

# PHYSIOLOGIE DIGESTIVE

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Pédagogie

Documents en ligne

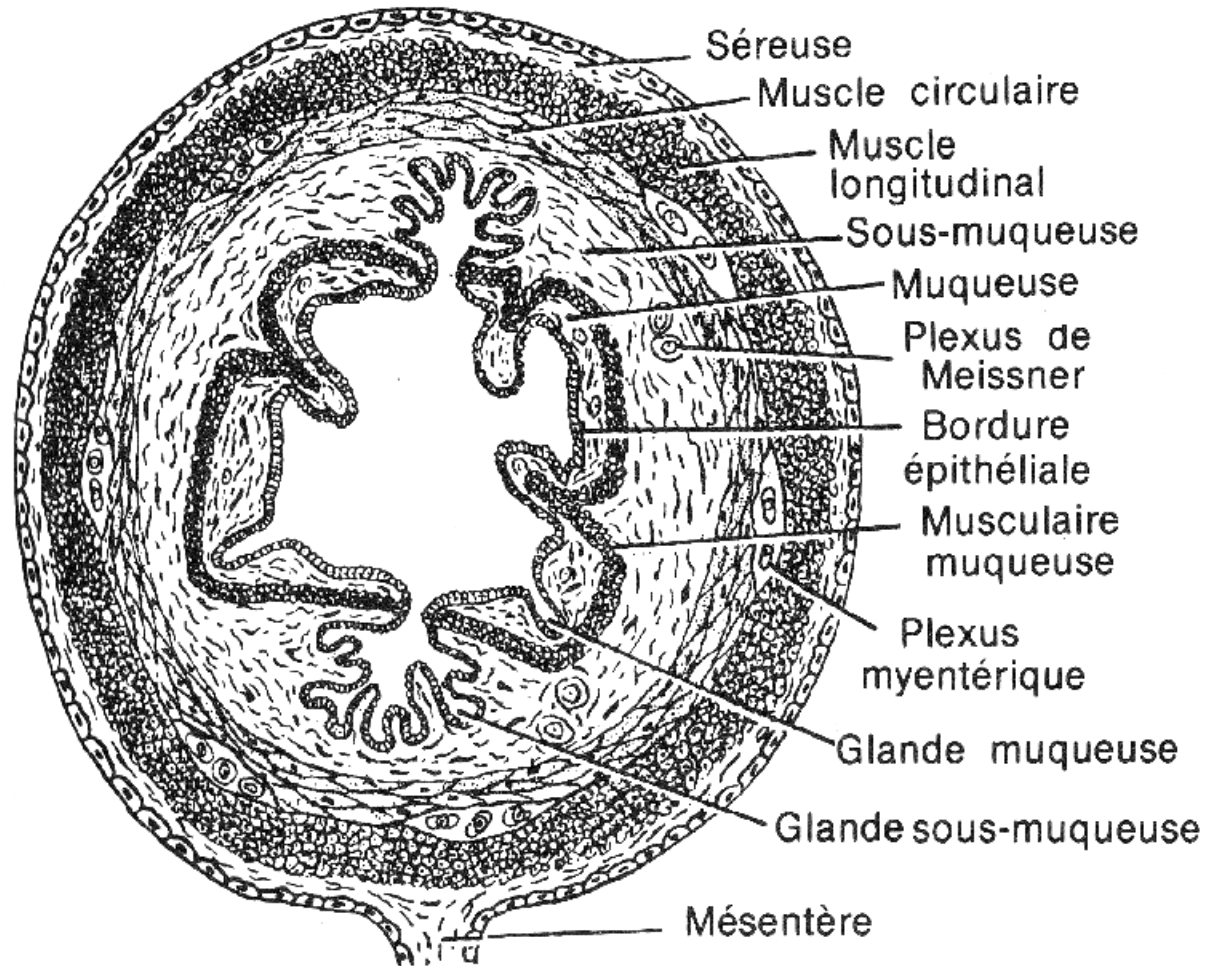
Par discipline

PHYSIOLOGIE

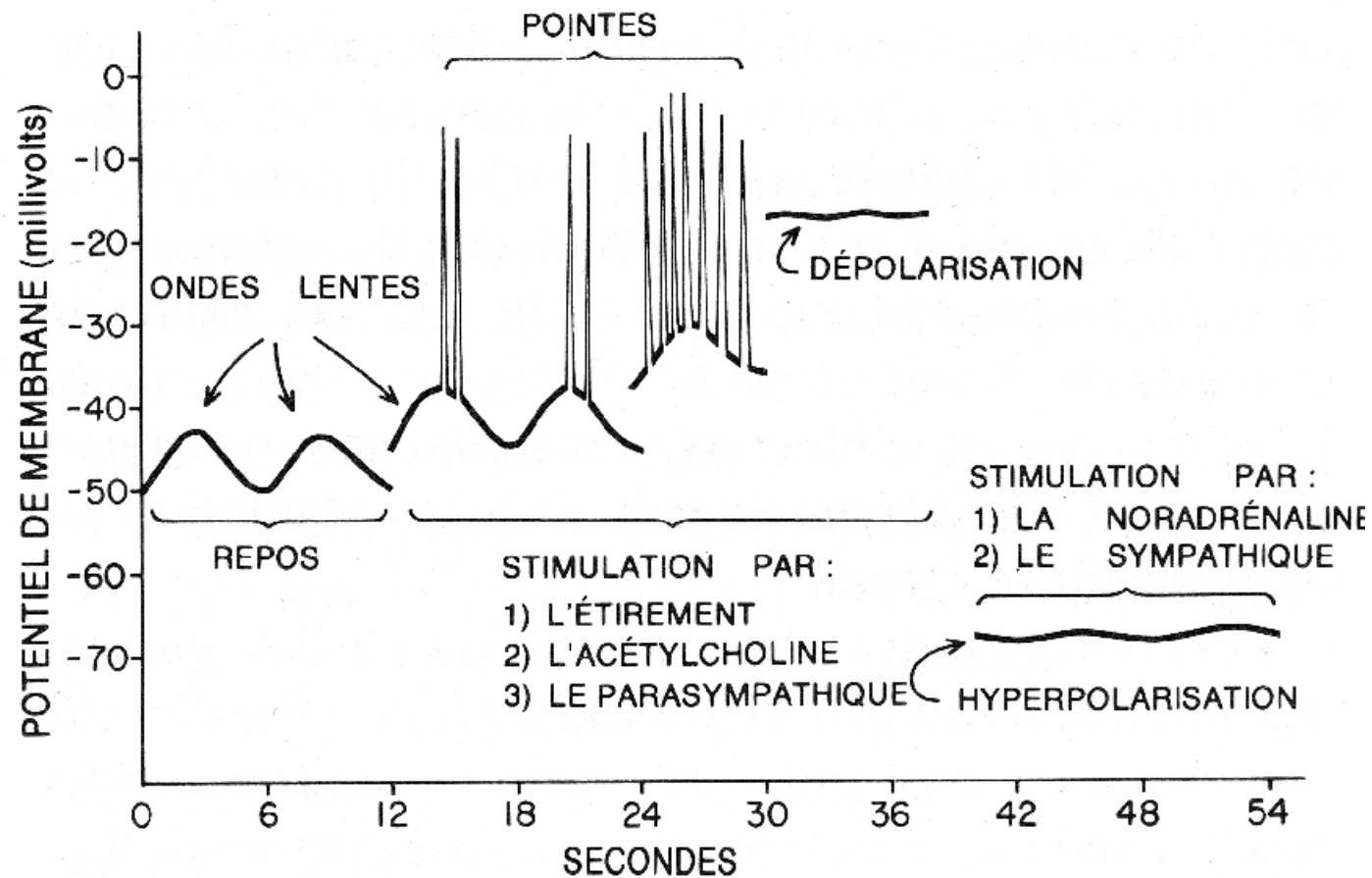
Physiologie digestive

# **LA MOTRICITE DIGESTIVE**

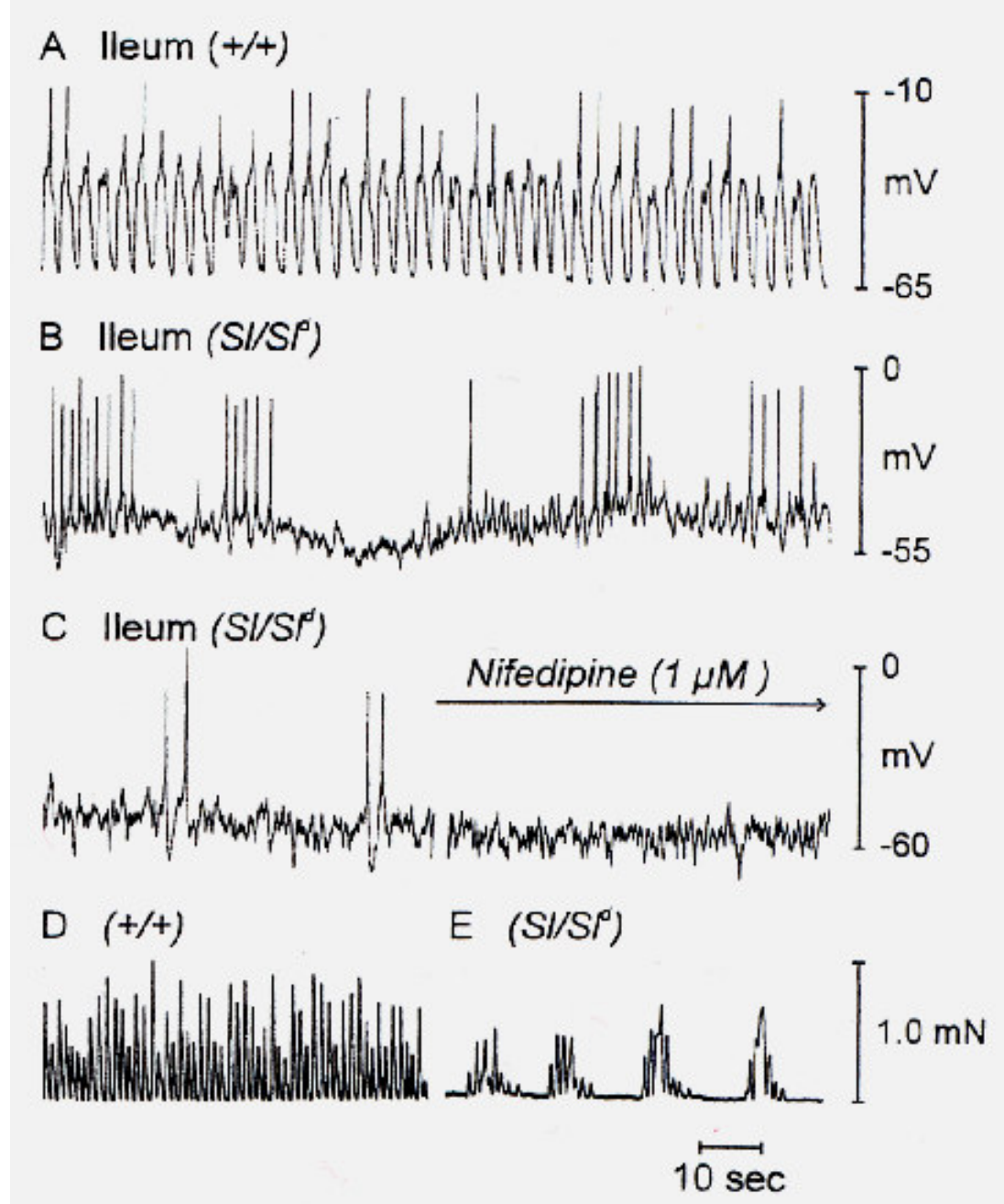
# STRUCTURE DE LA PAROI MUSCULAIRE



# PROPRIETES ELECTRIQUES & MECANIQUES

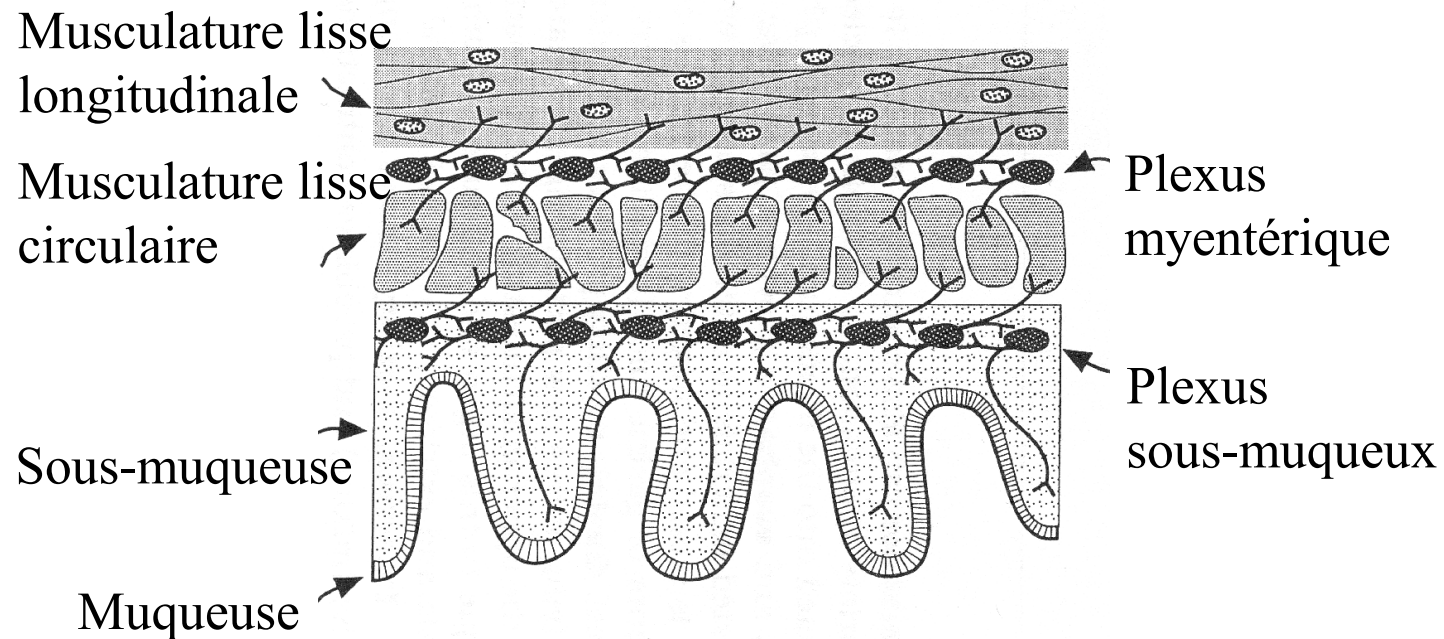


# ORIGINE DES ONDES LENTES



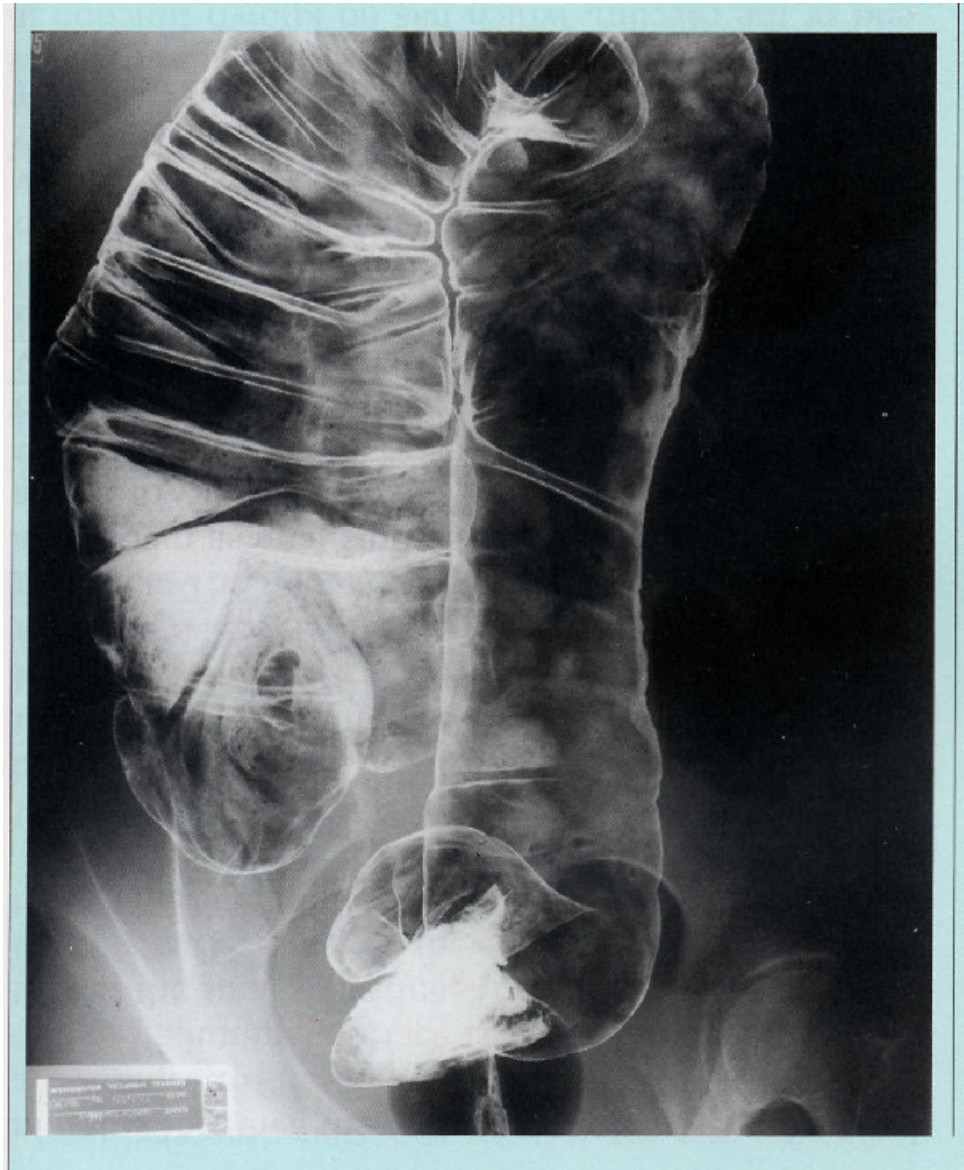
# CONTRÔLE PAR LE SYSTEME NERVEUX AUTONOME

