

# General Principles of Pathophysiology

- The Cellular Environment
- Fluids & Electrolytes
- Acid-base Balance & Maintenance

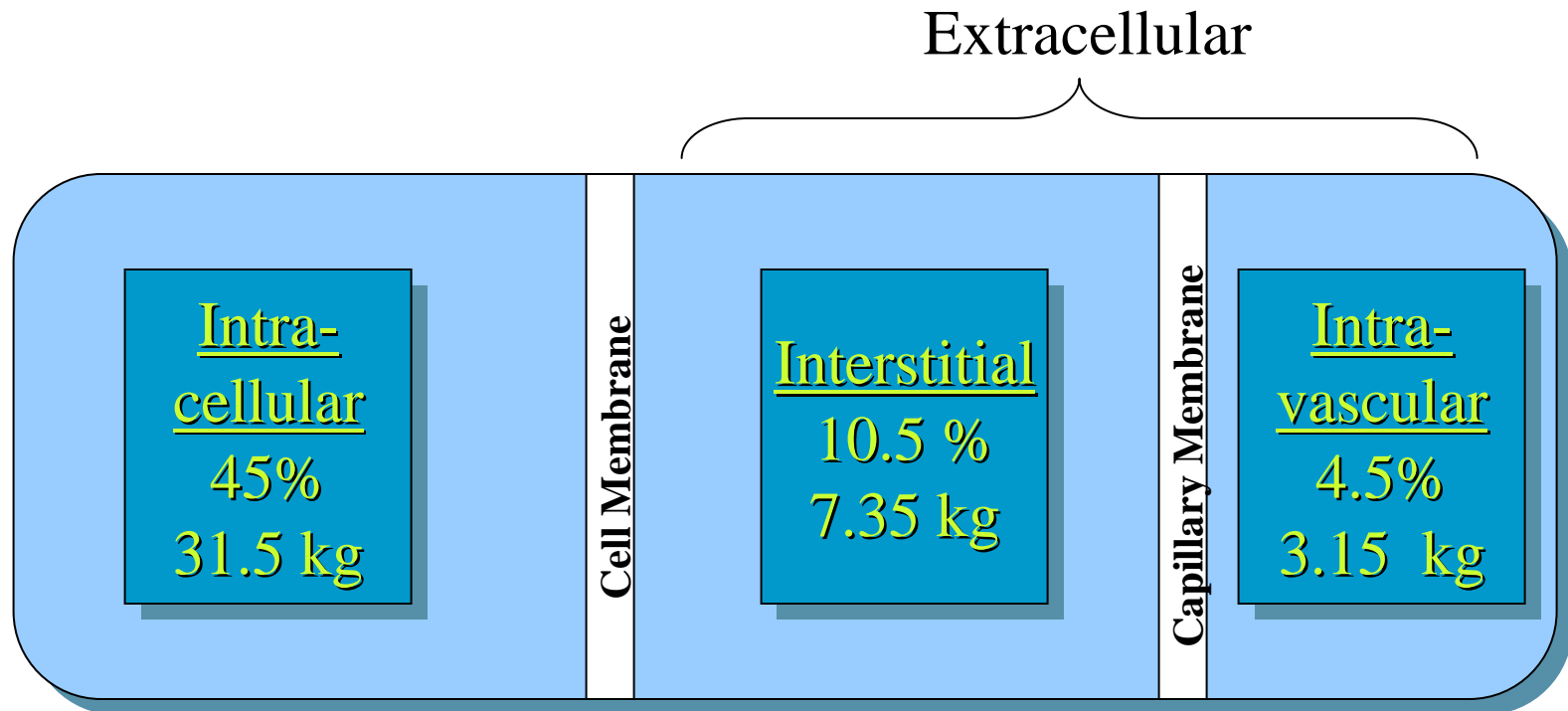
# Topics

- Describe the distribution of water in the body
- Discuss common physiologic electrolytes
- Review mechanisms of transport
  - osmosis, diffusion, etc
- Discuss hemostasis & blood types
- Discuss concepts of acid-base maintenance

# Distribution of Water

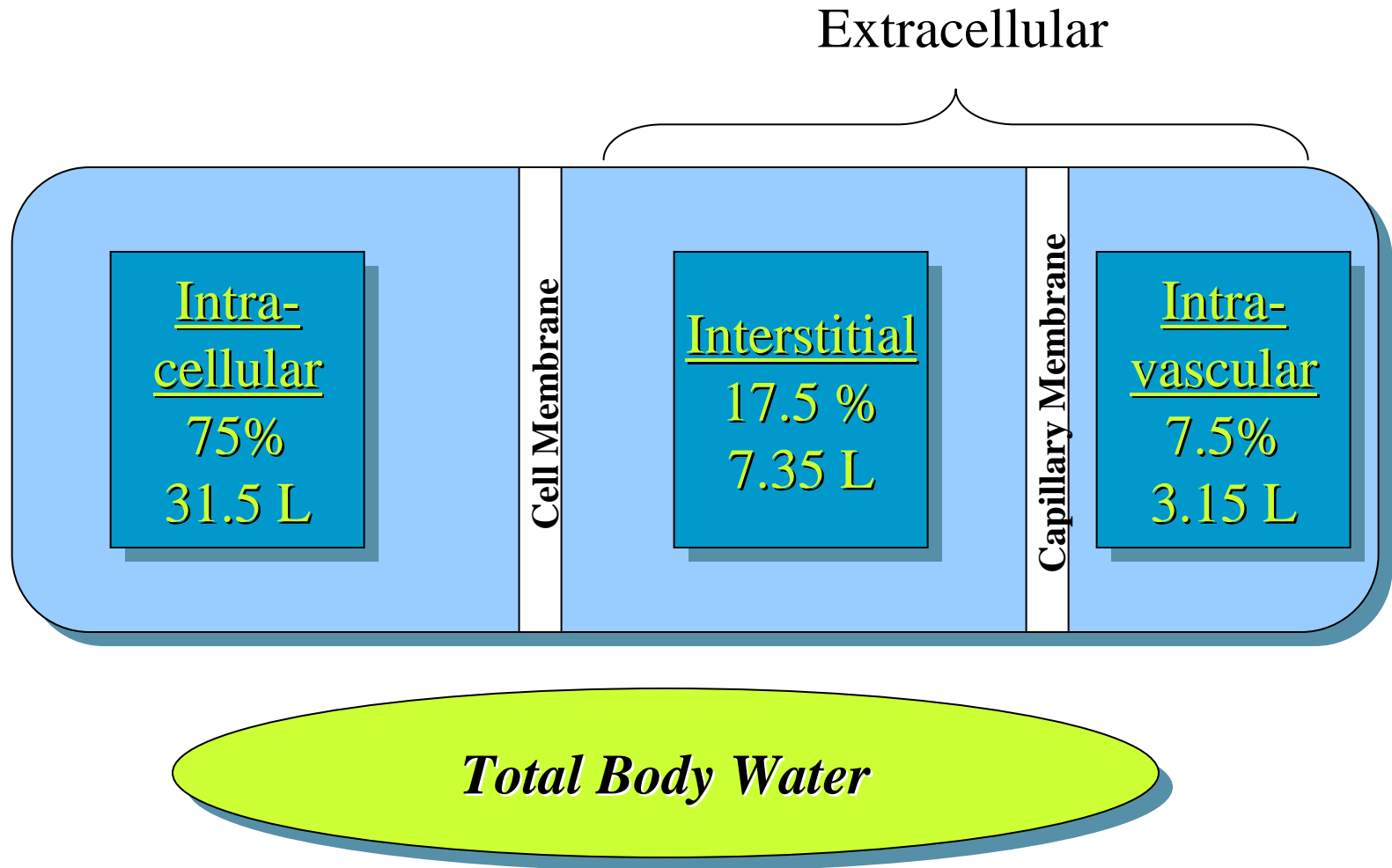
- Total Body Weight/ Total Body Water
- Intracellular - ICF (45%/75%)
- Extracellular - ECF (15%/25%)
  - Intravascular (4.5%/7.5%)
  - Interstitial (10.5%/17.5%)

