Gastrointestinal Physiology
Lecture 6

Physiology of the Small Intestine: Motility and Secretion

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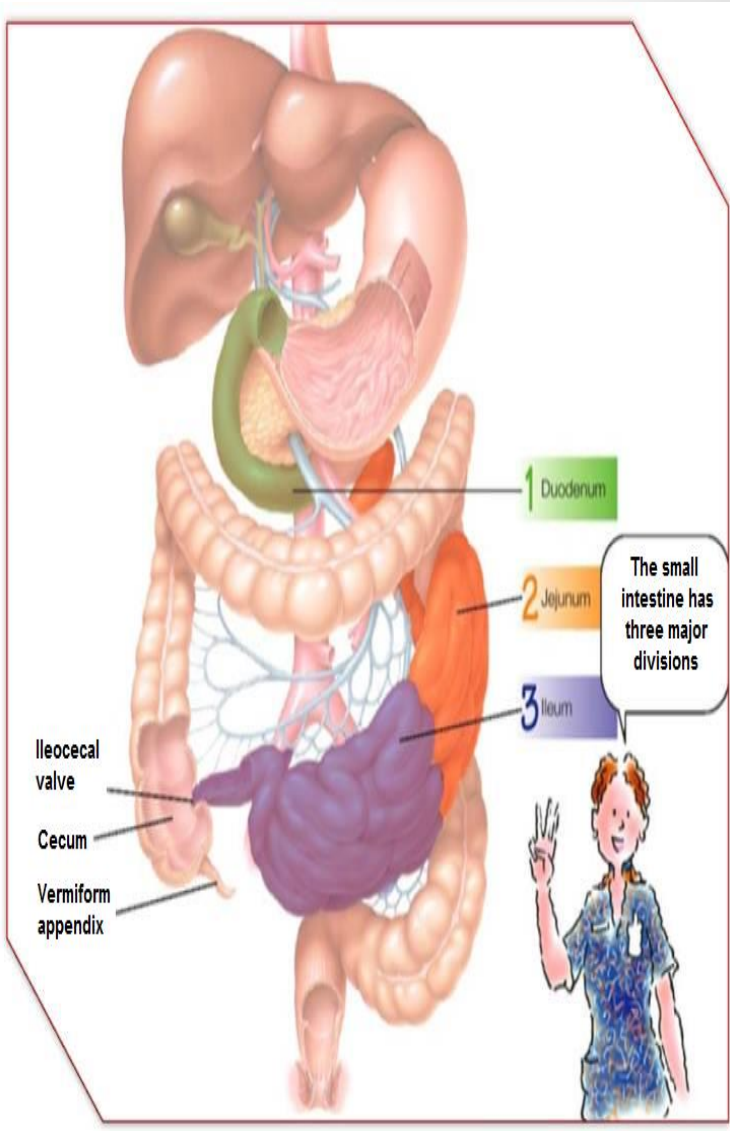
Learning Objectives

- Motility in the small intestine.
- Control of intestinal motility.
- Secretions of the small intestine
- Digestion of carbohydrates, proteins and fats.
- Basic principles of gastrointestinal absorption.
  - ✓ Absorption of carbohydrates
  - ✓ Absorption of proteins
  - ✓ Absorption of fats
  - ✓ Absorption of vitamins
  - ✓ Absorption and secretion of electrolytes and water

Motility in the Small Intestine

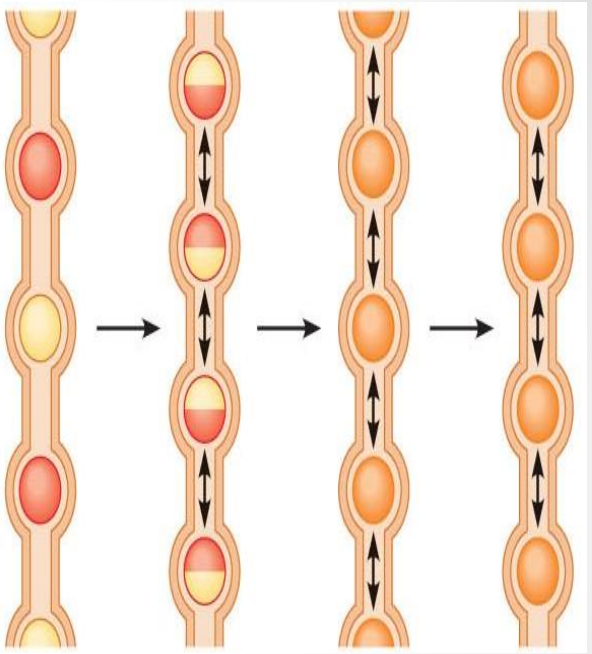
The movements of the small intestine can be divided into:

- *Segmenting (Mixing) contractions*
- *Propulsive contractions (Peristalsis)*
- *Migrating motor complex*
- *Antiperistalsis*
- *Peristaltic rush*



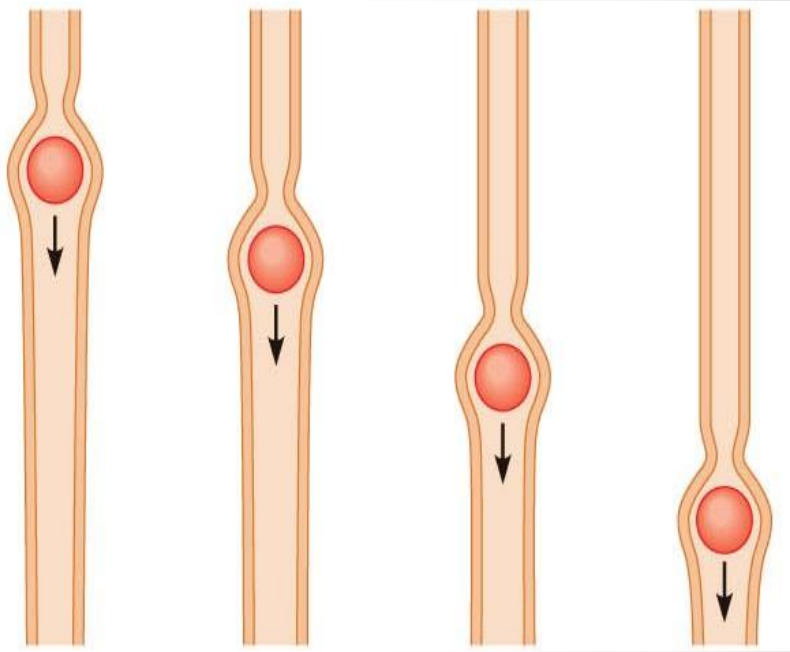
1. Mixing (Segmentation) Contractions

- It is activated by ENS.
- Usual stimulus is distention.
- The intestine is divided into spaced segments, last for fraction of min.
- As one set of segmentation contractions relaxes, a new set often begins at points between the previous ones.
- They can be blocked by atropine.
- <u>The significance:</u>
  - Blend different juices with the chyme
  - Bring products of digestion in contact with absorptive surfaces



2. Propulsive Movements (Peristalsis)

- Organizes propulsion of material over variable distances.
- Usual stimulus is distention.
- They are faster in the proximal intestine and slower in the terminal intestine (velocity 0.5 to 2.0 cm/sec), (3 to 5 hours are required for passage of chyme from the pylorus to the ileocecal valve).
- Myenteric plexus is important.
- They can be blocked by atropine.



3- Migrating motor complex (MMC)

- It is bursts of depolarization accompanied by peristaltic contraction that begins in empty stomach during interdigestive period, travels a long whole length of small intestine to reach ileocaecal valve after 1.5-2 h. where it disappears. A new wave of MMC starts.
- The activity of MMC terminates as soon as food is ingested.
- The function of MMC is to propel any remnants in stomach & small intestine into colon.

