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Author: Thomas Sisson, MD, 2009

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### Diffusion of Gases

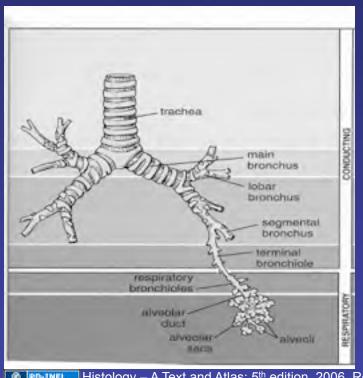
M1 – Cardiovascular/Respiratory
Sequence
Thomas Sisson, MD



### Objectives

- To understand the diffusion of gases in the lung
  - Define diffusion and contrast with bulk flow
  - State Fick's law for diffusion
  - Distinguish between diffusion limitation and perfusion limitation
  - Describe the diffusion of oxygen from the alveoli into the blood
  - Describe the diffusion of CO<sub>2</sub> from blood to alveoli
  - Define diffusing capacity and discuss its measurement

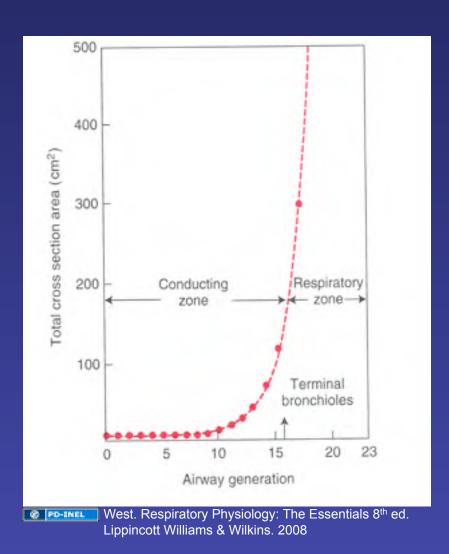
## **Airway Branching**



Trachea	0
Main Bronchi	1
Lobar Bronchus	2
Segmental Bronchus	3-4
Bronchioles	5-15
Terminal Bronchioles	16
Resp. Bronchioles	17-19
Alveolar Ducts	20-22
Alveolas Sacs	23

Histology – A Text and Atlas; 5th edition, 2006, Ross and Pawlina, Lippincott Williams and Wilkins Fig 19.

### **Bulk Flow vs. Diffusion**



- The cross sectional area increases with airway generation.
- Large volume/time, with decreasing velocity at any point.
  - Imagine a fast flowing river reaching a delta.
- The velocity of gas during inspiration becomes tiny at the level of the respiratory bronchiole- at this level diffusion becomes the chief mode of gas movement.

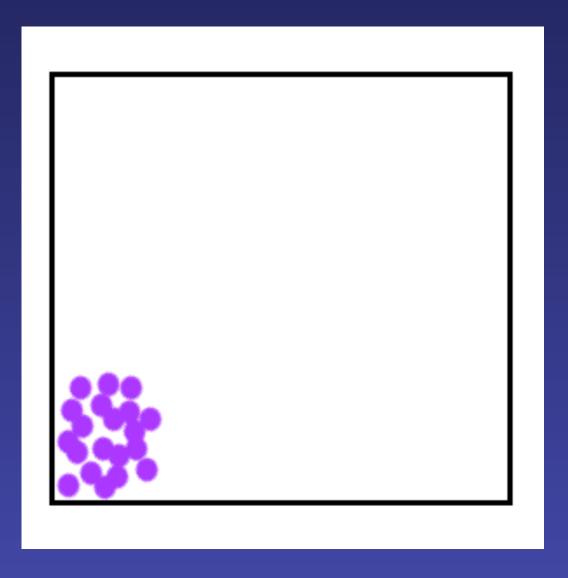
### Gas Movement due to Diffusion

• Diffusion - movement of gas due to molecular motion, rather than flow.

 Akin to the spread of a scent in a room, rather than wind.

 Random motion leads to distribution of gas molecules in alveolus.

