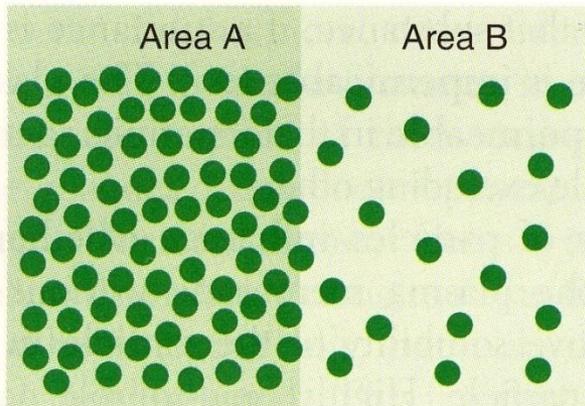


Gas Exchange (Diffusion)

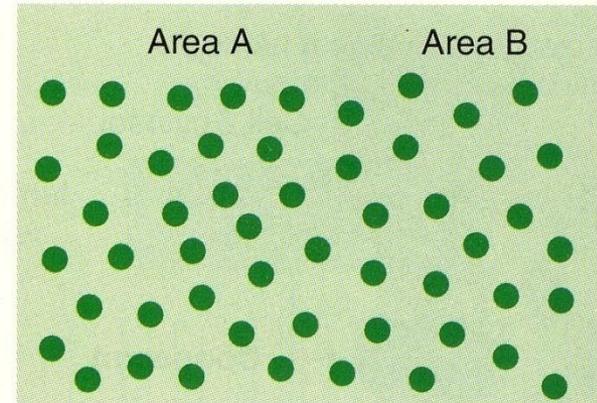
AGUSTINA RAHAYU
MAGDALENI

DIFUSI



- Diffusion from area A to area B
- ← Diffusion from area B to area A
- Net diffusion (diffusion from area A to area B minus diffusion from area B to area A)

(a)



- Diffusion from area A to area B
- ← Diffusion from area B to area A
- No net diffusion (diffusion from area A to area B equals diffusion from area B to area A)

(b)

● = Solute molecule

Prinsip-Prinsip Fisis Pertukaran Gas; Difusi Oksigen dan Karbon dioksida Melalui Membran Pernafasan

Difusi Gas Berdasarkan Molekul → sumber energi →

Makin tinggi tekanan gas makin rapat molekul gas, makin besar energi untuk saling berbenturan.

Difusi Netto Gas dalam Satu Arah - Efek Gradien Konsentarsi

Difusi mengalir dari tempat dg konsentrasi tinggi ke konsentrasi rendah

Fick's law

$$\dot{V}_{\text{gas}} = \frac{A \times D \times (P_1 - P_2)}{T}$$

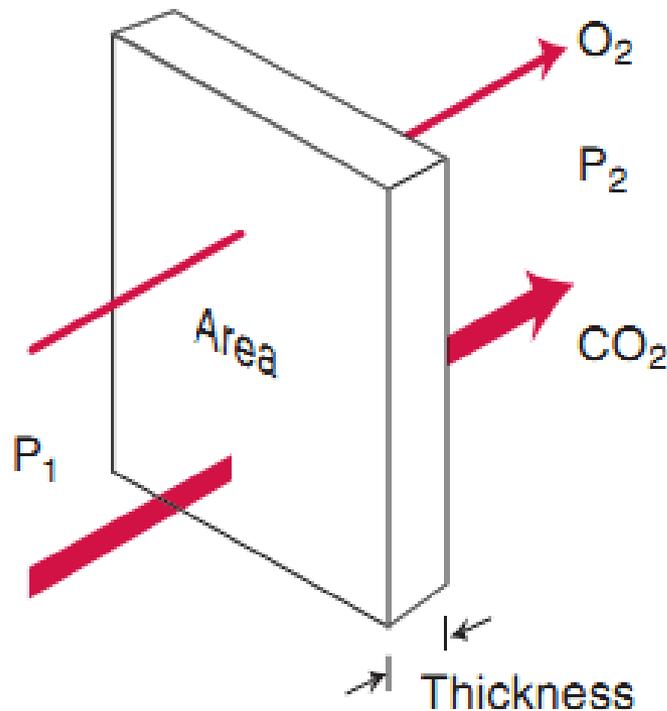
where \dot{V}_{gas} = volume of gas diffusing through the tissue barrier per time,
mL/min

A = surface area of the barrier available for diffusion

D = diffusion coefficient, or diffusivity, of the particular gas in the
barrier

T = thickness of the barrier or the diffusion distance

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



$$\dot{V}_{\text{gas}} \propto \frac{A}{T} \cdot D \cdot (P_1 - P_2)$$

$$D \propto \frac{\text{Sol}}{\sqrt{\text{MW}}}$$

Figure 3-1. Diffusion through a tissue sheet. The amount of gas transferred is proportional to the area (A), a diffusion constant (D), and the difference in partial pressure ($P_1 - P_2$), and is inversely proportional to the thickness (T). The constant is proportional to the gas solubility (Sol) but inversely proportional to the square root of its molecular weight (MW).

Tekanan Parsial

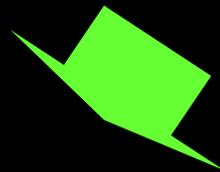
Adalah Kecepatan difusi masing-masing gas berbanding lurus dengan tekanan yang diakibatkan oleh gas itu sendiri

Tekanan Parsial Gas

Tekanan → gerakan kinetis/ pukulan konstan masing2 molekul melawan suatu permukaan



Tekanan Gas pada Permukaan saluran pernapasan dan alveoli adalah seimbang dengan jumlah kekuatan pukulan masing2 molekul

