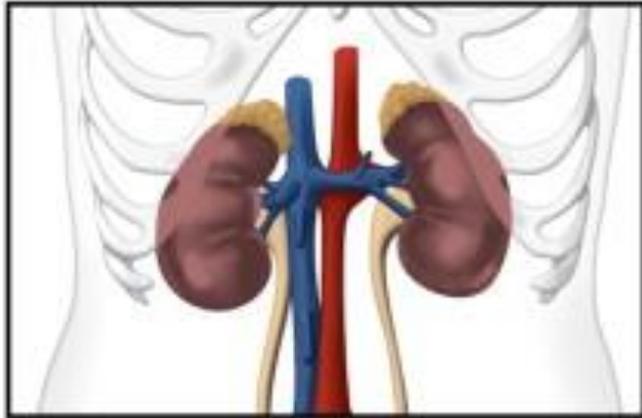


Universidade de São Paulo
Faculdade de Odontologia de Ribeirão Preto
Faculdade de Ciências Farmaceuticas de Ribeirão Preto

Regulação do Volume e da Osmolaridade do Líquido ExtraCelular (LEC)

Luiz Guilherme de Siqueira Branco

Localização estratégica e fluxo sanguíneo



Débito cardíaco = 5 l/min

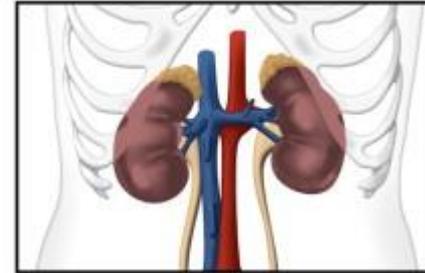
→ 25% → 1,25 l/min

Massa corporal = 70 kg

→ < 0,5% → 115 – 170 g

Massa rim

Água corporal total (ACT)
0,6 x peso corporal
42 L



Líquido extracelular (LEC) 0,2 x peso corporal 14 L	Líquido intracelular (LIC) 0,4 x peso corporal 28 L
---	---

Membrana celular

Líquido intersticial 3/4 do LEC 10,5 L
--

Plasma
1/4 do LEC
3,5 L

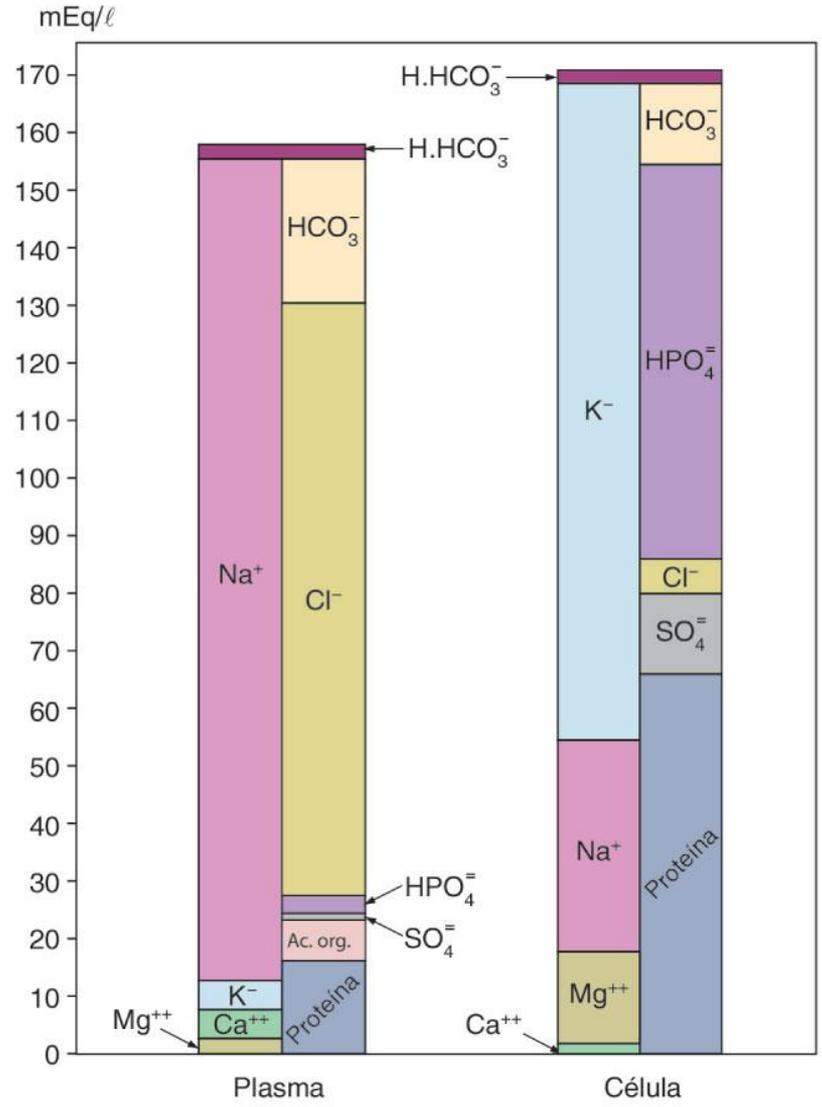
Parede capilar

Volume vascular

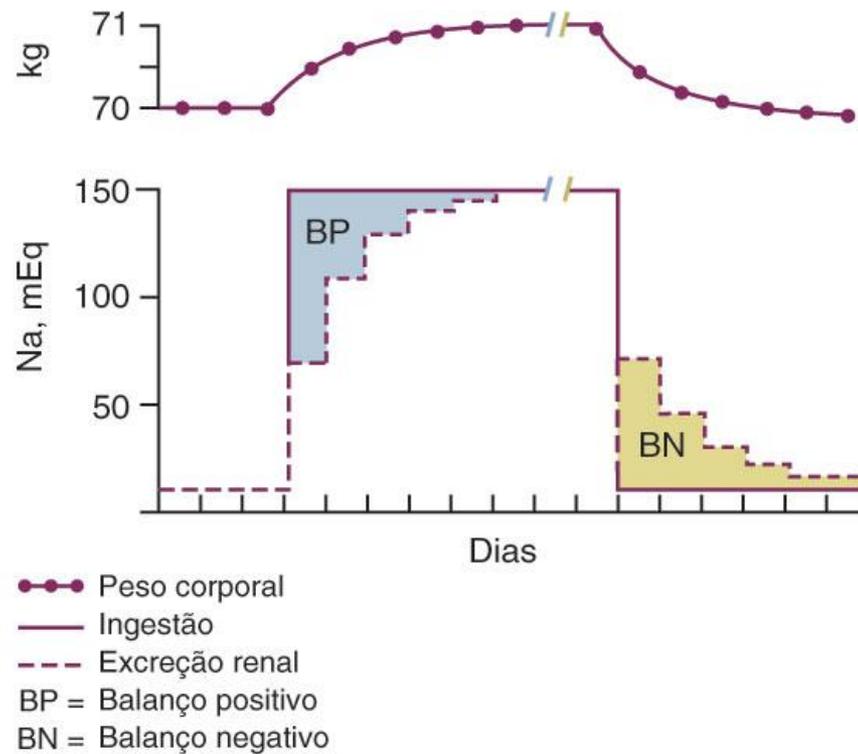


$$PA = DC \times RVP$$

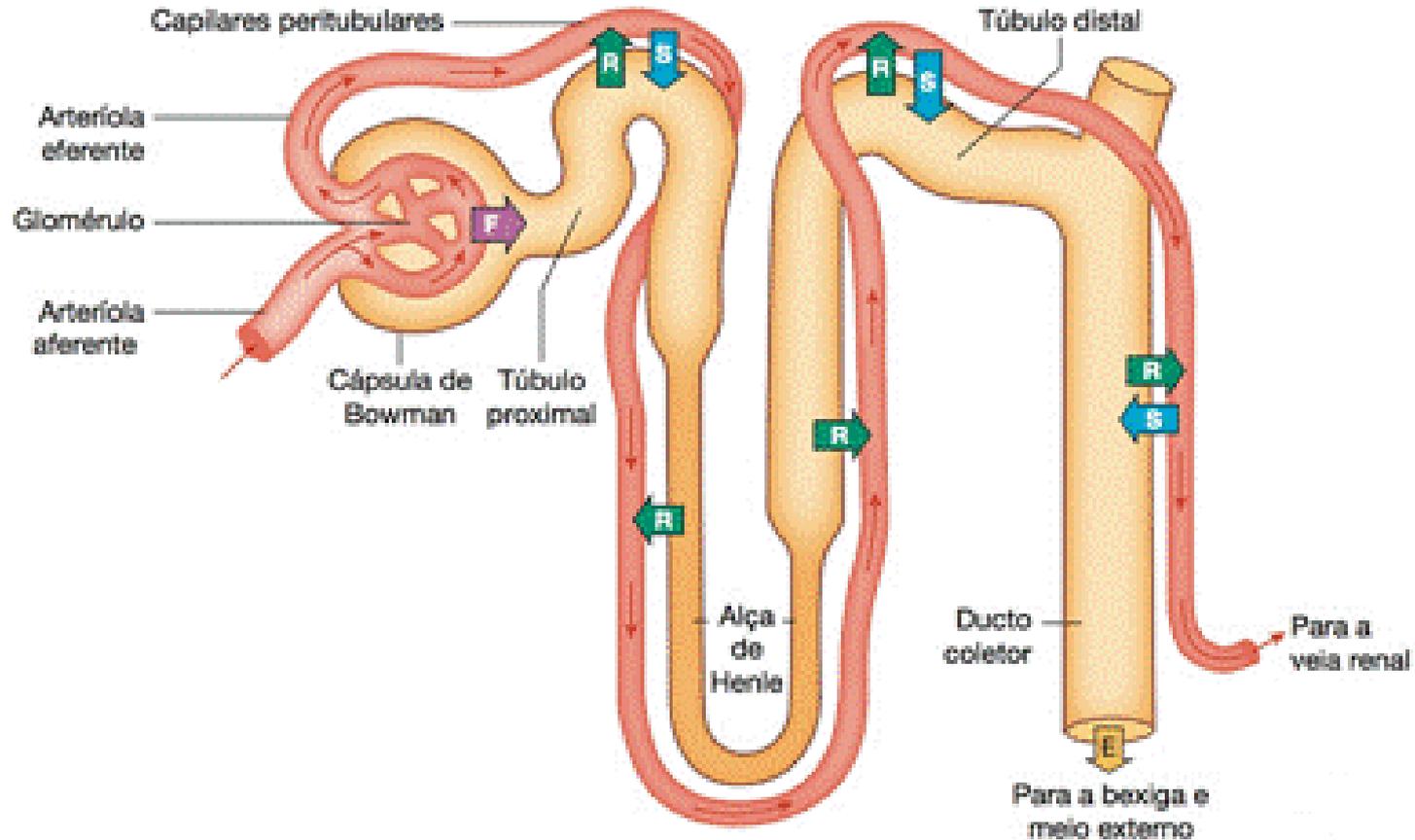
$$DC = FC \times VS$$



- **Ingestão > excreção** (balanço positivo de sódio) = ↑ VLEC
→ rins ↑ eliminação de sal e água pela urina
- **Ingestão < excreção** (balanço negativo de sódio) = ↓ VLEC
→ rins ↓ eliminação de sal e água pela urina (↑ retenção)



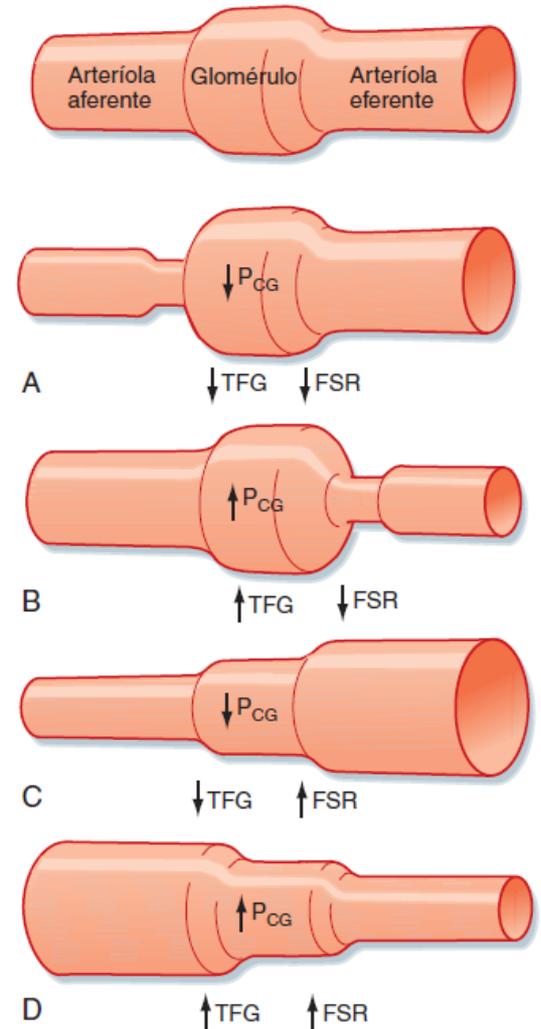
Filtração, reabsorção, secreção e eliminação



As funções renais são dependentes do movimento de fluido e solutos pelos e através dos túbulos glomerulares. Tal movimento é dependente das FORÇAS DE STARLING!

$$\text{Filtr. Glom.} = K_f [P_{hcg} - (P_{hcb} + \pi)]$$

A TFG é diretamente dependente da P_{hcg} !



