



Oxygen and Carbon Dioxide Transport



Red: very important.

Green: Doctor's notes.

Pink: formulas.

Yellow: numbers.

Gray: notes and explanation.

Physiology Team 436 – Respiratory Block Lecture 7

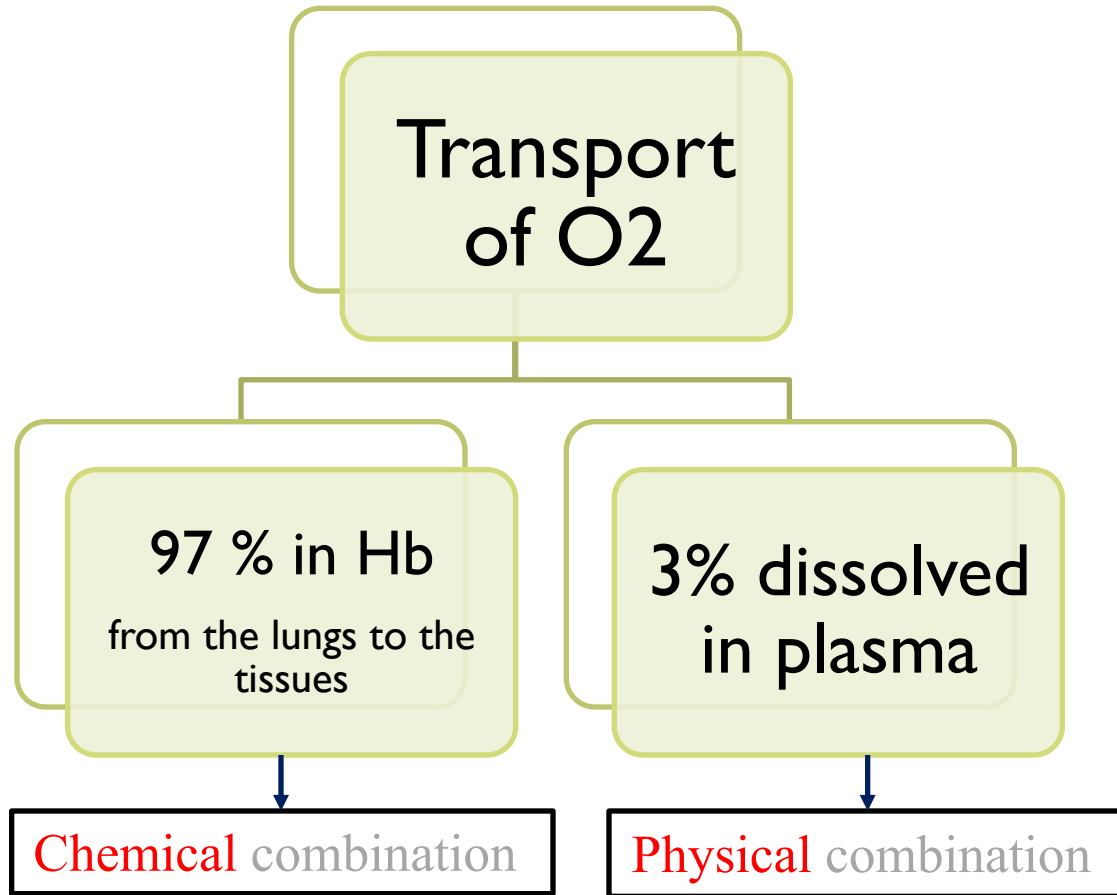
Lecture: If work is intended for initial studying.
Review: If work is intended for revision.

Objectives

- Understand the forms of oxygen transport in the blood, the importance of each.
- Differentiate between O₂ capacity, O₂ content and O₂ saturation.
- Describe (Oxygen- hemoglobin dissociation curve)
- Define the P50 and its significance.
- How DPG, temperature, H⁺ ions and PCO₂ affect affinity of O for hemoglobin and the physiological importance of these effects.
- Describe the three forms of carbon dioxide that are transported in the blood, and the chloride shift.

Transport of O₂

The main function of blood: Transporting respiratory gases between the lungs and body (tissues).



Binding:

- O₂ binds loosely and reversibly to **Haem portion** on hemoglobin.

