

B.Sc. Semester II, Physiology (General)

# RESPIRATORY EXCHANGE OF GASES

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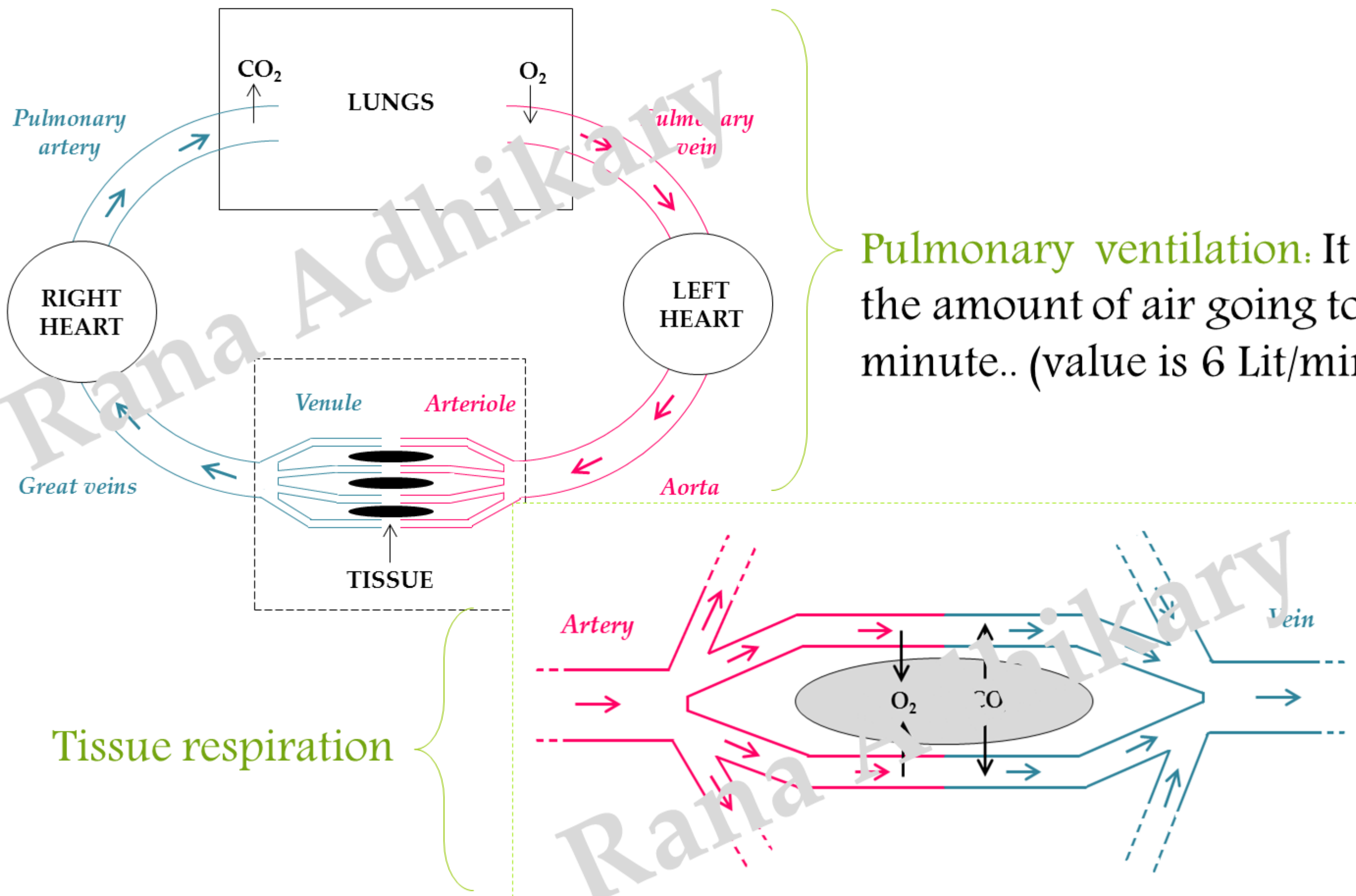
M.Sc. (Specialization: Immunology & Microbiology)

CSIR-UGC NET (Twice; All India Rank: 25 & 45)

IIT-GATE (Biochemistry and Microbiology)

## General idea about gaseous exchange

Gaseous exchange is an essential process for all living tissues in our body... gaseous exchange process involves reverse transport of  $O_2$  and  $CO_2$  ... The source of  $O_2$  into the lungs is '**pulmonary ventilation**', and the source of  $CO_2$  in extrapulmonary tissues is '**tissue respiration**'...



## Ventilation–perfusion ( $V_A/Q$ ) ratio

**Alveolar ventilation ( $V_A$ ):** It refers to the amount of air going to exchange zone per minute.. also written as  $V_A$

$V_A = (\text{Tidal volume} - \text{Dead space}) \times \text{Rate of respiration}$

$$V_A = (500 - 150) \times 12 = 4.2 \text{ Lit/ min}$$

**Perfusion ( $Q$ ):** It refers to the amount of blood passing through the pulmonary capillaries per minute

$$Q = 5 \text{ Lit/ min}$$

$V_A/Q \text{ ratio}$   
 $= 4.2 \text{ L.min}^{-1}/5 \text{ L.min}^{-1}$   
 $= 0.8$

$V_A/Q \text{ ratio} \downarrow$

Bronchial asthma  
Emphysema  
Pneumothorax  
Pulmonary fibrosis

- ✓ Normal pulmonary gas exchange
- ✓ Normal composition of alveolar air
- ✓ Normal gaseous composition of pulmonary venous blood

$V_A/Q \text{ ratio} \uparrow$

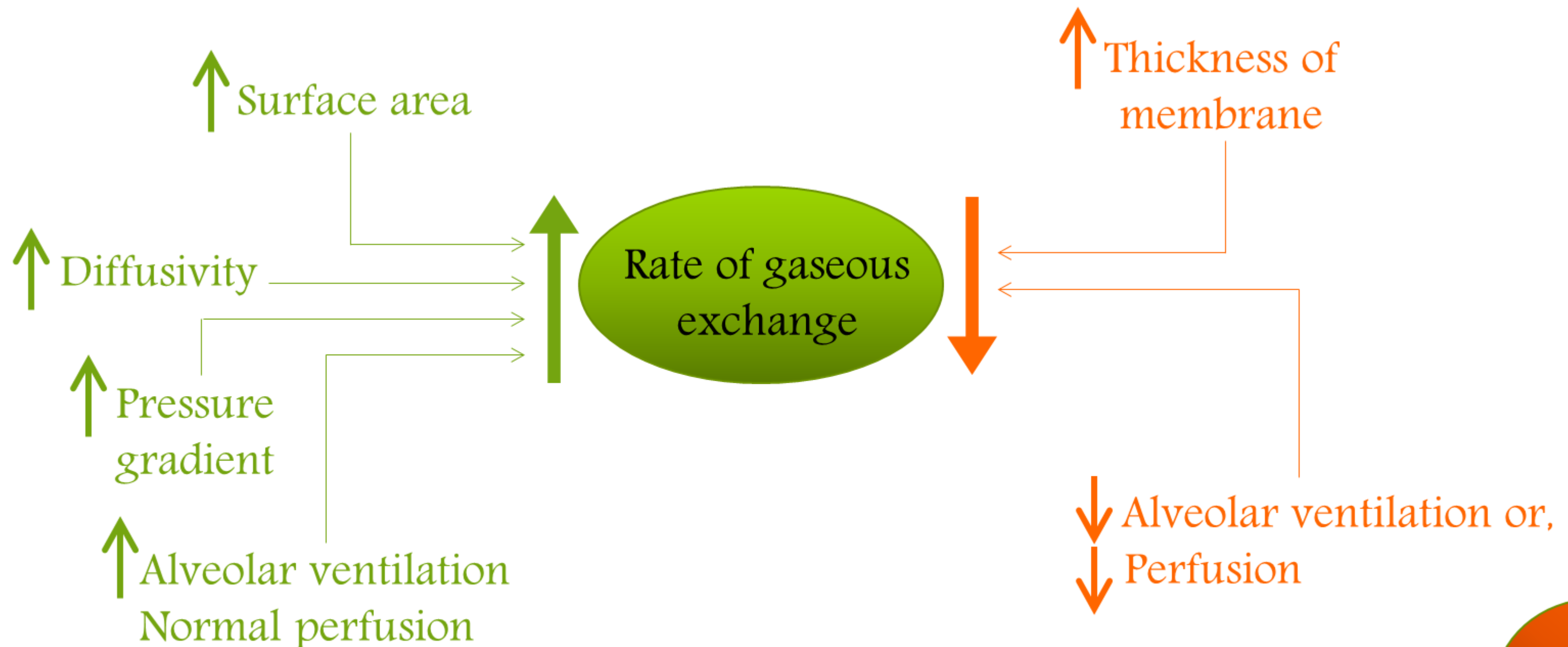
Pulmonary embolism  
Anatomical shunts  
Increased surface area  
Pulmonary resistance