SENSORES

● Tabela 34-4. Volume e Sensores de Na⁺

I. Vascular

A. Pressão baixa

1. Átrio cardíaco
2. Vasculatura pulmonar

B. Pressão alta

1. Seio carotídeo
2. Arco aórtico
3. Aparelho justaglomerular do rim

II. Sistema nervoso central

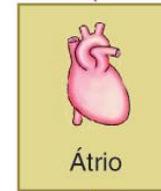
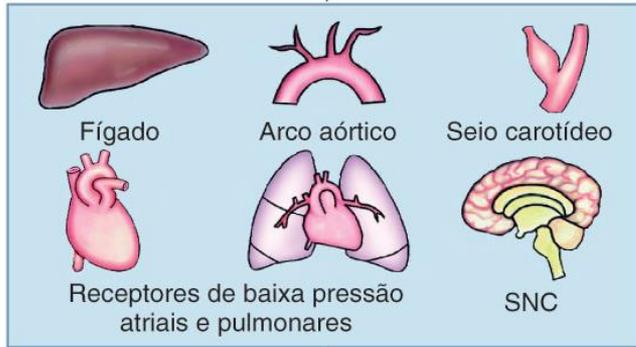
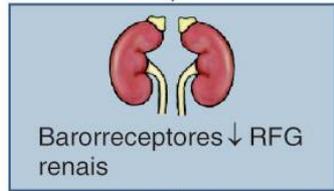
III. Hepático

O aumento da retenção de Na^+ corrige a queda do volume circulatório efetivo

↓ Volume circulatório efetivo

SENSORES

EFETORES



1 Renina



Angiotensina II (ANG II)

2 SNA simpático

3 Neuro-hipófise

4 Peptídeo atrial natriurético (ANP)

Aldosterona

Hormônio antidiurético (ADH)



↓ Excreção Na^+

Atividade simpática renal

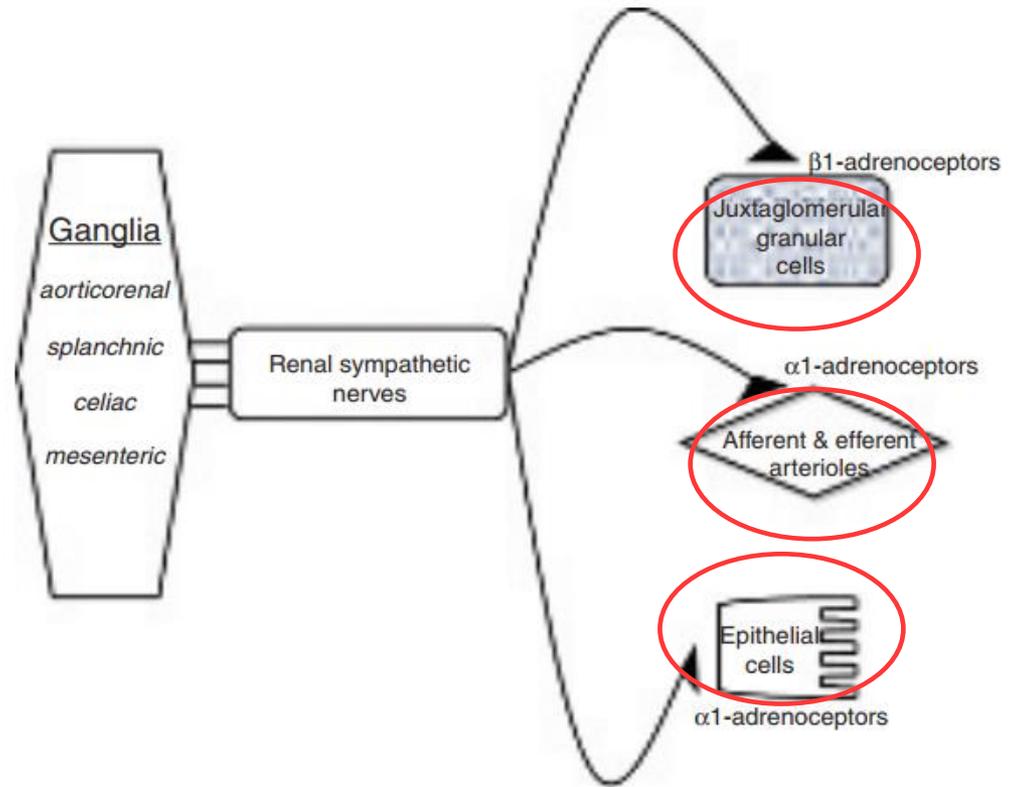
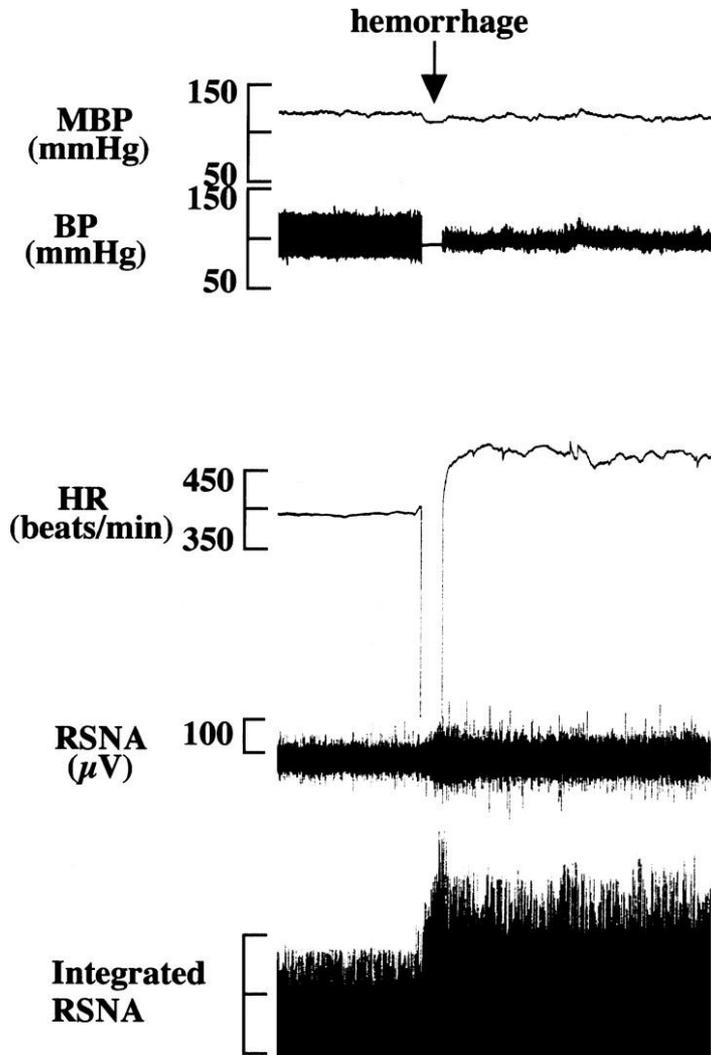
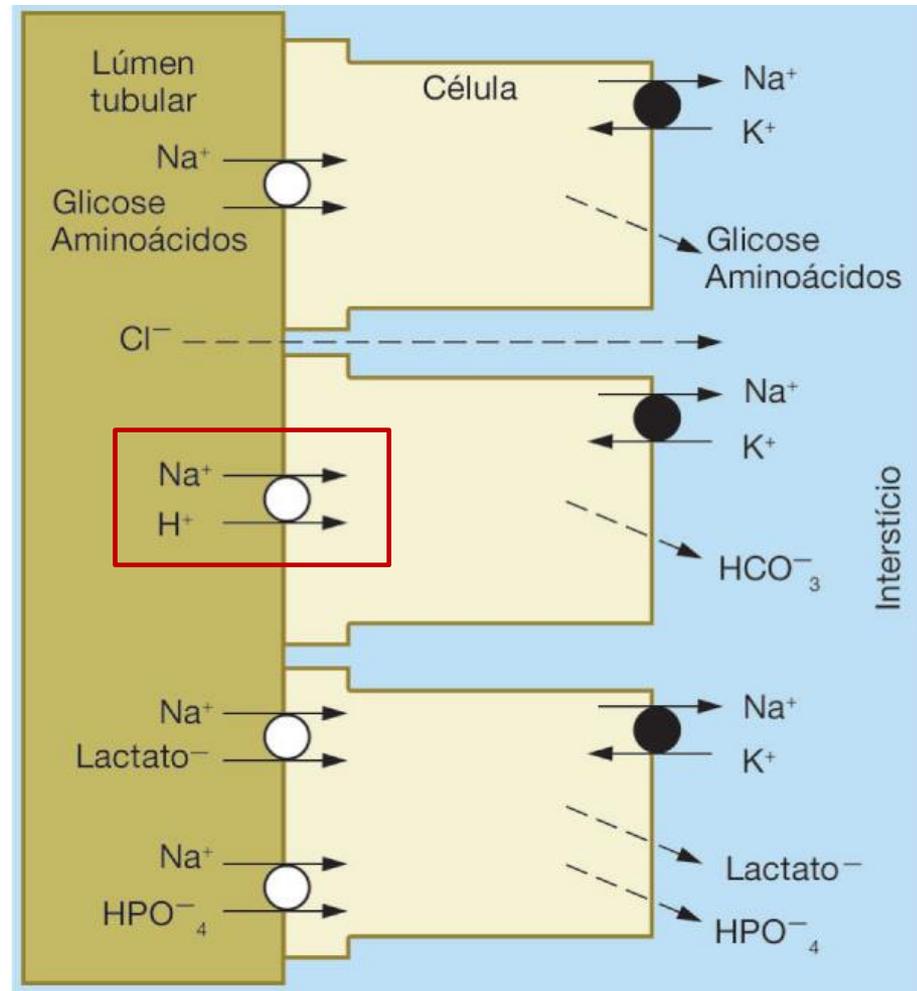
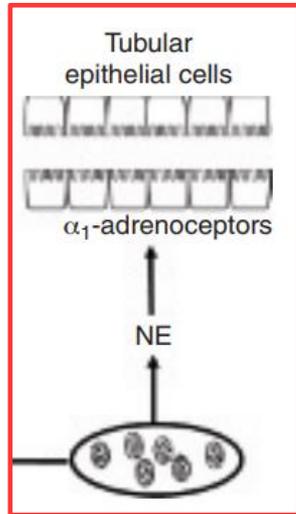
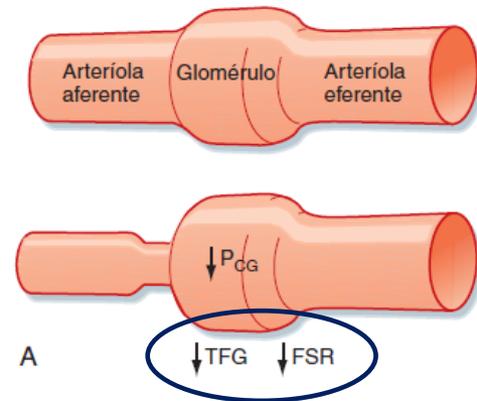
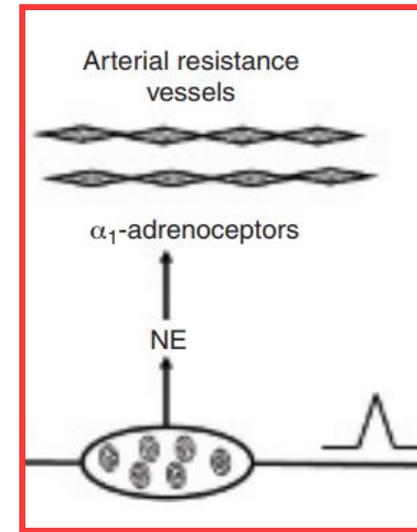
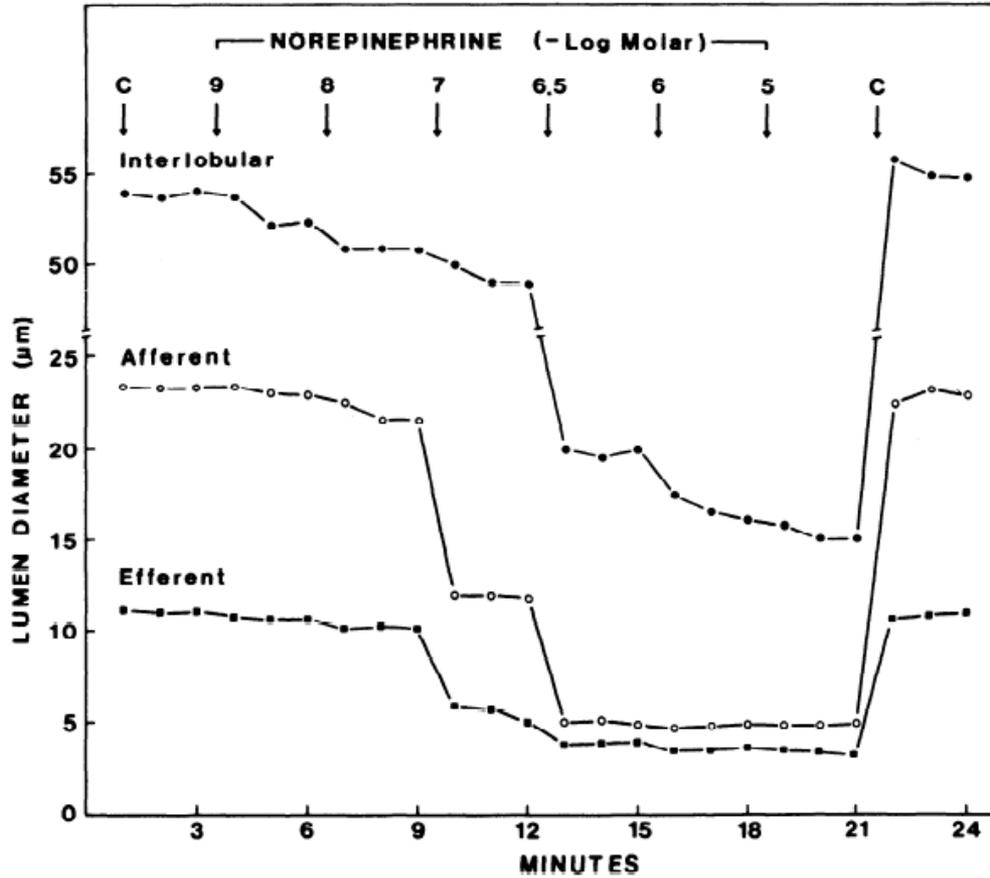


Figure 1 Neural pathways of the efferent renal sympathetic nerves.