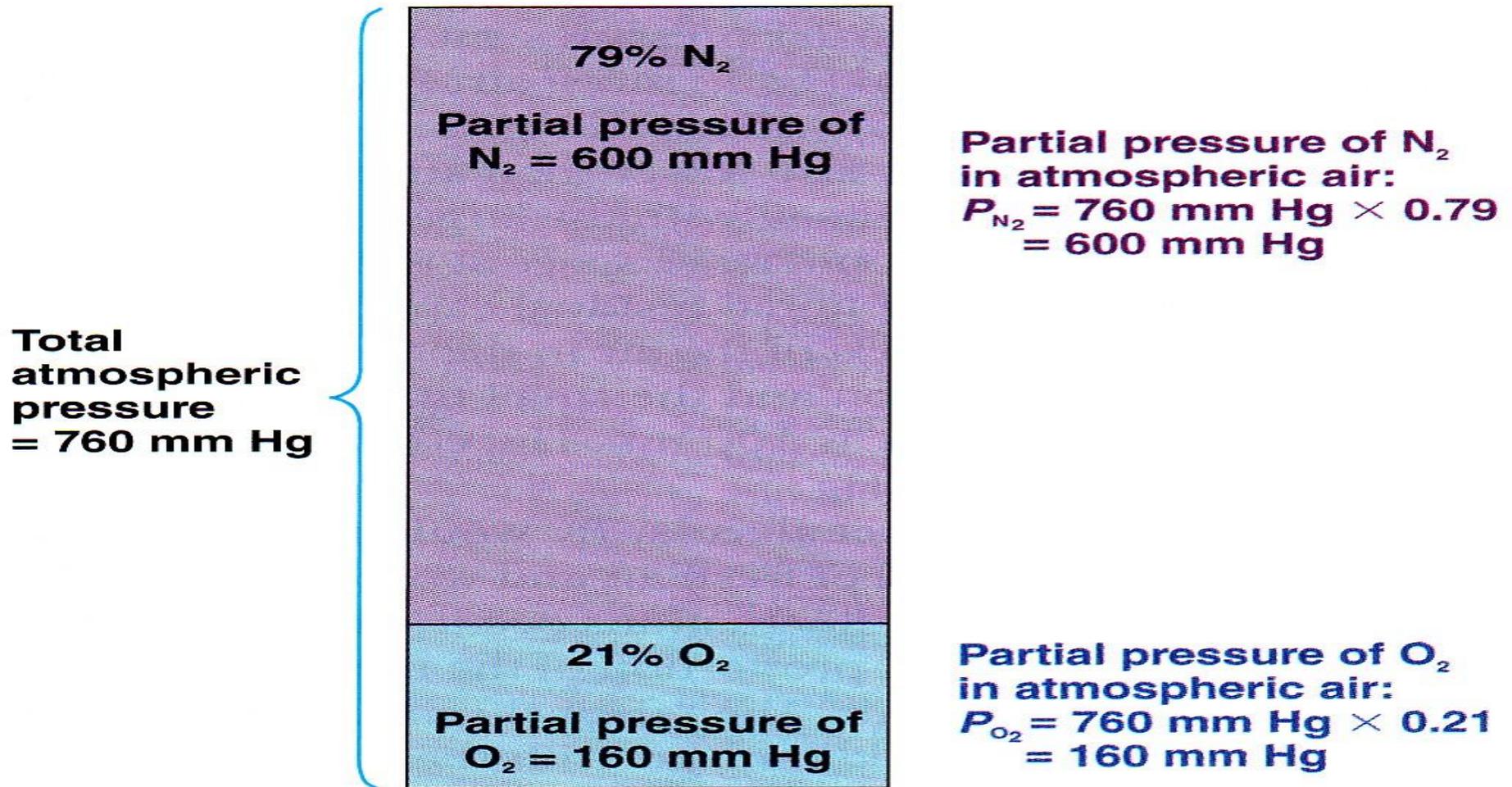


Tekanan Total berbanding lurus dengan konsentrasi molekul-molekul gas

Dalton's law

$$\begin{aligned}P_{\text{N}_2} &= 0.786 \times 760 \text{ mmHg} = 597.4 \text{ mmHg} \\P_{\text{O}_2} &= 0.209 \times 760 \text{ mmHg} = 158.8 \text{ mmHg} \\P_{\text{Ar}} &= 0.0009 \times 760 \text{ mmHg} = 0.7 \text{ mmHg} \\P_{\text{H}_2\text{O}} &= 0.003 \times 760 \text{ mmHg} = 2.3 \text{ mmHg} \\P_{\text{CO}_2} &= 0.0004 \times 760 \text{ mmHg} = 0.3 \text{ mmHg} \\P_{\text{other gases}} &= 0.0006 \times 760 \text{ mmHg} = 0.5 \text{ mmHg} \\&\qquad\qquad\qquad \text{Total} = \underline{760.0 \text{ mmHg}}\end{aligned}$$

Composition and partial pressures in atmospheric air



● **FIGURE 13-24**

Concept of partial pressures. The partial pressure exerted by each gas in a mixture equals the total pressure times the fractional composition of the gas in the mixture.

- **Faktor-Faktor yang Menentukan Konsentrasi Gas Terlarut dalam Cairan.**

- Konsentrasinya

- *koefisien larutan* dari gas. Semakin tinggi maka tekanan yg ditimbulkannya semakin rendah (scr kimia dan fisik mudah ditarik oleh molekul air)

