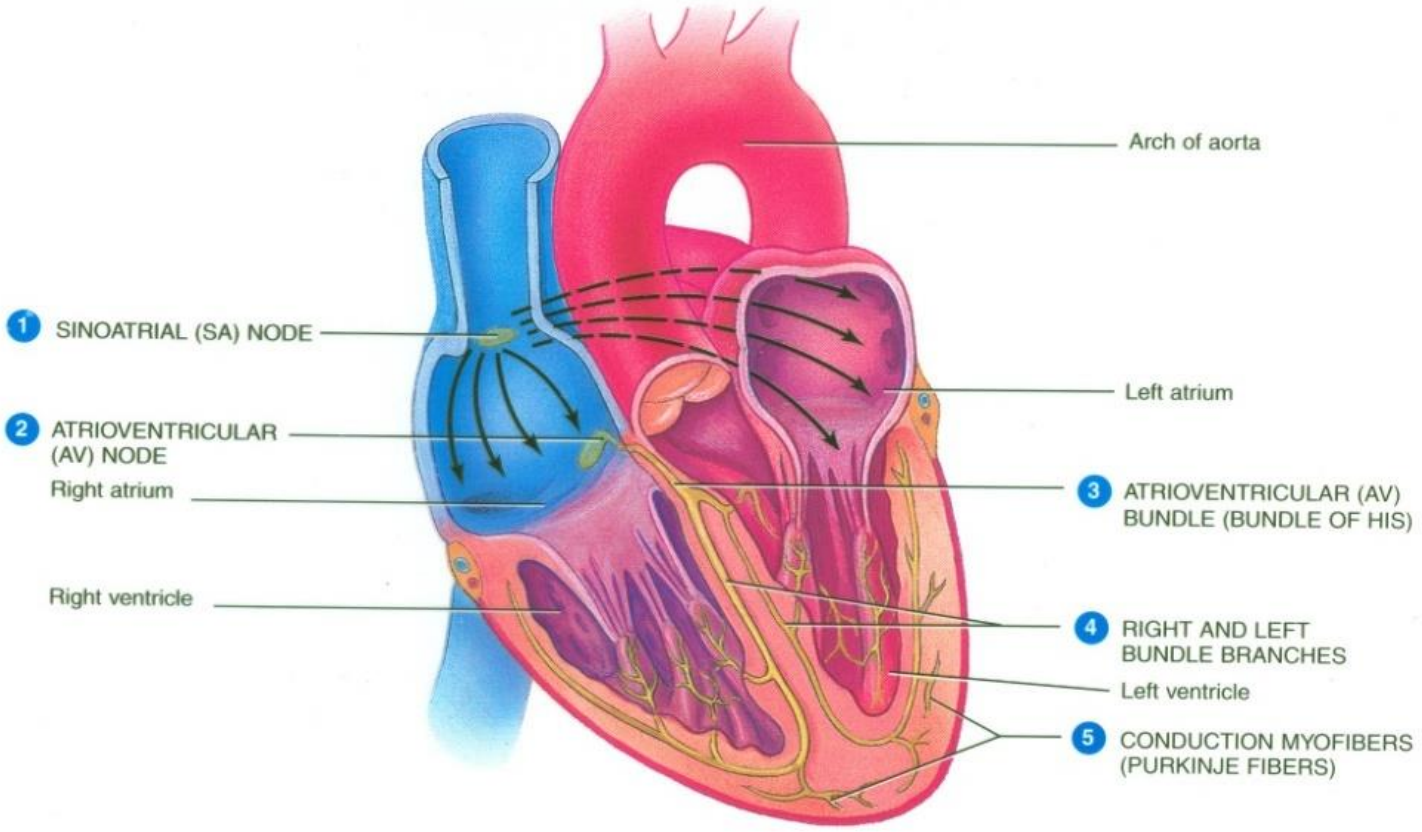
Conduction System of the Heart 4

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Yanal A. Shafagoj MD. PhD

Objectives

- List the parts that comprise the conduction system
- Explain the mechanism of slow response action potential (pacemaker potential)
- Point out the regulation of the conduction system potential by Autonomic Nerves
- Resource: Guyton's Textbook of Medical Physiology last edition.

