

Diffusion of Oxygen & Carbon Dioxide



Editing File

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Objectives

- 01** Define partial pressure of a gas.
- 02** Understand that the pressure exerted by each gas in a mixture of gases is independent of the pressure exerted by the other gases (Dalton's Law).
- 03** Describe the factors that determine the concentration of a gas in a liquid.
- 04** Understand that gases in a liquid diffuse from higher partial pressure to lower partial pressure (Henry's Law).
- 05** Describe the components of the alveolar-capillary membrane (i.e., what does a molecule of gas pass through).
- 06** Identify the various factors determining gas transfer: surface area, thickness, partial pressure difference, and diffusion coefficient of gas.
- 07** State the partial pressures of oxygen and carbon dioxide in the atmosphere, alveolar gas, at the end of the pulmonary capillary, in systemic capillaries, and at the beginning of a pulmonary capillary.



Partial Pressures & Solubilities



Thickness & Surface Area of Respiratory Membrane



REVIEW Gas Exchange From Guyton

Respiratory Membrane Layers (From Inside to Outside)

1

A layer of **fluid** containing **surfactant** that lines alveolus & reduces surface tension of alveolar fluid.

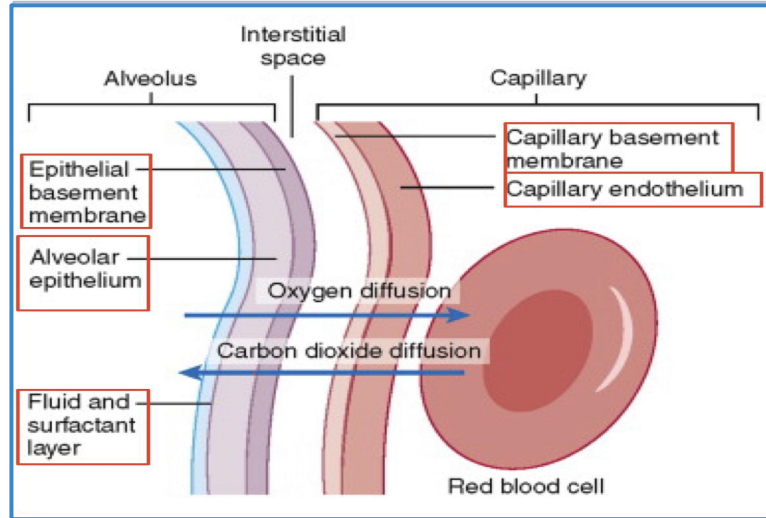
2

Alveolar epithelium, which is composed of thin **epithelial** cells.

3

An epithelial **basement membrane**.

Male Slides
Only



شرح لطريقة عبور الـ O₂
وطريقة عبور الـ CO₂ عكسها

The **capillary endothelial membrane**.

6

A **capillary basement membrane** that in many places fuses with alveolar epithelial basement membrane.

5

A thin **interstitial space** (يتغير حجمه حسب الظروف) between alveolar epithelium & capillary membrane.

4

Gas Exchange through Respiratory Membrane



After **ventilation** of alveoli with fresh air → **diffusion of O_2 & CO_2 across respiratory membrane** (alveolo-capillary membrane).

There is no gas exchange in terminal bronchi



- **Thickness:** 0.2 - 0.6 micrometer.



- **Total surface area:** 50 - 100 m^2 in a normal adult human male, or 70 m^2 .



Doctor said:

Gas exchange criteria:
- Wide space
- Thin membrane



Total quantity of **blood** in lungs' **capillaries** at any given instant: 60 - 140 ml.



This small amount of blood spread over the entire surface of a 25 × 30-foot floor → it is easy to understand the rapidity of the respiratory exchange of O_2 & CO_2 .

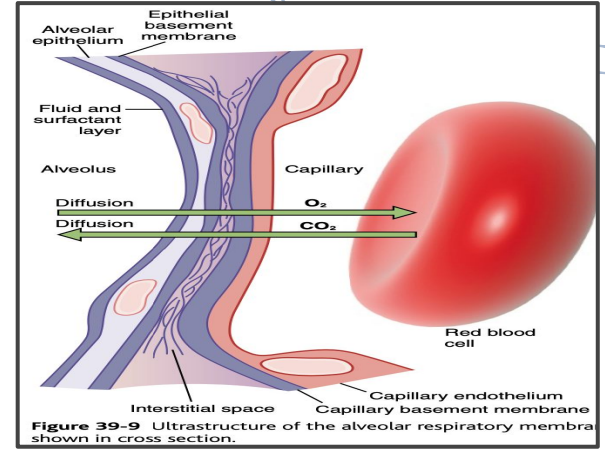
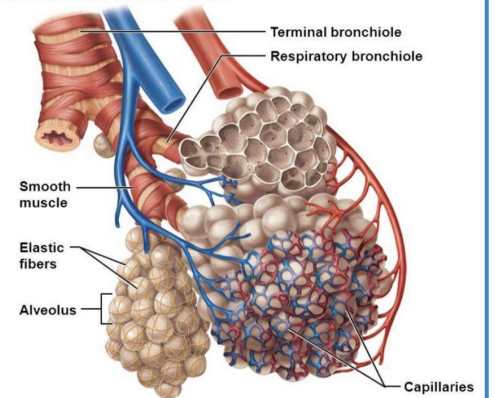


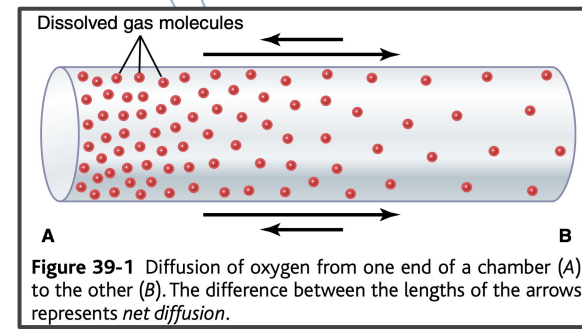
Figure 39-9 Ultrastructure of the alveolar respiratory membrane shown in cross section.