Hukum Henry
Tekanan =

Konsentrasi gas terlarut

Koefisien kelarutan

Oksigen 0,024

Karbon dioksida 0,57

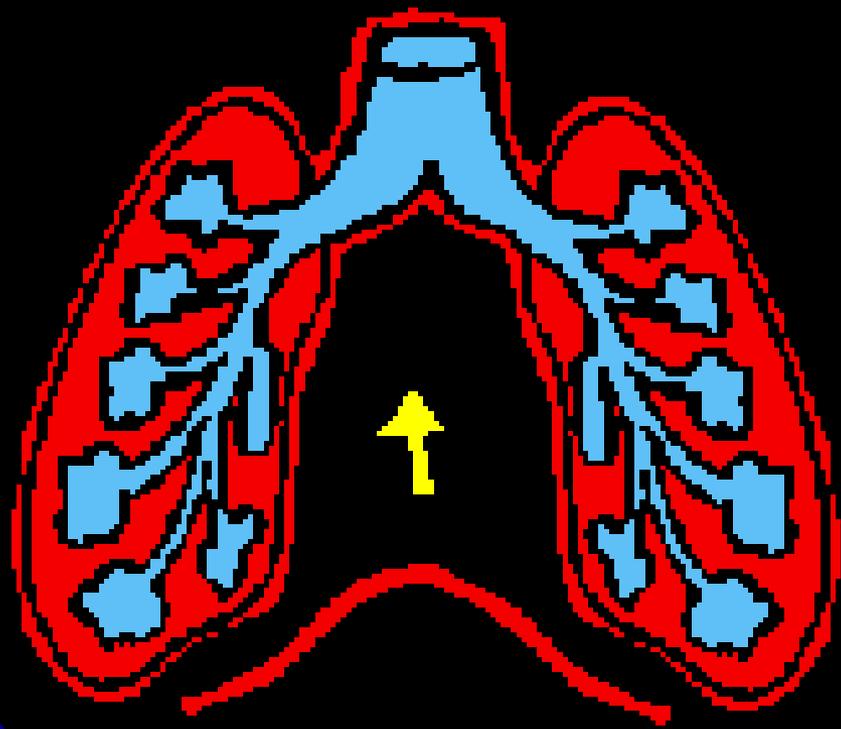
Karbon monoksida 0,018

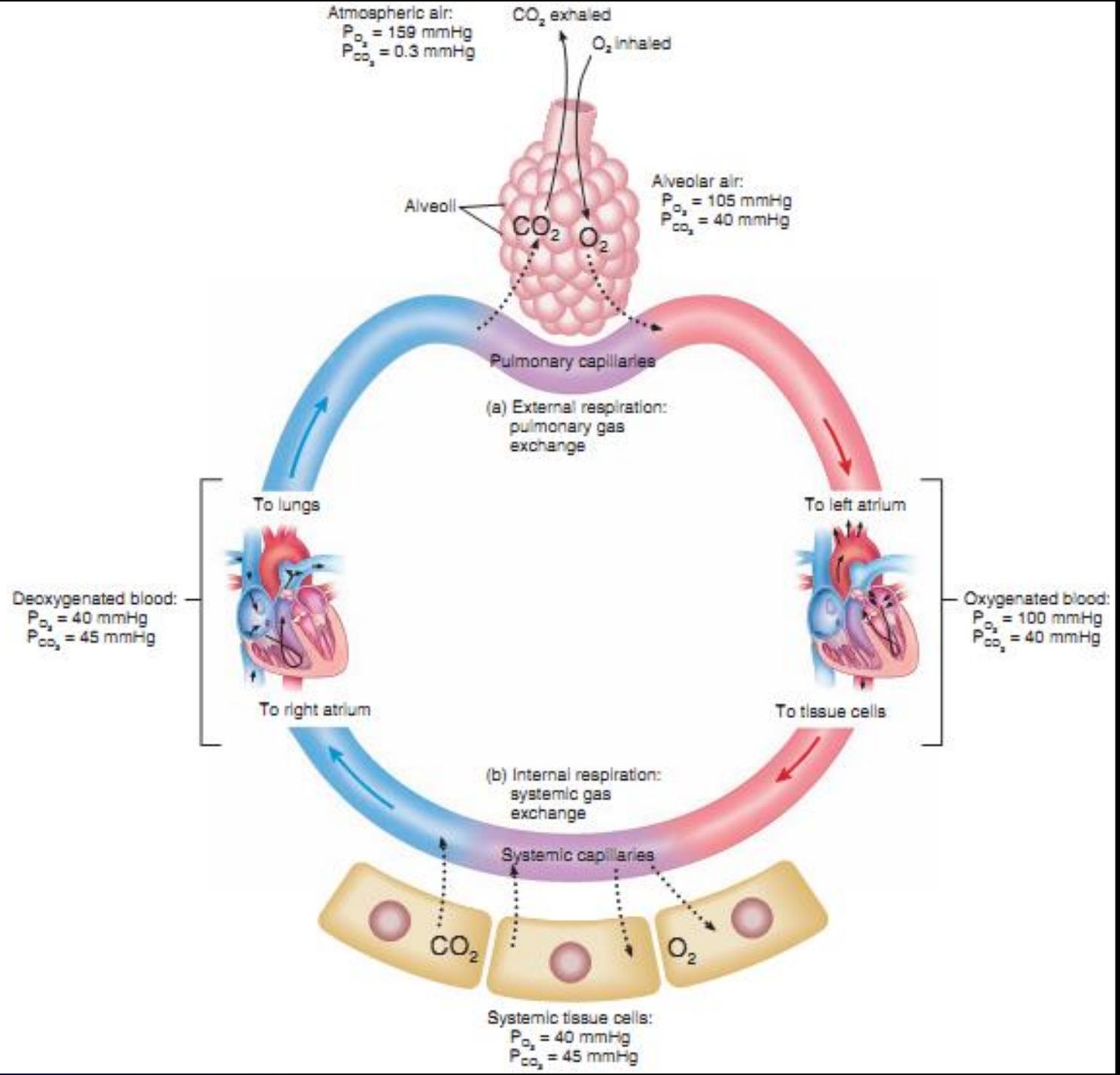
Nitrogen 0,012

Helium 0,008

Karbondioksida 20 X
kelarutannya
dibanding oksigen

Air Out





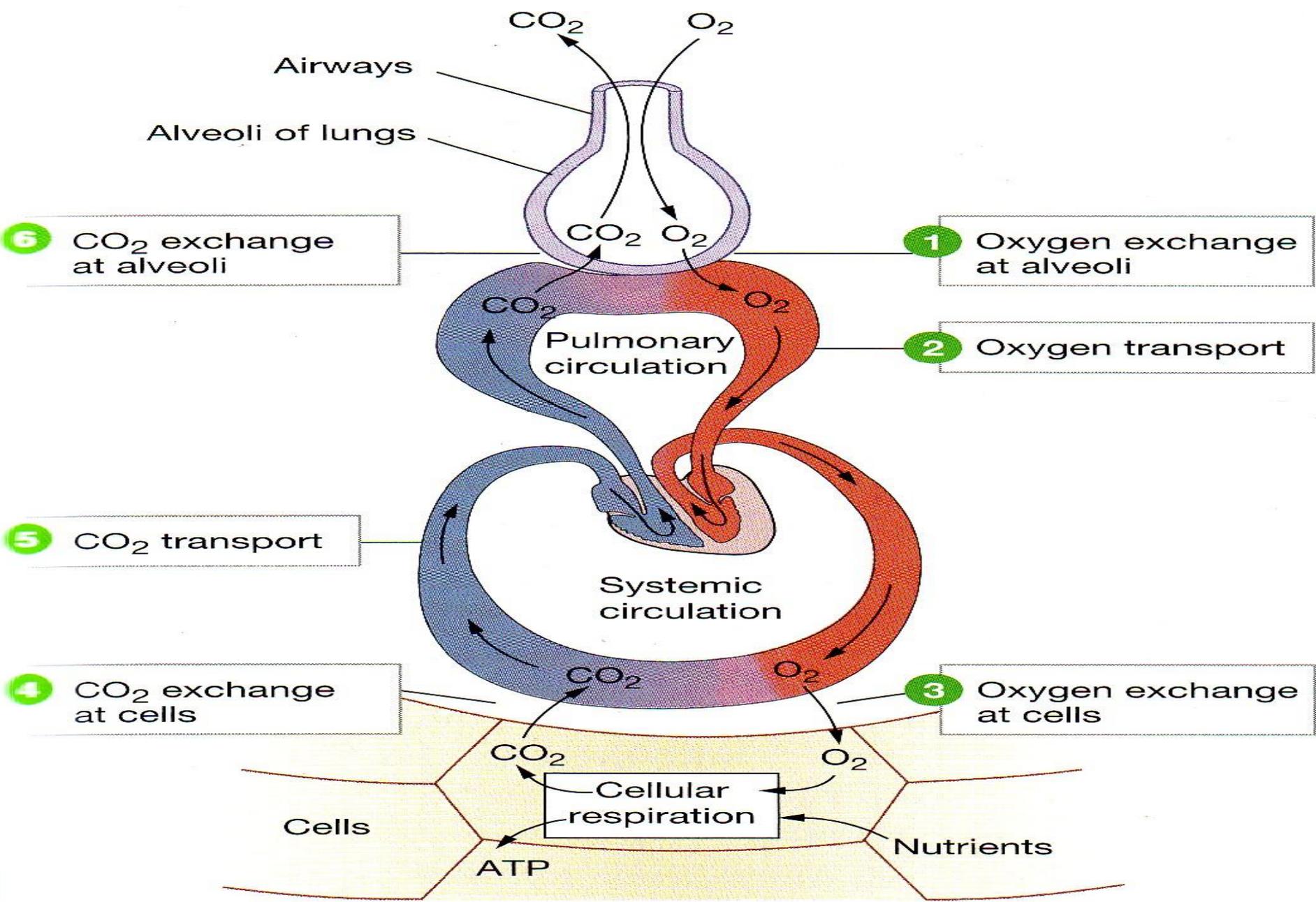
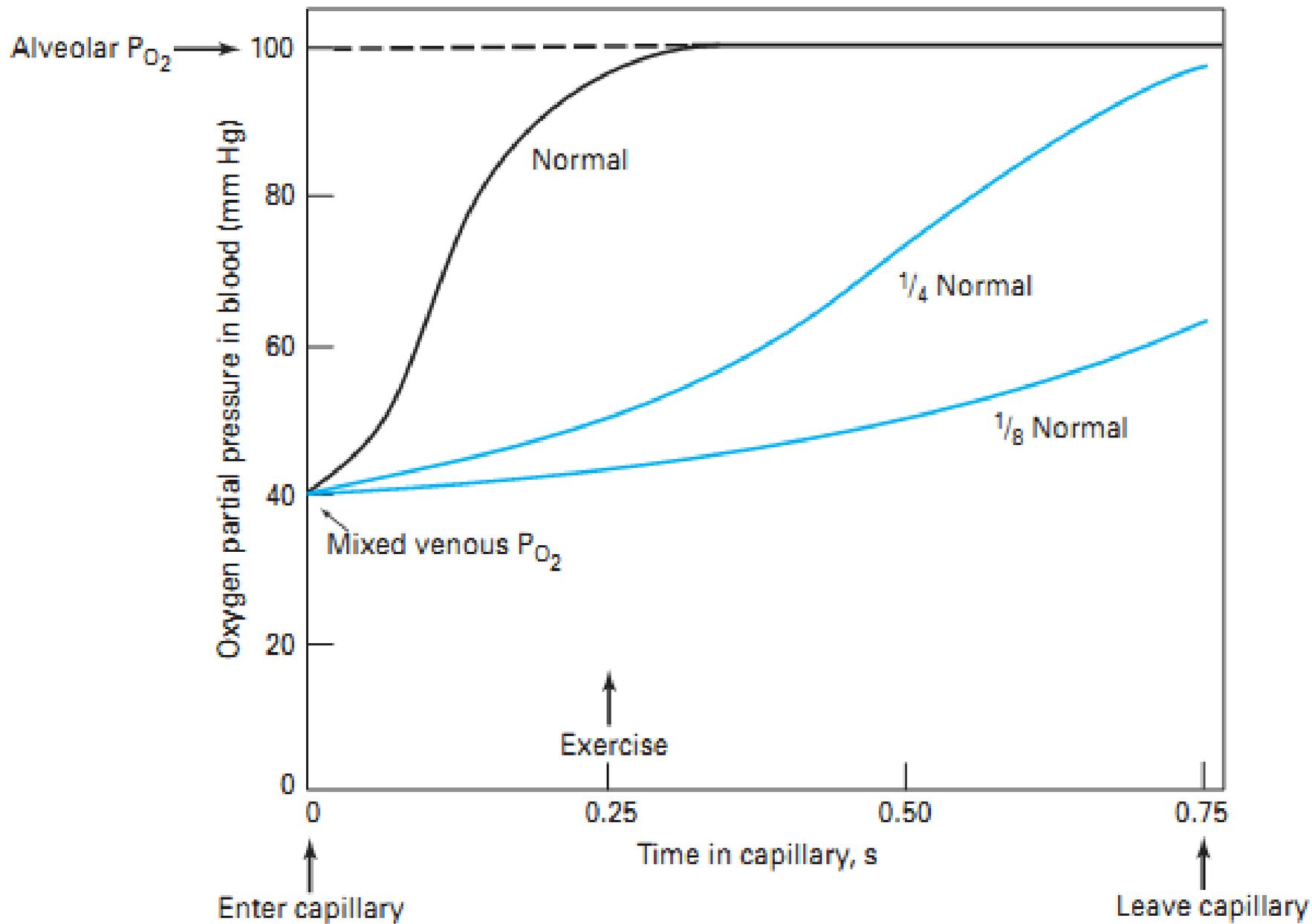


Figure 18-1 Overview of oxygen and CO₂ exchange and transport

Konsentrasi dan Tekanan Parsial Oksigen dalam Alveoli

Dipengaruhi :