Haem part:

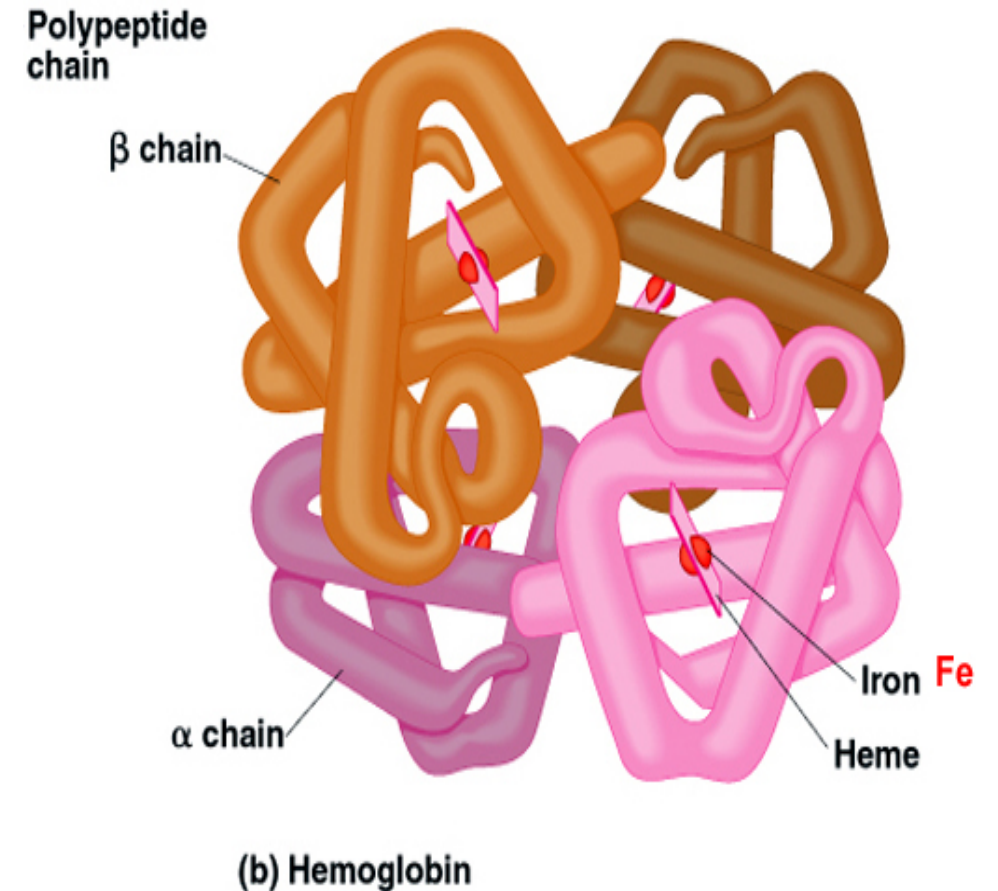
- The haem part of the Hb contains 4 atoms of iron → able to combine with a molecule of oxygen.

Result:

- Hemoglobin can carry 4 molecules of O₂ or 8 atoms of O₂: $\text{Hb} + 4\text{O}_2 \rightarrow \text{Hb}(\text{O}_2)_4$

Binding to Hemoglobin

- The amount of O_2 carried in the blood in oxyhaemoglobin depends on the amount of Hb present in the blood.
- The normal amount of Hb in young adults:
14-16 gm/dl of the blood.
- Each gram of Hb can bind with: **1.34 ml** of O_2 .
- Thus, if a person's Hb is **16 gm/dl** of blood his blood can carry: **$16 \times 1.34 = 21.44$ ml of O_2 /dl**



هذا يفسر ليش يصير الاختناق وقت الحرايق , أول اكسيد الكربون (CO) يرتبط بال Hb بكمية عالية فبالنتالي يمنع o2 من الارتباط بال Hb .

Transport of O₂ in the Dissolved State

➤ Oxygen combines with Hb is determined by: **PO₂**

- **If the PO₂ is high:** oxygen binds with Hb
- Result: greater Hb saturation
- Example: pulmonary capillaries

At normal arterial PO₂ of **95** mmHg, about **0.29** ml of oxygen is dissolved in each 100ml of blood.

