Organ	ns of the Respiratory System
•	Nose,, larynx, trachea,, lungs—alveoli
Funct	ions of the Respiratory System
•	Gas exchanges between the blood and external environment
	Occurs in the of the lungs
•	Passageways to the lungs, humidify, and the incoming air
The N	ose
•	Only externally visible part of the respiratory system
•	Air enters the nose through the external nostrils ()
•	Interior of the nose consists of a nasal cavity divided by a nasal
Anato	my of the Nasal Cavity
	receptors are located in the mucosa on the surface
•	The rest of the cavity is lined with respiratory mucosa that
	• air
	 incoming foreign particles
	Lateral walls have projections called
	■ Increase surface area
	■ Increase air within the nasal cavity
•	The nasal cavity is separated from the oral cavity by the
	Anterior hard palate ()
	Posterior soft palate ()
Paran	asal Sinuses
•	Cavities within bones surrounding the nasal cavity are called
•	Sinuses are located in the following bones
	Frontal bone
	 Sphenoid bone
	•bone
	■ Maxillary bone
•	Function of the sinuses
	• the skull
	Act as chambers for speech
	Produce mucus that drains into the nasal cavity

Pharynx (Throat) Muscular passage from passal cavity to
 Muscular passage from nasal cavity to Three regions of the pharynx

Structures of the Pharynx
 tubes open into the nasopharynx Tonsils of the pharynx
 Pharyngeal tonsil () are located in the nasopharynx Palatine tonsils are located in the oropharynx
tonsils are found at the base of the tongue
Larynx () Routes air and food into proper channels
Plays a role in
 Made of eight rigid and a spoon-shaped flap of elastic cartilage
()
Structures of the Larynx Thyroid cartilage
• of the hyaline cartilages
Protrudes anteriorly ()
 Epiglottis Protects the superior opening of the
Routes food to the and air toward the
■ When swallowing, the epiglottis rises and forms a over the opening of the larynx
 Vocal folds (true vocal cords)
• with expelled air to create sound (speech)
■ Glottis— between vocal cords
Trachea (Windpipe)
 inch-long tube that connects larynx with bronchi

• wans are with C-snaped nyanne cartnage	
 Lined with ciliated mucosa 	
 Beat continuously in the opposite direction of incoming air 	
Expel mucus loaded with and other	away from lungs
•	
Main (Primary) Bronchi	
 Formed by division of the trachea 	
•	
Enters the lung at the (medial depression)	
(
Right bronchus is, shorter, and straighter than left	
, shorter, and straighter than left	
 Bronchi subdivide into smaller and smaller branches 	
Bronom subdivide into sinuiter and sinuiter orangeres	
Lungs	
Occupy most of the cavity	
Heart occupies central portion called	
Apex is near the (superior portion)	
 Base rests on the diaphragm (inferior portion) 	
 Each lung is divided into by fissures 	
Left lung— lobes	
Right lung— lobes	
Coverings of the Lungs	
covers the outer surface of the lungs	
 Pulmonary () pleura covers the lung surface 	
pleura lines the walls of the thoracic cavity	
 Pleural fills the area between layers of pleura to allow 	
 These two pleural layers resist being pulled apart 	
Bronchial (Respiratory) Tree Divisions	
 All but the smallest of these passageways have reinforcing 	in their walls
Primary bronchi	
 Secondary bronchi 	
·	
• bronchi	
■ Bronchioles	
bronchioles	
: : : : : : : : : : : : : : : : :	
Respiratory Zone	

