

*Università degli Studi Di Milano - Laurea in Scienze Infermieristiche*  
*Polo Didattico "Ospedale Civile Legnano" - AA 2010-2011*  
**Corso di Fisiologia Umana**

# **EQUILIBRIO ACIDO-BASE**

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# ACIDI e BASI

## *Arrhenius:*

un acido è una sostanza che dissociandosi in acqua produce ioni  $H^+$ .

Una base , invece, è una sostanza che dissociandosi in acqua produce ioni  $OH^-$ .

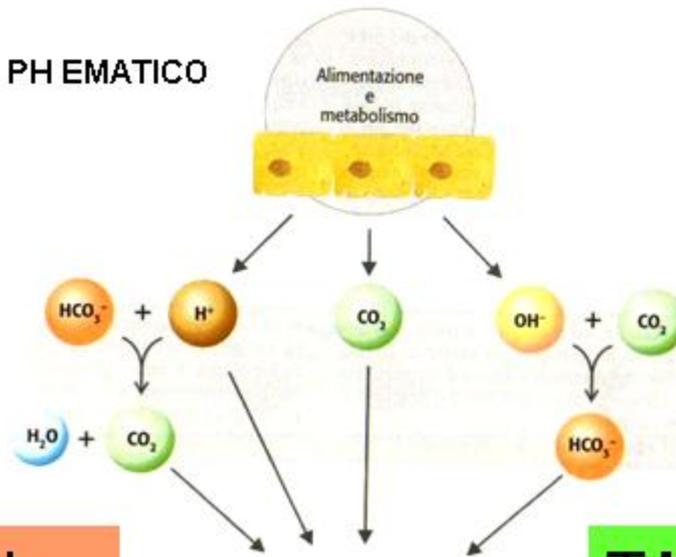
## *Brønsted-Lowry:*

un acido è una sostanza capace di cedere ioni  $H^+$  ad un'altra specie chimica detta base.

## *Lewis:*

un acido è una sostanza capace di accettare un doppietto elettronico da un'altra specie chimica (detta base).

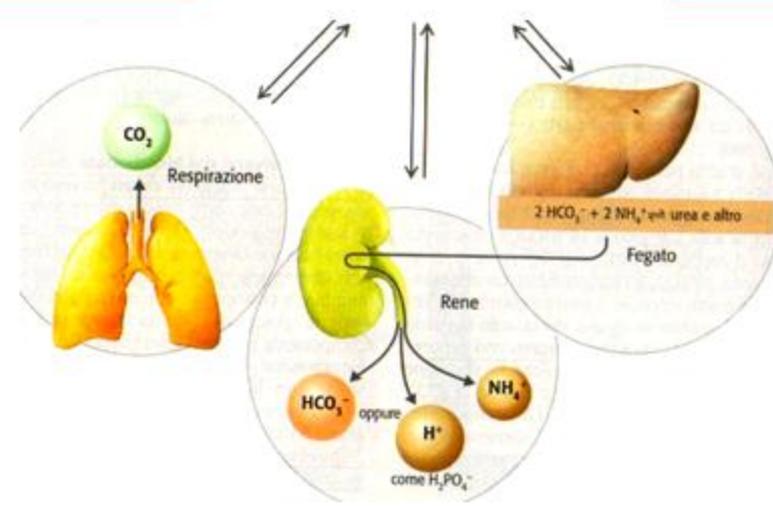
# FATTORI CHE INFLUENZANO IL PH EMATICO



TAMPONI DIVERSI DAL BICARBONATO

TAMPONE BICARBONATO

↔ pH ↔

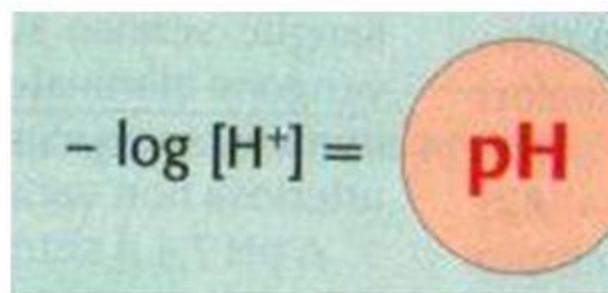


**pH** = logaritmo decimale negativo della  
concentrazione molale di ioni  $H^+$  in moli/Kg  $H_2O$

1 mole /Kg  $H_2O$  = pH 0

1  $\mu$ mole/Kg  $H_2O$  = pH 6

$10^{-14}$ moli/Kg  $H_2O$  = pH 14



The diagram shows the equation  $-\log [H^+] =$  followed by the letters "pH" enclosed in a red circle. The background is a light green textured surface.

$$-\log [H^+] = \text{pH}$$

**logaritmo decimale** di un numero "n" =  
esponente che bisogna dare al 10 per ottenere "n"

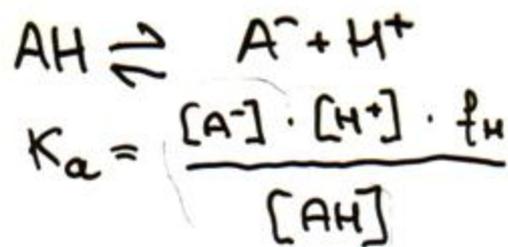
$$10^{\log n} = n$$

**Sistema tampone**= l'insieme di un acido debole (AH) con la sua forma dissociata (A<sup>-</sup>)



E' un sistema che riduce (non annulla) le variazioni di pH causate nella soluzione dall'immissione di H<sup>+</sup>

**Eq. HENDERSON-  
HASSELBALCH**



$$\log K_a = \log \frac{[A^-]}{[AH]} + \log ([H^+] \cdot f_H)$$

$$-\log ([H^+] \cdot f_H) = -\log K_a + \log \frac{[A^-]}{[AH]}$$

$$pH = pK_a + \log \frac{[A^-]}{[AH]}$$

**pK** = logaritmo decimale negativo della costante di dissociazione di un acido o base se forma dissociata e non dissociata sono in uguale concentrazione, allora  $pK=pH$

**Sistema tampone**= l'insieme di un acido debole (AH) con la sua forma dissociata (A<sup>-</sup>)



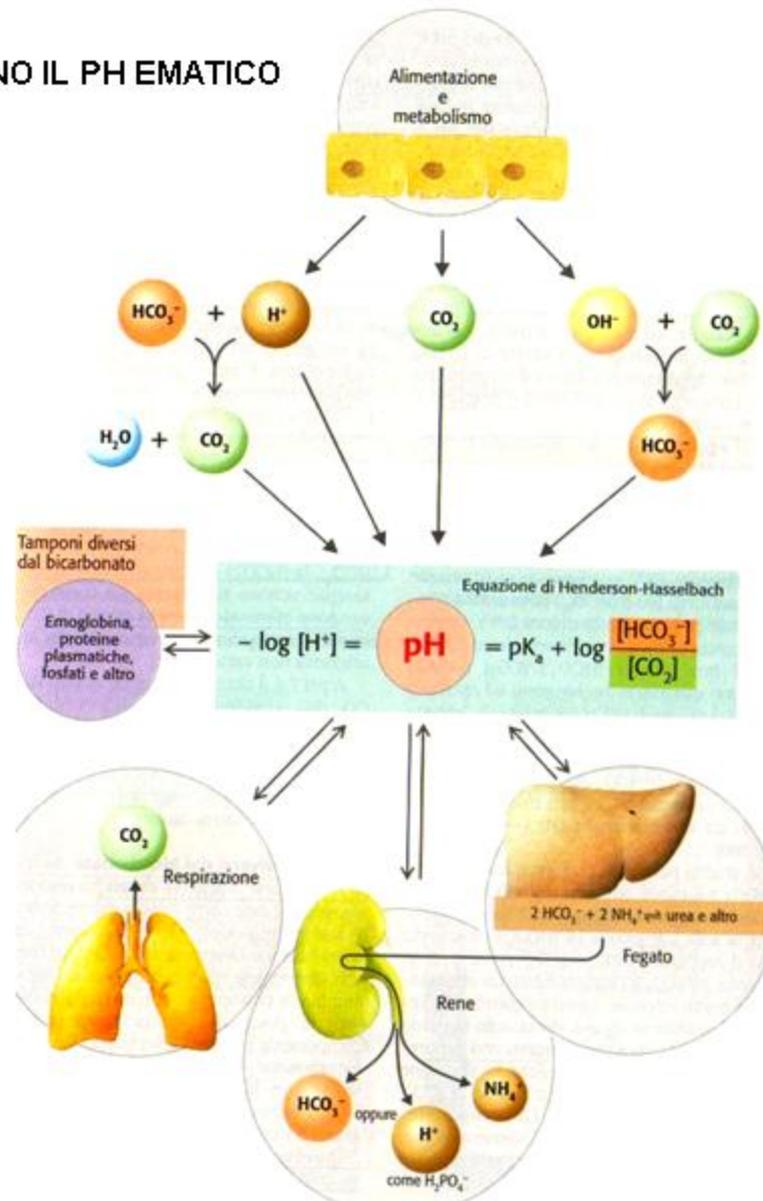
Eq. HENDERSON-  
HASSELBALCH

$$\text{pH} = \text{pK}_a + \log \frac{[\text{A}^-]}{[\text{AH}]}$$

Se forma dissociata e non dissociata sono in uguale concentrazione, allora  $\text{pK}=\text{pH}$

Il **coppia tampone** (AH / A<sup>-</sup>) è massimamente efficace per valori di pH vicini al pK della coppia stessa.

