



# HEMATOPOIETIC & LYMPHATIC SYSTEM

SUBJECT : Physiology  
LEC NO. : "2"  
DONE BY : Zeyad tareq

وَقُلْ رَبِّ زِدْنِي عِلْمًا





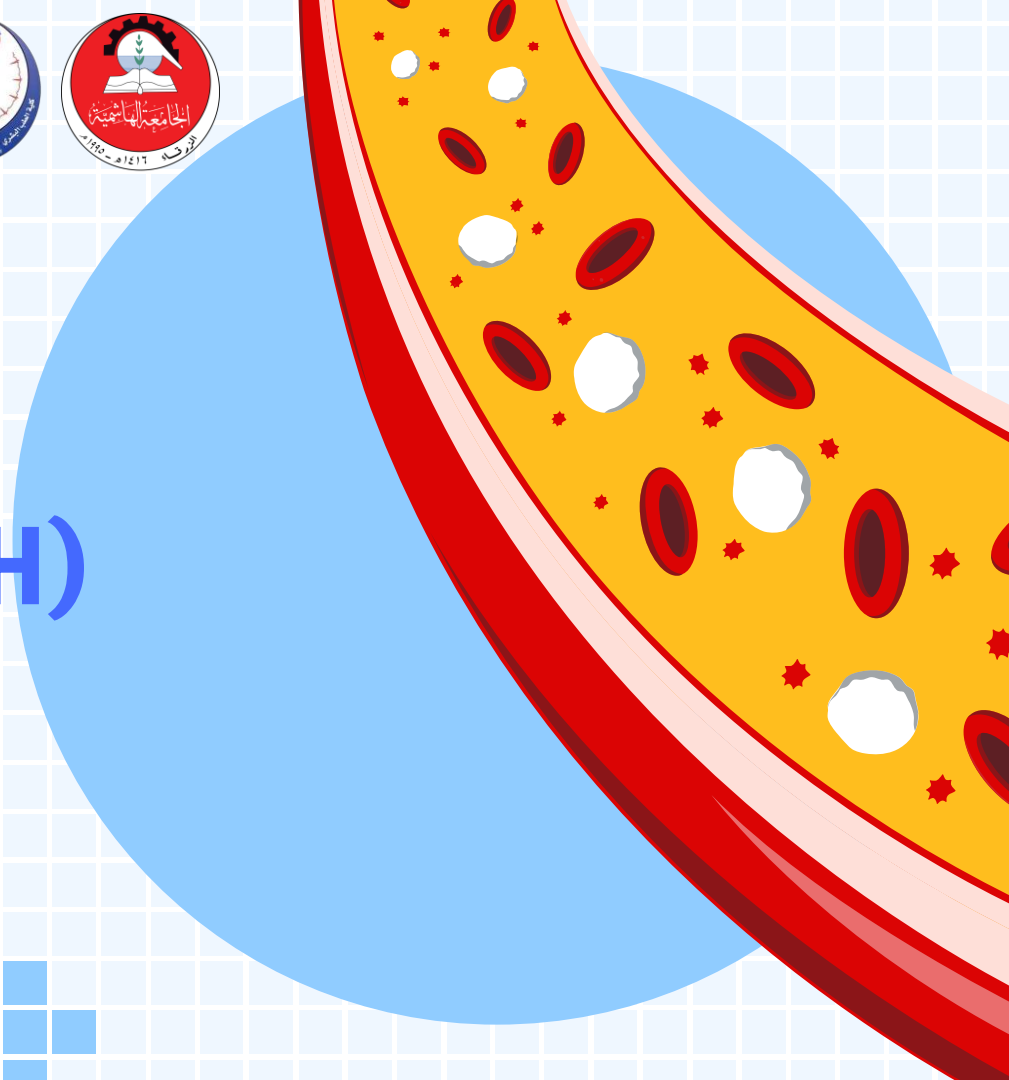
# MODULE HLS (HEMO & LYMPH)

Physiology Lectures

Lecture No. ( 2 )

Slides By: Malek Hassan

Notes By:



مبدأً بدأ نعرف تركيب Hemoglobin ← من الإسم هو عبارة عن Heme + globin

Heme ⇒ Organic compound composed of porphyrin ring & in center there is a Ferrous iron " $Fe^{+2}$ " to which oxygen is attached.  
Should be ferrous to bind with oxygen.

Globin ⇒ Polypeptide chain composed from 4 chains

"رج تفصوفا لقدام بالمحاضرة"

Types of Hemoglobin:-

1) Hb A ⇒ in adults.

2) Hb F ⇒ in fetus.

3) Hb S ⇒ in anemia

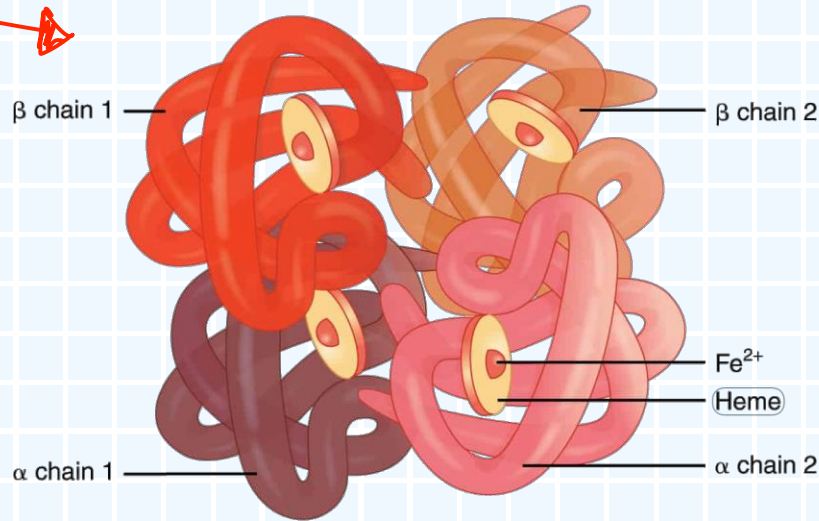
Fetus has high 2,3 BPG & related to the curve slide 8  
this will leads to ↓ the Hb-O<sub>2</sub> affinity & ↑ the release of O<sub>2</sub> to tissues

