

Author: John Williams, M.D., Ph.D., 2009

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M1 - GI Sequence

Salivary Glands and Esophagus

John Williams, M.D., Ph.D.

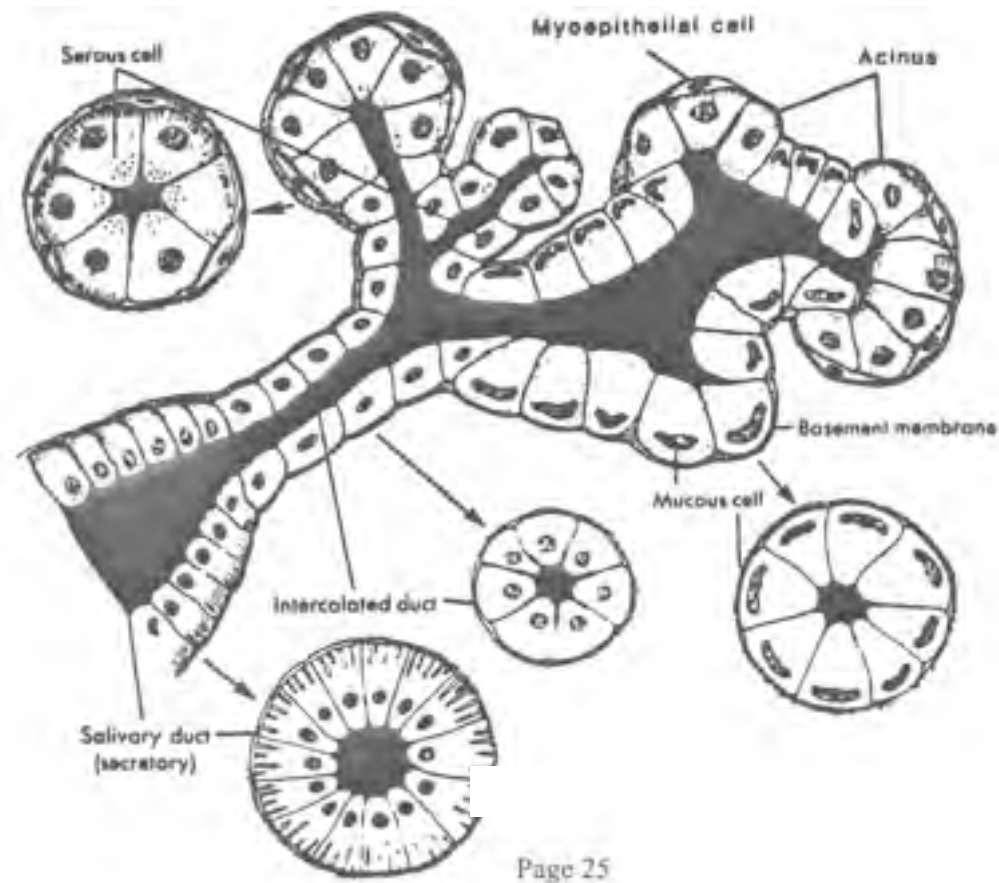
Winter, 2009



SALIVARY GLANDS

- 1. Saliva produced by three major and a number of minor glands**
- 2. Glands are acinar-ductal in structure**
- 3. Made up of Serous and Mucus Acinar Cells, Duct Cells, and Myoepithelial Cells**

Histology of a Generic Salivary Gland



Contents of Saliva

H₂O

Ions (HCO₃⁻)