If the PO₂ is low: oxygen is released from Hb

- Result: lesser Hb saturation
- Example: tissue capillaries

When the PO₂ of the blood falls to **40** mmHg in tissue capillaries, only **0.12** of oxygen remains dissolved. Therefore **0.17** ml of oxygen is normally transported in the dissolved state to the tissues per each **100** ml of blood

O₂ Capacity, Content and Saturation

- **O₂ Content:** amount of O₂ in blood (ml O₂/100 ml blood)
- **O₂-binding capacity:** maximum amount of O₂ bound to hemoglobin (ml O₂/100 ml blood) measured at 100% saturation.
- **Percent saturation:** percentage (%) of heme groups bound to O₂
- **Percentage of Saturation of Hb** = $\frac{\text{oxygen content}}{\text{oxygen capacity}} \times 100$
- **Dissolved O₂:** unbound O₂ in blood (ml O₂/100 ml blood)

The definitions are important to understand the curve.

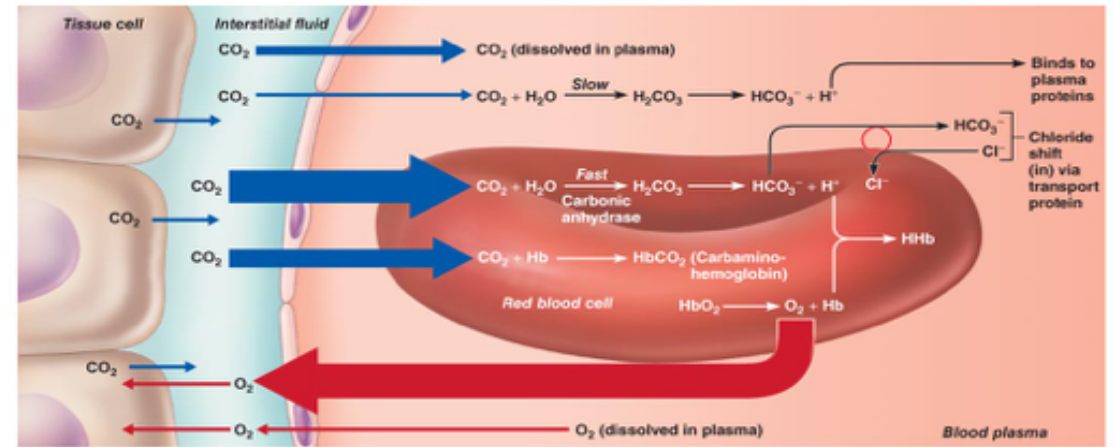
Transport of Oxygen in Arterial Blood

- Blood is **100%** saturated with O₂: each gram of Hb carry **1.34** ml O₂.
So → O₂ content = **15g Hb** × **1.34** O₂ = **20** ml.
- Blood is only **97%** saturated with O₂: contain **19.4** ml O₂/100 ml blood
- Amount of oxygen released from the hemoglobin to the tissues is: **5ml** O₂/**100ml** blood
So → O₂ content in venous blood = **19.4 - 5 = 14.4** ml
- During strenuous (hard) exercise: the oxygen uptake by the tissue increases 3 folds
So **5 × 3 = 15** ml O₂ / **100** ml blood
So → O₂ content in venous blood = **19.4 - 15 = 4.4** ml O₂/**100**ml blood.
- At rest: tissues (our bodies) consume **250** ml O₂/**min** and produce **200** ml CO₂

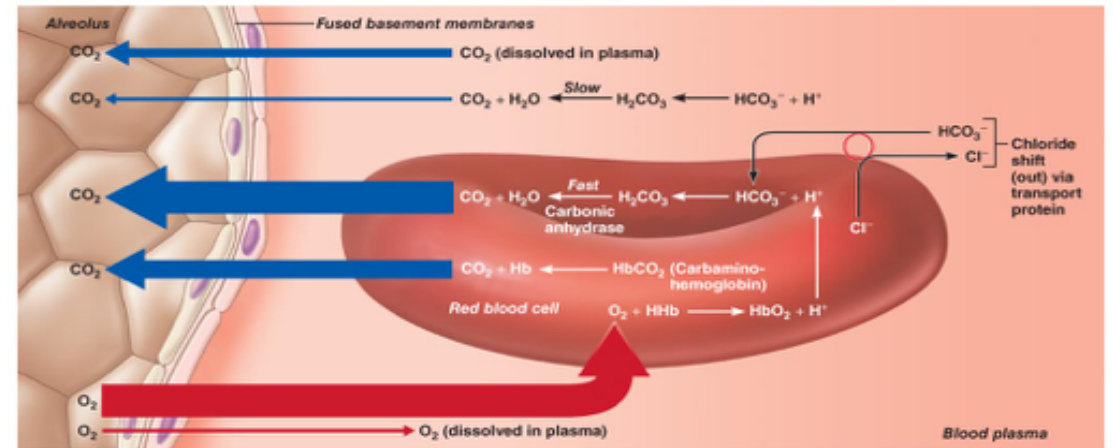
Transport of Carbon Dioxide in the Blood