# Fluid Distribution

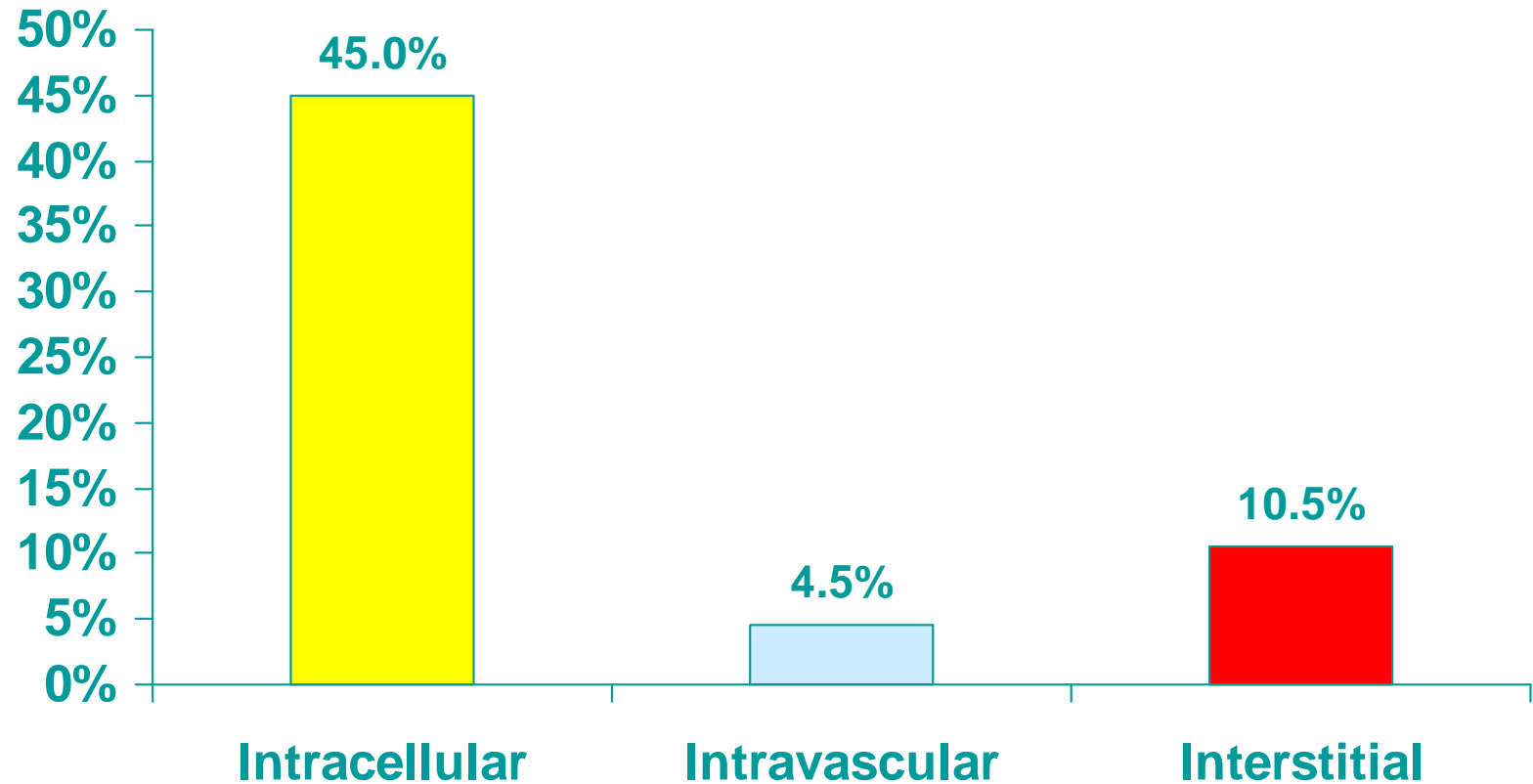


*Total Body Weight*

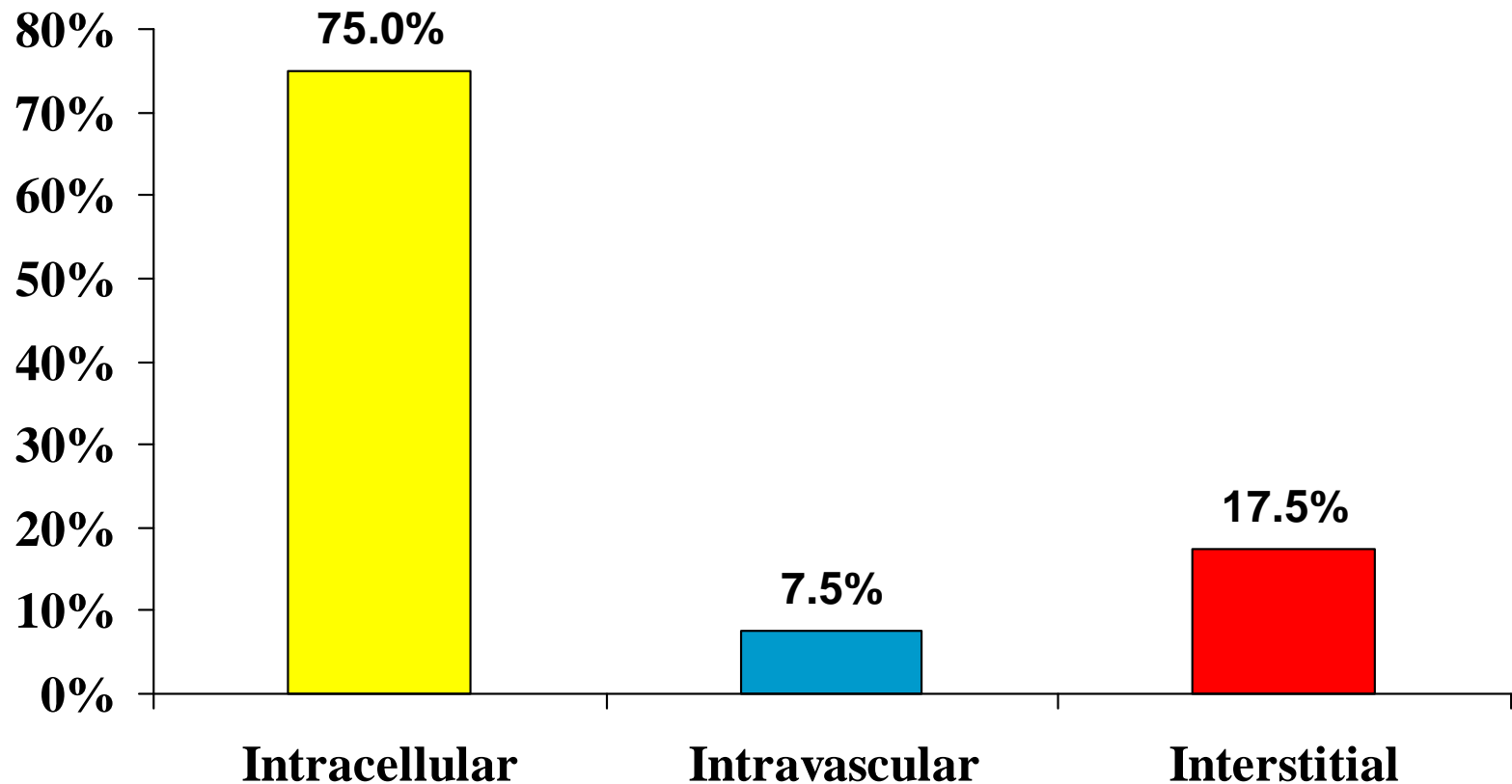
# Fluid Distribution



# Total Body Weight



# Total Body Water

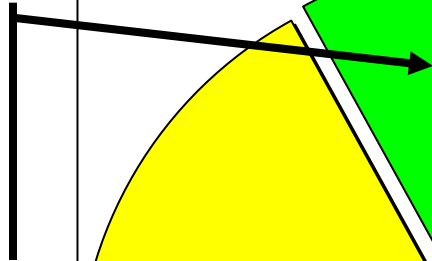


# Edema

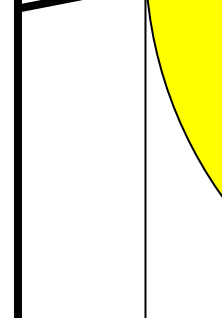
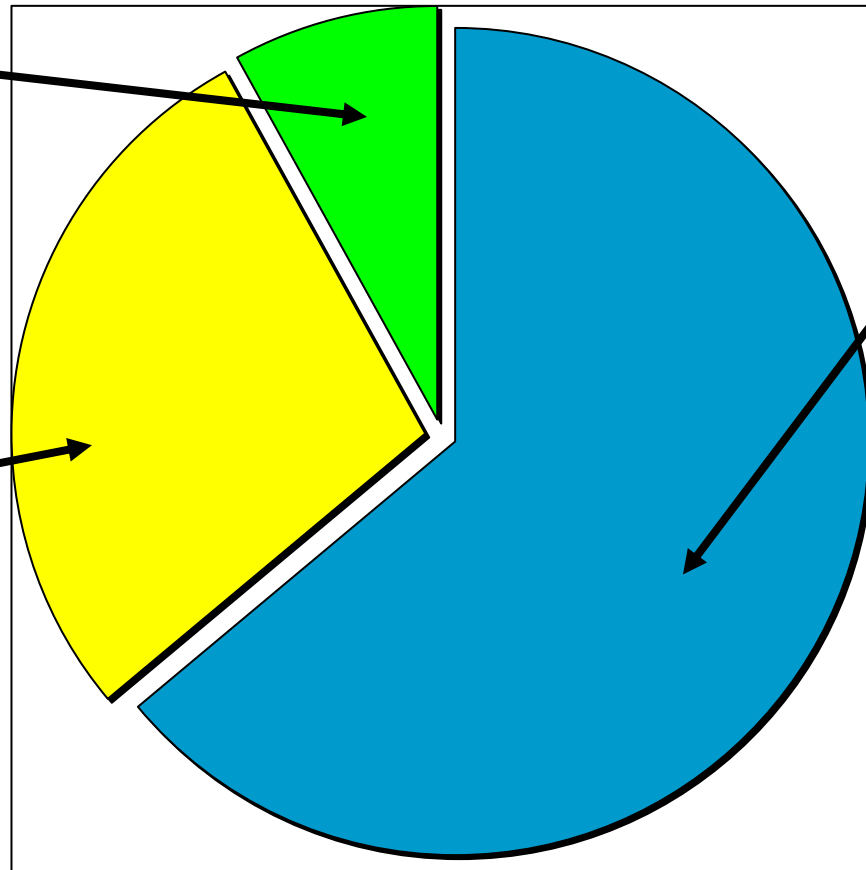
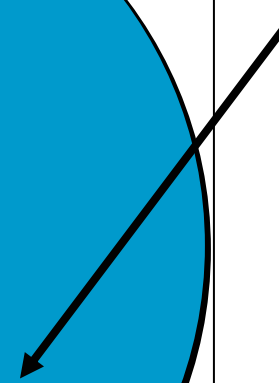
- Fluid accumulation in the interstitial compartment
- Causes:
  - Lymphatic 'leakage'
  - Excessive hydrostatic pressure
  - Inadequate osmotic pressure

# Fluid Intake

**Water from  
metabolism:  
