

**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**

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# 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

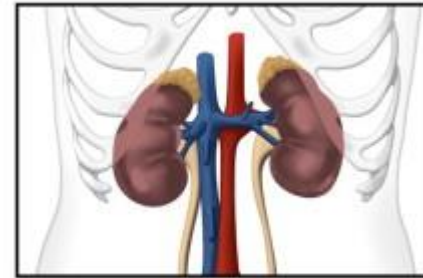
Líquido extracelular (LEC) 0,2 x peso corporal 14 L	Líquido intracelular (LIC) 0,4 x peso corporal 28 L
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Líquido intersticial 3/4 do LEC 10,5 L	Plasma 1/4 do LEC 3,5 L
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Membrana celular

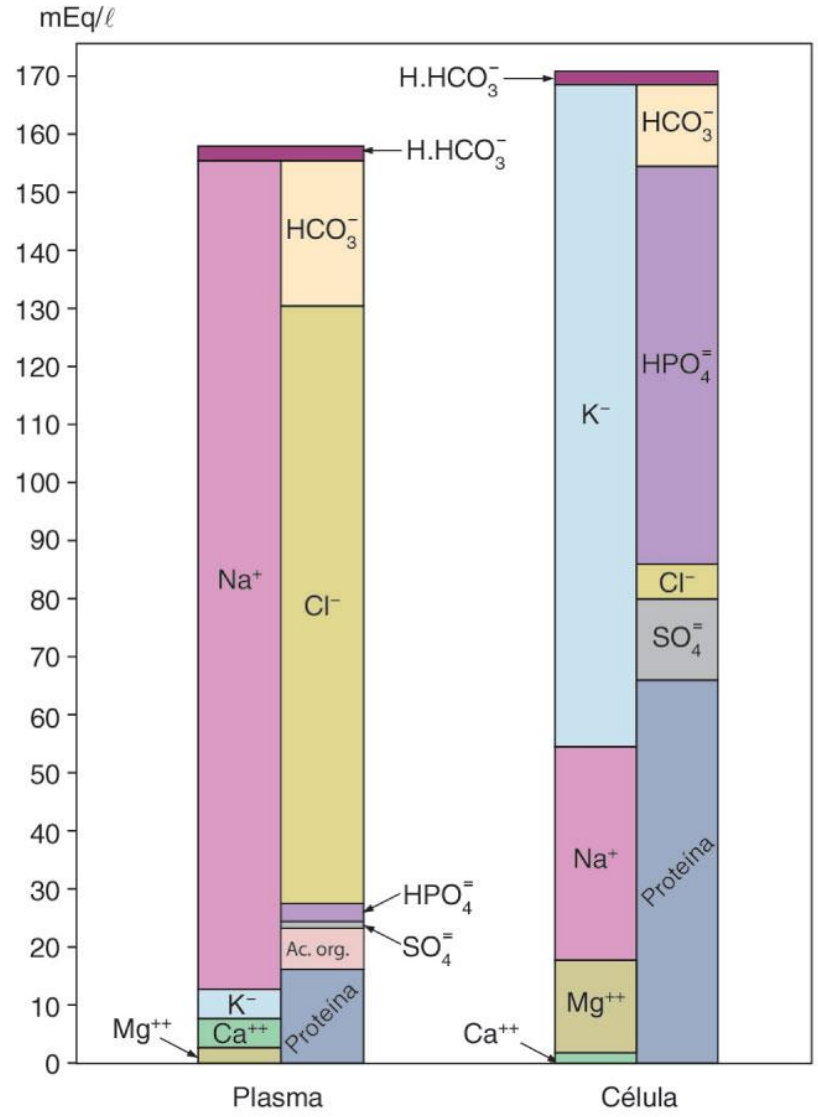
Parede capilar

Volume vascular

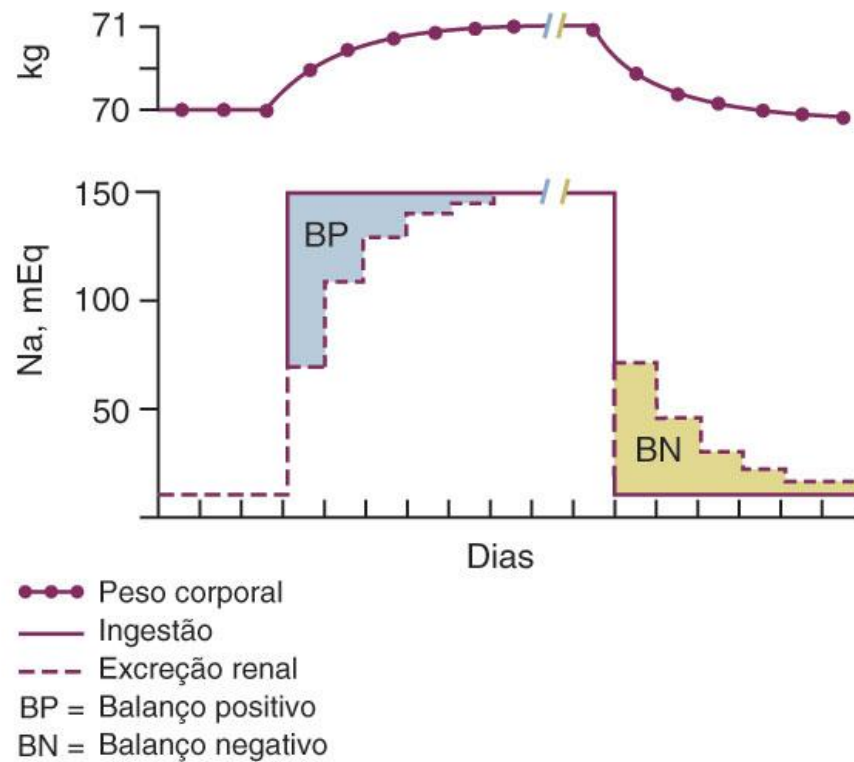


$$PA = DC \times RVP$$

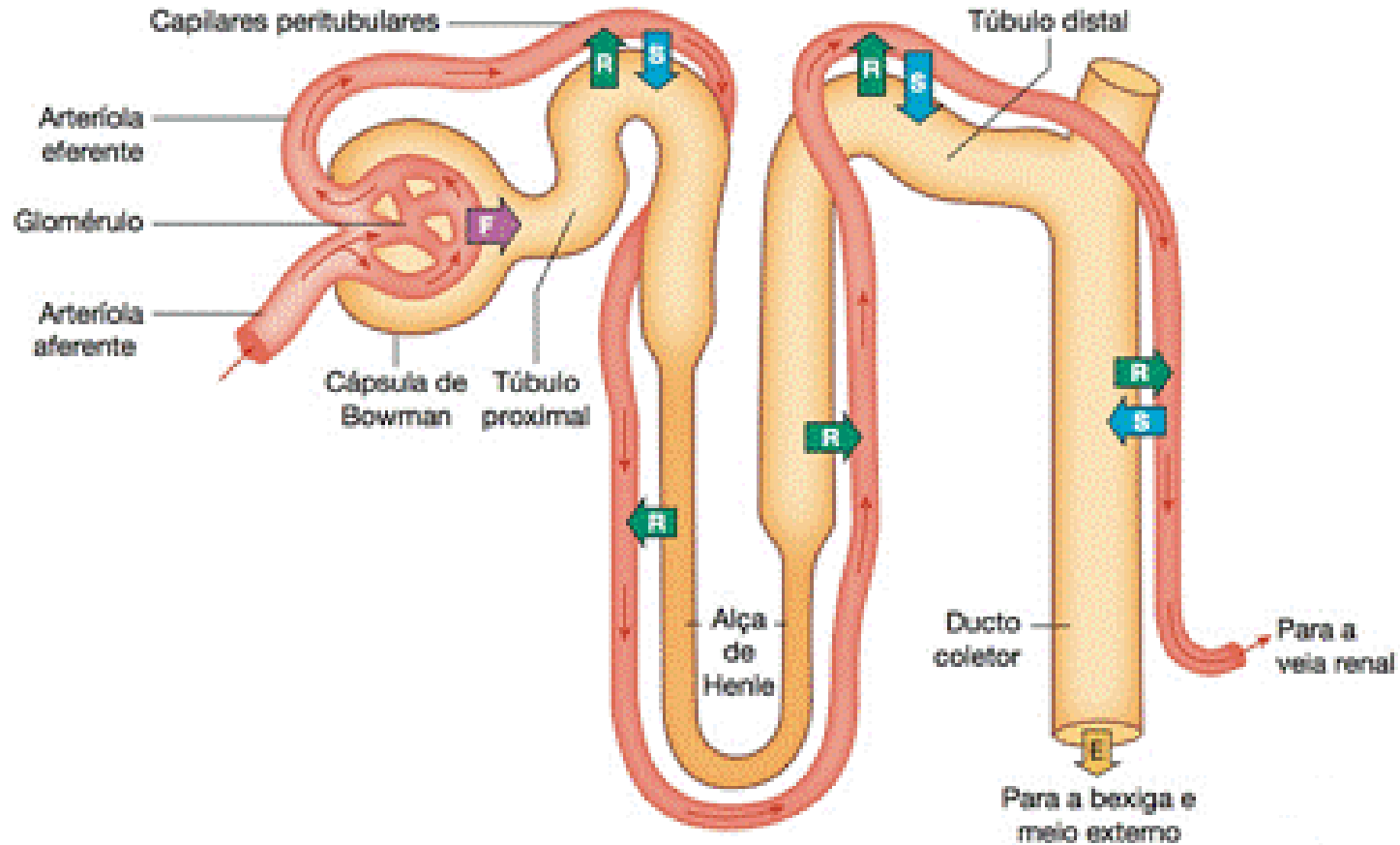
$$DC = FC \times VS$$



- **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)



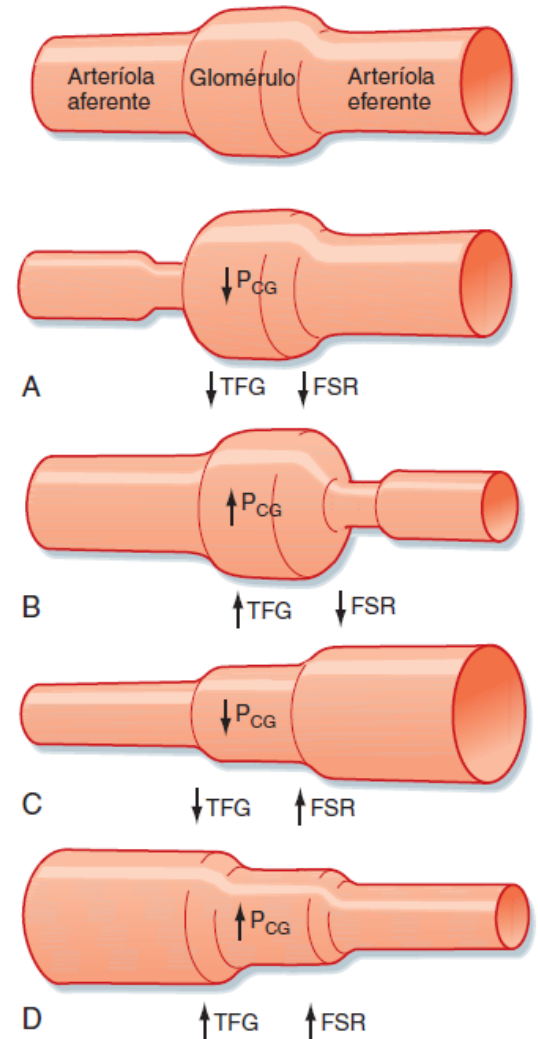
# Filtração, reabsorção, secreção e eliminação



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!

$$\text{Filtr. Glom.} = K_f [\text{Phcg} - (\text{Phcb} + \pi)]$$

A TFG é diretamente dependente da Phcg!