Has higher affinity to O<sub>2</sub> than HbA. This good for fetus in uterus

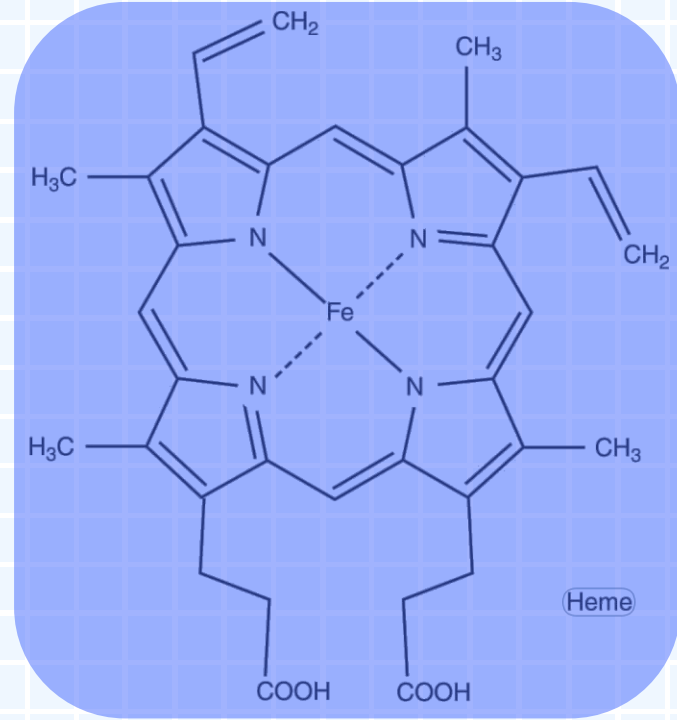
# Hemoglobin:

## Structure of Hemoglobin:

Adult Hemoglobin



(a)



(b)

# Hemoglobin:



## Reactions of Hemoglobin:

### 1. **Oxygenation**



The dynamics of the reaction of hemoglobin with  $O_2$  make it a particularly **suitable  $O_2$  carrier**. Hemoglobin is a protein comprised of four subunits, each containing a heme moiety attached to a polypeptide chain. In normal adults, **most hemoglobin molecules contain two  $\alpha$  and two  $\beta$  chains**. Heme is a **porphyrin ring** complex that includes one atom of ferrous iron ( $Fe^{2+}$ ). Each of the four iron atoms in hemoglobin can reversibly bind **one  $O_2$  molecule**. The iron stays in the ferrous state, so the reaction is oxygenation (**not oxidation**). It has been customary to write the reaction of hemoglobin with  $O_2$  as  **$Hb + O_2 \rightleftharpoons HbO_2$** . Because it contains four deoxyhemoglobin (**Hb**) units, the hemoglobin molecule can also be represented as  **$Hb_4$** , and it actually reacts with four molecules of  $O_2$  to form  **$Hb_4O_8$** .

Every Hb has 4 heme groups & every heme group contains 1  $Fe^{+2}$

& therefore every Hb can carrying 4 Oxygen atoms.

The process of (oxygen,  $Fe^{+2}$ ) binding is called Loading & depends on  $P_{O_2}$  <sup>Partial pressure</sup>

This reaction doesn't doesn't change the iron charge, but in oxidizing reactions it's changed

to  $Fe^{+3}$  ferric

The affinity of Hb to  $O_2$  is increasing gradually, so when 1<sup>st</sup>  $O_2$  atom has lower affinity to Hb than 4<sup>th</sup>  $O_2$  atom

Tense & Relax state :- To understand them watch this video  $\Rightarrow$

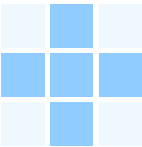
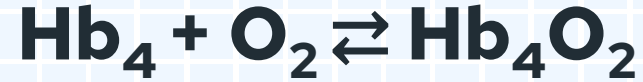
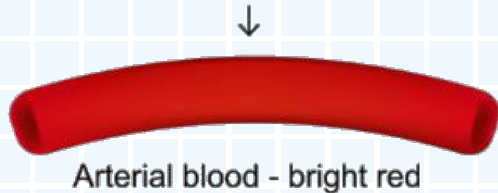
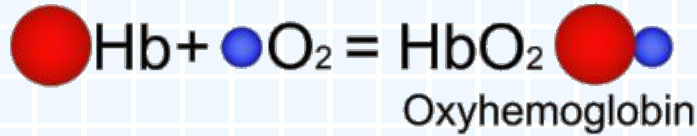
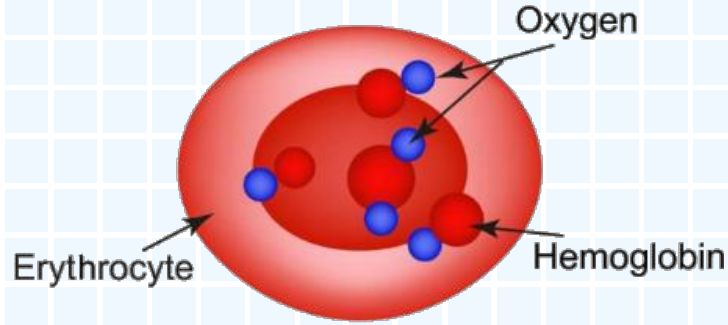
[https://www.youtube.com/watch?v=XxEIVpgNUFO&ab\\_channel=JamesMoss](https://www.youtube.com/watch?v=XxEIVpgNUFO&ab_channel=JamesMoss)

# Hemoglobin:



## Reactions of Hemoglobin:

### 1. **Oxygenation**



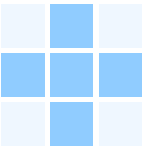
# Hemoglobin:



## Reactions of Hemoglobin:

### 1. **Oxygenation**

The **Oxygen-Hemoglobin dissociation curve** relates the **percentage saturation of the O<sub>2</sub>-carrying power of hemoglobin** (abbreviated as SaO<sub>2</sub>) to the PO<sub>2</sub>. Due to the T-R configuration interconversion, the curve has a characteristic **sigmoid shape**. Combination of the first heme in the Hb molecule with O<sub>2</sub> **increases the affinity** of the second heme for O<sub>2</sub>, and oxygenation of the second increases the affinity of the third, and so on, so that the affinity of Hb for the fourth O<sub>2</sub> molecule is many times that for the first.





