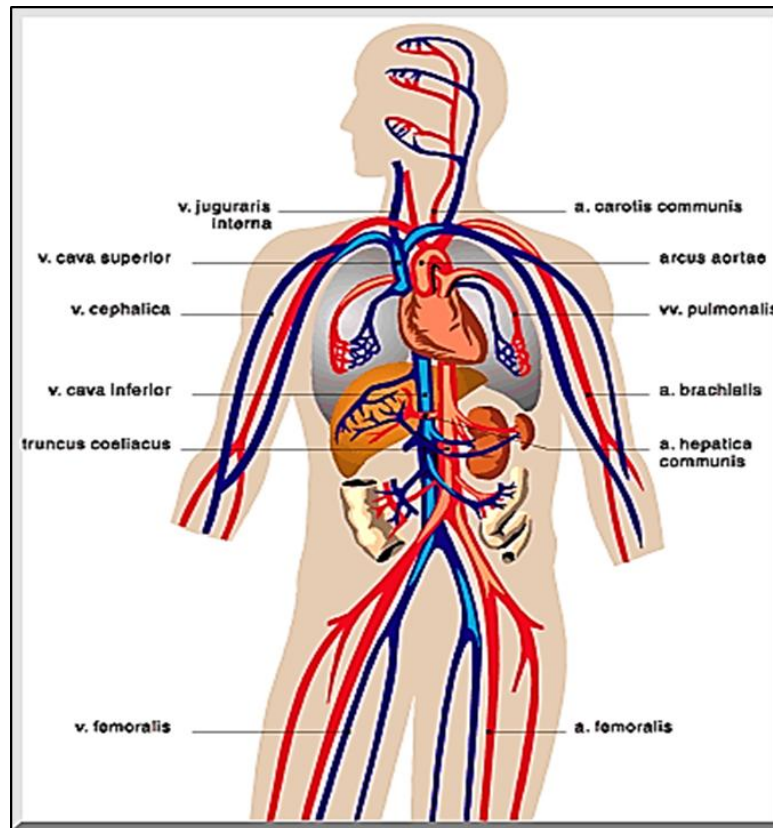


# The vascular system Part II

Medical Students / First Year

Professor Dr. Hala El-mazar

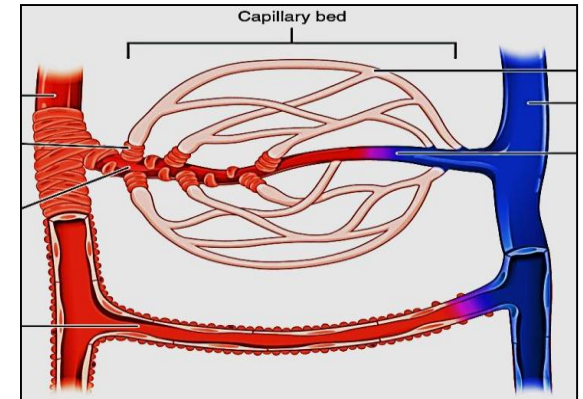
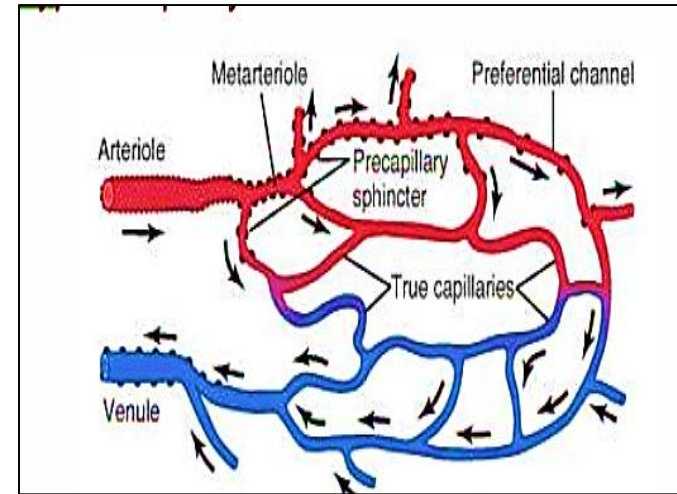


Professor Dr. Hala El-mazar

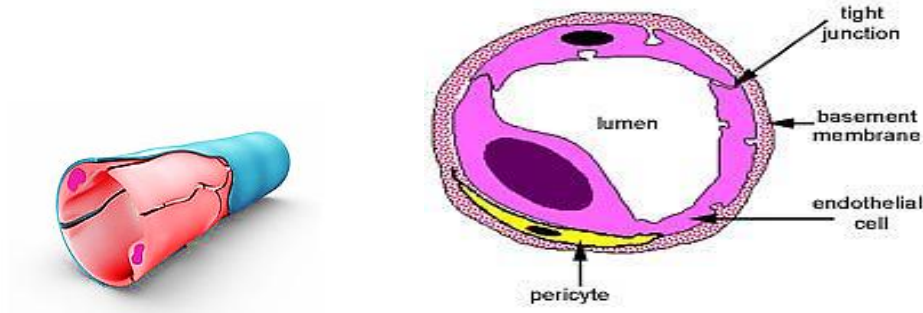
# microcirculation

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 surrounded by pericytes



## Function of endothelial cells:

### 1. Permeability

- Allows exchange of water, CO<sub>2</sub> and metabolites between blood and tissue
- Allows migration of leucocytes from blood to tissue (diapedesis) during inflammation.
- Forms Blood Barriers through the tight junctions between the endothelial cells

## 2. Metabolic function:

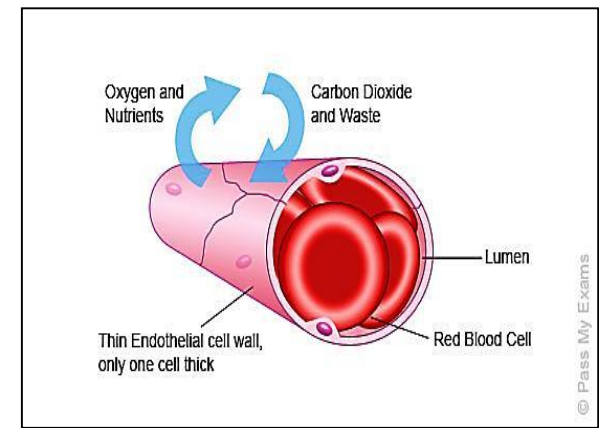
- Activates angiotensin I to Angiotensin II, because the endothelial cells of the lung capillaries have the converting enzyme (which plays major role in bl pressure)

## 3. Non-thrombogenic function

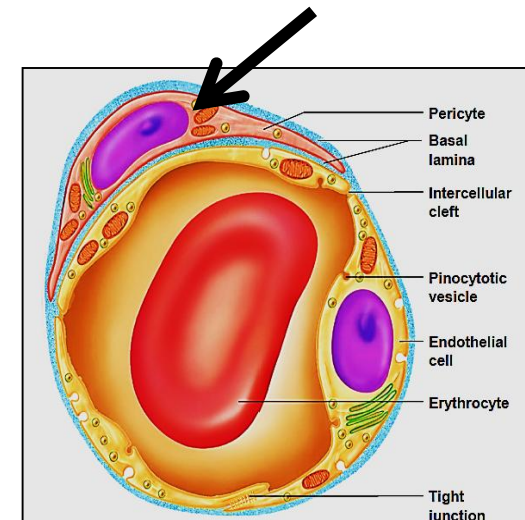
- Platelets normally do not adhere to an intact endothelium because Prostacyclin is released by endothelium which is a powerful inhibitor of platelet aggregation and thus prevents clot formation

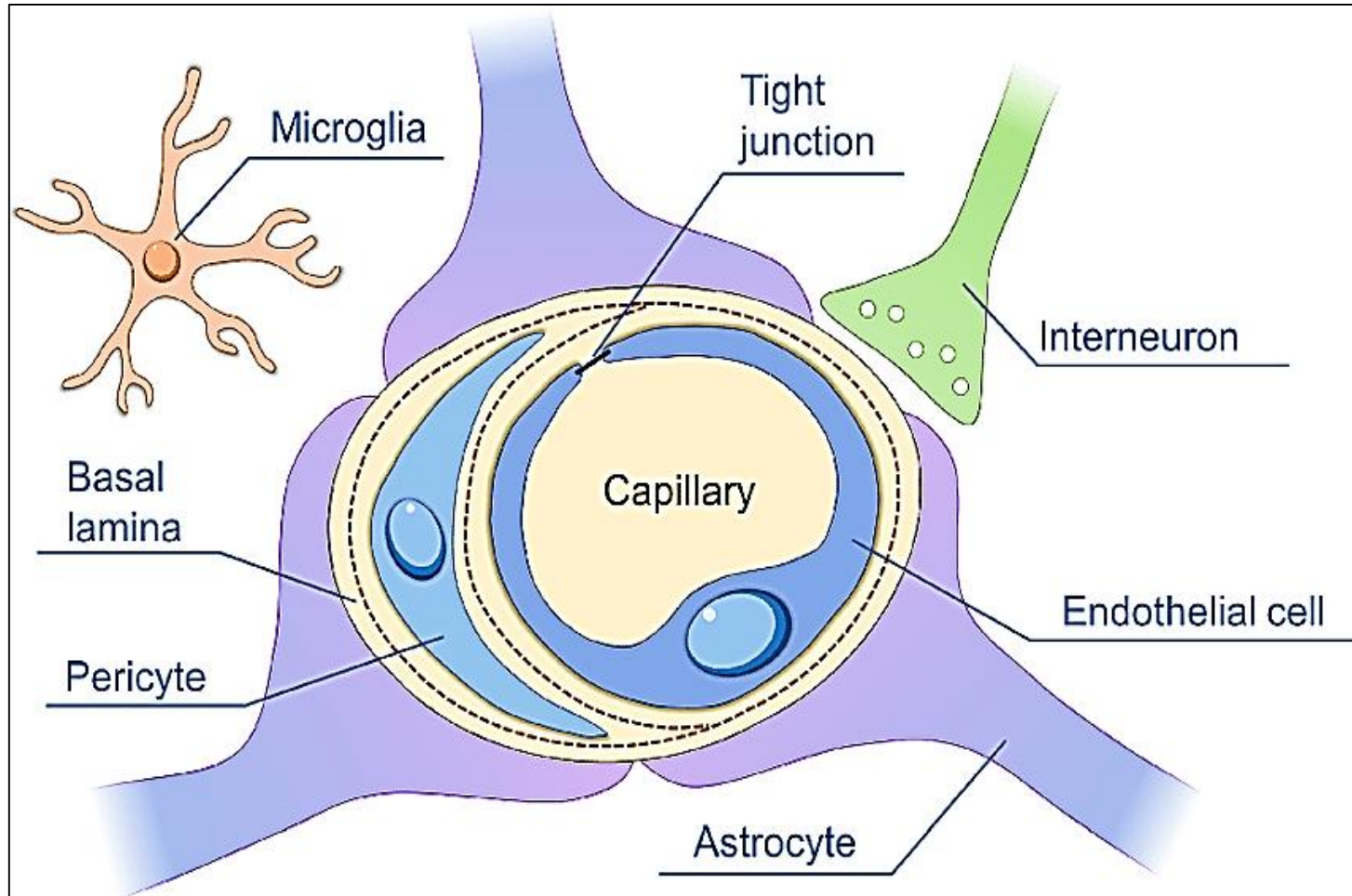
# Capillaries

- the smallest blood vessels 5- 8  $\mu\text{m}$
- 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 , **NO smooth ms cells**