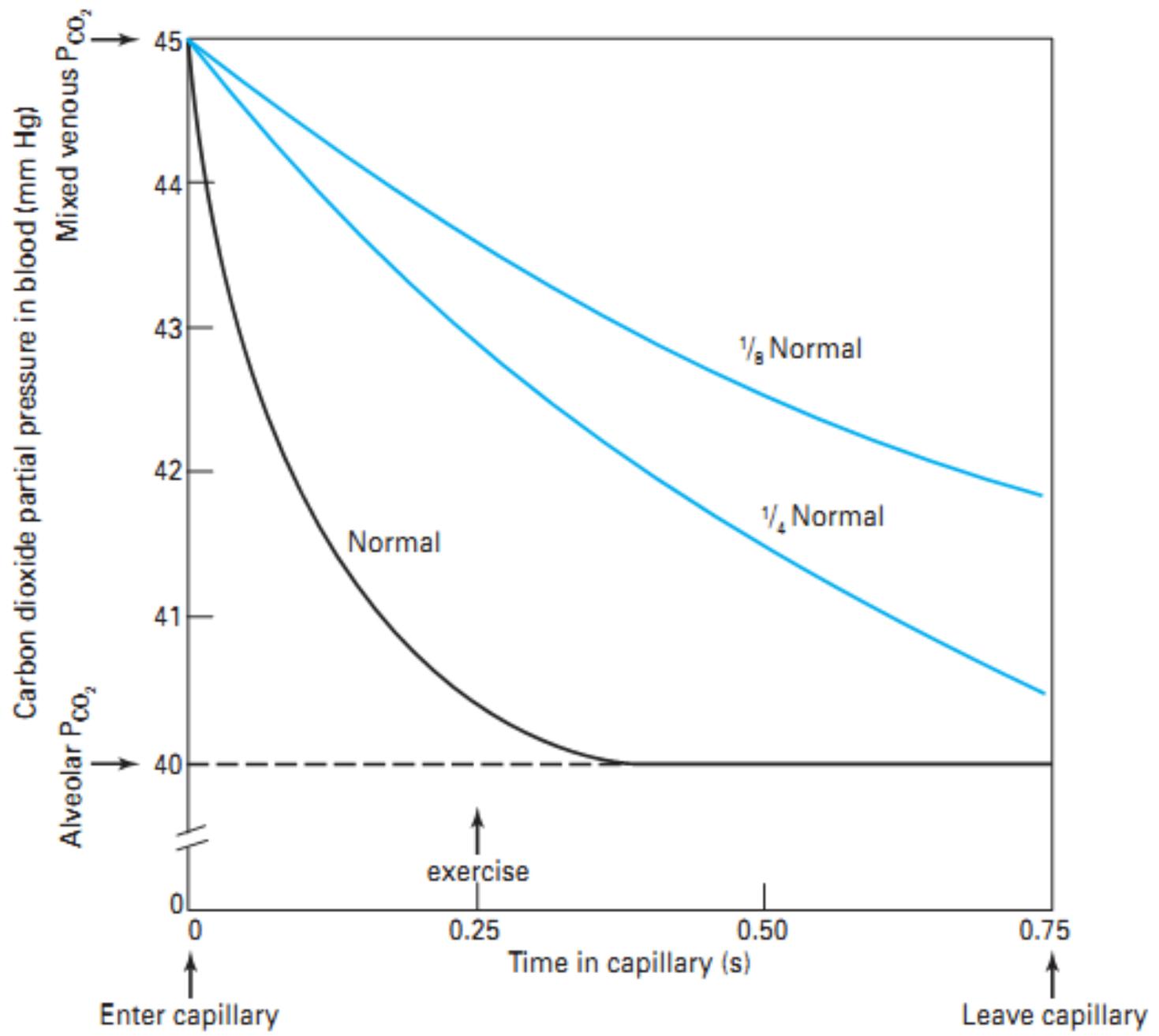
- kecepatan absorpsi oksigen ke dalam darah
- kecepatan masuknya oksigen baru ke dlm paru
- Saat aktivitas PO_2 alveolus dipertahankan pd nilai normal (104mmHg)
- Nilai PO_2 alveolus maksimal tercapai pd ventilasi di ketinggian permukaan laut (149 mmHg)

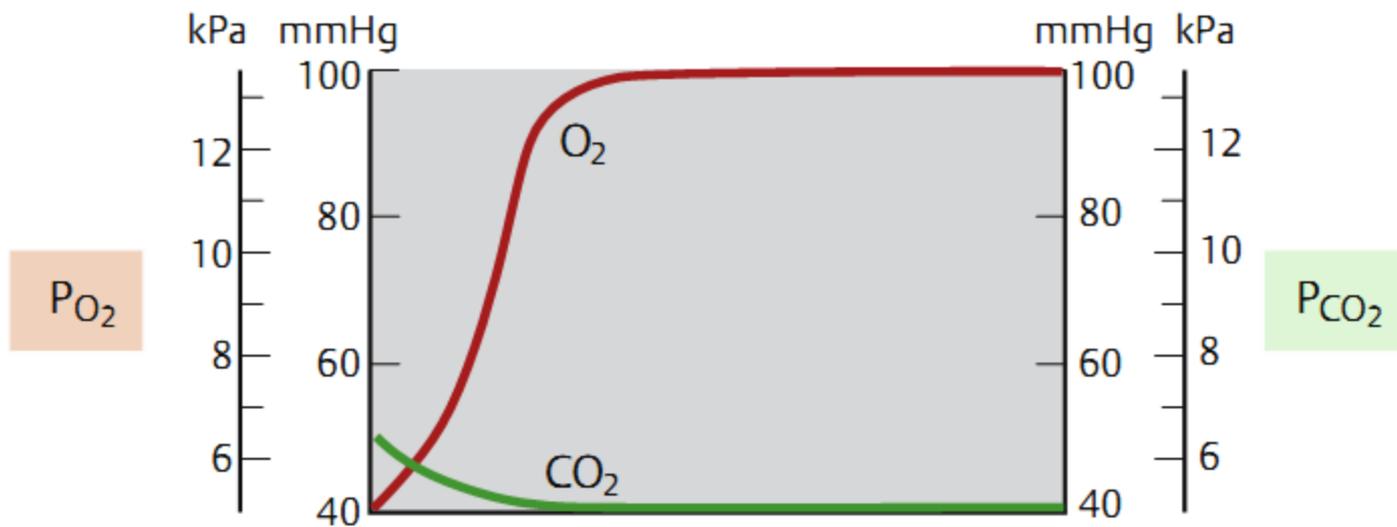
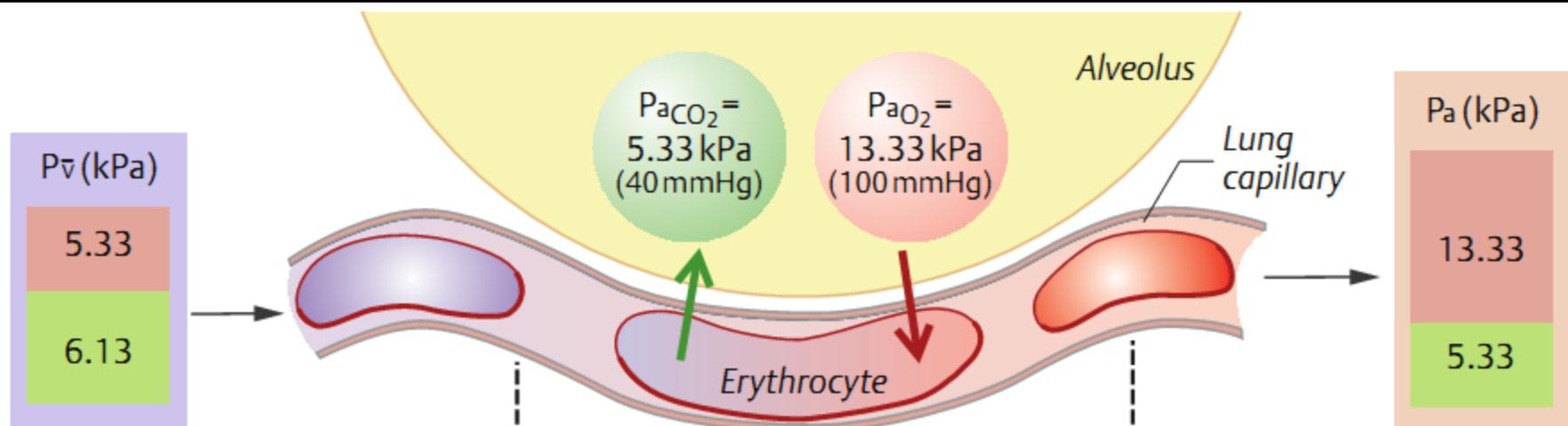


