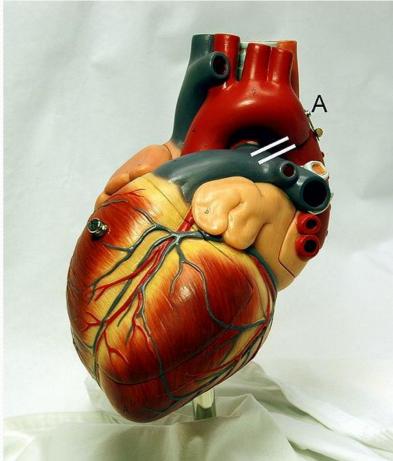
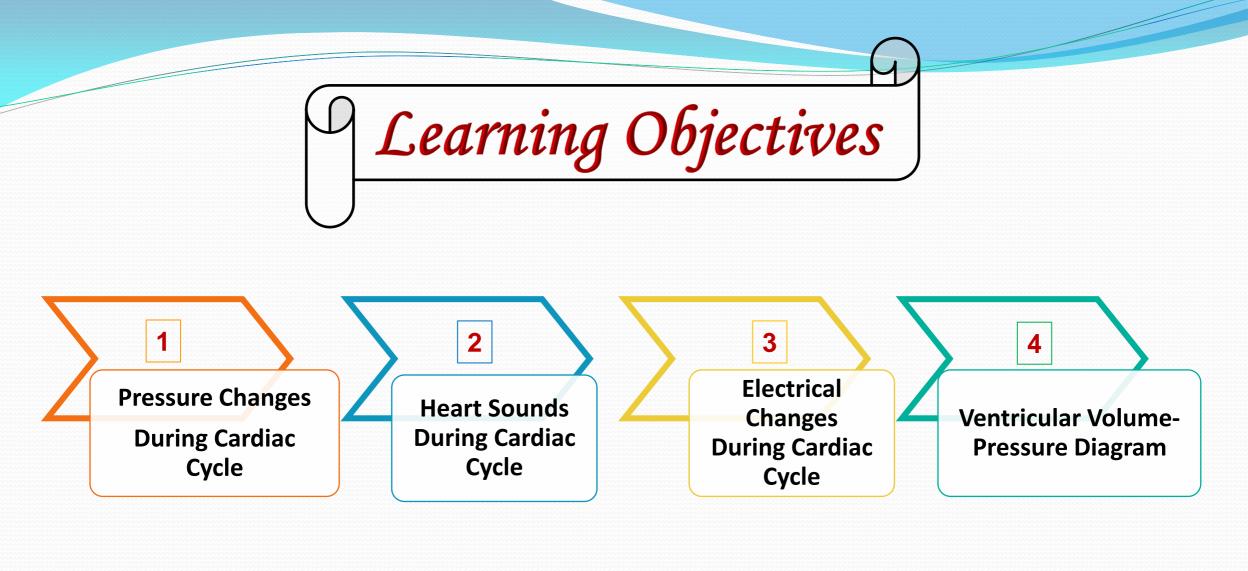
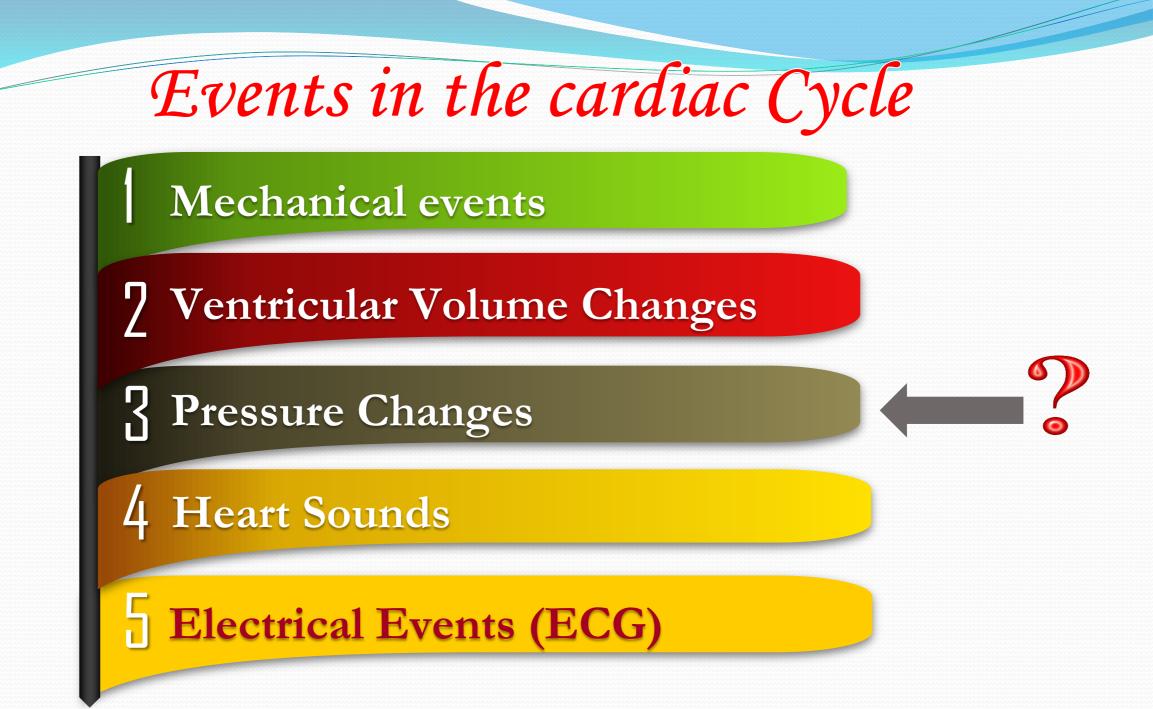