# FATTORI CHE INFLUENZANO IL PH EMATICO



Tamponi diversi  
dal bicarbonato

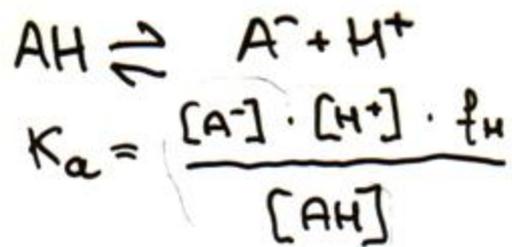
Emoglobina,  
proteine  
plasmatiche,  
fosfati e altro



Equazione di Henderson-Hasselbach

$$-\log [H^+] = \text{pH} = \text{pK}_a + \log \frac{[\text{HCO}_3^-]}{[\text{CO}_2]}$$

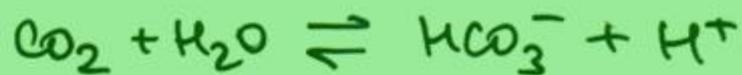
Eq. HENDERSON-  
HASSELBALCH



$$\log K_a = \log \frac{[A^-]}{[AH]} + \log ([H^+] \cdot f_H)$$

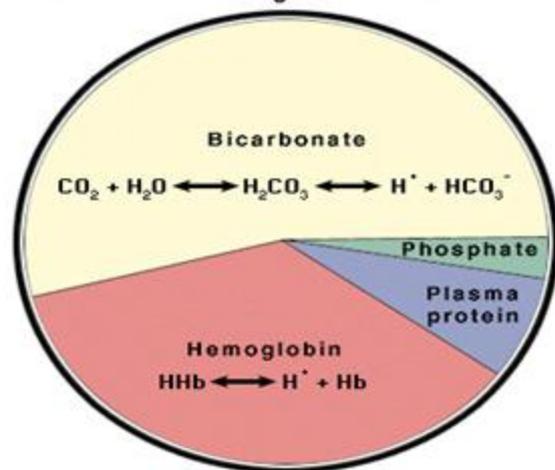
$$-\log ([H^+] \cdot f_H) = -\log K_a + \log \frac{[A^-]}{[AH]}$$

$$pH = pK_a + \log \frac{[A^-]}{[AH]}$$

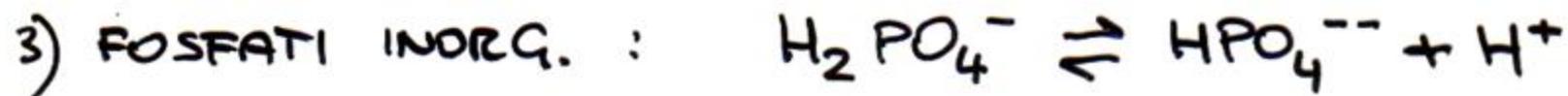
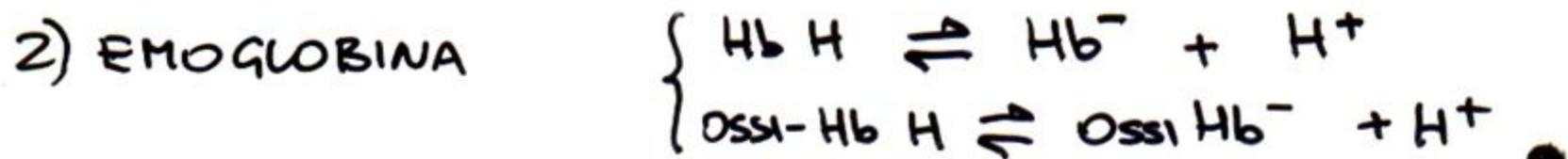


$$pH = pK_a + \log \frac{[HCO_3^-]}{[CO_2]}$$

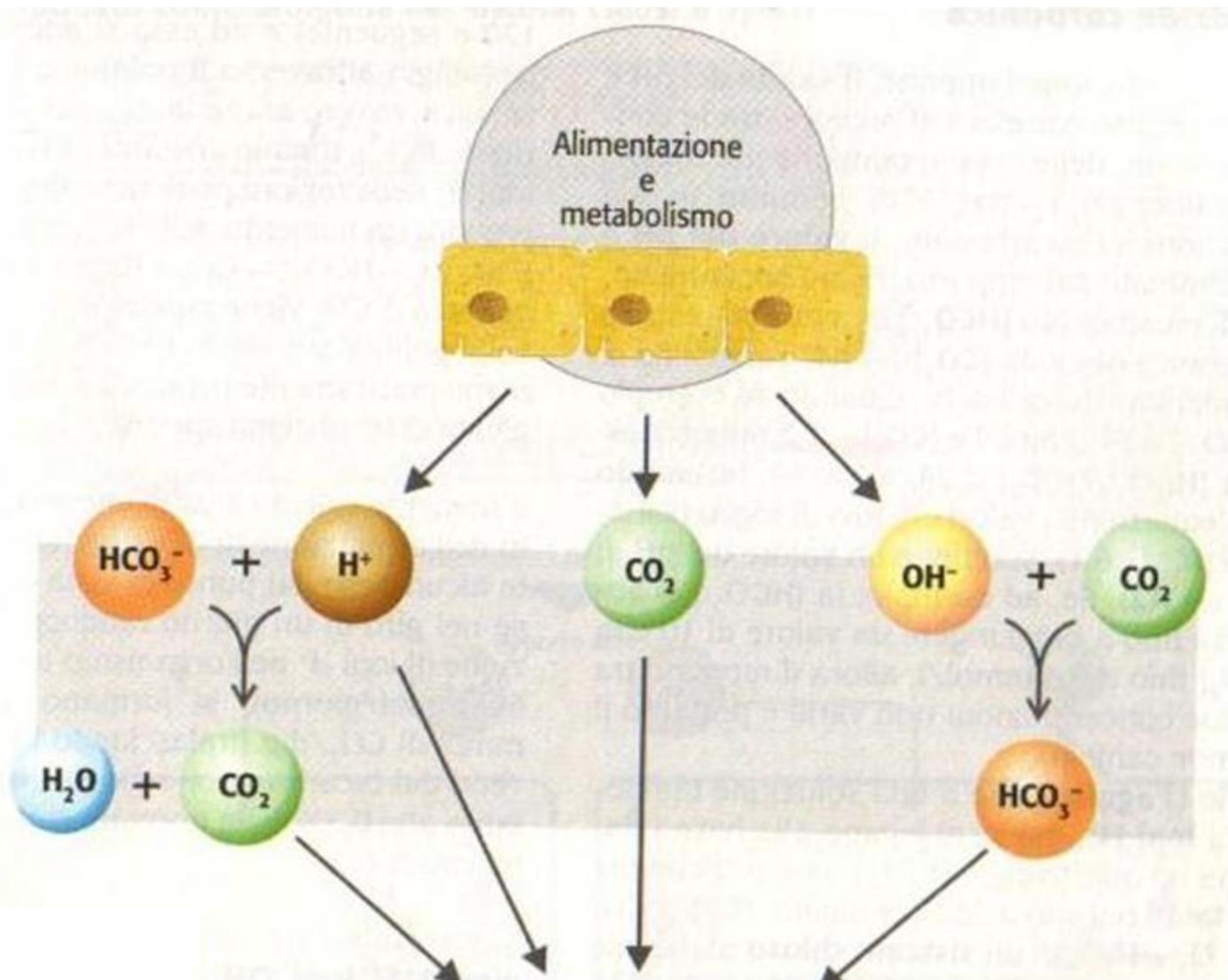
Contribution of buffer systems to total buffering in whole blood.