# Hemoglobin:



## Reactions of Hemoglobin:

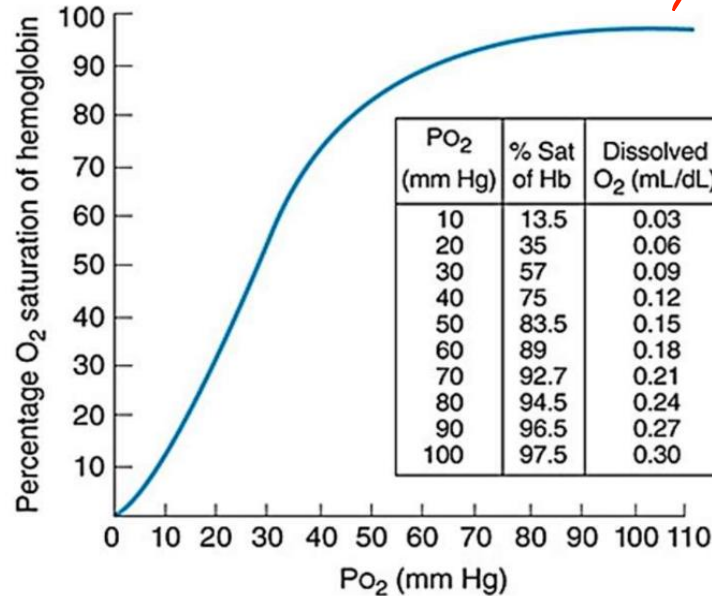
### 1. **Oxygenation**

#### **The Oxygen-Hemoglobin dissociation curve**

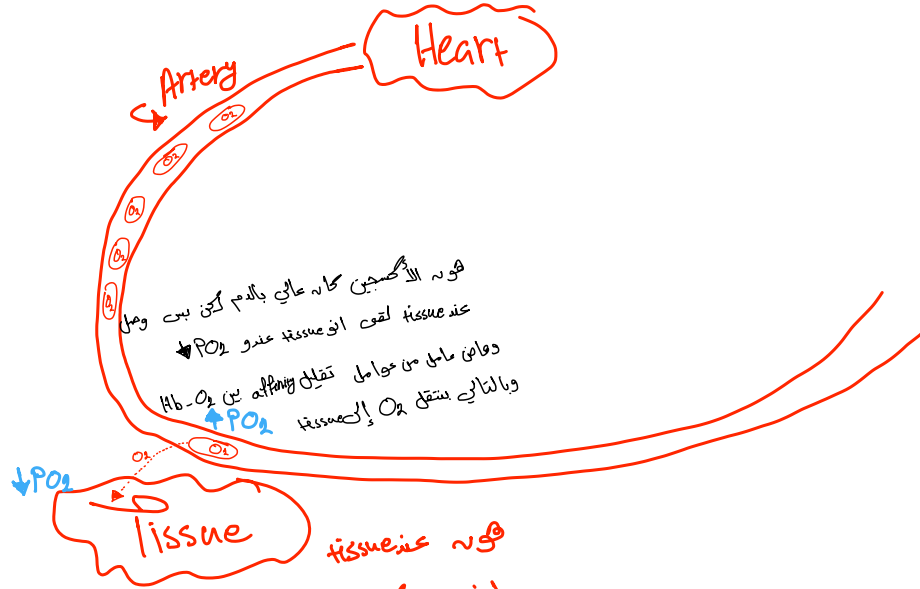
The curve is sigmoid in shape.

The curve isn't linear, why?

because the affinity is variable.



-1 Oxygen-hemoglobin dissociation curve. pH 7.40, temperature



ما فيه اوكسجين و الدم جاي بخصيه اوكسجين  
 وبالتالي عند tissue  $PO_2$  بكونه قليل

# Hemoglobin:



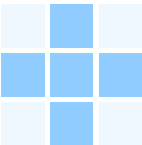
## Reactions of Hemoglobin:

### 1. **Oxygenation**

Factors that decrease the affinity between Oxygen & Hb shift the curve to the Right, while factors that increase the affinity between Oxygen & Hb cause a curve shift to the **Left**. The affinity of Hb for oxygen is decreased by (Release of oxygen = Shift to the Right):



- A. **Hydrogen ions**, as they compete with oxygen for deoxygenated Hb.
- B. **Rise of temperature.**
- C. **2, 3-diphosphoglycerate (2, 3-DPG) concentration** (2,3-DPG is very plentiful in red cells. It is formed from 3- phosphoglyceraldehyde, a glycolysis product via the Embden–Meyerhof pathway. It is a highly charged anion that binds to the  $\beta$  chains of deoxyhemoglobin.



What will occur when Hb-O<sub>2</sub> complex faces

CO?! The Hb can't release O<sub>2</sub> & leads to hypoxia.

# Hemoglobin:



## Reactions of Hemoglobin:

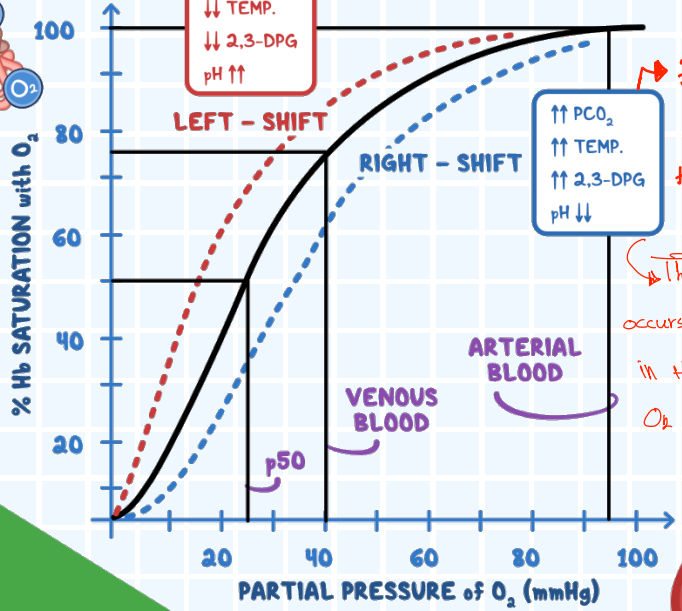
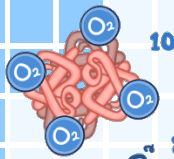
### 1. Oxygenation