Enzymes

Amylase

**Antibacterial
Compounds**

Lysozyme

Lactoferrin

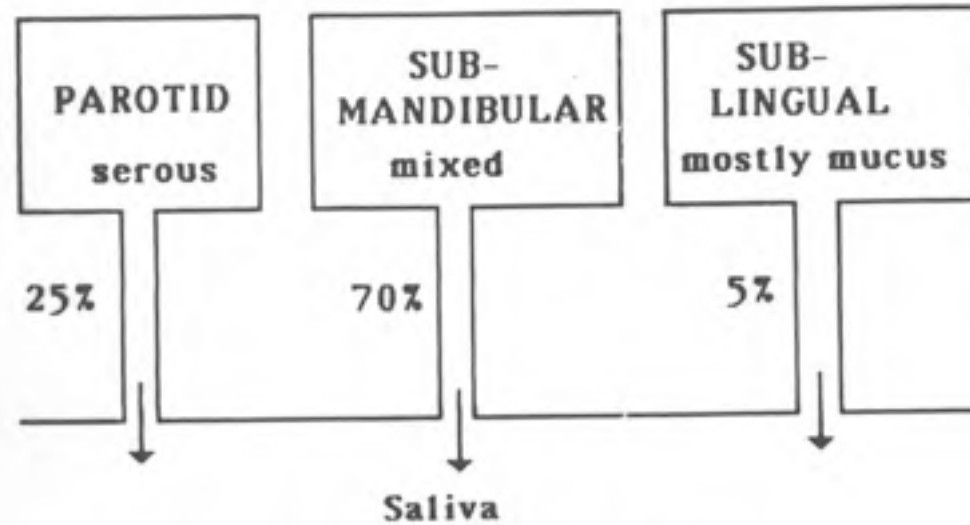
IGA

Mucus

Function of Saliva

- 1. Lubrication of food - mucins**
- 2. Partial digestion of polysaccharides - amylase**
- 3. Moisten mouth and wash away dissolved food (necessary for taste)**
- 4. Mild antibacterial - lysozyme, lactoferrin**
- 5. Neutralize acids in food and regurgitated stomach acid**
- 6. Maintenance of teeth - Ca^{2+} , fluoride**