## (1) INTRINSEQUE



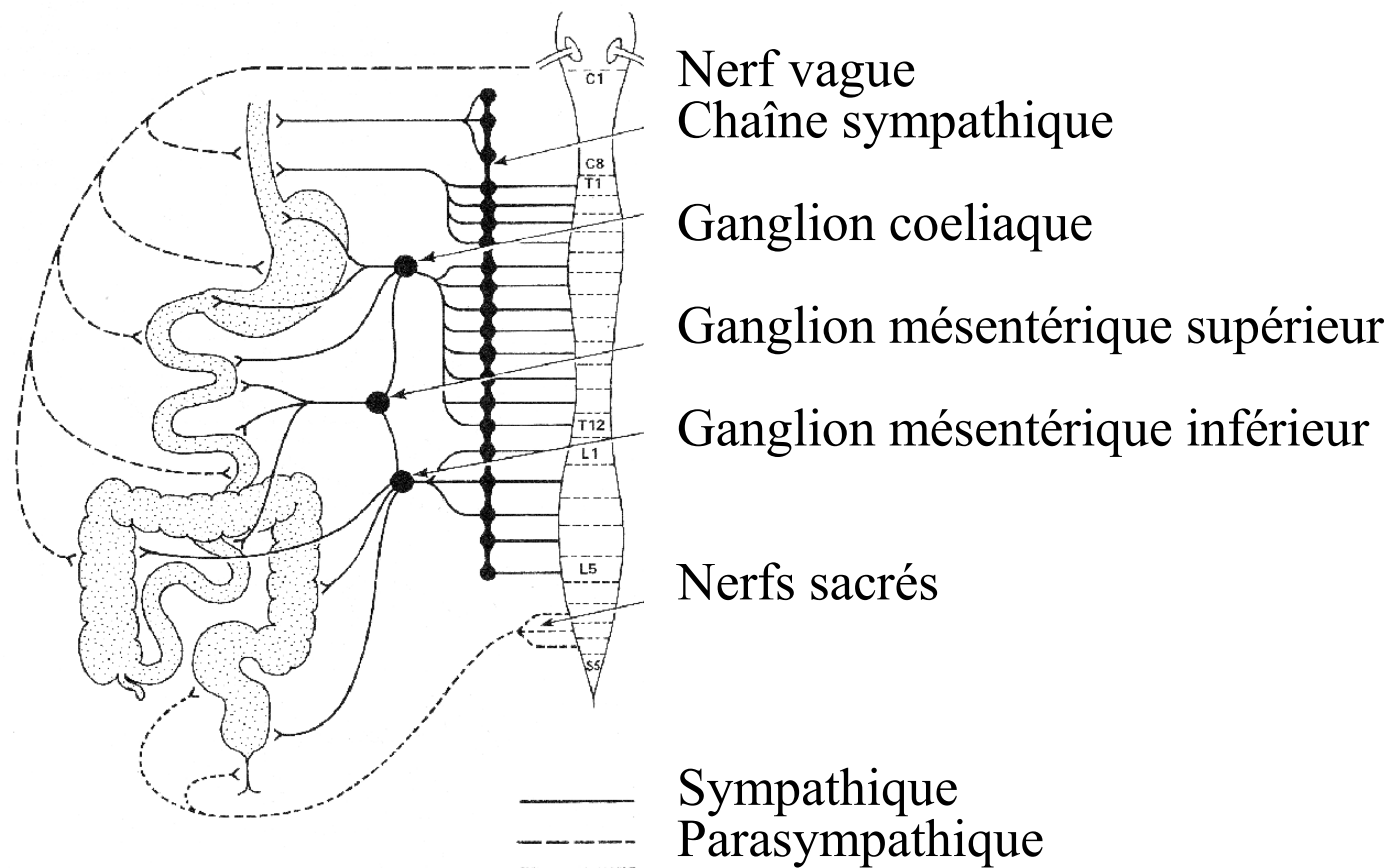


# EXEMPLE DE PHYSIOPATHOLOGIE: MEGACOLON OU MALADIE DE HIRSCHSPRUNG



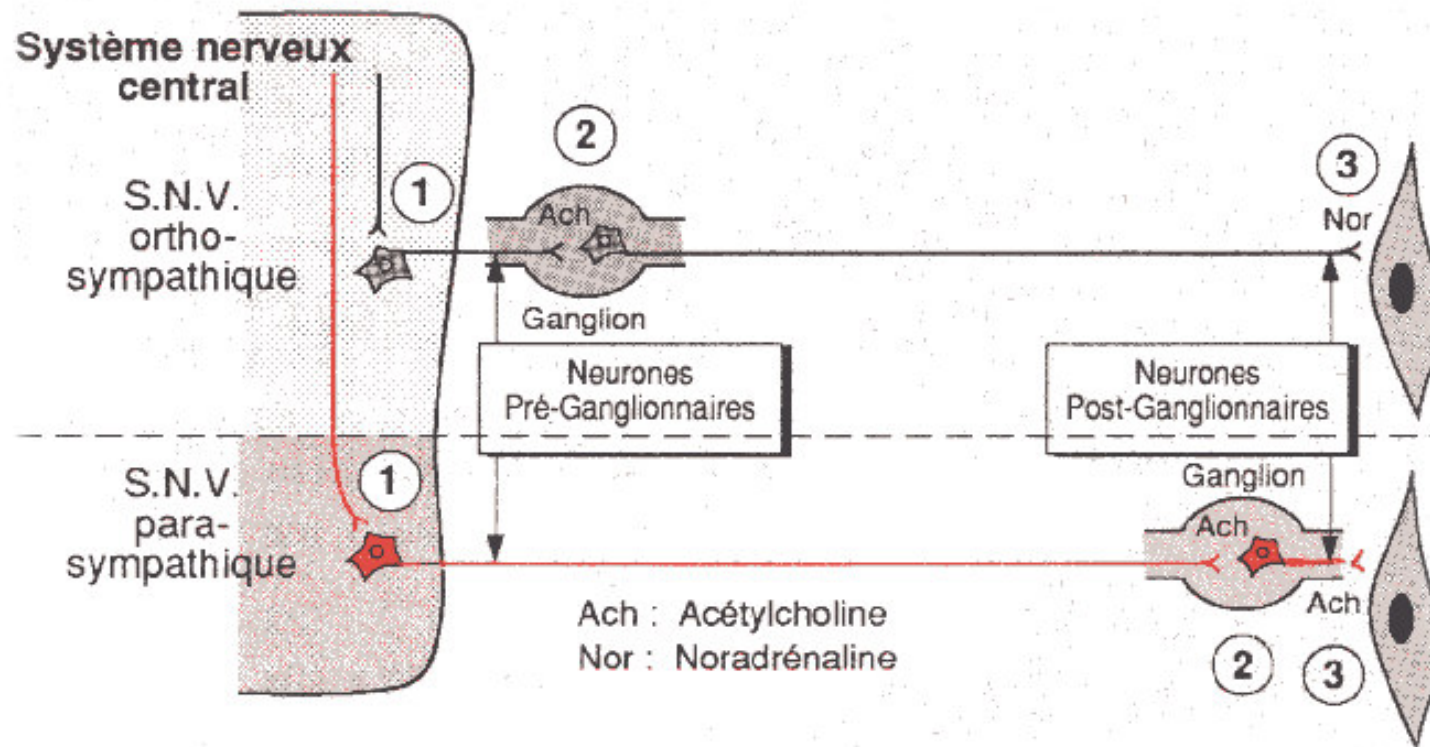
# CONTRÔLE PAR LE SYSTEME NERVEUX AUTONOME

## (2) EXTRINSEQUE: SYMPATHIQUE ET PARASYMPATHIQUE

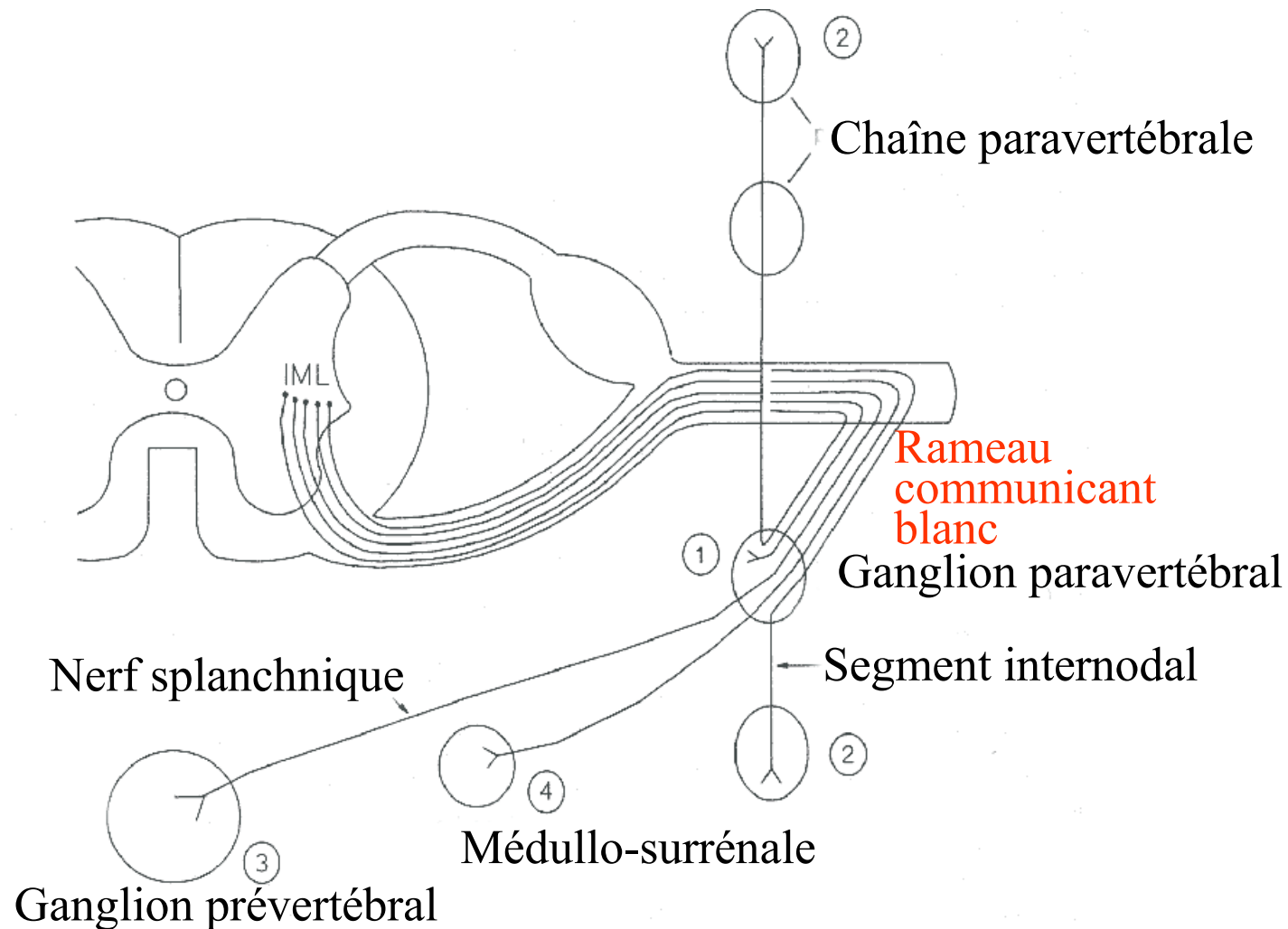




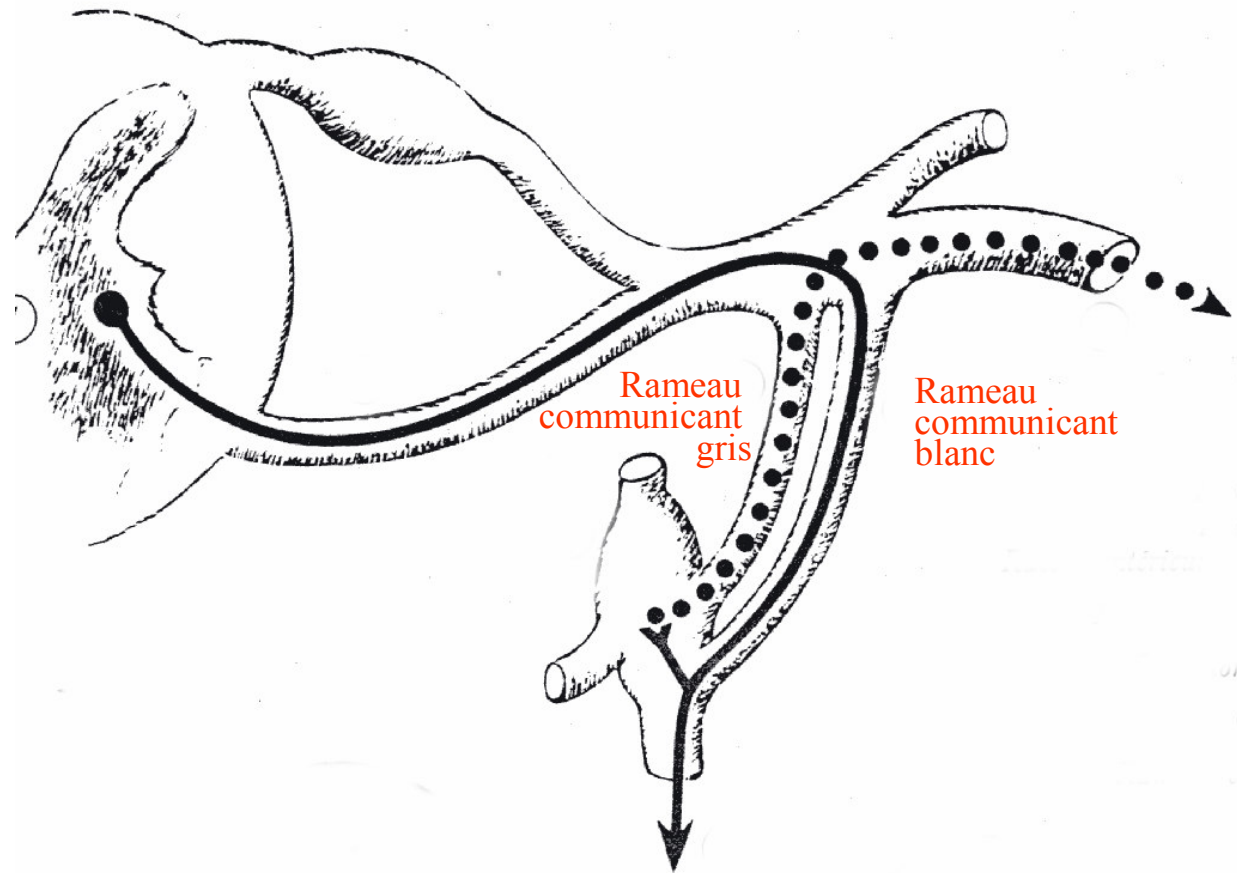
# CRITÈRES POUR DIFFÉRENCIER LES SYSTEMES SYMPATHIQUE ET PARASYMPATHIQUE



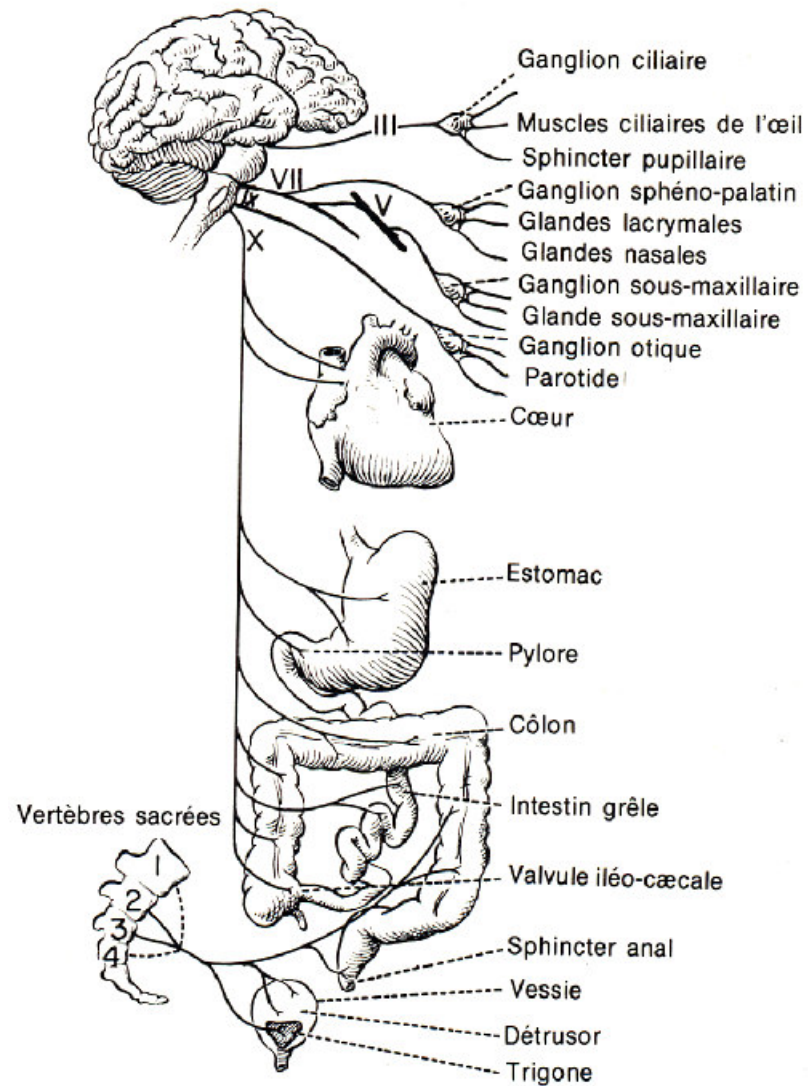
# ANATOMIE DU SYSTÈME NERVEUX SYMPATHIQUE



