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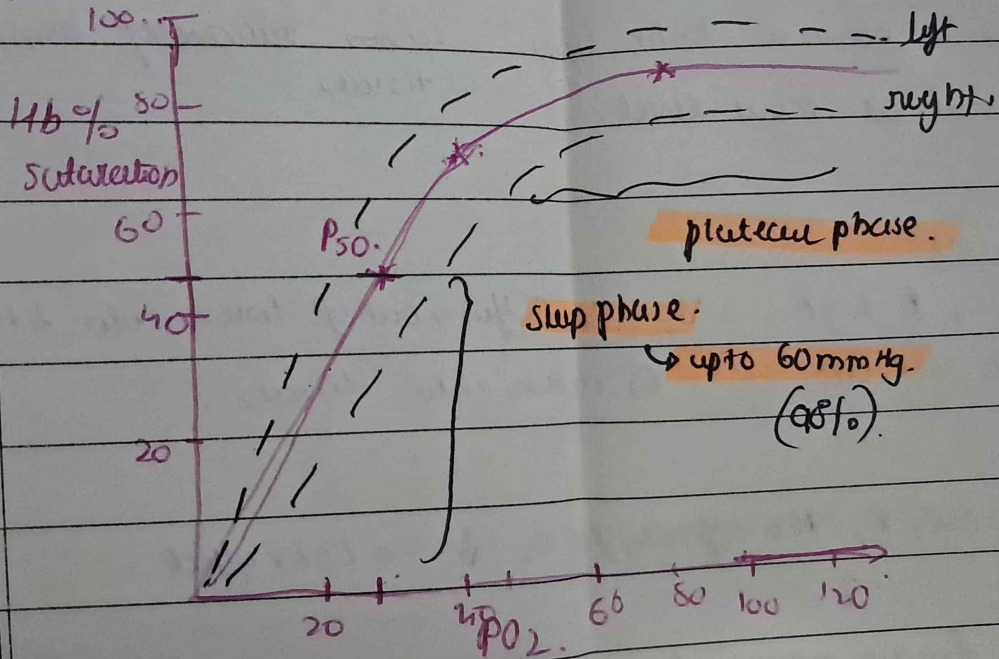
1.34 ml/g. 15g 20.1 ml

14 ml/100ml

ODC

This curve btw. relation of PO_2 with % sat of Hb. It is sigmoid curve
here, as PO_2 & % saturation ↑

2 phases - steep phase & plateau



P50

$P_{50} = 25 \text{ mmHg.}$

$P_{75} = 40 \text{ mmHg.}$

$P_{95} = 100 \text{ mmHg}$

Left shift \rightarrow indicates O_2 association & Hb affinity

• $PO_2 \uparrow$ $K_{mp} \downarrow$

• $PCO_2 \downarrow$

• $H^+ \downarrow$

• $PH \uparrow$

Left shift → indicates O₂ association ↑ Hb affinity

• PO₂ ↑ temp ↓

• PCO₂ ↓

• H⁺ ↓

• pH ↑

• arterial blood → Hb affinity ↑ to oxygen

Right shift → O₂ dissociation ↓ Hb affinity

PO₂ ↓ temp ↑

PCO₂ ↑

H⁺ ↑

pH ↓

← 2,3-BPG₂ - This binds with Hb chain

so oxygen can't bind.

Bohr effect

The presence of

Increased P_{CO_2} decreases the affinity for oxygen by Hb.

This is known as Bohr effect. - Causes release of oxygen into tissues.

→ occurs at tissue level.

at tissues

P_{CO_2} is high

so CO_2 diffuses out of tissues into blood.

P_{O_2} is low.

O_2 diffuses into tissues.

as $P_{CO_2} \uparrow$, Hb affinity for $O_2 \downarrow$. → Bohr effect

↓

further release of O_2 into tissues

↓

oxygen DC → shift to right.

Factors affecting → all the factors causing right shift ↑ Bohr effect.

Oxygen transportation

Steep phase upto 60 mmHg

small change in PO_2 will greatly \uparrow % saturation,
 at lung level \rightarrow helps in ~~easy~~ ^{easy} uptake of O_2 .
 at tissue level \rightarrow helps in ~~easy~~ ^{easy} unloading of O_2 .
 } i.e. with small pressure changes \rightarrow Hb also changes.

plateau

above 60 mmHg, even when PO_2 \uparrow % Hb also \uparrow slightly.

(1) does not require very high PO_2

\Rightarrow safety factor. \rightarrow even significant decrease in lung function can allow normal Hb saturation.

(2) O_2 saturation remains constant even with wide fluctuations.

in PO_2 in alveoli

P_{50} \rightarrow pressure at which % Hb saturation is 50%

= 27 mmHg