Figure 22.9a Alveoli and the respiratory membrane.



(a) Diagrammatic view of capillary-alveoli relationships

Partial Pressure of Gases



Gases of physiological importance are: O_2 & CO_2 .



Rate of diffusion of each of these gases is **directly proportional** to the partial **pressure** of this **gas alone**, which is called the partial pressure of the gas.



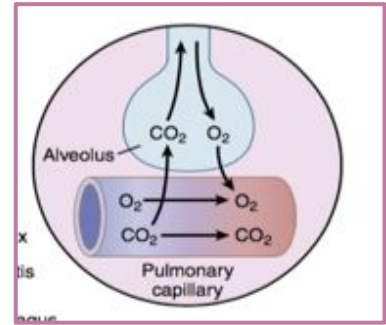
Pressure is caused by: **constant impact** of **kinetically** moving molecules **against** a surface.



Pressure of a gas acting on surfaces of respiratory passages & alveoli is **proportional** to the summated force of impact of all molecules of that gas striking the surface at any time.



Pressure of a gas is directly proportional to the concentration of gas molecules.



 Doctor said:

"Concentration is the moving force but we're gonna call it partial pressure"

Thanks to 39 team!



From Guyton

Explanation of Partial pressure of gases (in a mixture)

The concept of partial pressure can be explained as follows:

Consider air, which has an approximate composition of 79% nitrogen and 21% oxygen. The total pressure of this mixture at sea level averages 760 mmHg. It is clear from the preceding description of the molecular basis of pressure that each gas contributes to the total pressure in direct proportion to its concentration.

- Therefore, 79% of the 760 mmHg is caused by nitrogen (600 mmHg) and 21% by O_2 (160 mm Hg).
- Thus, the “partial pressure” of nitrogen in the mixture is 600 mmHg, and the “partial pressure” of O_2 is 160 mmHg; the total pressure is 760 mm Hg, the sum of the individual partial pressures.
- The partial pressures of individual gases in a mixture are designated by the PO_2 , PCO_2 , PN_2 , and so forth.

Diffusion of Gases Between the Gas Phase in Alveoli and Blood

The partial pressure of each gas in the alveolar respiratory gas mixture tends to force molecules of that gas into solution in the blood of the alveolar capillaries. Conversely, the molecules of the same gas that are already dissolved in the blood are bouncing randomly in the fluid of the blood, and some of these bouncing molecules escape back into the alveoli. The rate at which they escape is directly proportional to their partial pressure in the blood.

But in which direction will net diffusion of the gas occur?

The answer is that net diffusion is determined by the difference between the two partial pressures. If the partial pressure is greater in the gas phase in the alveoli, as is normally true for oxygen, then more molecules will diffuse into the blood than in the other direction. Alternatively, if the partial pressure of the gas is greater in the dissolved state in the blood, which is normally true for CO_2 , then net diffusion will occur toward the gas phase in the alveoli.

Dalton's Law of Partial Pressures

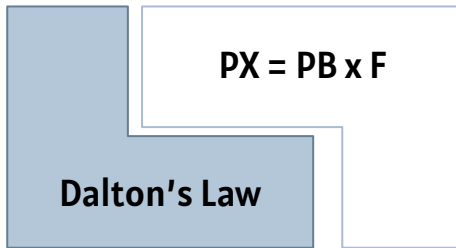


Dalton's Law of Partial Pressures: the **partial pressure** of a gas in a mixture of gases is the **pressure that gas would exert** if it occupied the **total volume** of the mixture.



Partial pressure: **total pressure** multiplied by fractional concentration of **dry gas**.

For humidified gas: $PX = (PB - PH_2O) \times F$



- PX = partial pressure of gas (mmHg)
- PB = barometric pressure (760 mmHg)
- PH_2O = water vapor pressure at $37^\circ C$ (47 mmHg)
- F = fractional concentration of gas (0.21 no unit)



Barometric pressure (PB): the **sum** of partial pressures of O_2 , CO_2 , N_2 , & H_2O .



Percentages of gases in **dry air** at a **barometric** pressure of 760 mmHg:



$O_2 = 21\%$ (**0.21**)



$N_2 = 79\%$ (**0.79**)



$CO_2 = 0\%$ (**0**)



Air is humidified in airways \rightarrow water vapor pressure (**47 mmHg** at $37^\circ C$) is obligatory.

Partial Pressures of O₂ & CO₂

O₂ concentration in atmosphere: **21%**

PO₂ in atmosphere:

$$= 760 \text{ mmHg} \times 21\%$$

$$= \mathbf{160} \text{ mmHg}$$

Mixes with "old" **air** already **present** in alveoli → PO₂ becomes **104** mmHg in **alveoli**.

CO₂ concentration in atmosphere: **0.04%**

PCO₂ in atmosphere:

$$= 760 \text{ mmHg} \times 0.04\%$$

$$= \mathbf{0.3} \text{ mmHg}$$

Mixes with high CO₂ levels from **residual volume** in the alveoli → PCO₂ becomes **40** mmHg in alveoli.

Partial Pressure of O₂

In atmosphere



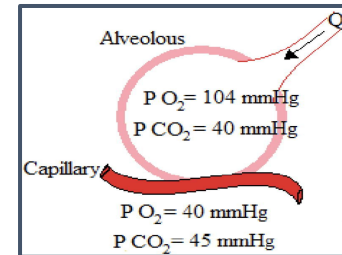
Conductive zone

$$760 \times 0.21 = 160 \text{ mmHg}$$

$$(760 - 47) \times 0.21 = 150 \text{ mmHg}$$



Net diffusion



Humidification of air in respiratory passages



Atmospheric air: **nitrogen** + O_2 + almost **no CO_2** & little water vapor.