- ▶ CO_2 is produced in large amounts in the body
- ▶ CO_2 + globin part = **carbaminohemoglobin**
- ▶ Remember: O_2 + Haem part = **Oxyhaemoglobin**
- ▶ CO_2 in normal resting conditions:
4ml of CO_2 /100 ml of **deoxygenated** blood
- ▶ CO_2 is carried in the blood in three forms:
 1. **70%** of CO_2 is transported in **bicarbonate form**.
 2. **23%** combines with the globin part of Hb to form **carbamino-haemoglobin**.
 3. **7%** is dissolved in **plasma**



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



(b) Oxygen pickup and carbon dioxide release in the lungs

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1- CO₂ Transport (Bicarbonate) and Chloride Shift

Tissue Capillaries

- 1 $\text{CO}_2 + \text{water (in RBC)} \xrightarrow{\text{Carbonic Anhydrase}} \text{H}_2\text{CO}_3 \text{ (carbonic acid)}$
- 2 $\text{H}_2\text{CO}_3 \xrightarrow{\text{Dissociates}} \text{HCO}_3^- \text{ (bicarbonate)} + \text{H}^+$
- 3 $\text{H}^+ \text{ ion} + \text{hemoglobin} \longrightarrow \text{hydrogenhemoglobin}$

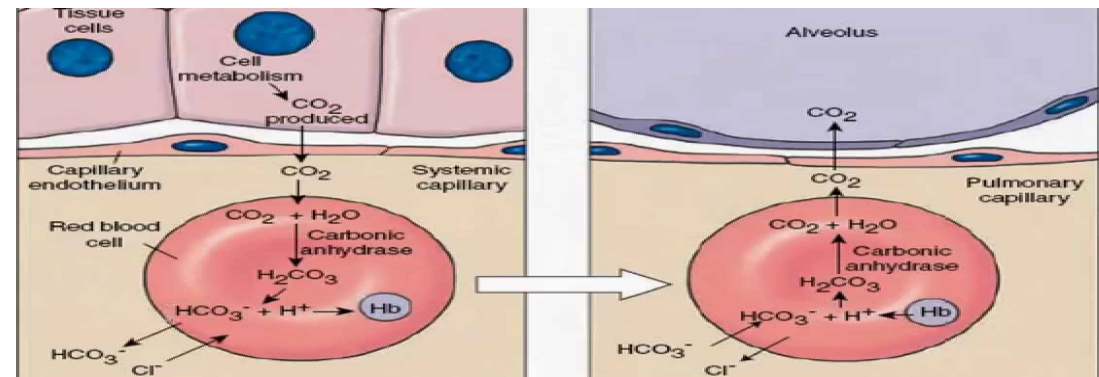
Bicarbonate Shift Phenomena:
Bicarbonate gets out of RBCs, and Cl enters to maintain negative charge of cell.

If chloride does not enter the cell will shrink

Pulmonary Capillaries

- 1 $\text{HCO}_3^- \text{ (bicarbonate)} + \text{H}^+ \longrightarrow \text{H}_2\text{CO}_3$
- 2 $\text{H}_2\text{CO}_3 \xrightarrow{\text{Carbonic Anhydrase}} \text{CO}_2 + \text{water}$

Bicarbonate enters RBC, Cl gets out to maintain negative charge of cell.



2- Transport of CO₂ Combined with Hb (Displacement of O₂)

CO (Carbon Monoxide) binding:

- CO combines with Hb at the same point on the Hb molecule as does oxygen.
- It binds with Hb about 250 times as much as O₂ (affinity of Hb to CO is 250 times of that to O₂).
- It causes left shift of the O₂-Hb curve (discussed later)

3- Transport of CO₂ Dissolved in Plasma (7%)

