



# Hypoxia and cyanosis

#### **OBJECTIVES**

- Define hypoxia and list its various physiological and pathological causes
- Define hypo and hyper-ventilation in terms of arterial PCO2 and PO2.
- Define cyanosis and its clinical presentation
- Define ventilation/perfusion (V,/Q) ratio and its normal values..

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## **COLOR INDEX:**

- Red = important
- Grey = additional notes

#### 1-HYPOXIA AND ITS CLASSIFICATION

Hypoxia: deficiency of oxygen in the tissue cells, It can be classifed into the following groups:-

Reduced arterial PO2, can be due to

- Alveolar hypoventilation
- Diffusion abnormalities
- Right-to-left shunt <sup>1</sup>
- Ventilation-perfusion imbalance

( including increased physiological dead

space + physiological shunt  $^2$ ) .

Hypoxic or arterial hypoxia

**Stagnant** 

hypoxia

- reduction in the O<sub>2</sub> carrying capacity of the blood
- The PO2 and % Hb-O2 is normal.
- Causes:
  - 1- Anemia (decreased amount of Hb)

2-Abnormal Hb (unable tocarry O<sub>2</sub>)

e.g met.hemoglobin carboxyhemoglobin

Anemic hypoxia

- reduced blood flow through the tissues.
- " more and more oxygen is extracted from the blood, and due to slow circulation less oxygen is carried by the blood at the lung "
  - · Causes:
  - 1- General slowing of the circulation, as in heart failure and shock <sup>3</sup>
  - 2-Local slowing e.g vasoconstriction, cold, arterial wall spasm.

Histiotoxic hypoxia

- inability of the tissues to use oxygen due to inhibition of the oxidative enzyme activity
- e.g cyanide " الزرنيخ " poisoning causing blockade of the cytochrome oxidase activity

#### 2-EFFECTS ANDTREATMENT OF HYPOXIA

- According to the degree of hypoxia it could lead to :
  - \_\_\_\_\_
    - impairmed judgment inability to perform complex calculations
  - coma and death . Reduction in muscle working capacity
  - headache,nausea, irritability (excessively sensitive to stimulus ) , dyspnea,increased heart rate
- TREATMENT OF HYPOXIA: by giving oxygen therapy in a tent or high oxygen tension mask.

This is very useful in hypoxic hypoxia, but of <u>less value</u> in other types of hypoxia.

Histiotoxic hypoxia will not benefit from O<sub>2</sub> therapy.

<sup>1-</sup> Right-to-left shunt occurs when there is an opening or passage between the atria, ventricles, and/or great vessels; and, right heart pressure is higher than left heart pressure and/or the shunt has a one-way valvular opening.

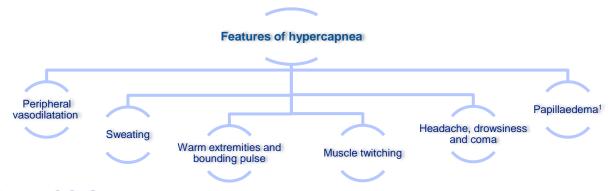
<sup>2-</sup> Also called venous admixture, blood entering the arterial system without passing through ventilated areas of lung causing PO<sub>2</sub> in arterial to be less than alveolar

<sup>3-</sup> Also called circulatory shock, find more about it here http://medical-dictionary.thefreedictionary.com/circulatory+shock

#### **3-HYPERCAPNEA**

Hypercapnea: excess CO<sub>2</sub> in body fluids, usually occurs with hypoxia.

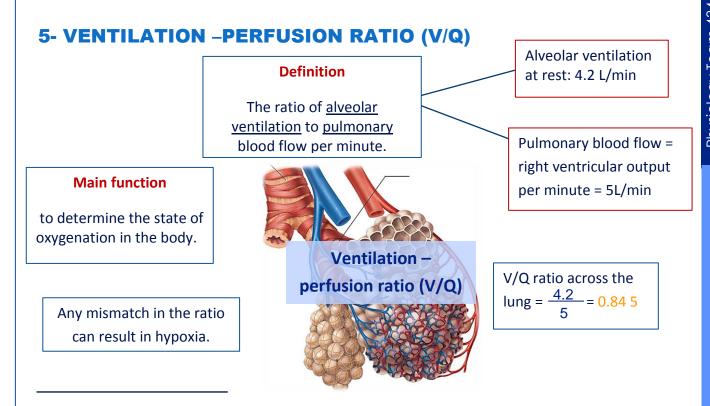
N.B PCO<sub>2</sub> increases above 52 mmHg , decreases in PH (acidosis )!



#### **4-CYANOSIS**

Cyanosis: Blue discoloration of skin and mucus membrane due to more than 5 g/dl of deoxygenated hemoglobin in blood.

N.B Anemic patients almost never develop cyanosis due to low amount of Hb for 5 grams to be deoxygenated /100ml blood. conversely , in a patient with excess RBCs as in polycythemia vera great excess of Hb can be deoxygenated even under otherwise normal conditions leading to frequent cyanosis .



<sup>1-</sup> swelling of optic disc or optic nerve head

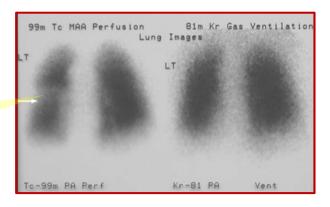
#### 6-ABNORMALITIES OF THE V/Q RATIO

- ✓ At the <u>base</u> V/Q ratio=0.6 (i.e representing a physiologic shunt).
- ✓ At the <u>apex</u> V/Q ratio = 3 (i.e moderate degree of physiologic dead space)
- ✓ So we conclude that the apex is more ventilated than perfused and vise versa.

N.B During exercise the V/Q ratio becomes more homogenous among different parts of the lung

Ventilation-Perfusion Lung Scan

Indicates area of low perfusion

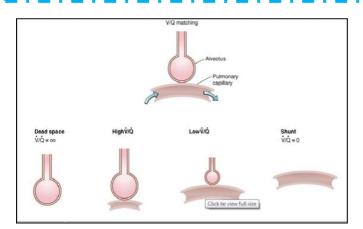


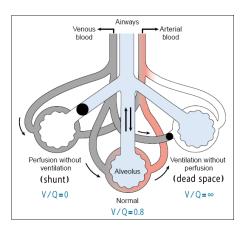


if the V/Q ratio is less than normal this is called physiologic shunt this happen when a certain fraction of the venous blood is passing through the pulmonary capillaries without being oxygenated i.e shunted blood



If the V/Q is more than normal this is called <u>Physiologic dead space</u> this happen when the ventilation of some of the alveoli is great but the alveolar blood flow is low so ventilation of these alveoli is wasted





\*\* In Chronic Obstructive Lung disease (COPD).

Because of <u>bronchial obstruction</u> in some areas of the lung and <u>destruction of the alveolar septa</u> in other areas, some areas exhibit serious physiologic shunt and other areas serious physiologic dead space, and hence COPD is the most prevalent cause of pulmonary disability today cuz lung effectiveness as a gas exchange organ may decrease





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