

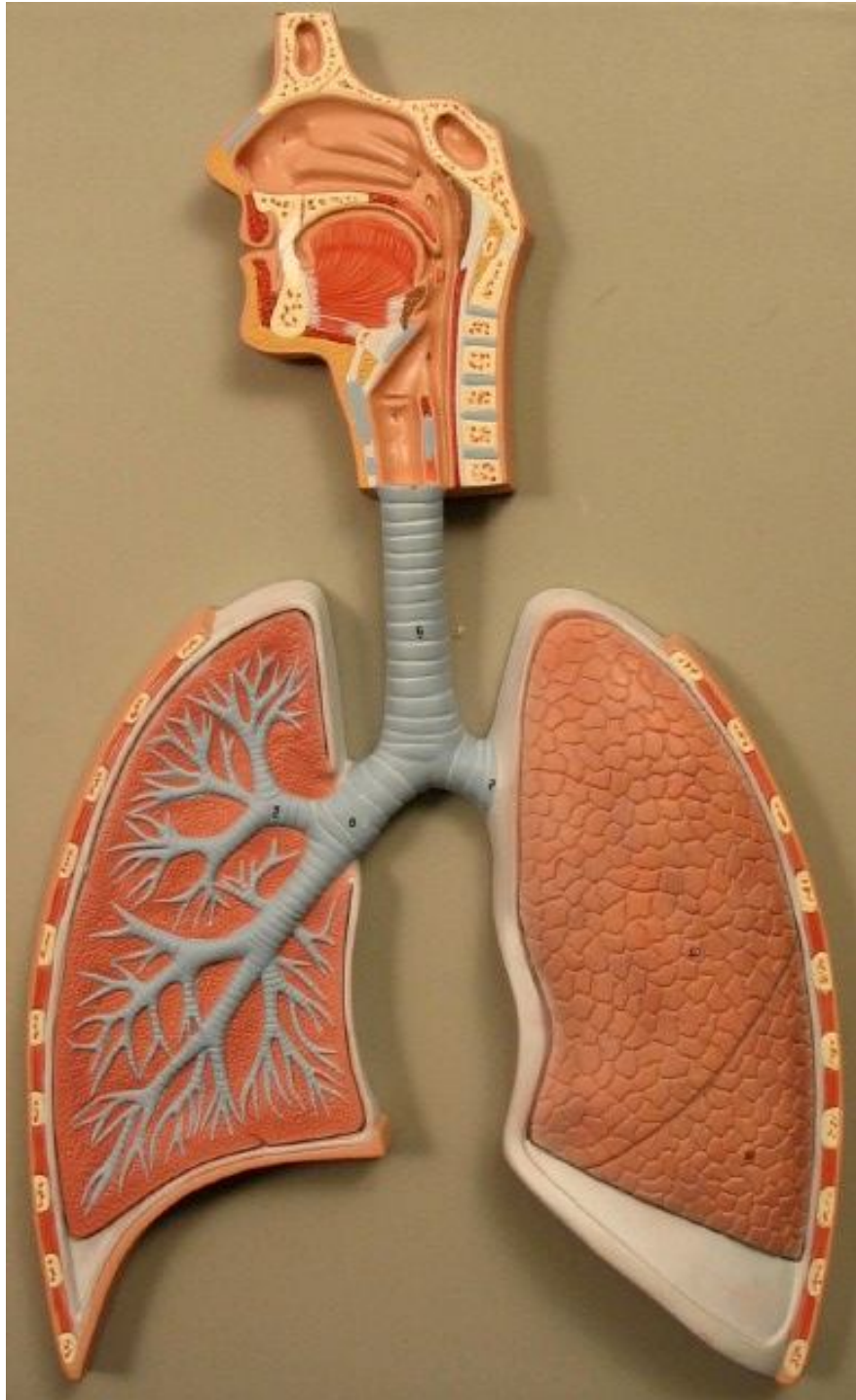


Resp lab



- ▶ A) Upper Respiratory Tract (URT)
 - 1) paranasal structures
 - a) external nares
 - b) nasal cavity and septum
 - c) nasal conchae
 - d) nasal meatuses
 - e) olfactory epithelium
 - f) paranasal sinuses
 - g) ciliated pseudostratified epithelium
 - 2) pharynx
 - a) internal nares
 - b) auditory tubes
 - c) oropharynx
 - d) laryngopharynx
- B) Lower Respiratory Tract (LRT)
 - 1) larynx
 - a) thyroid & cricoid cartilage
 - b) vocal box
 - c) hyoid
 - 2) trachea
 - a) "C" rings of cartilage
 - b) carina
 - i) receptors sensitive to irritants
 - ii) initiates cough reflex
 - c) bronchi

- ▶ 3) lungs (right lung = three lobes; left lung = two lobes)
 - a) pleural membranes
 - b) bronchi
 - c) bronchioles
 - d) terminal bronchioles
 - e) smooth muscles within bronchiole walls
 - i) parasympathetic NS activates (using histamine) bronchiole smooth muscle (constriction)
 - ii) sympathetic NS inhibits (using epinephrine) bronchiole smooth muscle (dilation)
 - f) alveolar ducts
 - g) alveolar sacs
 - h) alveoli
 - i) simple squamous lining
 - ii) septal cells - produce surfactant
 - iii) macrophage (Kupffer cells) - remove alveolar irritants, debris
 - iv) entire alveolar surface area = 750 sqft
 - v) alveolar surface area site of external respiration



Eupnea - normal breathing

Bradypnea - decreased breathing rate

Dyspnea or *shortness of breath* - sensation of respiratory distress

Hyperaeration/Hyperinflation - increased lung volume

Hyperpnea - faster and/or deeper breathing

Hyperventilation - increased breathing that causes CO_2 loss

Labored breathing - physical presentation of respiratory distress

Tachypnea - increased breathing rate

Organs in the Respiratory System

STRUCTURE	FUNCTION
nose / nasal cavity	warms, moistens, & filters air as it is inhaled
pharynx (throat)	passageway for air, leads to trachea
larynx	the voice box, where vocal chords are located
trachea (windpipe)	keeps the windpipe "open" trachea is lined with fine hairs called <i>cilia</i> which filter air before it reaches the lungs
bronchi	two branches at the end of the trachea, each lead to a lung
bronchioles	a network of smaller branches leading from the bronchi into the lung tissue & ultimately to air sacs
alveoli	the functional respiratory units in the lung where gases are exchanged

Malfunctions & Diseases of the Respiratory System

asthma

severe allergic reaction
characterized by the
constriction of bronchioles

bronchitis

inflammation of the lining of
the bronchioles

emphysema

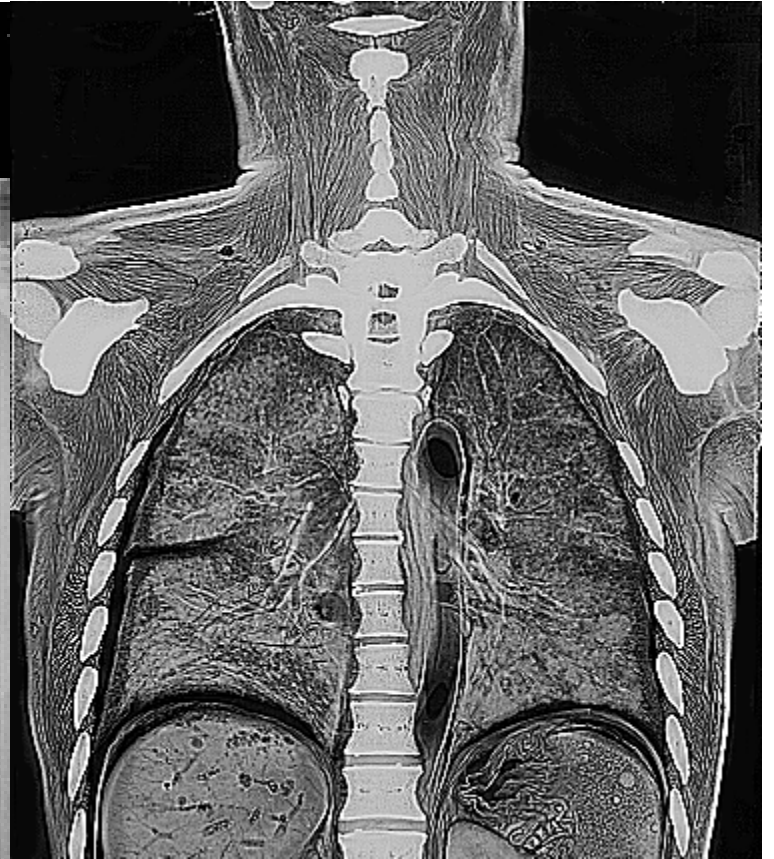
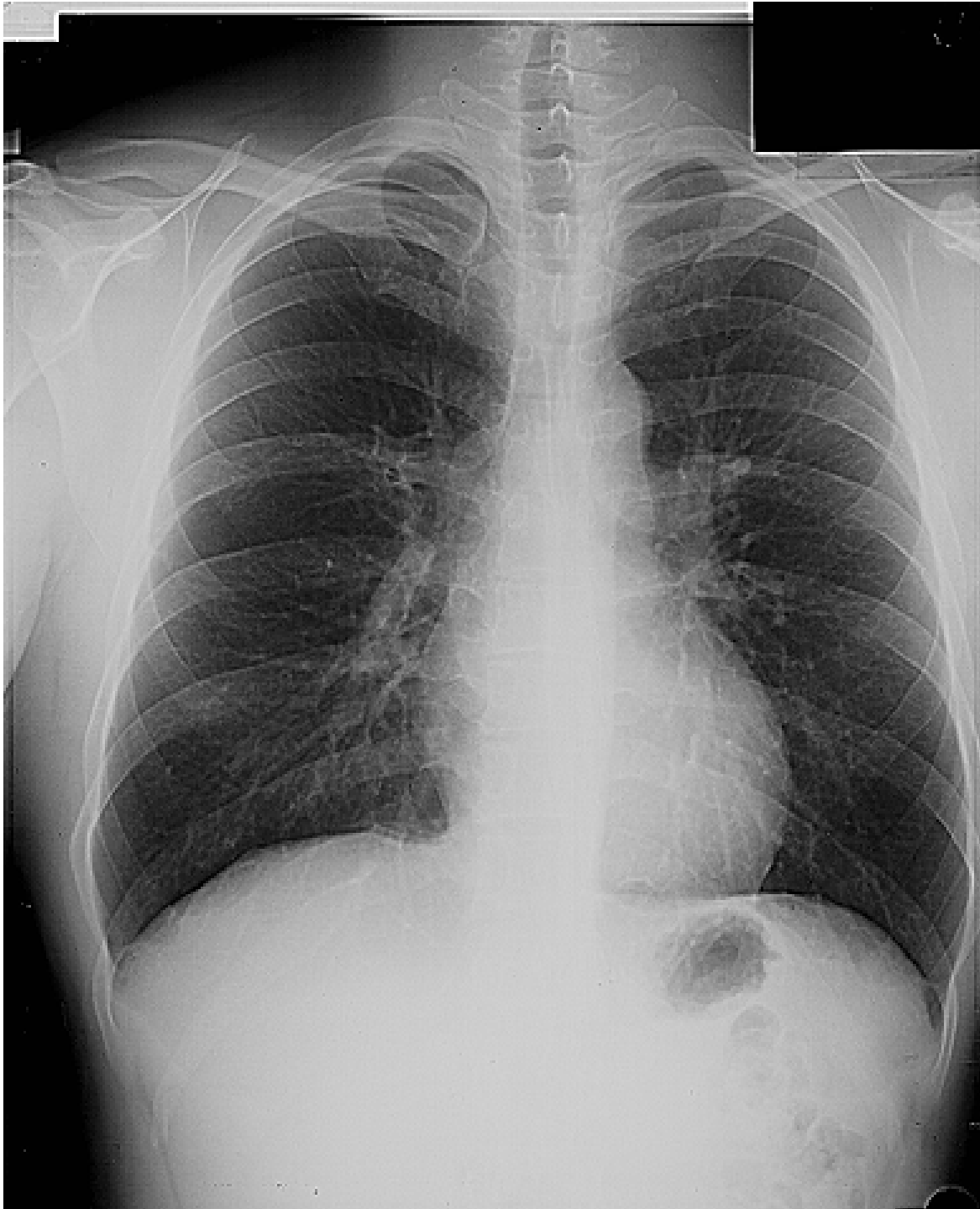
condition in which the alveoli
deteriorate, causing the lungs
to lose their elasticity

pneumonia

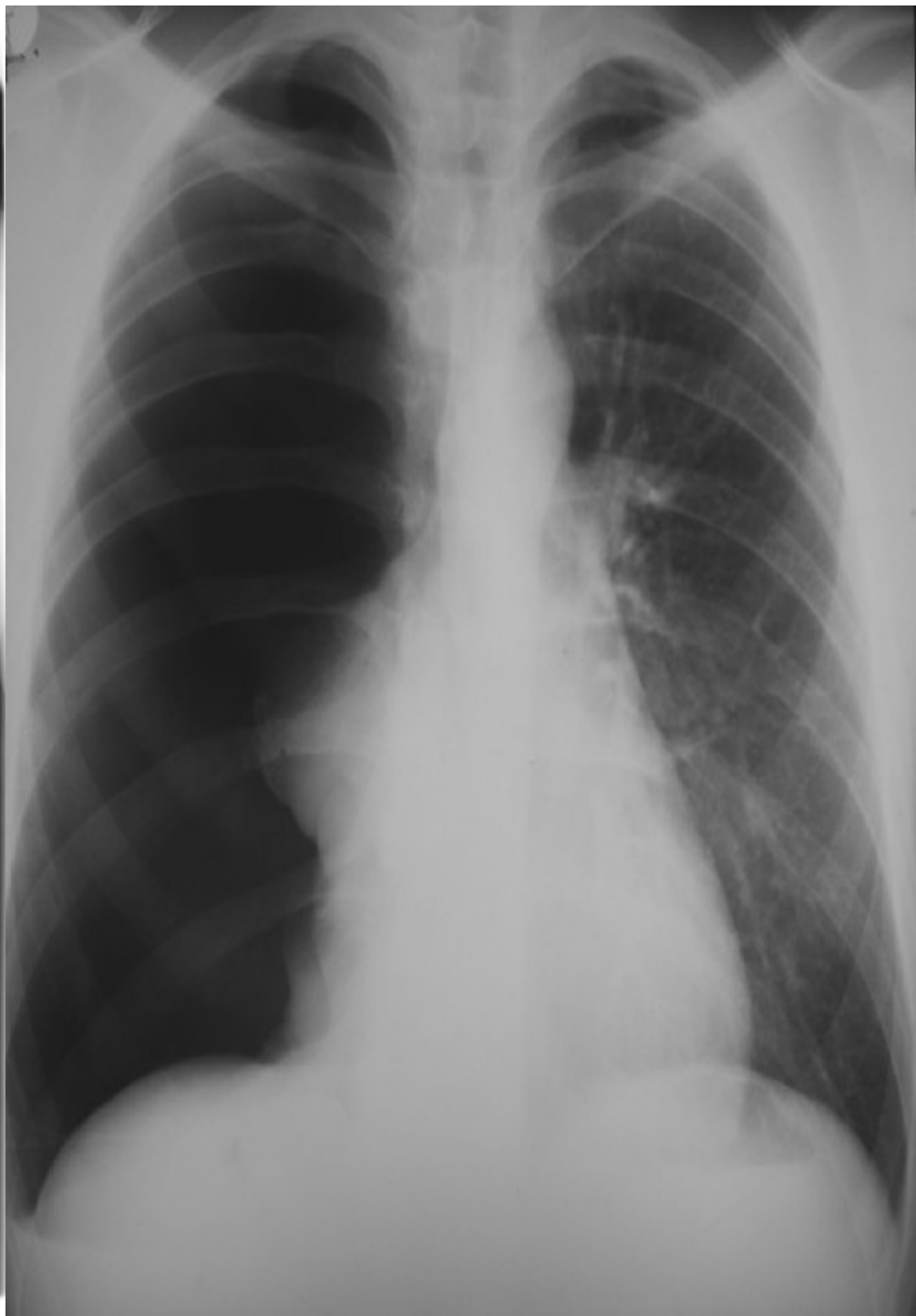
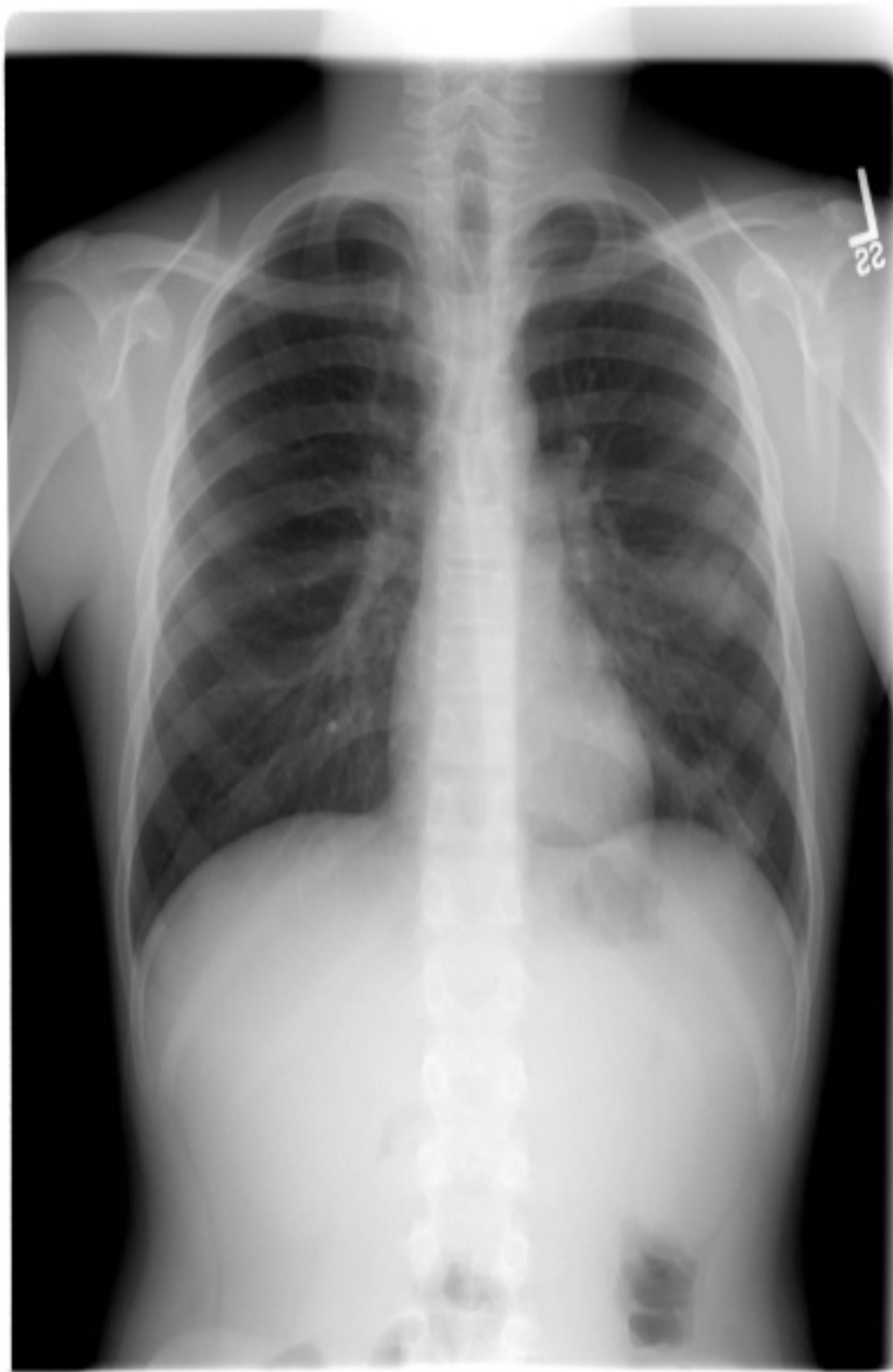
condition in which the alveoli
become filled with fluid,
preventing the exchange of
gases

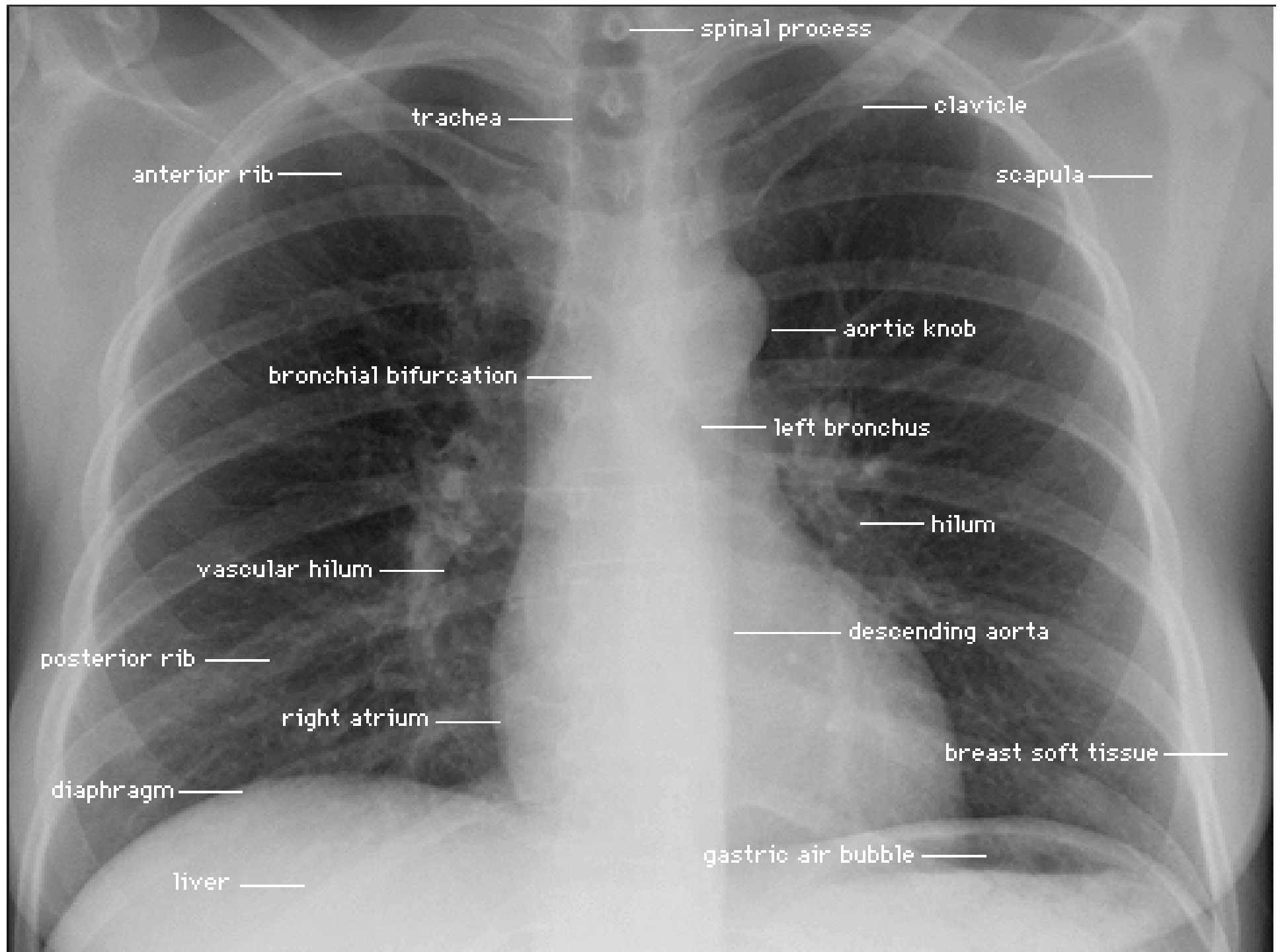
lung cancer

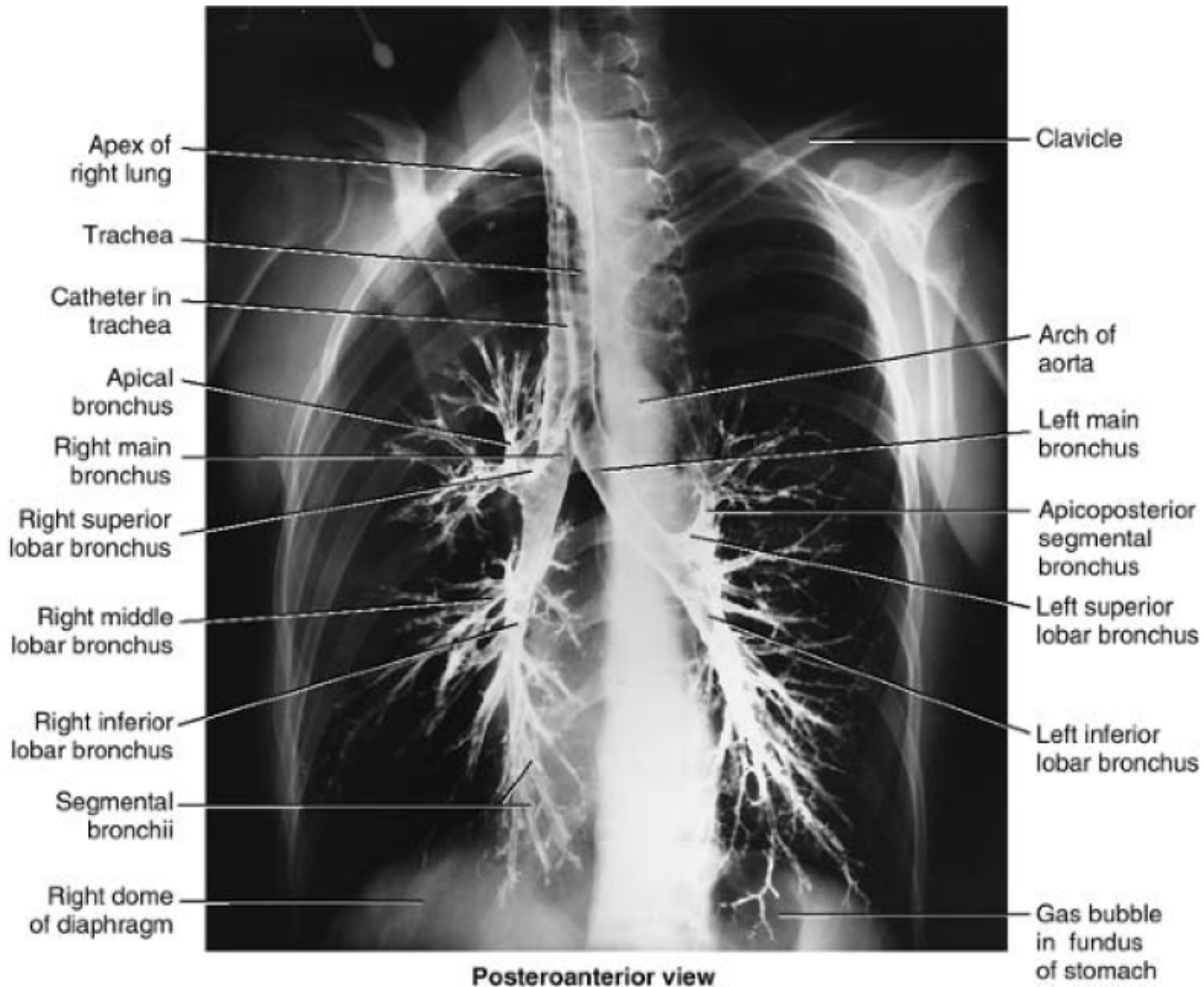
irregular & uncontrolled
growth of tumors in the lung
tissue



cadaver







Muscles of Inspiration

- ▶ Diaphragm
- ▶ External intercostal
- ▶ Internal intercostal
- ▶ Levator costarum
- ▶ Serratus posterior superior
- ▶ Sternocleidomastoid
- ▶ Scalenus
- ▶ Trapezius
- ▶ Pectoralis major
- ▶ Pectoralis minor
- ▶ Serratus anterior
- ▶ Subclavius
- ▶ Levator scapulae
- ▶ Rhomboideus major
- ▶ Rhomboideus minor

