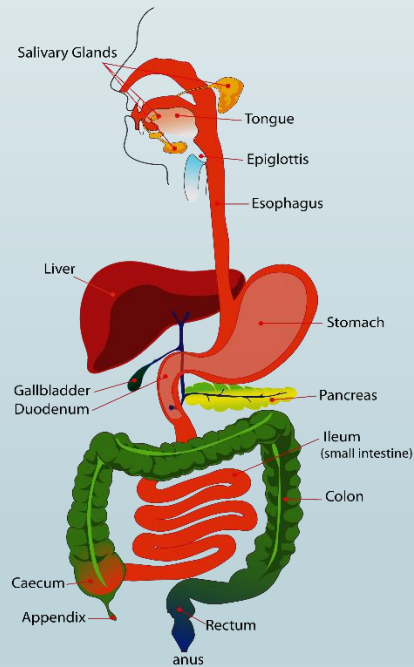




6. ABSORPTION IN GIT.



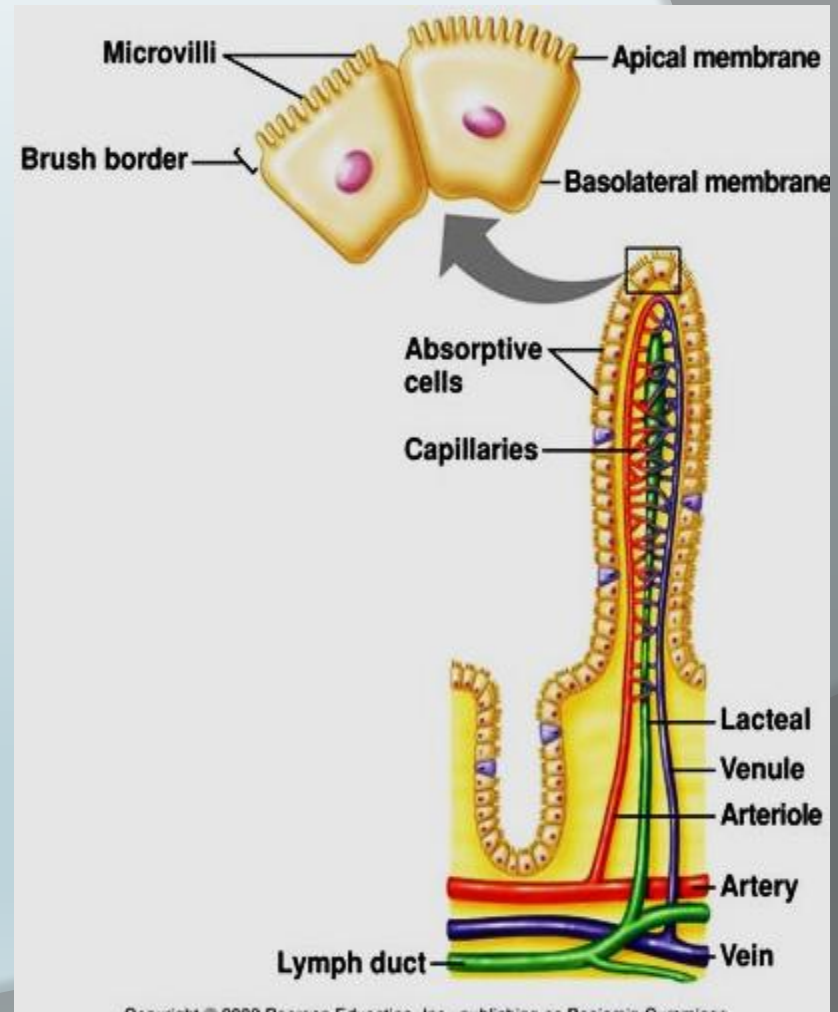
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Gastro intestinal absorption

The total quantity of fluid that must be absorbed = 2 lit. (ingested) + 7 lit. (secreted) = 9 lit. /day. Mainly via the villi of small intestine.