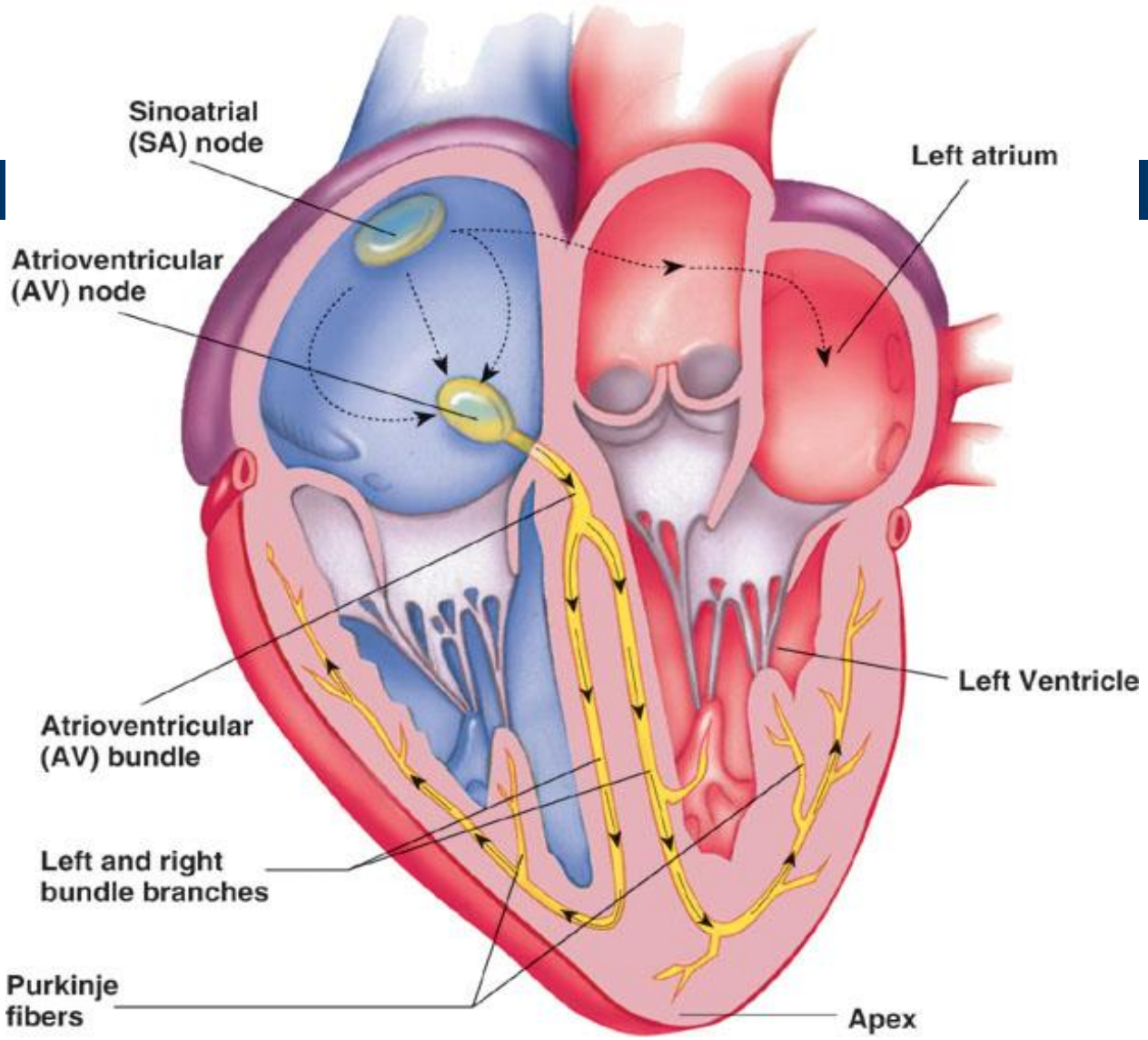
Structures of the conduction system



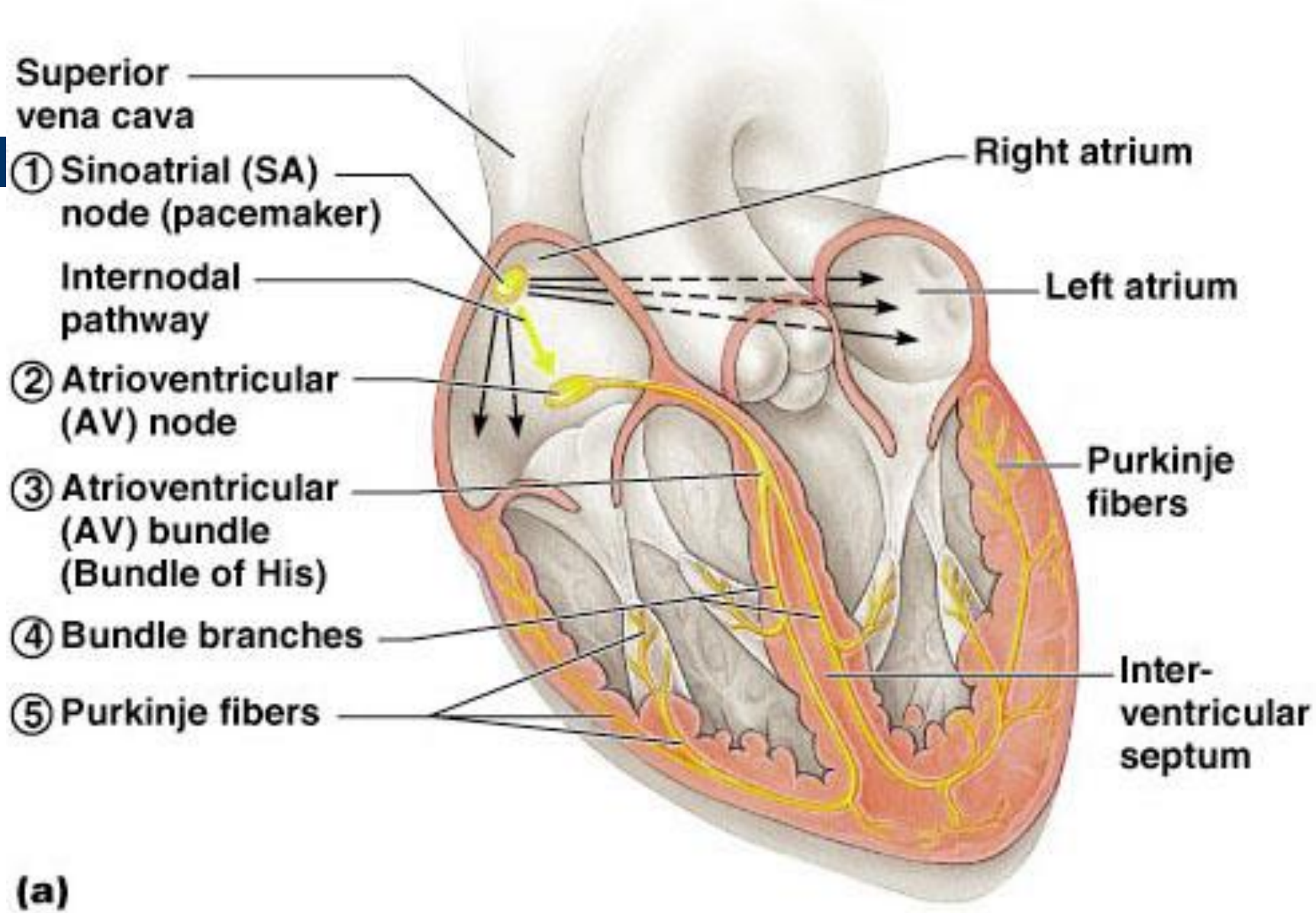
Anterior view of frontal section

Conducting System of Heart

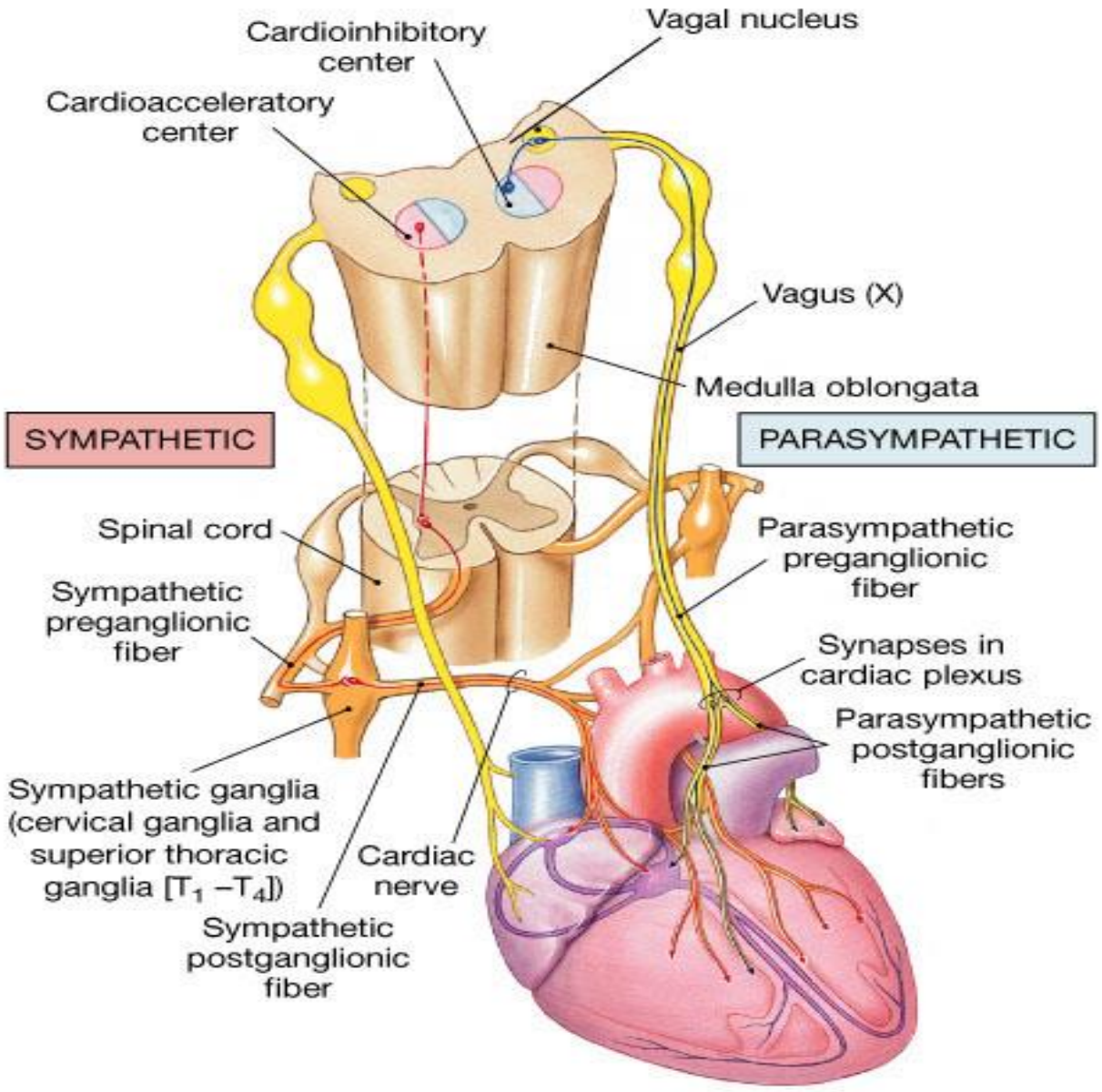
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Heart Physiology: Sequence of Excitation