4- Antiperistalsis

In the opposite direction occurs between stomach and duodenum to allow more time for neutralization of chyme and between ileum and caecum to allow time for absorption.

5- Peristaltic rush

* Powerful rapid peristalsis due to intense irritation of intestinal mucosa as in infectious diarrhea.
* It is initiated mainly by extrinsic nervous reflexes to brain stem and back to gut.
* It sweeps the contents of intestine into the colon and thereby relieving the small intestine of irritative chyme or excessive distension.

Movement of the villi

- The villous movement consists of fast shortening and slow lengthening as well as side to side movements.
- Villous contractions are initiated by local nervous reflexes in response to chyme in small intestine.
- They are stimulated by villikinin hormone released by intestinal mucosa when it comes in contact with digestive products.
- They facilitate absorption and lymph flow from central lacteals into lymphatic system.

Control of intestinal motility

1- Neural factors

- ✪ Vagal excitation increases intestinal and villous movements.
- ✪ Sympathetic excitation decreases intestinal and villous movements.

Gastroileal reflex is initiated by gastric distension. Impulses are conducted through myenteric plexus to initiate a fast peristaltic wave passing to the ileum. The ileocaecal valve relaxes allowing chyme to pass into cecum. This reflex is mediated by vagus nerve.

2- Hormonal factors

- Gastrin, CCK, insulin and serotonin stimulate intestinal motility. Gastrin and CCK relax ileocaecal sphincter.
- Motilin secreted from duodenum stimulates intestinal motility and regulate MMC.
- Secretin and glucagons inhibits intestinal motility and contract ileocaecal sphincter.
- Villikinin stimulates movement of the villi.

Secretions of The Small Intestine

Secretion of Mucus by Brunner's Glands in the Duodenum

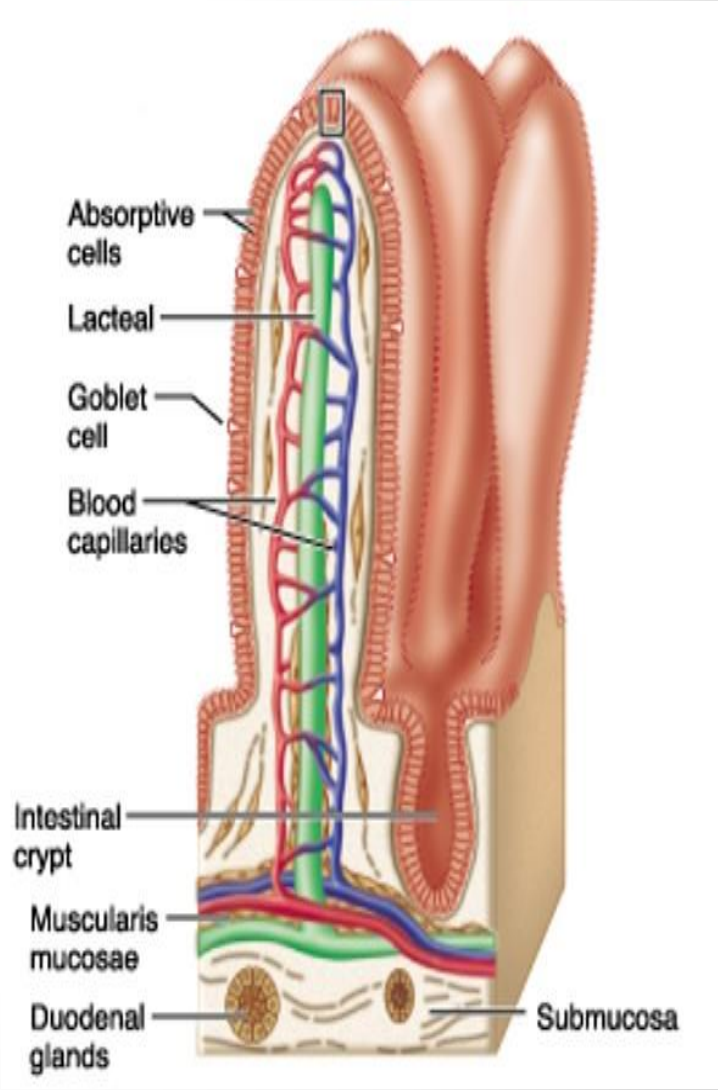
- *Brunner's glands* secrete large amounts of alkaline mucus, which contains a large amount of bicarbonate ions.
- Mucus protects the mucosa
- Brunner's glands are stimulated by (1) irritating stimuli on the duodenal mucosa; (2) vagal stimulation, (3) secretin.
- Brunner's glands are inhibited by sympathetic stimulation

Secretion of Intestinal Juices (Succus Entericus) by the Crypts of Lieberkühn

- *Crypts of Lieberkühn* are small pits which lie between intestinal villi.
- Their epithelium composed of:

(1) *Goblet cells,* secrete *mucus*

(2) *Enterocytes,* secrete large quantities of H_2O and electrolytes and over the surfaces of adjacent villi, reabsorb H_2O, electrolytes & end products of digestion.



Succus entericus

- It is secreted from intestinal crypts
- Volume: 1800 ml/day.
- pH: 7.5-8. It participates in the neutralization of acid chyme delivered from stomach.
- Composition: 0.6 % organic, 1 % inorganic substance.
- Most of the enzymes are found either in the brush border or in the cytoplasm of the enterocytes.
- The enzymes that are actually secreted into the lumen are enteropeptidase and amylase

Control of intestinal secretion

1. **Brunner's gland secretion** is stimulated by secretin, tactile and vagal stimulation.
2. **Intestinal juice secretion** is stimulated by:

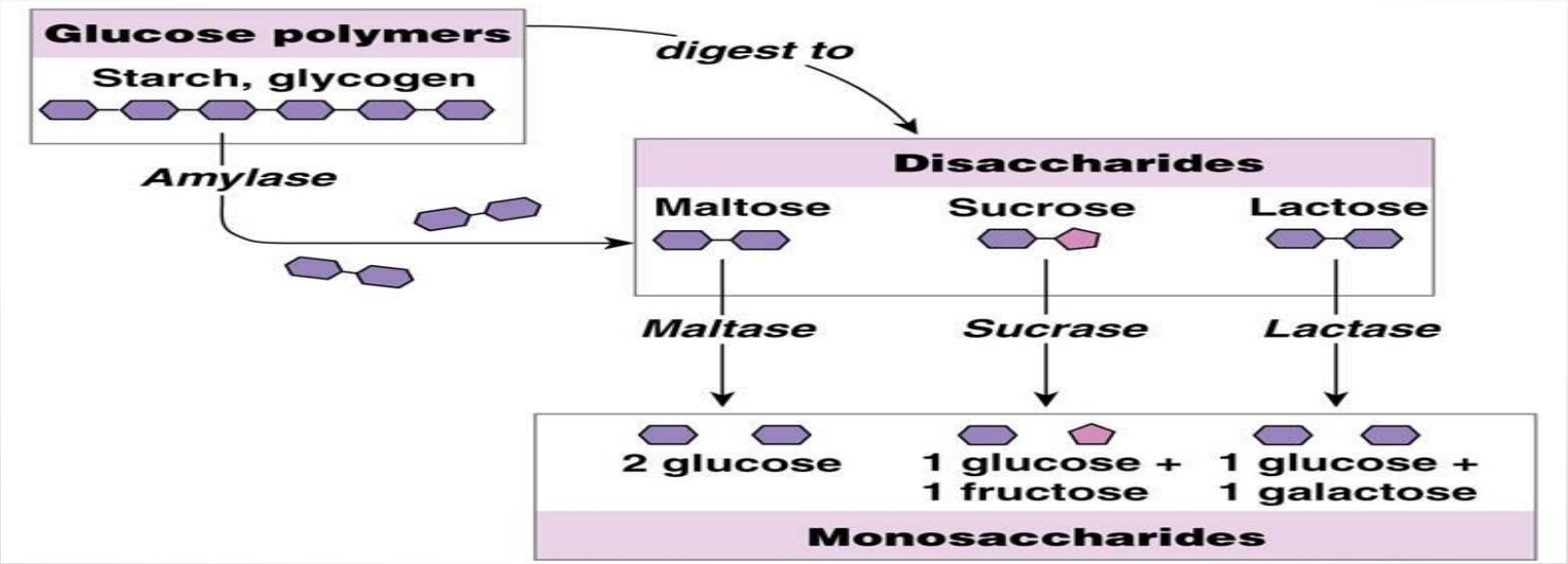
   a. Distension, tactile and vagal stimulation.