- PCO₂ of venous blood is: 45 mm Hg (Higher because it is carrying it back to the lungs to be exhaled out)
- PCO₂ of arterial blood is: 40 mmHg
- The amount of CO₂ dissolved in the blood at 45 mmHg is 2.7 ml/dl (2.7%)
- The amount of CO₂ dissolved at 40 mmHg is about 2.4 ml
- The difference between 2.7 and 2.4 is only 0.3 ml
- About 0.3 ml CO₂ / 100 ml of blood in the form of dissolved CO₂

dl = 100 ml

The Haldane Effect

- ▶ When oxygen binds with hemoglobin, carbon dioxide is released to increase CO₂ transport.
- ▶ Binding of Hb with O₂ at the lung causes the Hb to become a stronger acid, and this in turn displaces CO₂ from the blood and into the alveoli.
- ▶ Change in blood acidity during CO₂ transport:
Arterial blood has a pH of 7.41, and the pH of venous blood (which has higher PCO₂) falls to 7.37 (i.e. change of 0.04 units takes place).
The pH decreases because of the carbonic acid formed when CO₂ enters the blood.

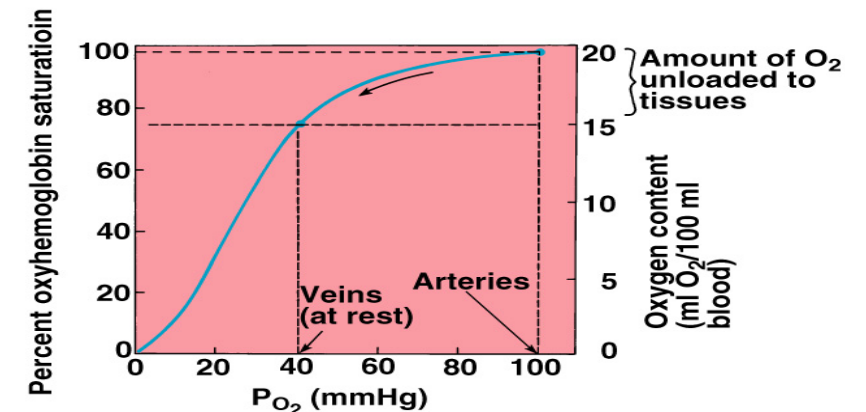
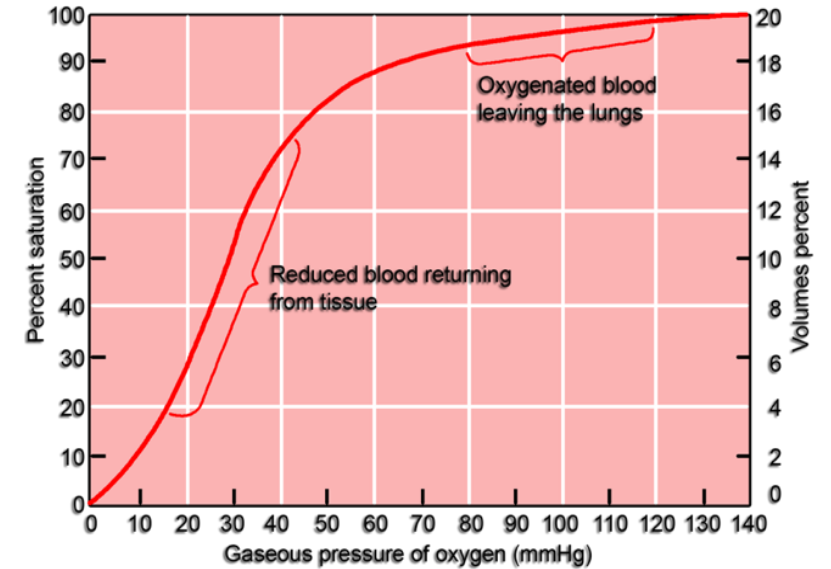
Respiratory Exchange Ratio (Respiratory Quotient)

- ▶ $R = \frac{\text{Rate of CO}_2 \text{ output}}{\text{Rate of O}_2 \text{ uptake}}$
- ▶ Normally (person with normal diet) it is $\frac{4}{5}$ ($200 \setminus 250$) = 82% = 0.825
- ▶ When Carbohydrate diet is used, $R = 1$ (every 1 O₂ consumed 1 CO₂ produced)
- ▶ When only fats are used, $R = 0.7$



Oxygen-hemoglobin Dissociation Curve

- **Curve Shape:** is S - shaped or sigmoid (not linear)
- **Represent:** relationship between the percent O_2 saturation of Hb and the partial pressure of O_2 (PO_2)
- This curve is called the oxyhemoglobin saturation curve.
- **Relation:** shows progressive **increase** in the percentage saturation of the Hb with the **increase** in the PO_2 in the blood.
- Higher PO_2 results in greater Hb saturation.



