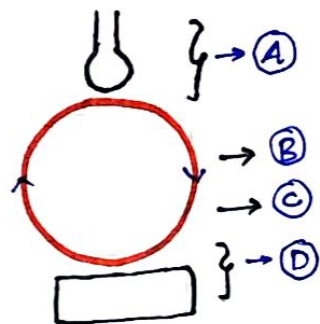


HYPOXIA

Def :- Decreased availability of oxygen to tissues in body

Classification :-

- A) Hypoxic Hypoxia
- B) Anaemic Hypoxia
- C) Stagnant (Ischaemic) Hypoxia
- D) Histotoxic Hypoxia.



HYPOXIC HYPOXIA :-

• Characteristic features :-

- i) \downarrow arterial pO_2
- ii) \downarrow arterial O_2 content
- iii) \downarrow arterial % O_2 -saturation of Hb
- iv) \downarrow A-V pO_2 difference

pO_2	100(a)	40(v)	55(a)	25(v)
% sat. of O_2	97%(a)	75%(v)	85%(a)	45%(v)
O_2 content	19(a)	14(v)	14(a)	9(v)
A-V pO_2 diff.	100-40 = 60		55-25 = 30	

NORMAL

HYPOXIC HYPOXIA

• Causes:-

I.) Low pO_2 in inspired air

- High altitude
- Breathing in closed space.



II.) Decreased pulmonary ventilation

- Airway obstruction
- Weakness/paralysis of respiratory muscles
- Depression of respiratory muscles

III.) Defect in gaseous exchange

IV.) Venous-arterial shunts,

- Cyanotic congenital heart disease (Fallot's tetralogy)

• Pathophysiology:-

Hypoxic hypoxia

↓ ⊕
Respiratory centre

↓ ⊕
Pulmonary ventilation ↑

↓
washout from body ↑

↓
arterial pCO_2 ↓

Tissue Hypoxia

↑
↓ Release of O_2 from Hb

↑
OHDC shift to left



• Causes:-

I.) Low pO_2 in inspired air

- High altitude
- Breathing in closed space.



II.) Decreased pulmonary ventilation

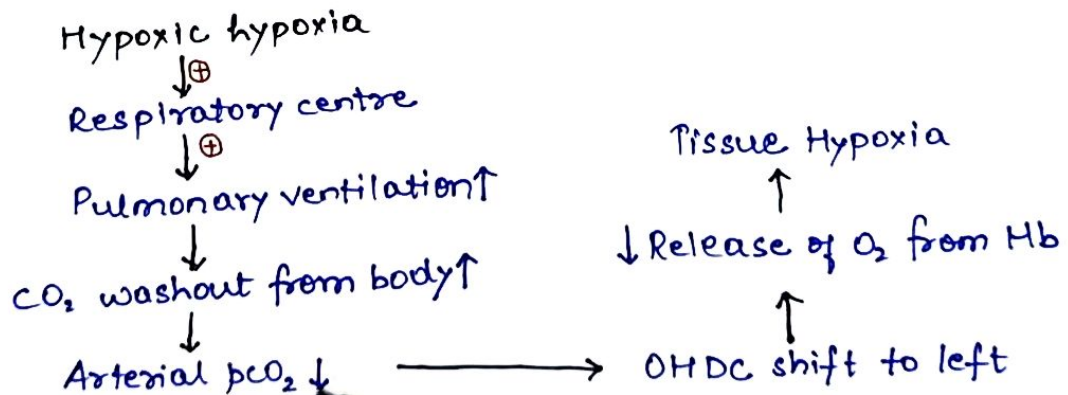
- Airway obstruction
- Weakness/paralysis of respiratory muscles
- Depression of respiratory muscles

III.) Defect in gaseous exchange

IV.) Venous-arterial shunts

- Cyanotic congenital heart disease (Fallot's tetralogy)

• Pathophysiology:-



ANAEMIC HYPOXIA :-

↳ Arterial pO_2 is NORMAL
 ⇒ Amount of Hb available to carry O_2 is reduced.

• Characteristic features :-

- i) Arterial pO_2 Normal
- ii) Arterial O_2 content Normal/↓
- iii) Arterial % O_2 saturation of Hb ↓
- iv) A-V pO_2 difference - Normal
- v) A-V % O_2 sat. of Hb difference → ↑

	Ast.	Ven.
→	100	40
→	10	5
→	60%	60%
→	60	
→	40%	

• Causes :-

- I) Anaemia
- II) conversion of Hb to abnormal Hb
 - ↳ Met-Hb
 - ↳ Carboxy-Hb

• Pathophysiology :-

At Rest -

Anemia ⇒ ↑ 2,3BPG in RBC's



↑ Liberation of O_2 ⇒ Hypoxia is not severe

Exercise -

O_2 demand >> Liberation of O_2



Severe Hypoxia develops

STAGNANT (ISCHAEMIC) HYPOXIA :-

↳ ↓ Blood flow to tissues

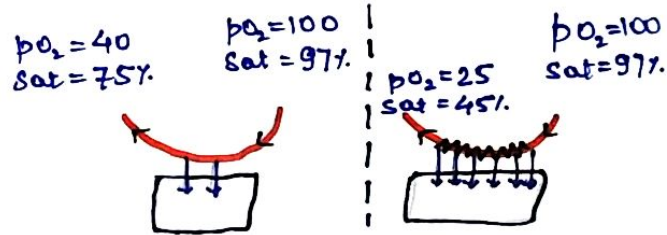
Adequate O_2 not delivered @ tissues.