Cardiovascular System Block Cardiac Cycle- 2 (Physiology)

Dr. Hayam Gad MBBS, MSc, PhD Associate Professor Of Physiology College of Medicine, KSU



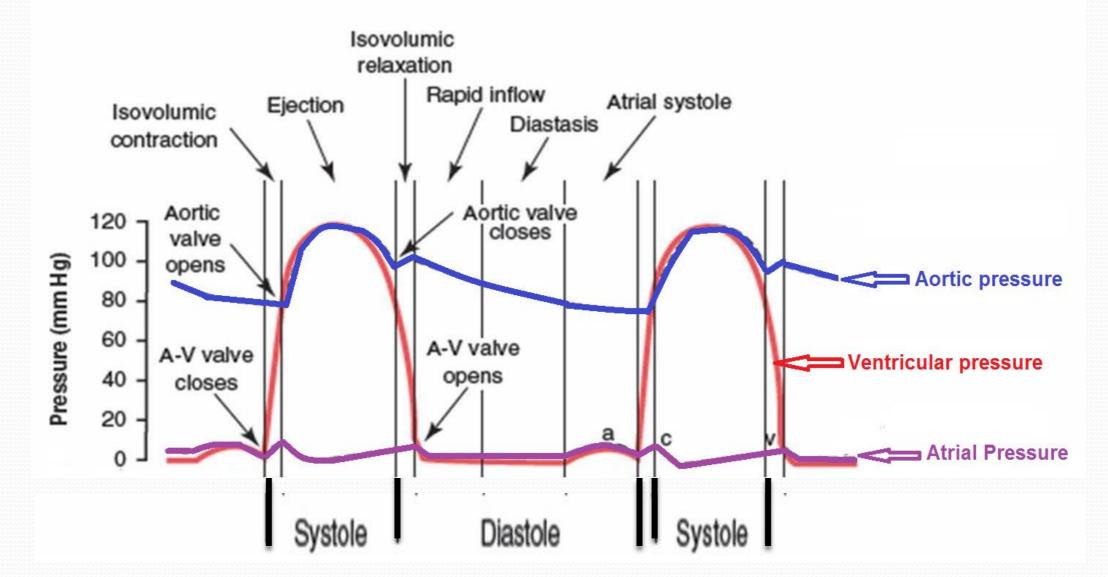




# Recorded Pressure Changes During Cardiac Cycle

- Ventricular pressure
- Aortic pressure
  - Arterial pressure waves
- Atrial pressure
  - Jugular venous pressure

Left Ventricular Pressure Changes ... 120/3-12 mmHg



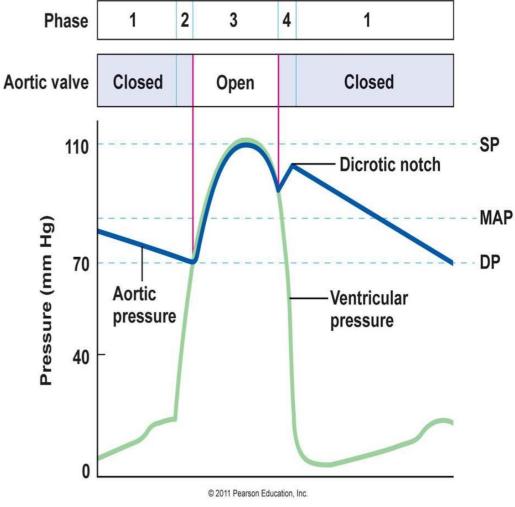
#### Left Ventricular Pressure Changes During Cardiac Cycle pressure (mmHg) Systolic 120 100 80 Diastolic 60 40 20 Ventricular 6 Pressure Systole Systole Diastole **Ventricular Pressure Phases** Cause Entry of blood from atria 1- Atrial systole First slightly ↑ **Dilatation of ventricles** Then ↓ All the valves are closed & the contraction is isovolumetric 2- Isovolumetric contraction ↑ suddenly (80 mmHg ) 3- Rapid Ejection $\uparrow$ sharply (120 mmHg) Shortening of ventricular wall and ejection of blood **4- Reduced Ejection** $\downarrow$ gradually Volume of blood leaving ventricles > the decrease in ventricular volume. 5- Isovolumetric Relaxation All the valves are closed & the relaxation is isovolumetric ↓ rapidly Slightly ↑ but < atrial 6- Rapid Filling Entry of blood from atria pressure 7- Reduced Filling Entry of blood from atria Slightly $\uparrow$ gradually

## Aortic Pressure Changes ... 120/80 mmHa

Ascending or anacrotic limb:

o With 'rapid ejection phase'.o Aortic press 1 up to 120 mmHg.

