



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

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السلام عليكم ورحمة الله وبركاته

# Gastrointestinal Physiology

## Lecture 5

*Physiology of the Small Intestine:  
Motility and Secretion*

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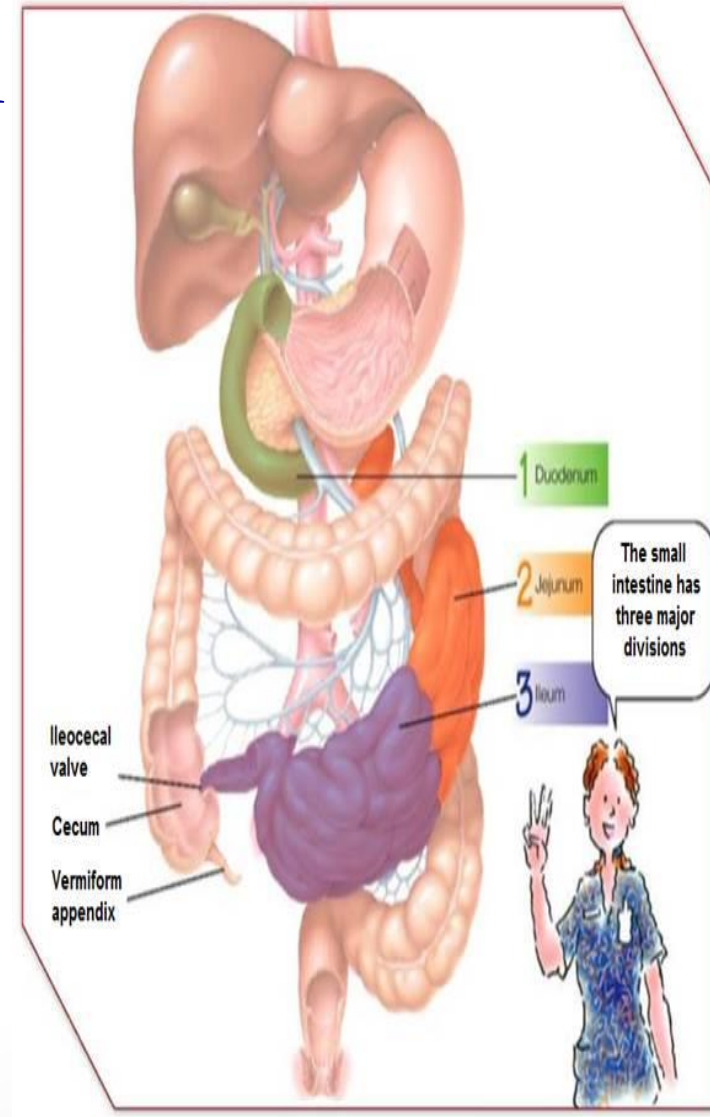
# Learning Objectives

- 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

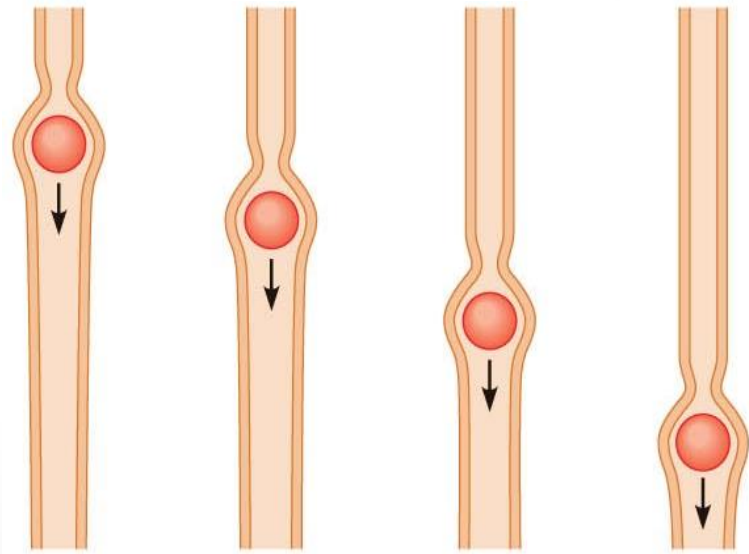
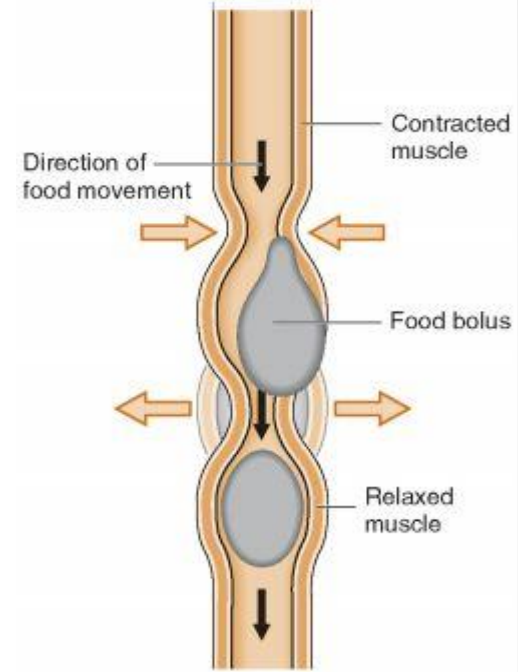
The movements of the small intestine can be divided into:

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



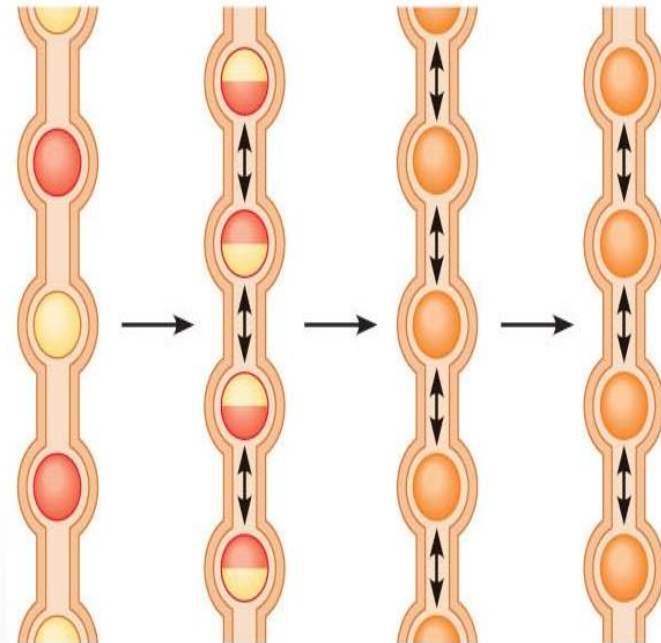
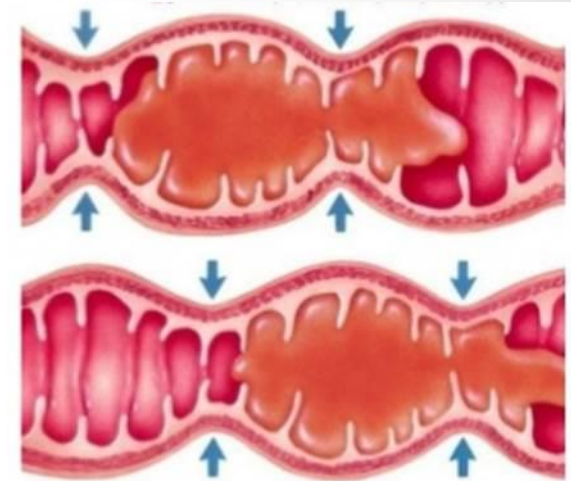
# 1. Propulsive Movement (Peristalsis)

- A contraction ring appears around gut, then moves forward.
- Usual stimulus is distention.
- It organizes propulsion of material over variable distances.
- It is 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.

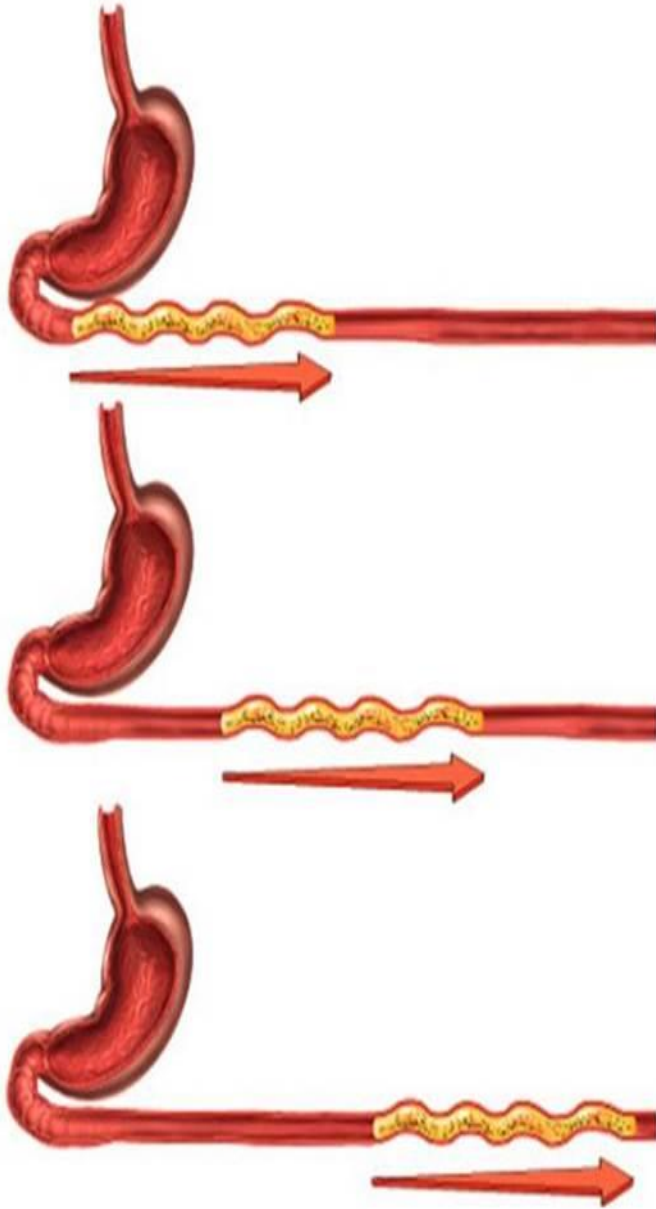


## 2. Mixing (Segmentation) Contractions

- A localized contraction of circular smooth muscles that constricts the intestine 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.
- Usual stimulus is distention.
- It is activated by enteric nervous system.
- They can be blocked by atropine.
- The significance:
  - Blend different juices with the chyme
  - Bring products of digestion in contact
  - with absorptive surfaces



