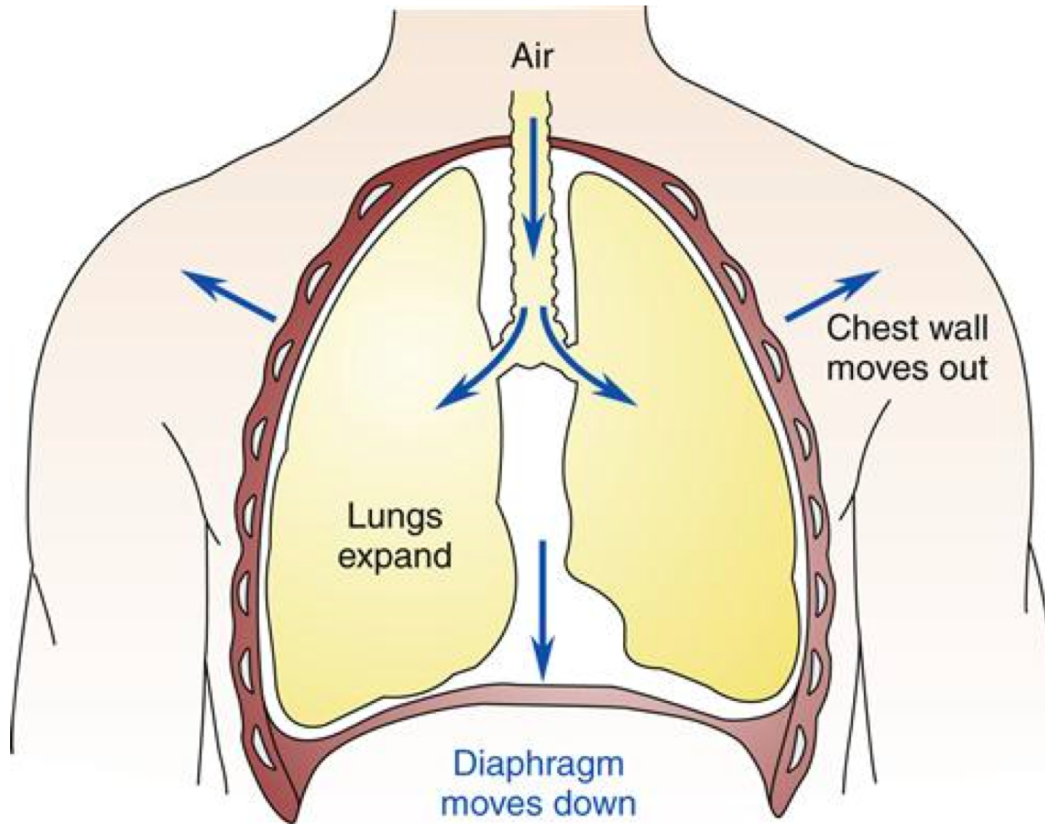


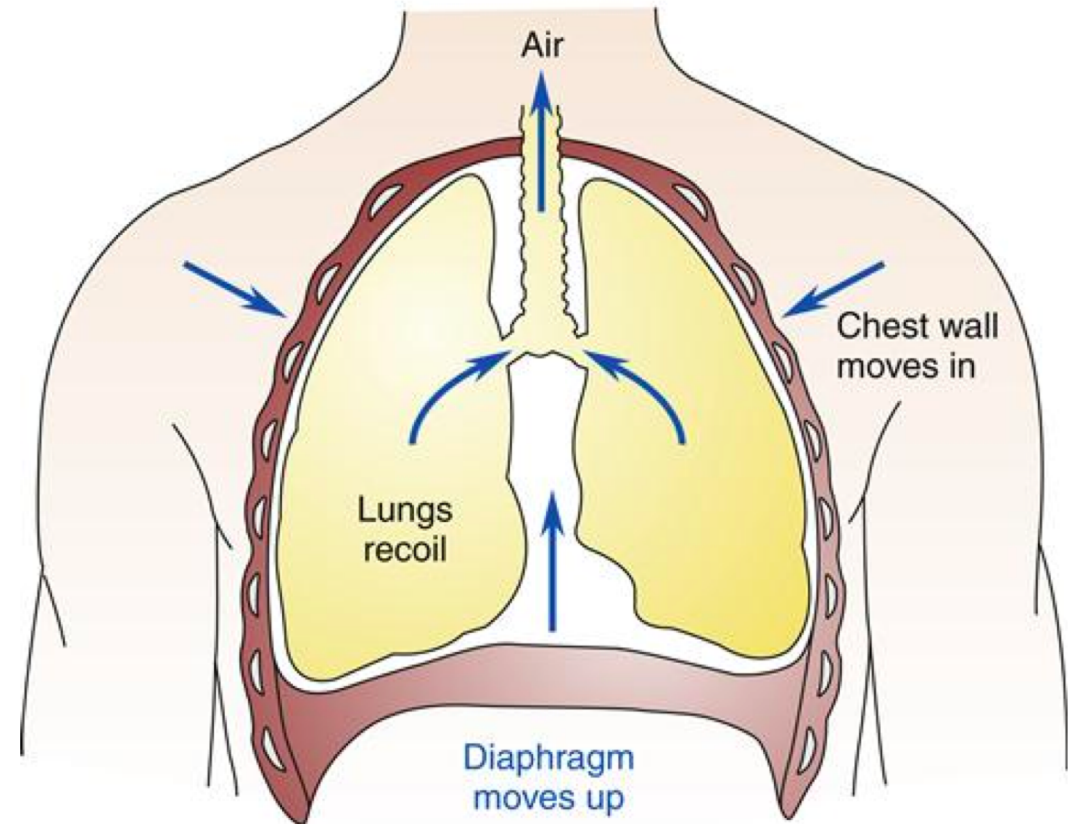
Mécanique ventilatoire



A

INSPIRATION

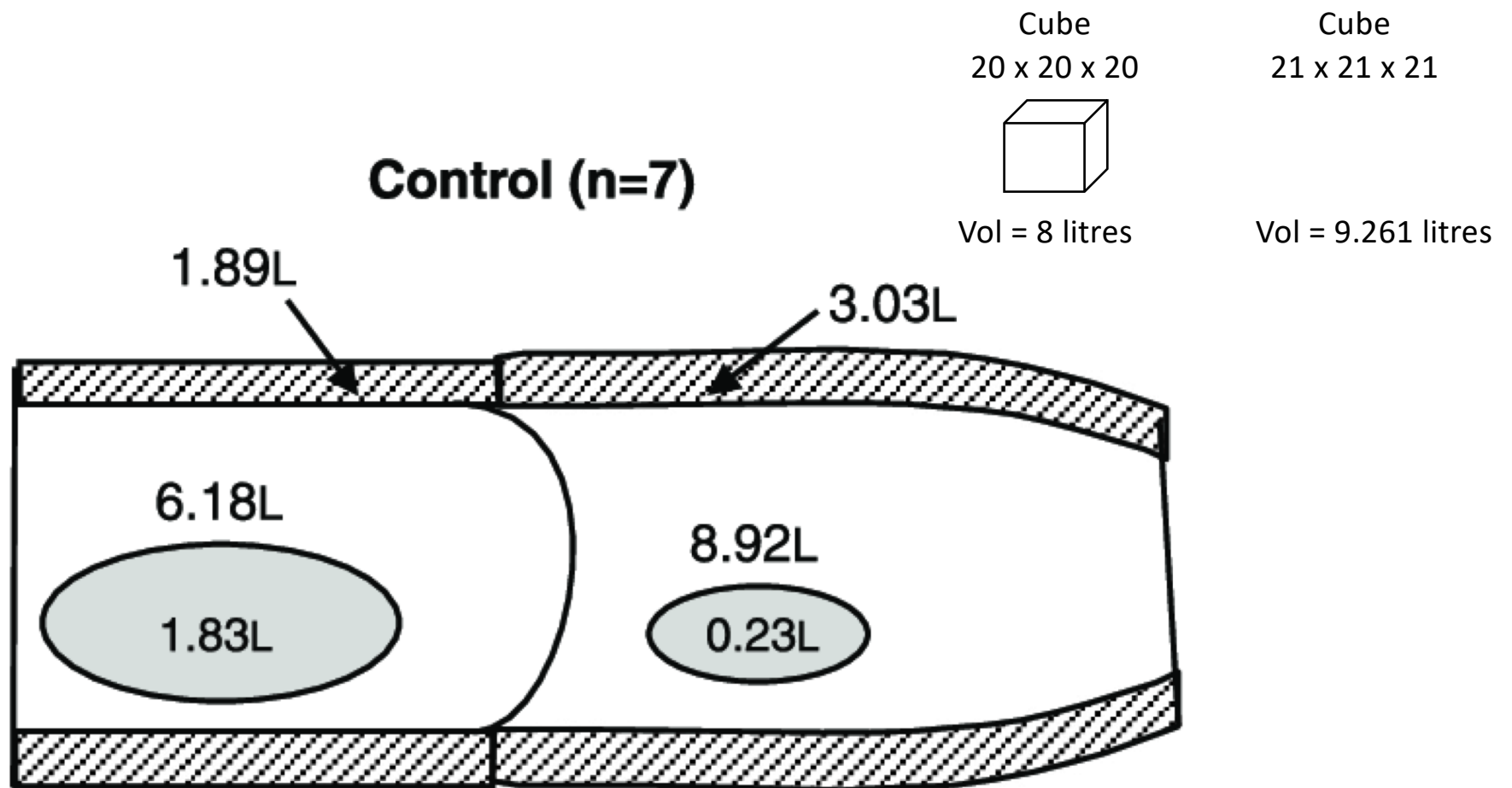
active



B

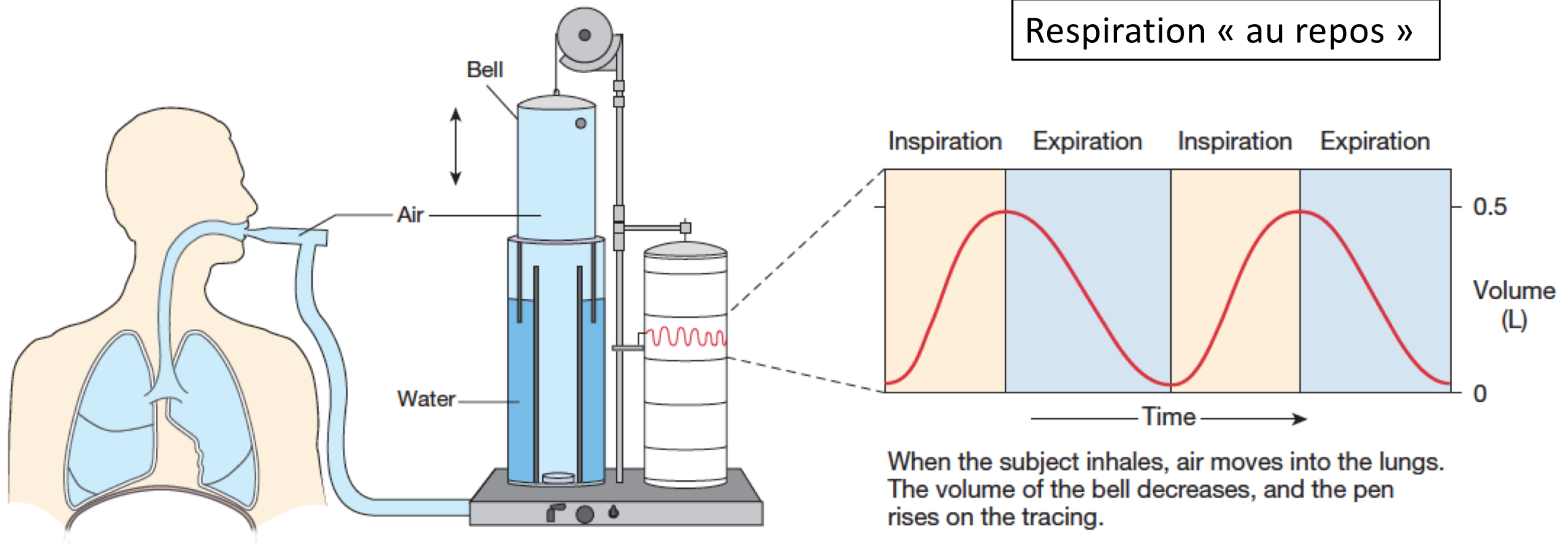
EXPIRATION

passive



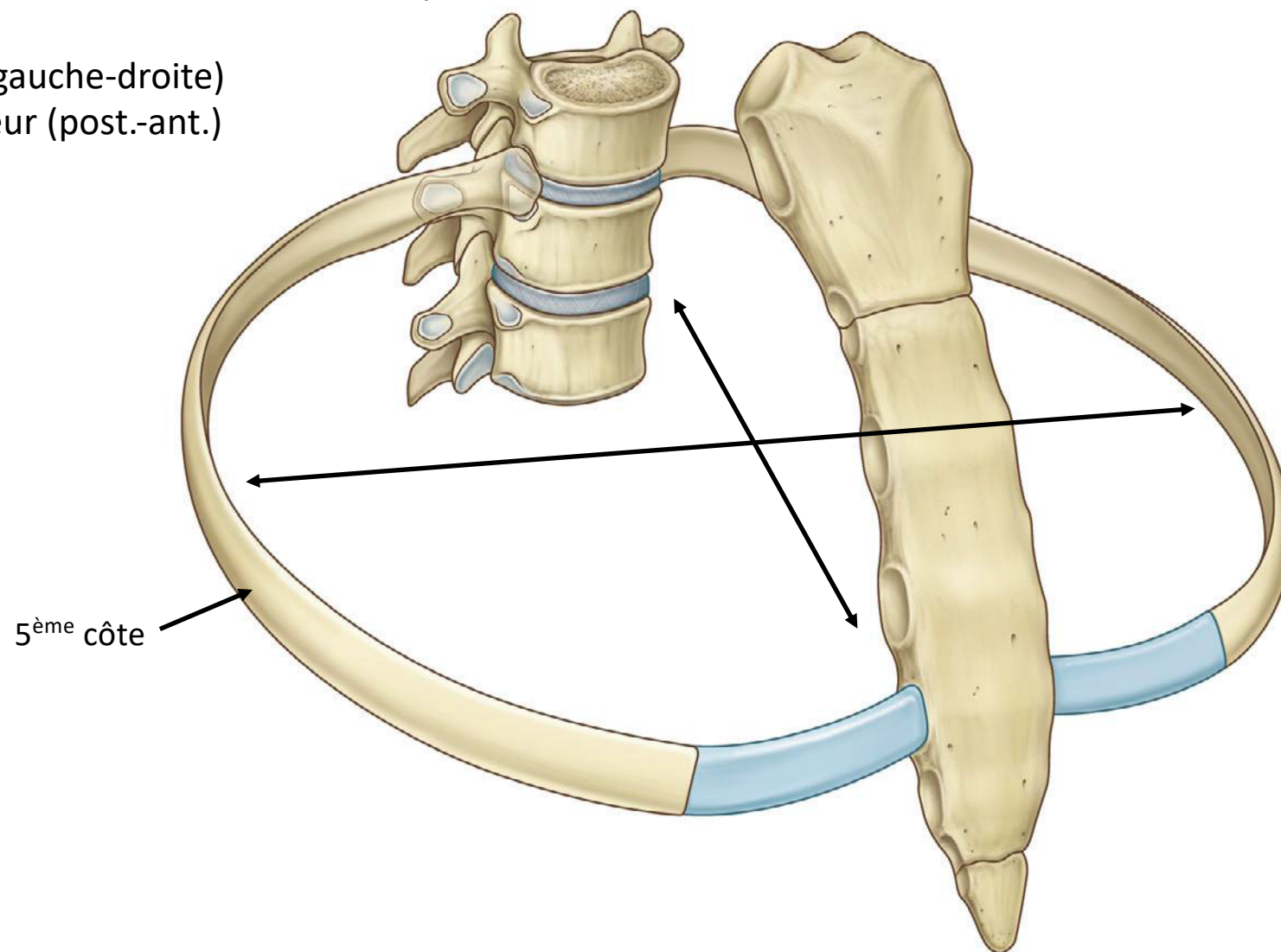
Volume de la cavité thoracique : 8 – 9 litres

This figure shows a traditional wet spirometer. The subject inserts a mouthpiece that is attached to an inverted bell filled with air or oxygen. The volume of the bell and the volume of the subject's respiratory tract create a closed system because the bell is suspended in water.