CO → has more affinity to Hb than O<sub>2</sub>

↑ factors that increase the O<sub>2</sub>-Hb affinity

↓ PCO<sub>2</sub>  
↓ TEMP.  
↓ 2,3-DPG  
pH ↑

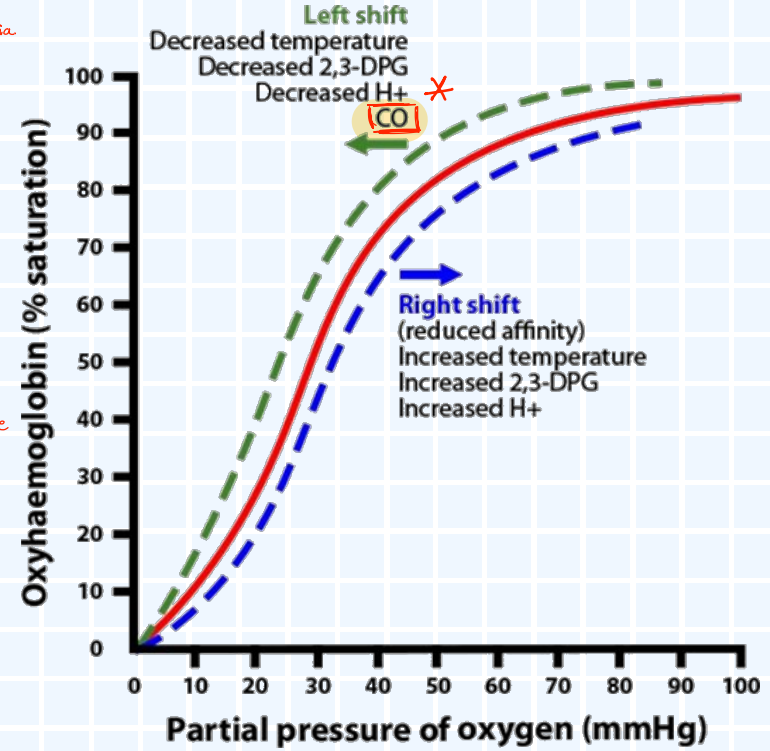
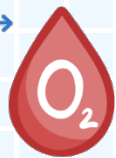
→ if these factors occur in tissue this leads to hypoxia



↑ factors that decrease the O<sub>2</sub>-Hb affinity

↑ PCO<sub>2</sub>  
↑ TEMP.  
↑ 2,3-DPG  
pH ↓

→ These factors occurs normally in tissue to release O<sub>2</sub> to the tissue

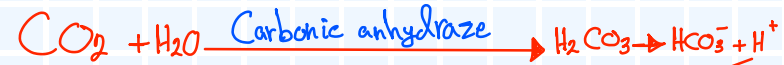
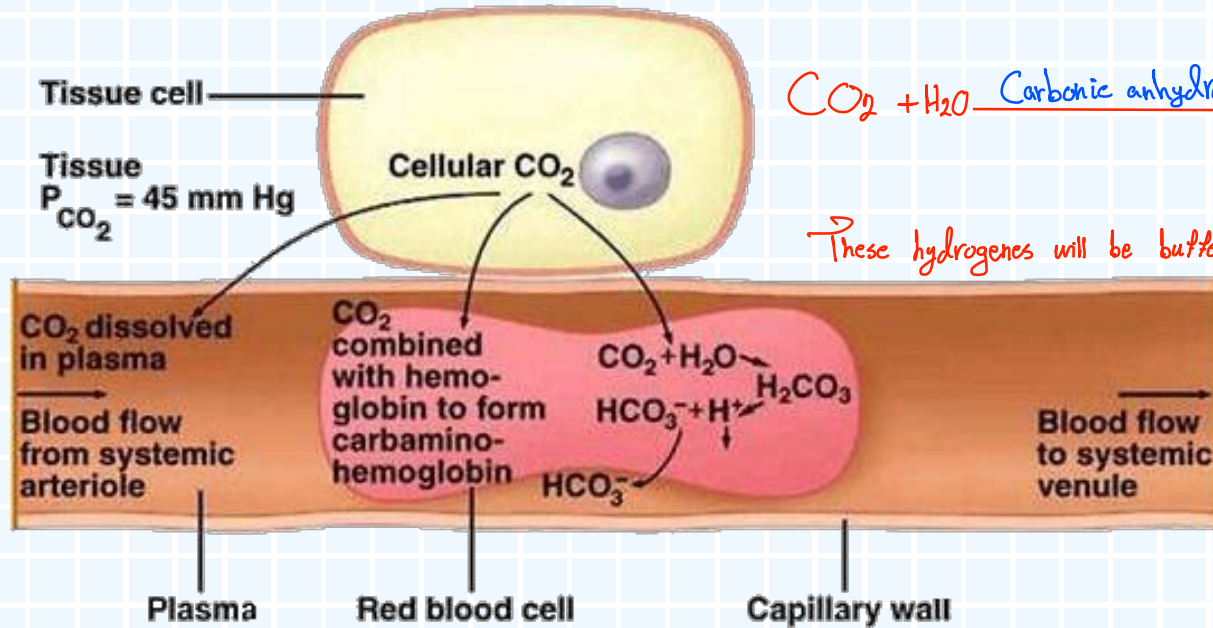


# Hemoglobin:

## Reactions of Hemoglobin:

### 2. With Carbon dioxide

- ① Hemoglobin combines with carbon dioxide to form Carbaminohemoglobin. This is one of the ways by which the carbon dioxide added to the blood at the tissues is transported to the lungs.