Autonomic Innervation of the Heart



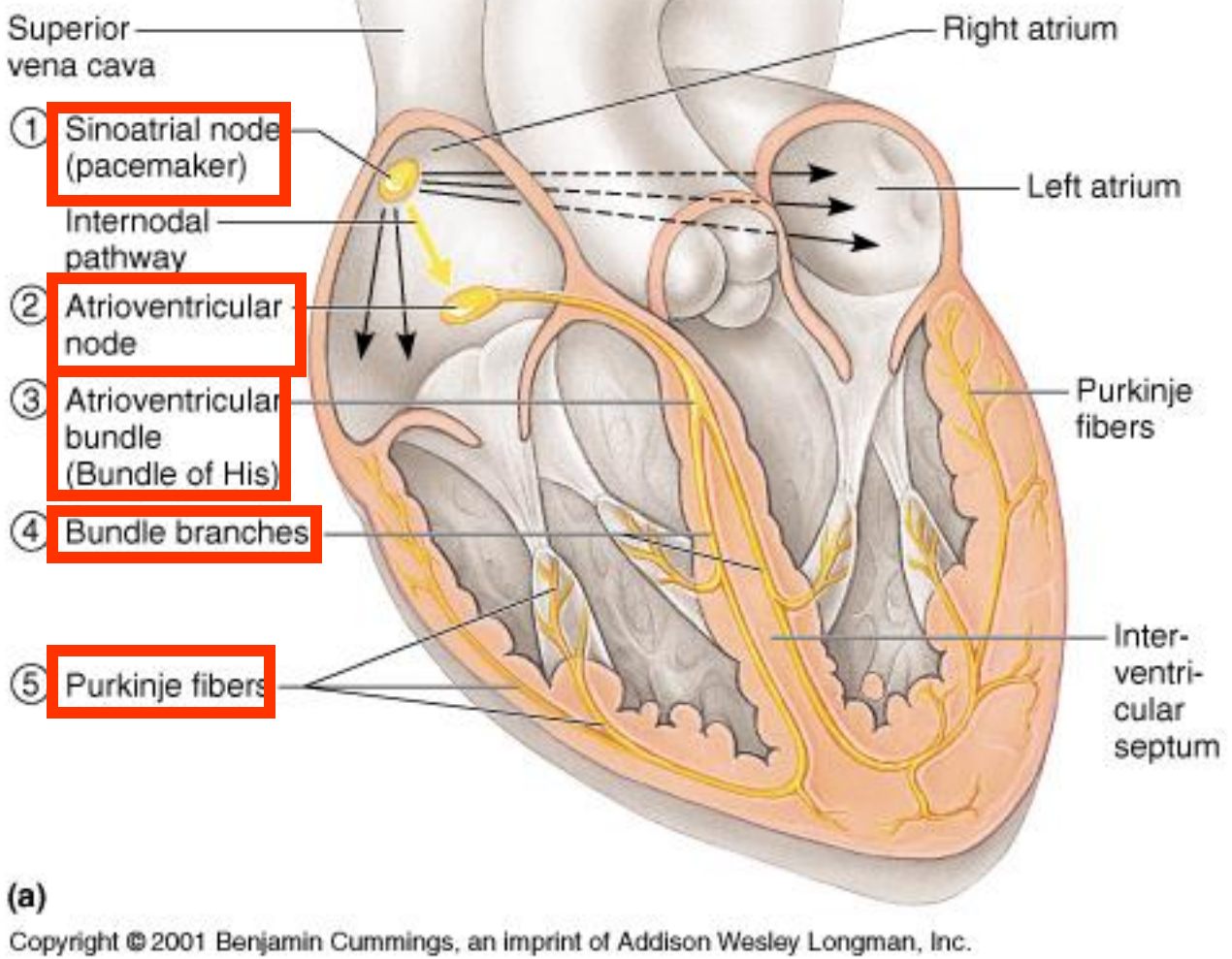
Intrinsic Cardiac Conduction System

Approximately 1% of cardiac muscle cells are autorhythmic rather than contractile

70-80/min

40-60/min

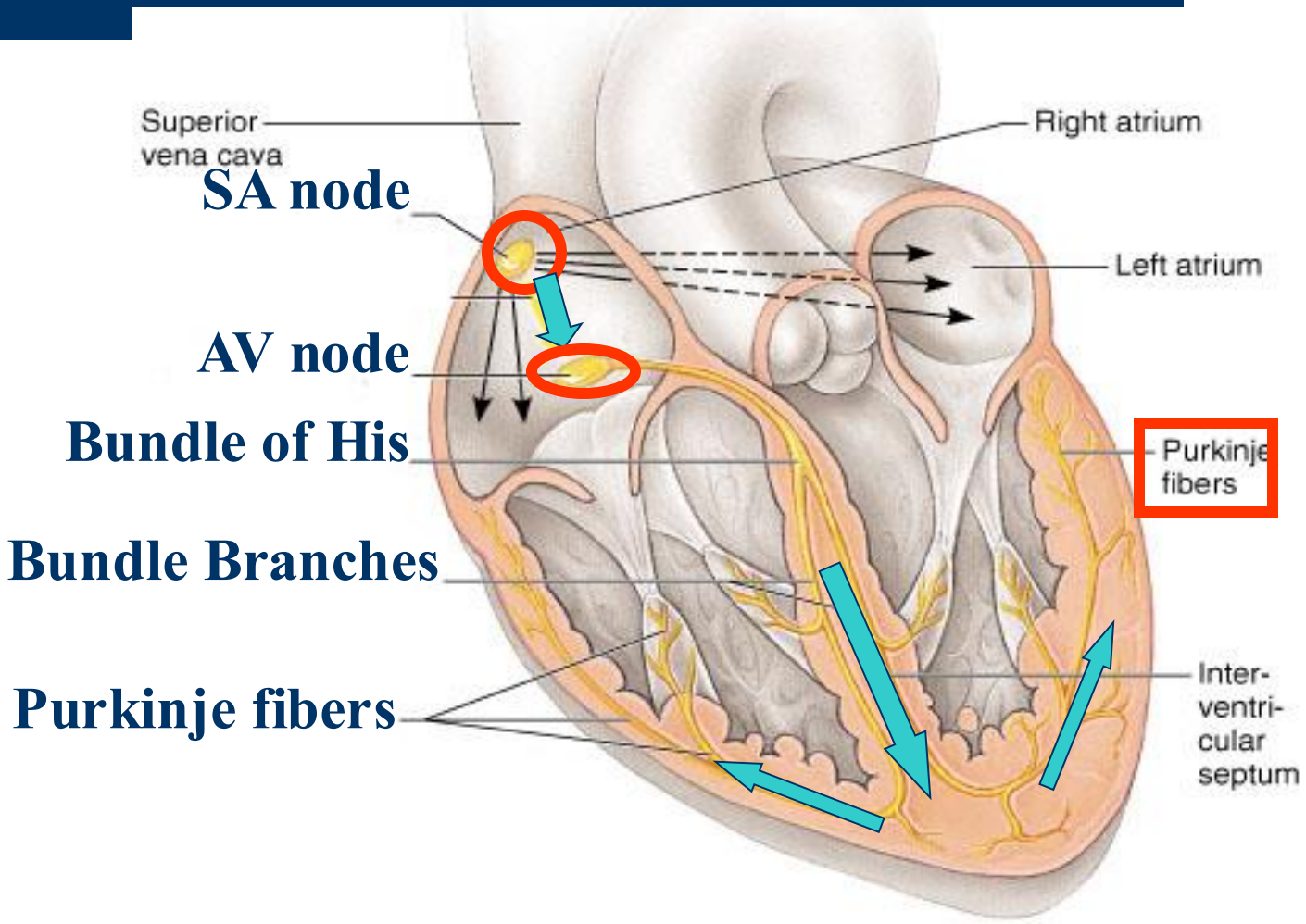
15-40/min

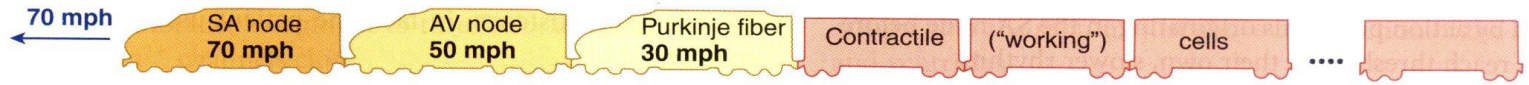


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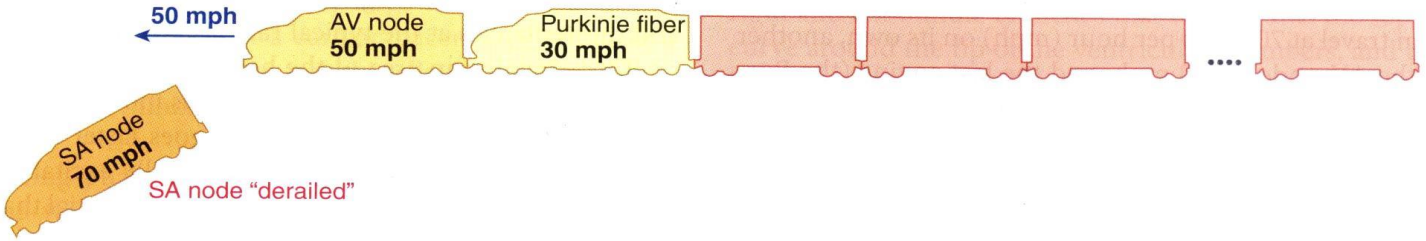
Intrinsic Conduction System

Function: initiate & distribute impulses so heart depolarizes & contracts in orderly manner from atria to ventricles.