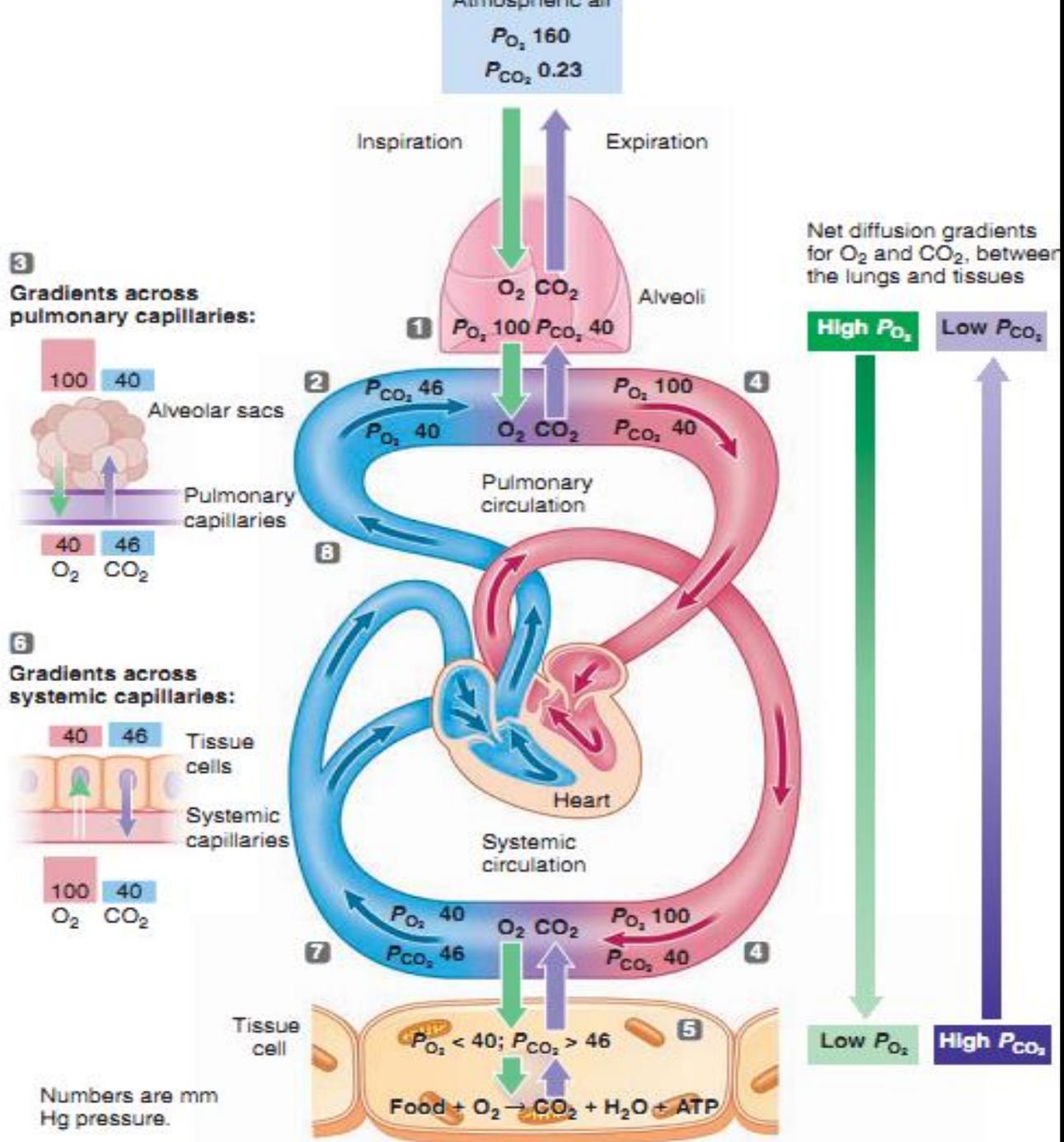
Konsentrasi dan Tekanan Parsial CO₂ dalam Alveoli

- peningkatan PCO₂ alveolus berbanding lurus dengan kecepatan ekskresi karbon dioksida.
- penurunan PCO₂ alveolus berbanding terbalik dengan ventilasi alveolus









Numbers are mm Hg pressure.

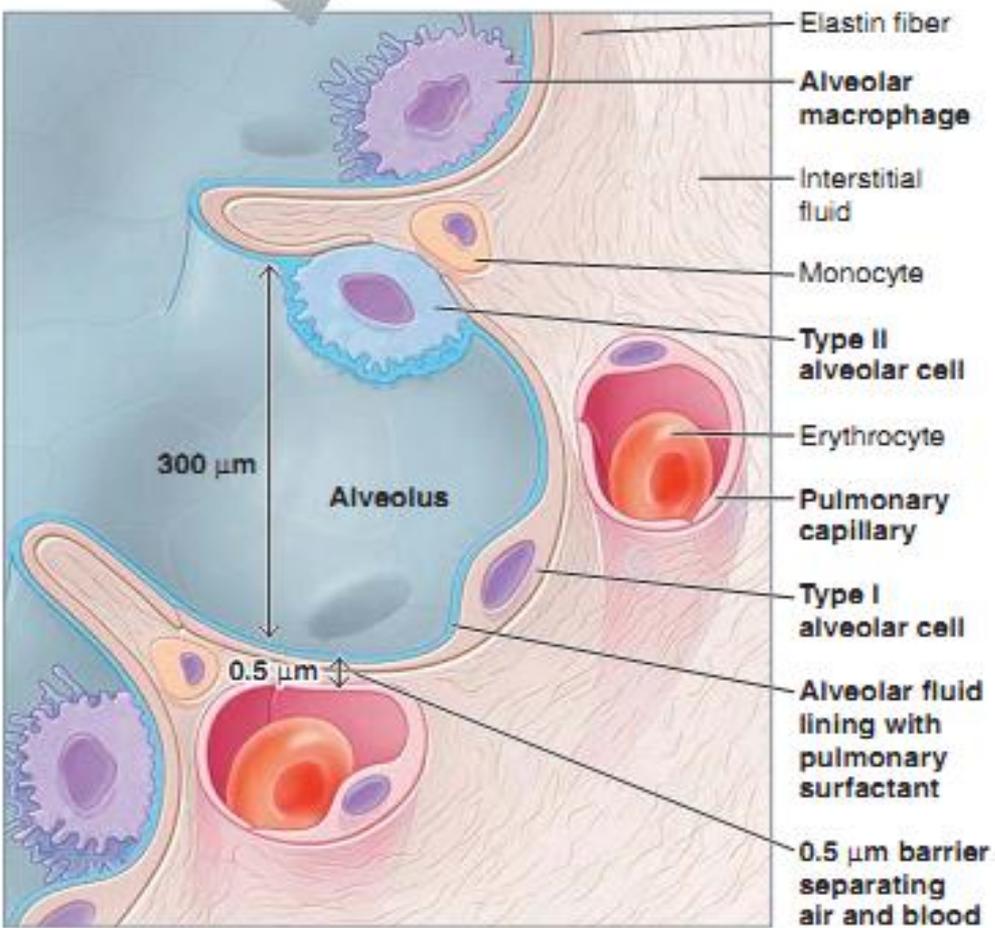
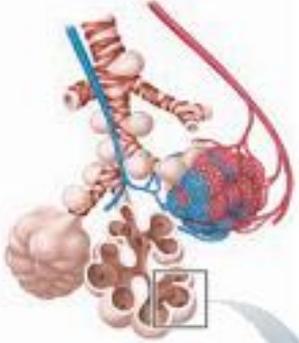
Difusi Gas

Adanya perbedaan tekanan gas
→ O_2 berdifusi dari alveoli paru
ke darah dalam kapiler paru
karena tekanan (P) $O_2 >$ besar
dari darah kapiler paru



