



CARDIOVASCULAR SYSTEM

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(a)



CARDIOVASCULAR EMBRYOLOGY

Cardiovascular Development

•3rd gestational week ... <u>heart formed</u> [five weeks after the last normal menstrual period (LMP)] •8th gestational week... <u>heart functional</u>

The heart is the first functional organ in a vertebrate embryo



For your information

•Start at the mother rate 70 -80 until the 7th week

•165-185 BPM during the early 7th week, (early 9th week after the LMP).

•This acceleration is approximately 3.3 BPM per day, or about 10 BPM every three days, an increase of 100 BPM in the first month

•After peaking at about 9.2 weeks after the LMP, it decelerates to about 150 BPM (+/-25 BPM) during the 15th week after the LMP. After the 15th week the deceleration slows reaching an average rate of about 145 (+/-25 BPM) BPM at term. The regression formula which describes this acceleration before the embryo reaches 25 mm in crown-rump length or 9.2 LMP weeks is:

Age in days = EHR(0.3) + 6







- In the developing fetus, the **ductus arteriosus** (**DA**), also called the **ductus Botalli**, is a shunt connecting the pulmonary artery to the aortic arch.
 - It allows most of the blood from the right ventricle to bypass the fetus fluid-filled lungs,
 - protecting the lungs from being overworked and allowing the right ventricle to strengthen.
- There are two other fetal shunts, the <u>ductus venosus and the foramen ovale</u>.

- In the fetus, the **ductus venosus** shunts a significant majority (80%) of the blood flow of the umbilical vein directly to the inferior vena cava.
- Thus, it allows oxygenated blood from the placenta to bypass the liver.
- In conjunction with the other fetal shunts, the foramen ovale and ductus arteriosus, it plays a critical role in preferentially shunting oxygenated blood to the fetal brain



right atria

Blood is shunted via the **arterial duct** directly from the right atria to the aorta, again bypassing the lungs.



umbilical artery

blood low in oxygen and nutrients moves from fetus back to mother





Adult remnants of fetal circulation

Adult	Fetus
Fossa ovale	Foramen ovale
Ligamentum arteriosum	Ductus arteriosus
Medial umbilical ligaments	Umbilical aa.(within fetus)
Round ligament (ligamentum teres) of liver	Umbilical v.(within fetus)
Ligamentum venosum	Ductus venosus
Medial umbilical ligament	Umbilical cord (leaving fetus)

Heart Anatomy

- Approximately the size of your fist
- Location
 - **G** Superior surface of diaphragm
 - **Left of the midline**
 - Anterior to the vertebral column, posterior to the sternum
- □ The **heart** is positioned obliquely between the
- lungs in the mediastinum





1.5

- 1. right atrium; forms right border of heart
- 2. right ventricle; forms most of sternocostal surface of heart
- 3. left ventricle; forms most of left border of heart



- The heart and roots of the great vessels within the pericardial sac are related anteriorly
 - to the sternum,
 costal cartilages,

•and the medial ends of the 3rd and 5th ribs on the left side.

- The heart and pericardial sac are situated obliquely, about two thirds to the left and one third to the right of the median plane.
- The heart is shaped like a tipped over, three-sided pyramid with an <u>apex</u>, <u>base</u>, and four surfaces.

Orientation of the Heart



The apex of the heart

- Is directed anteriorly and to the left and is
 formed by the inferolateral part of the left
 ventricle.
- Is located posterior to the left <u>5th intercostal</u> <u>space in adults, usually 9 cm from the</u> <u>median plane</u>.
- Is where the sounds of <u>mitral valve closure</u> <u>are maximal (apex beat</u>); the apex underlies the site where the



The base of the heart

- Is the heart's posterior aspect.
- Is formed mainly by the left atrium, with a lesser contribution by the right atrium.
 - Faces posteriorly toward the bodies of vertebrae T6/T9, and is separated from them by
 - the pericardium,
 - oblique pericardial sinus,
 - esophagus, and aorta.
- Extends superiorly to the bifurcation of the pulmonary trunk and inferiorly to the coronary groove.
- Receives the pulmonary veins on the right and left sides of its left atrial portion and the superior and inferior venae cavae at the superior and inferior ends of its right atrial portion.



•Anterior (sternocostal) surface, formed mainly by the right ventricle.

•Diaphragmatic (inferior) surface, formed mainly by the left ventricle and partly by the right ventricle; it is related to the central tendon of the diaphragm.

•Left pulmonary surface, formed mainly by the left ventricle; it forms the cardiac impression of the left lung.

•**Right pulmonary surface**, formed mainly by the right atrium.

The heart appears trapezoidal in both anterior and posterior views.

The four borders of the heart are the

•**Right border** (slightly convex), formed by the right atrium and extending between the SVC and the IVC.

•Inferior border (nearly horizontal), formed mainly by the right ventricle and only slightly by the left ventricle.