## SISTEMI TAMPONE

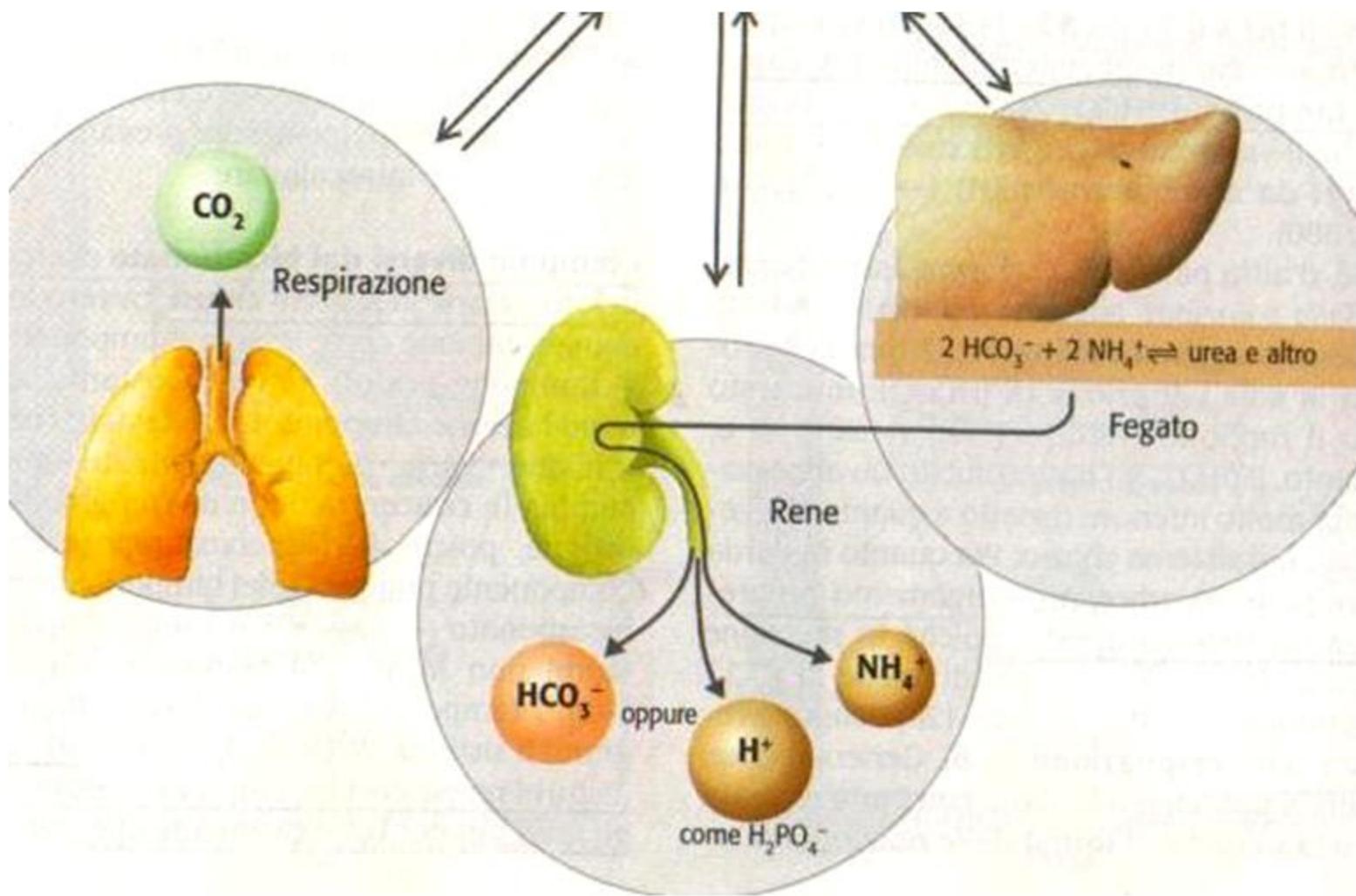


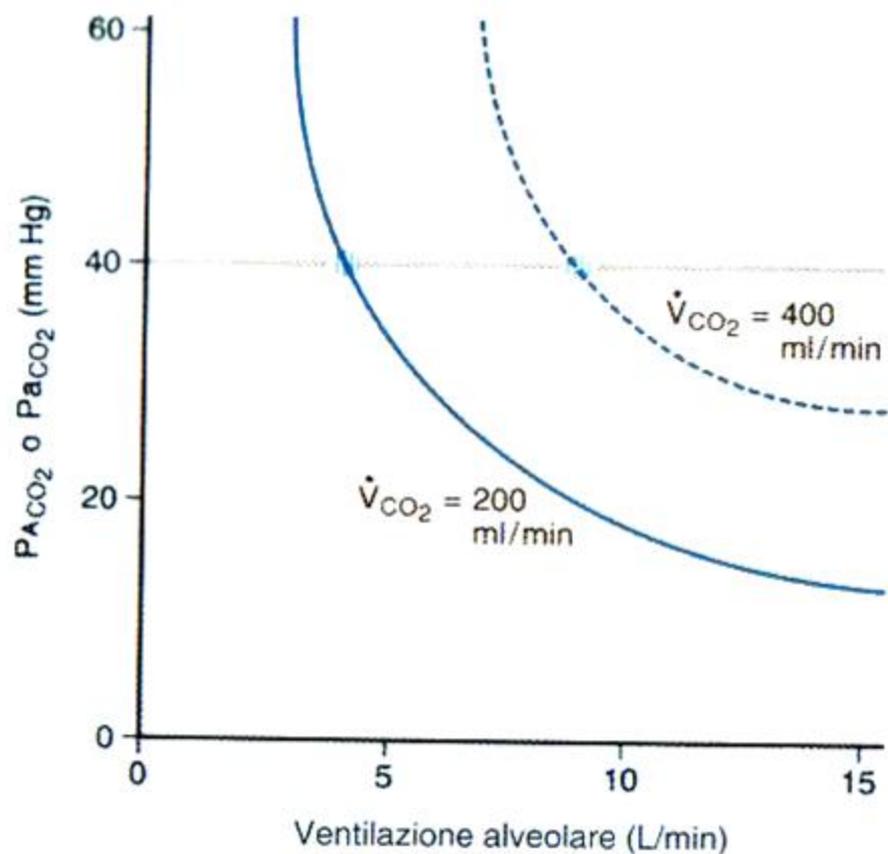
4) PROTEINE PLASMATICHE



**pH**

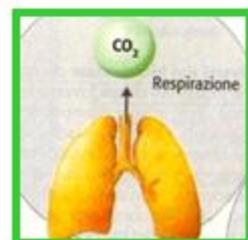
**pH**





## EQUAZIONE DELLA VENTILAZIONE ALVEOLARE

$P_{a\text{CO}_2} = f(\dot{V}_A)$



$$P_{A\text{CO}_2} = \frac{\dot{V}_{\text{CO}_2} \times K}{\dot{V}_A}$$

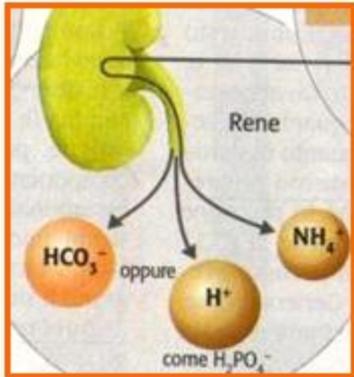
in cui

$\dot{V}_A$  = ventilazione alveolare (ml/min)

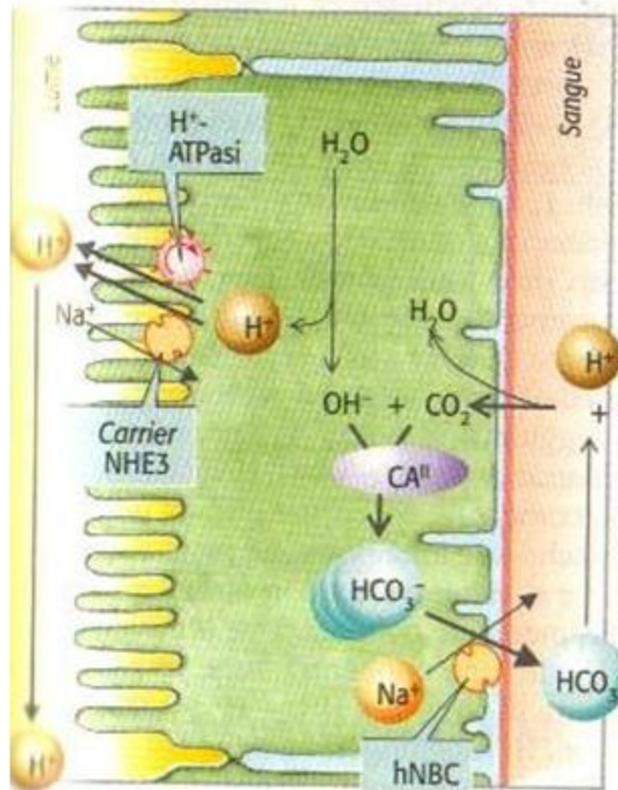
$\dot{V}_{\text{CO}_2}$  = velocità di produzione di  $\text{CO}_2$

$P_{A\text{CO}_2}$  =  $P_{\text{CO}_2}$  alveolare (mmHg)

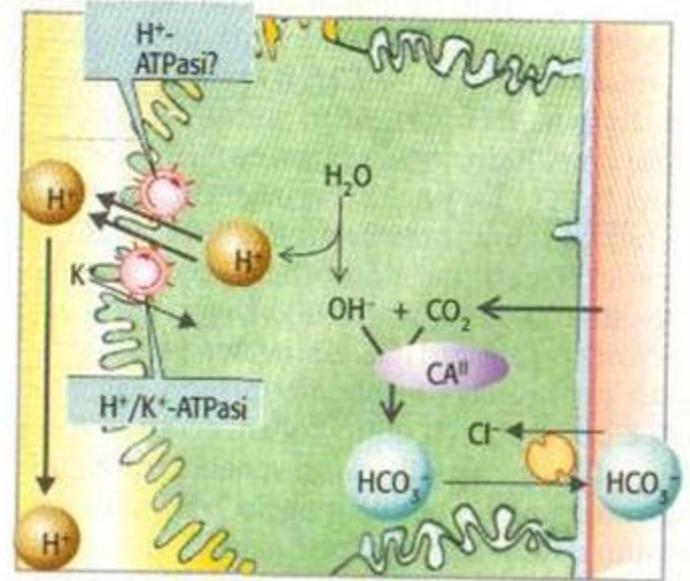
$K$  = costante (863 mmHg)