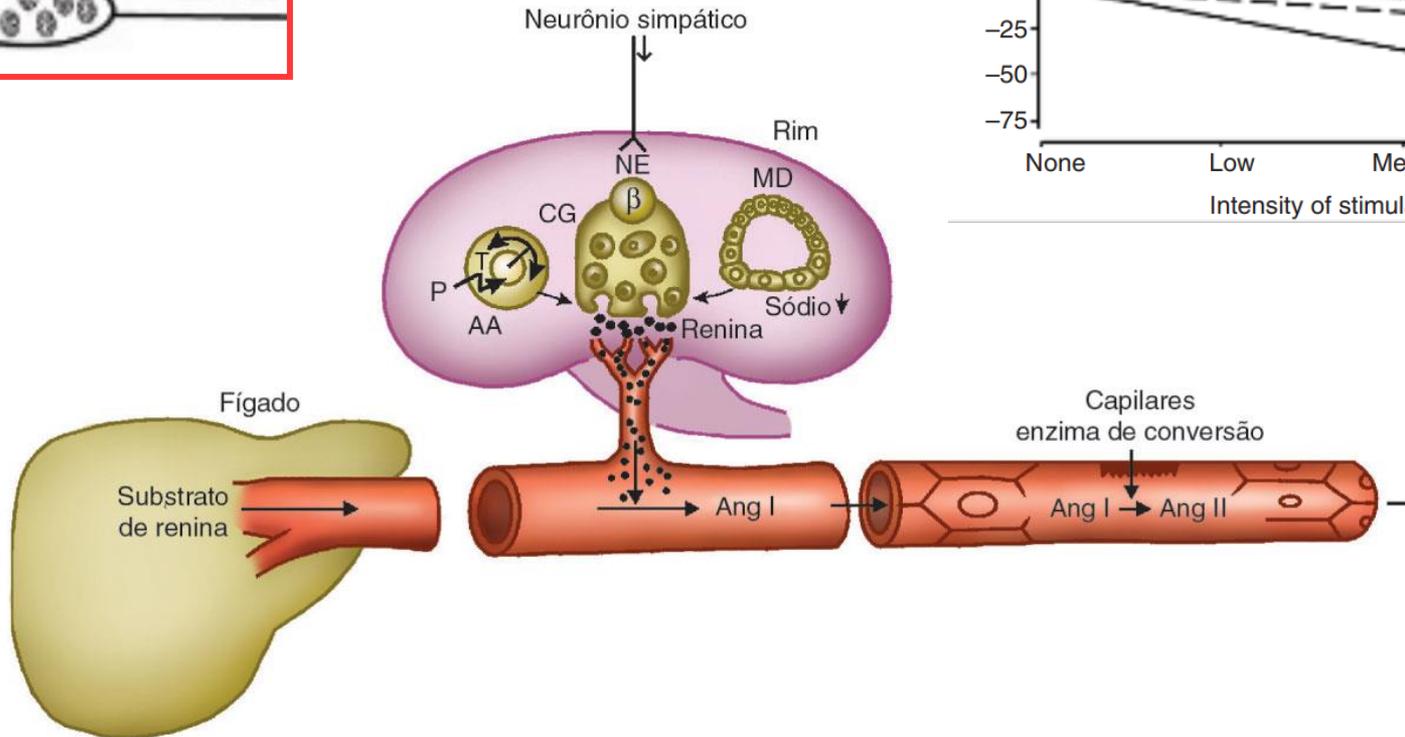
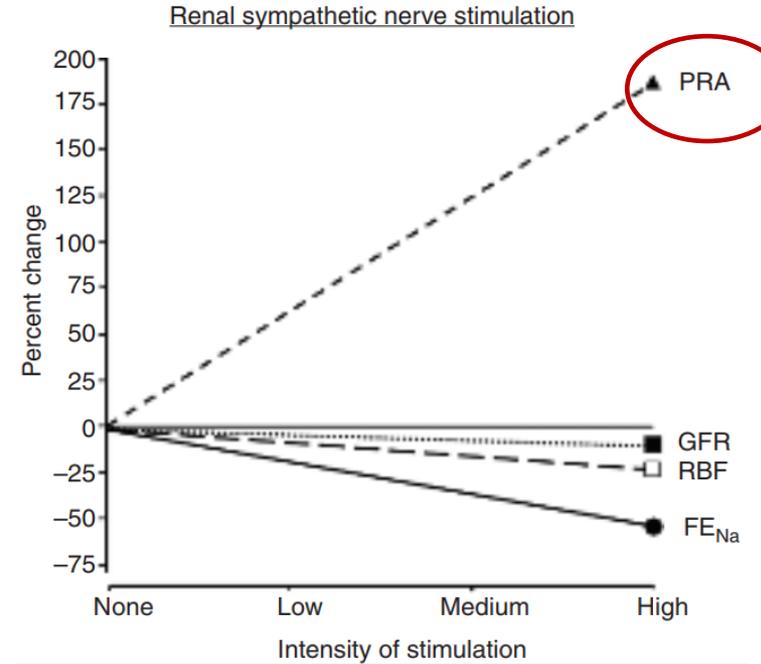
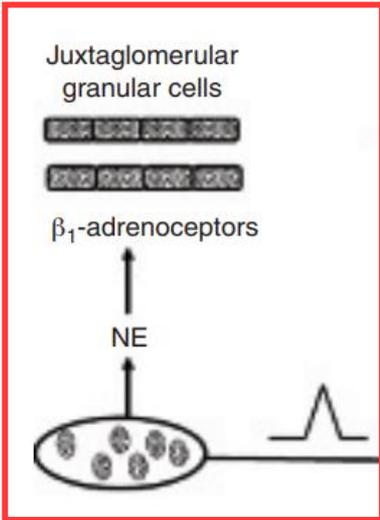
Atividade simpática renal



Atividade simpática renal



Atividade simpática renal

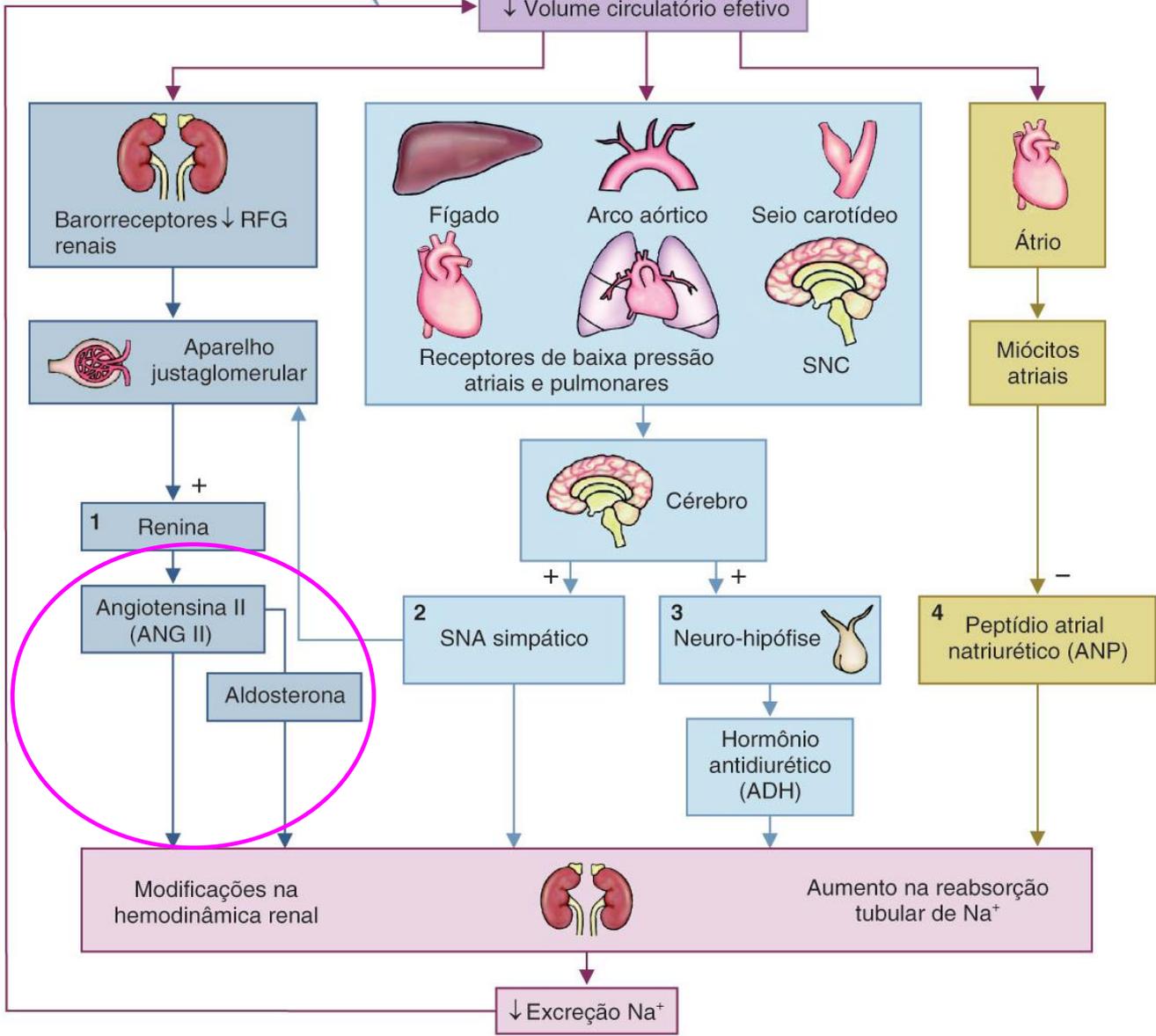


O aumento da retenção de Na⁺ corrige a queda do volume circulatório efetivo

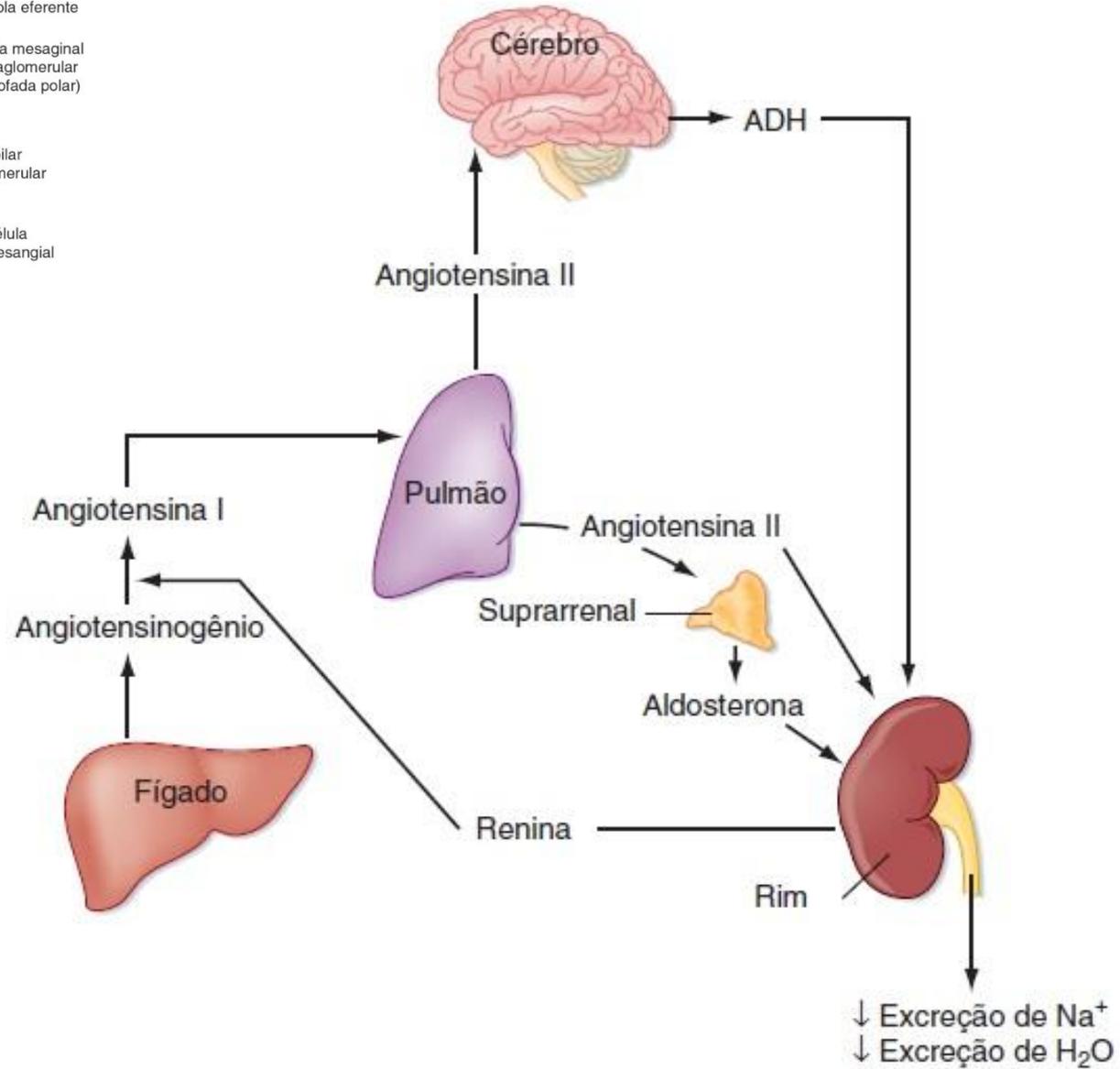
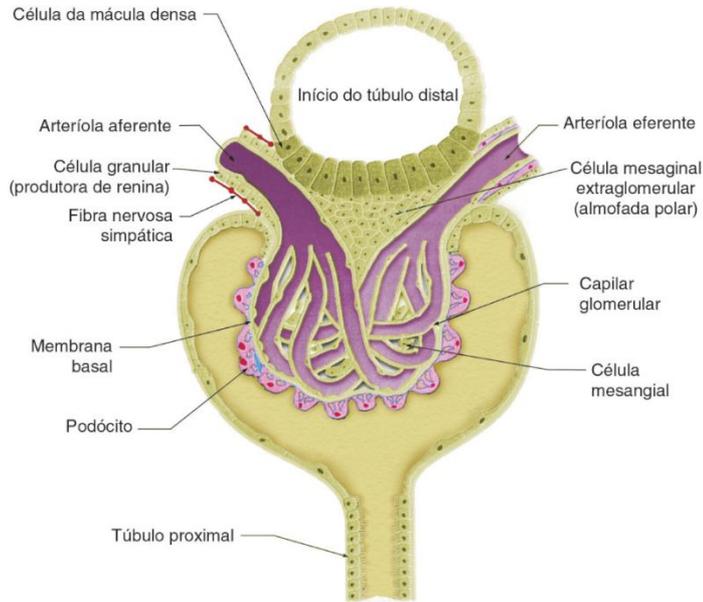
↓ Volume circulatório efetivo

