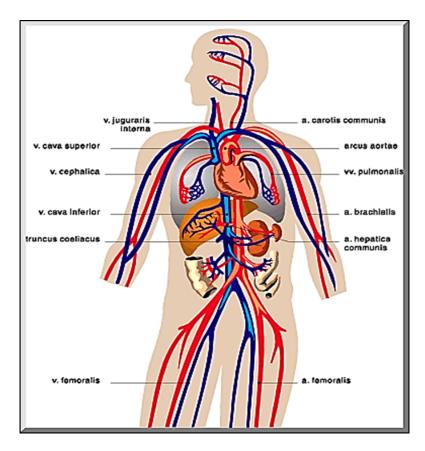
# The vascular system Part II)

# Medical Sudents / First Year

Professor Dr. Hala El-mazar 2024

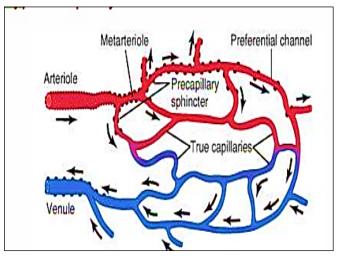


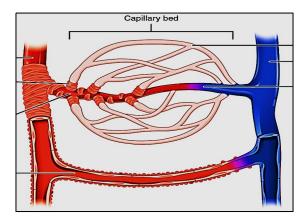
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# microcirculation

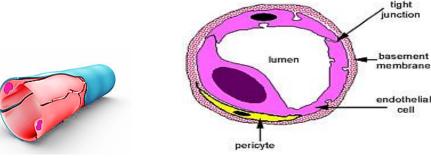
## Composed of :

- Terminal arterioles → metarterioles → capillaries → Thoroughfare channel → post-capillary venules
- Capillaries are where exchange between blood & tissue fluids occur
- Capillaries:
  - \* Continuous
  - \* Fenestrated
  - \* Sinusoidal
- Arterio-venous anastomosis





 Most of microcirculation are lined by one or two endothelial cells and many of them are <u>surrounded by</u> <u>pericytes</u>



## Function of endothelial cells:

# 1. Permeability

- Allows exchange of water, CO2 and metabolites between blood and tissue
- Allows migration of leucocytes from blood to tissue (diapedesis) during inflammation.
- Forms Blood Brain Barrier throught the tight junctions between the endothelial cells

## 2. Metabolic function:

 Activates angiotensin I to Angiotensin II, because the endothelial cells of the lung capillaries have the converting enzyme (which plays major role in bl pressure)

## 3. Nonthrombogenic function

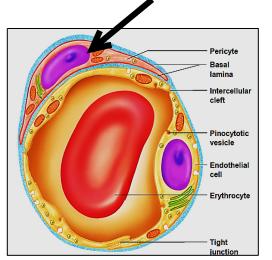
 Platelets normally <u>do not</u> adhere to an intact endothelium because Prostacyclin is released by endothelium which is a powerful inhibitor of platelet aggregation and thus prevents clot formation

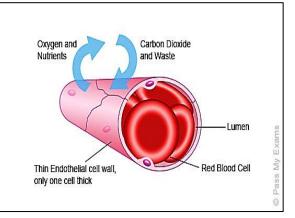
# **Capillaries**

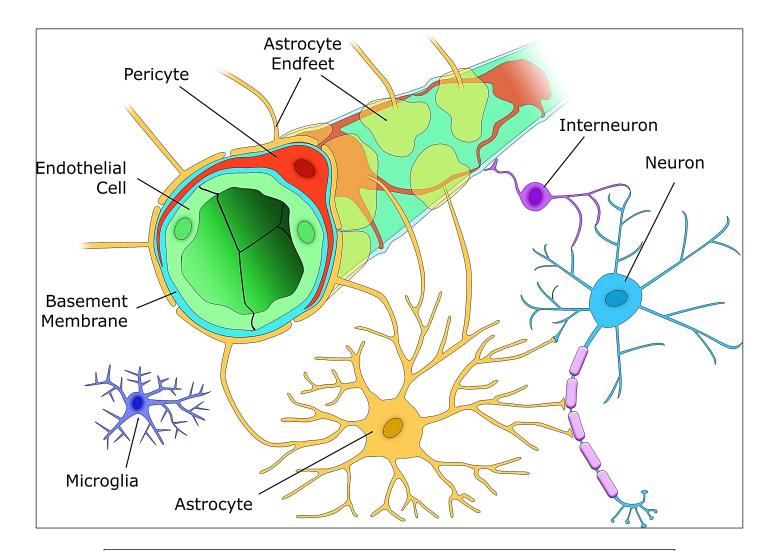
- the smallest blood vessels 5-8 μm
- Is where exchange of water and nutrients occur between blood and tissues hence called (Exchange vessels)
- Wall is formed by a single layer of endothelial cells + Pericytes + basal lamina , <u>NO smooth ms cells</u>

**Pericytes**: branched cells, stabilize capillary wall, control permeability (contract) , blood flow, play role in vessel repair

