

# Gas Exchange and Transport

Dr. Ahmad Ali

Lecture in Zoology

The Islamia University of Bahawalpur

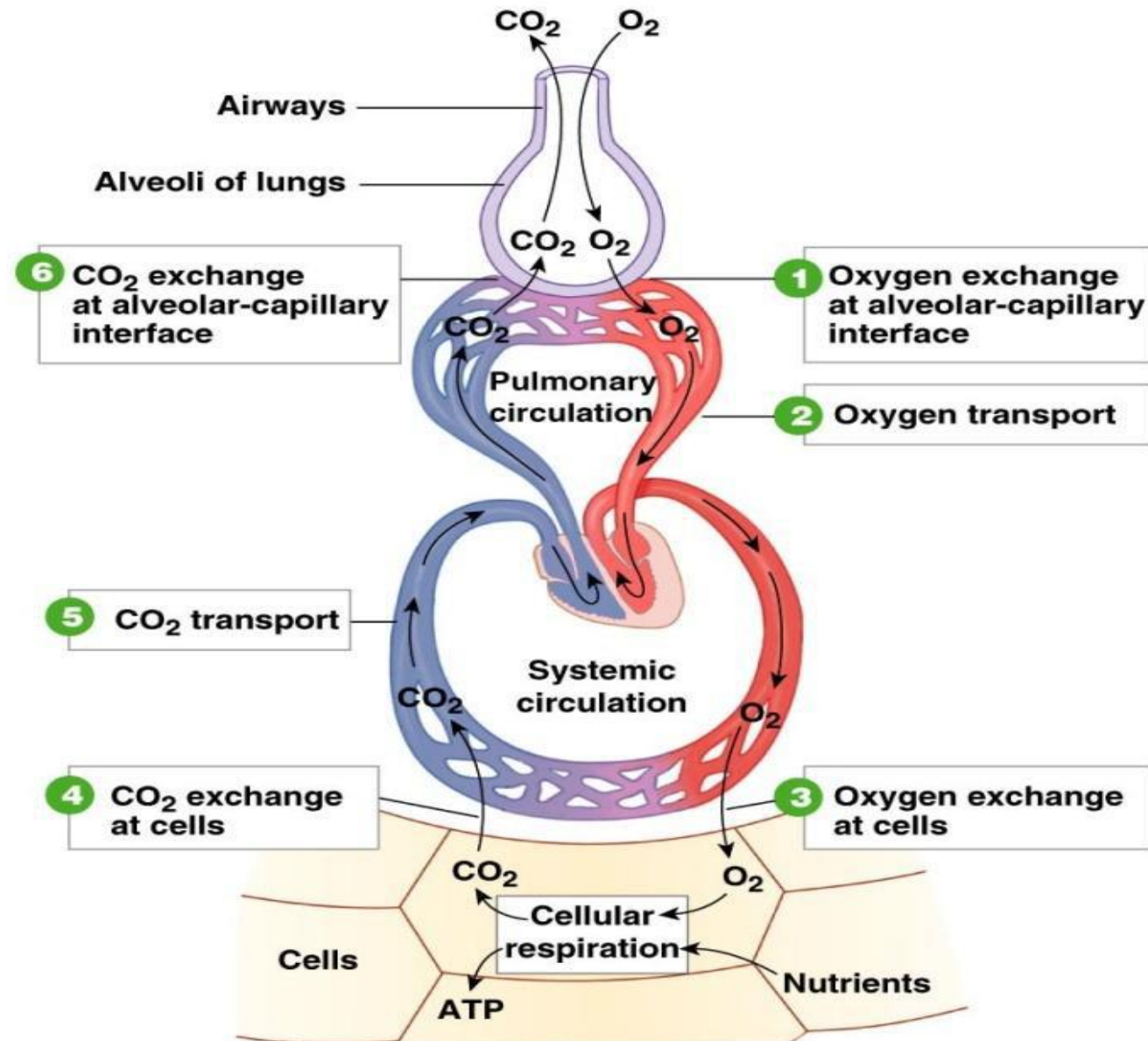
# Diffusion and Solubility of Gases

- *Fick's law furthers the principles of diffusion:*

$$\text{Diffusion rate} = \frac{\text{Surface area} \times \text{conc. gradient} \times \text{membrane permeability}}{\text{Membrane thickness}}$$

- Diffusion most rapid over short distances
  - At alveolar and systemic capillaries
- Concentration Gradient expressed as Partial Pressure