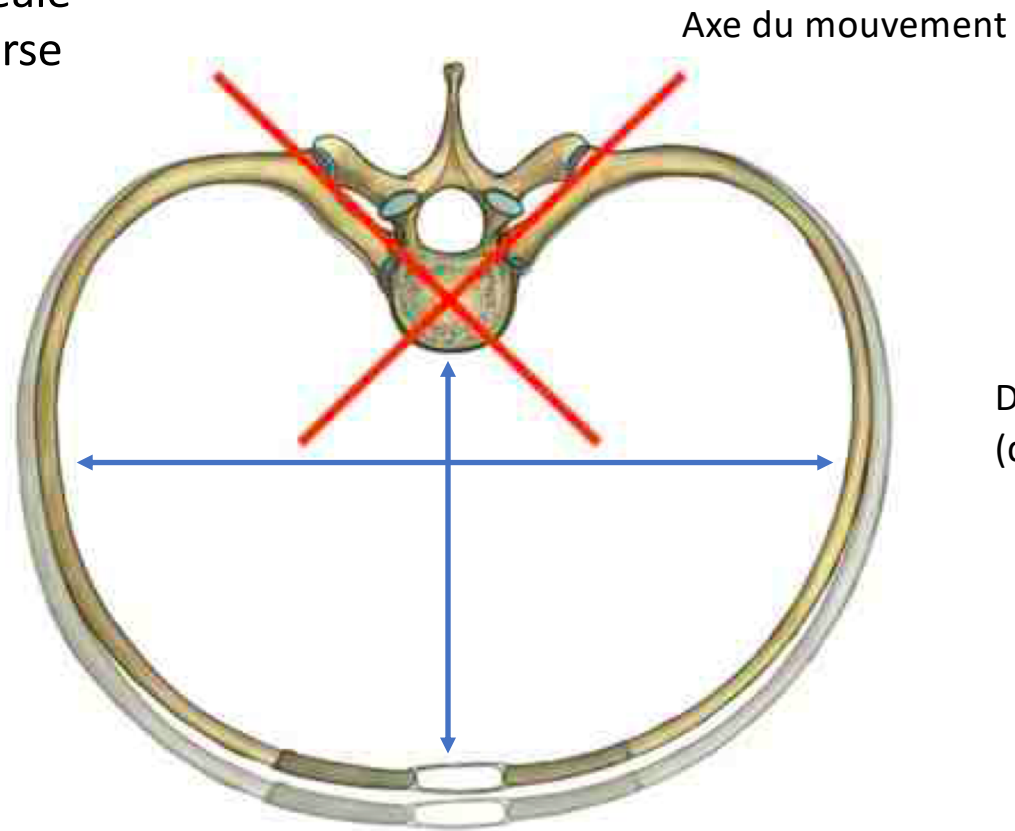
Les 3 dimensions de la cavité thoracique:

- largeur (gauche-droite)
- profondeur (post.-ant.)
- hauteur



Une côte participe à 2 articulations :

- articulation costo-corporeale
- articulation costo-transverse



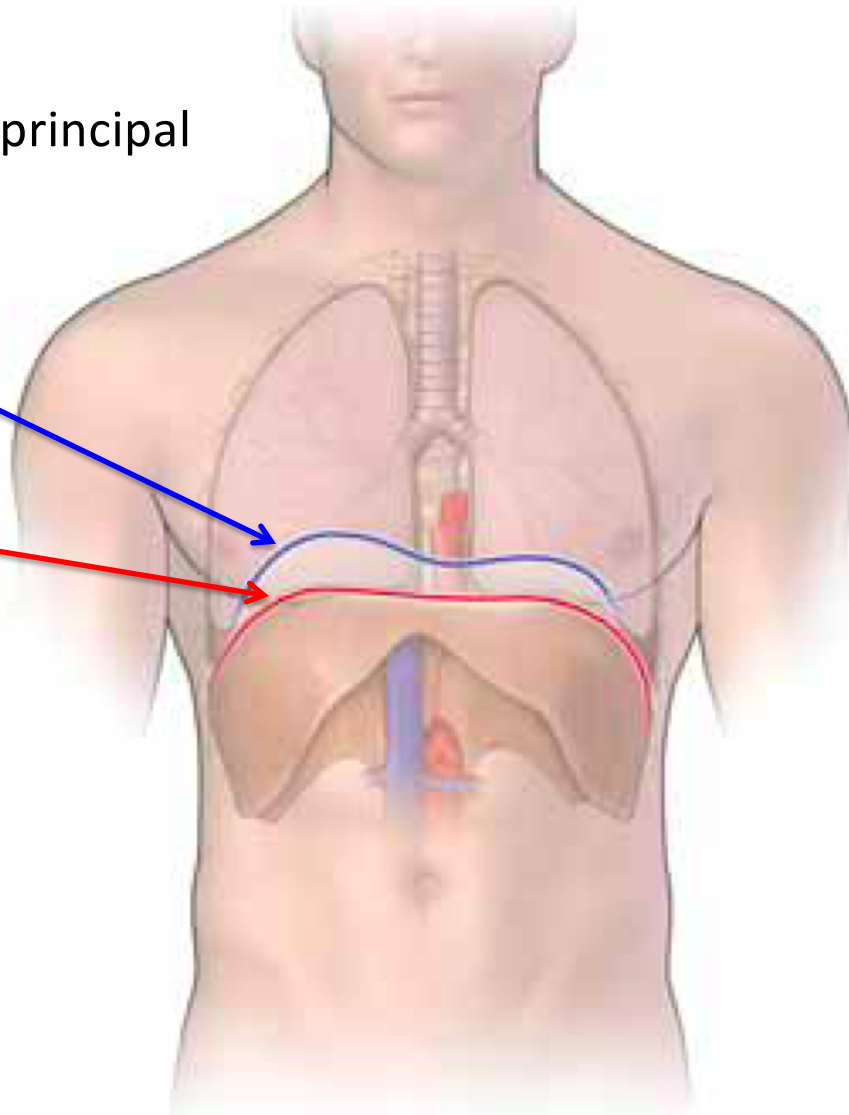
Diamètre transversale
(droite – gauche)

Diamètre antéro-postérieur

Diaphragme :
muscle respiratoire principal

relâché
expiration

contracté
inspiration



Amplitude :