# ANATOMIE DU SYSTÈME NERVEUX SYMPATHIQUE

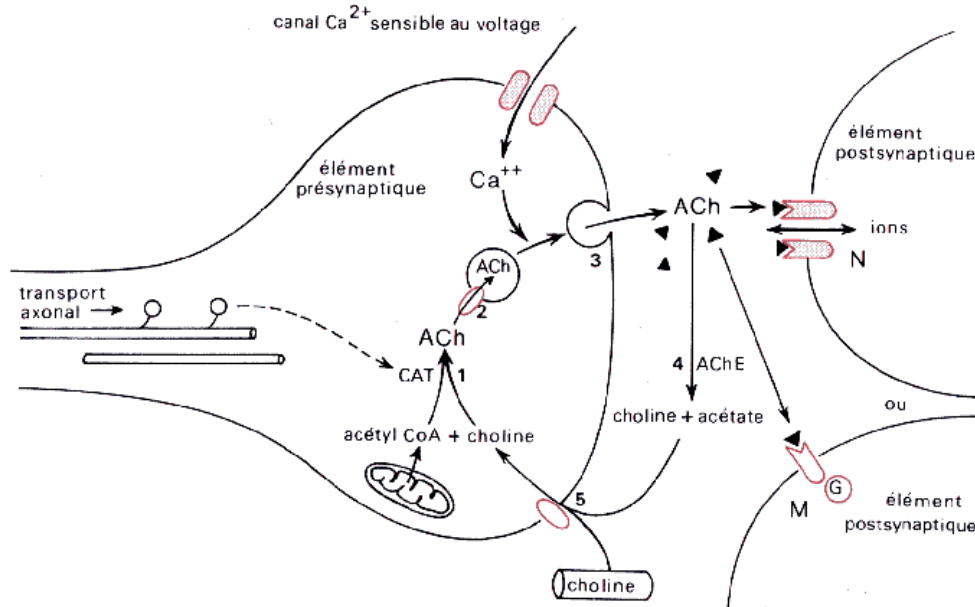


# ANATOMIE DU SYSTÈME NERVEUX PARASYMPATHIQUE

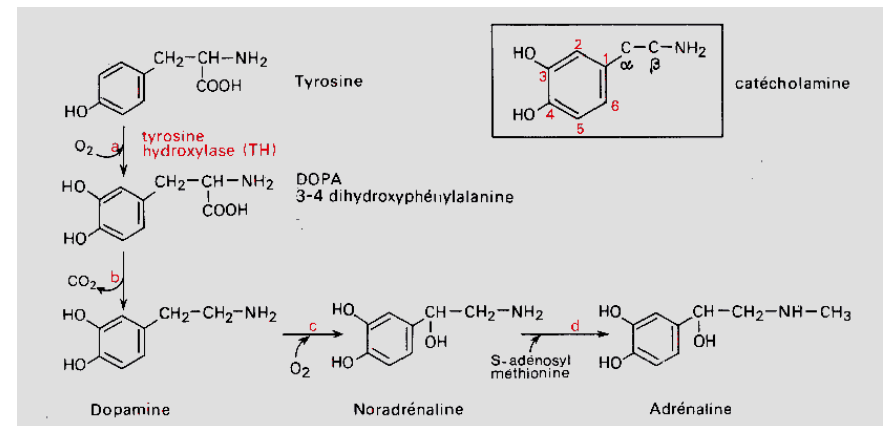


# NEUROTRANSMETTEURS

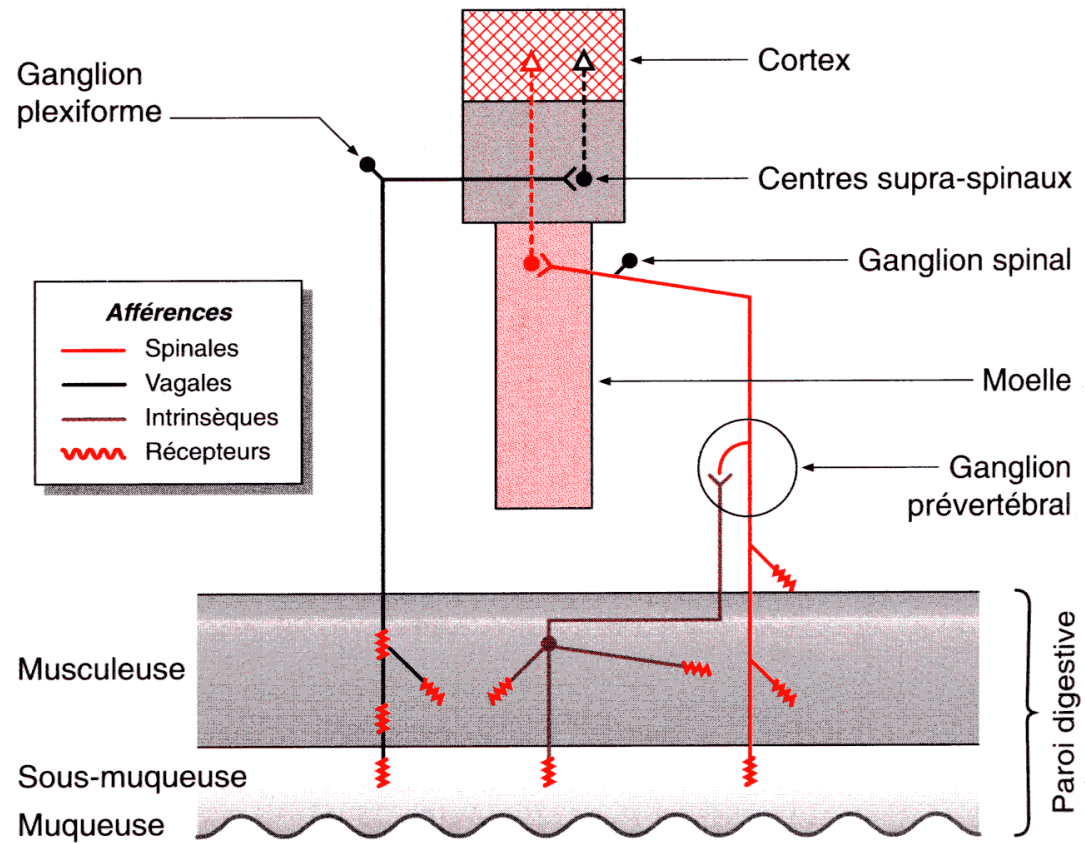
## (1) acétylcholine



## (2) catécholamines



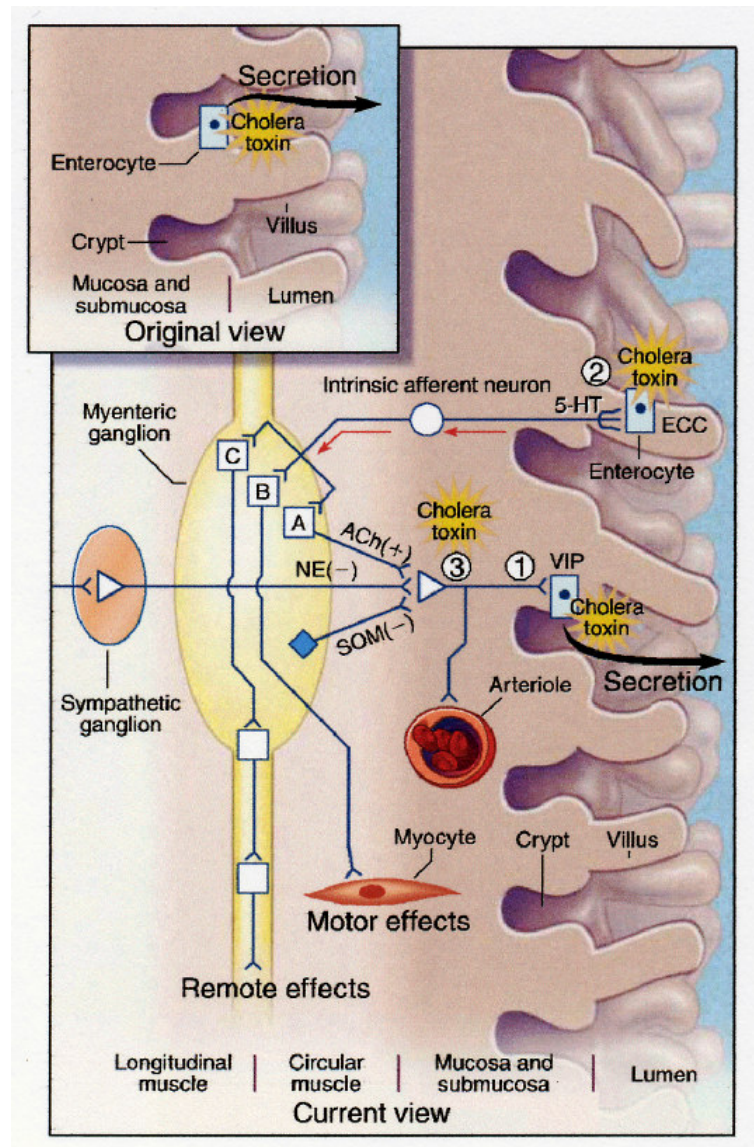
# VOIES AFFERENTES ET REFLEXES GI





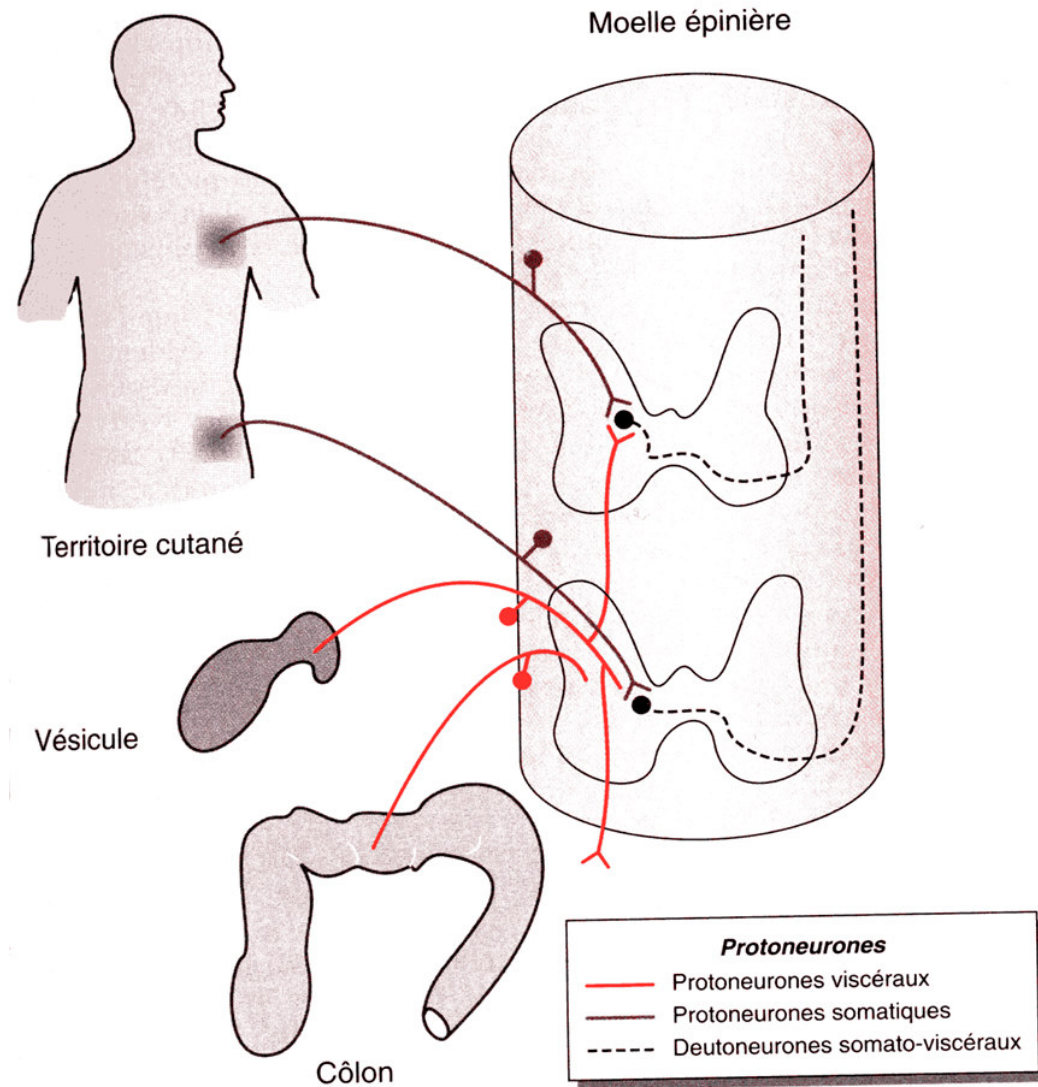
# VOIES AFFERENTES ET REFLEXES GI

## Exemple (1)



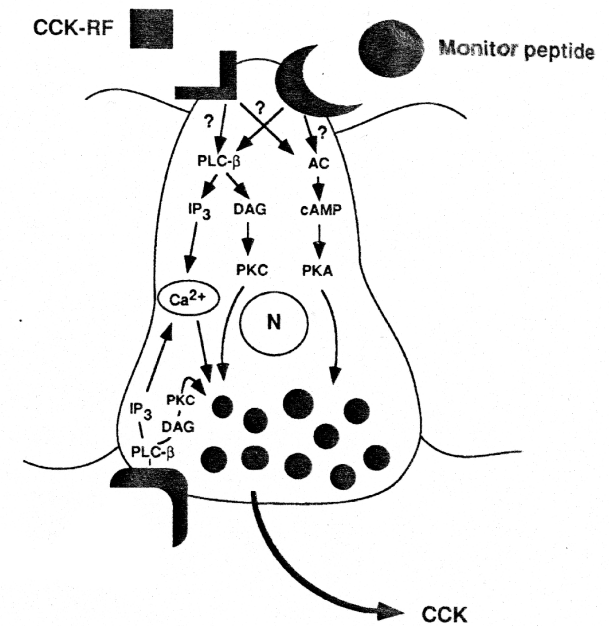
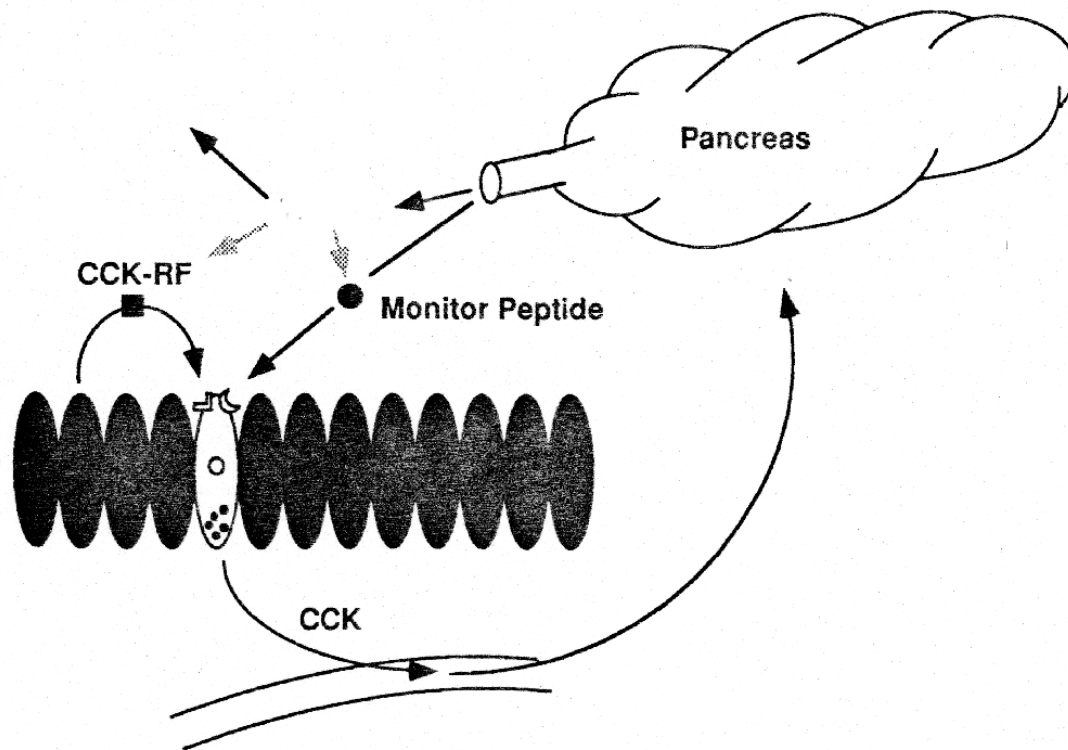
# VOIES AFFERENTES ET REFLEXES GI

## Exemple (2)

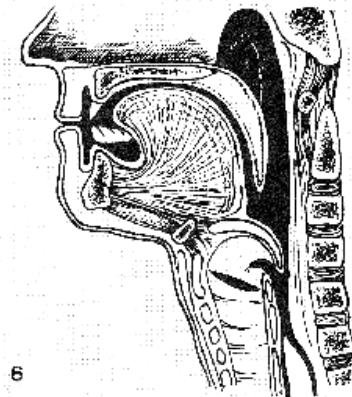
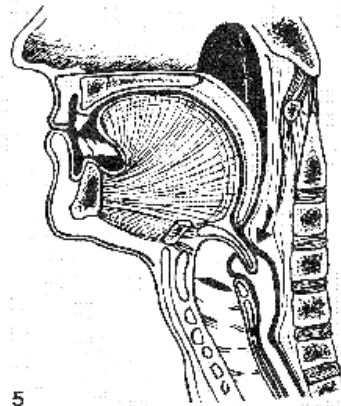
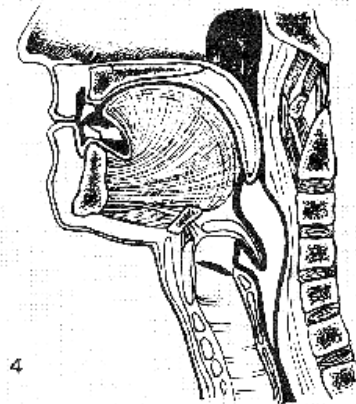
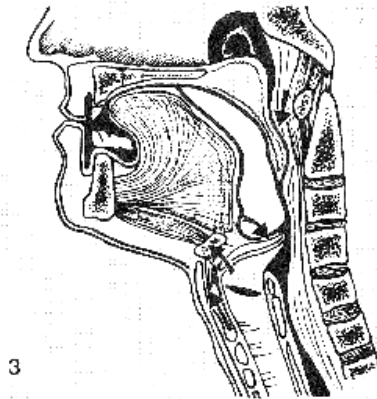
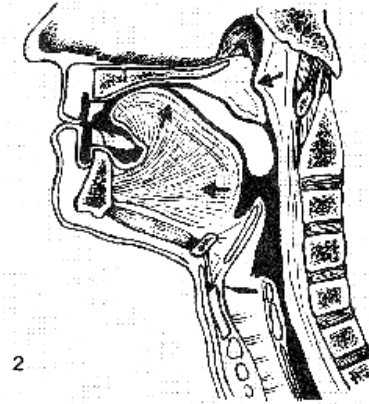
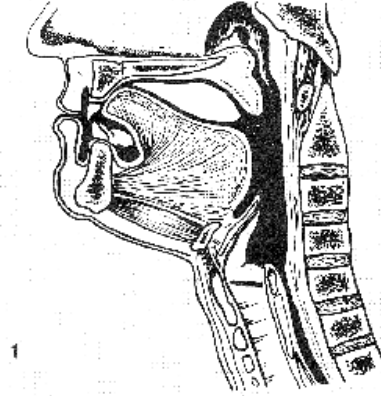