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



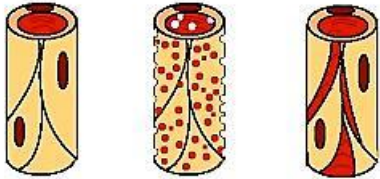


Pericytes in relation to endothelial cell in capillaries

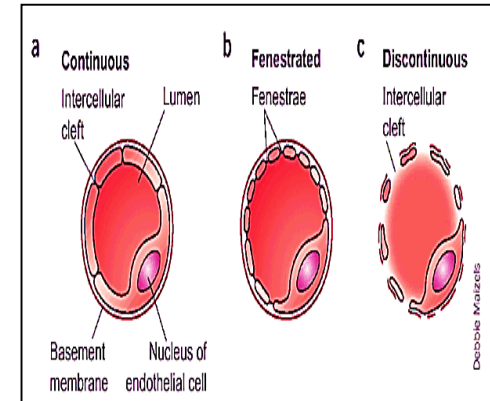


# Types of capillaries

Types of Capillary vessels



Continuous    Fenestrated    Sinusoidal



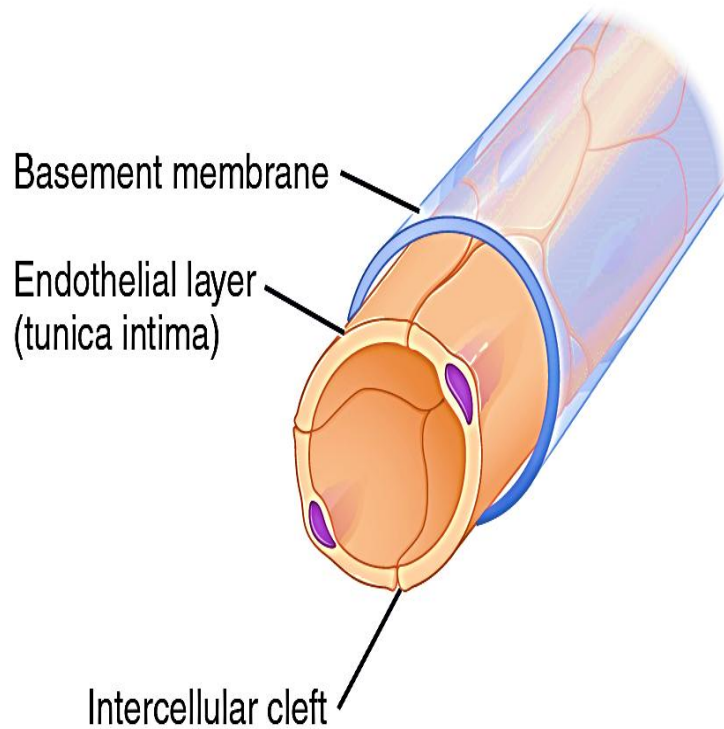
**Continuous  
(Somatic)**

**Fenestrated  
(Visceral)**

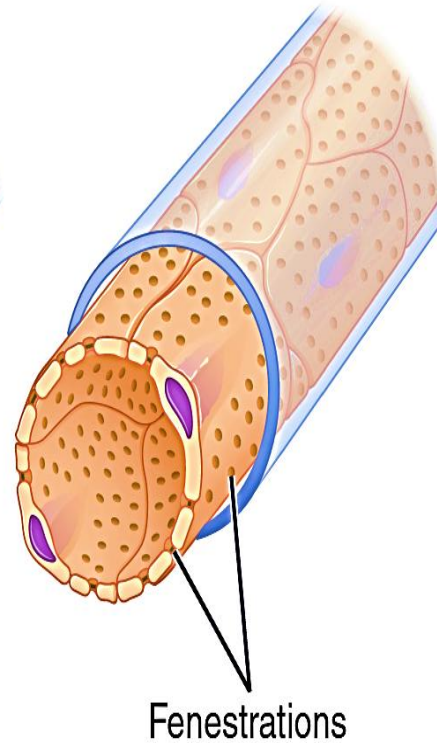
**Discontinues  
(Sinusoidal)**

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

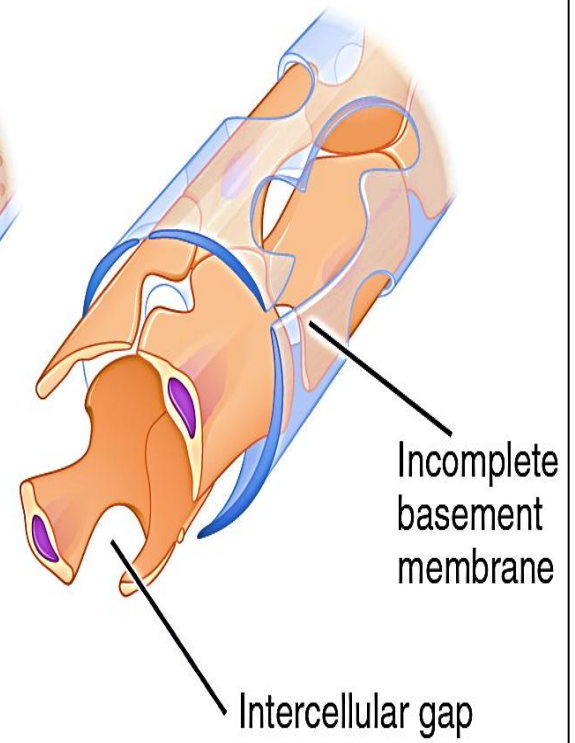
**Continuous**



**Fenestrated**



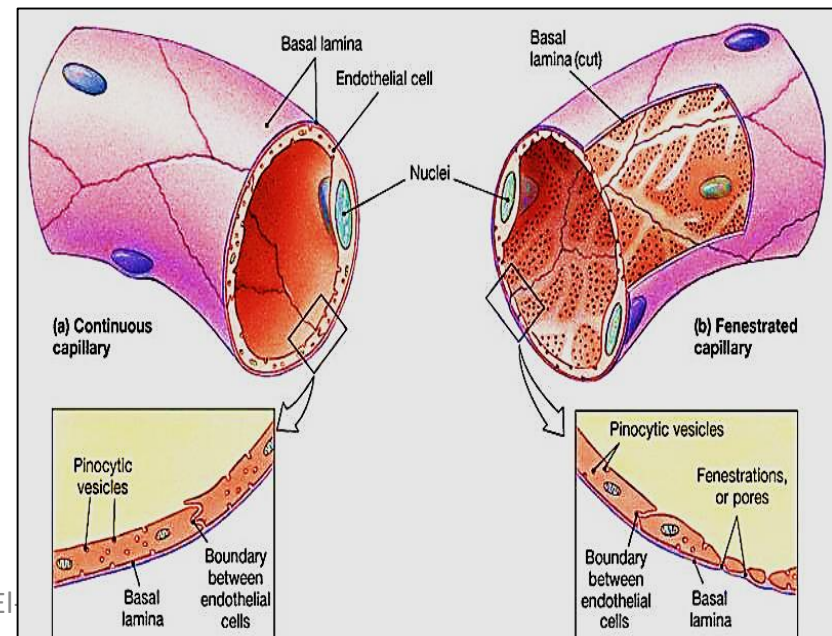
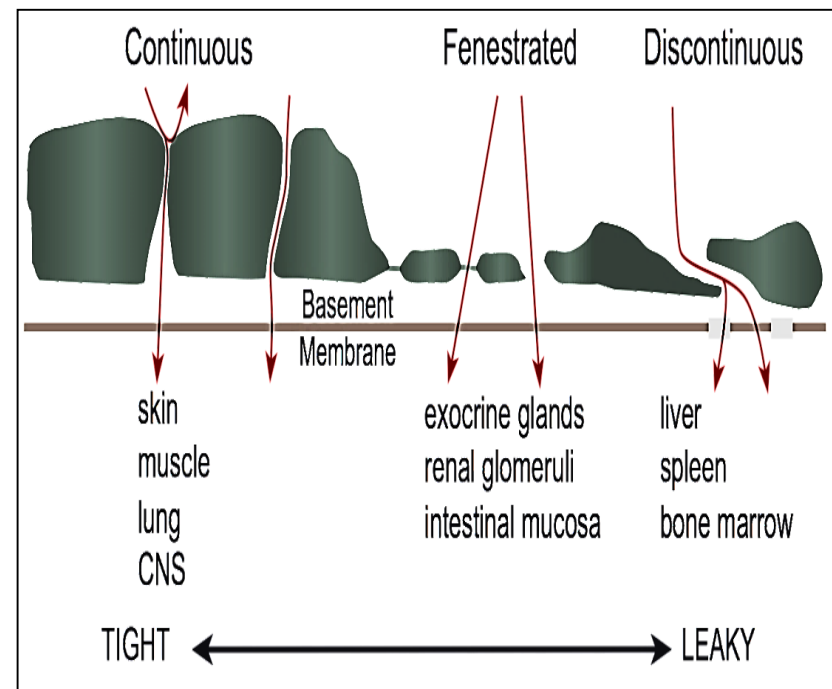
**Sinusoid**

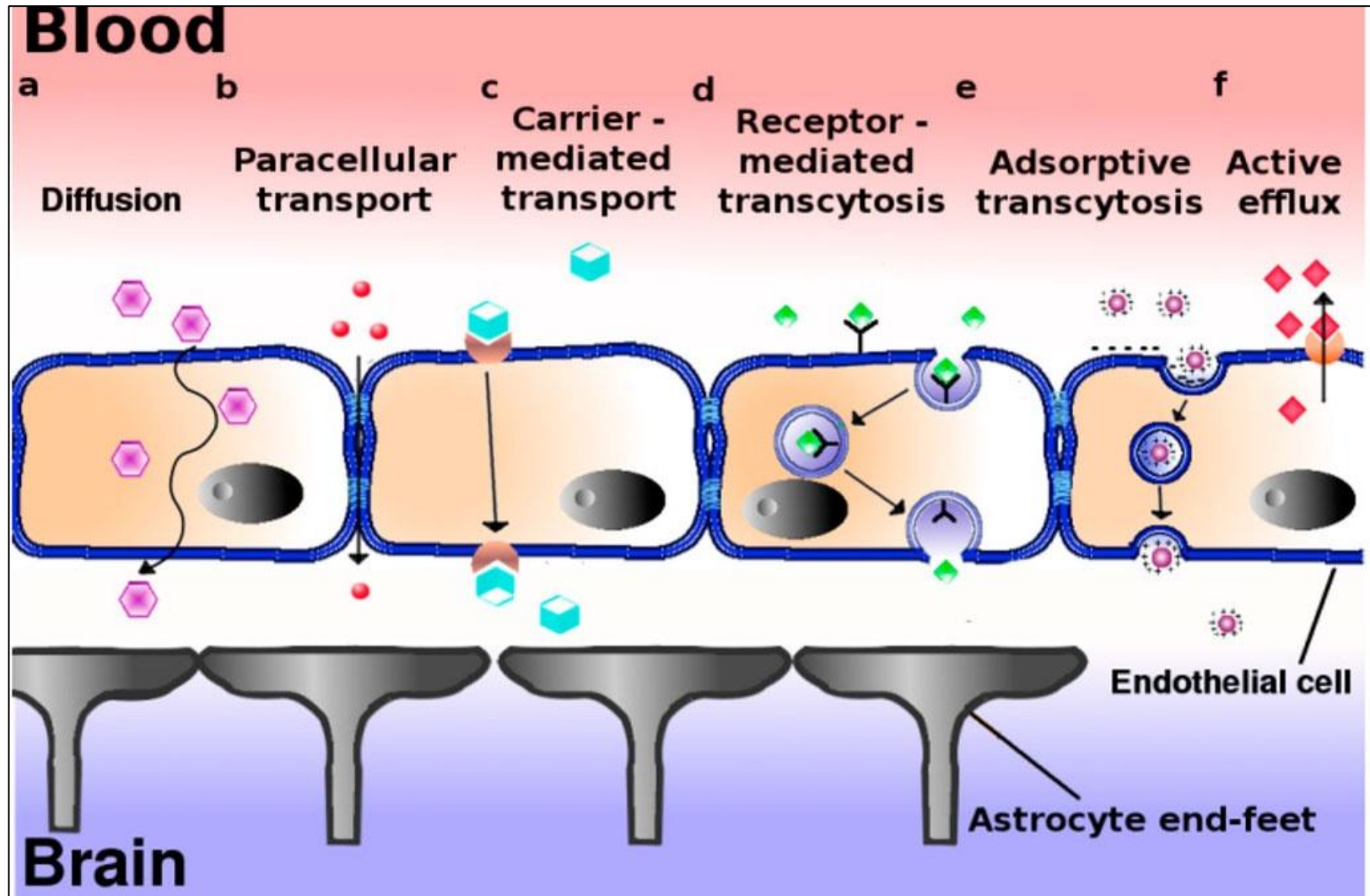


## **Types of capillaries**



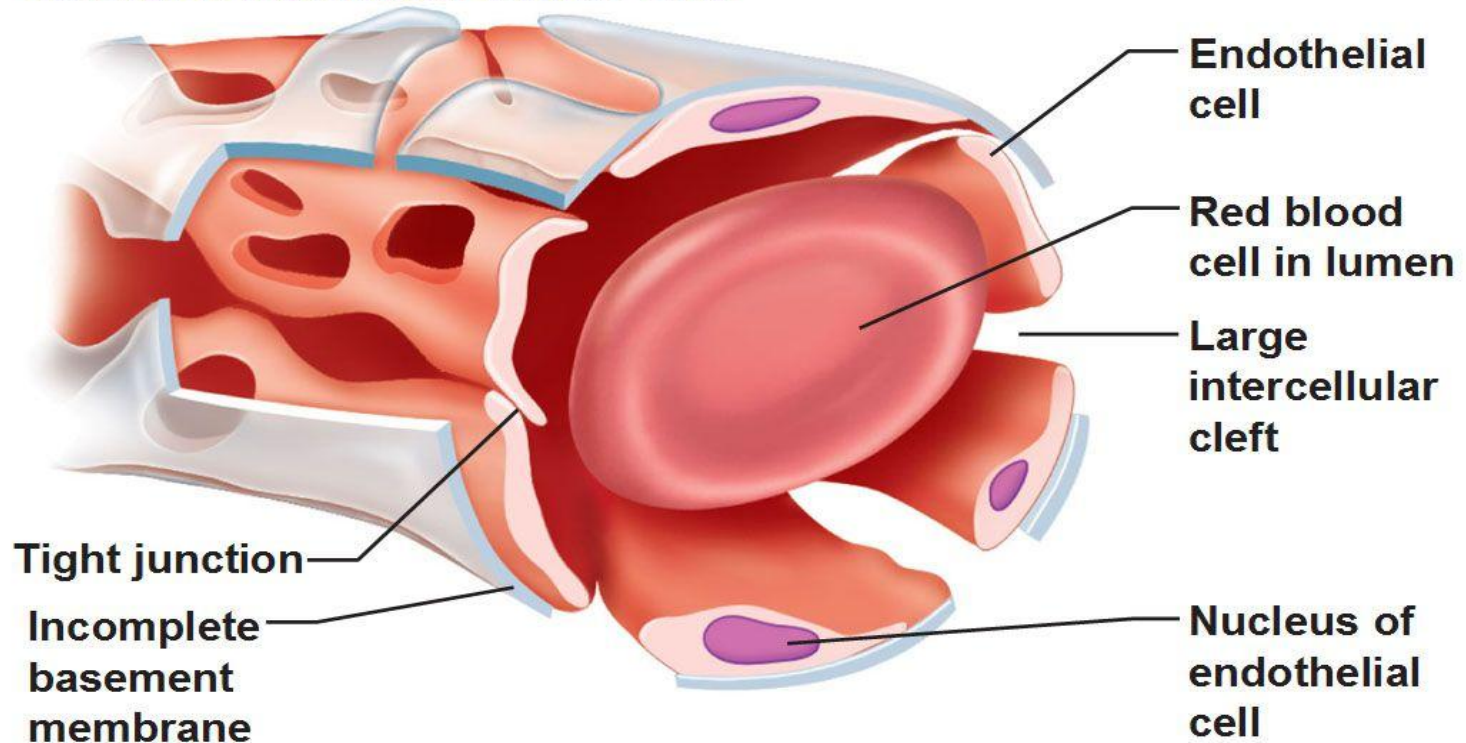
- **Continuous (somatic):** tight junctions between the endothelial cells  
.Continuous basal lamina
- has the lowest permeability (water, ions, lipid & soluble molecules)  
(diffusion , transcytosis)
- **Fenestrated (visceral):** cells have pores which may be/ may be not covered by diaphragm, the basement membrane is continues  
relatively high permeability  
(active filtration, reabsorption, hormone secretion)  
**No diaphragm:** Kidney glomeruli,  
**Diaphragm:** intestine & endocrine G
- **Sinusoidal:**  
Extremely highly permeable  
( permit cross of cells & serum proteins)  
Liver, spleen , bone marrow





Mode of transport across the endothelial cells

**Structure of Capillaries:** Sinusoids have big fenestrations, few tight junctions, and wide intercellular clefts, as well as incomplete basement membranes, allowing for exchange of large molecules (whole cells)



**(c) Sinusoidal capillary.** Most permeable. Occurs in special locations (e.g., liver, bone marrow, spleen).

## Sinusoidal capillaries



## Blood capillary

1- Narrow regular lumen  
(5-8  $\mu\text{m}$ )

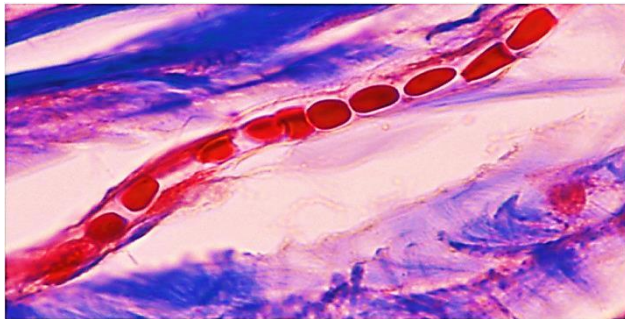
2- Uniform diameter

3-Continuous or fenestrated  
endothelium

4- Complete basal lamina

5-Surrounded with  
**Pericytes**

6-Present in all tissues



## Blood sinusoid

1-Wide irregular lumen  
(30-40  $\mu\text{m}$ )