SENSORES

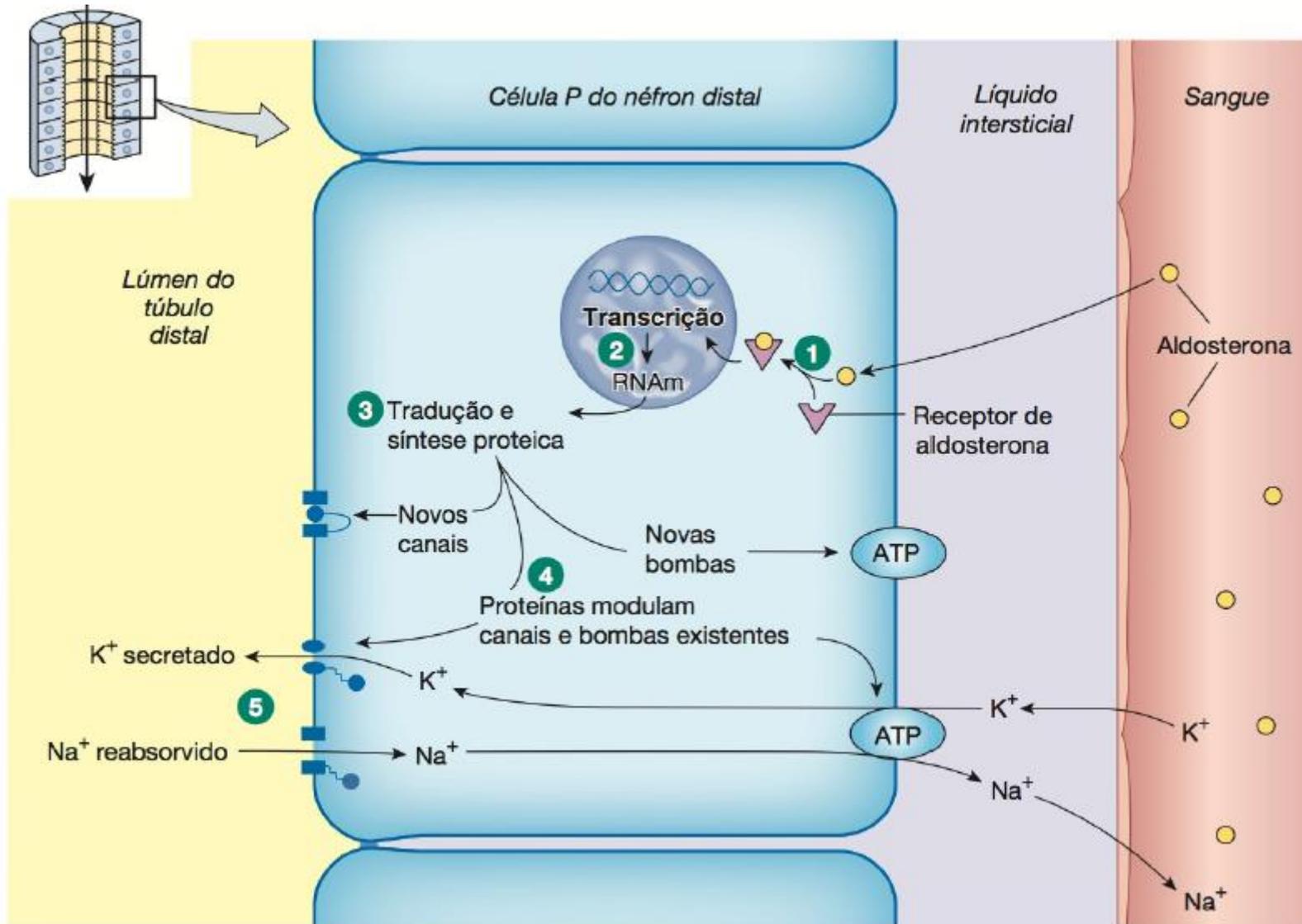
EFETORES



Sistema Renina-Angiotensina-Aldosterona



ALDOSTERONA

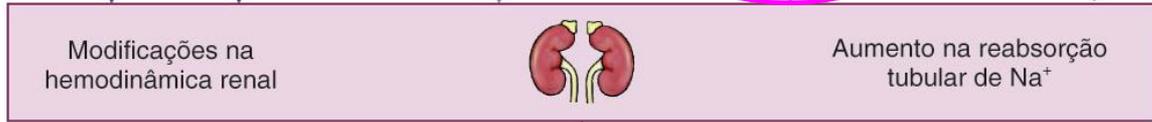
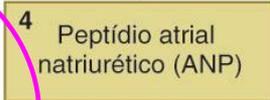
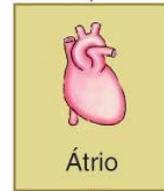
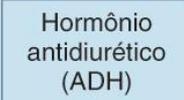
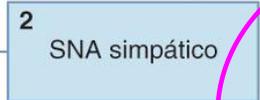
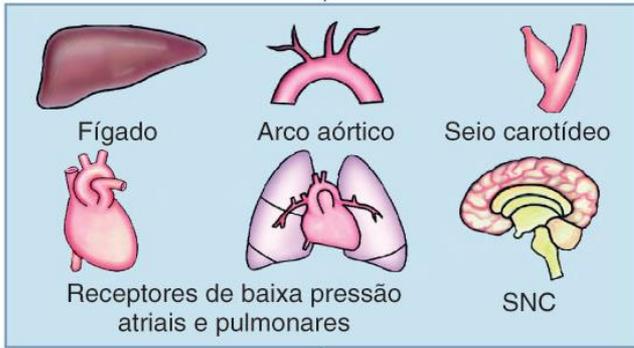
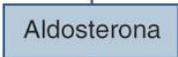
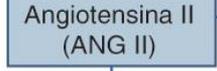
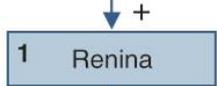
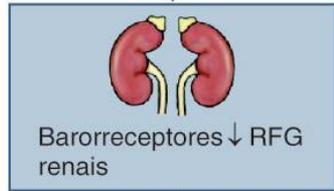


O aumento da retenção de Na^+ corrige a queda do volume circulatório efetivo

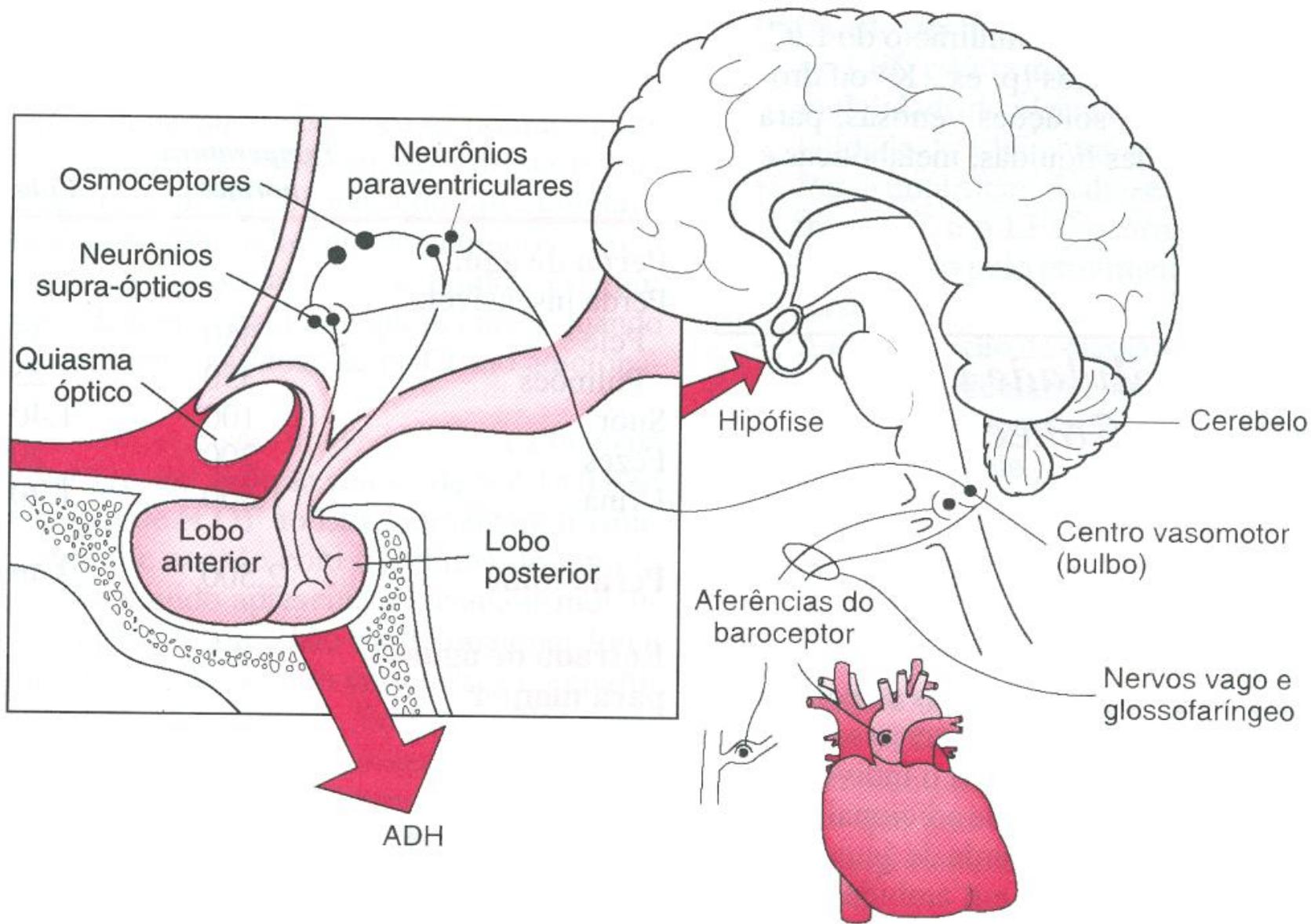
↓ Volume circulatório efetivo

SENSORES

EFETORES



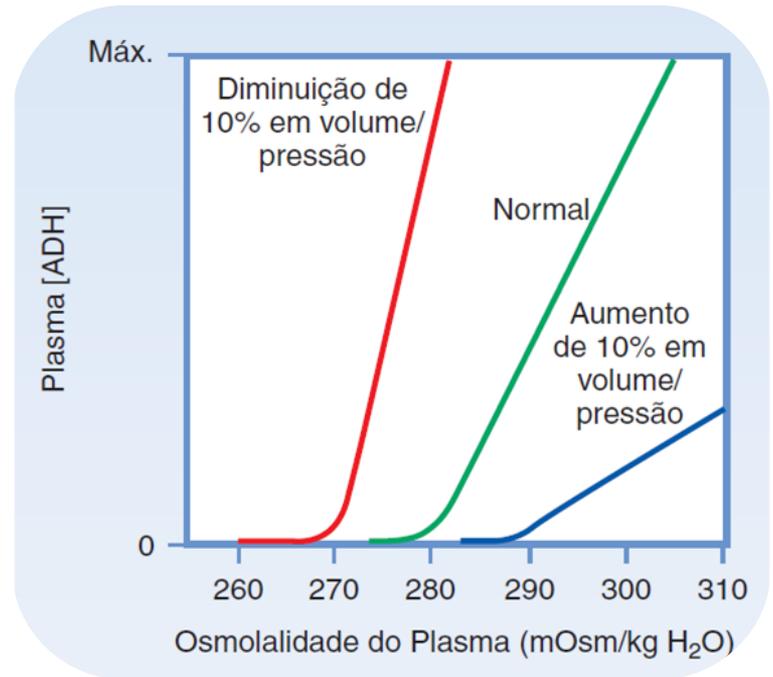
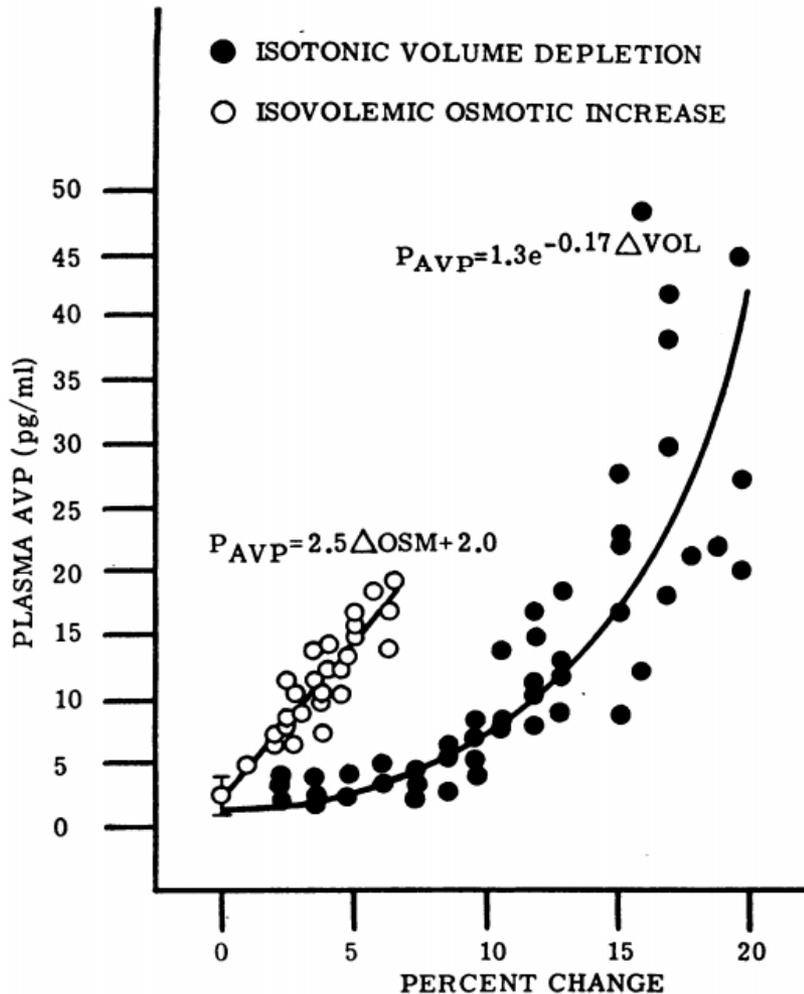
↓ Excreção Na^+