SALIVARY GLANDS

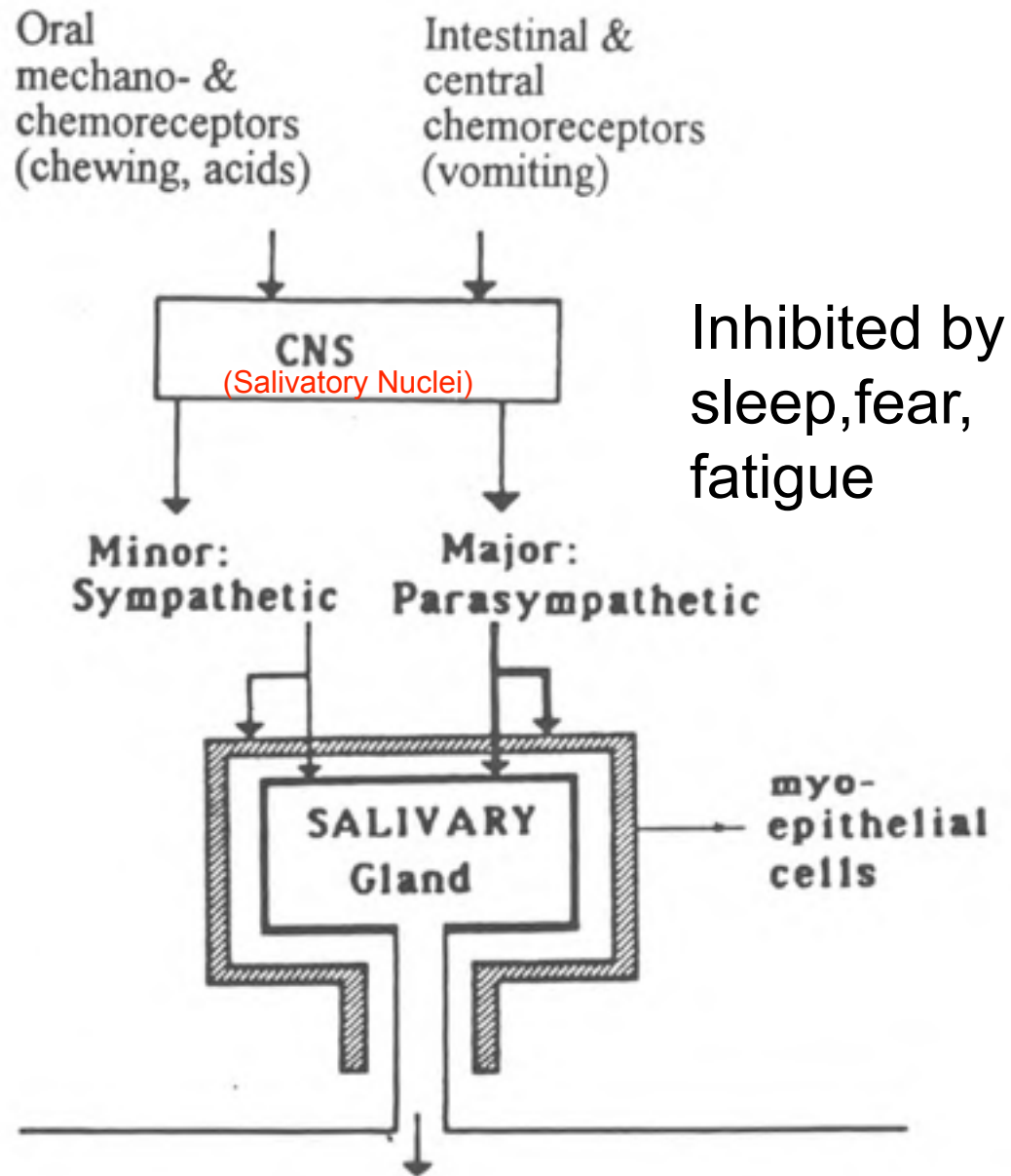


Rate: basal - 0.25 ml/min
max - 5 - 10 ml/min
typical - 1.0 - 1.5 liters/day

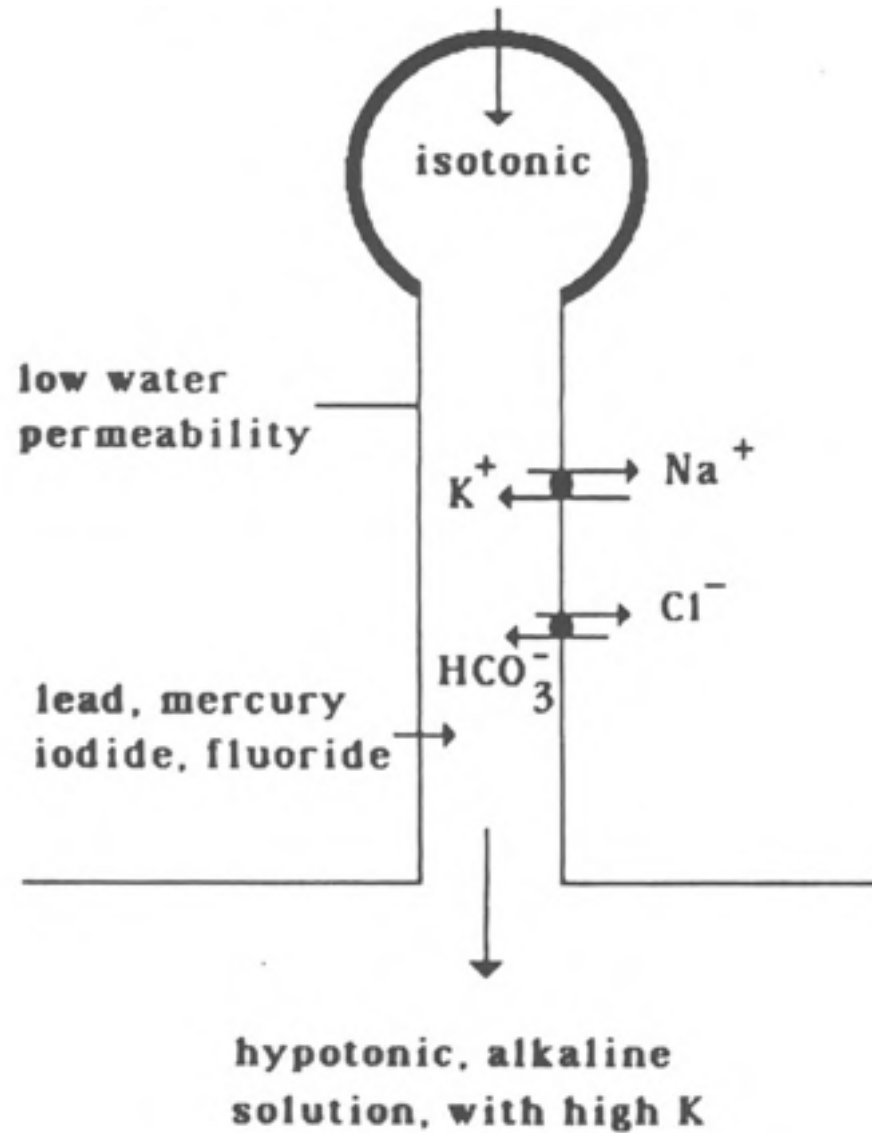
Osmolarity: hyptonic