au repos

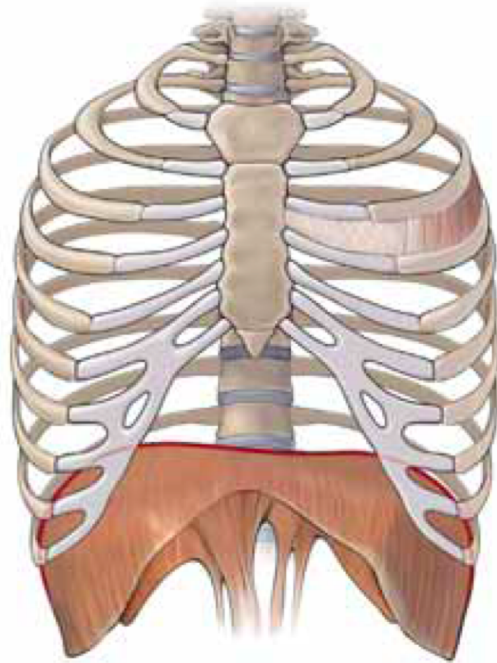
à l'effort



2 cm

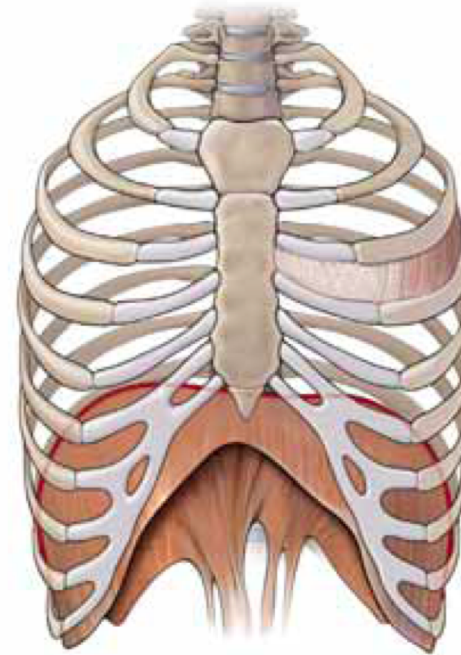
10 cm

Inspiration



Diaphragme : contracté

Expiration



relâché

intercostaux externes



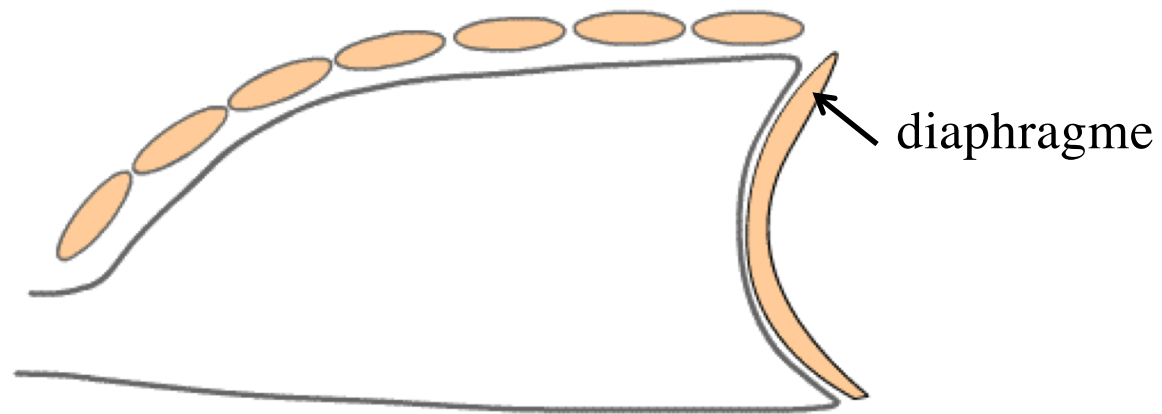
Full expiration



Full inspiration

Mécanique respiratoire

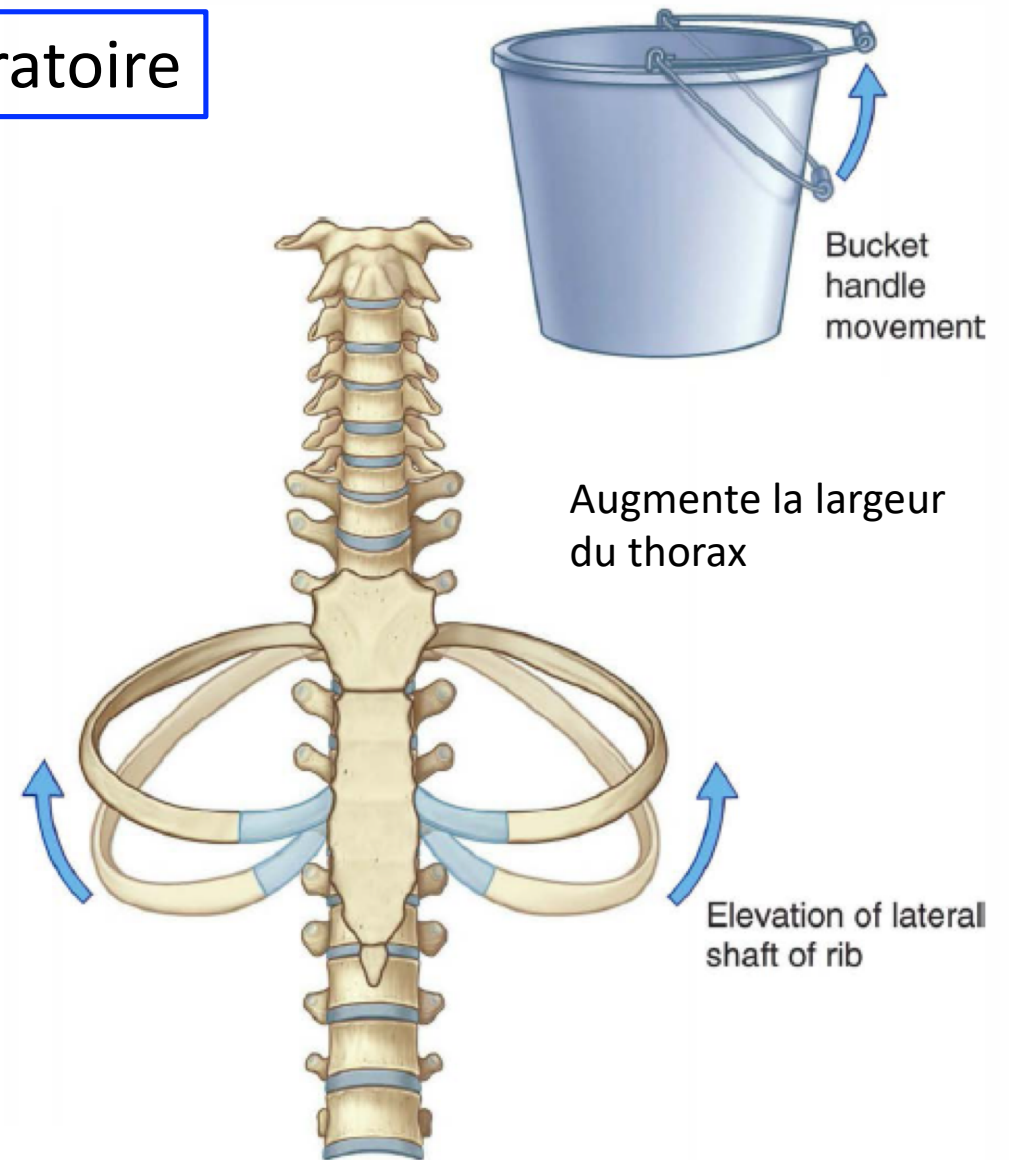
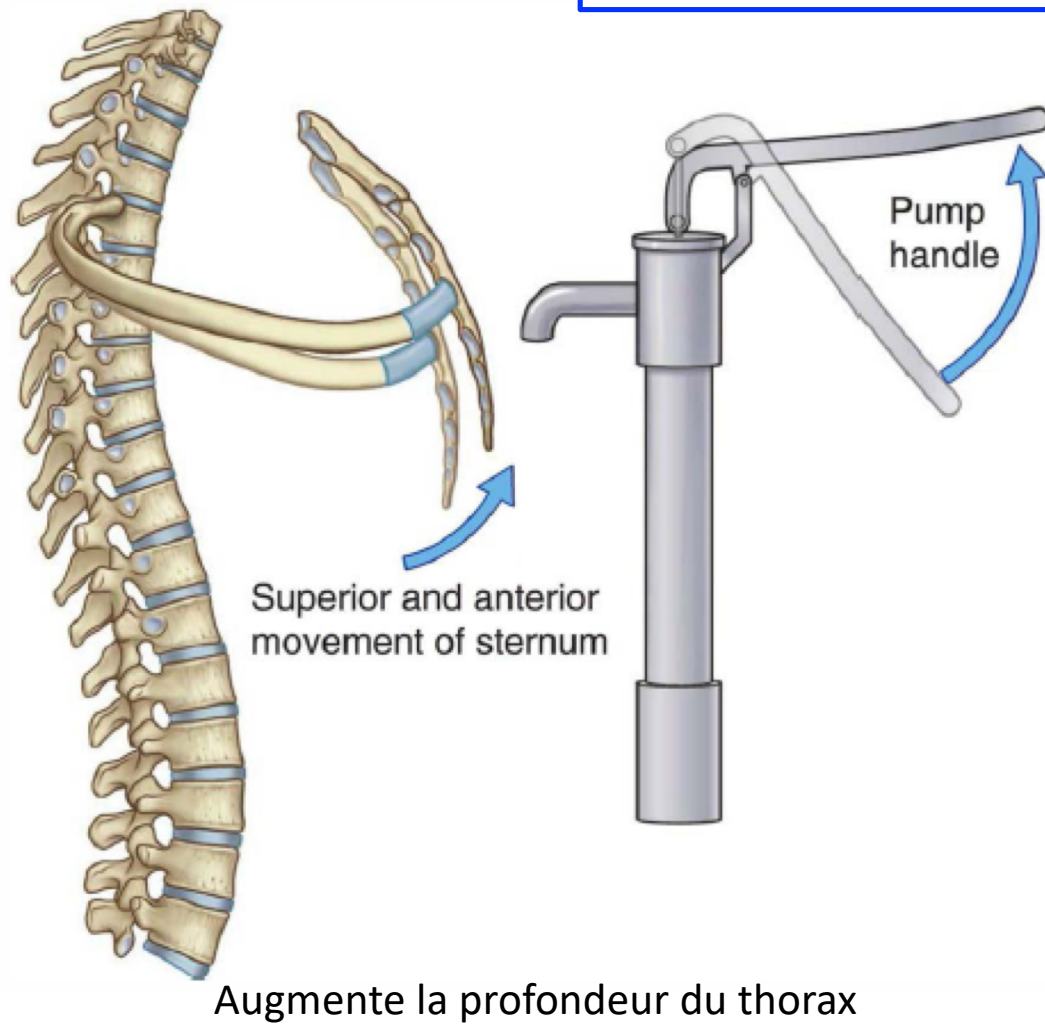
(animation)



