Dr A. L. Neill BSc MSc MBBS PhD FACBS

Introduction

This book is a reference and illustrated guide to the breathing process. It is the 16th book in the A to Z series & now has more material online, at the A to Z website listed below. Please let me know if there is any other support whether online or not, which would be helpful. All feedback is appreciated, and I thank those of you who send me your thoughts and comments on this series. Believe me they make a difference. I feel with each book a new level is reached. I hope this is the case with this latest book.

The A to Zs may be viewed on 3 sites –

www.amandasatoz.com and http://www.aspenpharma.com.au/atlas/student.htm http://www.aspenpharma.com.au Feedback may be left at mandasatoz@gmail.com

Acknowledgement

Thank you Aspen Australia for your surport and assistance in this valuable project.

Dedication

To those who support this project and have done so for many years. To my friends and colleagues, many of whom work at Aspen. It is possible things are changing with respect to Anatomy - many medical and other healthcare students including nursing students have pushed for more anatomy in their courses. Indeed there is a push in the community for more understanding of the components and working of this wonderful machine - the human body - so I also decleate this book to the wonderful human body.

How to use this book

The format of this A to Z book has been maintained.

The Common Terms (CT) section comments on a number of processes & pathologies in the respiratory system, while the Main Text (MT) is alphabeticalized as usual, & has 3 subsections: the Respiratory Cells, the Function & the Structures of the Respiratory System. The cross-referencing b/n the 2 sections & other A to Zs has been expanded, as requested via feedback comments. So as usual *think of it and then find it* is the motto *of the A to Zs* and continues to be the structure behind the book. Additional information may found in all the A to Zs but in particular *The A to Z of the*

Head & Neck Bones & Muscles, The A to Z of Major Organs, The A to Z of the Brain & Cranial Nerves, The A to Z of the Heart, & The A to Z of the Digestive Tract, and in some instances the reader is guided to these areas and other areas of interest via QR codes inserted strategically into this book. However as with all the A to Zs this book is complete unto itself.

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Thank you A. L. Neill BSc MSc MBBS PhD FACBS



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Abbreviations of the terms used in Respiration

Α

а		artery	
4 22		anastomosis (ses)	
ΔΔ	7	amino acid	
ΔF	2	acid/base	
Δh	, 1	antibody	
	, ТН	adrenacorticotronic hormone / adrenal cortical hormone	
on be	i	adientice incomplementation adiental contrainte	
۸r	J. D	adjective	
	ne Ne	anatomical dead space	
		air flow	
		antigon	
Ay Ak	Ι ΄ Λ		
An		altornativo	
	ти	anclimatization to hyperia - long term	
		adopacina manapharahata	
	ne IC		
An	+	autonomic nervous system	
an	L. F	arteru	
	L)	allely	
)D		
AG			
		All ways resistance	
Ac		& American spelling	
۵۵	STH /	acclimatization to hypoxia - short term	
AT	-p	adenosine trinhosnhate	
)	artery and vein	
	В		
b		bone	
В		blood	
B/	ALT	bronchus associated lymphoid tissue	
BE	3	basal bodies	
bc		because	
BG	βB	blood / gas / barrier	
BN	Λ	basement membrane / basal lamina / terminal lamina /	
		plasma lamina	
b/	n	between	
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bn	bone
BP	blood pressure
br	branch
BS	Blood Supply

С

1

-	
CAMP	yclic AMP
cart	cartilage
CC	costal cartilage
CCF	congestive heart failure
c.f.	compared to
CF	cystic fibrosis
CFA	cryptogenic fibrosing alveolitis
СМ	cellular membrane / plasma membrane
CMV	controlled mechanical ventilation
CMV	cytomegalovirus
CNS	central nervous system
COAD	chronic obstructive airway disease
COLD	chronic obstructive lung disease
COPD	chronic obstructive pulmonary disease
СР	cervical plexus
CPAP	continuous positive airway pressure
collat.	collateral
Cr	cranial
СТ	connective tissue / computed tomography
СТ	common terms section of this book (≠ MT)
CXR	chest Xray
D	V

	deoxyribonucleic acid
DOPA	dihydroxynhenylalanine
DT	digestive tract
diff.	difference(s)
dist	distal
DM	dura mater
DT	digestive tract