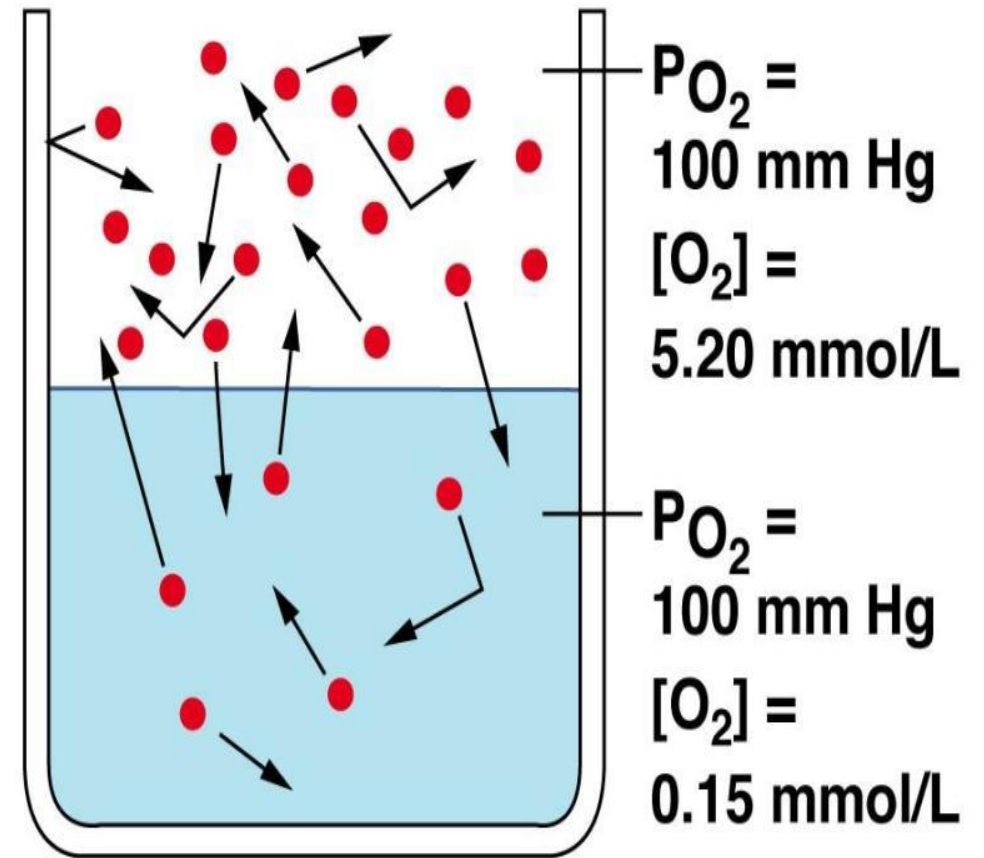
# General principal of gaseous transport



# Partial Pressure

1.  $P_{O_2} = 100 \text{ mmHg}$  at sea level
  2. Since gases can diffuse/dissolve into liquids, partial pressure allows comparison between the two media.
- 1. Determines concentration gradient
  - **3. Solubility** of gas depends on
    - solubility of molecule in particular liquid
    - pressure gradient
    - temperature
    - Equilibrium not necessarily the same concentration
  - $CO_2$  is 20x more soluble than  $O_2$ , explains the need for Hb

**(c)** At equilibrium,  $P_{O_2}$  in air and water is equal. Low  $O_2$  solubility means concentrations are not equal.