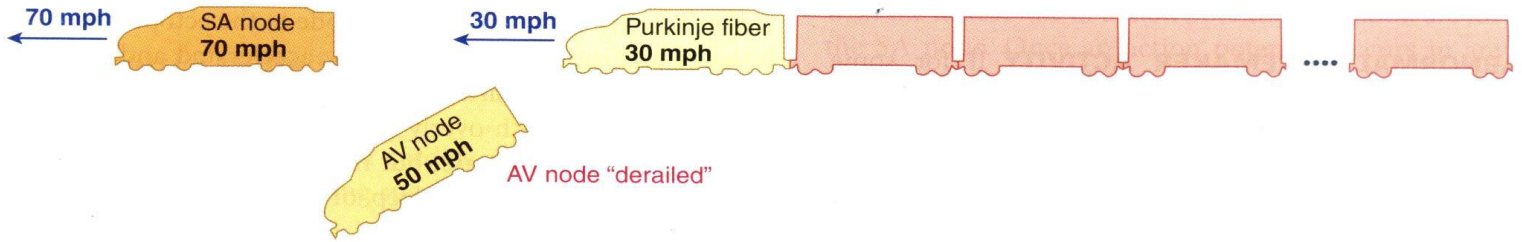




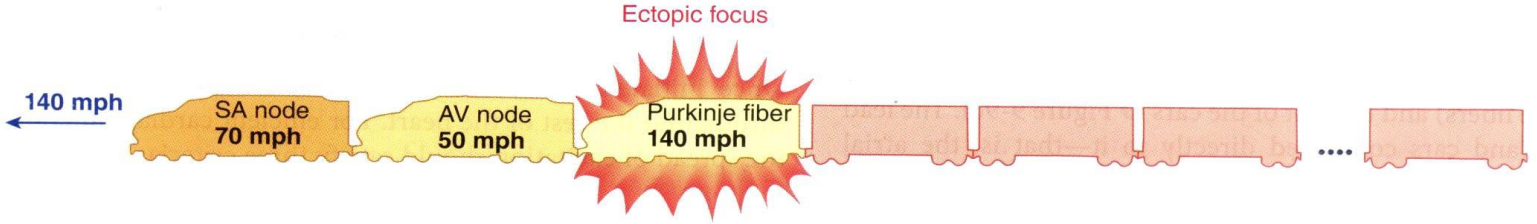
(a) Normal pacemaker activity: Whole train will go **70 mph** (heart rate set by SA node, the fastest autorhythmic tissue).



(b) Takeover of pacemaker activity by AV node when the SA node is nonfunctional: Train will go **50 mph** (the next fastest autorhythmic tissue, the AV node, will set the heart rate).



(c) Takeover of ventricular rate by the slower ventricular autorhythmic tissue in complete heart block: First part of train will go **70 mph**; last part will go **30 mph** (atria will be driven by SA node; ventricles will assume own, much slower rhythm).



(d) Takeover of pacemaker activity by an ectopic focus: Train will be driven by ectopic focus, which is now going faster than the SA node (the whole heart will be driven more rapidly by an abnormal pacemaker).

Components of the Conduction System of the Heart

- Conduction system parts are modified cardiac muscle cells consist of:
  - SA (sinoatrial) node (***Pacemaker***)
  - AV (atrioventricular) node
  - A-V (atrioventricular) bundle
  - Bundle branches (right and left bundle branches)
  - Purkinje fibers

Sinus Node

- Specialized cardiac muscle connected to atrial muscle.
- Acts as pacemaker because membrane leaks Na^{+} and membrane potential is -55 to -60mV
- When membrane potential reaches -40 mV, slow Ca^{++} channels open causing action potential.
- After 100-150 msec Ca^{++} channels close and K^{+}channels open more thus returning membrane potential to -55mV.

Internodal Pathways ??

- Transmits cardiac impulse throughout atria
- Anterior, middle, and posterior internodal pathways
- Anterior interatrial band carries impulses to left atrium.

A-V Node

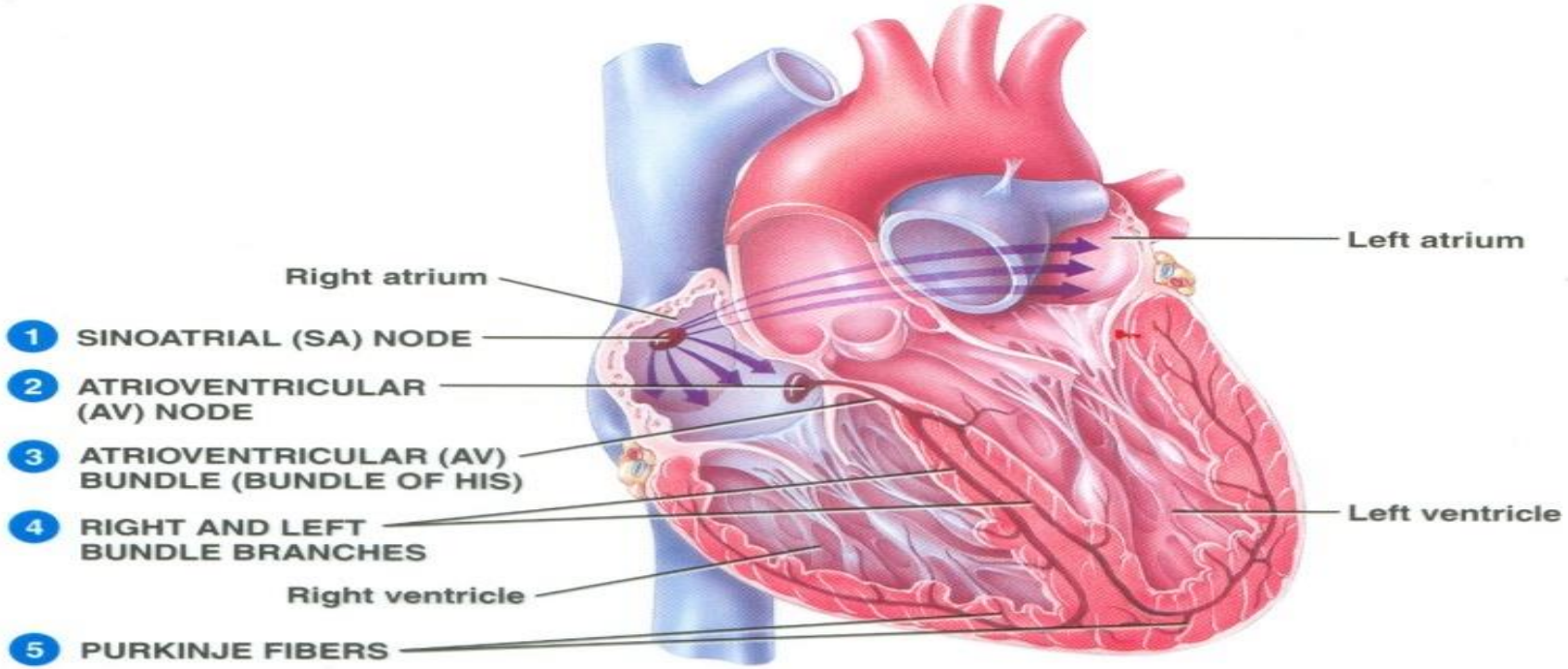
- Delays cardiac impulse
- Most delay is in A-V node
- Delay AV node---0.09 sec.
- Delay AV bundle--0.04 sec.

Purkinje System

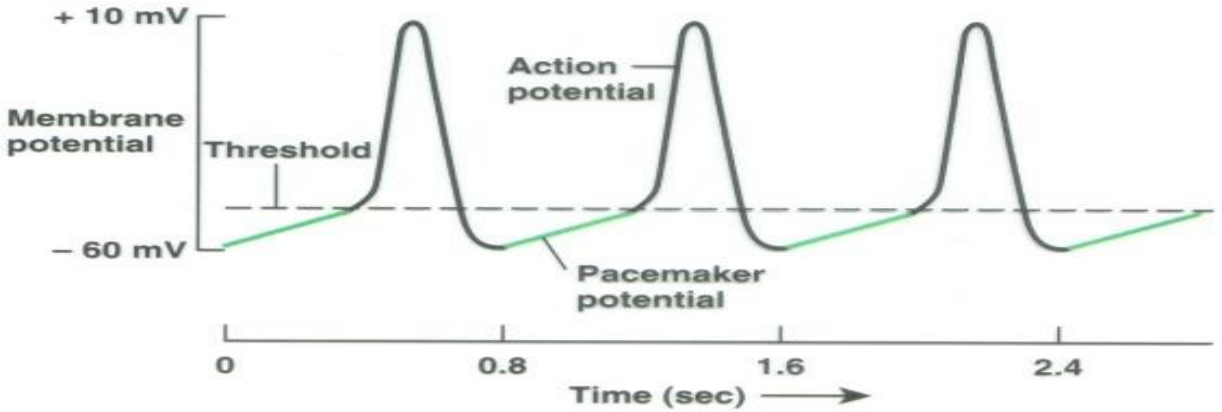
- Fibers lead from A-V node through A-V bundle into Ventricles
- Fast conduction; many gap junctions at intercalated disks