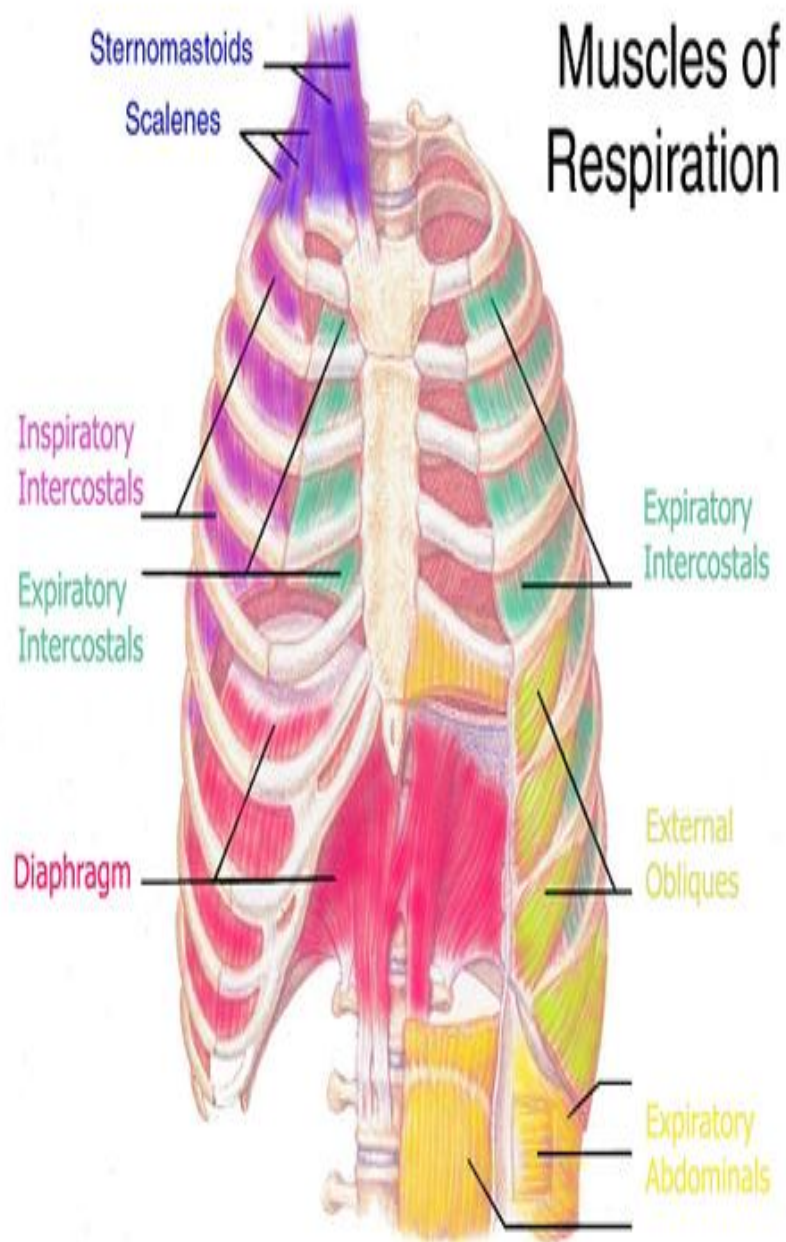


Muscles of Expiration

- ▶ Internal intercostal
- ▶ Transversus thoracis
- ▶ Subcostal
- ▶ Serratus posterior inferior
- ▶ Innermost intercostal
- ▶ Latissimus dorsi
- ▶ Internal oblique abdominis
- ▶ External oblique abdominis
- ▶ Rectus abdominis
- ▶ Quadratus lumborum



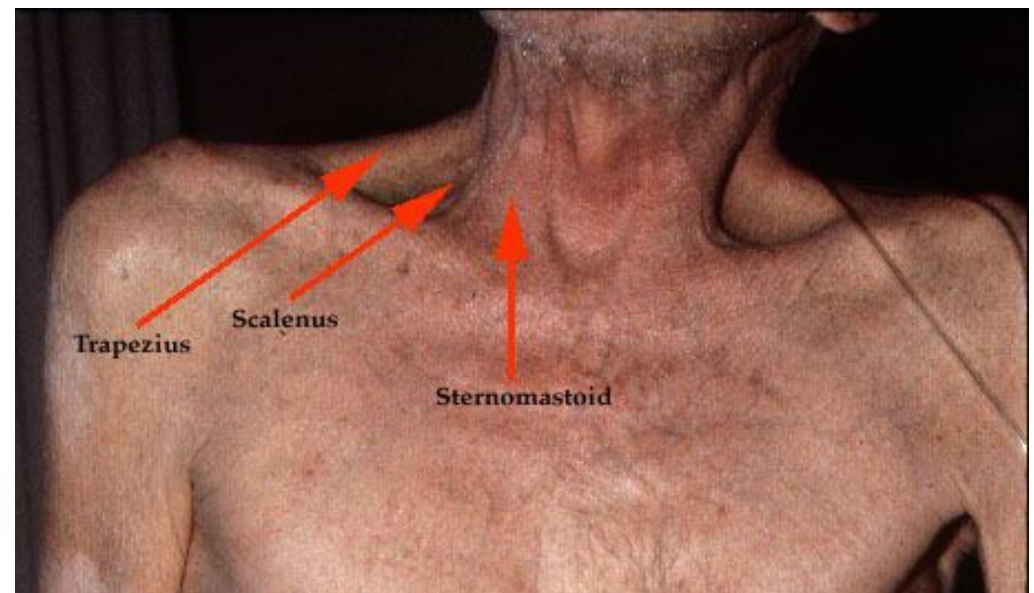
Figure 1.



The **sternocleidomastoid (elevated sternum)** and the **scalene muscles (anterior, middle and posterior scalene)** are typically considered

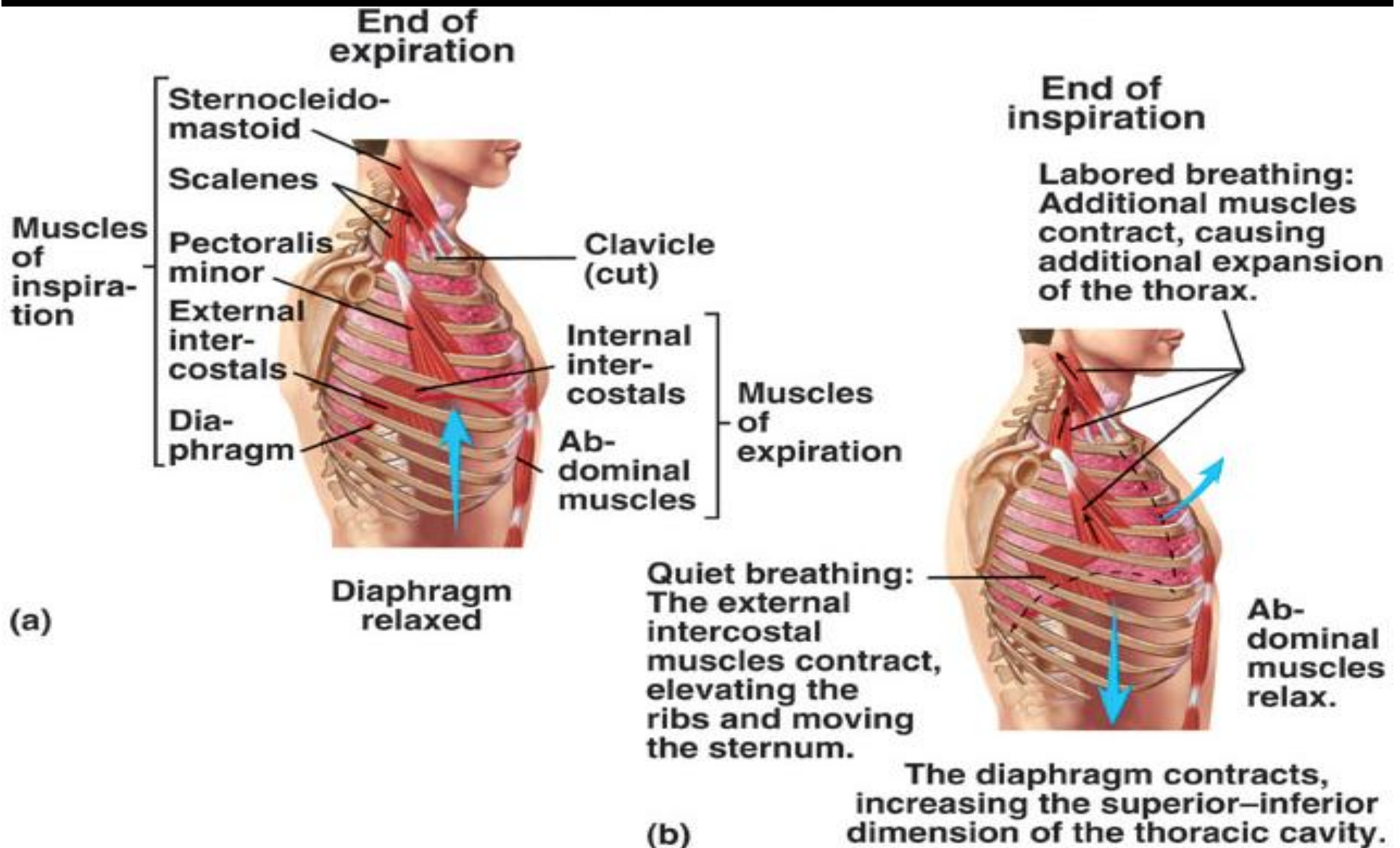
accessory muscles of breathing

serratus anterior, pectoralis major & minor, upper trapezius, latissimus dorsi, erector spinae (thoracic), iliocostalis lumborum, quadratus lumborum, serratus posterior superior and inferior, levatores costarum, transversus thoracis, subclavius

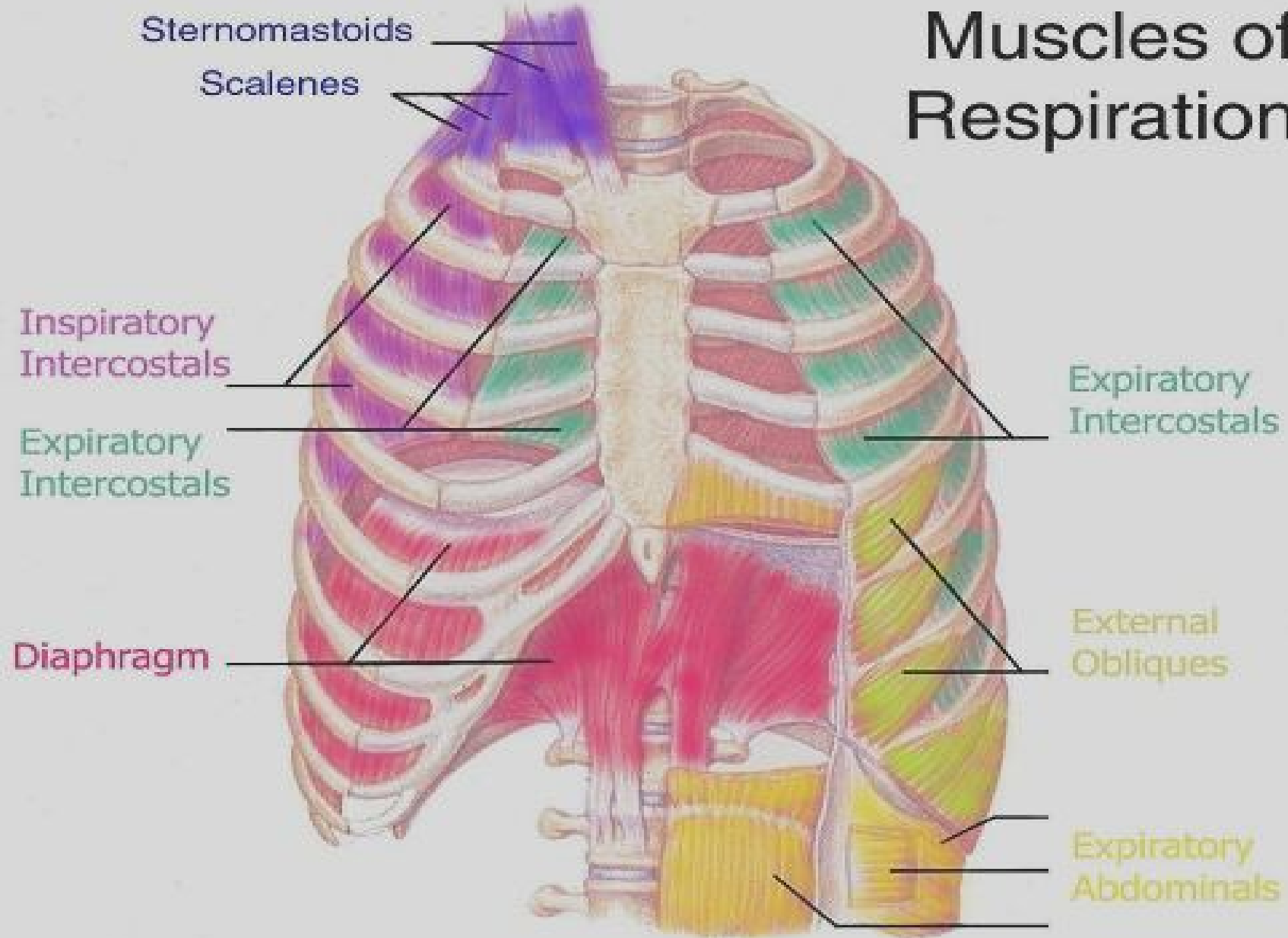


Thoracic Walls

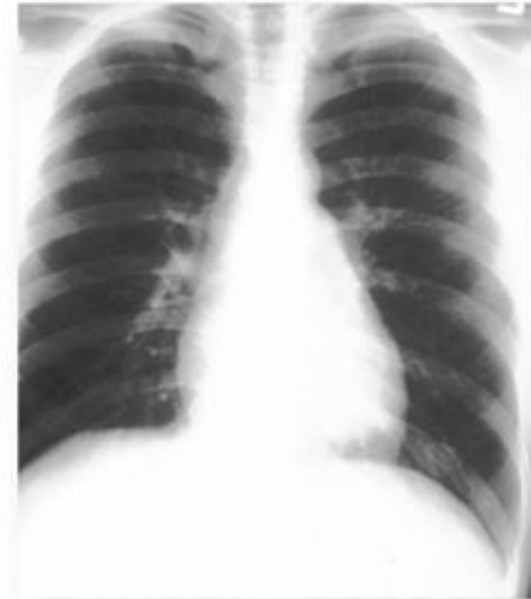
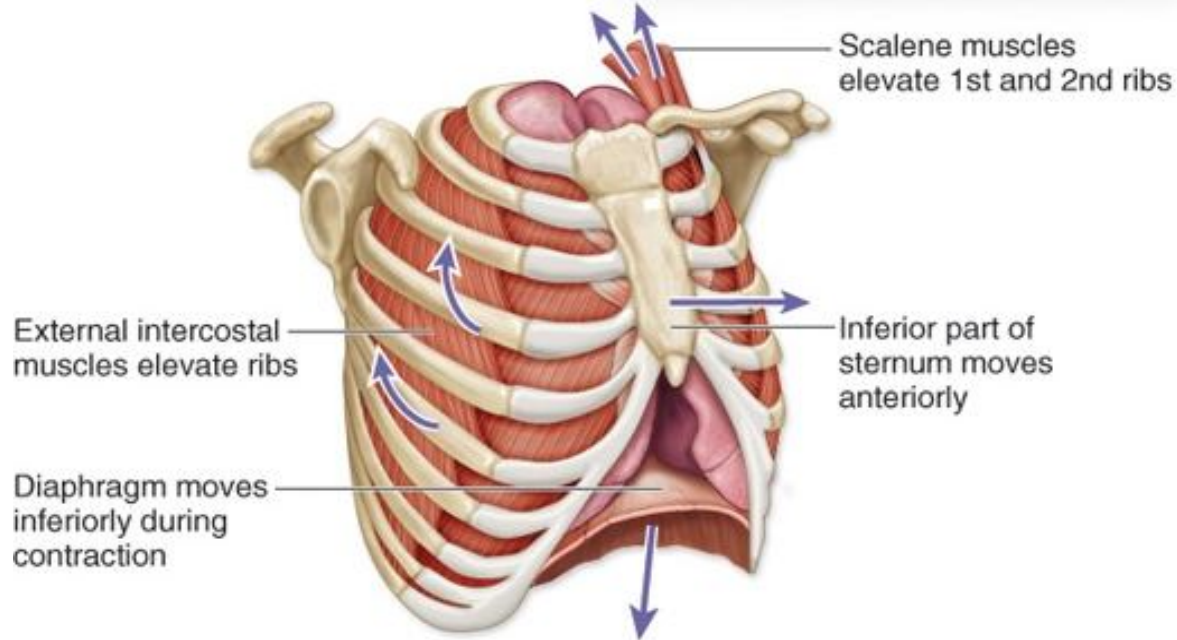
Muscles of Respiration



Muscles of Respiration



Inhalation

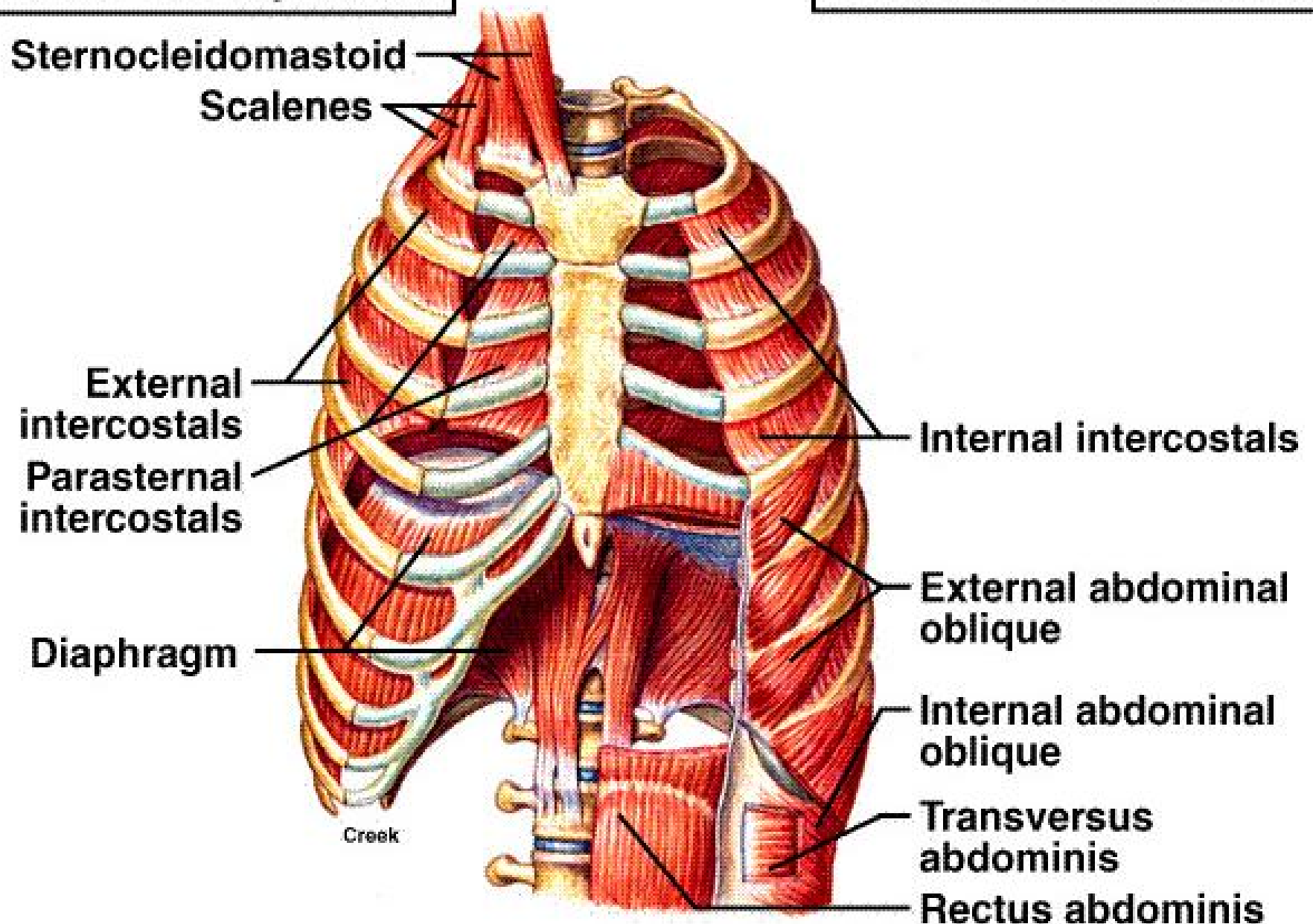


	Sequence of events	Changes in anterior-posterior and superior-inferior dimensions	Changes in lateral dimensions
Inspiration	<ol style="list-style-type: none"> ① Inspiratory muscles contract (diaphragm descends; rib cage rises) ② Thoracic cavity volume increases ③ Lungs stretched; intrapulmonary volume increases ④ Intrapulmonary pressure drops (to -1 mm Hg) ⑤ Air (gases) flows into lungs down its pressure gradient until intrapulmonary pressure is 0 (equal to atmospheric pressure) 	<p>Ribs elevated and sternum flares as external intercostals contract</p> <p>Diaphragm moves inferiorly during contraction</p>	<p>External intercostals contract</p>

Muscles Involved in Breathing

Muscles of inspiration

Muscles of expiration



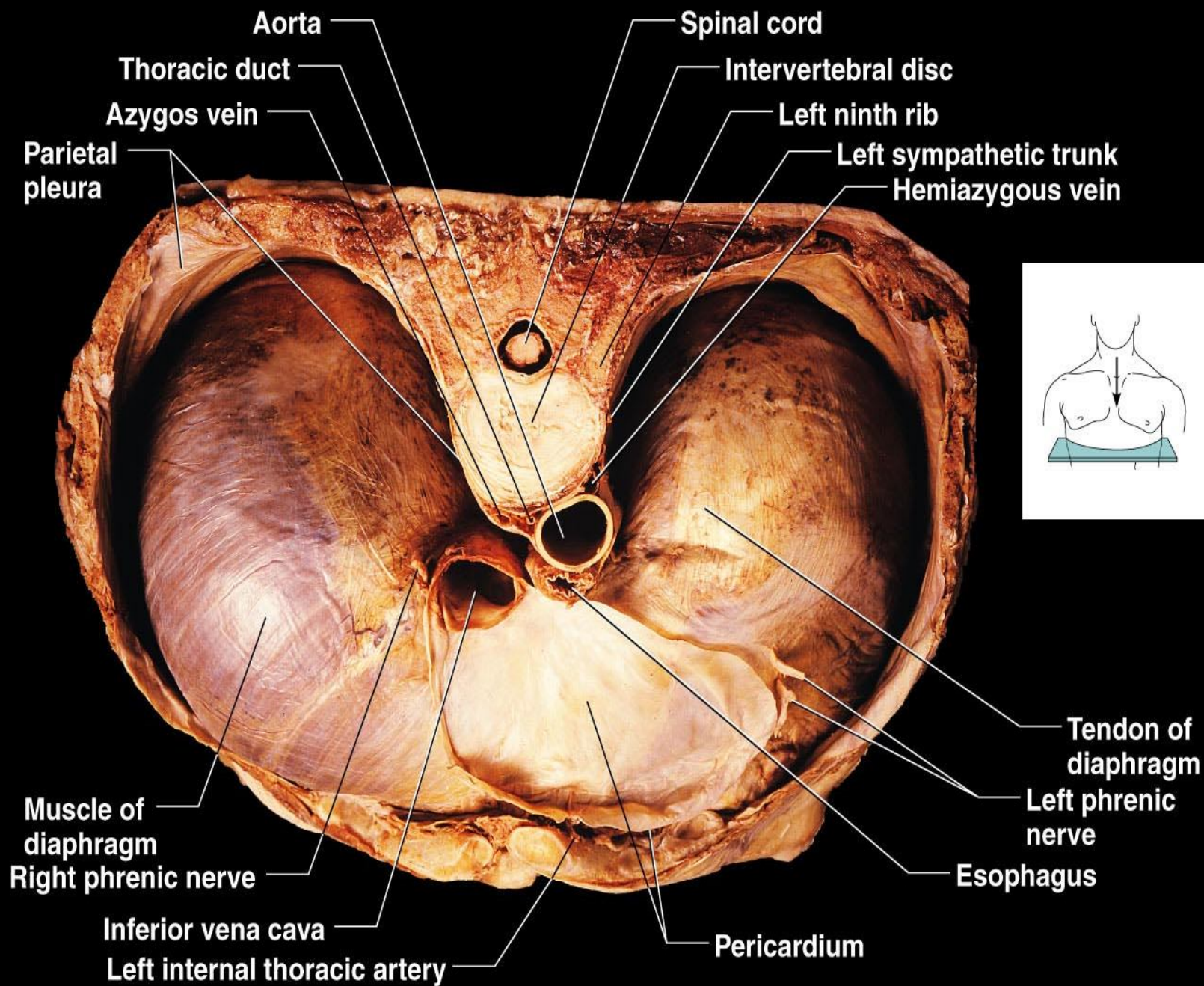
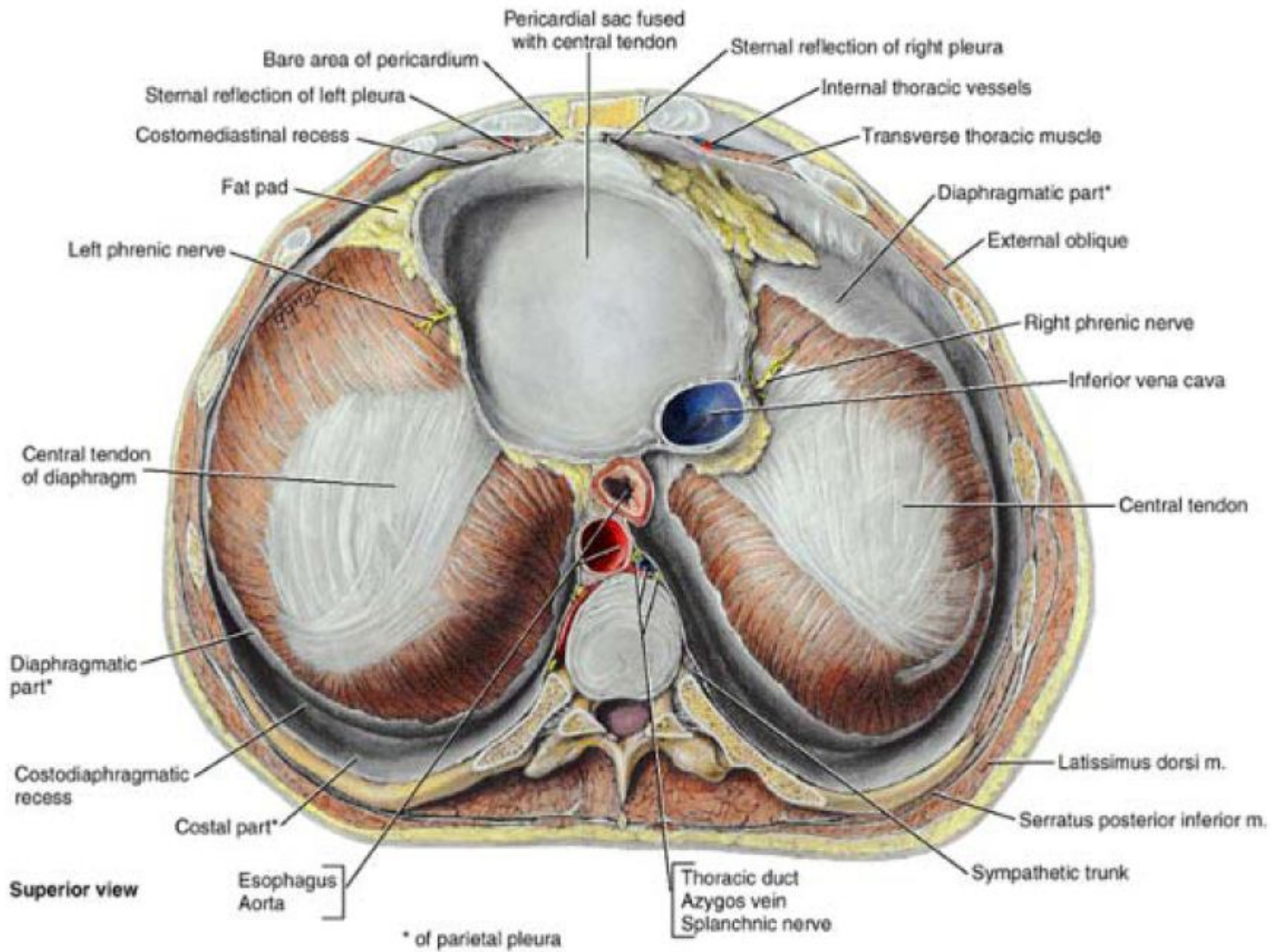
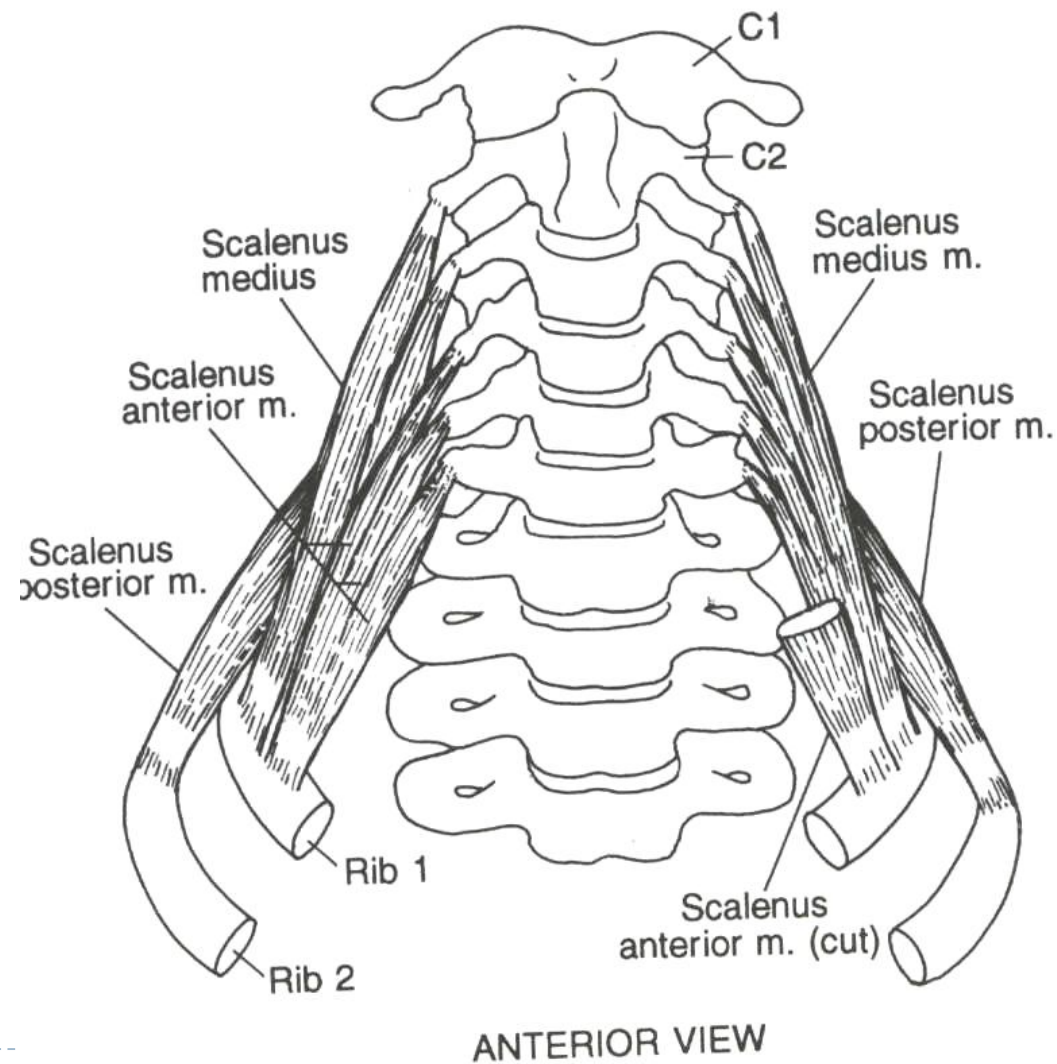


Figure 63 Diaphragm, superior view.