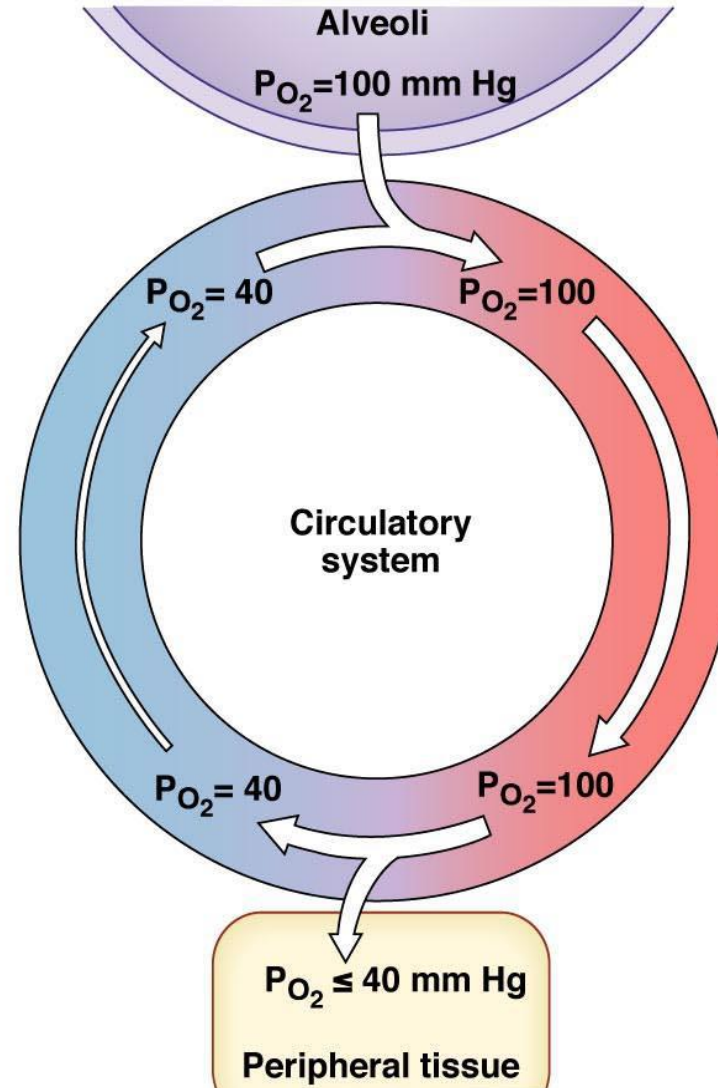


# Gas Exchange in Lungs

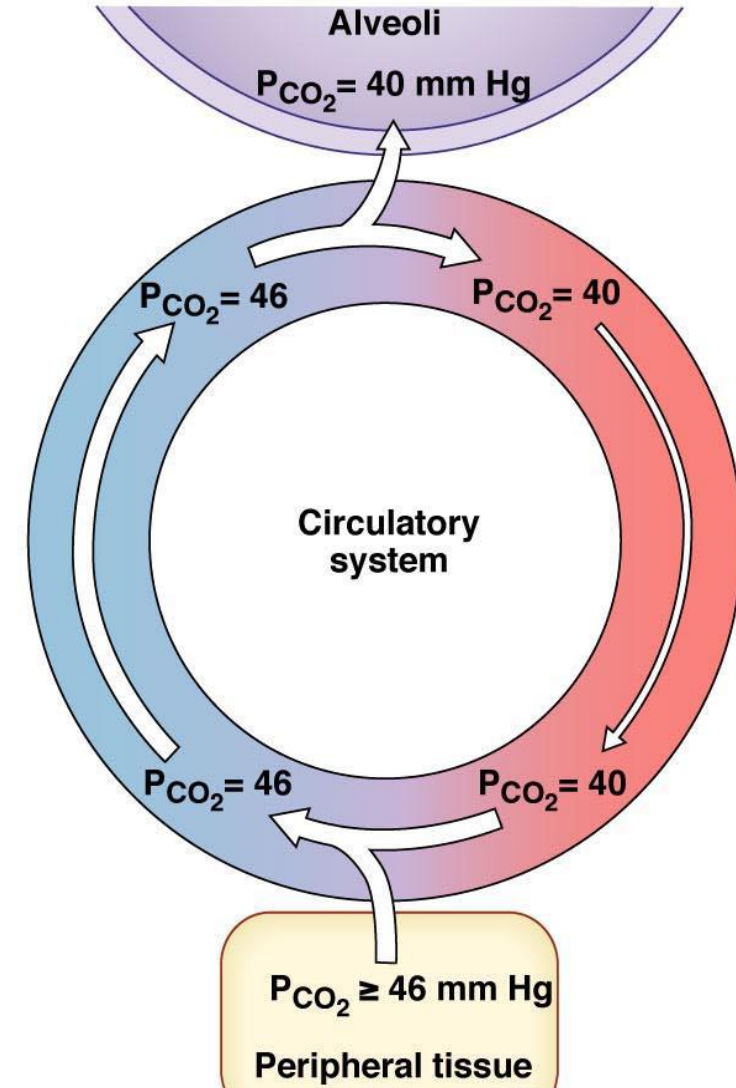
## Partial Pressure Gradient

- Alveolar  $PO_2 = 100\text{ mm Hg}$
- Venous  $PO_2 = 40\text{ mm Hg}$
- Simple diffusion drives the transfer
- $PCO_2$  has the opposite diffusion from capillary to alveoli