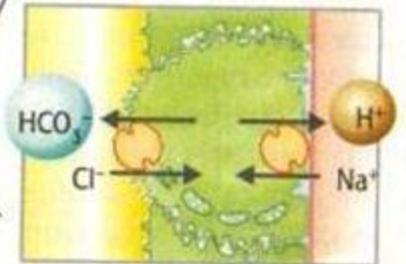
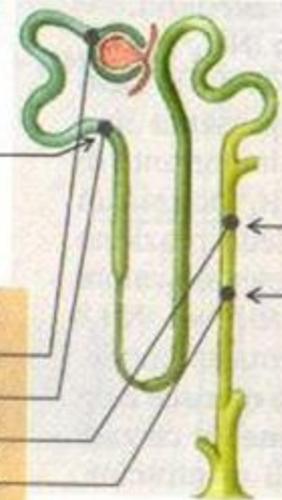
## A. Secrezione di ioni $\text{H}^+$



1 Cellula del tubulo prossimale

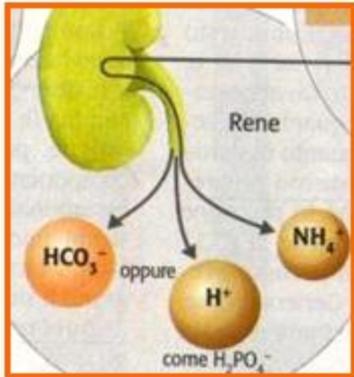


2 Cellula intercalare del tipo A

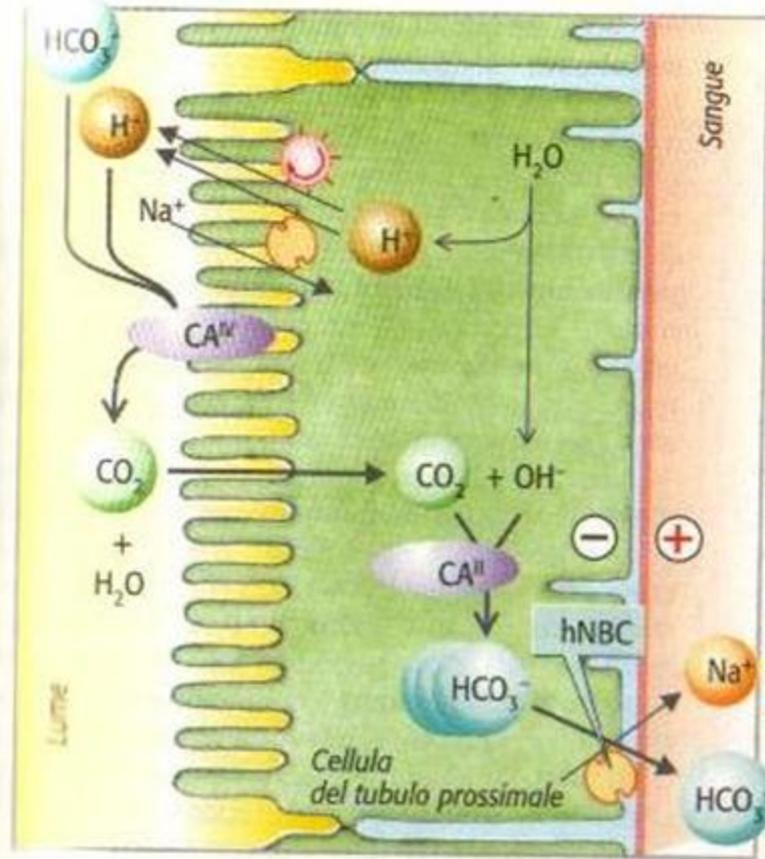


3 Cellula intercalare del tipo B

Valore di pH	
Filtrato:	7,4
Porzione terminale del tubulo pross.:	6,6%
Urina <sub>min</sub> :	4,5
Urina <sub>max</sub> :	8,2



## II. Riassorbimento di ioni $\text{HCO}_3^-$

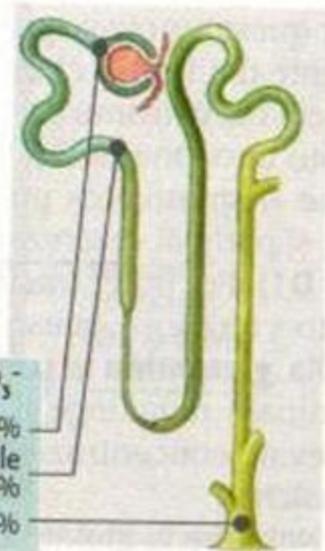


$\text{HCO}_3^-$

Filtrato: 100%

Porzione terminale del tubulo pross.: 10%

Urina < 1%

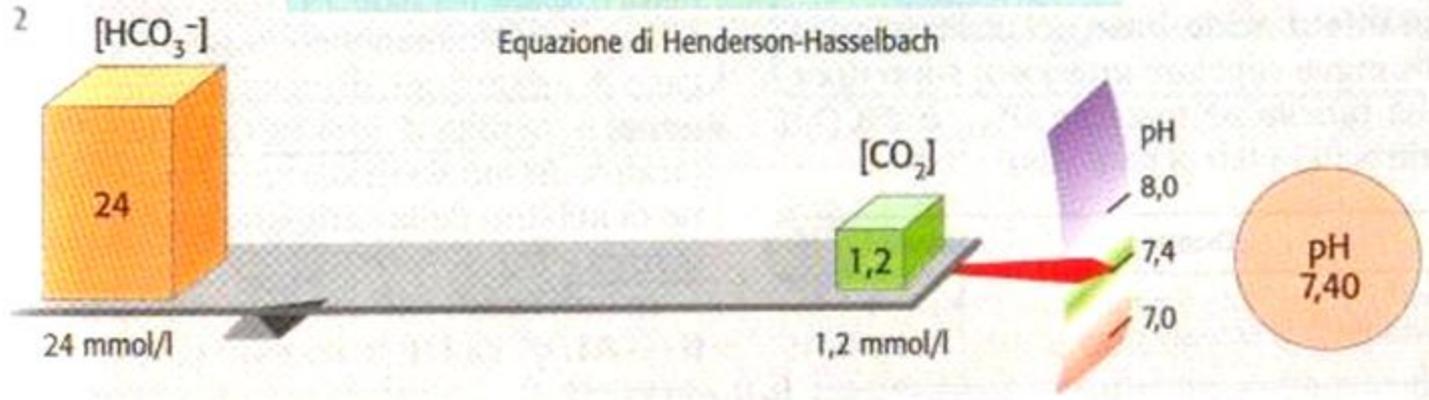




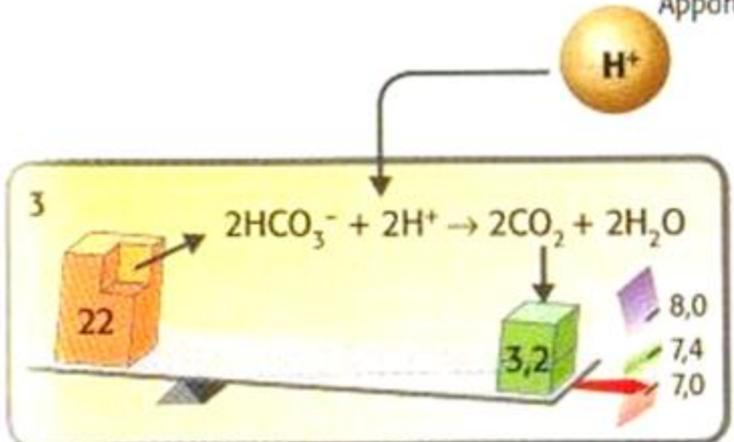
# A. Bicarbonato come tampone nei sistemi chiusi e aperti

$$1 \quad 6,1 + \log \frac{[\text{HCO}_3^-] \text{ mmol/l}}{[\text{CO}_2] \text{ mmol/l}} = \text{pH}$$