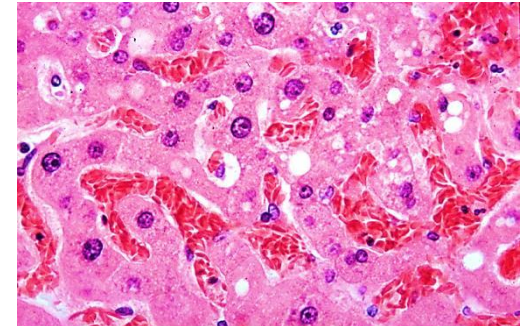
2- Variable diameters & tortuous

3- Always fenestrated

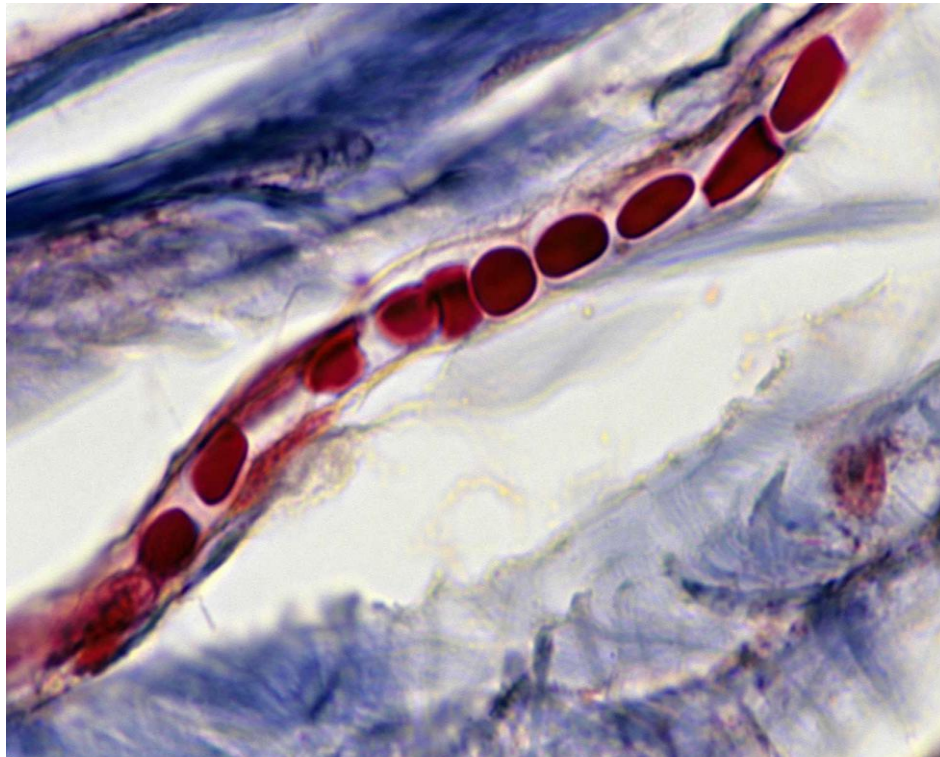
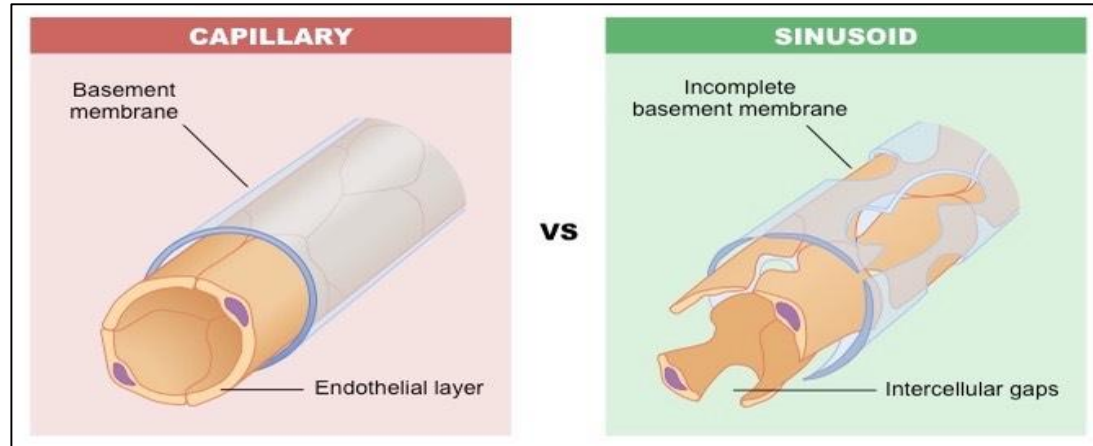
4- Incomplete basal lamina

5- Contain macrophages e.g. **Littoral cells (spleen), Kupffer cells (liver)**

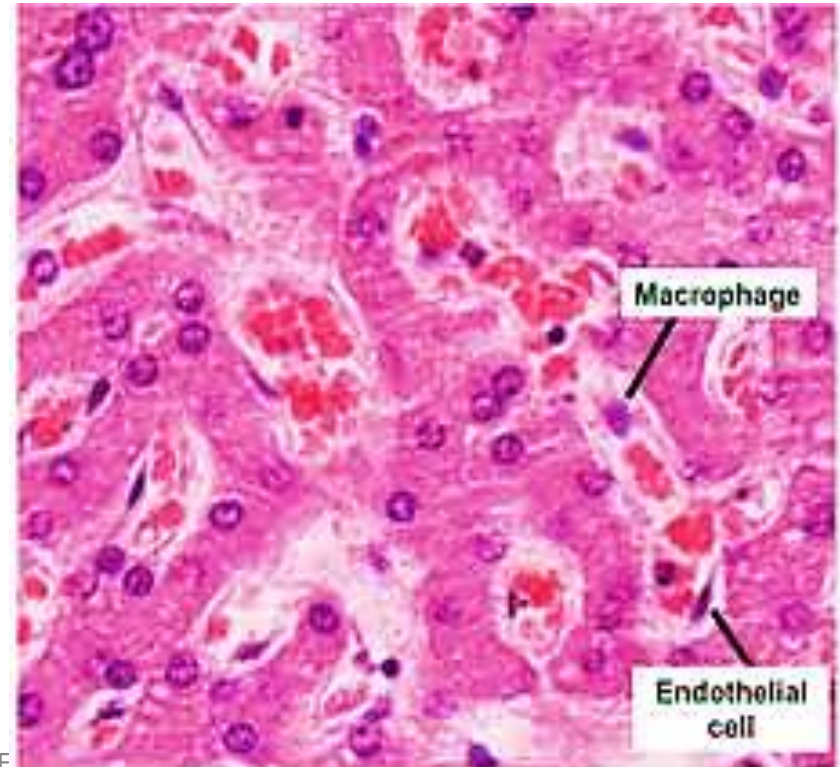
6- present in certain sites as :bone marrow, spleen, liver&



# Capillary vs Sinusoid



Professor Dr. Hala E

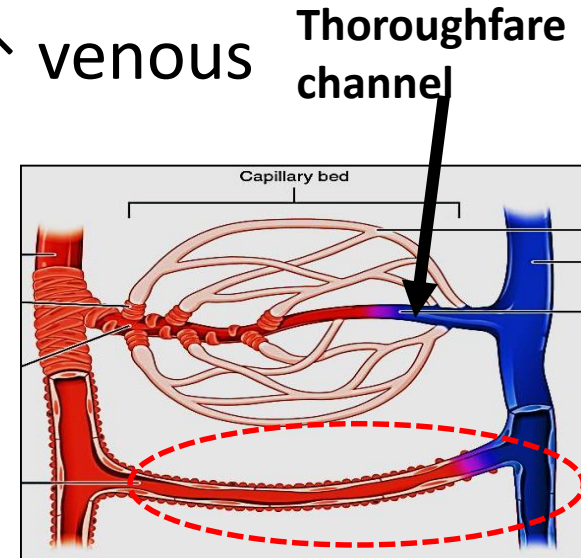


Hepatocytes and sinusoids

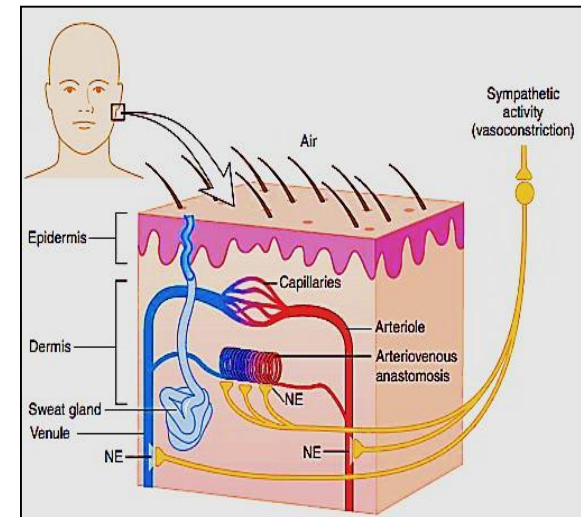
# Arterio- venous anastomoses (AVA)/ Shunt

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

**A- thoroughfare channel** contraction of pre- capillary sphincters  $\rightarrow$  Blood will flow Through the thoroughfare channel



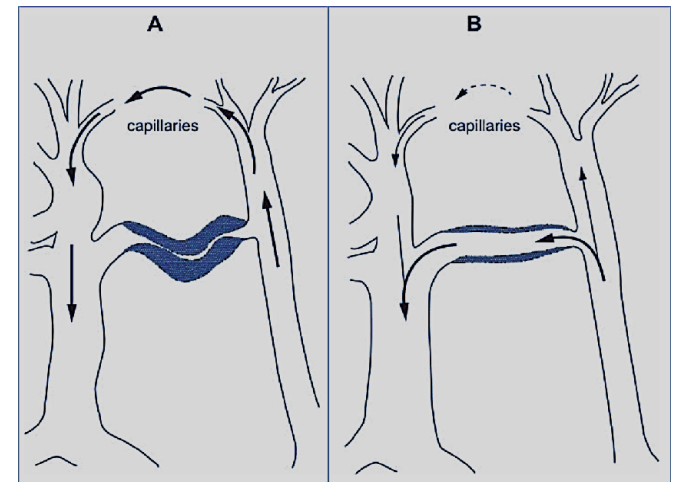
**B- AV anastomosis:** direct connection Between an artery & vein or arteriole & venule

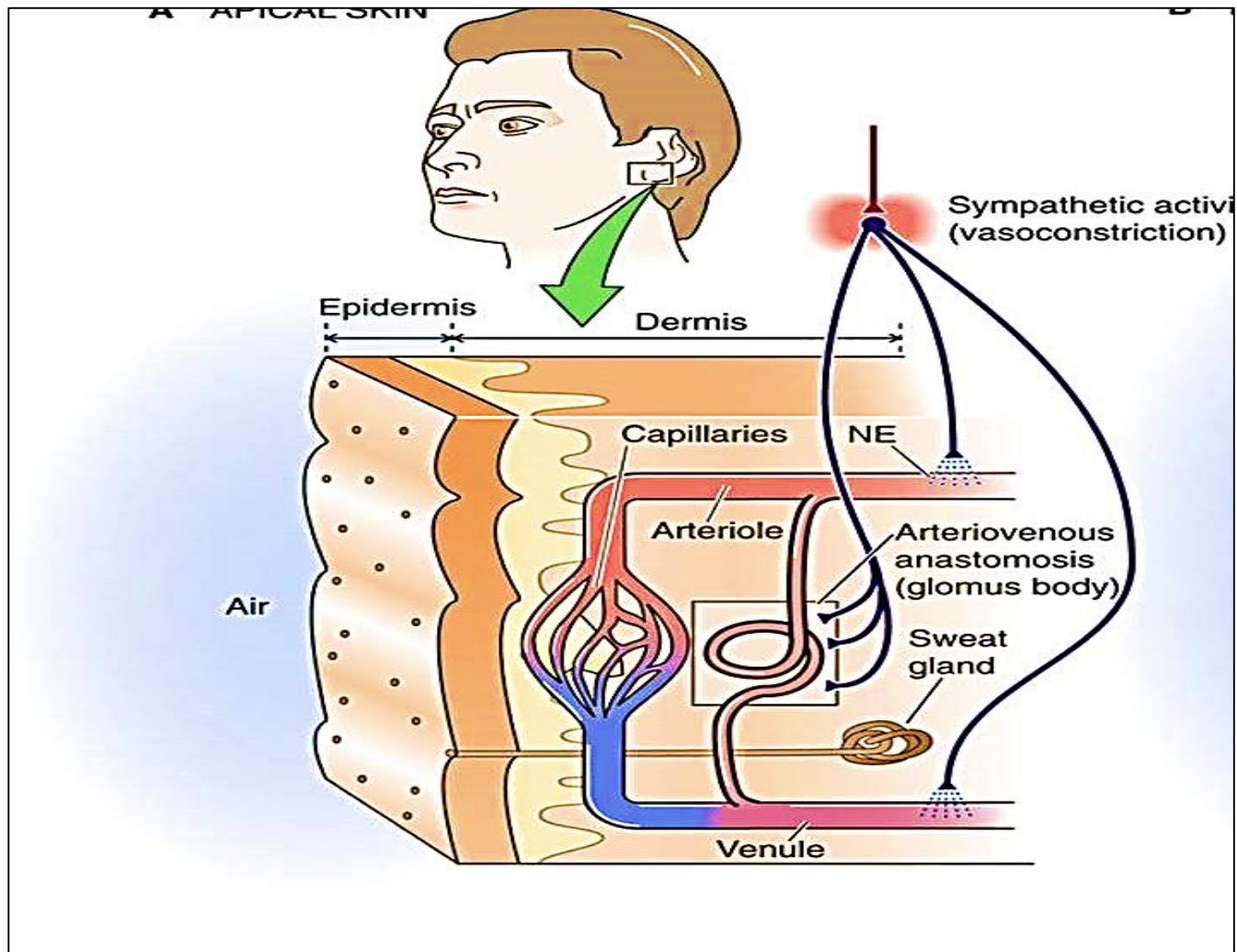




Feature	AV Shunt (Arteriovenous Shunt)	Thoroughfare Channel
Definition	A direct connection between an artery & a vein bypassing capillaries	A vessel that connect a terminal arteriole to a venule via capillaries
Capillary bypass	Completely outside the capillary bed	Short cut within the capillary bed
structure	No capillaries involved	Part of a true capillary with preferential flow
function	Rapid blood flow or thermoregulation	Allows efficient blood flow when capillary demand low
Clinical relevance	Used in hemodialysis & temperature control	Important in resting tissue perfusion

- The AVAs are short vessel with a large inner diameter 10 - 150  $\mu\text{m}$  & a **thick muscular wall**, 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