(a) Oxygen diffusion



(b)  $CO_2$  diffusion



# Oxygen Transport in Blood

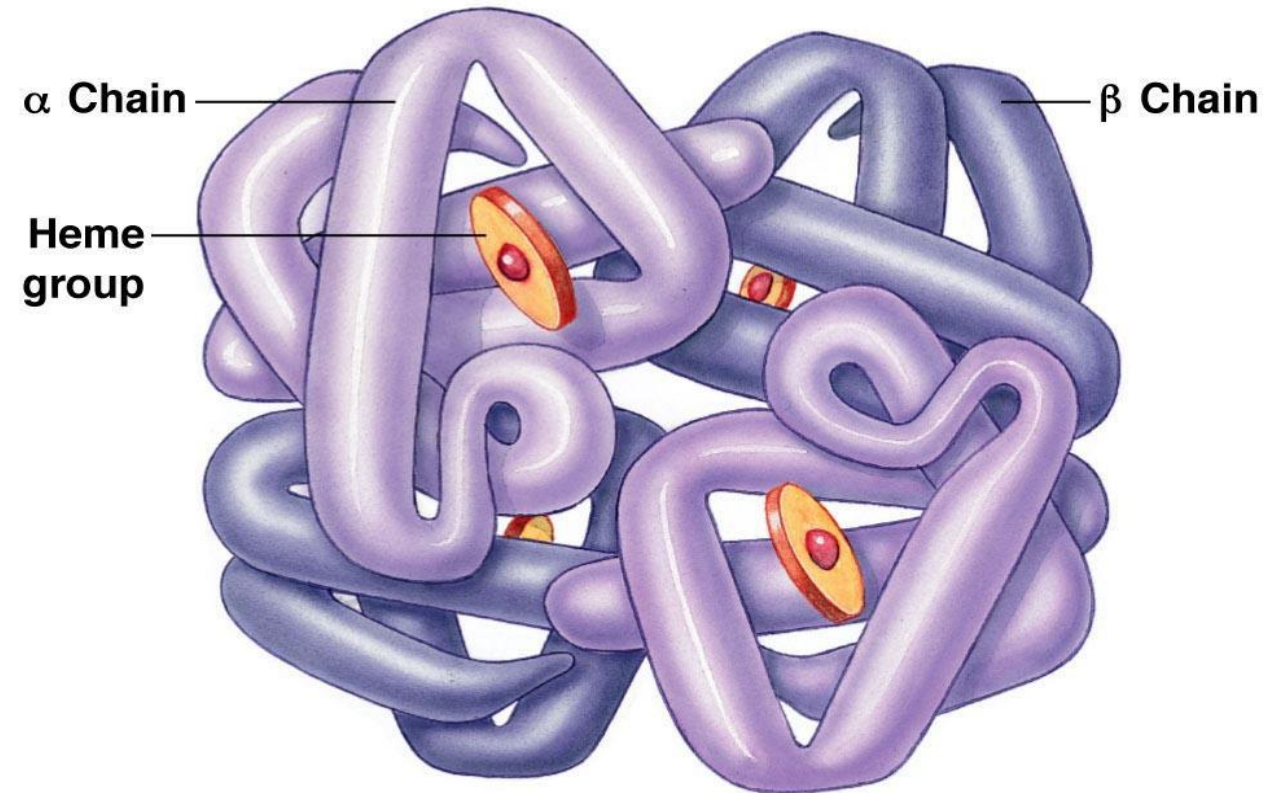
- > 98% carried by Hb
- Rest dissolved in plasma
- O<sub>2</sub> poorly soluble in plasma
- O<sub>2</sub>-Hb dissociation curve demonstrates relationship between PO<sub>2</sub> and Hb binding of O<sub>2</sub>
- Other factors affecting O<sub>2</sub>-Hb dissociation curve



# Hemoglobin (Hb)

- Four protein fractions
- Four heme groups with Fe
  - 70% of Fe in the body is in heme
- Binds reversibly to O<sub>2</sub>
  - HbO<sub>2</sub> or oxyhemoglobin
  - 100% binding = saturation
  - Pulse Oximeter
- Binding increased by many different conditions:
  - ↑ Plasma PO<sub>2</sub>
    - Alveolar PO<sub>2</sub> determines plasma PO<sub>2</sub>
  - ↑ pH
  - ↓ Temperature
  - ↑ CO<sub>2</sub>
  - ↓ 2,3-DPG
    - ↑ by hypoxia, e.g., high altitude
    - ↓ in stored blood
- HbF (Foetal Hb)