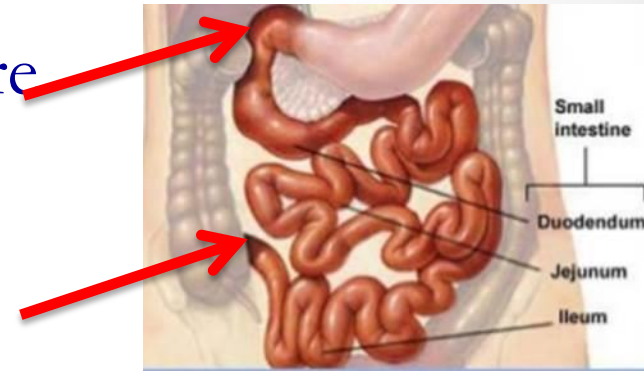
### *3- Migrating Motor Complex (MMC)*



- Bursts of depolarization accompanied by peristaltic contraction that begins in empty stomach during interdigestive period (after absorption occurs)
- 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.
- Activity of MMC terminates as soon as food is ingested.
- Function of MMC is to sweep material (undigested food residues, dead mucosal cells and bacteria) into colon and keeping the small intestine clean.
- Regulated by autonomic nerves and by release of hormone motilin.

# 4- Antiperistalsis

- A wave of contraction in the alimentary canal that passes in an oral (i.e. upward or backwards) direction and force the contents in the opposite direction.
- Occurs between:-
  - Stomach and duodenum to allow more time for neutralization of chyme.
  - Ileum and caecum to allow time for absorption.





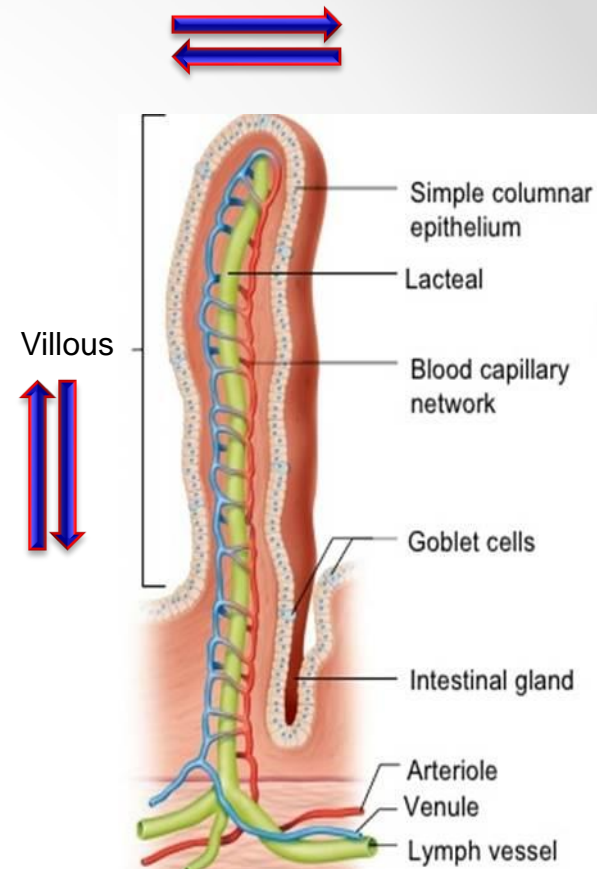
## 5- Peristaltic rush

- Powerful rapid peristalsis due to intense irritation of intestinal mucosa (as in infectious diarrhea).
- Initiated mainly by extrinsic nervous reflexes to brain stem and back to gut.
- Sweeps the contents of intestine into the colon without much absorption leading to diarrhea and thereby relieving the small intestine of irritative chyme or excessive distension.



# *Movement of the Villi*

- ❧ Initiated by local nervous reflexes in response to chyme in small intestine.
- ❧ Consists of fast shortening and slow lengthening as well as side to side movements.
- ❧ Stimulated by villikin hormone released by intestinal mucosa when it comes in contact with digestive products.
- ❧ Facilitate absorption and lymph flow from central lacteals into lymphatic system.



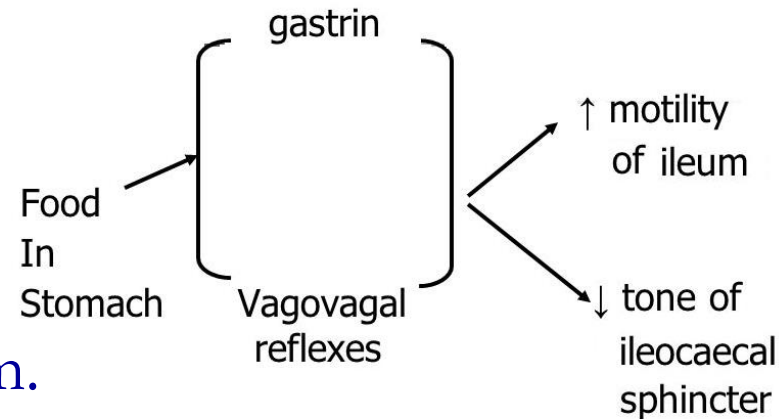
# *Control of Intestinal Motility*

## 1- Neural factors

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

## Gastroileal reflex

- ★ 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.



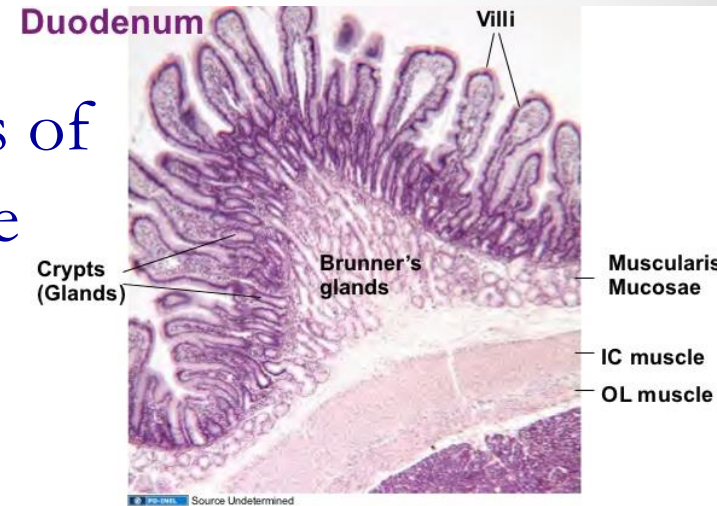
## 2- Hormonal factors

- ★ 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 glucagon 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

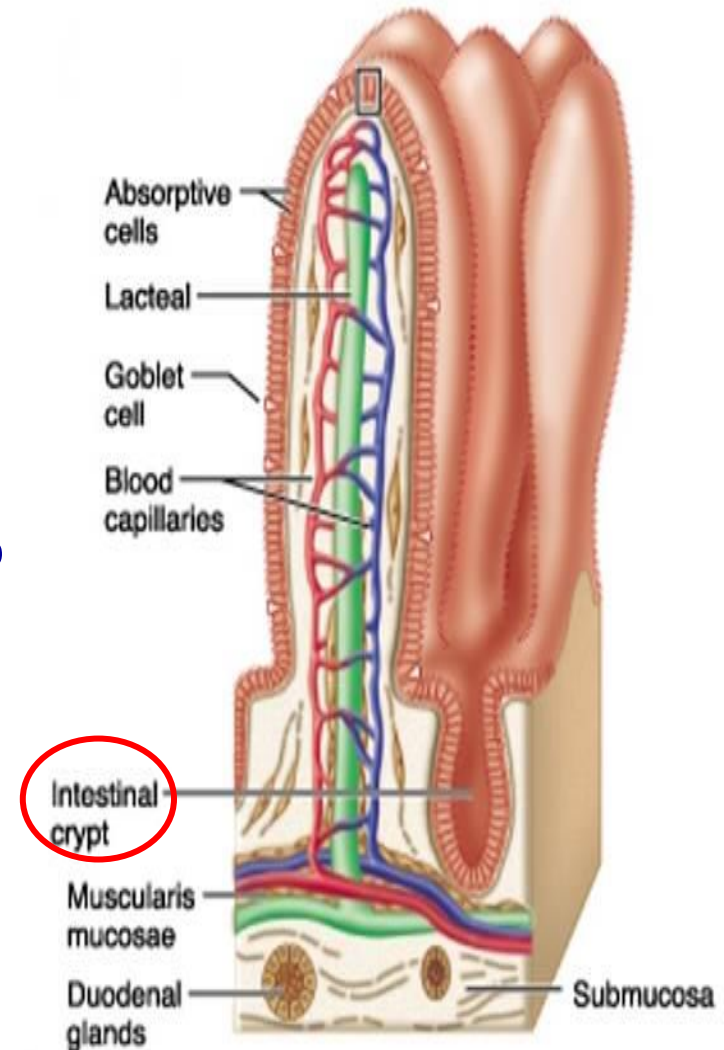
- Brunner's glands secrete large amounts of alkaline mucus, which contains a large amount of bicarbonate ions.
- Mucus protects the mucosa
- Brunner's glands are stimulated by (1) irritating stimuli on the duodenal mucosa; (2) vagal stimulation, (3) secretin.
- Brunner's glands are inhibited by sympathetic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



(Brunner's glands are diagnostic for duodenum....)