# SENSORES

## ● Tabela 34-4. Volume e Sensores de Na<sup>+</sup>

### 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

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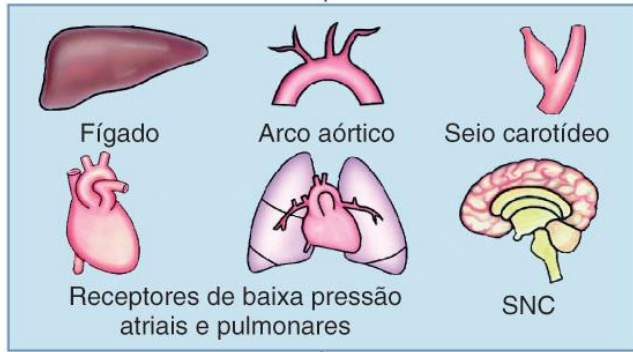
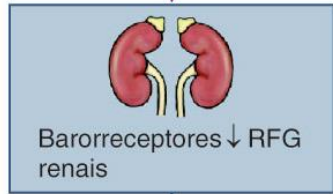


O aumento da retenção de Na<sup>+</sup> corrige a queda do volume circulatório efetivo

↓ Volume circulatório efetivo

**SENSORES**

**EFETORES**



1 Renina



Angiotensina II (ANG II)

2 SNA simpático

3 Neuro-hipófise

4 Peptídio atrial natriurético (ANP)

Aldosterona

Hormônio antidiurético (ADH)



↓ Excreção Na<sup>+</sup>

# Atividade simpática renal

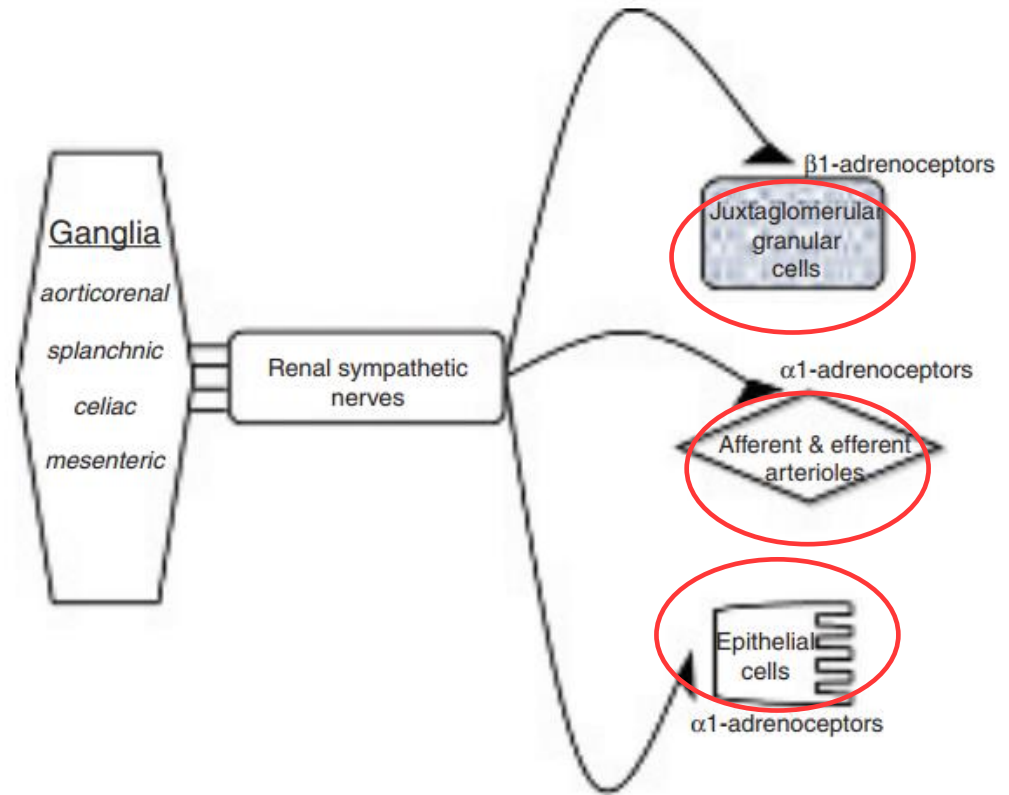
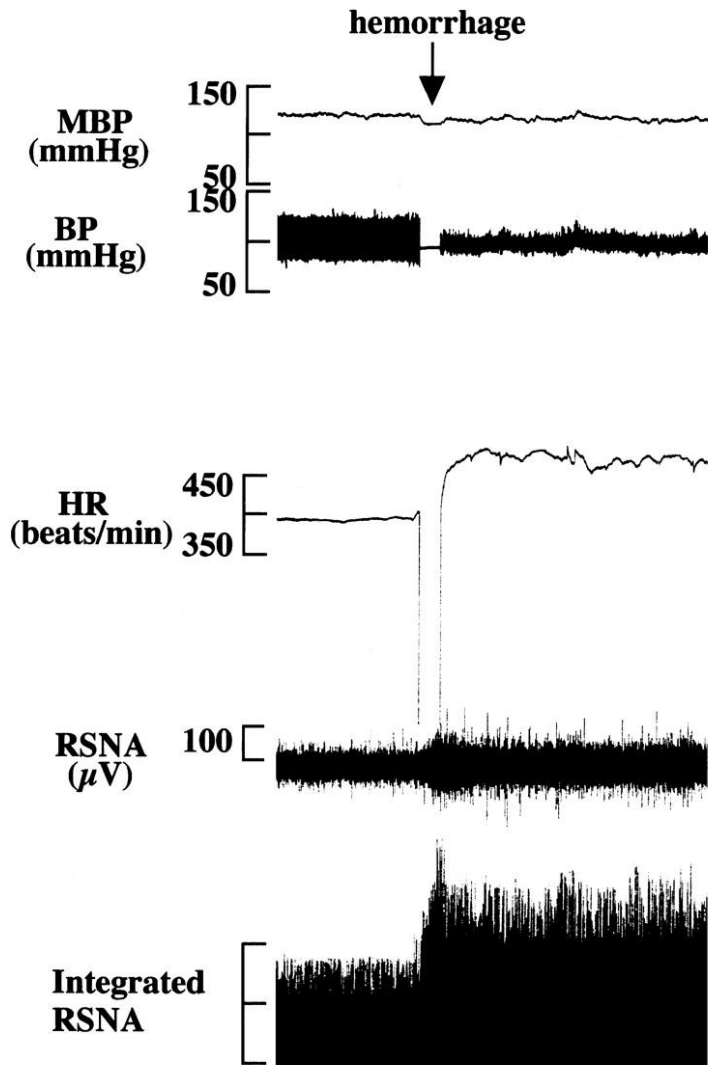
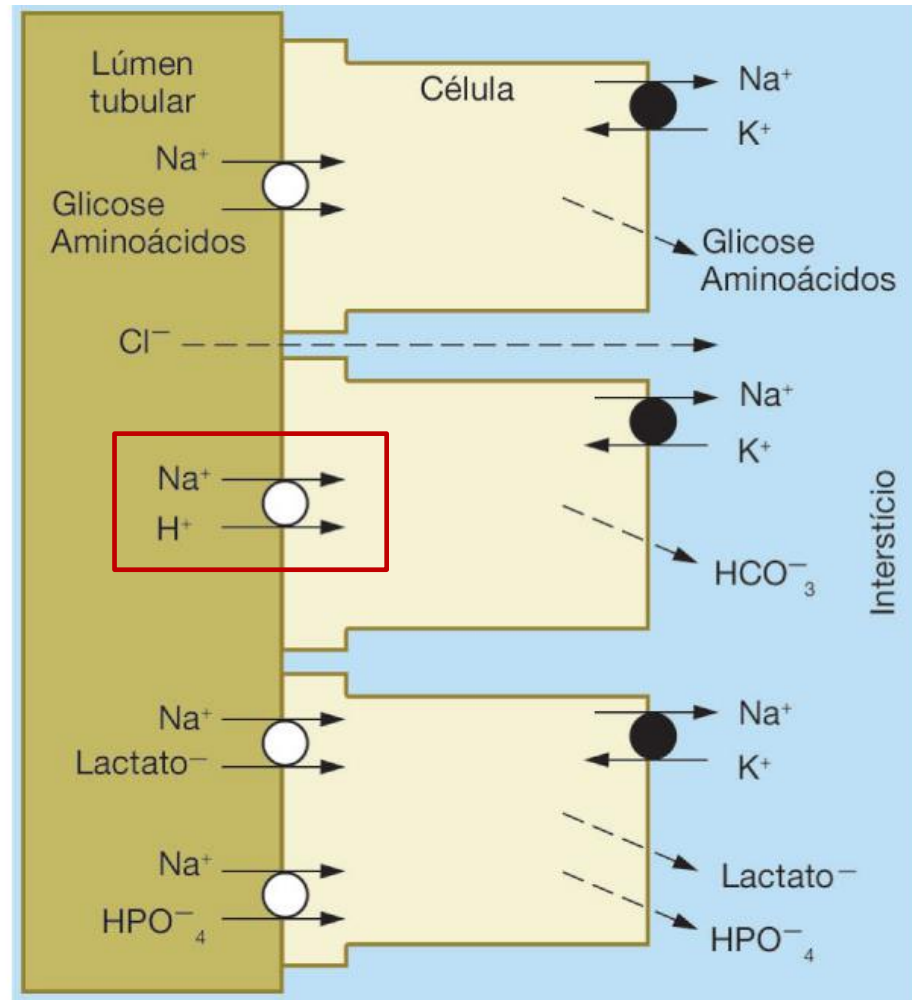
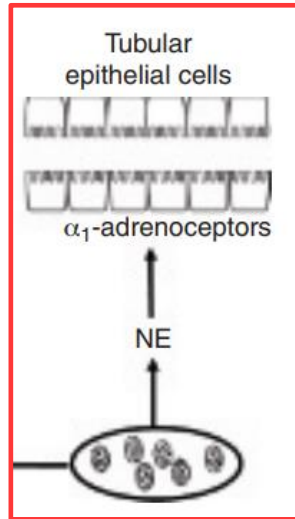
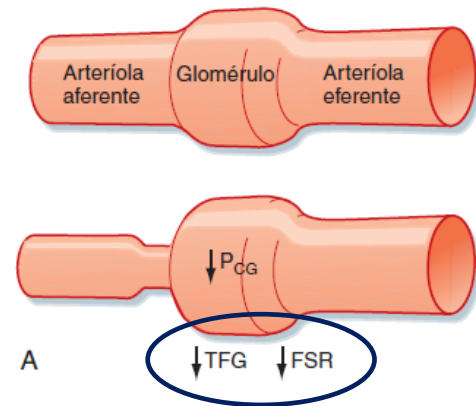
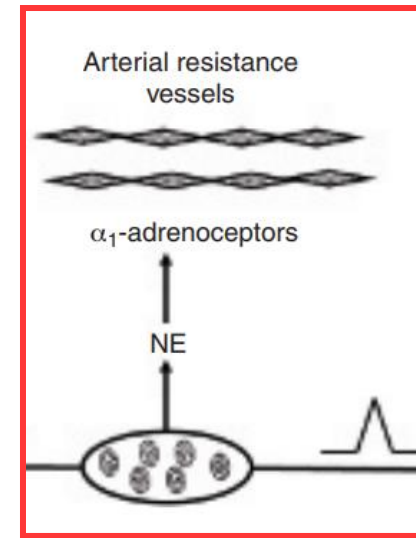
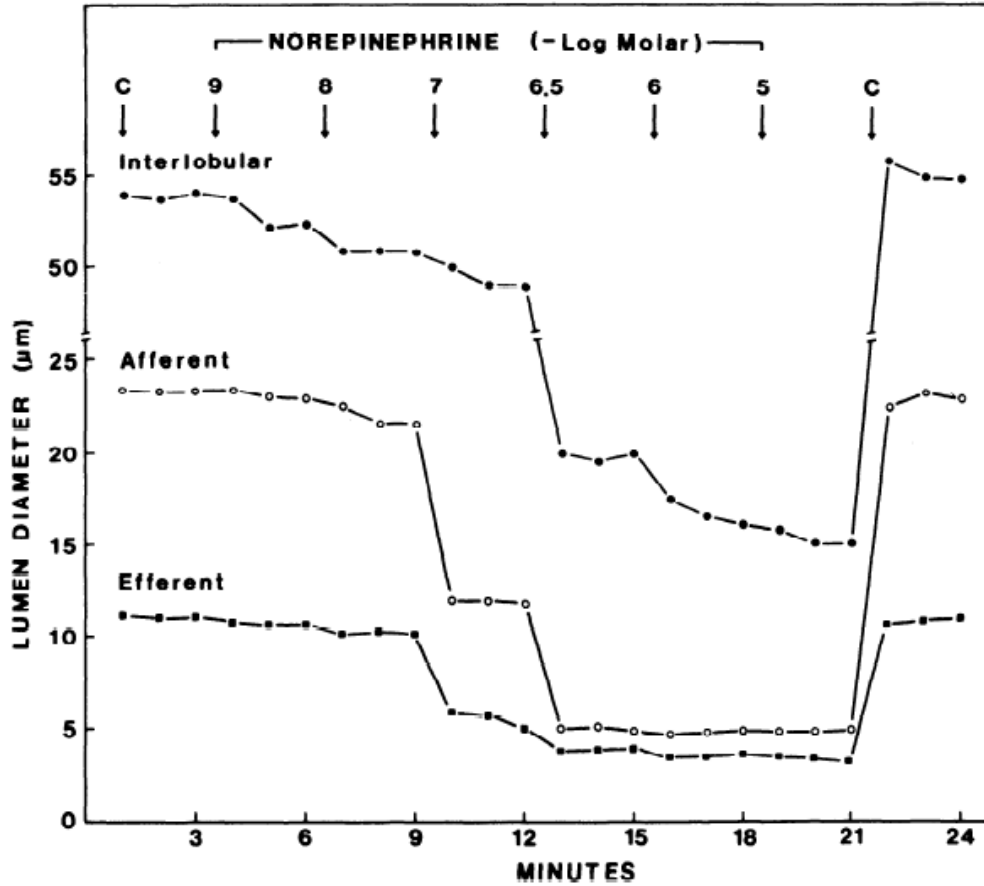


Figure 1 Neural pathways of the efferent renal sympathetic nerves.

