





Physiology of the Small Intestine: Motility, Secretion and Absorption

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 and secretion of electrolytes and water.

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Revised B.

Motility in the Small Intestine

> The movements of the small intestine can be divided into:



1. Propulsive Movement (Peristalsis) Law of gut

- Usual stimulus is distention.
- A contraction ring appears around gut, then moves forward.
- 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).
- The net movement along the small intestine normally averages only 1 cm/min
- Myenteric plexus is important.
- They can be blocked by atropine.

The law of gut

When there is distention (food) in proximal part (propulsive segment) it will stimulate the peristalsis movement

Propulsive segment

- Contraction (**Circular** Muscle)
- Relaxation (Longitudinal Muscle)

Receiving segment

- Contraction (Longitudinal Muscle)
- Relaxation (Circular Muscle)







2. Mixing (Segmentation) Contractions

- A localized contraction of circular smooth muscles that constricts the intestine into spaced segments, and have the appearance of a chain of sausages.
- It last for fraction of min. As one set of segmentation contractions relaxes, a new set begins at points between the previous ones.
- Usual stimulus is distention.
- It is activated by enteric nervous system. The myenteric plexus
- They can be blocked by atropine.
- The **significance**:
 - Blend different juices with the chyme
 - Bring products of digestion in contact with absorptive surfaces



Segmental contractions are responsible for mixing.

Alternate segments contract, and there is little or no net forward movement.





Peristalsis versus segmentation



3- Migrating Motor Complex (MMC)

- Bursts of depolarization accompanied by peristaltic contraction that begins in empty stomach during interdigestive period (after absorption occurs)
- Travels along whole length of small intestine to reach ileocaecal valve after 1.5-2 h. When 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, keeping the small intestine clean.



• No MMC in the colon

4- Antiperistalsis Can happen pathologically while vomiting

- A wave of contraction in the alimentary canal that passes in an oral (i.e. upward or backwards) direction and propel the chyme 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

Initiated due to irritation of intestinal mucosa by presence of infectious substance or toxic substance

- 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.



Movements 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 villikinin hormone released by intestinal mucosa when it comes in contact with digestive products.
- Facilitate absorption and lymph flow from central lacteals into lymphatic system.



FIGURE 26-2 The structure of intestinal villi and crypts. ced with permission, from Fox SI: Human Physiology, 10th ed. McGraw-Hill

| Control ot Intestinal Motility | | | | | |
|--|---|--|--|--|--|
| ors | Hormonal Factors | | | | |
| ases intestinal ts. on decreases movements. etension. erve. ed through hitiate a fast ng to the elaxes ss into cecum | Gastrin, CCK, insulin and serotonin stimulate intestinal motility. Motilin secreted from duodenum stimulates intestinal motility and regulate MMC. Gastrin and CCK relax ileocaecal sphincter. Secretin and glucagon inhibits intestinal motility and contract ileocaecal sphincter. Villikinin stimulates movement of the villi. | | | | |
| | ases intestinal ases intestinal ts. on decreases movements. stension. erve. ed through hitiate a fast ng to the elaxes ass into cecum | | | | |

Secretions of the small intestine:

1) 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)

2) Intestinal Juices (Succus Entericus)

- → Secreted from intestinal crypts (crypts of Lieberkühn) (small pits which lie between intestinal villi).
- → pH: 7.5-8. It participates in the neutralization of acid chyme delivered from stomach.
- → The surfaces of both the crypts and the villi are covered by an epithelium composed of 2 types of cells:
 - (1) goblet cells, secrete mucus
 - (2) enterocytes, <u>secrete</u> large quantities of H₂O and electrolytes and over the surfaces of adjacent villi, <u>reabsorb</u> H₂O, electrolytes & end products of digestion.