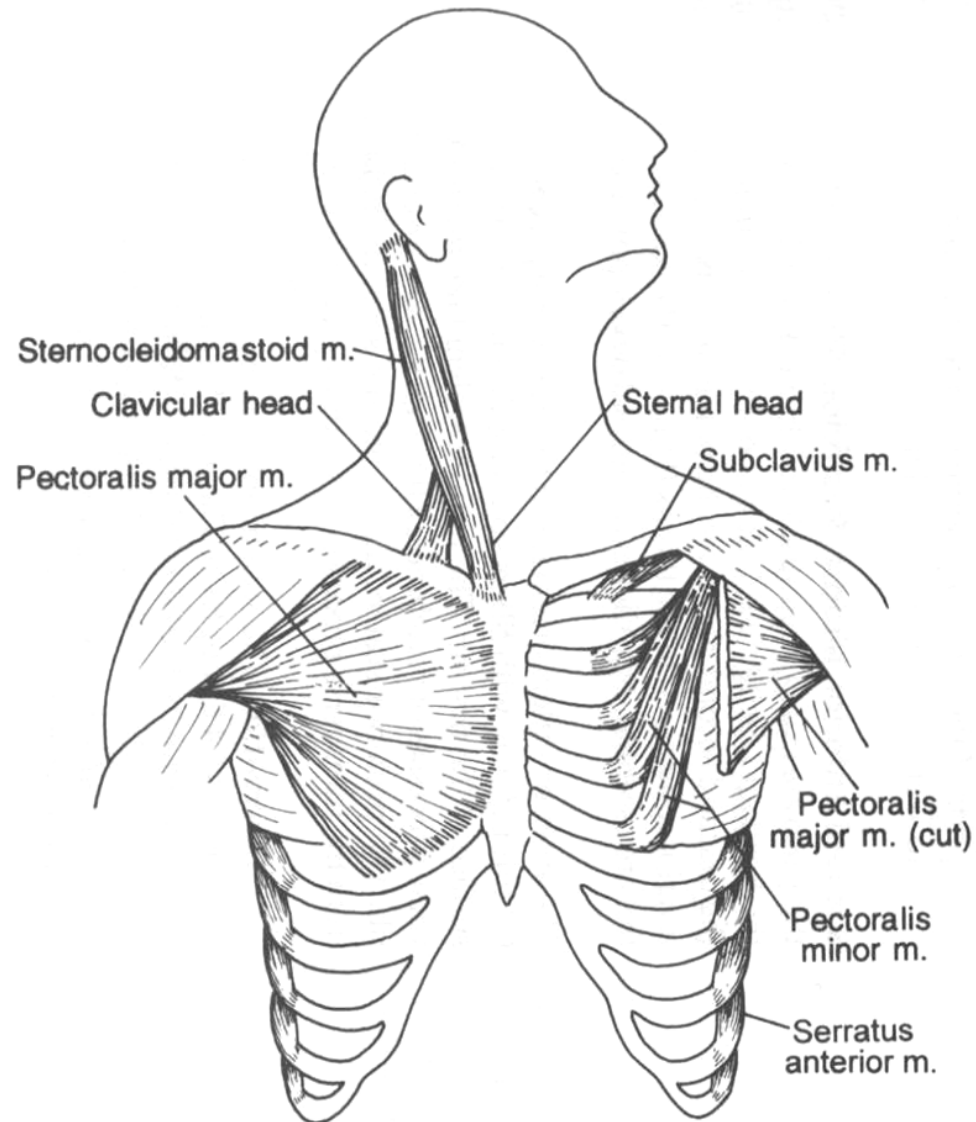
Figure 22.63



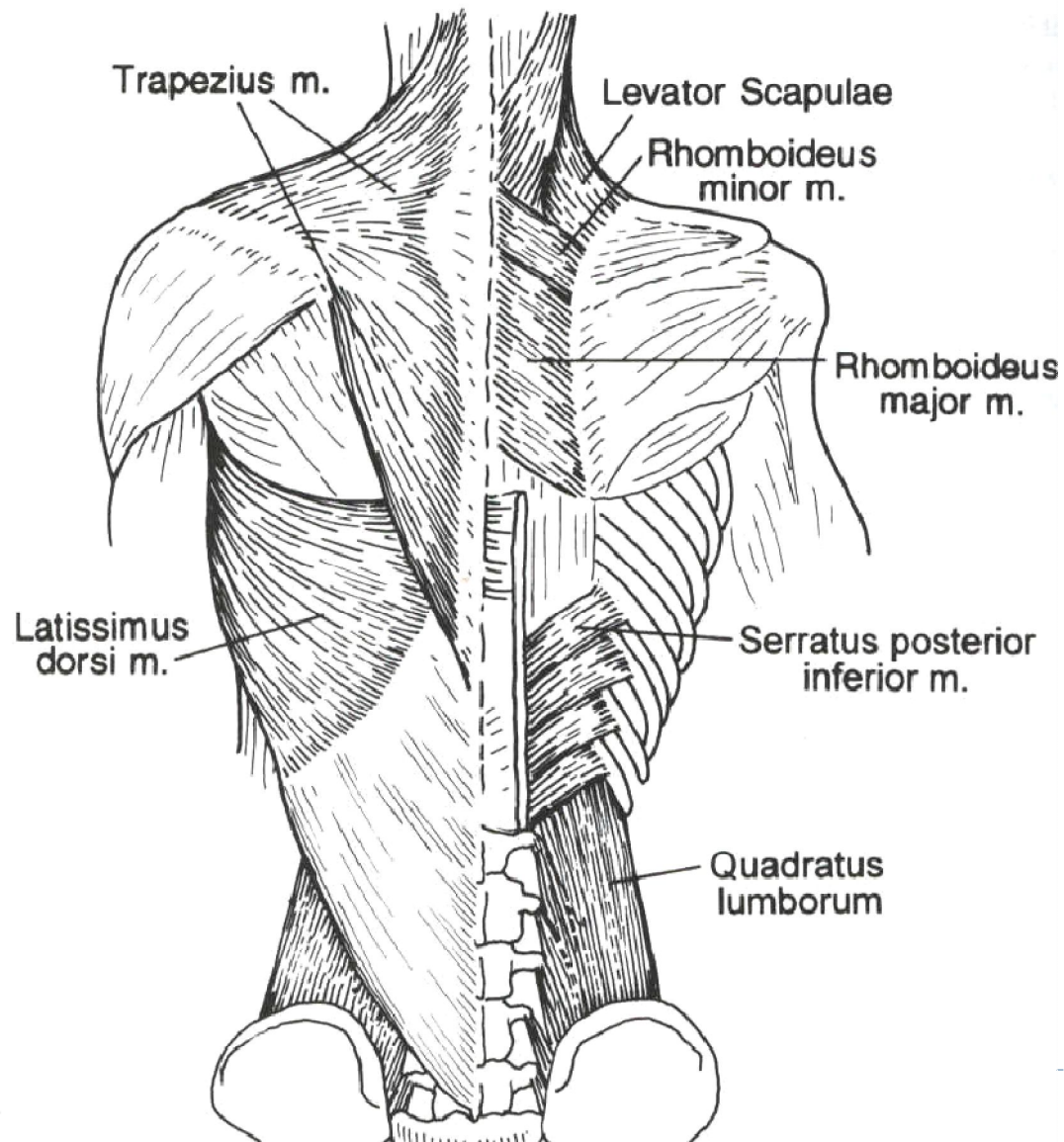
Neck Inspiratory Muscles



Anterior Inspiratory Muscles



Posterior Inspiratory Muscles

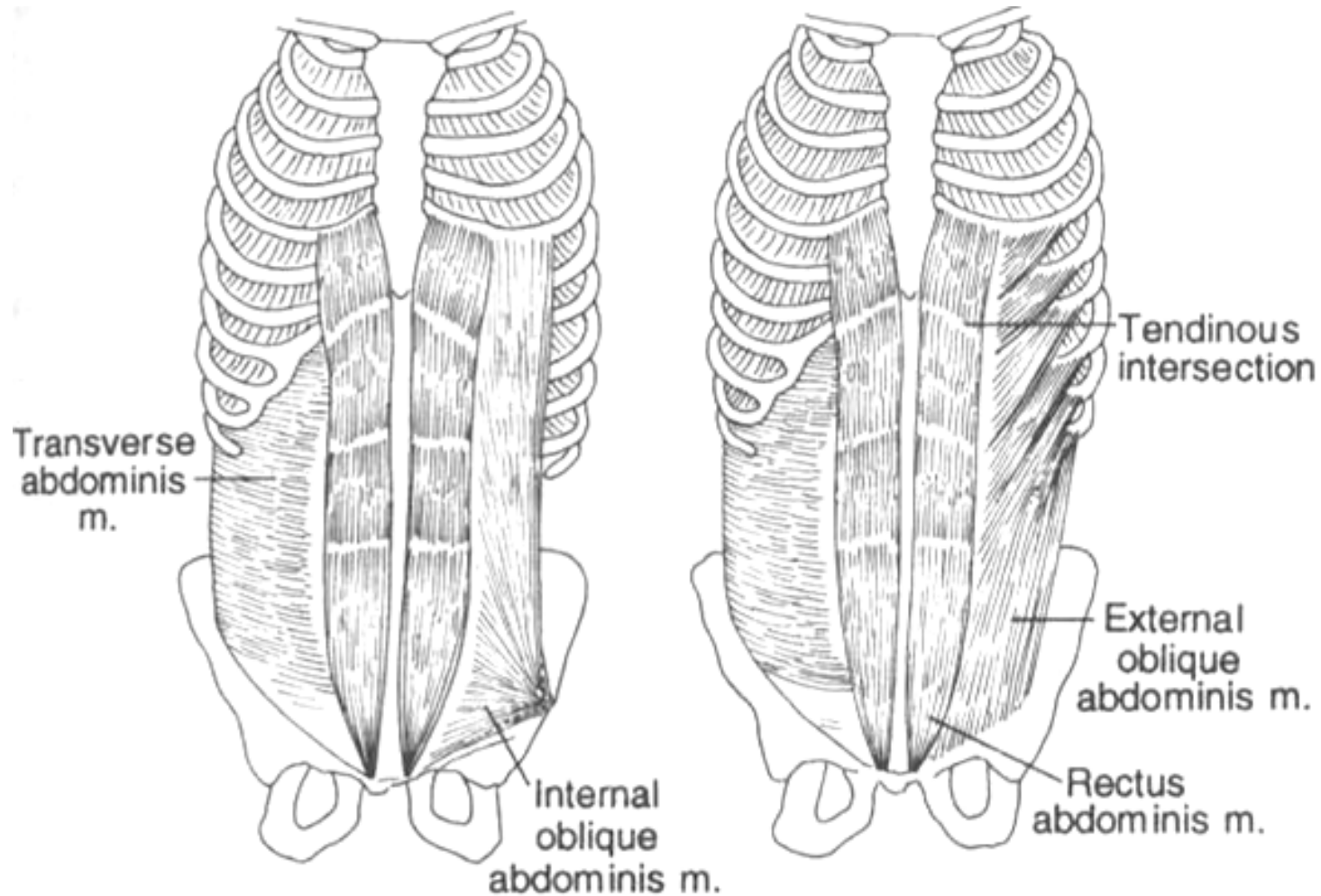


muscles that can be involved in inhalation
include:

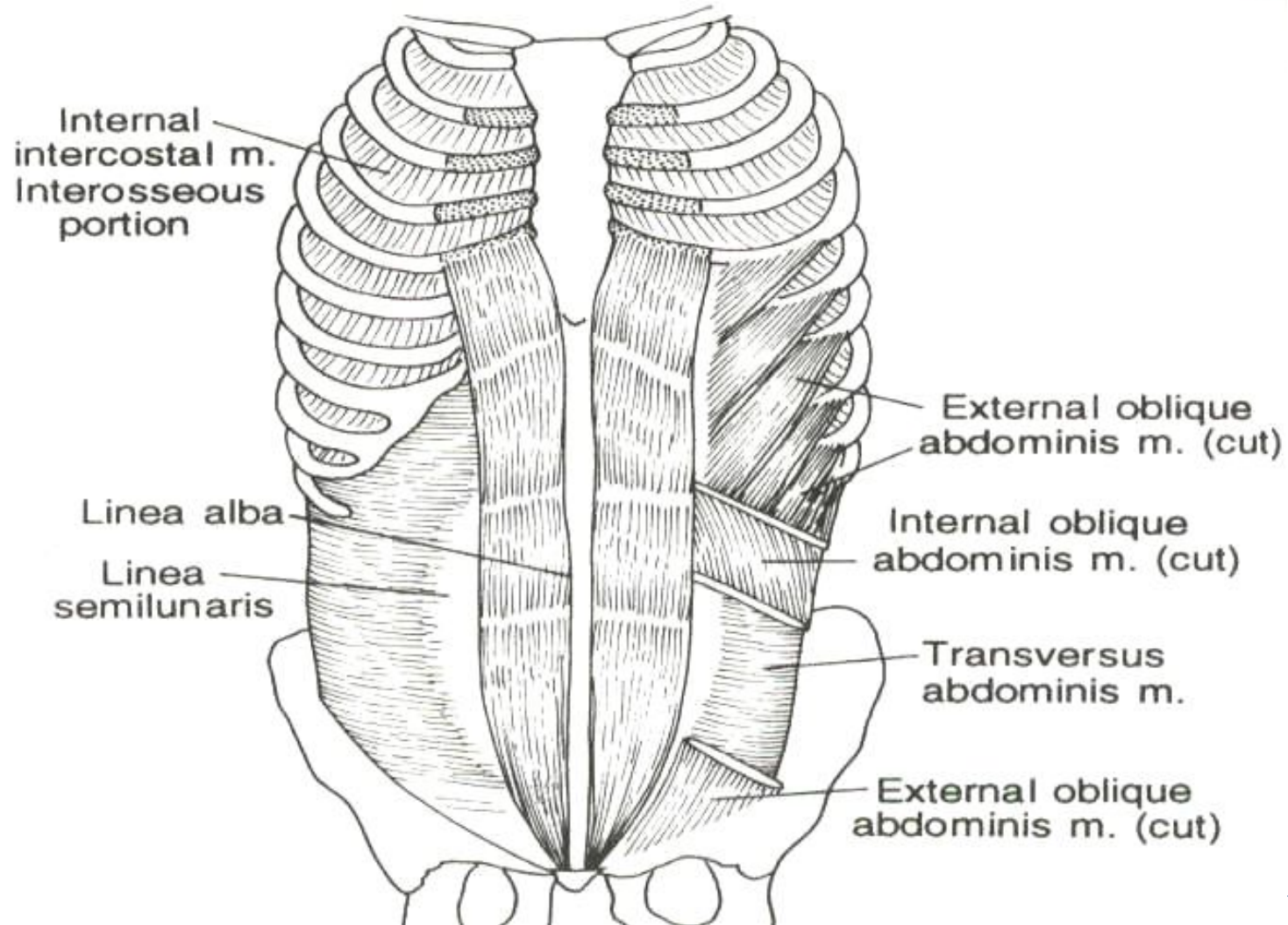
- External intercostal muscles
- Scalene muscles
- Sternocleidomastoid muscle
- Trapezius muscle

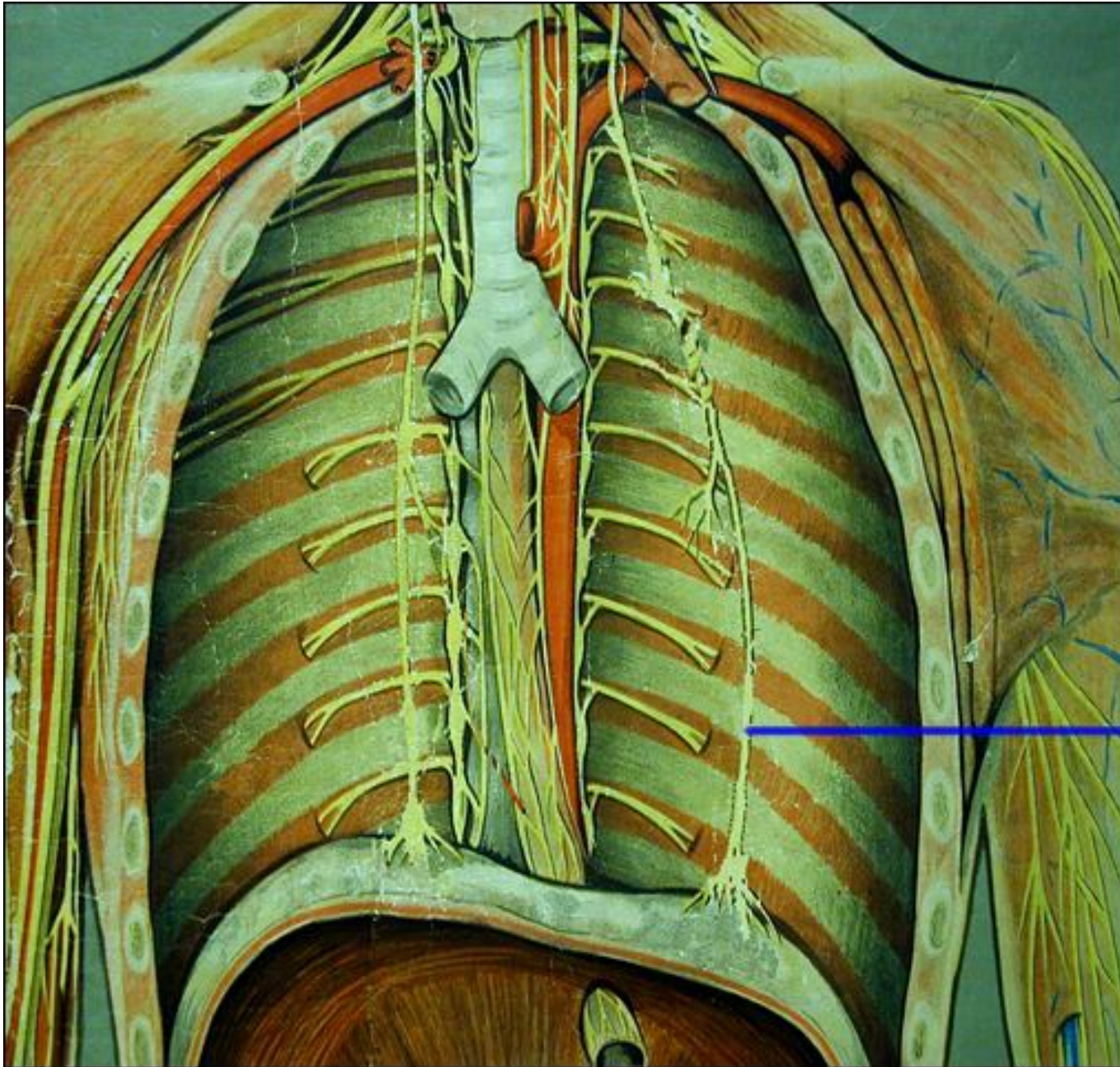


Anterior Expiratory Muscles

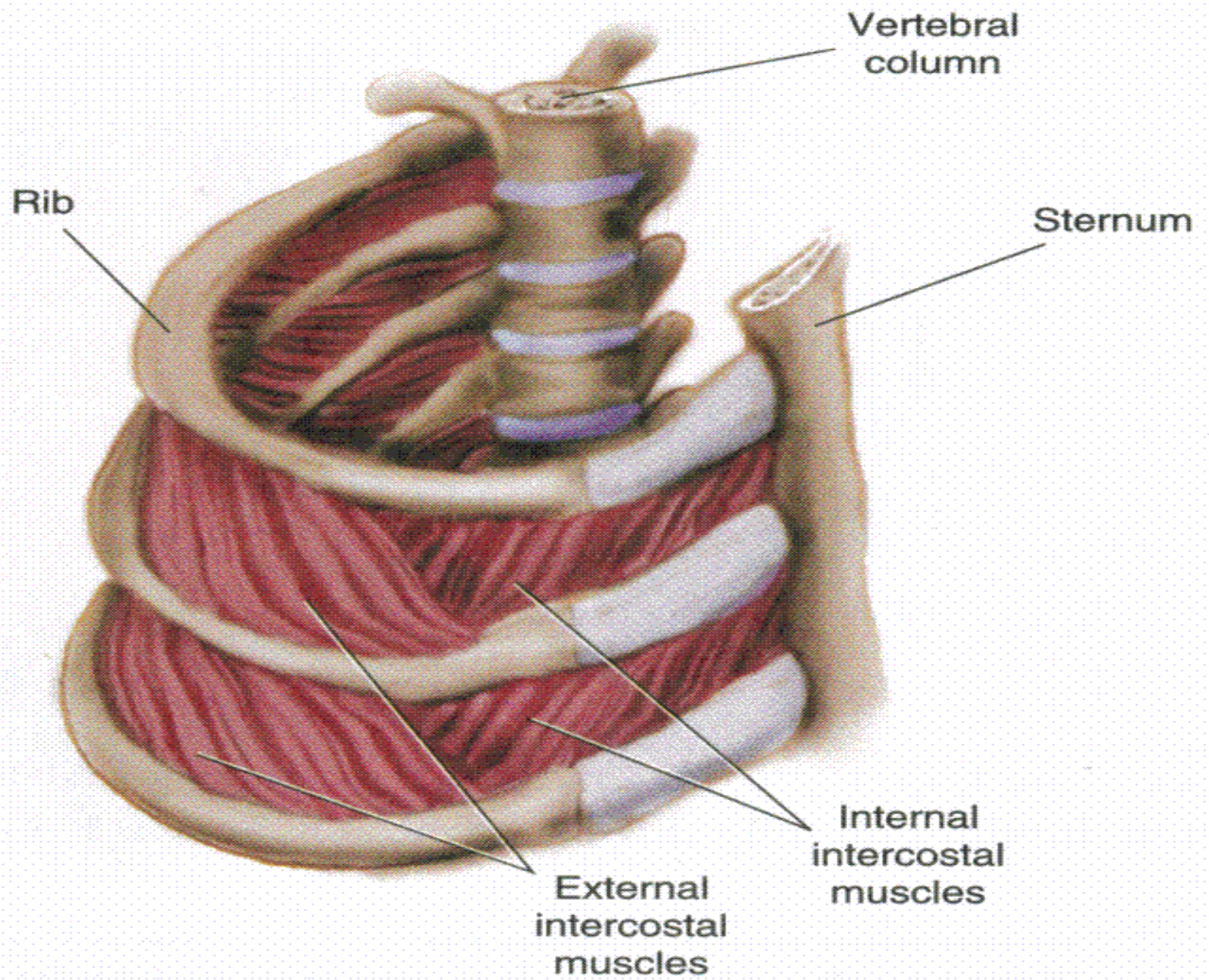


Anterior Expiratory Muscles



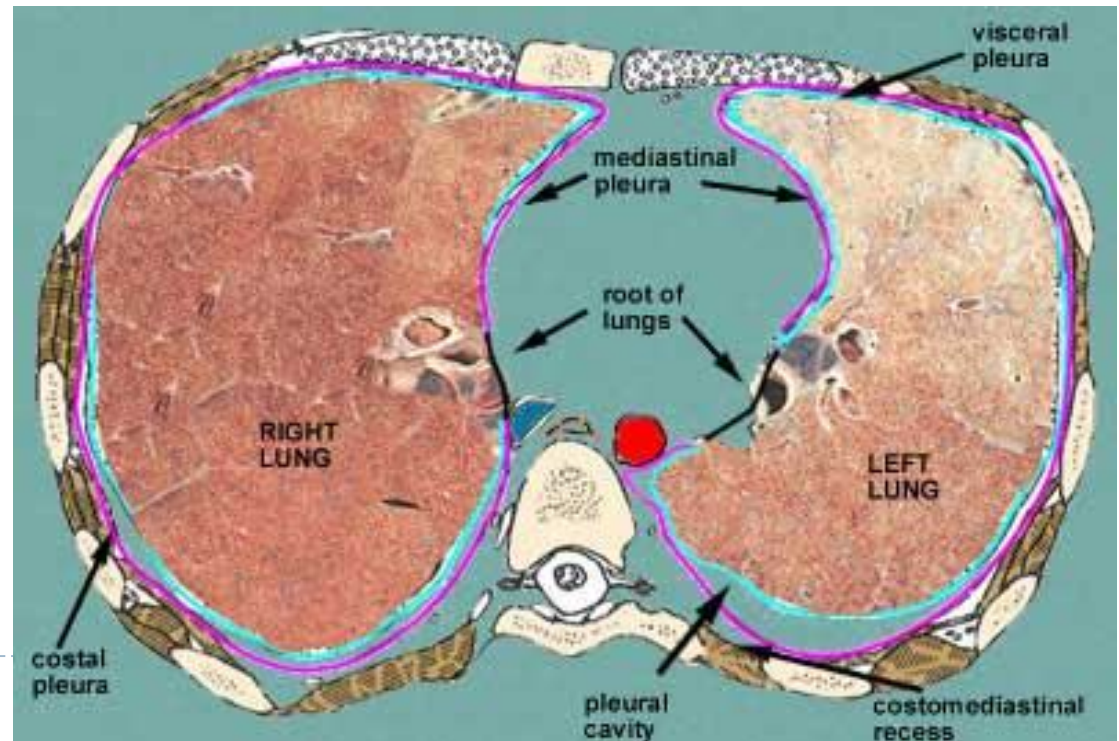
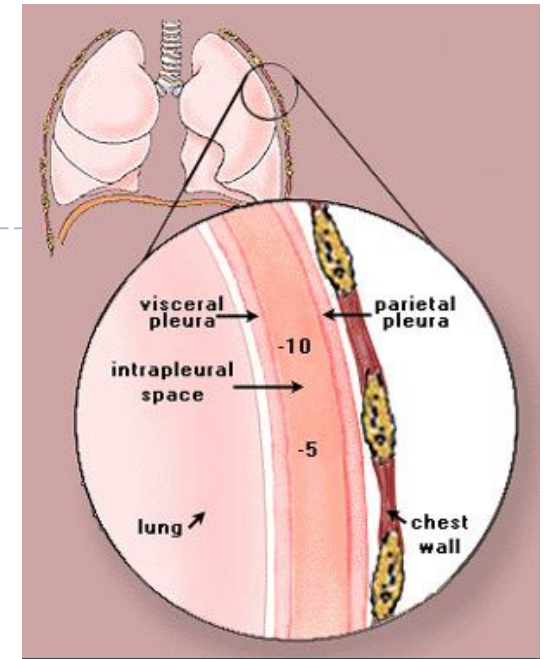


