BLOOD PHYSIOLOGY

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TEXTBOOK OF MEDICAL PHYSIOLOGY

GUYTON & HALL 11TH EDITION

UNIT VI CHAPTERS 32-36



White blood cell Red blood cell v

Blood









Objectives

At the end of this lecture you should be able to:

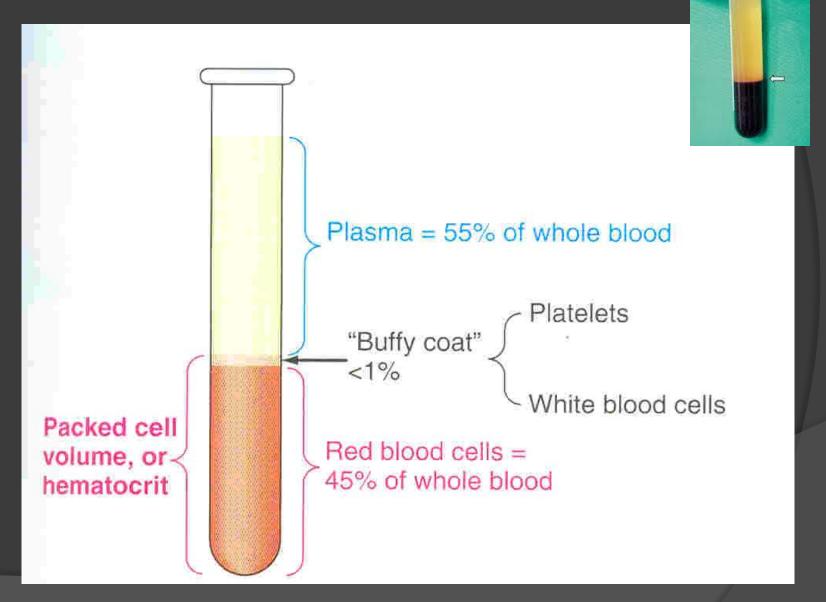
- 1. Describe Cellular and non-cellular components of blood.
- 2. Recognize functions of blood.
- Define Erythropoiesis; leucopoiesis, thrombopoiesis.
- Recognize sites of RBC formation at different developmental age

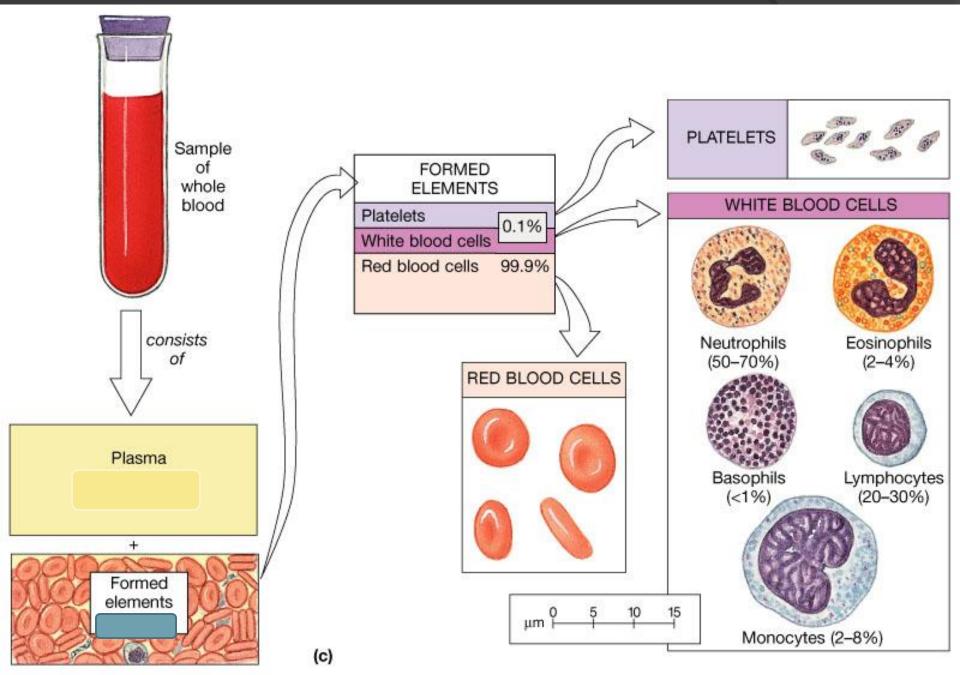
Objectives

cont...

