

Properties of Cardiac muscle (Part 2)

Properties of the cardiac muscle:

- I. Excitability
- II. Rhythmicity
- III. Conductivity
- IV. Contractility



Disorders of conduction and spread of impulse

WPW (Wolf-Parkinson-White) syndrome

Ectopic pacemakers

Extrasystole and compensatory pause

Disorders of conduction and spread of impulse

Stannius ligatures in amphibian heart

First ligature

Second ligature



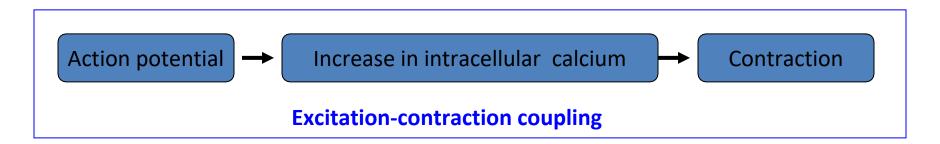
Disorders of conduction and spread of impulse

A- V blockage

Ventricular escape

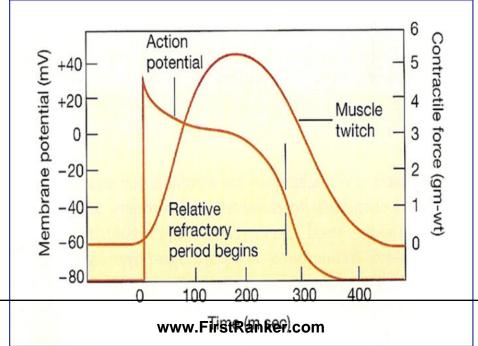
Stoke Adam Syndrome

Contractility



Atrial and ventricular myocytes can contract while pacemaker and conducting system do not







Excitation-Contraction Coupling

Mechanism by which AP causes myofibrils to contract

AP passes over cardiac ms membrane

AP spread to interior of cardiac ms along T tubules

opening of Ca²⁺ channels in sarcolema

ca²⁺ diffuses down gradient into cell through T tubules

Opening of Ca²⁺-release channels in SR

Ca²⁺ binds to troponin & stimulates contraction

Excitation-Contraction Coupling

During Repolarization

At the end of plateau of cardiac AP

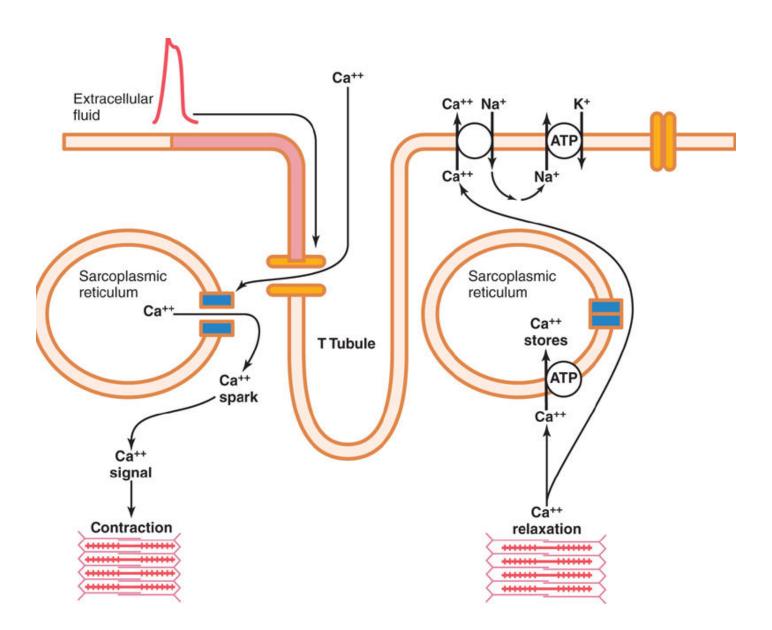
Ca²⁺ is rapidly & actively pumped out

via a Na⁺- Ca²⁺- exchanger

Cessation of the contraction



Excitation-Contraction Coupling and Relaxation of Cardiac Muscle



Factors affecting myocardium

- 1. Cardiac innervation
- 2. Effect of ions concentration in ECF
- 3. Physical factors
- 4. Blood flow
- 5. Chemical factors (drugs)



- Chronotropic
- Ionotropic
- Bathmotropic
- Dromotropic

Factors affecting myocardium

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Factors affecting myocardium

6. Mechanical factors:

- a. All or none law
- b. Staircase phenomenon
- c. Starling's law of the heart

Starling's law of the heart

■ "Length-tension relationship"

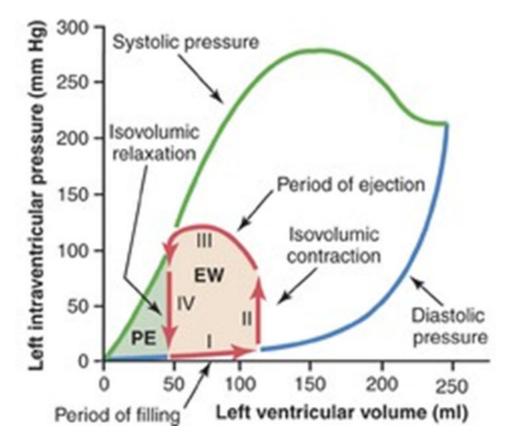
'Within limits, the greater the initial length of the fiber, the stronger will be the force of its contraction; However, overstretching the fiber as in heart failure its power of contractility decreases'

i.e. within limits, the power of contraction is directly proportional to the initial length of the ms

 Cardiac ms accommodates itself (up to certain limit) to the changes in venous return



Pressure-volume loop



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