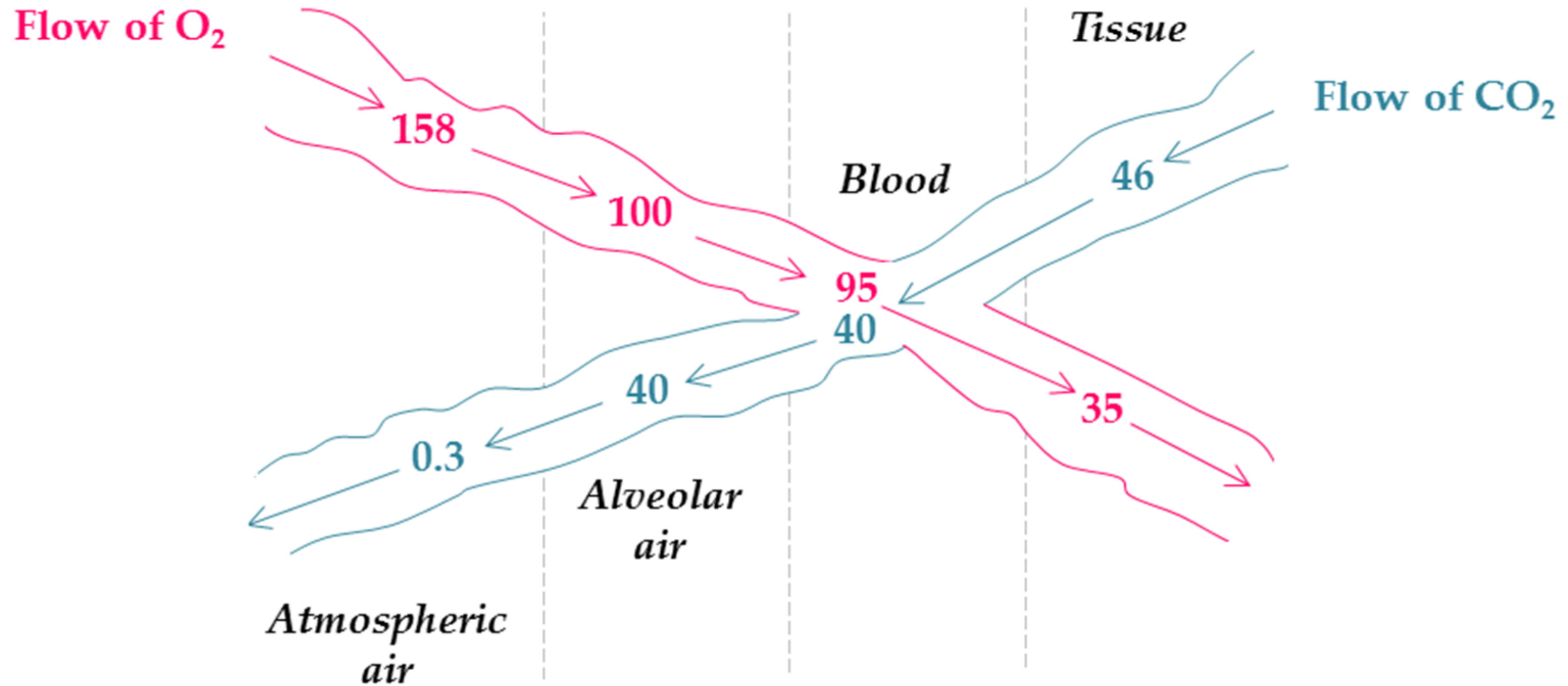
## Factors affecting gaseous exchange

**Fick's law** states that '*volume of a gas passing through a membrane is directly proportional to the area of that membrane, diffusivity of that gas, and pressure gradient across the membrane; on the other hand it is inversely proportional to the thickness of the membrane*'

$$V_{\text{gas}} = \frac{A \times D}{T} \cdot (P_1 - P_2)$$



## Transport of blood gases



O<sub>2</sub> transport: Atmospheric air  $\Rightarrow$  Alveoli  $\Rightarrow$  Blood  $\Rightarrow$  Tissue

CO<sub>2</sub> transport: Tissue  $\Rightarrow$  Blood  $\Rightarrow$  Alveoli  $\Rightarrow$  Atmospheric air

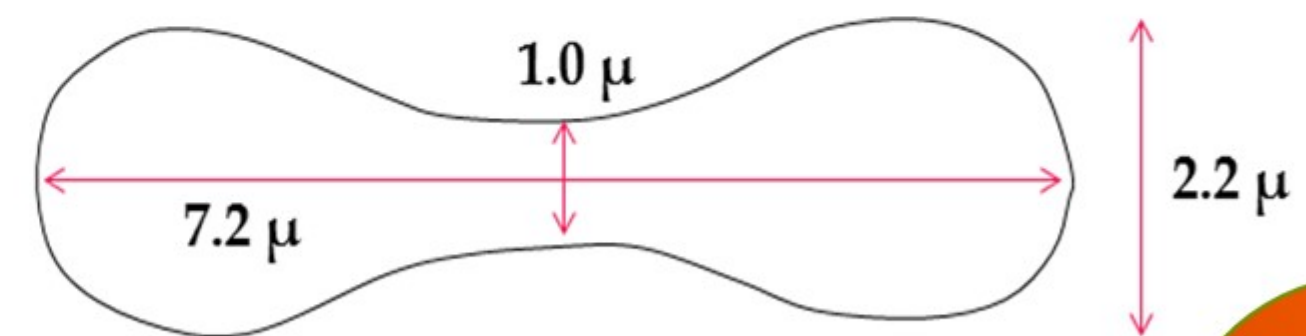


## Role of erythrocytes in transport of gases

Erythrocytes are designed as efficient  $O_2$  delivery system; erythrocytes are also involved in transport of various other gases too, e.g.,  $CO_2$ , CO etc.

Besides huge content of hemoglobin (around 70% of the dry weight) which can interact and bind with various gases, erythrocytes have several structural peculiarities, some of which greatly assist in their gaseous exchange capabilities –

- Erythrocytes endow a **biconcave shape**, which is conferred by presence of proteins like spectrin and ankyrin. This biconcave shape effectively decreases the distance from centre to periphery and facilitates the exchange of gases across the cell, i.e., from one side to another side of the cell...
- Erythrocytes have an exceptionally **large surface area** to volume ratio, which makes them to avail greater surface area in comparison to a spherically shaped cell, this also enhances the rate of gaseous exchange...