pH: alkaline

Major Proteins: alpha amylase (ptyalin)
mucins



Fluid Flow Model for Production of Saliva



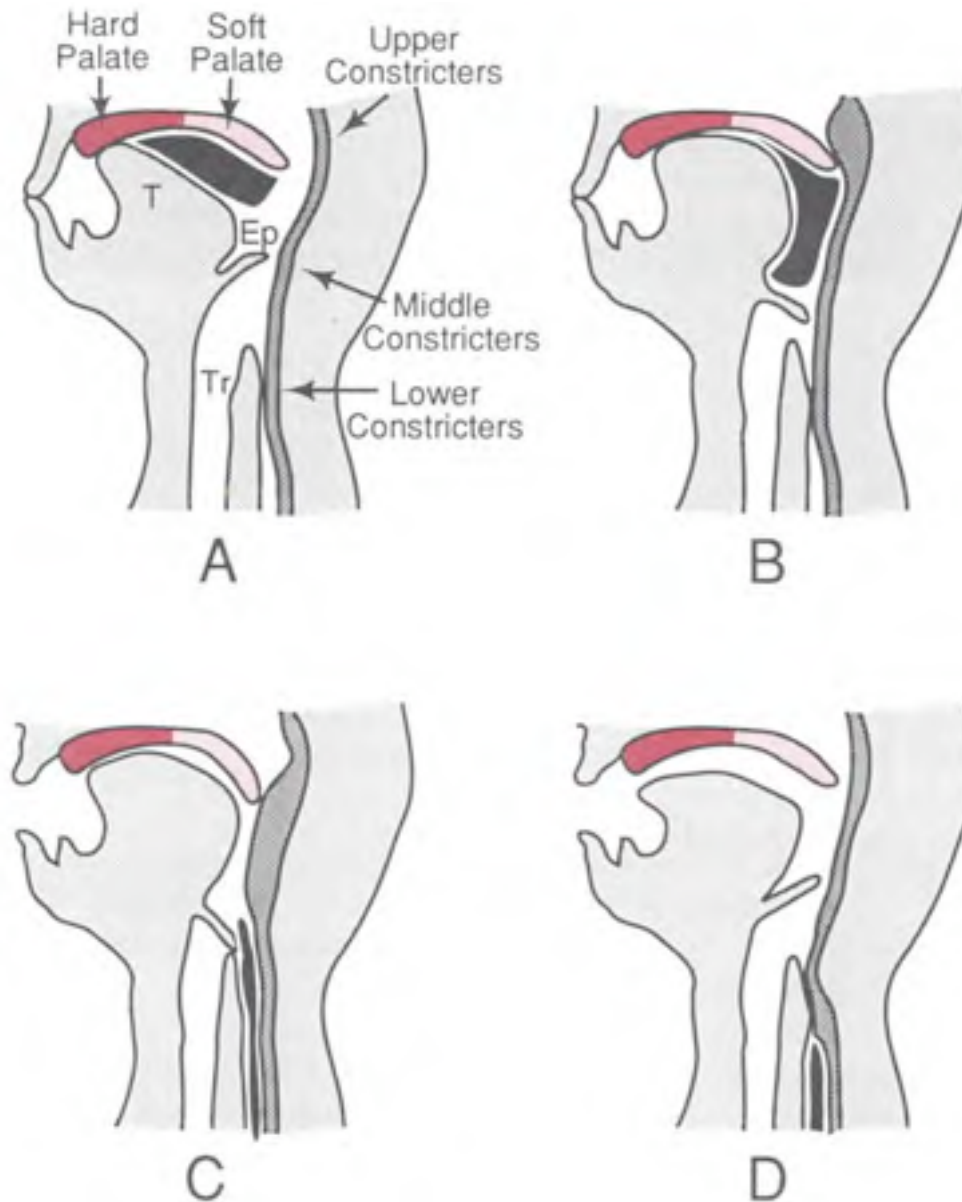
SALIVARY PATHOPHYSIOLOGY