   b. Hormones as gastrin, secretin, CCK, glucagons, enterocrinin.

   Sympathetic stimulation exerts an inhibitory effect.

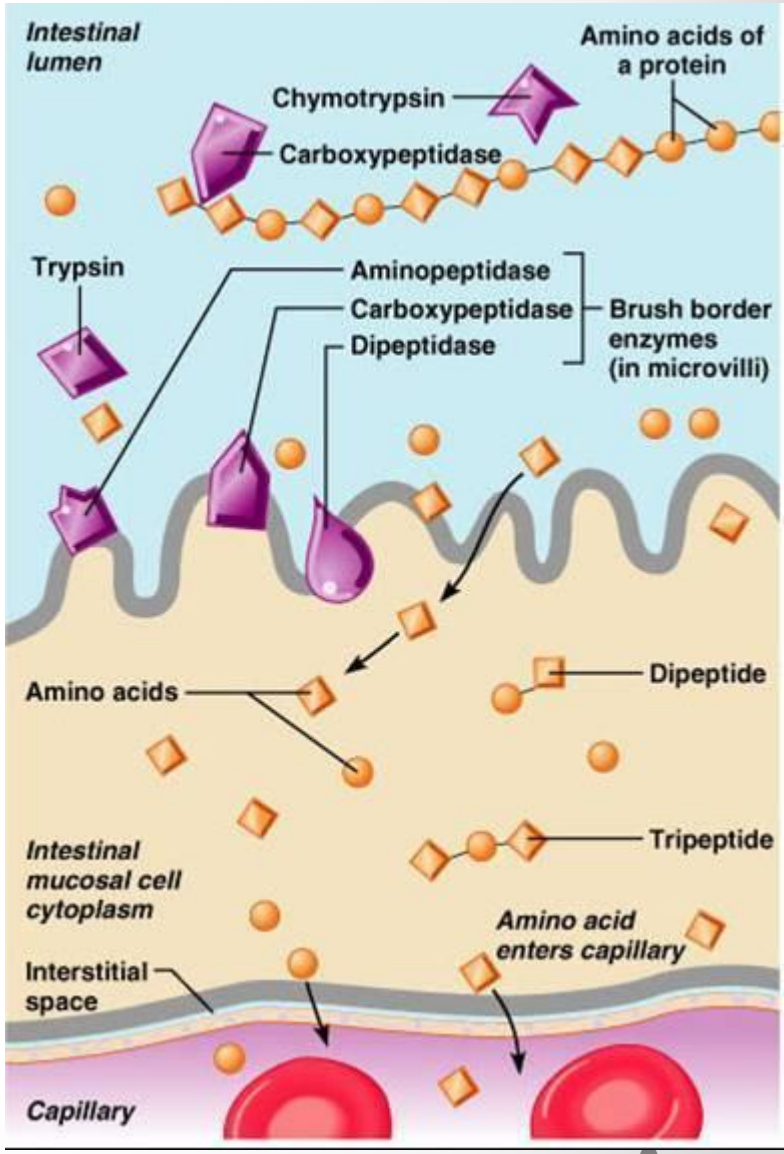
Digestion of Carbohydrates

- The enterocytes contain four enzymes (lactase, sucrase, maltase, and a-dextrinase), which are capable of splitting the disaccharides lactose, sucrose, and maltose, plus other small glucose polymers, into their constituent monosaccharides.
- These enzymes are located in the enterocytes covering the intestinal microvilli brush border, so that the disaccharides are digested as they come in contact with these enterocytes.



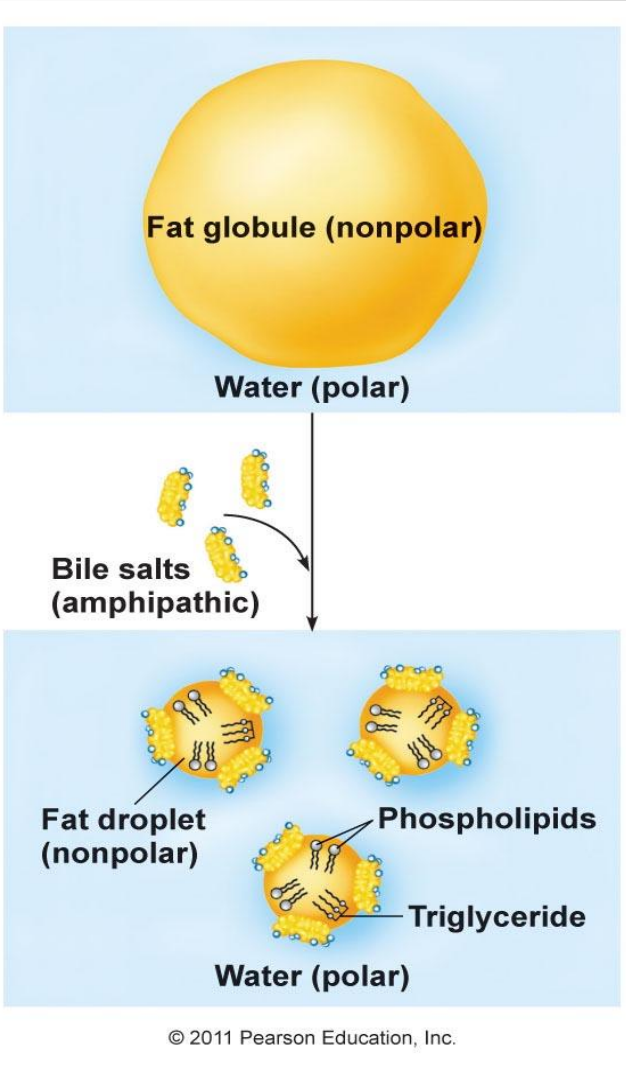
Digestion of Proteins

- A small percentage of proteins are digested to AA by the pancreatic juices.
- Most proteins remain as dipeptides and tripeptides
- Most protein digestion occurs in the duodenum and jejunum by aminopeptidases, oligopeptidases, intracellular di and tripeptidases.