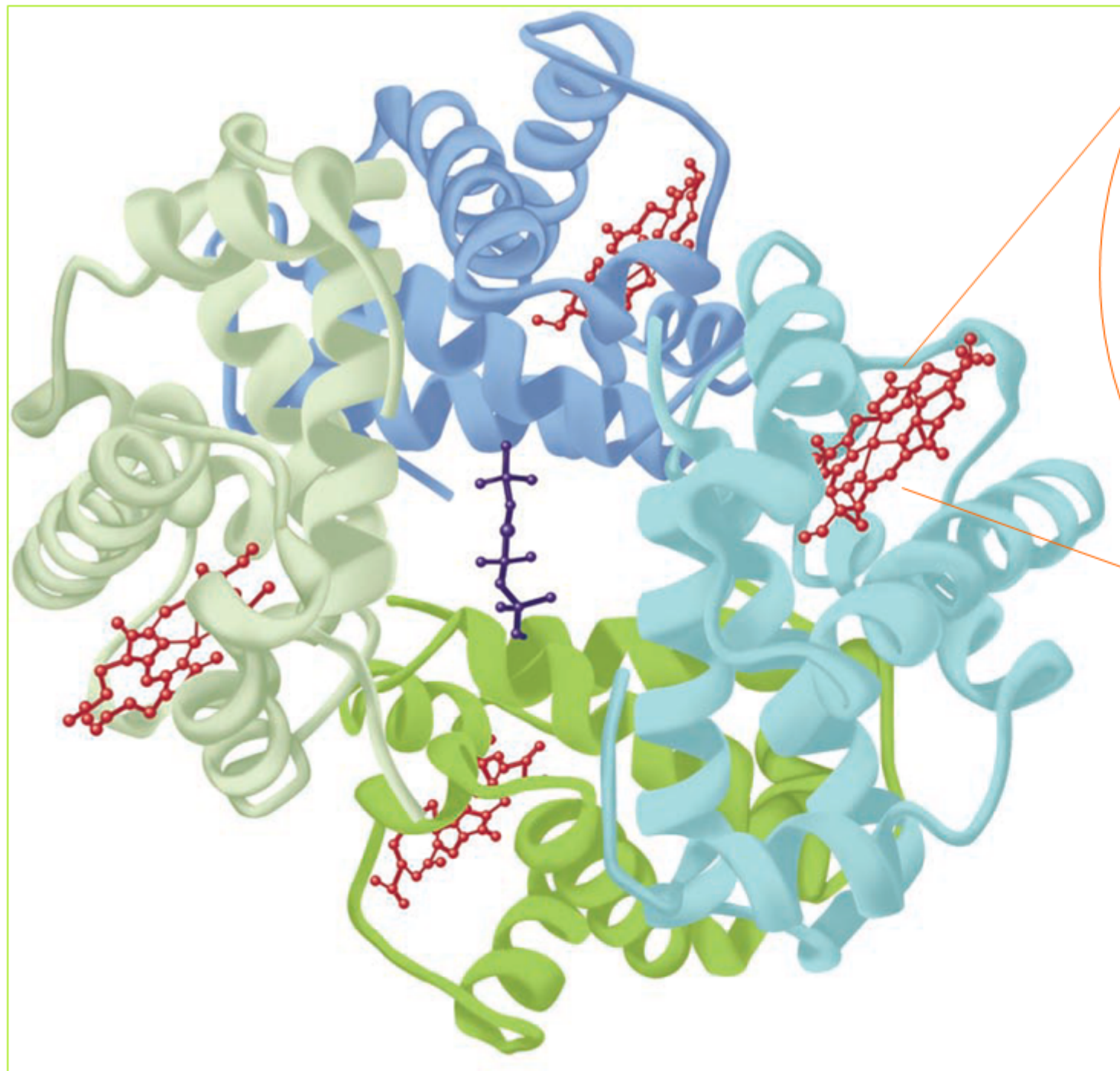


# Oxygen transport in arterial blood

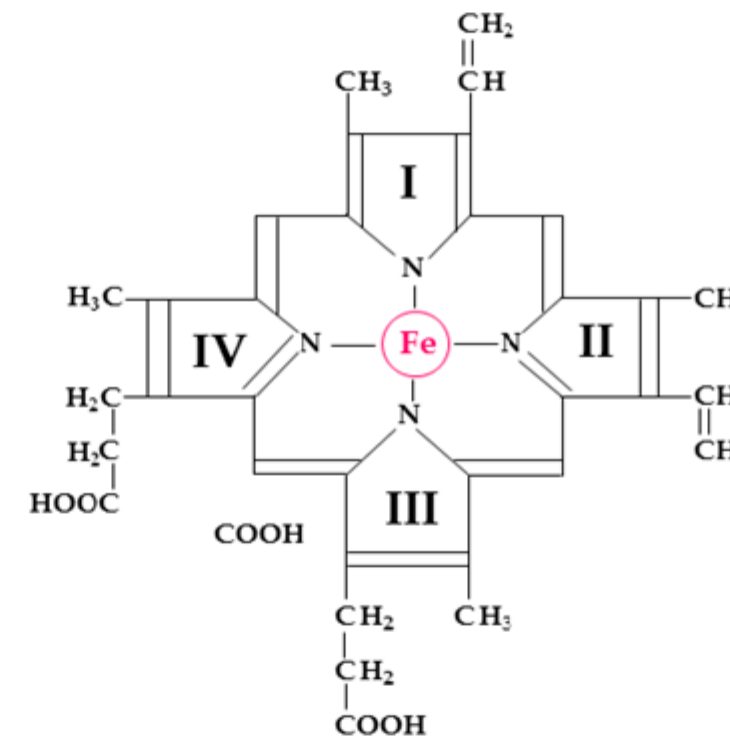
O<sub>2</sub> is transported in blood in two forms –

- as physical solution (0.3 ml/dl of blood)
- in combination with hemoglobin (19.43 ml/dl of blood)

O<sub>2</sub> carrying capacity of blood is = 19.73 ml/dl



Three-dimensional subunit structure of hemoglobin  
[Harper's Illustrated Biochemistry, 30<sup>th</sup> Ed.]



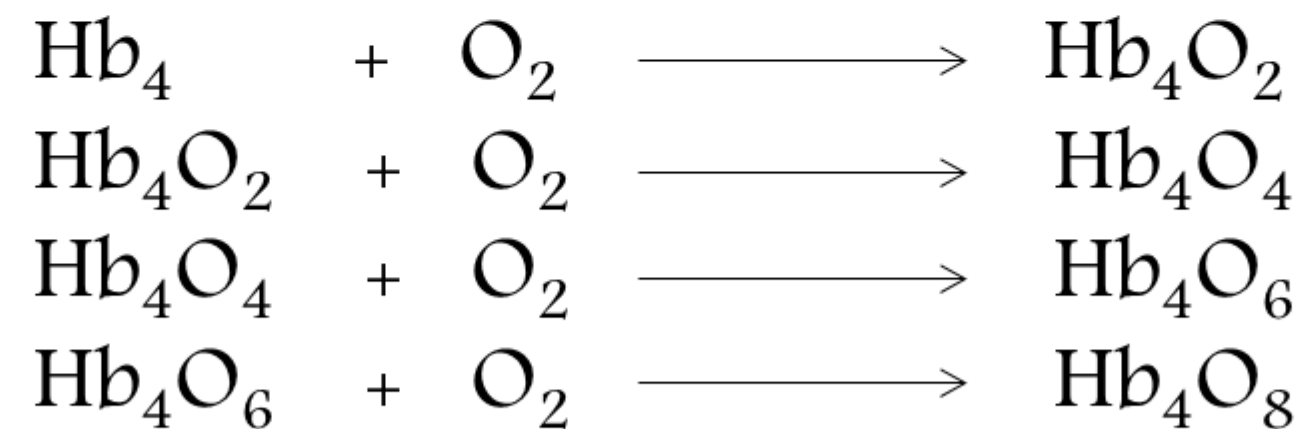
## Heme porphyrin ring

- Central iron in oxidized ferrus or Fe<sup>2+</sup> state – capable of formation of six co-ordination bonds
- The central Fe<sup>2+</sup> in heme can bind with both O<sub>2</sub> and CO
- One Hb can bind with four O<sub>2</sub>
- 1 g of Hb combine with 1.34 ml of O<sub>2</sub>

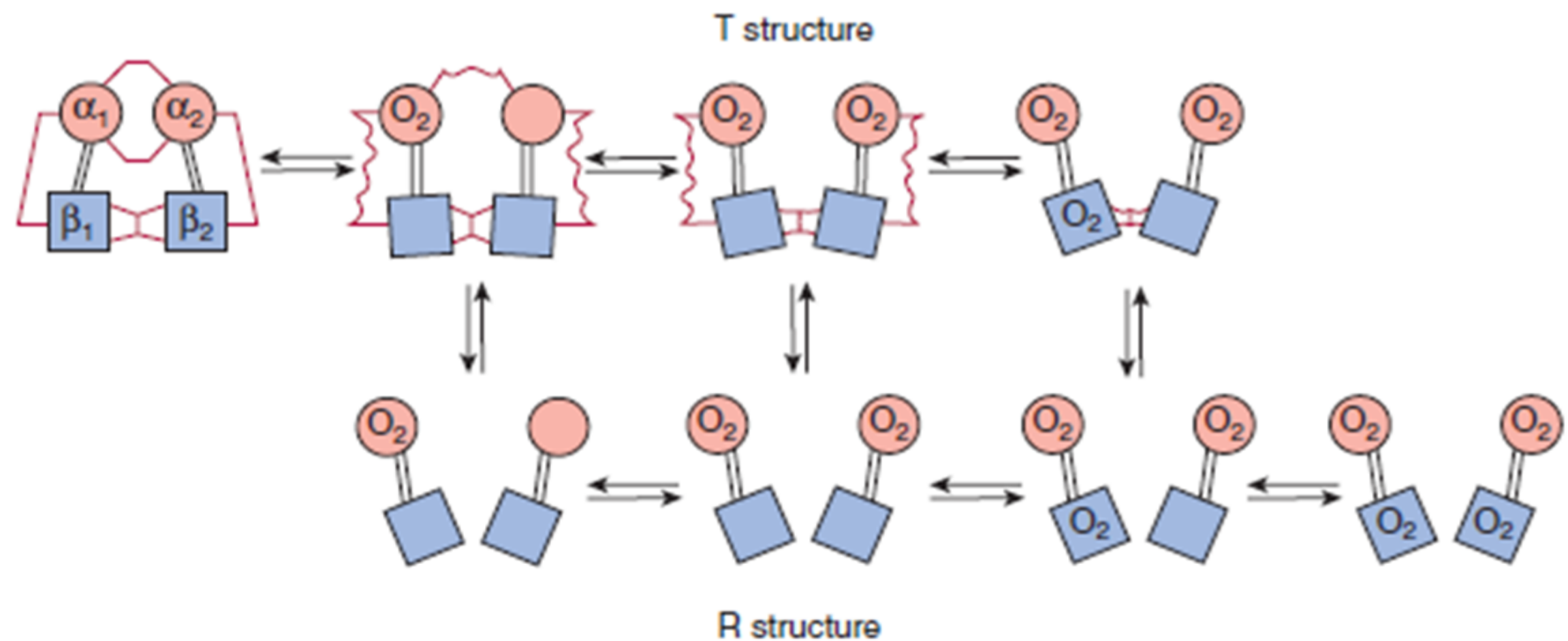


# Oxygenation of hemoglobin

Since combination of hemoglobin with  $O_2$  do not alter ionic status of the large hemoglobin molecule, it better known as **oxygenation**...