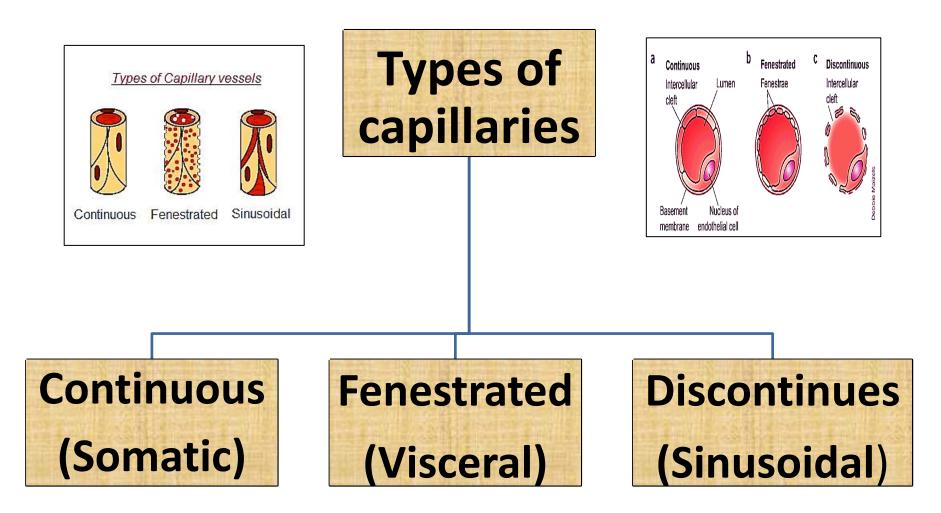
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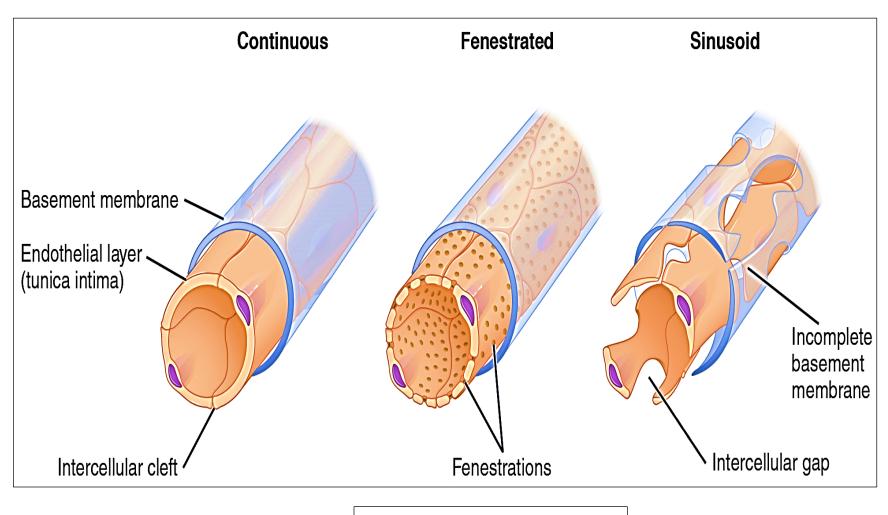




#### Pericytes in relation to endothelial cell in capillaries



Depends on the continuity of endothelial cells (pores & intercellular clefts) & the basal lamina



#### **Types of capillaries**

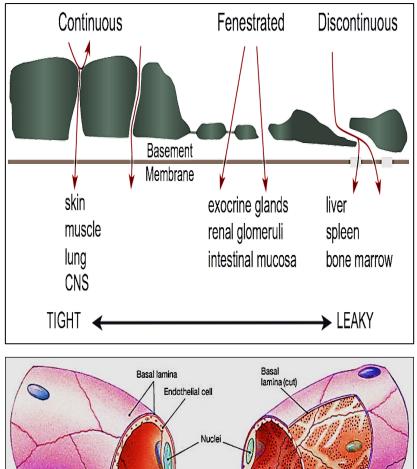
- <u>Continuous (somatic)</u>: tight junctions between the endothelial cells .Continuous basal lamina
- has the lowest permeability (water, ions, lipid & soluble molecules) (diffusion, transcytosis)
- Fenestrated (visceral): cells have pores which may be/ may be not covered by diaphragm, the basement membrane is continues relatively high permeability

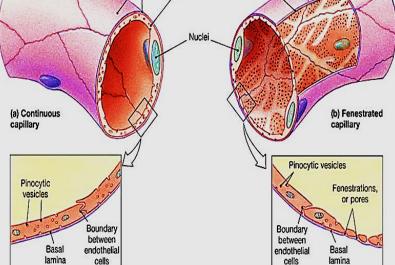
(active filtration, reabsorption, hormone secretion)

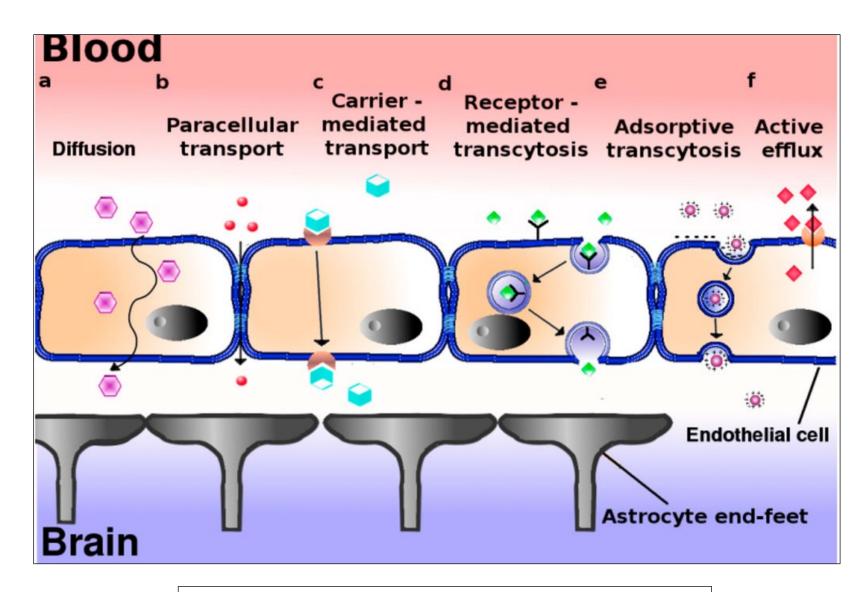
<u>No diaphragm</u>: renal glomeruli <u>Has diaphragm</u>: intestine & endocrine gland , pancreas

Sinusoidal:

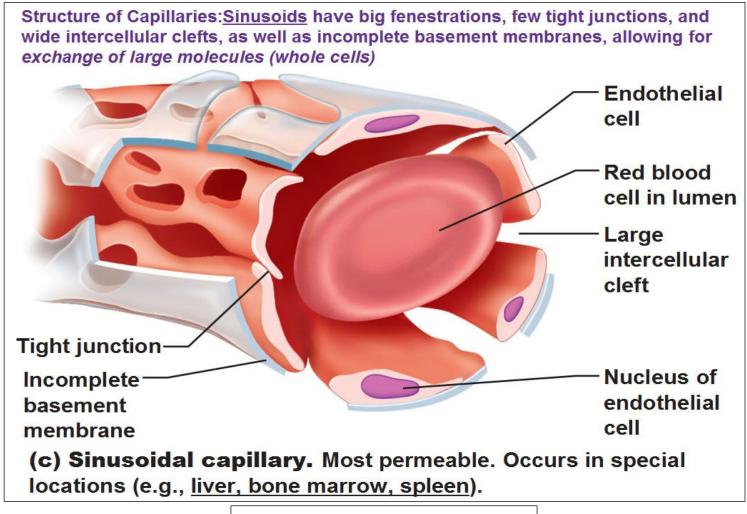
Extremely highly permeable ( permit cross of cells & serum proteins) Liver, spleen , bone marrow







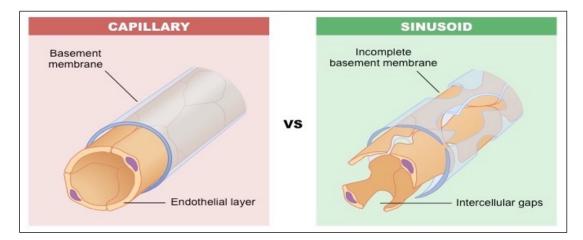
#### Mode of transport across the endothelial cells

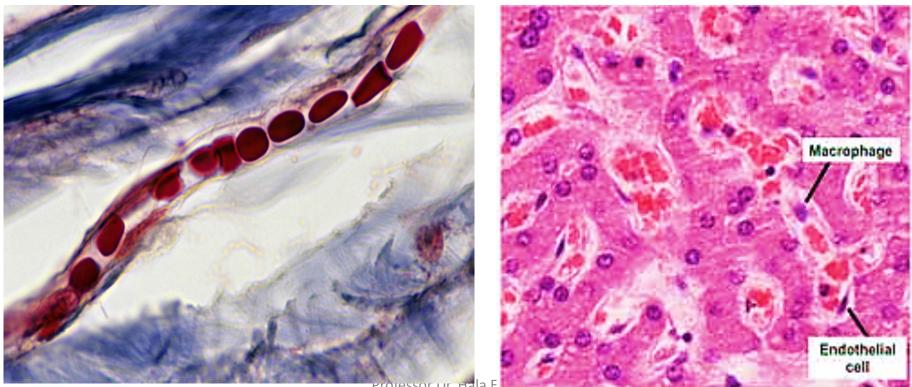


#### **Sinusoidal capillaries**

Blood capillary	Blood sinusoid	
1- Narrow regular lumen (5-8 μm) 2- Uniform diameter	1-Wide irregular lumen (30-40 μm) 2- Variable diameters & tortuous	
3-Continuous or fenestrated endothelium	3- Always fenestrated	
4- Complete basal lamina	4- Incomplete basal lamina	
5-Surrounded with Pericytes	5- Contain macrophages e.g. Littoral cells (spleen), Kupffur cells (liver)	
6-Present in all tissues	6- present in certain sites as :bone marrow, spleen, liver& Endocrine glands. Dr. Hala El-mazar	

#### **Capillary vs Sinusoid**





Protessor Dr. Hala

Hepatocytes and sinusoids

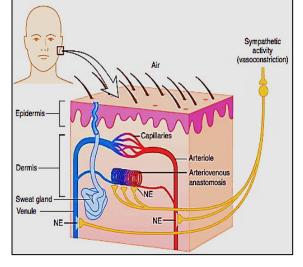
# Arterio- venous anastomoses (AVA)/ Shunt

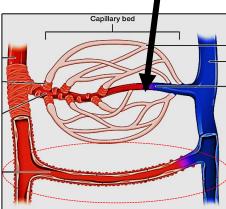
Direct connection between arterioles & venules without passing through capillary bed  $\rightarrow \uparrow$  venous return to the heart

## Conditions:

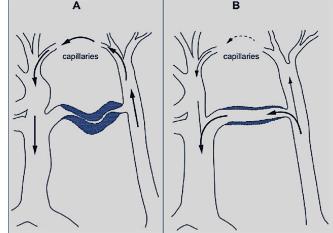
- A- contraction of pre- capillary sphincters  $\rightarrow$
- Blood will pass through thoroughfare channel

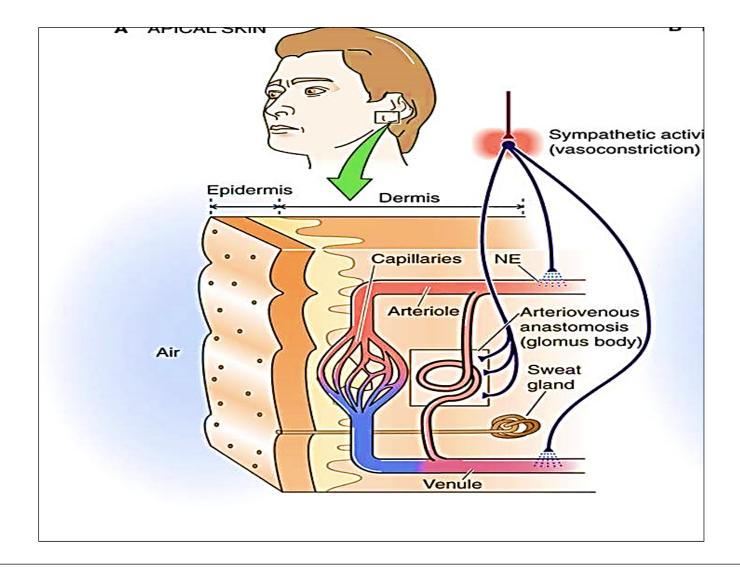
**B**- AV anastomosis: small vessels connect **directly** arterioles to venules