E	
E e.g. EAM EC ECF ER ext.	energy example external acoustic meatus extracellular (outside the cell) extracellular fluid endoplasmic reticulum extensor (as in muscle to extend across a joint)
F	
FRC FVC	Functional Residual Capacity Forced Vital Capacity
G	2
GA gld Gk. GM GN grp	Golgi apparatus gland Greek grey matter Golgi network group
Н	
H Hb H&E Hg HP	hormone haemoglobin haematoxylin & eosin haemorrhage high pressure / high power - wrt magnification
(v)	
IAM IC IC ICS IF ImR inf In IR IVC Iy	internal acoustic meatus intercostal intracellular (inside the cell) intercostal space inflammation immune response inferior infection inflammatory response inferior vena cava injury
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J	
JC jt(s)	junctional complex joints = articulations
L	
I lig L LB LB LP LP LP LT LT LT Lt. LUQ LV	lymphatic ligament lumbar / left lower airways lamellar bodies ligament lamina propria / lateral process low power - wrt magnification lower respiratory tract lymphoid tissue Latin left upper quadrant left ventricle/ lung volume
Μ	
m med. mem mito MM mRNA MT mv	muscle medial membrane mitochondrion (a) mucus membrane messenger RNA main text of this book (≠ CT) microvillus(i)
N(s) NAD NAD NM NR NRAM NS NT nv	nerve(s) normal (size, shape) no abnormality detected nuclear membrane / nucleolemma nerve root origin non-respiratory air movement nerve supply / nervous system nervous tissue neurovascular bundle

0	
0 OSA	origin obstructive sleep apnea
Р	
pl. ParaNS PDS PN post. proc. prox. PSCCE	plural parasympathetic nervous system physiological dead space peripheral nerve posterior nasal drip posterior process proximal pseudo-stratified columnar ciliated epithelium
Q	
Q	perfusion
R	
R R&L REM RNA rRNA RT RUQ RV	right / resistance right and left rapid eye movement ribonucleic acid ribosomal RNA respiratory tract nght upper quadrant right ventricle (of the heart) respiratory zone
5	
SA SC sing. SN SP SS St subcut. sup	surface area spinal cord singular spinal nerve surfactant proteins signs & symptoms surface tension subcutaneous (just under the skin) superior

(

supf SymNS	superficial sympathetic nervous system
Т	
T TJ TNF tRNA TRU TZ	thoracic / thorax / tissue tight junctional complexes tumour necrosis factor transfer RNA / transport RNA terminal respiratory unit transport zone
U	
UA UL URT	upper airways upper limb / arm upper respiratory tract
V	S∕S −
V V VB VC VF V/Q VV	vein / vertebra ventilation very vertebral body vocal cord / vertebral column / vital capacity vocal fold ventilation / perfusion ratio visa versa
W	$\mathbf{O}^{\mathbf{i}}$
WM w/n w/o wrt	white matter within without with respect to
Ζ	
ZA ZO	zonula adherens zonula occludens / tight junction
SYMBO	LS
& ∩	and intersection with

Chronic Obstructive Airways Disease (COAD): a collective term for IF airway diseases (e.g. emphysema, chronic bronchitis, bronchopneumonia etc). This term is synonymous with COLD, COPD.

Cilium (sil-ee-um): Lt cilia = eyelashes hence hair-like process(A) associated with cells; a modification of the CM with specific internal fibrillar cytoskeletal structures which allows it independent movement as opposed to a mv(B), which does not. Ciliary movement generates a flow of fluid (usually mucus) in the EC environment. *adj. ciliary, ciliated pl. cilia*



cine- (sin-ee) movement

Circadian Rhythm: the day/night cycle determined by the pineal gland through its secretion of melatonin. Sleep patterns are in part determined by the levels of melatonin. *see also Melatonin*

circum- (SER-kum) around, surrounding

cis- (sis) on this side

Clara cells: "clear & famous" cells found at the beginning of the terminal broncholes, which produce surfactant similar to Type Il cells of the alveoli. Clara cells "beg out" when they release their secretions often dying in the process - holocrine secretion *see also surfactant MT cells of respiration*

"Clearing the throat" see Throat

cleist- (klist-) closed

clist-closed

Closing Volume: as the Lung Volume (LV) is reduced towards the Residual Volume (RV), there is a point when the airways start to close. Closing Vol = Closing Capacity - RV

co- (koh) with together

coen- general, common

col- with, together

Cold AKA Common Cold AKA Nasopharyngitis AKA Rhinopharyngitis

AKA Coryza: an acute but mild self-limiting viral infection(s) of the URT, primarily affecting the nose & throat. SS mainly result from the body's reaction to the infectious agents include: low fever, coughing, congested/ runny nose, headache, sneezing & sore throat. Duration is b/n 3-10 days or

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if severe up to 21 days. The cough may persist for longer. The rhinoviruses are the commonest causes, although >200 viruses have been implicated, often occurring together i.e. the cold may result from multiple viral Ins & lead onto a bacterial In.

coelom- (SEE-lohm) body cavity

Collagen (KOL-a-jen): a protein that is an abundant component of CT.