Brunner gland secretion



- Secretin
- Irritating stimuli on the duodenal mucosa
- Vagal stimulation

Inhibited by: Sympathetic stimulation





FIGURE 26–2 The structure of intestinal villi and crypts. (Reproduced with permission, from Fox SI: Human Physiology, 10th ed. McGraw-Hill,

Intestinal juice secretion

Stimulated by:

- Distension, tactile and vagal stimulation.
- Hormones as: gastrin, secretin, CCK, glucagons, enterocrinin.

Inhibited by: Sympathetic stimulation



1- Digestion of carbohydrates

 \star

★ The enterocytes contain four enzymes (maltase, sucrase, lactase 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.





Fig. 8.26 Carbohydrate digestion in the small intestine.

2- Digestion of Proteins

- A small percentage of proteins are digested to AA by the <u>pancreatic</u> <u>enzymes</u>.
- Most proteins remain as **di**peptides and **tri**peptides.
- Most protein digestion occurs in the duodenum and jejunum by <u>aminopeptidases</u>, oligopeptides, intracellular di- and tripeptides for splitting small peptides into amino acids.



3- Digestion of Fats

- Less than 10 % of triglycerides is digested in the stomach by lipase.
- All fat digestion occurs in the small Intestine.
- Bile salts and lecithin in the bile help fat digestion by making 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.





Fig. 8.31 Digestion of lipids in the small intestine.

4- Digestion of Nucleotides

Intestinal juice also contains **<u>nucleotidases</u>** for splitting nucleotides into nitrogenous bases (purine and pyrimidine), pentose sugar and phosphates.



Digestive Enzymes: Could You Now Describe How a Happy Meal is Broken Down?



Basic Principles of Gastrointestinal Absorption

Absorptive surface of the small intestinal mucosa:

- There are three factors increases absorptive surface area of the small intestinal mucosa :
- 1. **3-fold:** mucosal folds (valvulae conniventes), well developed in the duodenum and jejunum.
- 2. 10-fold: the villi on the mucosal surface
- 3. **20-fold:** about 1000 microvilli on the epithelial cells of each villus (the brush border)
- 4. So 3x10x20= 600
- 5. All of these factors increase the intestinal surface area to 600 fold (equivalent to tennis court)

بعضكم الحين يسأل كيف مساحة السطح صارت ٢٠٠؟ تضربون ٣ في ١٠ في ٢٠ الي هم العوامل التي تؤثر على السطح بشكل فردي وناتج ضربهم ٦٠٠ التي تؤثر على السطح بشكل عام



3 folds

10 folds



20 folds

Absorption of Carbohydrates

- All the carbohydrates in the food are absorbed 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⁺ (2nd active transport).

Amylase

Maltas

Sucras

Glucose + fructose

Lactas

Glucose + galactosi

 Fructose is independent on Na+ but it transports in luminal membrane via facilitated diffusion.
 Pentose is transported by passive diffusion



nall intestine. ATP. Adenosine triphosphate; Glut, glucose transporter; SGLT, Na-glucose transporter.

Absorption of Proteins

- Proteins are absorbed as dipeptides, tripeptides, and a few free amino acids.
- D- AA (Amino Acids) 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 oligopeptides.
- AA leaves the cell at the basolateral membrane by facilitated transport.

Absorption of Fats

- In the <u>presence</u> of an abundance of <u>bile micelles</u>, about **97 %** of the fat is absorbed.
- In the <u>absence</u> of the <u>bile micelles</u>, only **40 to 50 %** can be absorbed.



Role of Micelles in Fat Absorption

Steps of Fat Absorption

- 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.







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

Short chain FA will transport directly to the bloodstream.

FA & MG leave micelles and

enter epithelial cell by

diffusion.

FA are used to synthesise triglycerides in agranular endoplasmic reticulum.

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



Lymph in the lacteal transports chylomicrons away from the intestine.