Digestion of Fats

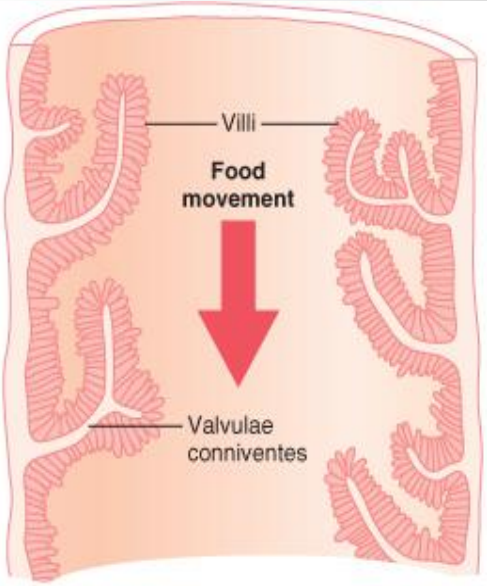
- Bile salts and lecithin in the bile help fat digestion by make the fat globules readily fragmentable with the water in the small intestine (emulsification of fat).
- Bile salts break the fat globules into very small sizes, so that the water-soluble digestive enzymes can act on the globule surfaces.

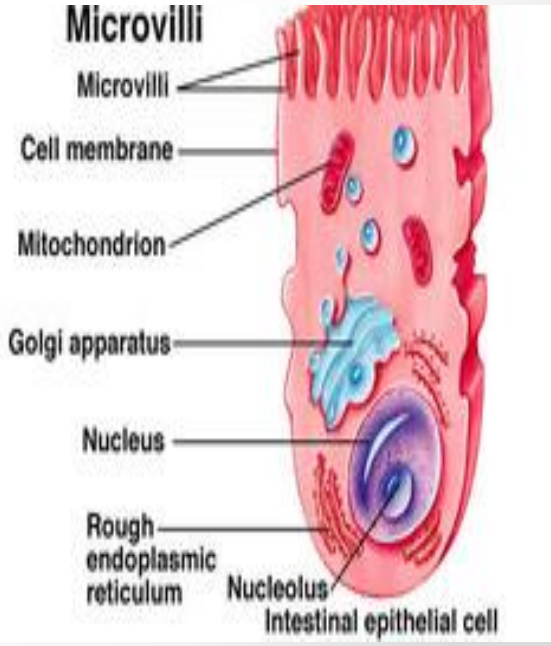


Basic Principles of Gastrointestinal Absorption

Absorptive Surface of the Small Intestinal

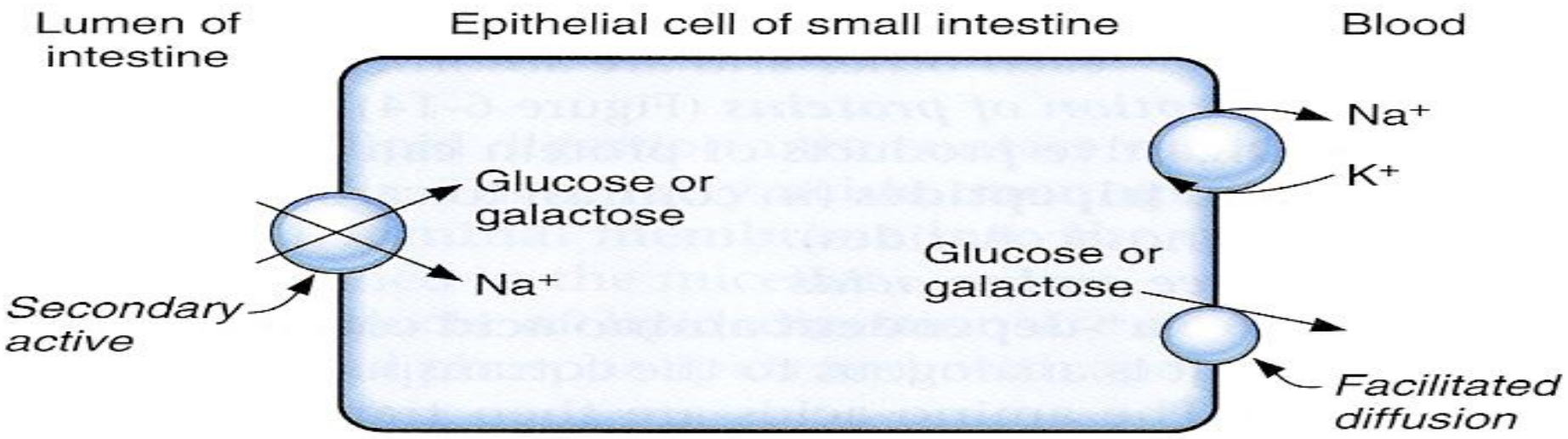
- The absorptive surface of the small intestinal mucosa, showing many folds called *valvulae conniventes*, well developed in the duodenum and jejunum. They increase the surface area of the absorptive mucosa about ***3-fold***.
- The presence of villi on the mucosal surface enhances the total absorptive area another ***10-fold***.
- The epithelial cell on each villus is characterized by a brush border, consisting of as many as 1000 microvilli (increases the surface area another ***20-fold***).

