Last edited: 11/9/2021





I) COURSE OF BLOOD VESSEL CIRCULATION

II) DIFFERENT TYPES OF VESSELS

III) ARTERIES

IV) VEINS

V) APPENDIX

VI) REVIEW QUESTIONS

VII) REFRENCES

#### I) COURSE OF BLOOD VESSEL CIRCULATION

#### Arterial Course

 ○ Heart → Elastic artery → Muscular artery → Arteriole → Capillaries

#### • Venous Course

 $\circ \ Capillaries \to Venules \to Veins \to Heart$ 

Note: Capillaries and Venules will be further discussed in Ninja Nerd's Microcirculation video.

## II) DIFFERENT TYPES OF VESSELS

- 1. Elastic Conducting Arteries
- 2. Muscular Distributing Arteries
- Arterioles
- 4. True Capillaries
- 5. Venules
- 6. Veins

Table 1. Arteries vs Veins

	Arteries	Veins
Blood flow direction	Away from the heart	Away from the heart
Pressure	High	Low
	High	Low
Oxygen content	<ul> <li>Except</li> <li>→ Pulmonary</li> <li>artery</li> <li>→ Umbilical artery</li> </ul>	<ul><li>Except</li><li>→ Pulmonary vein</li><li>→ Umbilical vein</li></ul>

#### A nice mnemonic to remember:

- Arteries: Away from the heart
- Veins: Vack to the heart

## III) ARTERIES

Table 2. Muscular Arteries vs Elastic Arteries

FEATURES	MUSCULAR ARTERIES	ELASTIC ARTERIES
Characteristics	Smaller of Medium-sized vessels	Large vessels Nearest to the heart
Diameter	6mm (due to thick tunica media)	Ranges from 1-1.5cm
Structure	Less elastic lamina → less elasticity	Lots of elastic lamina → more elasticity
	Delivers blood to specific organs	Absorbs and dampens high-pressure blood from heart's ventricles  - Stretches during systole to take on high systolic
Functions	Regulates blood flow to target organs - Vasoconstriction - Vasodilation	pressure - Recoils during diastole Maintains relatively constant pressure gradient despite heart's high-pressure pumping action [Tucker, et al.]
Examples	Renal artery	Pulmonary Trunk
	Femoral artery	Aorta (prime example)
	Gonadal artery	<ul> <li>Even branches are high pressure systems</li> </ul>
	Mesenteric artery	→ Brachiocephalic branches to right common carotid and
	Inferior phrenic artery	right subclavian

## (1) Arterioles

- $\bullet$  Very small vessels with a diameter of around 35  $\mu m$
- Feed the capillary bed where true capillaries come from
- High Resistance Vessels
  - o Develop the most resistance to blood flow

## • Pre-capillary sphincters

- o Smoot muscle layer wrapped around arterioles or the capillary bed
- o When the SNS innervates them, it causes them to constrict
  - SNS = Sympathetic Nervous System
  - This makes the arterioles high resistance vessels

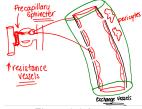


Figure 1.1 Arteries

## (2) True Capillaries

- Diameter of 8-10 μm
- Exchange vessels
  - o Main significance of capillaries
  - o Designed for exchange of different substances (e.g., gases, nutrients, hormones, wastes)

#### Tunica Intima

- o Inner lining with simple squamous epithelial cells
- Basement membrane/ Basal lamina
  - o Connective tissue layer wrapped around the capillaries
  - o Depending on where it's located, it may have intracellular clefts, fenestration pores, tight junctions, or pericytes

#### IV) VEINS

- 5mm in diameter
- Designed to be lower pressure systems o 5-10 mmHg
- Thin tunica media
- Main Function: Capacitance or reservoir vessels
- Large lumen
  - o Occupies large volume of blood
  - o 70% of all the body's blood at any given instance
- Decreased smooth muscle
  - o Not great at pushing blood up towards heart

## (A) FOUR SPECIALTIES OF THE VEIN

• Since the vein is not a high-pressure system, it must develop some adaptations to get blood back up against gravity despite the decreased smooth muscle

#### (1) Valves of tunica interna

- Tunica interna is an endothelial cell lining that fold inwards to form valves
  - o Valves help prevent the blood from going back down
  - o Blood is pushed up → Some blood that circulates back down pushes the valve close → prevent blood from flowing into the inferior portion of the vein
  - o Prevents pooling of blood
    - Causes varicose veins

## (2) Muscular Milking

- Veins are usually near muscles
- Slow process of muscular contraction that squeezes the blood vessels and push the blood upward

#### (3) Respiratory Pump

- Breathing increases thoracic cavity volume → can push on some lower vessels and help the blood push upward
  - o Helps increase blood flow from the lungs and back to the heart
  - o Helps push blood flow from the lower systemic veins back up to the heart