Respiratory Zone

- Structures
 - Respiratory bronchioles

Alveolar
AlveolarAlveoli (air sacs)
■ Site of gas exchange = only
Respiratory Membrane (Air-Blood Barrier)
Thin epithelial layer lines alveolar walls
 Alveolar connect neighboring air sacs
 Pulmonary cover external surfaces of alveoli
 On one side of the membrane is and on the other side is blood flowing past
Gas Exchange Gas crosses the respiratory membrane by
Oxygen enters the
 Carbon dioxide enters the
 Alveolar ("dust cells") add protection by picking up, carbon particles, and other debris
 (a molecule) coats gas-exposed alveolar surfaces
Four Events of Respiration Pulmonary ventilation—moving air in and out of the lungs (commonly called)
■ External
 Oxygen is loaded the blood
 Carbon dioxide is unloaded the blood
 Respiratory gas transport—transport of oxygen and carbon dioxide via the
 Internal
Mechanics of Breathing (Pulmonary Ventilation)
 Completely process that depends on changes in the thoracic cavity
 Volume changes lead to changes, which lead to the flow of to equalize pressure
 Two phases

 = inhalation
flow of air into lungs
= exhalation
air leaving lungs
Inspiration
mspiration
 and external intercostal muscles contract
■ The size of the thoracic cavity
 External air is into the lungs due to
 Increase in intrapulmonary volume
• in gas pressure
Expiration
 Largely a passive process which depends on natural lung
As muscles relax, air is pushed out of the lungs due to
 Decrease in intrapulmonary volume
• in gas pressure
 Forced expiration can occur mostly by contracting internal muscles to depress the rib cage
Pressure Differences in the Thoracic Cavity Normal pressure within the pleural space is always (intrapleural pressure)
• in lung and pleural space pressures keep lungs from collapsing
Nonrespiratory Air (Gas) Movements
 Can be caused by or voluntary actions
Examples:Cough and sneeze—clears lungs of
 emotionally induced mechanism Laughing—similar to crying
Laughing shima to crying
Hiccup—suddenYawn—very deep inspiration
Respiratory Volumes and Capacities
Normal breathing moves about mL of air with each breath
 This respiratory volume is volume (TV)
 Many factors that affect respiratory capacity
A person's
■ Sex
■ Age

	 condition	
•	■ Inspiratory volume (IRV)	
	Amount of air that can be taken in forcibly	the tidal volume
	■ Usually between 2100 and 3200 mL	
	Expiratory reserve volume (ERV)	
	Amount of air that can be forcibly	
	Approximately mL	
•	volume	
	 Air remaining in lung after expiration 	
	■ About ml	
•	capacity	
	 The total amount of exchangeable air 	
	Vital capacity = TV + IRV + ERV	
	 Dead space volume 	
	Air that remains in zon	e and never reaches alveoli
	■ About mL	
	■ Functional volume	
	 Air that actually reaches the respiratory zone 	
	Usually about mL	
-	Respiratory capacities are measured with a	

Respiratory	Sounds
	ds are monitored with a
■ Two i	recognizable sounds can be heard with a stethoscope
•	sounds—produced by air rushing through trachea and bronchi
•	Vesicular breathing sounds—soft sounds of air filling
External Re	spiration
• • •	en loaded into the blood
•	The alveoli always have oxygen than the blood
	Oxygen moves by towards the area of lower concentration
	Pulmonary capillary blood gains oxygen
Carbo	on dioxide unloaded out of the blood
•	Blood returning from tissues has concentrations of carbon dioxide than air in the
	Pulmonary capillary blood gives up carbon dioxide to be exhaled
■ Blood	l leaving the lungs is oxygen and carbon dioxide
Diooc	and carbon dioxide
	ort in the Blood
	en transport in the blood
•	Most oxygen attached to to form oxyhemoglobin (HbO ₂)
•	A small dissolved amount is carried in the
Carbo	on dioxide transport in the blood
•	Most is transported in the plasma as ion (HCO ₃ ⁻)
•	A small amount is carried inside red blood cells on hemoglobin, but at different binding
	than those of oxygen
• For ca	arbon dioxide to diffuse out of blood into the alveoli, it must be released from its bicarbonate form
	Bicarbonate ions enter
•	Combine with hydrogen ions
•	Form carbonic acid (H ₂ CO ₃)
	Carbonic acid splits to form + CO ₂
•	Carbon dioxide diffuses from blood into alveoli
Internal Res	spiration
Excha	ange of gases between blood and body cells
An op	pposite reaction to what occurs in the lungs
•	Carbon dioxide diffuses out of to (called loading)
	Ovygen diffuses from into (called unloading)