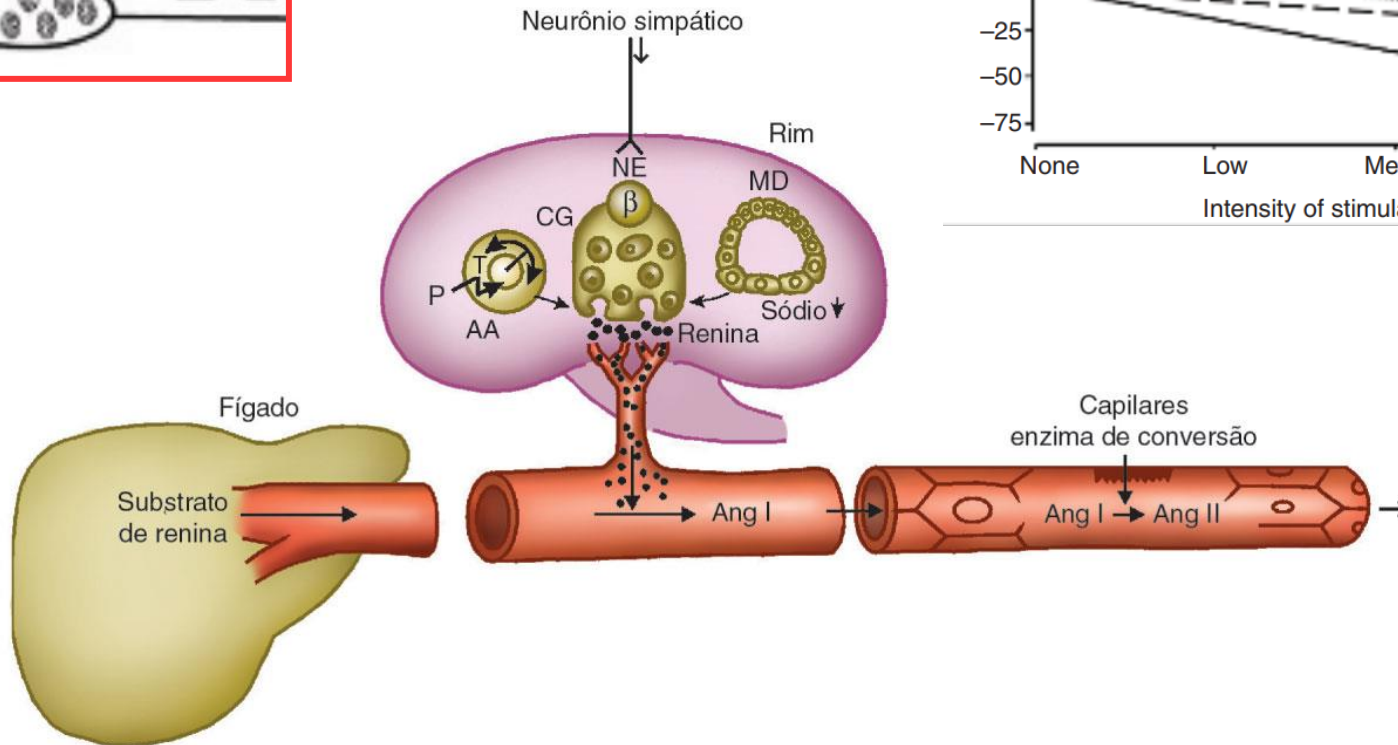
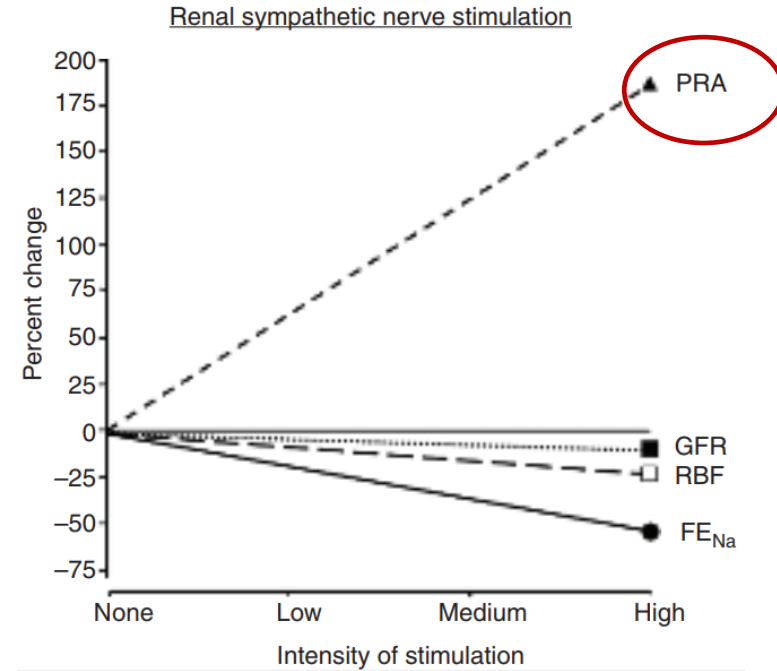
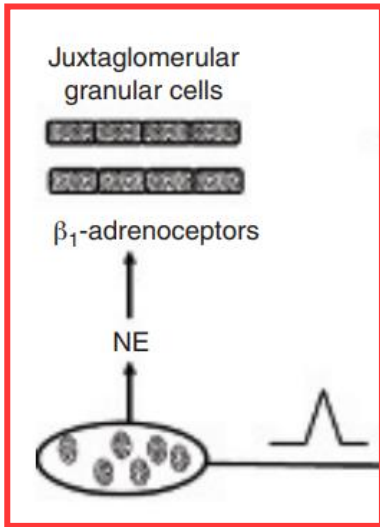
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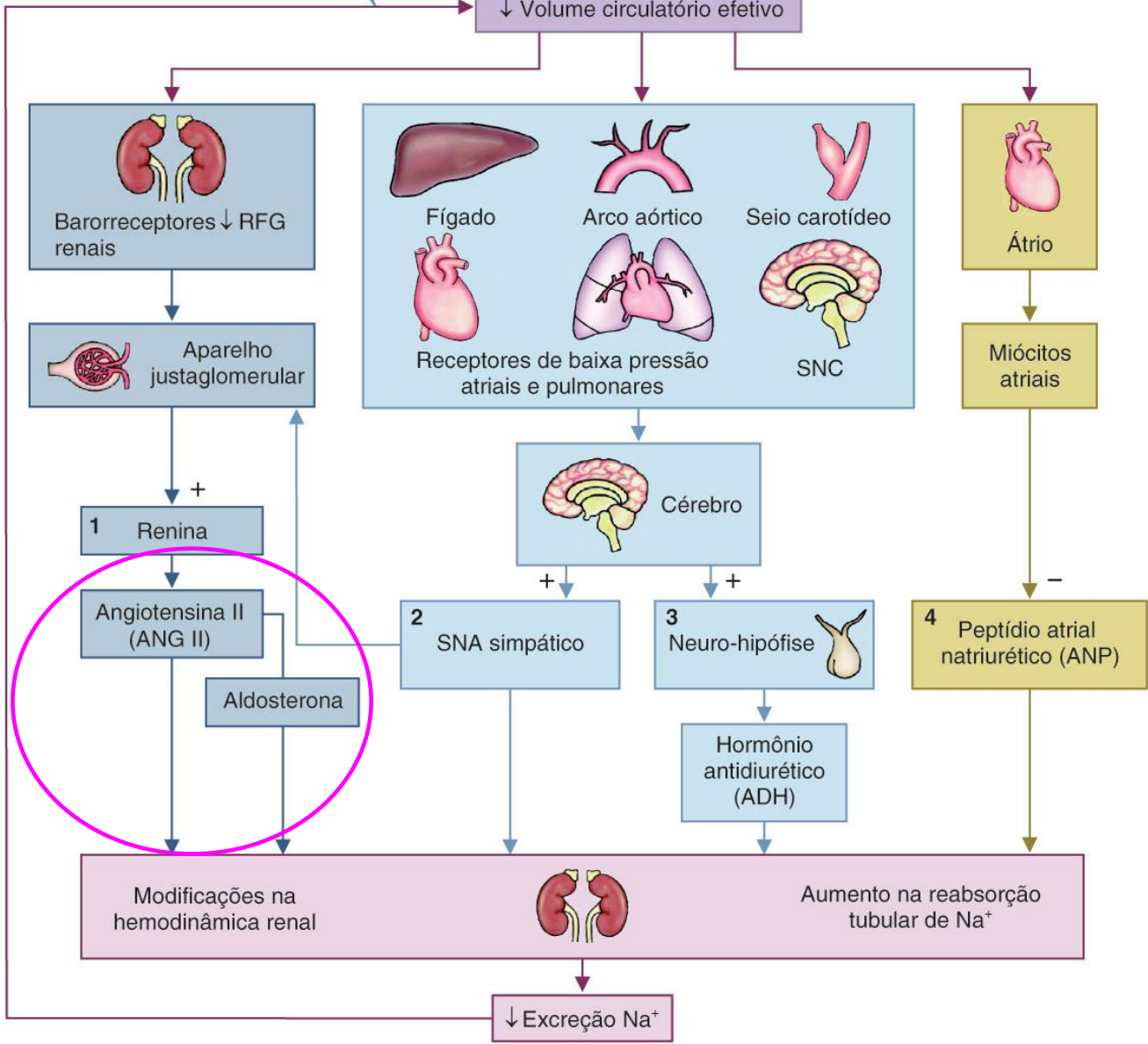


O aumento da retenção de  $\text{Na}^+$  corrige a queda do volume circulatório efetivo

↓ Volume circulatório efetivo

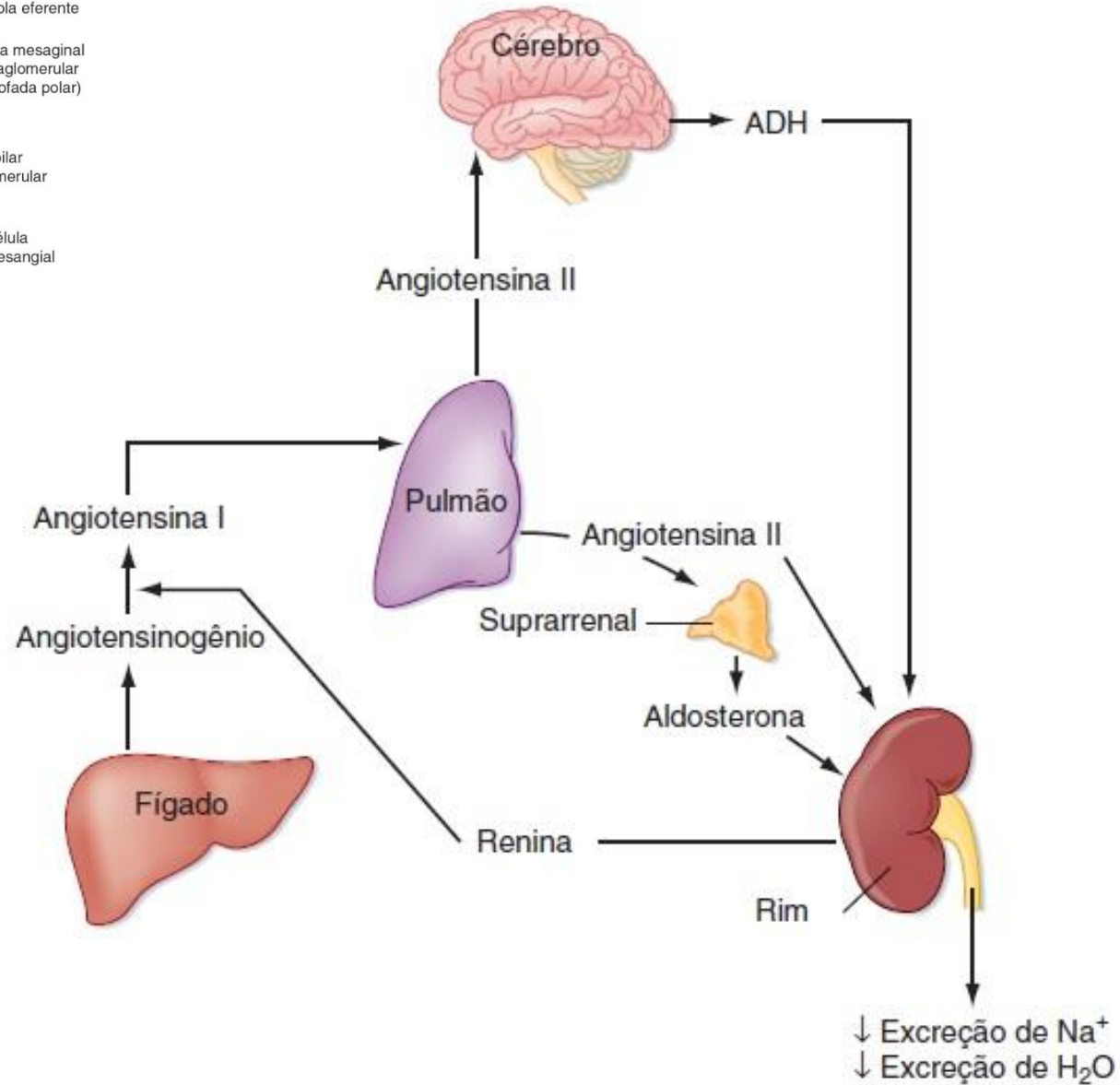
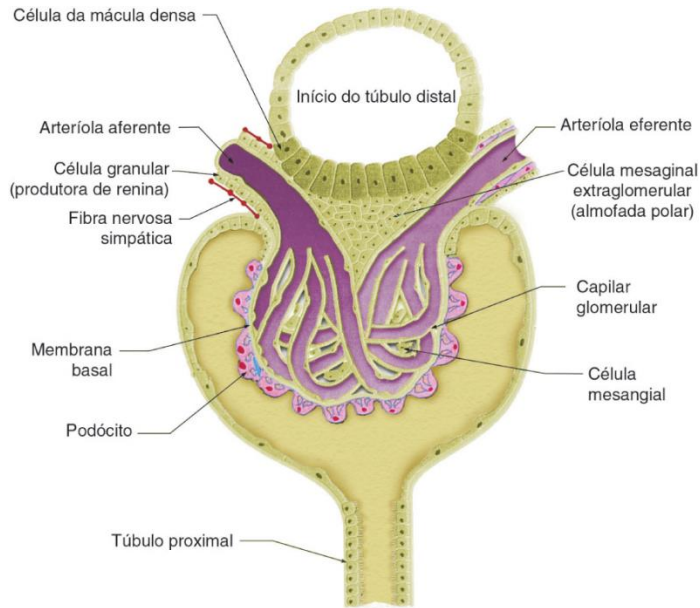
**SENSORES**