Phrenic Nerve



Pleural Linings

- ▶ Thoracic linings – parietal pleurae
- ▶ Mediastinal pleura
- ▶ Pericardial
- ▶ Diaphragmatic
- ▶ Costal
- ▶ Apical
- ▶ Visceral



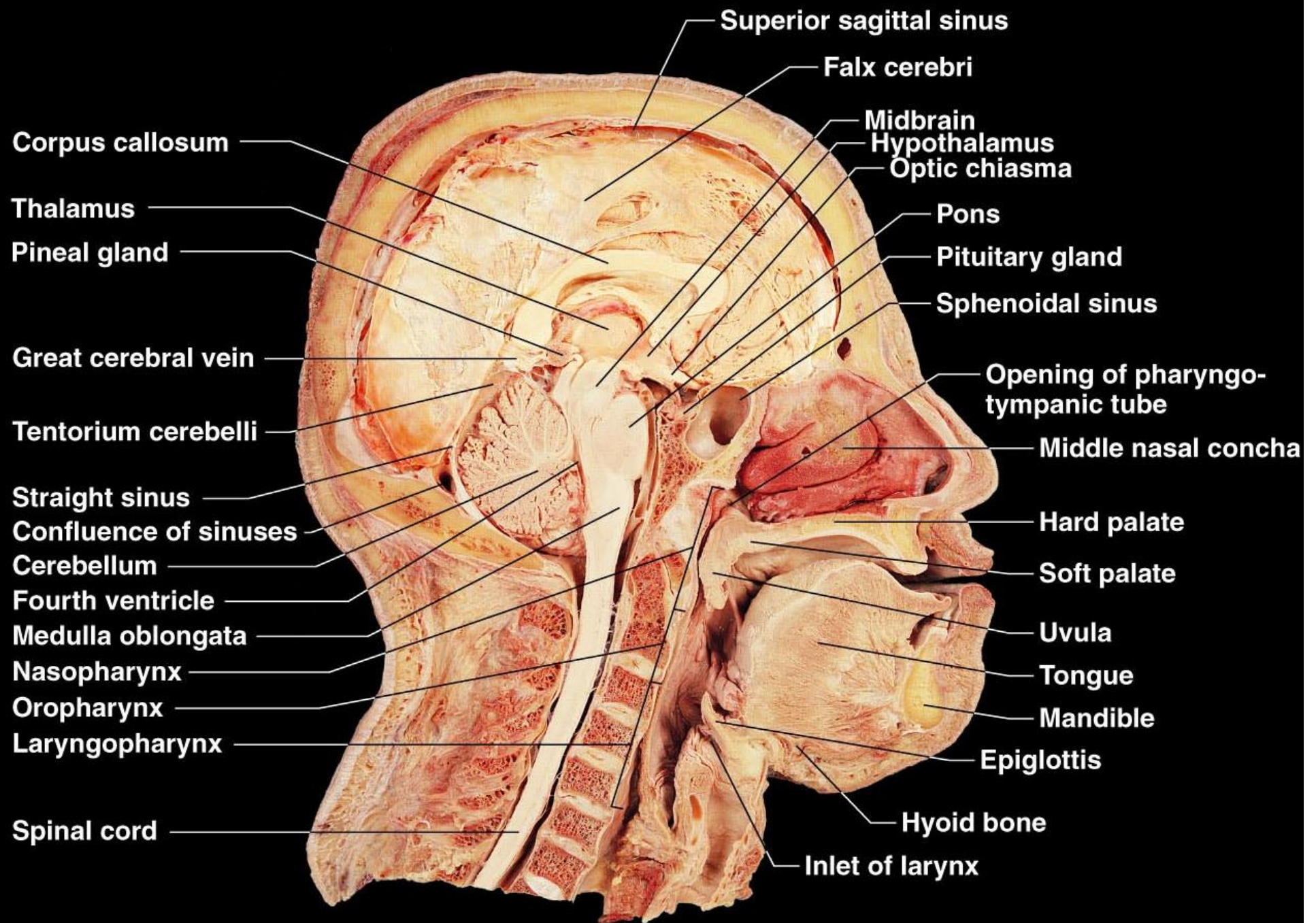


Figure 46 Sagittal section of the head.

Figure 22.46

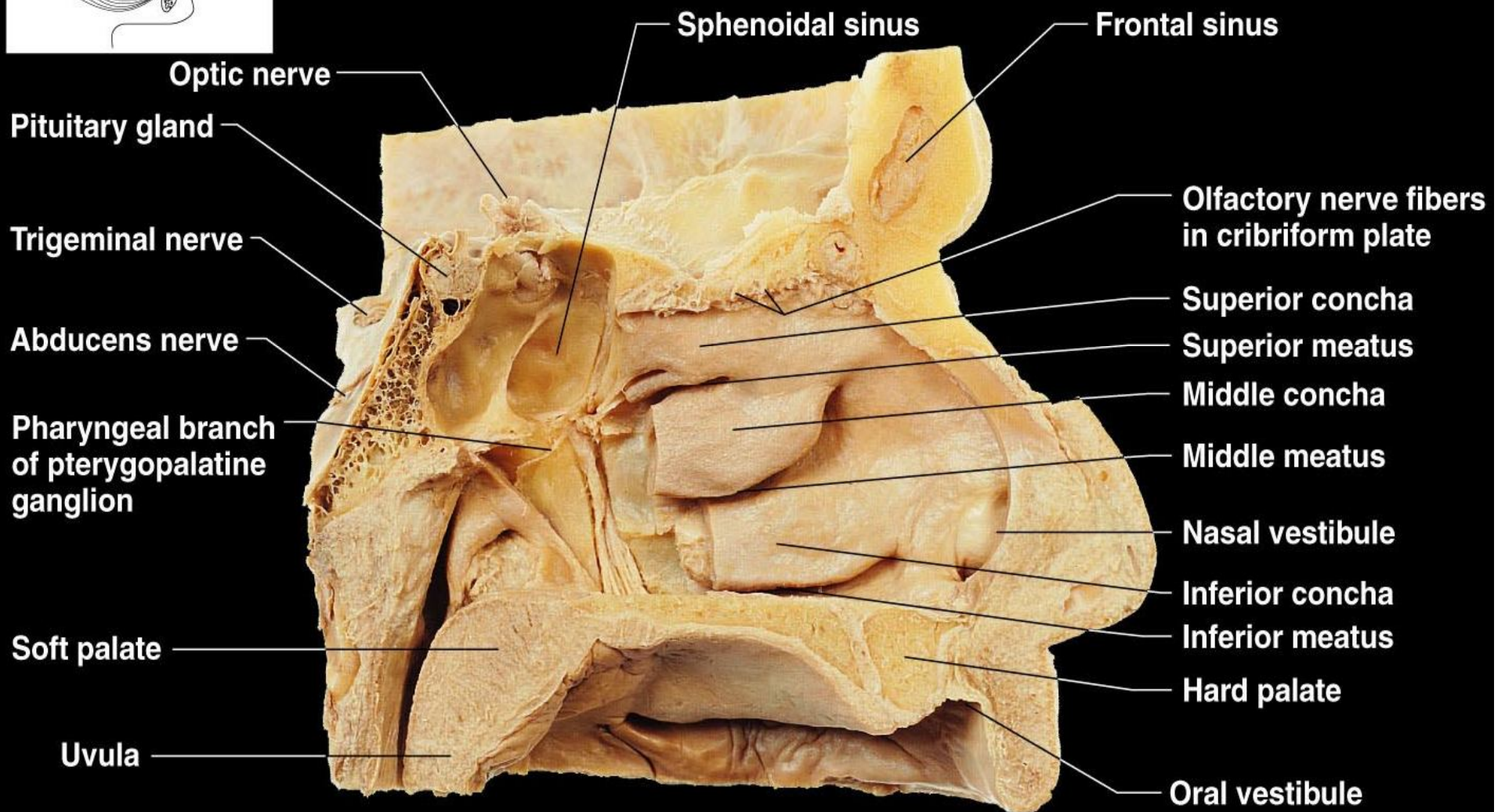
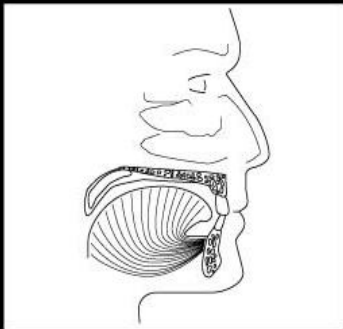
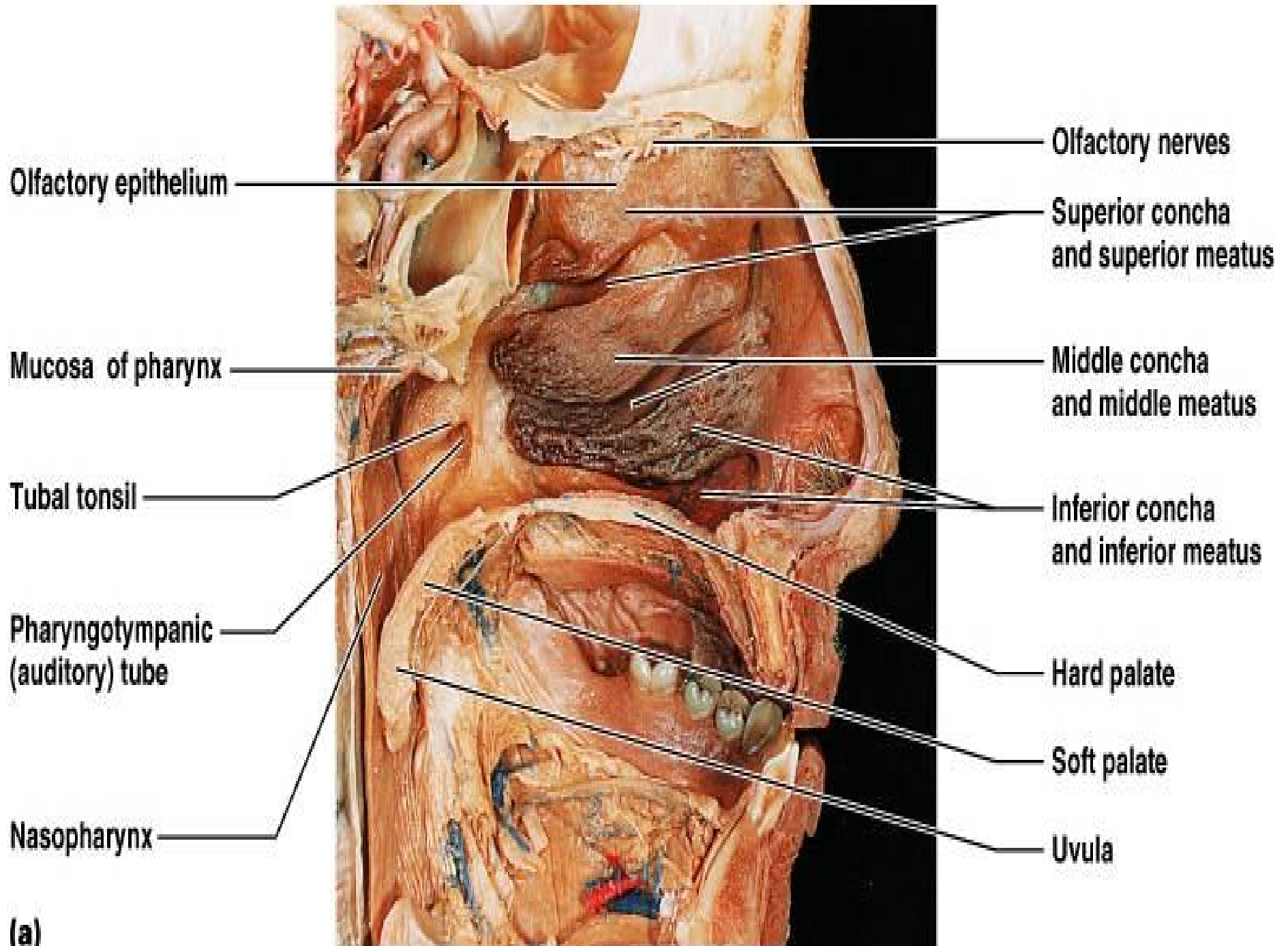


Figure 47 Left nasal cavity, lateral wall.

Figure 22.47



(a)

Nasal Cavity



- ▶ **Respiratory mucosa**

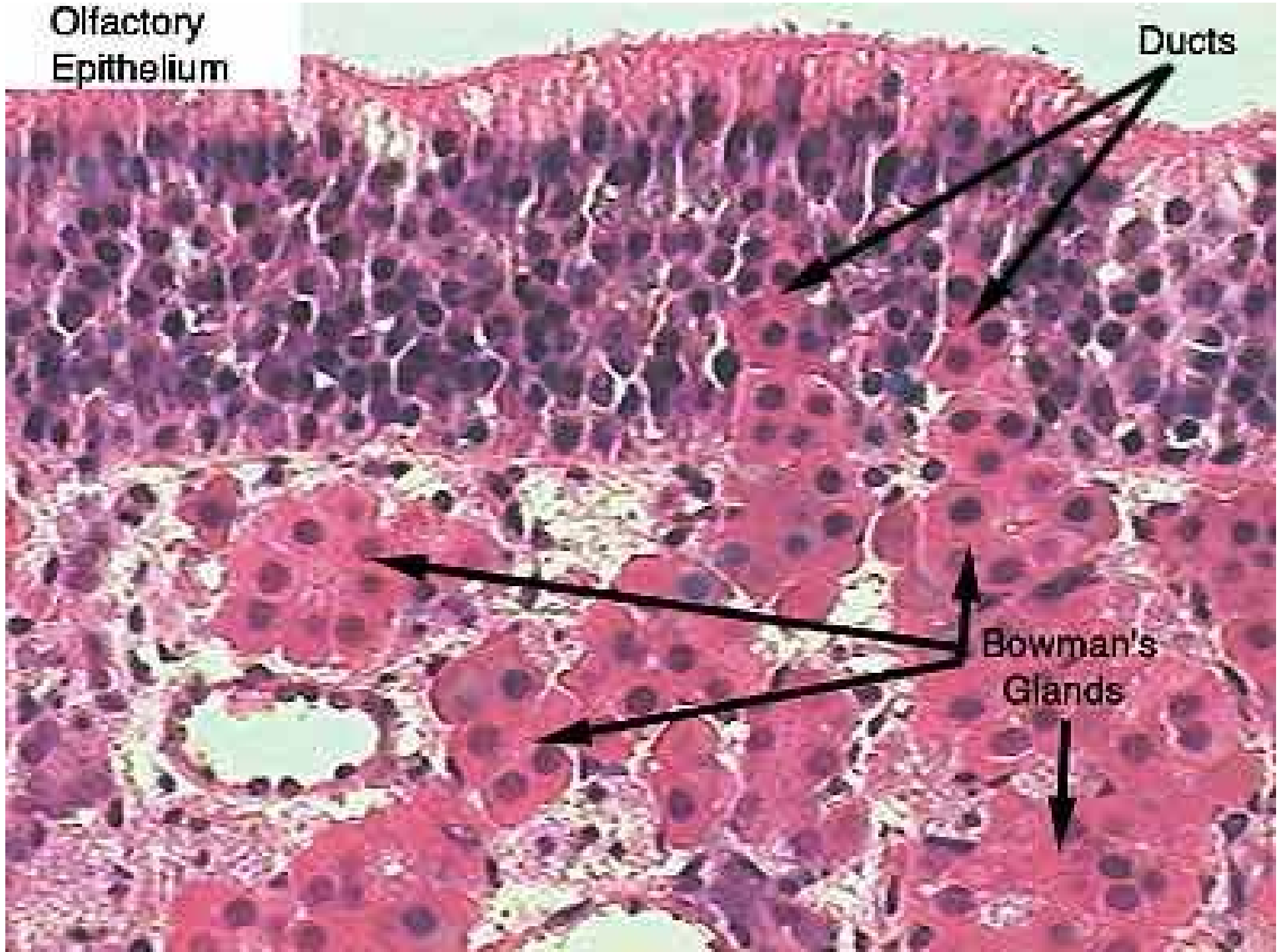
- ▶ Lines the balance of the nasal cavity
- ▶ Glands secrete mucus containing **lysozyme and defensins to help destroy bacteria**

