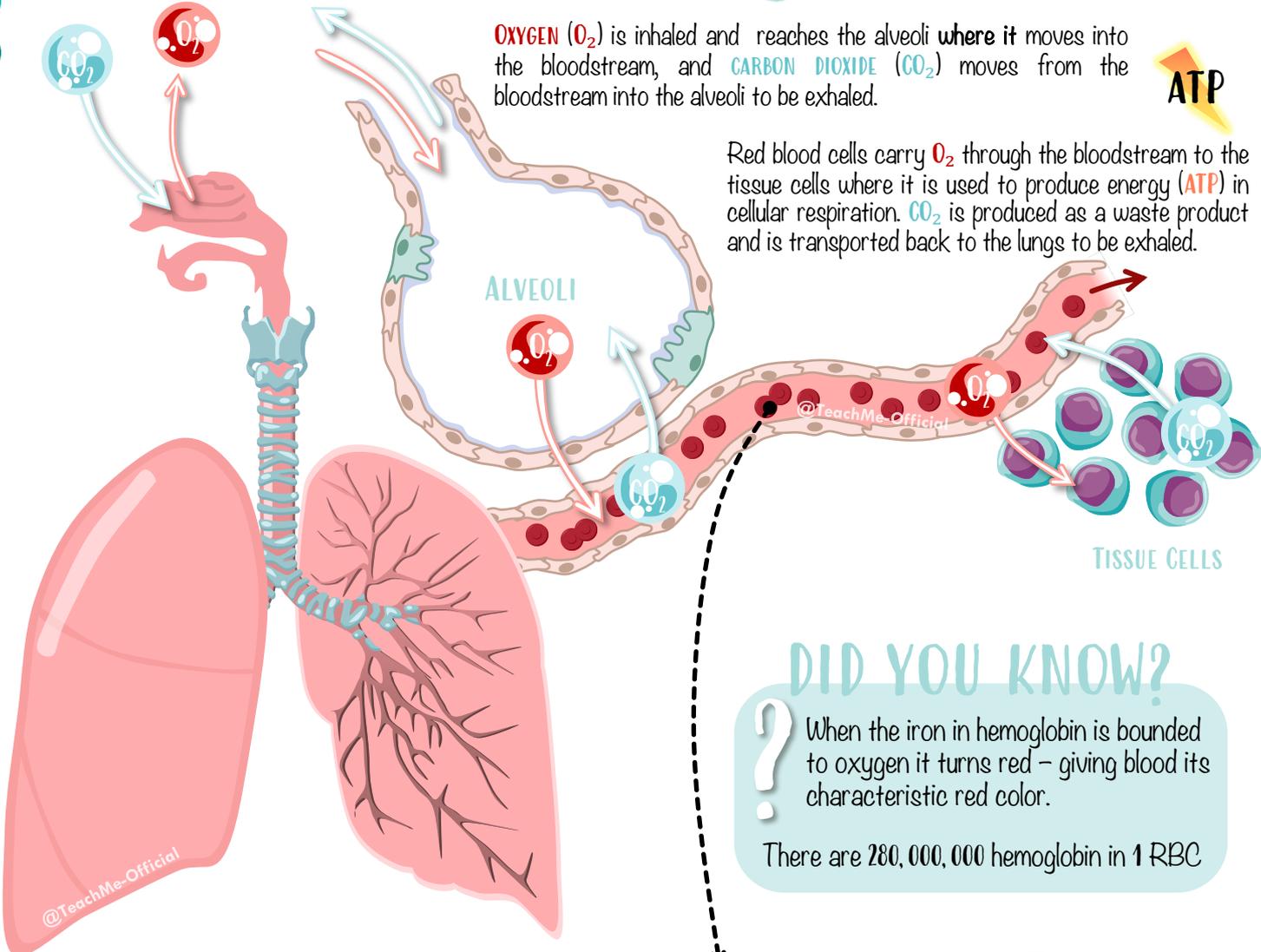


Gas Exchange (HL)



DID YOU KNOW?

When the iron in hemoglobin is bounded to oxygen it turns red – giving blood its characteristic red color.