Collateral: *adj. Lt. con = together & latus = side*, hence, alongside.

Columna: *Lt. = column, or pillar.*

com- together, with

Coma (KOH-mah): *Gk koma = sleep* hence refers to a depressed state of consciousness & ability to respond to stimuli. The breathing patterns change with varied conscious states - *see MT breathing patterns*

Compliance: the ease of stretching the lungs or the chest wall. Reduced in fluid filled walls - which occurs with RV failure / pulmonary oedema (≠ **Elastance**).

con- together with

Concha (KONG-ku) AKA Turbinate: a shell shaped bone as in the ear or nose *pl. conchae adj. chonchoid.*

Conductance: the ease with which the gas or liquid can be made to flow through a tube (≠ **Resistance**).

Conducting airways: the airways which conduct the gas to the site of GE. These passages make up most of the ADS, & are proximal to the respiratory bronchioles.

Congenital (KON-jen-it-al): present from birth

Connective tissue (CT) (kon-EK-tiv Tish-ew): one of the 4 basic types of T in the body. It is characterized by an abundance of EC material with relatively few cells, & functions in the support & binding of body structures.

consolidation: term used to describe when the normally air filled alveoli in the lung become solid with cells &/or exudate etc - present in pneumonias V/ Q<1 approaching zero in severe cases.

Constrictor: to squeeze - generally referring to a circular muscle's action where it ↓ the size of an opening often to direct movement of the contents in a single direction (as in Pharynx, with swallowing) *see also Sphincter*

Continuous Airways Positive Pressure (CPAP): a method of non invasive ventilation whereby air is blown into the airways for the

whole respiratory cycle. It is generally delivered via a mask over the mouth &/or nose for sufferers of OSA, pushing open the soft palate.





contra- opposite against

Contralateral: *Lt. contra = against, latus = side,* the opposite side (**≠ lpsilateral**)

cor- heart

Cor pulmonare: RV enlargement due to pulmonary hypertension *see also Pulmonary Hypertension*

Cornu: a horn (as in the Hyoid)

Corona (kor-ROH-nuh): *Lt. coron = crown, hence, encircling like a crown:* a crown. *adj. coronary, coronoid or coronal;* hence a coronal plane is parallel to the main arch of a crown which passes from ear to ear (*c.f. coronal suture*). It extends vertically to divide the body into ant. & post. portions, AKA the frontal plane

corp- (kor) body

Corpus: *Lt. = body, pl.- corpora.* pertaining to the body or the main part of the organ

Corpuscle (KOR-puhs-el): *Lt. = a little body* hence used to describe a small body contained w/n a sac, as in red corpuscle (RBC) small package of Hb

Coryza (KOR-ï-zuh) AKA Cold AKA Rhinitis

Cortex (KOR-tehks): *Lt. = bark, adj. cortical* the outer portion of an organ. (**# Medulla**)

cost- (kost) rib Lt. = rib. adj. costal

Cough (KOF): non-respiratory at movement due to forced expiration against a closed glottis *see MT*

Countercurrent: two streams flowing in an opposite directions to maximize the exchange of chemicals or heat

Cribriform / Ethmoid: a sieve or bone with small sieve-like holes.

Cricoid: a ring wrt pulmonary system the uppermost ring of the trachea – & the only complete tracheal ring. It is associated with the thyroid & arytenoid cartilages and larynx *see also arytenoid cartilages, larynx.*

-crine (krin) to secrete

crur-(kroo-r) leg Lt. = leg, sing crus pl - crura.

crypt- hidden, covered occult

Cutis - (KEW-tis): *Lt. cutis = the skin adj cutaneous (kew-TAY-nee-us)*

Cyanosis (Si-an-oh-sis): Gk kyanos -blue material, hence blueness mauveness of the skin, or elsewhere due to the amounts of de-oxygenated Hb

cyst-(sist-) sac, bladder

Cyst (sist-): *Gk. kystis = bladder, adj. cystic.* referring to fluid enclosed w/n epidermal layers c.f. cystic fibrosis

Cystic Fibrosis (CF): an autosomal recessive condition caused by a defect(td) in the cystic fibrosis transmembrane transporter(t) of the Chloride ion(c) resulting in the abnormally viscous lung secretions(sv), due to the fact that water(w) travels back into the absorptive cells(a) rather than remaining in the airways & diluting the coating mucous(m). This causes the lungs to be prone to Ins & bronchiectasis, even though other ion transporters(o) are not affected.