A-V Bundles

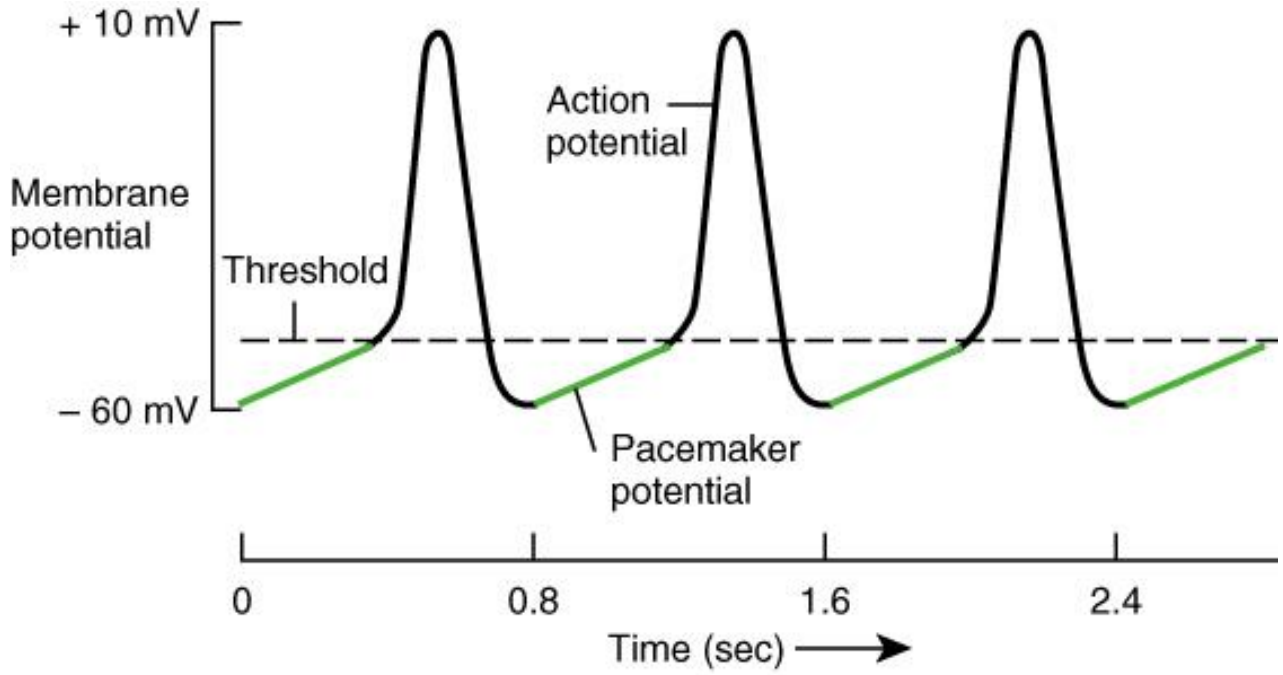
- Normally one-way conduction through the bundles
- Only conducting path between atria and ventricles is A-V node - A-V bundle
- Divides into left and right bundles
- Transmission time between A-V bundles and last of ventricular fibers is 0.06 second (QRS time)



(a) Anterior view of frontal section



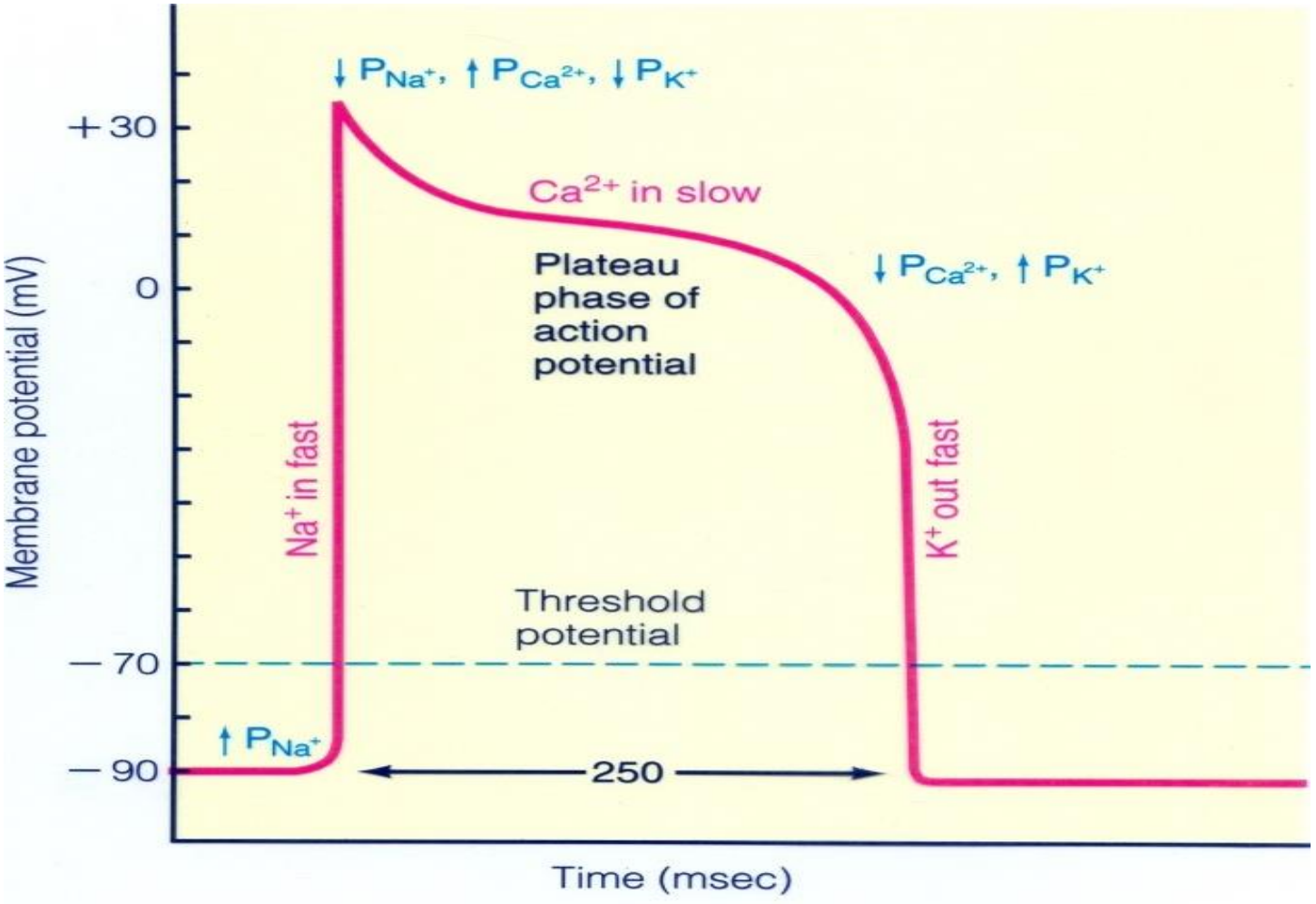
(b) Pacemaker potentials and action potentials in autorhythmic fibers of SA node



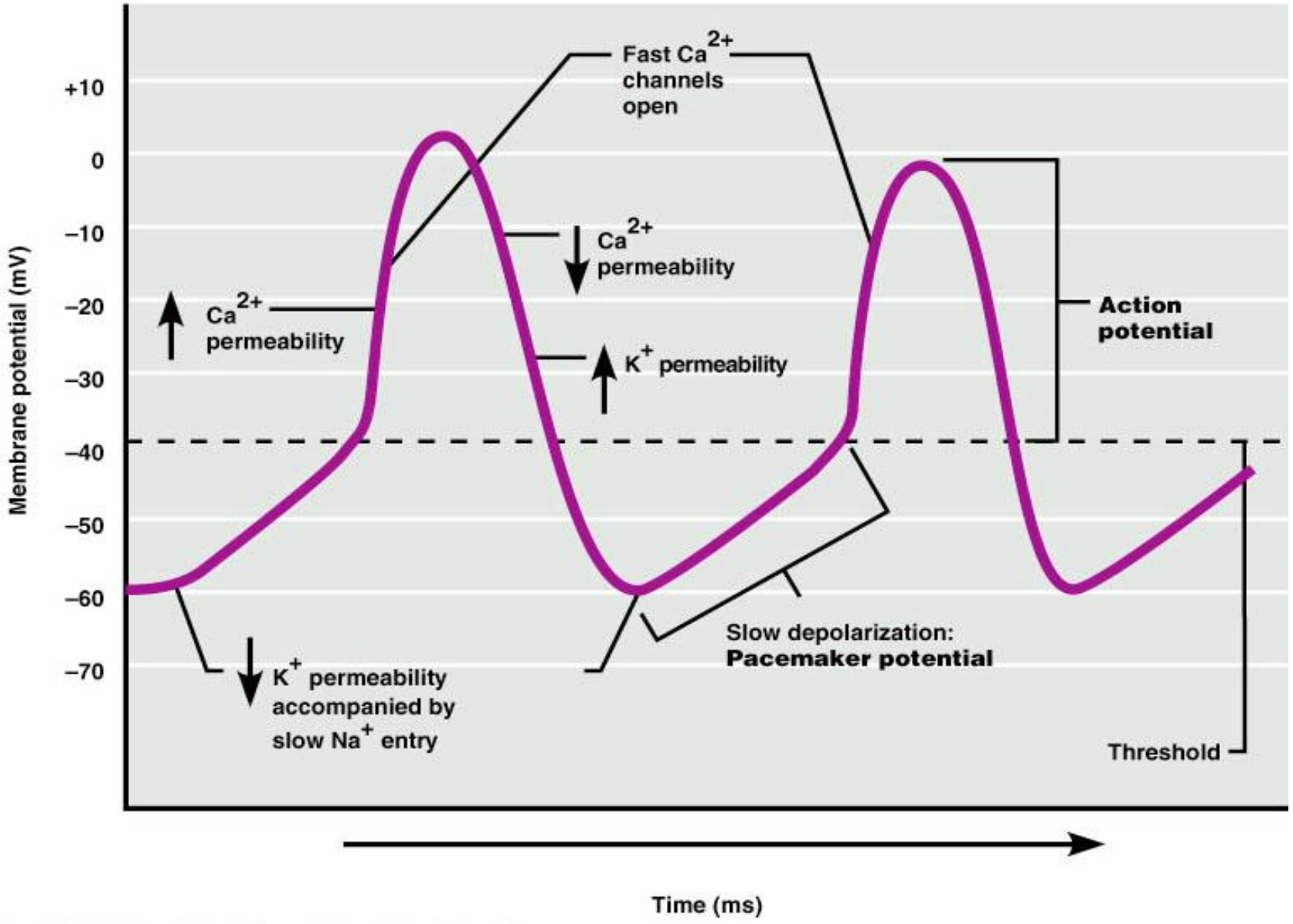
(b) Pacemaker potentials and action potentials in autorhythmic fibers of SA node