Xerostomia - the condition of dry mouth resulting from the absence of saliva

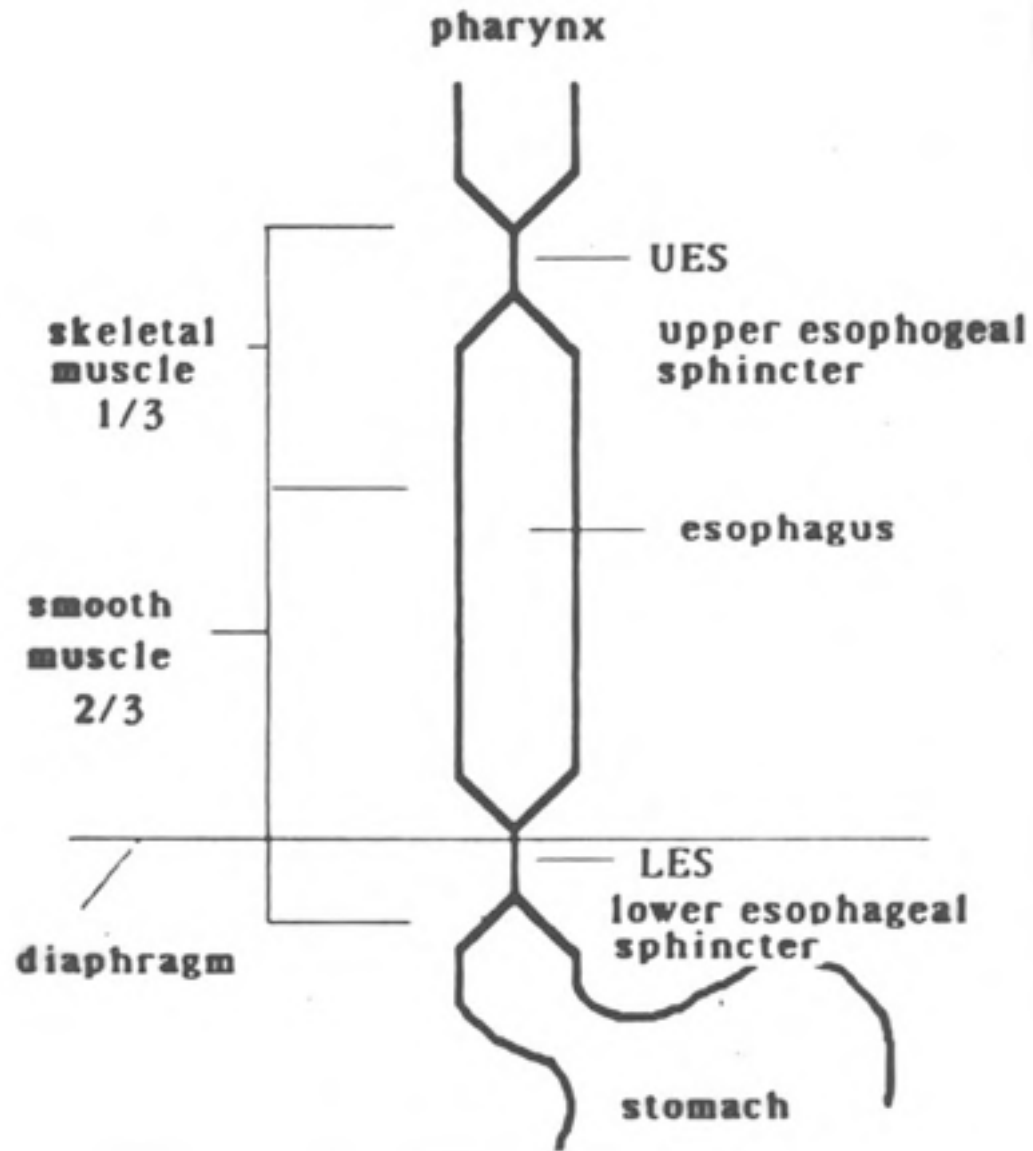
Can be due to Sjogrens Syndrome, radiation damage or as a side effect of certain drugs