Descending or catacrotic limb:
 O Passes in 4 stages.



Stages of the Descending / Catacrotic Limb:

- Aortic pressure: With 'reduced ejection phase.' Amount of blood enters aorta < leaves.</li>
- 2. Dicrotic notch (incisura):

Sudden drop in aortic pressure.

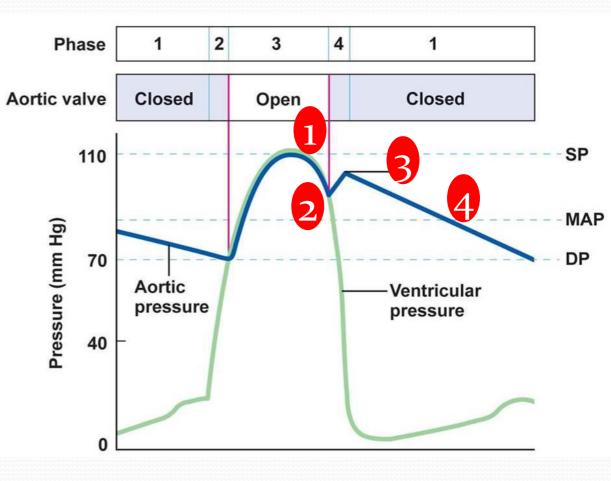
Due to closure of aortic valve.

3. Dicrotic wave:

Slight ↑ in aortic pressure. Due to elastic recoil of the aorta.

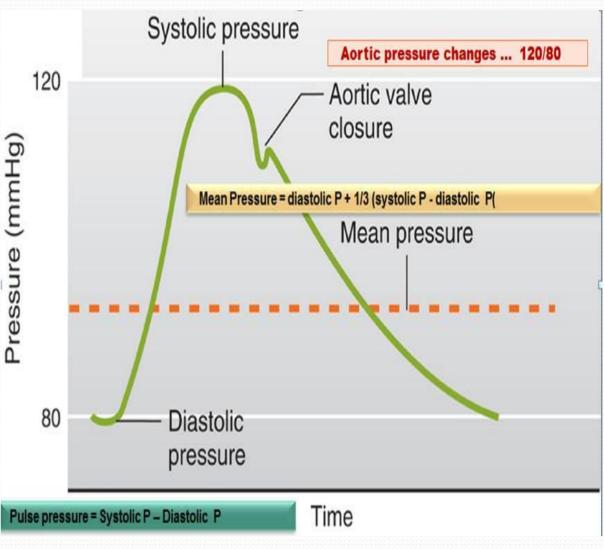
4. Slow  $\downarrow$  aortic press: down to 80 mmHg.

Due to continued flow of blood from aorta into systemic circulation.



# Arterial Pressure Changes ... 110-130/70-85 mmHg

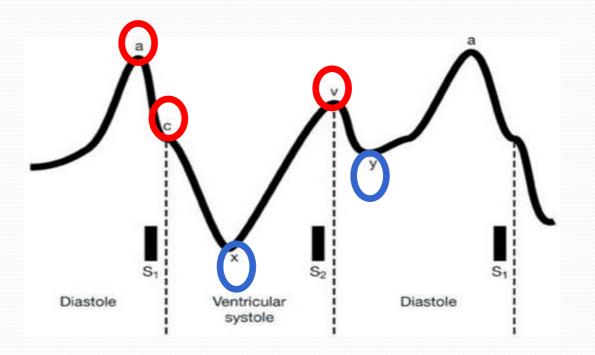
- Similar to aortic pressure waves, but sharper.
- Reflects a systolic peak pressure of 110-130 mmHg & a diastolic pressure of 70-85 mmHg.
- N.B Pulmonary artery pressure changes (25-30/4-12) mmHg are similar to aortic pressure changes, but with difference in magnitude.



# Atrial Pressure Changes:

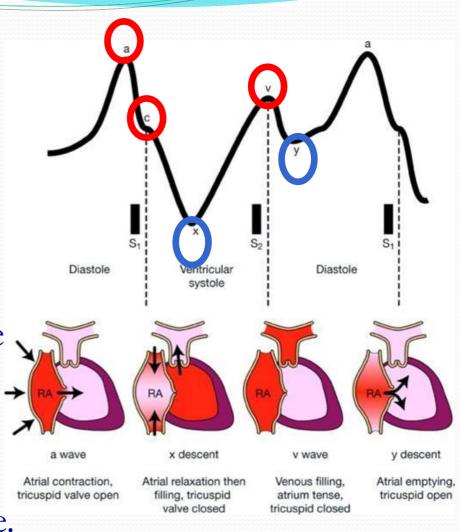
#### Results in:

- □ 3 upward deflection → a, c, & v
   □ 2 components in each wave: +ve (↑ atrial pressure, -ve (↓ atrial pressure)
- $\Box$  2 downward deflection  $\rightarrow$  x & y



#### Causes of atrial pressure waves • <u>'a' wave: Atrial systole:</u> +ve due to atrial systole -ve due to blood passage into ventricles. • <u>'c' wave: Ventricular systole</u> +ve due to the bulging of A-V valves into the atria during 'isovolumetric contraction phase.' -ve due to the pulling down of the atrial muscle & A-V cusps during 'rapid ejection phase', resulting in $\checkmark$ atrial pressure.