As soon as atmospheric **air** enters respiratory **passages**, it is exposed to **fluids** that cover respiratory surfaces.



Even before air enters alveoli: it becomes almost **totally humidified**.



"Respiratory zone"

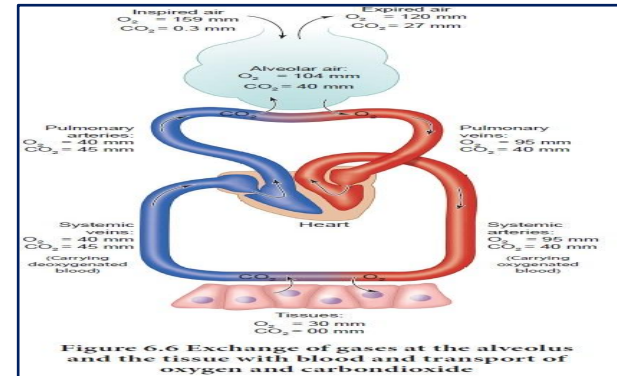


Doctor said:
Nitrogen doesn't diffuse
to blood (Normally)

Table 40-1 Partial Pressures (in mm Hg) and composition (in percentages) of Respiratory Gases as They Enter and Leave the Lungs^a

	Atmo- spheric Air	Humidi- fied Air	Alveolar Air	Expired Air
N_2	597 (78.62)	563.4 (74.09)	569 (74.9)	566 (74.5)
O_2	159 (20.84)	149.3 (19.67)	104 (13.6)	120 (15.7)
CO_2	0.3 (0.04)	0.3 (0.04)	40 (5.3)	27 (3.6)
H_2O	3.7 (0.50)	47 (6.20)	47 (6.2)	47 (6.2)
Total	760 (100)	760 (100)	760 (100)	760 (100)

^aAt sea level.



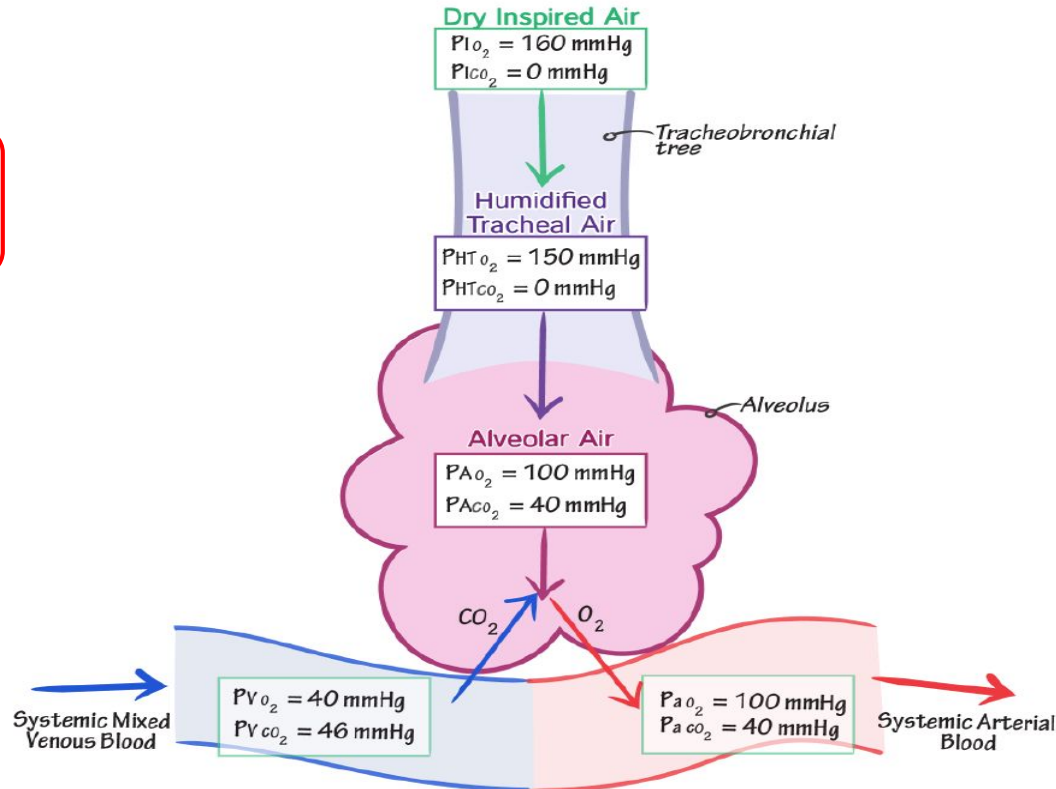
Values for PO_2 & PCO_2 in inspired dry, humidified tracheal, alveolar air, & pulmonary blood.

Thanks to 443 team!