Respiration au repos : 0.5 L

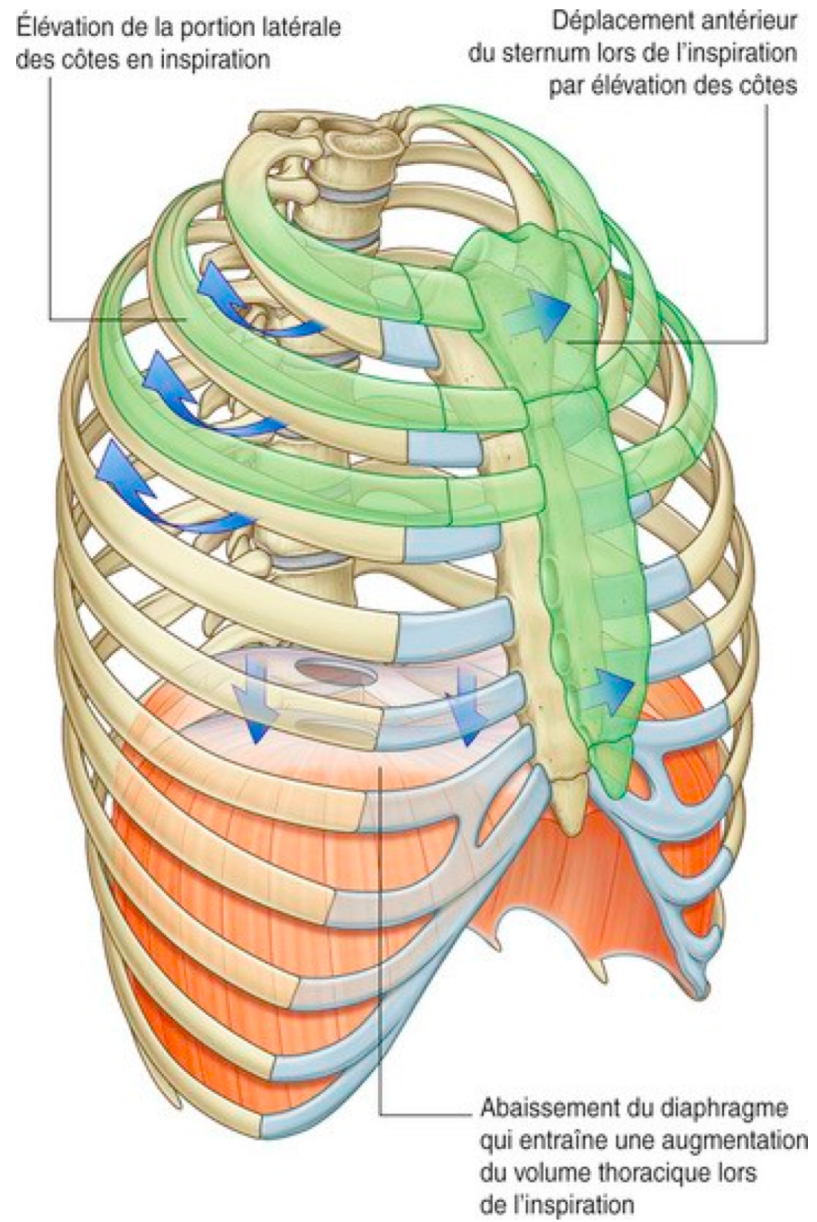
Respiration à l'effort : $\gg 0.5$ L

Mécanique respiratoire



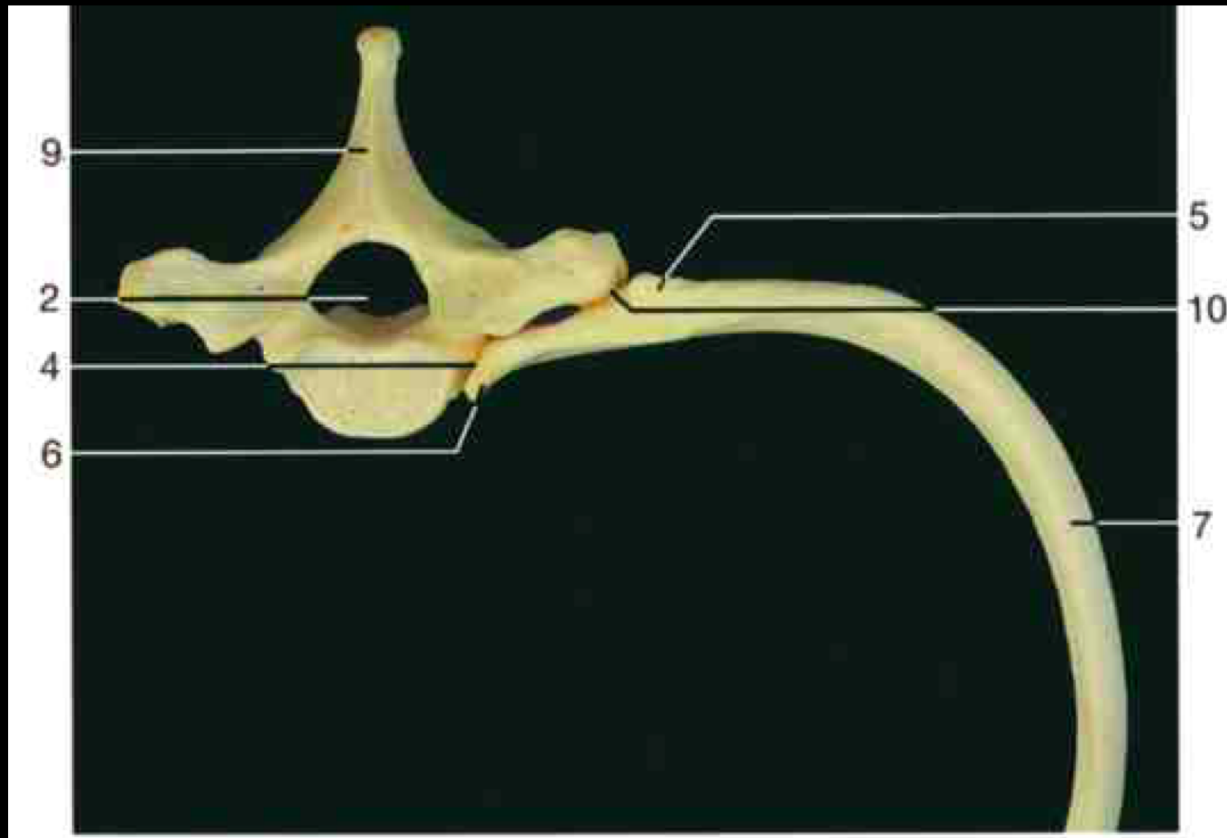
Mécanique ventilatoire

Variation du volume thoracique



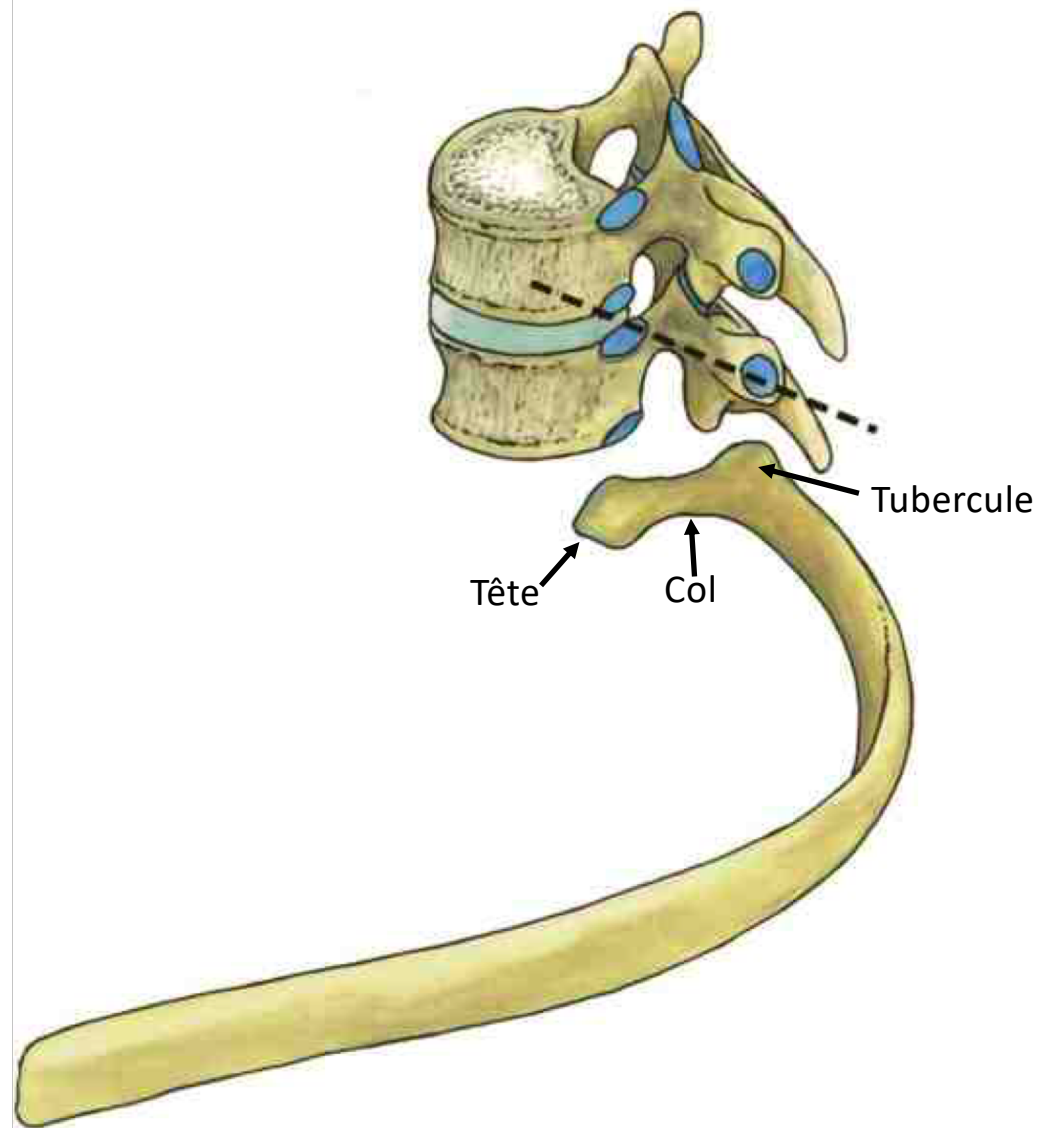
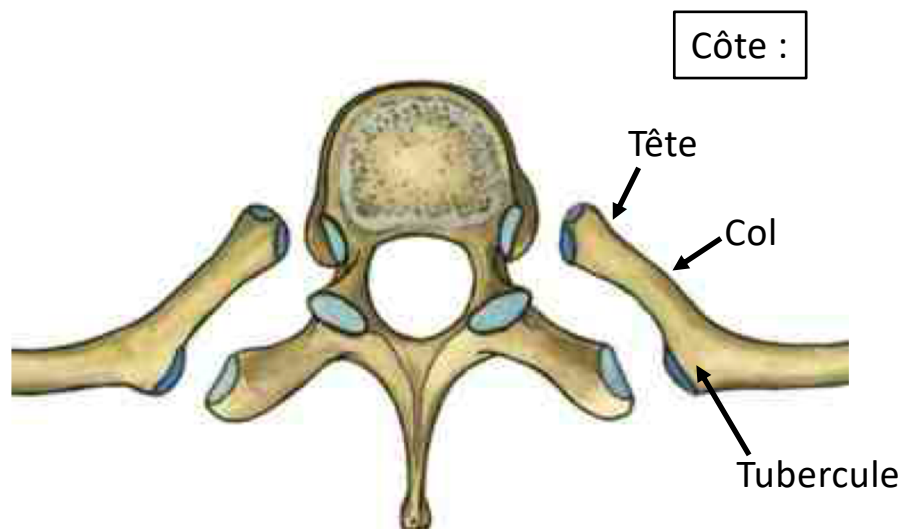
Articulations costo-vertébrales