Combination of first  $O_2$  molecule with one of the heme situated deep inside the three dimensional coiled coil structure of corresponding globin chain is difficult.. The globins are said to be in 'tout' (T) form due to strong interaction among the globin chains formed of **salt bridges**



**FIGURE 6-10** Transition from the T structure to the R structure. In this model, salt bridges (red lines) linking the subunits in the T structure break progressively as oxygen is added, and even those salt bridges that have not yet ruptured are progressively weakened (wavy red lines). The transition from T to R does not take place after a fixed number of oxygen molecules have been bound but becomes more probable as each successive oxygen binds. The transition between the two structures is influenced by protons, carbon dioxide, chloride, and BPG; the higher their concentration, the more oxygen must be bound to trigger the transition. Fully oxygenated molecules in the T structure and fully deoxygenated molecules in the R structure are not shown because they are unstable. (Modified and redrawn, with permission, from Perutz MF: Hemoglobin structure and respiratory transport. Sci Am [Dec] 1978;239:118-125.)



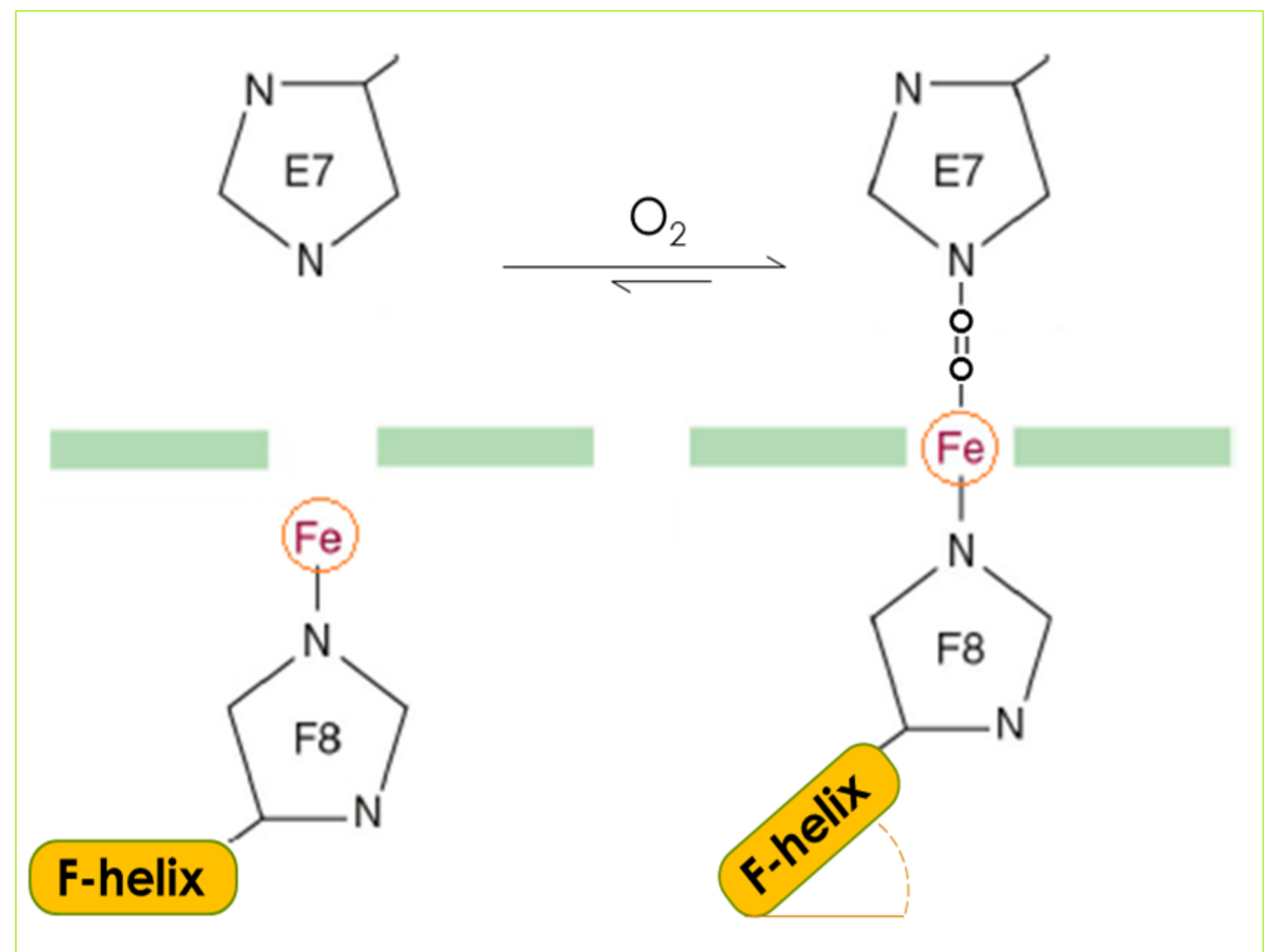
## Molecular basis of oxygenation

At its 't<sub>out</sub>' conformation within globin chains the iron ( $\text{Fe}^{2+}$ ) at the centre of each heme tetrapyrrole rings are pulled 0.4Å out of the porphyrin planes due to interaction with one histidine residue (at 8<sup>th</sup> position) of F-helix, i.e., His<sup>F8</sup> which is also known as **proximal histidine** ... The oxygen first interacts with one histidine present at 7<sup>th</sup> position of E-helix, i.e., His<sup>E7</sup> which is known as **distal histidine** ...

The oxygen in combination with distal histidine next interacts with the iron ( $\text{Fe}^{2+}$ ) porphyrin ring... so the  $\text{Fe}^{2+}$  is dragged towards the porphyrin ring ...

This displacement of iron also pulls the proximal histidine attached to it.. and induces some conformational changes in F-helix ...

The conformational changes in F-helix is also transmitted to the other helices in the same globin chain... which tends to disrupt salt bridges formed by the globin chain with neighboring chains ...



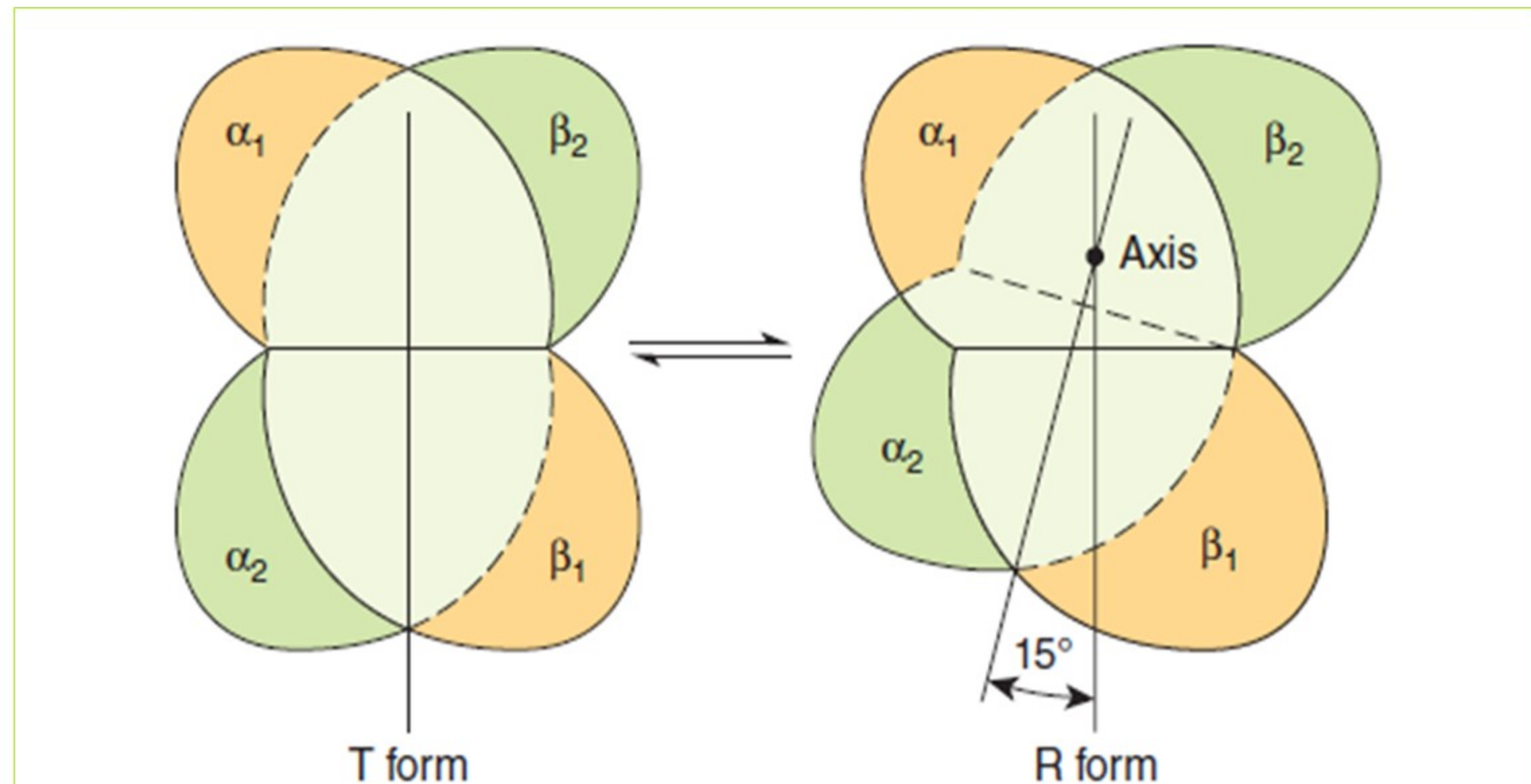
Conformational changes in F-helix due to oxygenation  
Adopted from **Harper's Illustrated Biochemistry**, 31<sup>st</sup> Ed.  
[Modified and redrawn]



The three dimensional conformational changes in globin chain resulting in successive Bond breakages with neighboring globins transform it into ‘**relaxed**’ (R) state.