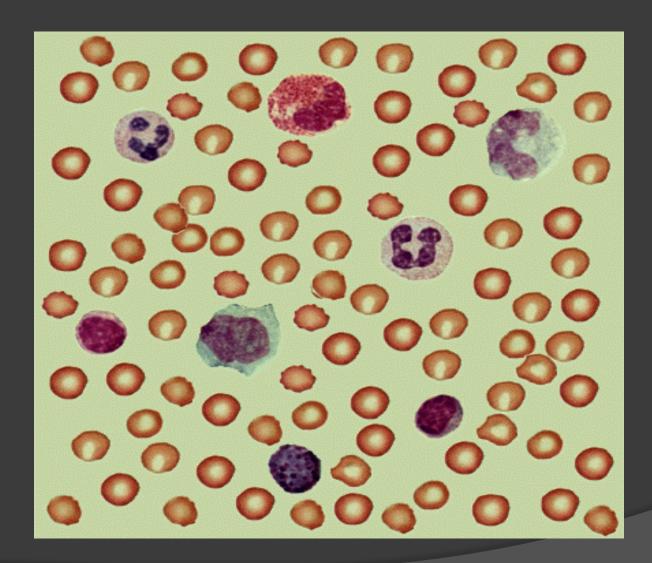
- 5. Describe different stages of RBC differenation.
- 6. Describe features of RBC maturation.
- 7. Describe regulation of RBC production and erythropoietin hormone secretion in response to hypoxia.
- 8. Recognize clinical conditions associated with high level of erythropoitein in the blood.

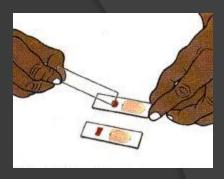
Blood Composition





Blood Film







BLOOD COMPOSITION

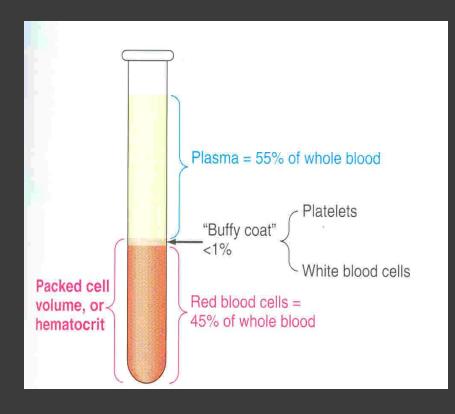
- 1. Cellular components:
 - Red Blood Cells (Erythrocytes)
 - White Blood Cells (Leucocytes)
 - Platelets (Thrombocytes)
- 2. Plasma: ECF
 - 98% water + ions + plasma proteins e.g. (Albumin, globulin, Fibrinogen)
 - Same ionic composition as interstitial fluid.

FUNCTIONS OF BLOOD

- 1. Transport
 - O2, CO2, nutrient, hormones, waste product
- 2. Homoeostasis
 - Regulation of body temperature,
 ECF pH
- 3. Protecting against infections
 - White Blood Cells, Antibodies
- 4. Blood clotting prevent blood loss

Blood Volume

- ✓ 5 liter in adult:
 - 45% is packed cells volume (PCV).
 - 55% is plasma volume.



Blood Cells Formation

- Erythropoiesis: Formation of RBC (erythrocytes)
- Leucopoiesis: Formation of WBC (leucocytes)
- Thrombopoiesis: Formation of platelets (thrombocytes)

Red Blood Cells (RBC):

Function:

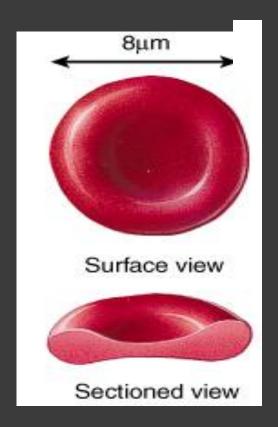
- O₂ transport
- CO₂ transport
- Buffer



Red Blood Cells

Shape & size

- Flat Biconcave Disc.
- Non-nucleated.
- Diameter 7-8 mm x 2.5 mm , 1 mm.
- Flexible
- Average volume 90-95 mm³
- Number = 4.7 to 5 x10⁶
- Hb = 34 g/dl of cells
- Hb = 14-16 g/dl in the blood



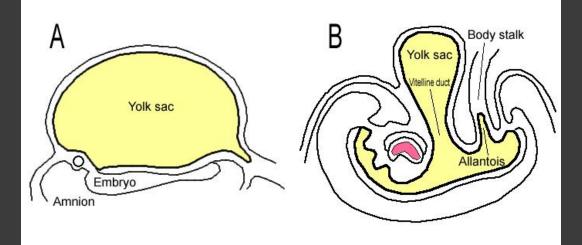
Production of RBC

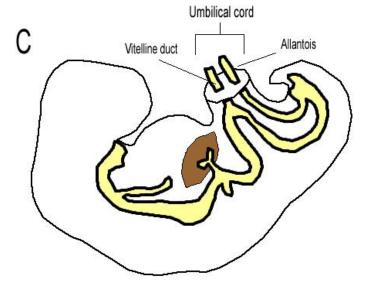
In-utero:

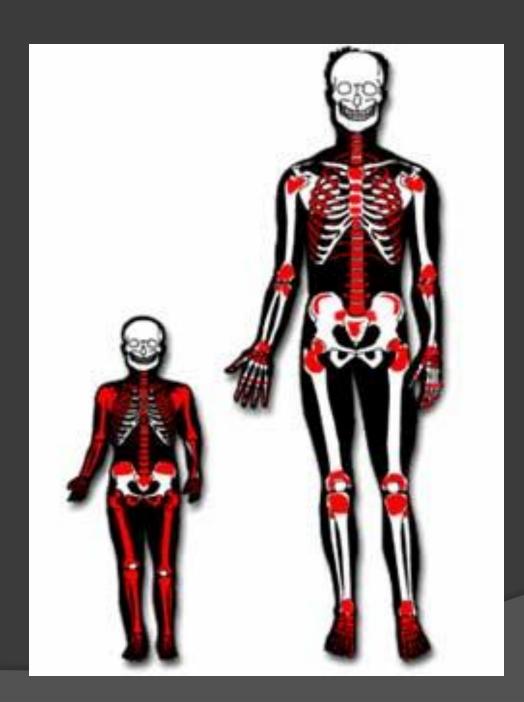
- Early few weeks of embryo nucleated RBCs are formed in yolk sac.
- Middle trimester mainly in liver & spleen & lymph nodes.
- Last months RBCs are formed in bone marrow of all bones

After Birth:

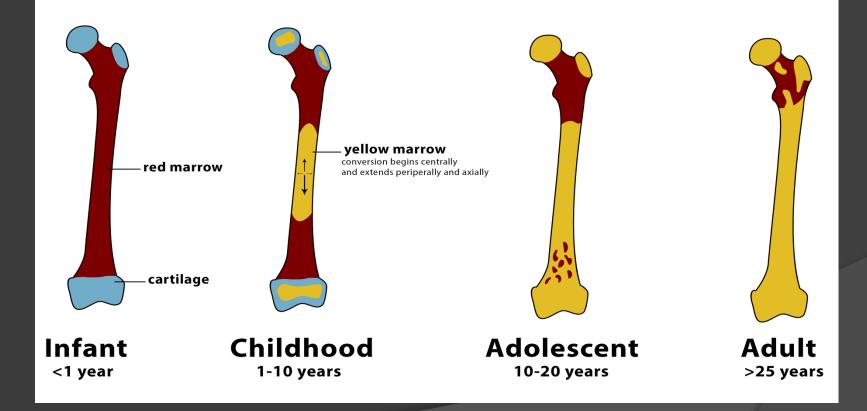
- Bone marrow of flat bone continue to produce RBC into adult life
- Shaft of long bone stop to produce RBC at puberty while epiphysis continued