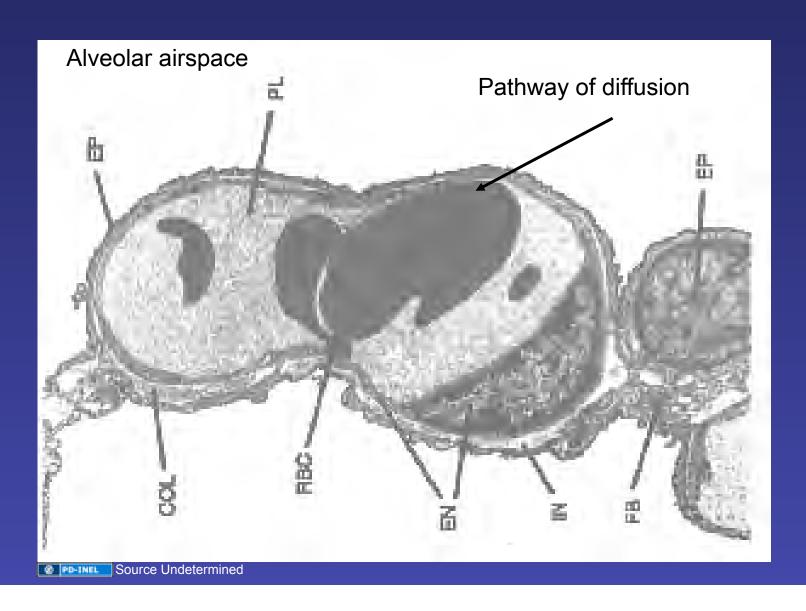
### Gas Movement due to Diffusion



### **Diffusion**

- Driven by concentration gradients:
  - differences in <u>partial pressure</u> of the individual gases.
- Movement of O<sub>2</sub> and CO<sub>2</sub> between the level of the respiratory bronchiole and that of the alveolar space depends only on diffusion.
- The distances are small, so diffusion here is fast.

# Diffusion of Gas Through the Alveolar Wall



## Diffusion of Oxygen Across the Alveolar Wall

**Pulmonary Surfactant** \_\_\_Diffuses/Dissolves **Alveolar Epithelium** Diffuses/Dissolves **Alveolar Interstitium** Diffuses/Dissolves **Capillary Endothelium** \_\_Diffuses/Dissolves Plasma Diffuses/Dissolves **Red Blood Cell** Binds

Hemoglobin

### Fick's Law for Diffusion

$$V_{gas} = \underline{A \times D \times (P_{1} - P_{2})}$$

V<sub>gas</sub> = volume of gas diffusing through the tissue barrier per time, in ml/min

A = surface area available for diffusion

D = diffusion coefficient of the gas (diffusivity)

T = thickness of the barrier

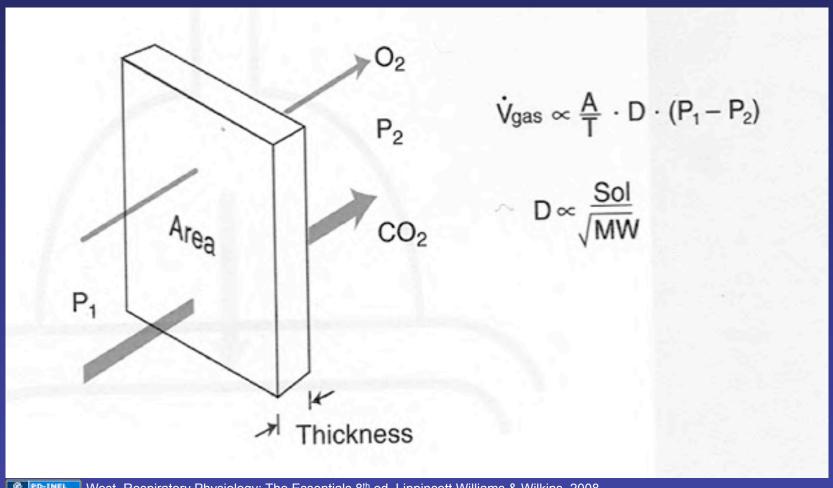
 $P_1 - P_2$  = partial pressure difference of the gas