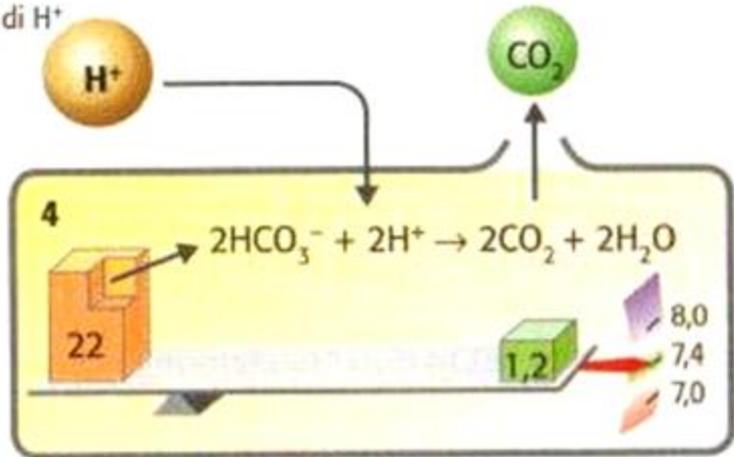
Equazione di Henderson-Hasselbach



Apporto di H<sup>+</sup>

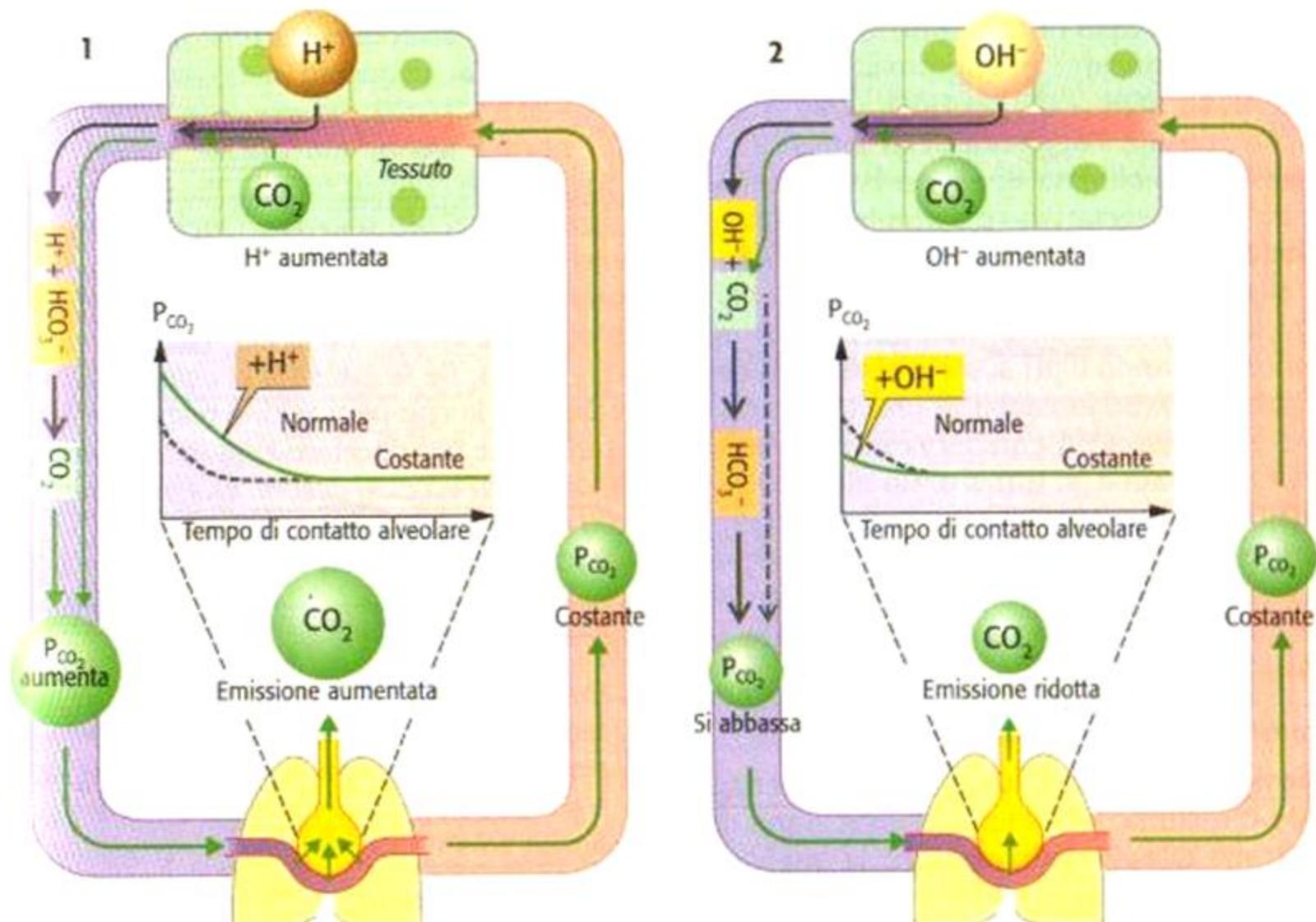


Sistema chiuso: pH 6,93



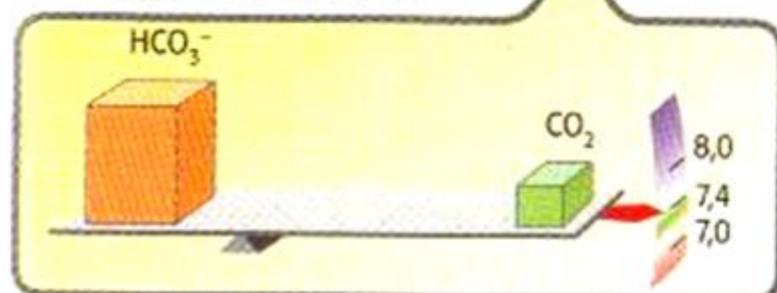
Sistema aperto: pH 7,36

## B. Bicarbonato come tampone (sistema aperto)



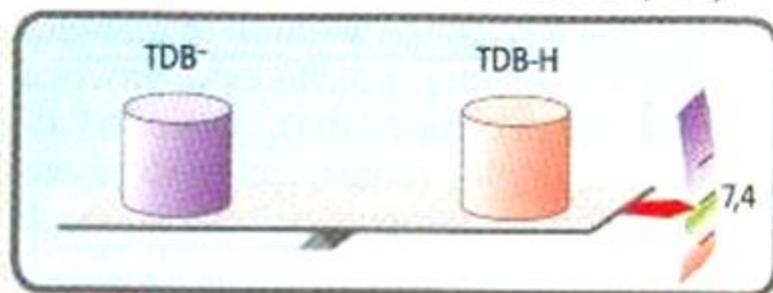
## A. Acidosi metabolica

Tampone bicarbonato

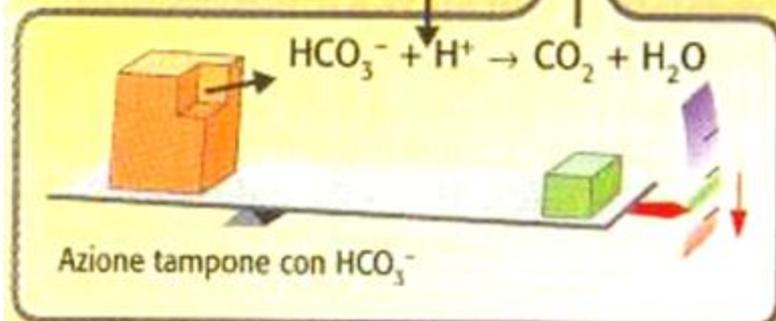


Normale: pH 7,4

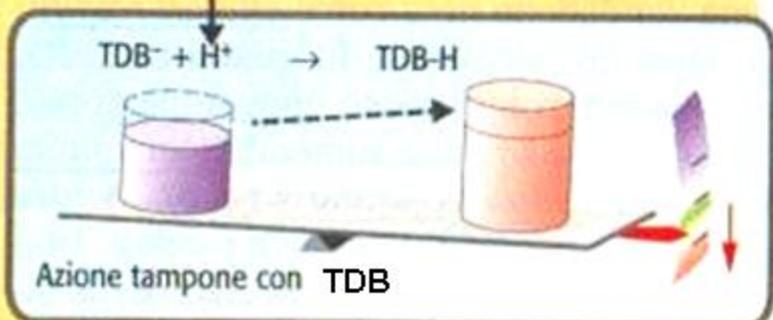
Tampone diverso dal bicarbonato (TDB)



Apporto di  $\text{H}^+$



1 Azione tampone



Acidosi metabolica: pH ↓

Stimolazione dei chemiocettori

# ACIDOSI METABOLICA

Stimolazione dei chemiocettori

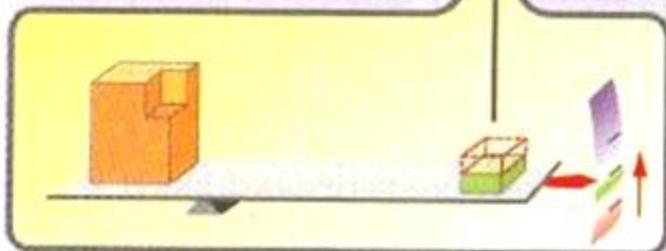
Aumento del volume respiratorio per unità di tempo

Aumentata emissione di CO<sub>2</sub> con l'espiazione

CO<sub>2</sub>

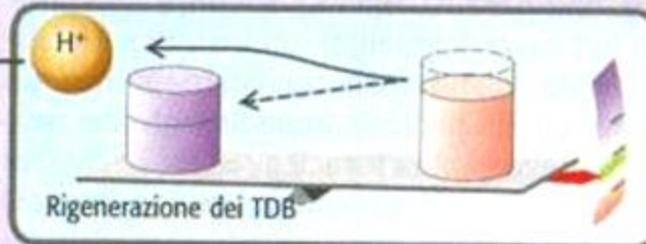
2 Compensazione respiratoria

a



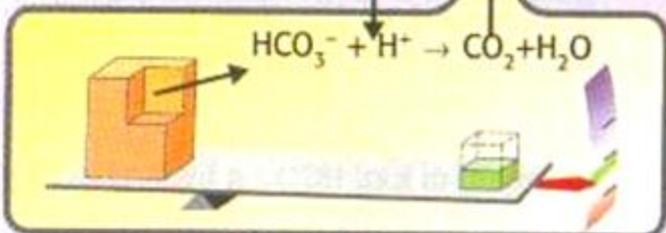
Aumento del pH

b



c

Ulteriore consumo di HCO<sub>3</sub><sup>-</sup>



Acidosi può essere compensata a livello respiratorio: pH ↑

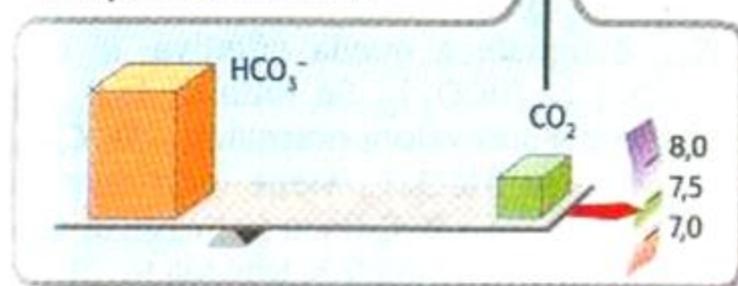
ma: [HCO<sub>3</sub><sup>-</sup>]<sub>eff</sub> e P<sub>CO<sub>2</sub></sub> sono ridotte