*These hydrogens will be buffered by Hb to prevent changes in pH.*

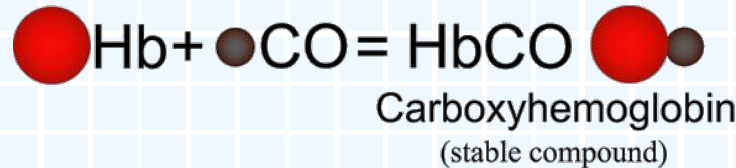
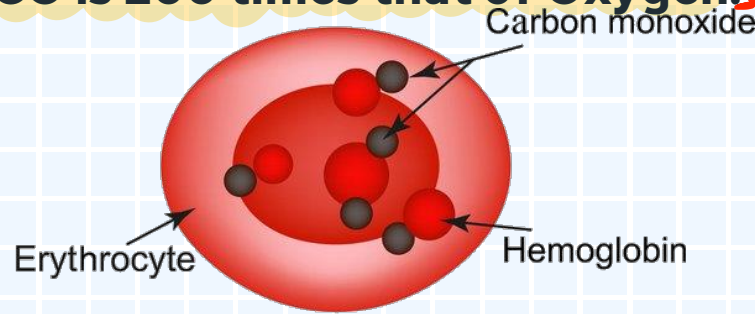
CO  $\Rightarrow$  called silent killer.

# Hemoglobin:

## Reactions of Hemoglobin:

### 3. With Carbon monoxide

Hemoglobin reacts with carbon monoxide (CO) to form **Carboxyhemoglobin**. CO combines with iron and displaces oxygen; thus, it prevents hemoglobin from carrying oxygen. **The affinity of hemoglobin for CO is 200 times that of Oxygen.**



Carboxyhemoglobin cannot carry oxygen and carbon dioxide

# Hemoglobin:

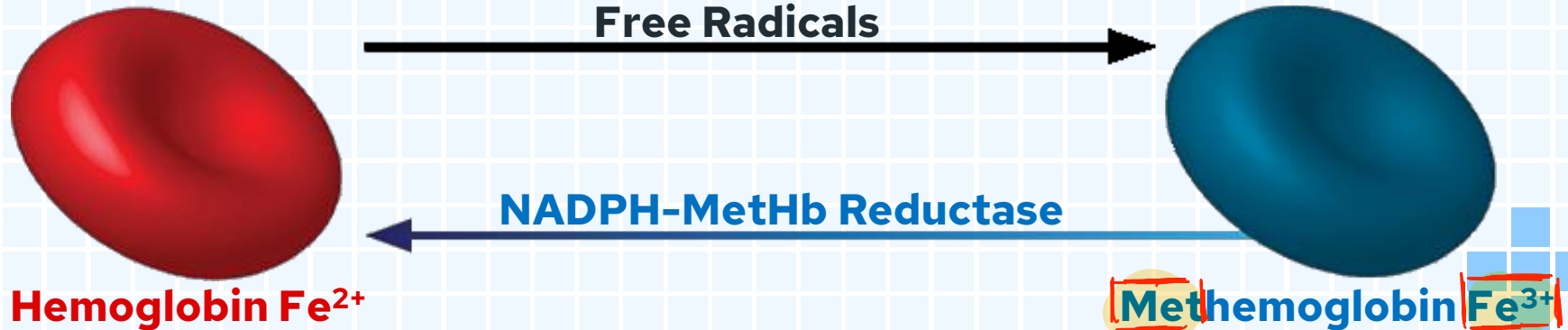


## Reactions of Hemoglobin:

### 4. With Strong Oxidizing Agents



When hemoglobin is exposed to strong oxidizing agents, the  $\text{Fe}^{2+}$  iron is changed to Ferric Iron ( $\text{Fe}^{3+}$ ), and the **Hemoglobin** is changed to dark-colored **Methemoglobin**, which **cannot carry oxygen**. Small amounts of methemoglobin are normally formed but are reduced by NADH-MetHb Reductase back to hemoglobin.



فحسبًا طبيعيًا ارتباط  $Hb + Fe^{+2}$  ما يغير تجمعت الـ  $Fe^{+2}$   
لكن مرات في عوامل مؤكسدة زي *free radicals* تحول  $Fe^{+2}$  to  $Fe^{+3}$   
والـ  $Fe^{+3}$  ما بقدر يحمل الأوكسجين لحل فإي المشكلة فيه *NADPH* تحول  $Fe^{+3}$  to  $Fe^{+2}$

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$HbA1c$  → السكر التراكمي

it's called "Glycated hemoglobin" it's range lower 4.5% of HbA

if it increases this indicated chronic hyperglycemia



# Hemoglobin:



## Types of Hemoglobin :

### 1. **Adult hemoglobin ( HbA):**

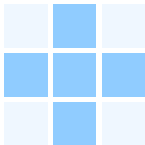


**In Normal Adult Human** hemoglobin (hemoglobin A), the two polypeptides are  $\alpha$  chains and  $\beta$  chains. Thus, hemoglobin A is designated  $\alpha_2\beta_2$ . Not all the hemoglobin in the blood of normal adults is hemoglobin A. less than 3% of the total Hb is HbA<sub>2</sub>, in which  $\beta$  chains are replaced by  $\delta$  chains ( $\alpha_2\delta_2$ ).

Small amounts of hemoglobin A derivatives closely associated with hemoglobin A represent glycated hemoglobin. One of these, hemoglobin A<sub>1c</sub> (HbA<sub>1c</sub>), has glucose attached to the terminal valine in each  $\beta$  chain and is of particular interest because it increases in the blood of patients with poorly controlled diabetes mellitus and is measured clinically as a marker of the progression of that disease and the effectiveness of treatment.