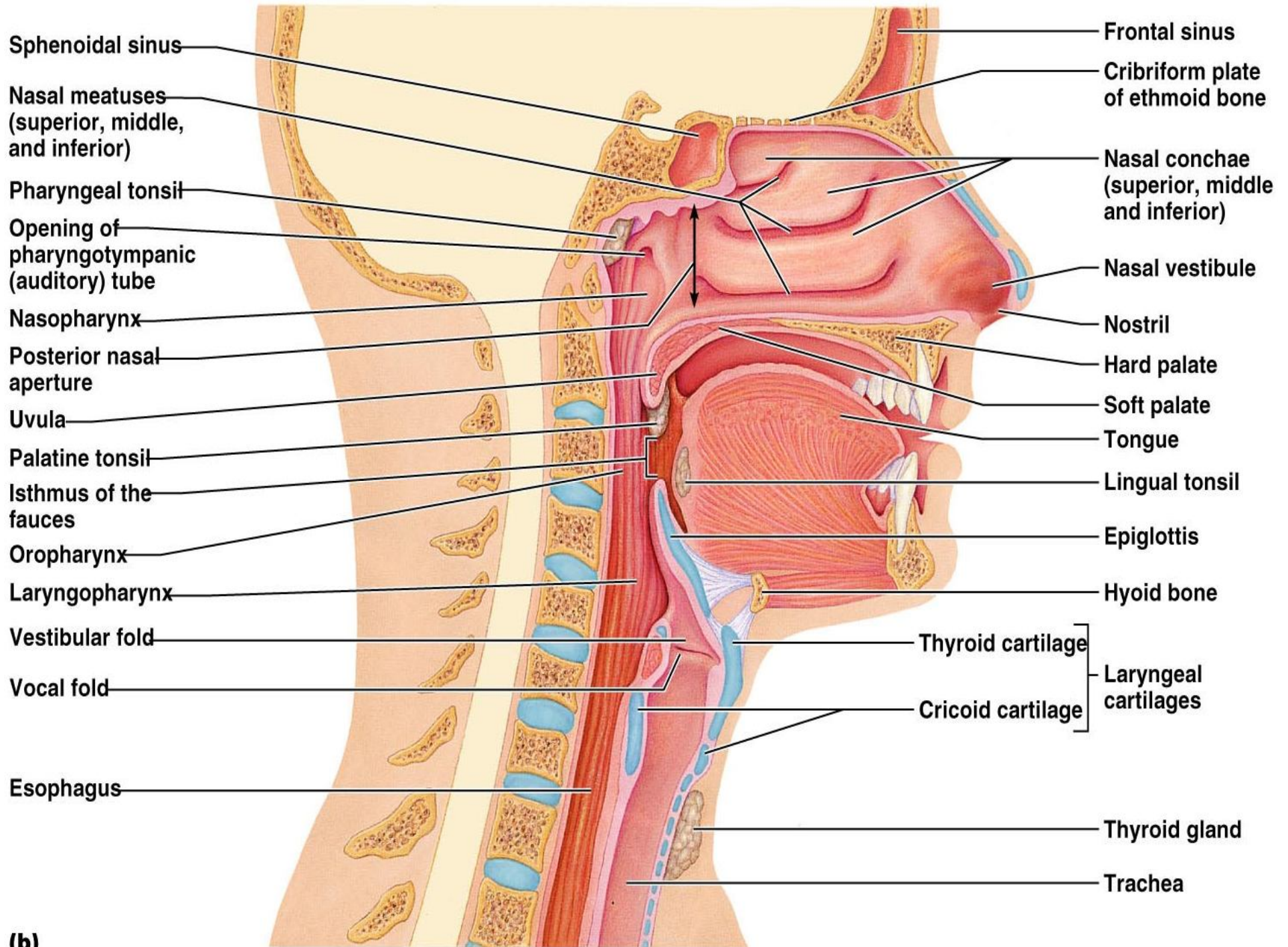


Olfactory
Epithelium

Ducts

Bowman's
Glands

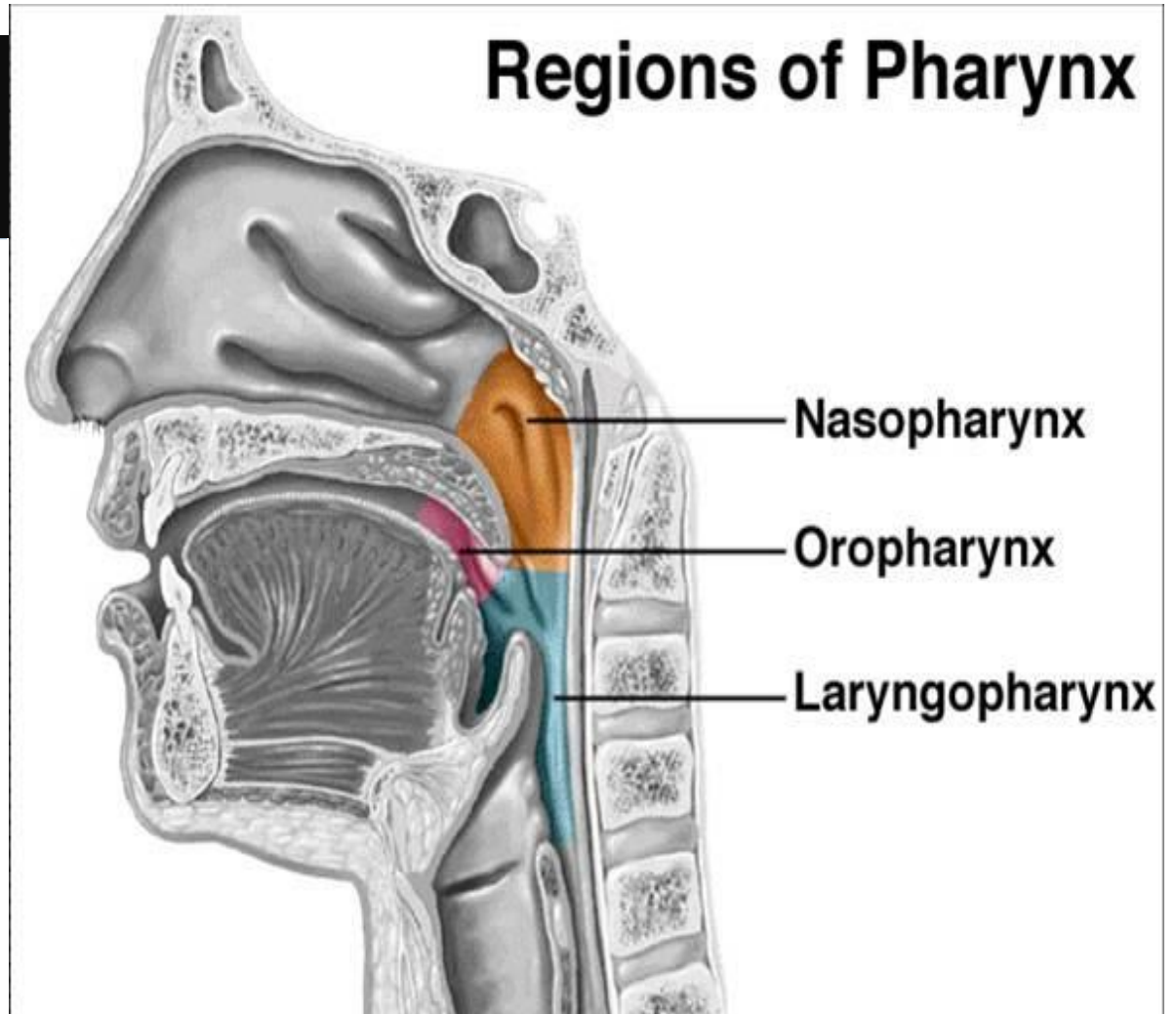


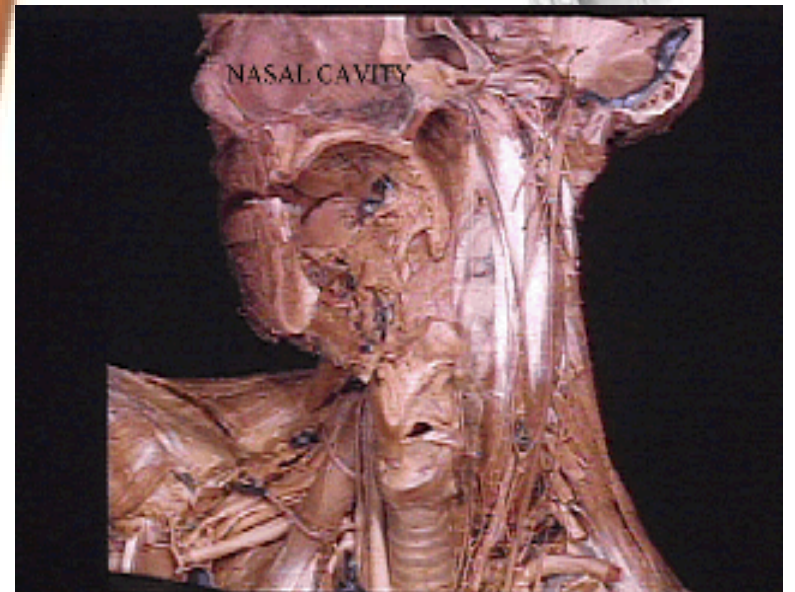
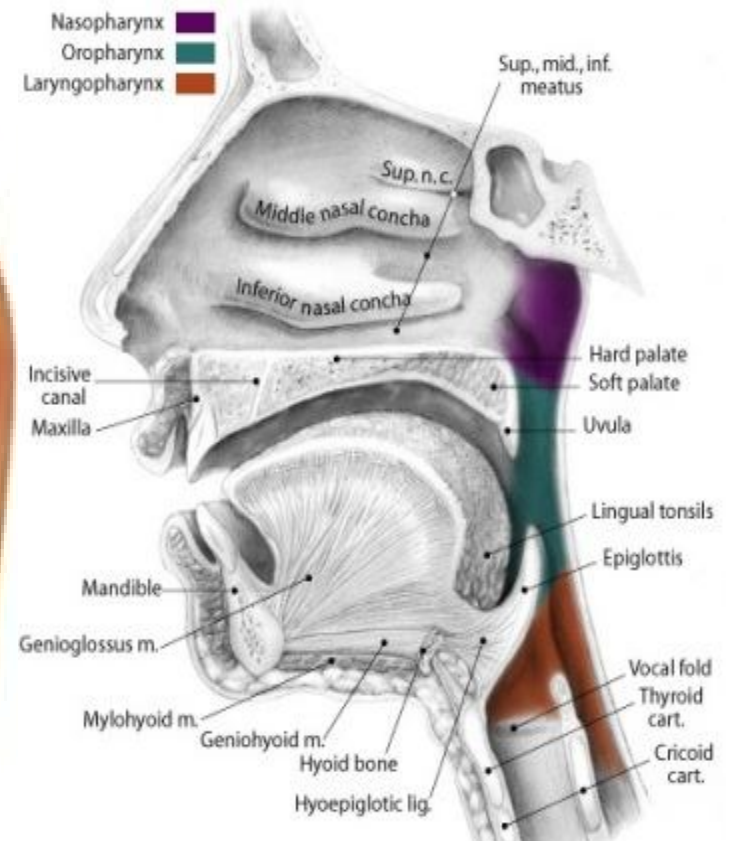
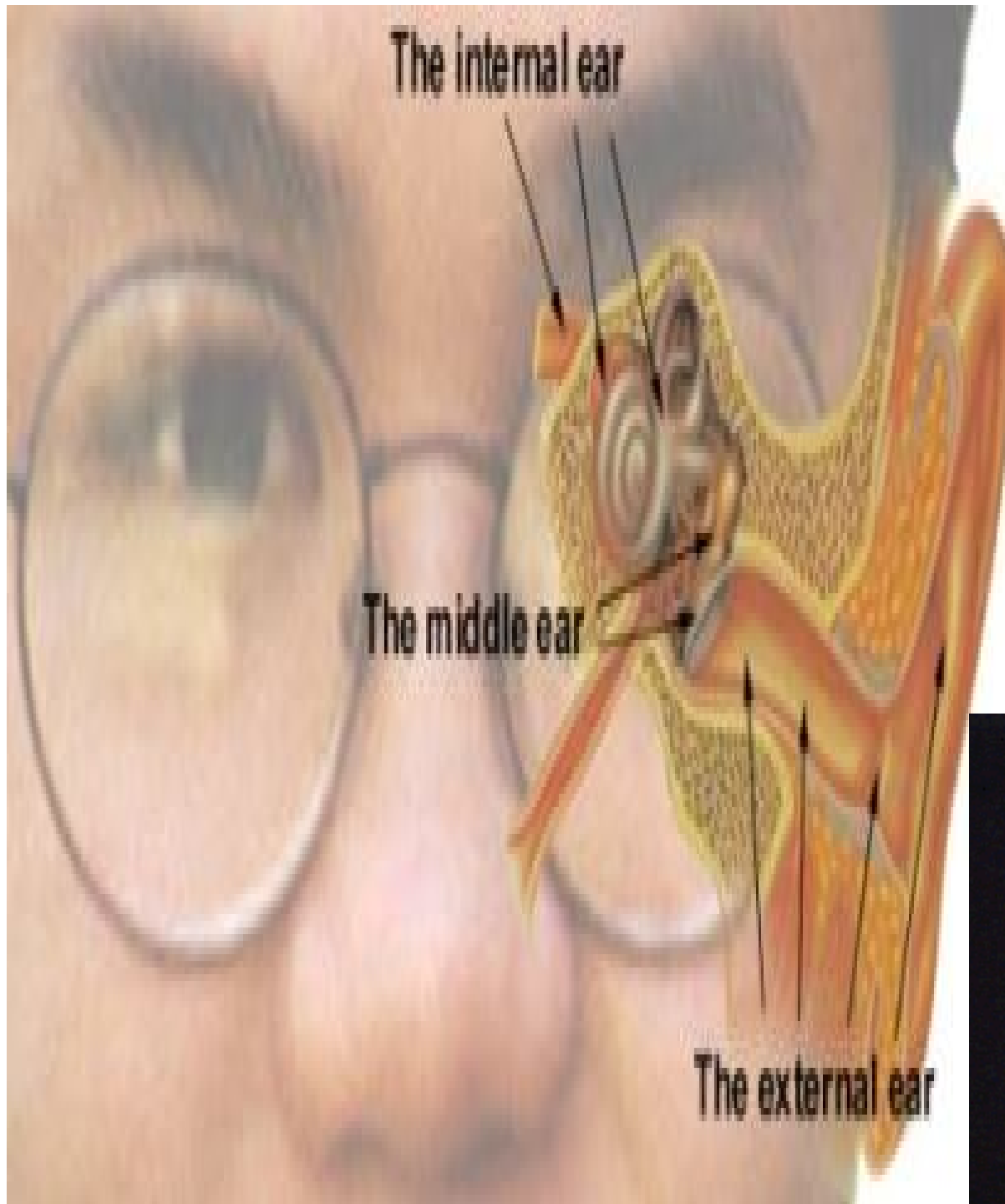


(b)

Pharynx

- ▶ It is divided into three regions
 - ▶ **Nasopharynx**
 - ▶ **Oropharynx**
 - ▶ **Laryngopharynx**





- ▶ Routes food and air down their correct passages.
- ▶ Contains the **vocal cords**, which function in voice production.
- ▶ Arrangement of **9 cartilages connected by membranes** and ligaments and lined by respiratory epithelium.
- ▶ **Cartilages include thyroid, cricoid, epiglottis and 3 small paired cartilages.**
- ▶ **All cartilages are hyaline with the exception of the epiglottis, which is elastic cartilage.**
- ▶ **Thyroid cartilage is the largest and its midline laryngeal prominence is the male “Adam’s apple.”**
- ▶ Inferior to the thyroid is the signet-ring shaped **cricoid cartilage**.
- ▶ The 3 pairs of small cartilages form much of the posterior and lateral larynx.
- ▶ The **epiglottis** extends from the base of the tongue to its hinge on the superior thyroid cartilage. During swallowing, the epiglottis tips and covers the entrance to the larynx and ensures that food enters the esophagus.

The Larynx.....

Major cartilage are:
Hyaline type.

- ▶ thyroid
- ▶ cricoid
- ▶ arytenoids

THE LARYNX

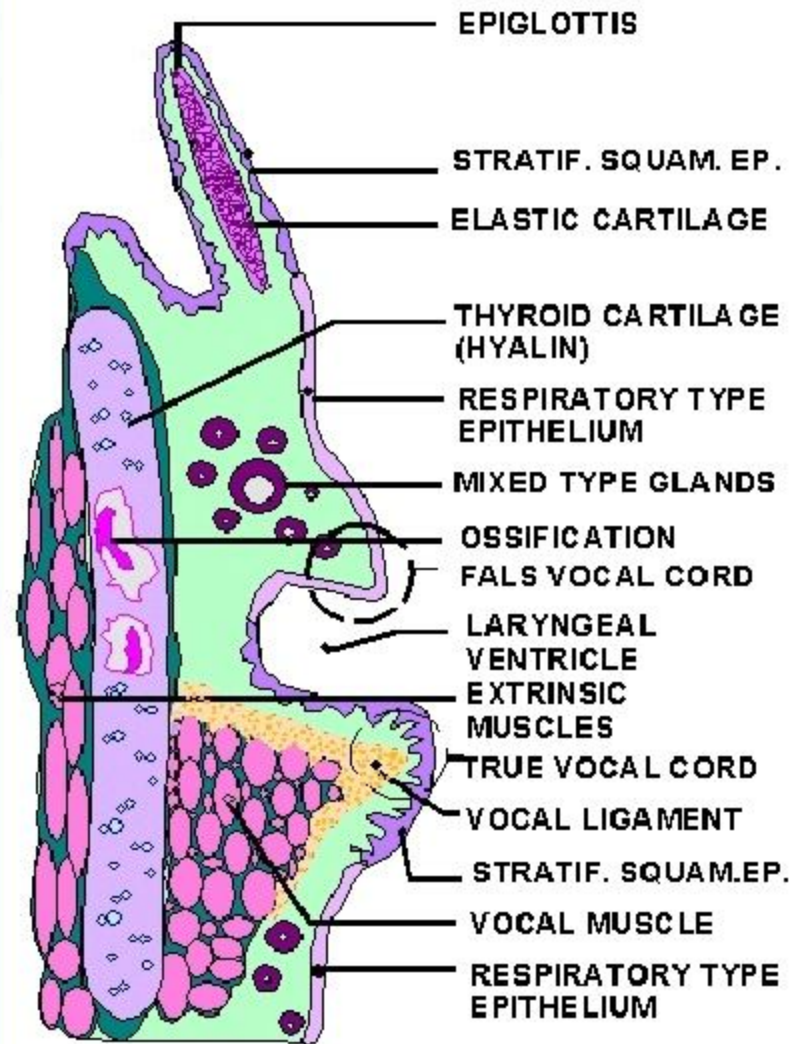
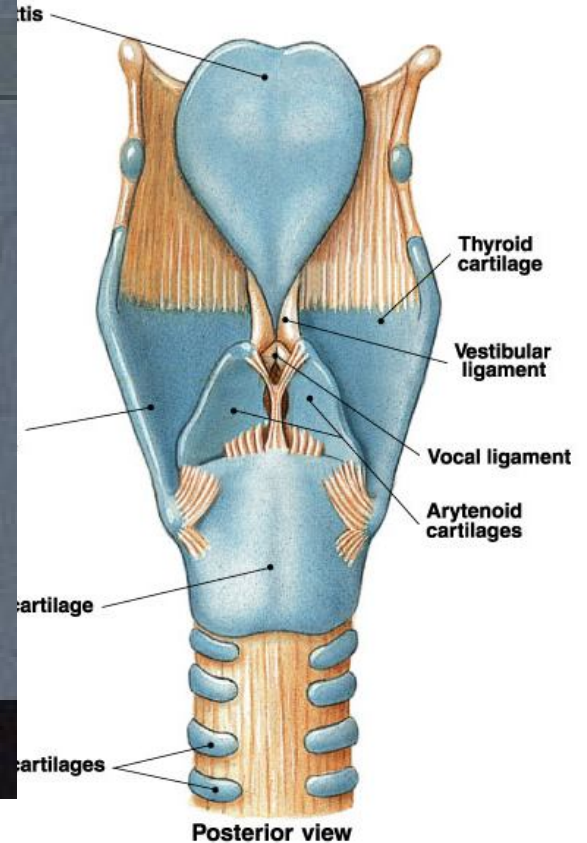
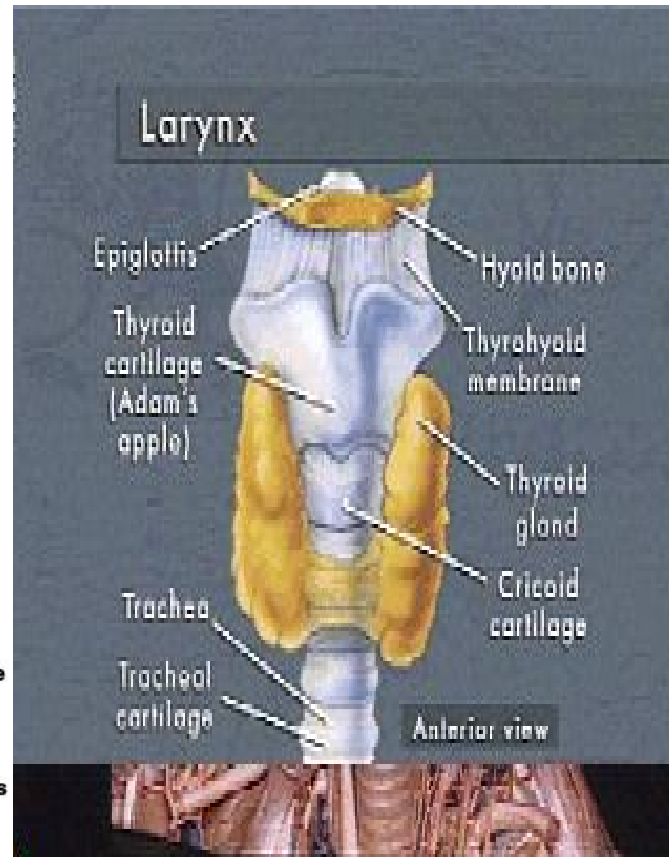
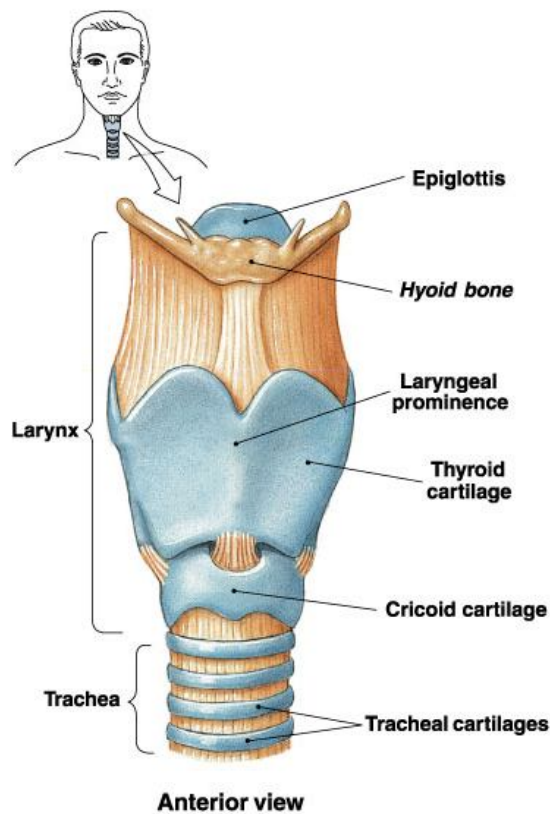
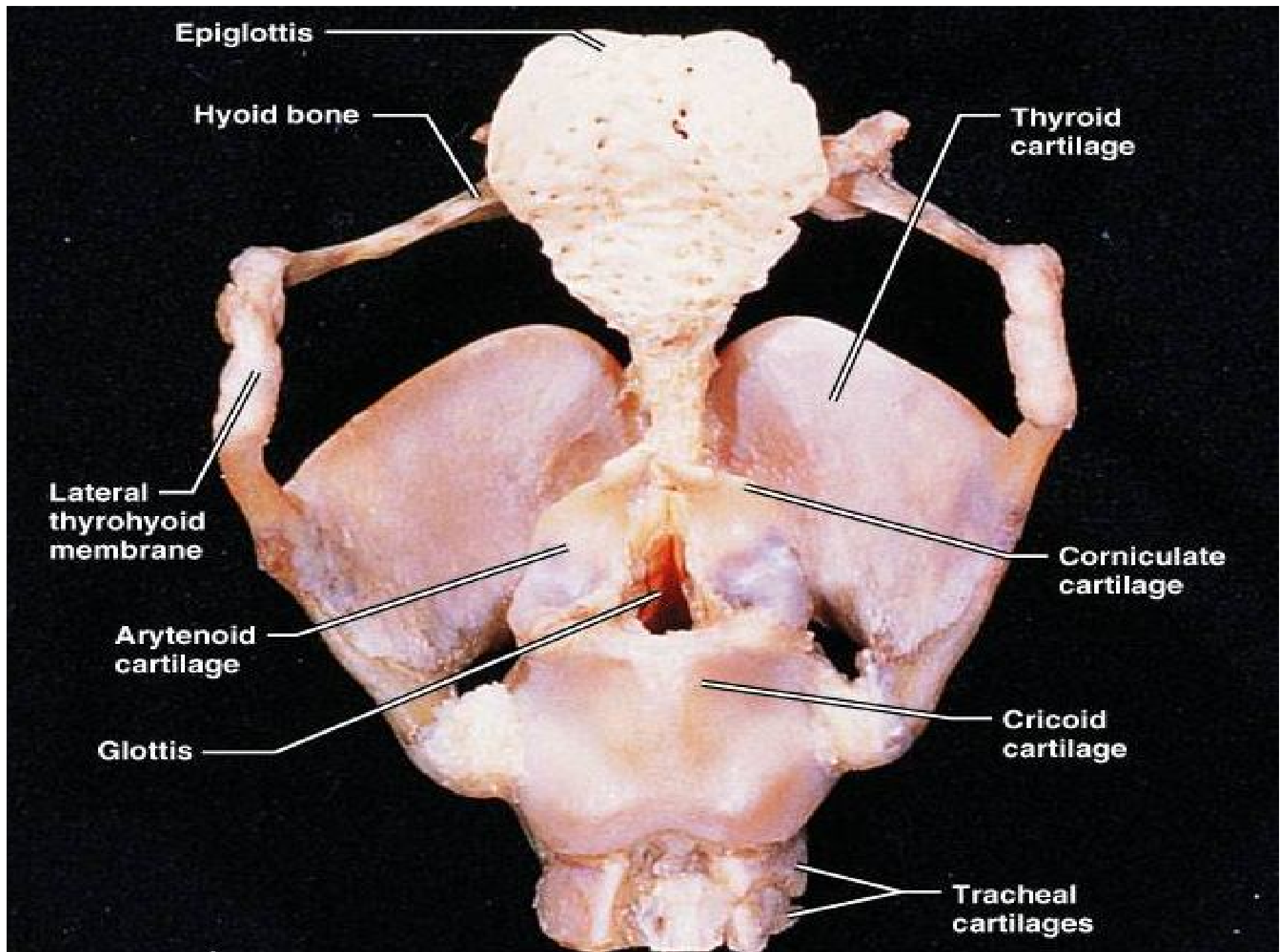


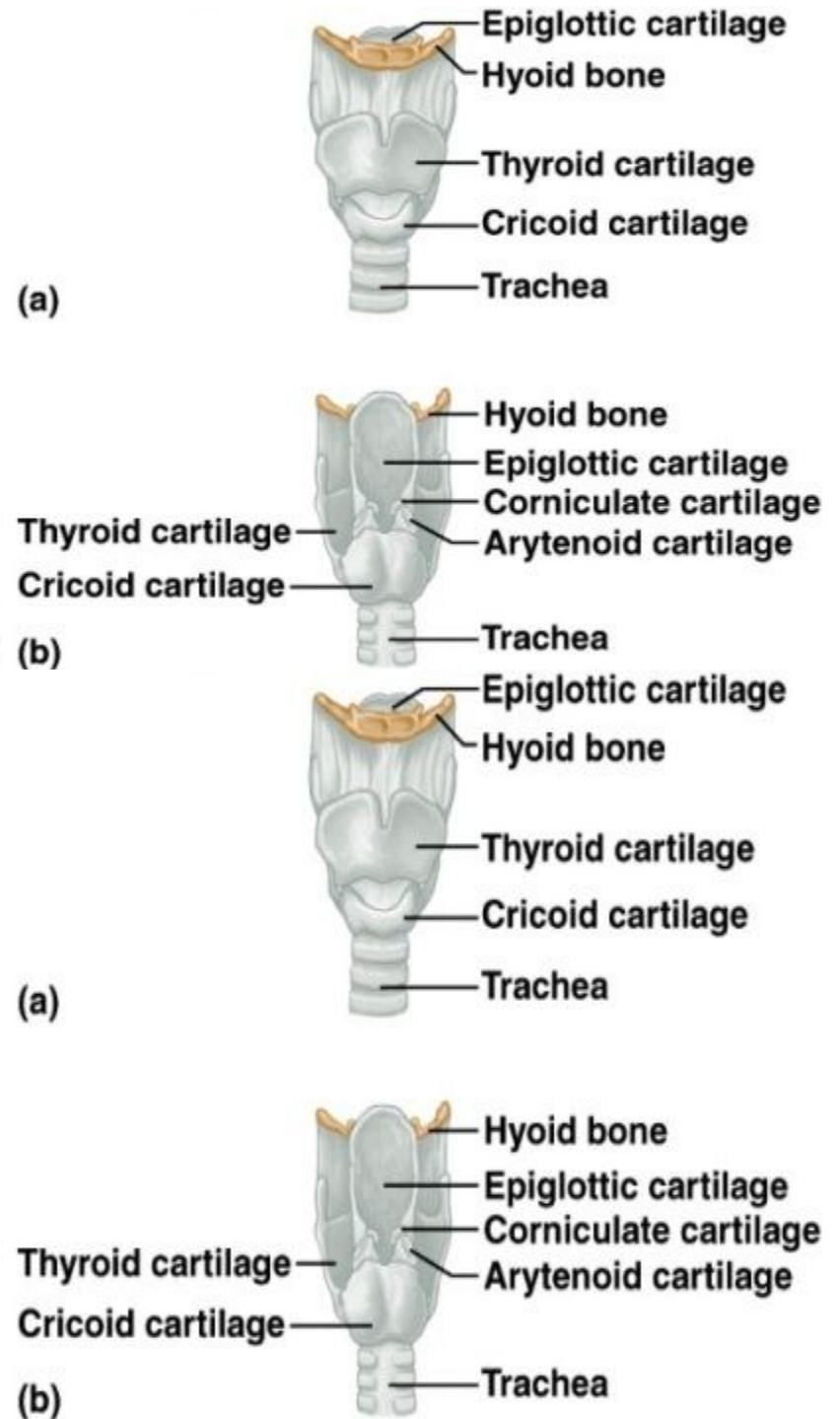
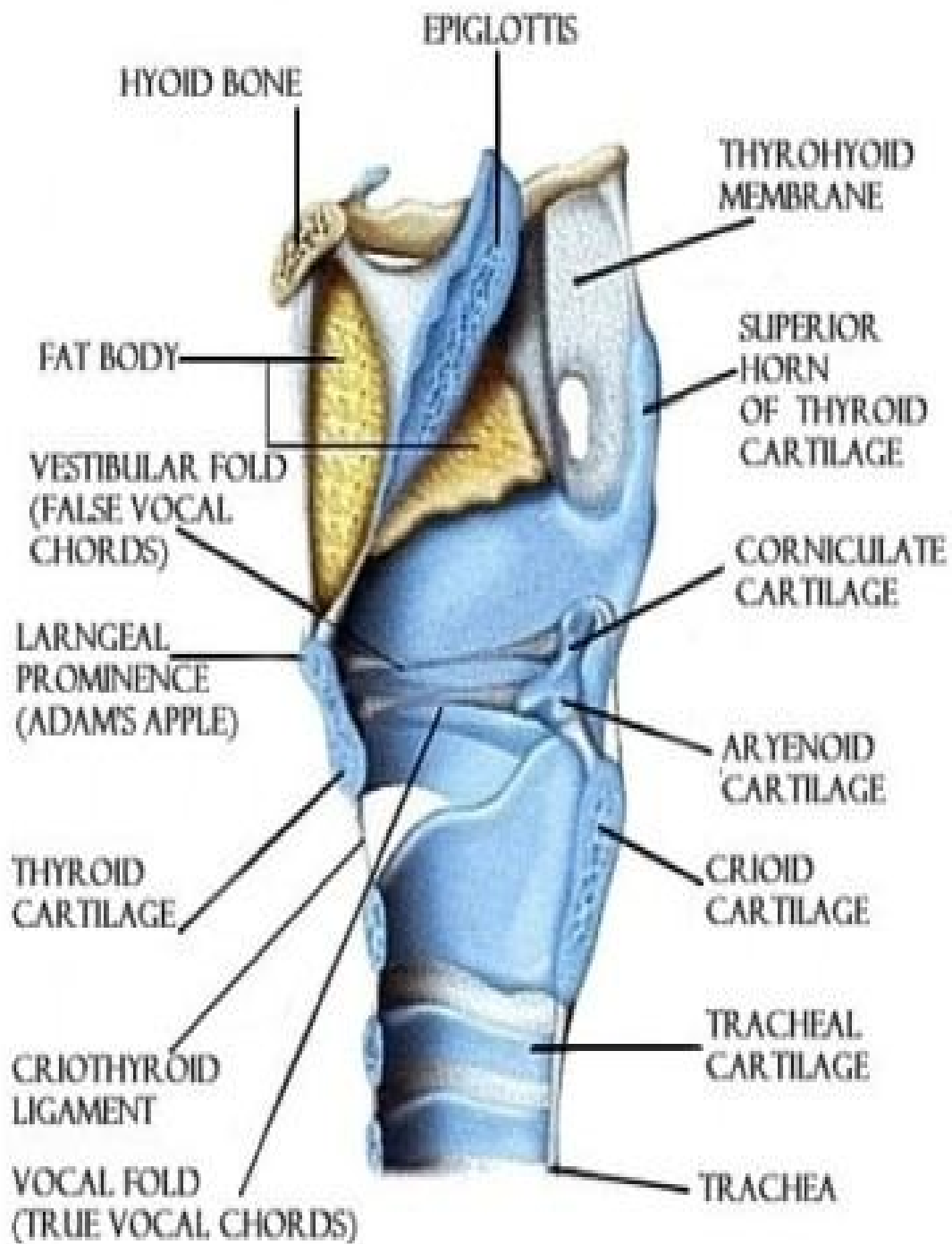
Figure 5. Logitudinal section of the larinx.

