- Left lung smaller, 2 lobes separated by oblique fissure
  - 8-9 bronchopulmonary segments
- Right lung -three lobes separates by oblique and horizontal fissure
  - 10 bronchopulmonary segments
- o Lobules are the smallest subdivisions, served by bronchioles and their branches
- Trachea → primary bronchi → secondary (segmental) bronchi → tertiary bronchi → bronchioles
- **Respiratory zone**: site of gas exchange microscopic structures: respiratory bronchioles, alveolar ducts and alveoli
- Conduction zone: conducts air to gas exchange sites includes all other structures
  - Branches from trachea to terminal bronchioles are conducting airways. They do not participate in gas exchange!!
- Respiratory muscles: diaphragm, intercostals, etc.
- **Pulmonary Lobule** = functional unit of respiratory system
  - Lymphatic vessel, arteriole, capillary bed, venule, terminal bronchiole and alveolar sacs
- Transpulmonary pressure = 4 mmHg (760-756 mmHg) keeps airways open, the greater the trans pressure, the larger the lungs
- Intrapleural pressure = -4 mmHg (756 mmHg) fluctuates with breathing out aways a negative pressure
- Intrapulmonary / intra-alveolar pressure = 0 mml/gr765 (2.11g) fluctuates with breathing (758 when air comes in, 762 when air goercu D
- Inhalation is active, exhalation is visite (AT REST) 5
- Boyles Law: pressure of agas in a closed container is inversely proportional to the volume of the domainer
- Institution muscles consult entry to overcome factors that hinder air passage and pulmonary ventilation:
  - $\circ$  Airways resistance friction; F = change in P / R; resistance is usually insignificant
    - COPD narrows / obstructs airways, greater pressure differences are needed to maintain flow, ATM pressure doesn't change so intrapulmonary pressure has to
      - Emphysema, chronic bronchitis
  - Alveolar surface tension
  - Lung compliance amount of effort needed to stretch lungs and chest wall; elastic fibers!
    - Decreased compliance scar tissue from tuberculosis, or pulmonary edema; emphysema – destruction of alveolar wall leaving an air pocket, destruction of elastic fibers → lungs inflate easily but elastic recoil doesn't work

## • Lung Volumes and Capacities

- $\circ$  Normal breathing = 12 breaths/min
- Normal volume air inspired and expired = 500mL (TIDAL VOLUME)
- Minute ventilation = total volume of air inhaled and exhaled each minute; breathing frequency x TV