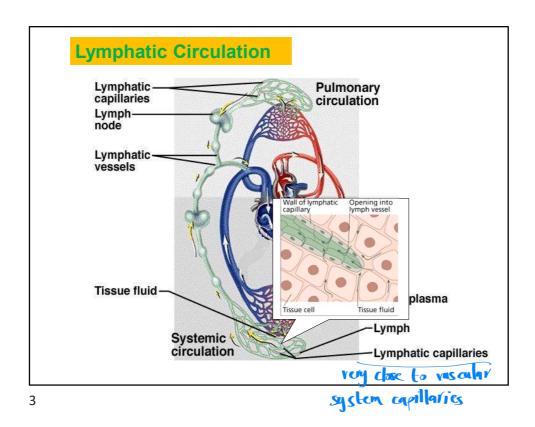


Objectives

- Describe the structure and function lymphatic vessel system.
- Explain the role in preventing fluid accumulation in interstitial space.
- Describe the formation of lymph.
- know the rate of daily lymph flow under normal conditions.
- Summary of factors that determine lymph flow.
- Describe the role of the lymphatic system in controlling interstitial fluid protein concentration, volume, and pressure.
- Define edema and differentiate between extracellular and intracellular.

Dr.Shaimaa N.Amin, 2024 (L10

15% reabsorption by lymphatic vessels



The initial lymphatics drain into the collecting lymphatics which drain lymph into large thoracic veins; subclavian or internal jugular

Lymphatic Circulation

Lymphatic Capillaries

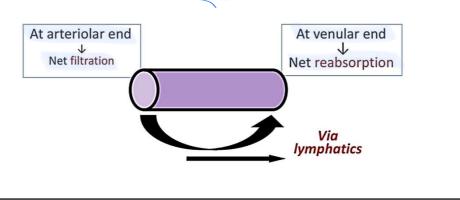
Lymphatic Lymphatic Lymphatic Cymphatic Cym

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drained back by G lymphatic vessels

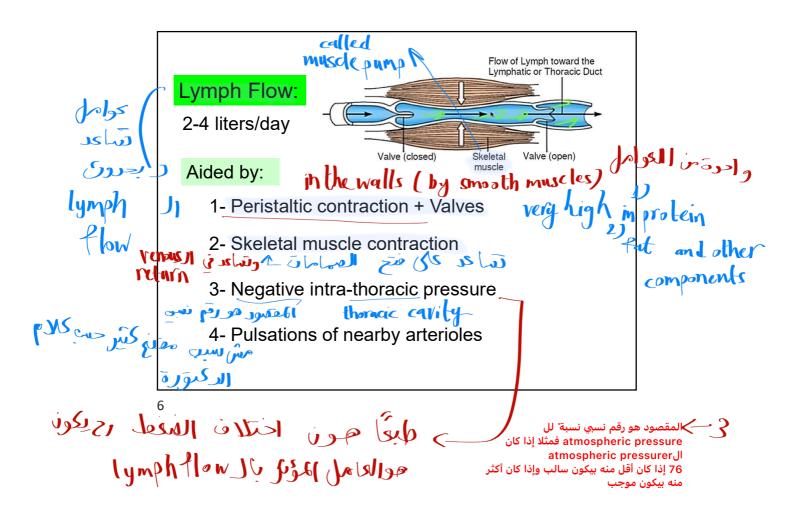
Lymphatic Circulation

- Normally, the fluid efflux across the capillary wall exceeds the fluid influx. The
 extra fluid enters the lymphatics and drains back to the blood.
- The normal lymph flow is 2-4 L/day.
- Wall of the initial lymphatics in regions like the intestines and skeletal muscles have loose junctions between the endothelial cells. The extra fluid enters through these loose junctions.