200 ml (8%)**

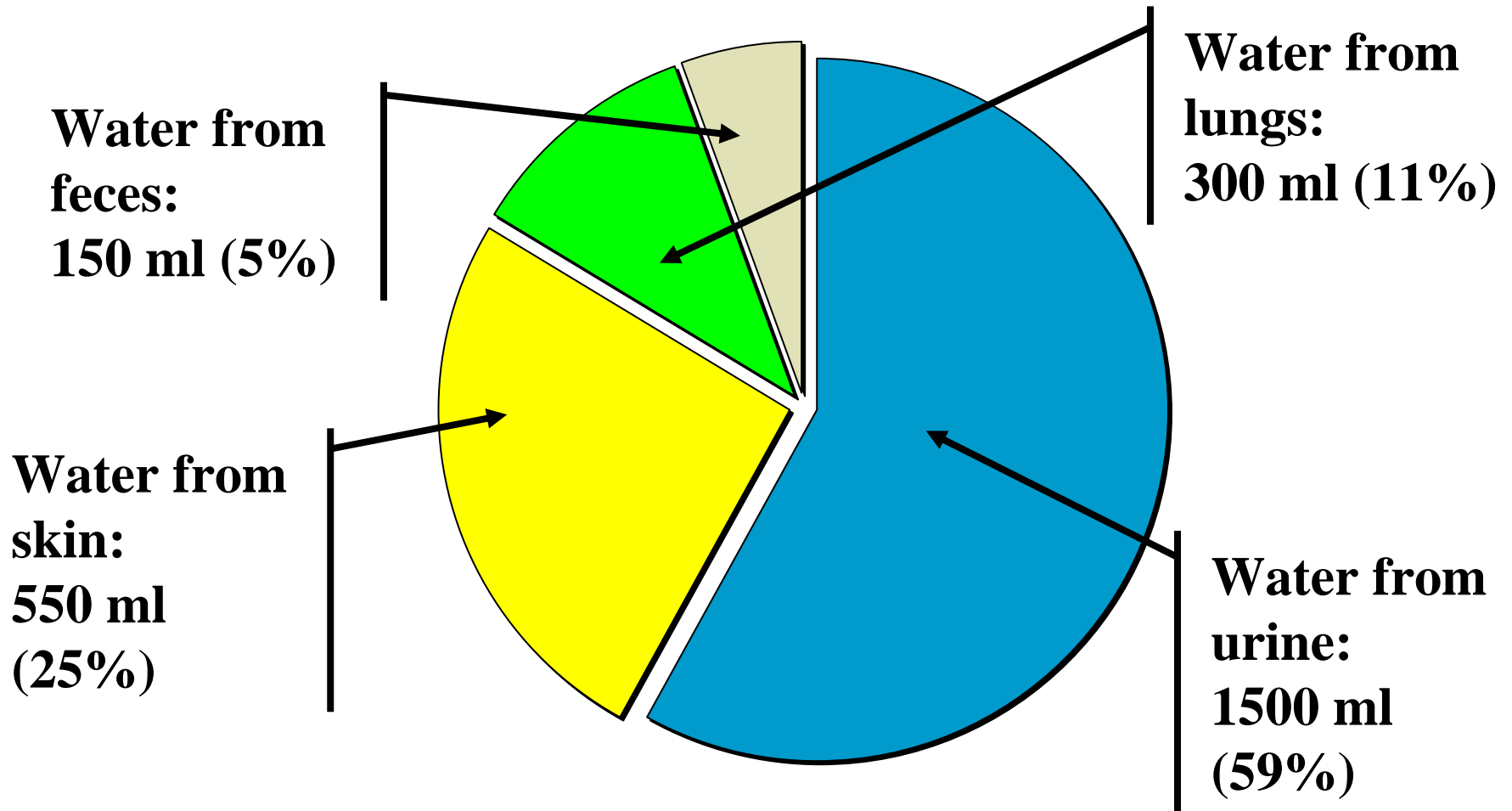


**Water from  
beverages:  
1600 ml  
(64%)**



**Water from  
food:  
700 ml  
(28%)**

# Fluid Output



# Osmosis versus Diffusion

- Osmosis is the net movement of water from an area of **LOW** solute concentration to an area of **HIGHER** solute concentration across a semi-permeable membrane.

- *diffusion of water*
  - in terms of [water]

- Diffusion is the net movement of solutes from an area of **HIGH** solute concentration to an area of **LOWER** solute concentration.