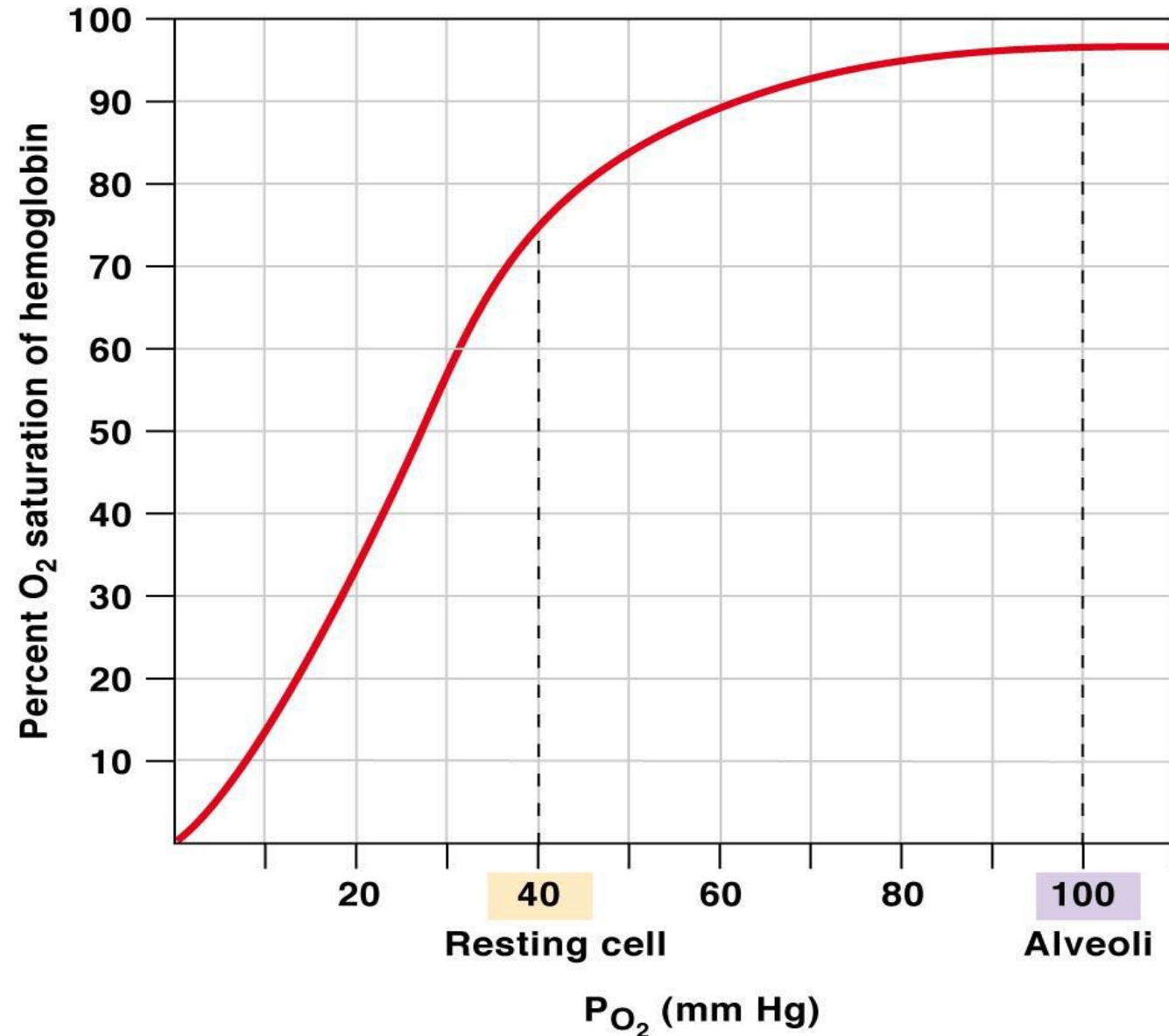
**(a)** A hemoglobin molecule is composed of four protein globin chains, each surrounding a central heme group.