There are 280,000,000 hemoglobin in 1 RBC

ERYTHROCYTES (RBC)

HEMOGLOBIN

QUATERNARY

IRON

Found in Erythrocytes

Reversibly bind O₂ & CO₂

Conjugated Protein

- 4 polypeptides (protein)
- 4 Heme groups (each has an iron)



- **Biconcave shape** – More efficient gas exchange
- **No nucleus** – More space for hemoglobin.
- **Small & flexible** – Pass tiny capillaries

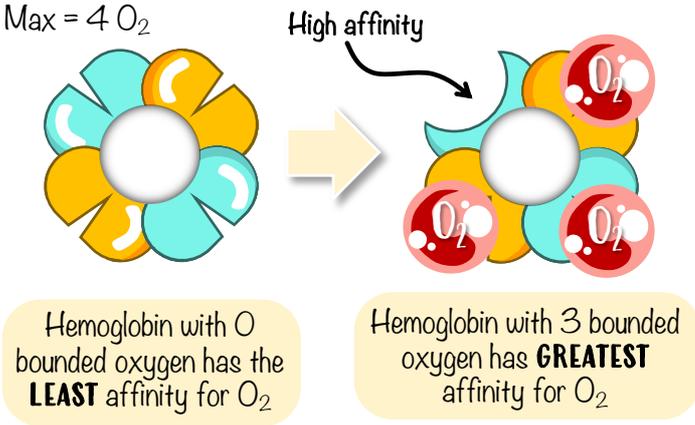
When hemoglobin reversibly binds to an oxygen molecules, it is the iron atom within the heme group that is bonding with oxygen.

Hemoglobin has a total of four iron atoms (one per heme group); hence it can carry four oxygen molecules (saturated).

Gas Exchange

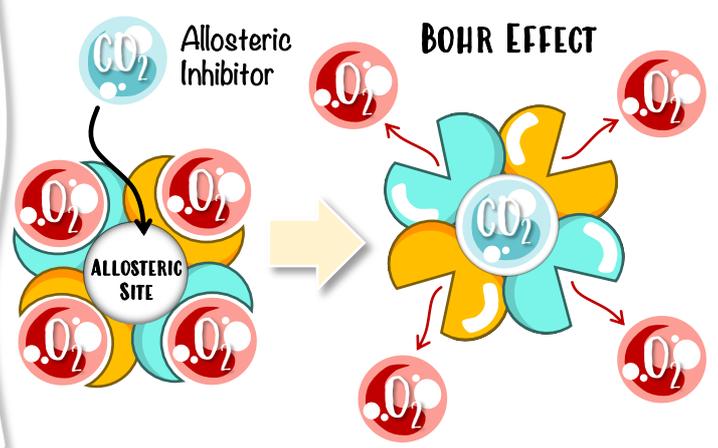
Cooperative binding

The molecular shape of hemoglobin is influenced by its bonding with oxygen molecules. Any oxygen molecule bonded to hemoglobin increases its attraction (affinity) for more oxygen.



Allosteric binding

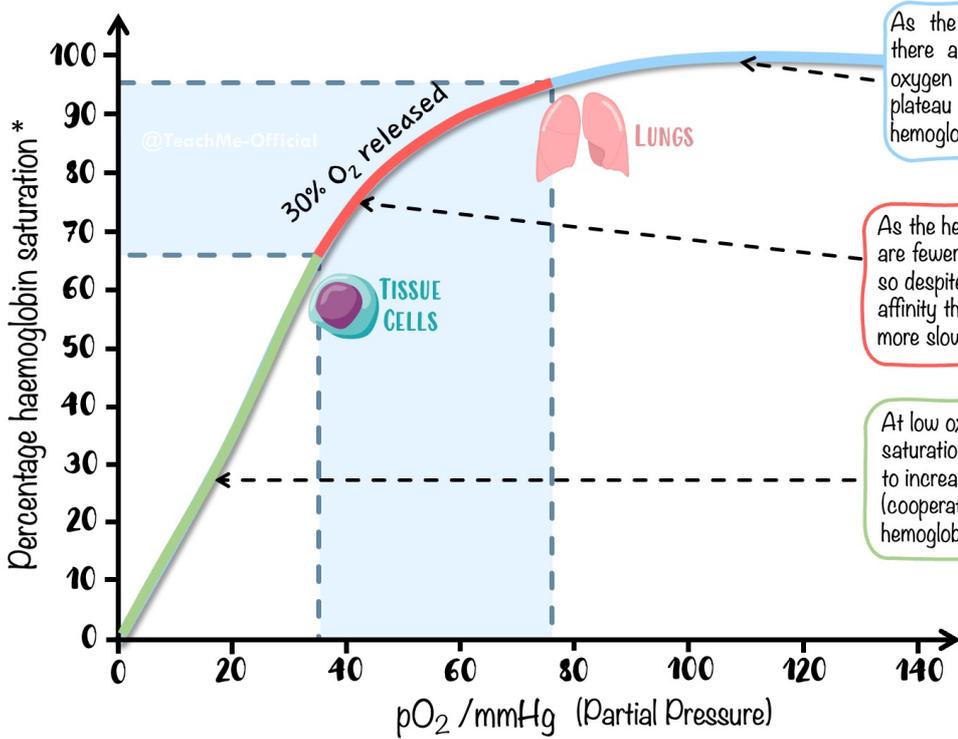
The molecular shape of hemoglobin is influenced by its bonding with carbon dioxide molecules. The resulting shape reduces hemoglobin's affinity for oxygen (increased release of O₂).