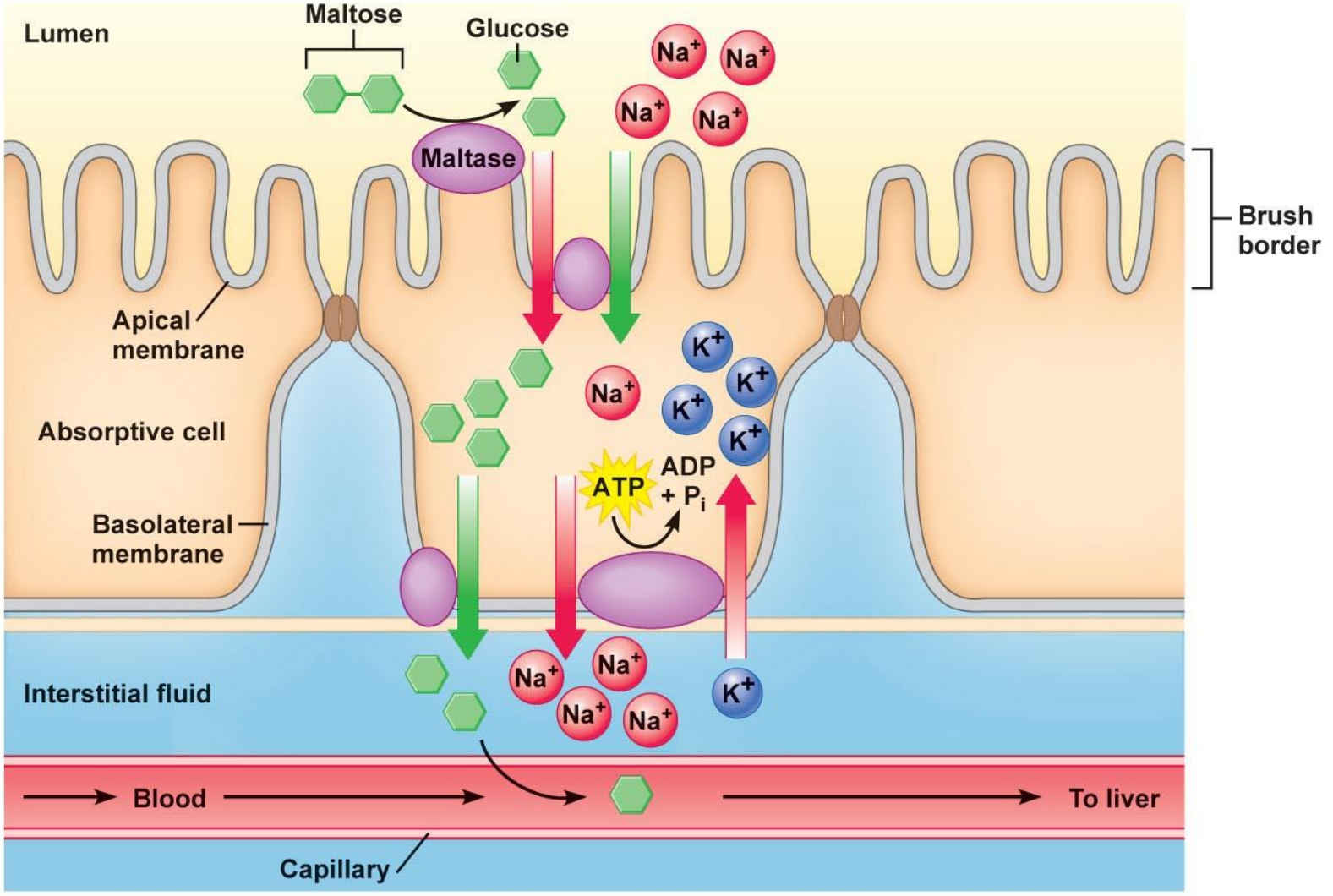


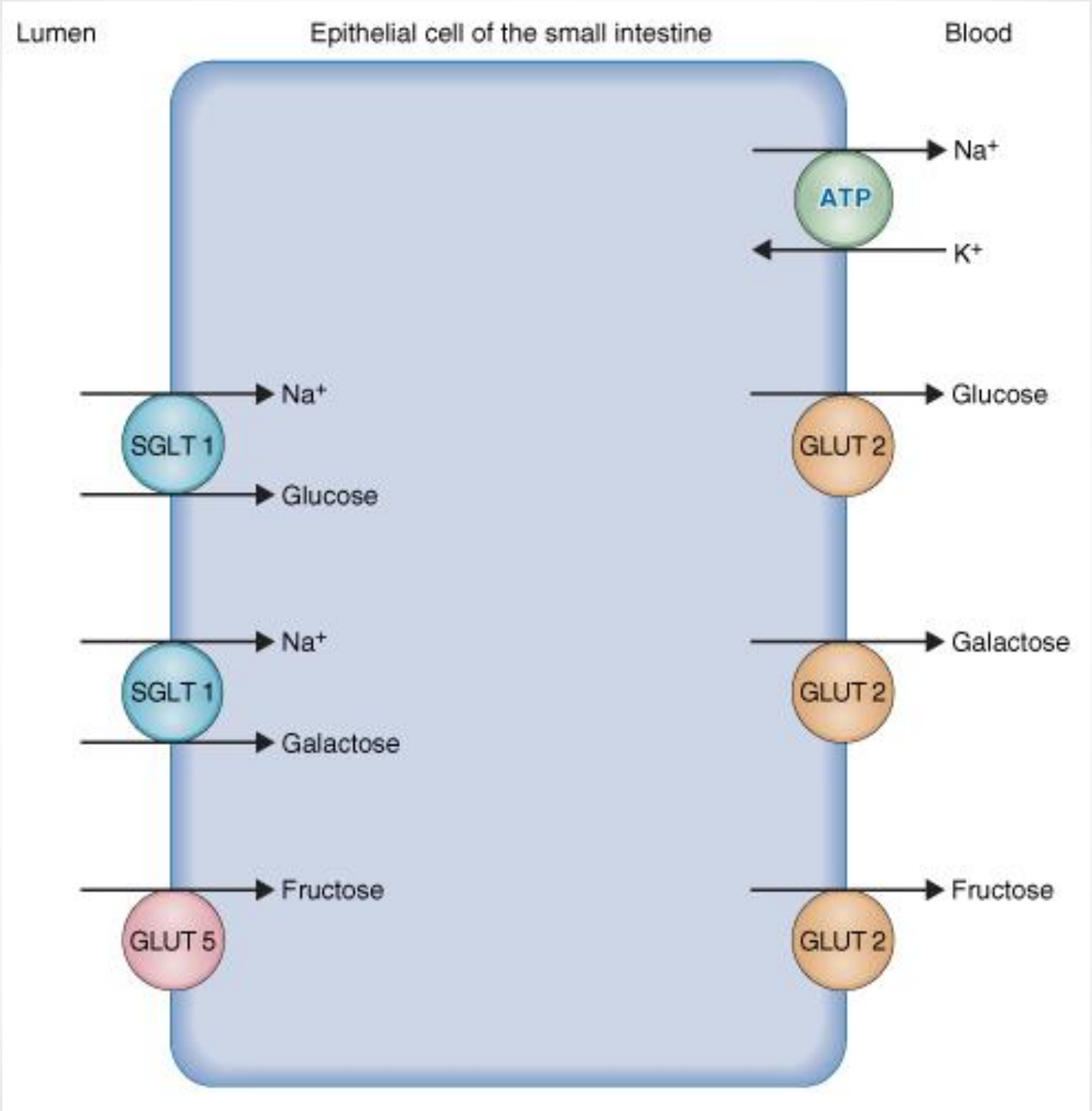


Absorption of Carbohydrates

- All the carbohydrates in the food are absorbed in the form of monosaccharides; only a small fraction are absorbed as disaccharides.
- Glucose and galactose absorption occurs in a cotransport mode with active transport of Na^+ (2ry active transport) .
- Fructose is independent on Na^+ but it transports in lumenal membrane via facilitated diffusion.
- Pentose is transported by passive diffusion



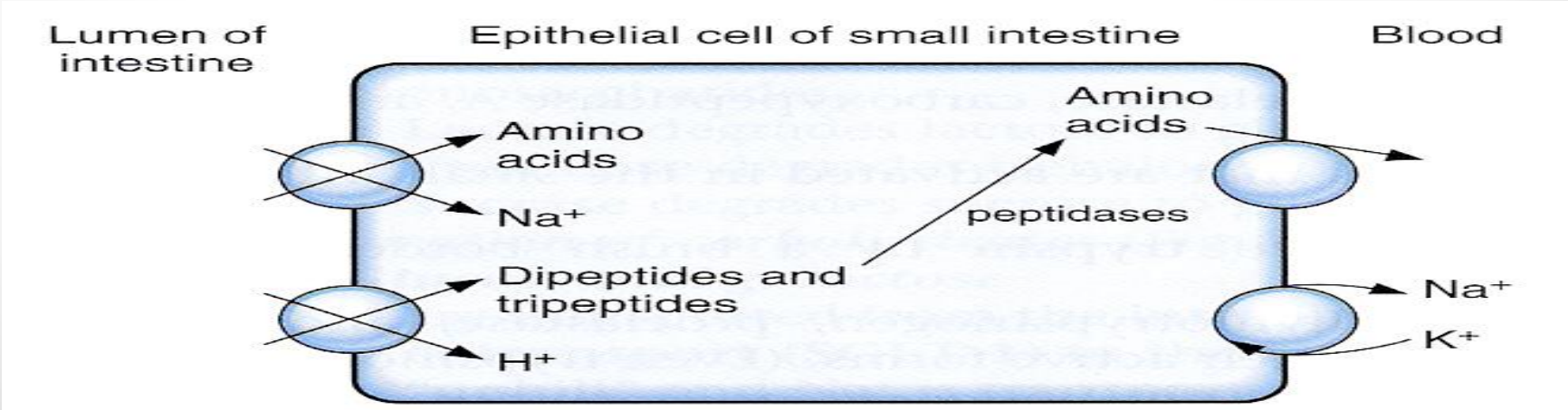



Lumen
Epithelial cell of the small intestine
Blood
Na+
ATP
K+
Na+
SGLT 1
Glucose
Glucose
GLUT 2
Na+
SGLT 1
Galactose
Galactose
GLUT 2
Fructose
GLUT 5
Fructose
GLUT 2