# Silly definition stuff

■ Osmolarity =  
osmoles/L of solution

■ Osmolality =  
osmoles/kg of solution

Where an osmole is 1 mole ( $6.02 \times 10^{23}$  particles)

*The bottom line?  
Use them synonymously!*

# Tonicity

- Isotonic
- Hypertonic
- Hypotonic

# Isotonic Solutions

- Same solute concentration as RBC
- If injected into vein: no net movement of fluid
- Example: 0.9% sodium chloride solution
  - aka Normal Saline

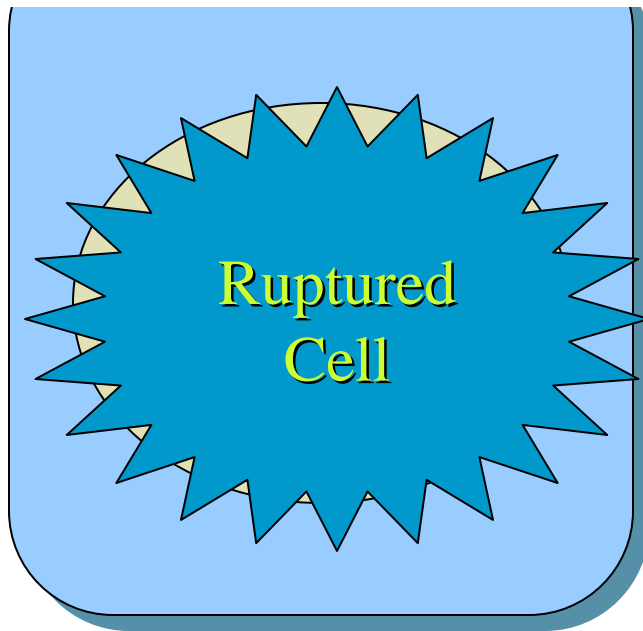
# Hypertonic Solutions

- Higher solute concentration than RBC
- If injected into vein:
  - Fluid moves INTO veins

# Hypotonic Solutions

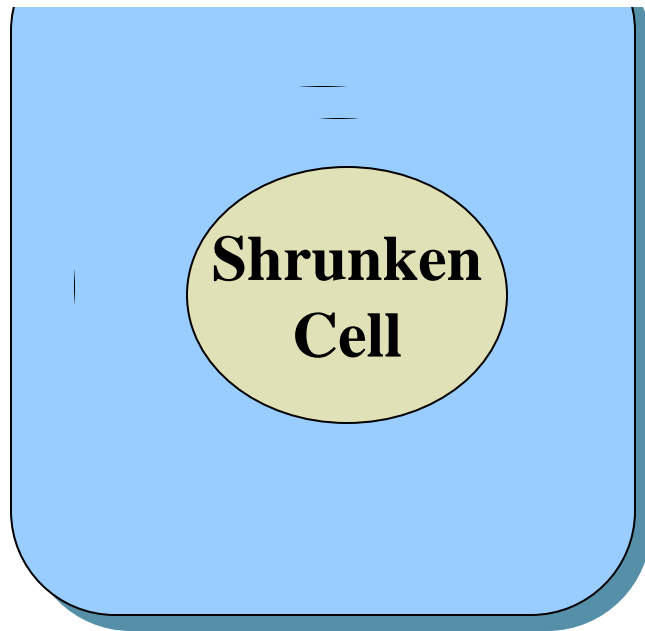
- Lower solute concentration than RBC
- If injected into vein:
  - Fluid moves OUT of veins

# Affects of Hypotonic Solution on Cell



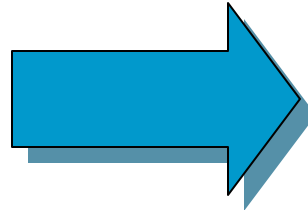
- The [solute] outside the cell is lower than inside.
- Water moves from low [solute] to high [solute].
- The cell swells and eventually bursts!

# Affects of Hypertonic Solution on Cell



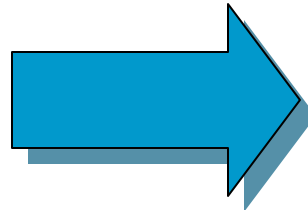
- The [solute] outside the cell is higher than inside.
- Water moves from low [solute] to high [solute].
- The cell shrinks!