Cystic fibrosis absorptive cell

Normal absorptive cell

In the bronchioles this presents as dilated damaged walls(B - 5d) with cilia(2) damaged or missing (2d) full of mucus(1). The number of mucous glands(3) is unchanged but the secretions do not move on, which damages the lining epitheium(4).

Cystic fibrosis also affects the pancreas sectretions & production of semen. *see also Bronchiectusis*



cyto-/-cyte (sït-OH-) cell mature cell type

Cytoplasm (Sï-to-plazm): the material of a cell located w/n the CM & outside the NM containing the cellular organelles.

Cytosol (Sï-toh-sol) the thickened fluid of the cytoplasm. It lies outside the cellular organelle membranes.

Cytoskeleton (sï-toh-SKEL-eh-ton): the complex supportive network of microtubules & microfilaments in the cytoplasm. For more details see the A to Z of Major organs D

de- remove, undoing, reversal, depriving, freeing from

Dead Space (DS): areas in the RT which do not have any GE - **↑** in many disease states & in CCF *see also Consolidation*

dec- (des) ten, tenth

Deglutition: *Lt. deglutire = to swallow,* hence the act of swallowing.

Degranulation: the process of shedding granules from the cell cytoplasm into the exterior (c.f. degranulation of mast cells in an allergic reaction)

dem- people, population

demi- (dem-ee) half

Dendrite AKA Dendron: Gk. = a tree, hence like the branches of a tree

dendro- branching, treelike

Dens: a tooth, denticulate having tooth-like projections *adj dental, dentate, dentine denticulate*

Depress: *Lt. de = prefix implying descent & pressum + pressed*, hence to press down

Depression: downward movement or a concavity on a surface.

Dermatome *Gk. derma = skin, tome = a cutting of division,* a segment of skin supplied by a single SN *see also Myotome*.

derm(o)- skin

Dermatitis (derm-u-TÏ-tis): any skin IF

di two, twice, double, reversal, separation, apart from

dia- through across, between , apart , complete

Diaphragm: *Gk. dia* = *across, & phragma* = *wall,* hence, a partition. Generally this refers to the dome-shaped muscular sheet which separates the thorax from the addomen, *adj. diaphragmatic*

Diffuse parenchymal lung disease AKA Interstitial lung disease: diseases where the interstitium is thickened generally by fibrosis, ↓ GE. These diseases maybe idiopathic but are often associated with IF diseases & IF caused by breathing in FBs such as asbestos, silicon & carbon particles

Diffusing Capacity: the ability of the lung to allow gas to diffuse from the air to the B & vv

Diffusion: the process whereby a substance is transported along a concentration gradient by a random movement of molecules

diplo- double, twin

dis- apart from, two, twice, double , reversal, separation, difficult, wrong

Discharge: the term used to imply the oozing of a mucoid liquid e.g. nose, throat

Discus (DIS-kus): Lt. = disc. adj. discoid

Disease (DIZ-eez): *Eng. dis- ease = lack of comfort*, anything limiting health & comfort of the organism

Distal (**DIS-tahl**): *Lt. di = apart & stans = standing*, away from the middle of the body or the axis or core of the body (\neq proximal)

Dorsum (DOR-sal): *Lt. dorsum = back adj = dorsal* a directional term indicating toward the back side, or posterior

Drive to breathe: physiological changes which increase ventilation c.f. $\oint O_2 \&/or \uparrow CO_2$

In most people the drive to breathe depends upon the $B[CO_2]$, rather than the O_2 levels. Oxygen drive occurs in long standing patients with COAD as the $B[CO_2]$ is constantly elevated, and o no longer a reliable parameter.