Allosteric Inhibitor – An allosteric molecule (here CO₂) that decreases or stops the activity of the enzyme

OXYGEN DISSOCIATION CURVE (for Human adult hemoglobin)

Notice how it is **NOT** linear: it is S-shaped due to cooperative binding of oxygen to hemoglobin.



As the hemoglobin becomes increasingly saturated, there are fewer and fewer open binding spots for oxygen and so percentage hemoglobin reaches a plateau despite increasing oxygen pressures & hemoglobin affinity.

As the hemoglobin becomes increasingly saturated, there are fewer open (remaining) binding spots for oxygen and so despite an increase in oxygen pressure and hemoglobin affinity the percentage of hemoglobin saturation increases more slowly.

At low oxygen pressures the percentage hemoglobin saturation is low. An increase in oxygen pressures leads to increased affinity of hemoglobin for oxygen (cooperative binding) and hence a rapid increase in hemoglobin saturation.

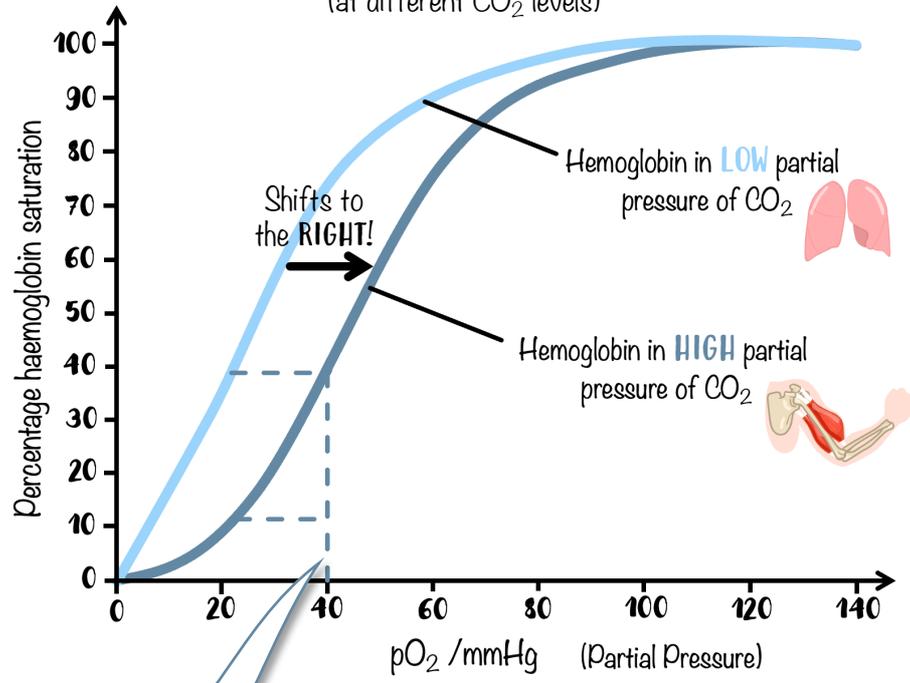
BIG BRAIN TIP!
You do not need to remember the exact mechanism why the curve looks the way it does for the exam, but make sure you can draw the basic shape of the curve.