Aumento dell'escrezione di H<sup>+</sup> e NH<sub>4</sub><sup>+</sup> nell'urina

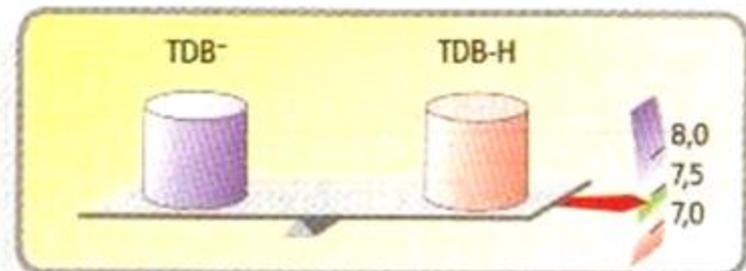
Riformimento di HCO<sub>3</sub><sup>-</sup>

## B. Acidosi respiratoria

Tampone bicarbonato

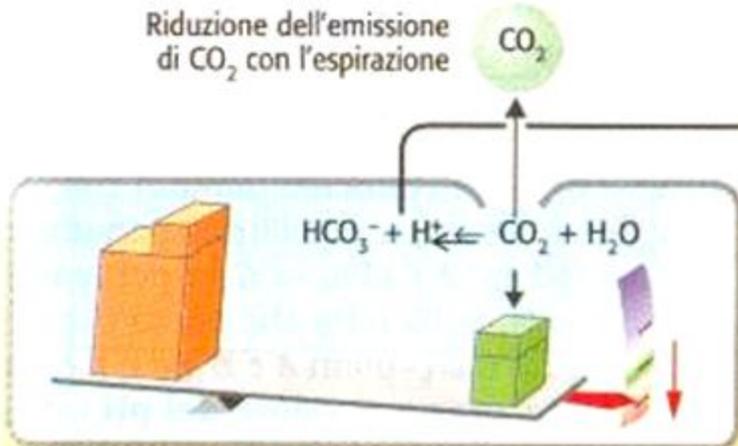


Tampone diverso dal bicarbonato (TDB)

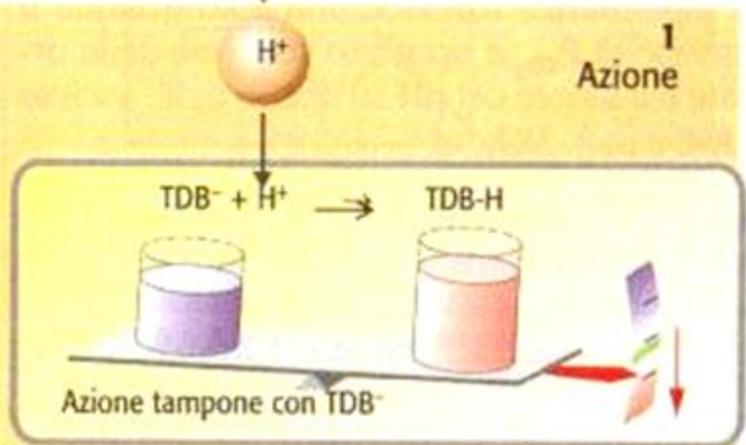


Normale: pH 7,4

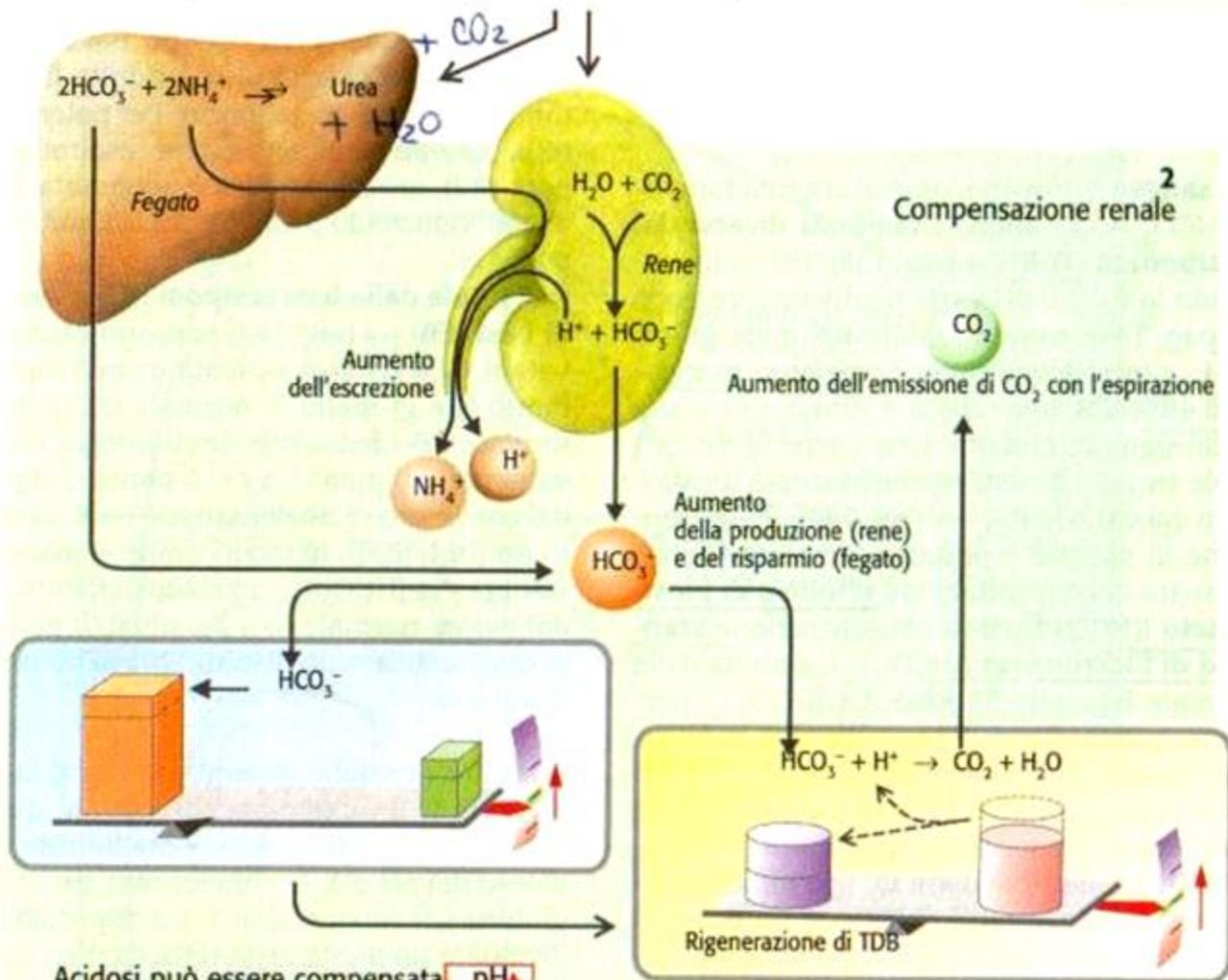
Riduzione dell'emissione di  $\text{CO}_2$  con l'espiazione



Acidosi respiratoria: pH ↓



# ACIDOSI RESPIRATORIA



Acidosi può essere compensata a livello renale: pH↑

ma:  $[\text{HCO}_3^-]_{\text{eff}}$  e  $P_{\text{CO}_2}$  sono aumentati

## DIAGRAMMI DAVENPORT

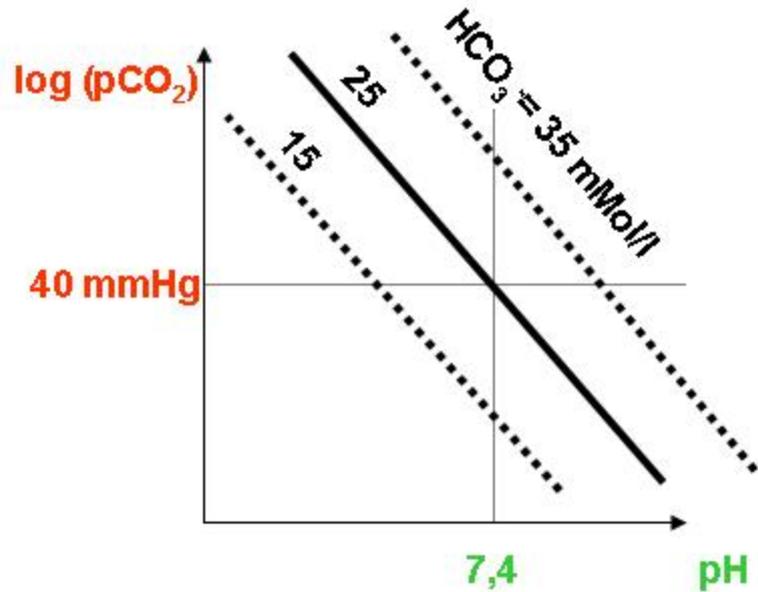
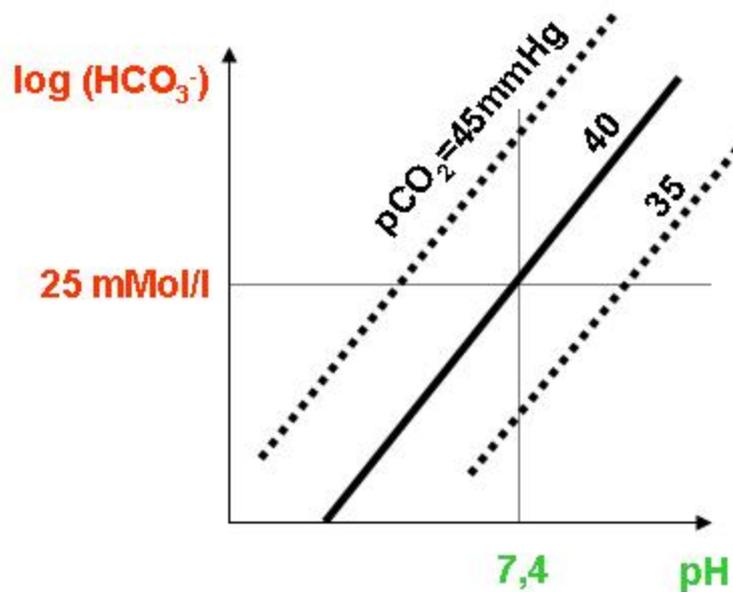
$$\text{pH} = \text{pK} + \log \left( \frac{\text{HCO}_3^-}{\text{CO}_2} \right)$$