### **Diffusivity**

 $D \cong Solubility / \sqrt{MW}$ 

- O<sub>2</sub> has lower MW than CO<sub>2</sub>
- Solubility of CO<sub>2</sub> is 24x that of O<sub>2</sub>
- CO<sub>2</sub> diffuses 20x more rapidly through the alveolar capillary barrier than O<sub>2</sub>

### Diffusion Across a Membrane

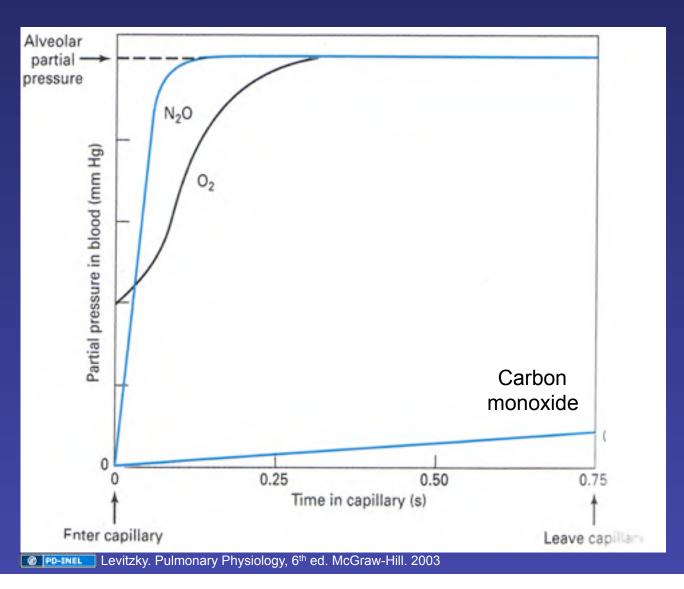


West. Respiratory Physiology: The Essentials 8th ed. Lippincott Williams & Wilkins. 2008

### **Limitations of Gas Transfer**

- Diffusion Coefficient.
  - Different gases behave differently.
- Surface Area and Thickness of the alveolar wall.
- Partial Pressure Gradient across the alveolar wall for each individual gas.
  - Depends on both alveolar and mixed venous partial pressure (start of capillary).

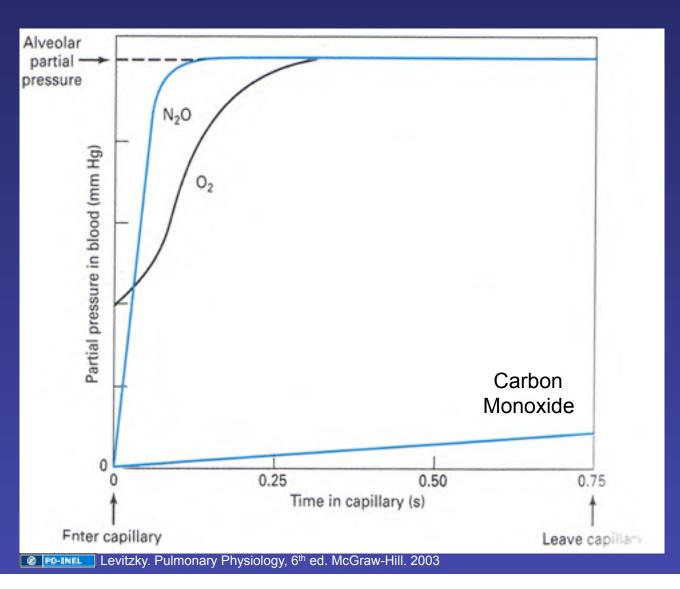
## **Change in Blood Partial Pressure of Three Gases with Time in the Capillary**



### N<sub>2</sub>O is <u>Perfusion Limited</u>

- N<sub>2</sub>O is very soluble in biological tissues and diffuses rapidly.
- PcN<sub>2</sub>O rises rapidly in the alveolar capillary
- Quickly have PcN<sub>2</sub>O = PAN<sub>2</sub>O.
- Because there is no pressure gradient, no diffusion occurs after about 0.1 sec.
- Fresh blood entering the capillary has not yet equilibrated and can still take up N₂O.
- Increased blood flow will increase gas transfer
- Transfer of N<sub>2</sub>O is perfusion limited.