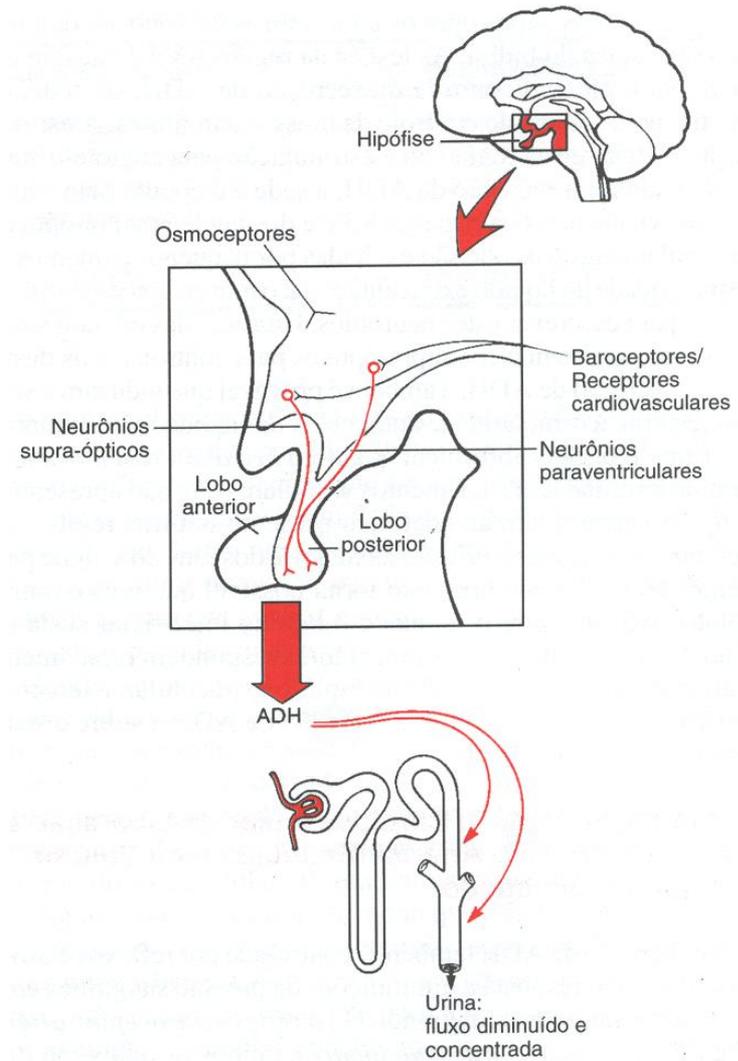
The Role of Blood Osmolality and Volume in Regulating Vasopressin Secretion in the Rat

FREDRICK L. DUNN, THOMAS J. BRENNAN, AVERIAL E. NELSON, and GARY L. ROBERTSON

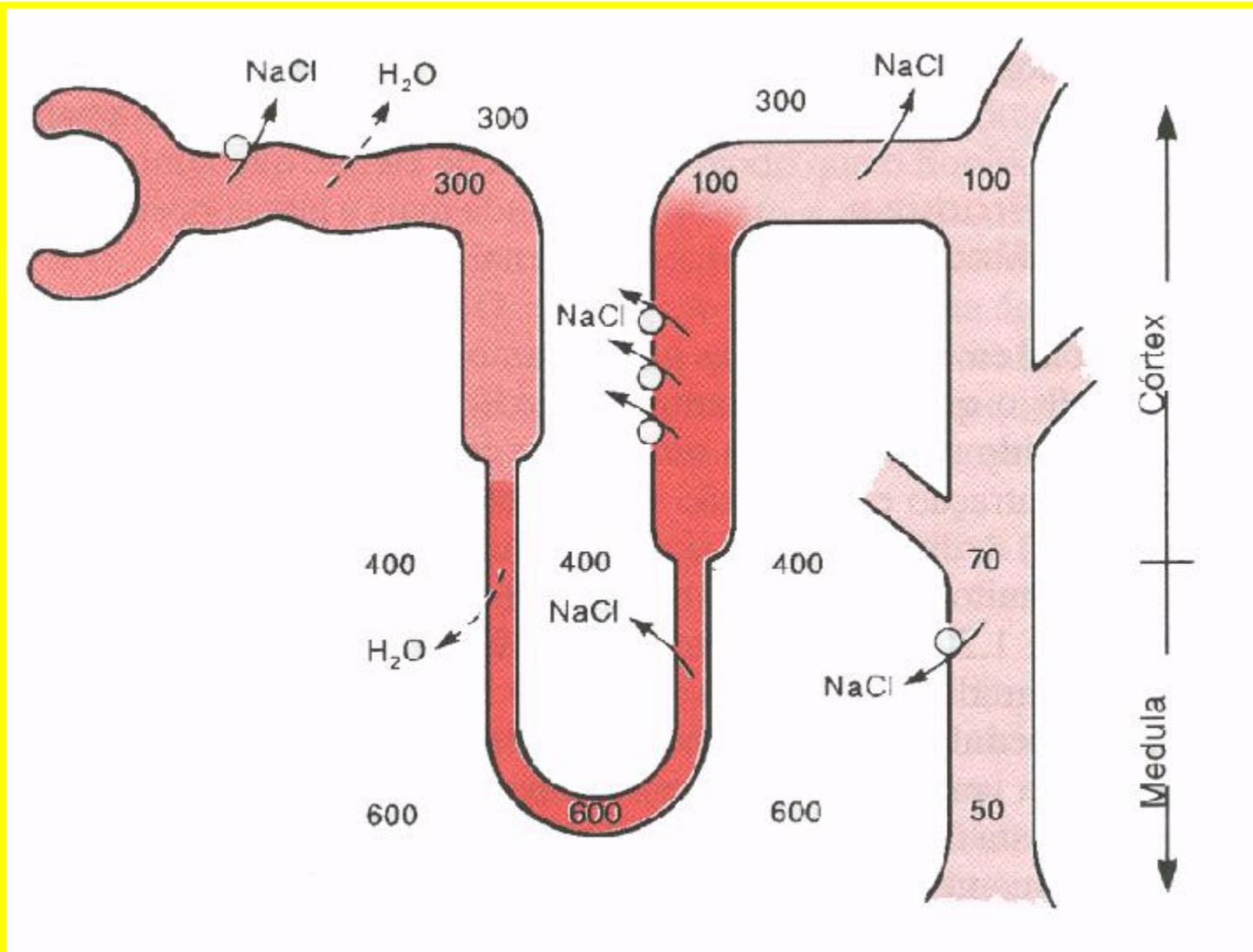
From the Department of Medicine, Indiana University Medical Center and the Veterans Administration Hospital, Indianapolis, Indiana 46202 and the Abraham Lincoln School of Medicine and Veterans Administration West Side Hospital, Chicago, Illinois 60680



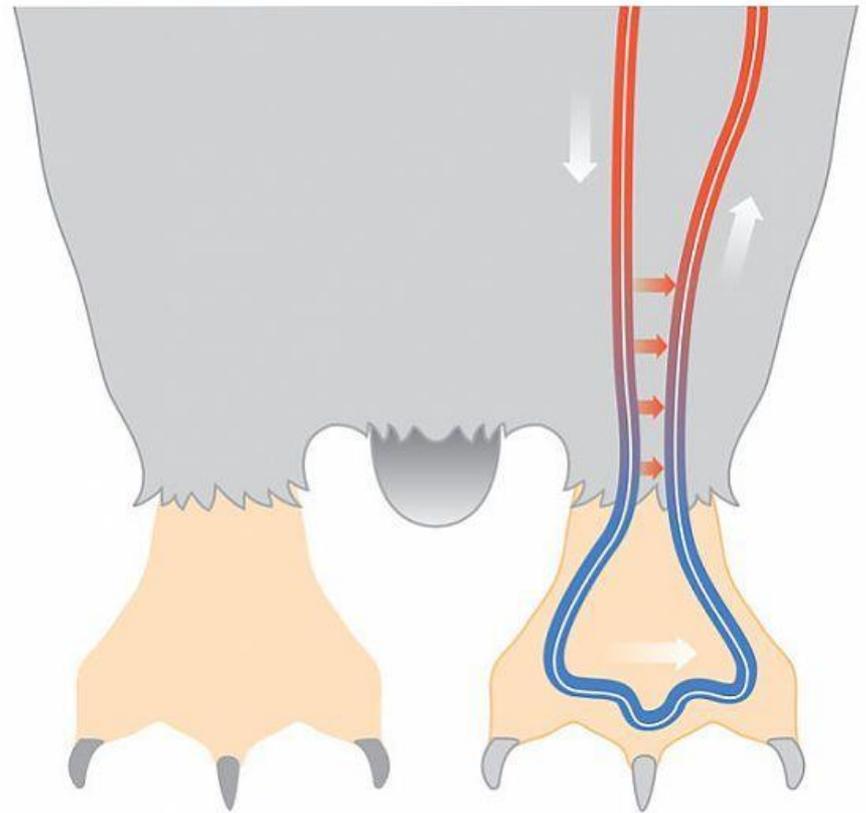
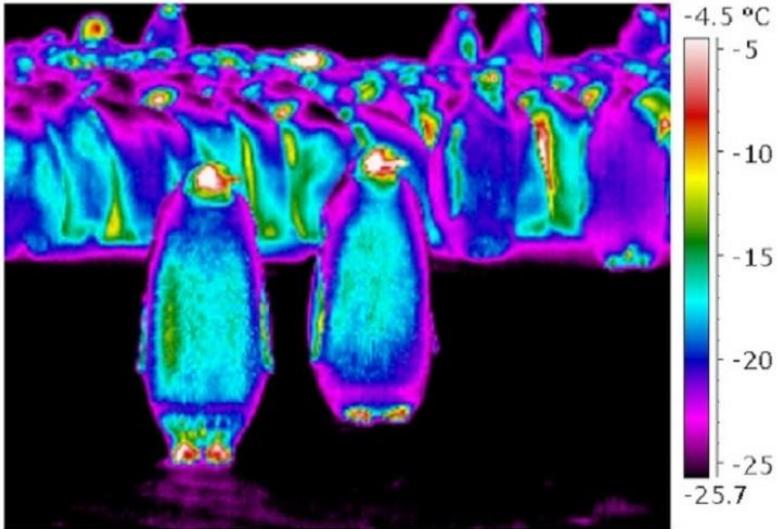
Hipotálamo - ADH é sintetizado
Hipófise - ADH é liberado