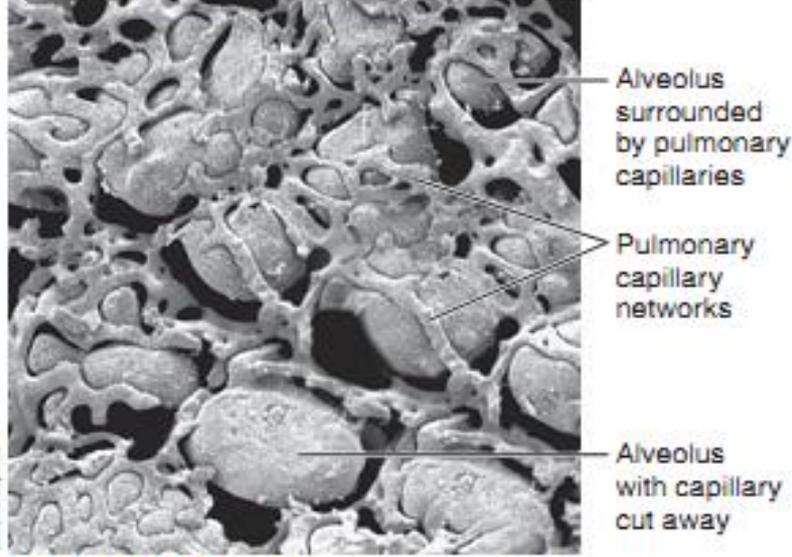
Difusi Gas Melalui Membran Pernafasan

- **Alveolus sangat tipis di dalamnya terdapat jaringan kapiler yang hampir padat dan saling berhubungan sebagai suatu lembaran aliran darah. Gas alveolus berada amat sangat dekat dengan darah kapiler. Akibatnya pertukaran gas antara udara alveous dan darah paru terjadi melalui membran pernapasan (paru).**

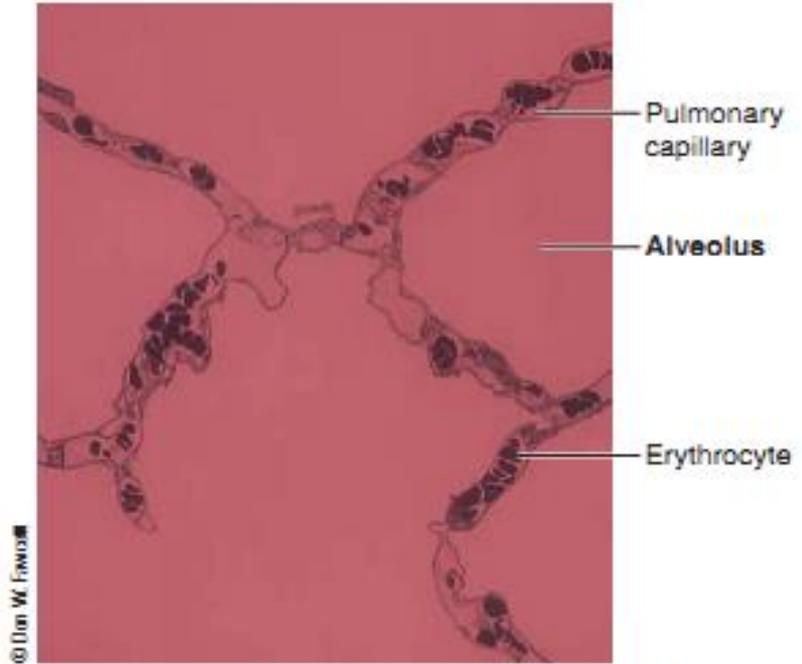


(a) Alveolus and surrounding pulmonary capillaries

Dr. Richard Koss and Dr. Randy Kuntz, Tissues and Organs, Visuals Unlimited, Inc.



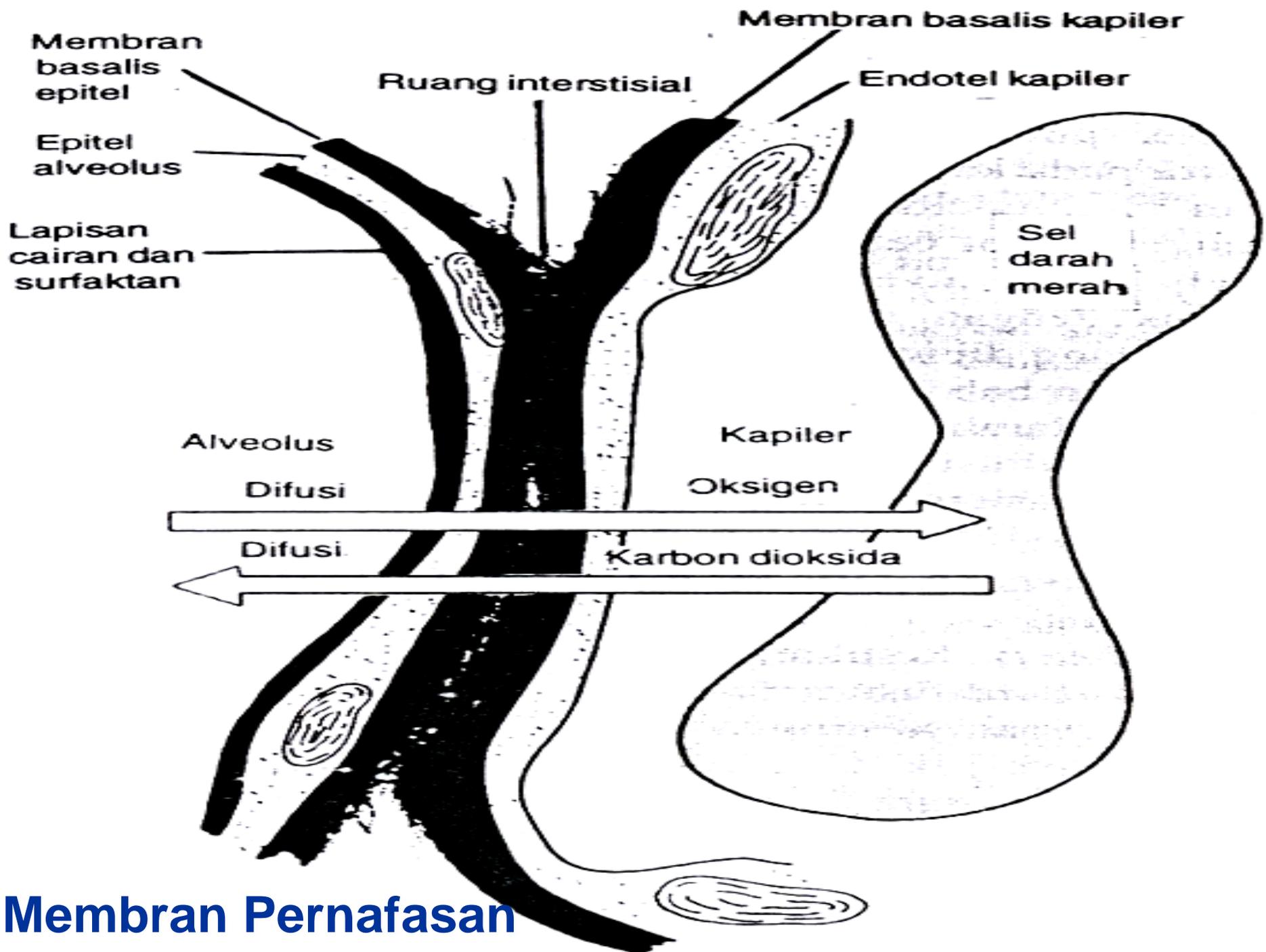
(b) Scanning electron micrograph of alveoli and surrounding pulmonary capillaries



(c) Transmission electron micrograph of several alveoli and surrounding pulmonary capillaries

Lapisan Membran Respirasi Terdiri dari :

- 1. Lapisan Cairan berisi surfaktan yang melapisi alveoli**
- 2. Epitel alveolus yang tipis**
- 3. Membran basalis epitel**
- 4. Ruang intersisiel antara epitel alveolus dan membran kapiler**
- 5. Membran basalis kapiler**
- 6. Membran endotel kapiler**



Membran Pernafasan

Faktor-Faktor yang Mempengaruhi Kecepatan Difusi Gas Melalui Membran Pernafasan

- Ketebalan membran (edem, fibrosis: ketebalan >>)
- luas permukaan membran (lobektomi, emfisema)
- koefisien difusi gas dalam substansi membran (berbanding lurus dg kelarutan gas dan berbanding terbalik terbalik dg akar pangkat 2 molekulnya)
- perbedaan tekanan antara ke 2 sisi membran (perbedaan tekanan parsial gas dalam alveoli dg tekanan dlm darah)