**EFETORES**

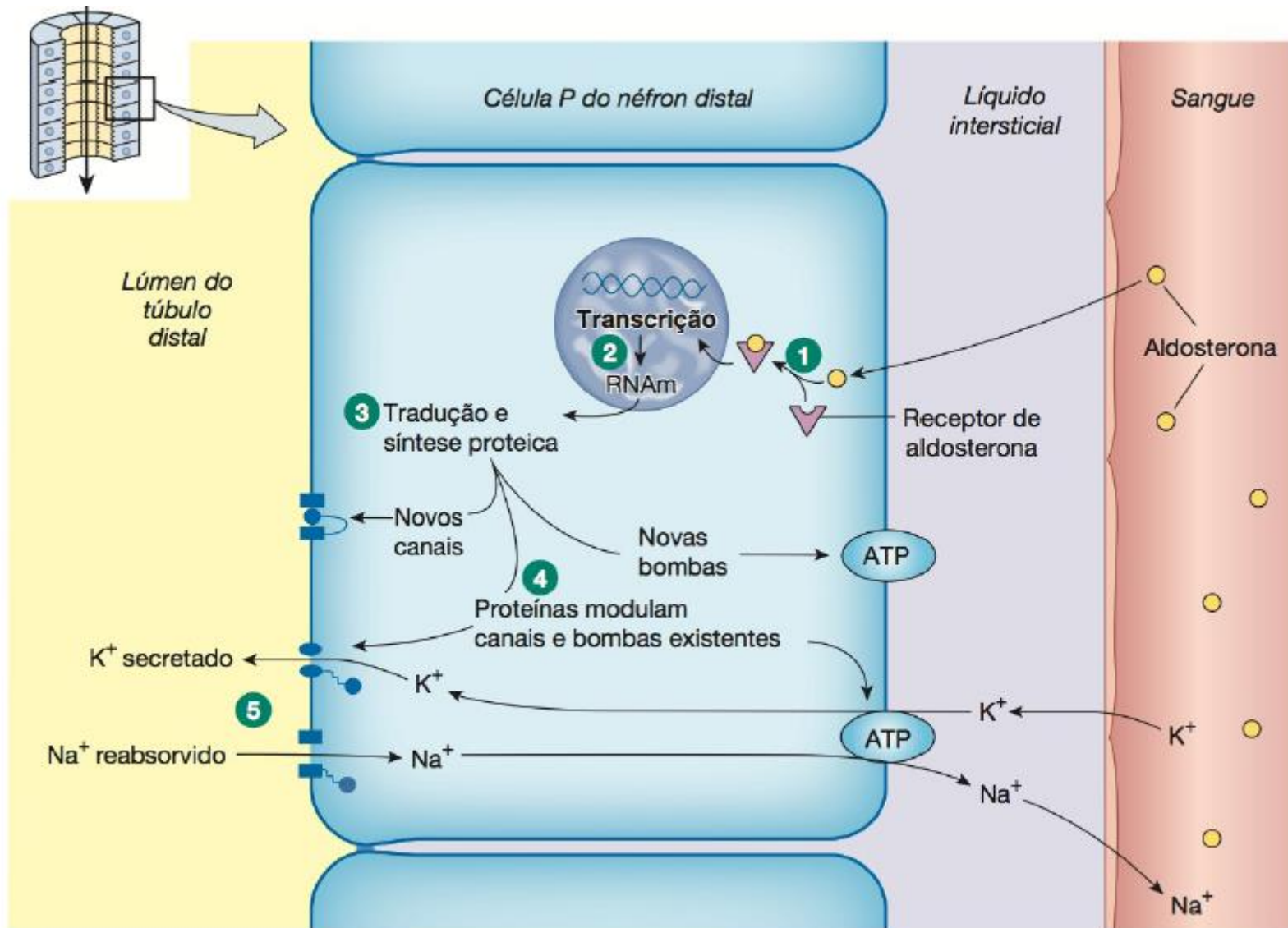




# Sistema Renina-Angiotensina-Aldosterona



# ALDOSTERONA



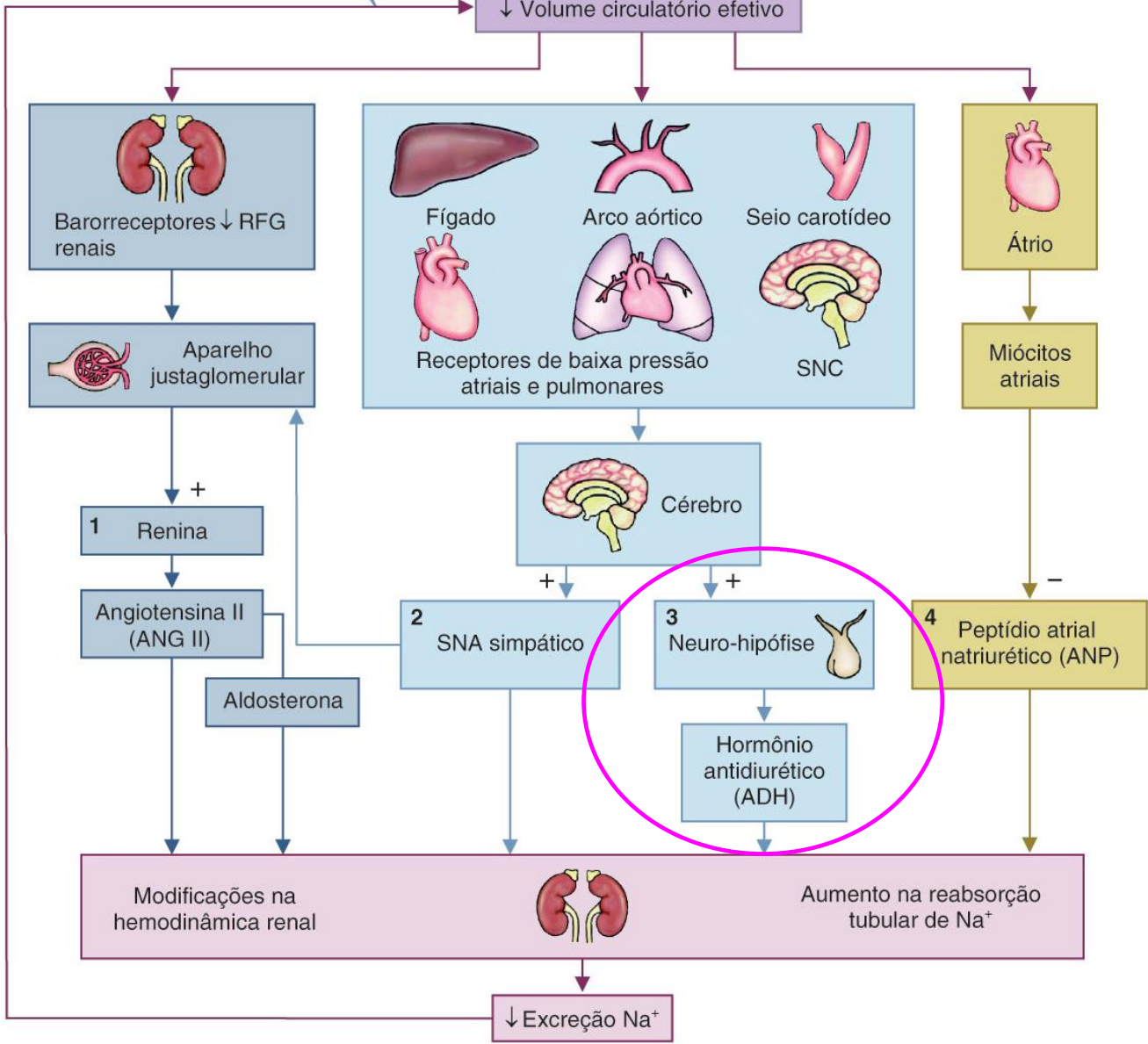


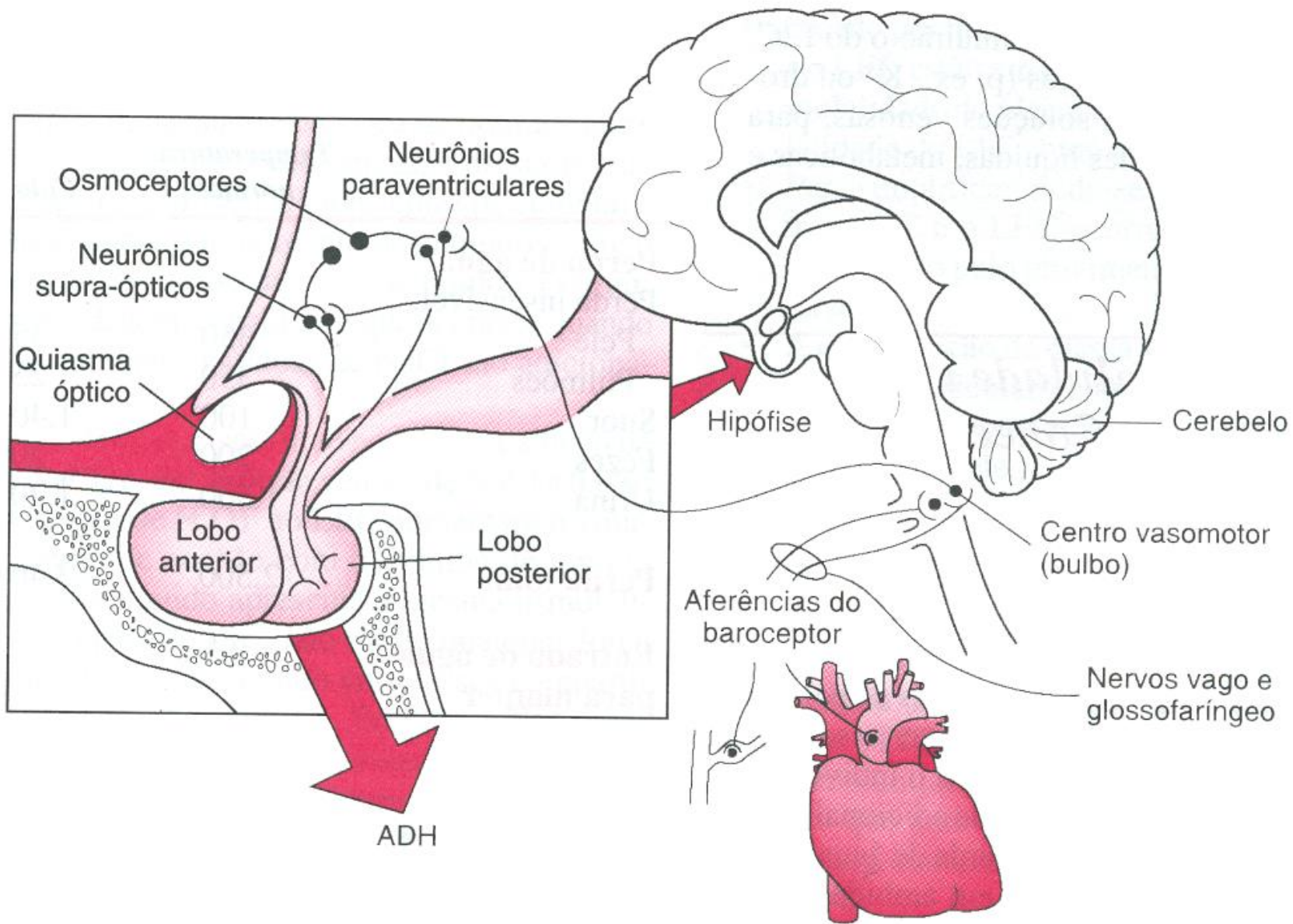
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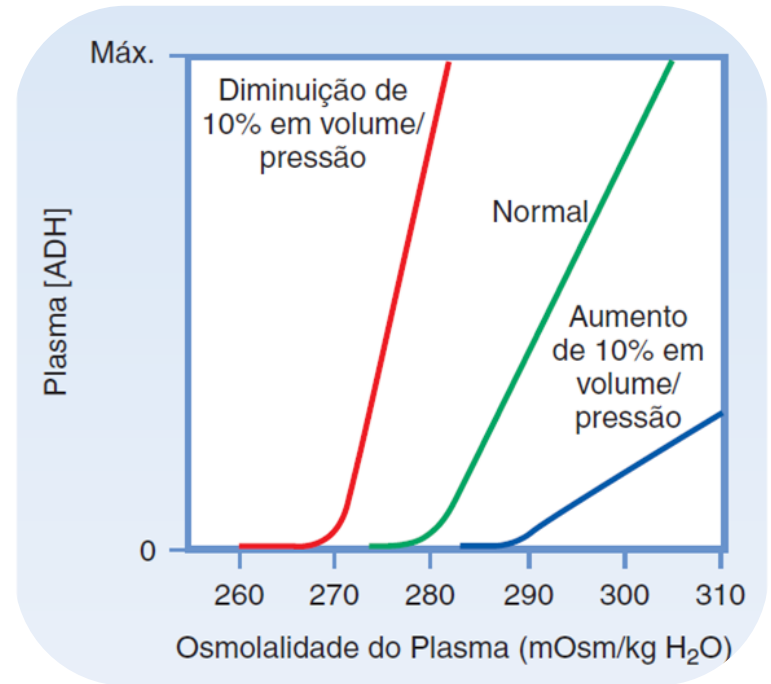
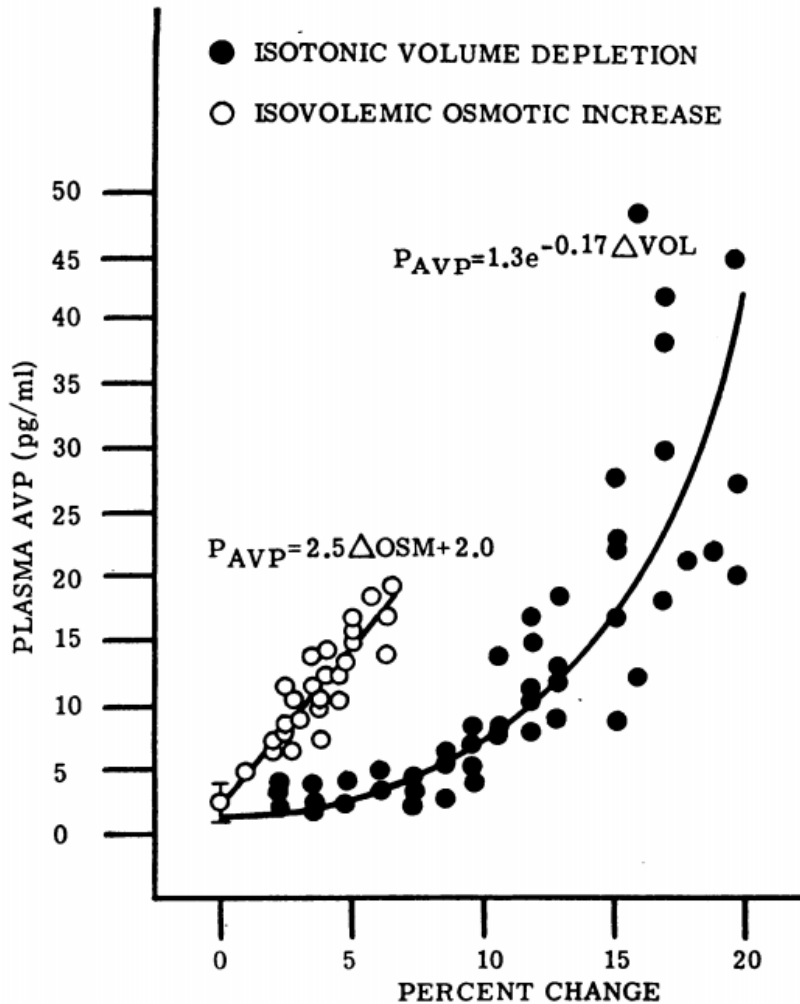




