

AS/A Levels Biology:

Transport in Mammals

Lesson 8.04

The Heart

Revision Notes

Candidates should have an understanding of:

- Describe the external and internal structure of the mammalian heart
- Explain the differences in the thickness of the walls of the:
 - Atria and ventricles
 - Left ventricle and right ventricle
- Describe the cardiac cycle, with reference to the relationship between blood pressure changes during systole and diastole and the opening and closing of valves
- Explain the roles of the sinoatrial node, the atrioventricular node and the Purkyne tissue in the cardiac cycle (knowledge of nervous and hormonal control is not expected)



• External structure of the mammalian heart:

- Aorta:
 - The **aorta** is a **large arching blood vessel** with branches supplying blood **upwards** to the **head**, and **downwards** to the **rest of the body**.

• Pulmonary arteries:

 The other blood vessels leaving the heart are the pulmonary arteries. After leaving the heart, they branch very quickly into the left and right pulmonary arteries, taking deoxygenated blood to the left and right lungs respectively.

Pulmonary veins:

- The left pulmonary vein and the right pulmonary vein bring blood back to the heart from the left and right lungs respectively. They are the only veins that carry oxygenated blood.
- Venae cavae:
 - On the right-hand side of the heart, there are **two large veins**, one runs **vertically downwards** and other **vertically upwards**.
 - The vein which **brings blood from the head** is called the **superior vena cava**, while the one that brings **blood from the rest of the body** is called the **inferior vena cava**.
- Coronary arteries:
 - The coronary arteries are present on the surface of the heart. These arteries branch from the aorta, and deliver oxygenated blood to the walls of the heart itself.

Internal structure of the mammalian heart:

• If the heart is vertically cut open, four chambers can be seen.



Septum:

- Septum is a muscular wall that separates the two chambers on the left side of the heart from the two chambers on the right.
- Blood cannot pass through the septum.

• Atria:

- The upper chamber on each side of the heart is called an atrium or auricle.
- The two atria receive blood from the veins.
- The blood from the venae cavae flows into the right atrium.
- The blood from the pulmonary veins flows into the left atrium.

• Ven<mark>tric</mark>les:

- The lower chambers are called the ventricles.
- Blood flows from the left atrium into the left ventricle, and from the right atrium to the right ventricle.
- The blood is then pumped from the right ventricle to the pulmonary arteries and from the left ventricle to the aorta.

Valves:

- They prevent backflow of blood.
- The valves present between the ventricles and arteries are called semilunar (SL) valves.
- The valves present between the atria and ventricles are called atrioventricular (AV) valves.
- The AV valve on the left is the mitral or bicuspid valve, and the AV valve on the right is the tricuspid valve.

Differences in the thickness of the walls of different chambers of the mammalian heart:

• Atria and ventricles:

- Ventricles have much thicker walls than atria.
- Atria only needs to push blood to the ventricles.
- Ventricles need to develop much more force when they contract, to push blood out of the heart and around the body.



- Left ventricle and right ventricle:
 - The right ventricle has a thinner wall than the left ventricle. This is because the force produced by the right ventricle is relatively small for the blood to get to the lungs, which is very close to the heart.
 - On the other hand, the left ventricle has to develop sufficient force to supply blood to the rest of the body organs.
- Cardiac cycle:
 - Our heart **beats** around **70 times per minute**.
 - The sequence of events leading to **one heartbeat** is called a **cardiac cycle**.
 - Cardiac cycle comprises mainly three stages: atrial systole, ventricular systole, and ventricular diastole.
- Atrial systole, ventricular systole, and ventricular diastole:
 - Atrial systole:
 - When **blood** from pulmonary veins and venae cavae enters atria, both atria contract. This condition is called atrial systole.
 - During atrial systole, blood pressure is higher in the atrium than in the ventricle, which forces the AV valve to open, pushing the blood into ventricles.



- Ventricular systole:
 - About 0.1 seconds after the atria contract, the thick, muscular walls of the ventricles squeeze inwards and increase the blood pressure. This is called ventricular systole.
 - As the pressure in the ventricles becomes greater than the pressure in the atria, the AV valves shut, preventing the backflow of blood into the atria.
 - Instead, the blood rushes upwards into the aorta and the pulmonary arteries, pushing open the SL valves in these vessels, letting the blood out of the heart.