duo- (DEW-oh) two

dy- two

Dynamic Airway Collapse: collapse of the anna's provoked by ↑ flow c.f. coughing ↑ flow & collapse

dys- (dis) difficult, painful, abnormal

Dysplasia: changes in the morphology of growing cells / Ts

Dyspnoea: the sensation of breathlessness - irregular breathing

Dystrophy (DIS-troh-fee): irregular abnormal growth

Ε

e- outside external out protrude over away less

ec- outside out to protrude over away less / house

Ectasia (EK-tay-zee-yuh): dilatation or distention of a tubular structure. Maybe physiological & under H influence e.g. duct ectasia of the breast, a dilated milk duct, or pathological c.f. bronchi / bronchiole ectasia.

ecto- outer out of place

-ectomy to cut out , excise surgically

Ectoderm (EHK-toh-derm): *Gk. ektos = outside & derm = skin* the outermost layer of the 3 primary germ layers in the developing embryo. It gives rise to the NS & to the epidermis & its derivatives

Edema (eh – DEE-mah) AS Oedema

Edentulous: w/o teeth

Edge: border or margin of a surface.

ef- outside out to protrude over away less

Efferent: *adj. Lt. ex = out, & ferens = carrying,* hence, conducting from. Efferent Ns move away from the brain - & are motor Ns \neq **Afferent**

Elastance ≠ Compliance

Elastic recoil: the tendency of the lungs to resist stretching, due to their elasticity

Elasticity (ee-laz-STIS ih-tee): the physiological property of T to return to its original shape after distortion

Elastin: major EC fibre which has large recoil properties - made up of fibrillin(1) filaments & elastin matrix(2). These assemble EC after smaller IC components are extruded.

Later X-links form in the EC, adding to its elastic properties.



Emphysema (EMPF-uh-seem-uh): defined as the anatomical destruction of the alveolar septa resulting in permanent enlargement of the air spaces distal to the terminal bronchioles. Part of the spectrum of COAD. The result is permanently hyperinflated lungs - with reduced elastic recoil - so that expiration is difficult to complete.



em- within, inside, into in on

Embolus (EM-bohl-us): Gk embolos = plug, wedge or blocking matter hence a mass which travels in the BS & suddenly blocks an artery i.e. plugs it up, frequently resulting from a dislodged thrombus. If this arises from the LL then it may lodge in the pulmonary arteries causing sudden SOB \pm death pulmonary embolus *adj emboliformis see also Thrombosis*

emet- vomiting

-emia AS –aemia pertaining to blood, generally RBCs

en- within, inside, in, on

endo- within, inside, into, on

Endocytosis (ehn'-do-sih-TO-sihs): the active process of bulk transport of material into a cell. It includes phagocytosis & pinocytosis.

Endoderm (en-DOH-derm): Gk. endo = within, & derm = skin one of the 3 primary germ layers in an embryo, it begins as the inner layer, later forms the organs of the DT & the RT.

Endoplasmic reticulum (ER) (en-doh-PLAZ-mik reh-TIK-yew-lum): a cytoplasmic organelle that consists of a series of tubules with a hollow center. It functions in the transport of cellular products (smooth ER). & as a site for protein synthesis (if ribosomes are attached, called rough ER)

Endothelium (en-doh-THEE-lee-um): *Gk. endo* = *within.* & *thele* = *the* nipple a layer of simple squamous epithelium lining the inside of BVs & the heart chambers.

Endotoxins AKA Lipopolysacchardies (LPS) AKA Lipoqlycans:

Gk. endo = within, & toxia = poison, are large molecules consisting of a lipid(1) & a polysaccharide(2) composed of O-Ag(20), an outer core(20) & inner core(2i). They are found in the CM of Gram-negative bacteria, (e.g. Bordetella Pertussis) & elicit a strong IR, AKA septic shock due mainly to the lipid component. **†** adi endotoxic shock

ent- within, inner

2i

Eosinophil (ee-oh-SIN-oh-fil): a type of granulated WBC characterized by a cytoplasm which absorbs the eosin stain. see MT

ep- upon, in addition to, beside among, on the outside, over

epi- upon, in addition to, beside, among, on the outside, over

Epidural: *adi.Gk. epi = upon, Lt. dura = tough*, hence, external to the dura mater (DM).