Articulation
costo-vertébrale

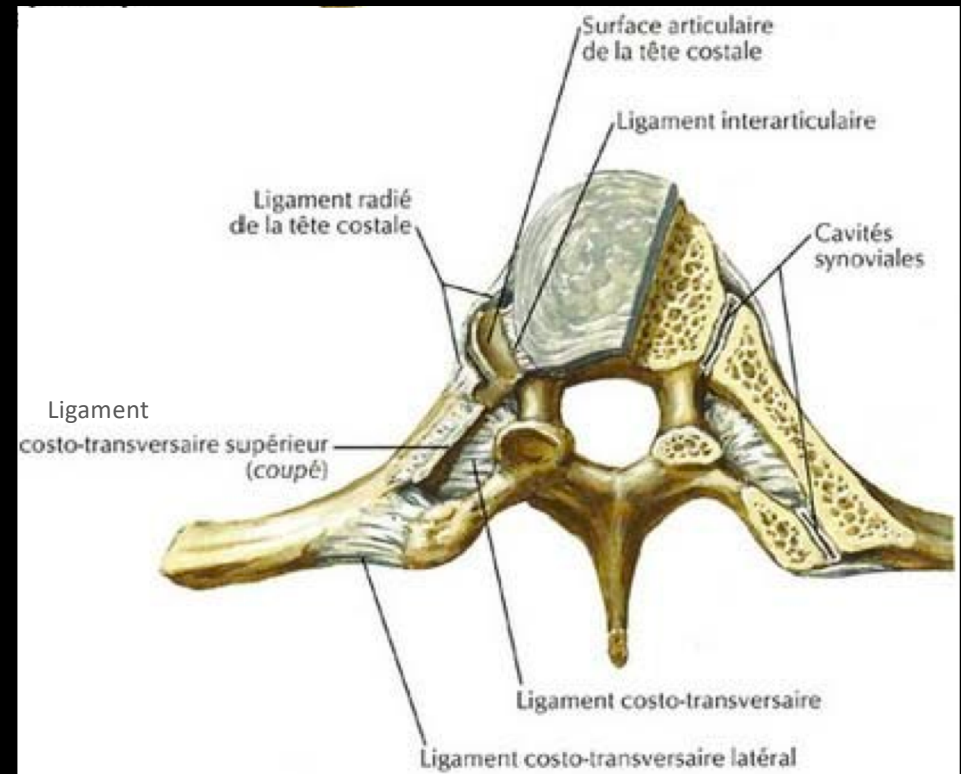
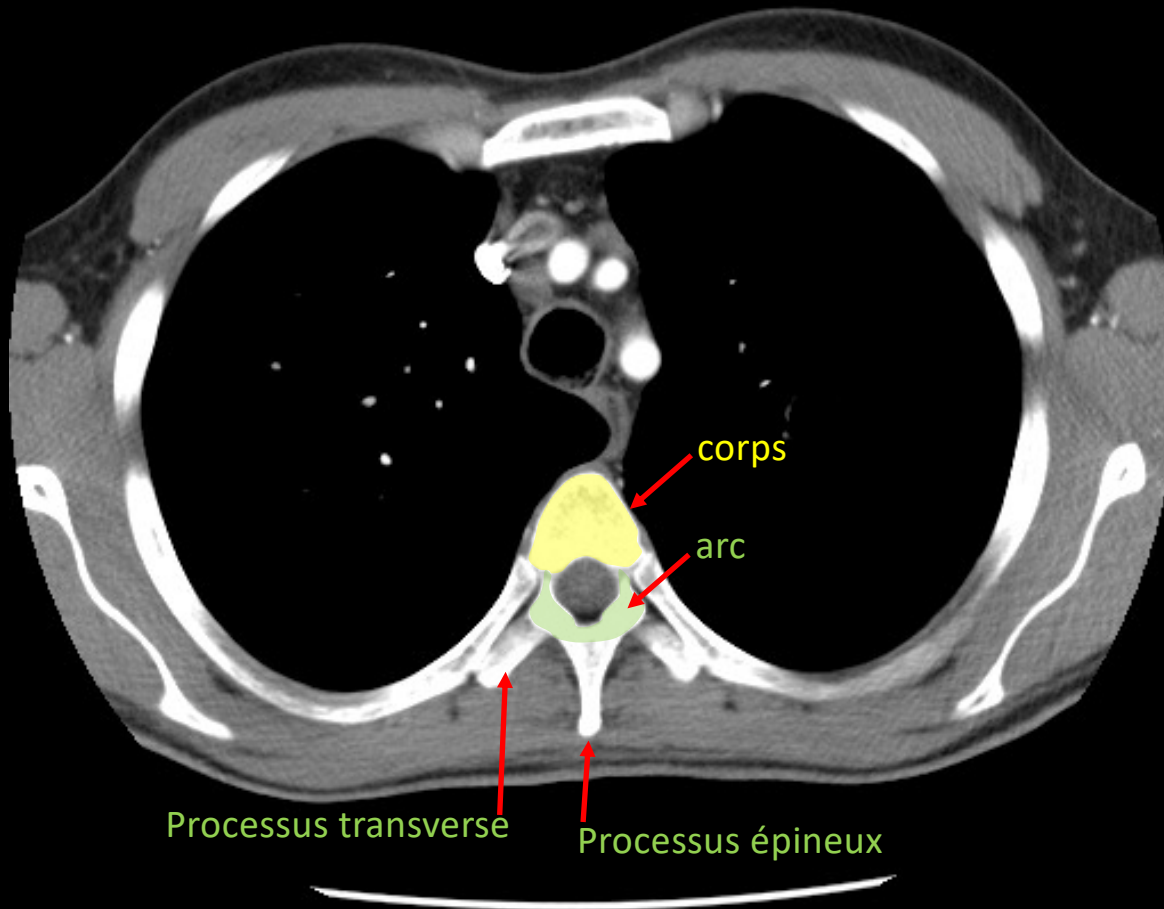