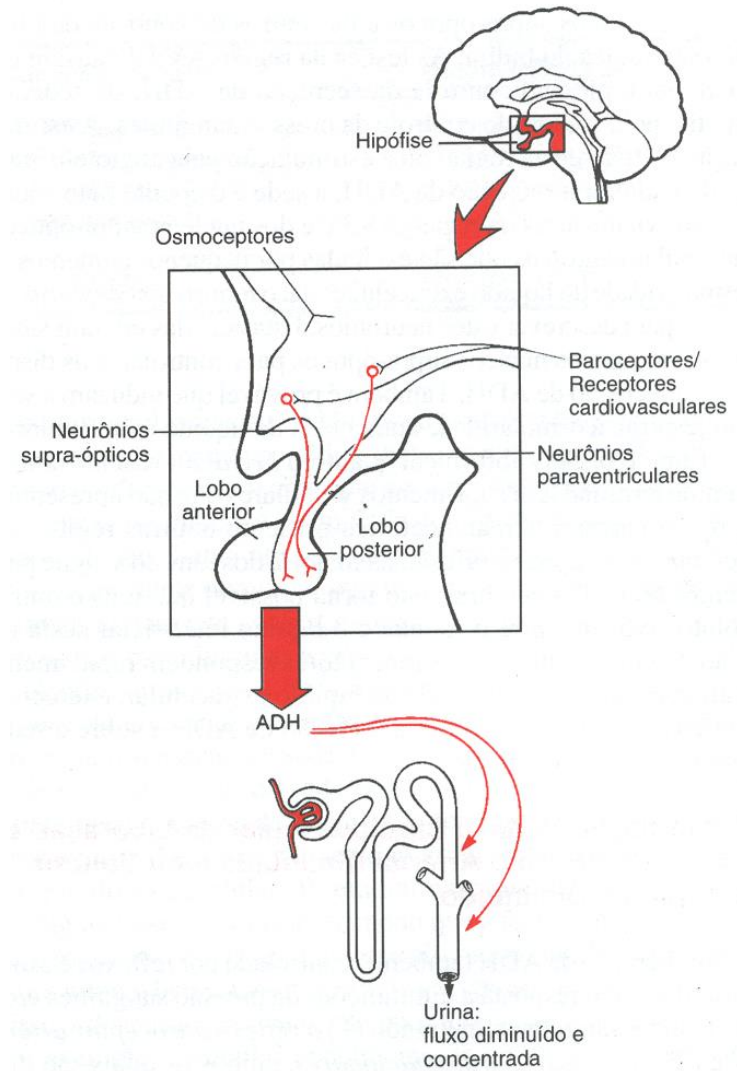
# The Role of Blood Osmolality and Volume in Regulating Vasopressin Secretion in the Rat

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

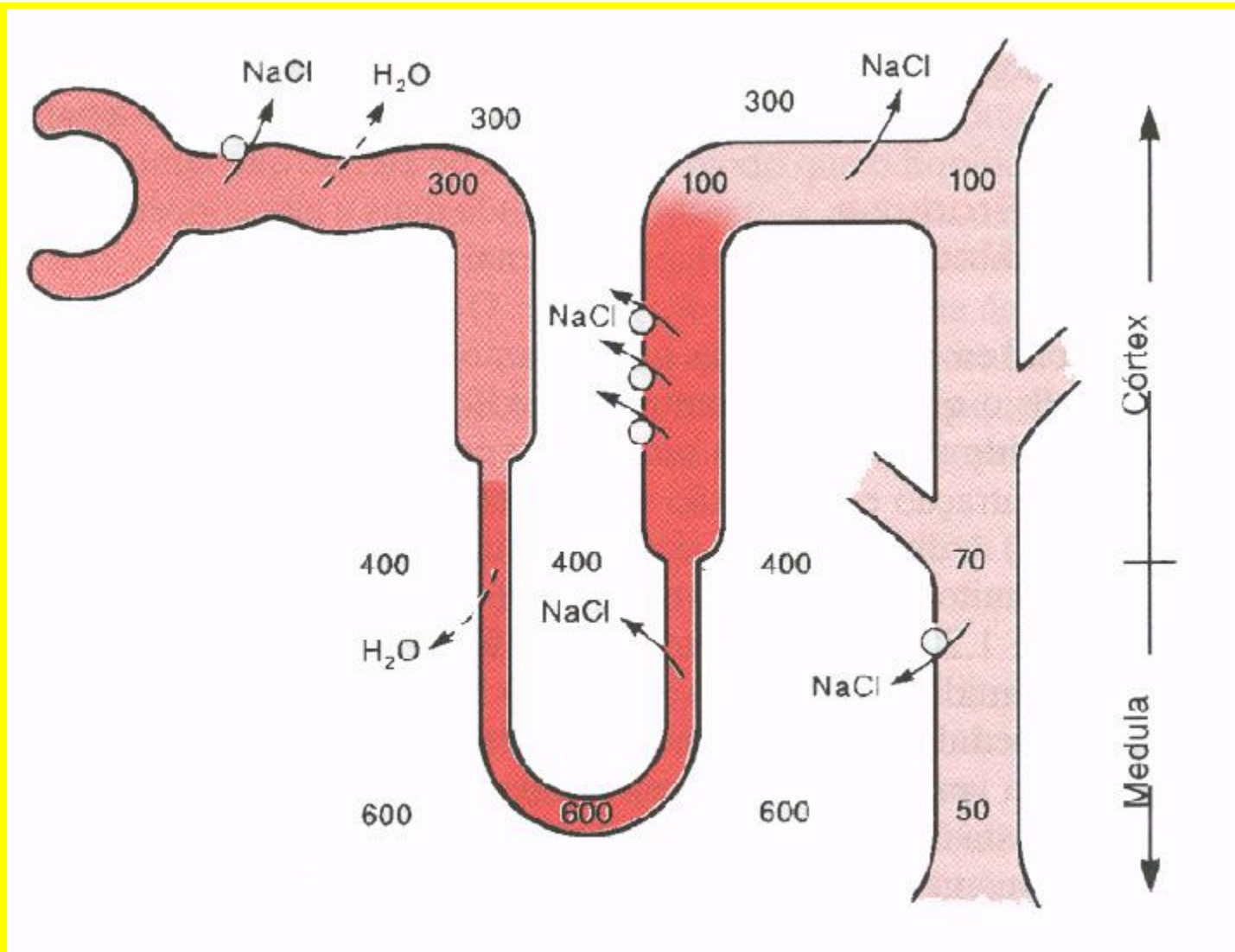
From the Department of Medicine, Indiana University Medical Center and the Veterans Administration Hospital, Indianapolis, Indiana 46202 and the Abraham Lincoln School of Medicine and Veterans Administration West Side Hospital, Chicago, Illinois 60680



**Hipotálamo - ADH é sintetizado**  
**Hipófise - ADH é liberado**

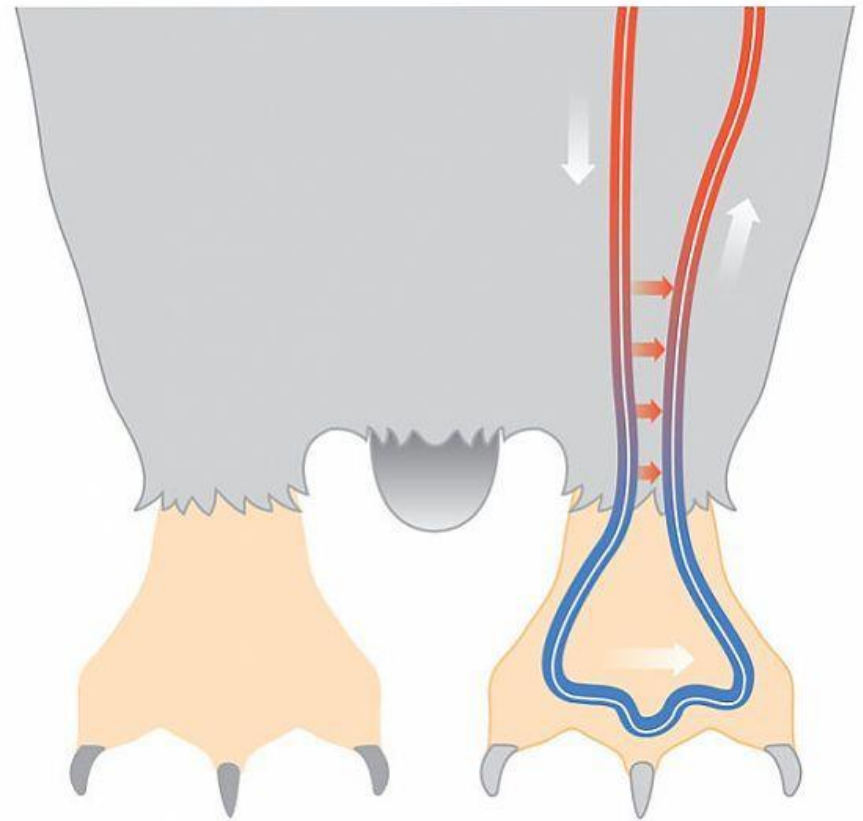
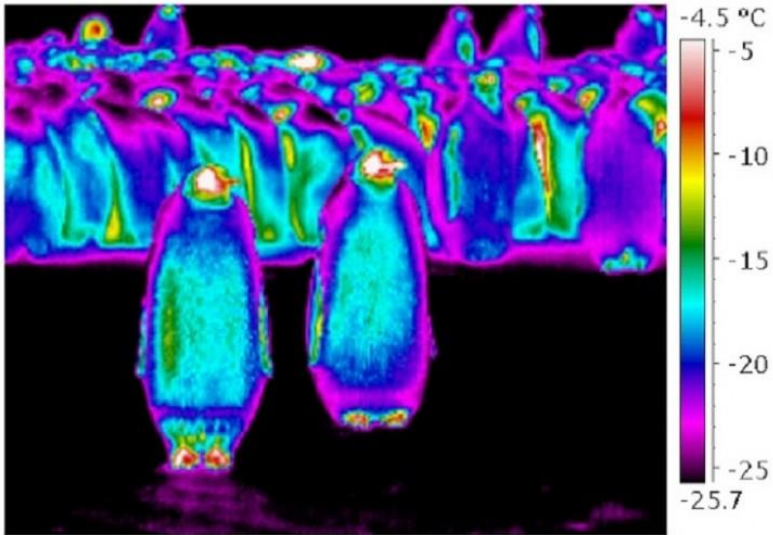