# CONTRÔLE ENDOCRINE & PARACRINE

## exemple de la cholécystokinine (CCK)

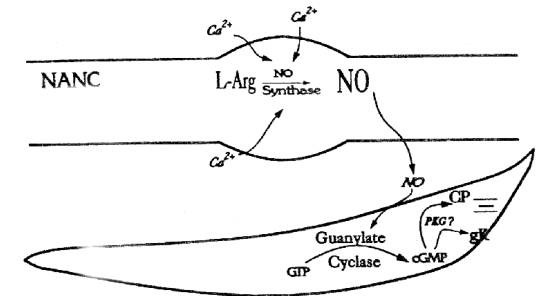
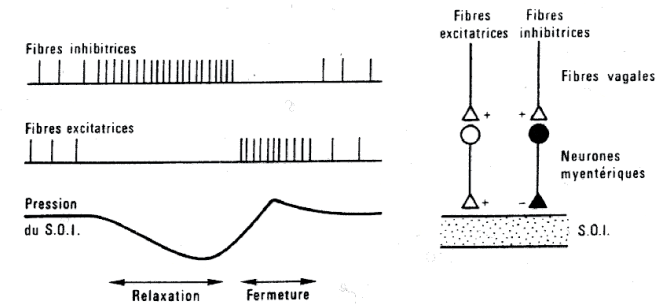
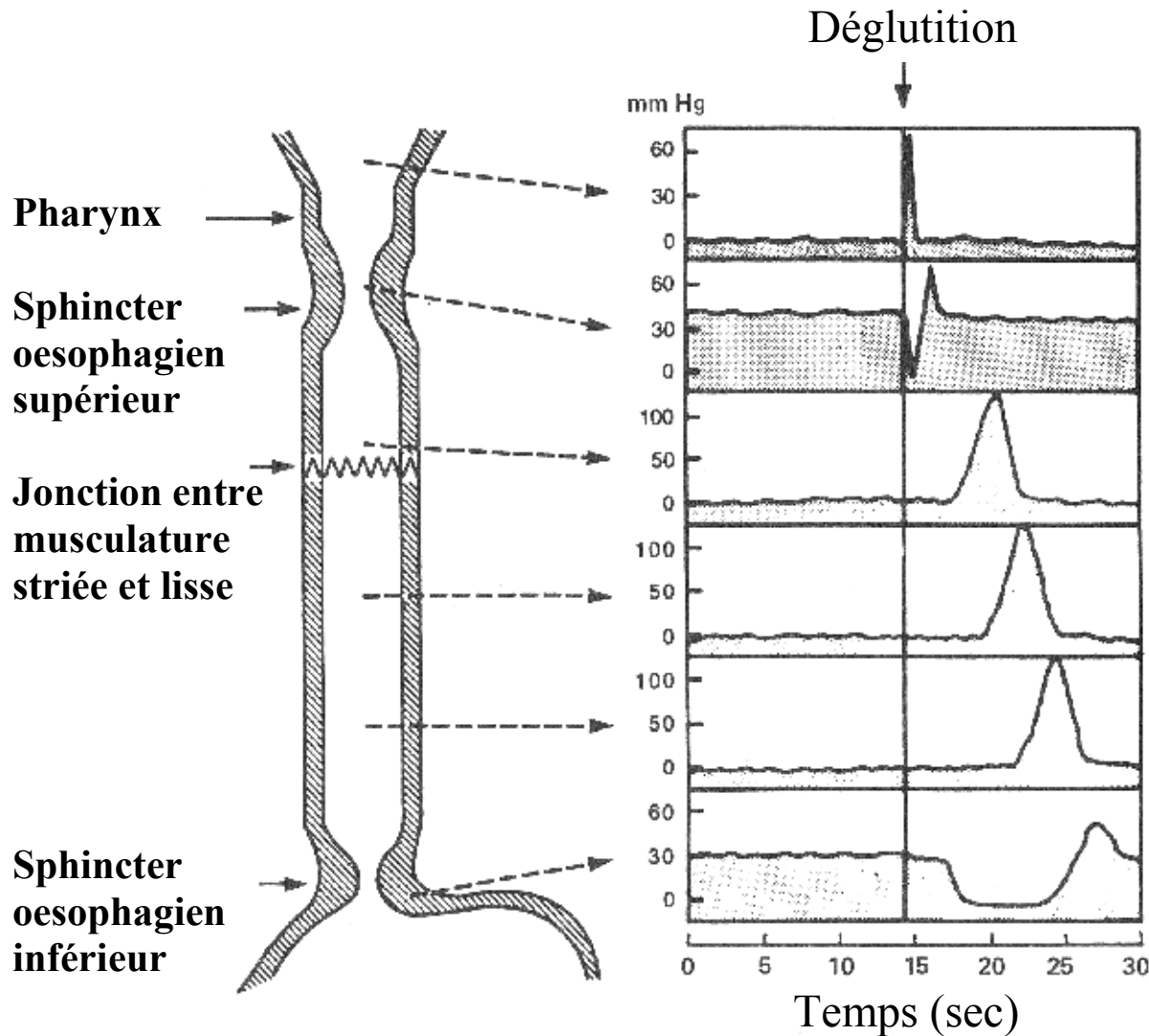


# MOTRICITE BUCCO-OESOPHAGIENNE

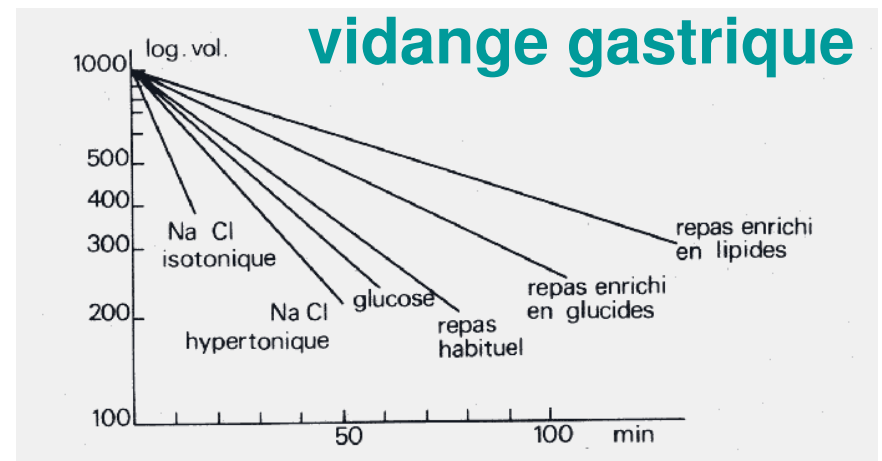
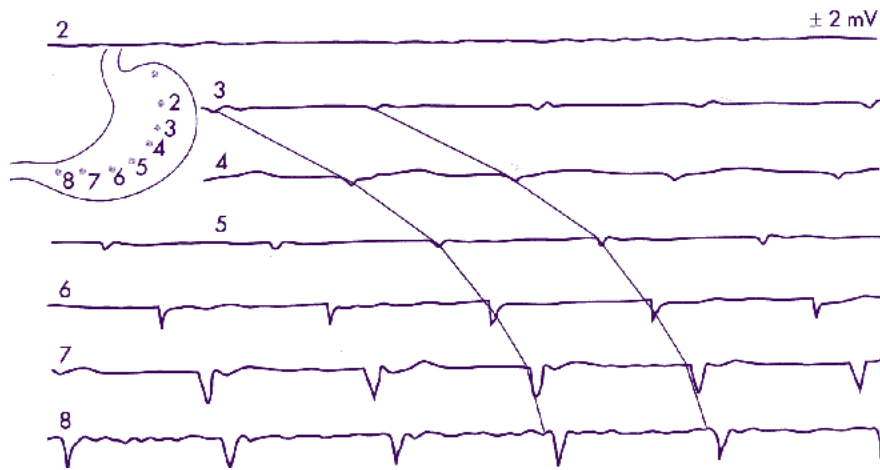




# MOTRICITE OESOPHAGIENNE

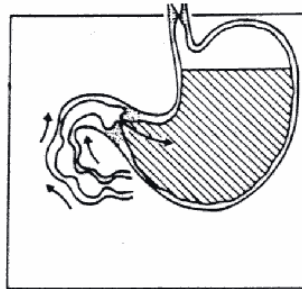


# MOTRICITE GASTRIQUE

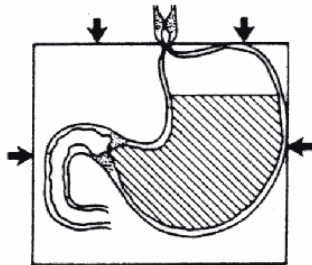




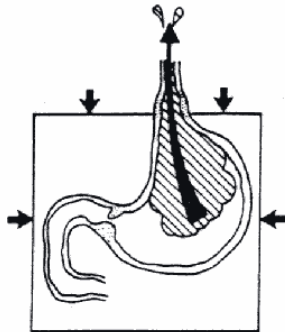
# LES VOMISSEMENTS



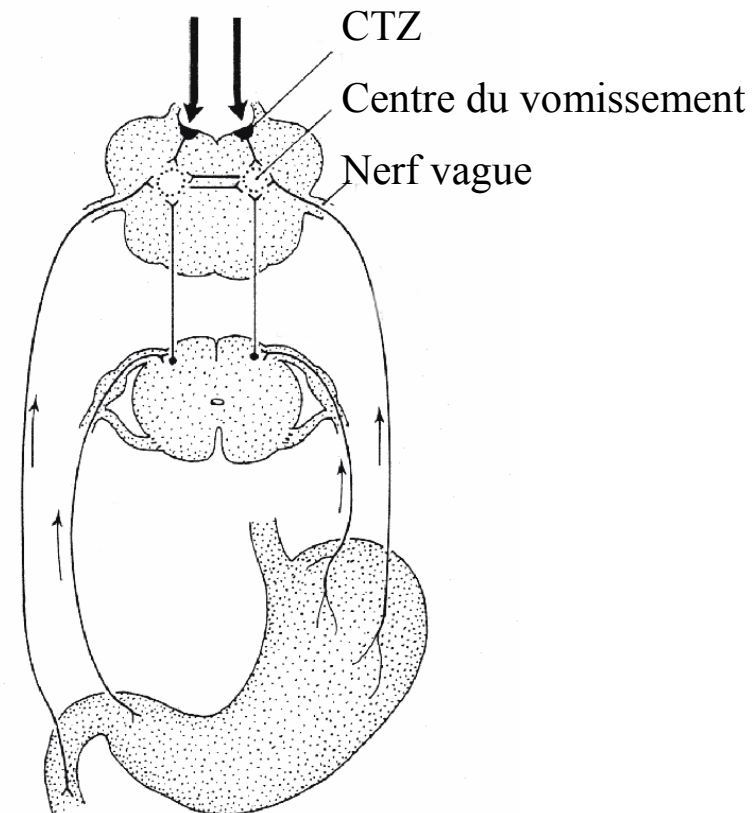
Nausées



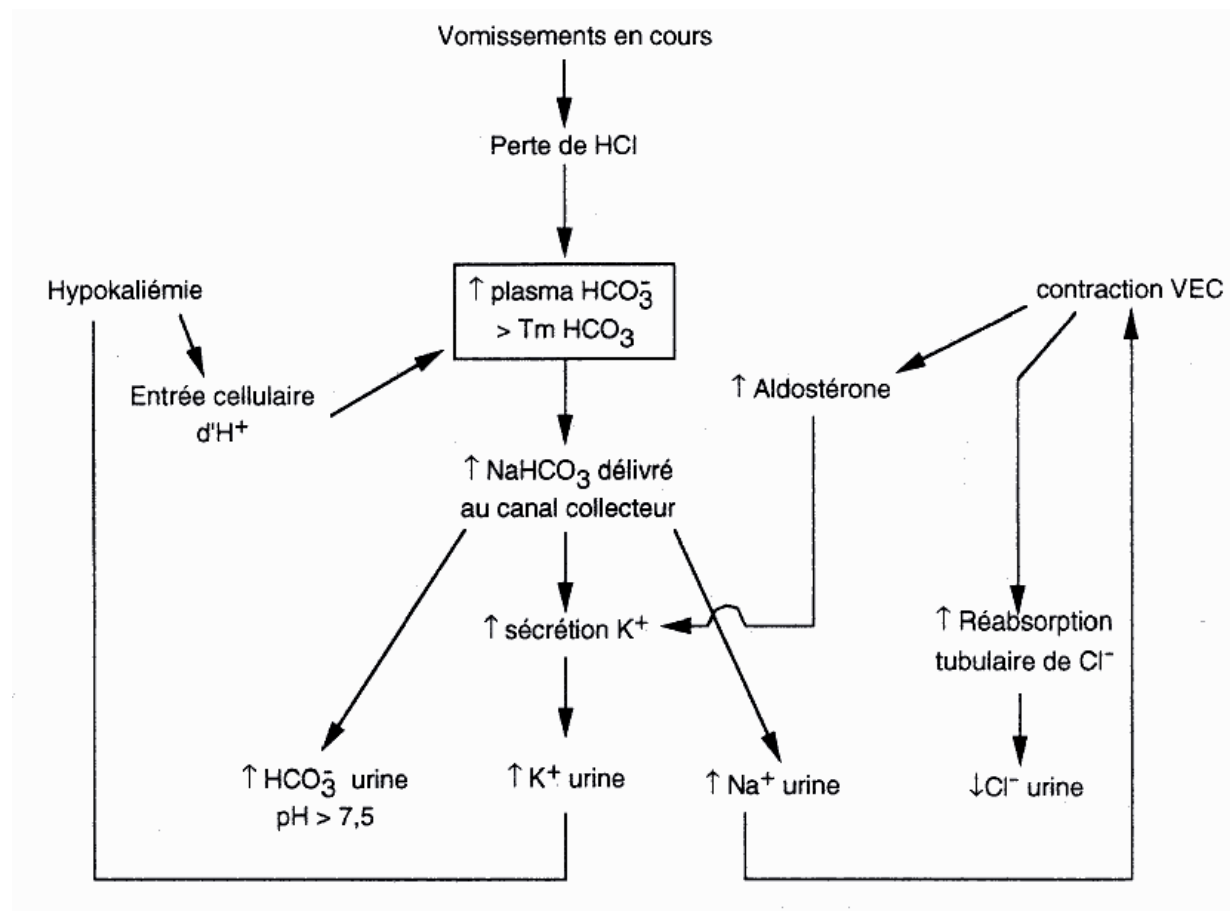
Efforts pour vomir



Vomissements

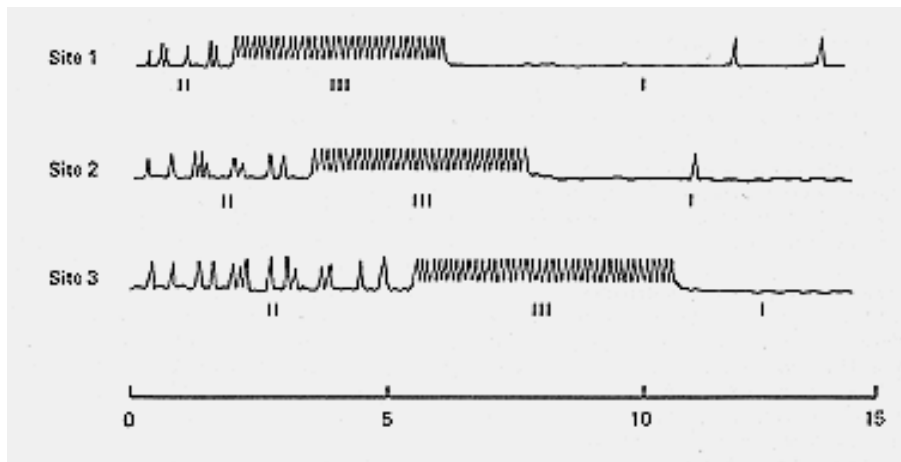


# CONSÉQUENCES HYDRO-ÉLECTROLYTIQUES DES VOMISSEMENTS

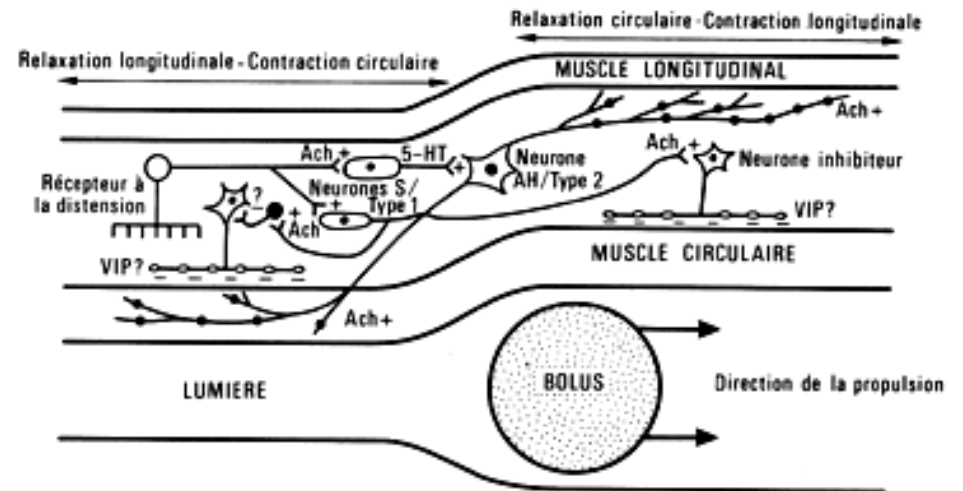


# MOTRICITE INTESTINALE

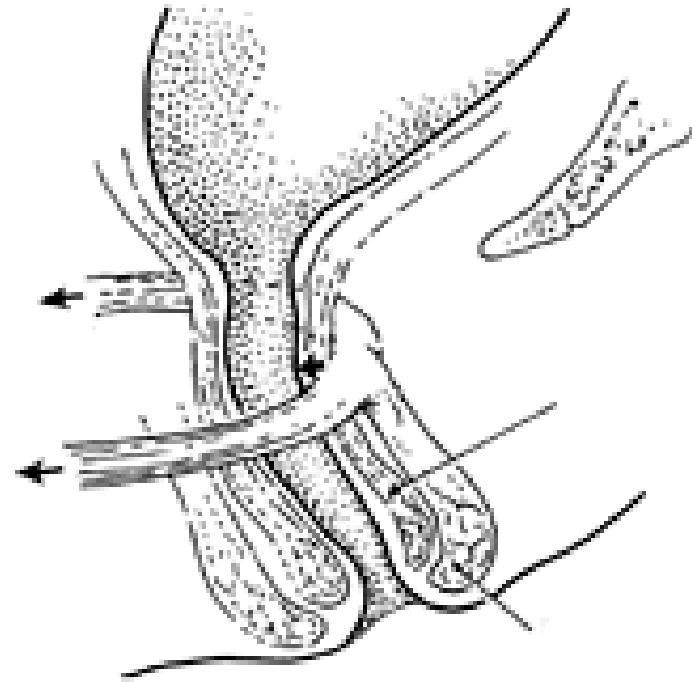
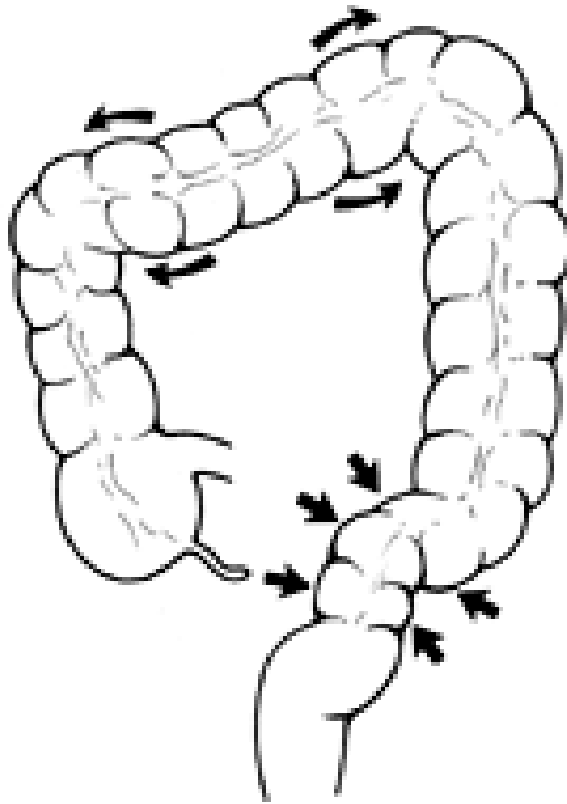
en dehors de la digestion



