

# Objectives:

- 1- Quick and Basic Introduction:
- The human circulatory system
- Blood vessels layers
- Arteries, Arterioles, Veins, Venules.
- 2- Microcirculation: Definition, Significance, Examples.
- Types of Capillaries.
- 4- Interstitial Fluid
- 5- Exchange of Substances Across the Capillary Wall.
- 6- Fluid Exchange Across Capillaries.
- 7- Summary

# The Human Circulatory System:

<u>Definition:</u> The human circulatory system: is a <u>vast</u> network that carries blood throughout the body.

- The Heart: The heart is a muscular organ that acts as the pump of the circulatory system.
- Blood Vessels: These are the pathways through which the blood travels. They include:
  - 1. Arteries: These are large, thick-walled vessels that carry blood away from the heart.
  - Veins: These are vessels that return blood to the heart. They are generally thinner and less muscular than arteries. Small veins, called venules, merge into larger veins.
  - Capillaries: These are the smallest and most numerous of the blood vessels, forming vast networks throughout the body
- □ Blood: This is the life-sustaining fluid that circulates throughout the circulatory system. It is composed of red blood cells, white blood cells, platelets, and plasma.

\* Notice that Anatomy of Blood Vessels is not included it's just an introduction to the topic

# **Blood Vessels:**

- ➤ Arteries → carry blood
- ➤ Arterioles → control blood flow into
- ➤ Capillaries 

  Exchange of substances 

  Moin Focus
- ➤ Venules → start to carry away deoxygenated blood
- ➤ Veins continue to carry deoxygenated blood back to the heart

# Microcirculation:

### Definition:

-The term "microcirculation" refers to the functions of the smallest blood vessels (

the capillaries) and the neighbouring lymphatic vessels.

- Capillaries: Composed of a unicellular layer of endothelial cells surrounded by a

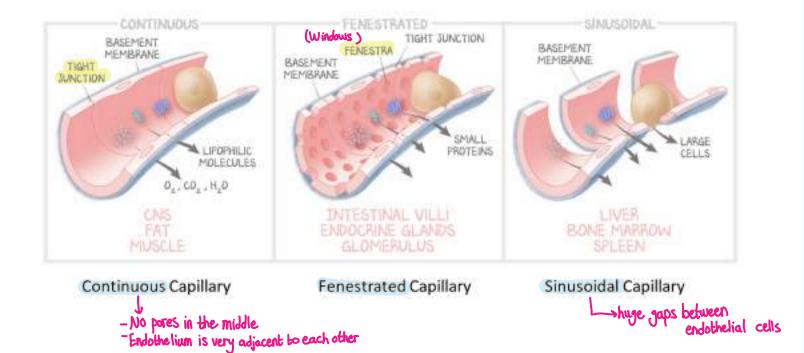
basement membrane. It lacks two layers Adventition

## Significance:

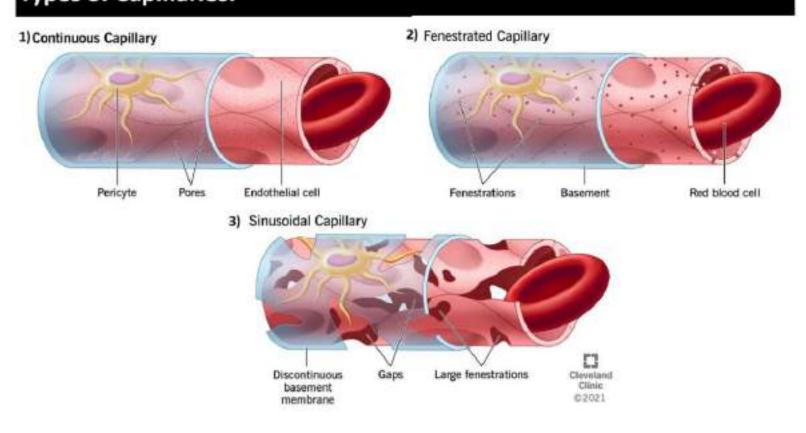
The site of exchange of fluids, nutrients and waste products in the tissues, because of that it's a thin layer of epithelial



# Types of Capillaries:





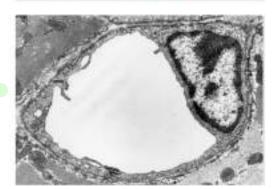


# Types of Capillaries:

## □Continuous Capillaries:

- ✓ Designed to separate compartments and prevent molecular passage between them
- ✓ Example: Blood-brain barrier
- ✓ Endothelial cells adhere tightly via tight junctions, leaving no gaps.
- ✓ Only molecules capable of diffusing through a plasma membrane can exit, such as Water, Oxygen, Carbon dioxide. CO₂
- ✓ No fenestrations and no gaps between cells.