- Infusion of isotonic solution into veins



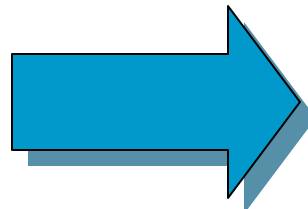
- No fluid movement

- Infusion of hypertonic solution into veins



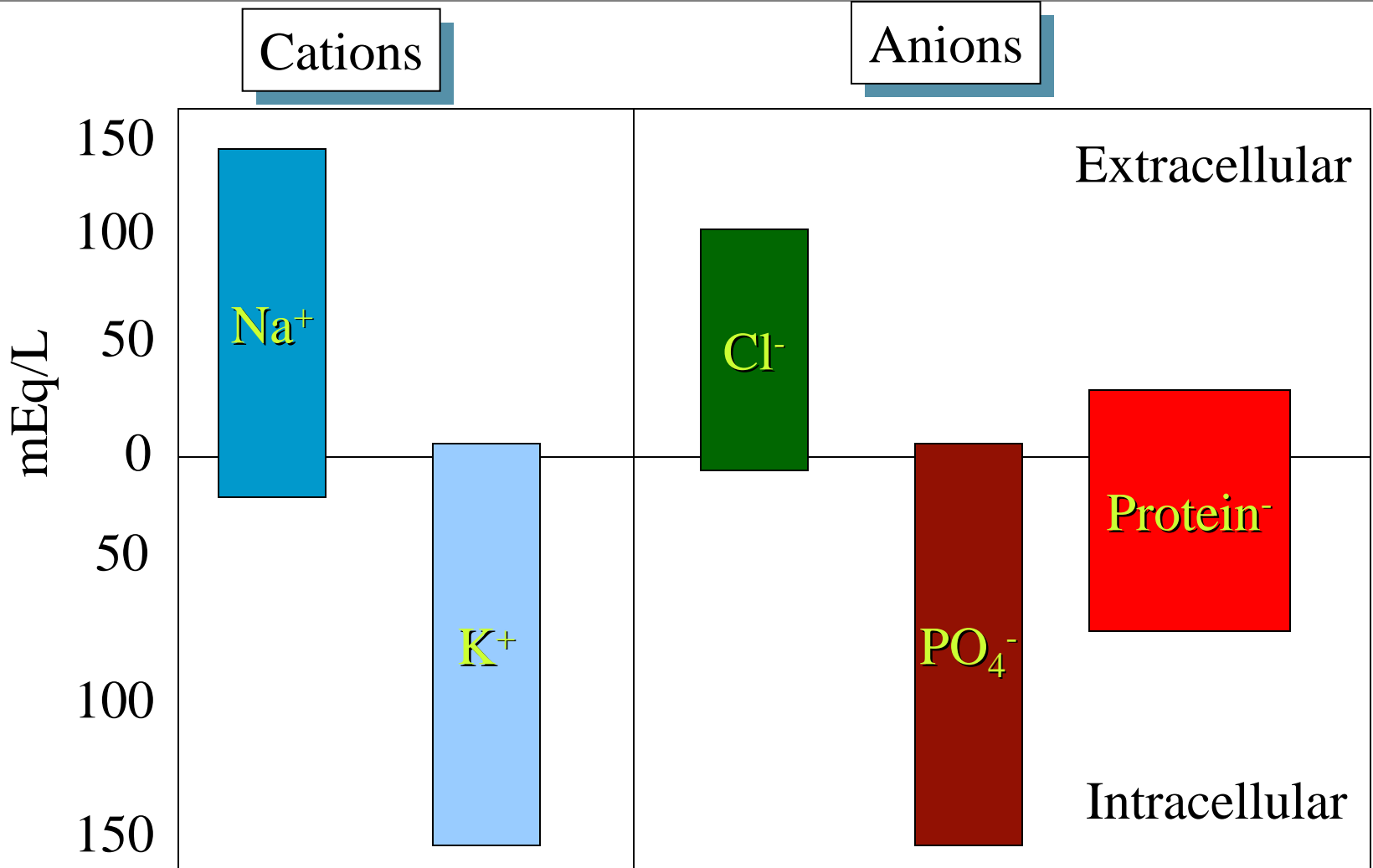
- Fluid movement into veins

- Infusion of hypotonic solution into veins



- Fluid movement out of veins

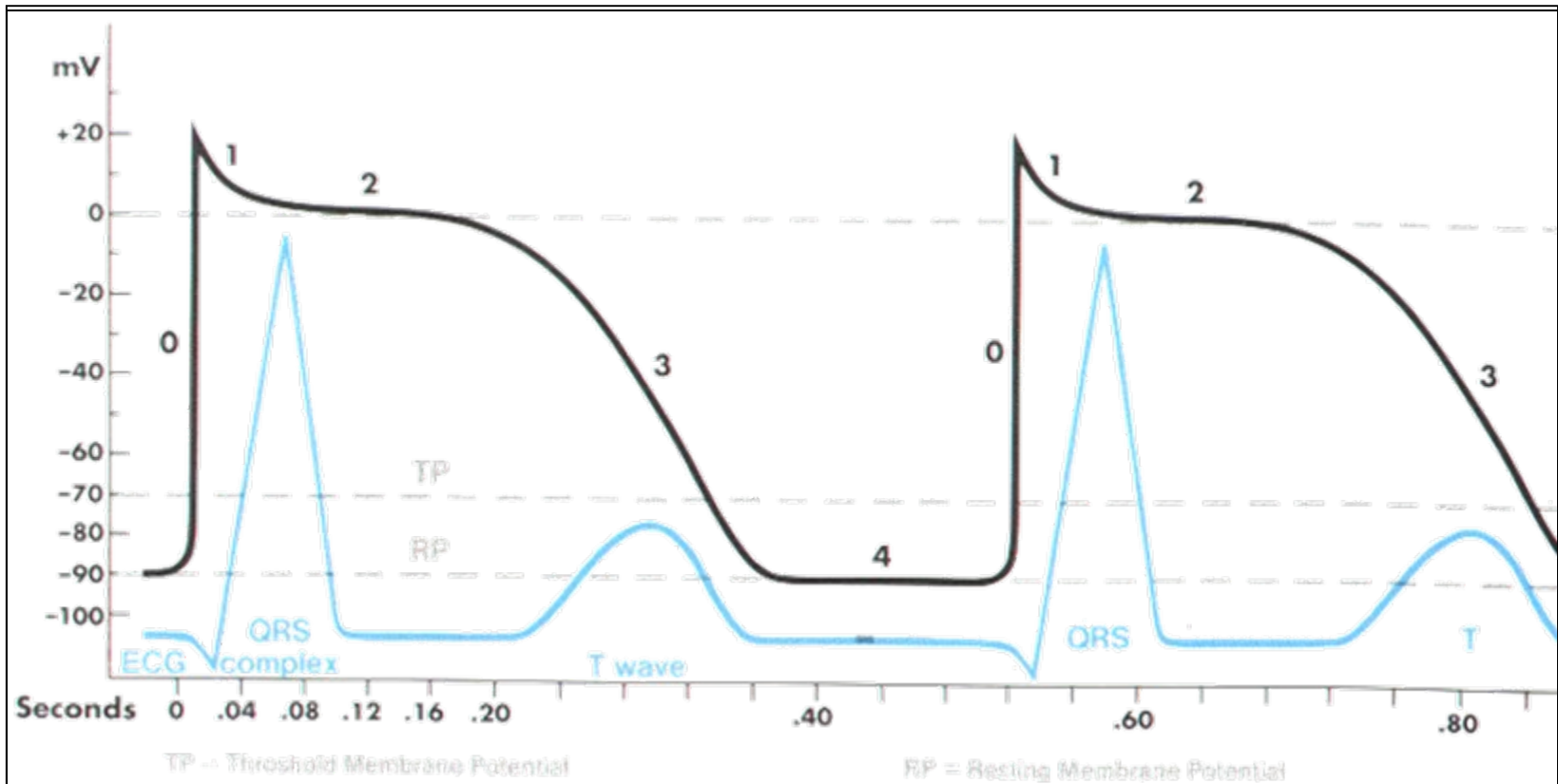
# Ion Distribution



# Example of Role of Electrolytes

- Nervous System
  - Propagation of Action Potential
- Cardiovascular System
  - Cardiac conduction & contraction

# Cardiac Conduction / Contraction



# Composition of Blood

- 8% of total body weight
- Plasma: 55%
  - Water: 90%
  - Solutes: 10%
- Formed elements: 45%
  - Platelets
  - Erythrocytes

# Hematocrit

- % of RBC in blood
- Normal:
  - 37% - 47% (Female)
  - 40% - 54% (Male)

# Blood Components

- Plasma: liquid portion of blood
- Contains Proteins
  - Albumin (60%) contribute to osmotic pressure
  - Globulin (36%): lipid transport and antibodies
  - Fibrinogen (4%): blood clotting

# Blood Components

## ■ Formed Elements

- Erythrocytes
- Leukocytes
- Thrombocytes

# Erythrocytes

- 'biconcave' disc
- 7-8  $\mu\text{m}$  diameter
- Packed with hemoglobin
- 4.5 - 6 million RBC/ $\text{mm}^3$  (males)
- Anucleate
- 120 day life span
- 2 million replaced per second!

# Leukocytes

- Most work done in tissues
- 5,000 - 6,000/mm<sup>3</sup>
  - Neutrophils (60-70%)
  - Basophils (Mast Cells) (<1%)
  - Eosinophils (2-4%)
  - Lymphocytes (20-25%)
  - Monocytes (Macrophages) (3-8%)

# Thrombocytes

- Platelets
- Cell fragments
- 250,000 - 500,000/mm<sup>3</sup>
- Form platelet plugs

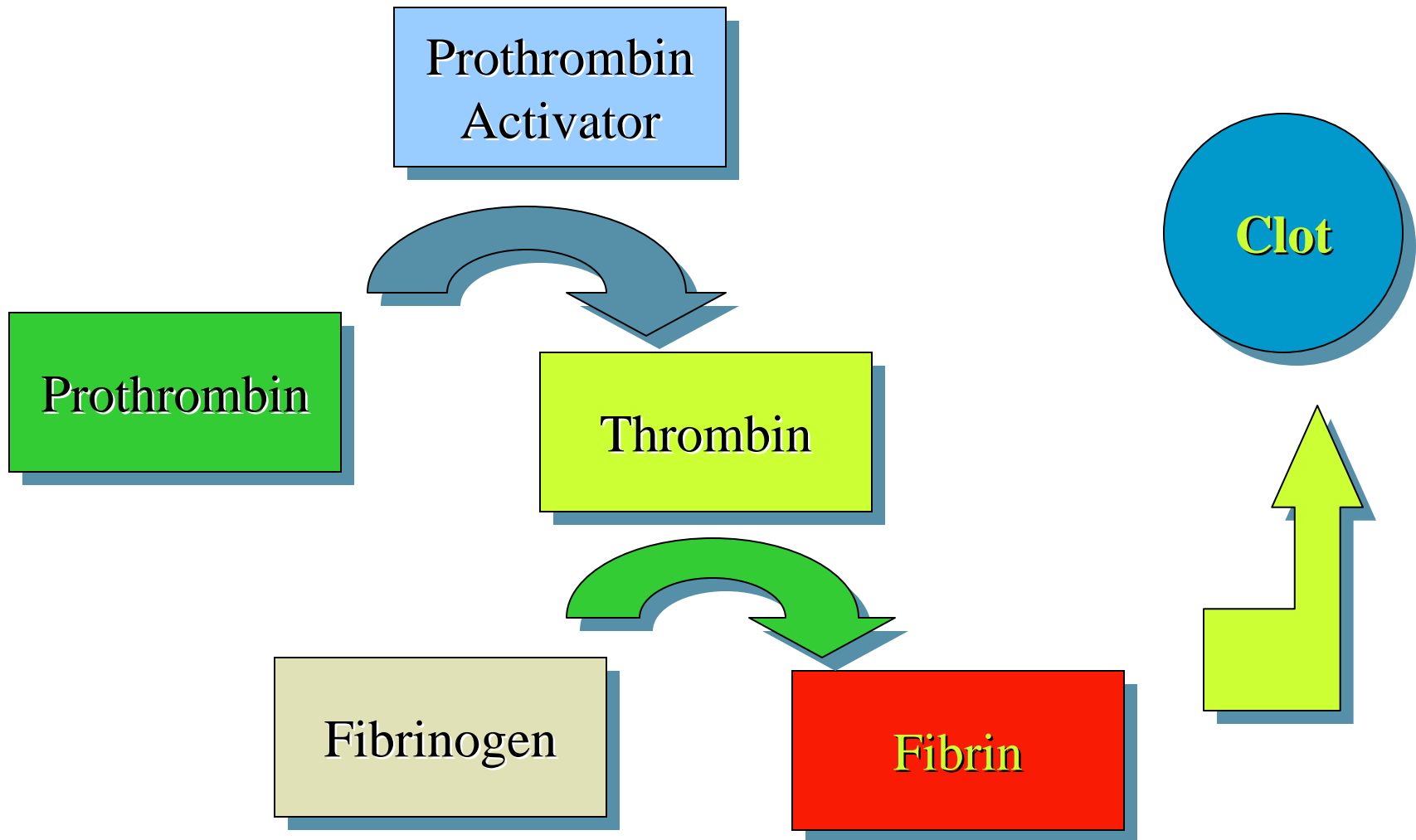
# Hemostasis

- The stoppage of bleeding.
- Three methods
  - Vascular constriction
  - Platelet plug formation
  - Coagulation