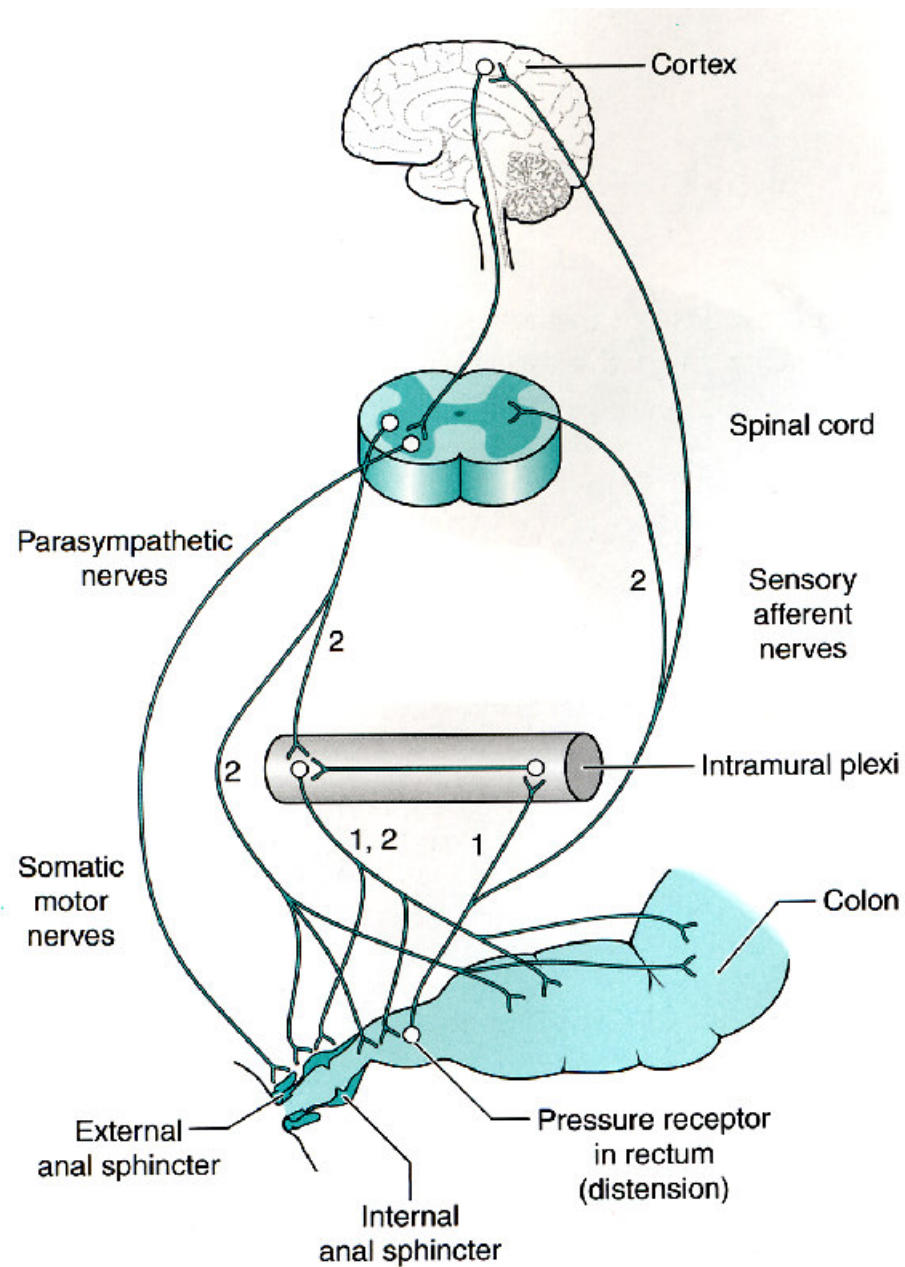
au cours de la digestion



# MOTRICITE COLIQUE



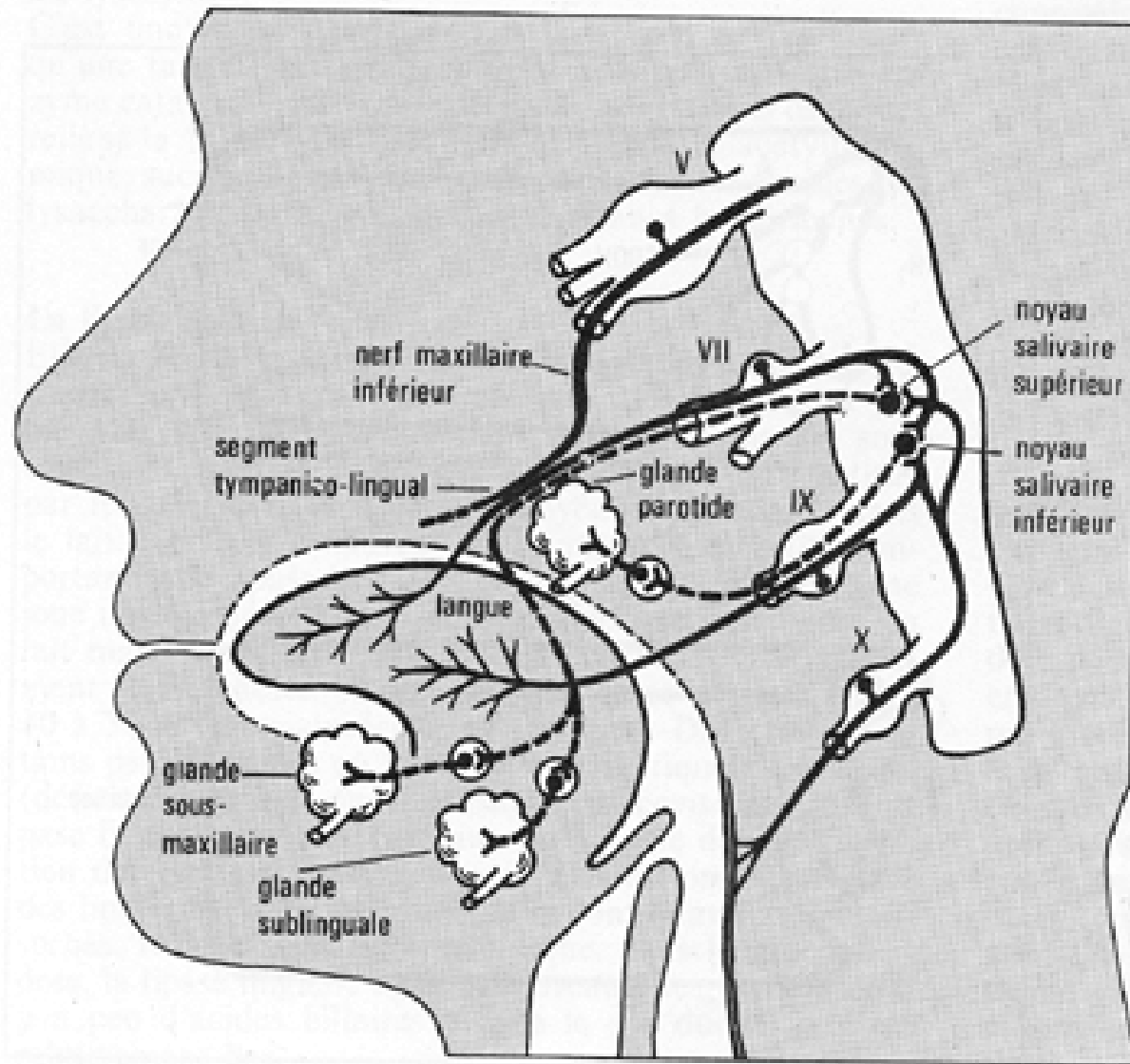
# CONTRÔLE DE LA DEFECATION



# **LES SECRETIONS DIGESTIVES**



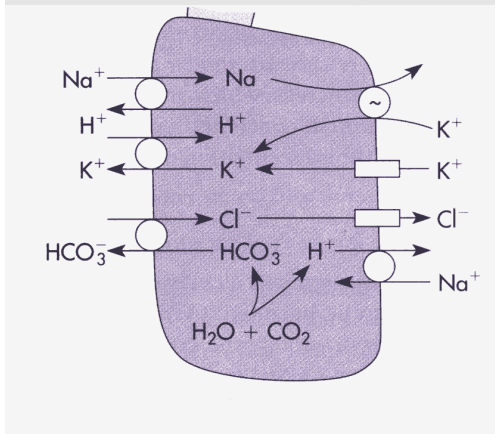
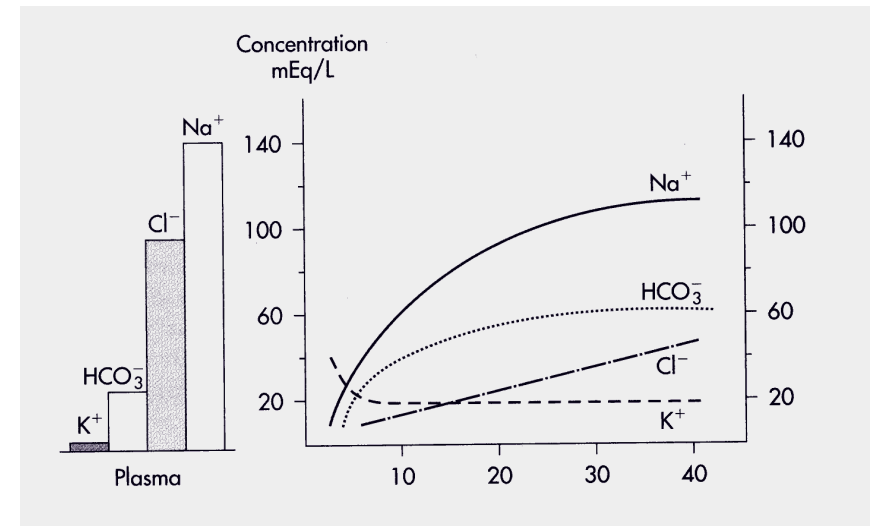
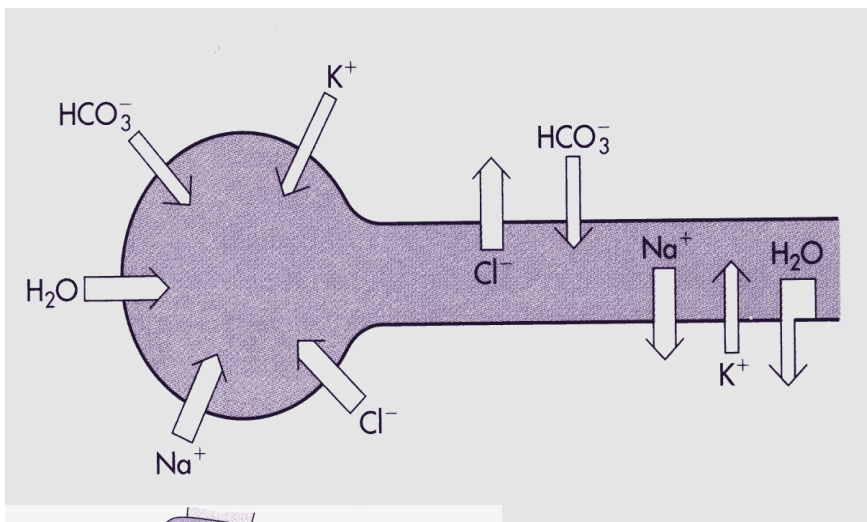
# SECRETION SALIVAIRE



# SECRETION SALIVAIRE

## formation de la salive primitive et définitive

### (1) Eau et électrolytes

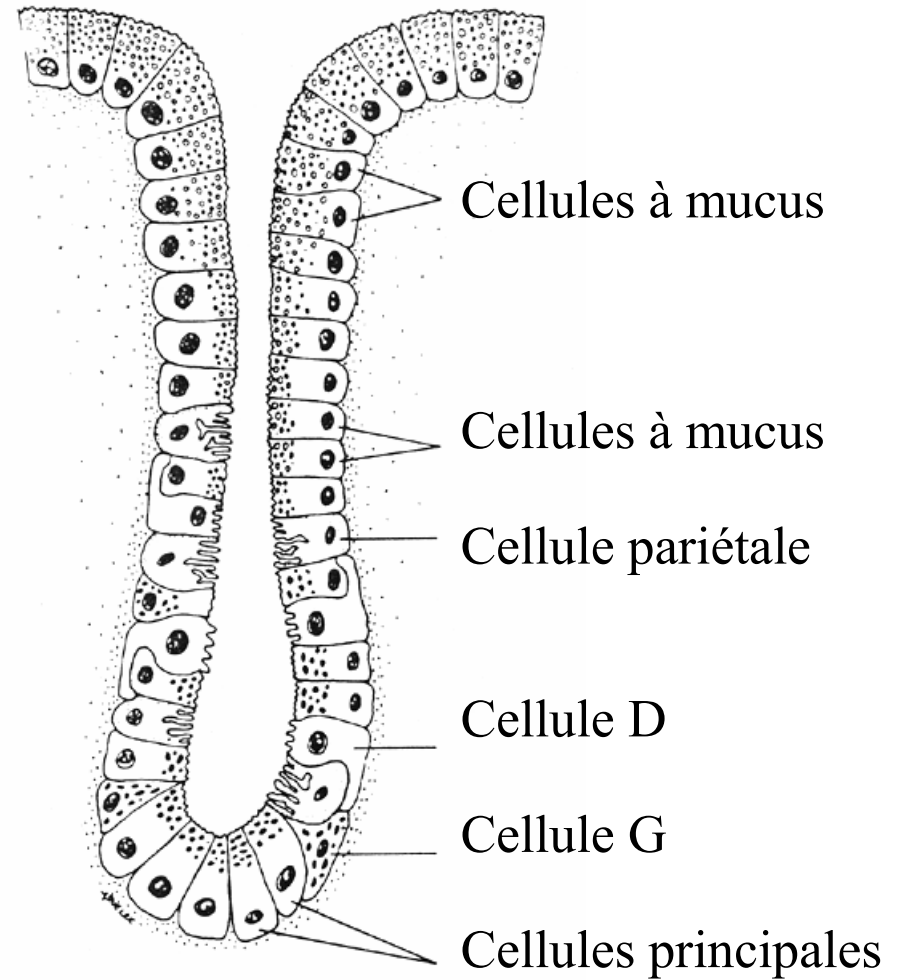
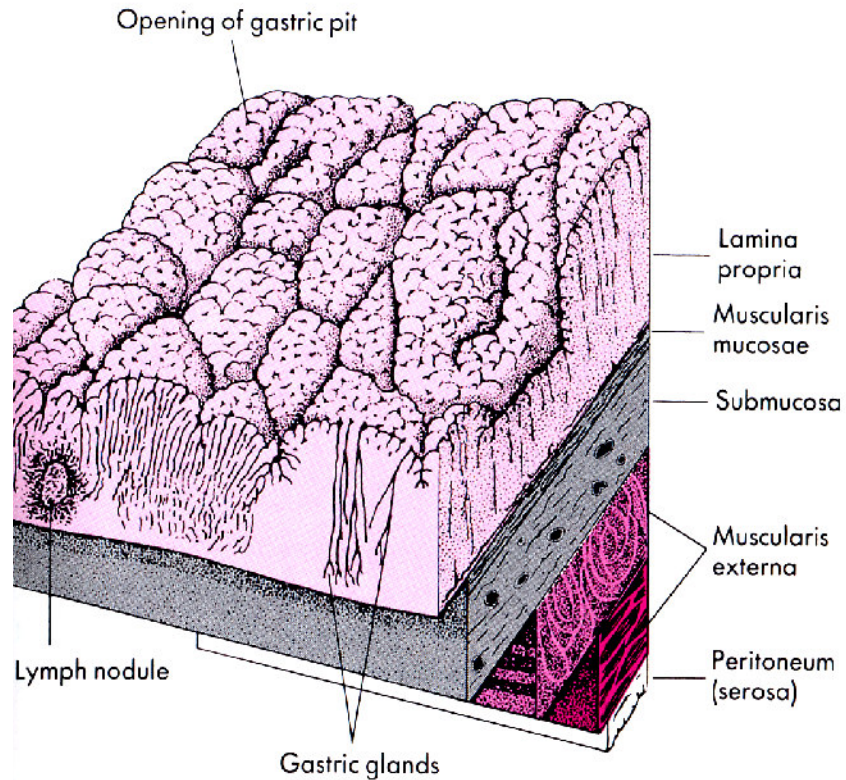