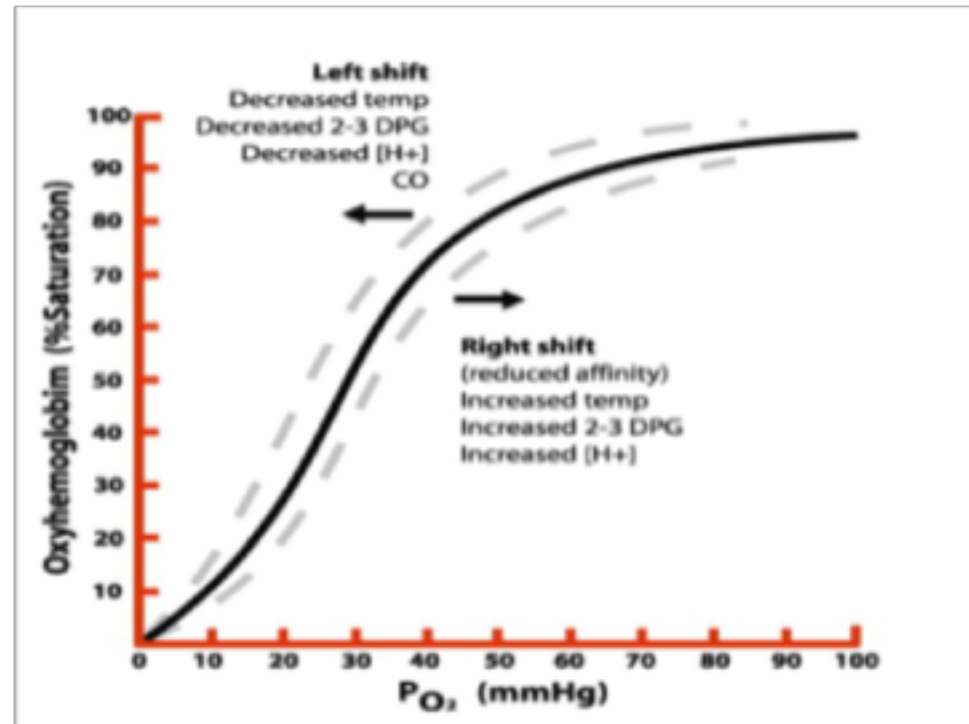
	Arterial Blood	Venous Blood (returning from the tissues)
PO₂	95 mmHg	40 mmHg
Saturation of Hb with O₂	97%.	75%.

Shift of Oxygen-Hemoglobin Dissociation Curve

Shifted to the Left

Means:

- Hb affinity for oxygen is increased.
- or
- Loading or attachment of oxygen to Hb increased.



Shifted to the Right

Means:

- O_2 is dissociated or released (unloaded) to the tissues from Hb.

Definitions/Other Explanations:

- Rt shift means the oxygen is unloaded to the tissues from Hb
- Lt shift means loading or attachment of oxygen to Hb.

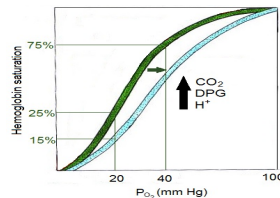
Factors Shifting Oxygen-hemoglobin Dissociation Curve to the Right/Left (Affecting Affinity of HB for O₂)

Factors shifting to the Right

Decreasing affinity

1. Increased PCO₂ (Bohr effect)
2. Increased hydrogen ions (PH)
3. Increased temperature
4. Increased 2,3 DPG 2,3 diphosphoglycerate:

- ▶ Synthesized in RBCs from the glycolytic pathway
- ▶ Facilitate the oxygen release
- ▶ Binds tightly to reduced Hb



Exercise increases all of them

Factors shifting to the Left

Increasing affinity

1. Decreased CO₂ (Bohr effect)
2. Decreased hydrogen ions (PH)
3. Decreased temperature ↑
4. Decreased 2,3 DPG
5. Fetal haemoglobin (coming next)

Anemia and hypoxemia :

2,3 DPG increases the RBCs in case of these diseases (anemia and hypoxia) → thus serves as an important adaptive response in **maintaining tissue oxygenation**.