▲ TABLE 13-5

Factors That Influence the Rate of Gas Transfer across the Alveolar Membrane

FACTOR	INFLUENCE ON THE RATE OF GAS TRANSFER ACROSS THE ALVEOLAR MEMBRANE	COMMENTS
Partial Pressure Gradients of O₂ and CO₂	Rate of transfer ↑ as partial pressure gradient ↑	Major determinant of the rate of transfer
Surface Area of the Alveolar Membrane	Rate of transfer ↑ as surface area ↑	<p>Surface area remains constant under resting conditions</p> <p>Surface area ↑ during exercise as more pulmonary capillaries open up when the cardiac output increases and the alveoli expand as breathing becomes deeper</p> <p>Surface area ↓ with pathological conditions such as emphysema and lung collapse</p>
Thickness of the Barrier Separating the Air and Blood across the Alveolar Membrane	Rate of transfer ↓ as thickness ↑	<p>Thickness normally remains constant</p> <p>Thickness ↑ with pathological conditions such as pulmonary edema, pulmonary fibrosis, and pneumonia</p>
Diffusion Coefficient (Solubility of the Gas in the Membrane)	Rate of transfer ↑ as diffusion coefficient ↑	<p>Diffusion coefficient for CO₂ is 20 times that of O₂, offsetting the smaller partial pressure gradient for CO₂; therefore, approximately equal amounts of CO₂ and O₂ are transferred across the membrane</p>

Kapasitas Difusi Membran Pernafasan

Kemampuan membran pernafasan dalam pertukaran gas antara alveoli dan darah paru dapat dinyatakan secara kuantitatif dengan *kapasitas difusi membran yang didefinisikan sebagai volume gas yang berdifusi melalui membran tiap menit pada setiap perbedaan tekanan 1 mm Hg.*

Difusi Gas Melalui Jaringan

- daya larutnya yang tinggi dalam lipid
- pembatas utama kecepatan difusi gas adalah melalui air jaringan (*tissue water*), misalnya melalui membran sel. Difusi gas melalui jaringan membran pernafasan, hampir sama dengan difusi gas melalui air.
- Udara alveolus mempunyai komposisi konsentrasi gas yang tidak sama dengan udara atmosfer

Kapasitas Difusi Oksigen

Rata-rata laki-laki dewasa muda kapasitas difusi oksigen pada keadaan istirahat rata-rata 21 ml/menit/mm Hg. Perbedaan tekanan oksigen rata-rata diantara membran pernafasan selama pernafasan tenang dan normal adalah kira-kira 11 mm Hg. Perkalian tekanan ini dengan kapasitas difusi (11×21) memberi hasil total kira-kira 230 milimeter difusi oksigen melalui membran pernafasan tiap menit, ini sebanding dengan kecepatan pemakaian oksigen tubuh.

PO₂ dalam alveoli = 104mmHg , PO₂ darah vena dalam kapiler paru 40 mmHg → difusi → PO₂ darah meninggalkan paru = 104 mmHg

Bila darah arteri sampai jaringan → PO₂ = 95 mmHg ; PO₂ cairan intersisiel 40mmHg dan PO₂ intrasel = 23 mmHg

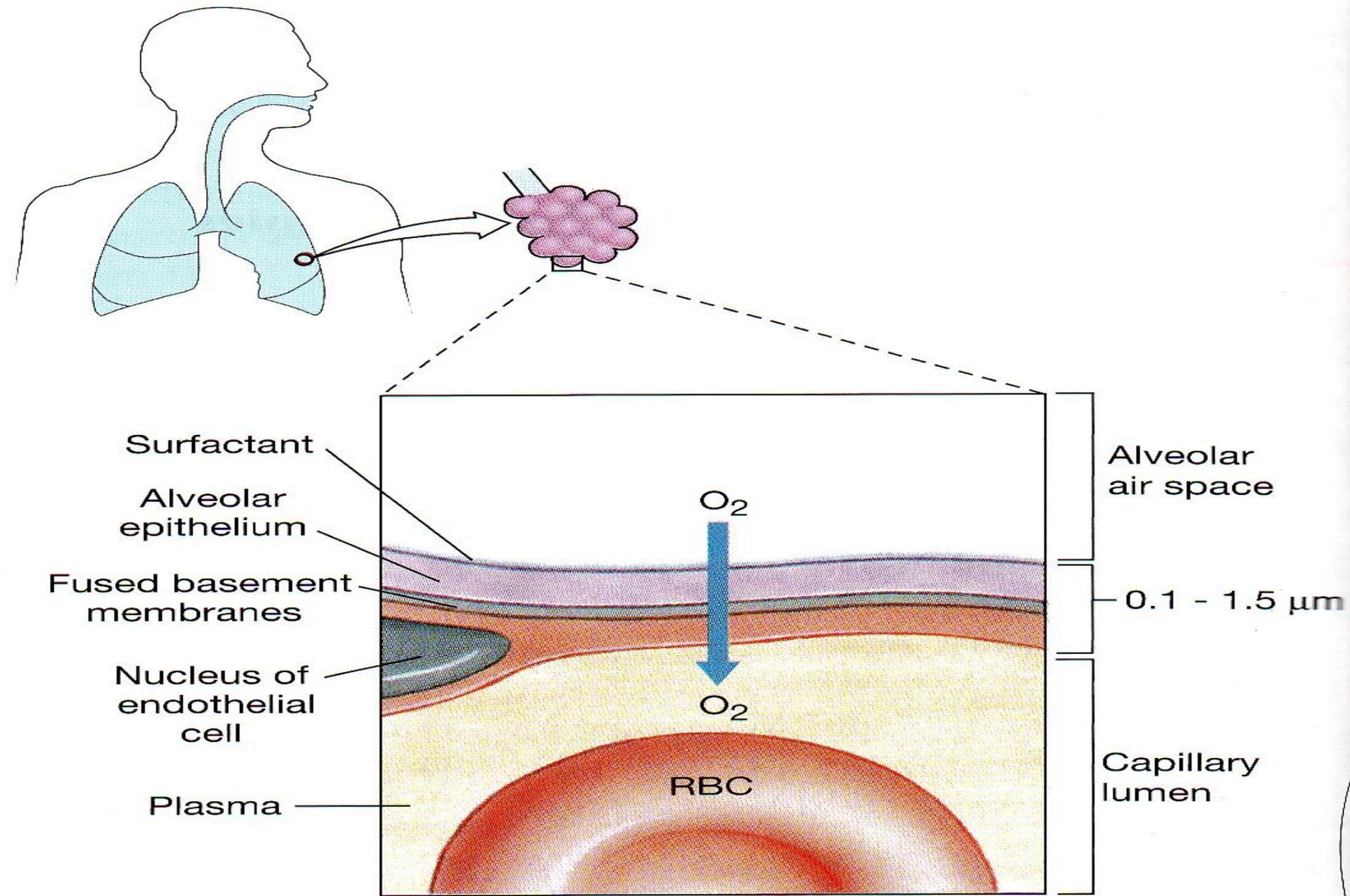


Perbedaan tekanan hebat → difusi O₂ dari darah ke seluler

Pada akhir vena dari kapiler → PO₂ = 40 mmHg

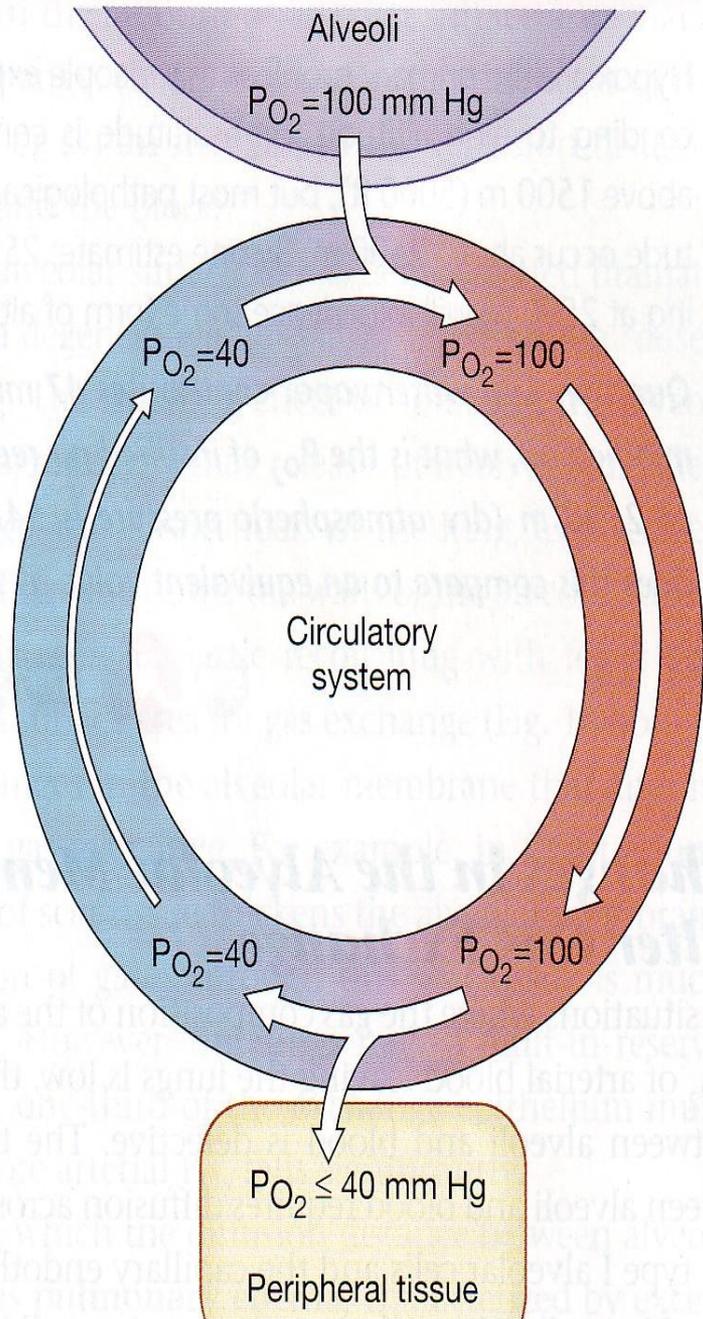
Table 18-1: Normal Blood Values in Pulmonary Medicine