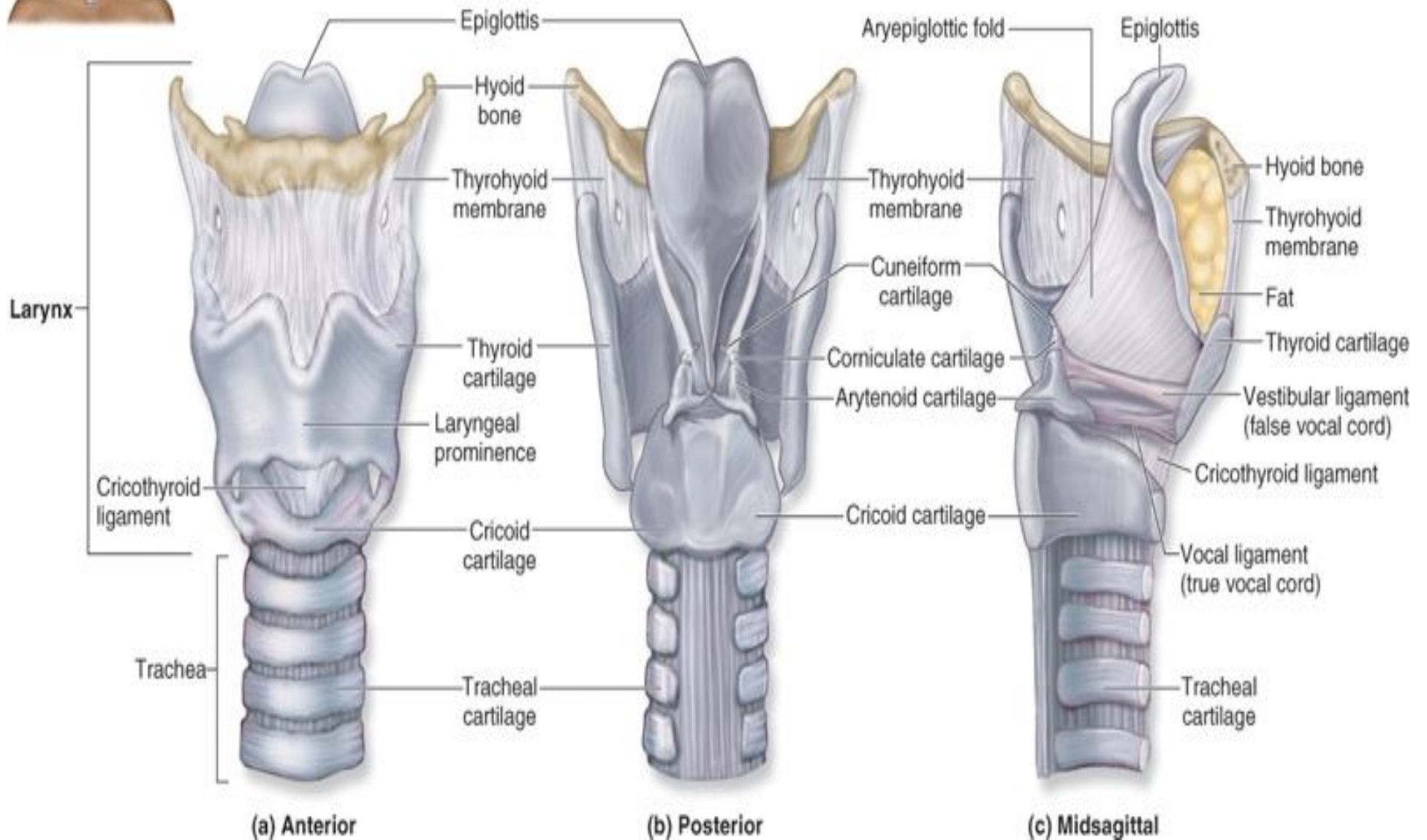


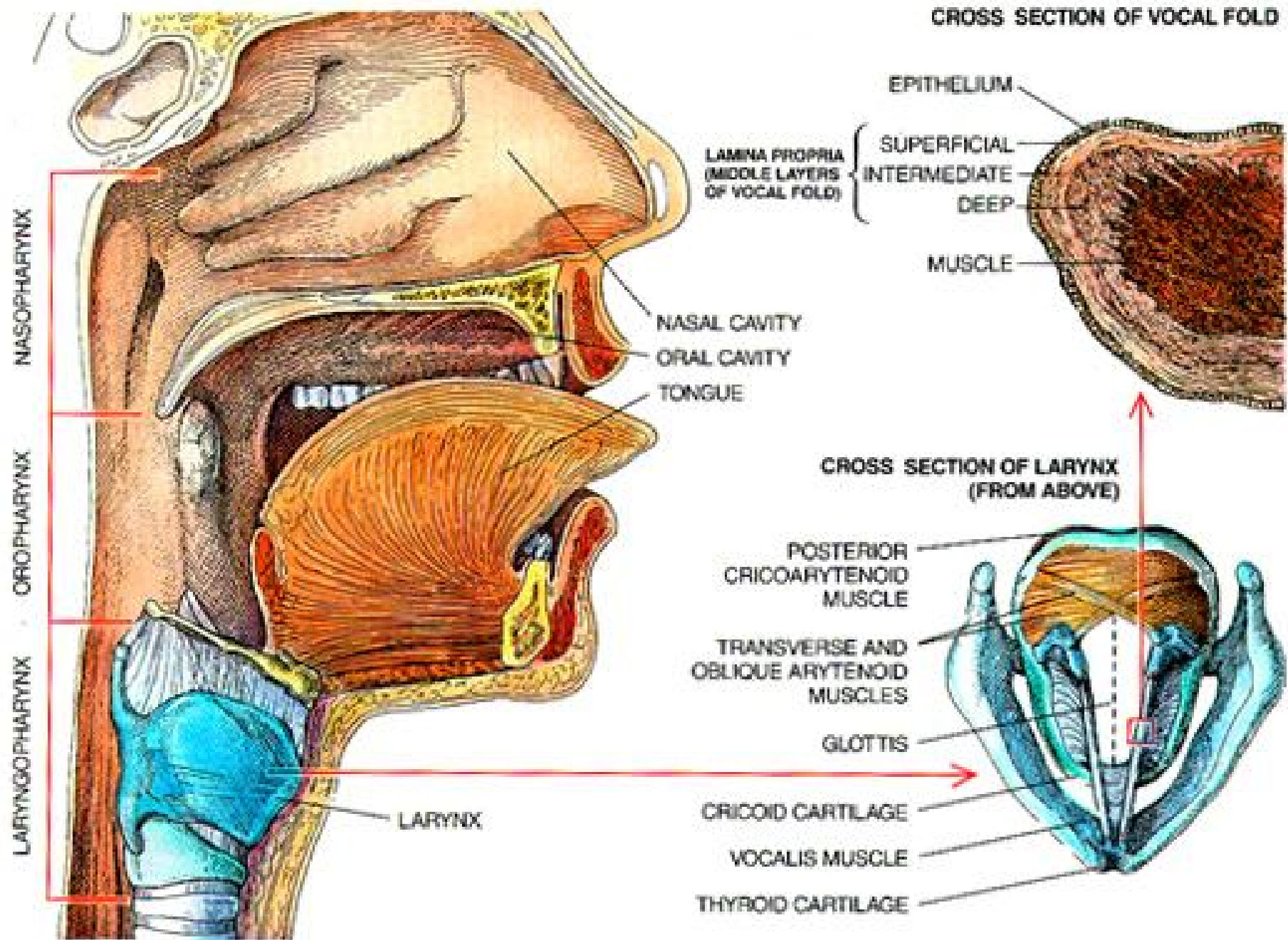
► Functions

- Maintain an open passageway for air movement
- Epiglottis and vestibular folds prevent swallowed material from moving into larynx
- Vocal folds are primary source of sound production









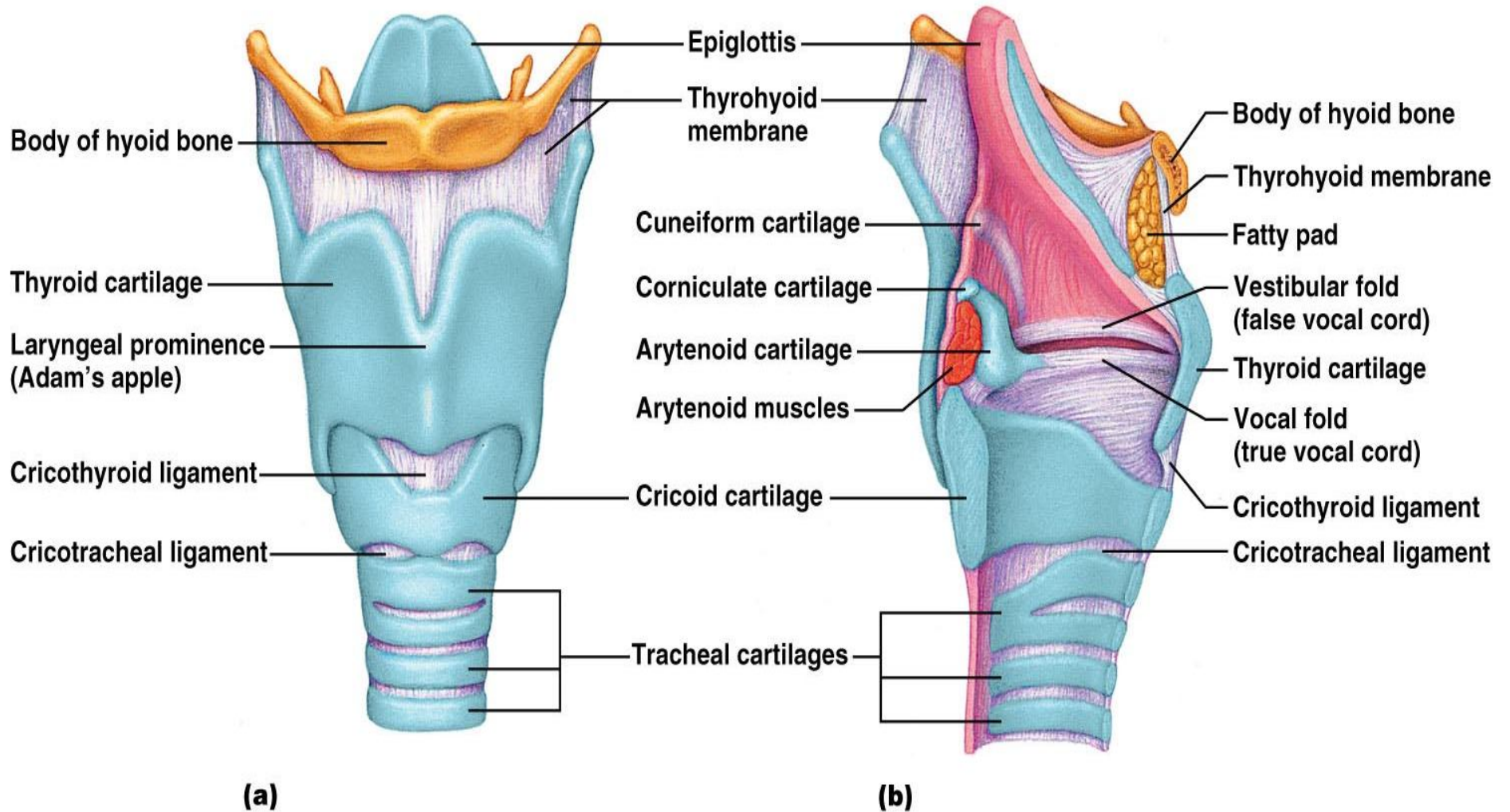
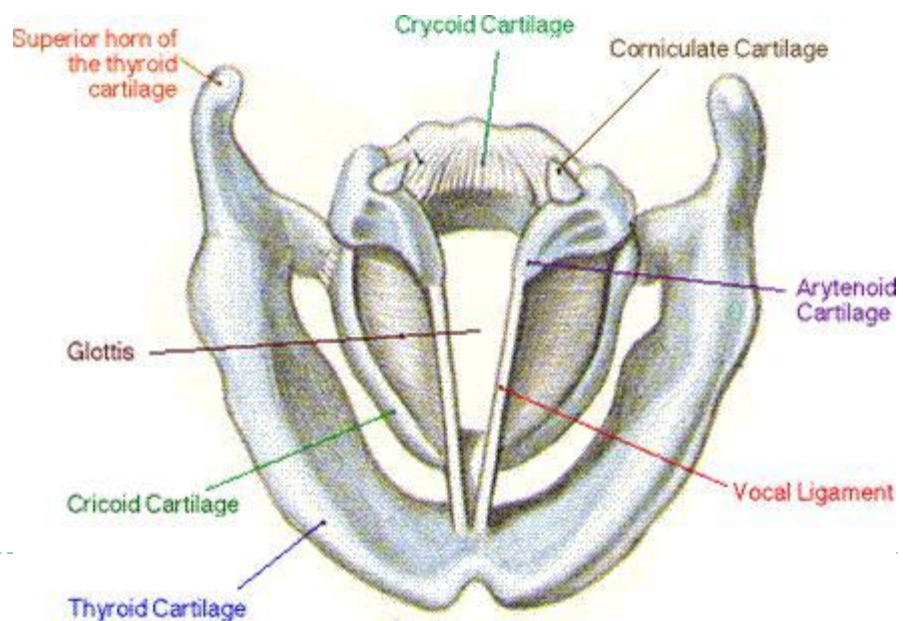
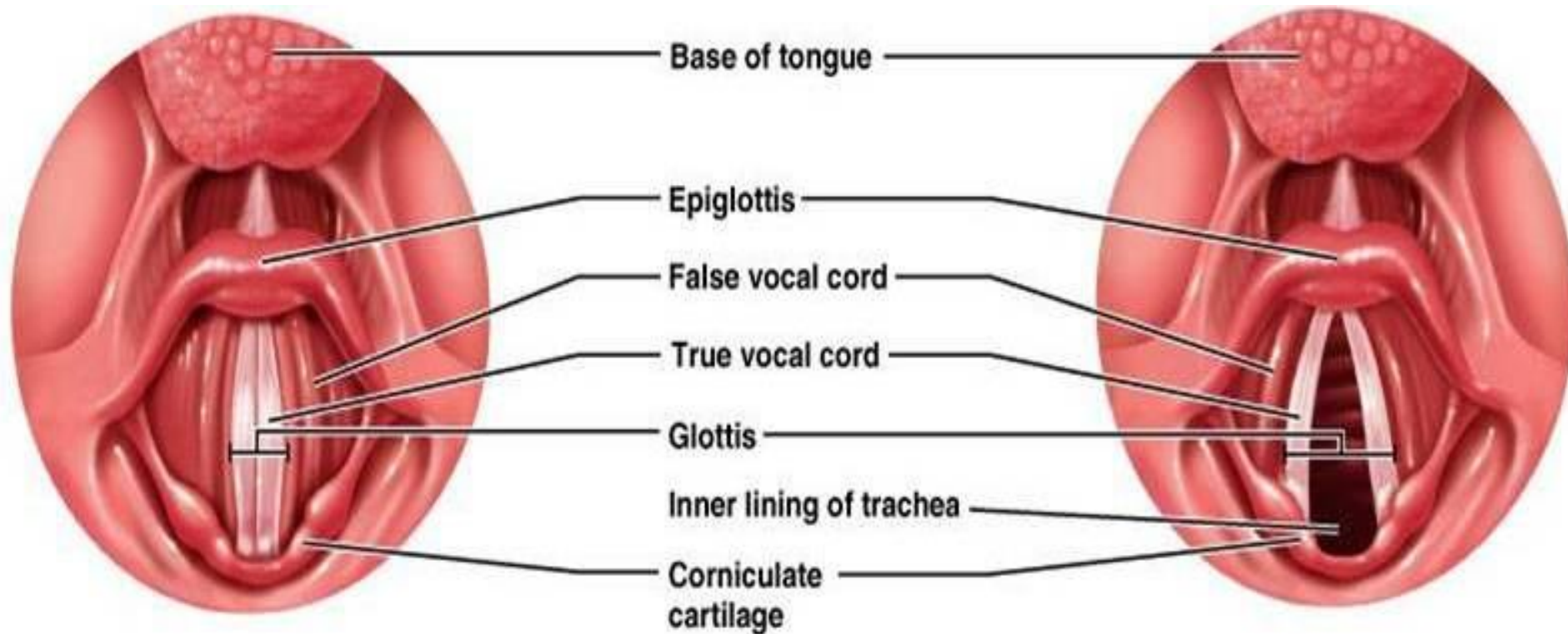
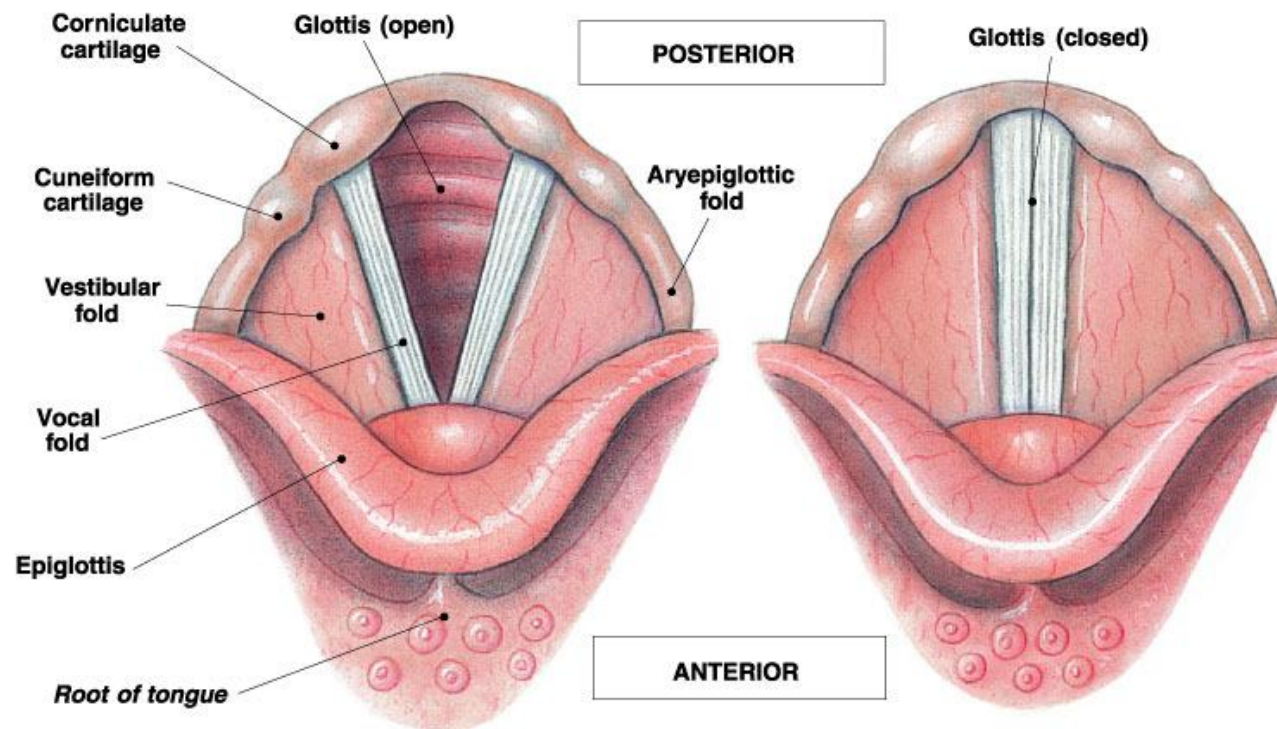


Figure 22.4a, b

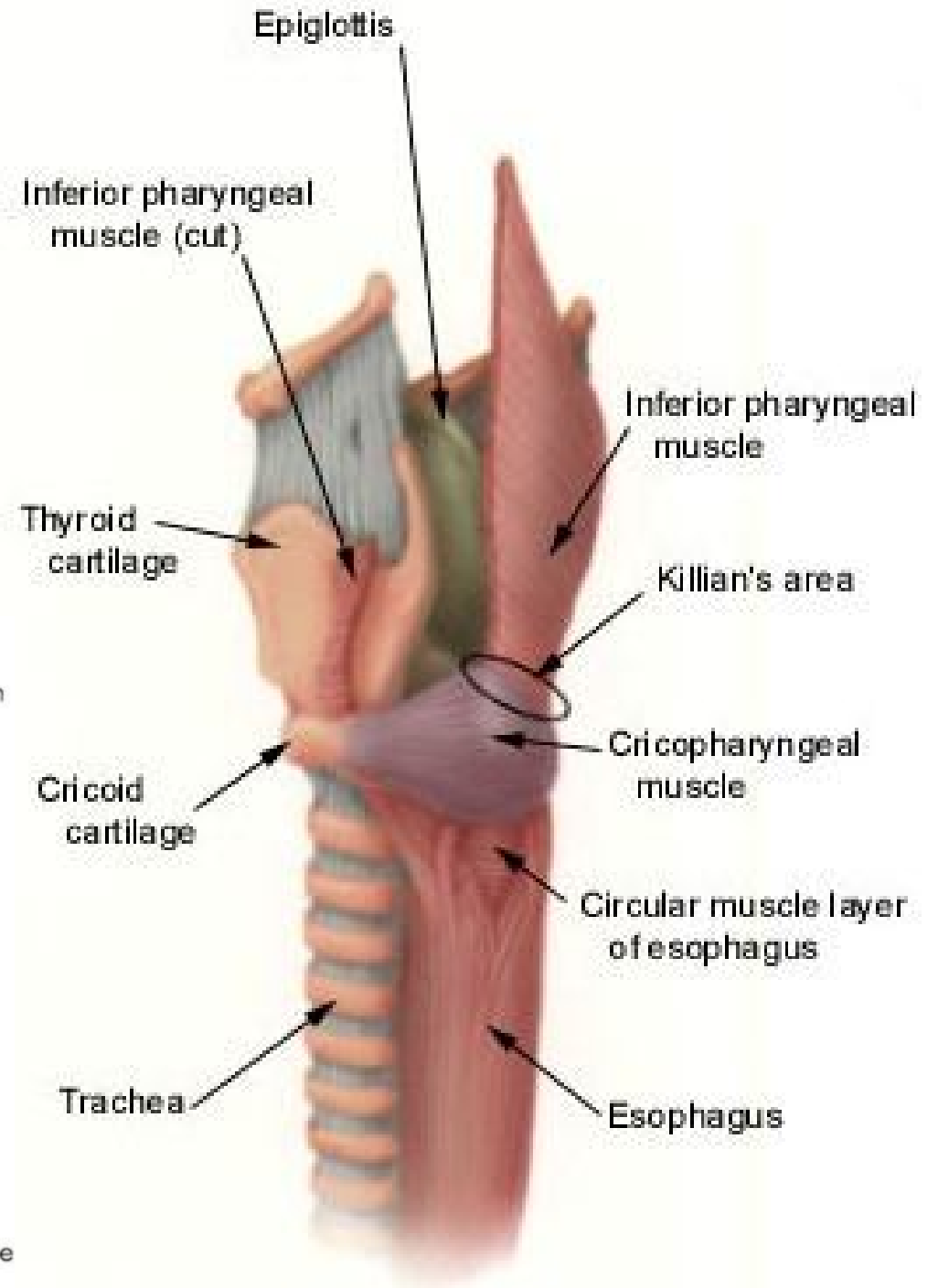
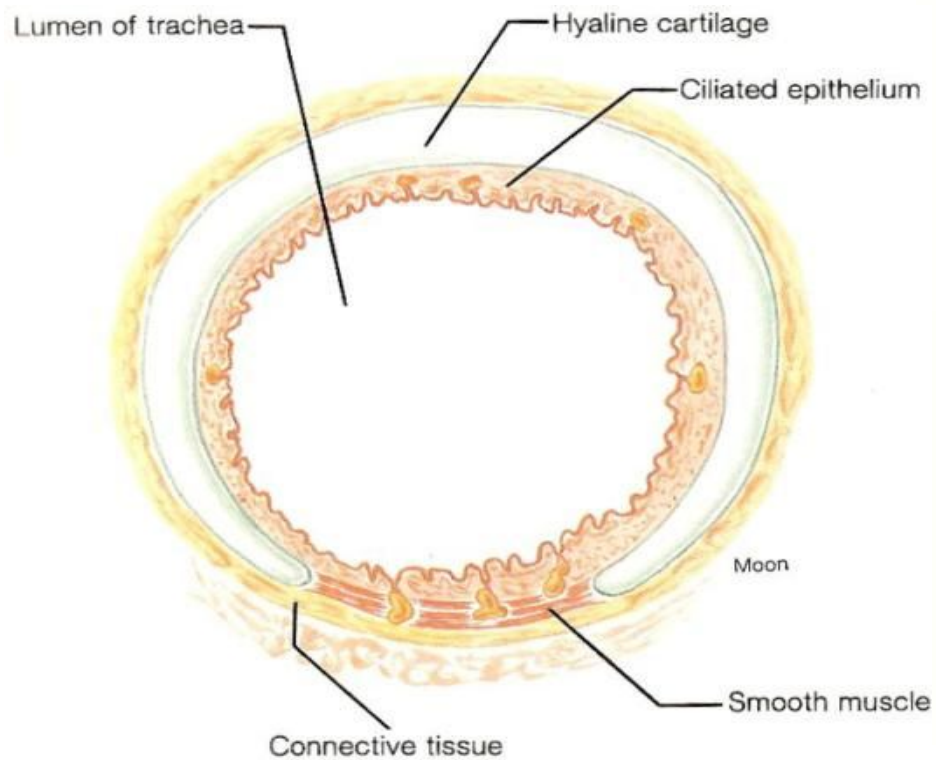