# Formação de urina diluída (sem ADH)

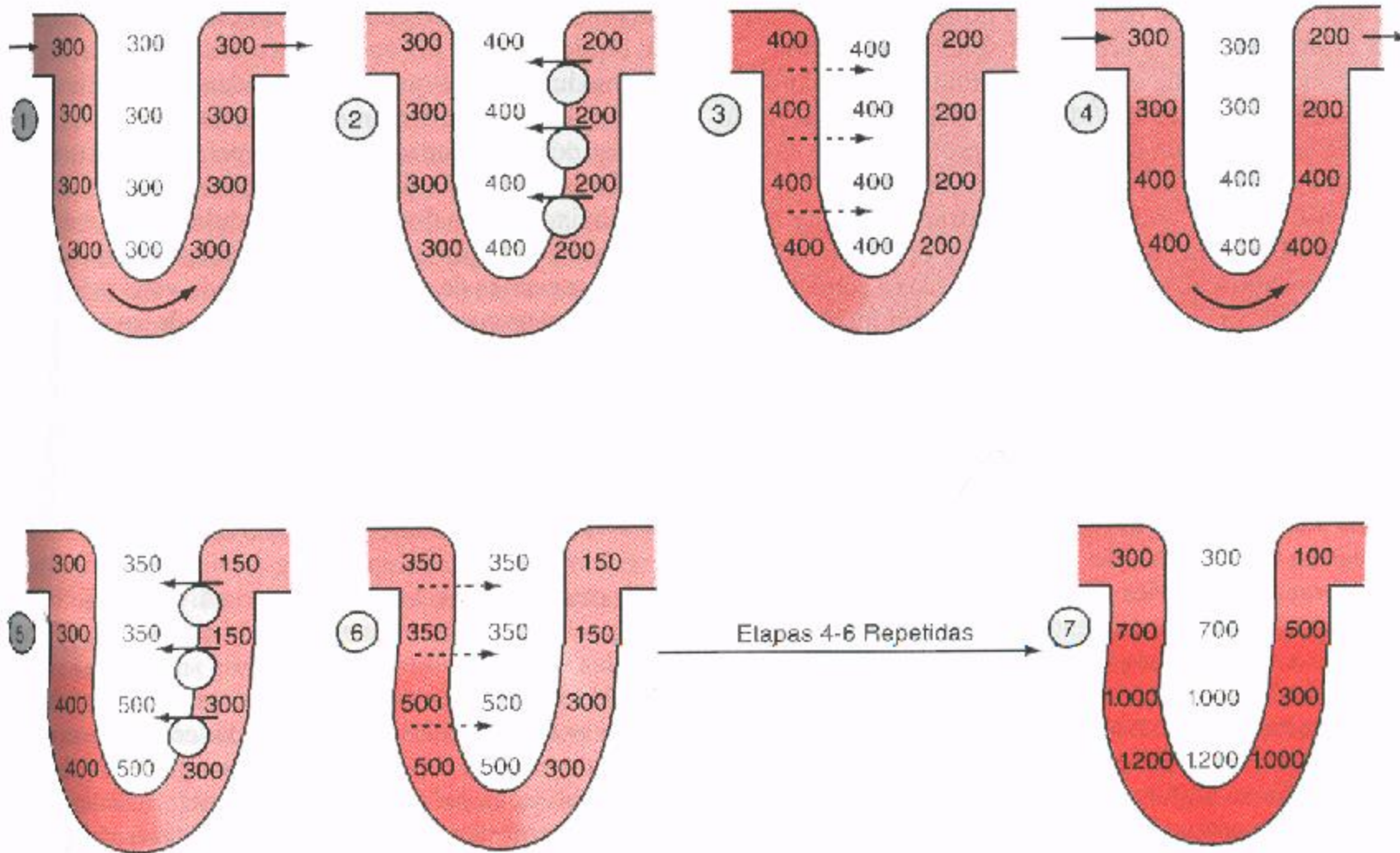




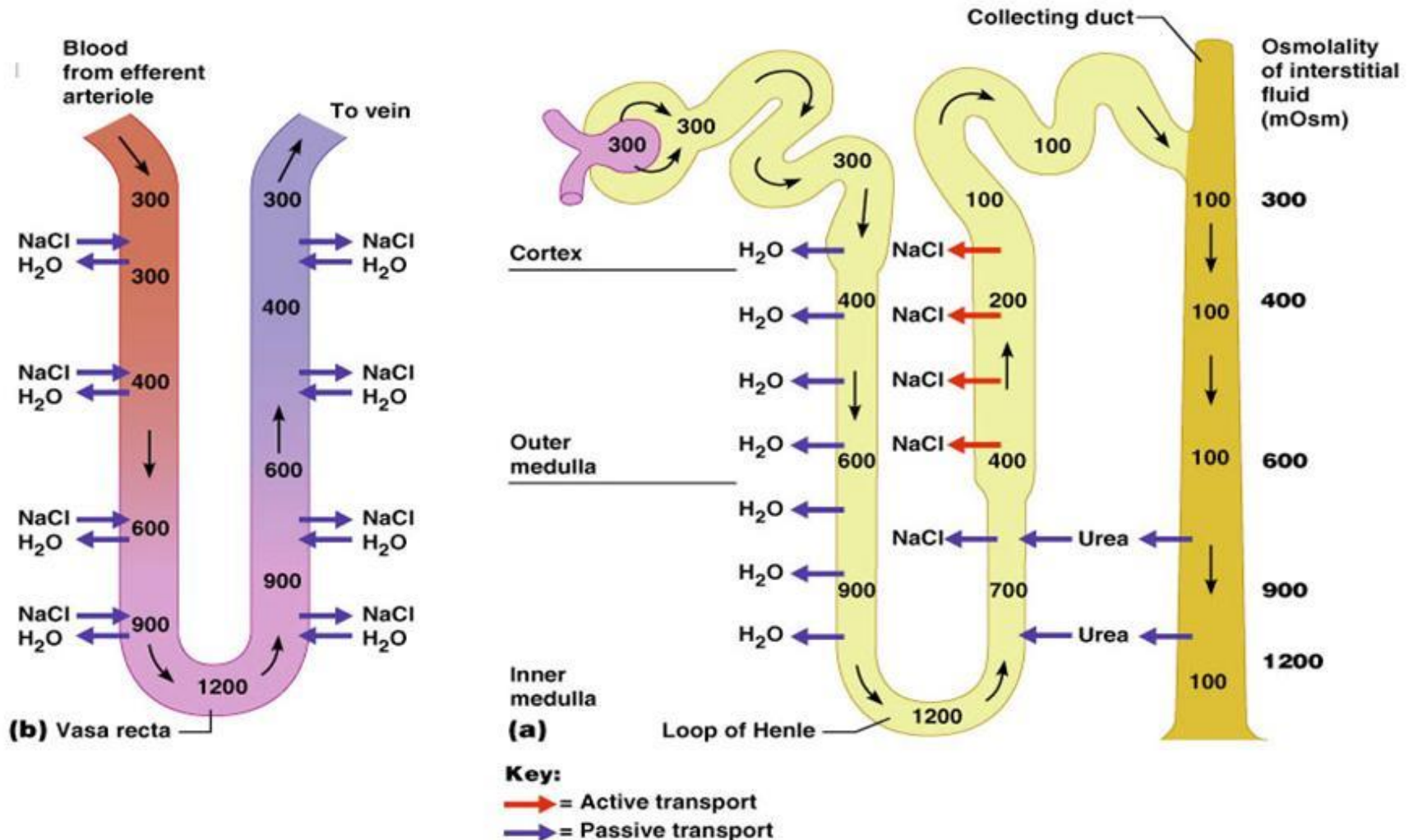
## Counter current mechanism: pinguim



## Sistema Multiplicador de Contracorrente na Alça de Henle



# Formação de urina diluída (sem ADH)





# Formação de urina concentrada (com ADH)

## Water Reabsorption

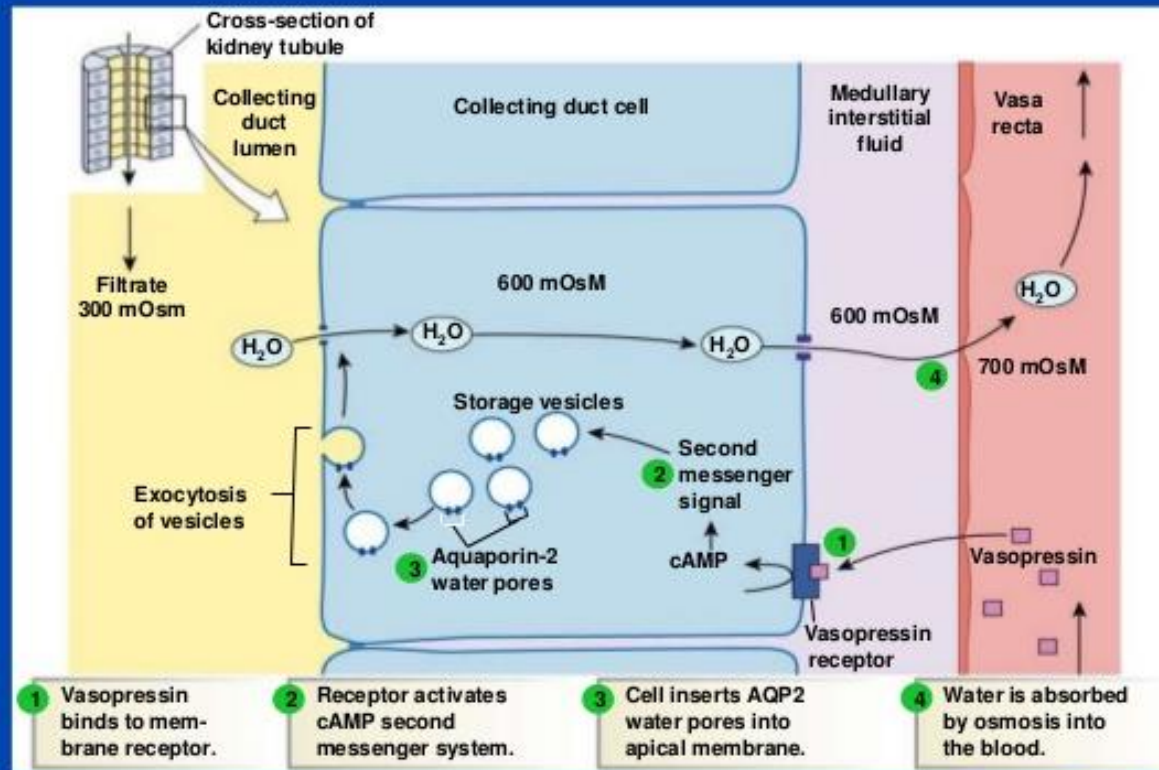