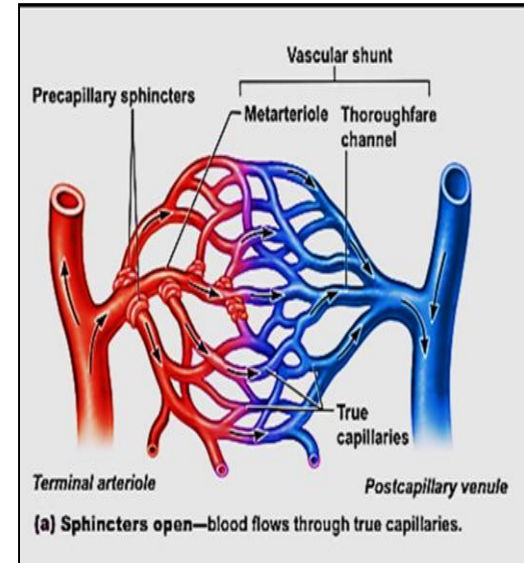


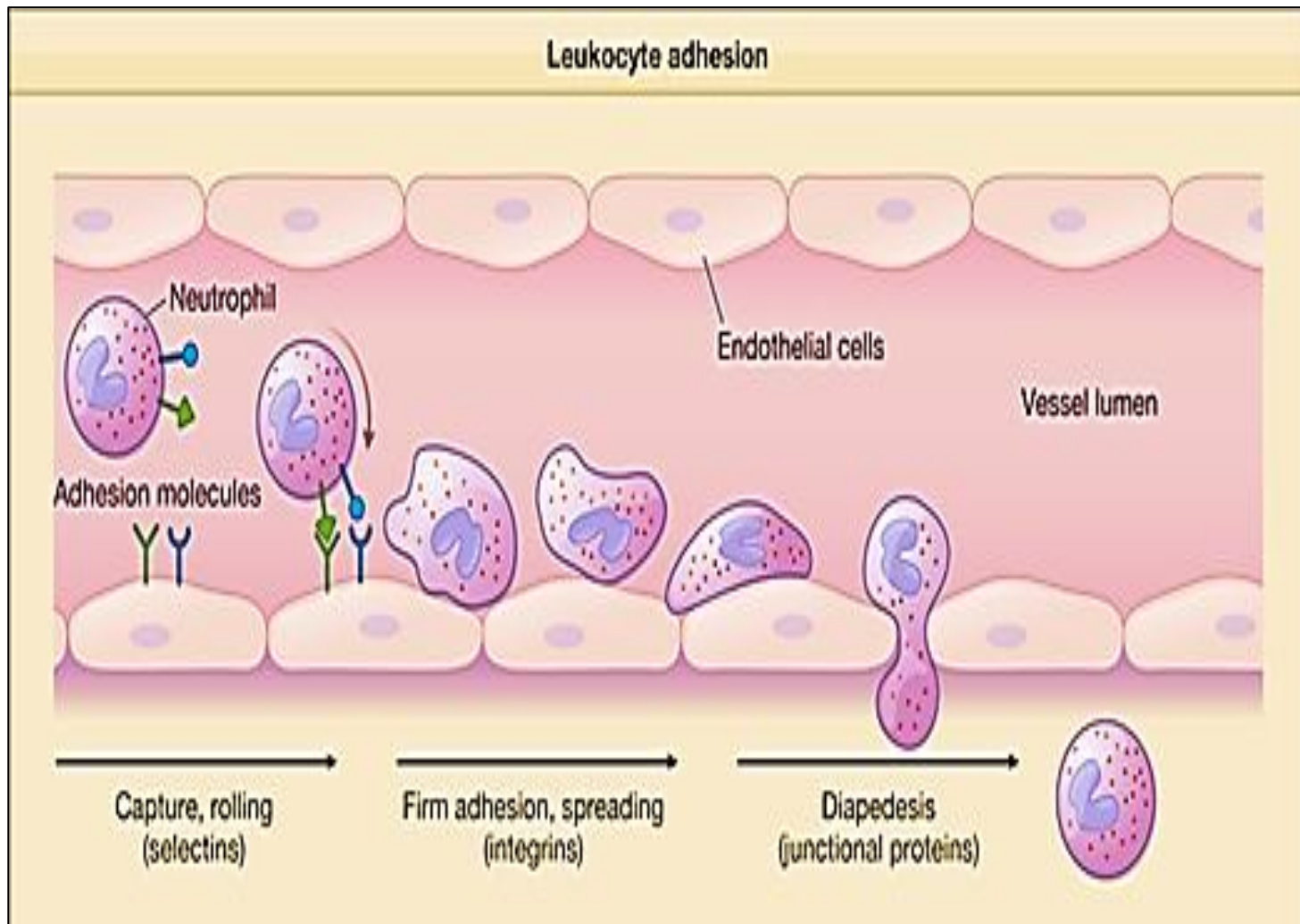


**Arteriovenous shunt that regulates temperature and blood flow throughout the body most common in the fingertips and nose tips**

# Post -capillary venules

- Post- capillary venules diameter (10-30  $\mu\text{m}$ ) form when capillaries re-unit ,they drain the capillary bed
- Its structure is similar to capillaries
- Porous , allow passage fluids & WBCs into tissues
- **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**

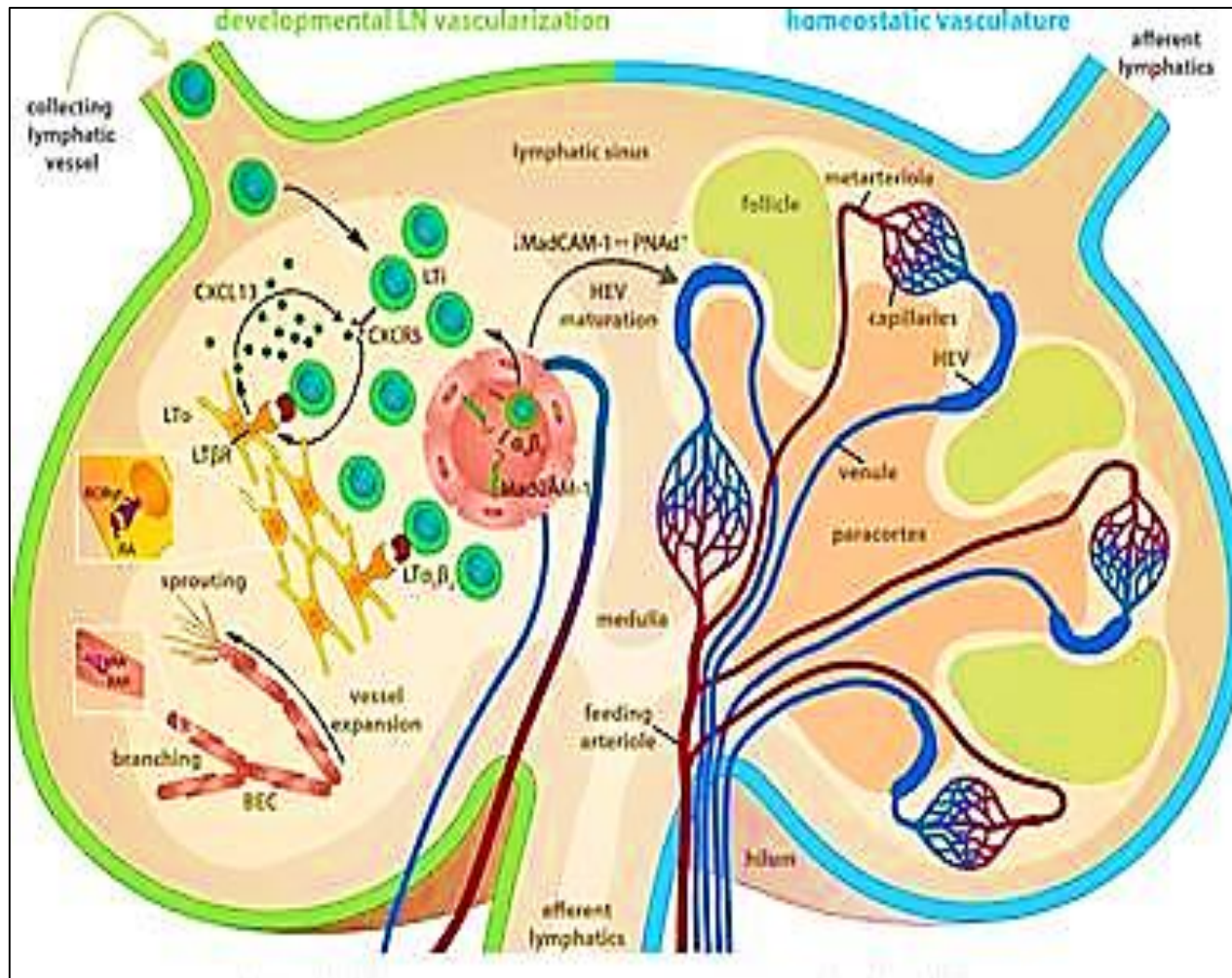




## Leukocyte extravasation

- The post capillary venules in paracortex of lymph node are lined by tall cuboidal endothelial cells are called high endothelial venules (HEV) (entrance of T lymphocytes to LN)
- 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

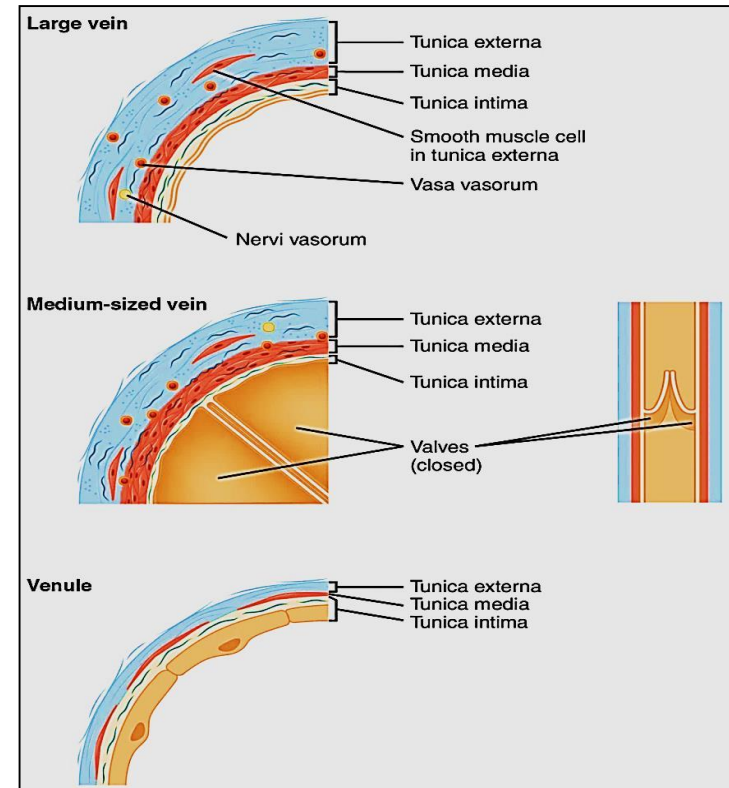
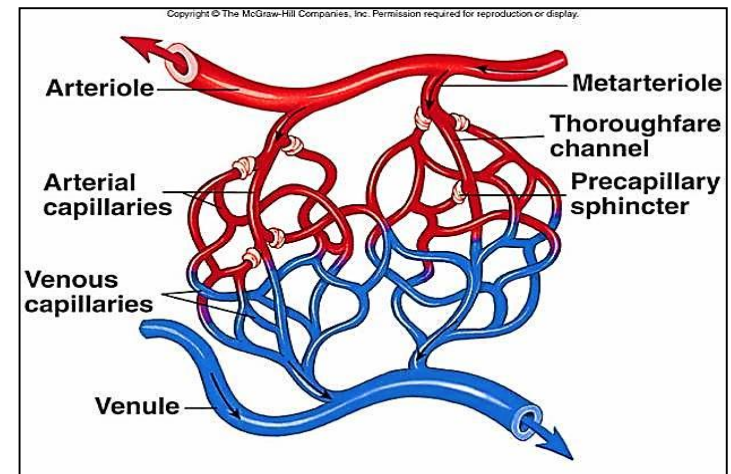
# venules

- The smallest veins (20- 30  $\mu\text{m}$ )

**Intima:** endothelium

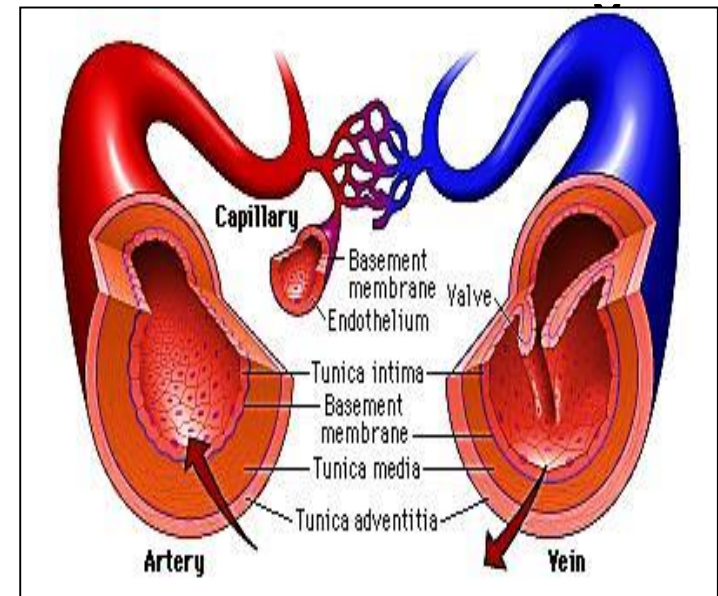
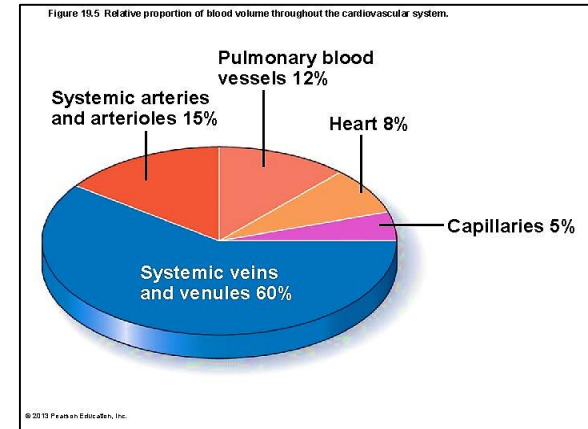
**Media:** 1 or 2 layers of smooth ms. cells, The thickness  $\uparrow$  as the vessel diameter increased

**Adventitia:** relatively thick



# Medium size veins

- Carry blood toward → heart.
- The blood pressure in veins is much lower than arteries
- Veins have 3 tunics, but thinner walls with wider lumen comparing with corresponding arteries... cuz they can hold most of the blood, called capacitance (reservoir) vessels
- Tunica media is thin , adventitia is thick
- **Valves are** special adaptation in the veins helps return of blood to heart & prevents its back flow
- **Valves are absent in small & large veins**