•Left border (oblique), formed mainly by the left ventricle and slightly by the left auricle.

•Superior border, formed by the right and left atria and auricles in an anterior view; the ascending aorta and

pulmonary trunk emerge from the superior border, and the SVC enters its right side. Posterior to the aorta and pulmonary trunk and anterior to the SVC, the superior border forms the inferior boundary of the transverse pericardial sinus.

Orientation of the Heart

Location of the Heart in the Thorax – The Mediastinum





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(a) Position of the heart in the thoracic cavity

(b) Cross-sectional view





Coverings of the Heart: Anatomy

- Pericardium a double-walled sac around the heart composed of:
 - A superficial fibrous pericardium
 - A deep two-layer serous pericardium
 - The <u>parietal layer</u> lines the internal surface of the fibrous pericardium
 - The visceral layer or epicardium lines the surface of the heart
 - They are separated by the fluid-filled pericardial cavity



Pericardium





Serous Pericardium

- Deep to the fibrous pericardium.
- 2 layered structure.
- Relationship with the heart is similar to that of a fist punching a balloon.





Coverings of the Heart: Physiology

- The pericardium <u>function</u>:
 - Protects and anchors the heart
 - Prevents overfilling of the heart with blood
 - Allows for the heart to work in a relatively friction-free environment



Epicardium

- Corresponds to the visceral pericardium.
- Functions as an outer protective layer.
- Serous membrane that consists of connective tissue covered by epithelium.
- Includes blood capillaries, lymph capillaries, and nerve fibers.

Myocardium

- Relatively thick.
- Consists largely of cardiac muscle tissue responsible for forcing blood out of the heart chambers.
- Muscle fibers are arranged in planes, separated by connective tissues that are richly supplied with blood capillaries, and nerve fibers.

Endocardium

- Consists of epithelial and connective tissue that contains many elastic and collagenous fibers.
- Connective tissue also contains blood vessels and some specialized cardiacmuscle fibers called **Purkinje fibers**.
- Lines all of the heart chambers and covers heart valves.
- Is continuous with the inner lining of blood vessels-endothelium.

Heart layers: Anatomy





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Microscopic Anatomy of Heart Muscle

- Cardiac muscle is striated, short, fat, branched, and interconnected
- The connective tissue endomysium acts as both tendon and insertion
- Intercalated discs anchor cardiac cells together and allow free passage of ions
- Heart muscle behaves as a functional syncytium



Microscopic Anatomy of Cardiac Muscle

- Striated muscle but fibres divide and recombine.
- Though each cell is dictinct withits own nucleus, the cells are joined end to end by specialised cell junctions called intercalated disks.
- These junctions offer a veru weak resistance to electrical flow and thus the heart muscle acts as a syncetium.
- In contrast with skeletal muscle, the heart muscle tissue can contract without a nervous stimulation.









Cardiac Muscle Bundles


















Other differences between cardiac and skeletal muscle tissue

•Sarcoplasmic Reticulum is less extensive in cardiac muscle.

•Calcium sensitivity of intact cardiac muscle is greater than skeletal muscle.

• Because of this increased sensitivity, cardiac muscle contraction is longer than skeletal muscle.

•Cardiac muscle cannot undergo tetanisation.

•This occurs as the **absolute refractory period in the cardiac muscle cell is longer than for skeletal muscle**.

•In fact absolute refractory period is almost as long as the contraction period - 200 msecs.

•Cardiac muscle resists wear and tear better than skeletal muscle.

•This is important as cardiac muscle contracts som 100,000 times/day (in 70 years this totals to 2.5 billion times).

•Cardiac muscle is **very susceptible to oxygen lack** - can withstand not more than 30secs without oxygen before they stop working.

•The cardiac muscle as a whole, and not only the single muscle fibre, obeys the all or none rule i.e.

•if one muscle cell in the syncetium contracts, the rest contract at the same time.

External Heart: Major Vessels of the Heart (Anterior View)

- Vessels returning blood to the heart include:
 - Superior and inferior venae cavae
 - Right and left pulmonary veins
- Vessels conveying blood away from the heart:
 - Pulmonary trunk, which splits into right and left pulmonary arteries
 - Ascending aorta (three branches) brachiocephalic, left common carotid, and subclavian arteries









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External Heart: Major Vessels of the Heart (Posterior View)

- Vessels returning blood to the heart include:
 - Right and left pulmonary veins
 - Superior and inferior venae cavae
- Vessels conveying blood away from the heart include:
 - Aorta
 - Right and left pulmonary arteries



	Blood Flow Through the Heart		
Heart Chamber	Receives Blood From	Sends Blood To	Valve Through Which Blood Flows
Right atrium	Superior vena cava Inferior vena cava Coronary sinus ¹	Right ventricle	Right atrioventricular (AV) valve
Right ventricle	Right atrium	Pulmonary trunk	Pulmonary semilunar valve
Left atrium	Pulmonary veins	Left ventricle	Left AV valve
Left ventricle	Left atrium	Aorta	Aortic semilunar valve