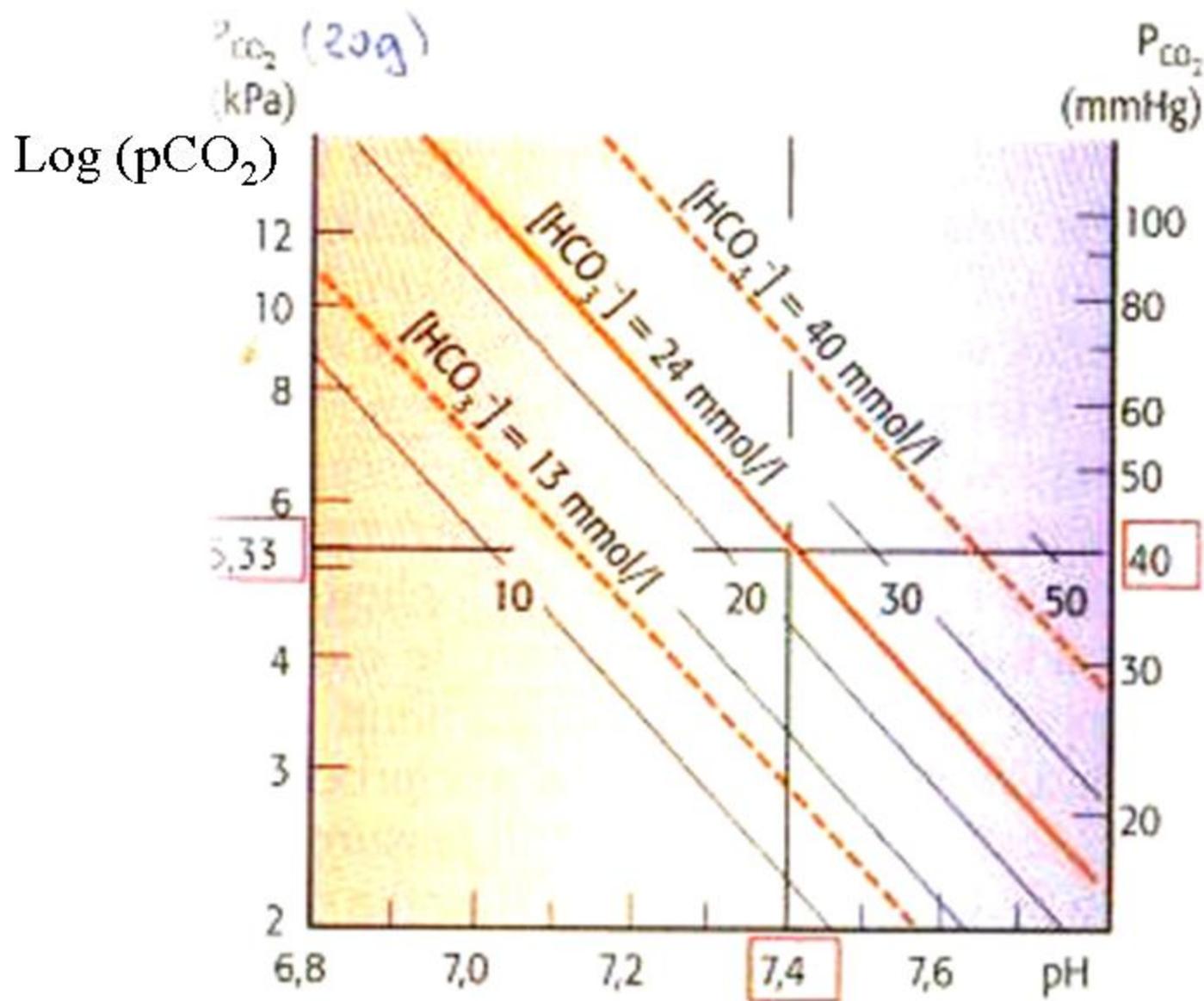
$$\text{pH} = \text{pK} + \log (\text{HCO}_3^-) - \log (\text{CO}_2)$$

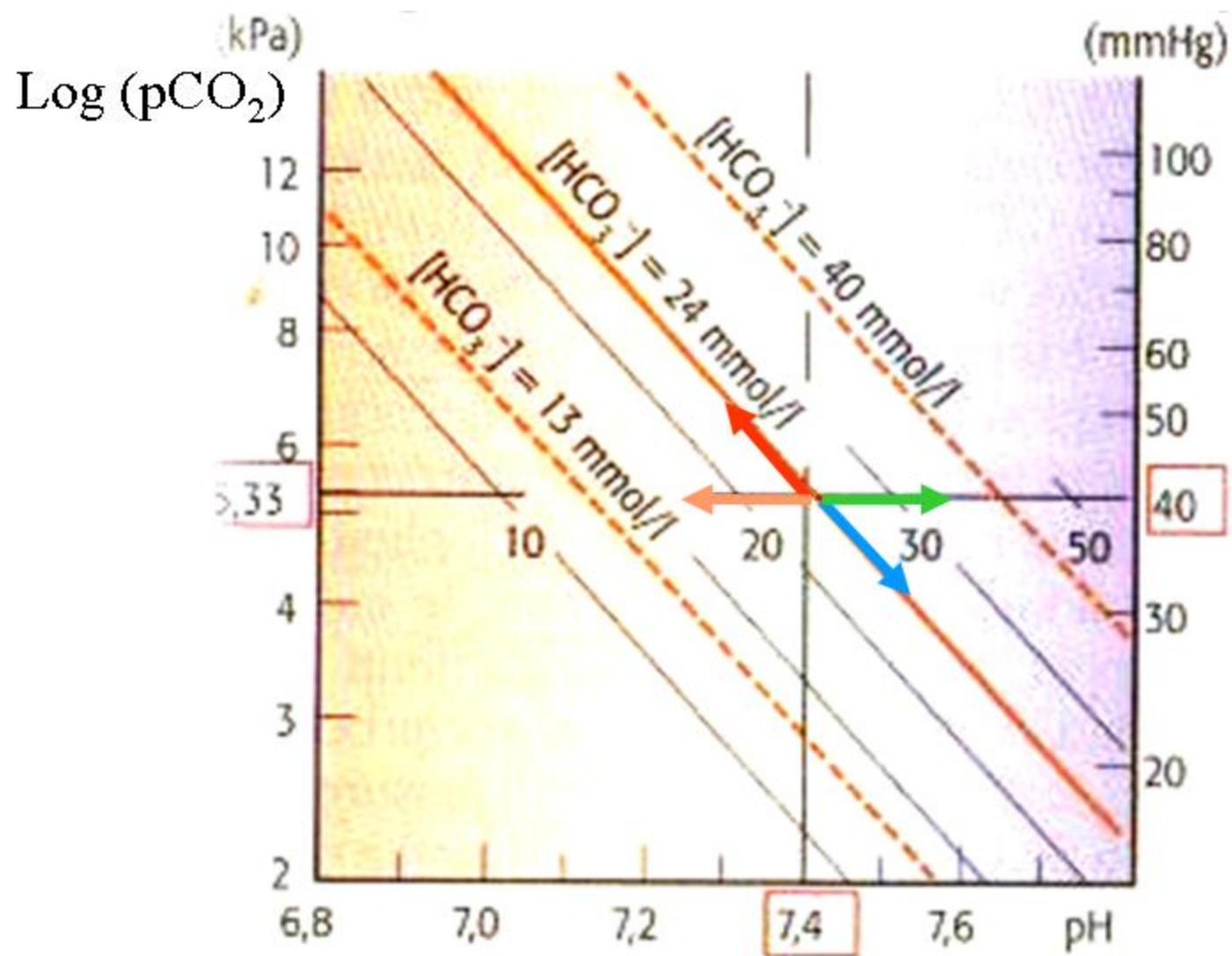
$$\log (\text{HCO}_3^-) = \text{pH} - \text{pK} + \log (\text{CO}_2)$$