# Coagulation

- Formation of blood clots
- Prothrombin activator
- Prothrombin  $\Rightarrow$  Thrombin
- Fibrinogen  $\Rightarrow$  Fibrin
- Clot retraction

# Coagulation



# Fibrinolysis

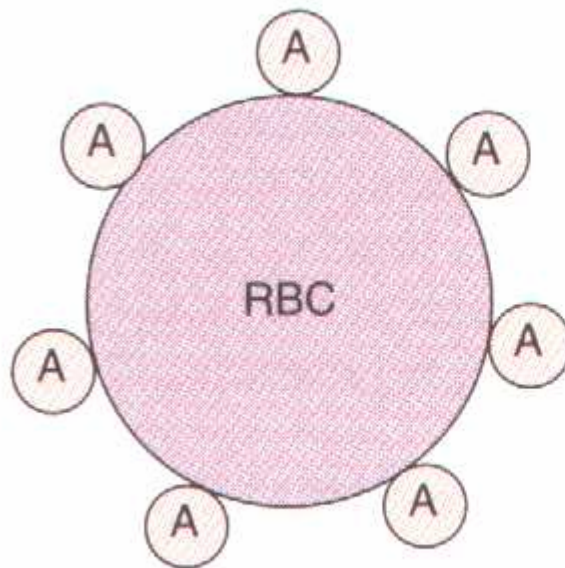
- Plasminogen
- tissue plasminogen activator (tPA)
- Plasmin

# Blood Types

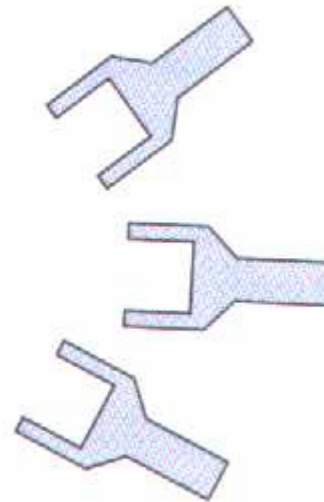
- Agglutinogens (Blood Antigens)
- Agglutinins (Blood Antibodies)
- Agglutination (RBC clumping)
- ABO
- Rh Antigens

# Type A Blood

Type A 40%



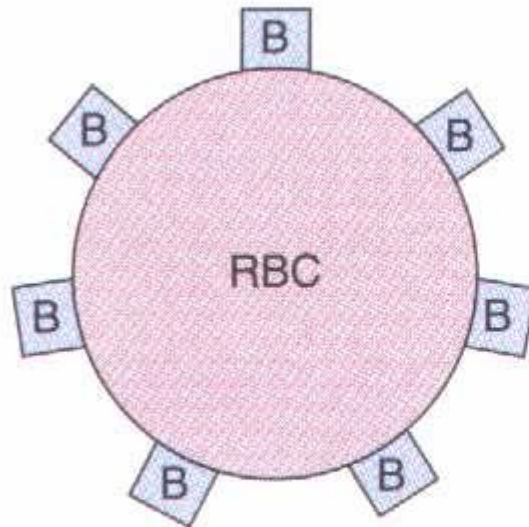
Agglutinogens "A"



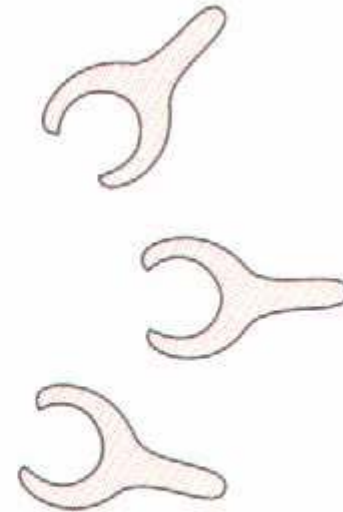
Agglutinins "anti-B"

# Type B Blood

Type B 10%



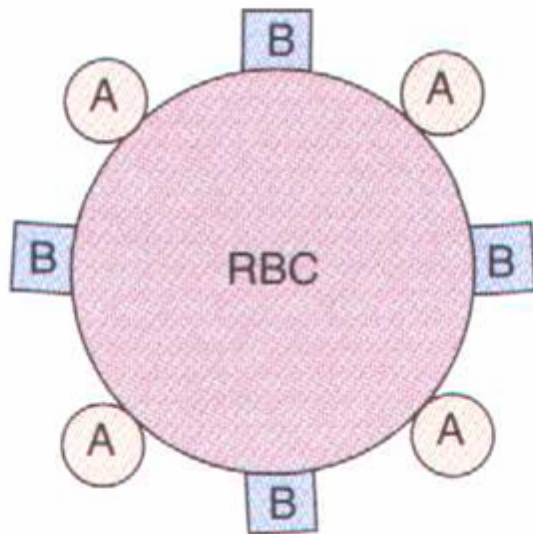
Agglutinogens "B"



Agglutinins "anti-A"

# Type AB Blood

Type AB 4%

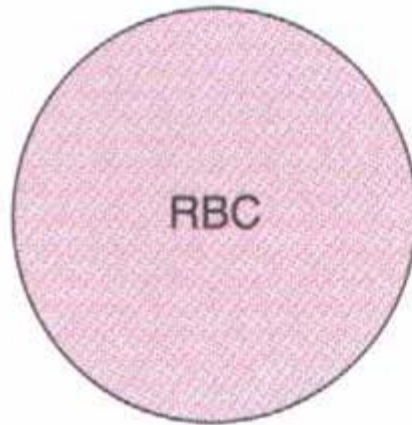


Agglutinogens "A" & "B"