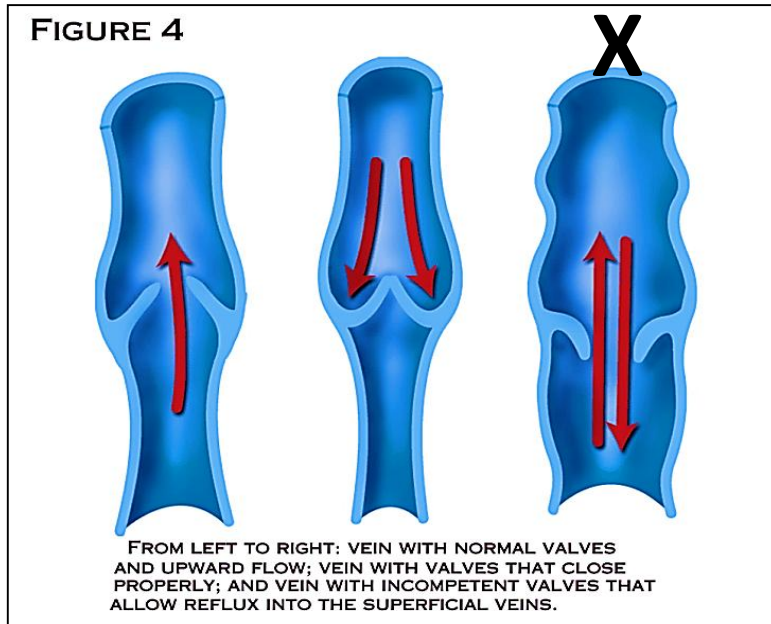


## Valves:

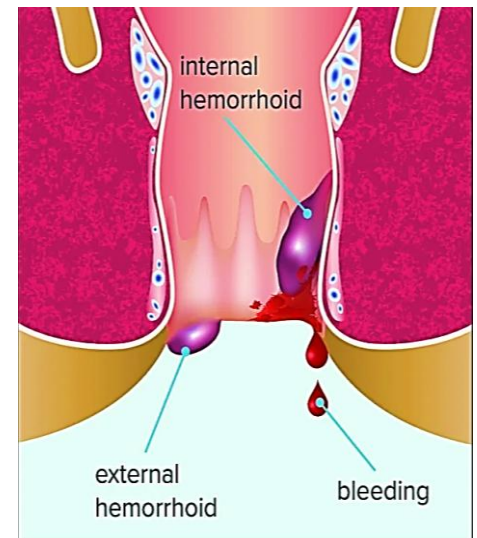
- are folds project from intima into lumen of the vein
- Lined on both sides by endothelium,
- their core formed of elastic tissue
- Valves Are most abundant in veins of limbs



**Valves**



**Varicose veins**



**Hemorrhoids**

# Vena cava (inferior & superior)

Tunica intima: thin

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

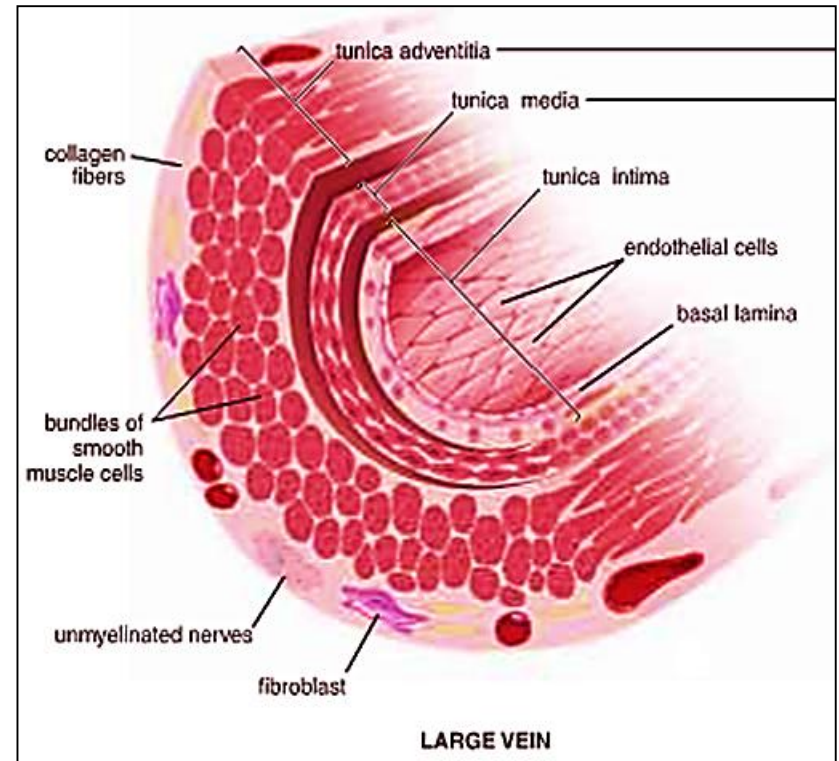
Tunica media:

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

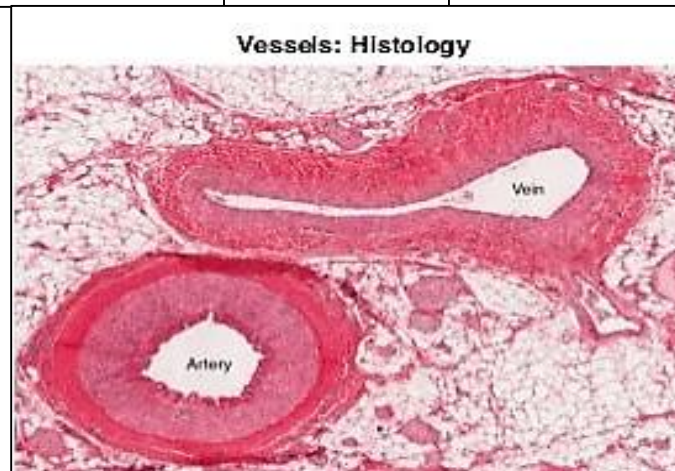
artery

and

vein

- Narrow lumen
- Thick wall
- No valves
- Intima (thick, IEL)
- Media (thickest)
- Adventitia equal to media
- Rapid flow of blood

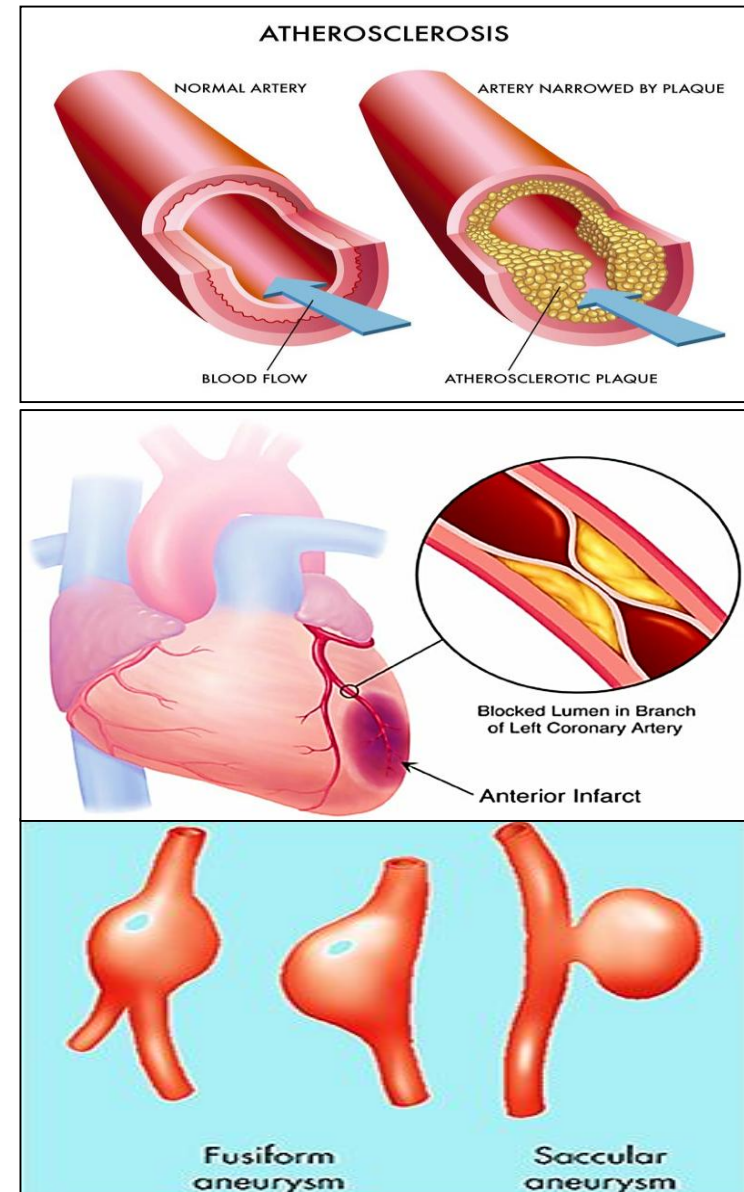
- Wide lumen
- Thin wall
- Valves
- Thin, no IEL
- Media (thin)
- Thick compare to media
- Slow flow of blood

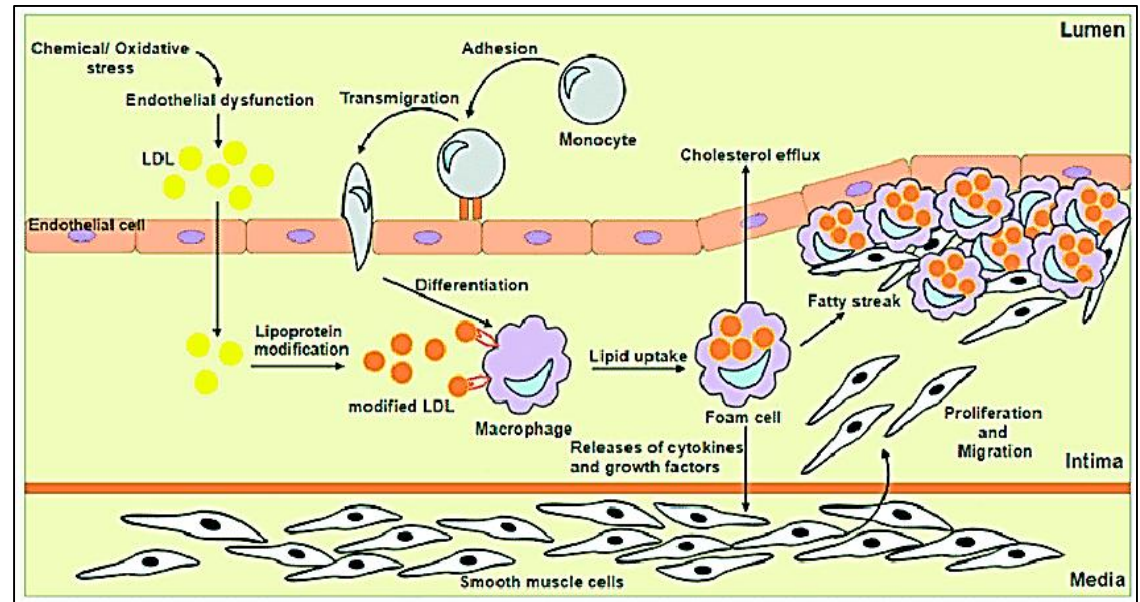
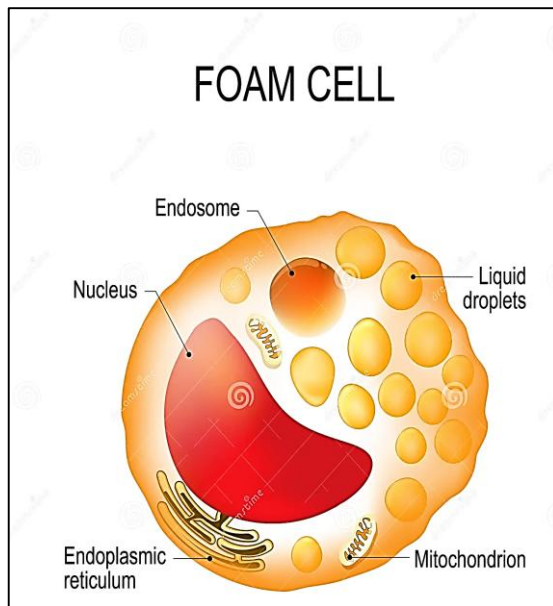




# Medical applications

- **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.

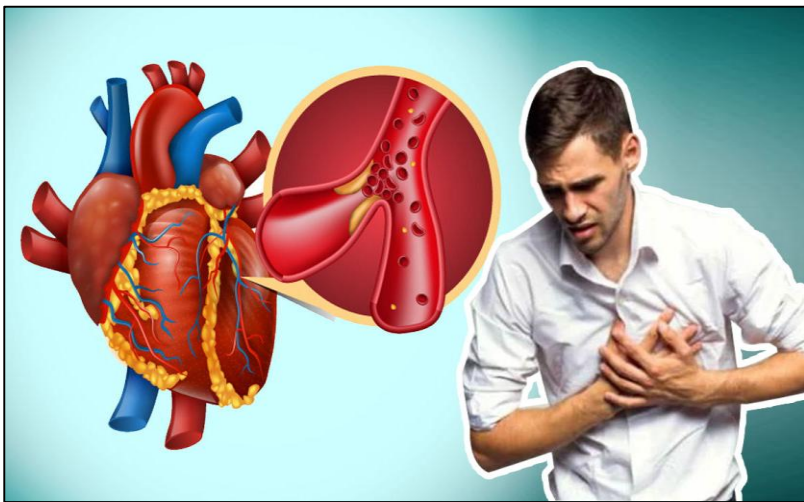




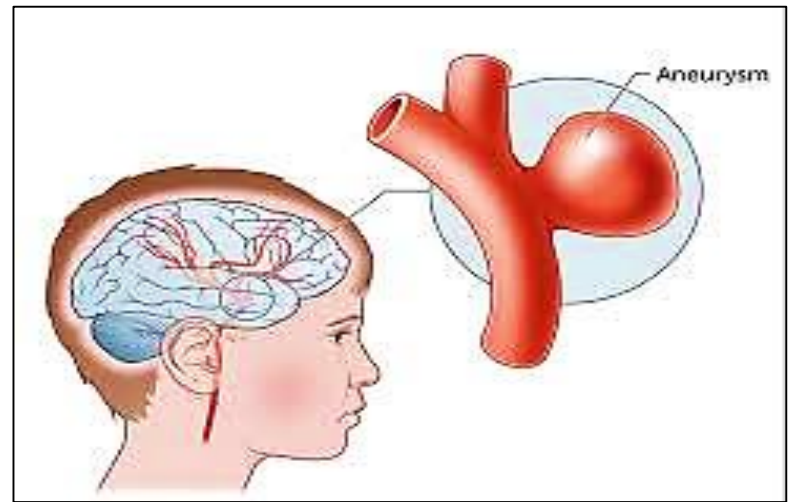
## Foam cells

**Atherosclerosis: when the endothelial cells damage → ↑ permeability of arterial wall → LDL enter to tunica intima → 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.**