(2) Amylase et lipase

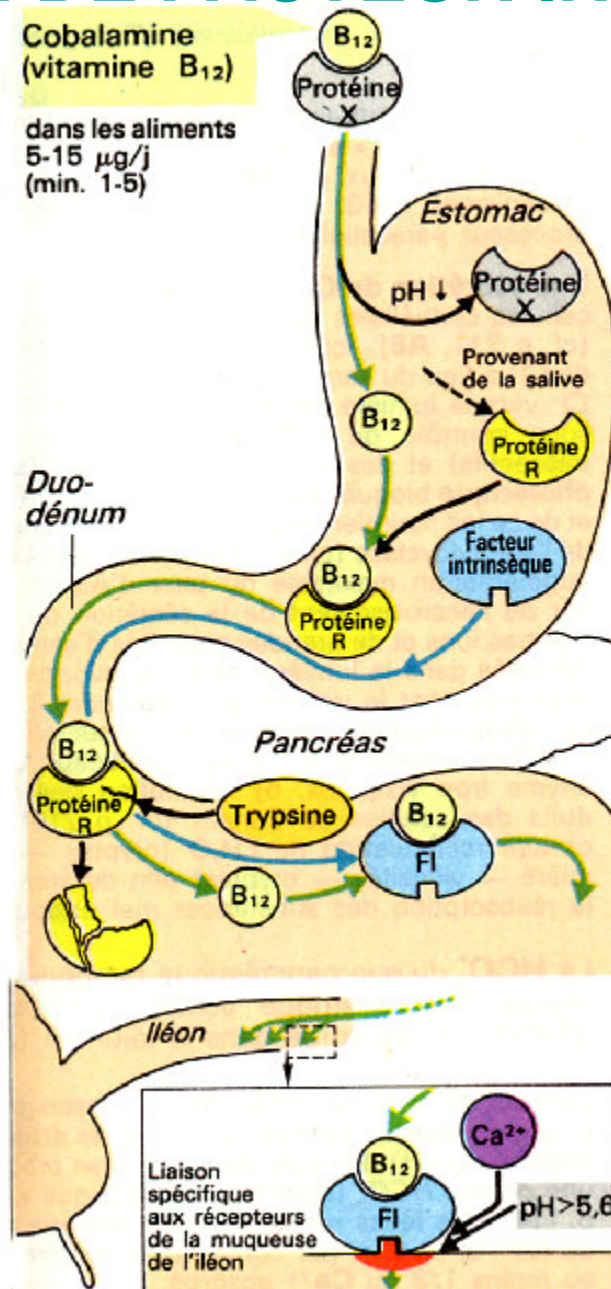
(3) Mucines

(4) IgA sécrétoires

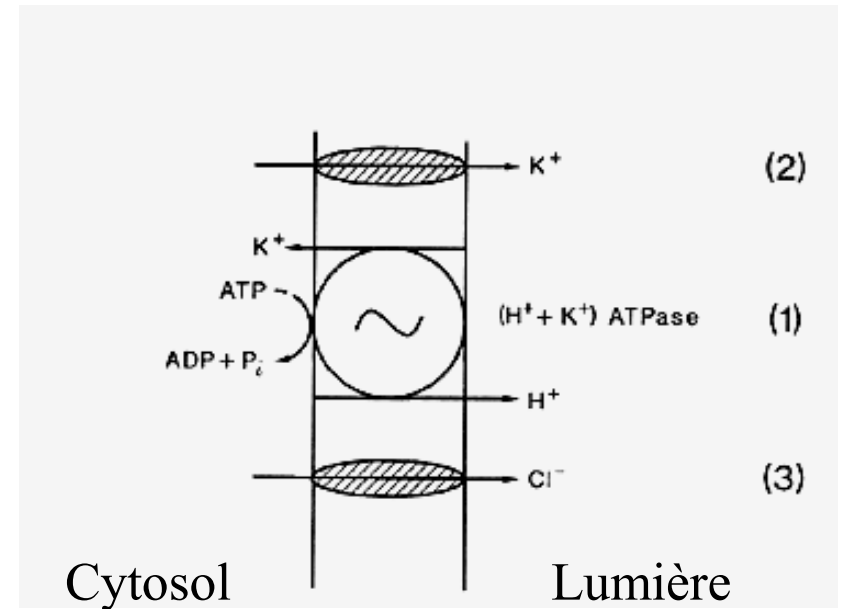
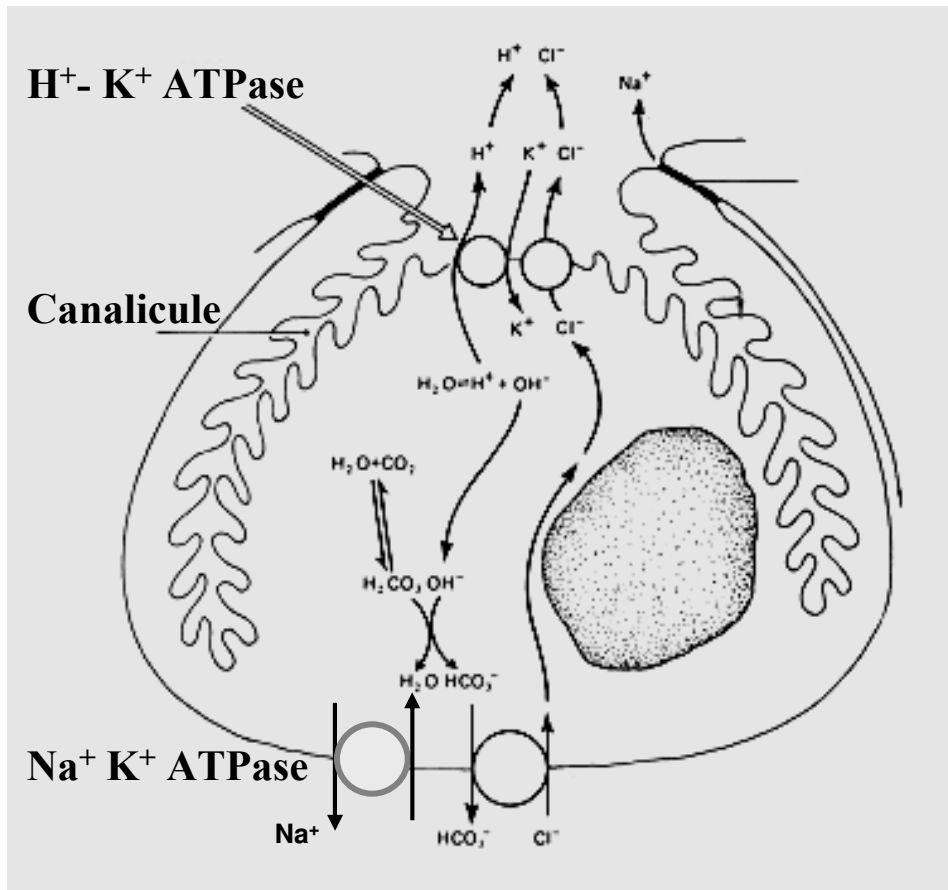
# SECRETION GASTRIQUE



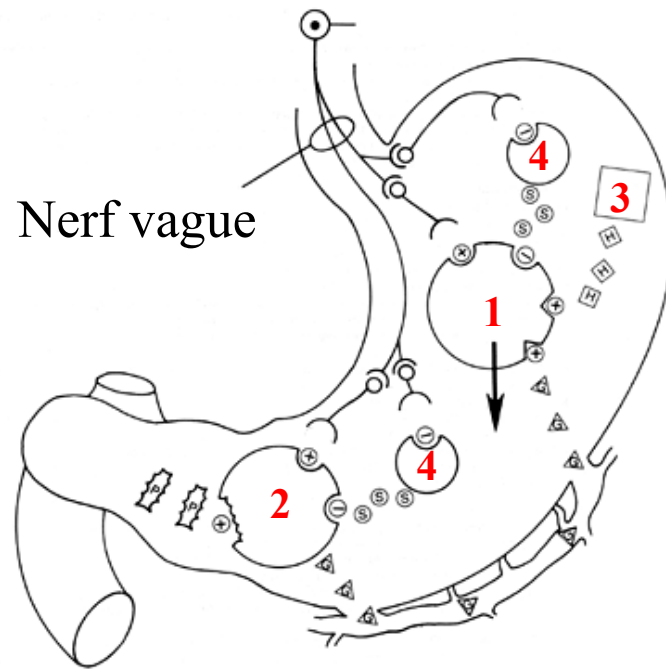
# SÉCRÉTION DE FACTEUR INTRINSÈQUE



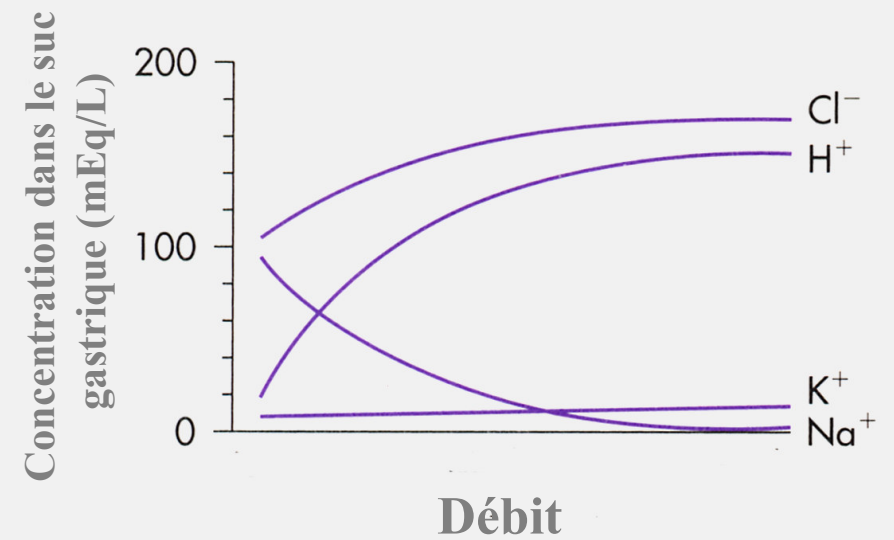
# MÉCANISMES DE LA SÉCRÉTION D 'HCl



# CONTRÔLE DE LA SÉCRÉTION D 'HCl



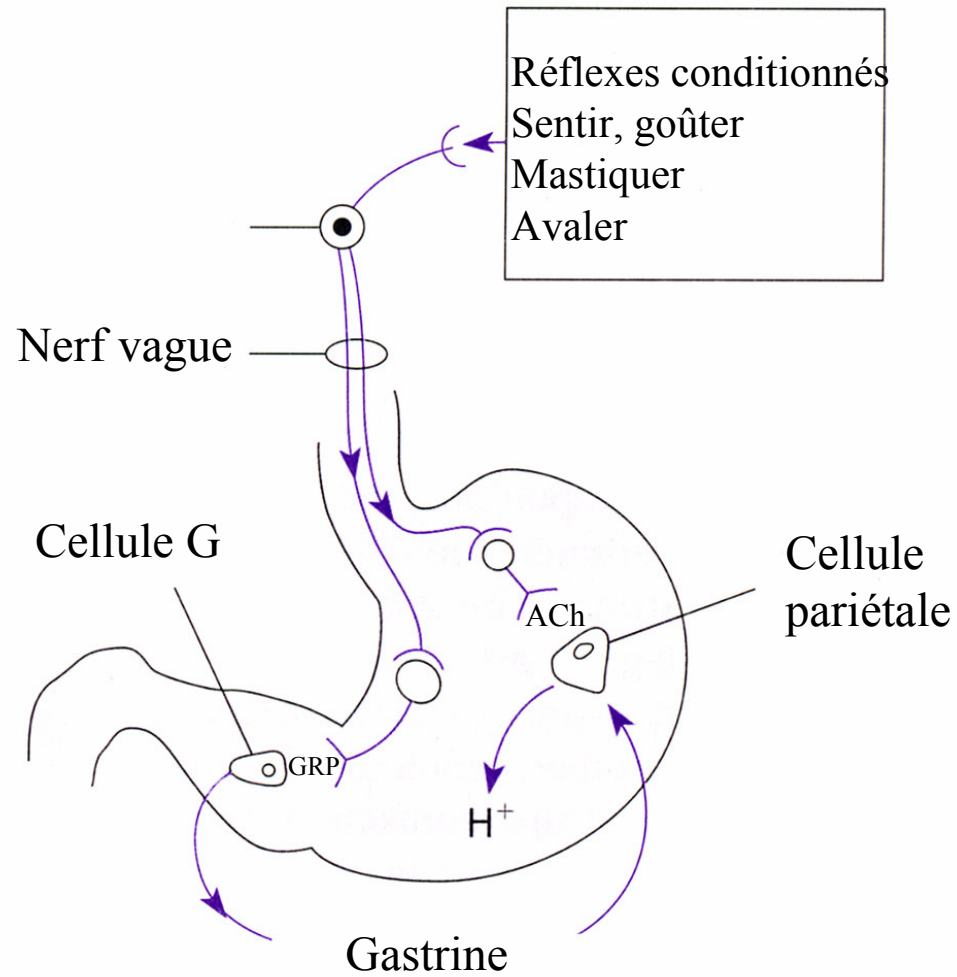
- 1 Cellule pariétale
- 2 Cellule G
- 3 Cellule entérochromaffine
- 4 Cellule D





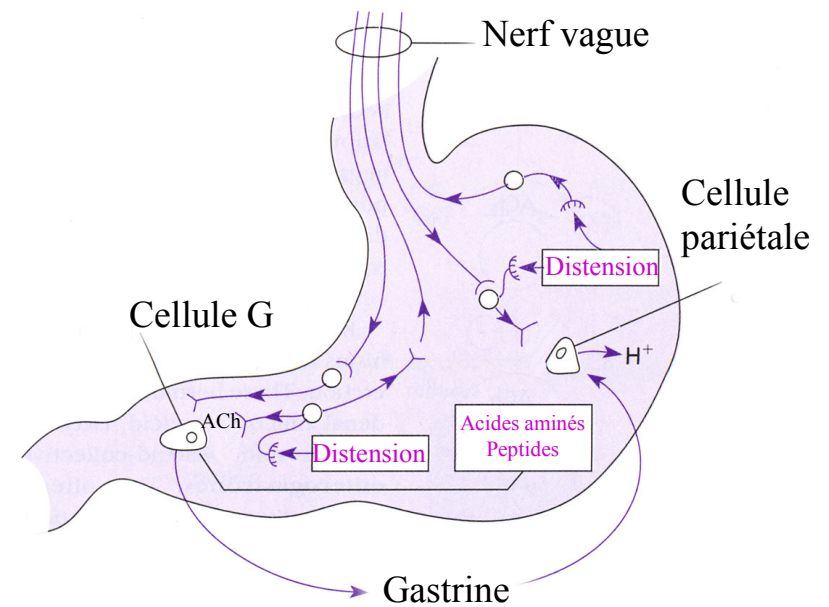
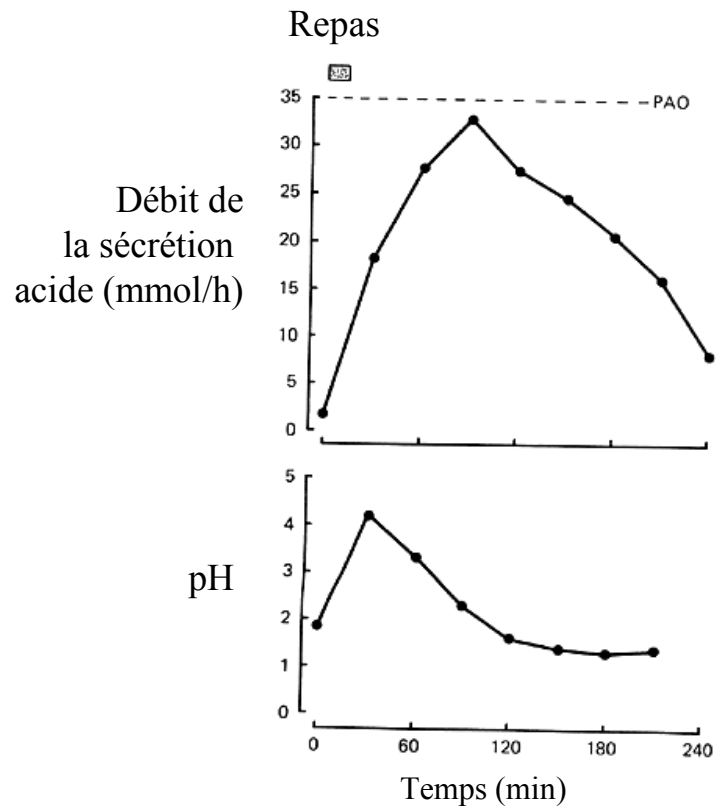
# PHASES DE LA SÉCRÉTION D 'HCl

## phase céphalique



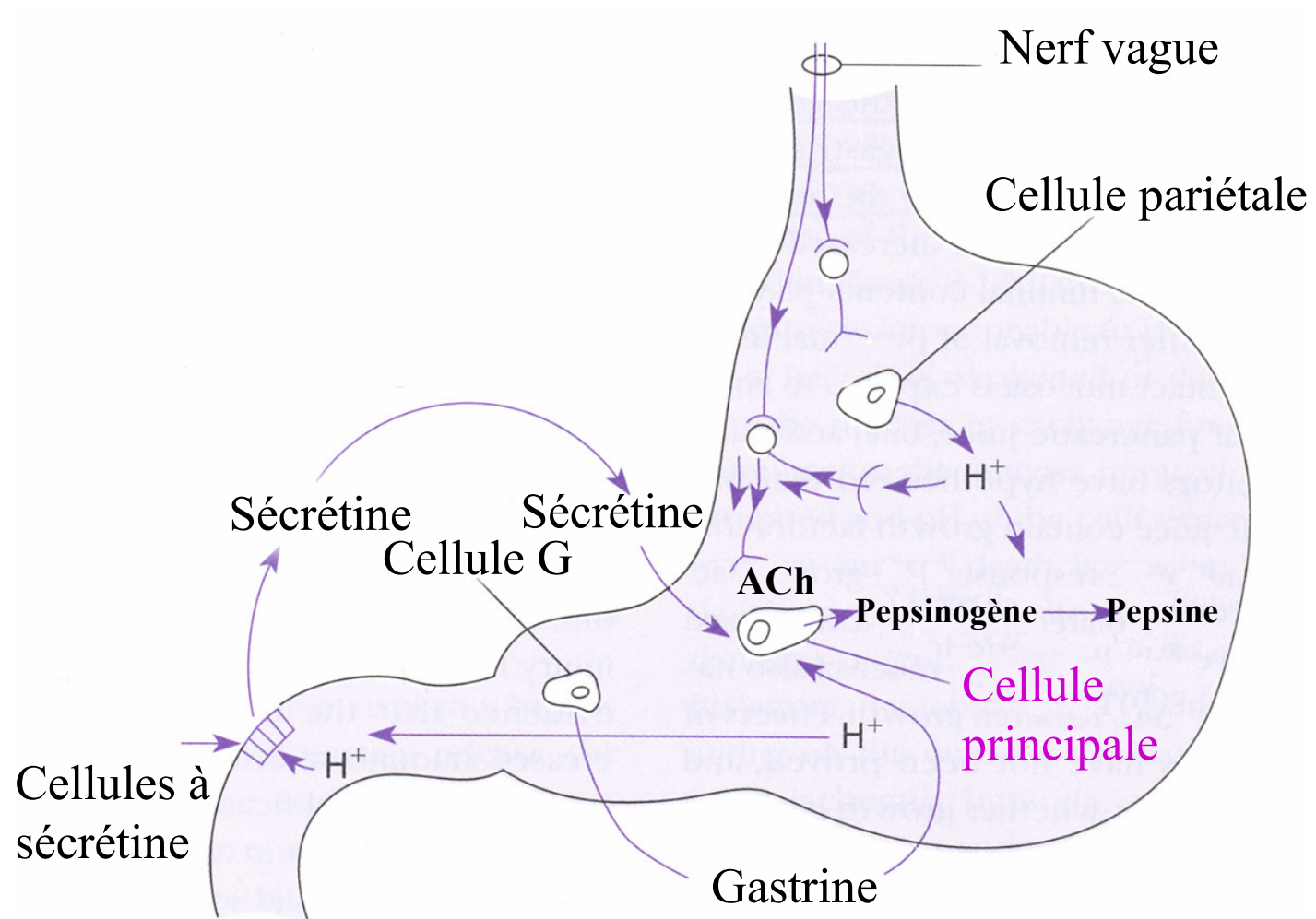
# PHASES DE LA SÉCRÉTION D 'HCl

## phase gastrique



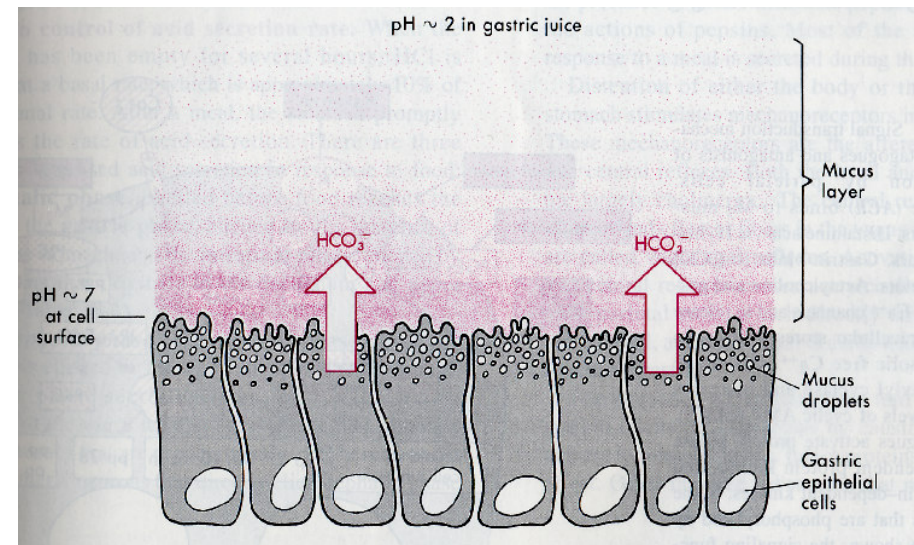
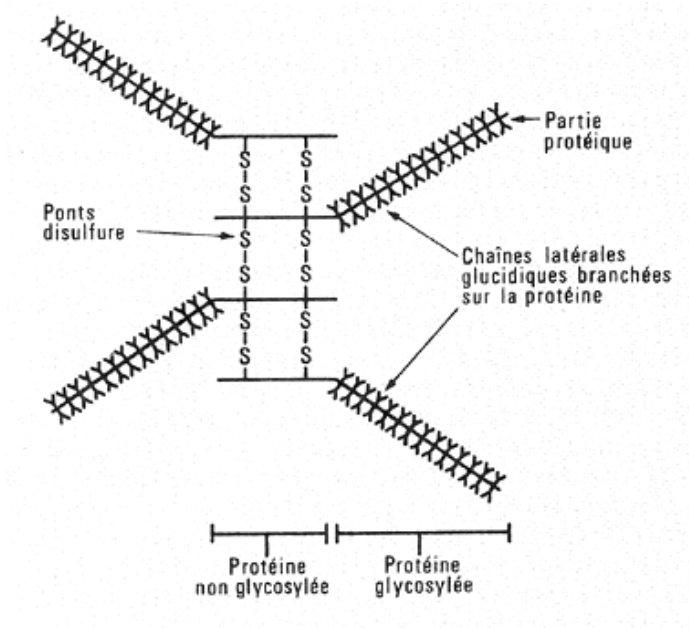
## phase intestinale