# *Intestinal Juice (Succus Entericus)*

- ❧ It is secreted from intestinal crypts (small pits which lie between intestinal villi).
- ❧ 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.

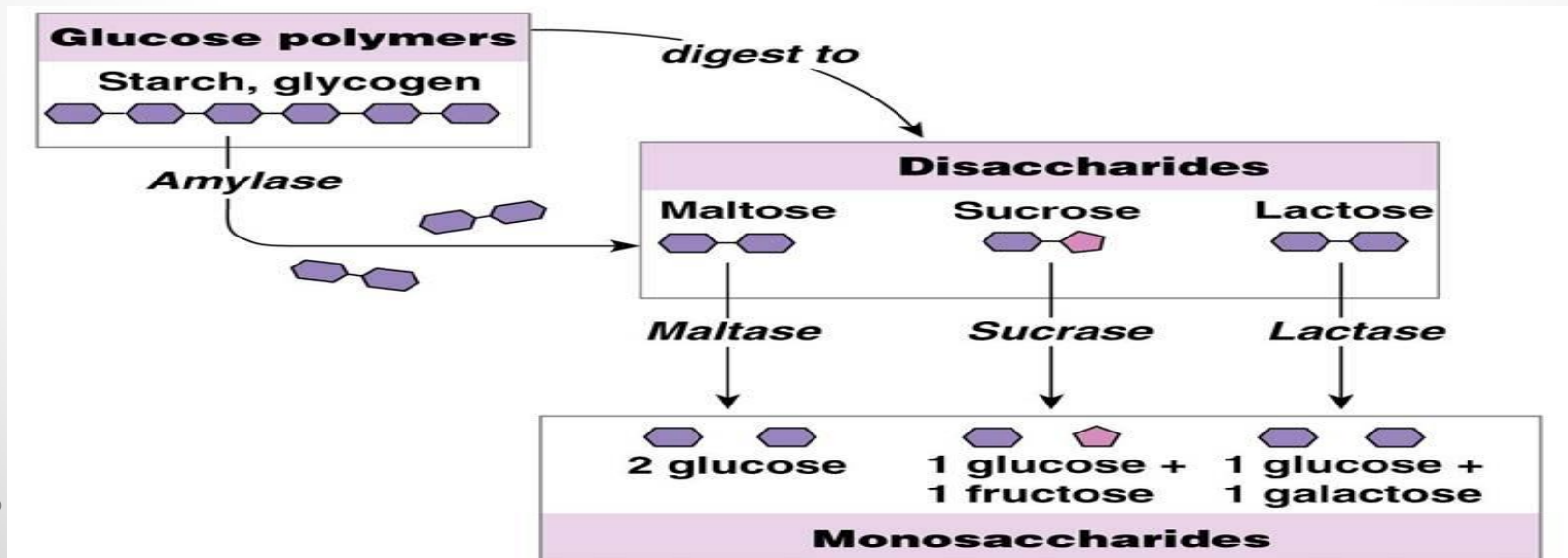
b. Hormones as gastrin, secretin, CCK, glucagons, enterocrinin.

Sympathetic stimulation exerts an inhibitory effect.



# Digestion of Carbohydrates

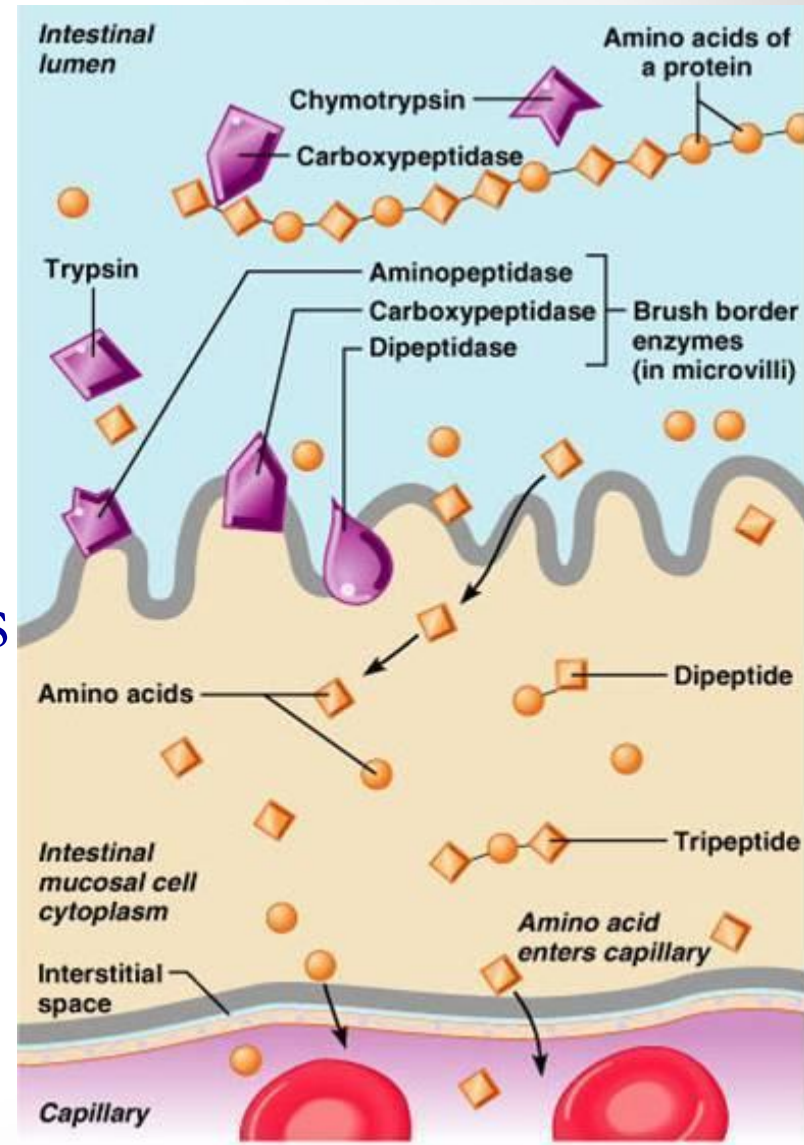
- The enterocytes contain four enzymes (lactase, sucrase, maltase, and  $\alpha$ -dextrinase), which are capable of splitting the disaccharides lactose, sucrose, and maltose, plus other small glucose polymers, into their constituent monosaccharides.
- These enzymes are located in the enterocytes covering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