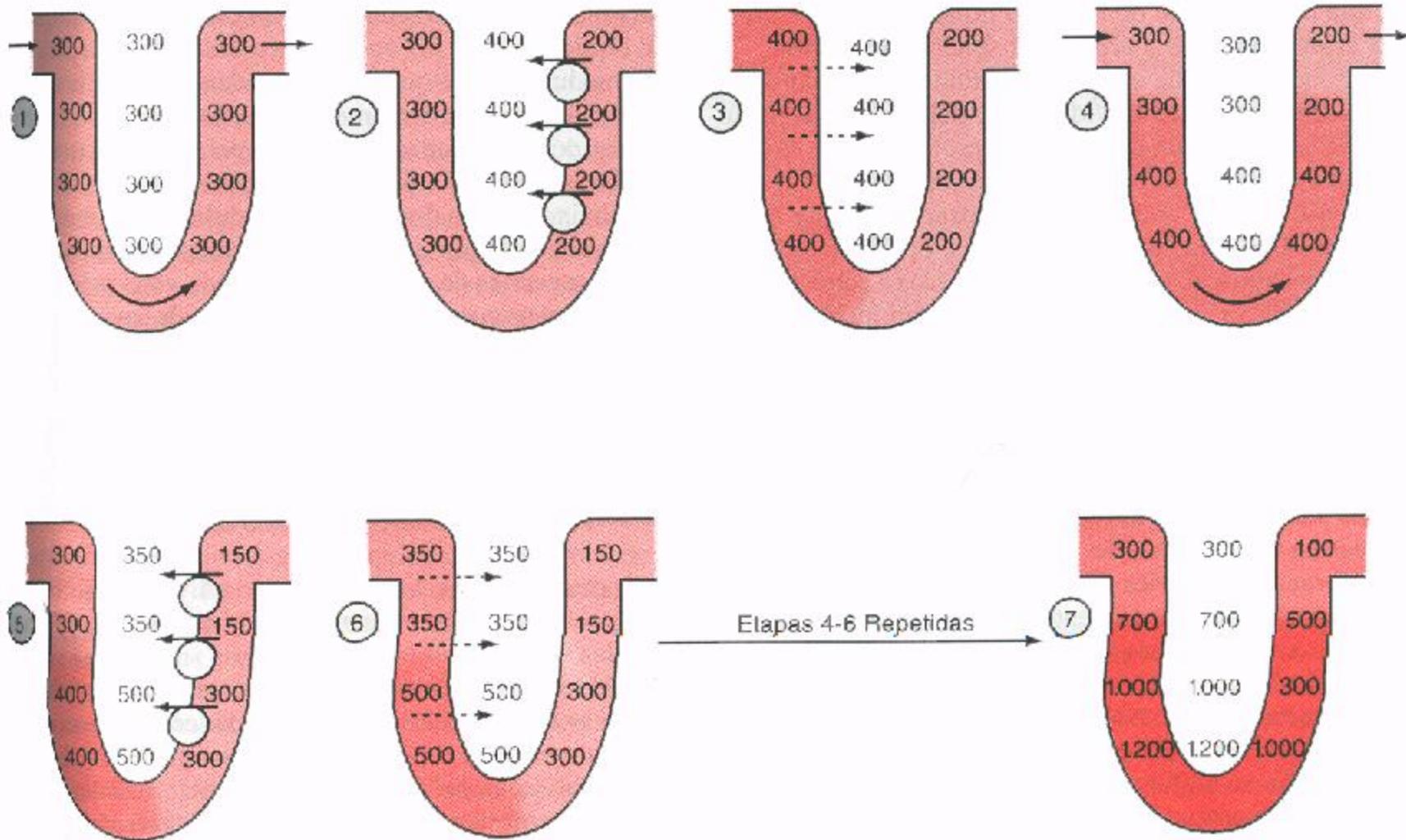
Formação de urina diluída (sem ADH)



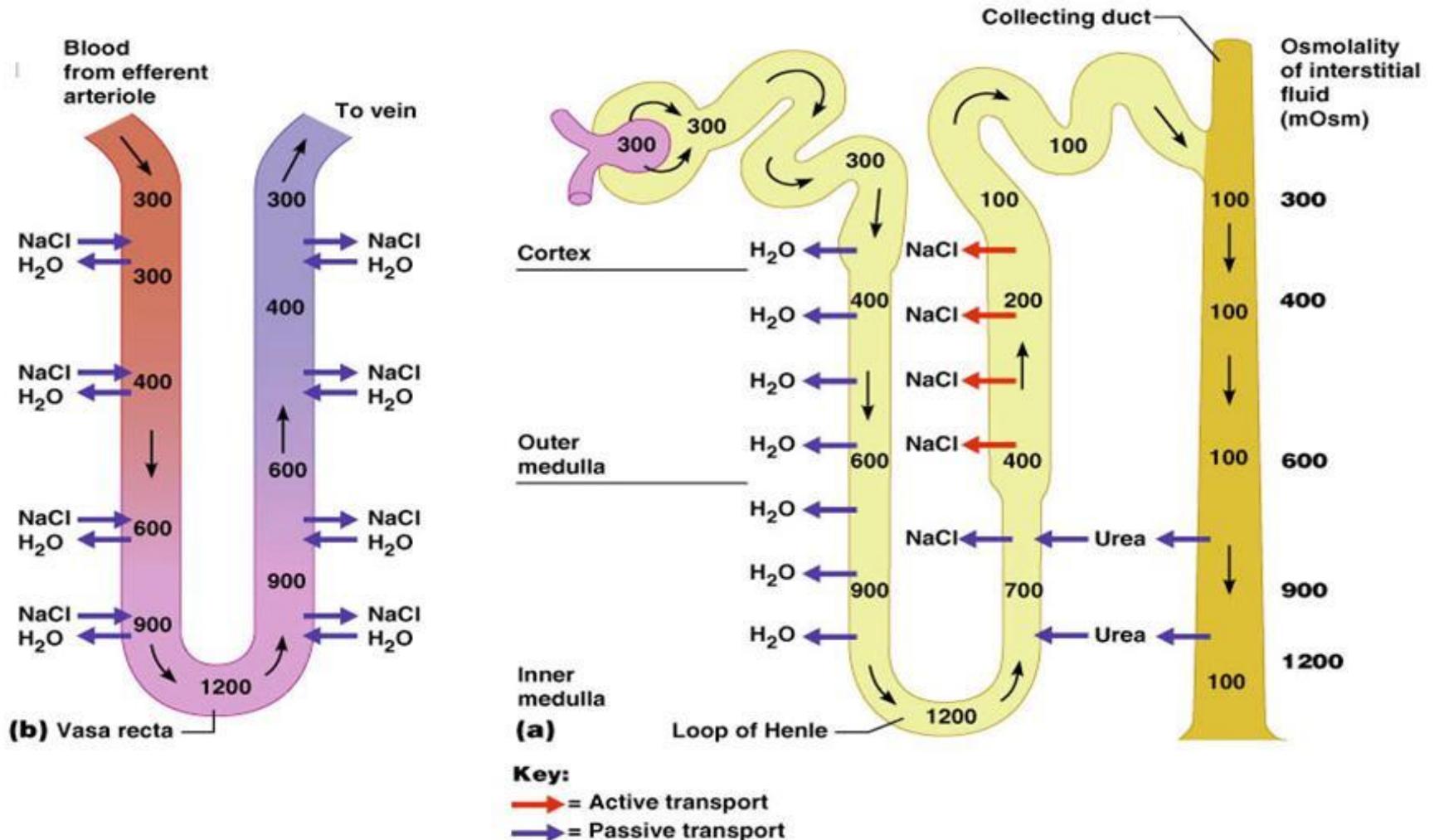
Counter current mechanism: pinguim



Sistema Multiplicador de Contracorrente na Alça de Henle



Formação de urina diluída (sem ADH)



Formação de urina concentrada (com ADH)