- The AVAs are short vessel with a large inner diameter 10 -150 μm & a <u>thick muscular wall</u>, with no capillary bed between them (smooth ms in its wall)
- They are densely innervated by adrenergic fibers When they open they provide a low resistance connection between arteries and veins
- AVAs play important role in temperature regulation
   e.g. skin (hands & feet)
   Blood flow in genital organs



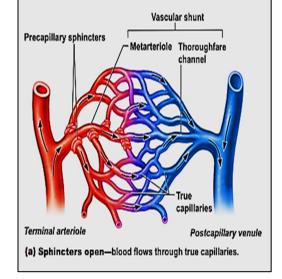


#### The glomus body

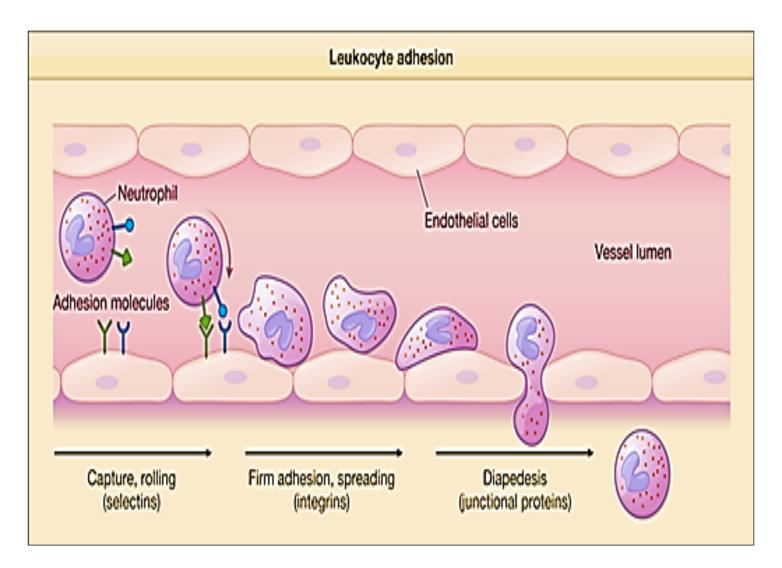
is an arteriovenous shunt that regulates temperature and blood flow throughout the body but most commonly in the fingertips and nail beds

# Post -capillary venules

- Post- capillary venules diameter (10-30 μm) form when capillaries re-unit ,they drain the capillary <u>bed</u>
- Its structure is similar to capillaries
- Porous , allow passage fluids & WBCs into tissues (as capillaries do)

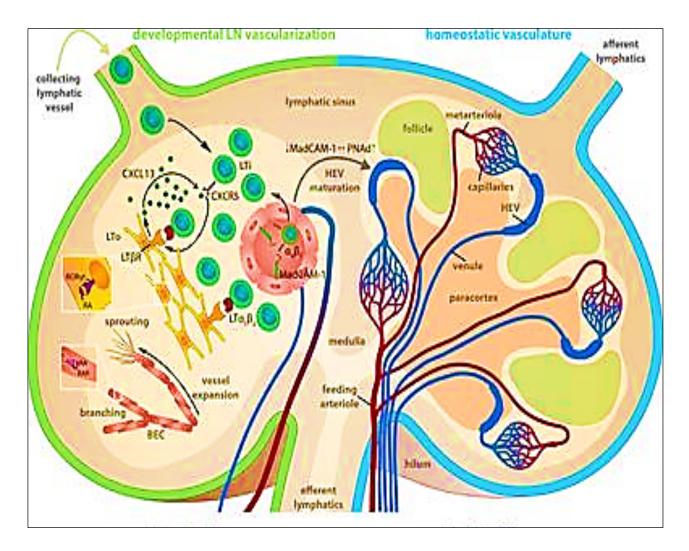


- They are the play imp. role in inflammation
- contain intercellular endothelial junctions that can open to allow plasma proteins and circulating cells (leukocytes) to escape from the bloodstream to site of inflammation called leukocyte extravasation



Leukocyte extravasation

- The post capillary venules in paracortex of <u>lymph</u> <u>node</u> are lined by tall cuboidal endothelial cells are called high endothelial venules (HEV) (<u>entrance of T</u> <u>lymphocytes to LN)</u>
- Respond to vasoactive agents e.g. histamine H., also site of exchange of materials between tissue fluid & blood
- The venules converge to form collecting venules → muscular veins



#### High endothelial venule in Paracortex of lymph node

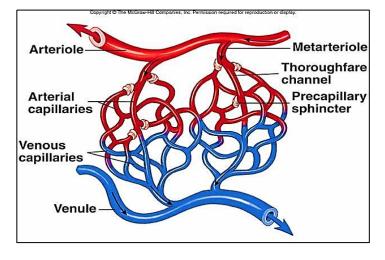
## venules

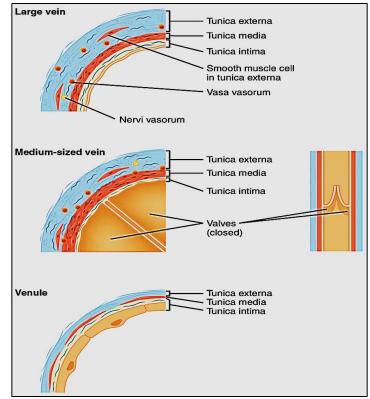
• The smallest veins (20- 30 μm)

Intima: endothelium

Media: 1 or 2 layers of smooth ms. cells, The thickness ↑ as the vessel diameter increased

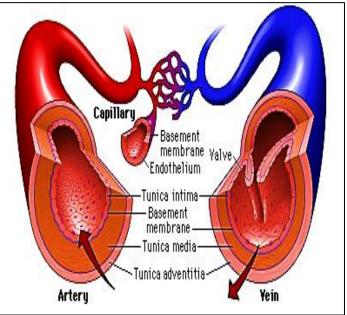
Adventitia: relatively thick





# Medium size veins

- Carry blood toward  $\rightarrow$  heart.
- The blood pressure in veins is much lower than arteries
- Figure 18.5 Relative proportion of blood volume throughout the cardiovascular system. Pulmonary blood vessels 12% Systemic arteries and arterioles 15% Heart 8% Capillaries 5% Systemic veins and venules 60%
- Veins have 3 tunics, but <u>thinner walls</u> with <u>wider lumen</u> comparing with corresponding arteries... cuz they can hold most of the blood, called <u>capacitance vessels</u>
- Tunica media is <u>thin</u>, adventitia is <u>thick</u>
- Valves are special adaptation in the veins helps return of blood to heart & prevents its back flow
- Valves are absent in small & large veins