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 and folic acid) are absorbed by Na⁺-dependent cotransport mechanisms.
- C. Vitamin B12 is absorbed in the terminal part of ileum and requires intrinsic factor.
 - Ileal resection can cause vitamin B12 deficiency .
 - Gastrectomy results in the loss of parietal cells and loss of intrinsic factor
 —> pernicious anemia

Absorption and Secretion of Electrolytes and Water :

- 1. Electrolytes and H2O intestinal epithelial cells by either transcellular or paracellular route cross.
- 2. 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 is osmosis of water into the paracellular spaces.
- Aldosterone Greatly Enhances Na⁺ Absorption. This effect is especially important in the colon because it allows virtually no loss of NaCl and water.



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Net H₂O

Absorption of Cl⁻

Cl⁻ absorption accompanies Na+ absorption by the following mechanisms:

- 1) Passive diffusion
- 2) Na⁺-Cl⁻ cotransport
- 3) Cl⁻-HCO₃⁻ 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 HCO_3^{-1} in the lleum

- The epithelial cells on the surfaces of the villi in the ileum and large intestine have a special capability of secreting HCO3exchange for absorption of CI-.
- This provides alkaline HCO that neutralize acid products formed by bacteria in the large intestine.





Ca⁺⁺ Absorption by Enterocytes



Summary

| Motility in the Small Intestine | | | | |
|--|--|--|--|--|
| 1) Propulsive Peristaltic Movement | A contraction ring appears around gut, then moves forward. Usual stimulus is distention.They can be blocked by atropine. | | | |
| 2) Segmentation (Mixing) Contractions | A localized contraction of circular smooth muscles that constricts the intestine into spaced segments.It last for fraction of min. | | | |
| 3) Migrating Motor Complex | Bursts of depolarization accompanied by peristaltic contraction that begins in empty stomach during interdigestive period | | | |
| 4) Anti-Peristalsis | A wave of contraction in the alimentary canal that passes in an oral | | | |
| 5) Peristaltic Rush | Powerful rapid peristalsis due to intense irritation of intestinal mucosa (as in infectious diarrhea). | | | |



Secretions of the small intestine:

| Brunner's Glands in the Duodenum | Intestinal Juices (Succus Entericus) |
|--|---|
| secrete large amounts of alkaline mucus, | Secreted from intestinal crypts (small pits |
| which contains a large amount of bicarbonate | which lie between intestinal villi). |
| ions (Mucus protects the mucosa) | Stimulated by: |
| Stimulated by: | -Distension, tactile and vagal stimulation. |
| Secretin,Irritating stimuli on the | -Hormones as: gastrin, secretin, CCK, |
| duodenal mucosa,Vagal stimulation | glucagons, enterocrinin. |
| Inhibited by: | Inhibited by: |
| Sympathetic stimulation | Sympathetic stimulation |

Summary

| Digestion | | | | |
|---------------|---|--|--|--|
| Carbohydrates | Pancreatic secretion has a-amylase The enterocytes contain enzymes (lactase, sucrase, maltase, and a-dextrinase) they are capable of splitting the disaccharides lactose, sucrose, and maltose, into monosaccharides | | | |
| Proteins | proteins remain as dipeptides and tripeptides. To be digested by peptidase in the enterocytes protein digestion occurs the duodenum and jejunum by Both trypsin and chymotrypsin split protein molecules into smaller polypeptides | | | |
| Fats | Bile salts and lecithin in the bile help fat digestion,Bile salts break the fat globules into very small sizes, so that the water-soluble digestive enzymes can act on the globule (emulsification of fat) | | | |
| Nucleotides | Intestinal juice also contains nucleotidases for splitting nucleotides into nitrogenous bases (purine and pyrimidine), pentose sugar and phosphates. | | | |
| Absorption | | | | |
| Carbohydrates | All the carbohydrates absorbed in the form of monosaccharides .Glucose and galactose absorption with active transport of Na+ . Fructose is transported in luminal membrane via facilitated diffusion Pentose is transported by passive diffusion | | | |
| Proteins | Proteins are absorbed in the form of dipeptides, tripeptides , and a few free amino acids . Di and tripeptides cross by active transport protein carrier. They are hydrolyzed by oligopeptides in the enterocyte AA leaves the cell at the basolateral membrane by facilitated transport | | | |
| Fats | in the presence of an abundance of bile micelles , about 97 % of the fat is absorbed . In the absence of the bile micelles , only 40 to 50 % can be absorbed | | | |
| Vitamins | -Fat-soluble vitamins (A, D, E, & K) are incorporated into micelles and absorbed along with other lipids -Most water-soluble vitamins (C, B and folic acid) are absorbed by Na+- dependent cotransport mechanisms -Vitamin B12 is absorbed in the terminal part of ileum & requires intrinsic factor. | | | |