The other globins are also in partial R–state due to partial bond breakages... they interact with  $O_2$  with greater affinity and more easily...

When  $Hb_4O_8$  is formed the whole hemoglobin tetramer is said to be so relaxed that the  $\alpha_2\beta_2$  pair in the molecule becomes free to rotate around **15°** with respect to the  $\alpha_1\beta_1$  pair...



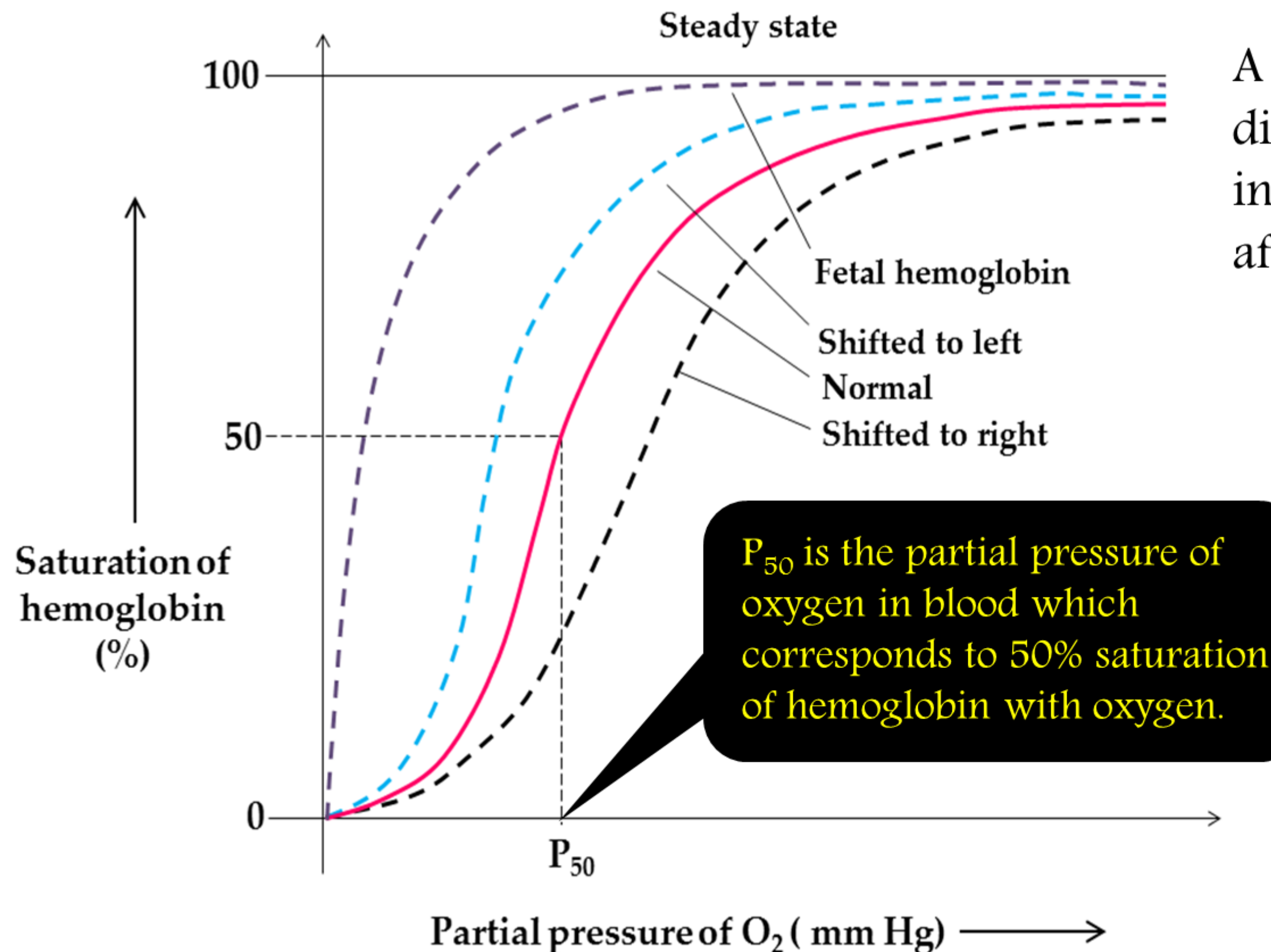
**FIGURE 6–9** During transition of the T form to the R form of hemoglobin, the  $\alpha_2\beta_2$  pair of subunits (green) rotates through **15°** relative to the pair of  $\alpha_1\beta_1$  subunits (yellow). The axis of rotation is eccentric, and the  $\alpha_2\beta_2$  pair also shifts toward the axis somewhat. In the representation, the tan  $\alpha_1\beta_1$  pair is shown fixed while the green  $\alpha_2\beta_2$  pair of subunits both shifts and rotates.