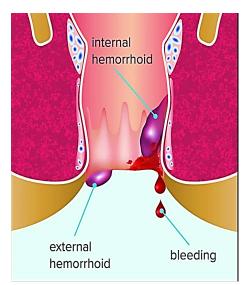


### Valves:

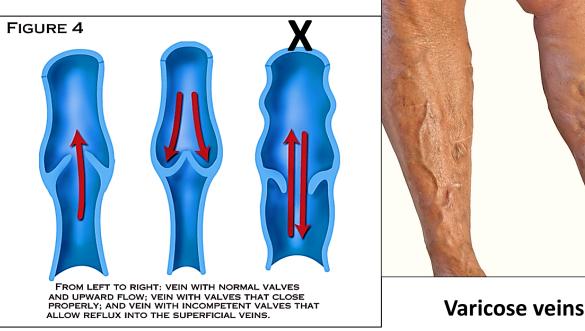
- are folds project from <u>intima</u> into lumen of the vein
- Lined on both sides by endothelium,
- their core formed of <u>elastic tissue</u>
- Valves Are most abundant in veins of limbs







Hemorrhoids



# Vena cava (inferior & superior)

## Tunica intima: thin

Endothelium – sub-endothelial CT– No IEL - No valves

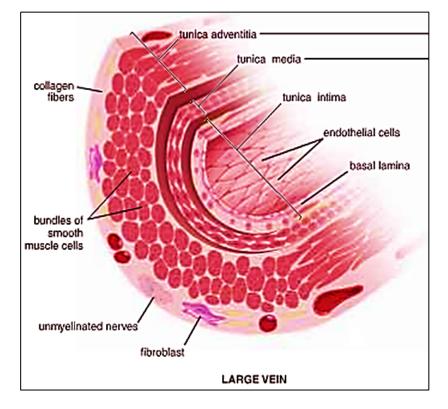
## Tunica media:

thin layer, smooth ms, elastic, collagen fibers

Tunica adventitia:

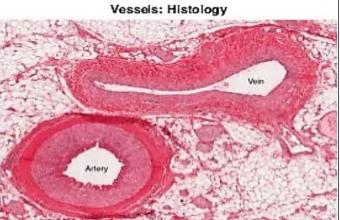
Thick, contains longitudinal

bundles of smooth ms fibers



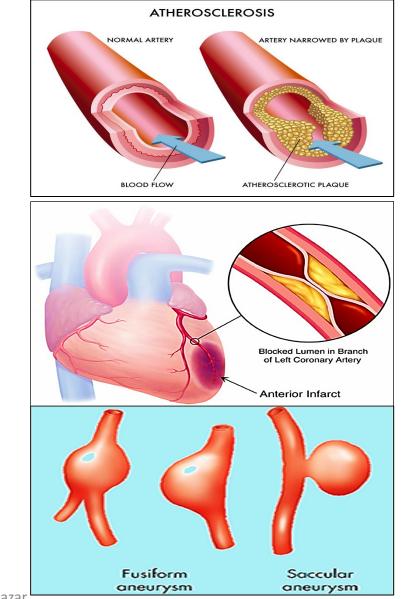
facilitate shortening & elongation of the vena cava with respiration.

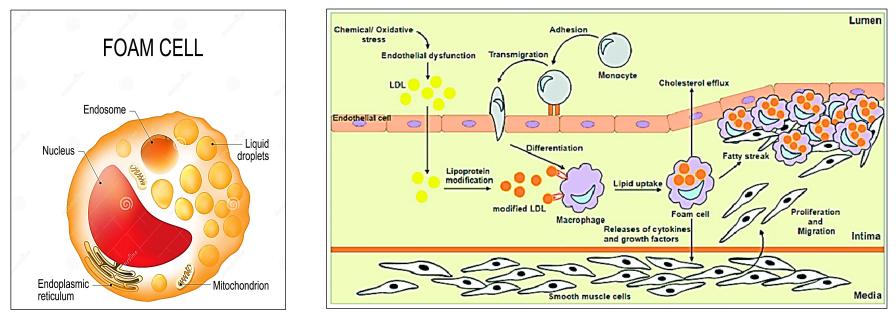
Medium sized		
<u>artery</u>	and	<u>vein</u>
Narrow lumen	•	Wide lumen
Thick wall	•	Thin wall
No valves	•	Valves
• Intima (thick, IEL)	•	Thin, no IEL
<ul> <li>Media (thickest)</li> </ul>	•	Media (thin)
<ul> <li>Adventitia equal to media</li> </ul>	•	Thick compare to media
• Rapid flow of blood	•	Slow flow of blood



# **Medical applications**

- Atherosclerosis: focal thickening of the intima of arteries due to deposition of cholesterol (lipid plaques) (Foam cells)
- Infarction: death of tissue due to lack of blood supply
- Aneurysm: marked dilation of BV due to weakening of tunica media →rupture & hemorrhage.