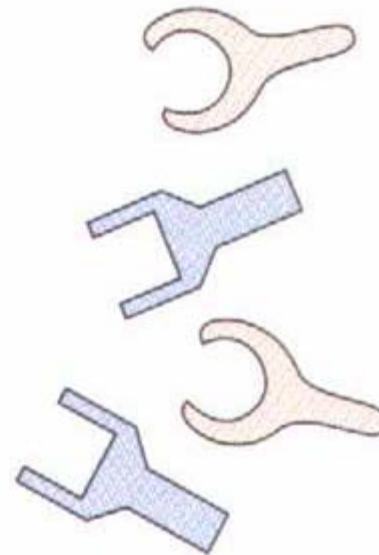
No agglutinins

# Type O Blood

Type O 46%

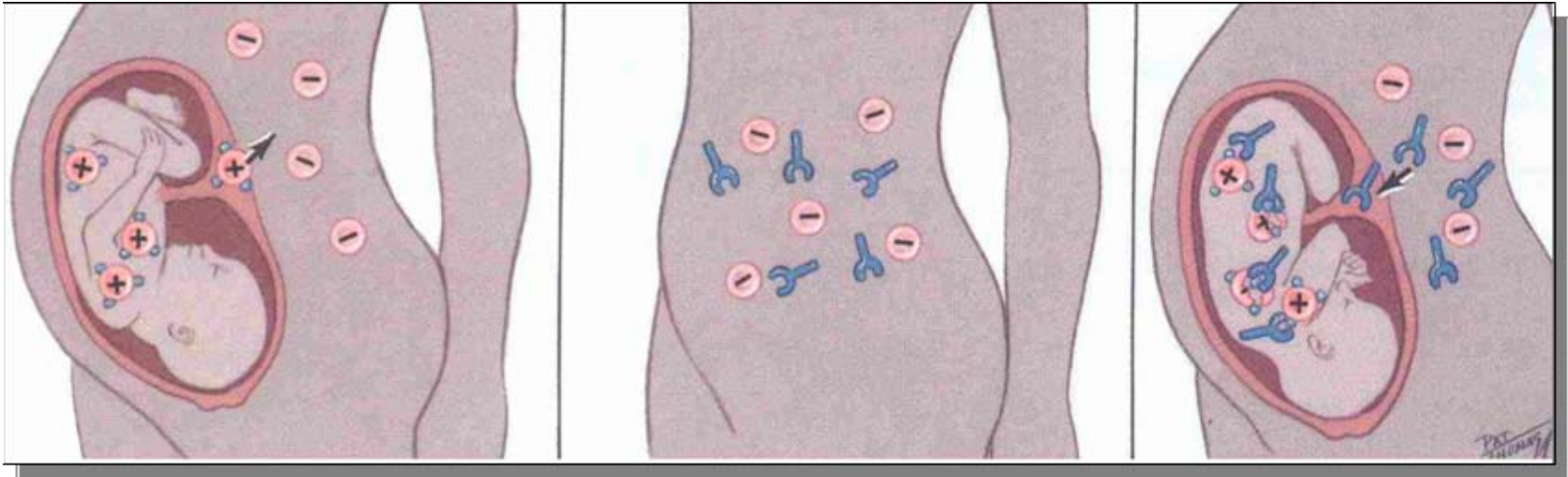


No agglutinogens



Agglutinins "anti-A" & "anti-B"

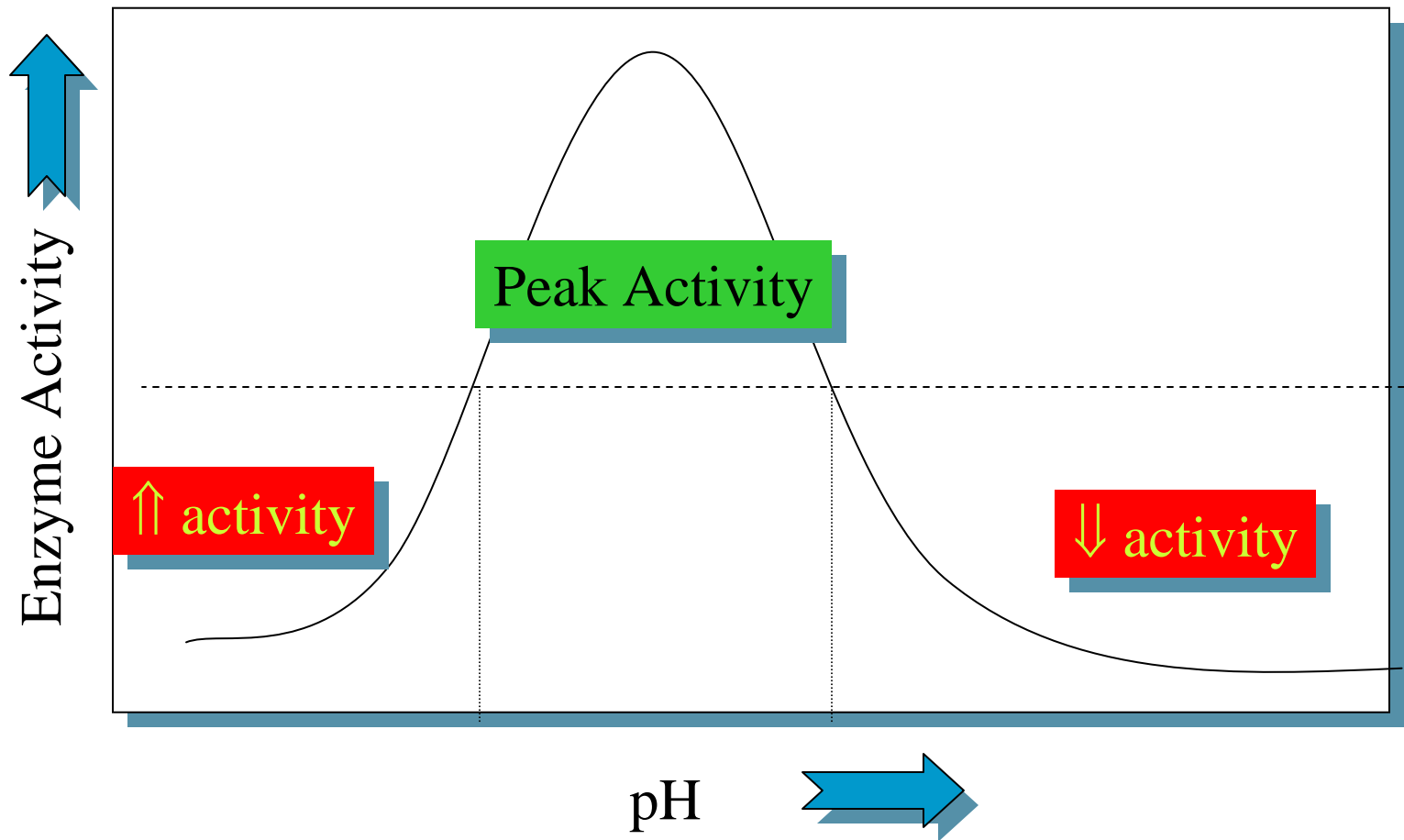
# Rh Antigen



# Bottom line of Acid-Base

- Regulation of  $[H^+]$ 
  - normally about 1/3.5 million that of  $[Na^+]$
  - 0.00004 mEq/L ( $4 \times 10^{-8}$  Eq/L)
- Dependent upon
  - Kidneys
  - Chemical Buffers
- Precise regulation necessary for peak enzyme activity

# pH Effects on Enzyme Activity



# Acid Base

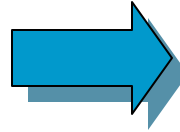
- Acids release  $H^+$ 
  - example:  $HCl \rightarrow H^+ + Cl^-$
- Bases absorb  $H^+$ 
  - example:  $HCO_3^- + H^+ \rightarrow H_2CO_3$

# pH is logarithmic

- $\text{pH} = \log 1/[\text{H}^+]$
- $\equiv -\log [\text{H}^+]$
- $\equiv -\log 0.000000004 \text{ Eq/L}$
- $\text{pH} = 7.4$
  
- Think of pH as 'power of  $[\text{H}^+]$ '

# pH is Logarithmic

pH is inversely  
related to  $[H^+]$

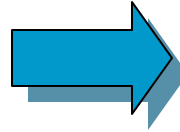


as  
 $[H^+] \uparrow \uparrow$   
pH  $\downarrow \downarrow$

&

as  
 $[H^+] \downarrow \downarrow$   
pH  $\uparrow \uparrow$

Small  $\Delta$  pH mean  
large  $\Delta [H^+]$



pH 7.4 = 0.00000004  
pH 7.1 = 0.00000008  
(it doubled!)

# Buffers Resist pH Changes

- Weak acid & conjugate base pair
- $\text{H}_2\text{CO}_3 \rightleftharpoons \text{HCO}_3^- + \text{H}^+$
- Conjugate Acid  $\rightleftharpoons$  conjugate base + acid

# Henderson-Hasselbalch Equation

- $\text{pH} = \text{pK}_a + \log [\text{base}]/[\text{acid}]$

- Ex:

- $= 6.1 + \log 20/1$

- $= 6.1 + 1.3$

- $= 7.4$

- Key ratio is base: acid

- $\text{HCO}_3^- : \text{CO}_2$  (standing in for  $\text{H}_2\text{CO}_3$ )

# pH Scale

- 0 : Hydrochloric Acid
- 1: Gastric Acid
- 2: Lemon Juice
- 3: Vinegar, Beer
- 4: Tomatoes
- 5: Black Coffee
- 6: Urine
- 6.5: Saliva

- 7: Blood
- 8: Sea Water
- 9: Baking Soda
- 10: Great Salt Lake
- 11: Ammonia
- 12: Bicarbonate
- 13: Oven Cleaner
- 14: NaOH

# Acid Base Compensation

- Buffer System
- Respiratory System
- Renal System

# Buffer System

- Immediate
- $\text{CO}_2 + \text{H}_2\text{O} \Leftrightarrow \text{H}_2\text{CO}_3 \Leftrightarrow \text{H}^+ + \text{HCO}_3^-$
- Equilibrium: 20  $\text{HCO}_3^-$  to 1  $\text{CO}_2$  ( $\text{H}_2\text{CO}_3$ )
- Excessive  $\text{CO}_2 \Rightarrow$  acidosis
- Excessive  $\text{HCO}_3^- \Rightarrow$  alkalosis

Simplified:  
 $\text{CO}_2 \Leftrightarrow \text{H}^+$

# Question...

Is the average pH of the blood lower in:

- a) arteries
- b) veins

Because veins pick up the byproducts of cellular metabolism, including...  
CO<sub>2</sub>!