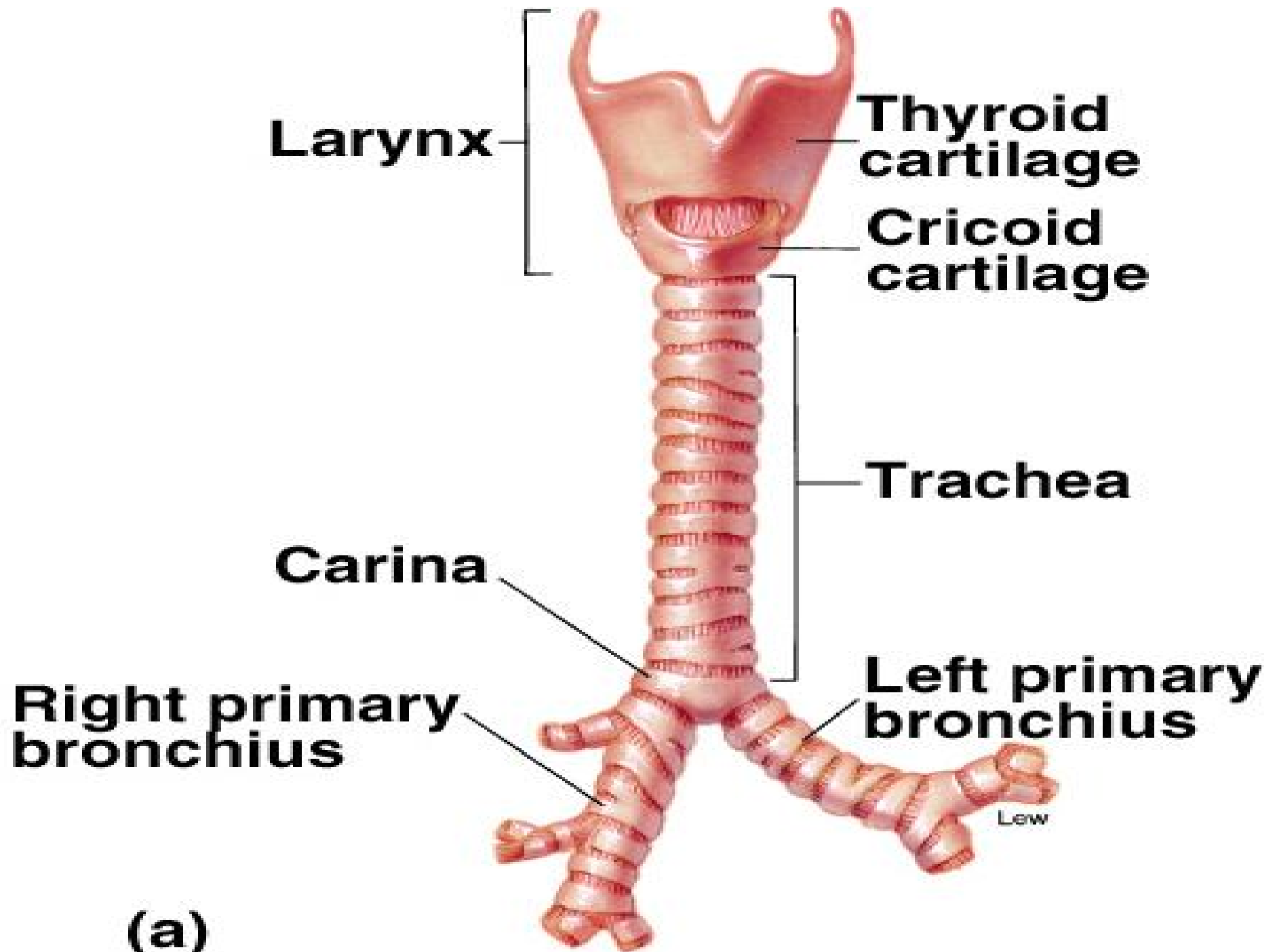
The Larynx: viewed from above

Vocal Folds

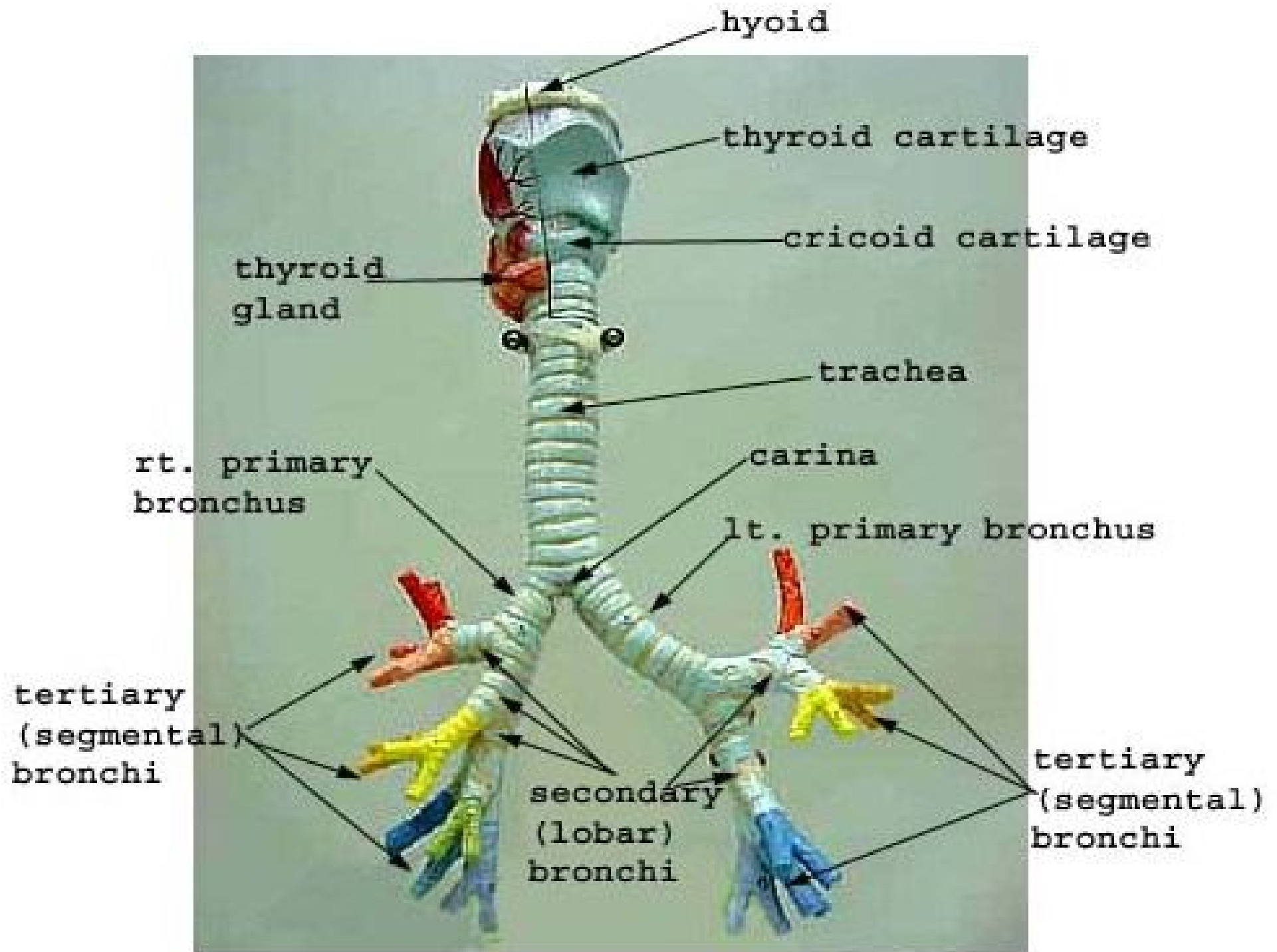


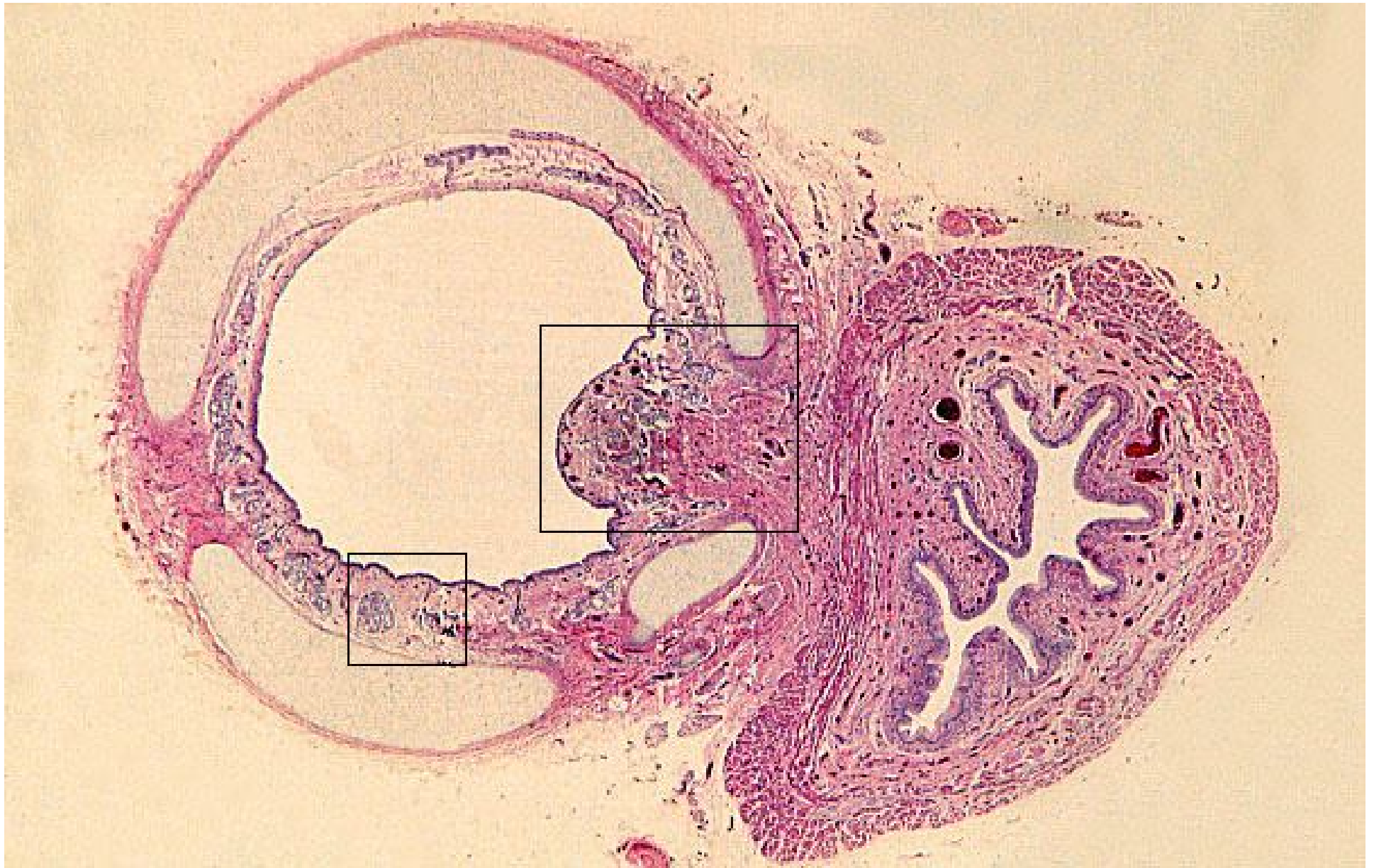
Trachea





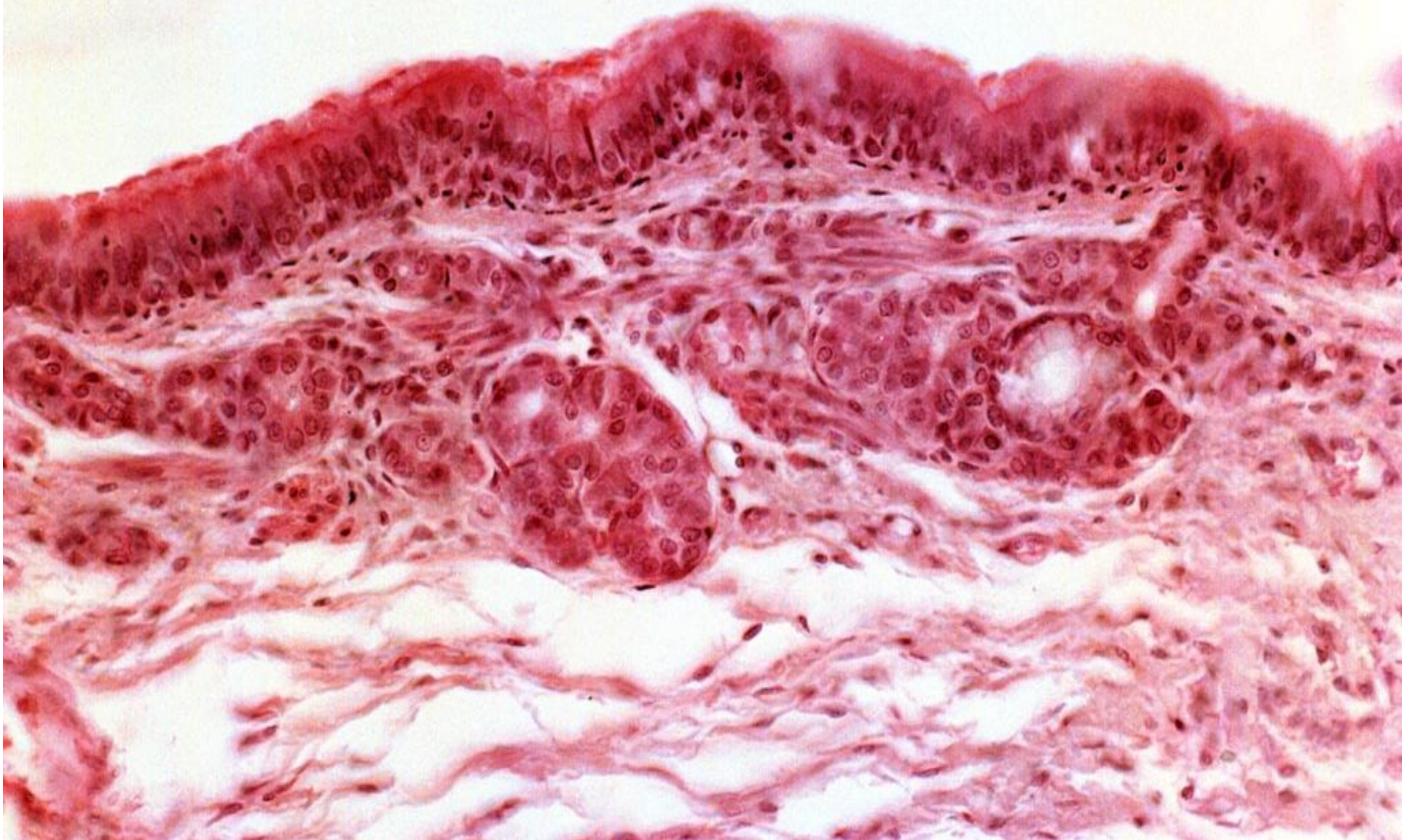
(a)

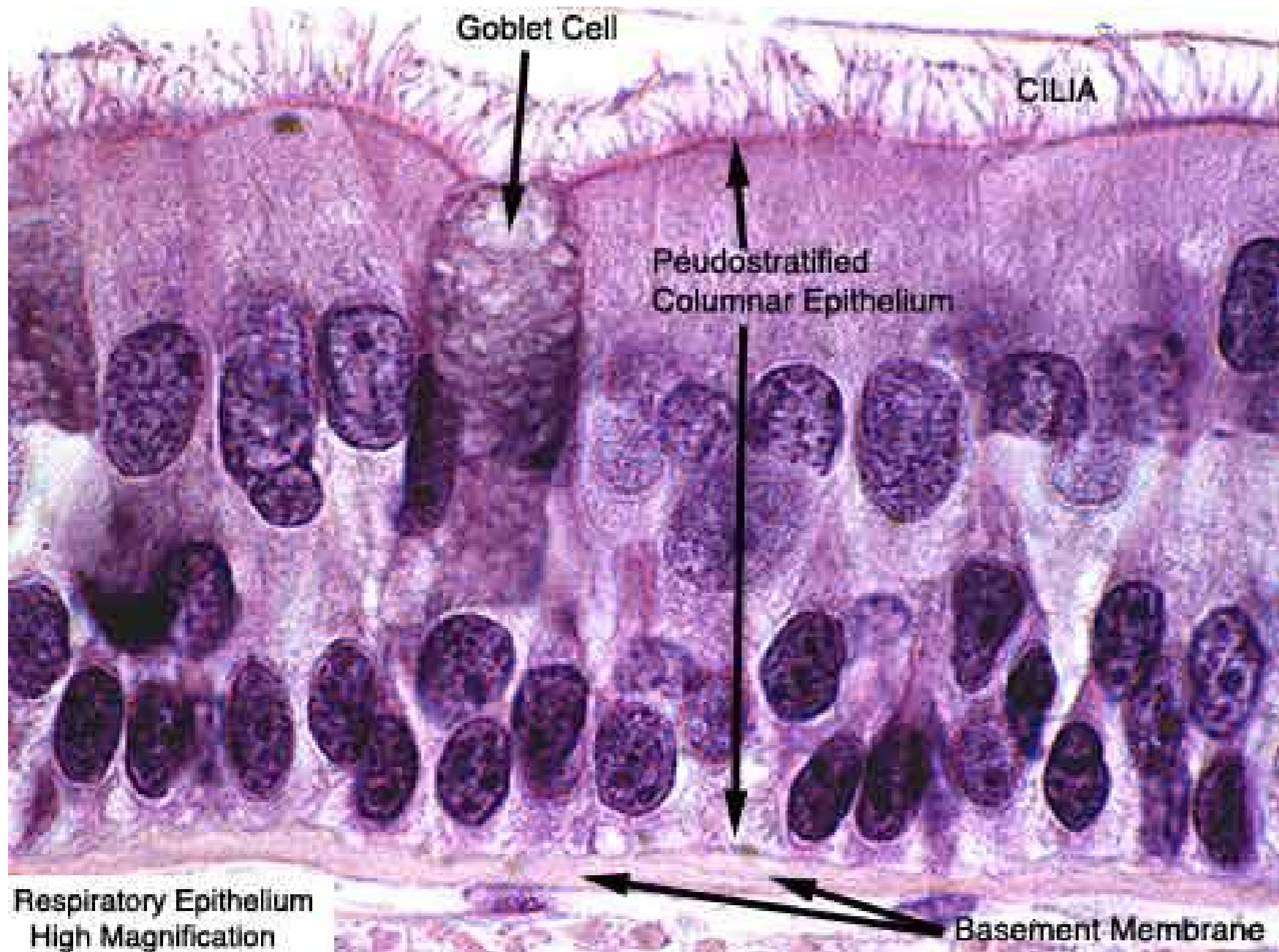


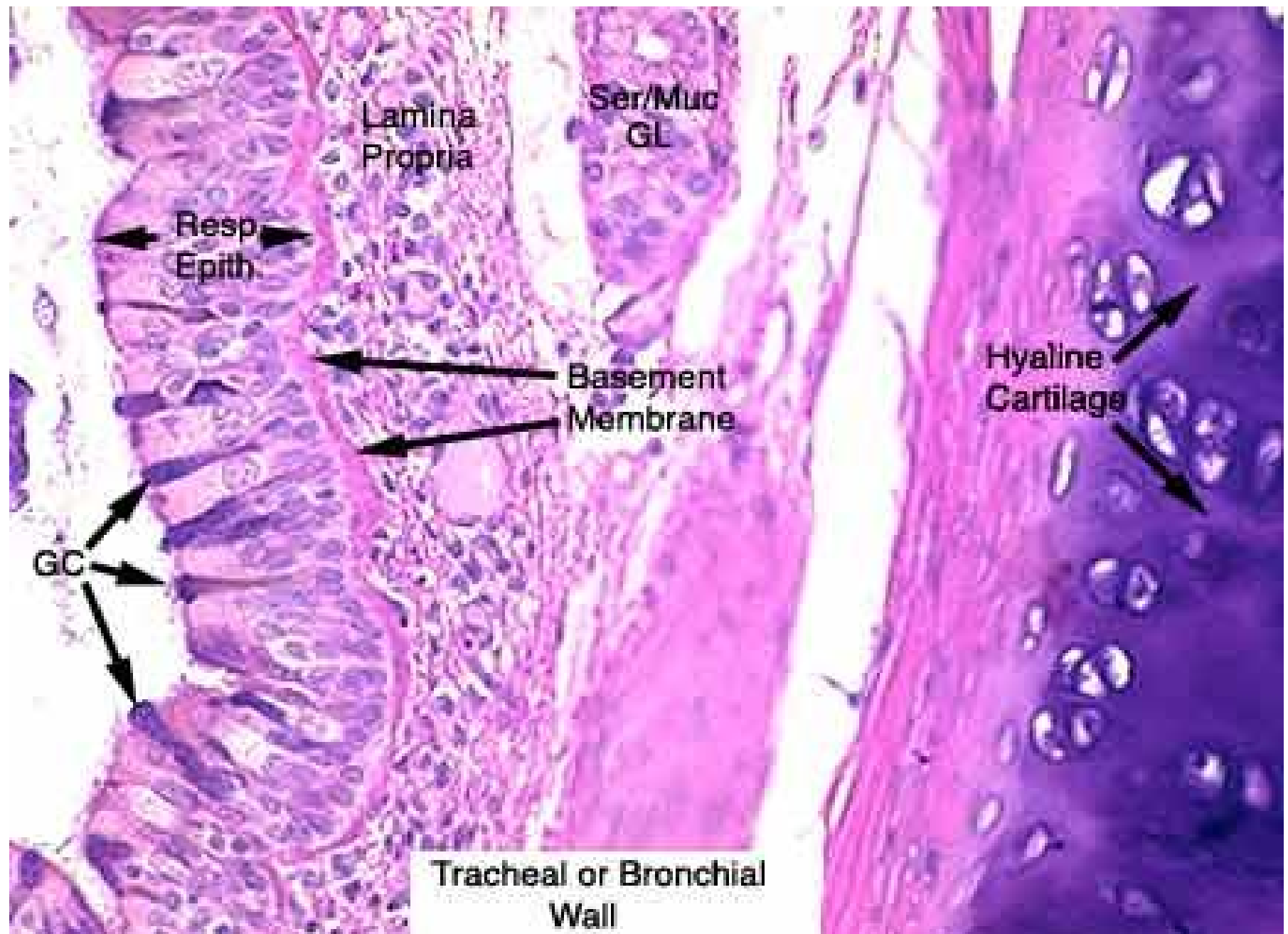


TRACHEA/ ESOPHAGUS

100 μm

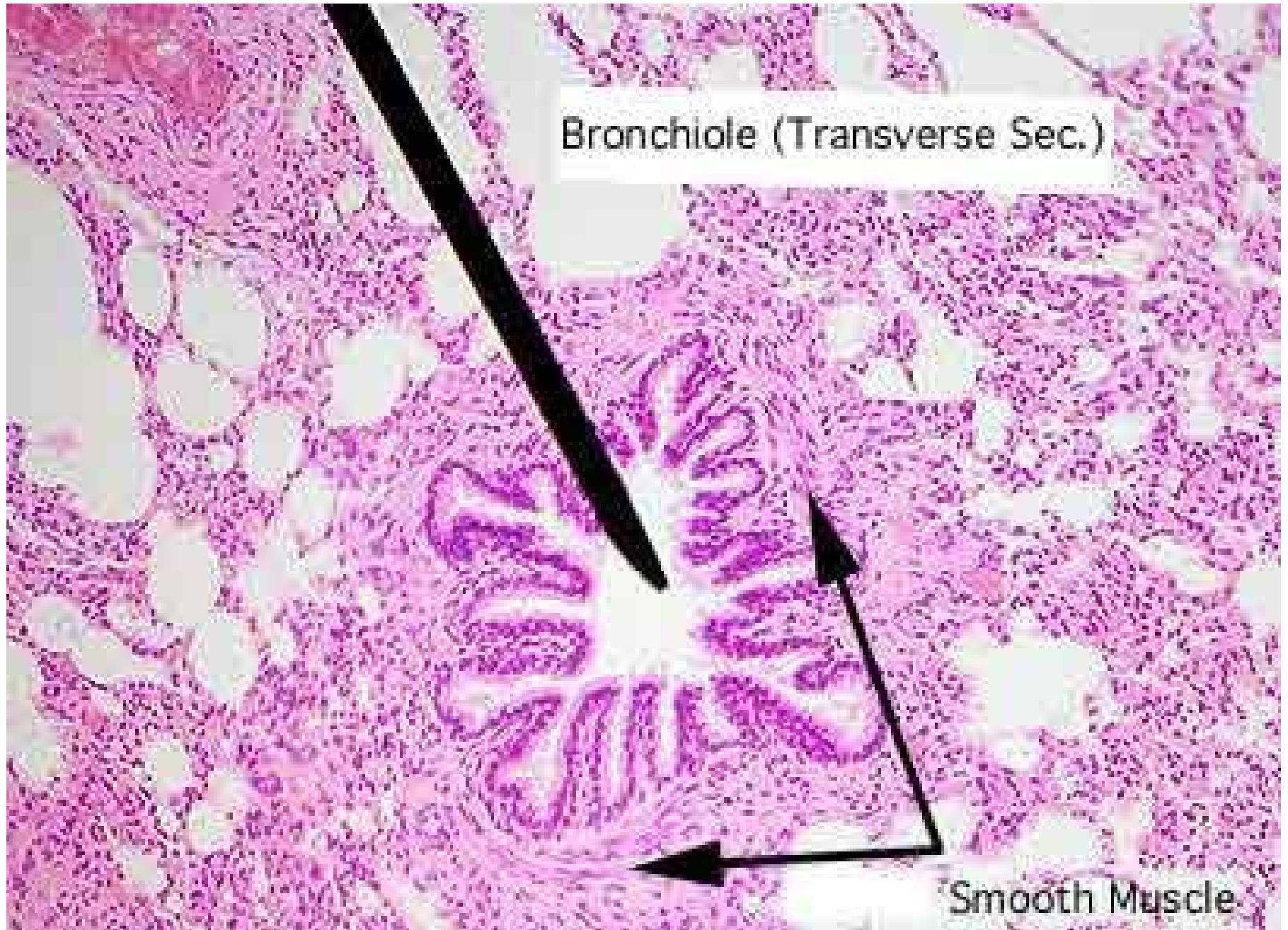


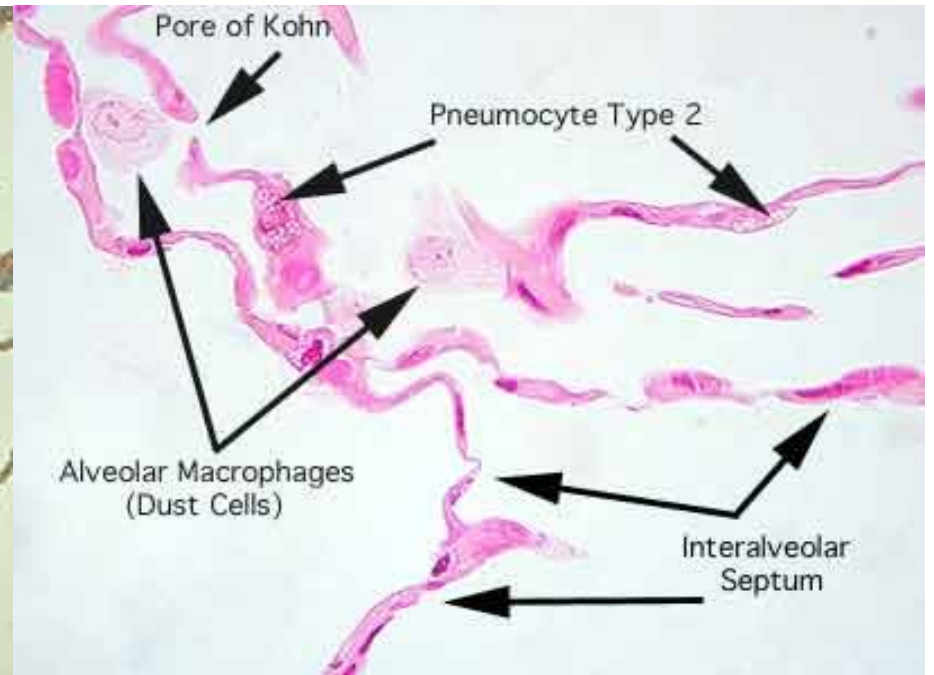
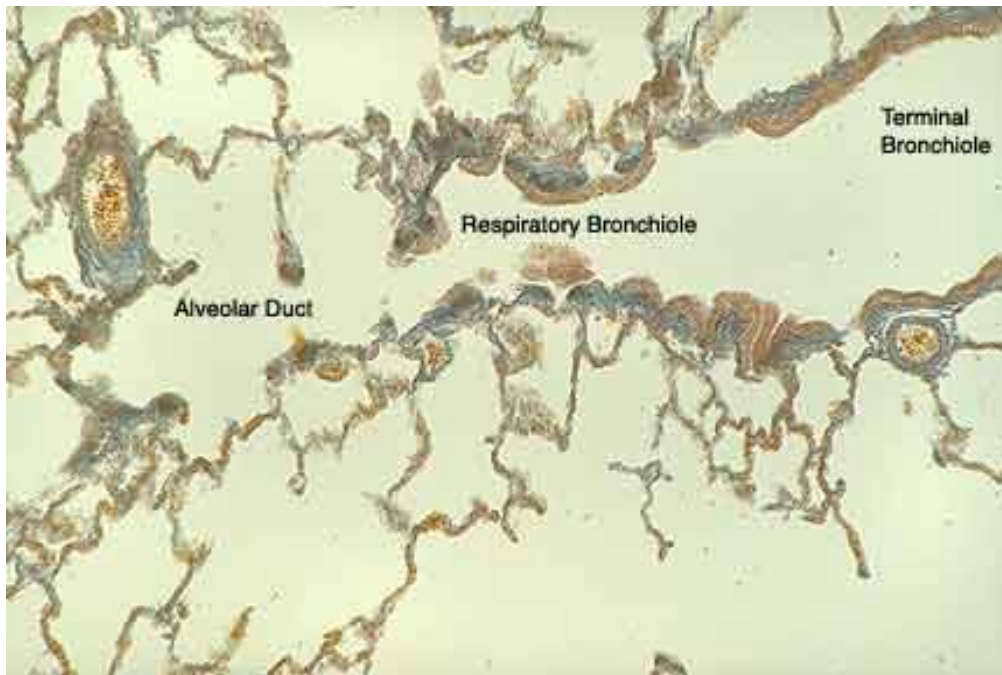




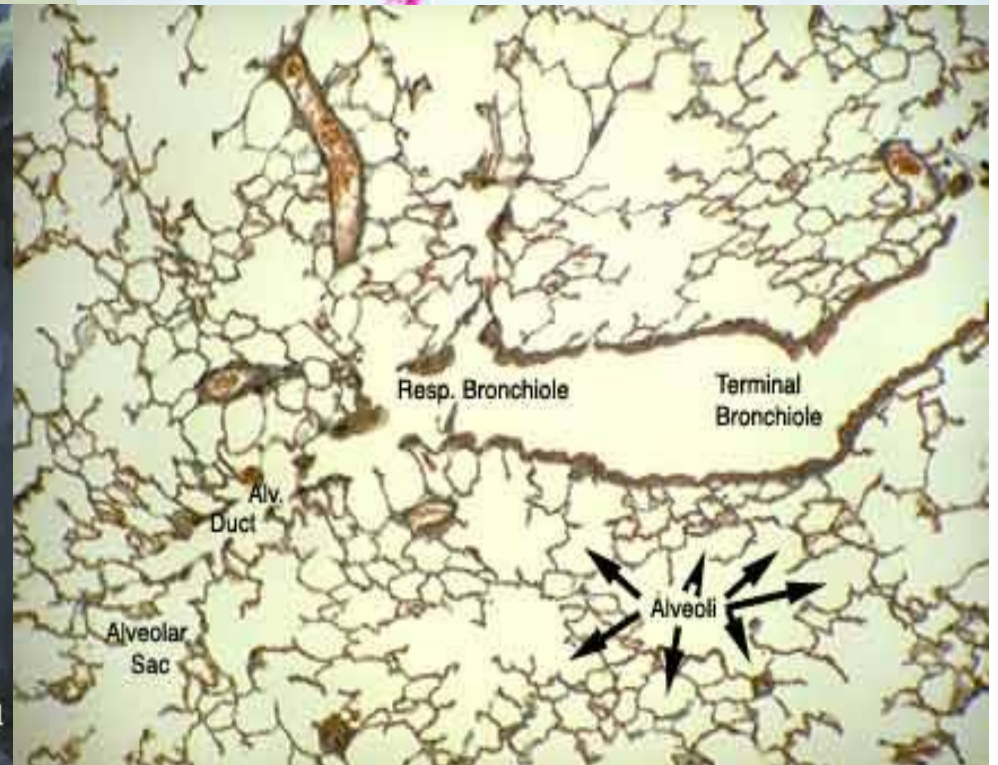
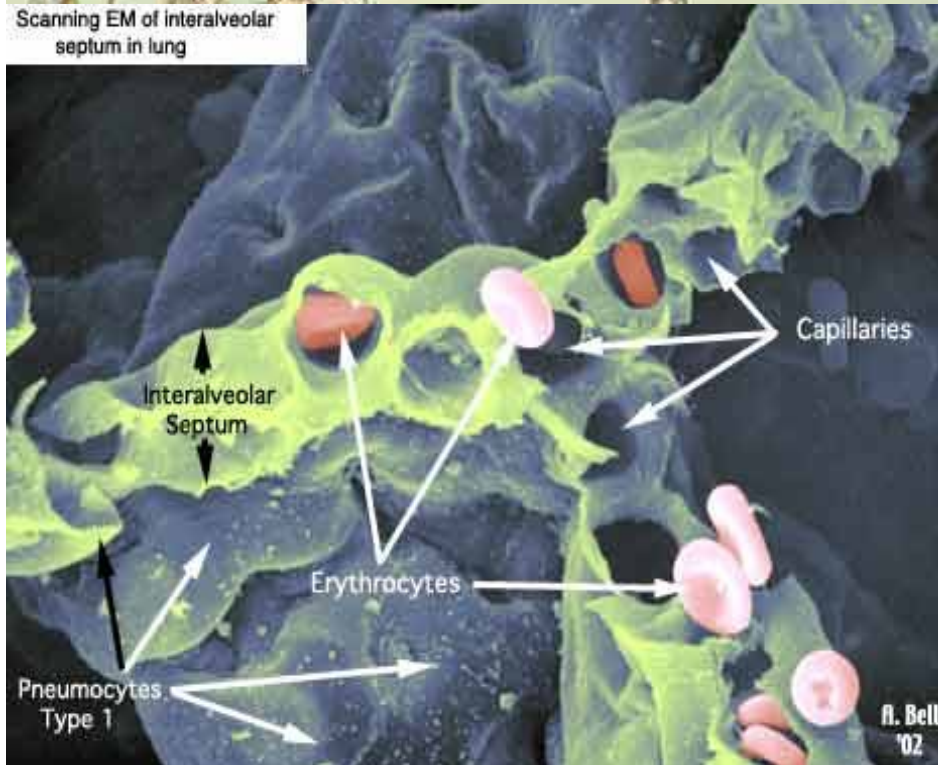
Bronchiole (Transverse Sec.)