EXTRA

Partial Pressures of O_2 & CO_2

Important
Slide



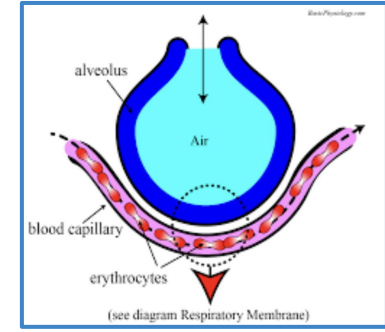
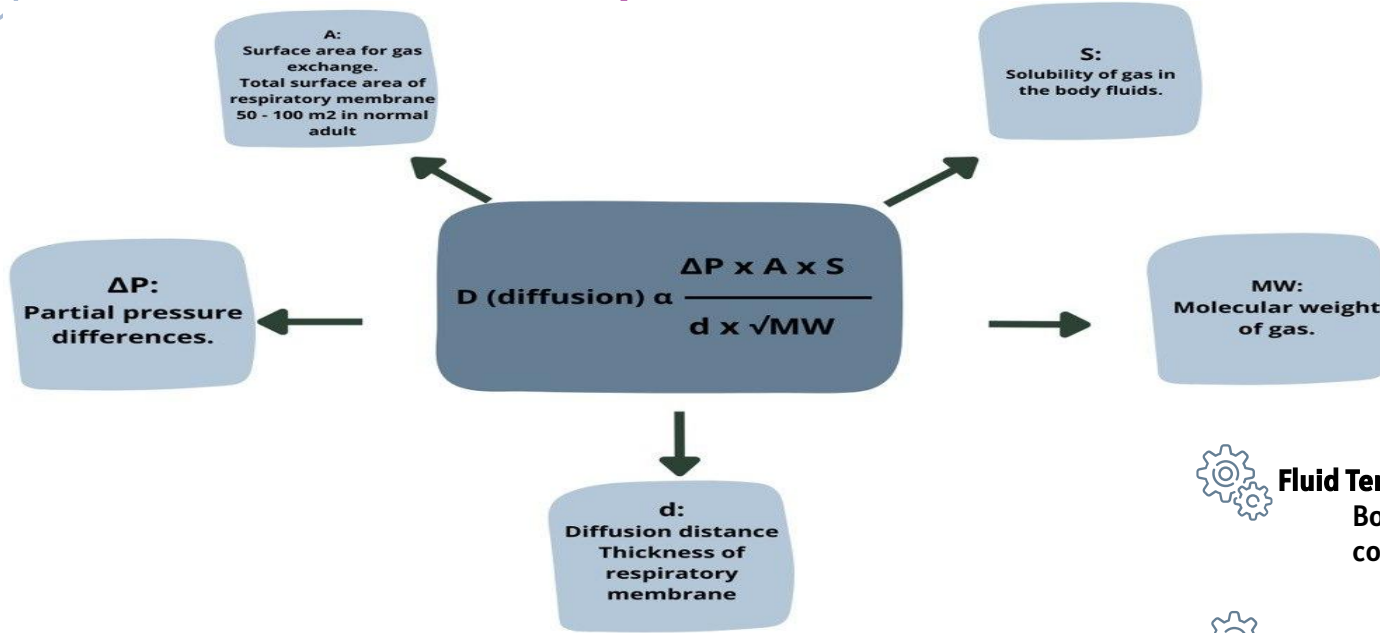
Partial Pressures of respiratory gases as they enter and leave the lungs (at sea level)

Male Slides
Only

(mmHg)	NH ₂	O ₂	CO ₂	H ₂ O
Atmospheric air	597.0(78.62%)	159.0(20.84%)	0.3(0.04%)	3.7(0.50%)
Humidified air	563.4(74.09%)	149.3(19.67%)	0.3(0.04%)	47.0(6.20%)
Alveolar air	569.0(74.9%)	104.0(13.6%)	40.0(5.3%)	47.0(6.2%)
Expired air	566.0(74.5%)	120.0(15.7%)	27.0(3.6%)	47.0(6.2%)

Factors Affecting Gas Diffusion

Fick's Law/Principle



Fluid Temperature:
 Body's **temperature** remains reasonably constant → usually **not** considered.

Diffusion Coefficient of Gas (D) =

$$\frac{S}{\sqrt{MW}}$$

Factors Affecting Gas Diffusion



MW of $O_2 < MW CO_2$; CO_2 is 24 times more soluble than O_2 .

→ Net result: CO_2 diffusion ~20 times faster than O_2 diffusion.



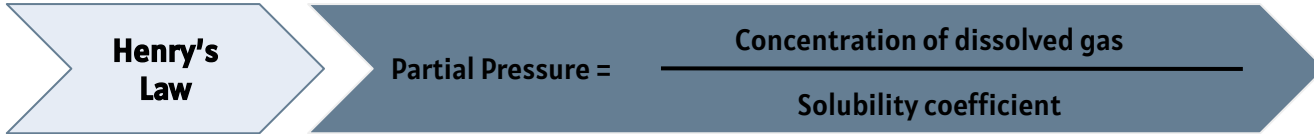
Factors determining the partial pressure of a gas dissolved in a solution:



Gas concentration



Solubility coefficient of the gas



Partial pressure of CO_2 (for a given conc.) is less than one twentieth (5%) that exerted by O_2 .



Relative rates at which different gases at the same pressure level will diffuse are proportional to their diffusion coefficient:

→ $O_2 = 1.0$

→ $CO_2 = 20.0$

→ $N_2 = 0.53$

Doctor said:

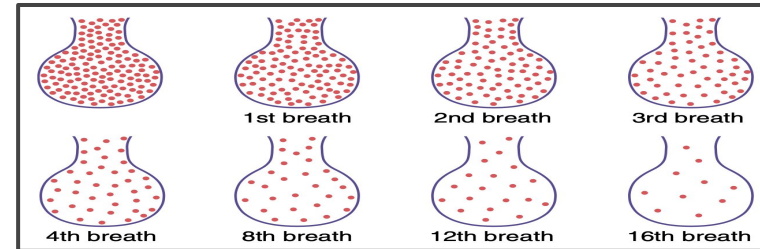
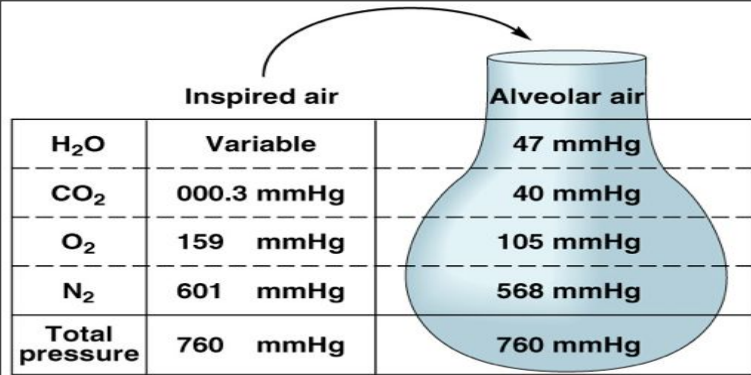
Alveoli has a spherical shape
→ more surface area → more diffusion occurs.