**In most adult hemoglobin, there are two alpha chains and two beta chains as shown.**

# O<sub>2</sub> - Hb Dissociation Curve

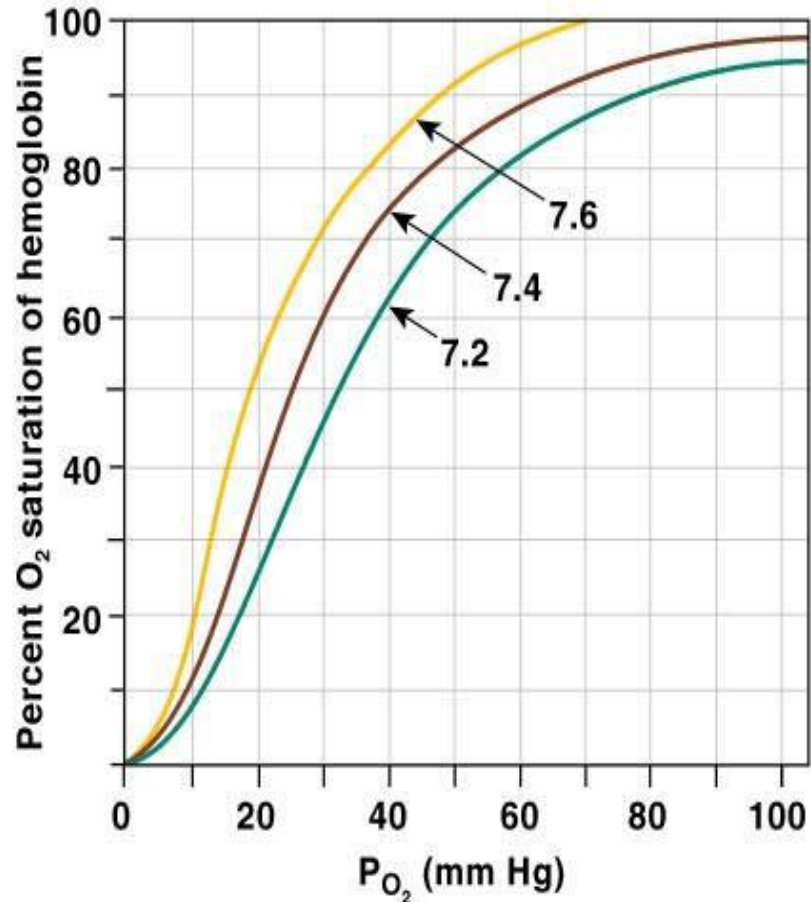
- Binding is expressed as a %
  - Amount of O<sub>2</sub> that is delivered is dependent on available Hb
  - Range 70-98%
  - Easily measured with pulse oximeter