Water Reabsorption

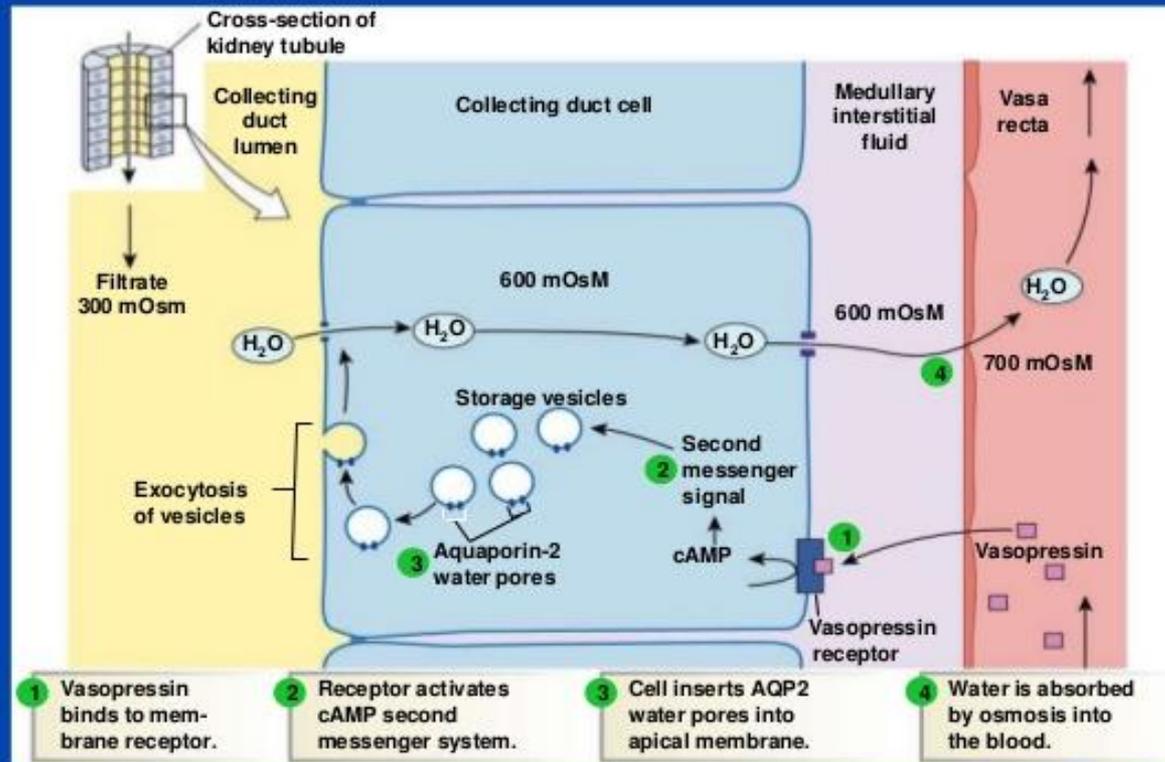
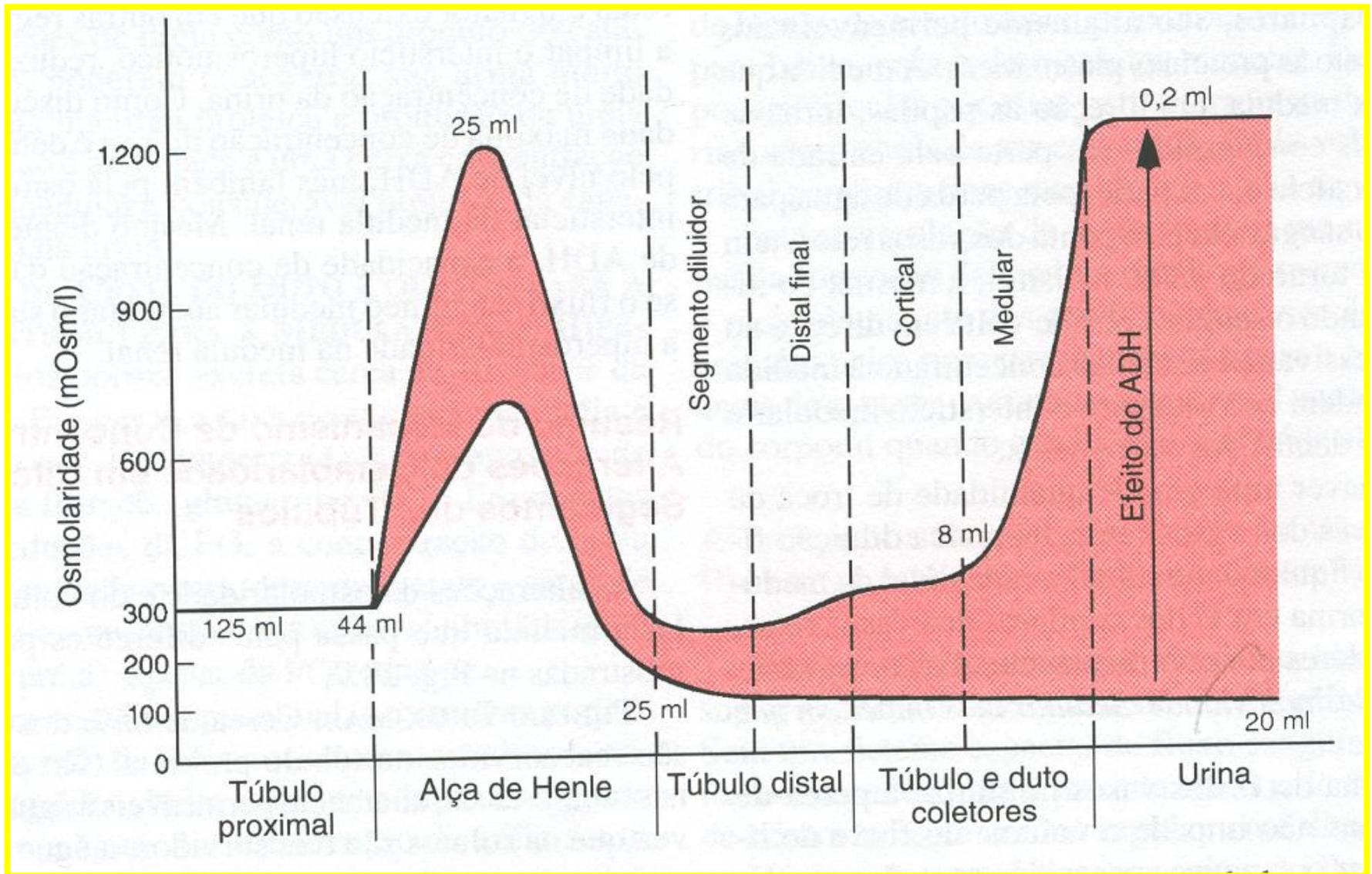
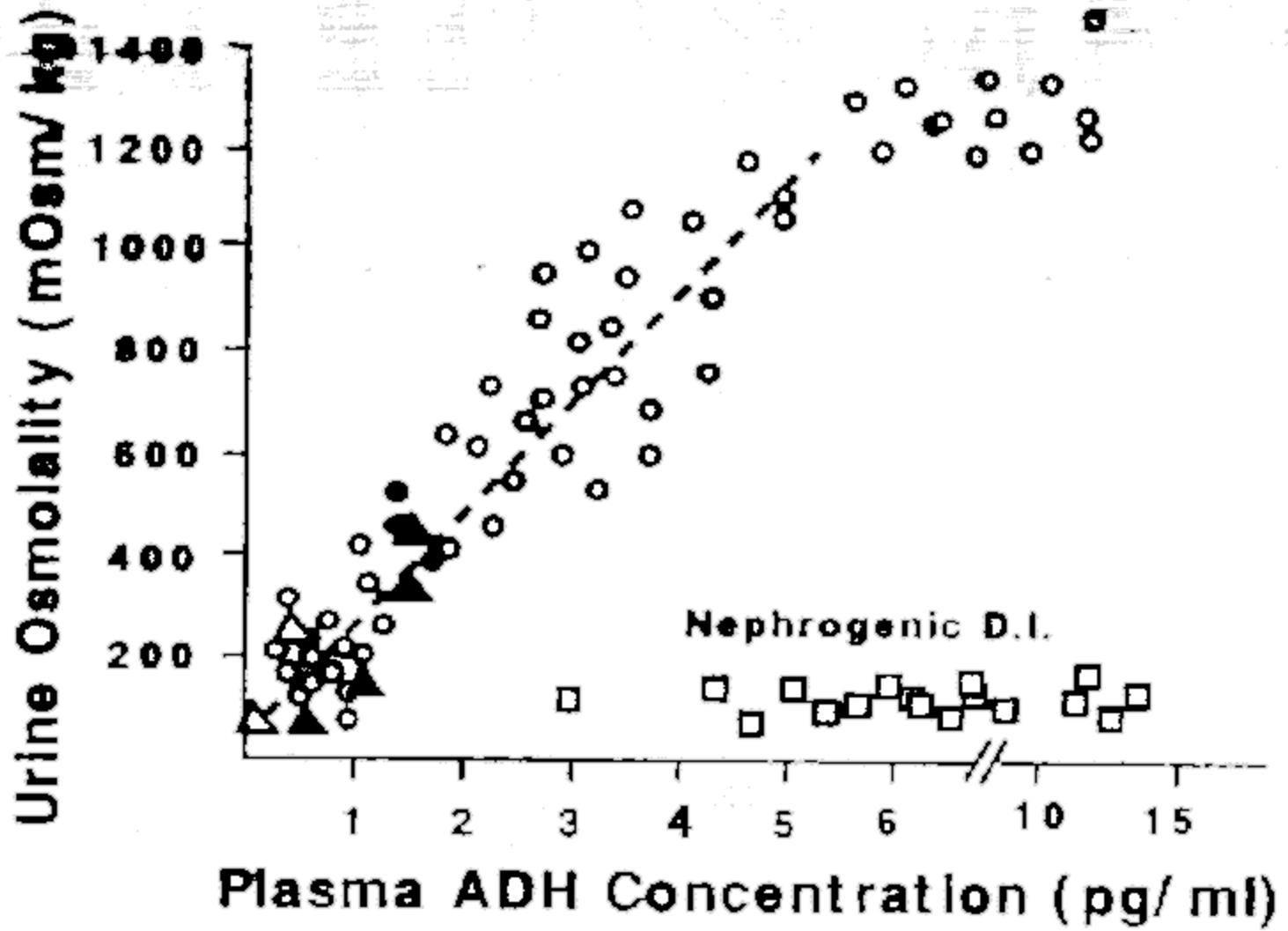
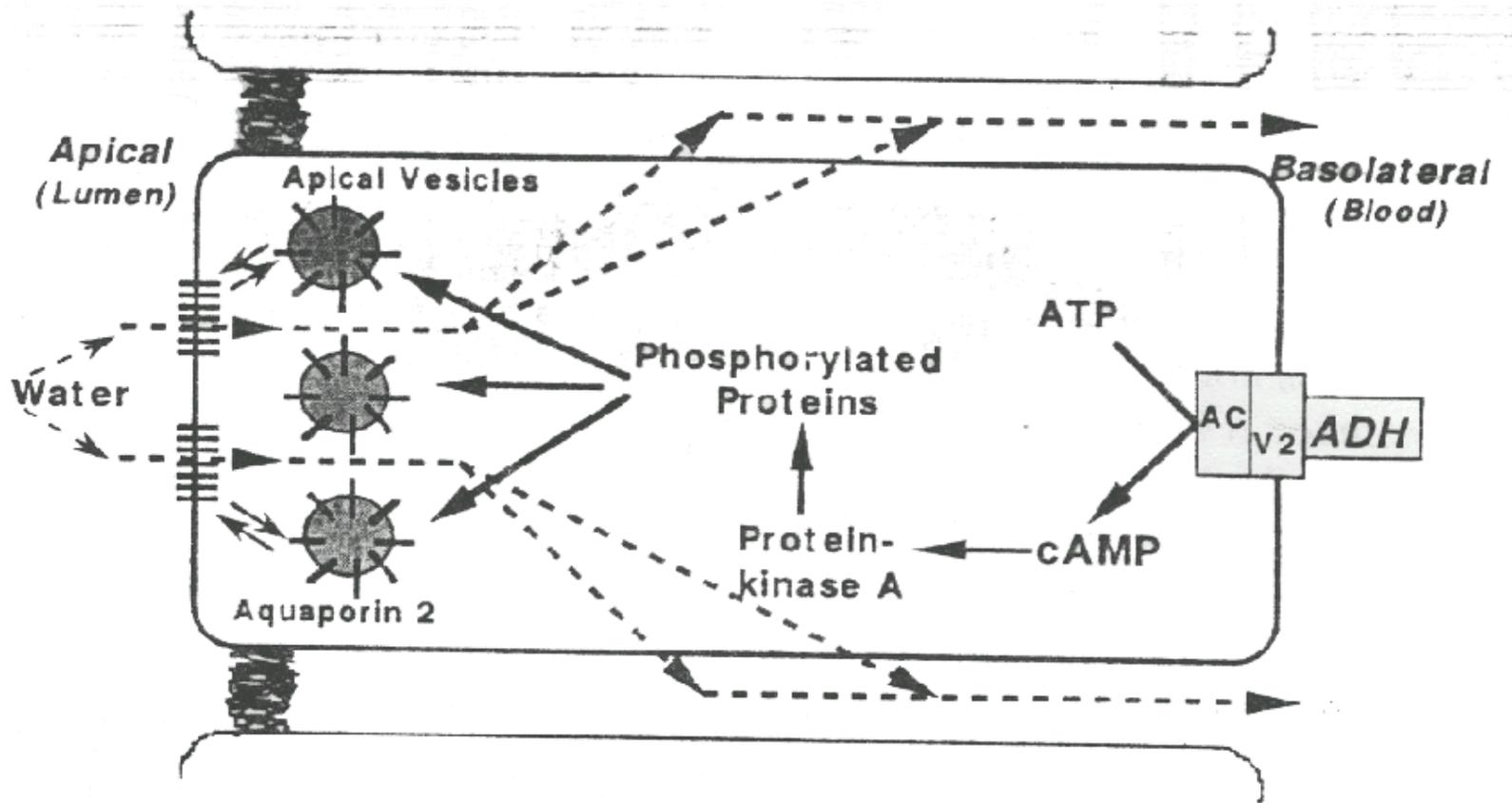


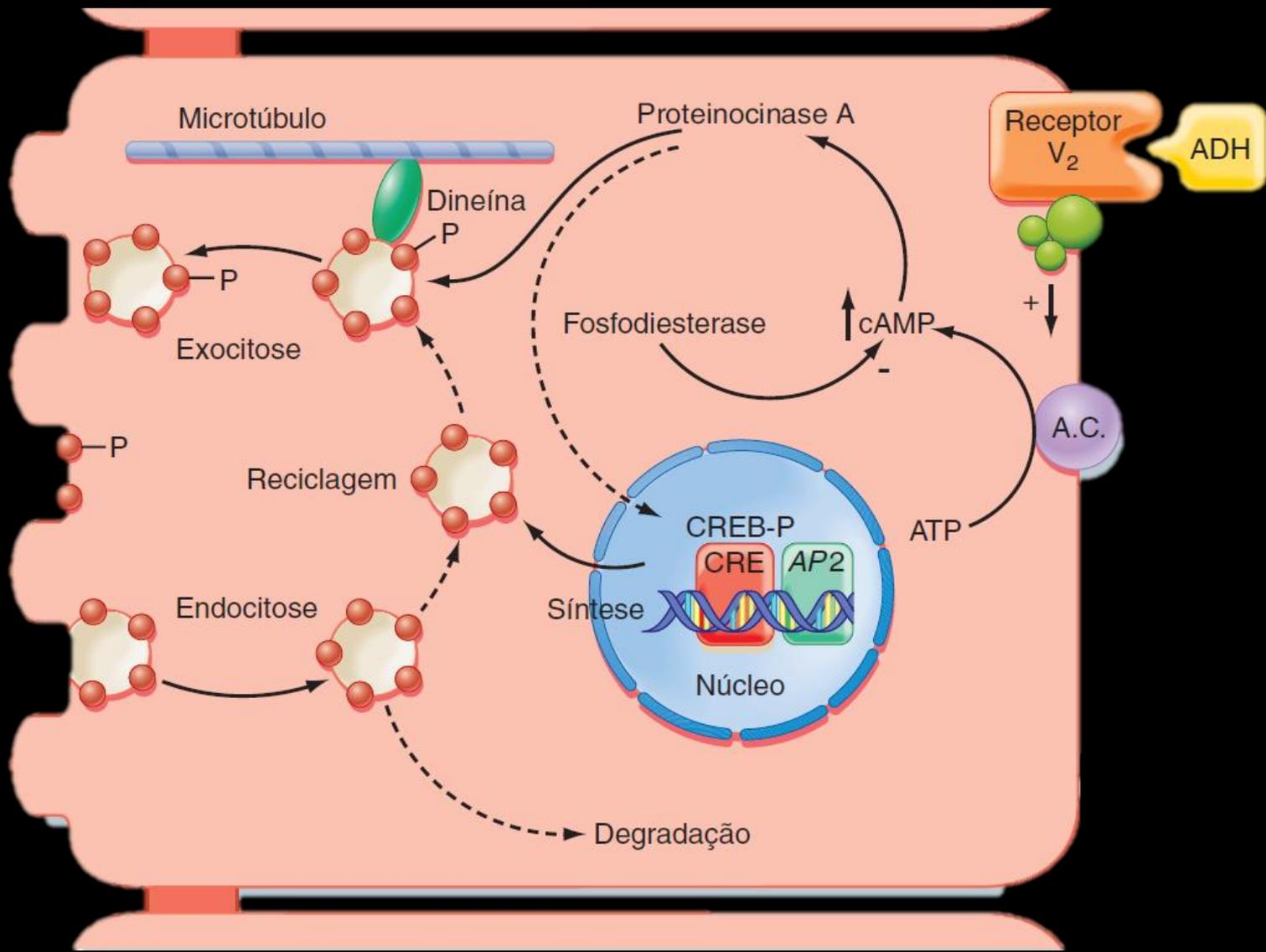
Figure 20-6, steps 1-4

Alterações na Osmolaridade do Líquido Tubular







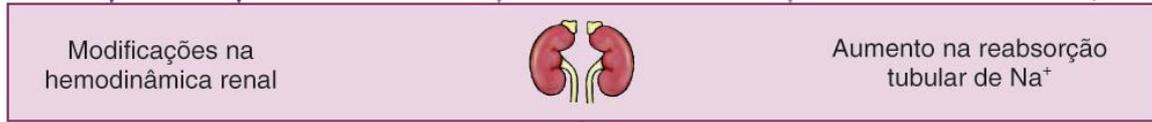
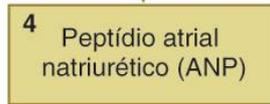
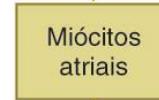
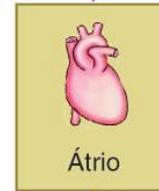
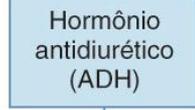
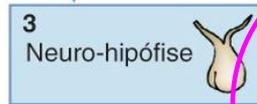
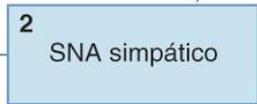
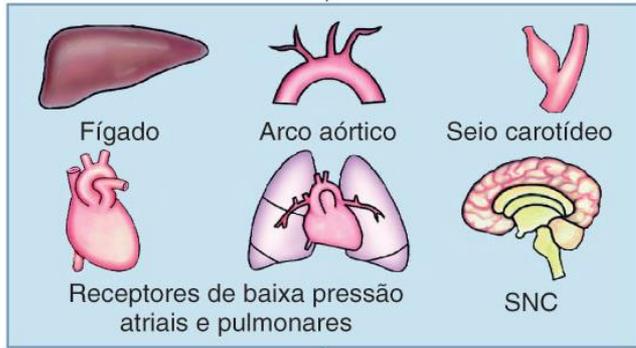
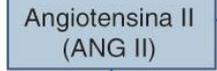
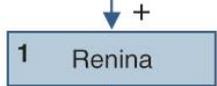
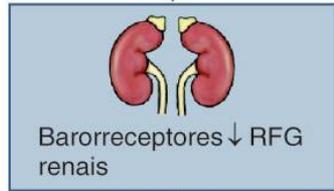