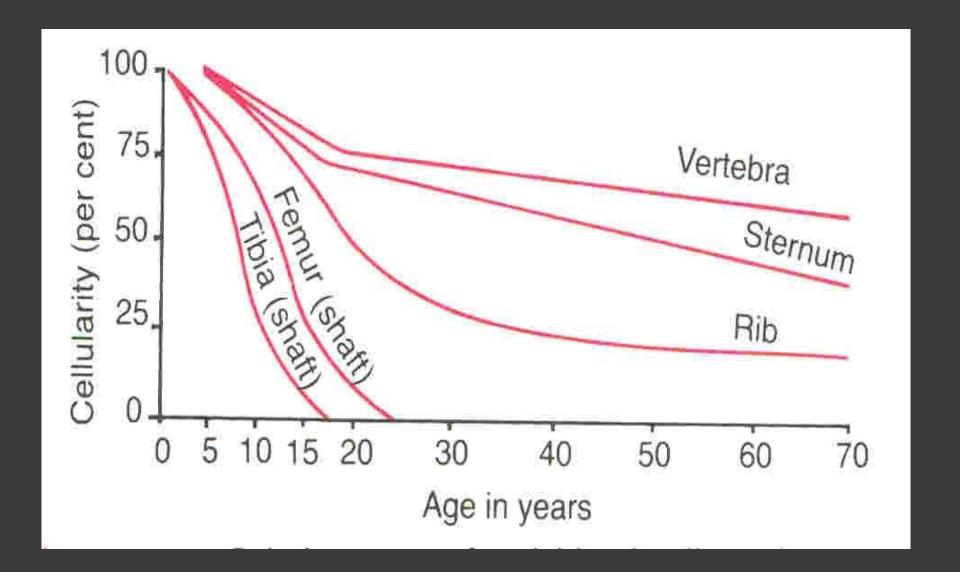


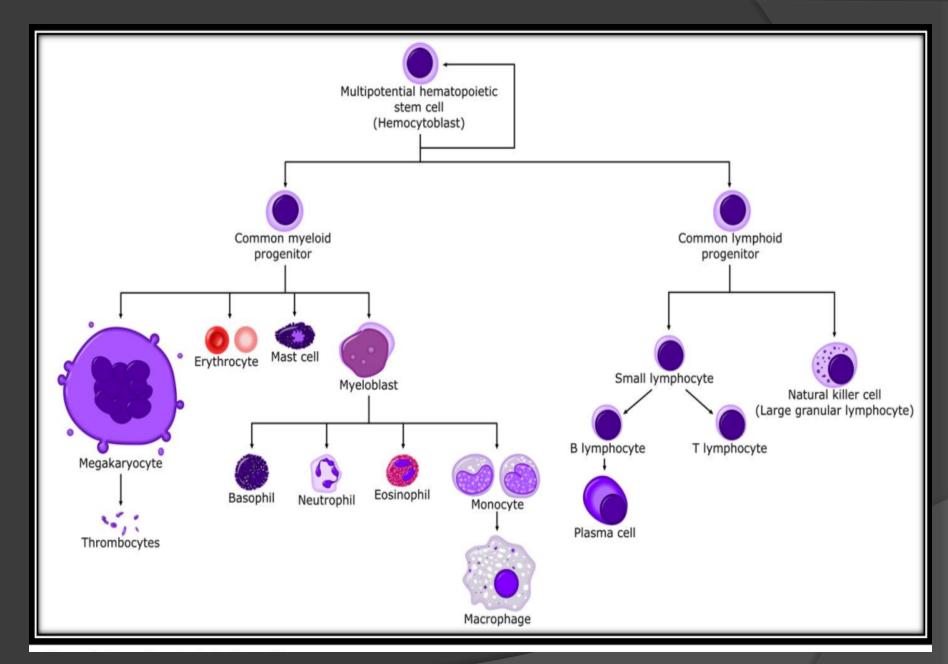


Normal bone marrow conversion

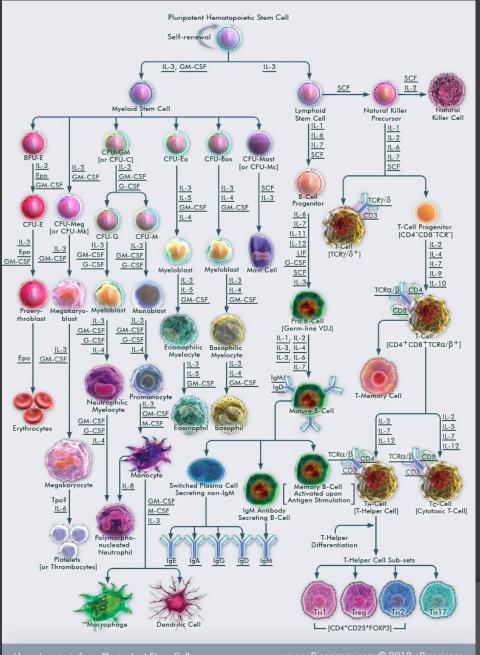


Production of RBC





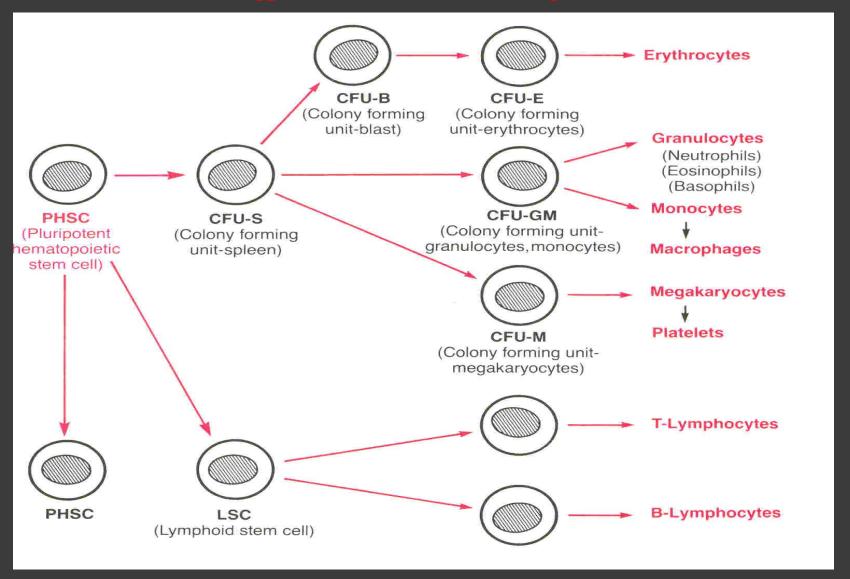
Pluripotent Stem Cells in Bone Marrow and Cord Blood