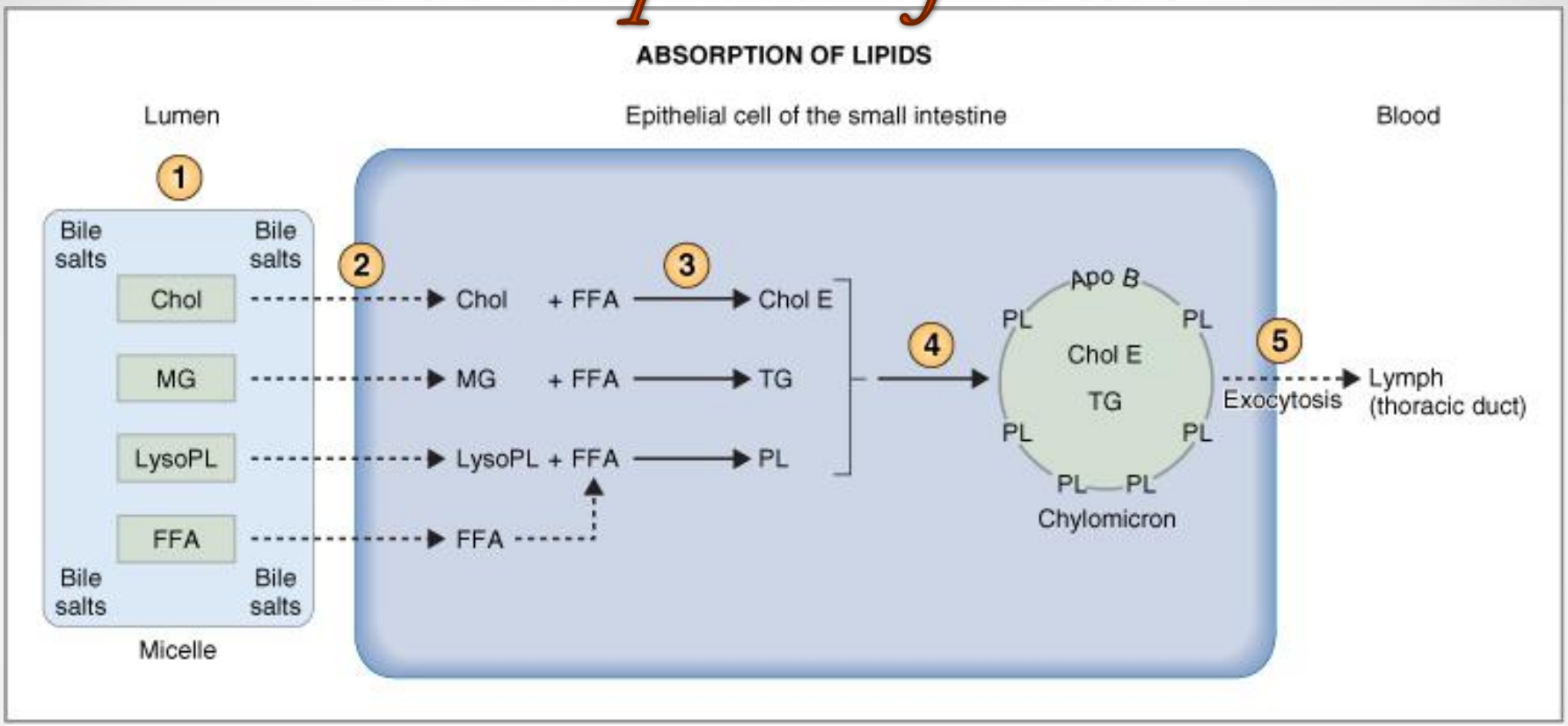
Absorption of Proteins

Proteins are absorbed in the form of dipeptides, tripeptides, and a few free amino acids.

- D- AA are transported by passive diffusion.
- L- AA are transported by 2ry active transport.
- Di and tripeptides cross the brush border by active transport protein carrier. They are hydrolyzed by brush border and cytoplasmic oligopeptidases.
- AA leaves the cell at the basolateral membrane by facilitated transport.



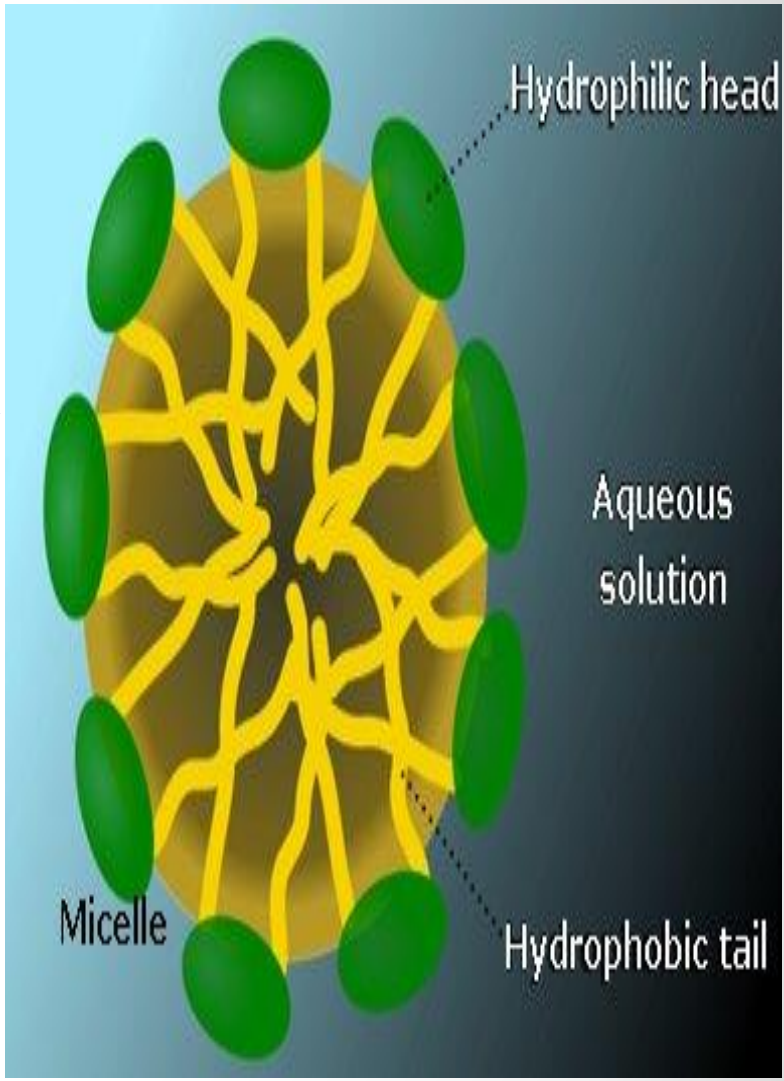
Absorption of Fats



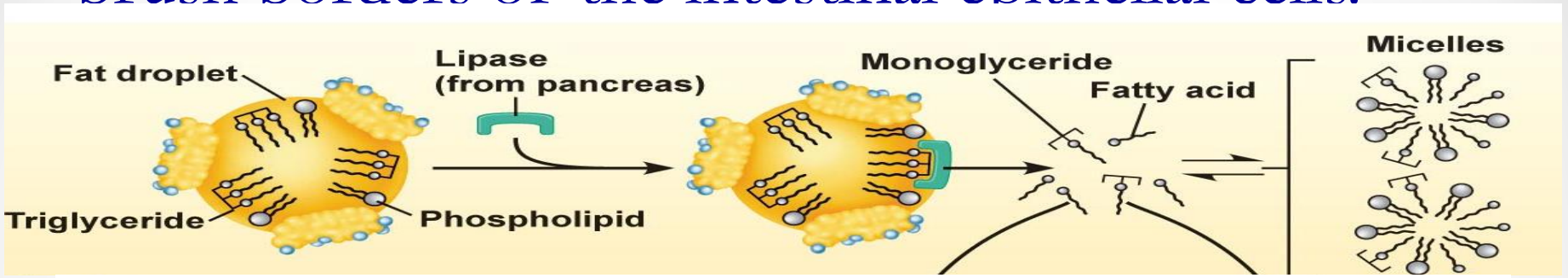
In the presence of an abundance of bile micelles, about 97 per cent of the fat is absorbed; in the absence of the bile micelles, only 40 to 50 per cent can be absorbed.