Epiglottis: an unpaired leaf like plate of fibro elastic cartilage Vallecula situated behind the root of the tongue (lingual surface - 1) & Hvoid & in front of the larvngeal inlet (larvngeal surface - 2) attached to the thyroid cartilage by the petiolus (cartilaginous stem - 3)



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Epistaxis: nosebleed, generally from the septum in the Little's area an intersection of the 3 main BVs supplying the nose



equi- equal

Equal Pressure point: during forced expiration that point of the airways where the intraluminal P = the external lung P, & collapse is likely to occur

-ergy action

erythr- red

Erythema (eh-REE-thee-muh): Gk.: flushing on the skin – redness

Erythrocyte AKA red blood cell (RBC): anucleate biconcave cell, the commonest in circulating B which acts as a carrier of O₂ & CO₂ through its H

Ethmoidectomy: removal of the partitions b/n the ethmoid sinuses (A) creating larger sinus cavities (B) to treat/cure chronic sinusitis caused by repeated sinus Ins & obstructions, which are often associated with nasal polyps.

Ethmoids AKA ethmoid sinuses (*slang*) an spaces in the Ethmoid bone b/n the eyeballs, extending to the bridge of the nose, & drains into the nasal cavity. If fluid is trapped in this area it nay cause chronic infections & sinusitis & may require an ethmoidecromy.

eu- good normal well easily

eury- broad wide

Eversion: *Lt. e = out, and versum = turned*, hence turned outwards.

ex- to protrude outside out over away less

Excretion (ek-SKREE-shun): the processes by which metabolic waste materials are removed from cells, Ts or entire bodies.

exo- outside outer layer out of

Expiratory Flow Limitation: the point where in expiration – it is not possible to force more air out as the lung Ts have collapsed this **↑** with age & disease meaning there is less working volume for GE in the lung

External: *adj. Lt. externus = outward*, hence, further from the inside.

External Auditory Meatus (EAM): ear hole

extra- outside of out over beyond, in addition to,

Extracellular environment (EKS-trah-CEL-yew-lar en-VÏ-ROH-ment): the body space outside the CM.

Extracellular fluid (ECF): the fluid outside the CM, including interstitial fluid & B plasma.



Tonsils – in situ

Lateral view - with tissues cut away to show their relationships

Mouth of a child

The tonsils form a defense ring around air and food pathways. Even though they play a role in the defense of substances passing through – in infected states – tonsilitis -they swell and compromise access of air and food to the body.

- 1 Nasopharynx
- 2 Hard Palate
- 3 Oropharynx
- 4 Tongue
- 5 Lingual tonsil on the root of the tongue
- 6 Epiglottis Vallecula
- 7 Palatine tonsil
- 8 Pharyngeal folds/arches for funnelling food into the oesophagus
- 9 Adenoids = Pharyngeat tonsils
- 10 Nasopharynx

*As the mouth – jaw increases in size so does the pharynx – and swollen tonsils are not as obstructive to food and air



Trachea - in situ

Macroscopic view of the relationship b/n the trachea, oesophagus, & the thyroid gland at 2 levels C6 & T1

- 1 thyroid parenchyma with CT septa
- 2 tracheal fascia
- 3 isthmus -showing cut surface & superior edge

S

- 4 superior thyroid a & v
- 5 anterior surface of the L lobe
- 6 middle cervical fascia = pretracheal fascia
- 7 superior pole of R thyroid lobe
- 8 internal jugular v
- 9 common carotid a
- 10 prevertebral fascia
- 11 trachea
- 12 T1 vertebral body
- 13 oesophagus
- 14 recurrent laryngeal N L&R
- 15 L Vagus N
- 16 Ns of the Brachial Plexus



Tracheal wall

A - LP H&E trachea

B - HP H&E trachea

The lining of the trachea is a thick folded mucosa. Its main function is to ensure the air is dust free, warm & moist. Hence the numerous seromucosal glands & PSCCE lumenal lining. The lumen is maintained by cartilaginous rings. Posteriorly the connecting smooth muscle allows for the oesophagus to expand with food ingestion, w/o compromising the tracheal lumen.

- 1 demilune of the seromucous gld
- 2 serous gld
- 3 BM
- 4 PSCCE this T changes with irritation to become truly stratified
- 5 cilia lining the trachea, these structures are lost with metaplasia of the epithelium
- 6 goblet cells
- 7 nuclear rows note this is a simple epithelium i.e. all the cells touch the BM & only the nuclei are multilayered
- 8 pulmonary
- 9 duct
- 10 pulmonary a
- 11 hyaline cartilage part of the tracheal ring
- 12 perichondrium
- 13 smooth muscle posterior wall of the trachea
- 14 adventitia
- 15 adipose T
- 16 mucosal folds lamina propria
- 17 elastic fibres
- 18 Ns



Additional Images



Quizzes



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