Genesis (Production) of RBC

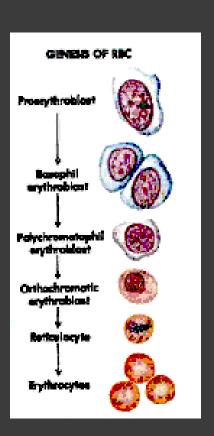
- All blood cell are formed from Pluripotential hematopoietic stem cells ⇒ committed cells:
- Committed stem cells for RBC
- Committed stem cells for WBC
- Growth of different stems cells are controlled by different growth factors

Genesis (production) of RBC



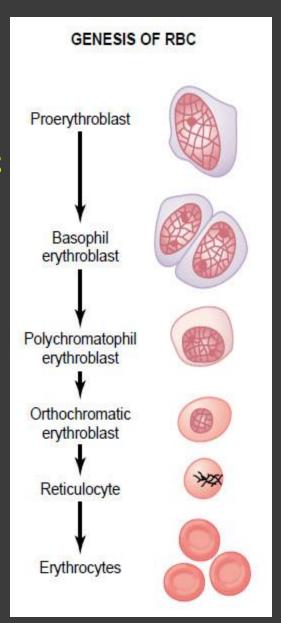
Stages of differentiation of RBC

- Stages of RBC development:
 - Committed stem cell
 - Proerythroblast
 - basophil erythroblast
 - polychromatophil erythroblast
 - orthochromatic erythroblast
 - Reticulocytes
 - Mature erythrocytes
 - \circ In cases of rapid RBC production \rightarrow \uparrow Reticulocytes in the circulation.



Erythropoiesis

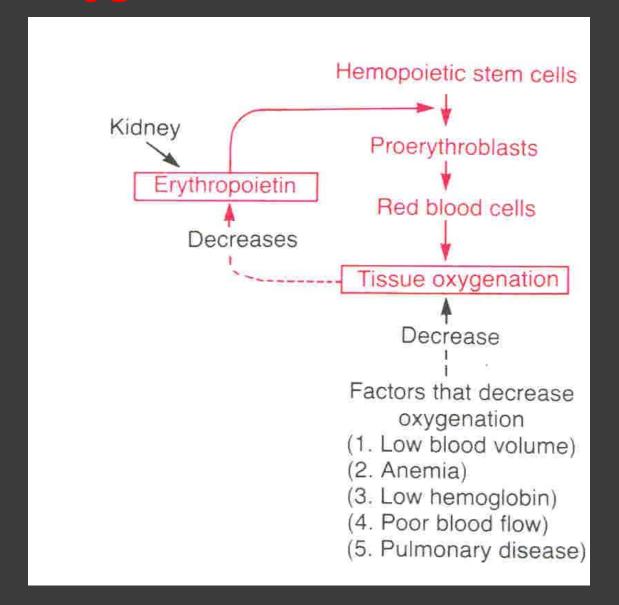
- RBC development is characterize by:
 - decrease in cell size.
 - disappearance of nucleus.
 - appearance of hemoglobin (Hb)



Regulation of RBC production

- Erythropoiesis is stimulated by erythropoietin hormone produced by the kidney in response to hypoxia (low oxygen in the blood)
- •
- Hypoxia (oxygen) caused by:
 - Low RBC count (Anaemia)
 - Hemorrhage
 - High altitude
 - Prolong heart failure
 - Lung disease

Tissue oxygenation and RBC formation



Erythropoietin:

- Glycoprotein.
- 90% from renal cortex 10% liver.
- Stimulate the growth of early stem cells.
- Does not affect maturation process.
- Can be measured in plasma & urine.
- Conditions like:
 - anemia
 - High altitude
 - Heart failure
 - Lung Disease

Result in High erythropoietin levels and increase in the number of RBCs

Role of the kidneys in RBC formation