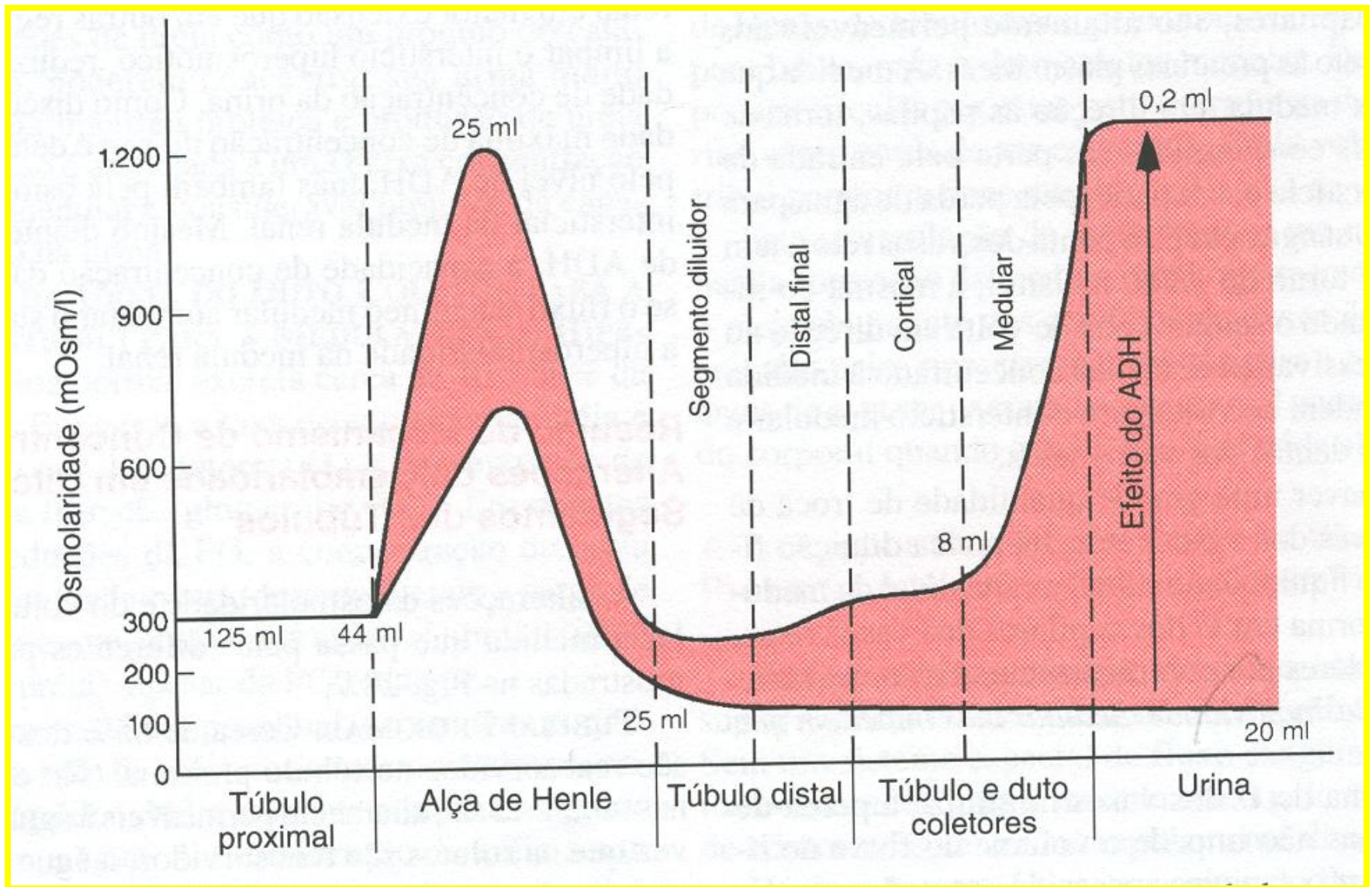
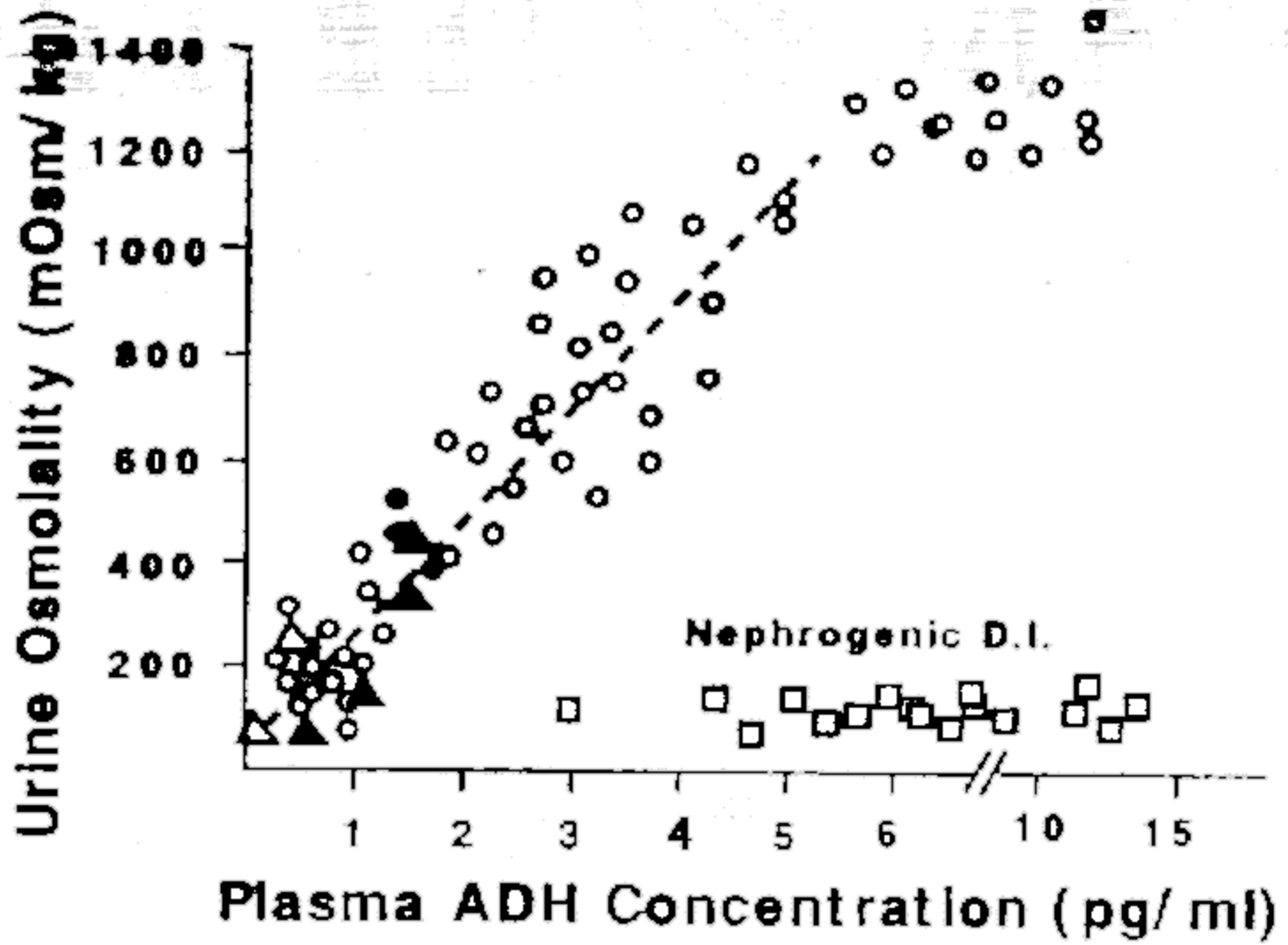
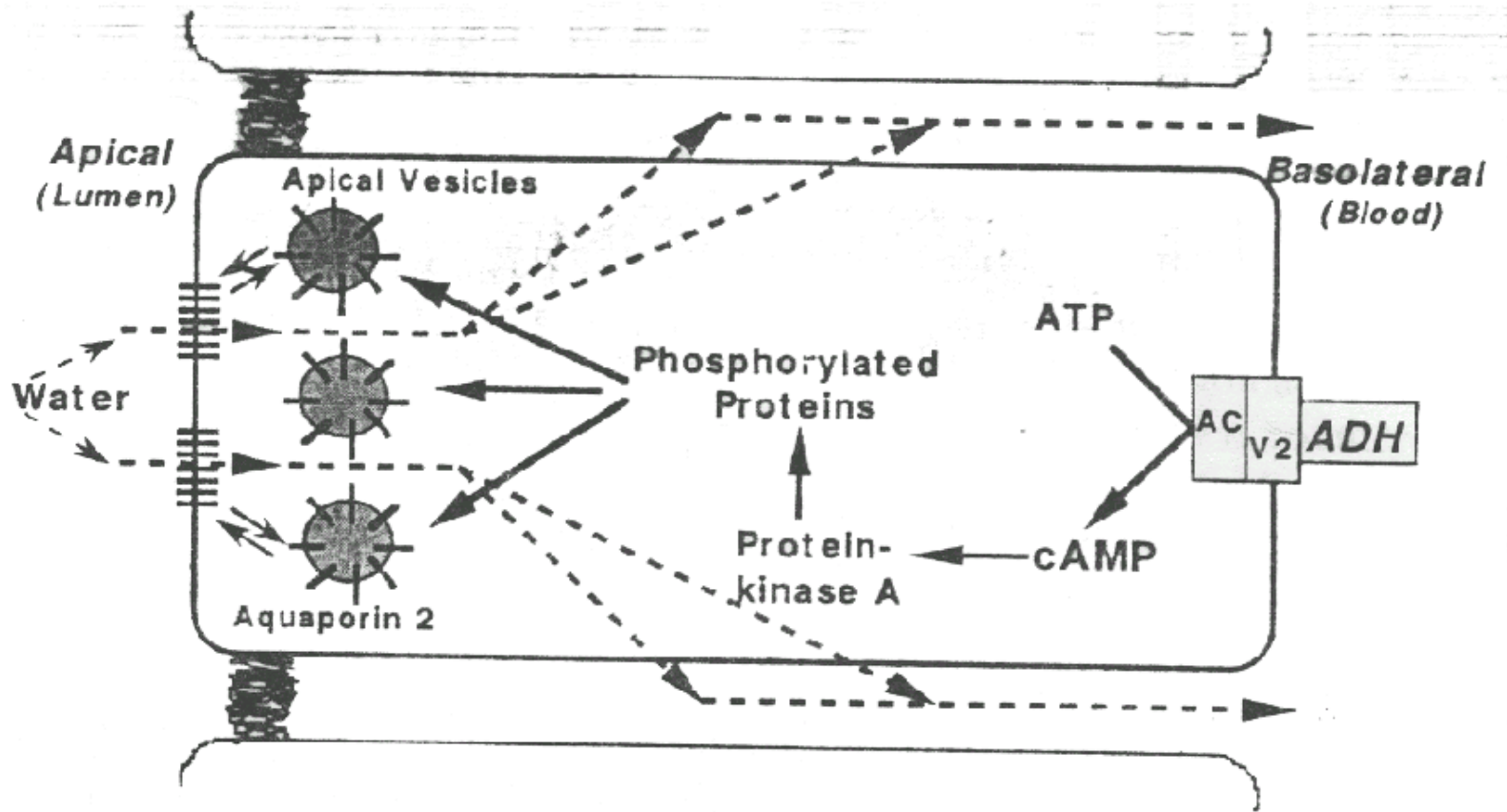


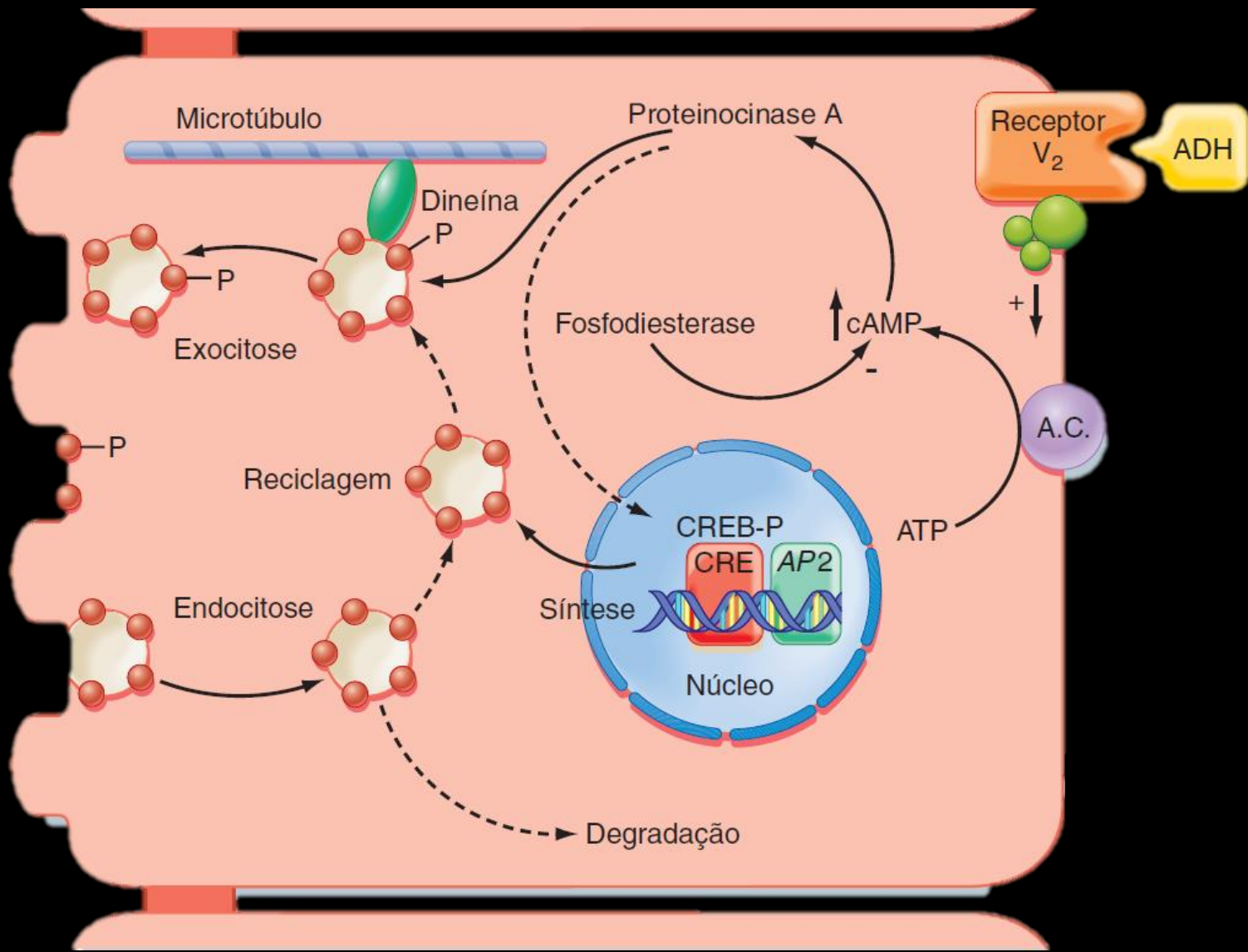
Figure 20-6, steps 1-4

# Alterações na Osmolaridade do Líquido Tubular









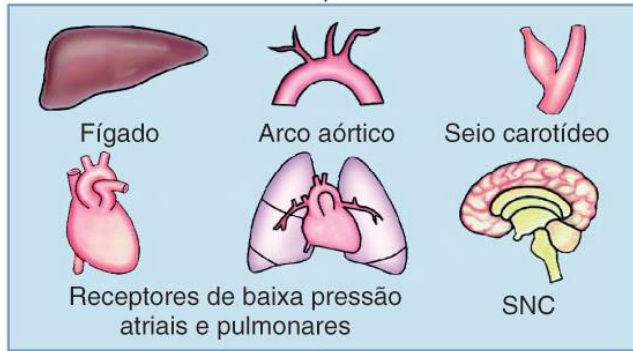
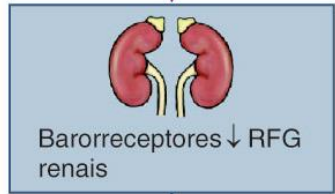