Adopted from Harper's Illustrated Biochemistry, 30<sup>th</sup> Edition



## Kinetics of oxygenation

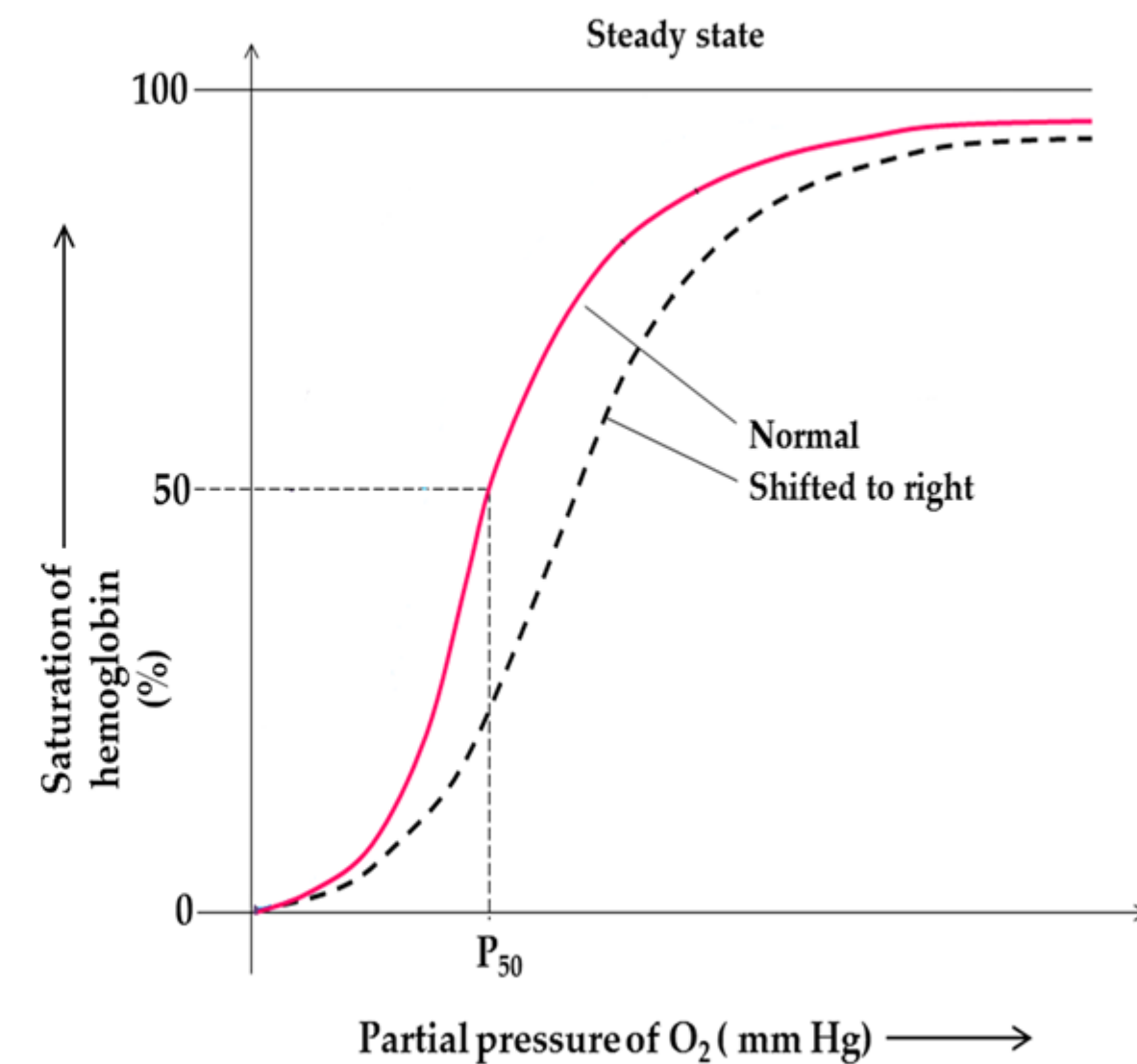
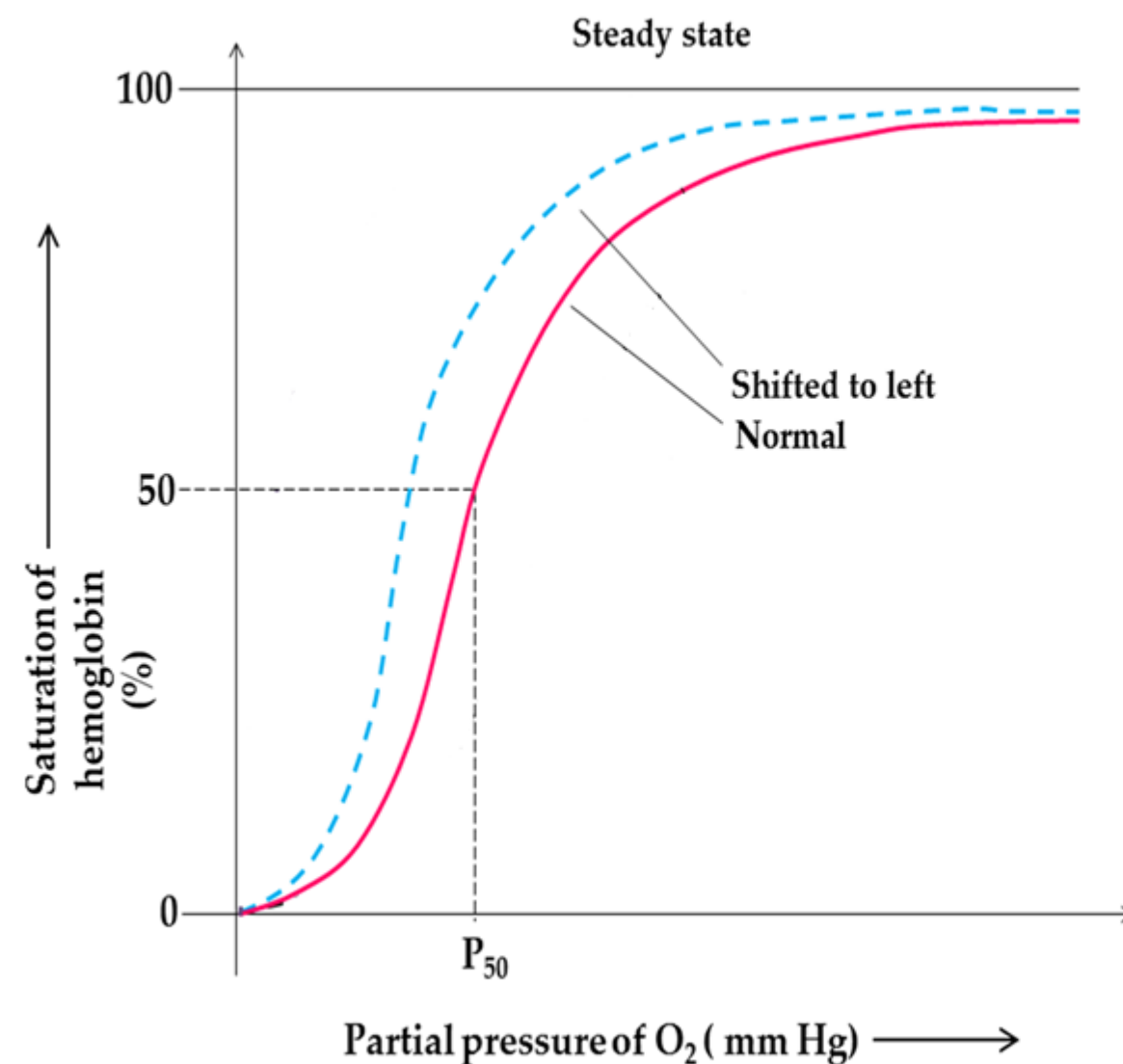
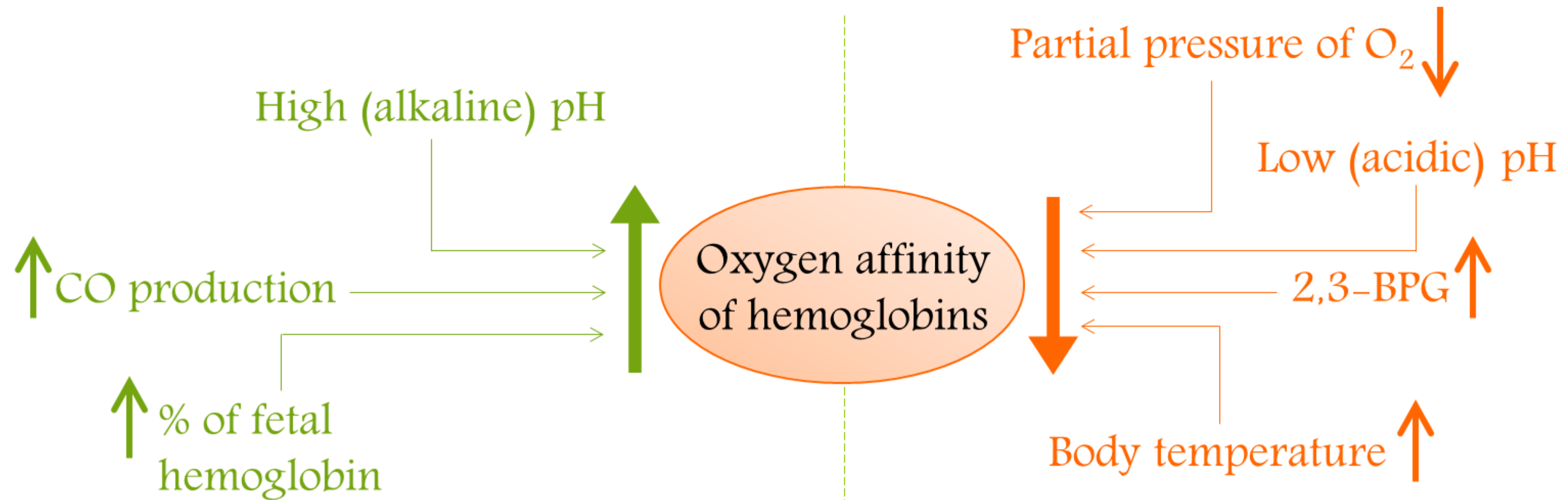
Oxygenation of hemoglobin follows sigmoid kinetics, i.e., the initial rate is slow, then it gradually increases and during the last part it decreases again to finally attain a steady state.. The graphical representation of which is also known as ‘ $O_2$  dissociation curve’



A **left shift** in the ‘ $O_2$  dissociation curve’ indicates increase in  $O_2$  affinity of the hemoglobins

A **right shift** in the ‘ $O_2$  dissociation curve’ indicates decrease in  $O_2$  affinity of the hemoglobins