'v' wave: +ve due to ↑ venous return during atrial diastole. -ve due to entry of blood into ventricles during 'rapid filling phase.'



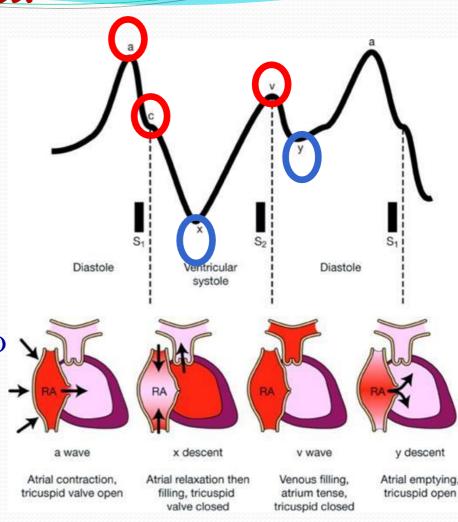
# Causes of atrial pressure waves.....Cont.

#### '<u>x' descent:</u>

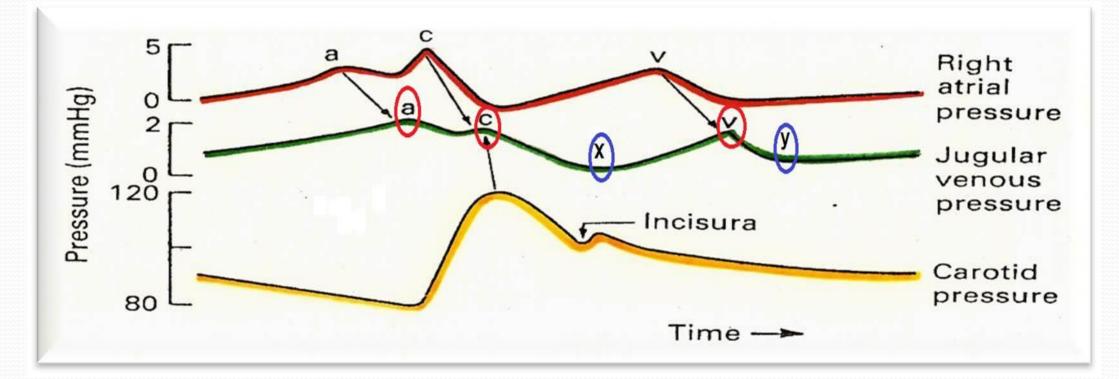
Downward displacement of A-V valves during 'reduced ejection phase.'

#### '<u>y' descent:</u>

↓ ↓ atrial pressure due to entry of blood into ventricles during 'reduced filling phase.' →



# Jugular venous pulse changes:



Similar recordings of transmitted delayed atrial waves:

- 3 upward waves: a, c, & v
- 2 downward waves: x & y

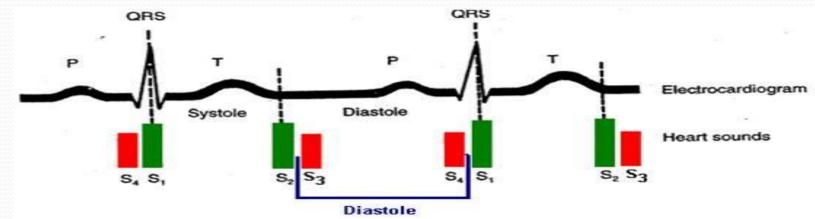


4 Heart Sounds

**D** Electrical Events (ECG)

#### Heart Sounds

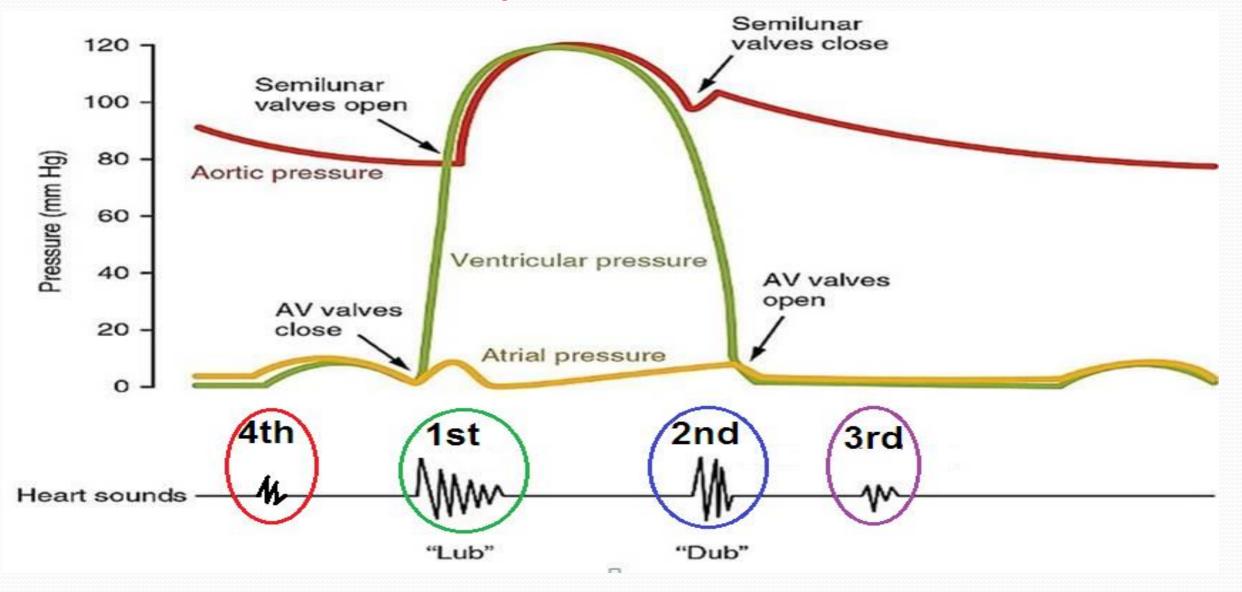
- Detected over anterior chest wall by:
  - Auscultation... (Stethoscope.)
  - Phonocardiography... (Sound recording device.)
- Four heart sounds can be detected:
  - 1st & 2<sup>nd</sup> heart sounds ... (usually audible)
  - 3<sup>rd</sup> & 4<sup>th</sup> heart sounds ... (of low pitch, usually not audible)
- Important for diagnosis of valvular heart diseases (murmurs)



# Heart Sounds during Cardiac cycle

Phase	Heart Sound	Causes of the Sound
1- Atrial systole	4 <sup>th</sup> heart sound	<ul><li>1- Contraction of atria</li><li>2- Blood rush from atria to ventricles.</li></ul>
2-Isovolumetric contraction	1 <sup>st</sup> heart sound	<ul> <li>1- Sudden closure of A-V valves</li> <li>2- Vibration of chordae tendinae of papillary muscles.</li> </ul>
3-Maximum Ejection	1 <sup>st</sup> heart sound continues	<ul><li>1- Contraction of ventricles.</li><li>2- Vibration of walls of aorta &amp; pulmonary artery.</li></ul>
4-Reduced ejection	No sound	
5-Isovolumetric relaxation	2 <sup>nd</sup> heart sound	Sudden closure of semilunar valves
6-Rapid filling	3 <sup>rd</sup> heart sound	Rush of blood into ventricles and vibration in ventricular wall
7-Reduced filling	No sound	