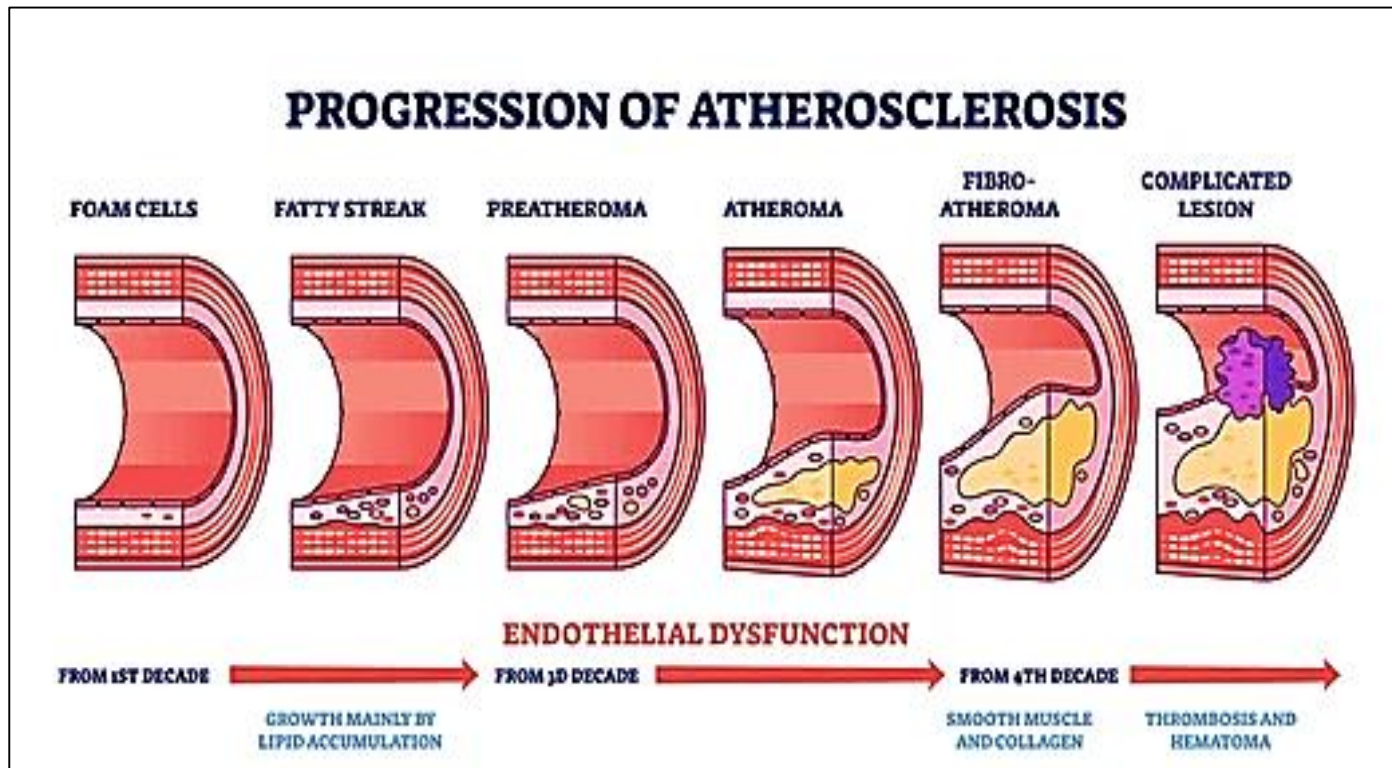
**Macrophages will start to engulf the LDL particles → foamy appearance  
Accumulating lipid & dead cells & migration of muscle cells from media layer will form plaque, the plaque will deposit  $\text{Ca}^{+}$  → hardening of the wall as atherosclerosis .  
If endothelial over the plaque is compromised blood clots can form (thrombus) which may break → emboli**



**Myocardial infarction**



**Rupture aneurysm**



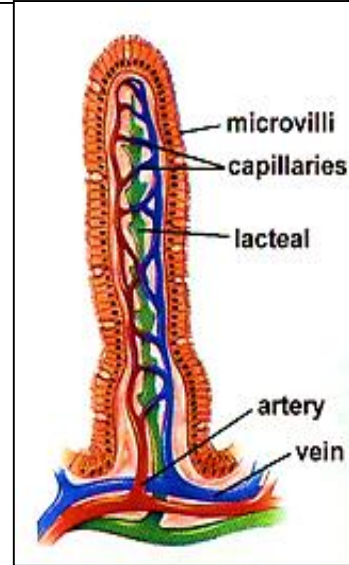
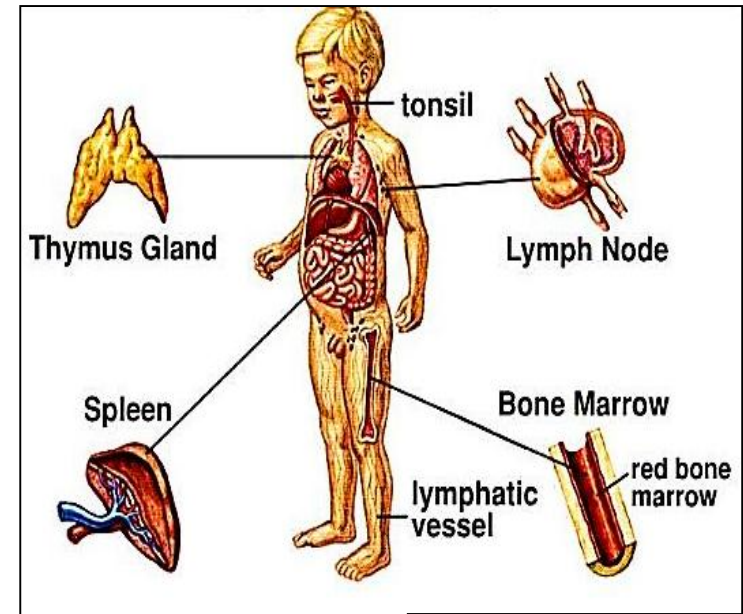


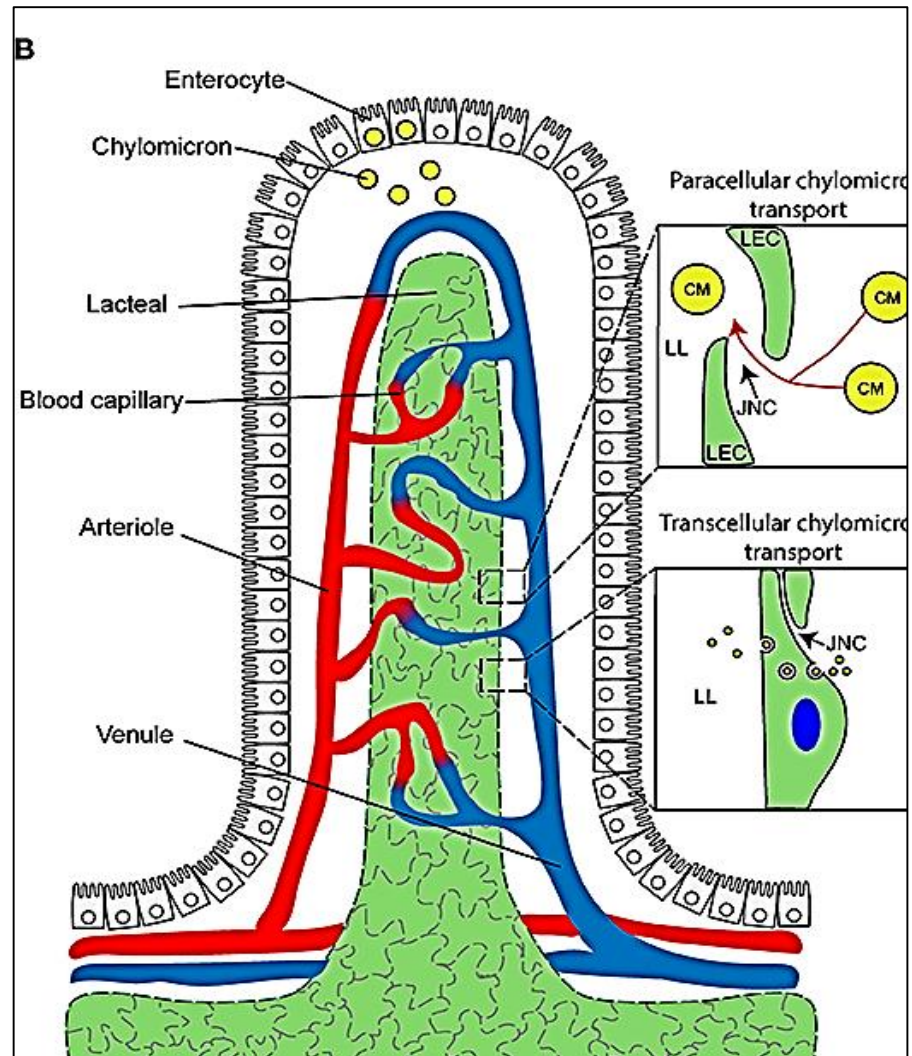
## Lymphatic system consists of:

- Lymph fluid
- Lymphatic vessels
- Lymphoid tissues & organs

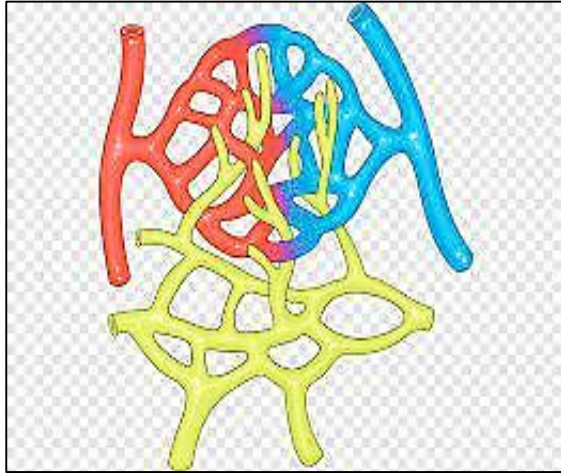
## Function of lymphatic system :

- 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 filtrate lymph & blood





**Lacteal = lymphatic capillary**



# Lymphatic vessels

**L. Capillaries**  
(Blind ended)

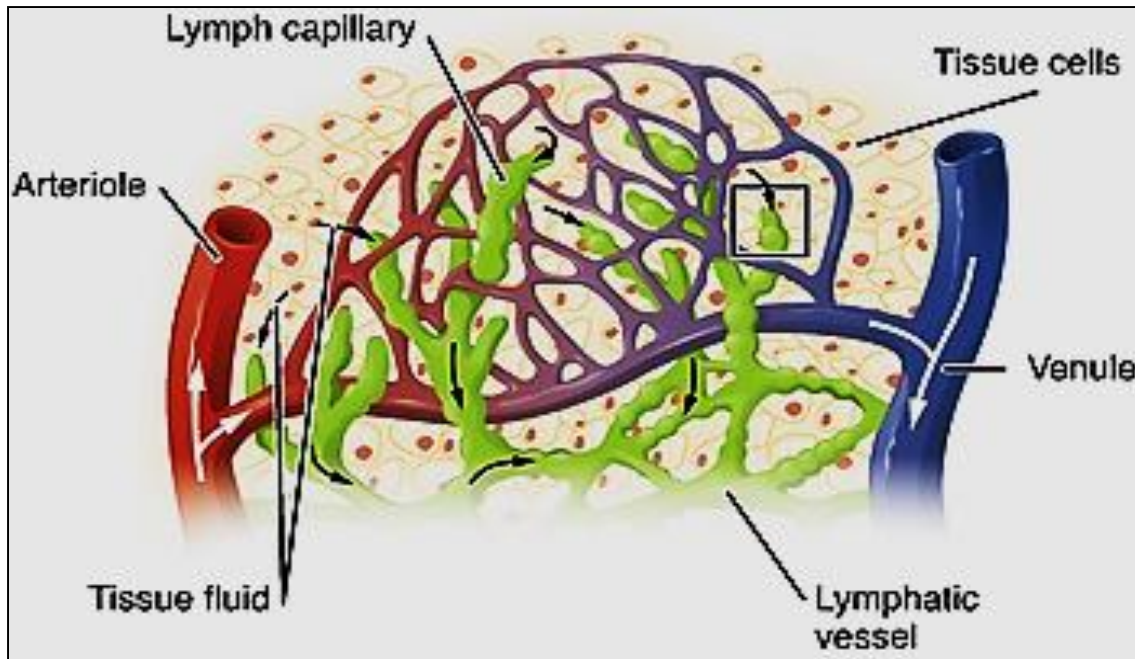
**Medium  
size L.  
vessels**  
(Valves)

**L. Ducts**  
(like veins)



# Lymph

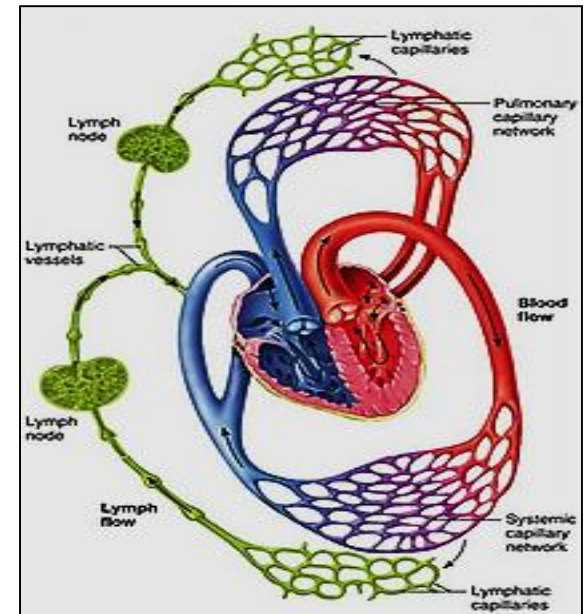
- **Lymph** is a colorless fluid that circulates through the lymphatic system
- The lymph is formed when the interstitial fluid is collected through lymph capillaries



- lymph composition changes as the blood and the surrounding cells continually exchange substances with the interstitial fluid

- Generally similar to blood plasma + water + immune cells WBCs  
(lymphocytes & macrophages)

- Lymph returns proteins and excess interstitial fluid back to the blood stream. Venous blood