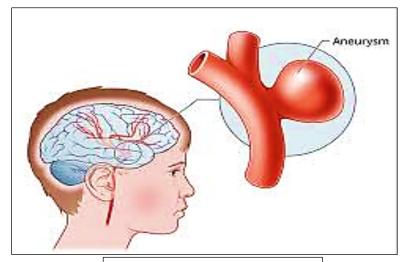




#### Foam cells

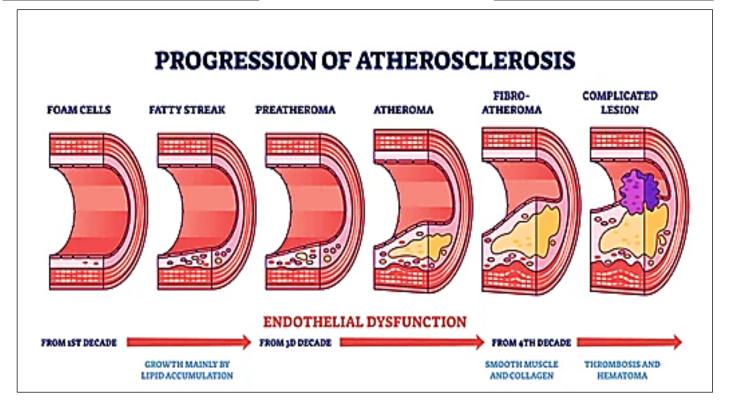
Atherosclerosis: when the endothelial cells damage  $\rightarrow \uparrow$  permeability of arterial wall  $\rightarrow$  LDL enter to tunica intima  $\rightarrow$  damaged endothelial cell will attract WBCs , WBCs will squeeze itself and enter by diapedesis to reach intima layer. WBCs will release free radicals that will oxidize LDL molecules. Macrophages will start to engulf the LDL particles  $\rightarrow$  foamy appearance Accumulating lipid & dead cells & migration of muscle cells from media layer will form plaque, the plaque will deposit Ca+  $\rightarrow$  hardening of the wall as atherosclerosis . If endothelial over the plaque is compromised blood clots can form (thrombus) which may break  $\rightarrow$ emboli





#### **Myocardial infarction**

Rupture aneurysm

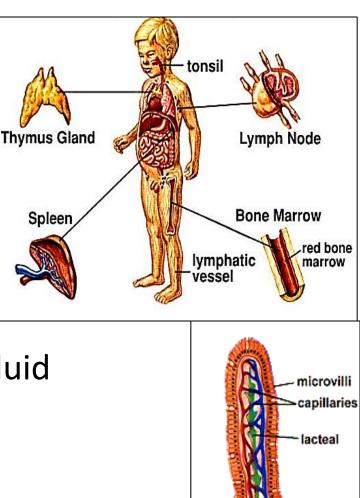


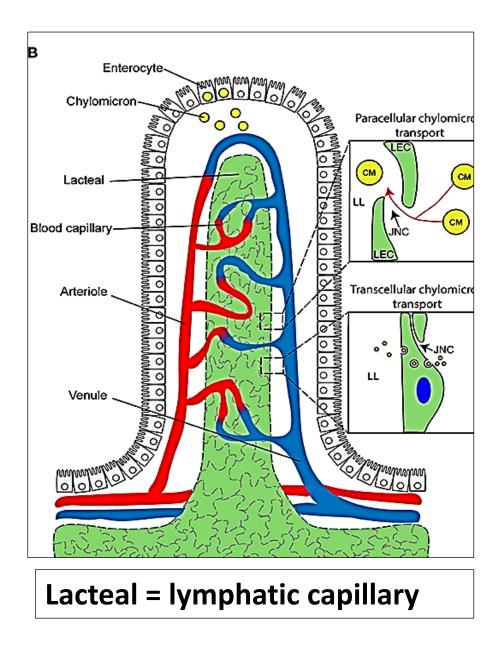
# Lymphatic system consists of:

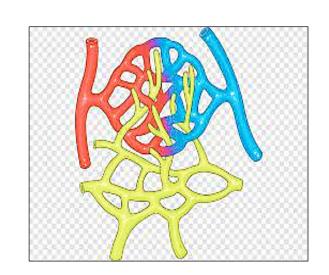
- Lymph fluid
- Lymphatic vessels
- Lymphoid tissues & organs

# Function of lymphatic system :

- Fluid balance: carry excess tissue fluid back to circulation
- Fat absorption: transport fat from GIT to blood
- Immunological & defense function : Produces, maintains & distributes lymphocytes and afilterate lymph & blood 29

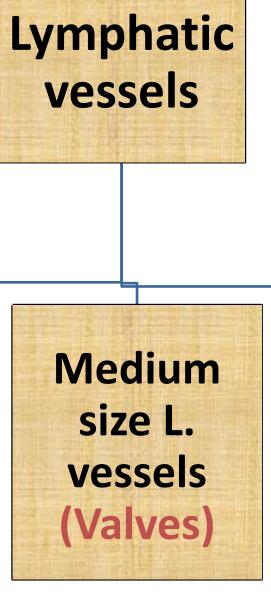






**L.** Capillaries

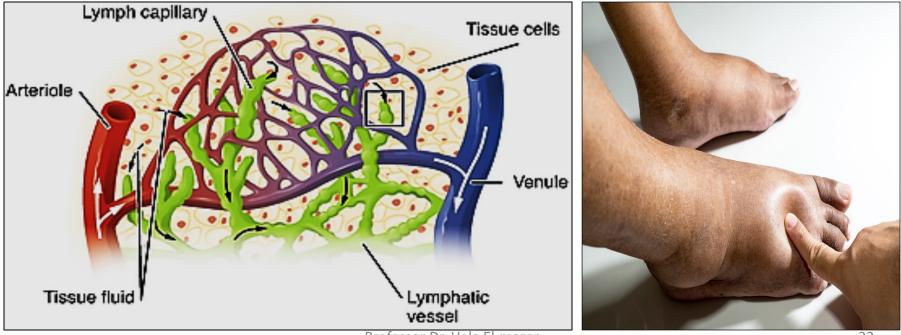
(Blind ended)



# L. Ducts (like veins)

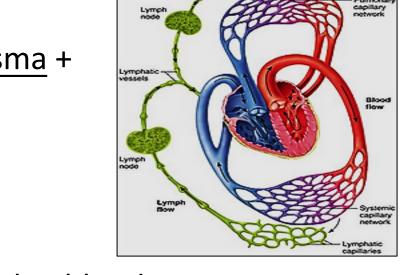
# Lymph

- Lymph is a colorless fluid that circulates through the lymphatic system
- The lymph is formed when the **interstitial fluid** is collected through lymph capillaries