# Factors affecting $O_2$ affinity of hemoglobins





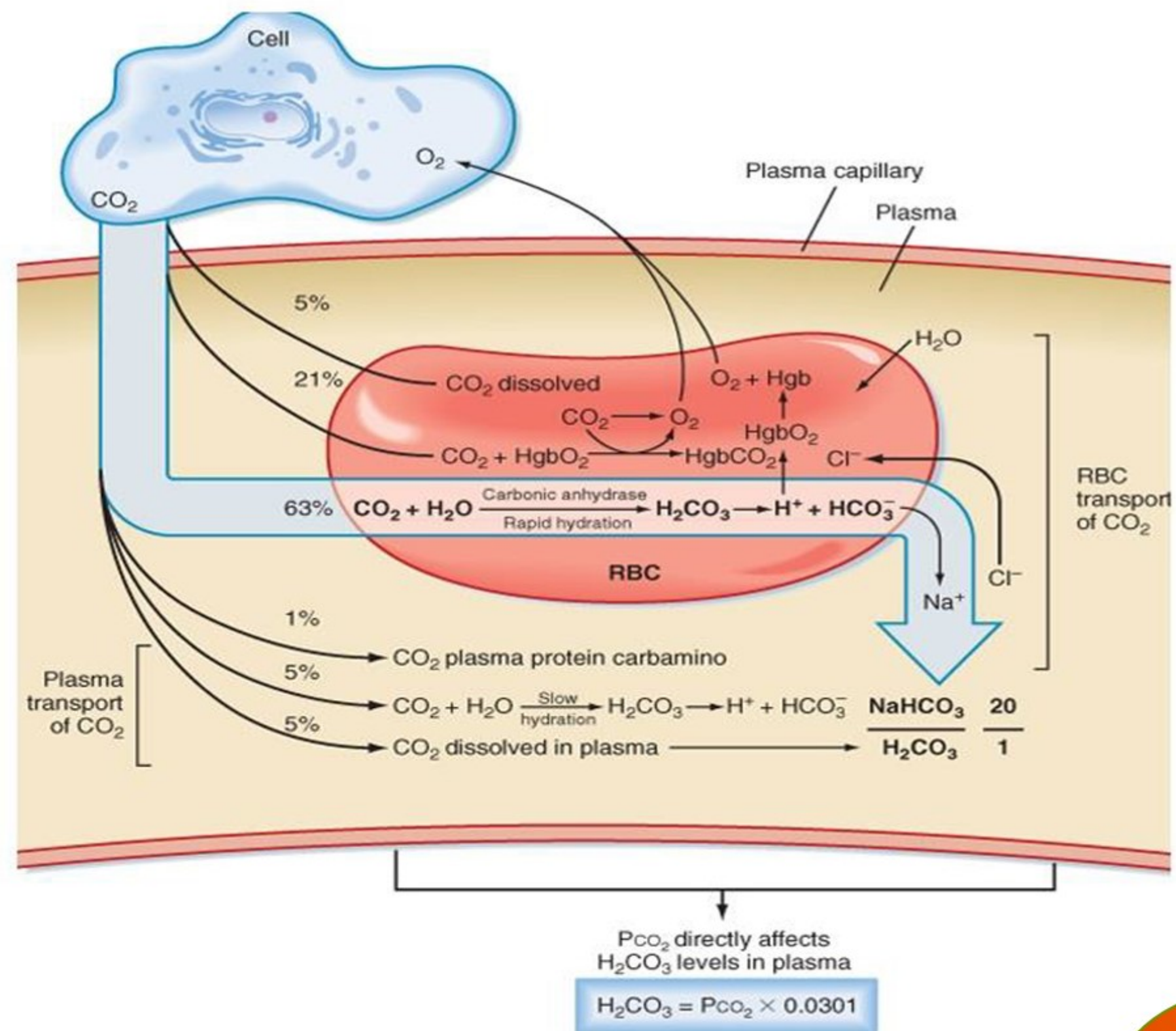
# Carbon dioxide transport in venous blood

Unlike  $O_2$ ,  $CO_2$  do not bind to heme; hence  $CO_2$  do not compete with  $O_2$  (Although a rise in  $CO_2$  is found to extract  $O_2$  from oxyhemoglobin, which is known as 'Bohr effect').  $CO_2$  can combine with hemoglobin at specific amino acid residues present in globin chains forming carbamino compounds

- The source of  $CO_2$  is tissue respiration (as byproduct of TCA cycle)
- $O_2$  delivery to the tissues promote oxidative metabolism which leads to production of  $CO_2$

$CO_2$  is transported in blood in three forms –

- as physical solution (15%)
- as carbamino compound (22%)
- as bicarbonate (63%)

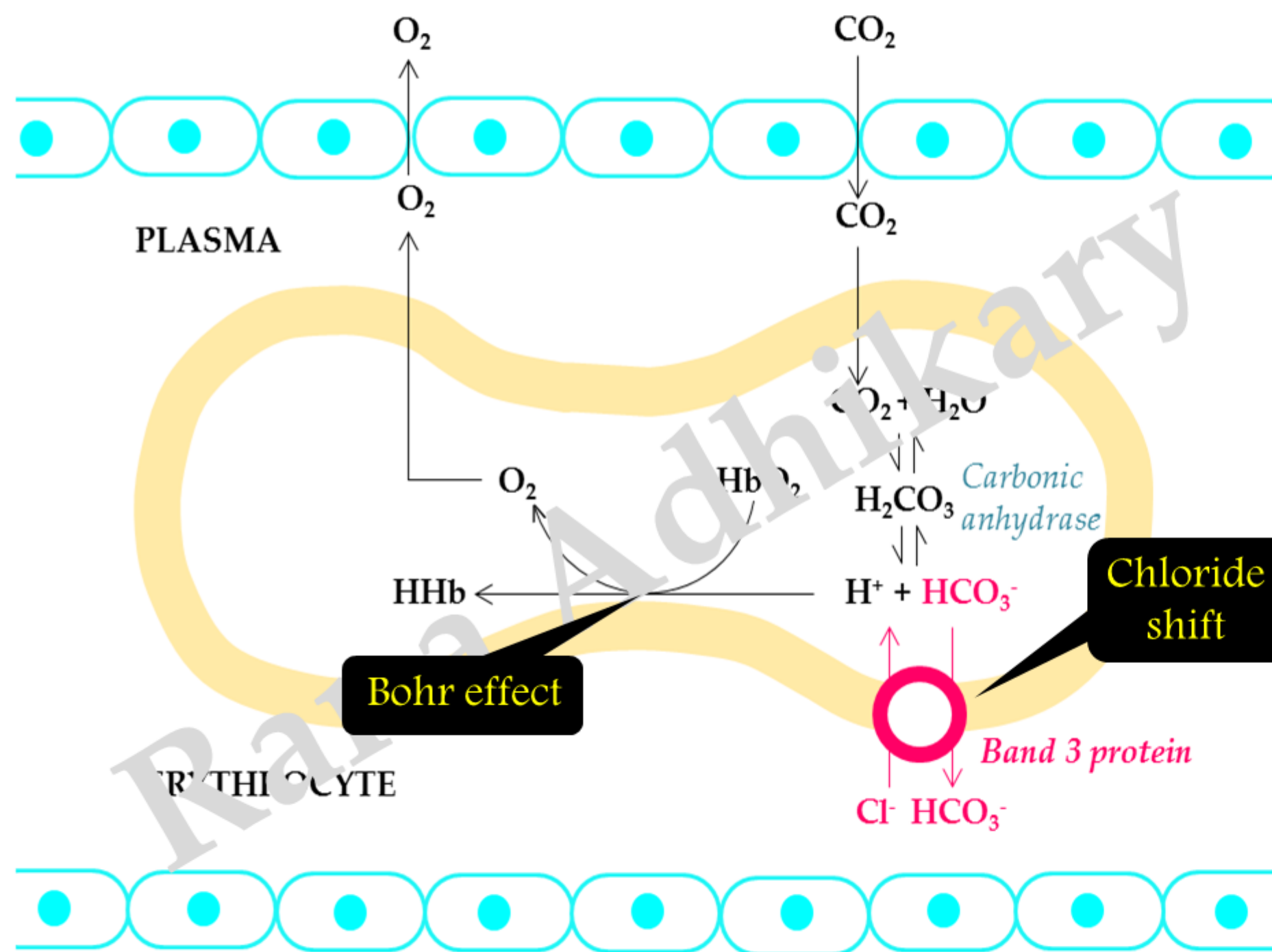


Adopted from Berne & Levy Physiology, 6<sup>th</sup> Edition



## Hamburger effect: the chloride shift

CO<sub>2</sub> transport from tissues into blood occurs in association with O<sub>2</sub> transport, i.e., deoxygenation of HbO<sub>2</sub> helps in carriage of CO<sub>2</sub> in blood, which is known as '**Haldane effect**'