## (4) Sympathetic Tone

- → Sympathetic nerves in the SNS innervate tunica media
- → Causes venoconstriction of smooth muscle
- → Help push blood upward

#### **VARICOSE VEINS**



Figure 1.2 Varicose veins

- Tortuous, dilated, twisted, and/or enlarged blood vessels
- Valves can become incompetent and leaky

#### **Process**

- → Blood vessels expand and blood pools in that area
- → Edges of blood vessels pull away from one another
- → The space between the valves increases
- → Blood starts to move back down
- → Blood pools in one area
- → Blood vessel becomes tortuous, dilated, twisted, and/or enlarged

#### Common in the following:

- o Calves: varicose veins
  - May be caused by standing for a long time
- o Testes: varicoceles
  - Particularly the left testes
    - left gonadal vein comes up with renal artery and turns to put blood into the IVC
      - IVC: Inferior Vena Cava
    - · blood leads to backflow into the testes
    - right gonadal vein goes straight to the IVC
  - May lead to inflammation and in some cases, infertility
- o Anus: hemorrhoidal veins
  - Hemorrhoids
  - Accumulated pressure due to various scenarios
    - E.g., high pressure straining, forcing to go to the bathroom, sitting for long periods of time



## V) APPENDIX

Precapillary ★(1) ELASTIC CONDUCTING ARTERIES ->1-1.5cm \* (a) MUSCULAR DISTIBUTING ARTERIES -> 6 mm \* 3 ARTERIOLES -> 35 um ( ) CAPILLARIES → 8-10 um S VENULES → 20 um \* 6 VEINS -> 5 mm Exchange Vessels VEINS ) 25-10 mmHg 1 VALVES Thin Tunica Media @ "MUSCULAR MILKING" Larger Lumen 3 RESPIRATORY PUMP F Capacitence Vessels (70%) of Total blood volume SYMPATHETIC TONE youricose Veins CARDIOVASCULAR: BLOOD VESSEL CHARACTERISTICS

Figure 1.3. Summary of Blood Vessel Characteristics

## VI) REVIEW QUESTIONS

## 1) Which of the following is considered the largest blood vessel?

- a) Elastic Conducting Arteries
- b) Muscular Distributing Arteries
- c) Arterioles
- d) Veins

## 2) Which of the following is not a specialty feature of a

- a) Valves of tunica externa
- b) Muscular Milking
- c) Respiratory Pump
- d) Sympathetic Tone

# 3) All of the following are features of a varicose vein,

- a) Tortuous
- b) Constricted
- c) Twisted
- d) Enlarged

#### **CHECK YOUR ANSWERS**

## VII) REFRENCES

- Tucker, W. D. (2021, August 11). Anatomy, Blood Vessels. U.S. National Library of Medicine. Retrieved September 10, 2021, from https://www.ncbi.nlm.nih.gov/books/NBK470401/.
- Le T, Bhushan V, Sochat M, Chavda Y, Zureick A. First Aid for the USMLE Step 1 2018. New York, NY: McGraw-Hill Medical; 2017
- Mancini MC. Heart Anatomy. In: Berger S Heart Anatomy. New York, NY: WebMD.https://emedicine.medscape.com/article/905502overview.
- Hill M. Cardiovascular System Heart Histology.
   https://embryology.med.unsw.edu.au/embryology/index.php/Cardiov System - Heart Histology.
   McCorry LK. Physiology of the Autonomic Nervous System. Am
- J Pharm Educ .2007; 71(4): p.78. doi: 10.5688/aj710478.
- Standring S. Gray's Anatomy: The Anatomical Basis of Clinical Practice. Elsevier Health Sciences; 2016
- Leslie P. Gartner, James L. Hiatt, Color Textbook of Histology. New York (NY): Grune & Stratton Inc.; 2006
- U. S. National Institutes of Health, National Cancer Institute. NIH SEER Training Modules - Classification & Structure of Blood Vessels.

https://training.seer.cancer.gov/anatomy/cardiovascular/blood/classi fication.html.

- Ostenfeld E, Flachskampf FA. Assessment of right ventricular volumes and ejection fraction by echocardiography: from geometric approximations to realistic shapes.. Echo research and practice .2015; 2(1): p.R1-R11. doi: 10.1530/ERP-14-0077.
- Maceira AM, Prasad SK, Khan M, Pennell DJ. Reference right ventricular systolic and diastolic function normalized to age, gender and body surface area from steady-state free precession cardiovascular magnetic resonance.. Eur Heart J .2006; 27(23): p.2879-88. doi: 10.1093/eurheartj/ehl336.
- Marieb EN, Hoehn K. Anatomy & Physiology. Hoboken, NJ: Pearson; 2020.
- Boron WF, Boulpaep EL. Medical Physiology.; 2017.