| Nutrient | Products of Digestion | Site of Absorption | Mechanism |
|---|--|--------------------------|---|
| Carbohydrates | Glucose Galactose Fructose | Small intestine | Na [*] -glucose cotransport Na [*] -galactose cotransport Facilitated diffusion |
| Proteins | Amino acids Dipeptides Tripeptides | Small intestine | Na⁺-amino acid cotransport H⁺-dipeptide cotransport H⁺-tripeptide cotransport |
| Lipids | Fatty acids Monoglycerides Cholesterol | Small intestine | Bile salts form micelles in the small intestine Diffusion of fatty acids, monoglycerides, and cholesterol into intestinal cells Reesterification in the cell to triglycerides and phospholipids Chylomicrons form in the cell (requiring apoprotein) and are transferred to lymph |
| Fat-soluble vitamins | | Small intestine | Micelles form with bile salts and products of lipid digestion Diffusion into the intestinal cell |
| Water-soluble vitamins Vitamin B ₁₂ | | Small intestine Ileum | Na ⁺ -dependent cotransport Intrinsic factor |
| Bile salts | | Ileum | Na ⁺ -bile salt cotransport |
| Ca ²⁺ | | Small intestine | Vitamin D-dependent Ca2+-binding protein |
| Fe ²⁺ | $\mathrm{Fe}^{\scriptscriptstyle 3+}$ reduced to $\mathrm{Fe}^{\scriptscriptstyle 2+}$ | Small intestine | Binds to apoferritin in the intestinal cell Binds to transferrin in blood |

TABLE 8.6 Summary of Mechanisms of Digestion and Absorption of Nutrients

MCQs

1) Migrating motility complexes (MMC) occur about every 90 min between meals and are thought to be stimulated by the gastrointestinal hormone, motilin. An absence of MMCs causes an increase in which of the following?

- A. Duodenal motility.
- B. Gastric emptying.
- C. Intestinal bacteria.
- D. Swallowing.

2) A 57-years old man undergoes resection of the terminal ileum as a part of treatment for his chronic inflammatory bowl disease. Removal of the terminal ileum will most likely result in witch of the following?

- A. Decreased glucose absorption.
- B. Decreased water content of feces.

C. Increased bile acids concentration in enterohepatic circulation.

D. Increase excretion of the fatty acid.

3) At which one of the following locations is vitamin B12 most likely to be absorbed?

- A. Stomach
- B. Duodenum.
- C. Jejunum.
- D. lleum.

4) Removal of the proximal part of small intestine would most likely result in decrease of which of the following?

- A. Maximal acid output.
- B. Pancreatic enzyme secretion.
- C. Gastric emptying.
- D. Basal acid output.

5) Which of the following is a major mechanism for absorption of sodium from the small intestine?

- A. Co-transport with bicarbonate.
- B. Na-k exchange.
- C. Neutral NaCl absorption.
- D. Solvent drag.

6) Which of the following hormones relax ileocaecal sphincter?

- A. Secretin.
- B. Glucagon.
- C. Villikinin.
- D. Gastrin.

SAQ

What are the mechanisms of Cl absorption?

- 1. Passive diffusion.
- 2. Na-Cl co-transporter.
- 3. Cl-HCO3 exchange.

