

- •Red: important
- •Black: in male / female slides
- Pink: in female slides only
- •Blue: in male slides only
- •Gray: extra information Editing file



Physiology

**MED438** 

# Lecture 13

Capillary circulation



# **Objectives:**

- Classification of The Vascular System
- Distribution of Blood Within the Circulatory System
- Structures of Capillary Wall
- Components of the microcirculation
- Types of blood capillaries
- Regulation of flow in the capillary beds.
- Diffusion and filtration. (Exchange of Fluid Between Capillaries & Tissues)
- Define edema, state its causes and discuss its mechanisms.
- The Lymphatic System

## Blood Distribution In Different Parts Of Circulatory System



venous sinuses 64%

## Blood Vessels Comparison



# **The Capillaries**

- Smallest blood vessels, <u>one endothelial</u> <u>cell</u> thickness.
- Exchange vessels:
  - Provide direct **access** to cells.
  - Most **permeable**.
  - **Permits exchange** of nutrients & wastes.

# **Capillary Network**

Female slides

- Blood flows from **arterioles** → **metarterioles** → **capillary** network (the shunt).
- Venules drain the network.
- **Smooth muscle** in arterioles, metarterioles, precapillary sphincters <u>regulates blood flow</u> (autoregulation).

# **Functions Of Capillaries**

#### male slides

- They form a **selectively permeable** barrier between the circulatory system and the tissues supplied.
- Play a **metabolic role** produce prostacyclins, blood cell growth factors, fibroblast GF, platelet GF, and ACE in the lungs.
- Inactivation of intercellular messengers
- Antithrombotic function



# **Capillary Bed**

Capillary bed consist of **two types of vessels**:

Vascular shunt	True capillaries (exchange vessels)		
<b>Directly connects</b> an arteriole to a venule	Allow <b>O2 &amp; nutrients</b> crossing <u>to cells</u>	Take up <b>CO2 &amp;</b> <b>metabolic waste</b> products <u>from cells</u>	

# **Components of Microcirculation**

- Arteriole = resistance
- Venule = capacitance
- Capillary = exchange of gas and water

Arterioles: highly muscular, and their diameters can change manyfold. The metarterioles (terminal arterioles) do not have a continuous muscular coat, but smooth muscle fibers encircle the vessel at intermittent points. Venules: larger than the arterioles with a much weaker muscle coat. The pressure in the venules is much less than that in the arterioles, so the venules can still contract considerably despite the weak muscles.





# **Types Of Capillaries**

Recall from histology lecture

#### Types based on diameter and or permeability:

Continuous Capillaries	Fenestrated Capillaries	Sinusoidal/discontinuous Capillaries
- Do NOT have fenestrae (poers) - <b>Found in:</b> muscle, lung, and adipose tissue	<ul> <li>Have fenestrae: allow large substances to pass but NOT plasma proteins.</li> <li>Found in: kidney glomeruli, small intestine, and endocrine glands.</li> </ul>	<ul> <li>Large diameter with large fenestrae. (High permeability)</li> <li>Found in: liver, spleen, bone marrow, lymphoid tissue, and some endocrine glands.</li> </ul>

#### Female slides

## **Diffusion in Capillary Walls**

- **Direct** diffusion
- Diffusion through **intercellular cleft**
- Diffusion through **fenestration**



What is the benefit of having sinusoidal capillaries between rows of hepatocytes?

• Sinusoids are low pressure (to allow free exchange from blood into hepatocyte) vascular channels that receive blood from terminal branches of the hepatic artery and portal vein at the periphery of lobules and deliver it to central veins.

• They are lined with endothelial cells, highly porous, and can collect nutrient-rich blood coming from the small intestine. They also remove micro-debris.

Female slides

# Fluid Exchange Between Capillaries and Tissues

- Fluid pressure and colloid osmotic pressure affect movement of fluid through capillaries.
- A net movement of fluid occurs from blood into tissues.
- Excess fluid gained by tissues is **removed by lymphatic system**.
- Fluid pressure and colloid osmotic pressure forces operate at the capillary membrane and tend to move fluid either **outward** or **inward** through the membrane pores.

## **Diffusion at Capillary Beds (Fluid Balance)**

Outward Forces 🖌		Inward Force 🕇		Capillary pressure	Plasma colloid osmotic pressure	
Capillary hydrostatic pressure	Negative interstitial free fluid pressure	Interstitial fluid colloid osmotic pressure	Plasma colloid osmotic pressure		(PC)	Interstitial fluid colloid osmotic pressure
Arterial end: 30-40mmHg Venous end: 10-15mmHg	3 mmHg	8 mmHg	<b>25-28</b> mmHg	<u>You ca</u>	(PII) (-ve) n read more ab	out it here