-The Villus :

- It is finger – like projection – 0.5-1 mm. Long.
- Covered by single layer of epithelium.
- It has smooth muscle to help its movements.
- It has a brush border of minute microvilli to increase the absorption surface to 200 m².
- The life span of mucosal cells is 3-5 days.
- It has 2 types of movements :
 - Lashing : from side to side.
 - Lumping : shortening & elongation.



* **Mechanism of absorption :**

- Active : with carrier, energy & against gradient.
- Simple : (passive) according to conc. & electrical gradient.

(1) Absorption of water :

- By simple diffusion (osmosis) following absorption of electrolytes and nutrients.

(2) Absorption of sodium :

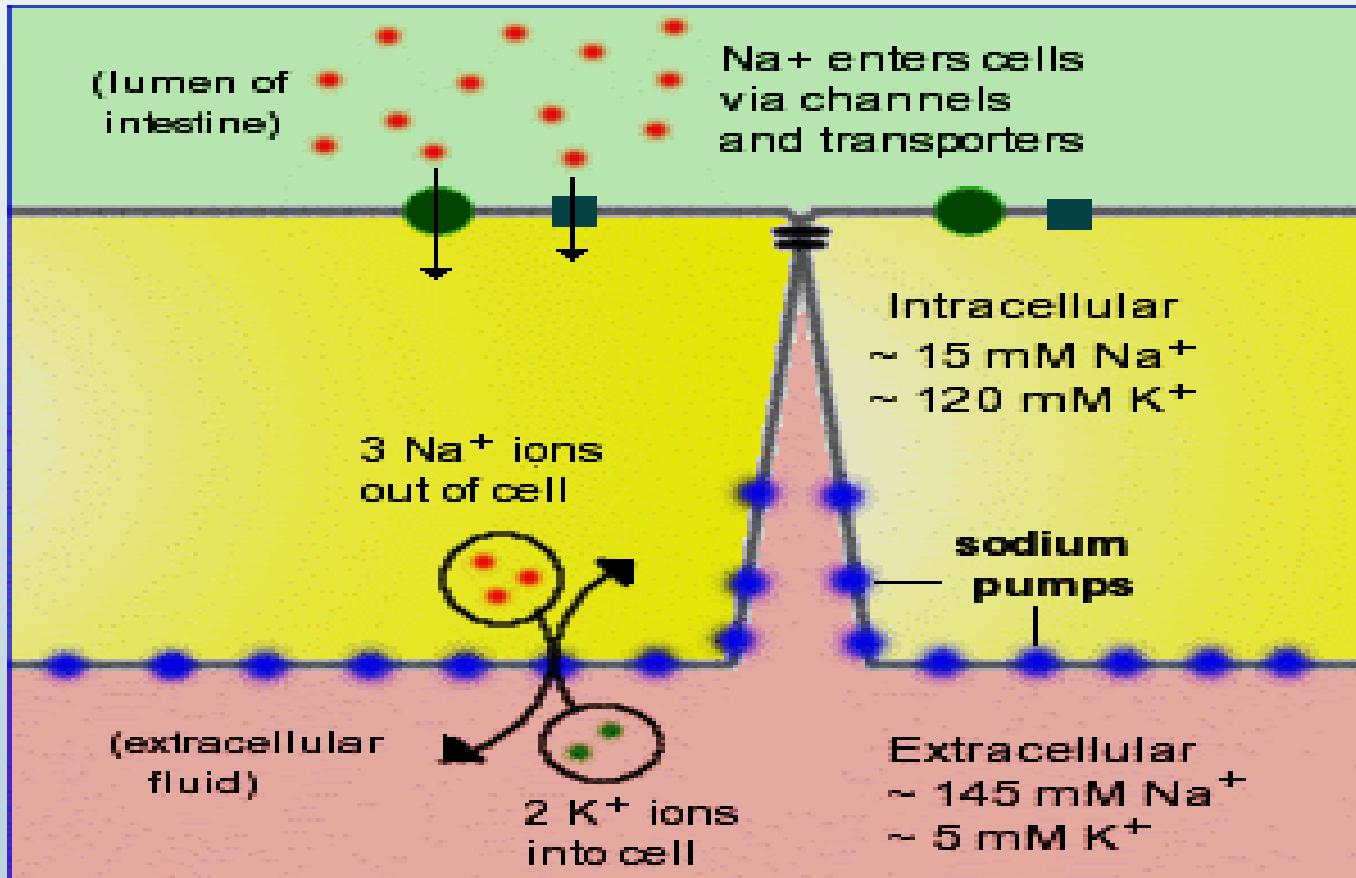
1- By active transport about 25-35 gm sodium/day is absorbed from small intestine. By three mechanisms:

- a. Uniport : Active Na^+ pump to the blood.
- b. Symport : cotransport of Na^+ with glucose by common carrier.
- c. Antiport : absorption of Na^+ in exchange with H^+ which buffered rapidly by HCO_3^- .

2. Na^+ is actively transported to the interstitial space in exchange with K^+ (Antiport) so the concentration of Na^+ intracellular decreased and the sodium in the chyme is transported through the brush border into the cytoplasm.

(3) Absorption of K^+ :

1. It is actively absorbed.
2. Secreted under concentration & electrical gradient.
3. Aldosterone stimulates Na^+ abs. and K^+ sec. by Na^+-K^+ pump at the basolateral border of intestinal mucosal cells.



(4)Absorption of chloride & Hco₃ :

- (1)It passively following active Na⁺ abs. (in upper intestine.)
- (2)Actively in exchange of Hco₃ (in lower intestine).

(5)Absorption of calcium : Active at basolateral border, Facilitated diffusion at luminal border
And controlled by parathormon H & vit D₃.

(6)Absorption of iron : 1.Active at duodenum. 2.Stimulated by erythropoitin.

(7) Carbohydrate absorption: at luminal border:

-Absorption of glucose is an active sodium depend transport (common carrier for Na⁺ & glucose) if Na⁺ abs. **Is inhibited by glycosides** → ↓ glucose abs.

-Galactose : the same as glucose.

-Fructose : by facilitated diffusion (passive).

(8) Absorption of proteins :

- L-Amino acid absorption: the same as glucose by 4 types of carriers for neutral, basic, acidic amino acids. - Absorbed mainly in the jejunum.

- Small amount of proteins is absorbed intact by pinocytosis (endocytosis).

(9) Absorption of lipids :

By aid of conjugated bile salts, lipids are emulsified and form micelles covered with a shell of bile salts. Then micelles enter the intestinal mucosa by simple diffusion. Inside the mucosal cell :

-Short F.A pass directly to the portal blood. -Long F.A are re-esterified to triglycerids.
-Some cholesterol are re-esterified. -Triglycerides and cholesterol esters are coated by protein, cholesterol and phospholipids in the Golgi complex → chylomicrons → pass into lymphatic vessels by exocytosis.

(10) Absorption of vitamins :

-Water soluble vit.: are absorbed from jejunum by simple diffusion. Vit B12 needs intrinsic factor for its absorption.

-Fat soluble vit. : absorbed by simple diffusion depend on fat digestion and absorption.

The malabsorption syndrome

- If more than 50% of the intestine is removed by resection → signs of malnutrition as:
 - ↓ Abs. of A.A → body wasting & edema.
 - ↓ Abs. of fat →↓ abs. of fat soluble vit.
 - ↓ Abs. & steatorrhea bleeding tendency.
- Malabsorption may caused by mal-digestion as in :
 - Inadequate lipolysis (↓ pancreatic sec.)
 - Obstructive jaundice →↓ digestion and absorption of fats & vitamins.
- Malabsorption due to abnormal mucosal transport as in:
 - 1) **Non – specific defect:** as in tropics →↓ folic acid abs. → macrocytic anemia also in **Coeliac disease:** the defect in gluten hydrolase enzyme causes the gluten in wheat changes to Gliaden which causes decrease formation of microvilli →↓ absorption. Also in **Tropical sprue** there is atrophy of villi
 - 2) **Specific:** absence of lactase enzyme at the brush border → milk intolerance.

Thank You