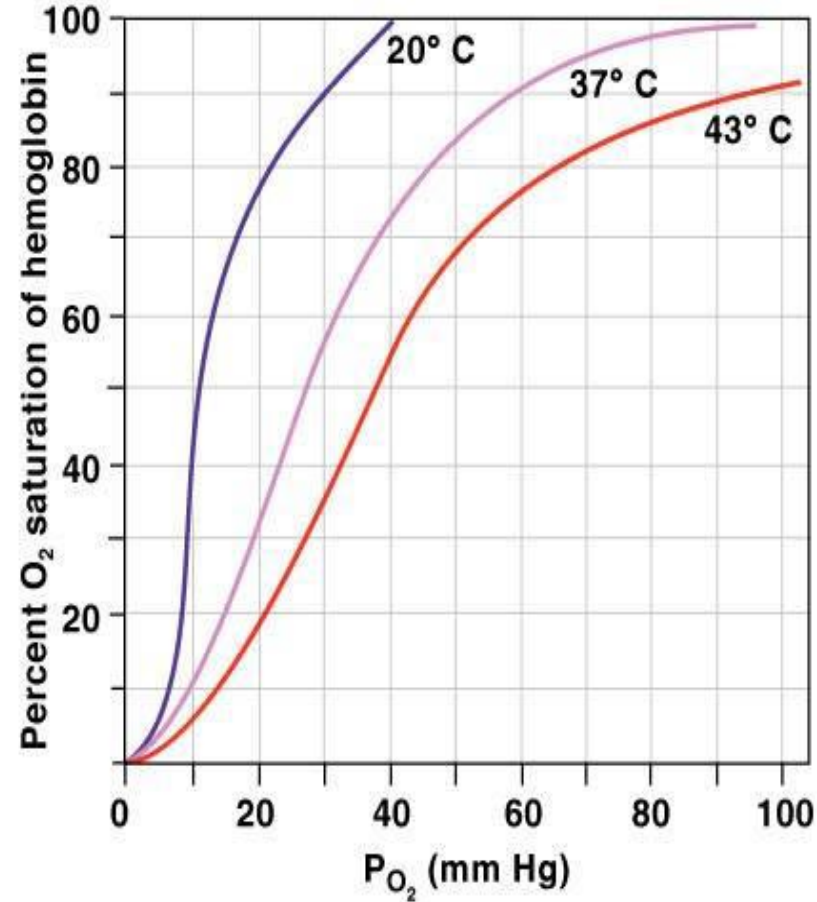


# Effect of pH, Temp. and $\text{PCO}_2$

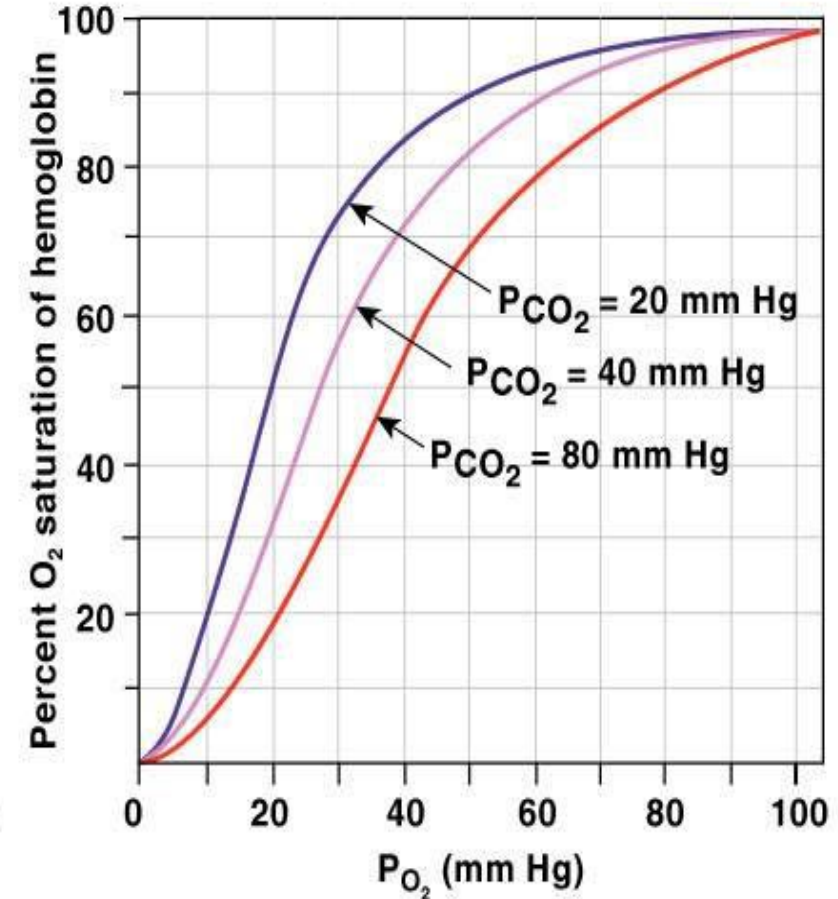
**(a) Effect of pH**



**(b) Effect of temperature**



**(c) Effect of  $\text{PCO}_2$**



# TOTAL ARTERIAL O<sub>2</sub> CONTENT

Oxygen dissolved in  
plasma (P<sub>O<sub>2</sub></sub> of plasma)