# SÉCRÉTION DE PEPSINE



# PROTECTION DE LA MUQUEUSE GASTRIQUE

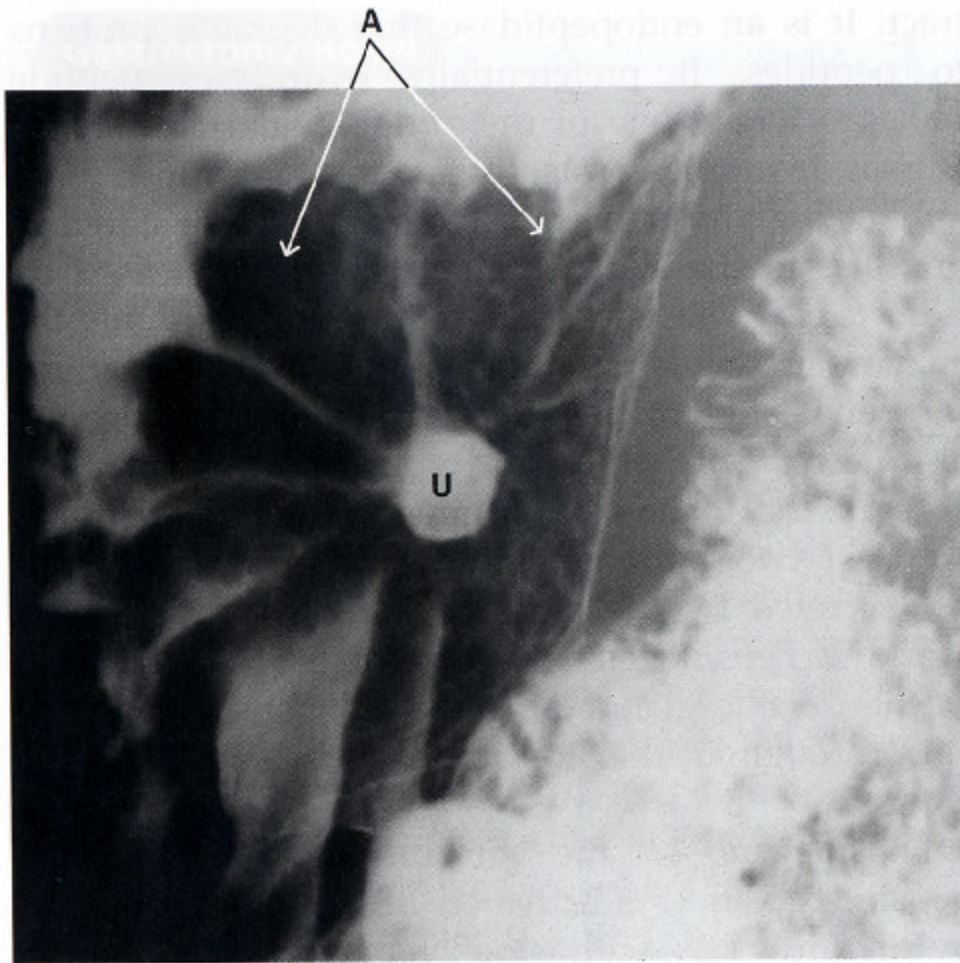
- (1) sécrétion d 'HCl bactéricide
- (2) sécrétion de mucus



- (3) renouvellement rapide de l'épithélium
- (4) microcirculation dans la muqueuse
- (5) système immunitaire

# ASPECTS PHYSIOPATHOLOGIQUES DES SÉCRÉTIONS GASTRIQUES

## (1) les ulcères

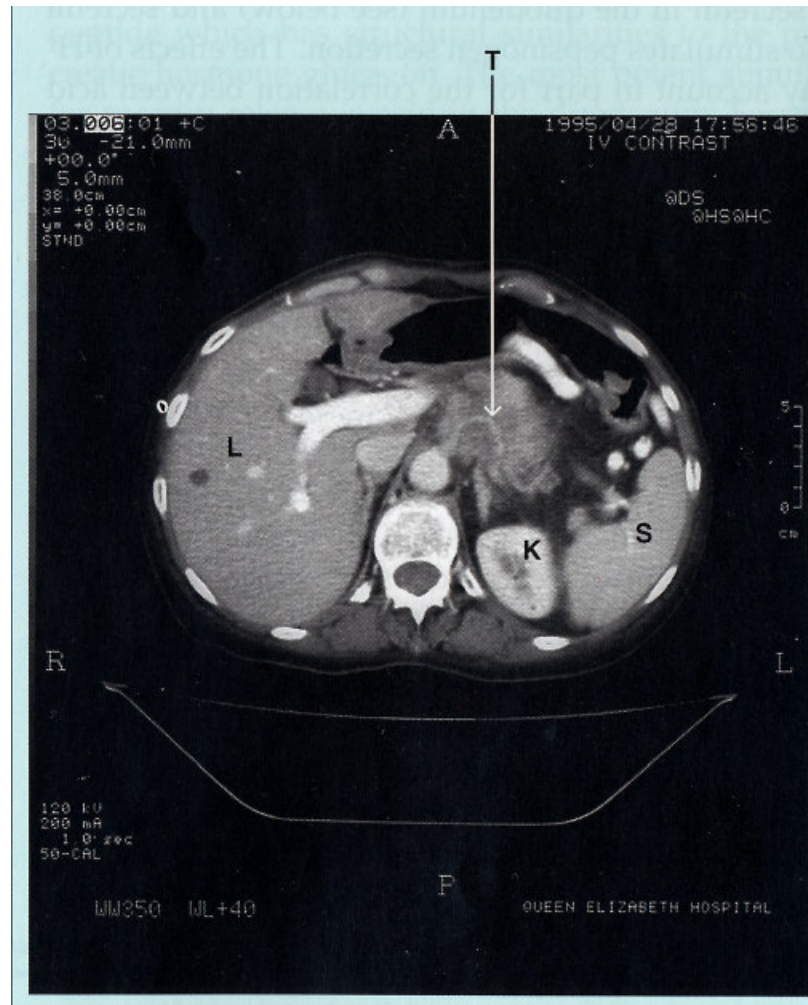


| Conditions         | débit d 'HCl<br>(mEq/h) |
|--------------------|-------------------------|
| normal             | 1 à 40                  |
| ulcère gastrique   | 0 à 20                  |
| anémie pernicieuse | 0 à 10                  |
| ulcère duodénal    | 2 à 60                  |
| gastrinome         | 10 à 80                 |



# ASPECTS PHYSIOPATHOLOGIQUES DES SÉCRÉTIONS GASTRIQUES

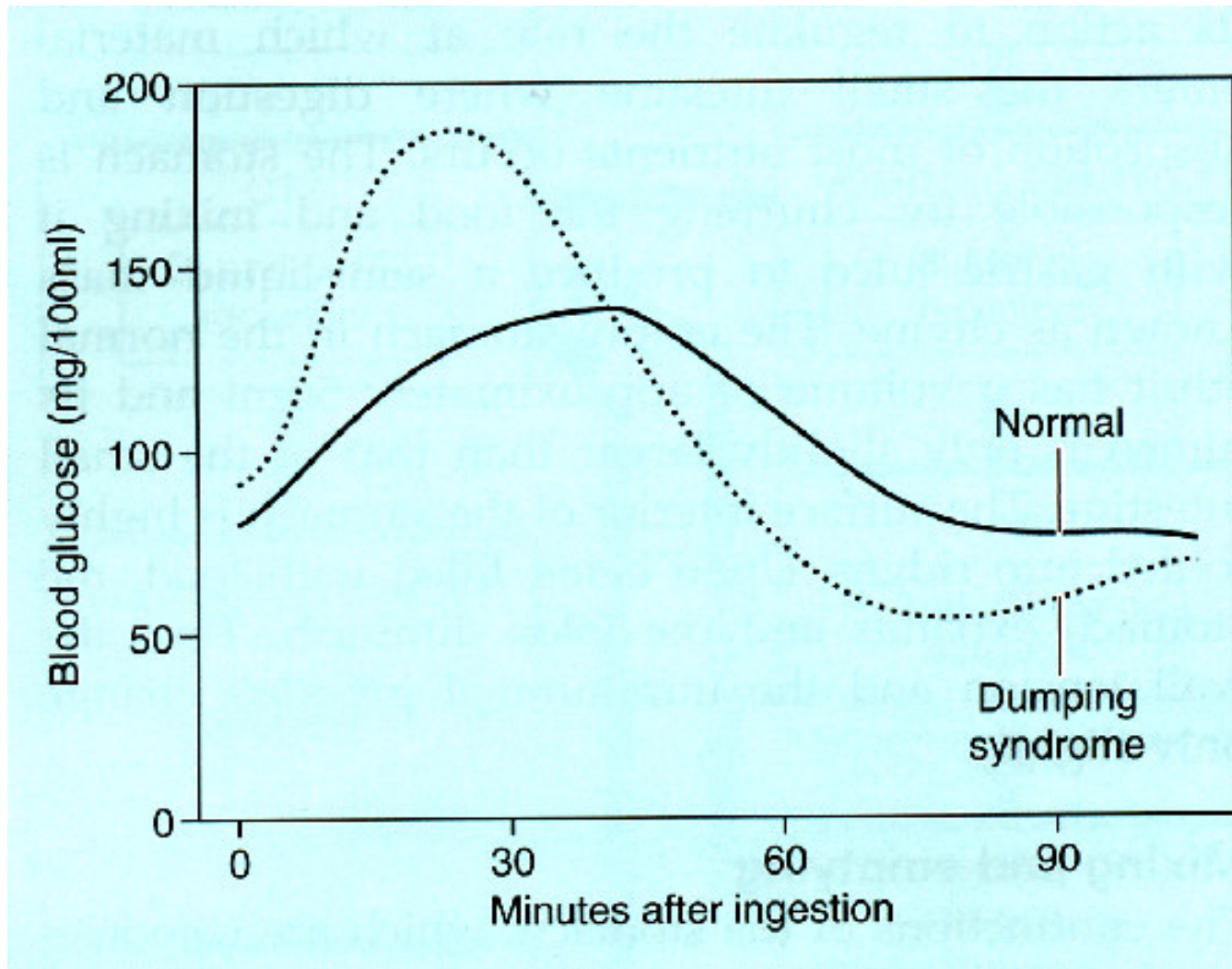
## (2) le syndrome de ZOLLINGER-ELLISON



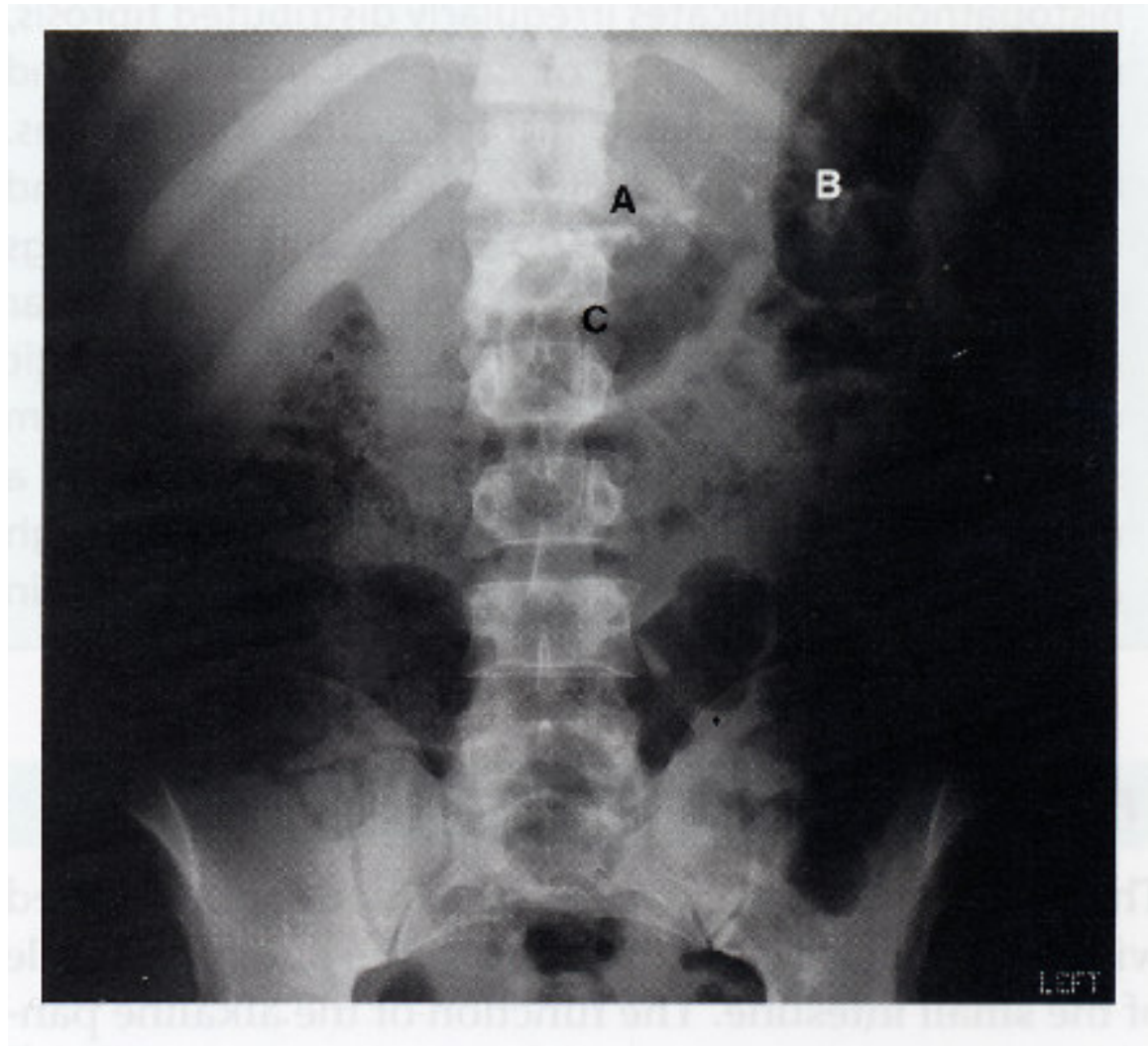


# ASPECTS PHYSIOPATHOLOGIQUES DES SÉCRÉTIONS GASTRIQUES

## (3) conséquences de la gastrectomie

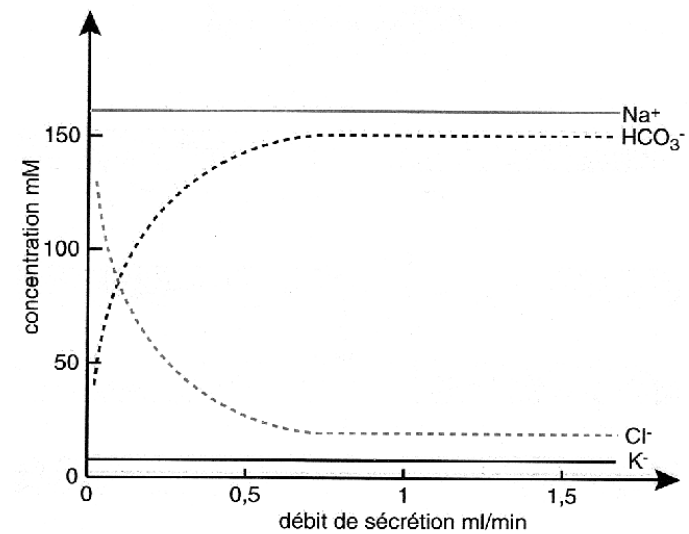
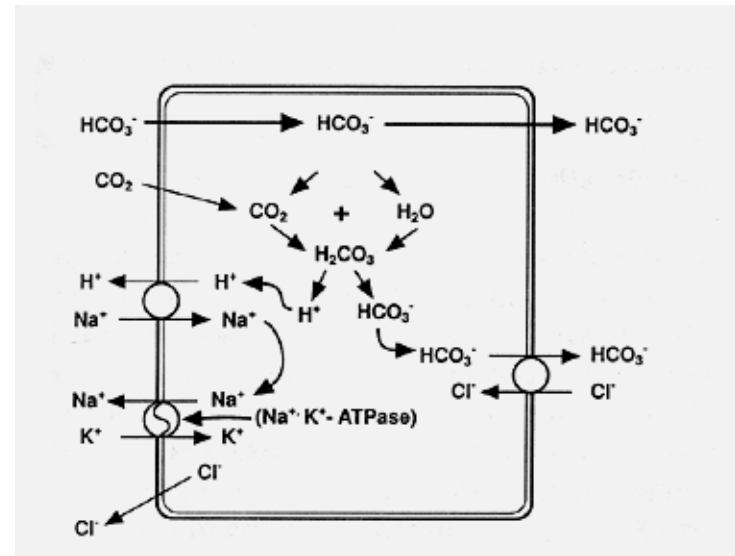
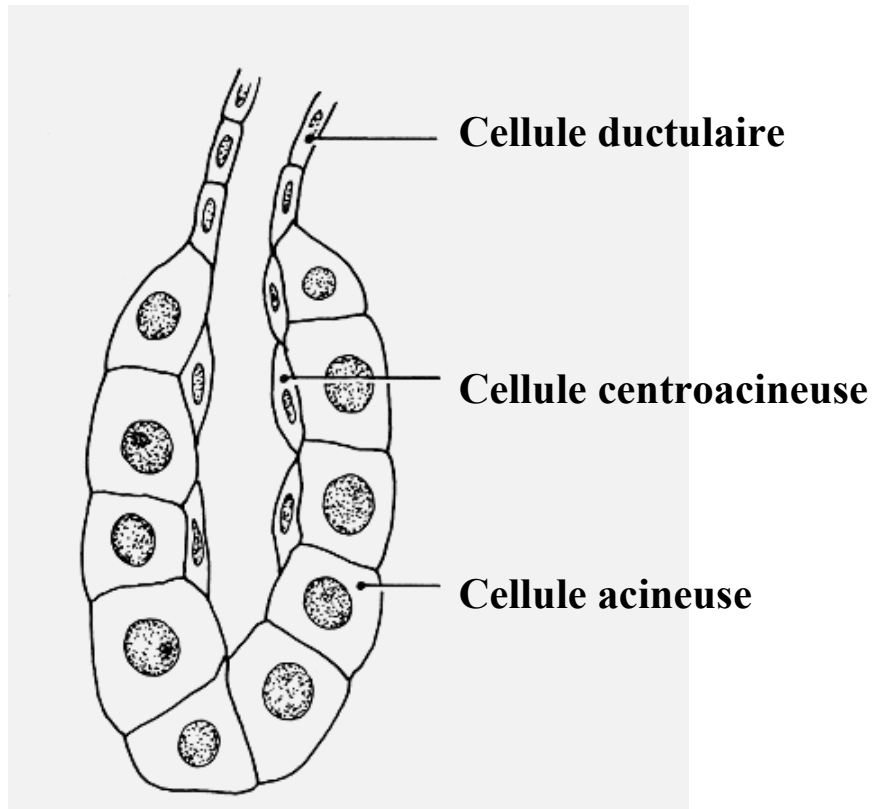