* Percentage of hemoglobin that is transporting the maximum of four oxygen molecules.



Gas Exchange

OXYGEN DISSOCIATION CURVE
(at different CO₂ levels)



THE BOHR SHIFT

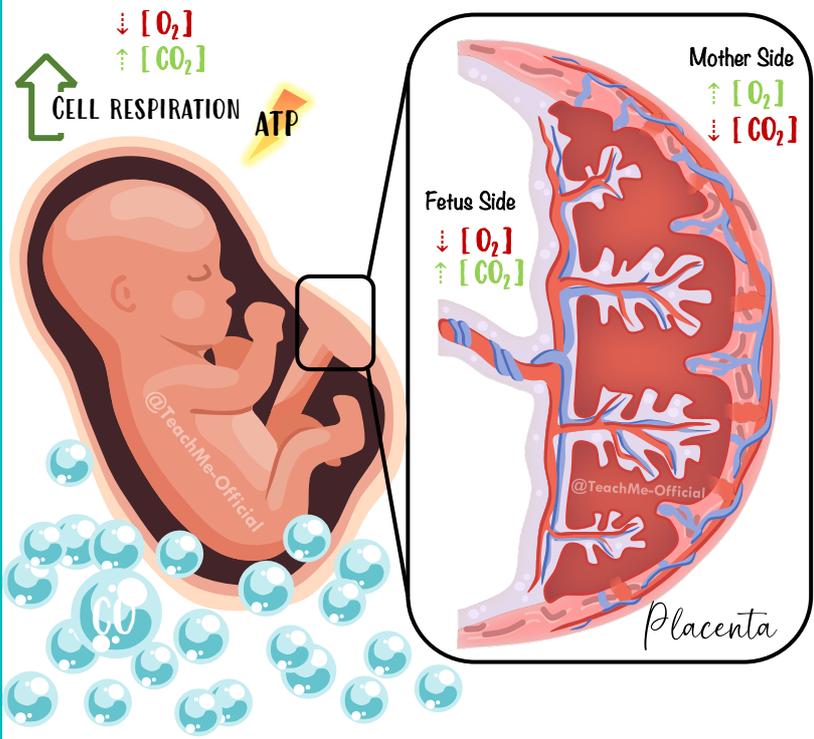
The change in affinity of hemoglobin in the presence of carbon dioxide.

Tissues that are active (cell respiration) such as muscles, use lots of O₂, and make lots of CO₂. They have a high demand for O₂. High CO₂ causes the hemoglobin to have a lower affinity for O₂ and therefore causes its release and diffusion into towards the cells that need it.

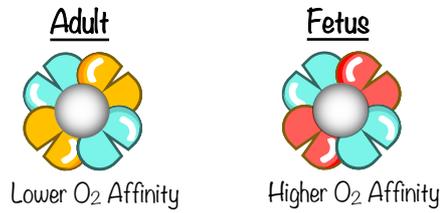
The opposite is true for areas with low CO₂, such as the lungs. The affinity for O₂ is therefore higher in these areas (lung). This makes it easy for hemoglobin to attract oxygen from the lungs into the blood, so that it can be sent somewhere else in the body that needs the oxygen.

In the presence of increased carbon dioxide, at the same oxygen pressure you will now have a slightly lower hemoglobin saturation. This is because CO₂ causes hemoglobin to have a reduced affinity for O₂.

FOETAL HEMOGLOBIN



The molecular structure of hemoglobin in a fetus is slightly different compared to adult.



What's the purpose?

- Occurs at the placenta.
- Mother can breathe, the fetus cannot.
- Mother sends O₂ to baby and rids of baby's CO₂.
- Because the baby's hemoglobin has **GREATER AFFINITY**, it can "steal" O₂ from the mother's hemoglobin (that has **LOWER AFFINITY**).
- This is important as the baby has higher oxygen need as it is **ACTIVELY GROWING**.
- Concentration gradient also plays a role.



Gas Exchange

OXYGEN DISSOCIATION CURVE
(fetus vs. adult)