Articulation
costo-transversaire

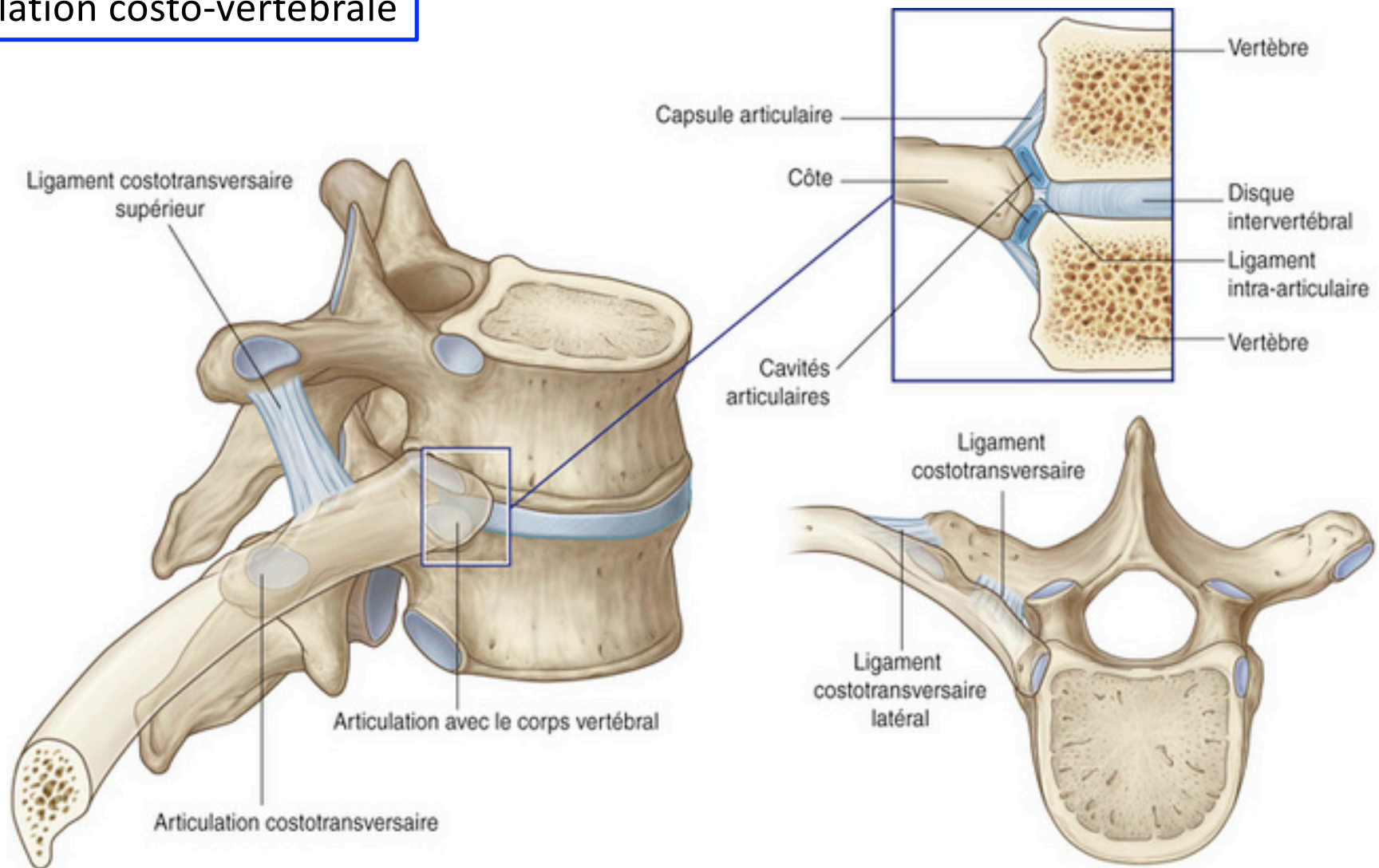
Articulations costo-vertébrales



CT scan

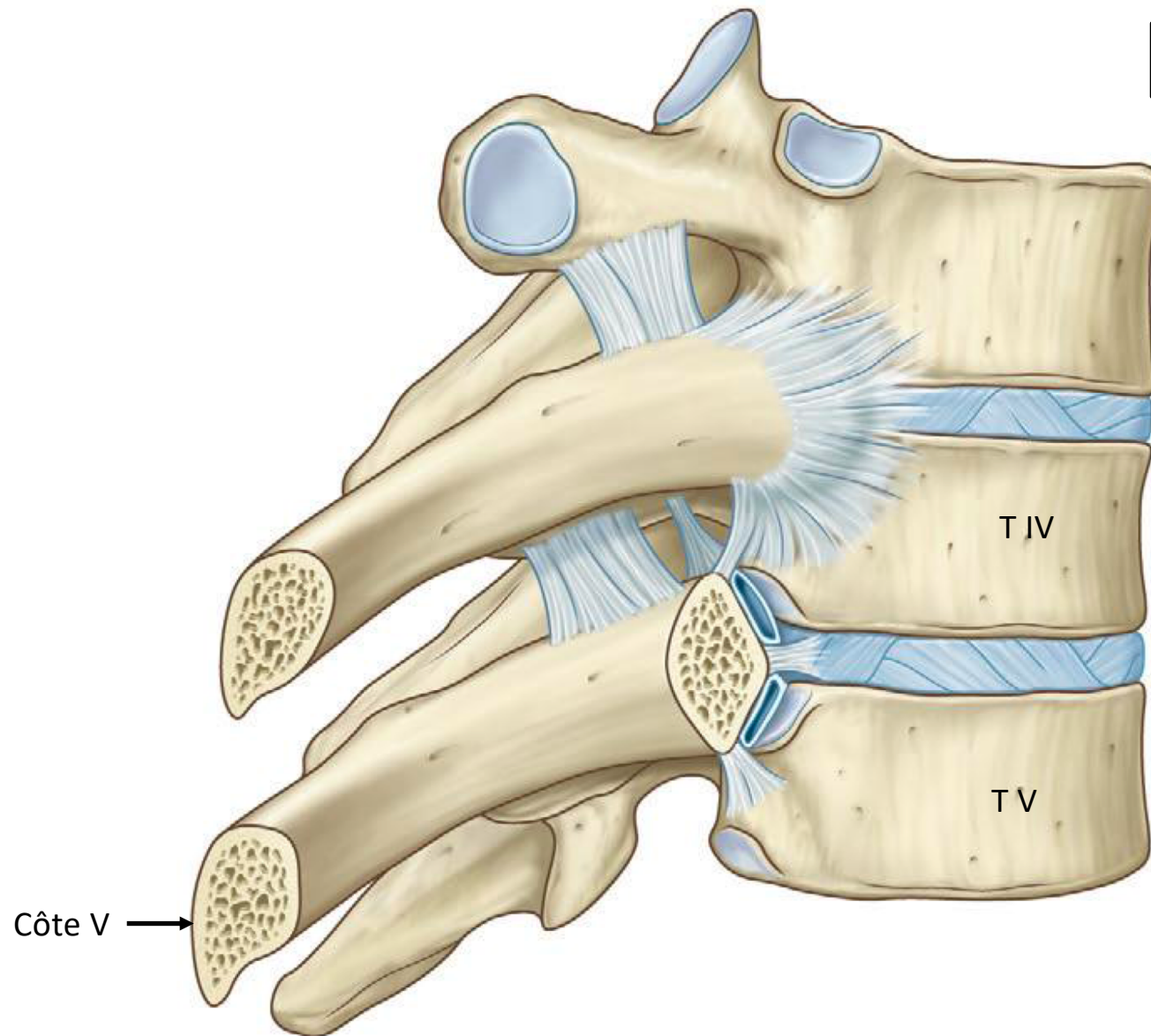


Articulation costo-vertébrale



Articulation costo-vertébrale

articulation synoviale
diarthrose



La **tête** montre 2 facettes articulaires
séparées par une crête.