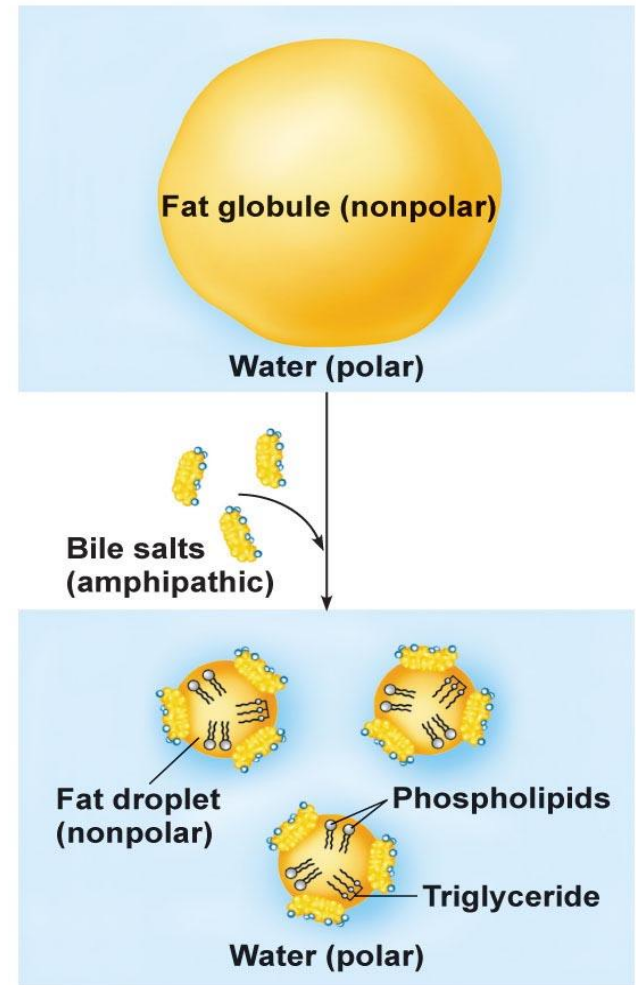
# Digestion of Proteins

- 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*

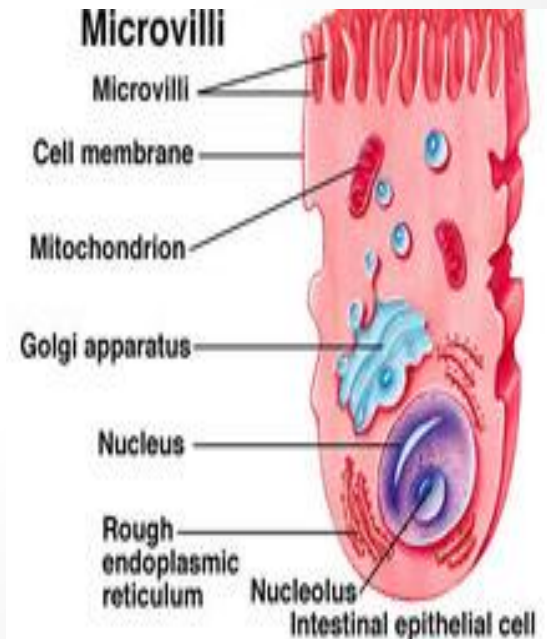
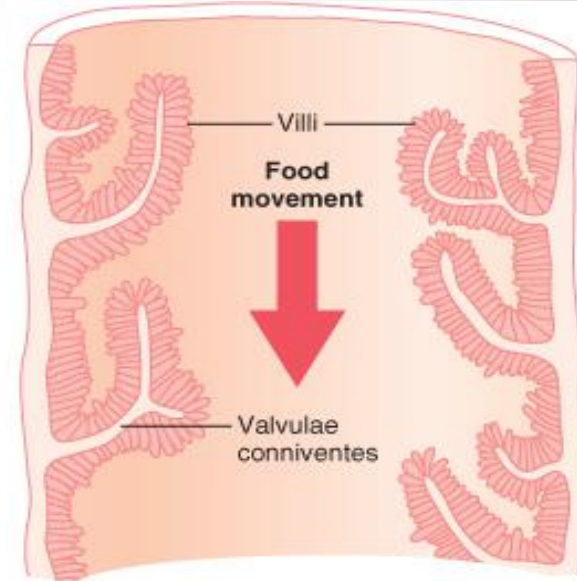
- Bile salts and lecithin in the bile help fat digestion by make the fat globules readily fragmentable with the water in the small intestine (emulsification of fat).
- Bile salts break the fat globules into very small sizes, so that the water-soluble digestive enzymes can act on the globule surfaces.



*Basic Principles of  
Gastrointestinal Absorption*

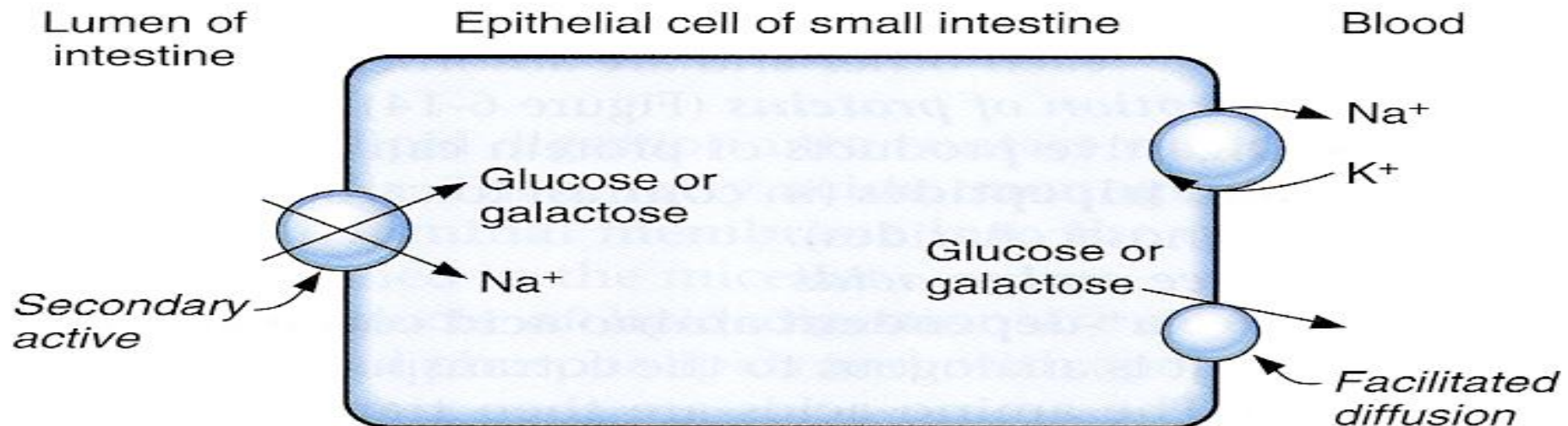
# Absorptive Surface of the Small Intestinal

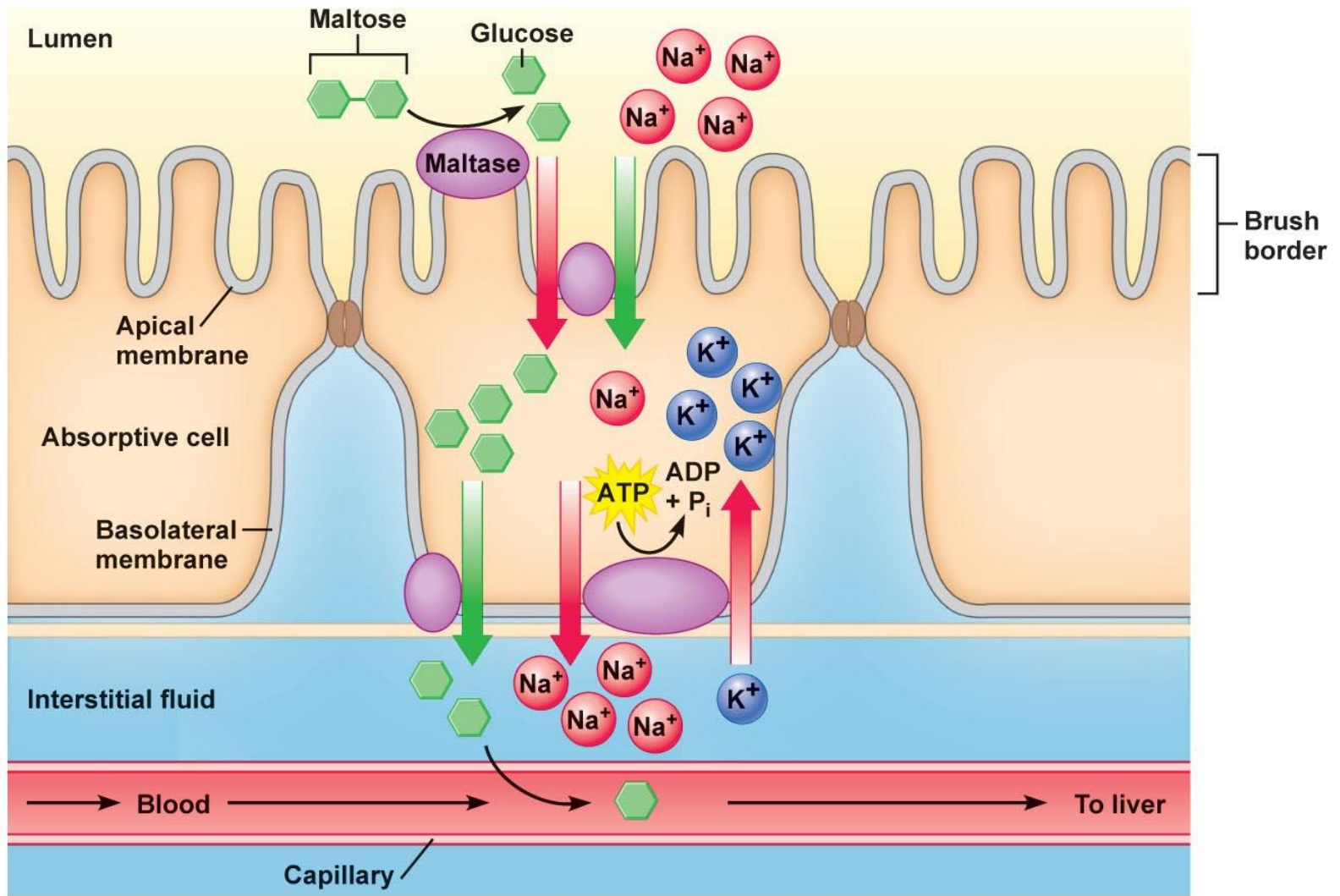
- The absorptive surface of the small intestinal mucosa, showing many folds called *valvulae conniventes*, well developed in the duodenum and jejunum. They increase the surface area of the absorptive mucosa about **3-fold**.
- The presence of villi on the mucosal surface enhances the total absorptive 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**).
- All these increase the intestinal surface **600x** (Provides the surface area equivalent to a tennis court)