• Characteristic feature :-

- i.) Arterial pO_2 - Normal
- ii.) Arterial O_2 content - Normal
- iii.) % O_2 sat. of Hb - Normal
- iv.) A-V pO_2 difference - ↑
- v.) A-V % O_2 sat. of Hb difference - ↑

• Causes :-

- I.) circulatory failure
- II.) Hge
- III.) Congenital Heart failure.

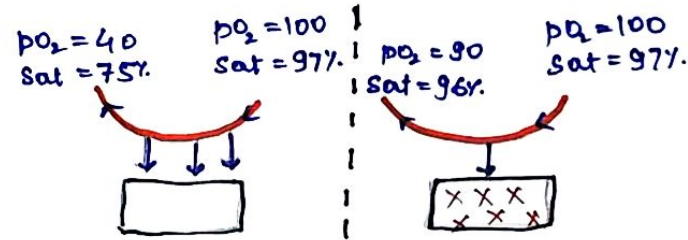


HISTOTOXIC HYPOXIA :-

↳ Inadequate utilisation of O_2 by tissues supplied to them.

Characteristic features :-

- i) Arterial pO_2 - Normal
- ii) Arterial O_2 content - Normal
- iii) % O_2 sat. of Hb - Normal
- iv) A-V (pO_2) difference - ↓
- v) A-V (% O_2 sat. of Hb) difference - ↓



Causes :-

- I) Cyanide poisoning (damage to cyt. oxidase)
- II) Beri Beri

* m.c. type of Hypoxia = Hypoxic Hypoxia

* most potent stimulus for peripheral chemoreceptor = Cyanide

* Most sensitive brain area to Hypoxia = • Hippocampus
• Purkinje cells of cerebellum.

* Most resistant to Hypoxia = Spinal cord.

EFFECTS OF HYPOXIA :-

① On RESPIRATION

- All hypoxia (except anemic hypoxia) stimulates peripheral chemoreceptor.



↑ Respiration.

② On CNS

- Brain is affected first

- **Overdose of Alcohol** like symptoms

• Drowsiness • Depression / Excitement

• headache • Disorientation

• Emotional outburst of laughing, shouting.

③ On CVS

Hypoxia (except anaemic)



Peripheral chemo.

⊕ → VMC ⇒ ↑ HR, ↑ BP

⊕ → Resp. centre ⇒ ↑ rate & depth of respiration.

④ Others

- Nausea, vomiting

- Anorexia.

TREATMENT OF HYPOXIA

Tx of underlying cause

O₂ therapy

100% pure O₂
at atm. pressure

100% O₂ at high
pressure

"HYPERBARIC OXYGEN
THERAPY"

- Hypoxic hypoxia

- Anaemic hypoxia
- Stagnant hypoxia
- Histotoxic hypoxia

Newborns are more sensitive
(even >40% O₂)

"RETROLENTAL FIBROPLASIA"

• Proliferation of retinal vessels &
formation of fibrous tissue

↓
PERMANENT BLINDNESS.

OXYGEN TOXICITY

100% O₂ ⇒ w/o monitoring

↓ in Respiration

8 hrs → Irritation in respiratory
passage

>24 hrs → Bronchopneumonia

O₂ ↑↑ → superoxide ions → ⊖ Macrophages
↓
H₂O₂ Bact. don't get killed

O₂ ↑↑ → ↓↓ surfactant

TREATMENT OF HYPOXIA

Tx of **underlying cause**

O₂ therapy

100% pure O₂ at atm. pressure

100% O₂ at high pressure

"HYPERBARIC OXYGEN THERAPY"

- Hypoxic hypoxia

- Anaemic hypoxia
- Stagnant hypoxia
- Histotoxic hypoxia

OXYGEN TOXICITY

100% O₂ ⇒ w/o monitoring

↓ in Respiration

8 hrs → Irritation in respiratory passage

>24 hrs → Bronchopneumonia

O₂ ↑ → superoxide ions → ⊖ Macrophages
H₂O₂ ↓
Bact. don't get killed

O₂ ↑ → ↓↓ surfactant

Newborns are more sensitive (even >40% O₂)

"RETROLENTAL FIBROPLASIA"

• Proliferation of retinal vessels & formation of fibrous tissue

↓
PERMANENT BLINDNESS.