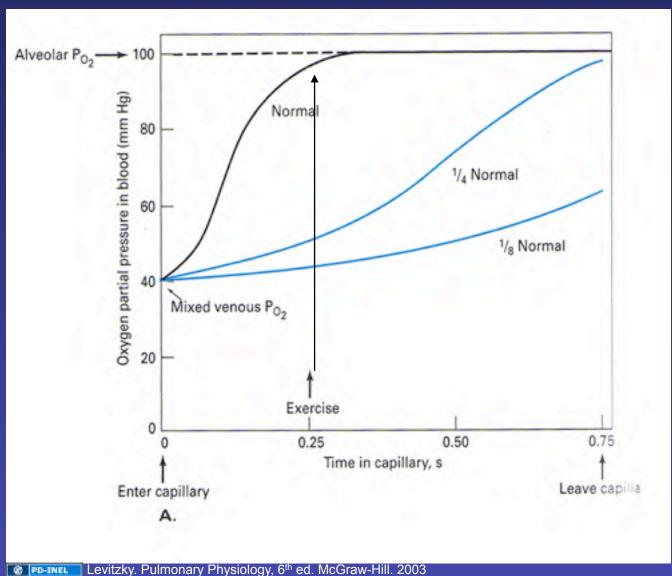
## **Change in Blood Partial Pressure of Three Gases with Time in the Capillary**



### **Carbon Monoxide is Diffusion Limited**

- Blood PCO rises very slowly because CO is bound to Hgb, with very little dissolved.
- Capillary PcCO does not approach PACO.
- Partial pressure gradient is maintained throughout the time the blood is in the capillary.
  - Diffusion continues throughout this time.
- Transfer of CO is limited by diffusivity, surface area, and thickness of the wall.