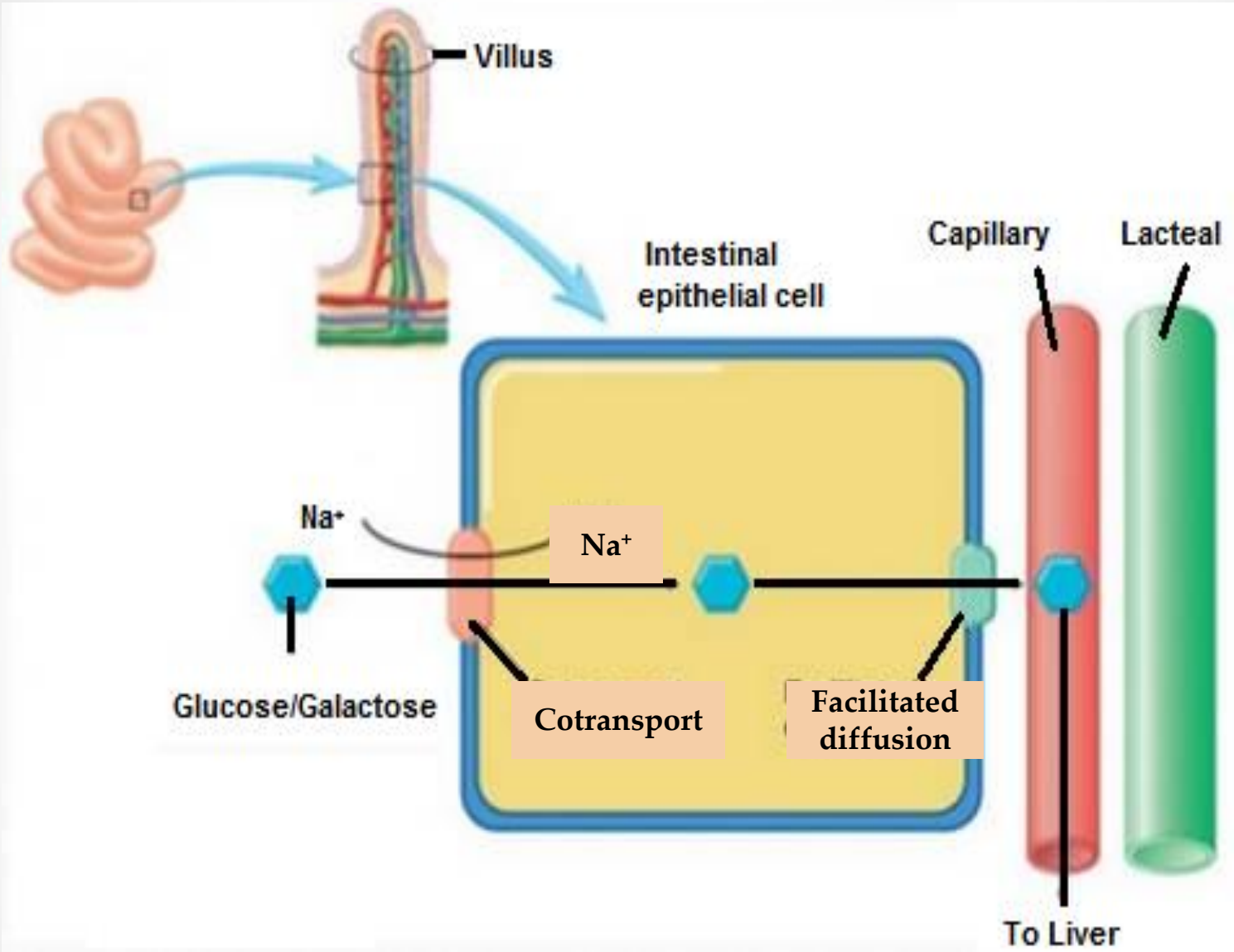


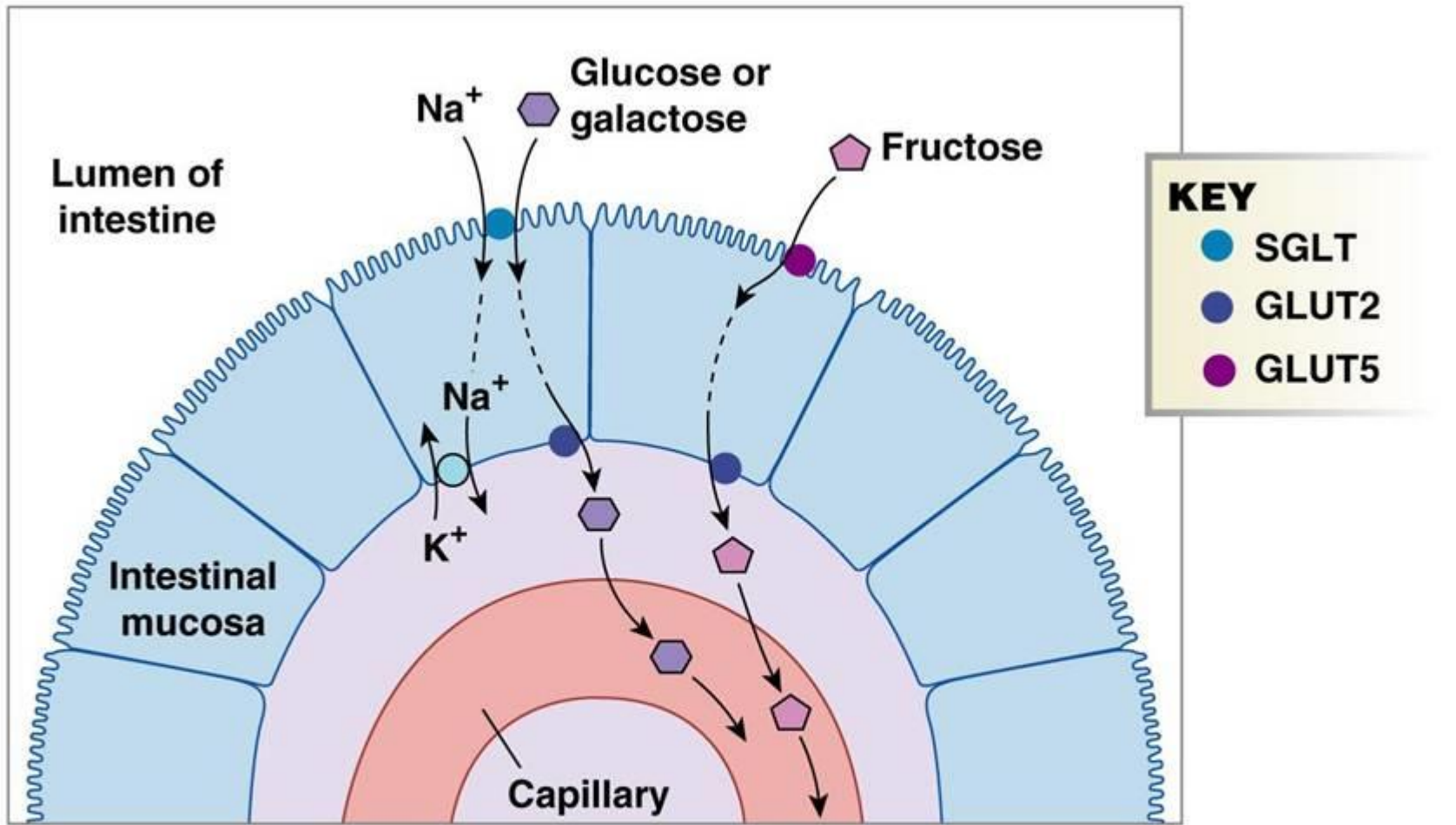
# Absorption of Carbohydrates

- 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  $\text{Na}^+$  (secondary active transport).
- Fructose is independent on  $\text{Na}^+$  but it transports in luminal membrane via facilitated diffusion.
- Pentose is transported by passive diffusion









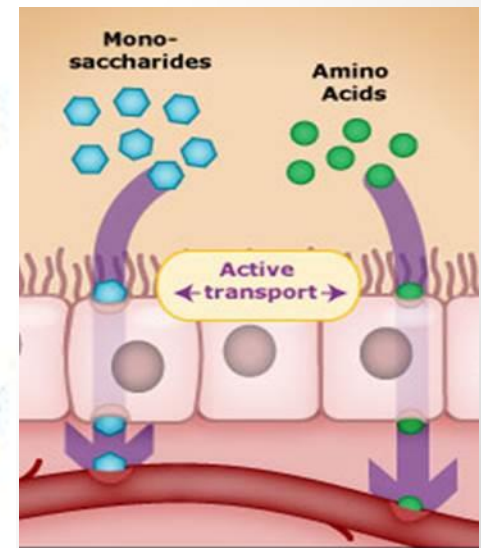
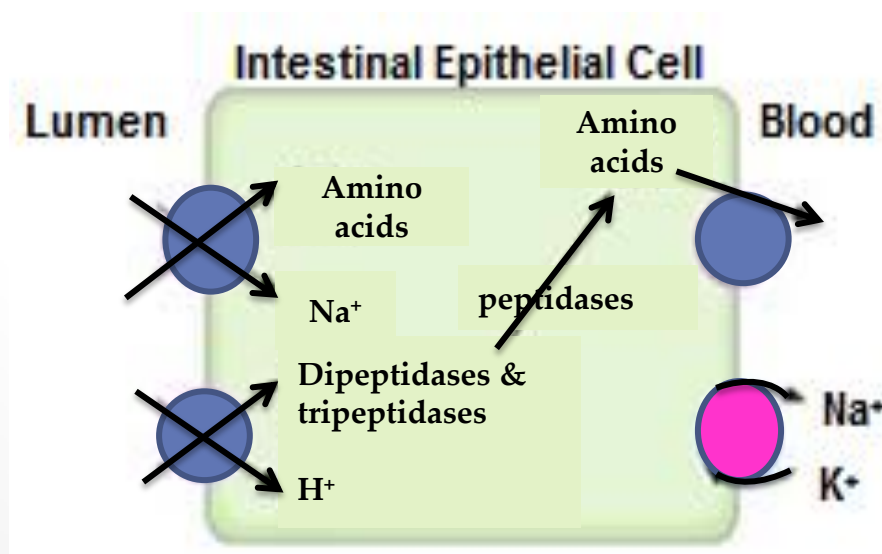
Glucose enters the cell with  $\text{Na}^+$  on the SGLT symporter and exits on GLUT2. Fructose enters on GLUT5 and exits on GLUT 2.