	ARTERIAL	VENOUS
P_{O_2}	95 mm Hg (85–100)	40 mm Hg
P_{CO_2}	40 mm Hg (35–45)	46 mm Hg
pH	7.4 (7.38–7.42)	7.37

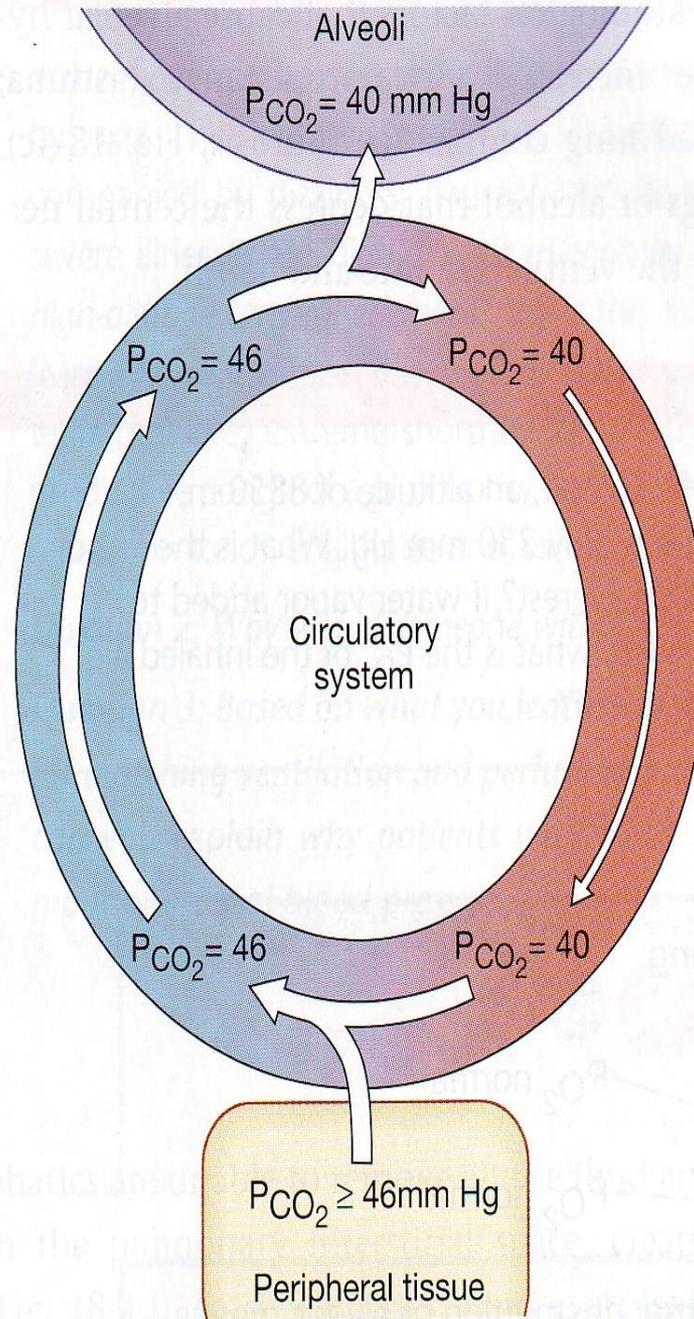


● **Figure 18-5** *Oxygen diffuses across the alveolar and endothelial cells to enter the plasma*

(a) Oxygen diffusion



(b) CO₂ diffusion



● Figure 18-3 Gas exchange at the alveoli and cells

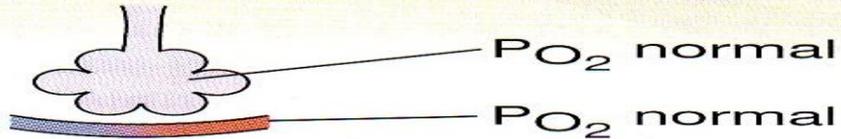
Perubahan Kapasitas Difusi Oksigen Selama Kerja

- *Selama kerja berat aliran darah paru dan ventilasi alveolus : kapasitas difusi oksigen meningkat pada pria dewasa muda sampai maksimum kira-kira 65 ml/menit mm Hg, 3x kapasitas difusi pada keadaan istirahat. Peningkatan disebabkan (1) pembukaan sejumlah kapiler paru (2) pertukaran yang lebih baik antara ventilasi alveoli dan perfusi kapiler alveolus dengan darah disebut *ratio ventilasi perfusi*. Oksigen darah meningkat → peningkatan ventilasi alveolus dan dgn memperbesar kapasitas membran untuk memindahkan oksigen ke dlm darah.*

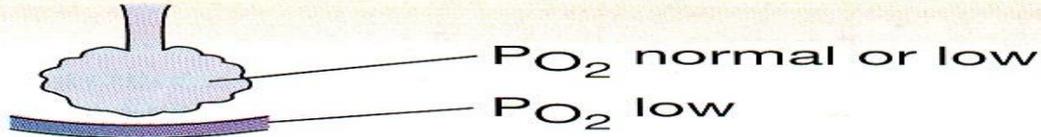
Kapasitas Difusi Karbon dioksida

- *Kapasitas difusi karbon dioksida belum pernah diukur → kesukaran teknik : karbon dioksida berdifusi melalui membran pernafasan sedemikian cepatnya hingga PCO₂ dalam darah paru tidak berbeda banyak dengan PCO₂ dalam alveoli, perbedaannya rata-rata kurang dari 1 mm Hg -→ perbedaan ini sangat kecil untuk diukur.*

(a) Normal lung



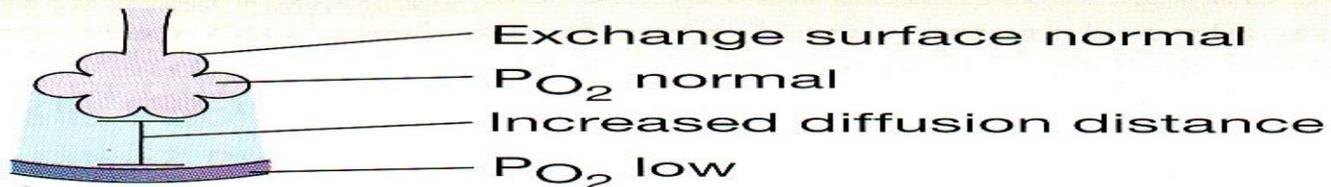
(b) Emphysema: destruction of alveoli means less surface area for gas exchange.



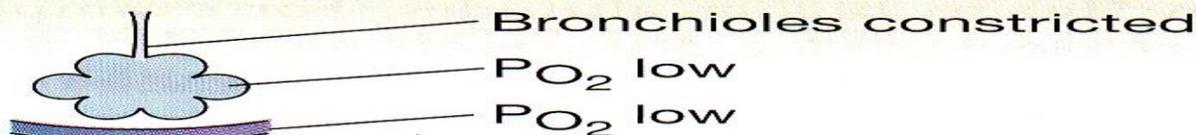
(c) Fibrotic lung disease: thickened alveolar membrane slows gas exchange. Loss of lung compliance may decrease alveolar ventilation.



(d) Pulmonary edema: fluid in interstitial space increases diffusion distance. Arterial PCO_2 may be normal due to higher CO_2 solubility.



(e) Asthma: increased airway resistance decreases airway ventilation.



● **Figure 18-4** *Pulmonary pathologies that affect alveolar ventilation and gas exchange*