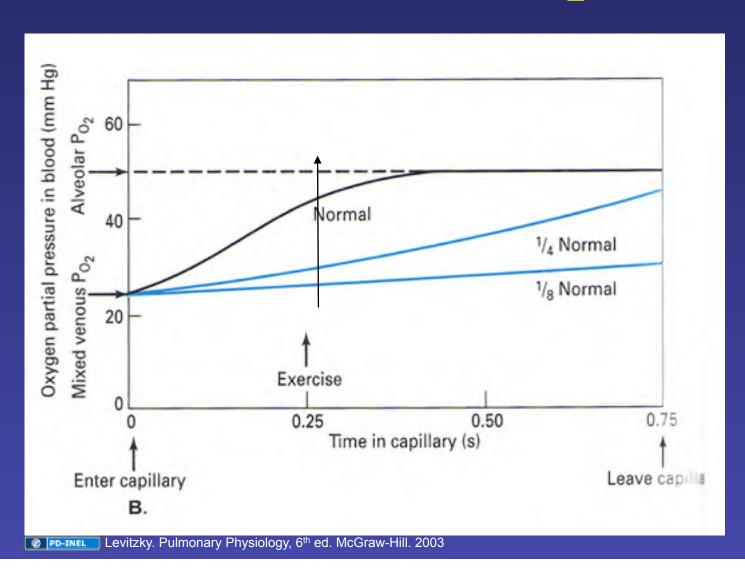
## Transfer of Oxygen



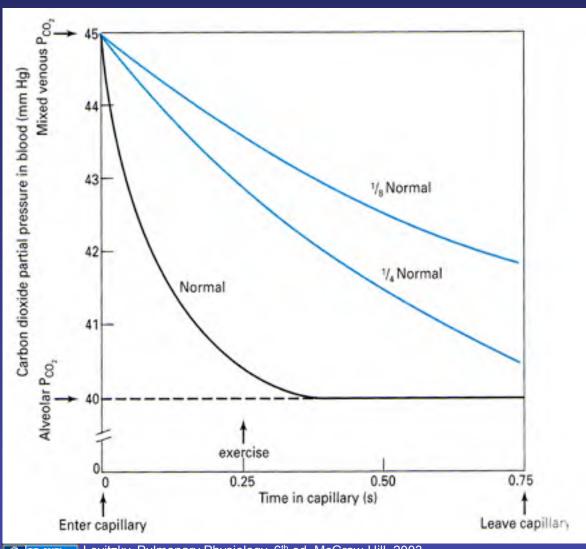
### **Transfer of Oxygen**

- Under normal conditions, PcO<sub>2</sub> reaches PAO<sub>2</sub> about 1/3 of the distance through the capillary.
- Therefore under normal conditions transfer is perfusion limited.
- With exercise, the time blood spends in the capillary is reduced - no longer perfusion but diffusion limitation.
- In the setting of thickened alveolar wall, transfer is reduced.
  - With severely disturbed diffusion, there is limitation even at rest

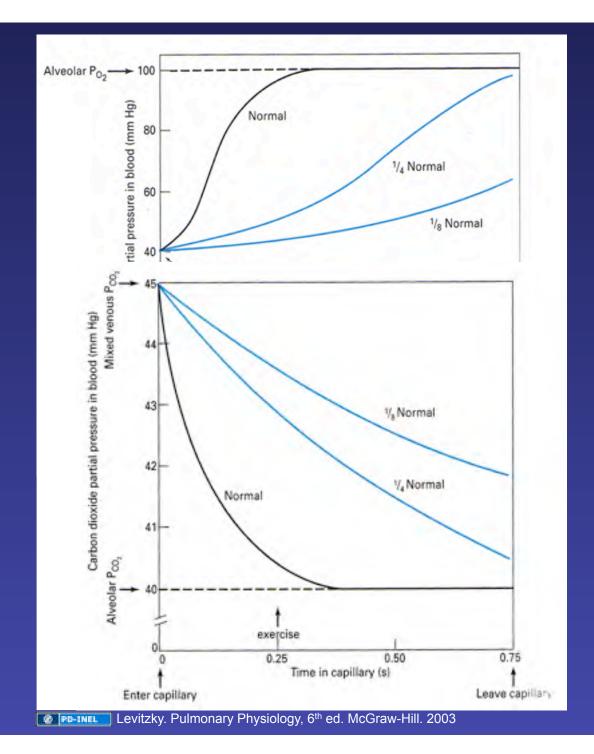
# Transfer of Oxygen is Limited at Low Alveolar O<sub>2</sub>



## Transfer of CO<sub>2</sub>



 Is transfer of CO<sub>2</sub> diffusion or perfusion limited?



## Transfer of CO<sub>2</sub>

Why is the transfer of  $CO_2$  so similar to that of  $O_2$ ?

$$V_{gas} = \underbrace{A \times D \times (P_{1} - P_{2})}_{T}$$

Diffusivity of  $CO_2$  is  $20x > than that of <math>O_2$ Partial pressure gradient of  $CO_2$  is  $45 \rightarrow 40$ Partial pressure gradient of  $O_2$  is  $100 \rightarrow 40$ 

### Fick's Law for Diffusion

$$V_{gas} = \frac{(AxD)}{T} x(P_1 - P_2)$$

V<sub>gas</sub> = volume of gas diffusing through the tissue barrier per time, in ml/min

A = surface area available for diffusion

D = diffusion coefficient of the gas (diffusivity)

T = thickness of the barrier

 $P_1 - P_2$  = partial pressure difference of the gas

 $(AxD)/T = \underline{diffusing capacity}$  of the lung (DL)

