardiac output states or peak locally at 250 ml min−1 100 g−1 after a meal. The splanchnic circulation must therefore be highly adaptive. The mechanisms of physiological regulation of SBF are complex but the academic debate focuses primarily on three circulatory determinants: intrinsic (local metabolic vs myogenic), extrinsic (autonomic nervous system), and humoral (local or circulating vasoactive substances).

1. Coronary circulation is a part of the systemic circulatory system that supplies blood to and provides drainage from the tissues of the heart. In the human heart, two coronary arteries arise from the aorta just beyond the semilunar valves; during diastole, the increased aortic pressure above the valves forces blood into the coronary arteries and thence into the musculature of the heart. Deoxygenated blood is returned to the chambers of the heart via coronary veins; most of these converge to form the coronary venous sinus, which drains into the right atrium. The heart normally extracts 70 to 75 percent of the available oxygen from the blood in coronary circulation, which is much more than the amount extracted by other organs from their circulations—e.g., 40 percent by resting skeletal muscle and 20 percent by the liver. Obstruction of a coronary artery, depriving the heart tissue of oxygen-rich blood, leads to death of part of the heart muscle (myocardial infarction) in severe cases, and total heart failure and death may ensue.
2. 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. Cutaneous blood flow performs two functions:

* Supply of nutrition to skin
* Regulation of body temperature by heat loss.
1. The cardiovascular system changes during exercise
2. 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.

Increased heart rate during exercise is due to four factors:

* Impulses from proprioceptors, which are present in the exercising muscles; these impulses act through higher centers and increase the heart rate.
* Increased carbon dioxide tension, which acts through medullary center.
* Rise in body temperature, which acts on cardiac centers via hypothalamus, increased temperature also stimulates SA node directly.
* Circulating catecholamines, which are secreted in large quantities during exercise.
1. 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.

1. ON VENOUS RETURN

Venous return increases remarkably during exercise because of muscle pump, respiratory pump and splanchnic vasoconstriction.

1. 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 peri-pheral 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.