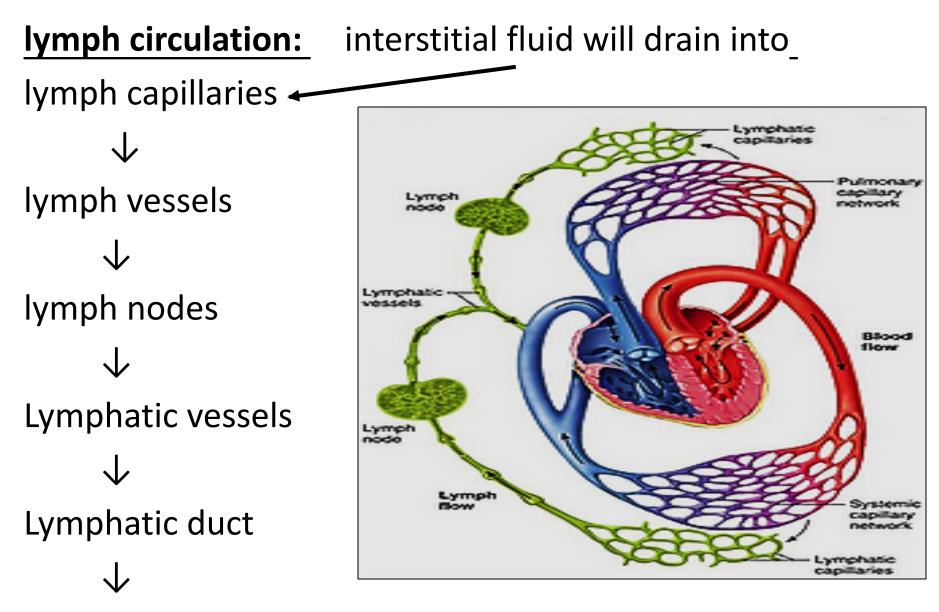
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- lymph composition changes as the blood and the surrounding cells continually exchange substances with the interstitial fluid
- Generally similar to <u>blood plasma</u> + water + immune cells WBCs (lymphocytes & macrophages)



- Lymph returns proteins and excess interstitial fluid back to the blood stream. <u>Venous</u> <u>blood</u>
- Lymph may pick up bacteria & pathogens and large particles (fat) and bring them to lymph nodes where they are destroyed by immune cells 

   before reach the blood stream



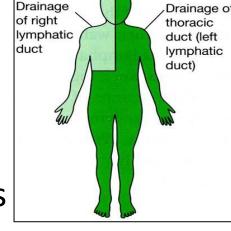
ultimately emptying into the **right** or the **left subclavian vein**, where it mixes back with blood.

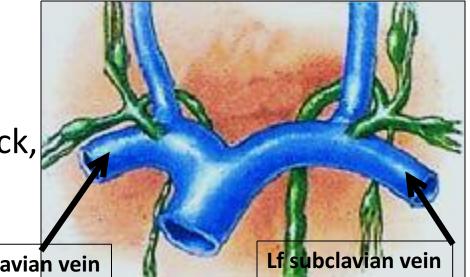
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- lymph vessels similar to veins in structure One direction & contain valves
- they pass through the lymph nodes where filtration of the lymph from bacteria occurs
- Lymphatic vessels ultimately drain lymph into 2 main ducts:
- Right lymphatic duct Drains right side of head & neck, right arm, right thorax -> into the right subclavian vein

Rt. subclavian vein

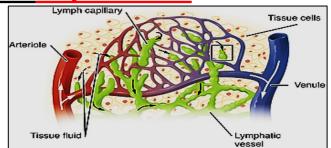




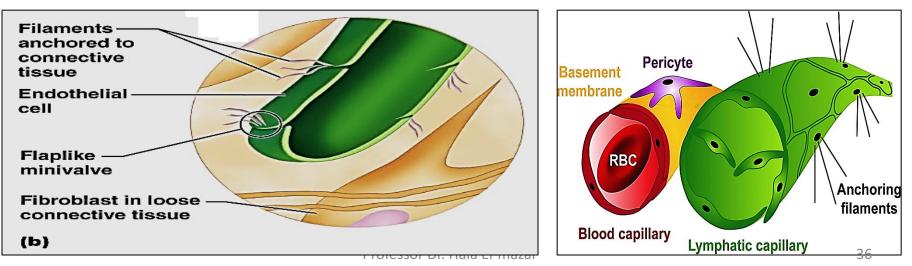


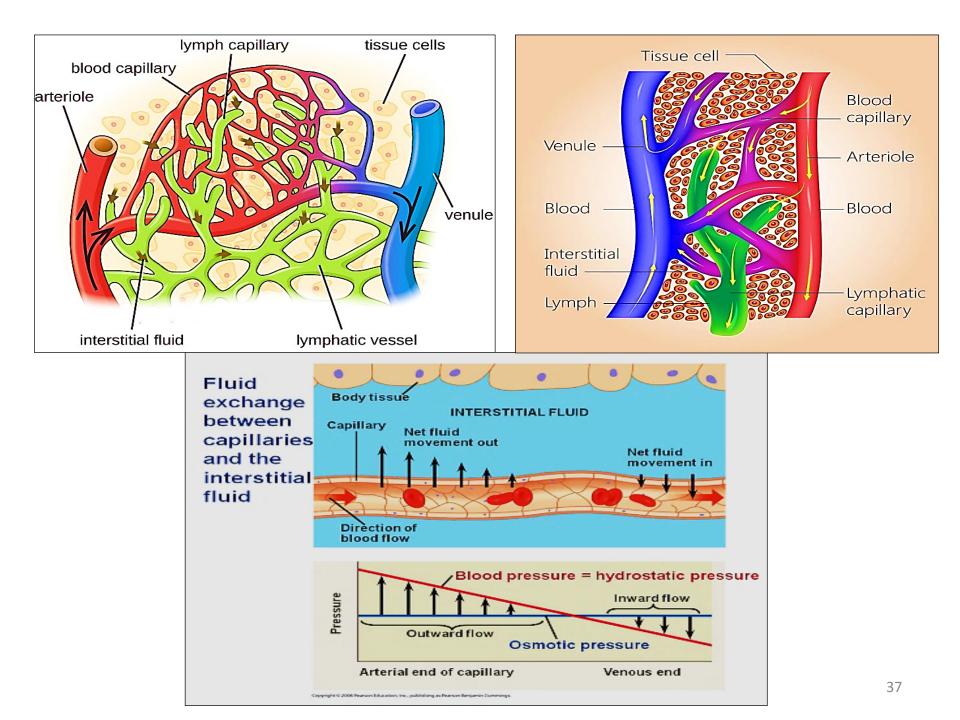
## **Structure of Lymphatic capillaries**