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lymph contains - protains fats , fatty acids



Functions of lymphatics

- 1- Drainage of the excess filtered fluid
- 2- Carry proteins and large particles away from the tissue spaces
- 3- Transport of absorbed long chain fatty acids and cholesterol from the intestine
- 4- Removal of bacteria and their delivery to lymph nodes

Tissue cell (Intracellular compartment)

Arteriole

Arteriole

Lymph

Lymph

Lymph

Endothelium of Impatation

Interestitial Huid

Opening

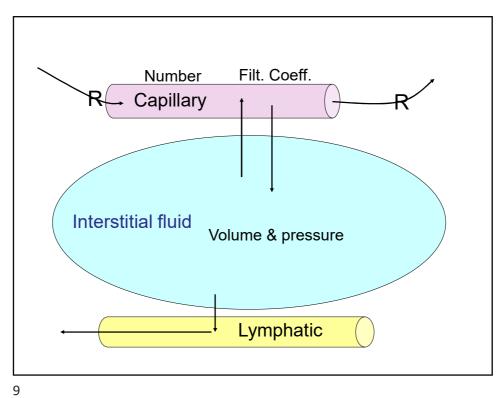
Lymph

Endothelium of Impatation

FICURE 9.2. Formation of Lymph and Relationship of Lymph

Capillaries to Tissue Cells and Interestitial Fluid Compartment





Lymph Contents:	
Proteins	Less than plasma proteins. // compared to blood.
Lipids	Cholesterol & phospholipids (lipoproteins)Neutral fats (chylomicrons)
Electrolytes	Similar to plasma
Cells	 Lymphocytes (all sizes & maturity) Rare monocytes/macrophages Granulocytes (only present following infection)

Interstitial Fluid (ISF) Volume:

Factors that determine the ISF Volume:

- 1. The capillary hydrostatic pressure.
- 2. Capillary osmotic pressure.
- 3. The ISF pressure.
- 4. The capillary filtration coefficient. (K)
- 5. The number of active capillaries.
- 6. The lymph flow.
- 7. The total extra-cellular (ECF) volume, and
- 8. The ratio of pre-capillary to post-capillary venular resistance. The precapillary constriction lowers the filtration pressure while the post-capillary constriction elevates it.

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Edema:

Edema is abnormal large accumulation of ISF. Because of the effect of gravity, the ISF tends to accumulate in dependent parts as lower limbs in the standing position, and back in the recumbent position. Changes in any of the factors that determine the amount of the interstitial (ISF) volume lead to edema.





abnormal large accumulation of interstitial fluid

Causes of edema

- 1- Increased Filtration Pressure:
- 2- Decreased Osmotic Pressure Gradient Across Capillary
- 3- Increased Capillary Permeability:
- 4- Inadequate Lymph Flow:

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Causes of increased ISF volume and edema:

1- Increased Filtration Pressure:

- Arteriolar dilation.
- Venular constriction.
- Increased venous pressure (effect of gravity, increased total ECF volume, incompetent venous valves, venous obstruction, and heart failure.)

2- Decreased Osmotic Pressure Gradient Across Capillary:

- Decreased plasma protein level e.g. nutritional edema, liver cirrhosis (leading to decreased plasma proteins synthesis) and kidney diseases as nephrosis (leading to loss of plasma proteins in urine.)
- Accumulation of osmotically active substances in IS space.

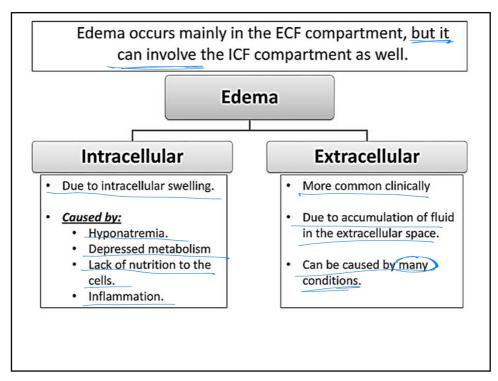
3- Increased Capillary Permeability:

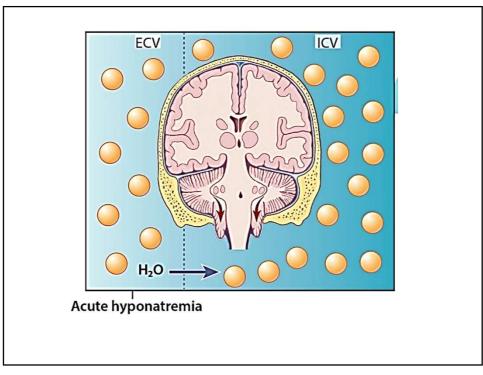
- Substance P, histamine, kinins.

4- Inadequate Lymph Flow:

Edema is caused by lymphatic obstruction. The edema fluid has a high protein content associated with inflammation and fibrosis of the ISF (non-pitting edema) in longstanding diseases as elephantiasis.

reabsorption







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