Smooth Muscle

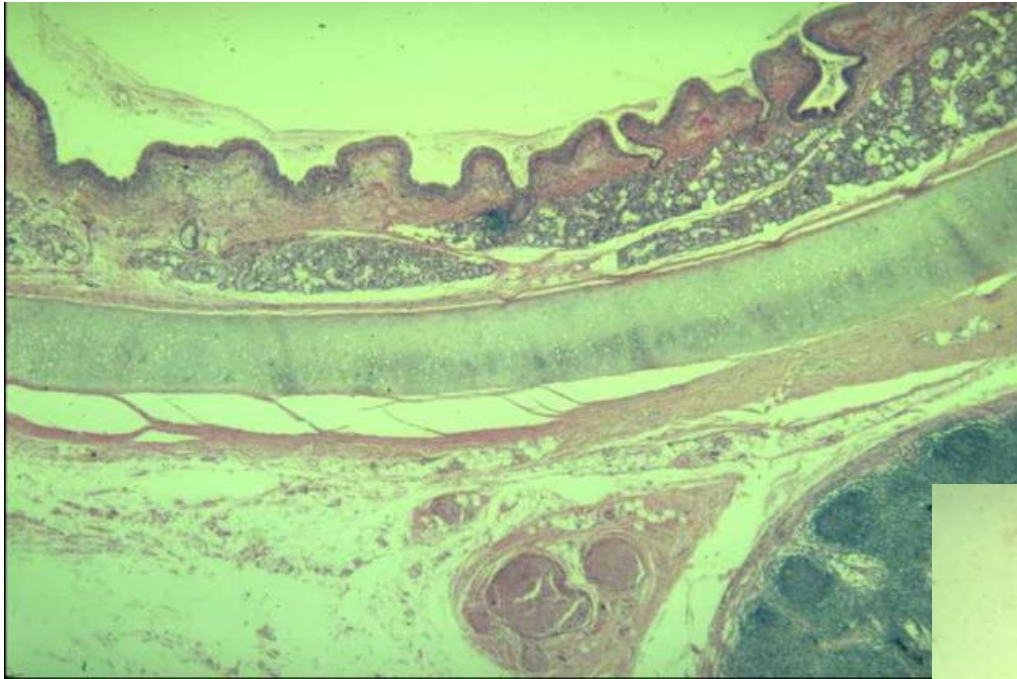




Scanning EM of interalveolar septum in lung



Trachea



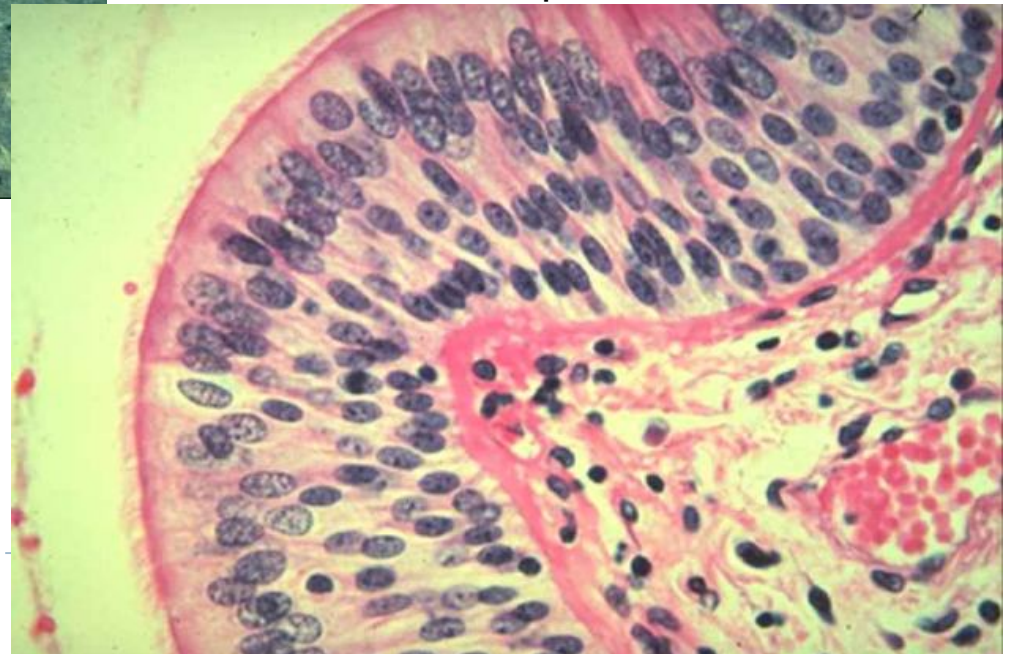
C-Shaped Cartilage
-maintains patency,
especially during forced
expiration

- Pseudostratified ciliated columnar epithelium
- Goblet cells
- Basal cells
- Brush cells

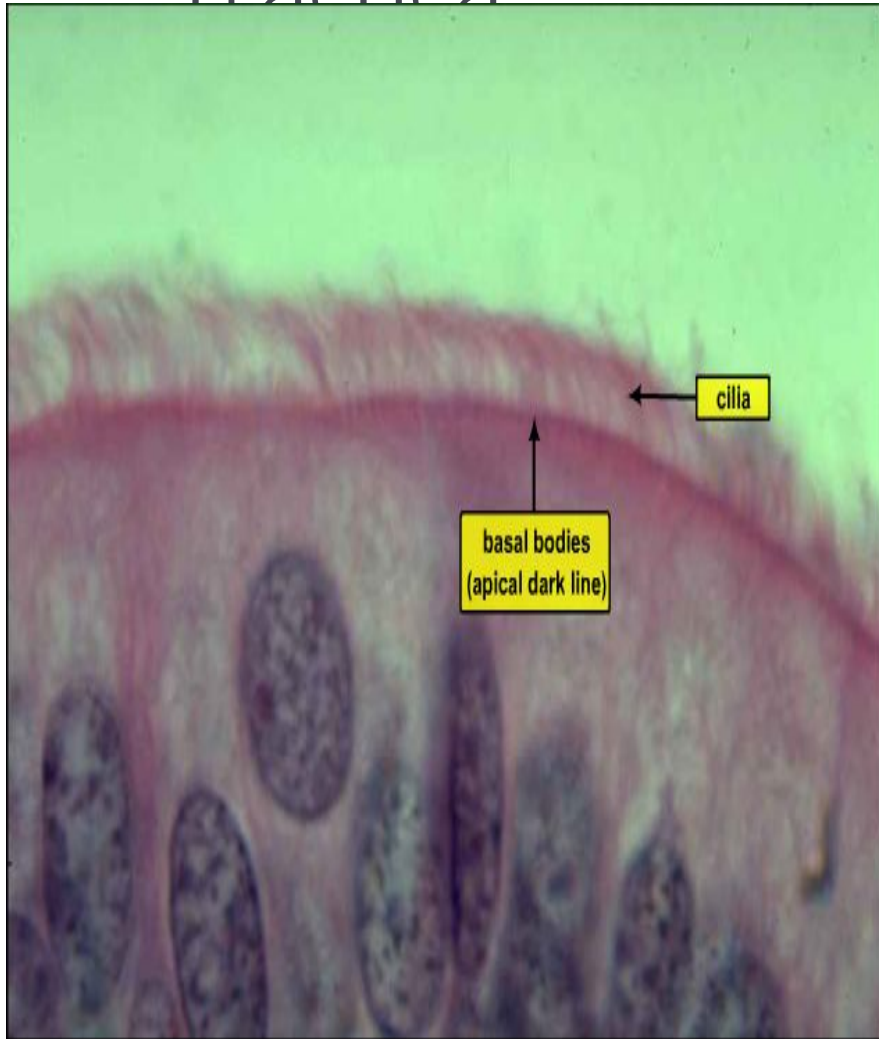
Glands:

Mucous- mucin

Serous- Glycoproteins, polysaccharides &
bacteriosidic proteins



Trachea

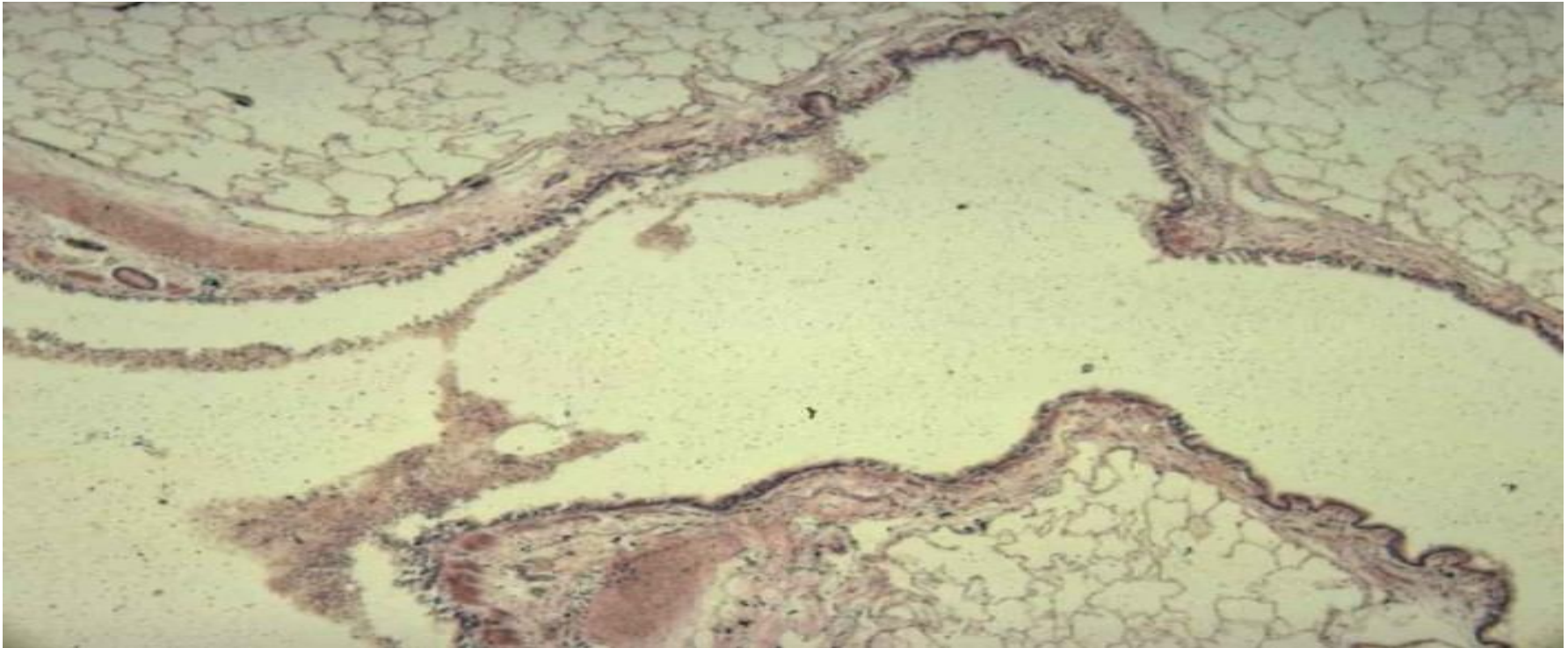


Basal Bodies: Associated with cilia and highly eosinophilic



Mucous gland vs. serous gland

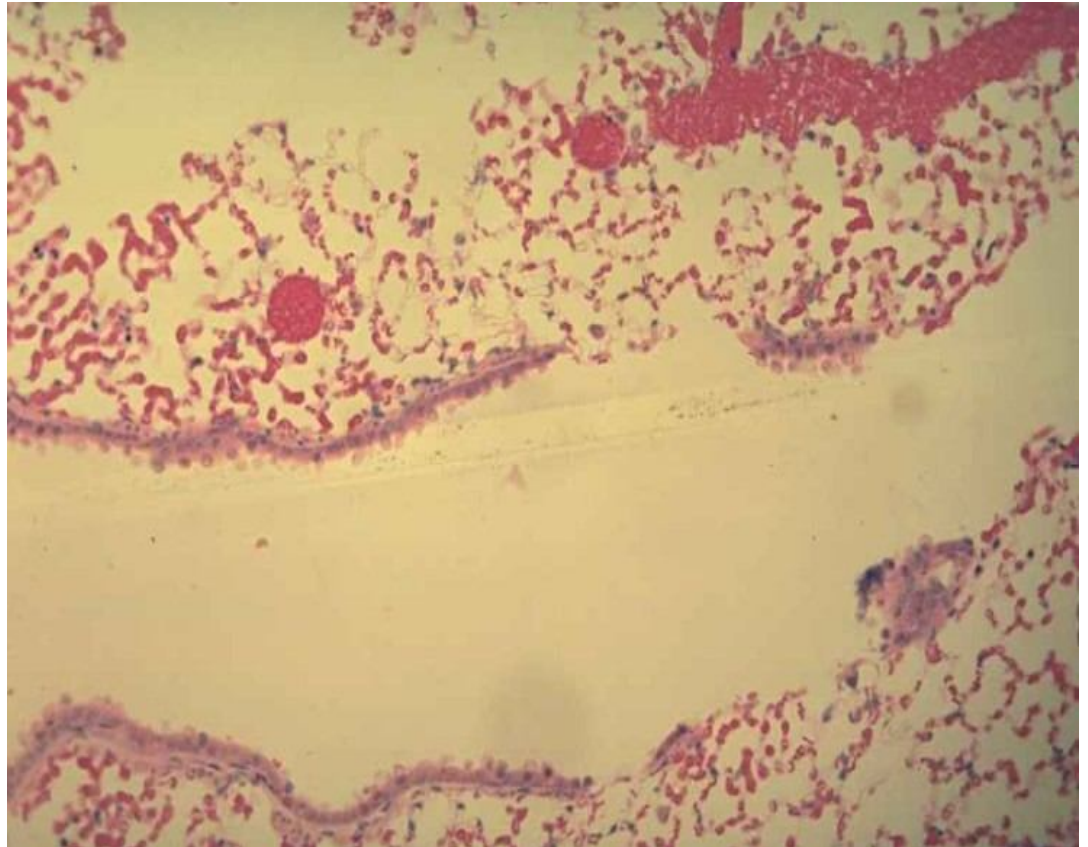
Bronchus – Bronchiole Junction



- ▶ Bronchus is the last place you'll see cartilage
- You still have smooth muscle in bronchioles
- Transition from pseudostratified to simple columnar

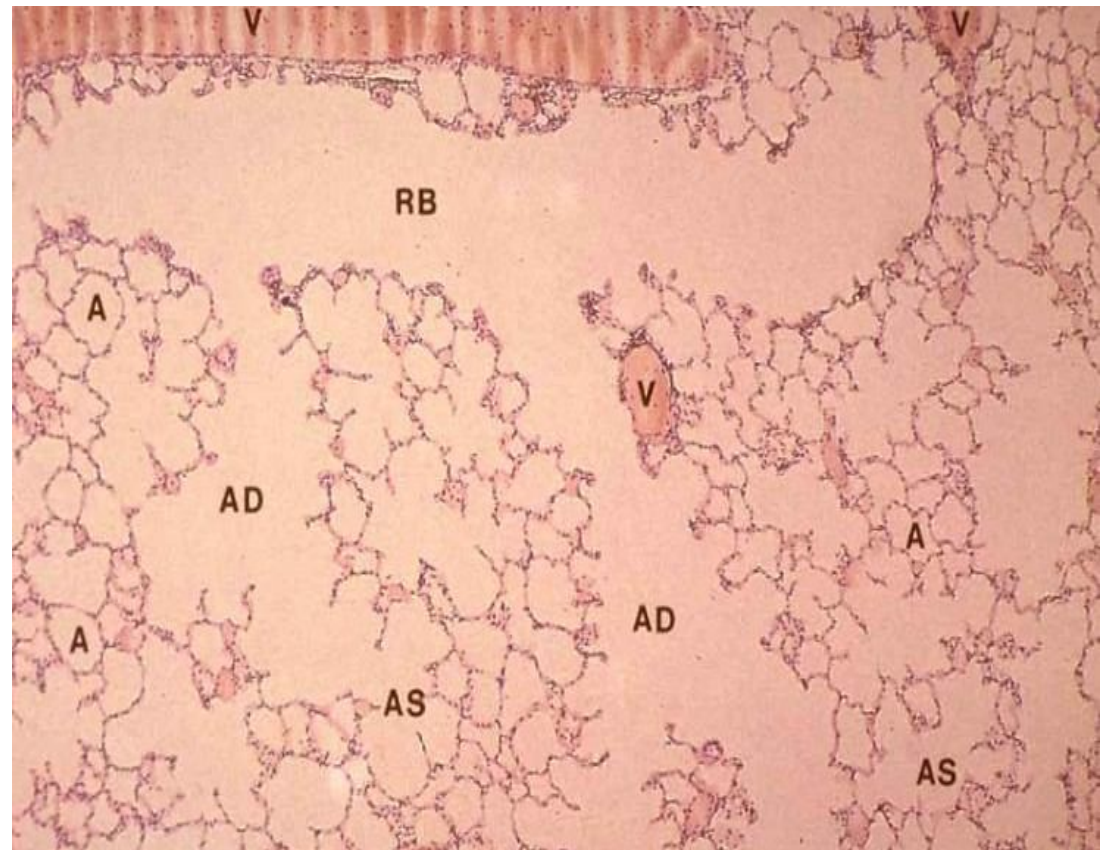
Conducting-Respiratory Junction

- ▶ The Respiratory segment begins w/ the respiratory bronchioles
 - ▶ Alveoli out-pocketings
 - ▶ Clara cells begin to predominate



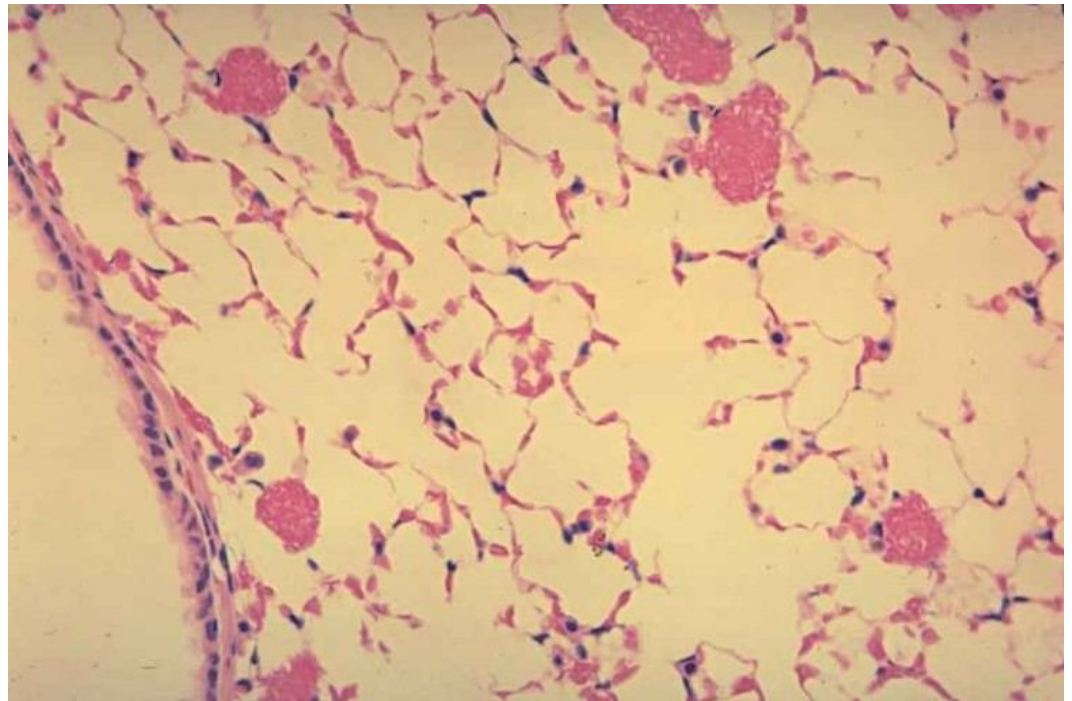
The Respiratory Segment

- ▶ Respiratory Bronchioles
 - ▶ Give off Alveoli
 - ▶ Give off alveolar ducts
- ▶ Alveolar ducts
 - ▶ Give off Alveoli only
- ▶ Alveolar sacs
 - ▶ Spaces surrounded by clusters of alveoli



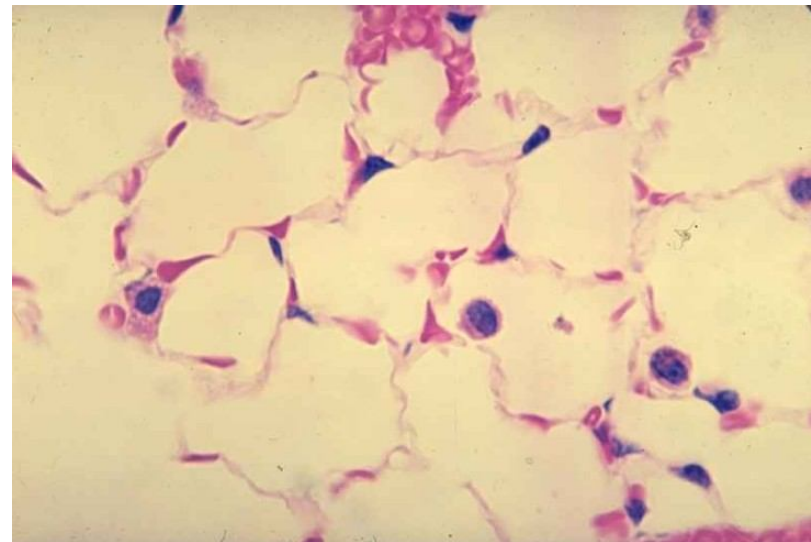
Identify the Segments . .

- ▶ Largest = Terminal Bronchiole
 - ▶ Simple epithelium
 - ▶ No Alveoli (i.e. not respiratory)
- ▶ Central clearing = Alveolar ducts
 - ▶ Give off Alveoli only



The Cells

- ▶ Type I Pneumocytes (epithelial cells)
- ▶ Type II Pneumocytes (Surfactant Cells)
 - ▶ secrete surfactant
 - ▶ BIG, at corners of alveoli
 - ▶ EM: Golgi and rER, lamellar bodies of stored surfactant
- ▶ Macrophages (Dust)
 - ▶ within the alveolar space



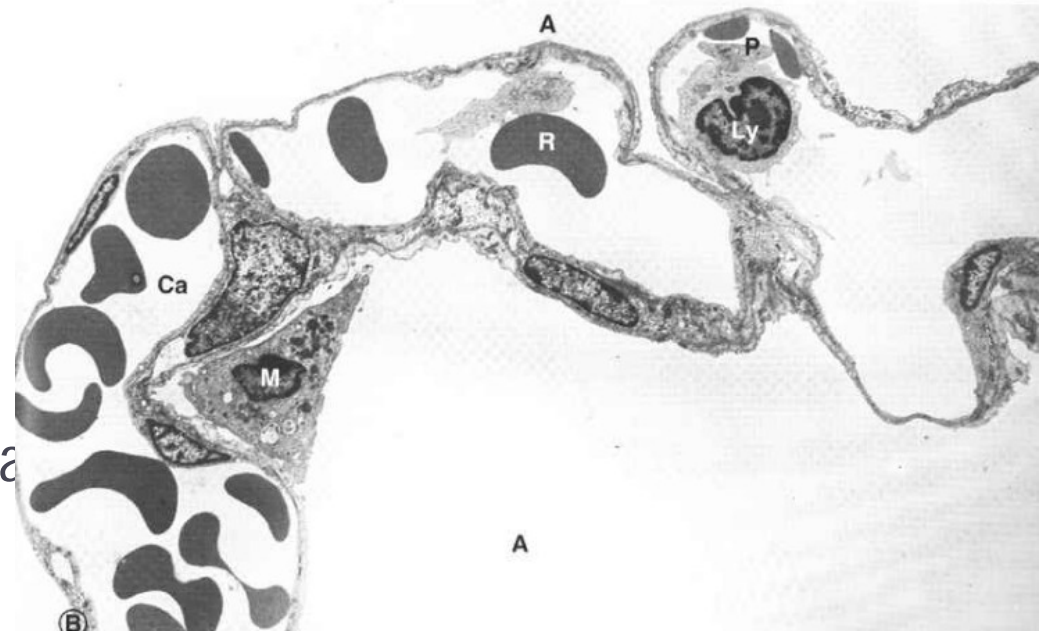
Elastic Tissue

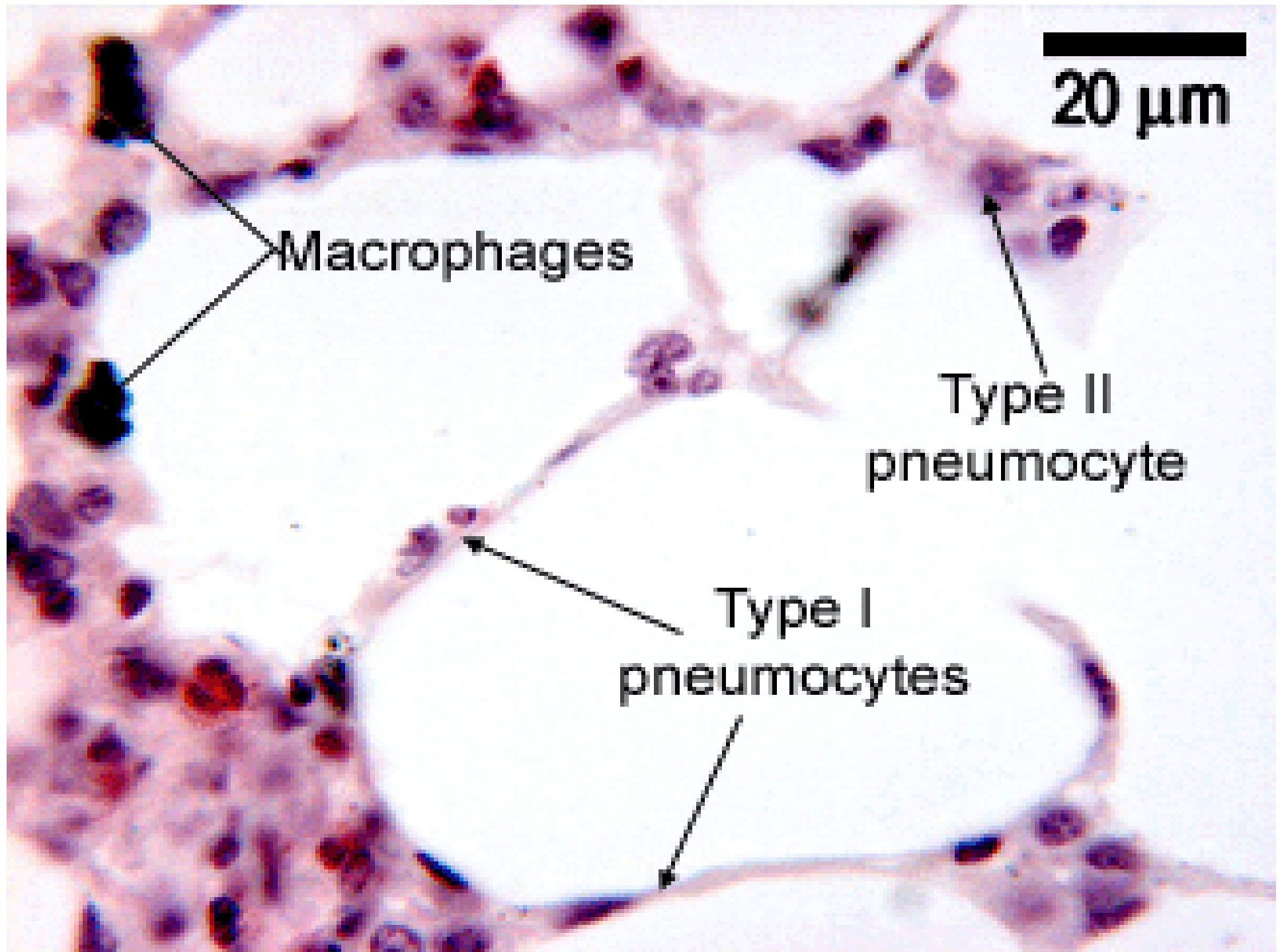
- ▶ Elastin is present throughout the respiratory tract



The Gas Exchange

- ▶ Air Space
- ▶ Type I pneumocyte
- ▶ Blood Vessels
 - ▶ RBC's
- ▶ Macrophages
 - ▶ within the alveolar space





Respiratory Cycle