20.10b

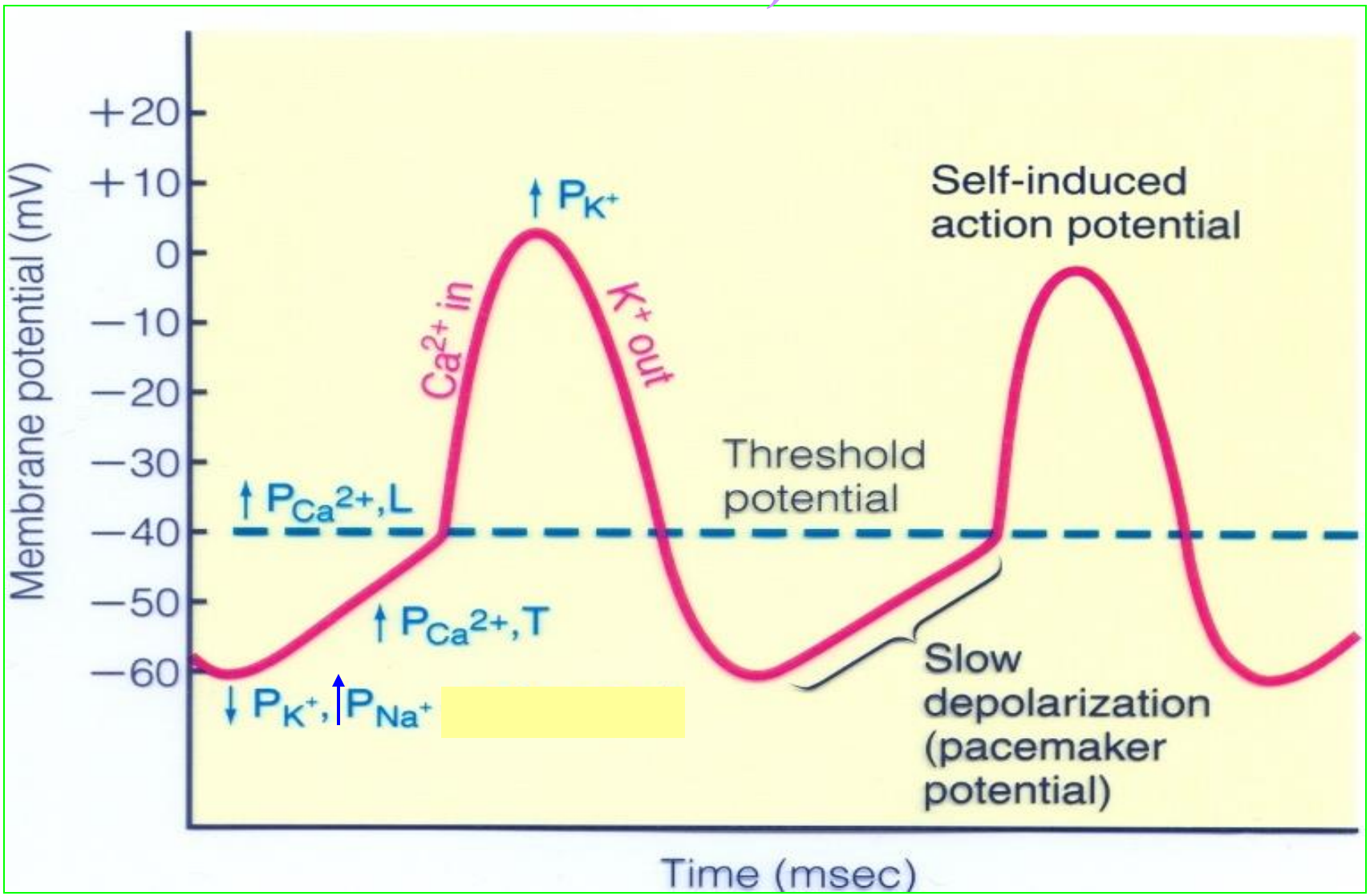
Fast Response Action Potential of Contractile Cardiac Muscle Cell



Pacemaker and Action Potentials of the Heart



Slow Response Action Potential (Pacemaker Potential)



Intrinsic rate and speed of conduction of the components of the system

- SA node 60-80 action potential /min (***Pacemaker***)
- AV node 40-60 action potential /min
- Purkinje 15-40 action potential /min

Conduction Speed

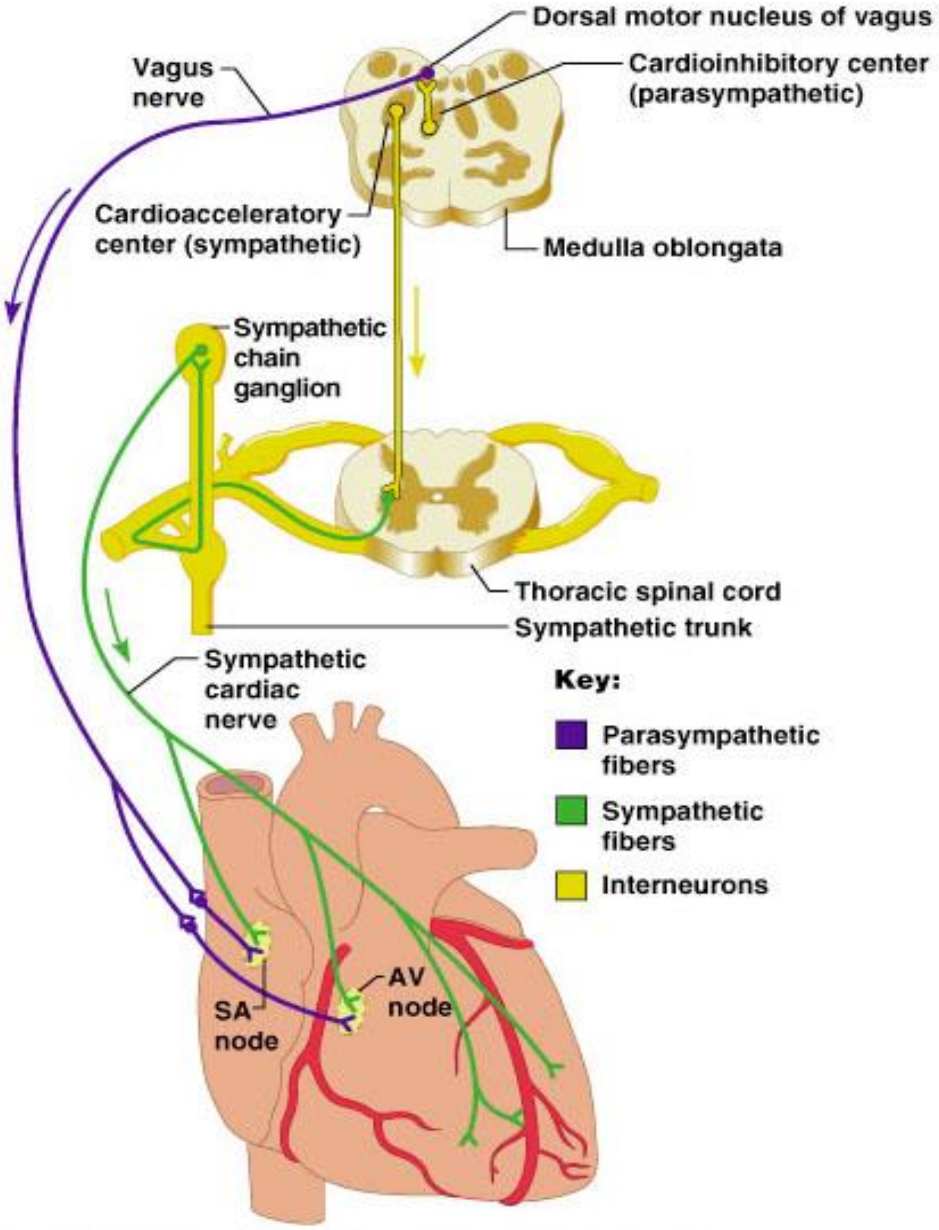
- SA node: slow speed of conduction
- Ventricular and Atrial muscle: Moderate speed
- AV node: slowest speed of conduction
- Purkinje fibers: Fastest speed of conduction
- ***Ectopic Pacemaker- Abnormal site of pacemaker***