# Absorption of Proteins

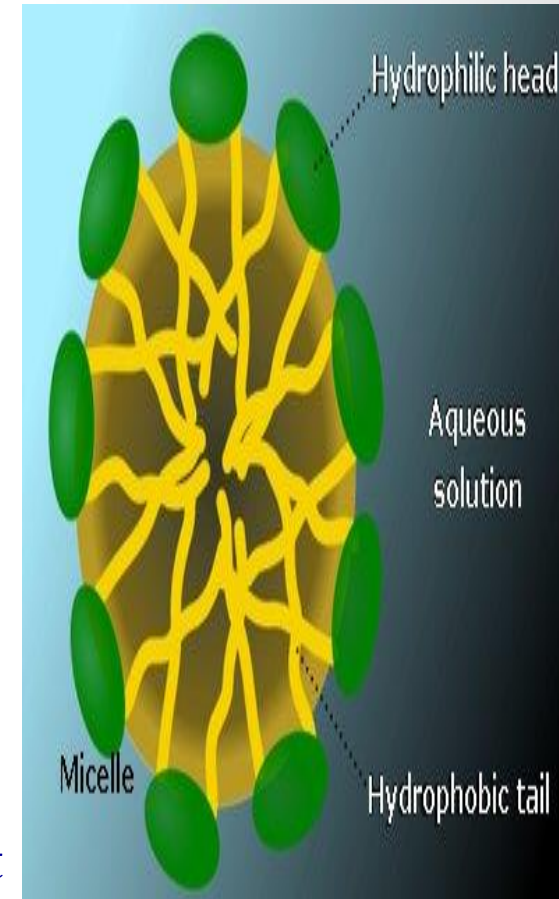
Proteins are absorbed in the form of dipeptides, tripeptides, and a few free amino acids.

- 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.

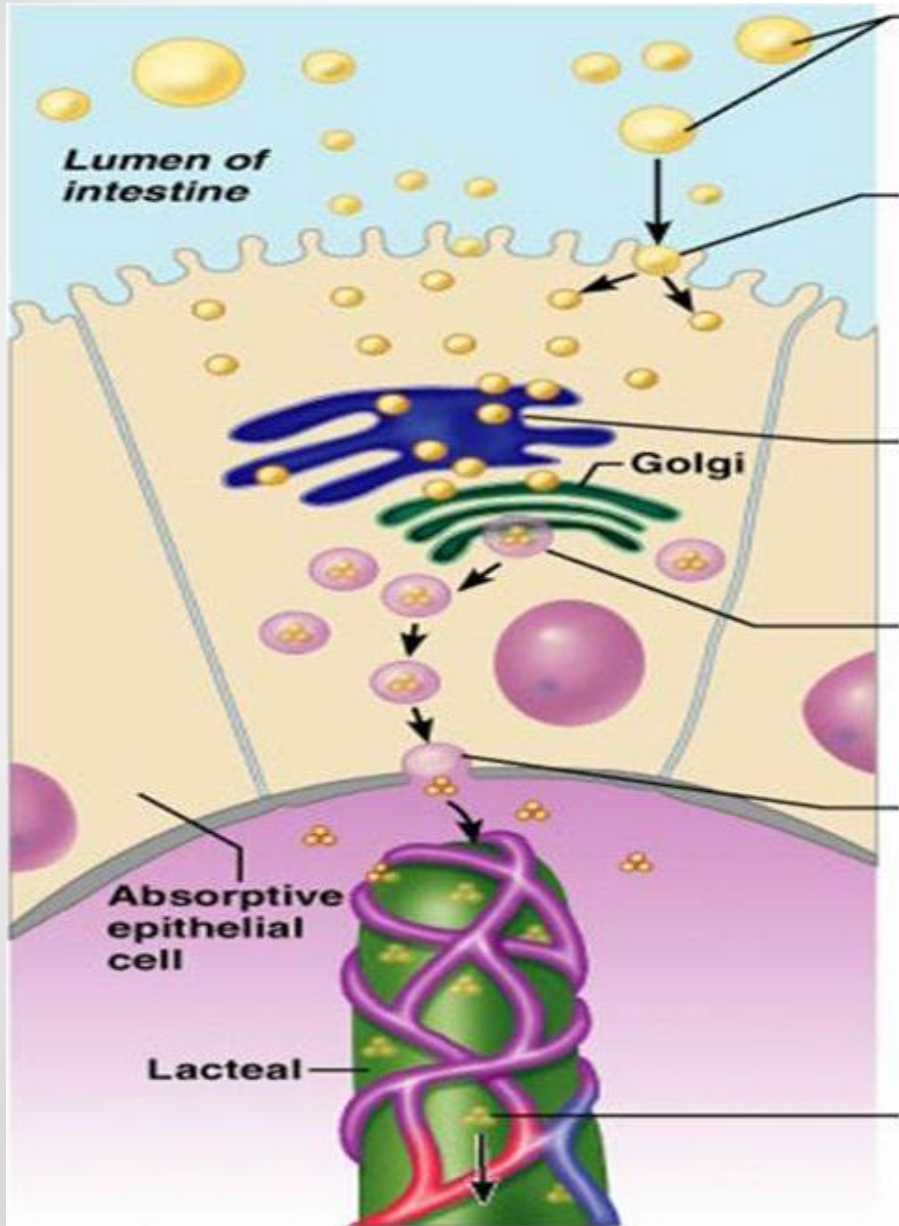


# *Absorption of Fats (Role of Micelles)*

- Bile salts are amphipathic molecules, each composed of a sterol nucleus (fat-soluble) and a polar group (water-soluble).
- The polar parts are (-) charged, they allow the entire micelle globule to dissolve in the water of the digestive fluids.
- *Micelles* are small spherical, cylindrical globules composed of 20 to 40 molecules of bile salts.
- Long chain FA, MG, cholesterol and fat soluble vitamins are incorporated into the interior of the micelle.
- In the presence of micelles, about 97 % of the fat is absorbed in the small intestine.
- The micelles carry FA & MG to the luminal borders of the intestinal epithelial cells.



# Steps of Fat Absorption



Fatty acids (FA) & monoglycerides (MG) associated with the micelles in lumen of intestine.

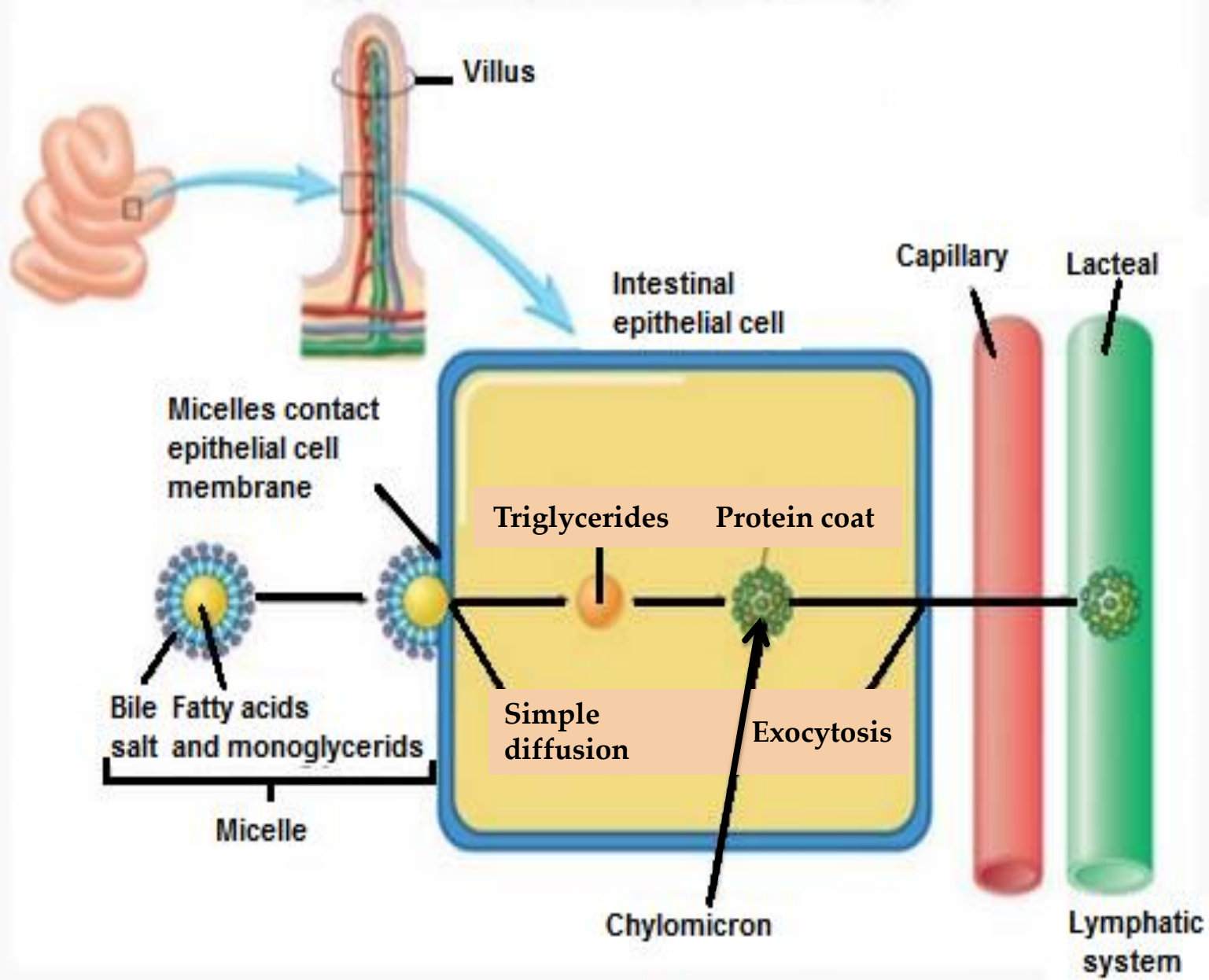
1) FA & MG leave micelles and enter epithelial cell by **diffusion**.