Chloride shift mechanism

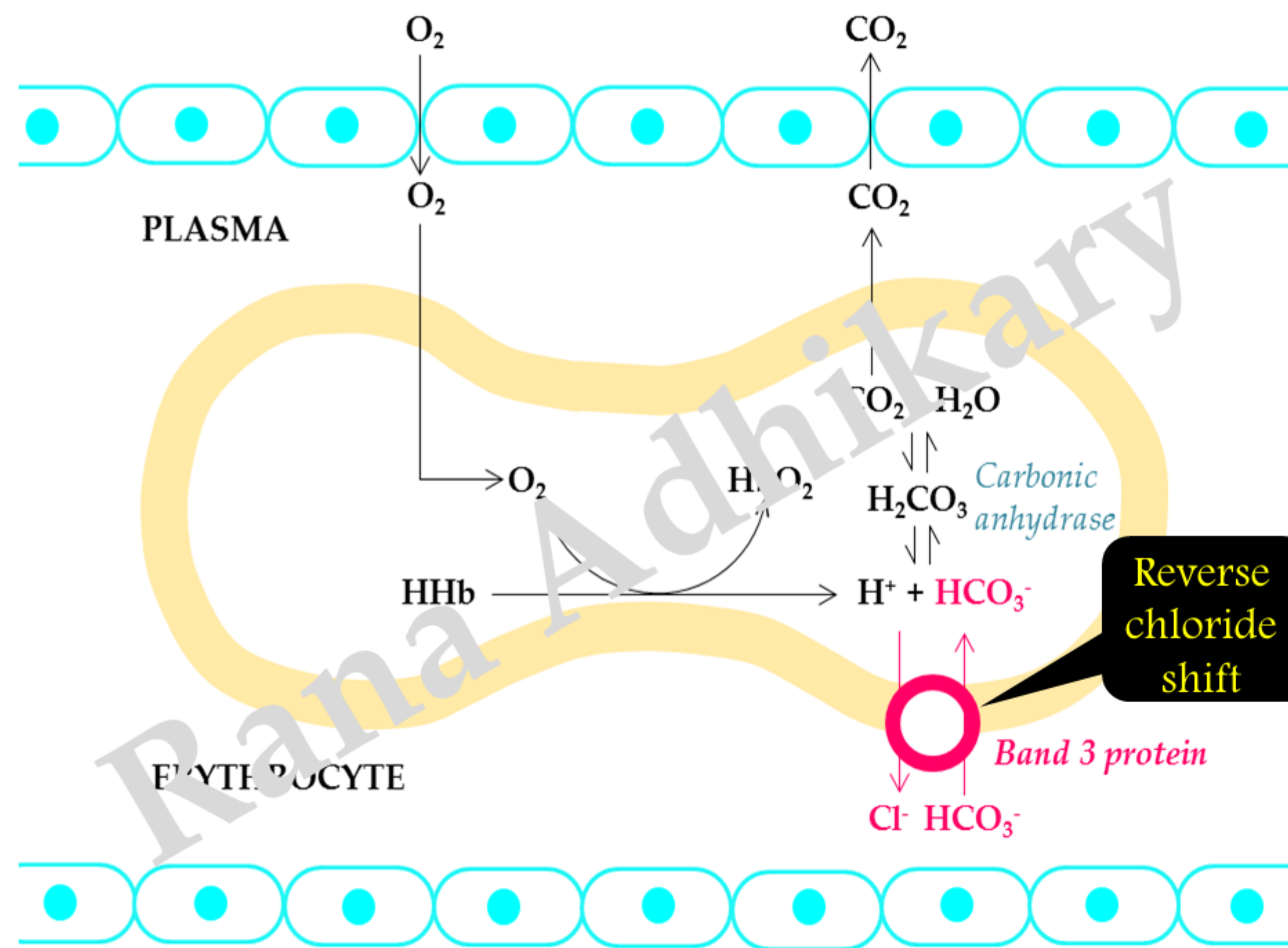
- CO<sub>2</sub> produced into tissues can easily diffuse through plasma membrane out of the cell
- Inside RBCs this CO<sub>2</sub> combines with H<sub>2</sub>O to form H<sup>+</sup> and HCO<sub>3</sub><sup>-</sup>
- CO<sub>2</sub> in form of HCO<sub>3</sub><sup>-</sup> is frequently exported out of the erythrocytes through an antiporter present on the membrane, which is known as band 3 protein or HCO<sub>3</sub><sup>-</sup>/Cl<sup>-</sup> antiporter (**Chloride shift**)
- The H<sup>+</sup> produced as byproduct leads to deoxygenation

- H<sup>+</sup> has much higher affinity for heme in comparison to O<sub>2</sub>, hence in presence of H<sup>+</sup>, the O<sub>2</sub> is extracted from HbO<sub>2</sub>, ensuring O<sub>2</sub> delivery to tissues (**Bohr effect**)



## Reverse chloride shift

$\text{CO}_2$  transport from blood into lungs occurs in opposite direction and again in an association with  $\text{O}_2$  transport, i.e., oxygenation of  $\text{HbO}_2$  is facilitated by carriage of  $\text{CO}_2$  in blood



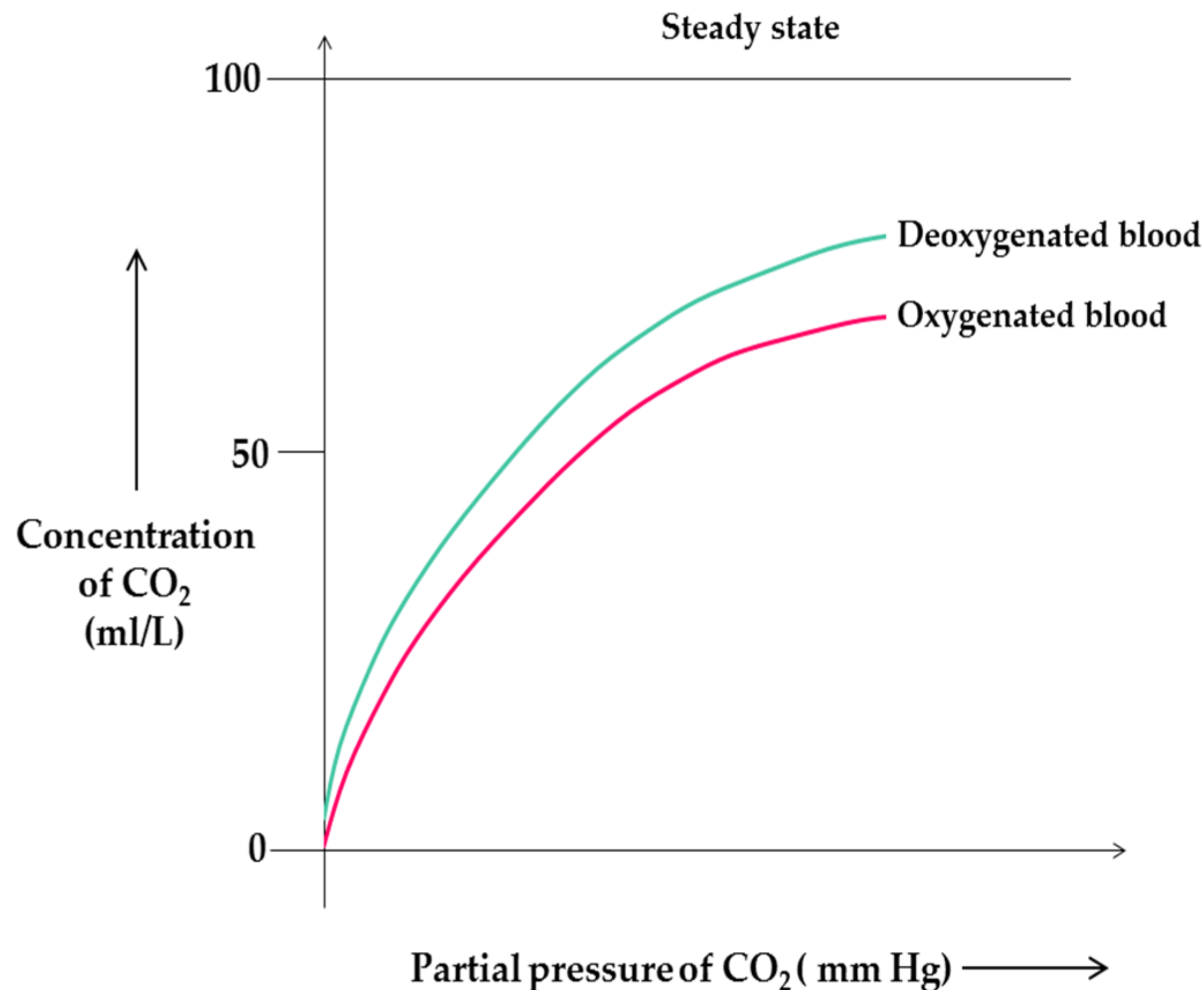
Reverse chloride shift mechanism

- $\text{O}_2$  from lungs diffuses into RBCs, along its concentration gradient
- Since concentration of  $\text{HCO}_3^-$  is much higher in pulmonary circulation, the band 3 protein or  $\text{HCO}_3^-/\text{Cl}^-$  antiporter starts operating in reverse direction (**Reverse chloride shift**)
- In presence of  $\text{O}_2$  and its co-operative combination mode with hemoglobin  $\text{H}^+$  is liberated (during breakdown of salt bridges). The  $\text{HCO}_3^-$  combines with  $\text{H}^+$  to transform into  $\text{CO}_2$  again

- $\text{CO}_2$  diffuses out of the erythrocytes along its concentration gradient and is exhaled out of the body during expiration

## Carbon dioxide dissociation curve

It is a graphical presentation of the relationship between changes in partial pressure of  $\text{CO}_2$  in mm Hg and its transport in blood in ml...



A left shift in  $\text{CO}_2$  dissociation curve when blood is deoxygenated also explains the Haldane effect  
'Deoxygenation of hemoglobins facilitates  $\text{CO}_2$  transport'



... thank you !