**Mechanical events** 

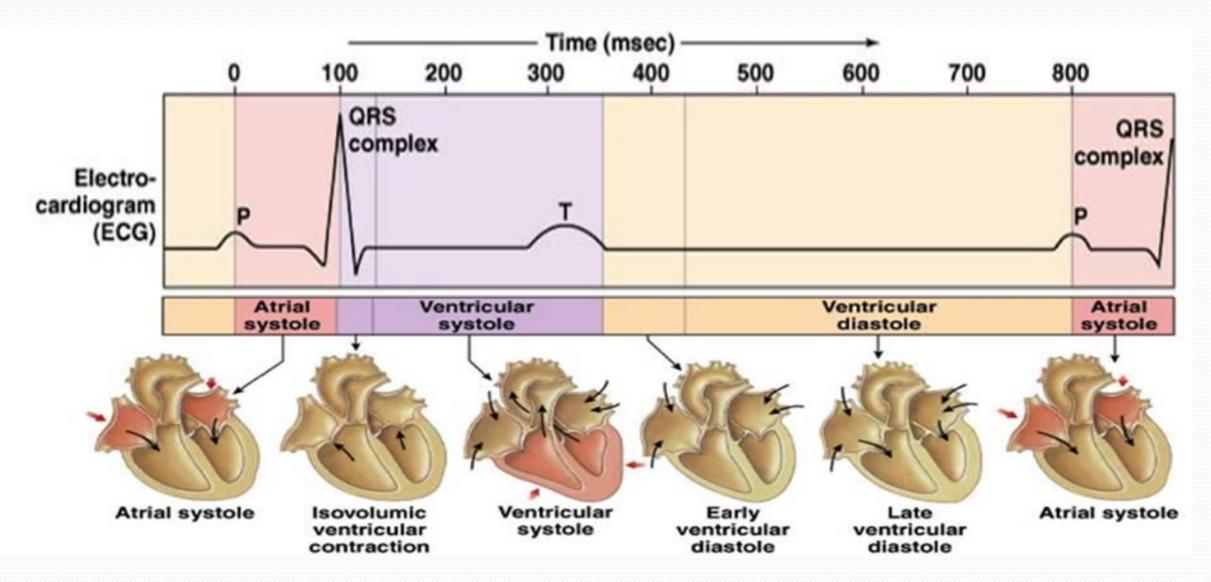
**2** Volume changes

**Pressure Changes** 

4 Heart Sounds

**D** Electrical Events (ECG)

## ECG changes during the Cardiac cycle



# ECG changes during the Cardiac cycle

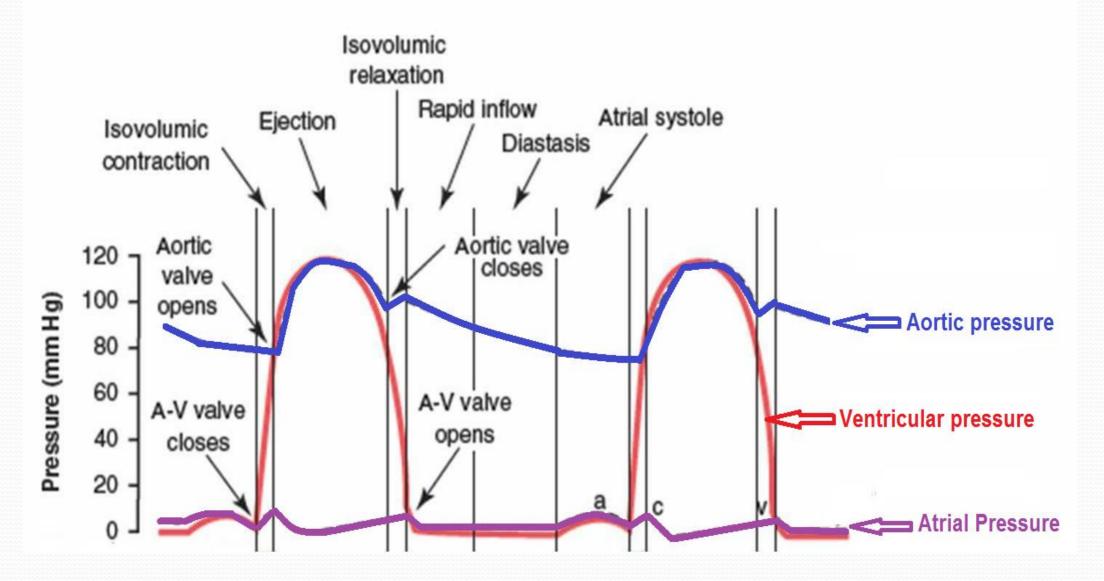
Phase	ECG Changes
1- Atrial systole	P- wave starts 0.02 sec. before atrial systole & continues. Q- wave occurs at the end of this phase.
2-Isovolumetric contraction	Q- wave starts 0.02 sec. before this phase. R & S- waves occur during it.
3-Maximum Ejection	T- wave starts at the last part of it.
4-Reduced ejection	T- wave continues
5-Isovolumic relaxation	T- wave ends
6-Rapid filling	T-P segment.
7-Reduced filling	P- wave of the next cycle starts at the end of this phase.

# Left Ventricular Pressure – Volume Diagram (Loop)

Correlation of intra-ventricular volume & pressure changes that occur during one cardiac cycle

### Left Ventricular

Pressure – Volume Curve "The Complete Picture"

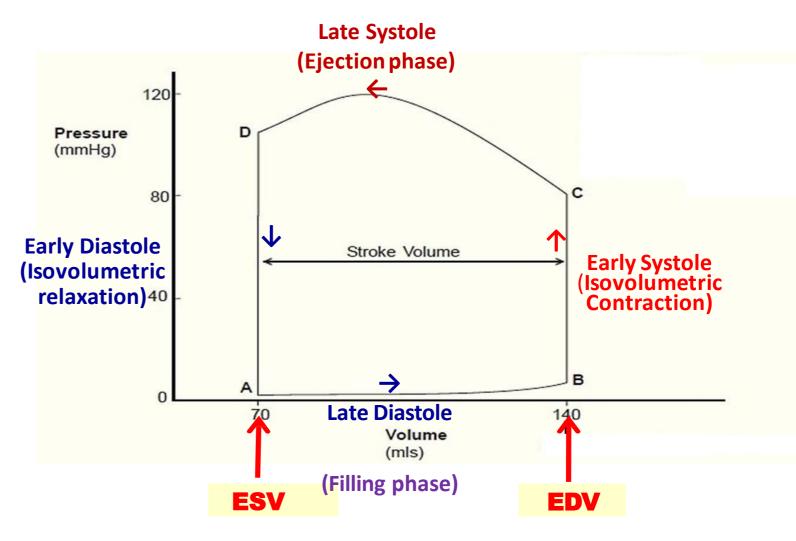


# Basic Myocardial Muscle Mechanics:

- ✤ Both ventricular systole & diastole can be divided into early & late phases.
- Systole:
  - Early systole = 'Isovolumetric Contraction.'
  - Late systole = Isotonic Contraction 'Ejection Phases.'
- Diastole:
  - Early diastole = 'Isovolumetric Relaxation.'
  - Late diastole = Isotonic Relaxation 'Filling Phases.'