O aumento da retenção de Na⁺ corrige a queda do volume circulatório efetivo

↓ Volume circulatório efetivo

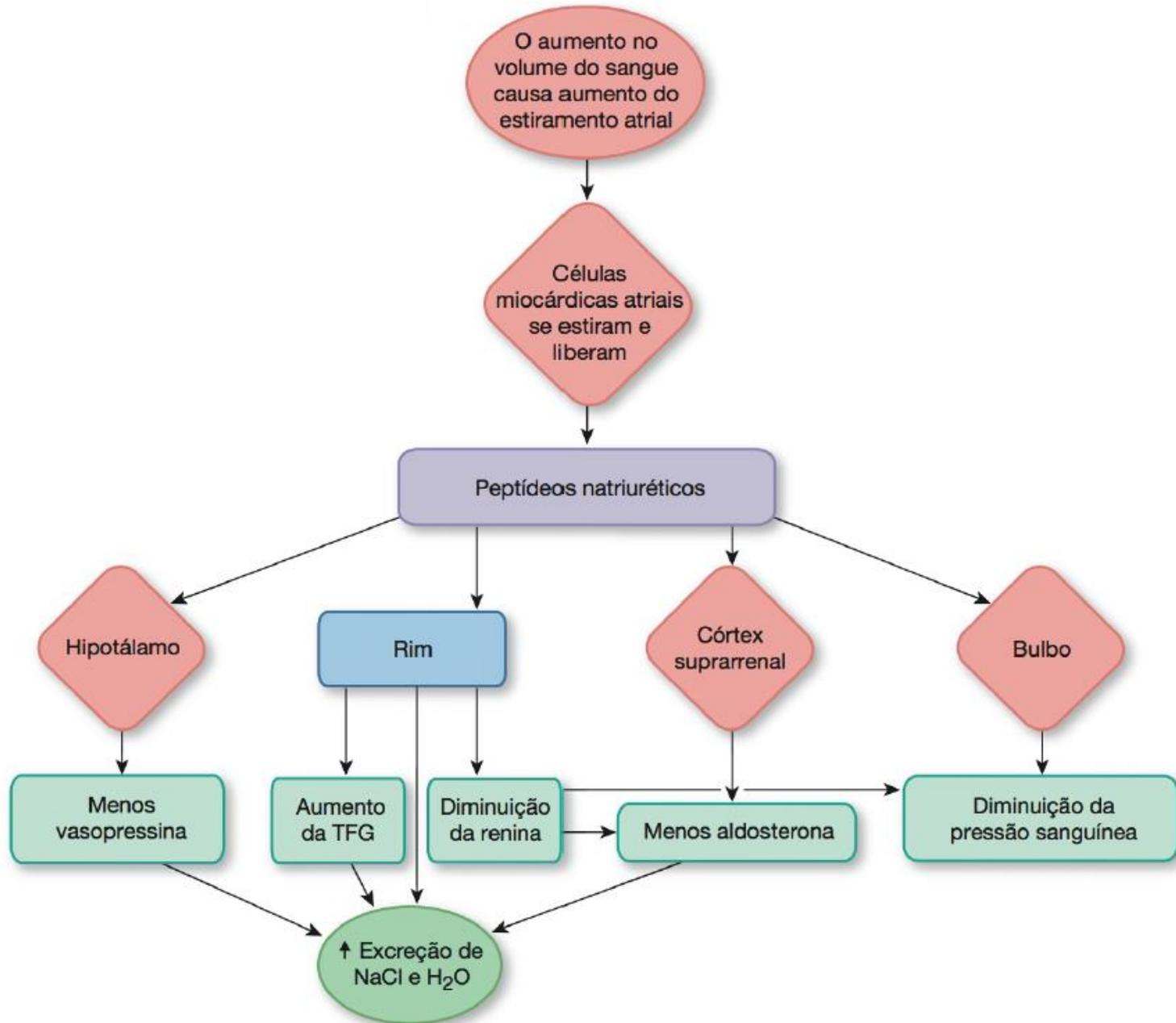
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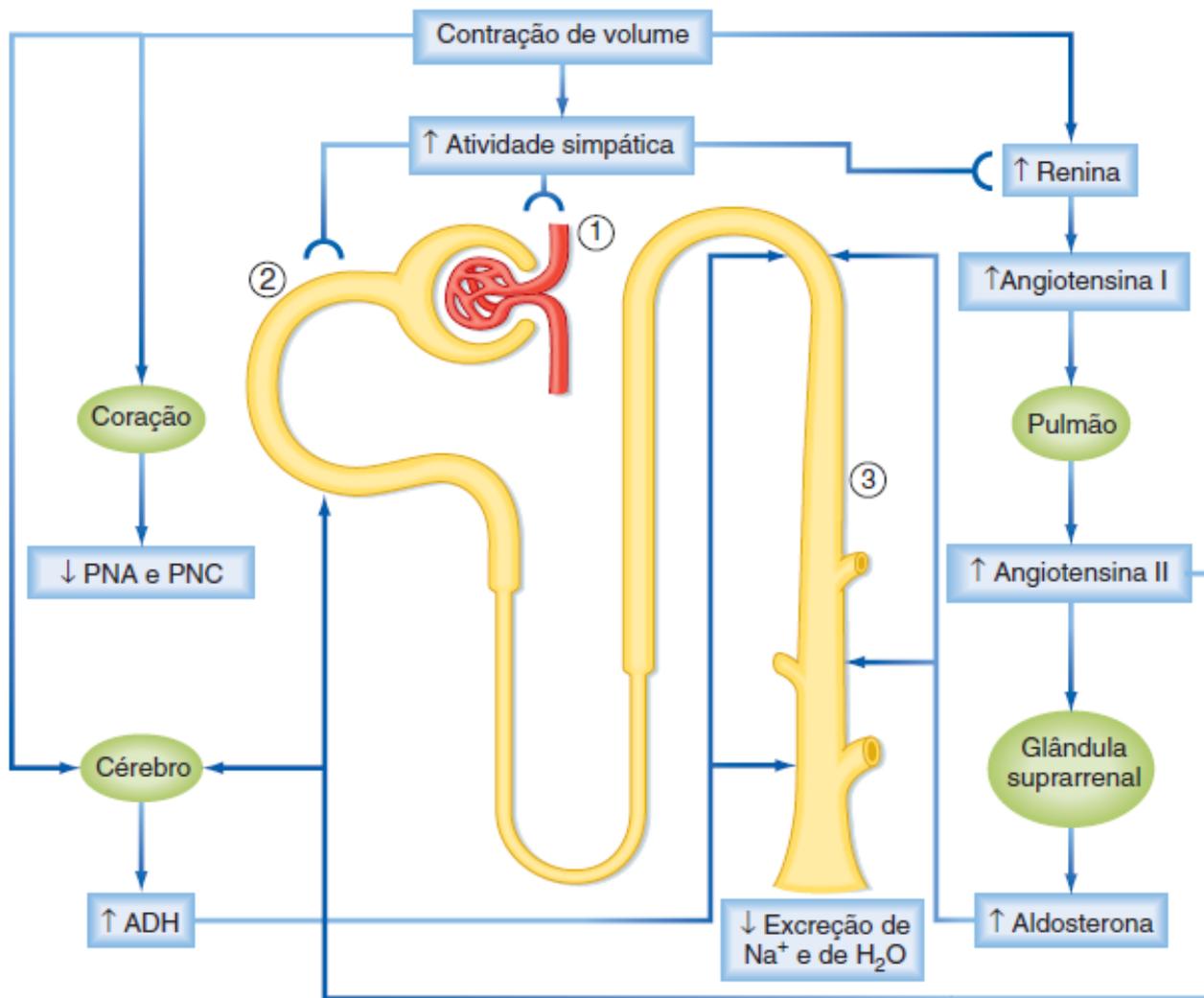
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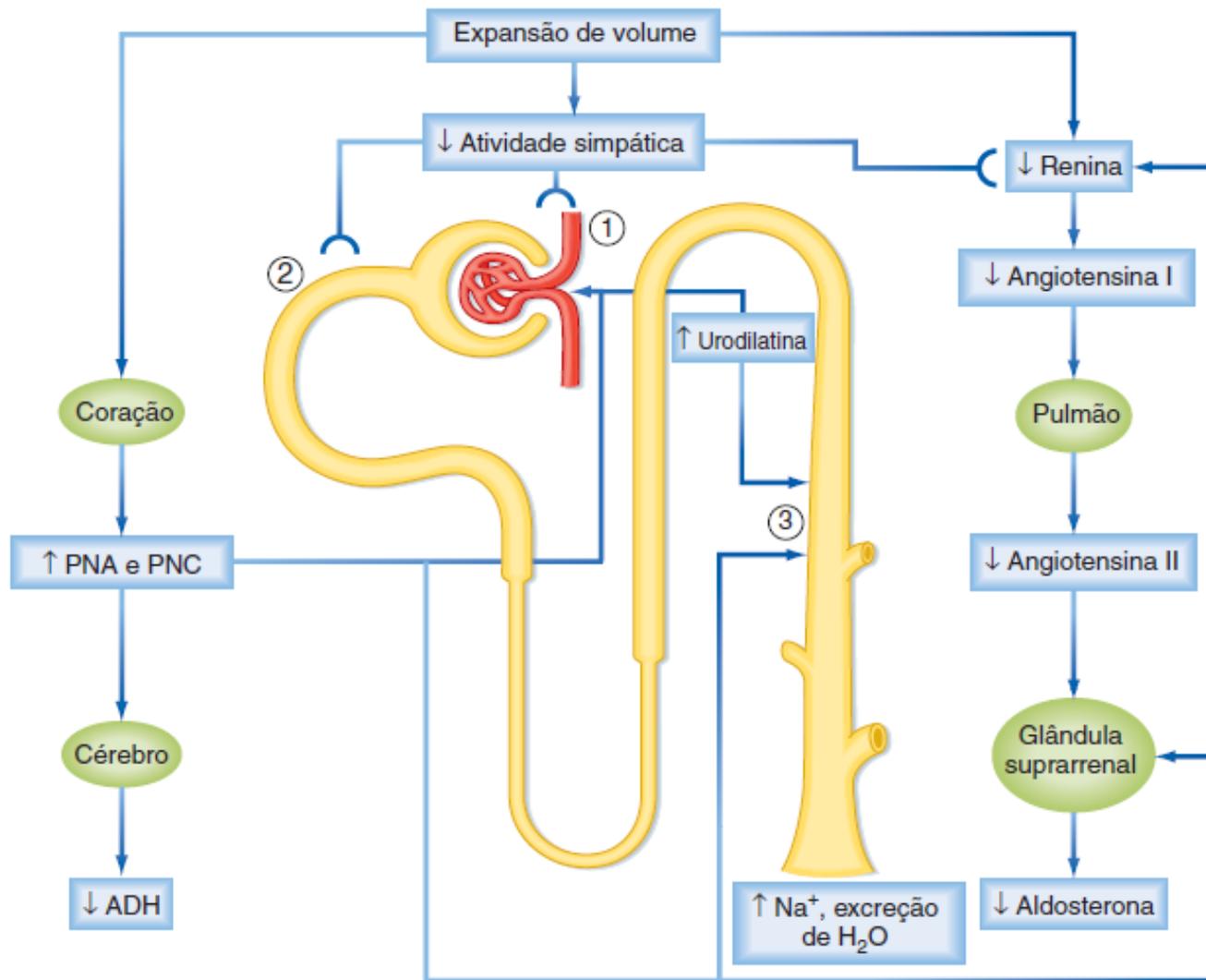


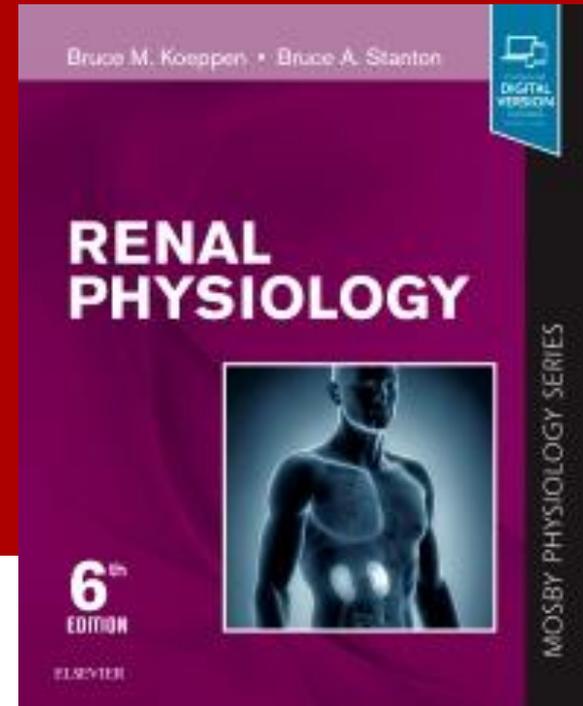
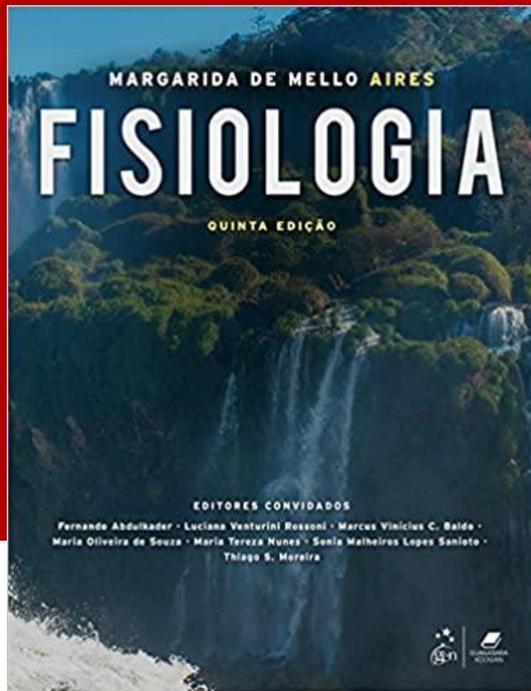
↓ Excreção Na⁺

Peptídeos natriuréticos









BIBLIOGRAFIA



Obrigado

Angiotensina