2) FA are used to synthesis triglycerides in agranular endoplasmic reticulum.

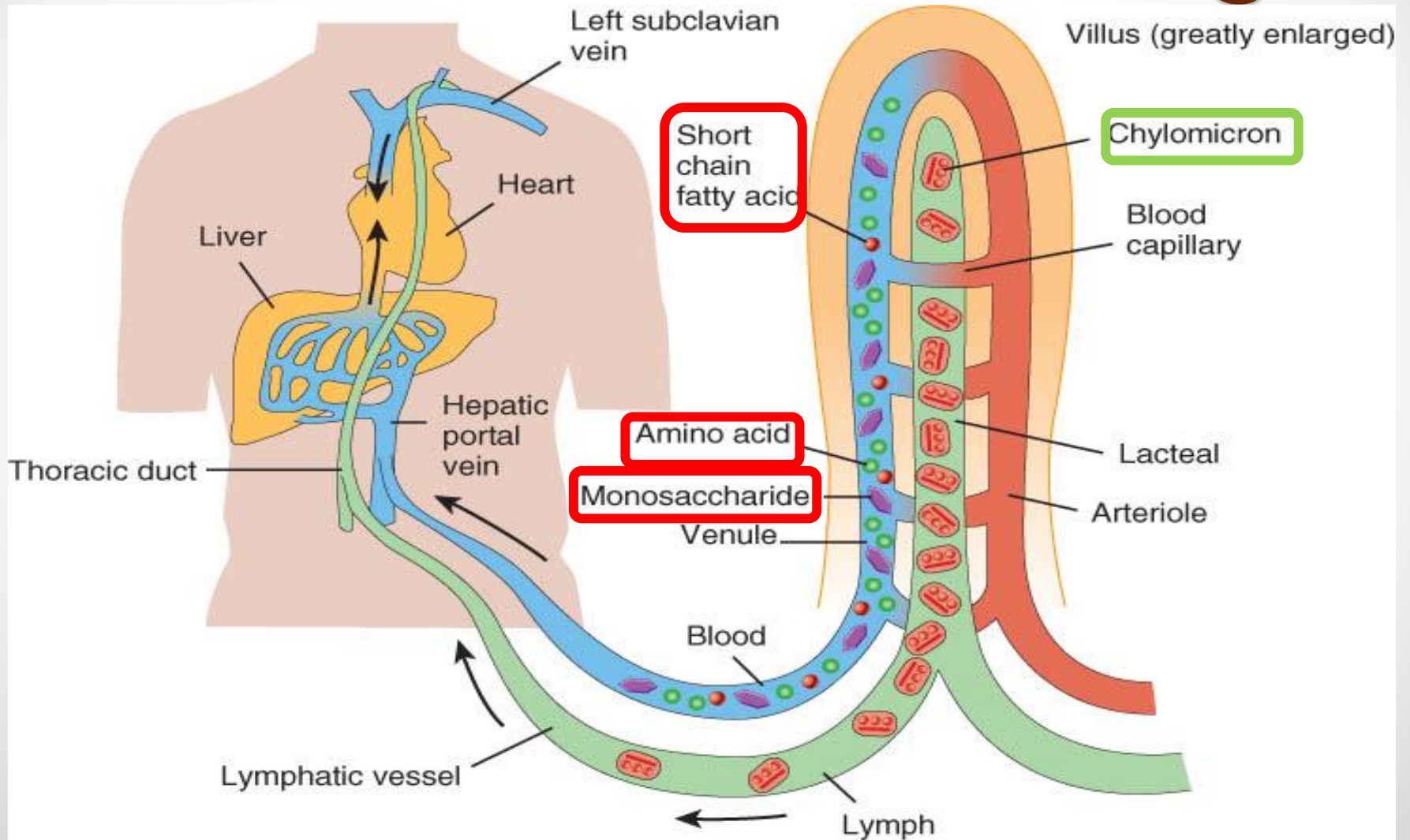
3) Fatty globules are combined with proteins to form **chylomicrons** within Golgi apparatus.

4) Vesicles containing chylomicrons leave epithelial cells by **exocytosis** and enter **a lacteal** (lymph capillary).

5) Lymph in the lacteal transport chylomicrons away from the intestine.

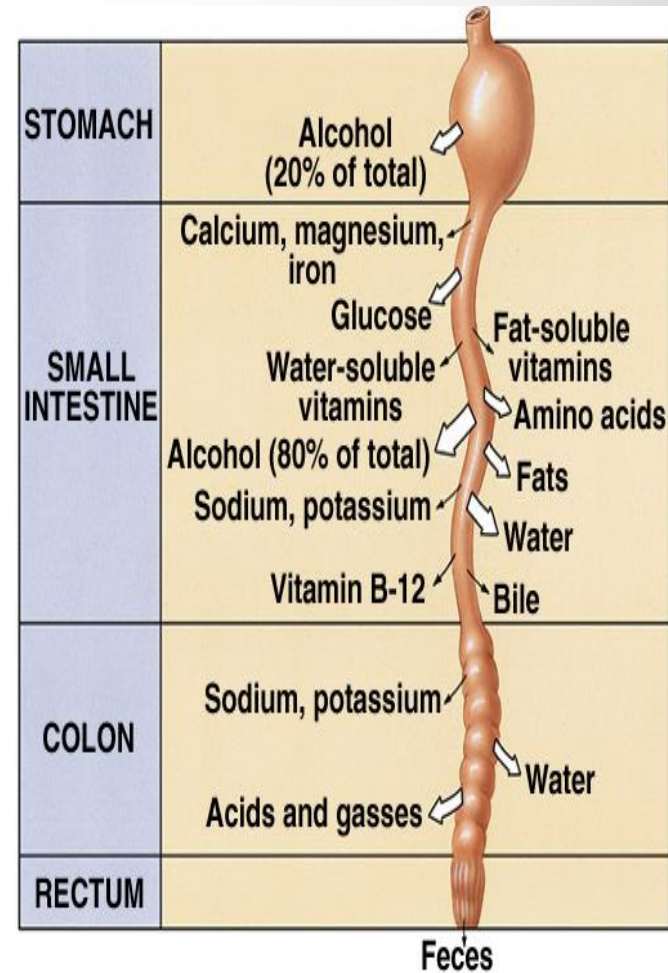


# Where will the absorbed nutrients go?



# Absorption of Vitamins

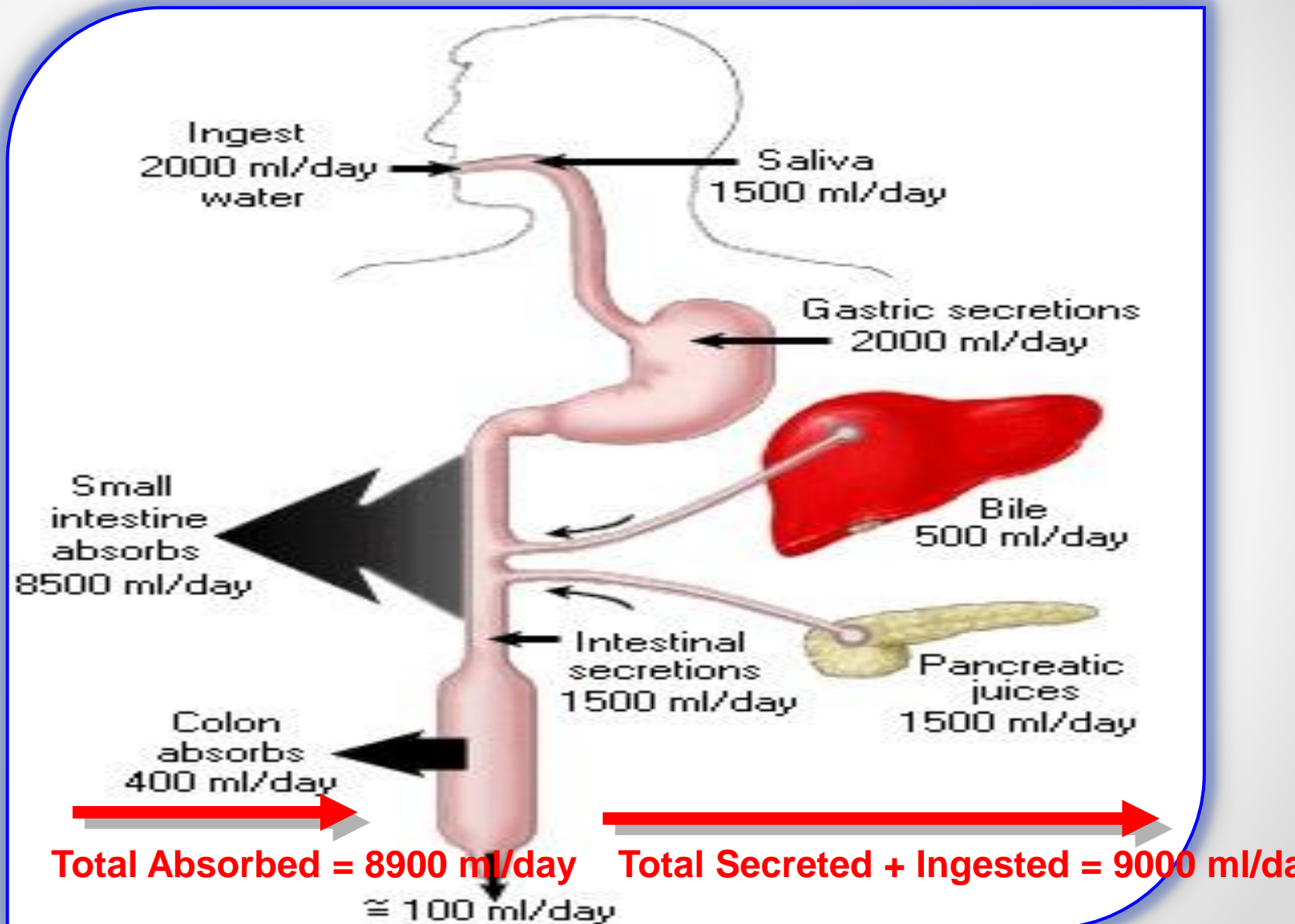
- Fat-soluble vitamins (A, D, E, & K) are incorporated into micelles and absorbed along with other lipids
- Most water-soluble vitamins (C, B<sub>1</sub>, B<sub>2</sub>, B<sub>6</sub>, and folic acid) are absorbed by Na<sup>+</sup>-dependent cotransport mechanisms
- Vitamin B<sub>12</sub> is absorbed in the terminal part of ileum and requires intrinsic factor
  - Ileal resection can cause vitamin B<sub>12</sub> deficiency.
  - 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<sub>2</sub>O 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.