Absence of saliva leads to tooth decay, infections and discomfort

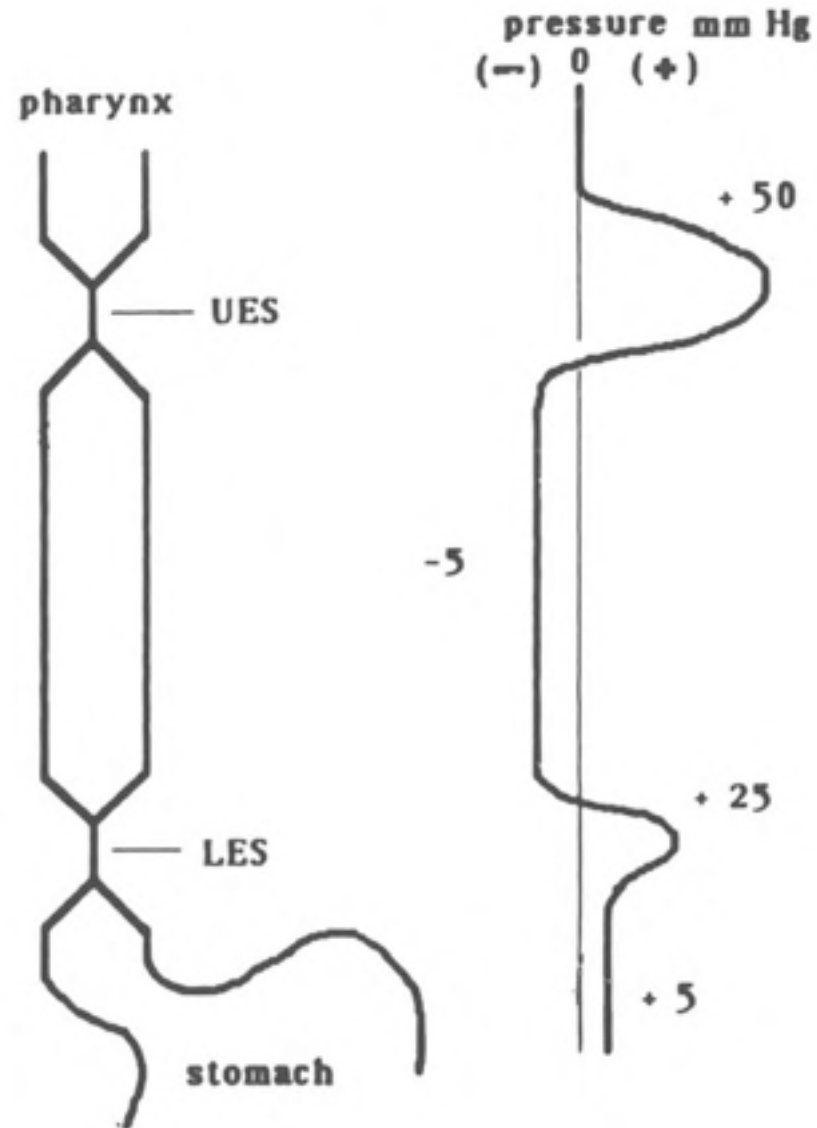
CHEWING AND SWALLOWING



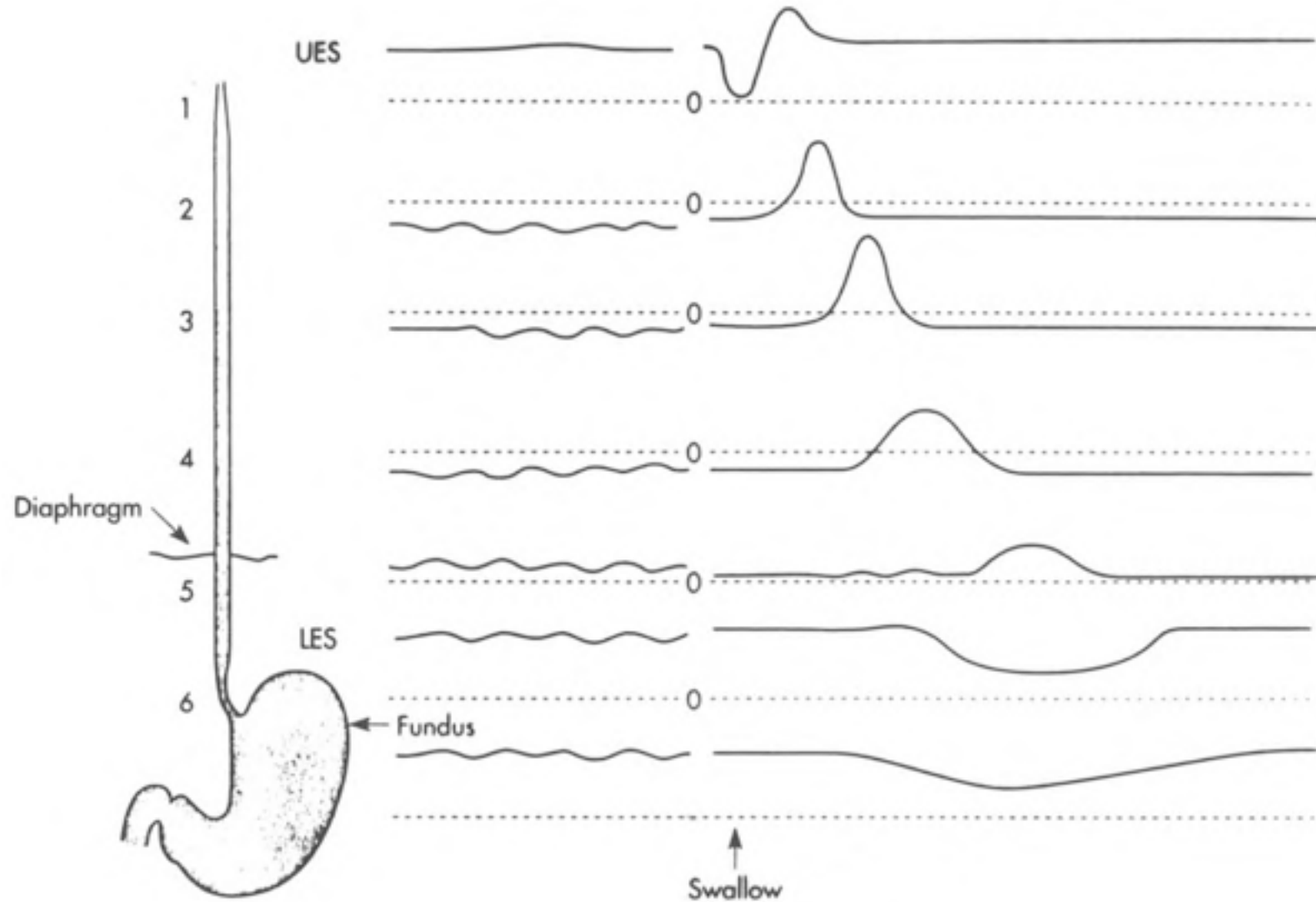
ESOPHAGUS



Esophageal Pressures Measured by a Catheter



Pressure Changes During a Primary Peristaltic Wave



PD-EMEL Fig. 3-3 Johnson, L. *Gastrointestinal Physiology*, 7th ed. Mosby Elsevier, Philadelphia, PA; 2007: 26.