### 2. **Fetal hemoglobin (HbF):**

### 3. **Other:**



# Hemoglobin:



## Types of Hemoglobin :

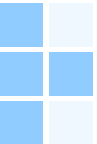
1. **Adult hemoglobin ( HbA):**
2. **Fetal hemoglobin (HbF):**



The blood of the Human Fetus normally contains fetal hemoglobin (Hemoglobin F). Its structure is like that of hemoglobin A except that  $\gamma$  chains replace the  $\beta$  chains; that is, hemoglobin F is  $\alpha_2\gamma_2$ . The cause of this greater affinity is the poor binding of 2,3-DPG by the  $\gamma$  polypeptide chains that replace  $\beta$ -chains in fetal hemoglobin. Fetal hemoglobin is normally replaced by adult hemoglobin soon after birth. Hemoglobin F is, therefore, critical to facilitate the movement of  $O_2$  from the maternal to the fetal circulation.

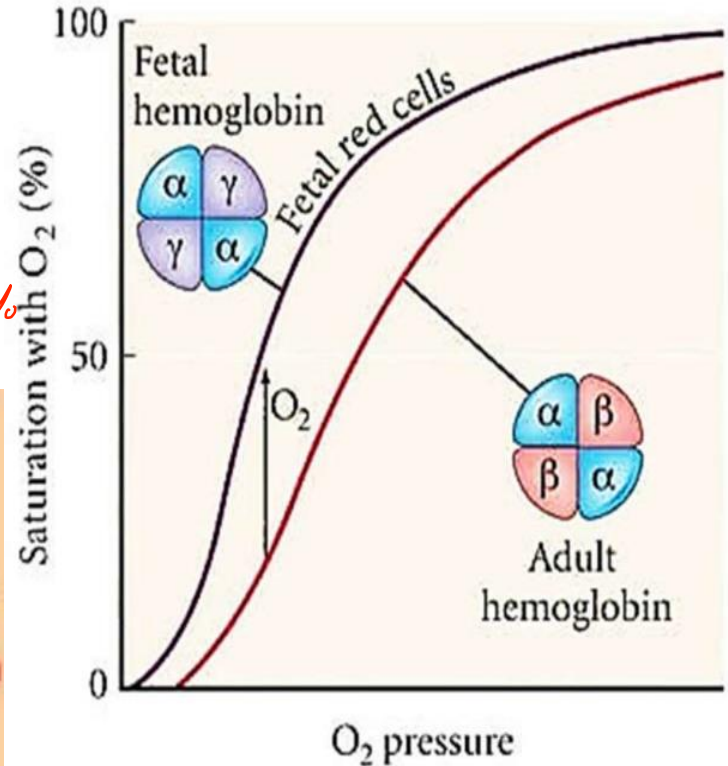
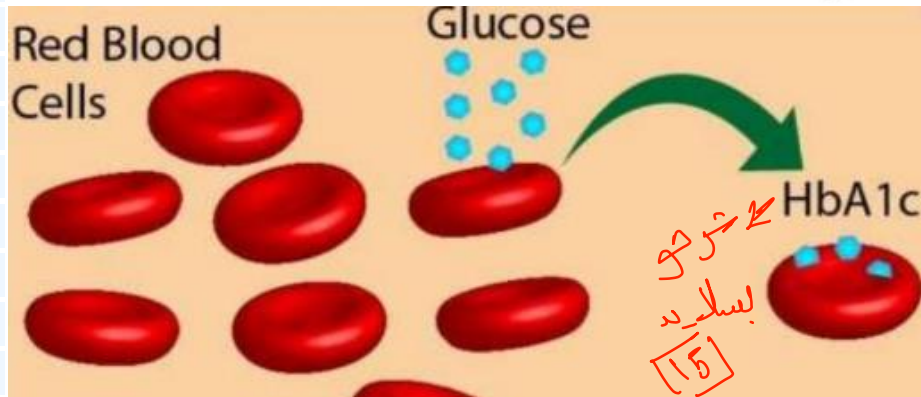
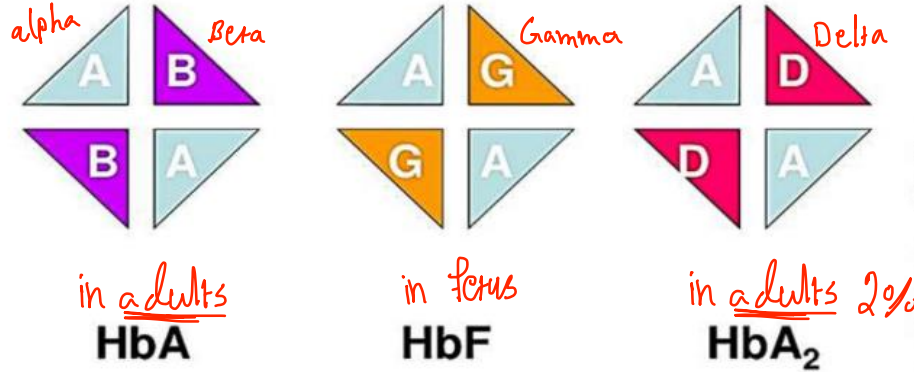
3. **Other:**

In Young Embryos, there are Gower 1 hemoglobin and Gower 2 hemoglobin. Switching from one form of hemoglobin to another during the development



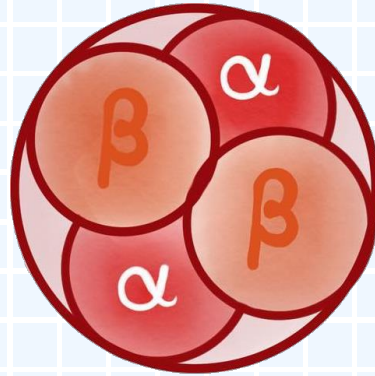
# Hemoglobin:

Types of Hemoglobin: → This because difference in polypeptide chain



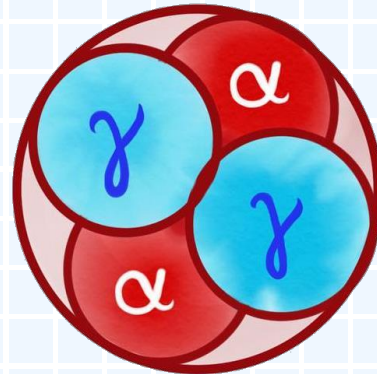
# Hemoglobin:

## Types of Hemoglobin :



Adult Haemoglobin  
Hb A

2 x Beta chains  
2 x Alpha chains



Fetal Haemoglobin  
Hb F

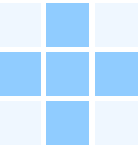
2 x Gamma chains  
2 x Alpha chains

# Functions of RBCs



## Functions of Hemoglobin :

1. **The transport of Oxygen from lungs to tissues & Carbon dioxide** (involving CA enzyme reaction) from tissues to lungs is the most important function of RBCs. **Carbonic Anhydrase** in RBCs converts the carbon dioxide taken up by them:
2. **Hemoglobin is an important buffer.**  
It has **Six Times more buffering power than plasma proteins.** Therefore, it can buffer  $H^+$  inside RBCs (formed during  $CO_2$  transport) and can carry  $CO_2$  with minimal change in pH. Hemoglobin-Carrying  $CO_2$  (deoxyHb) is a stronger buffer than Hemoglobin-Carrying  $O_2$  since deoxyHb dissociates less (i.e., it forms a Weaker Acid = a Stronger Buffer).



## Functions of RBCs membrane

**Keeps Hb inside RBCs**

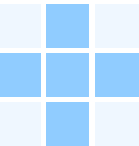


What is the hazard of free Hb?! *fetal, why?!*



1) leads to Renal failure because Hb accumulates inside renal tubules

2)  $\uparrow$  blood viscosity & therefore  $\uparrow$  blood pressure & increase the workload on hurt muscle  $\Rightarrow$  leads to heart failure



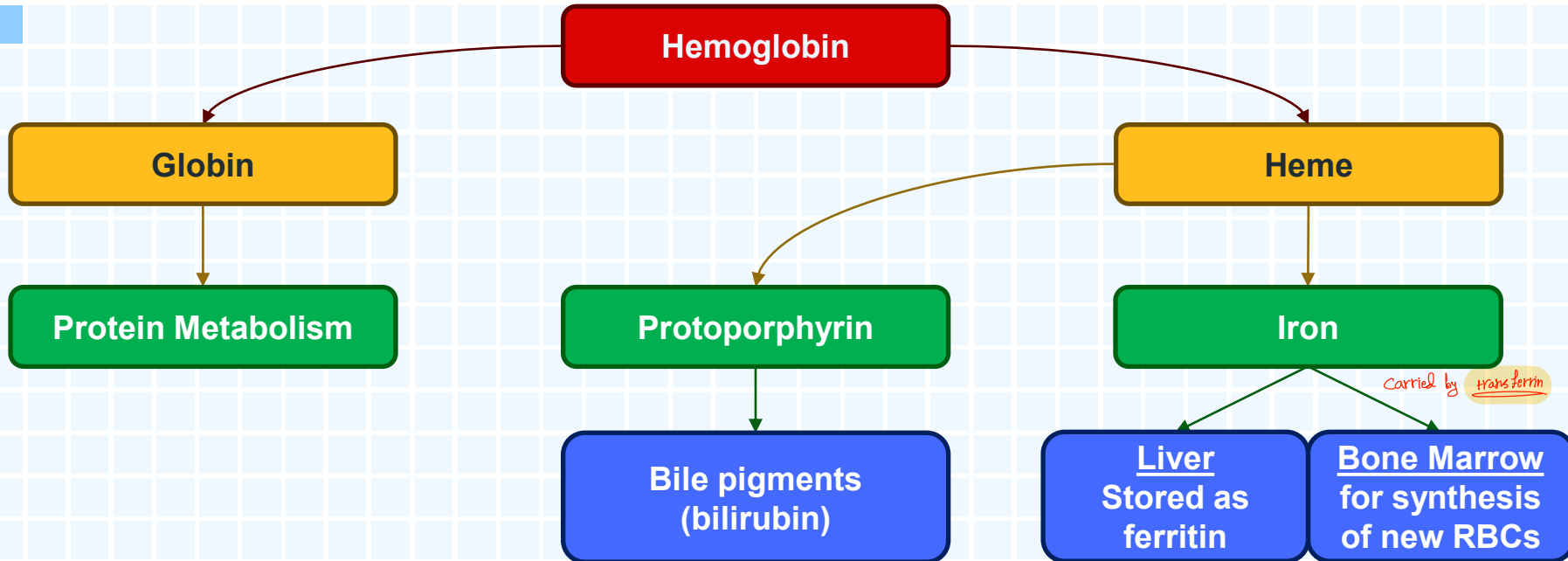
# Life Span and Fate of RBCs



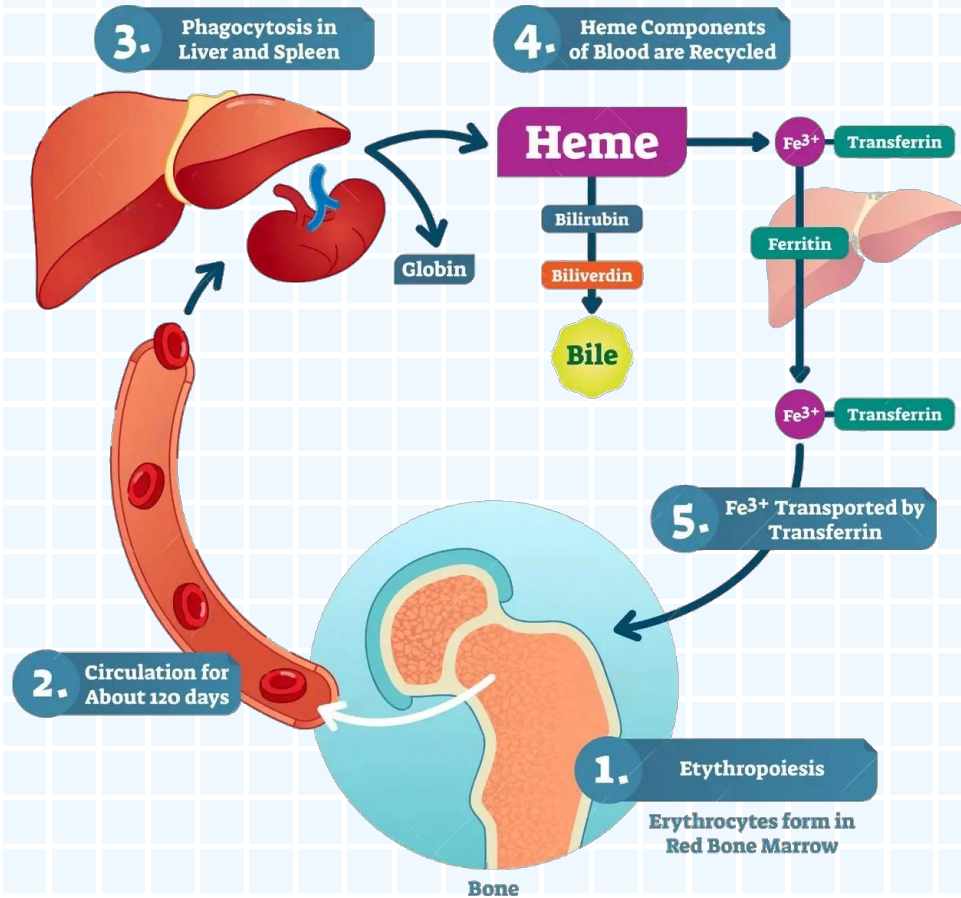
The life span of RBCs is **120 days**. Old RBCs have fragile walls, which rupture easily when RBCs pass through very narrow blood vessels, especially in the spleen.