- 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

lymph circulation: interstitial fluid will drain into  
lymph capillaries



lymph vessels



lymph nodes



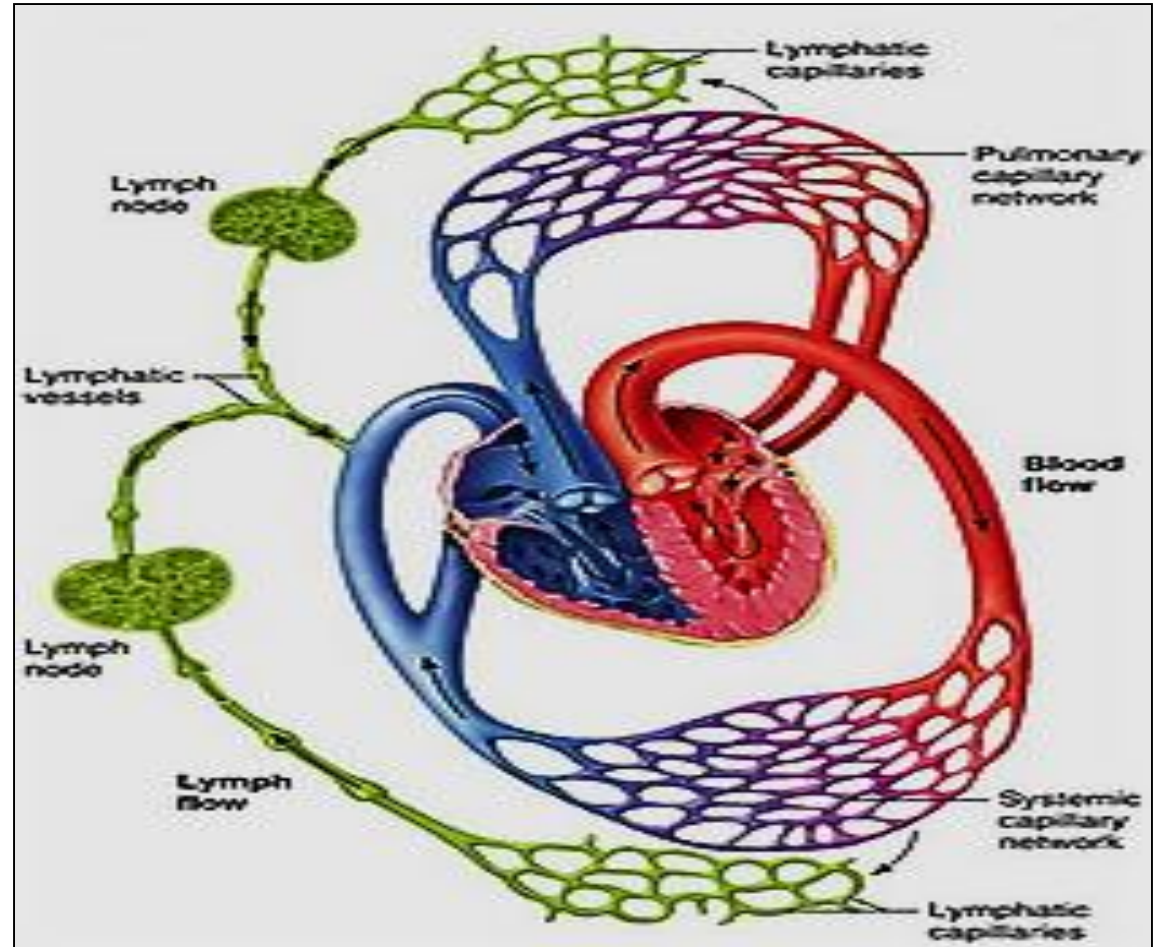
Lymphatic vessels



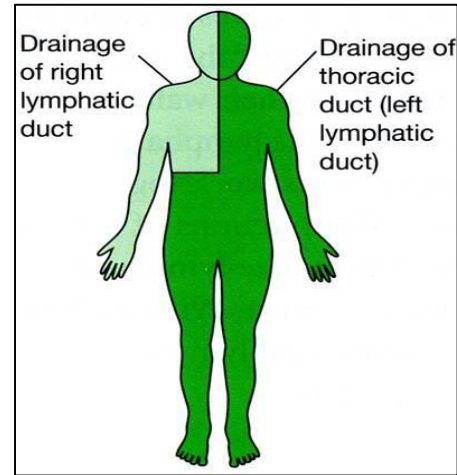
Lymphatic duct



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



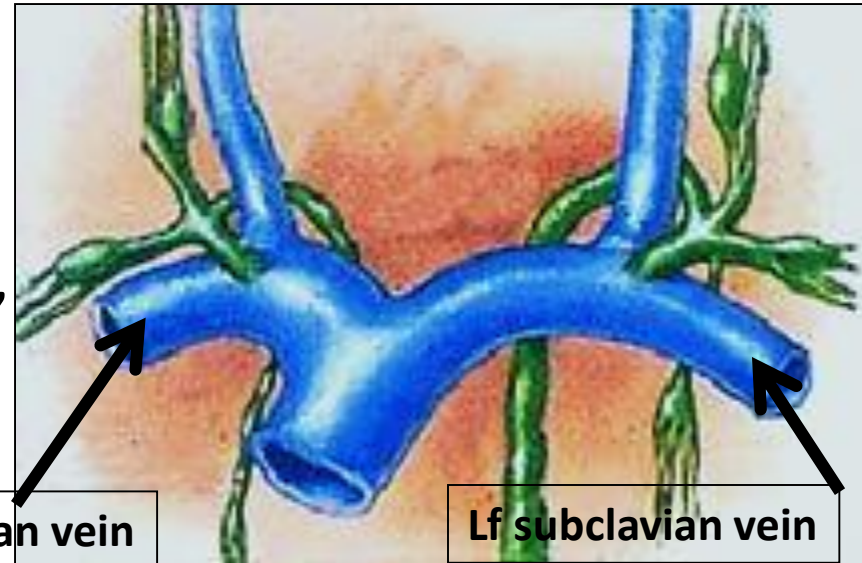
- lymph vessels similar to veins in structure  
**One direction & contain valves**
- they pass through the lymph nodes where filtration of the lymph from bacteria occurs



- 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



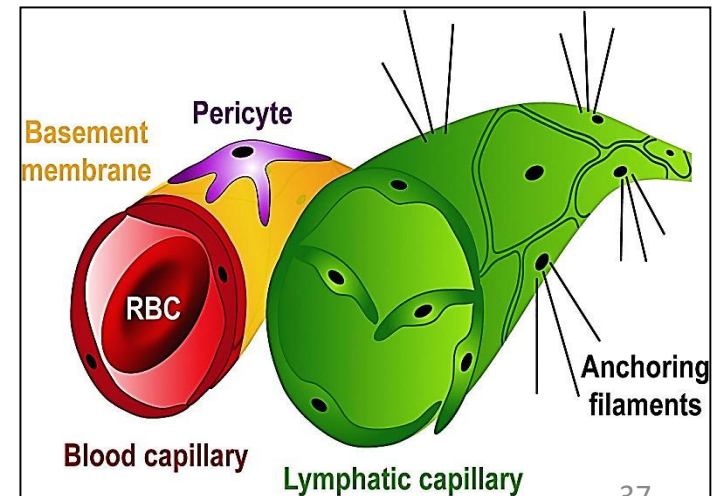
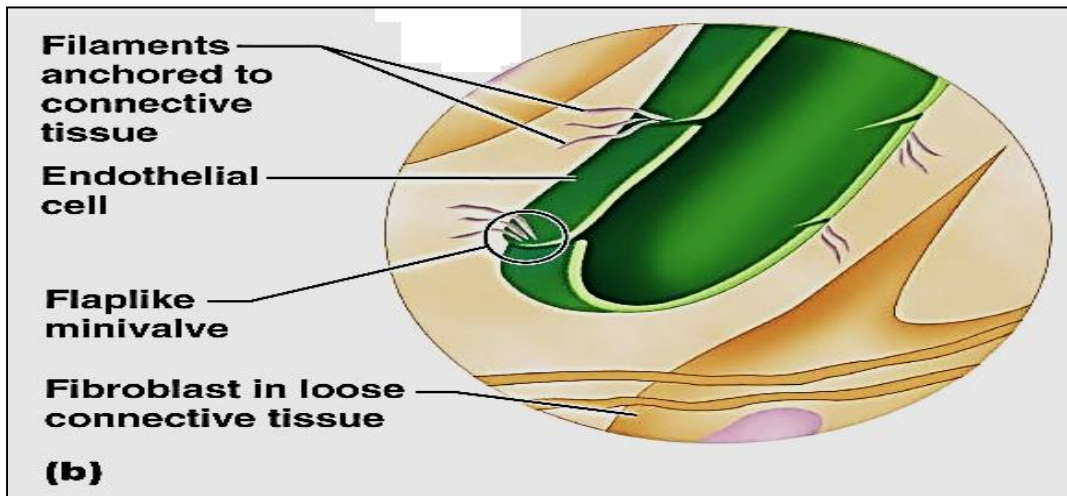
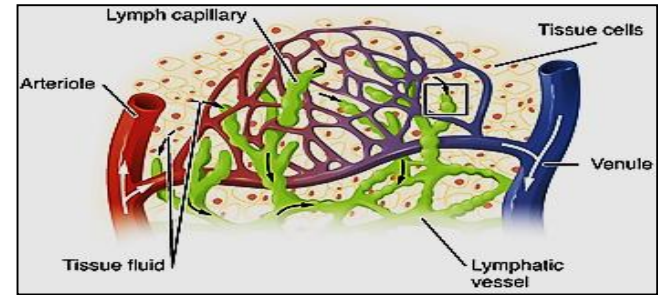
➤ **Thoracic duct**

Drains the rest of the body → into the left subclavian vein

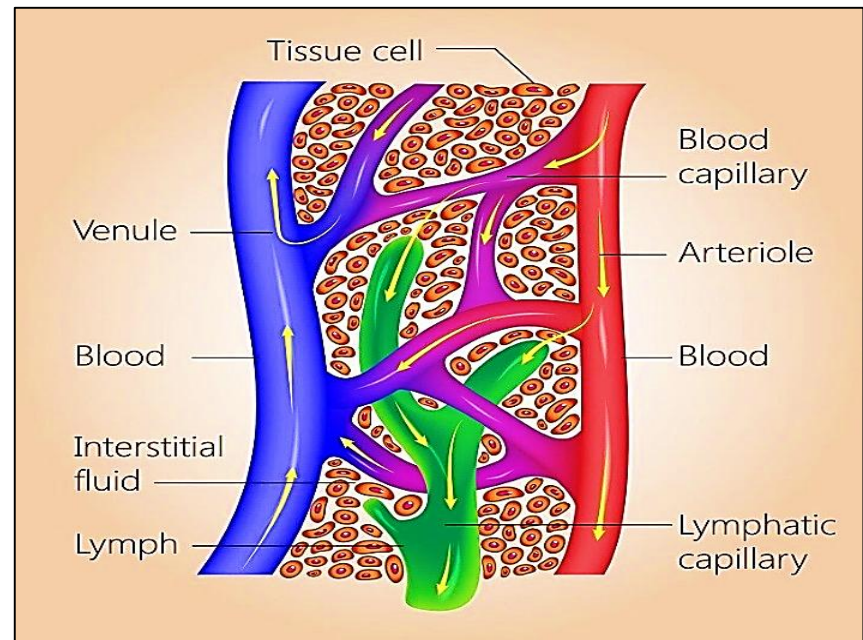
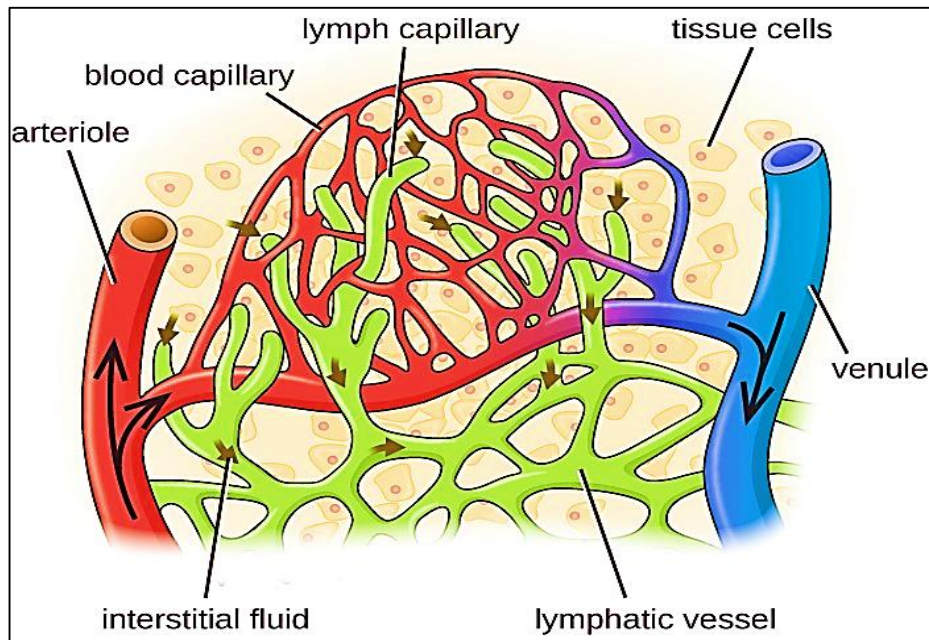


# Structure of Lymphatic capillaries

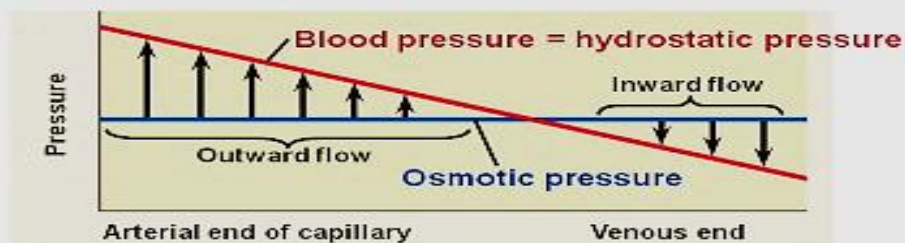
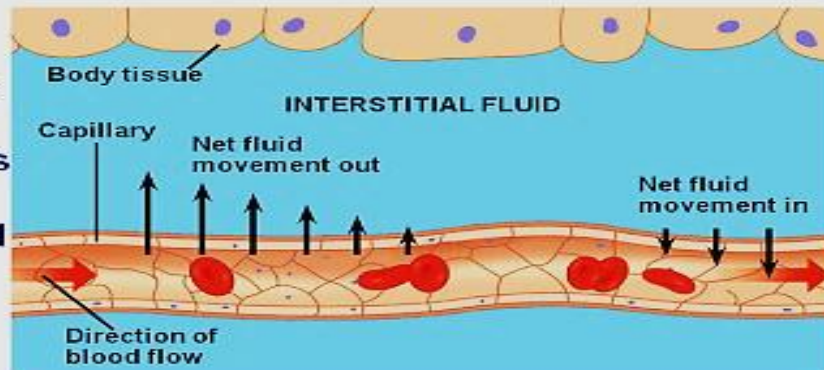
- Begin with a blind end
- Have similar structure to blood capillaries but larger & more permeable ,considered as **microcirculation**
- Made of single layer of overlapping endothelium with interrupted basal lamina
- its endoth. Has **NO** (fenestrae, tight junction, pericytes)