Neural Innervation of the Esophagus

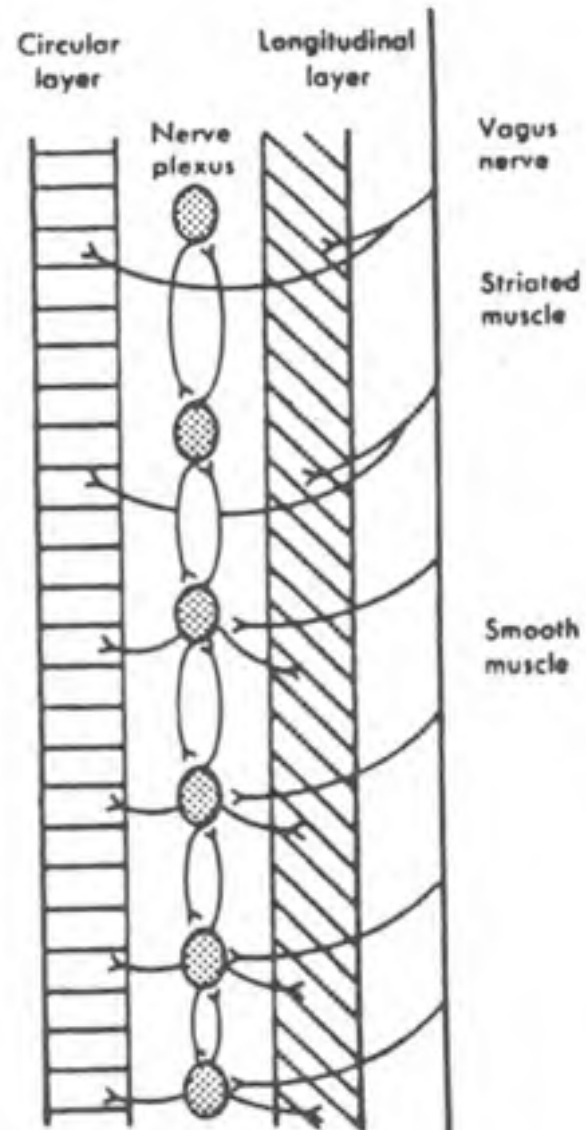


 Fig. 3-4 Johnson, L. *Gastrointestinal Physiology*, 6th ed. Mosby Elsevier, St. Louis, MO; 2001: 32.

REGULATION OF THE LOWER ESOPHAGEAL SPHINCTER

- 1. LES contraction regulated by intrinsic properties of smooth muscle, nerves and hormones**
- 2. Basal tone is myogenic but increased by ACh and Gastrin**
- 3. Transient relaxation mediated by inhibitory neurons that use VIP or NO as a neurotransmitter**
- 4. Sphincter tone lacking in newborns and decreased during pregnancy**

ABNORMALITIES OF LES

- 1. Failure of LES to function as a sphincter leads to reflux esophagitis or “heartburn”**
- 2. GERD – Gastroesophageal Reflux Disease**
- 3. Failure to relax results in “Achalasia”**

Additional Source Information

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Slide 5 – Fig. 2-3 Granger, D, *et al. Clinical Gastrointestinal Physiology*. W.B. Saunders, Philadelphia, PA; 1985:35.

Modified from Berne, RM, Levy, MN. *Physiology*. C.V. Mosby St. Louis; 1983: 770.

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Slide 12 – Fig. 3 Johnson, Leonard, *Essential Medical Physiology*. Raven Press, New York, NY, 1992: 463.

Slide 13 – Jim Sherman

Slide 14 – Jim Sherman

Slide 15 – Fig. 3-3 Johnson, L. *Gastrointestinal Physiology*, 7th ed. Mosby Elsevier, Philadelphia, PA; 2007: 26.

Slide 16 – Fig. 3-4 Johnson, L. *Gastrointestinal Physiology*, 6th ed. Mosby Elsevier, St. Louis, MO; 2001: 32.