## **Diffusing Capacity**

$$\frac{(AxD)}{T} = \frac{\stackrel{*}{V}_{gas}}{(P_1x - P_2x)} = D_{Lx}$$

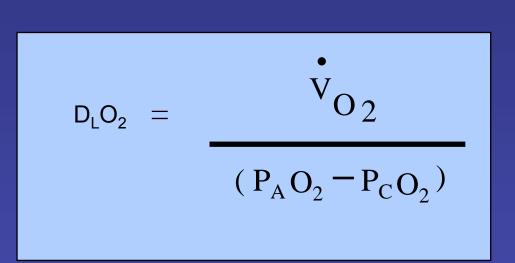
## Measuring Diffusing Capacity

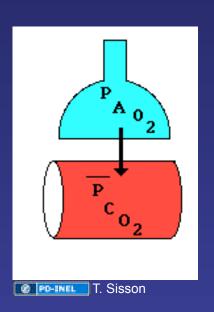
- Inhale mixture containing known concentration of tracer gas.
- Allow diffusion from alveolus into blood.
- Measure concentration of tracer in exhaled gas.
- Calculate rate of removal of tracer gas by diffusion into blood and the partial pressure gradient from alveolus into blood.
- Choice of gas:
  - Readily available.
  - Easily measured.
  - Diffusion limited.
  - No arterial partial pressure.

### We Could Use DLO<sub>2</sub>

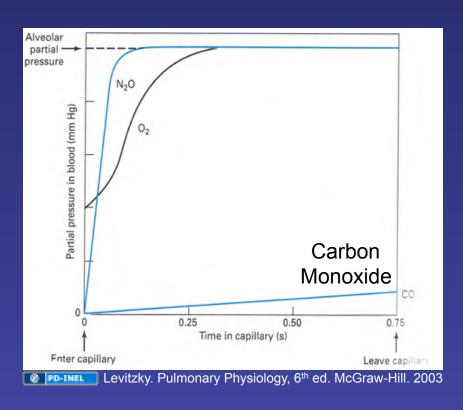
$$\frac{AxD}{T} = D_LO_2$$

$$\dot{V}_{O_2} = D_L O_2 (P_A O_2 - P_C O_2) = ml O_2 / min$$





### Carbon Monoxide is an Ideal Gas for Measuring Diffusing Capacity



- CO binds avidly to hemoglobin.
- While CO content of the blood rises, the PCO in blood rises very slowly.
- The gradient of partial pressures from alveolus to blood remains almost constant during test

# Carbon Monoxide Measurement of Diffusing Capacity

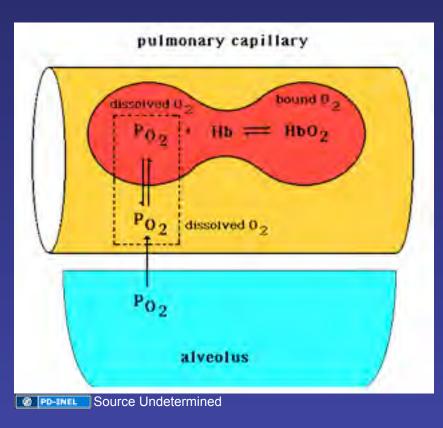
$$DLCO = \frac{V co}{P_A CO - P_c CO}$$

$$PcCO \approx 0$$

$$DLCO = \frac{\dot{V}_{CO}}{P_{A}CO}$$

Normal DLCO = 20-30 ml/min/mmHg

### **DLCO Has Two Components**



Diffusion across the alveolar membrane.

Reaction with hemoglobin.

$$\frac{1}{DL} = \frac{1}{Dm} + \frac{1}{\theta_X Vc}$$

# Conditions that Impact Diffusion Capacity for CO.

$$DLCO = \frac{AxD}{T}$$

- Decreased Surface Area.
  - Destruction of Alveolar Wall
- Increased Barrier Thickness.
- Anemia.

## How would the Following Change the Diffusion Capacity of the Lungs?

- Changing from supine to upright
- Exercise
- Anemia
- Valsalva maneuver
- Low cardiac output due to hemorrhage
- Emphysema
- Pulmonary fibrosis

### **Additional Source Information**

for more information see: http://open.umich.edu/wiki/CitationPolicy

Slide 5: Histology – A Text and Atlas; 5th edition, 2006, Ross and Pawlina, Lippincott Williams and Wilkins Fig 19.

Slide 6: West. Respiratory Physiology: The Essentials 8th ed. Lippincott Williams & Wilkins. 2008

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Slide 14: West. Respiratory Physiology: The Essentials 8th ed. Lippincott Williams & Wilkins. 2008

Slide 16: Levitzky. Pulmonary Physiology, 6th ed. McGraw-Hill. 2003

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