Alveolar Air & Atmospheric Air Composition

Alveolar and atmospheric air concentrations of gases are different due to 4 reasons :

- 01** Alveolar air is only partially replaced by atmospheric air with each breath.
 - Only 350 ml of new air is brought into alveoli with each normal inspiration, and the same amount of old alveolar air is expired.
 - i.e. Volume of alveolar air replaced by new atmospheric air with each breath is only one seventh of total.
- 02** Oxygen is being absorbed into the pulmonary blood from alveolar air.
- 03** Carbon dioxide is diffusing from the pulmonary blood into the alveoli.
- 04** Dry atmospheric air is humidified even before it reaches the alveoli.

	Inspired air	Alveolar air
H ₂ O	Variable	47 mmHg
CO ₂	000.3 mmHg	40 mmHg
O ₂	159 mmHg	105 mmHg
N ₂	601 mmHg	568 mmHg
Total pressure	760 mmHg	760 mmHg



Exchange of gas from an alveolus with successive breaths.

Slow Replacement of Alveolar Air

Importance of the slow replacement of alveolar air:



Prevent sudden changes in gas concentrations in blood



Makes the respiratory control mechanism much more stable



Helps preventing excessive increases & decreases in:



Tissue oxygenation



Tissue CO_2 concentration



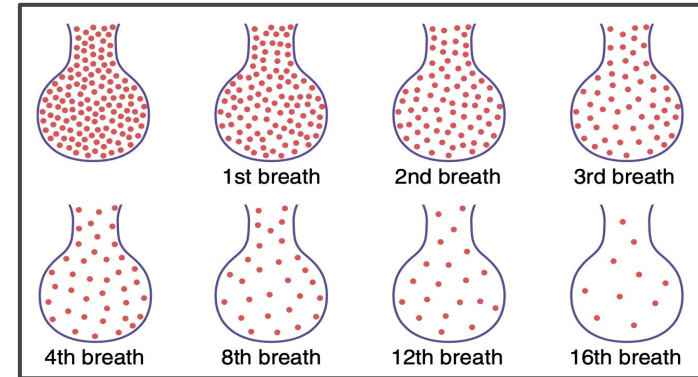
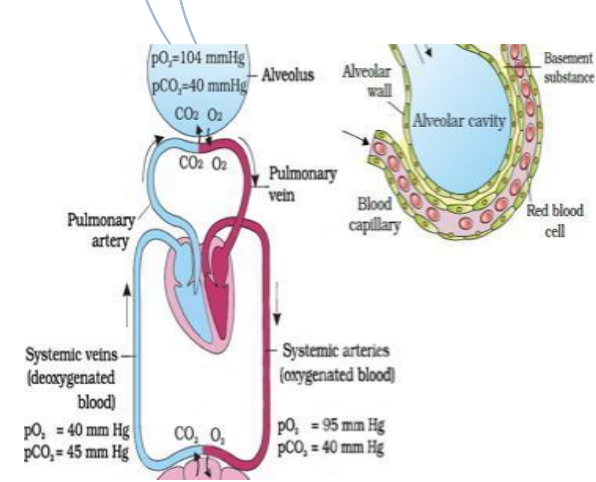
Tissue PH when respiration is temporarily interrupted



Doctor said:

PO_2 goes down as it moves from atmosphere to alveoli.

PCO_2 goes up as it moves from alveoli to atmosphere.

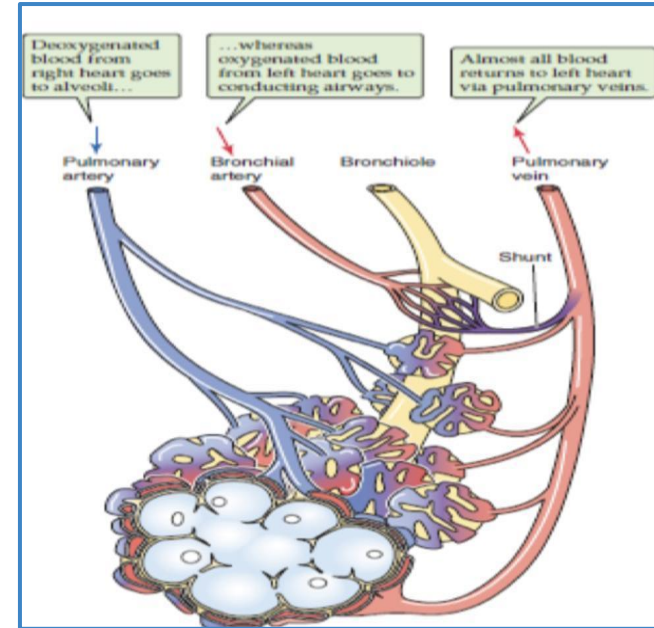


From Guyton

Air is expired. Therefore, the volume of alveolar replaced by new atmospheric air with each breath only one seventh of the total, so multiple breaths required to exchange most of alveolar air. This figure shows this slow rate of renewal of the alveolar air. In the first alveolus of the figure, excess gas is present in the alveoli but note that even at the end of 16 breaths the excess gas still has not been completely removed from alveoli

Transport of O₂ in Arterial Blood

- **About 98% of blood:** Lungs → **alveolar capillaries** (oxygenated up to PO₂ = **104** mmHg) → left atrium.
- **About 2% of blood (shunt flow):**
Left atrium → left ventricle → aorta → **bronchial circulation** (supplies deep tissues of lungs + not exposed to lung air) → lungs (PO₂ = pressure of normal systemic venous blood = **40** mmHg).
Blood is shunted & bypass the gas exchange areas.
- **PO₂ of shunt blood:** PO₂ of **shunt** blood after leaving lungs = normal systemic **venous** blood = **40** mmHg.
- **Venous Admixture In pulmonary veins:** **shunted blood** combine with **oxygenated blood** from alveolar capillaries (**venous admixture** of blood) → PO₂ of blood entering left heart into the **aorta** to falls to **95** mmHg.