# Respiratory System

- Minutes
- $\text{CO}_2 \rightleftharpoons \text{H}^+$
- Respiration  $\uparrow$ :  $\text{CO}_2$   $\downarrow$ :  $\text{H}^+$   $\downarrow$
- Respiration  $\downarrow$ :  $\text{CO}_2$   $\uparrow$ :  $\text{H}^+$   $\uparrow$

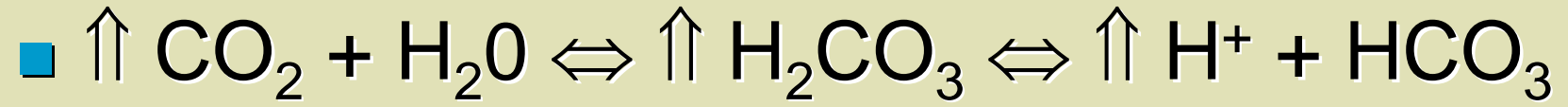
# Renal System

- Hours to days
- Recovery of Bicarbonate
- Excretion of H<sup>+</sup>
- Excretion of ammonium

# Disorders

- Respiratory Acidosis
- Respiratory Alkalosis
- Metabolic Acidosis
- Metabolic Alkalosis

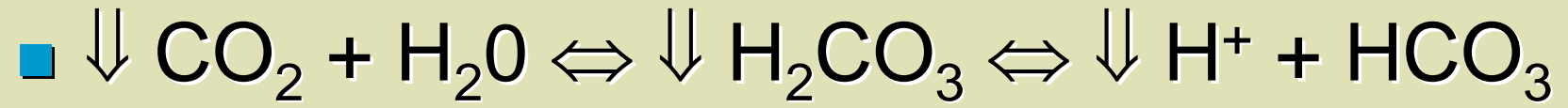
# Respiratory Acidosis



•Simplified:



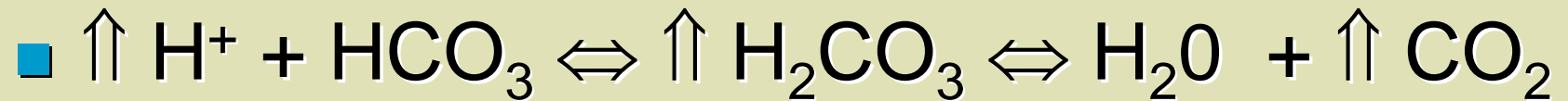
# Respiratory Alkalosis



• Simplified:



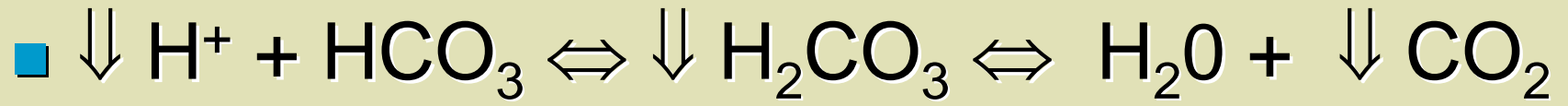
# Metabolic Acidosis



- Simplified:

- Producing too much  $\text{H}^+$

# Metabolic Alkalosis



- Simplified:

- Too much  $\text{HCO}_3$

# Normal Values

- pH: 7.35 - 7.45
- PCO<sub>2</sub>: 35 - 45

# Abnormal Values

	pH	PCO <sub>2</sub>
Respiratory Acidosis	↓	↑
Respiratory Alkalosis	↑	↓
Metabolic Acidosis	↓	Normal ↓ if compensating
Metabolic Alkalosis	↑	Normal ↑ if compensating

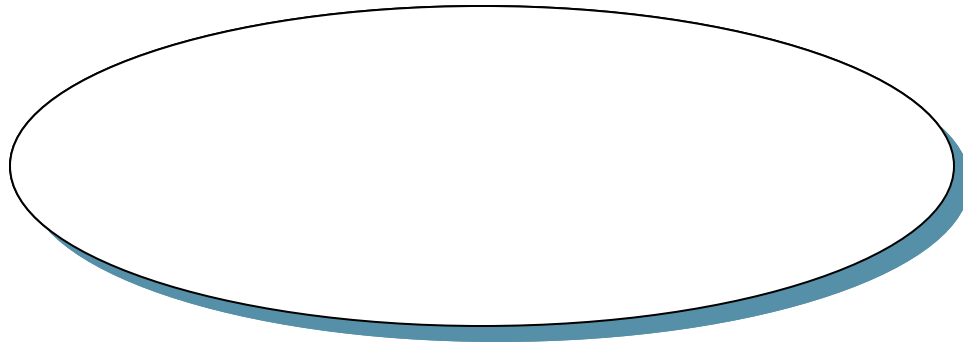
# All Roads Lead to Rome!

*Respiratory Opposes*

*Metabolic Equals*  
*(or doesn't oppose)*

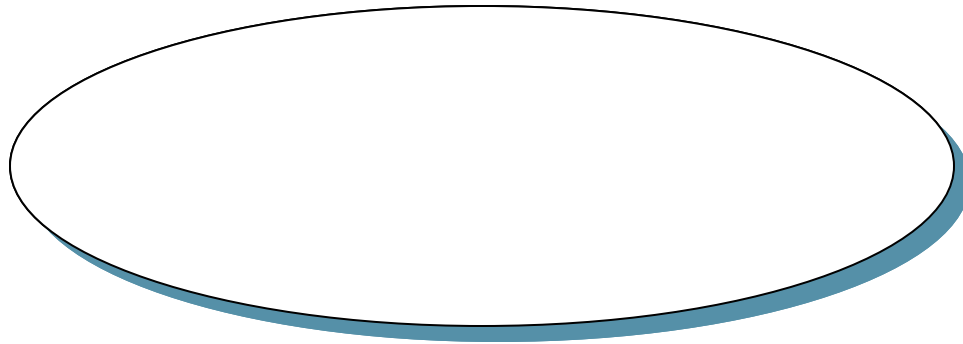
# Example:

- pH = 7.25
- $\text{PCO}_2 = 60$



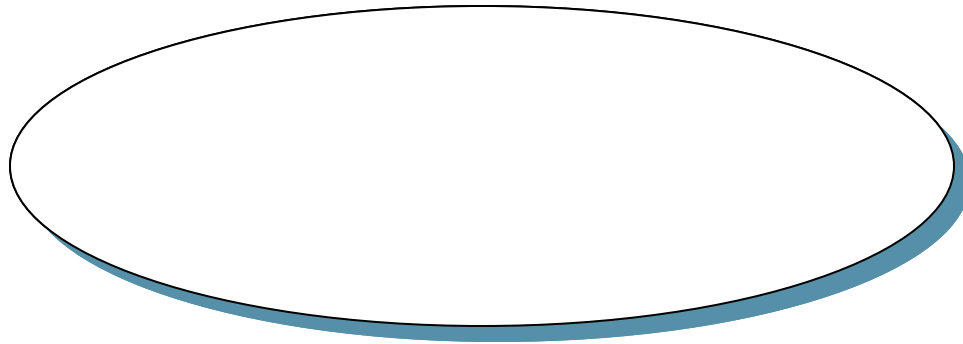
# Example:

- pH = 7.50
- $\text{PCO}_2 = 35$



# Example:

- pH = 7.60
- $\text{PCO}_2 = 20$



# Example:

- pH = 7.28
- $\text{PCO}_2 = 38$