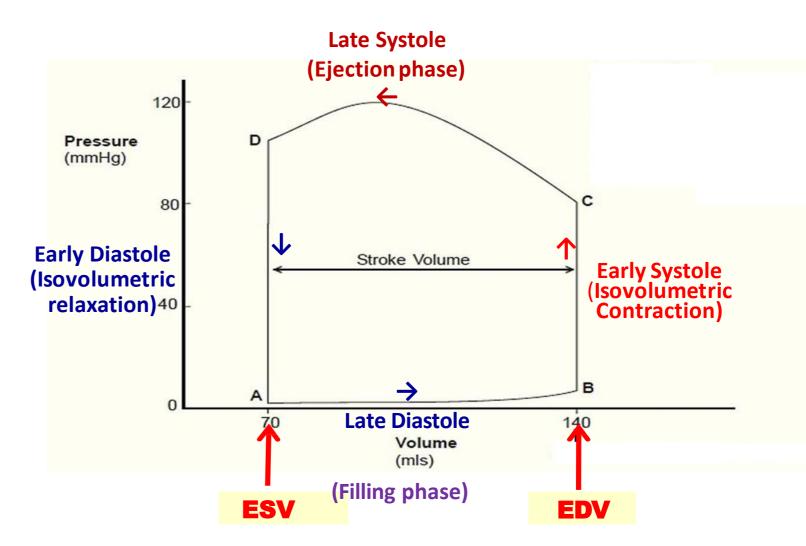
Ventricular Pressure - Volume Loop

Plots LV pressure against LV volume through one complete cardiac cycle
It is divided into four phases.

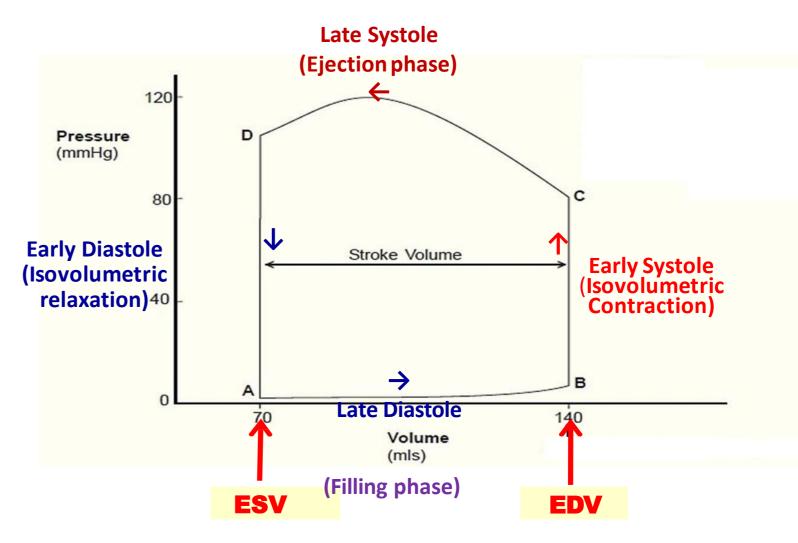


#### • Phase I (filling phase):

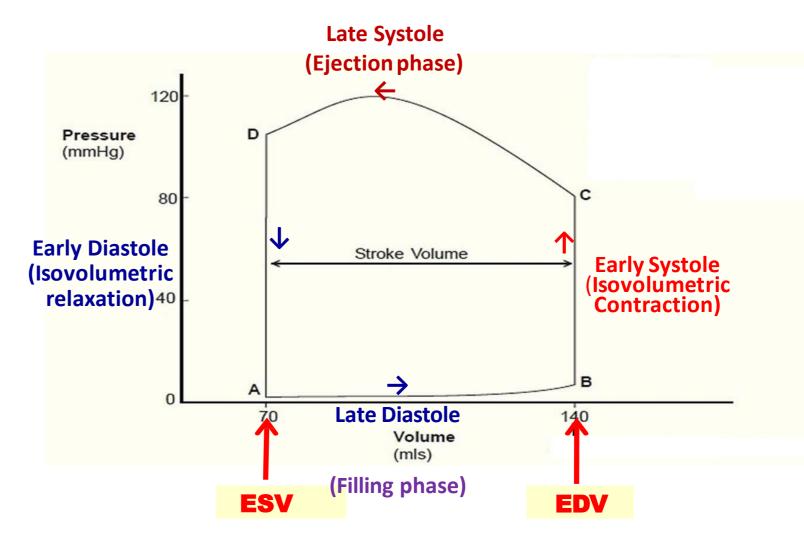
- o Begins at a ventricular volume of about 70 milliliters and a diastolic pressure of 2 to 3 mm Hg (point A).
- The amount of blood that remains in the ventricle is the ESV.
- oThe ventricular volume normally increases to 140 milliliters EDV (point B).