• The ventricular systole lasts for about 0.3 seconds.



• Ventricular diastole:

- Finally, the ventricles relax, and this stage is called ventricular diastole.
- In this stage, the **pressure** in the **ventricles drops**.
- The SL values close instantly after their cusps are filled with high-pressure blood to prevent the backflow of the blood into the ventricles.
- As the entire heart muscles relax, the blood from the veins flows into the two atria.
- In the atria, blood pressure is very low. Even so, the thin walls of the atria get swollen, providing very little resistance to the blood flow.
- Some of the blood even trickles downwards into the ventricles, through the AV valves.
- This leads to the contraction of atrial muscle, which forcefully pushes the blood down into the ventricles, and the entire cycle repeats.



• Opening and closing of valves during a cardiac cycle:

- Valves play a major role in the coordination of the heart and maintain a unidirectional flow of blood.
- Contraction increases pressure and relaxation lowers pressure.

- The AV valves open when atrial pressure is higher than the ventricular pressure and the SL valves open when the ventricular pressure is higher than the aortic pressure.
- And conversely, the AV valves close when ventricular pressure is higher than the atrial pressure and the SL valves close when the aortic pressure is higher than ventricular pressure.



• Graph showing opening and closing of valves during a cardiac cycle:

- Initially, atria contract, increasing the atrial pressure, which leads to the opening of the AV valve.
- Then blood passes through the AV value to the ventricles, which lowers the atrial pressure and increases ventricle pressure causing the AV values to close as shown in point W.
- The contraction of the ventricles further increases the ventricular pressure and causes the SL valves to open as shown in point X.
- At this point, the ventricular pressure is higher than in the aorta and in the pulmonary artery, which allows the blood to pass through them emptying the ventricles.
- Then, the ventricular pressure decreases, which leads to the closing of the SL valve as shown in point Y.
- The further decrease in ventricular pressure leads to the opening of the AV valves as shown in point Z and the process repeats.
- From point W to X, even though the ventricular pressure increases, the volume of blood stays the same.
- Similarly, from point Y to Z, the ventricular pressure is decreasing but the volume of blood stays constant.

Roles of sinoatrial node, atrioventricular node and Purkyne tissue:



- Sinoatrial node:
 - The cardiac cycle is initiated in a specialised patch of muscle in the right atrium wall, called the sinoatrial node (SAN).
 - The **muscle cells** of the **SAN generate** the **impulse** and **set** the **rhythm** for all the other cardiac muscle cells.
 - Its rate can be adjusted by the nerves connecting it with the brain.
 - As the muscle in the SAN contracts, it produces an electrical excitation wave, which sweeps through all the muscle in the whole atria of the heart.
- Atrioventricular node:
 - The excitation wave generated by the SAN makes the muscle in the atrial walls contract simultaneously, and the electrical wave sweeps onwards and reaches another patch of cells called the atrioventricular node (AVN).
 - The AVN situated in the septum is the only route through which the excitation wave is conducted from the atria to the ventricles.
 - This is because a band of fibres is present between the atria and the ventricles which does not transmit electrical impulses to the ventricle walls.
 - So, since the AVN is the only route, the conduction of impulse is delayed for almost 0.1 seconds before it actually travels down to the ventricles.
- Purkyne tissue:
 - From the AVN, the excitation wave moves down swiftly through the septum of the heart, along the fibres known as Purkyne tissue.
 - Once the excitation wave arrives at the base of the septum, it spreads outwards and upwards through the ventricular walls.
 - These waves in ventricles cause the cardiac muscle in ventricular walls to contract from the bottom towards the top, squeezing the blood upwards and into the arteries.
 - The ventricles then relax. After this, the SAN contracts again, and the whole cycle repeats.

Here's an example of an examination question on this topic:



Answer: C

The cardiac cycle initiates at the SAN. So the starting point is **X**, which denotes the wave of excitation spreads from the sinoatrial node. After the wave of excitation spreads, the atrial walls contract, denoted by **T**. Then, the wave of excitation enters the AVN, which is denoted by **V**. After this, the impulse is delayed a fraction of a second, denoted by **U**. Then, the wave of excitation passes down the Purkyne tissue, denoted by **W**. Finally, the ventricles contract, denoted by **Y**.

This correct sequence of events is given by option C.

Thus, option C is the correct answer.



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