Extrinsic Innervation of the Heart

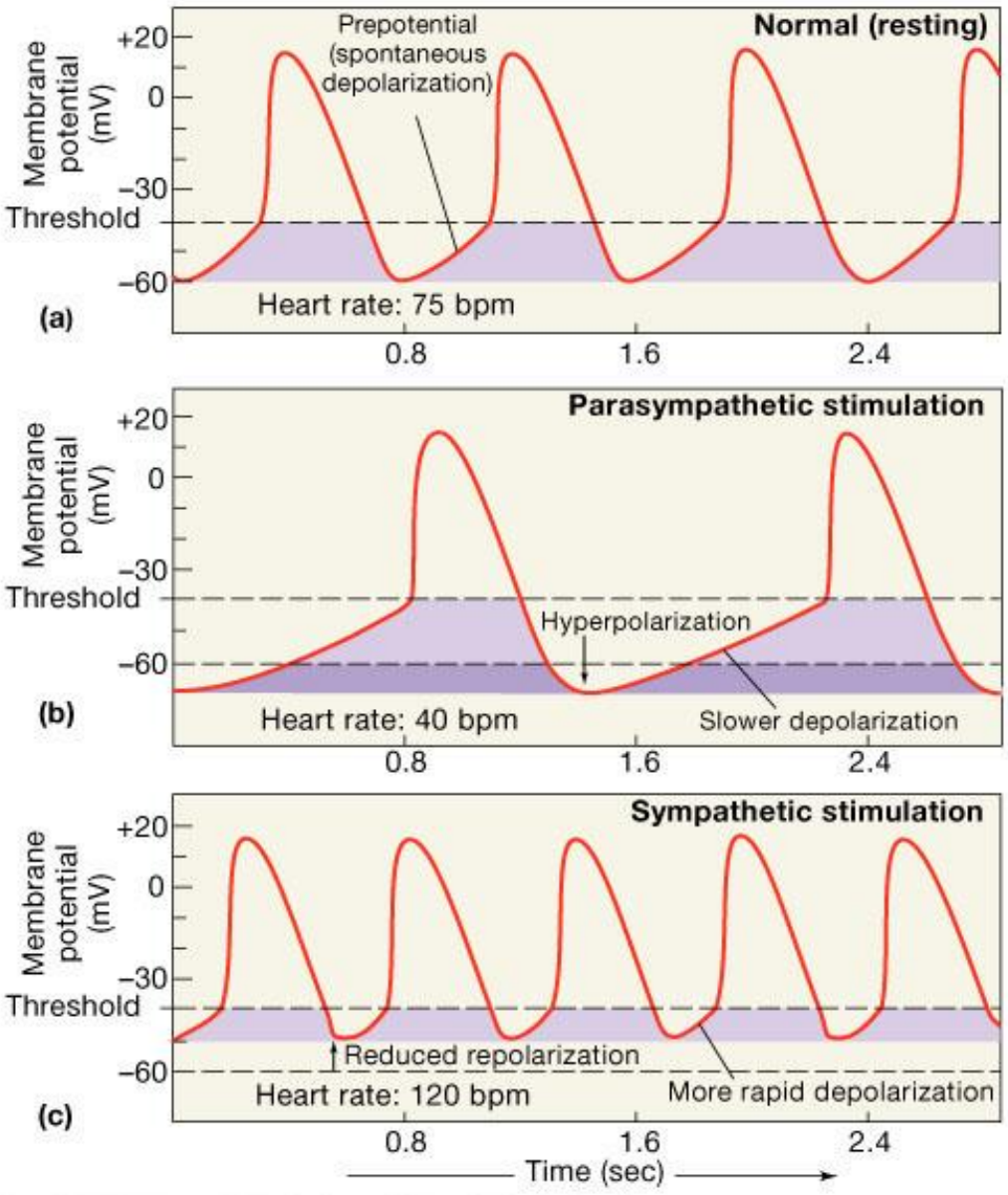
- **Vital centers of medulla**

  1. Cardiac Center
     - *Cardioaccelerator center*
       - Activates sympathetic neurons that increase HR
     - *Cardioinhibitory center*
       - Activates parasympathetic neurons that decrease HR

- Cardiac center receives input from higher centers (hypothalamus), monitoring blood pressure



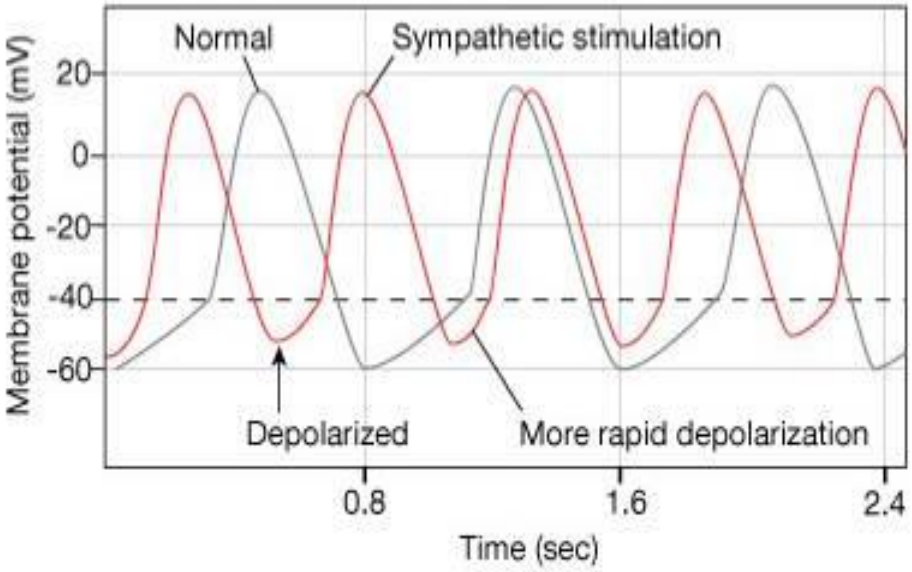
Pacemaker Function

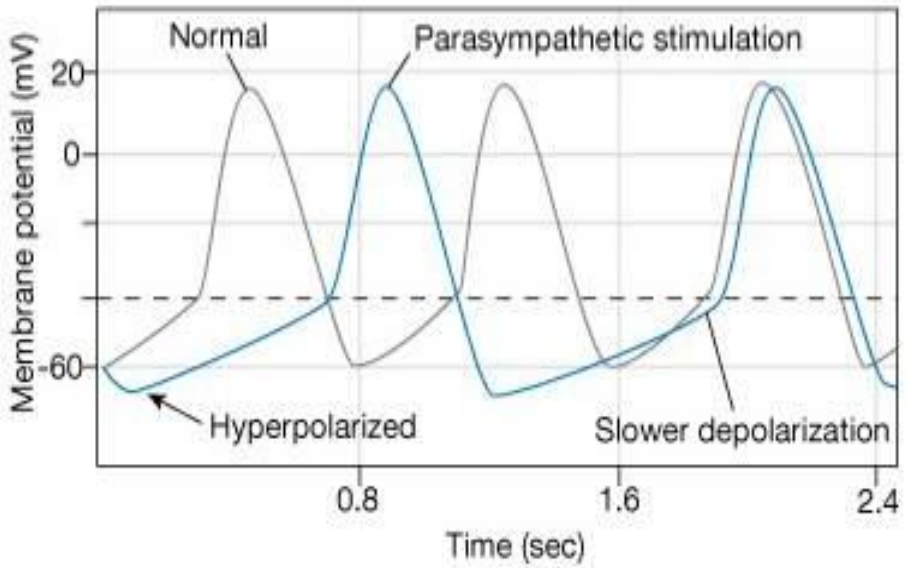


Autonomic neurotransmitters affect ion flow to change rate

- **Sympathetic** – increases heart rate by ↑ Ca^{+2} & I_f channel (net Na^+) flow
- **Parasympathetic** – decreases rate by ↑ K^+ efflux & ↓ Ca^{+2} influx

What part of the graph is <u>not</u> changed by autonomic influences?