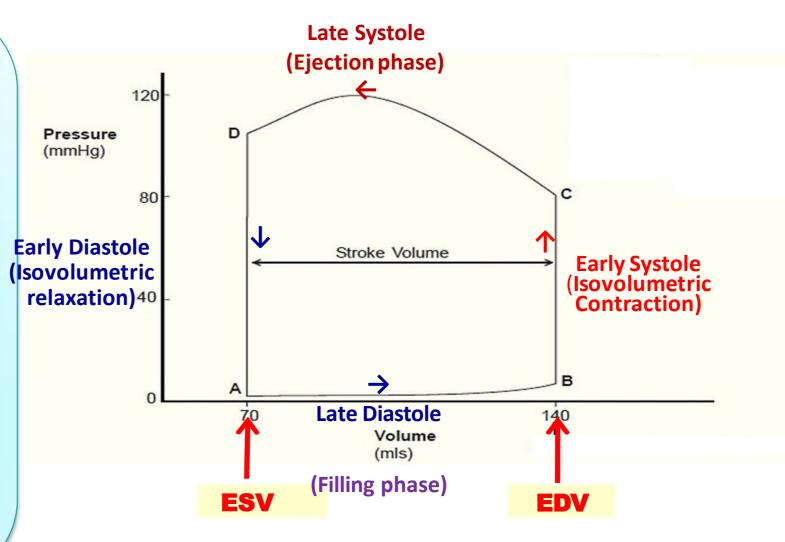
OPhase II (isovolumic contraction phase):  $\circ$  The volume of the ventricle does not change. • Ventricular pressure rises to about 80 mm Hg (point C).

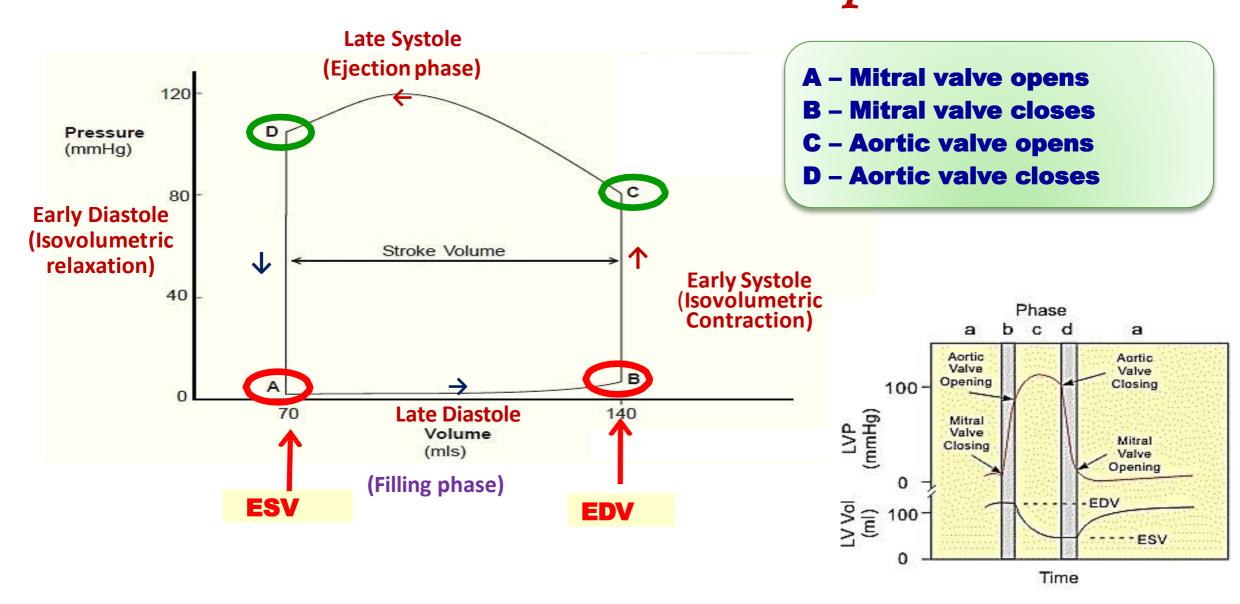


OPhase III (Ejection phase): o Systolic pressure rises (from 80 to 120 mmHg). • The volume of the ventricle decreases because blood flows out of the ventricle into the aorta.



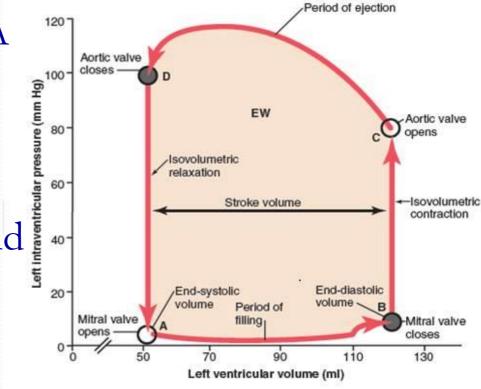
o Phase IV (Isovolumic relaxation phase): oAt the end of ejection period (point D), the aortic valve closes OVentricular pressure falls back to the diastolic pressure level. oThe ventricle returns to its starting point (point A).





# What you should remember about Pressure – Volume loop?

- Diastolic filling occurs between points A & B.
- Ejection occurs between points C & D.
- Mitral valve open at the beginning of filling phase (point A) and close at its end (point B)
- Aortic valves open at the beginning of ejection phase (point C) and close at its end (point D)



# Importance of Ventricular Volume-Pressure Loop

- •This diagram is used for calculating cardiac work output.
- •The shaded area, labeled "EW" represents the net <u>external work</u> <u>output</u> of the ventricle during cardiac cycle.
- •When the heart pumps large quantities of blood, the area of the work diagram becomes much larger. As during sympathetic stimulation.