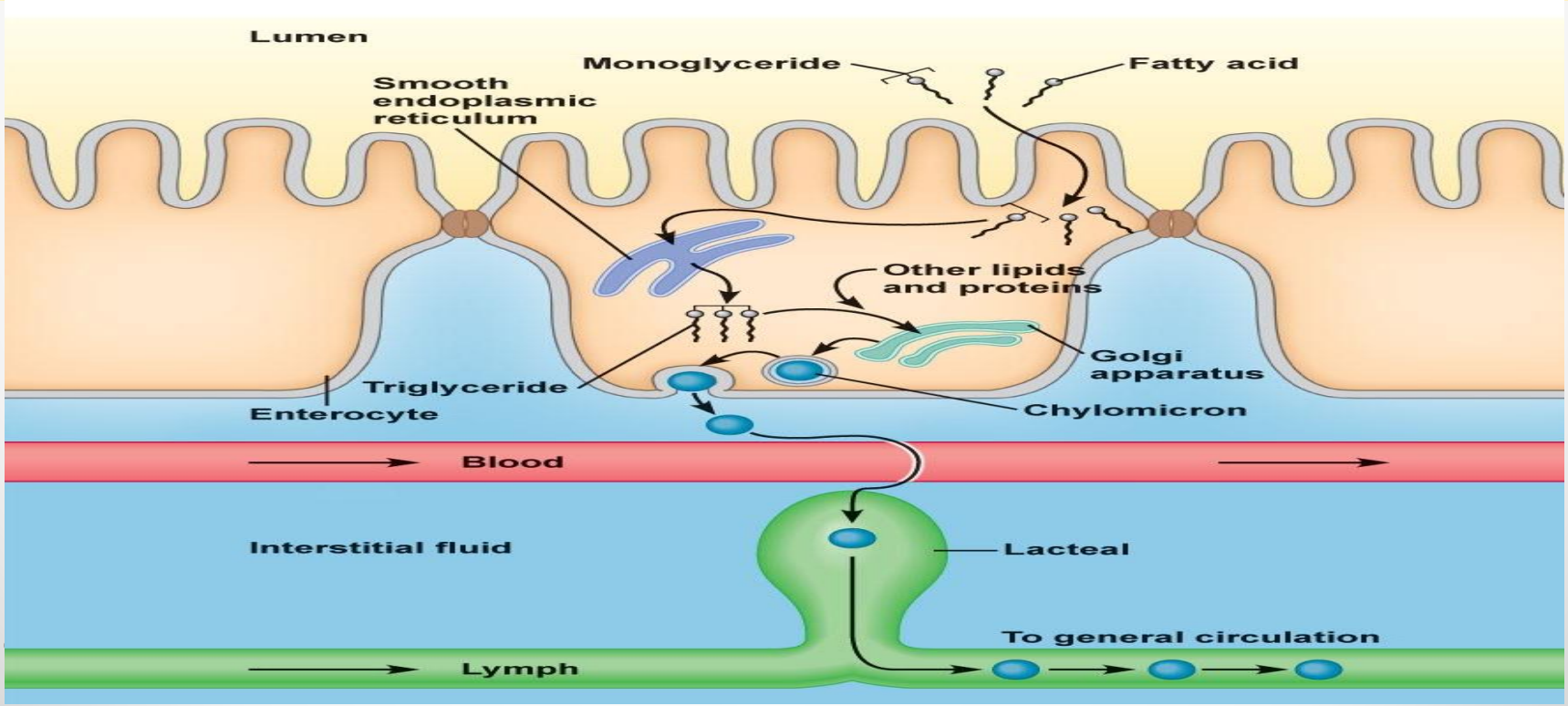
Formation of Micelles

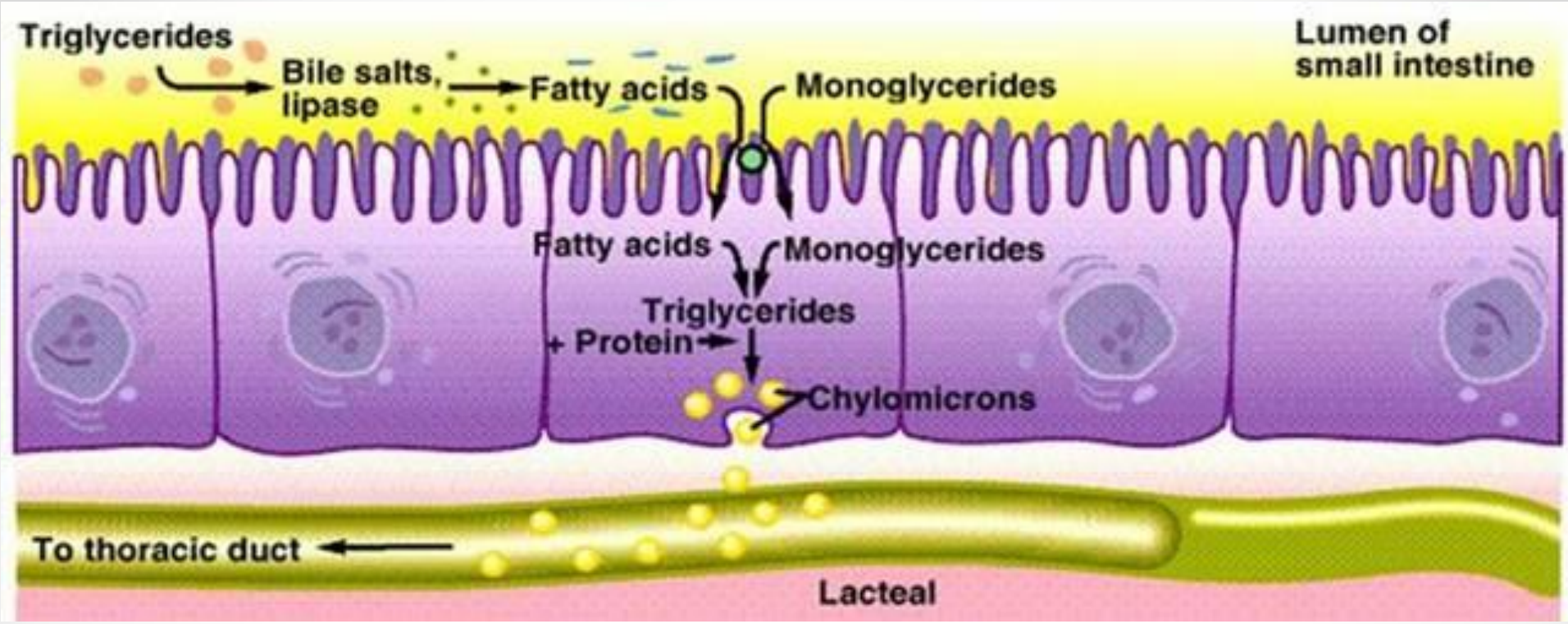
- *B*ile salt are amphipathic molecules, each composed of a sterol nucleus (fat-soluble) and a polar group (water-soluble).
- *Micelles are* small spherical, cylindrical globules 3 - 6 nm in diameter composed of 20 - 40 molecules of bile salts.
- The polar parts are (-) charged, they allow the entire micelle globule to dissolve in the water of the digestive fluids.