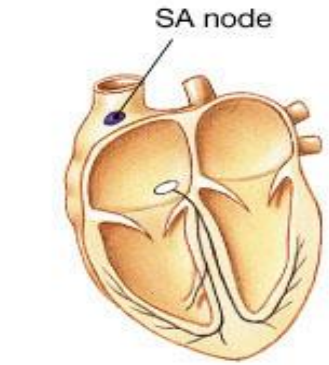
Effect of autonomic nerve activity on the heart

Region affected	Sympathetic Nerve	Parasympathetic Nerve
SA node	Increased rate of diastole depolarization ; increased cardiac rate	Decreased rate of diastole depolarization ; Decreased cardiac rate
AV node	Increase conduction rate	Decreased conduction rate
Atrial muscle	Increase strength of contraction	Decreased strength of contraction
Ventricular muscle	Increased strength of contraction	No significant effect

Regulation of the heart beat

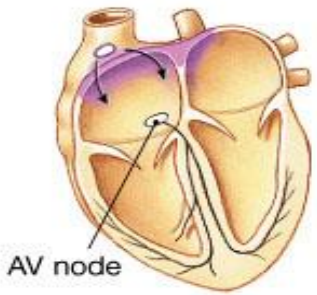
- Sympathetic from the cardiac plexus supplies all parts of the heart (atria, ventricle and all parts of the conduction system)
- Parasympathetic from Vagus nerves supply mainly the atria, SA and AV nodes, very little supply to ventricles
- Sympathetic: increase the permeability of the cardiac cells to Na^{+} and Ca^{++} i.e Positive Chronotropic and positive Inotropic action
- Parasympathetic: Increase the permeability of the cardiac cells to K^{+} and decrease its permeability to Na^{+} and Ca^{++}
- Negative Chronotropic effect and ?? Inotropic effcet
- Ventricular Escape and Overdrive suppression-

Impulse Conduction through the Heart



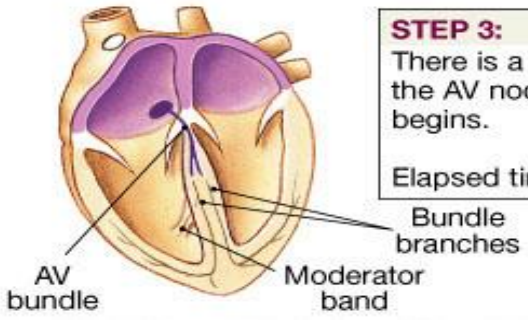
STEP 1:
SA node activity and atrial activation begin.

Time = 0



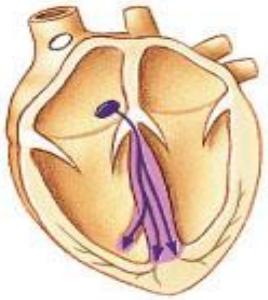
STEP 2:
Stimulus spreads across the atrial surfaces and reaches the AV node.

Elapsed time = 50 msec



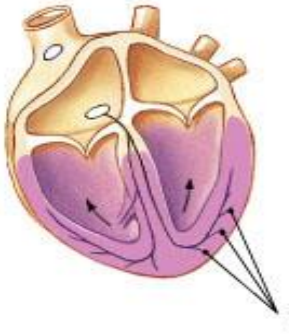
STEP 3:
There is a 100-msec delay at the AV node. Atrial contraction begins.

Elapsed time = 150 msec



STEP 4:
The impulse travels along the interventricular septum within the AV bundle and the bundle branches to the Purkinje fibers and, via the moderator band, to the papillary muscles of the right ventricle.

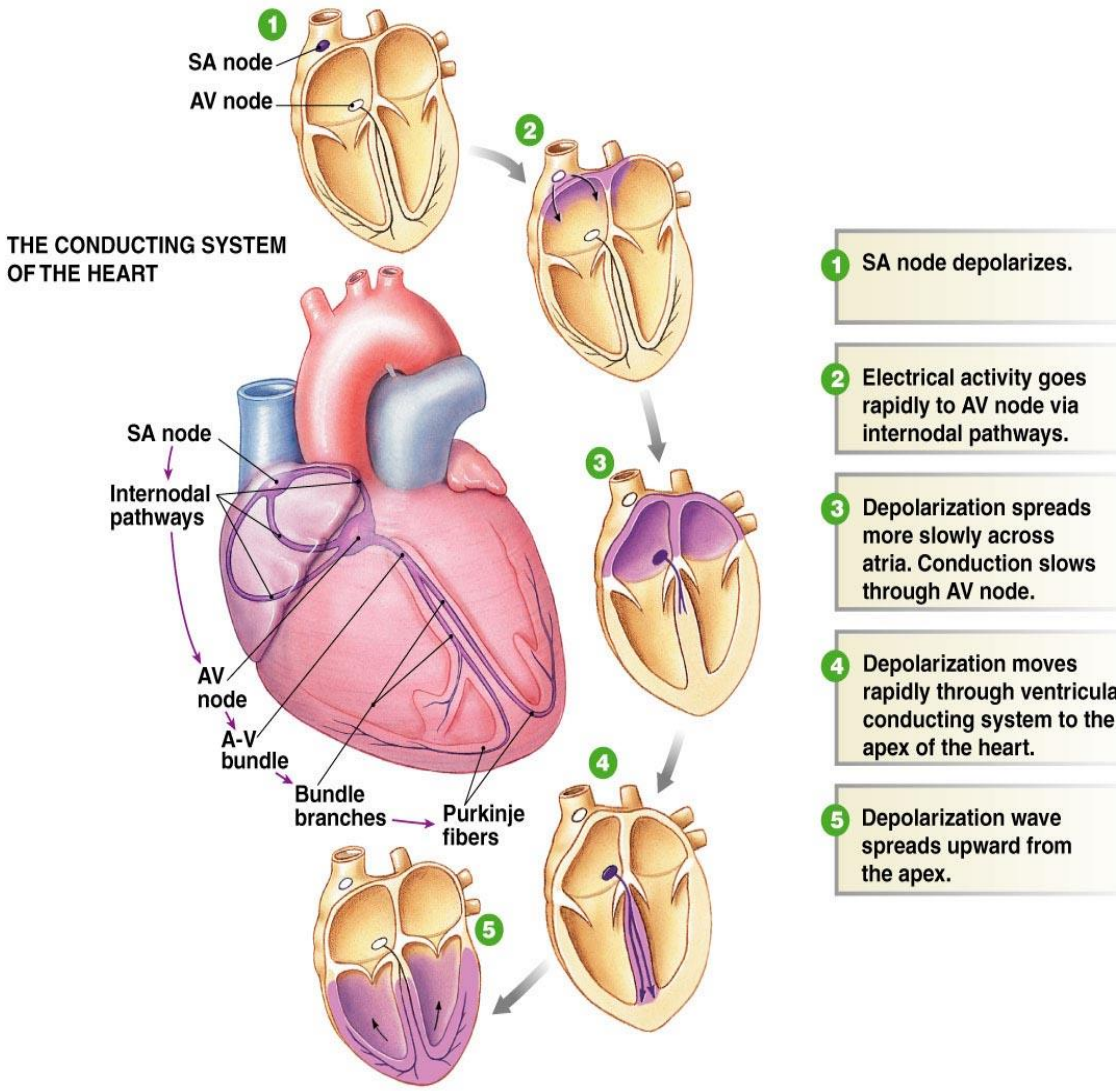
Elapsed time = 175 msec



STEP 5:
The impulse is distributed by Purkinje fibers and relayed throughout the ventricular myocardium. Atrial contraction is completed, and ventricular contraction begins.

Elapsed time = 225 msec

Tissue	Conduction rate (m/s)
Atrial muscle	0.3
Atrial pathways	1
AV node	0.05
Bundle of His	1
Purkinje system	4
Ventricular muscle	0.3-0.5



Sinus Node is Cardiac Pacemaker

- Normal rate of discharge in sinus node is 70-80/min.; A-V node - 40-60/min.; Purkinje fibers - 15-40/min.
- Sinus node is pacemaker because of its faster discharge rate
- Intrinsic rate of subsequent parts is suppressed by “Overdrive suppression”

Ectopic Pacemaker

- This is a portion of the heart with a more rapid discharge than the sinus node.
- Also occurs when transmission from sinus node to A-V node is blocked (A-V block).

Ectopic Pacemaker (cont'd)

- During sudden onset of A-V block, sinus node discharge does not get through, and next fastest area of discharge becomes pacemaker of heart beat (Purkinje system).
- Delay in pickup of the heart beat is the "Stokes-Adams" syndrome. New pacemaker is in A-V node or penetrating part of A-V bundle.

Parasympathetic Effects on Heart Rate

- Parasympathetic (vagal) nerves, which release acetylcholine at their endings, innervate S-A node and A-V junctional fibers proximal to A-V node.
- Causes hyperpolarization because of increased K^+ permeability in response to acetylcholine.
- This causes decreased transmission of impulses maybe temporarily stopping heart rate.
- Ventricular escape occurs.

Sympathetic Effects on Heart Rate

- Releases norepinephrine at sympathetic ending
- Causes increased sinus node discharge (***Chronotropic effect***)
- Increases rate of conduction of impulse (***Dromotropic effect***)
- Increases force of contraction in atria and ventricles (***Inotropic effect***)

Thank You