$$\log (\text{CO}_2) = -\text{pH} + \text{pK} + \log (\text{HCO}_3^-)$$

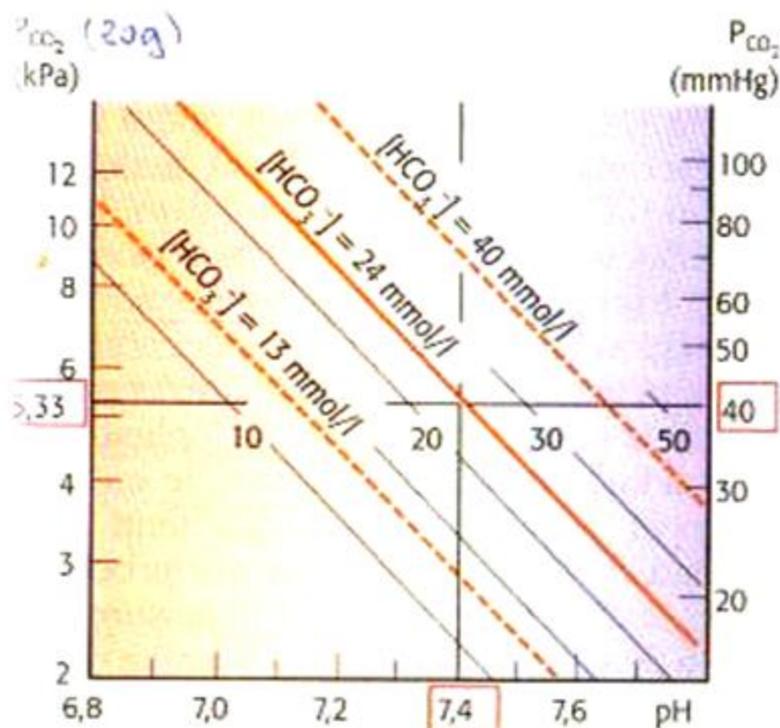
$$y = a x + b$$



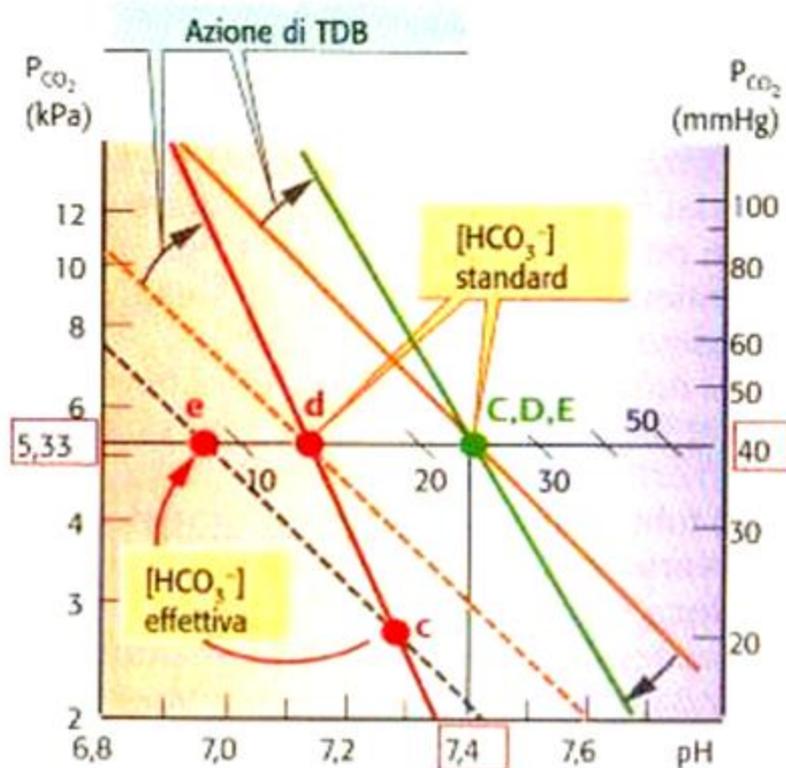




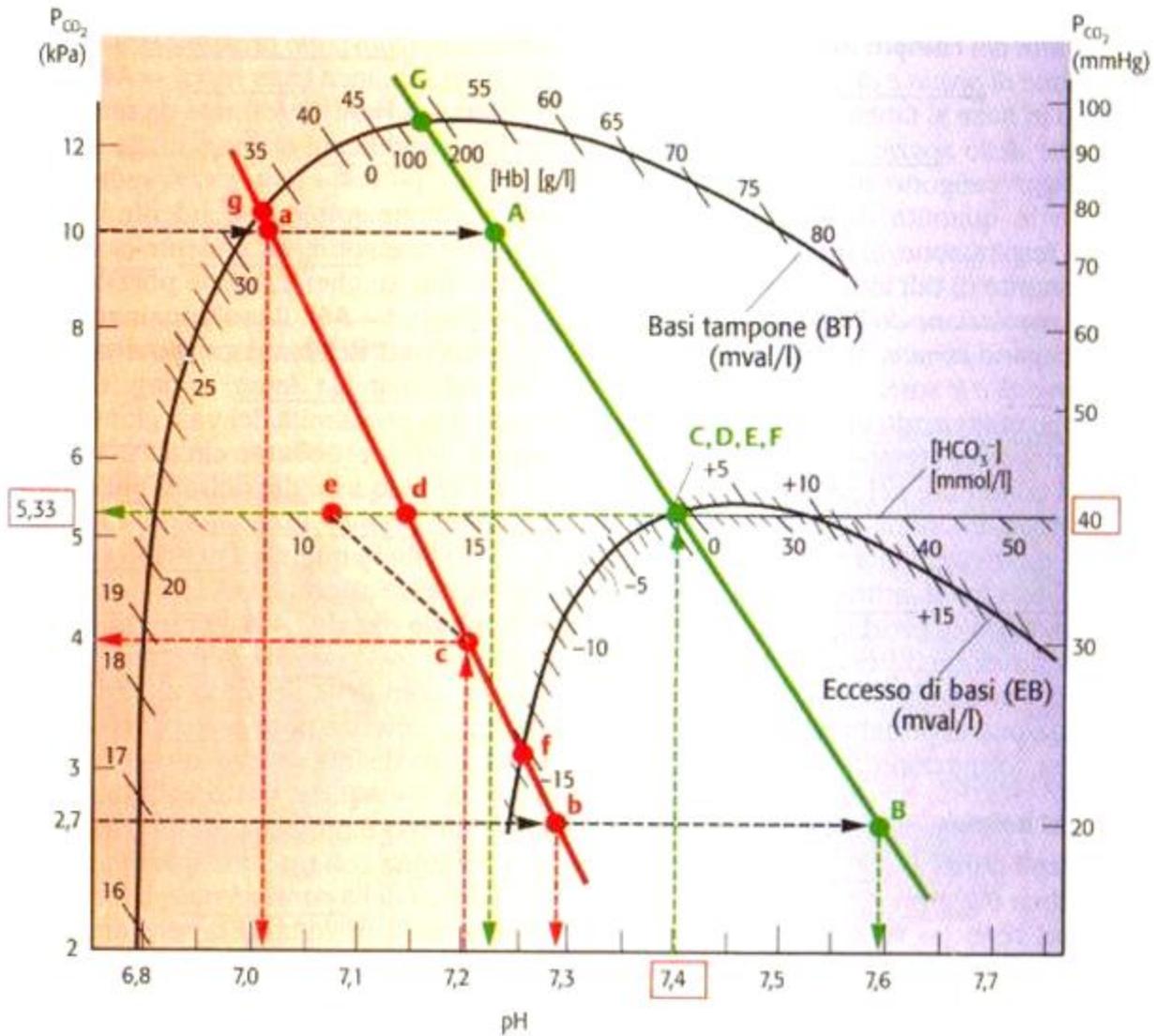
### A. Nomogramma $P_{CO_2}$ /pH (senza TDB)



### B. Nomogramma $P_{CO_2}$ /pH (con TDB)



### C. Nomogramma Siggaard-Andersen



## CAUSE DI ACIDOSI METABOLICA

1. Insufficienza renale e ↓escrez. H<sup>+</sup>
2. Iper-kaliemia
3. Cheto-acidosi
4. Acido lattico
5. Dieta iper-proteica
6. Perdita renale di ioni bicarbonato
7. diarrea

## **CAUSE DI ALCALOSI METABOLICA**

- 1. Aggiunta di basi**
- 2. Ipo-kaliemia**
- 3. Aumentata degradazione di anioni org.**
- 4. Dieta vegetariana**
- 5. vomito**

## CONCENTRAZIONI

*Esempio: 1cm = 1m / 100*

$$L_{cm} = L_m \times 100$$

1 mg/l = (1 mMole / l) / massa molec

$$C_{mg/l} = C_{mM/l} \times \text{massa molec}$$

1 mEq/l = 1 mM/l / valenza

$$C_{mEq/l} = C_{mM/l} \times \text{valenza}$$

ione / m.	massa a	mM/l	mg/100ml
$K^+$	39	4	16
$Na^+$	23	140	330
$Ca^{++}$	40	2.5 (5 mEq/l)	10
$Ca^{++}$ libero	40	1	4
$Cl^-$	35	100	350
$HCO_3^-$	61	25	152
GLC	180	5	90
UREA	60	5	30

Massa at.: N=14 O=16 C=12 H=1

Glucosio:  $C_6H_{12}O_6$

Urea:  $NH_2-CO-NH_2$