• Begin with a blind end

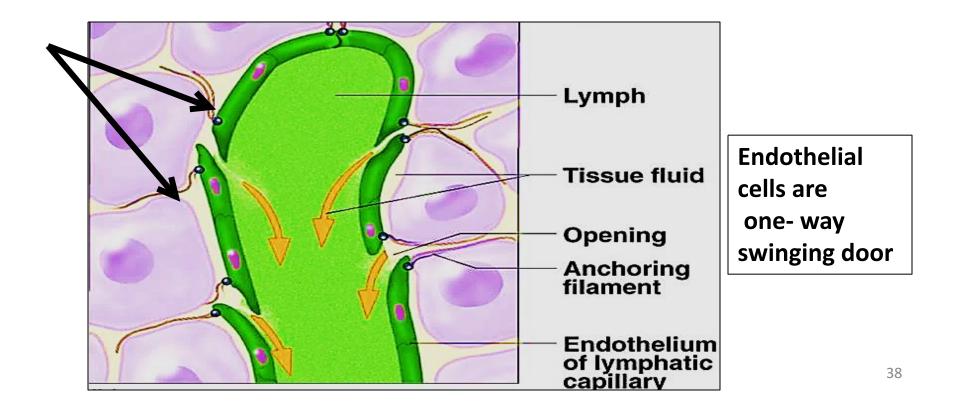


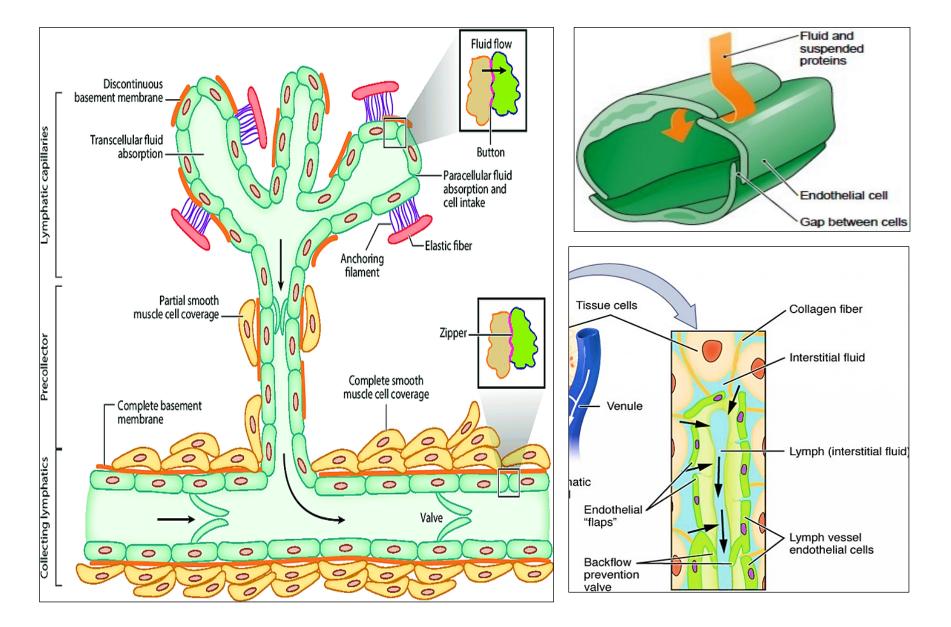
- Have similar structure to blood capillaries but <u>larger &</u> more permeable, considered as microcirculation
- Made of single layer of overlapping endothelium with interrupted basal lamina
- its endoth. Has <u>NO</u> (fenestrae, tight junction, pericytes)





- Lymphatic endothelial cells attaches to anchoring filaments made of elastic fibers which:
- 1- attach endothelial cells to surrounding tissue.
- 2- pull on → widen gap between endothelial cells→ draw more fluid into lymphatic capillary

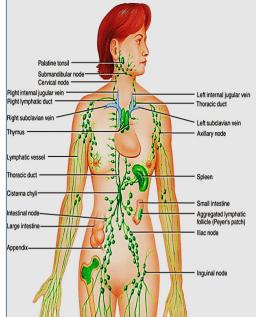




#### Lymphatic capillaries in relation to lymphatic vessels

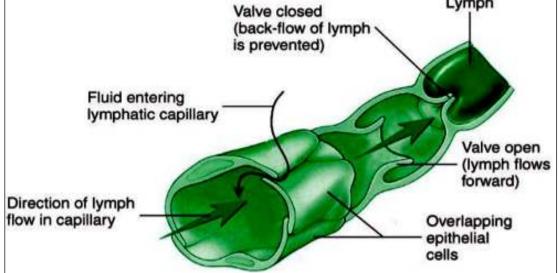
# **Structure of Lymphatic vessels**:

- Thinner wall + large lumen+ valves
- Drain lymph from lymph capillaries
- Lymph nodes are found along their course



## **Structure:**

Endothelium / <u>valves</u> , media (few smooth muscle cells) adventitia



# **Structure of Lymphatic duct:**

Large vessel that drain lymph into one of the subclavian veins Jugular lymph trun Drainage Internal jugular Drainage of of right

duct)

lymphatic

duct

- 2 lymph ducts:
  - Right lymphatic duct
  - Thoracic duct



- Tunica intima: endothelium + CT
- Tunica media: smooth ms. + elastic fibers
- Tunica adventitia: CT + smooth ms.