Pulmonary Shunt

The Dr. focused on the site of the shunt.
So, where does the shunt appear? Bronchial veins

PO₂ & PCO₂ in Normal Expired Air



Normal expired air contains: dead space air + alveolar air.

➔ Normal expired air has gas concentrations & partial pressures that is between those of alveolar air and humidified atmospheric air.

Doctor said:

Conduction zone: dead space air

- PO₂ decreases as it enters conduction zone (160 → 149)
- PCO₂ does not change

Respiratory zone: normal expired air + alveolar air

- PO₂ begins to decrease (149 → 104)
- PCO₂ begins to increase (~0 → 40) from capillaries.

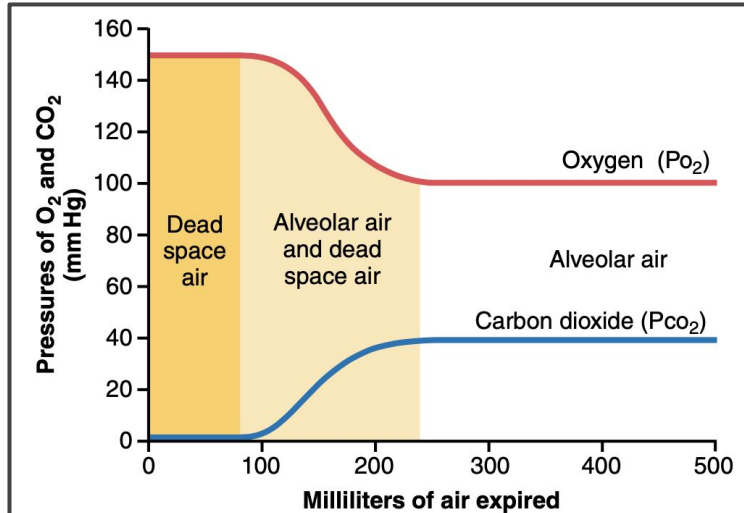
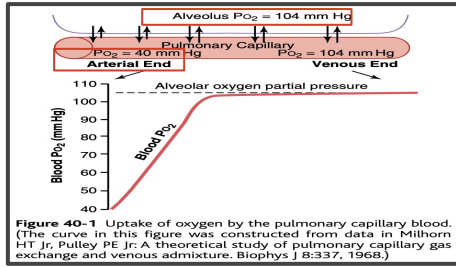


Figure 39-6 Oxygen and carbon dioxide partial pressures in the various portions of normal expired air.

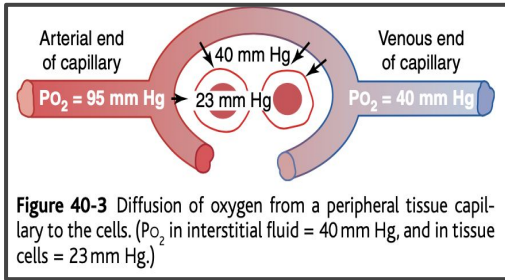
Diffusion of O₂

01 Alveoli → Pulmonary capillaries



439:
 1-All arteries in the body are oxygenated except pulmonary artery.
 2-All veins in the body are deoxygenated except the pulmonary vein.

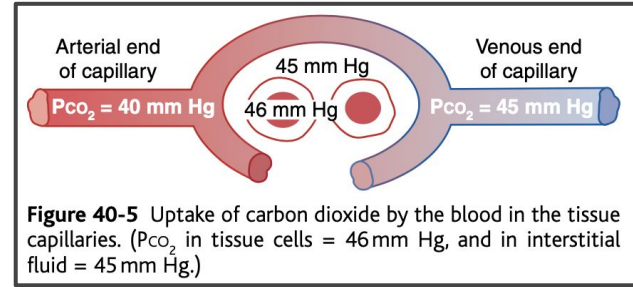
02 Systemic capillaries → Tissues



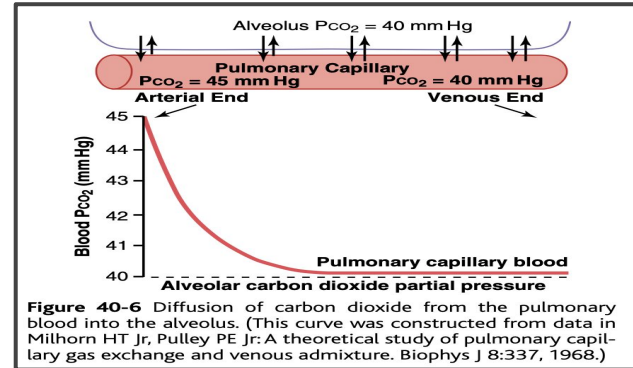
Doctor said:
Pulmonary shunt:
 As the blood in the pulmonary vein is transported to the left atrium in order to be pumped to the systemic tissues P_{O_2} changes 104 → 95 as this blood is mixed with some blood from the bronchial tree veins to nourish the lung tissue itself (the only venous blood in left atrium).

Diffusion of CO₂

01 Peripheral tissue cells → Capillaries



02 Pulmonary capillaries → Alveoli

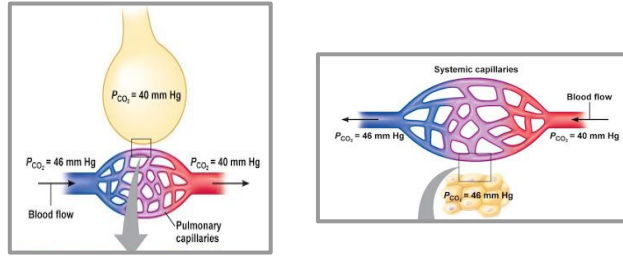


Thanks to 443 team!