 Activity of muscles is transmitted to and from the b Neural centers that control rate and depth are located in the medulla 	* ±
 Medulla—sets basic of breathing and contain inspiratory center 	s a pacemaker called the self-exciting
 Pons—appears to smooth out respiratory rate Normal respiratory rate (eupnea) 	
 respirations per minuteHyperpnea	
■ Increased respiratory rate often due to extra ne	eds
Non-Neural Factors Influencing Respiratory Rate and Depth Physical factors	
 Increased body temperature 	
Talking	
Coughing	
• (conscious control)	
 Emotional factors Chemical factors: CO₂ levels 	
 The body's need to rid itself of CO₂ is the most important 	
 Increased levels of carbon dioxide (and thus, a decreased or 	
increased revers of earborn arownee (and that, a decreased of	ucidic pit) in the blood increase the
and of breathing	
Changes in carbon dioxide act directly on the	
• Chemical factors: oxygen levels	1
 Changes in oxygen concentration in the blood are detected l 	by in the
aorta and common carotid artery	
 Information is sent to the medulla 	
Hyperventilation and Hypoventilation	
HyperventilationResults from increased in the blood (acidosis)	
Breathing becomes deeper and more rapid	
Breating becomes deeper and more rapid	
 Blows off more CO₂ to restore normal blood 	
Hypoventilation	
Results when blood becomes (alkalosis)	
 Extremely slow or shallow breathing 	
 Allows CO₂ to accumulate in the blood 	
Respiratory Disorders: Chronic Obstructive Pulmonary Disease (COF	PD)
 Exemplified by chronic and emphysema 	
 Major causes of death and disability in the United States 	
 Features of these diseases 	
 Patients almost always have a history of	
 Langred prealing (dyennes) necomes progressively more s 	EVELE

	 and frequent pulmonary infections are common
	 Most victims are hypoxic, retain carbon dioxide, and have respiratory acidosis
	 Those infected will ultimately develop respiratory
Respii	ratory Disorders: Chronic Bronchitis
•	Mucosa of the lower respiratory passages becomes severely
•	production increases
•	Pooled mucus impairs ventilation and gas exchange
•	Risk of lung infection increases
•	is common
Respii	ratory Disorders: Emphysema
•	Chronic inflammation promotes lung
•	Airways collapse during expiration
•	Patients use a large amount of to exhale
•	Over-inflation of the lungs leads to a permanently expanded chest
Respii	ratory Disorders: Asthma
•	Chronic inflamed hypersensitive bronchiole passages
•	Response to irritants with dyspnea, coughing, and wheezing
Respii	ratory Disorders: Cystic Fibrosis
•	A disease that causes an over-secretion of thick mucus that clogs the respiratory system
Respii	ratory Disorders: Sudden Infant Death Syndrome (SIDS)
	Apparently healthy infant stops and dies during sleep
•	Some cases are thought to be a problem of the neural respiratory control center
	One third of cases appear to be due to rhythm abnormalities
•	Recent research shows a genetic component
Respii	ratory Dissorders: Lung Cancer
•	Accounts for of all cancer deaths in the United States
•	Increased incidence is associated with smoking
•	Three common types
	•
	■ Adenocarcinoma
	Small cell carcinoma
Respii	ratory rate changes throughout life
•	Newborns: respirations per minute
•	Infants: 30
•	Age 5: 25

- Adults: 12 to 18
- Rate often increases somewhat with old age

Aging effects

- _____ of lungs decreases
 Vital capacity decreases

- Blood _____ levels decrease Stimulating effects of carbon dioxide decrease
- Elderly are often hypoxic and exhibit sleep _____
- More risks of respiratory tract infection