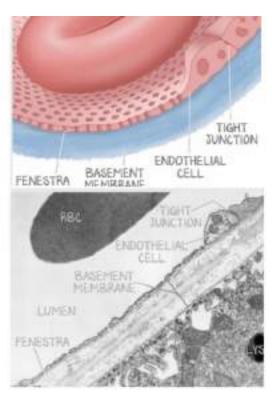
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# ☐Fenestrated Capillaries:

- ✓ Permit diffusion of small hydrophilic molecules such as peptides
- ✓ Essential for cells receiving or releasing peptide

  hormones → in Kidney/Endocrine System
- Enable filtration in the glomerulus of the kidney
- ✓ Have holes known as fenestrations (fenestra means "window". → № %



# Types of Capillaries:

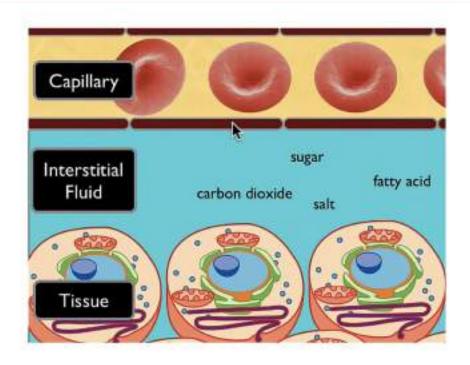
## ■Sinusoidal Capillaries:

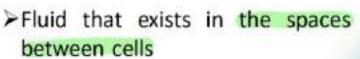
- ✓ Primarily found in the "reticuloendothelial system" (hematopoietic organs like the liver, spleen, and bone marrow)
- ✓ Characterised by large gaps between endothelial cells, large enough to allow whole cells through.
- \* Kupffer cells -> can go in & out through gaps



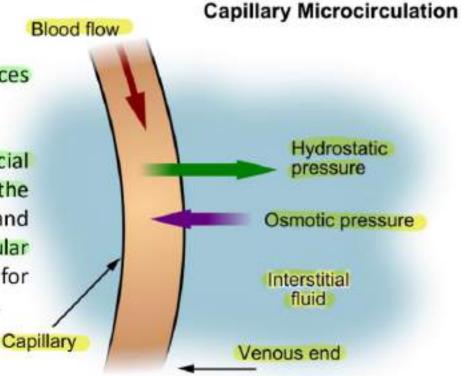


## **Interstitial Fluid:**





➤ The interstitial fluid plays a crucial role in delivering nutrients to the cells, carrying away waste, and maintaining a stable, extracellular environment, which is crucial for the proper functioning of cells.



# Exchange of Substances Across the Capillary Wall:

## 1) Simple Diffusion:

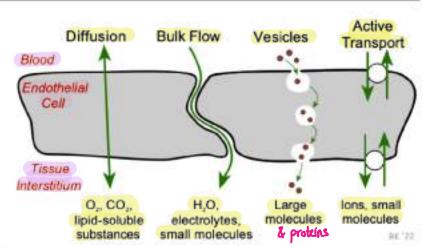
- The process by which solutes are moved along a concentration gradient.
- It does not require the assistance of membrane proteins.
- ✓ The exchange of solutes and gases (Lipid soluble substances) directly through the cell membrane of capillaries (CO2, O2)

## 2) Vesicular Transport

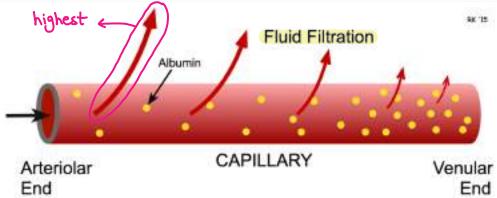
- Proteins are generally too large to cross the capillary walls via the clefts between endothelial cells.
- They are moved across cell membranes within small vesicles, which are tiny, membrane-enclosed sacs within the cell.

## 3) Bulk Flow:

Water-soluble substances (e.g.) water, ions, glucose, amino acids) that are not lipid soluble can't cross the endothelial cell membranes and diffuse through the aqueous clefts between cells.



# Fluid Movement Across Capillaries: -> Continous Capiliary -> most common type of capiliaries

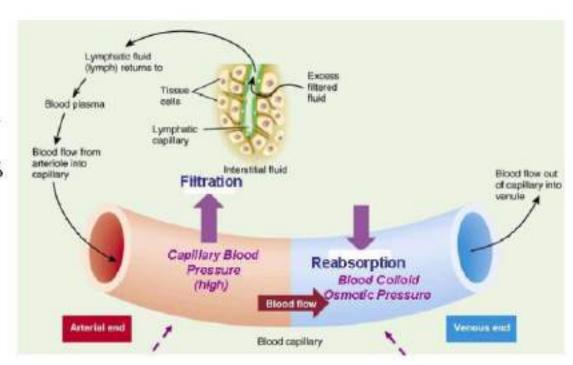


#### > Filtration:

- Fluid and small solutes move out of the capillary and into the interstitial space.
- Caused by hydrostatic pressure (Blood pressure).
- Primarily occurs at the arterial end of a capillary.
- Large substances like proteins, however, are typically too big to be filtered and remain in the capillary.