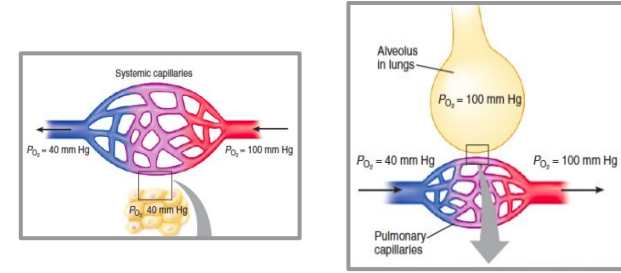
EXTRA

Diffusion of Oxygen & CO2

Carbon Dioxide



Oxygen



الخلايا أخذت الأكسجين اللي تكلمنا عنه تو الحين رح تعطي الدم الـ CO_2 بما ان PCO_2 في الـ **interstitial fluid** (45 mmHg) أقل من الخلايا (46 mmHg) رح ينتقل الـ CO_2 إلى الـ **interstitial fluid** وبما أن الـ PCO_2 بالدم (40 mmHg) أقل من الـ **interstitial fluid** رح ينتقل الـ CO_2 إلى الـ **vein**.

الـ **vein** بيحمل الـ CO_2 للجزء الأيمن من القلب اللي بدوره بيضخ الدم للرئة عبر الـ **pulmonary artery**.

الـ PO_2 بالدم بداية (arterial end) رح يكون 40 mmHg لكن بما ان ضغط الـ O_2 في الـ **alveoli** (104 mmHg) أكبر من الدم (40) رح يبدأ الـ O_2 بالـ **diffuse** للـ **capillaries** ومع استمرار الـ **diffusion** بيوقف لما نوصل الـ **equilibrium** وبكذا ينتهي الـ PO_2 في الدم بالارتفاع (104 mmHg) فيما نطلق عليه الـ **venous end**.

طيب الحين الدم طلع من الرئة محمل بالأكسجين والضغط 104، كيف وصل للخلايا بالصورة اليمين وهو 95؟ دخل عليه دم غير مؤكسج وهو بطريقه للقلب والـ **aorta** ونتج عن ذلك انخفاض الضغط من 104 إلى 95.

الـ PCO_2 بالدم بداية (arterial end) رح يكون 45 mmHg لكن بما ان ضغط الـ CO_2 في الـ **alveoli** (40 mmHg) أقل من الدم (45) رح يبدأ الـ CO_2 بالـ **diffuse** للـ **alveoli** ومع استمرار الـ **diffusion** بيوقف لما نوصل الـ **equilibrium** وبكذا ينتهي الـ PCO_2 في الدم بالانخفاض (40 mmHg) فيما نطلق عليه الـ **venous end** ويرتفع بالـ **alveoli** اللي رح تتخلص منه بالـ **expiration**.

بيبدأ الـ O_2 بالـ **diffusion** من الدم إلى الـ **interstitial fluid** (40 mmHg) إلى الخلايا (23 mmHg) ويطلع الدم مره ثانية 40 mmHg للقلب ومنه للرئة.

O₂ Concentration in Alveoli



At resting conditions:

- 250 ml of O₂ are extracted by tissues at Ventilation rate of 4.2 L/min.



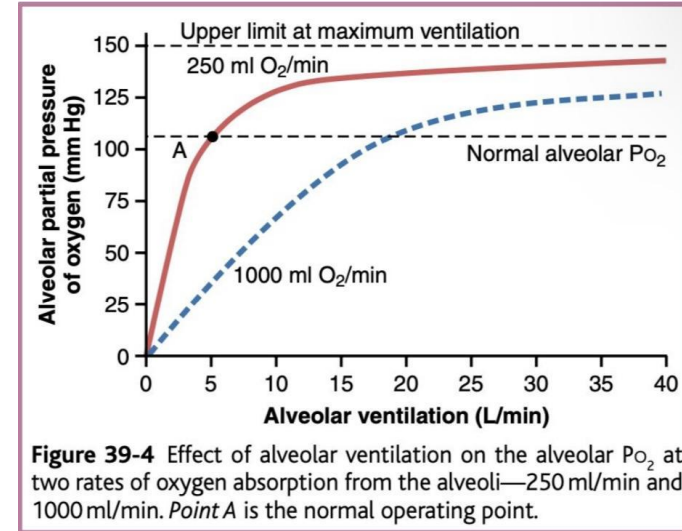
During exercise:

- 1000 ml of O₂ is extracted by tissues per minute.
- Rate of alveolar ventilation must increase 4 times to maintain the alveolar PO₂ at normal value (104 mmHg).



O₂ concentration in alveoli & O₂ partial pressure are controlled by:

- Rate of absorption of O₂ into blood.
- Rate of entry of new O₂ into lungs by the ventilatory process.



Female
Slides Only

Effect of alveolar ventilation on alveolar PCO₂



Normal rate of CO₂ excretion: 200 ml/min, at normal rate of alveolar Ventilation rate of **4.2 L/min**.



Alveolar PCO₂ increases directly in proportion to the rate of CO₂ excretion by tissues.



Alveolar PCO₂ decreases in inverse proportion to alveolar ventilation.