1. Drains deoxygenated blood from the heart wall.

External Heart: Vessels that Supply/Drain the Heart (Posterior View)

Arteries –

- right coronary artery (in atrioventricular groove)
- the posterior interventricular artery (in interventricular groove)

<u>Veins</u> –

- great cardiac vein,
- posterior vein to left ventricle,
- coronary sinus,
- middle cardiac vein





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Atria of the Heart

- Atria are the receiving chambers of the heart
- **Each atrium has a protruding auricle**
- Pectinate muscles mark atrial walls
- Blood enters right atria from superior and inferior venae cavae and coronary sinus
- Blood enters left atria from pulmonary veins

PECTINATE MUSCLE





Plate cv01

Opened Right Ventricle Anterior View



Opened Right Atrium Right Lateral View





- Ventricles are the discharging chambers of the heart
- Papillary muscles and trabeculae carneae muscles mark ventricular walls
- Right ventricle pumps blood into the pulmonary trunk
- Left ventricle pumps blood into the aorta

Ventricles of the Heart

TRABECULAE CARNEAE



Plate 012L

LEFT ATRIUM & VENTRICLE DETAIL



POSTERIOR SAGITTAL SECTION

Plate cv013L

Right and Left Ventricles



Pathway of Blood Through the Heart and Lungs

- □ Right atrium → tricuspid valve → right ventricle
- Right ventricle → pulmonary semilunar
 valve → pulmonary arteries → lungs
- □ Lungs \rightarrow pulmonary veins \rightarrow left atrium
- □ Left atrium → bicuspid valve → left ventricle
- □ Left ventricle → aortic semilunar valve → aorta
- \Box Aorta \rightarrow systemic circulation



Coronary circulation



Coronary Circulation

- **Coronary circulation is the functional blood supply to the heart muscle itself**
- <u>Collateral routes ensure blood delivery to heart even if major vessels are occluded</u>



External Heart: Vessels that Supply/Drain the Heart (Anterior View)





Plate 4-22 Coronary Arteries

Plate 4-23 Coronary Arteries, Normal Patterns and Variations.

Aortic arch Superior vena cava Pulmonary trunk Aortic semilunar valve Left coronary artery Left atrium Right atrium Circumflex artery Right coronary artery Left marginal artery Posterior Anterior interventricular artery interventricular artery **Right marginal artery** Left ventricle (a) **Right ventricle** Aortic arch Pulmonary trunk Superior vena cava Left atrium Into Right atrium right Posterior vein of left ventricle atrium Middle cardiac vein Coronary sinus Small cardiac vein Great cardiac vein Left ventricle (b) **Right ventricle**









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Coronary Circulation: Venous Supply



Plate 4-24 Cardiac Veinc

A. Anterior view

B. Normal venous pattern, anterior view





Middle cardiac vein (chosted)

D. Normal venous pattern, posteroinferior view





Plate 4-24 Cardiac Veins

C. Posteroinferior view

Myocardial Segment Anatomy



Cardiac valves



Heart Valves

- Heart valves ensure unidirectional blood flow through the heart
- Atrioventricular (AV) valves lie between the atria and the ventricles
- **AV** valves prevent backflow into the atria when ventricles contract
- Chordae tendineae anchor AV valves to papillary muscles



Valves

- AV atrioventricular valves
 - Tricuspid
 - Mitral or bicuspid
- Semilunar valves
 - Aortic
 - Pulmonic

PAMT

CHORDAE TENDINEAE



The papillary muscles (PM) anchoring the cords to the heart wall will contract to counter any stretch in the cordae tendineae (CT) during vigorous pumping of the heart.

SEMILUNAR VALVES



The semilunar valves are found lining the walls of the pulmonary trunk (pulmonary valve) and the aorta (aortic valve). Each valve consists of three pocket-like endocardial cusps (c). During contraction of the ventricles (ventricular systole), the pockets are flattened against the walls of the ejecting vessels. As the ventricles begin to relax (diastole), the blood in the large arteries begins to fall back down into the ventricles. This causes the cusps to fill with blood and billow out closing the vessel and preventing a backflow.




Heart Valves

- Aortic semilunar valve lies between the left ventricle and the aorta
- Pulmonary semilunar valve lies between the right ventricle and pulmonary trunk
- <u>Semilunar valves prevent backflow of blood into</u> the ventricles





Normal and Diseased Heart Valves





(a)







(d)



(b)

Semilunar Valve Function





(b)

As ventricles relax and intraventricular pressure falls, blood flows back from arteries, filling the cusps of semilunar valves and forcing them to close.



Semilunar valve closed

Semilunar valve open





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