Muscles de l'inspiration

Accessoires

Sterno-cléido-mastoïdien
(élève le sternum)

Scalènes

Antérieur

Moyen

Postérieur

(élevent et fixent
les côtes supérieures)

Principaux

Intercostaux externes
(élevent les côtes
accroissant ainsi la
largeur de la cage
thoracique)

Partie interchondrale
des intercostaux internes
(élève aussi les côtes)

Diaphragme
(les coupes s'abaissent,
augmentant ainsi la
dimension verticale
de la cavité thoracique ;
élevant aussi les côtes
inférieures)

Muscles de l'expiration

Respiration normale

L'expiration résulte
d'une rétraction passive
des poumons et de la
cage thoracique

Respiration rapide

Intercostaux internes,
sauf la partie
interchondrale

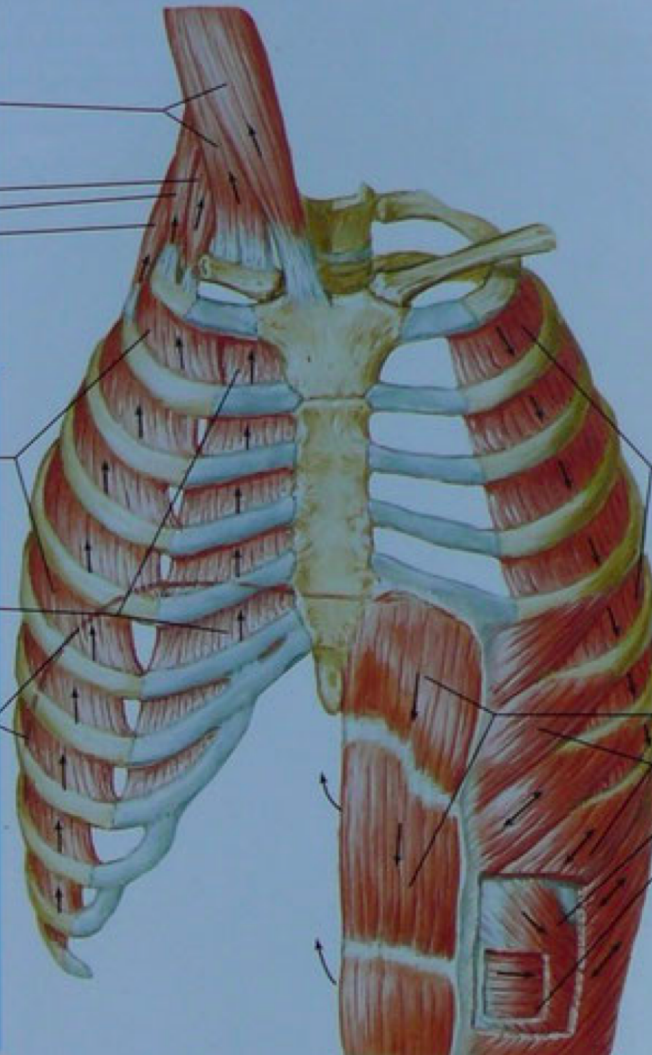
De l'abdomen
(abaissent les côtes
inférieures, compriment
les viscères abdominaux,
faisant ainsi remonter le
diaphragme)

Droit de l'abdomen

Oblique externe

Oblique interne

Transverse de
l'abdomen



Inspiration

Sternocleidomastoid
(elevates sternum)

Scalenes
(fix or elevate ribs 1–2)

External intercostals
(elevate ribs 2–12,
widen thoracic cavity)

Pectoralis minor (cut)
(elevates ribs 3–5)

Internal intercostals,
intercartilaginous part
(aid in elevating ribs)

Diaphragm
(descends and
increases depth
of thoracic cavity)

Expiration ≥ 500 mL
est passive

Forced expiration

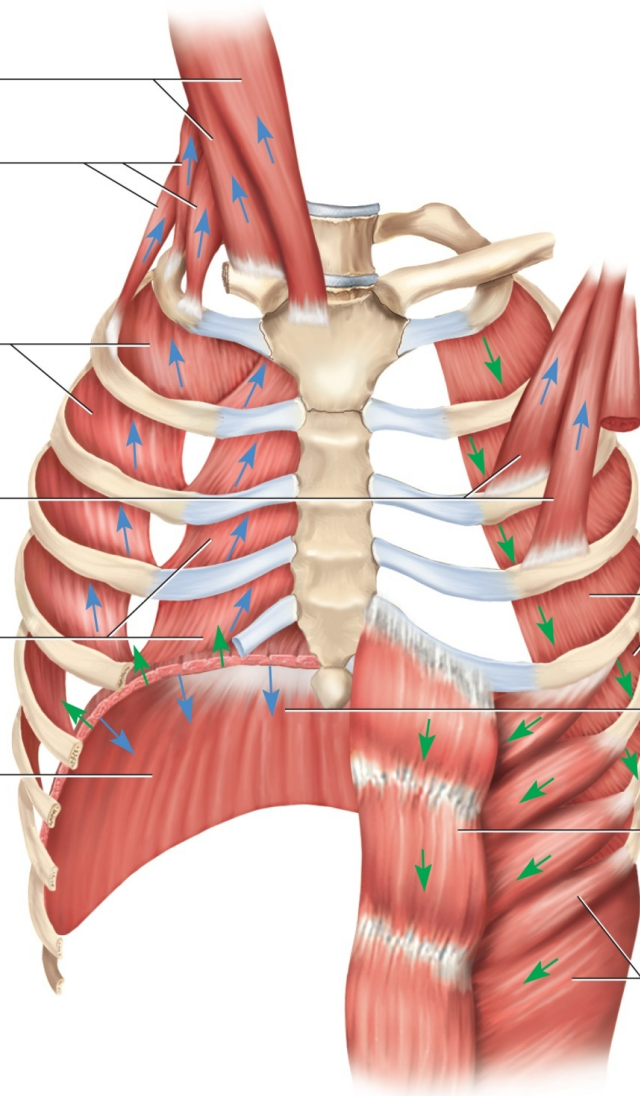
> 500 mL

**Internal intercostals,
interosseous part**
(depress ribs 1–11,
narrow thoracic cavity)

Diaphragm
(ascends and
reduces depth
of thoracic cavity)

Rectus abdominis
(depresses lower ribs,
pushes diaphragm upward
by compressing
abdominal organs)

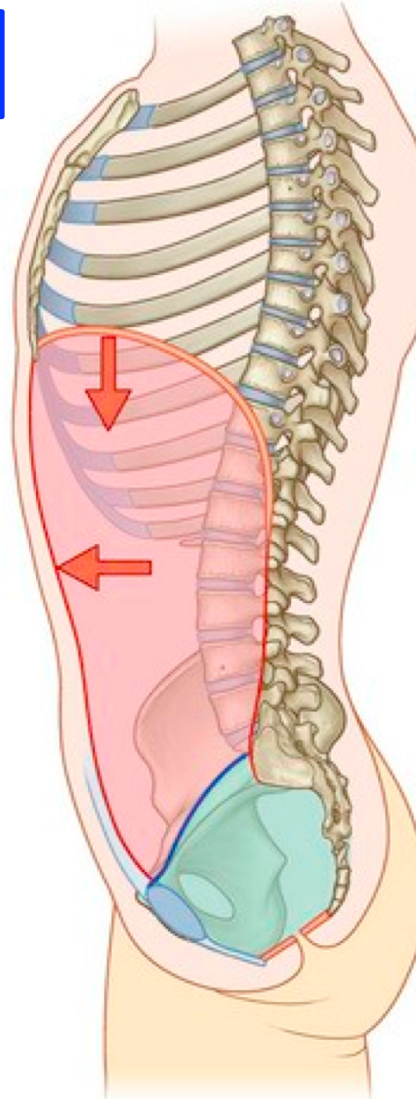
External abdominal oblique
(same effects as
rectus abdominis)



Mécanique respiratoire

Contraction
du diaphragme

Relaxation
des muscles
abdominaux

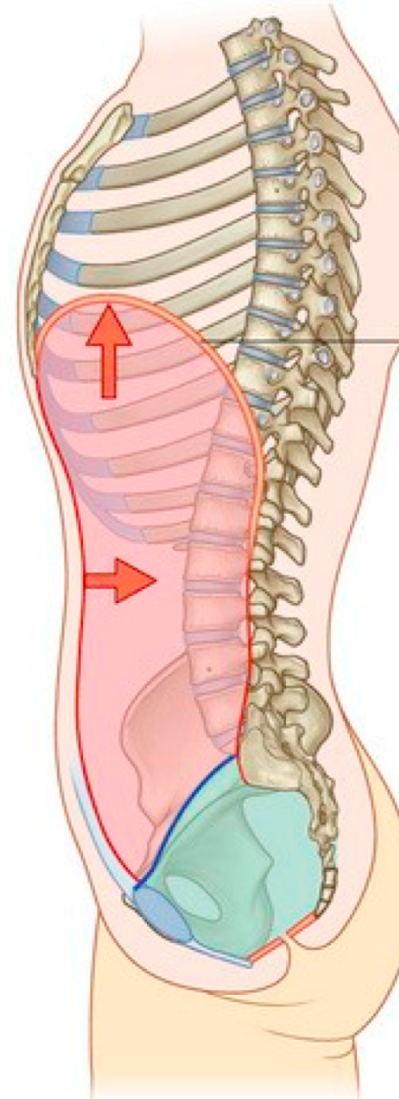


Inspiration

Diaphragme

Relaxation
du diaphragme

Contraction
des muscles
abdominaux



Expiration

L'abdomen participe à la respiration.