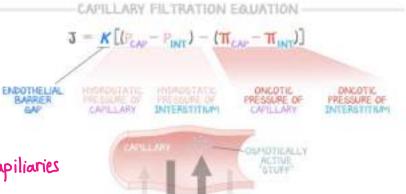
## Reabsorption:

- Fluid and small solutes fluid and small solutes are drawn back into the capillary.
- Caused by the osmotic pressure created by the proteins that were not filtered out.
- Primarily occurs at the venous end of the capillary.
- 90 % of Filtered fluid is reabsorbed on the venous end.
- The remaining 10% of the filtered fluid is returned to circulation via lymphatics



# Fluid Movement Across Capillaries:

- □ The balance between diffusion and perfusion is known as Starling's Law of the Capillary.
- Two compartments are involved:
- The capillary compartment.(c)
- 2. The interstitial compartment. (i)
- Each compartment:
- a) Hydrostatic forces (pushing forces represented by P) outside capiliaries
- b) Oncotic forces (pulling forces represented by  $\pi$ ). inside the capiliaries



## Starling equation:

$$J_v = K_f[(P_c - P_i) - (\pi_c - \pi_i)]$$

where

J<sub>v</sub> = Fluid movement (mL/min)

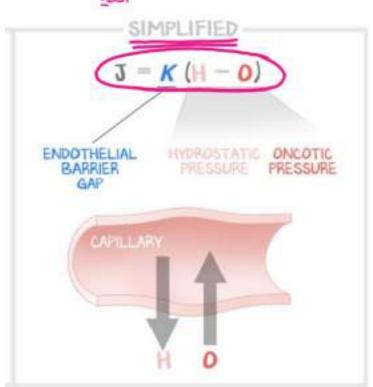
K<sub>1</sub> = Hydraulic conductance (mL/min per mm Hg)

Pc = Capillary hydrostatic pressure (mm Hg)

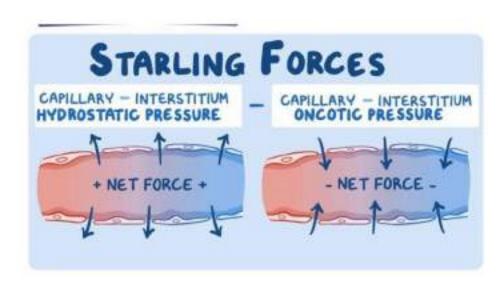
Pi = Interstitial hydrostatic pressure (mm Hg)

 $\pi_c$  = Capillary oncotic pressure (mm Hg)

 $\pi_i$  = Interstitial oncotic pressure (mm Hg)



# Fluid Movement Across Capillaries:



# Clinical relevance:

Edema is an abnormal presence of excessive fluid in the interstitial space.







Case 2 pitting edema

# Fluid Movement Across Capillaries: Summary

- ✓ Fluid exchange across capillaries enables nutrient, gas, and waste exchange between blood and tissues.
- ✓ The process primarily involves filtration and reabsorption.
- ✓ Filtration happens at the arterial end of a capillary, driven by high hydrostatic pressure.
  - · This forces fluid and small solutes out of the capillary into the interstitial space.
  - · Larger substances like proteins remain in the capillary.
- Reabsorption occurs at the venous end of the capillary, driven by osmotic pressure from proteins.
  - · Fluid and small solutes are drawn back into the capillary.
- ✓ Starling's Law of the Capillary governs this balance:

 $\rightarrow J = k(H-0)$ 

- Net filtration equals the difference between hydrostatic and osmotic pressures.
- The amount filtered out at the arterial end equals the amount reabsorbed at the venous end.
- Disruption of this balance (e.g., due to injury or disease) may lead to edema or fluid accumulation in the interstitial space.
- ✓ Filtration and absorption processes are crucial for fluid movement across capillaries.
- Fluid movement is influenced by two main forces: Hydrostatic forces (pushing forces represented by P) and Oncotic forces (pulling forces represented by π).
- ✓ Two compartments are involved: the capillary compartment (within the capillary lumen)
  and the interstitial compartment (the space outside the lumen).
- ✓ Hydrostatic pressure pushes fluid into or out of the capillary, while Oncotic pressure pulls
  fluid in the opposite direction.
- ✓ Net fluid movement depends on the balance of these four forces: capillary hydrostatic, interstitial hydrostatic, capillary oncotic, and interstitial oncotic.
- ✓ In most cases (except ascites and obstructive uropathy), the interstitial forces are negligible, simplifying the equation to consider only capillary pressures.
- ✓ This understanding of hydrostatic and oncotic pressures is crucial to discuss physiology and
  pathology of fluid exchange in capillaries.