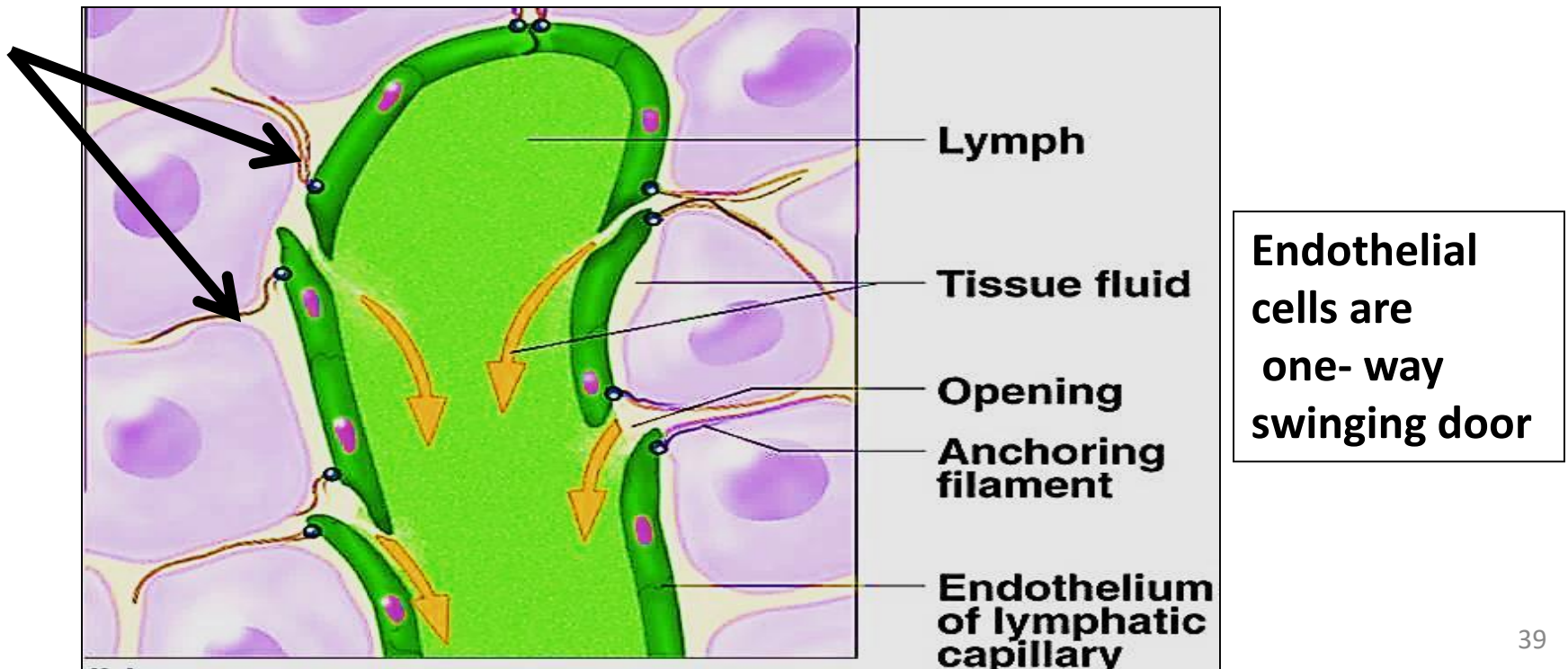




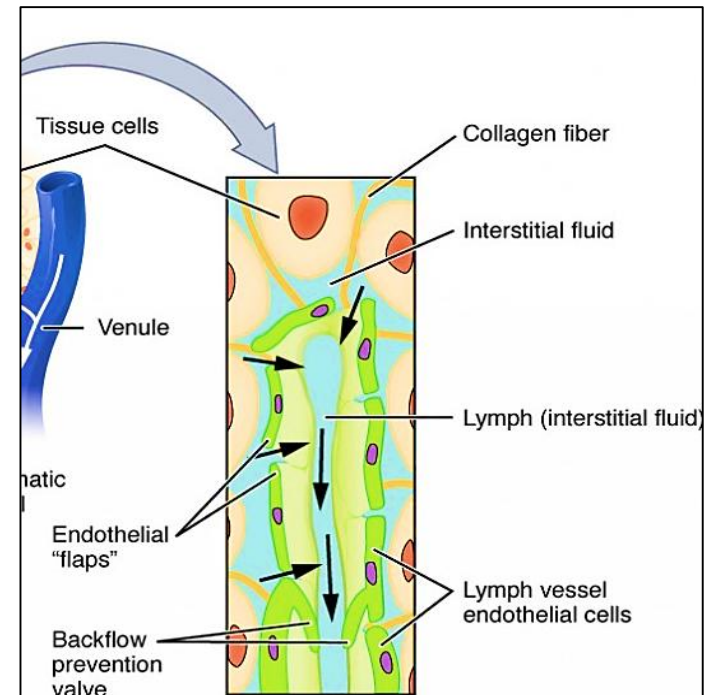
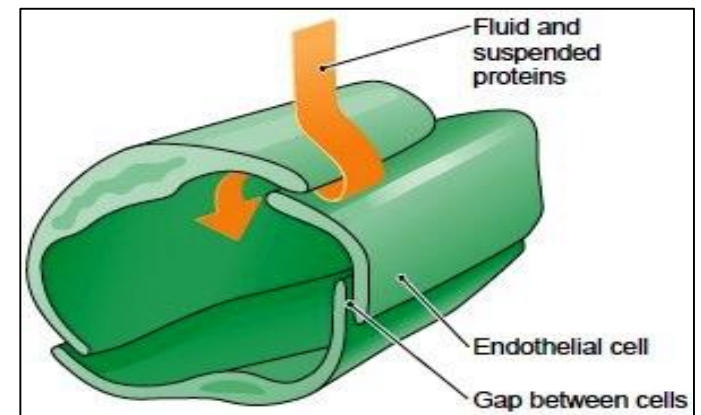
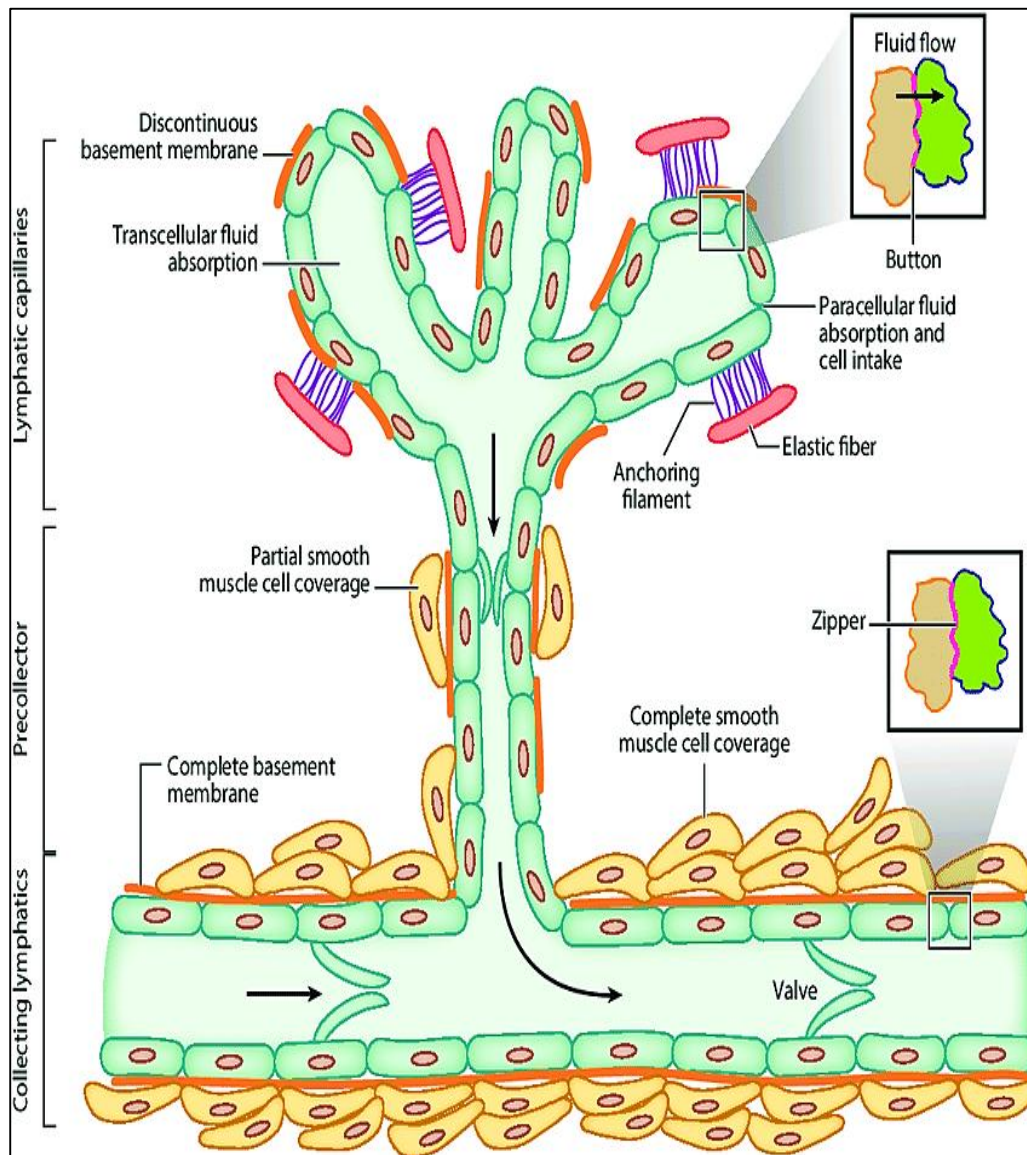
### Fluid exchange between capillaries and the interstitial fluid



- 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



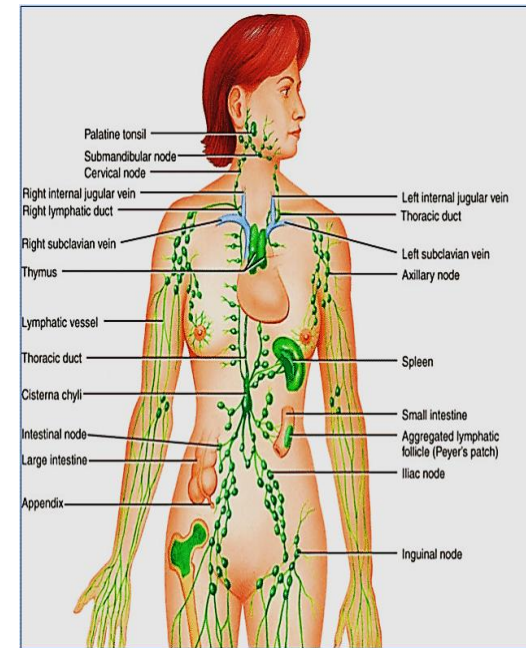




## Lymphatic capillaries in relation to lymphatic vessels

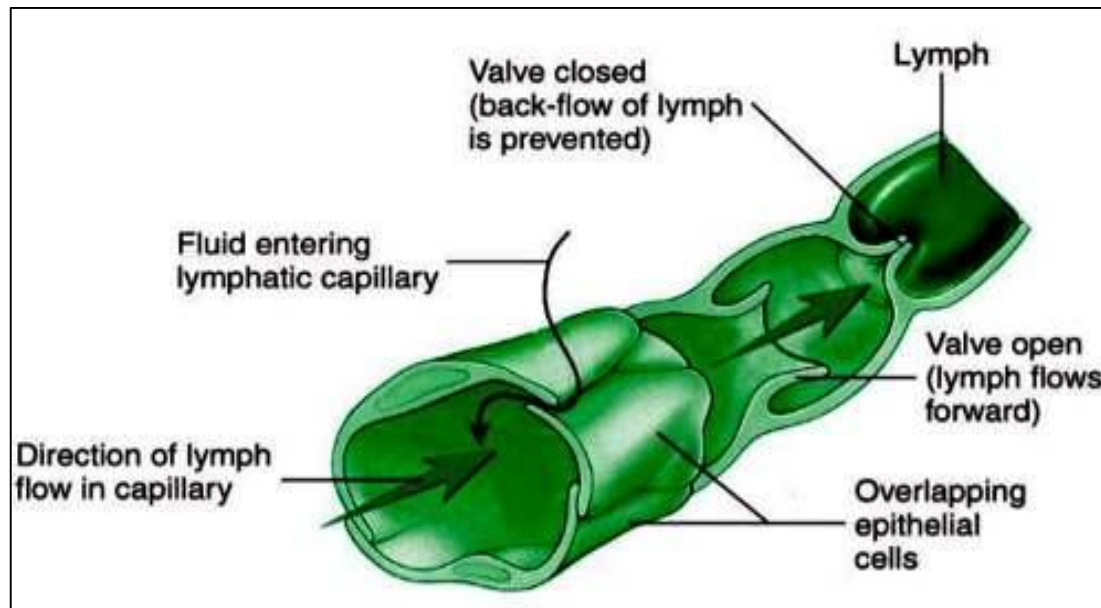
# Structure of Lymphatic **vessels**:

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



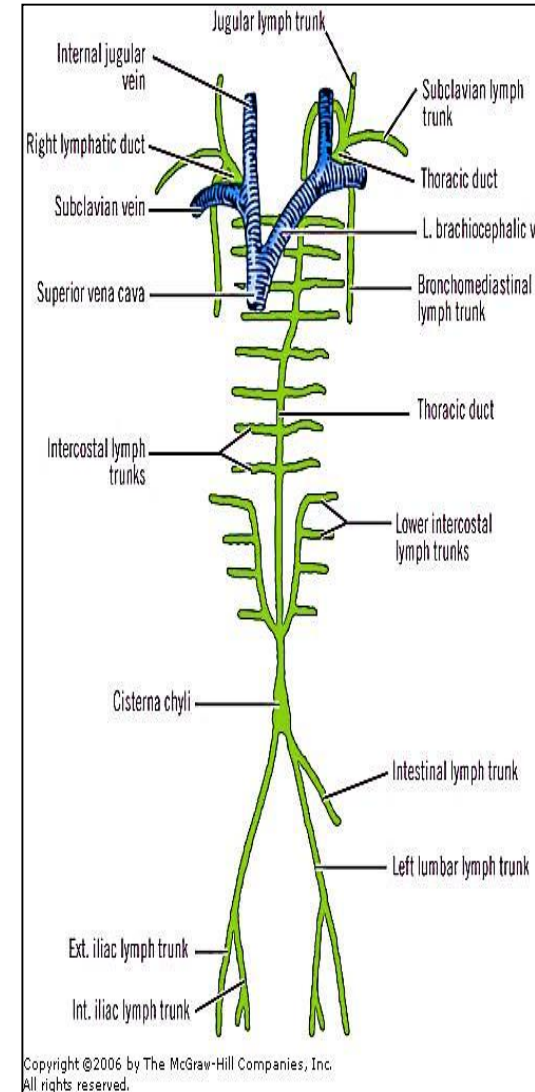
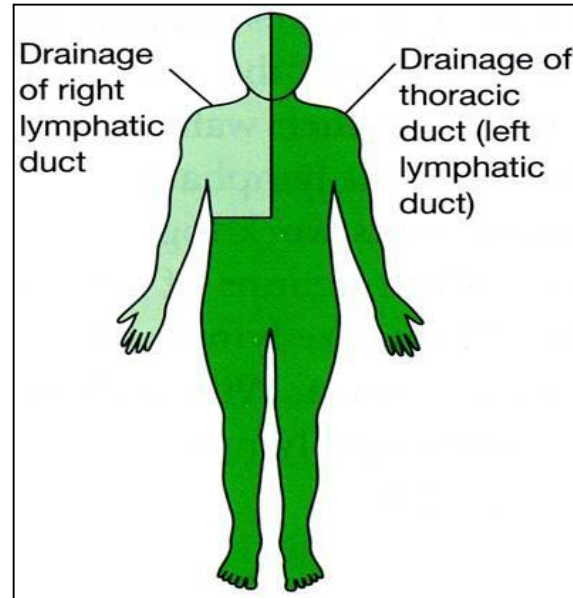
## Structure:

Endothelium / **valves** , media (few smooth muscle cells) - adventitia



# Structure of Lymphatic duct:

- Large vessel that drain lymph into one of the subclavian veins
- 2 lymph ducts:
  - **Right lymphatic duct**
  - **Thoracic duct**



## Similar in structure to large veins

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



# Thank you