Right and Left Shifts (Bohr Effect)



▶ Effect of CO₂ and H ions on the curve (Bohr effect):

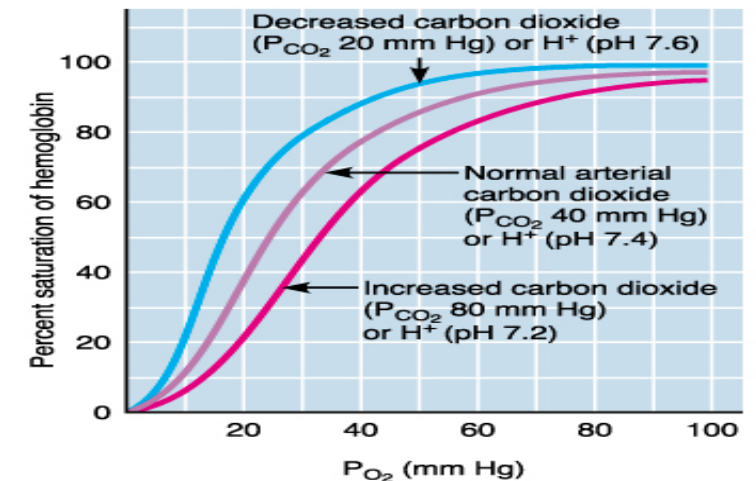
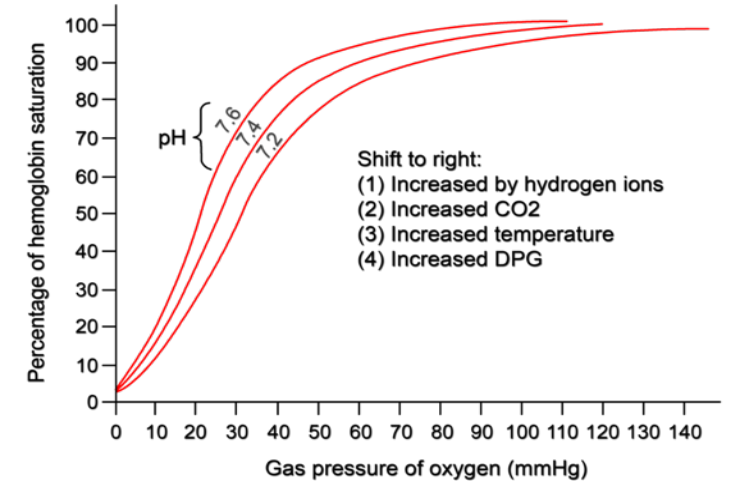
(Increased delivery of O₂ to the tissues when CO₂ and H ions shift the oxygen-hemoglobin dissociation curve)

At Lungs:

- Movement of CO₂ from blood to alveoli (where it will be exhaled out of the body) will **decrease** blood CO₂ & H⁺ → shifting the curve to **left**.
- **Increased O₂ affinity** of Hb allowing more O₂ transportation into the **tissues**.

At Tissues:

- **Increase** CO₂ & H⁺ in blood leads to → shifting the curve to **Right**.
- **Decreased** O₂ affinity of Hb allowing more O₂ transportation to the **tissues**.



Shift of Dissociation Curve During Exercise

- ▶ Fetal Hb: has a P50 of 20 mmHg in comparison to 27 mmHg of adult Hb.

P50: is the partial pressure of O₂ at which 50% of Hb is saturated with O₂.
↑ P50 means right shift (lower affinity for O₂)
↓ P50 means left shift (higher affinity for O₂)

- ▶ **Utilization Coefficient:** the percentage of the blood that gives up its oxygen as it passes through the tissue capillaries.
- ▶ **Utilization Coefficient** = $\frac{\text{O}_2 \text{ delivered to the tissues}}{\text{O}_2 \text{ content of arterial blood}}$
- ▶ Normally at rest = 5 ml/20 ml, which = 25% .
- ▶ During exercise = 15 ml/20 ml, which = 75% - 85%

Quiz

- ▶ <https://www.onlineexambuilder.com/lecture-7/exam-129877>
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[Link to Editing File](#)

(Please be sure to check this file frequently for any edits or updates on all of our lectures.)

References:

- Girls' and boys' slides.
- Guyton and Hall Textbook of Medical Physiology (Thirteenth Edition.)

Thank you!

اعمل لترسم بسمة، اعمل لتمسح دمة، اعمل و أنت تعلم أن الله لا يضيع أجر من أحسن عملا.

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