# Analysis of the Forces +

#### Very important to know how to calculate the net force

At arterial end		At venous end		
Forces Tending to Move Fluid <u>Outward</u>	mm Hg	Forces Tending to Move Fluid <u>Outward</u>	mm Hg	
Capillary pressure	30	Capillary pressure	10	
Negative interstitial free fluid pressure	3	Negative interstitial free fluid pressure	3	
Interstitial fluid colloid osmotic pressure	8	Interstitial fluid colloid osmotic pressure	8	
TOTAL OUTWARD FORCE	41	TOTAL OUTWARD FORCE	21	
Forces Tending to Move Fluid <u>Inward</u>		Forces Tending to Move Fluid <u>Inward</u>		
Plasma colloid osmotic pressure	28	Plasma colloid osmotic pressure	28	
Summation of Forces	41-28=13	Summation of Forces	28-21=7	
NET OUTWARD FORCE : cause filtration	13	NET INWARD FORCE : cause reabsorption	7	

13 mmHg filtration pressure causes on average about 1/200 of the plasma in the flowing blood to filter out of the arterial ends of the capillaries into the interstitial spaces

# Fluid Filtration & Reabsorption In Normal Microcirculation +

#### At arterial end:

Water moves **out** of the capillary with a NFP of +5 to +10 mmHg.

<u>Hydrostatic pressure dominates</u> at the arterial end & net fluid flows out of the

circulation.

#### At venous end:

Water moves **into** the capillary with a NFP of -5 to -7 mmHg.

<u>Oncotic pressure dominates</u> at the venous end & net fluid will flow into the circulation



# Lymphatic capillaries

Lymphatic capillaries are small, thin-walled micro-vessels located in the **spaces between cells** EXCEPT CNS.

- Carries lymph into lymphatic vessels, connects to a lymph node to the venous circulation.
- Slightly larger in diameter than blood capillaries, <u>allow</u> <u>interstitial fluid to flow into them but NOT out.</u>



## **Functions**:

- Drain excess interstitial (tissue) fluid back to the blood, in order to maintain original blood volume.
- Transports absorbed fat from small intestine to the blood
- Helps provide immunological defenses against pathogens.

## **Important notes :**

- 90% reabsorbed at venous end of capillary, and the remain 10% absorbed by lymphatic system.
- If plasma protein oncotic pressure decreases; this will cause edema and lymphatic obstruction

# **Clinical Significance Of Capillary Filtration**

male slides

- Blood loss: Vasoconstriction of arterioles lead to decrease capillary hydrostatic pressure. Osmotic pressure of plasma proteins favours absorption of interstitial fluid lead to increase in blood volume
- Congestive heart failure: Venous pressure rises lead to build-up of blood in capillaries lead to increase in capillary hydrostatic pressure lead to increase in filtration lead to edema.
- Hypoproteinemia (Starvation, liver disease) lead to decrease in plasma protein colloid osmotic pressure lead to loss of fluid from capillaries lead to edema.
- Inflammation: The gaps between the endothelial cells increase because of the inflammatory mediators lead to increase in movement of proteins into the interstitium lead to edema.

# **Diameter and blood flow**

The **velocity** of blood flow within each segment of the circulatory system is **inversely proportional** to the **total cross sectional area** of the segment. Because the **aorta** has the smallest total cross sectional area of all circulatory segments ,it has the **highest velocity** of blood flow



As diameter of vessels decrease, the total cross sectional area increase and velocity of blood flow decrease

# Quiz

1. which of the following can occur if the plasma proteins

decrease?

A. edema

B. clot

**C**. lymphatic obstruction

**D.** Both A & C

2. The True capillaries are:

- A. Directly connects an arteriole to a venule
- B. Exchange vessels

C. Has highest resistance

D. Has the highest capacitance

3. If the Hydrostatic pressure dominates at the arterial end , the net force will cause:A.FiltrationB. reabsorptionC. edema

**D.** both A,B

4. which of the following is true about Sinusoidal Capillaries:A. Have pores, allow large substances to pass but not plasma proteinsB. Do not have fenestrae

- C. Large diameter with fenestrae
- D. serves as reservoirs for blood

## SAQ:

# 1. Describe the mechanism of how the edema occurs in congestive heart failure

Venous pressure rise $\rightarrow$  build-up of blood in capillaries $\rightarrow$  **increase in** capillary hydrostatic pressure $\rightarrow$  **increase** in filtration **leading to** oedema.

2. If Forces Tending to Move Fluid Outward = 38 mmHg and the capillary pressure =28 mmHg . What is the net outward force at arterial end if the Plasma colloid osmotic pressure = 25 mmHg =13 mmHg

# Leaders

Sedra Elsirawani

Abdulrahman Alhawas

# Members

- Lama AlZamil
- Arwa AlEmam
- Noura AlTurki
- Ghada AlSadhan
- Nouf AlShammari
- Nouf AlHumaidhi
- Taibah AlZaid
- Ajeed AlRashoud
- Reem AlGarni
- Raghad AlKhashan
- Leen AlMazroa
- Sara Alarifi
- Maha AlNahdi

- Badr Almuhanna
- Abdulrahman Almezaini
- Omar Aldosari
- Omar Alghadir
- Ibrahim Alshaqrawi
- Abdullah Aldawood
- Abdullah Shadid
- Meshari Alzeer
- Mohammed Alhamad
- Abdullah Alassaf
- Khalid Alkhani
- Amjad Albaroudi
  - Mohammed Alhuqbani

# Thank you!