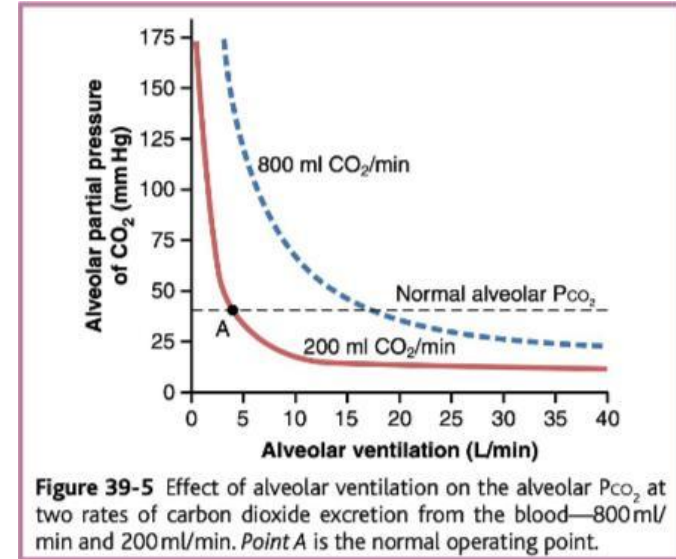
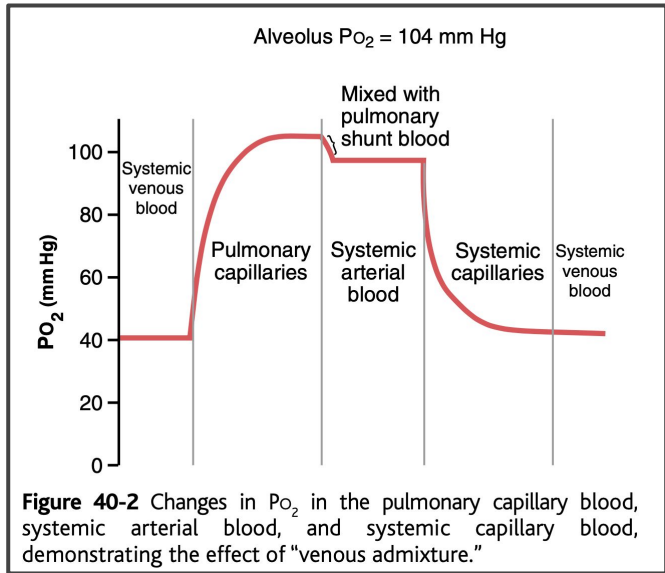


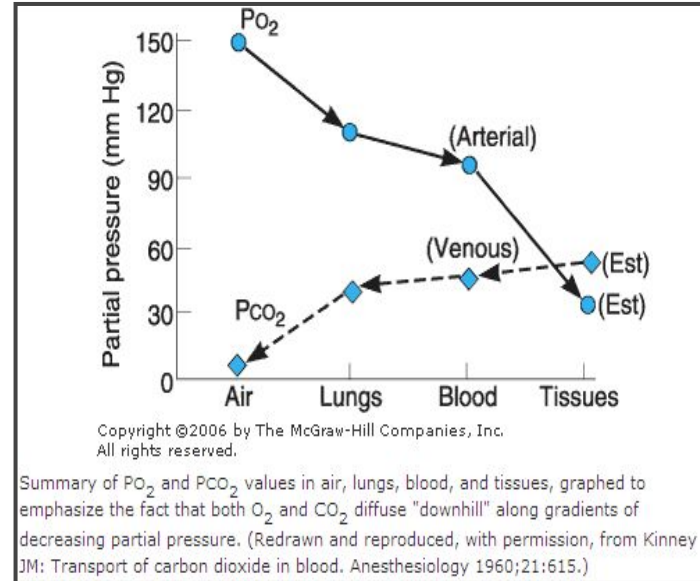
Figure 39-5 Effect of alveolar ventilation on the alveolar P_{CO₂} at two rates of carbon dioxide excretion from the blood—800 ml/min and 200 ml/min. Point A is the normal operating point.

Female
Slides Only

Summary



Changes in PO_2 in pulmonary capillary, systemic arterial, and systemic capillary blood demonstrating the effect of venous admixture.



PO_2 and PCO_2 in air, lung and tissues.

MCQs

Q1: A cardiac catheterization is performed in a healthy adult. The blood sample withdrawn from the catheter shows 95mmHg of O₂ saturation. Where was the catheter tip located?

A- alveolar capillaries

B- Left heart

C- systemic venous blood

D- Pulmonary artery

Q2: If alveolar surface area is decreased 50% and pulmonary edema leads to a doubling of diffusion distance, how does diffusion of O₂ compare with normal?

A- 25% increase

B- 25% decrease

C- 50% decrease

D- 75% decrease

Q3: Why is CO₂ more permeable than O₂ ?

A- Higher MW

B- Higher partial pressure

C- Higher solubility

D- All of the above

1-B 2-D 3-C

MCQs

Q4: Which of the following describes diffusing capacity of O₂ in the lung?

A- Doesn't change during exercise

B- Is greater than diffusing capacity for CO₂

C- the Po₂ of it is 760mmHg

D- Is directly related to alveolar capillary surface area

SAQs

Q1: Mention 4 of factors affecting gas diffusion?

Q2: Lung air is not replacement quickly but slowly, what is the importance of that?

Q3: why is alveolar and atmospheric air concentrations of gases are different? mention 3 reasons

Q4: Describe in briefly the process of O₂ Diffusion?

A1:

ΔP: Partial pressure

A: Surface area

S: Solubility

MW

d: Diffusion distance.

A2: slide 16

A3: slide 15

A4: slide 19



Ahmad Addas



Ibrahim Albabtain



Leena Shagrani



Rimaz Alhammad



Abdulmohsen Alrahaimi



Omar Alattas



Marwah Fal



Basma Al-ghamdi



Abdulaziz Nasser



Khalid Alkanhal



Ghala Alyousef



Aljoharah Alyahya



Abdullah Almarwan



Samiyah Sulaiman



Saud Alsaeed



Noreen Almarabah



Abdullah Almutlaq



Aram Alzahrani



Talal Alrobaian



Lina Aljameel



Khalid Al Tameem



Layal Alkhalifah



Zyad Alshuhail



Hessa Alamer



Abdulaziz Alobathani



Aleen Muneif



Moath Alabdulsalam



Farah Aldriweesh



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