- The micelles act as a transport medium to carry the monoglycerides and free fatty acids to the brush borders of the intestinal epithelial cells.







- Triglycerides aggregate into globules along with the absorbed cholesterol and phospholipids.
- B-lipoprotein coat part of the surface of each globule to form chylomicrons.
- Chylomicrons diffuses to side of the cell and is excreted by exocytosis into the central lacteal of villi, to lymph, then to thoracic duct.

Absorption of Vitamins

a. Fat-soluble vitamins (A, D, E, & K) are incorporated into micelles and absorbed along with other lipids

b. Most water-soluble vitamins (C, B_1, B_2, B_6, and folic acid) are absorbed by Na^+-dependent cotransport mechanisms

c. Vitamin B_{12} is absorbed in the ileum and requires intrinsic factor

Gastrectomy results in the loss of parietal cells and loss of intrinsic factor ⟶ pernicious anemia

Absorption and secretion of electrolytes and water

- Electrolytes and H_2O cross intestinal epithelial cells by either cellular or paracellular route
- The permeability of the tight junctions varies with the type of epithelium
  - Leaky epithelia are in the small intestine and gallbladder
  - A tight epithelium is in the colon

Absorption of Na^+

Na^+ moves into the intestinal cells by the following mechanisms:

1) Passive diffusion
2) Na^+-glucose or Na^+-amino acid co-transport
3) Na^+-Cl^- exchange
4) Na^+-H^+ exchange

- The next step in the transport process is osmosis of water into the paracellular spaces because a large osmotic gradient has been created by the elevated concentration of ions in the paracellular space.
- **Aldosterone Greatly Enhances Na^+ Absorption:**

This effect of aldosterone is especially important in the colon because it allows virtually no loss of NaCl and water.

Absorption of Cl^-

Cl^- absorption accompanies Na^+ absorption by the following mechanisms:

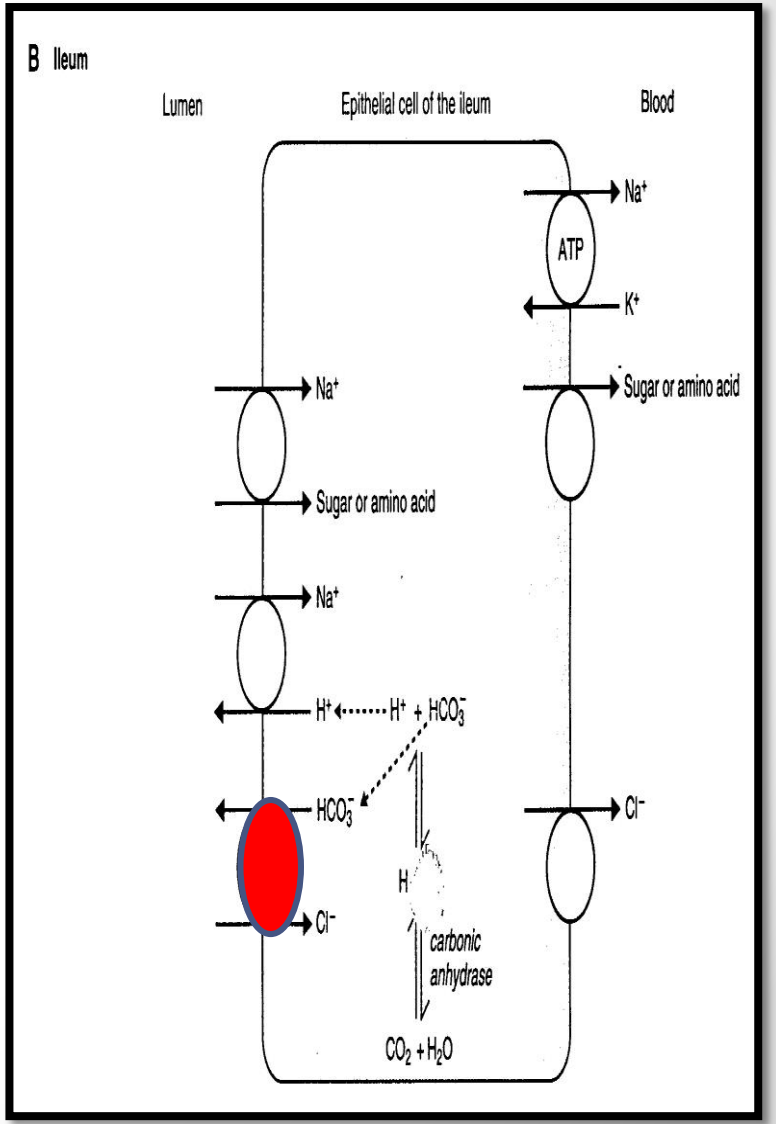
1) Passive diffusion
2) Na^+-Cl^- cotransport
3) Cl^--HCO_3^- exchange

Absorption and secretion of K^+

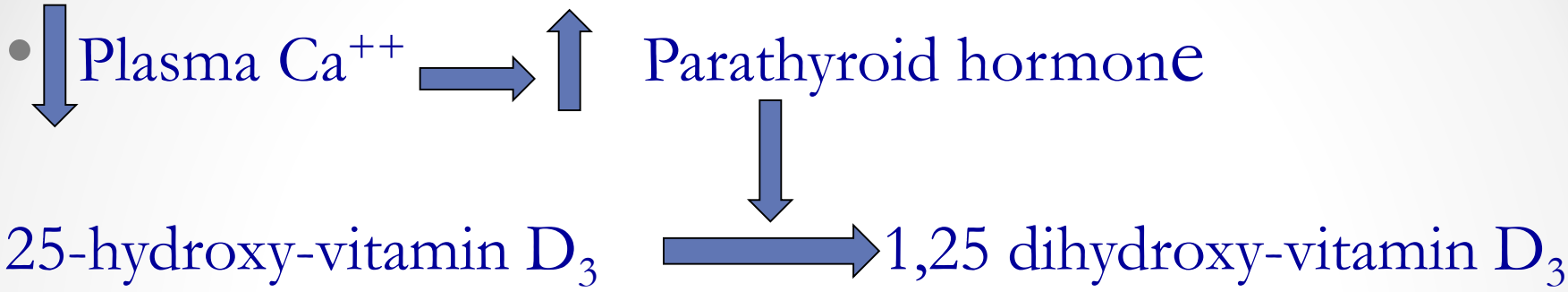
- ✓ K^+ is absorbed in the small intestine by passive diffusion
- ✓ K^+ secretion in the colon is stimulated by aldosterone
- ✓ Excessive loss of K^+ in diarrheal fluids causes hypokalemia

Secretion of Bicarbonate Ions in the Ileum

- The epithelial cells on the surfaces of the villi in the ileum and large intestine have a special capability of secreting HCO_3^- in exchange for absorption of Cl^-.
- This provides alkaline HCO_3^- that neutralize acid products formed by bacteria in the large intestine.



Ca^{++} Absorption by Enterocytes



1,25 dihydroxy-vitamin D_3 stimulates synthesis of Ca-binding protein and Ca-ATPase in enterocytes

Hormonal control of absorption & secretion

- Glucocorticoid = ⇧ absorption of H_2O & ions (small & large intestine)
- Somatostatin = ⇧ H_2O & ions absorption (ileum & colon)
- Epinephrine = ⇧ NaCl absorption (ileum)
- Aldosterone = ⇧ synthesis of Na^+ channel (colon)
- Catecholamines = ⇩ intestinal secretion