*helps  
determine*

*is influenced by*

Composition of  
inspired air

Alveolar  
ventilation

Oxygen diffusion  
between alveoli  
and blood

Adequate  
perfusion of alveoli

Rate and  
depth of  
breathing

Lung  
compliance

Airway  
resistance

Surface  
area

Diffusion  
distance

Membrane  
thickness

Amount of  
interstitial fluid

Oxygen  
bound to Hb

X

Total number of  
binding sites

% Saturation  
of Hb

*affected by*

P<sub>CO<sub>2</sub></sub>

pH

Temperature

2,3-DPG

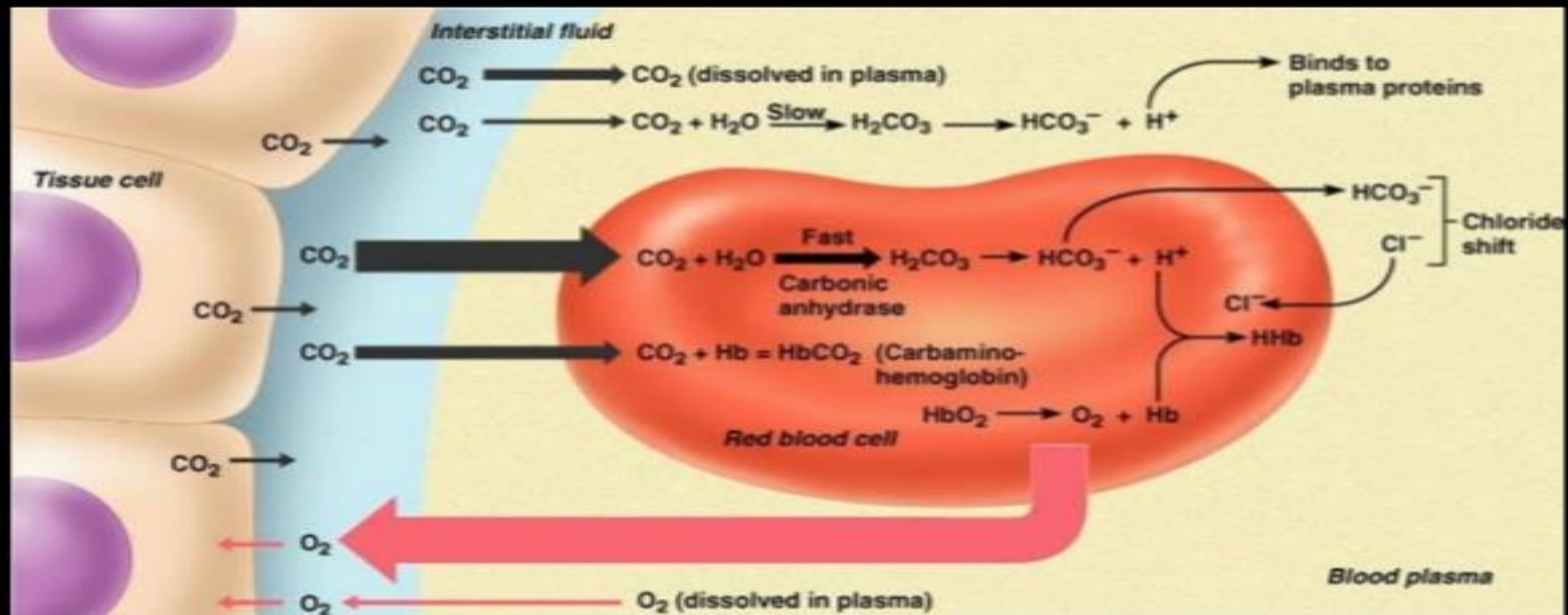
Hb content  
per RBC

X

Number  
of RBCs

# CO<sub>2</sub> Transport in Blood

- **7% directly dissolved in plasma**
- **70% transported as HCO<sup>-</sup> dissolved in plasma (acts as a buffer)**
  - $\text{CO}_2 + \text{H}_2\text{O} \rightleftharpoons \text{H}_2\text{CO}_3 \rightleftharpoons \text{H}^+ + \text{HCO}_3^-$
  - Carbonic Anhydrase in RBC
- **23% bound to Hb —————> Carbaminohemoglobin**
- **Excess CO<sub>2</sub> in blood = Hypercapnia that Leads to acidosis, CNS depression & coma**
- **At the alveoli, CO<sub>2</sub> removed via PP gradients**



(a) Oxygen release and carbon dioxide pickup at the tissues

# Regulation of Ventilation

- Respiratory centers in brain stem integrate input from cortex, limbic & both central and peripheral chemoreceptors
  - Carotid & aortic chemoreceptors for O<sub>2</sub>, CO<sub>2</sub> & H<sup>+</sup>
  - Medullary chemoreceptor for CO<sub>2</sub>
- Phrenic and intercostal nerves → inspiratory muscles
- When neurons cease firing → muscles relax → expiration
- Low [O<sub>2</sub>], high [CO<sub>2</sub>] & high [H<sup>+</sup>] → ↑ ventilation
- $\text{CO}_2 + \text{H}_2\text{O} \rightleftharpoons \text{H}_2\text{CO}_3 \rightleftharpoons \text{H}^+ + \text{HCO}_3^-$



# COMPARISON OF DIFFERENT VEHICLES FOR CO<sub>2</sub> TRANSPORT.

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- **Plasma** – not good transporter (**0.2ml/100 ml**)
- **Bicarbonate** also not a good transporter – beyond PO<sub>2</sub> 40 mmHg no further transport of CO<sub>2</sub>
- **Whole Blood** ideal vehicle





# Further studies

- <https://www.slideshare.net/nileshkate79/transport-of-carbon-dioxide-69934735>
- <https://teachmephysiology.com/respiratory-system/transport-in-the-blood/transport-carbon-dioxide-blood/>
- <https://study.com/academy/lesson/carbon-dioxide-transport-in-the-blood.html>
- Any Physiology Book available to you