Hemoglobin is rapidly captured by the cells of the RES and broken into:



# Life Span and Fate of RBCs







**THANK  
YOU**





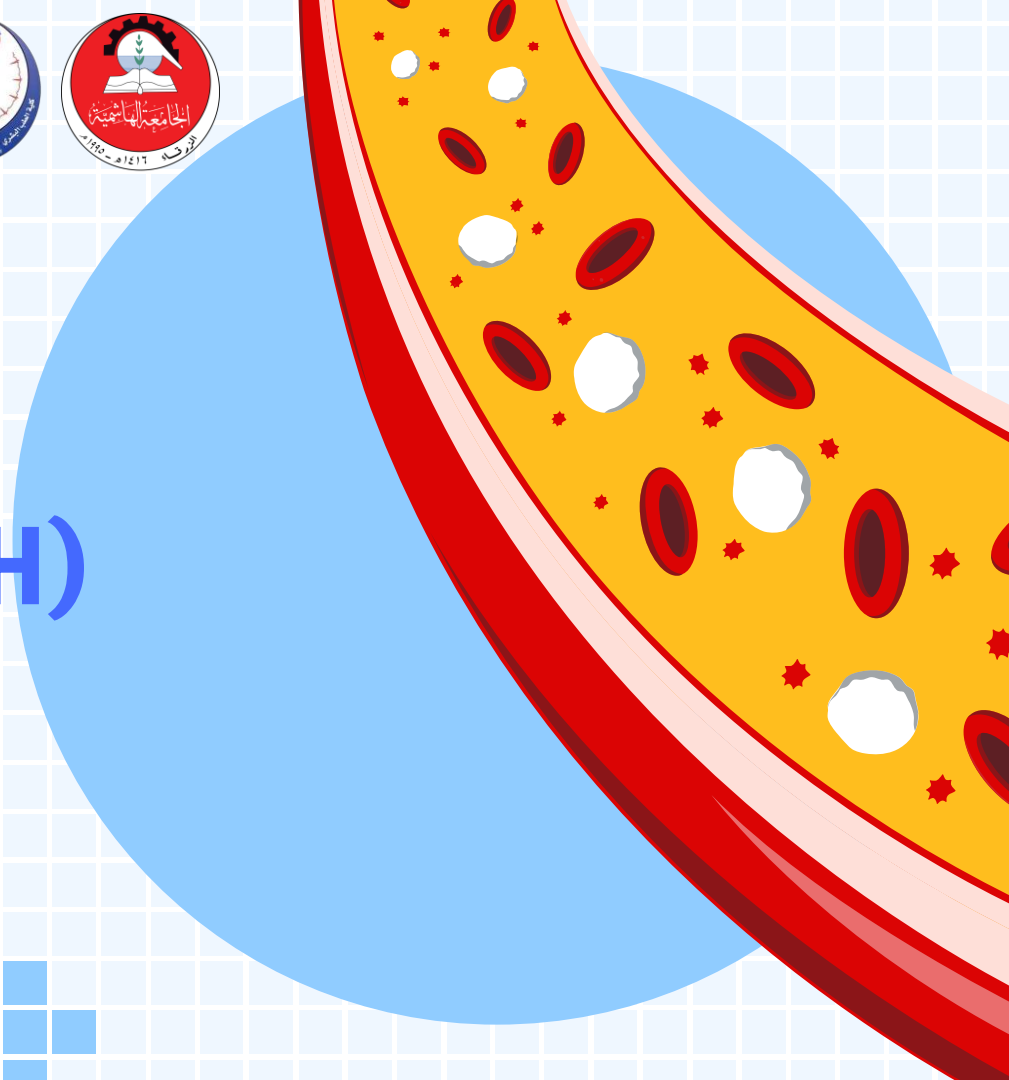
# MODULE HLS (HEMO & LYMPH)

Physiology Lectures

Lecture No. ( 3 )

Slides By: Malek Hassan

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# ERYTHROPOIESIS

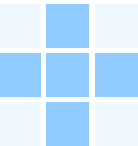


**Definition:** It is the process of formation of new RBCs.



## Sites of Erythropoiesis:

- **In the Fetus:** RBCs are formed in the liver and spleen. & yolk sac
- **After Birth:** RBCs are formed in the red bone marrow of long bones.
- **By the age of 20:** The red bone marrow in long bones becomes replaced by fatty tissue and cannot produce RBCs.
- **After the age of 20:** The bone marrow of flat membranous bones, such as ribs, vertebrae, pelvis, sternum, and skull, produce RBCs.



# ERYTHROPOIESIS



Middle Trimester  
of Gestation

Liver  
Spleen  
Lymph Nodes



Last Trimester  
After Birth

Red bone  
marrow  
(Bone marrow of all bones)



After 20

Membranous bones:  
Vertebrae