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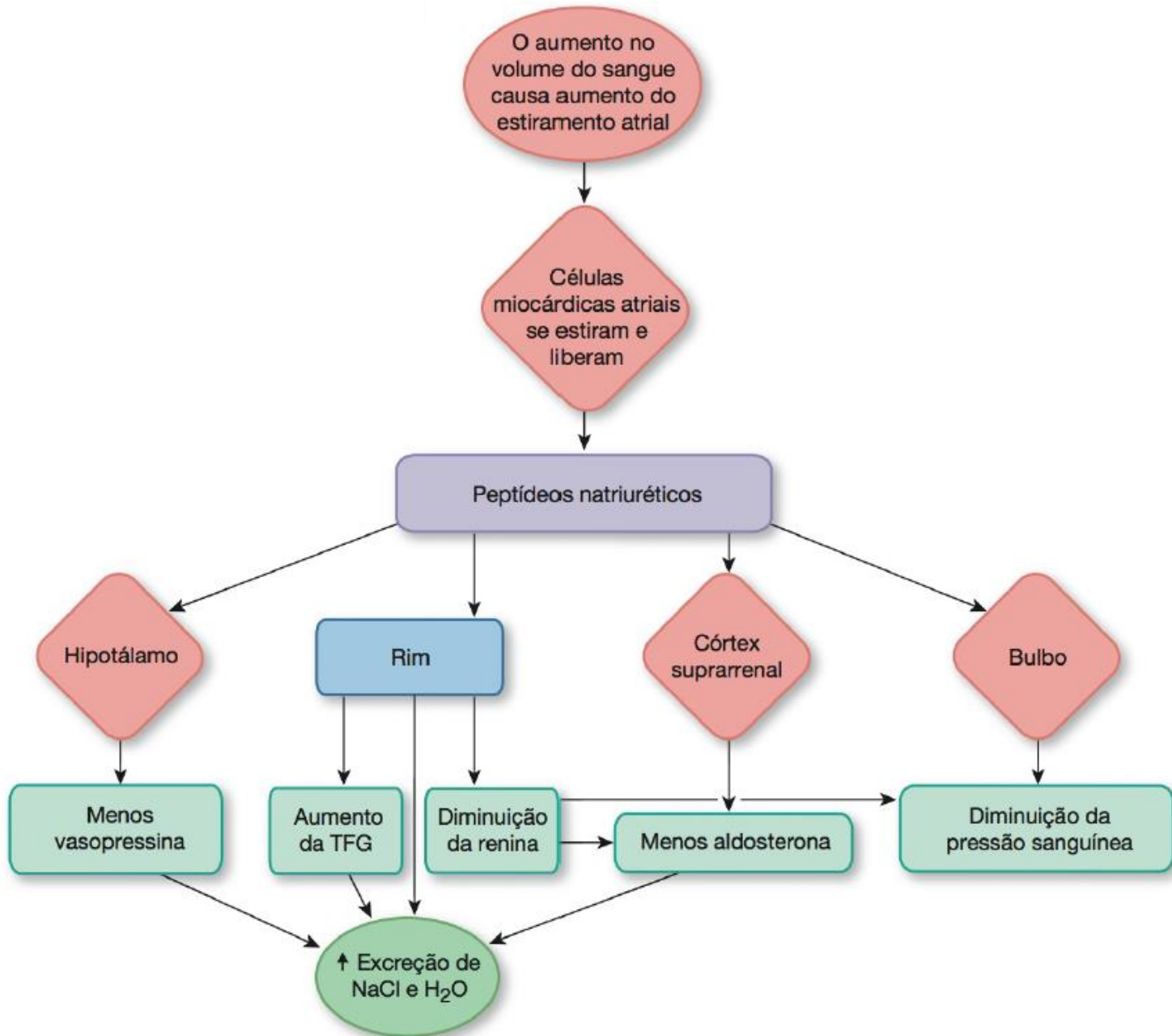
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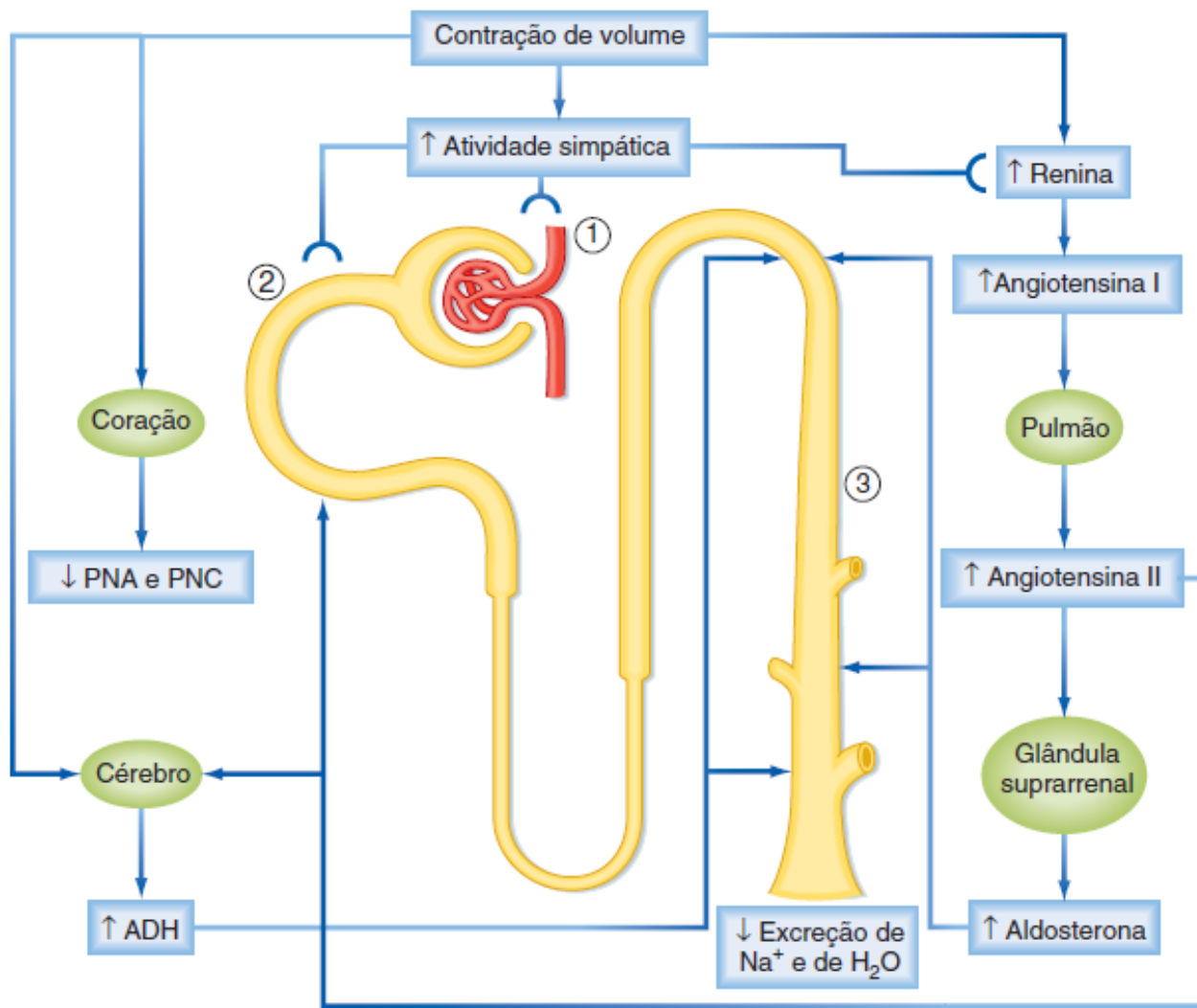
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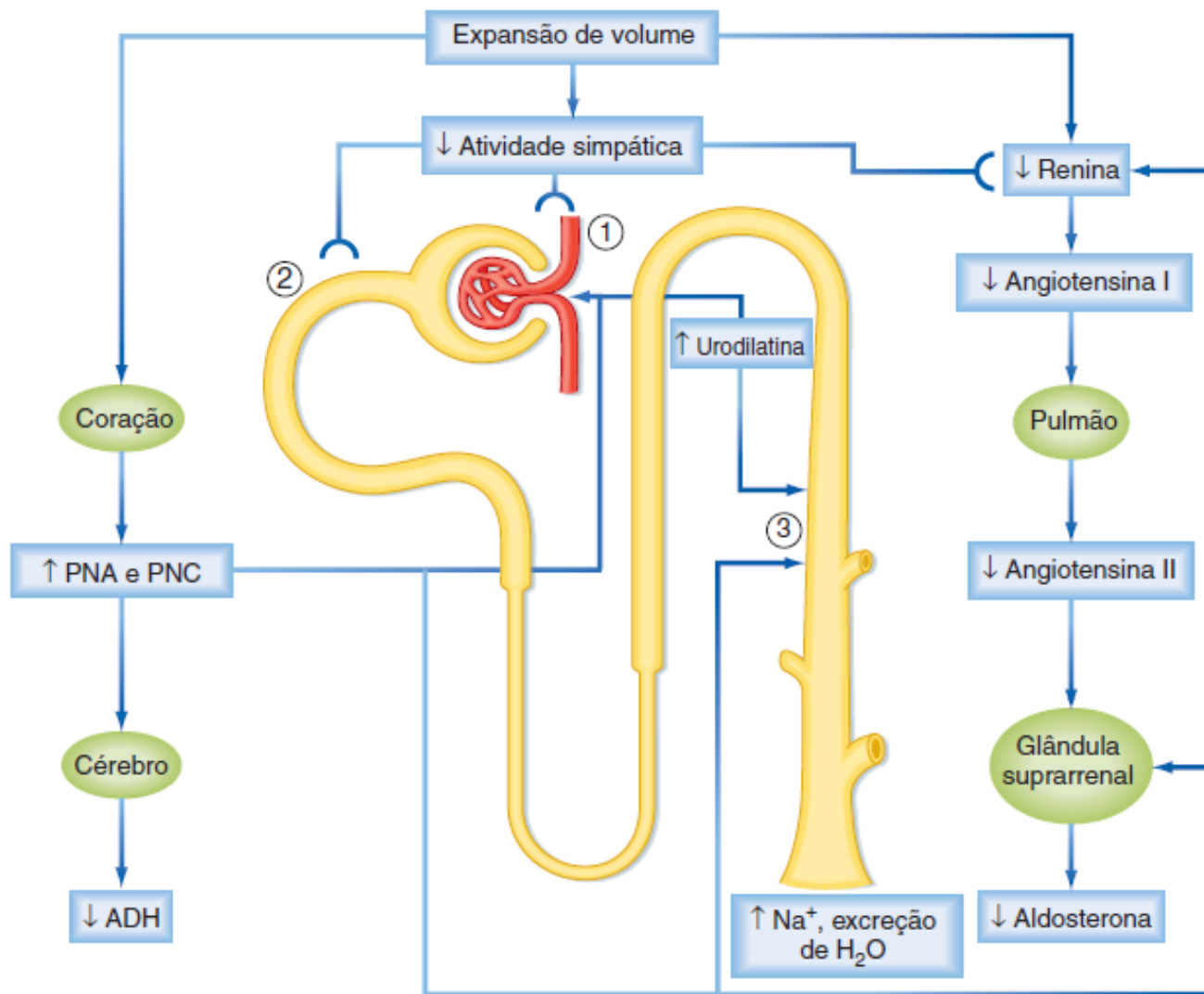
↓ Excreção  $\text{Na}^+$

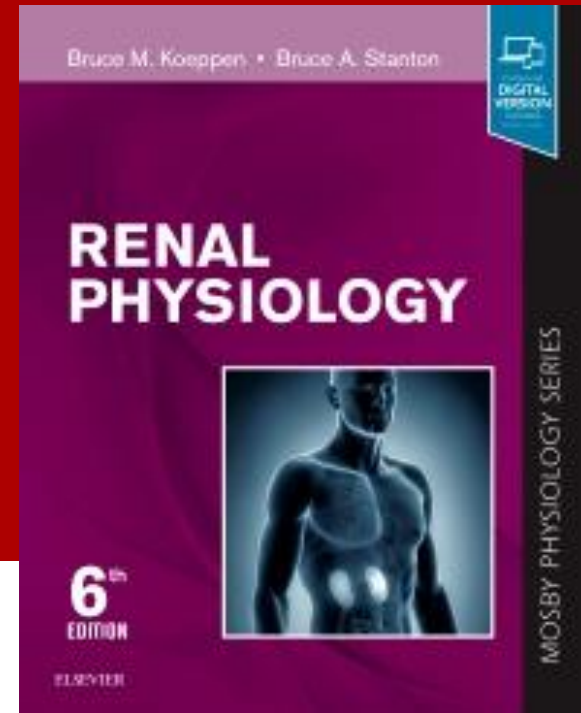
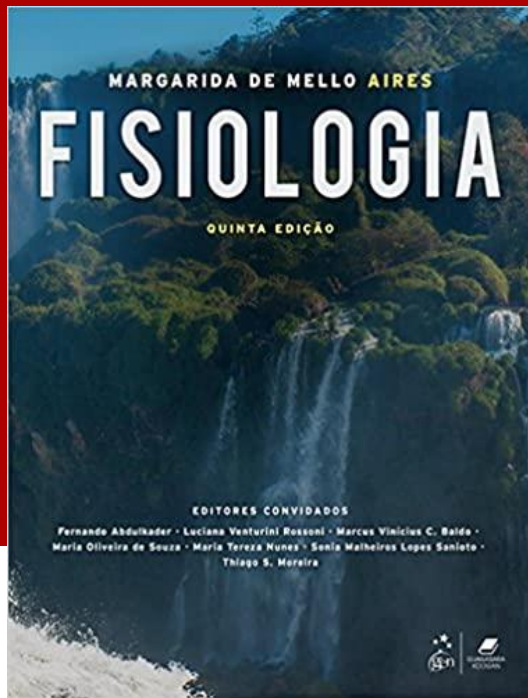
# Peptídeos natriuréticos











# BIBLIOGRAFIA

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**Obrigado**

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# Angiotensina