# Water Absorption





# Absorption of $\text{Na}^+$

$\text{Na}^+$  moves into the intestinal cells by the following mechanisms:

1) Passive diffusion.

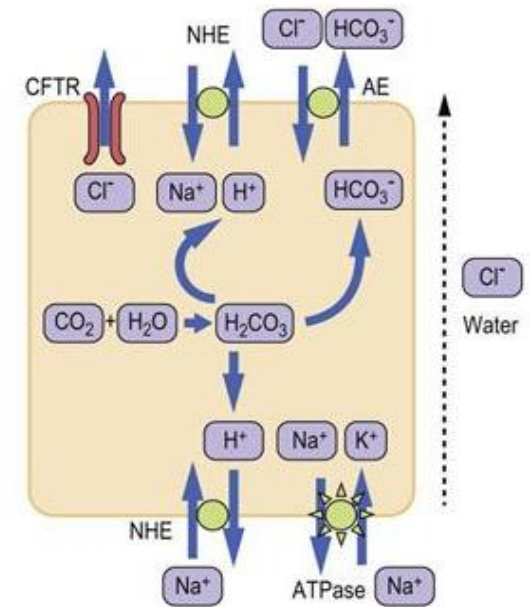
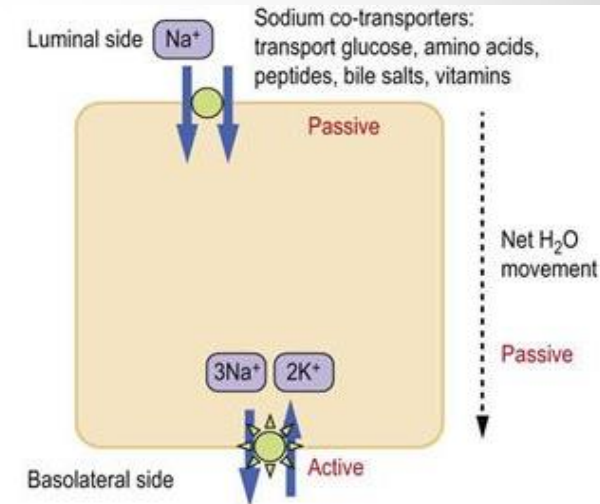
2)  $\text{Na}^+$ -glucose or  $\text{Na}^+$ -amino acid co-transport.

3)  $\text{Na}^+$ - $\text{Cl}^-$  exchange.

4)  $\text{Na}^+$ - $\text{H}^+$  exchange.

- The next step is osmosis of water into the paracellular spaces.

- **Aldosterone Greatly Enhances  $\text{Na}^+$  Absorption.** This effect is especially important in the colon because it allows
- virtually no loss of  $\text{NaCl}$  and water.



# *Absorption of $Cl^-$*

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

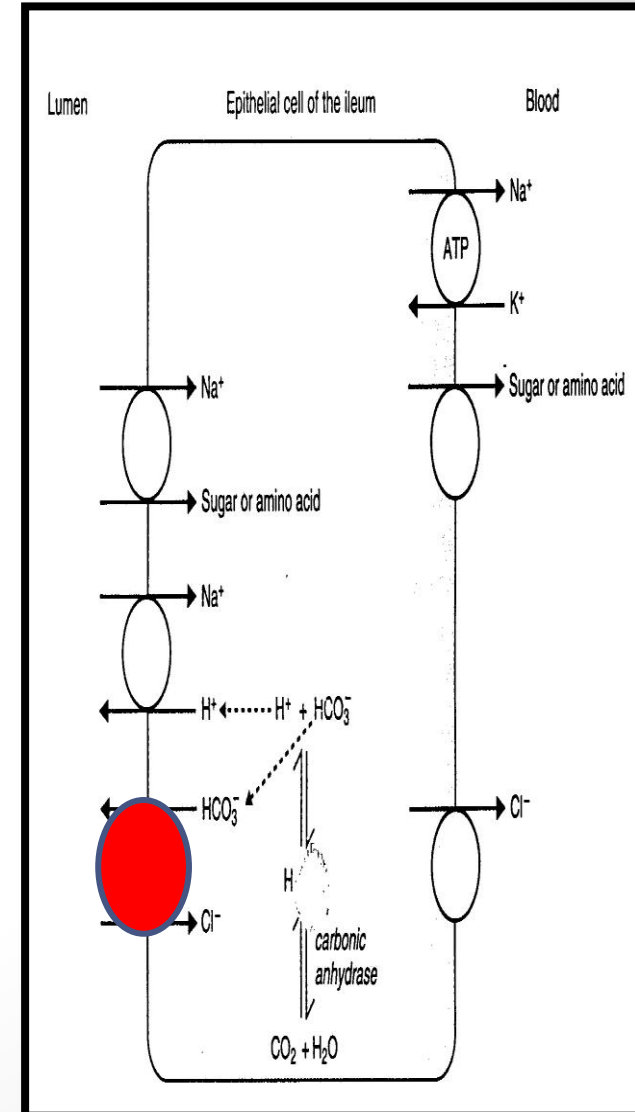
- 1) Passive diffusion
- 2)  $Na^+$ - $Cl^-$  cotransport
- 3)  $Cl^-$ - $HCO_3^-$  exchange

# *Absorption and secretion of $K^+$*

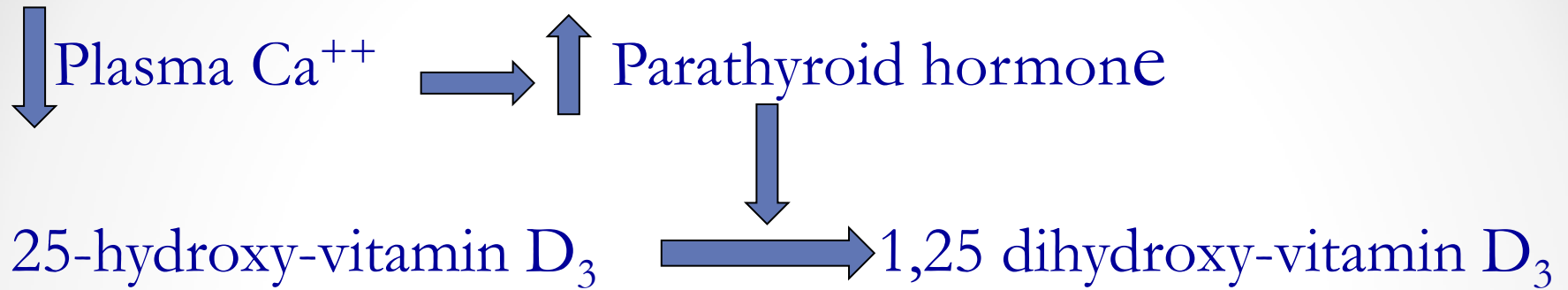
- ✓  $K^+$  is absorbed in the small intestine by passive diffusion
- ✓  $K^+$  secretion in the colon is stimulated by aldosterone
- ✓ Excessive loss of  $K^+$  in diarrheal fluids causes hypokalemia

# 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  $\text{HCO}_3^-$  in exchange for absorption of  $\text{Cl}^-$ .
- This provides alkaline  $\text{HCO}_3^-$  that neutralize acid products formed by bacteria in the large intestine.



# *Ca<sup>++</sup> Absorption by Enterocytes*



1,25 dihydroxy-vitamin D<sub>3</sub> stimulates synthesis of Ca<sup>++</sup>-binding protein and Ca<sup>++</sup>-ATPase in enterocytes

# Hormonal control of absorption & secretion

- Glucocorticoid =  $\uparrow$  absorption of  $\text{H}_2\text{O}$  & ions  
(small & large intestine)
- Somatostatin =  $\uparrow$   $\text{H}_2\text{O}$  & ions absorption  
(ileum & colon)
- Epinephrine =  $\uparrow$  NaCl absorption  
(ileum)
- Aldosterone =  $\uparrow$  synthesis of  $\text{Na}^+$  channels  
(colon)



*Designed by  
Daphne*

*Thank You*