

Action Potential

3. The bundle of His:

- From the AV node, the AP enters both the right and left bundle branches.

4. Purkinje Fibers:

- Rapidly conduct the AP to the ventricular myocardium (ventricular muscle fibers)
- Then the ventricles contract.

10. SA Node (Sinoatrial Node):

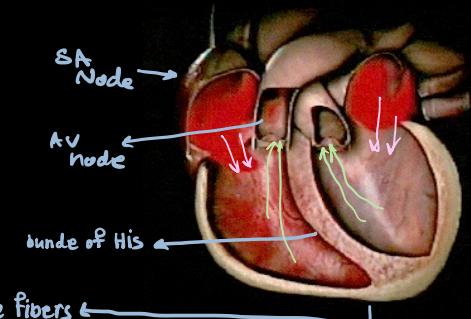
- Where the cardiac excitation begins (center of SA node).
- The SA node propagates throughout both atria.

Then the two atria contract at the same time.

Then the AP reach to AV node.

20. AV node (Atrioventricular node):

- At the AV node the AP slows as a result of various differences in cell structure in the AV node.
- This delay provides time for the atria to empty their blood into the ventricles.
- From the AV node, the AP enters the bundle of His.



■ AP occurs in Contractile fiber.



① Depolarization:

- Contractile fibers have a stable resting membrane potential close to -90 mV .

- When a contractile fiber is brought to threshold by AP from neighboring fibers:

- It voltage-gated fast Na^+ channels open allowing Na^+ inflow.
- Inflow of Na^+ produces a rapid depolarization within a few milliseconds.
- The Na^+ channels automatically inactivate and Na^+ inflow decreases.

$\text{Na}^+ \uparrow \text{in}$

② Plateau:

- The plateau is a period of maintained depolarization.

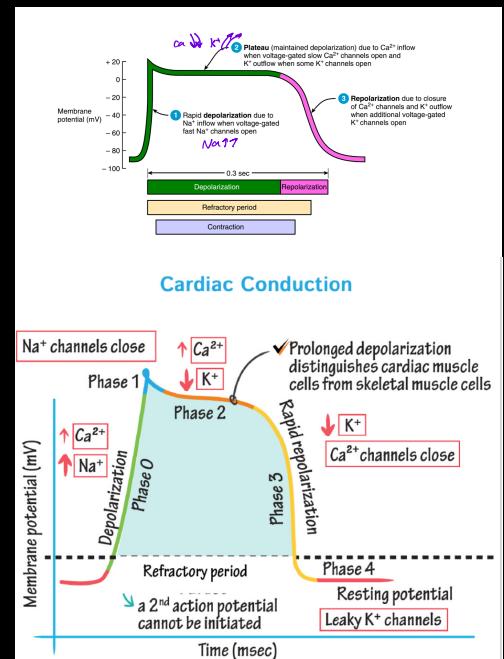
It is due to opening of voltage-gated slow Ca^{2+} channels. Ca^{2+} ions move from the interstitial fluid

(which has a higher Ca^{2+} concentration) into cytosol.

The increased Ca^{2+} concentration inside ultimately triggers contraction.

$\text{M Ca}^{2+} \rightarrow$ ارتفاع دفعه عصبية
Contraction

Cardiac Conduction



③ Repolarization:

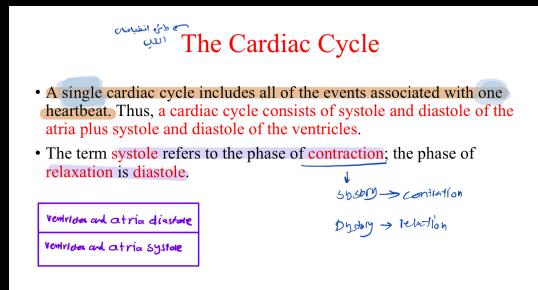
The recovery of the resting membrane potential during the repolarization phase of a cardiac action potential that is other excitatory cells.

After a delay (which is particularly prolonged in cardiac muscle) additional voltage-gated K^+ channels open.

outflow of K^+ restores the negative resting membrane potential (-90 mV).

At the same time, the Ca^{2+} channels in the sarcolemma and the sarcoplasmic reticulum are closing, which also contributes to repolarization.

« The Cardiac cycle »

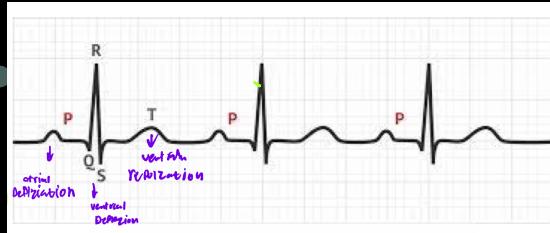


■ Atrial systole :

1- Depolarization of SA node causes atrial depolarization [P wave]

2- atrial depolarization causes atrial systole

Depolarization of SA node → atrial depolarization → atrial systole



3- As the atria contract, they exert Pressure on the blood within, which forces blood into the ventricles

4- Atrial systole contributes a final 25 mL of blood to the volume already in each ventricle (about 105 mL)

So each ventricle contains about 130 mL at the end of its relaxation period [diastole]. This blood volume is called the end-diastolic volume (EDV).

الآن نصل إلى النهاية بعد تناول جملة من المعلومات
وهي ملخص لـ الـ ١٣٠ مللي لتر في كل عضلة قلبية

5- The **QRS Complex** in the ECG marks the onset of Ventricular depolarization. [Ventricular systole]

Constriction مرحلة الـ

■ Ventricular Systole :

- During ventricular systole, the ventricles are contracting and the atria are relaxed.

استمرار العضلات القلبية في إنتاج الدم "الدورة الدموية"

1- As ventricular systole begins, pressure rises inside the ventricles and causes the AV valves to close

2- Continued contraction of the ventricles causes pressure inside the chambers to rise sharply

when ventricular pressure surpasses aortic and pulmonary artery pressure [Semi Luthe law], both AV valves open

إjection

of blood from the heart begins. Both ventricles eject about 70 mL of blood per beat.

إjection

- The volume remaining in each ventricle at the end of systole about 60 mL

* من 60 إلى 105 كيلو
في مرحلة الراحة القصام ينتهي بـ
بسكتة قلبية والدم يتسرّب للمخ وينزف

3- The **T wave** in the ECG marks the onset of ventricular repolarization

Distole

歇息ان ترتاح عضله القلب
وما ينبع يأخذ وقت راحة

■ Relaxation Period :

Ventricles Repolarization