# SECRETION PANCREATIQUE



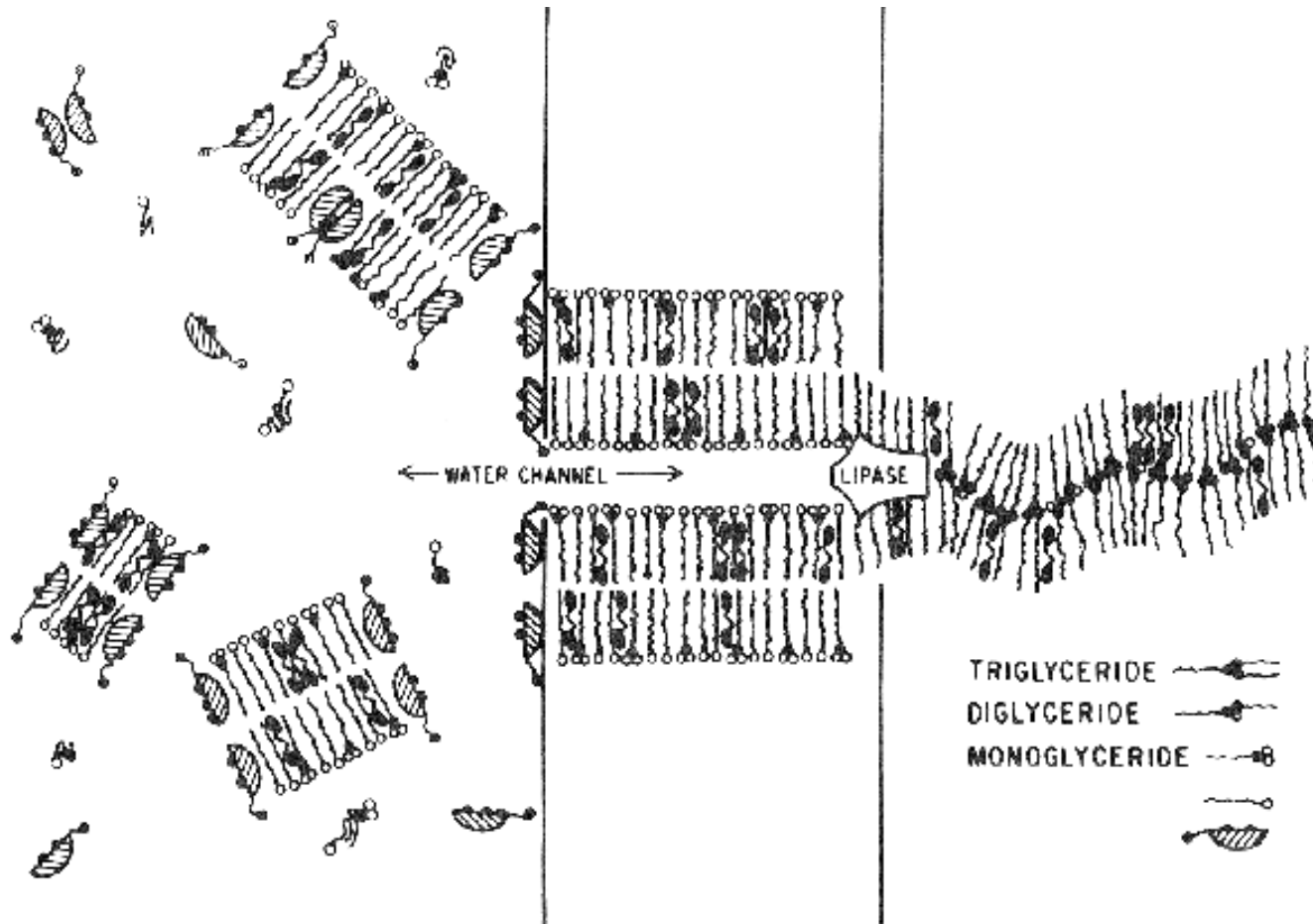
# SECRETION PANCREATIQUE

## (1) les électrolytes



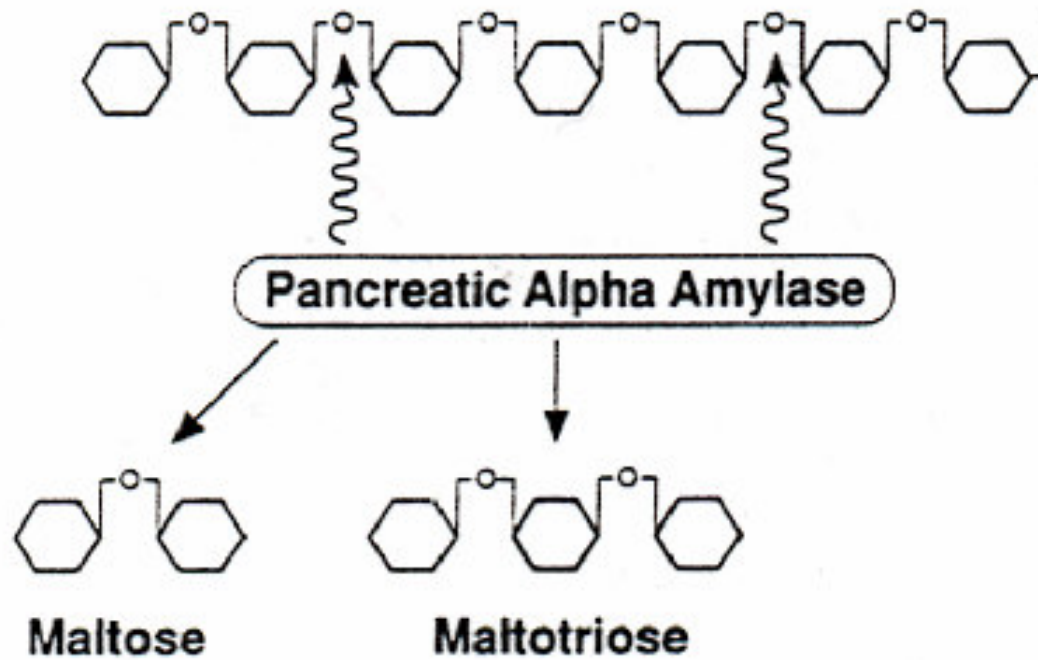
# SECRETION PANCREATIQUE

## (2) les enzymes lipolytiques



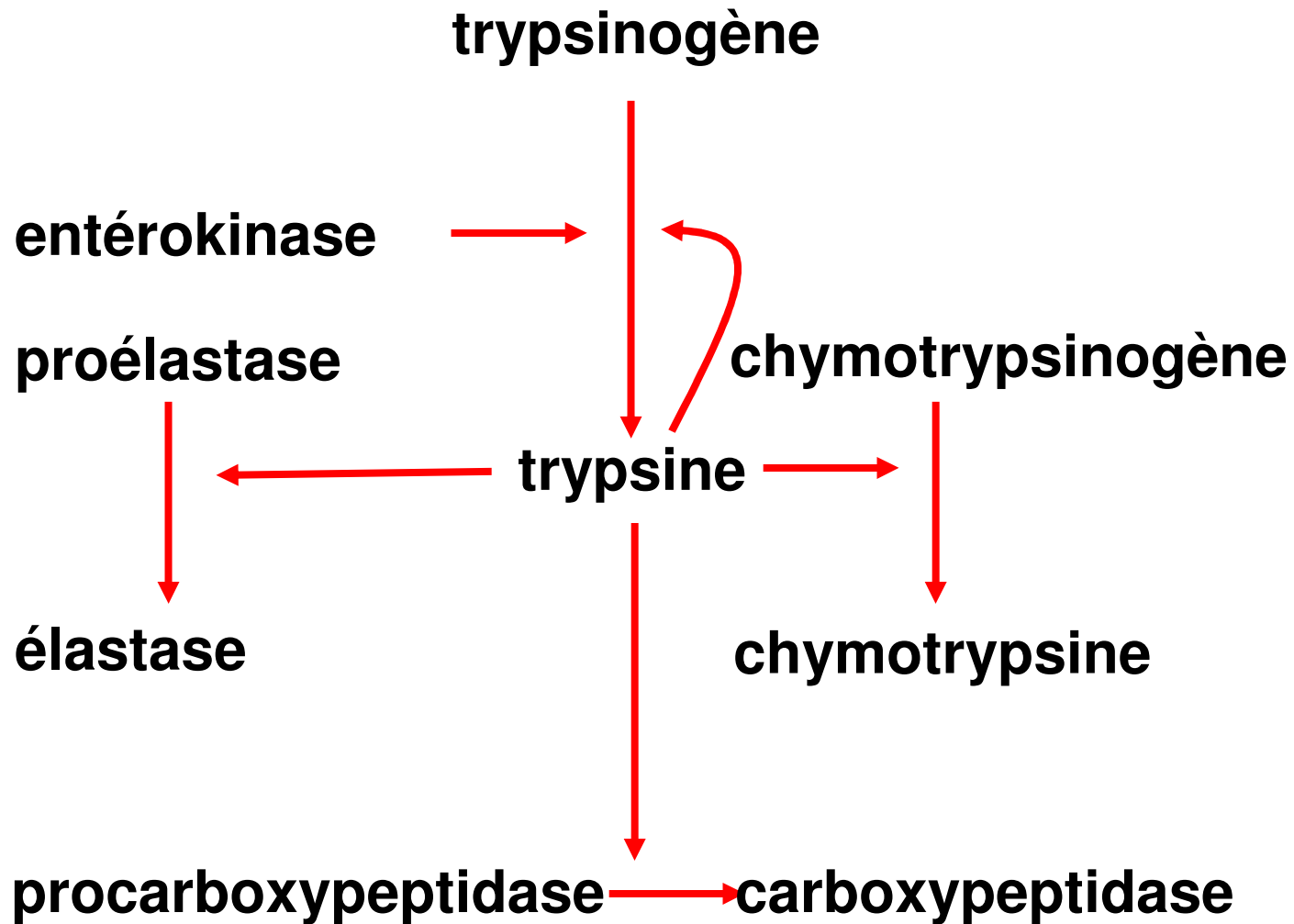
# SECRETION PANCREATIQUE

## (3) les enzymes glycolytiques



# SECRETION PANCREATIQUE

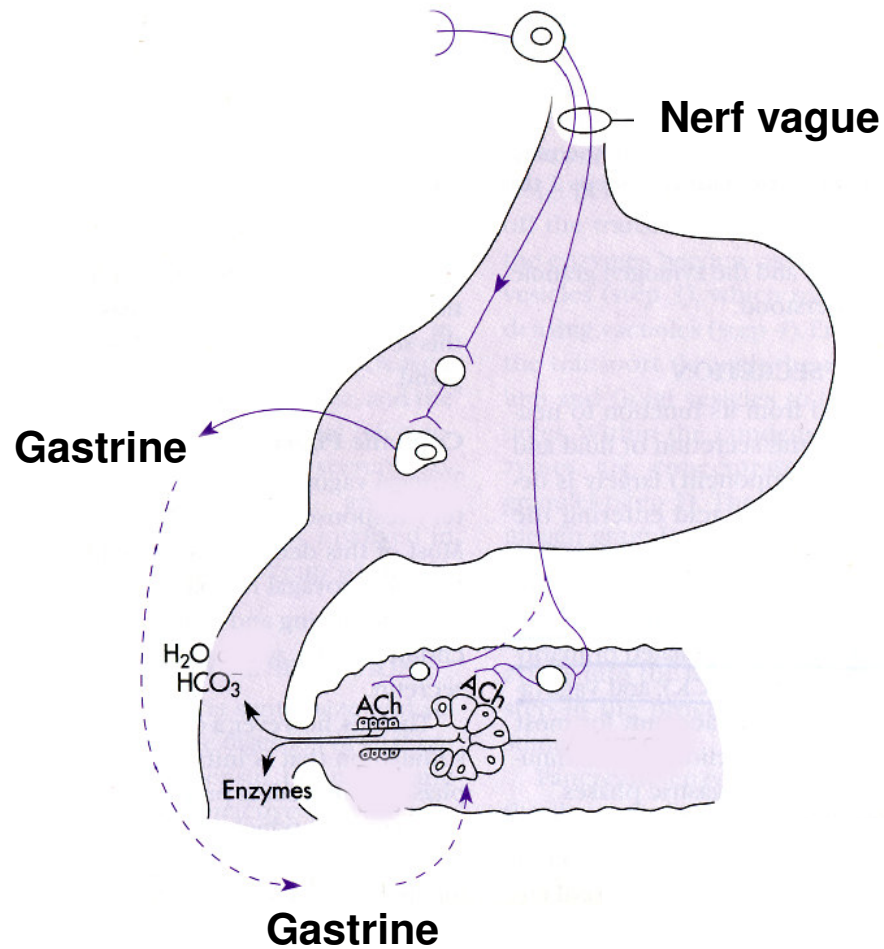
## (4) les enzymes protéolytiques





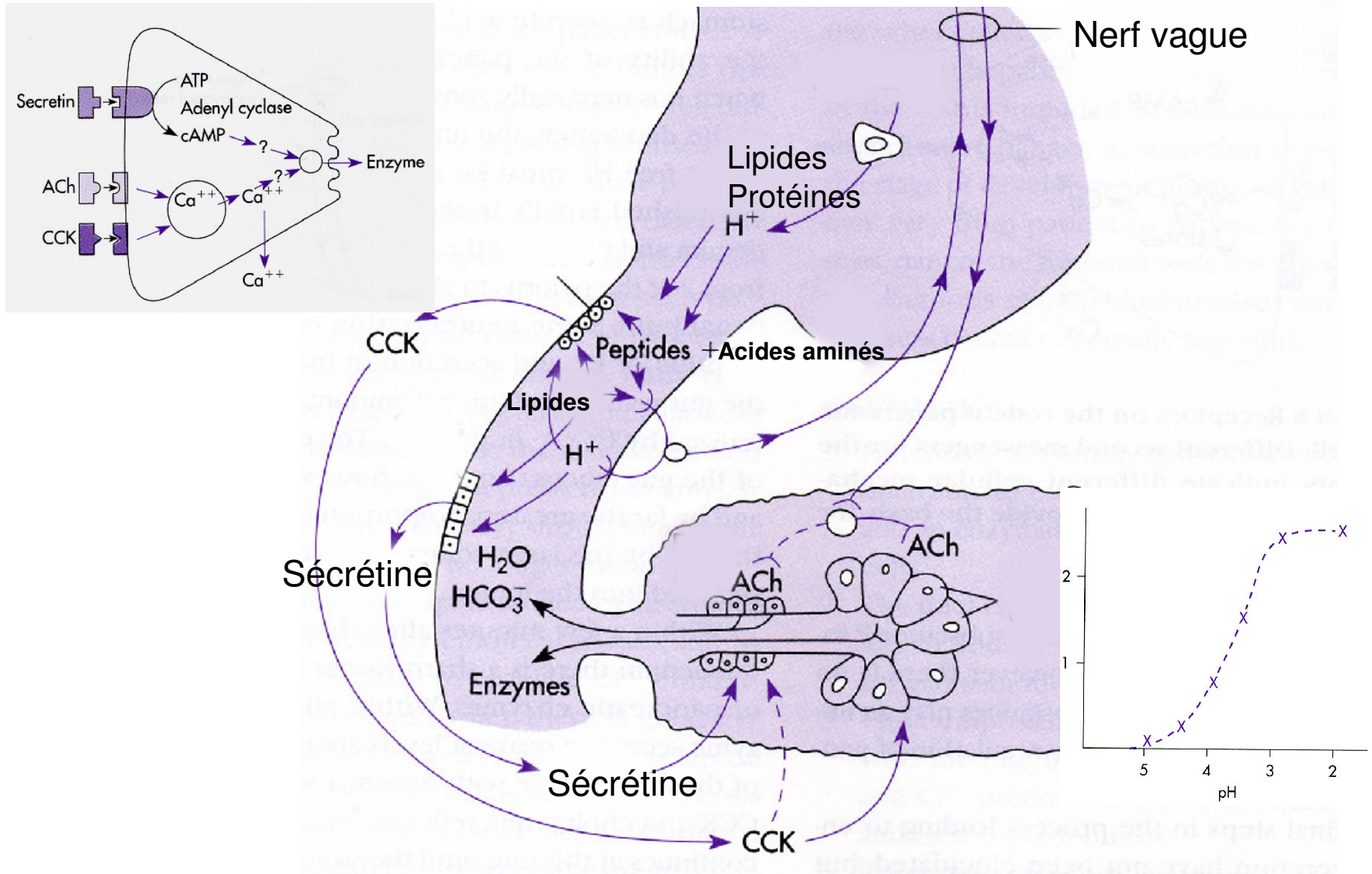
# PHASES DE LA SÉCRÉTION PANCREATIQUE

## phase céphalique



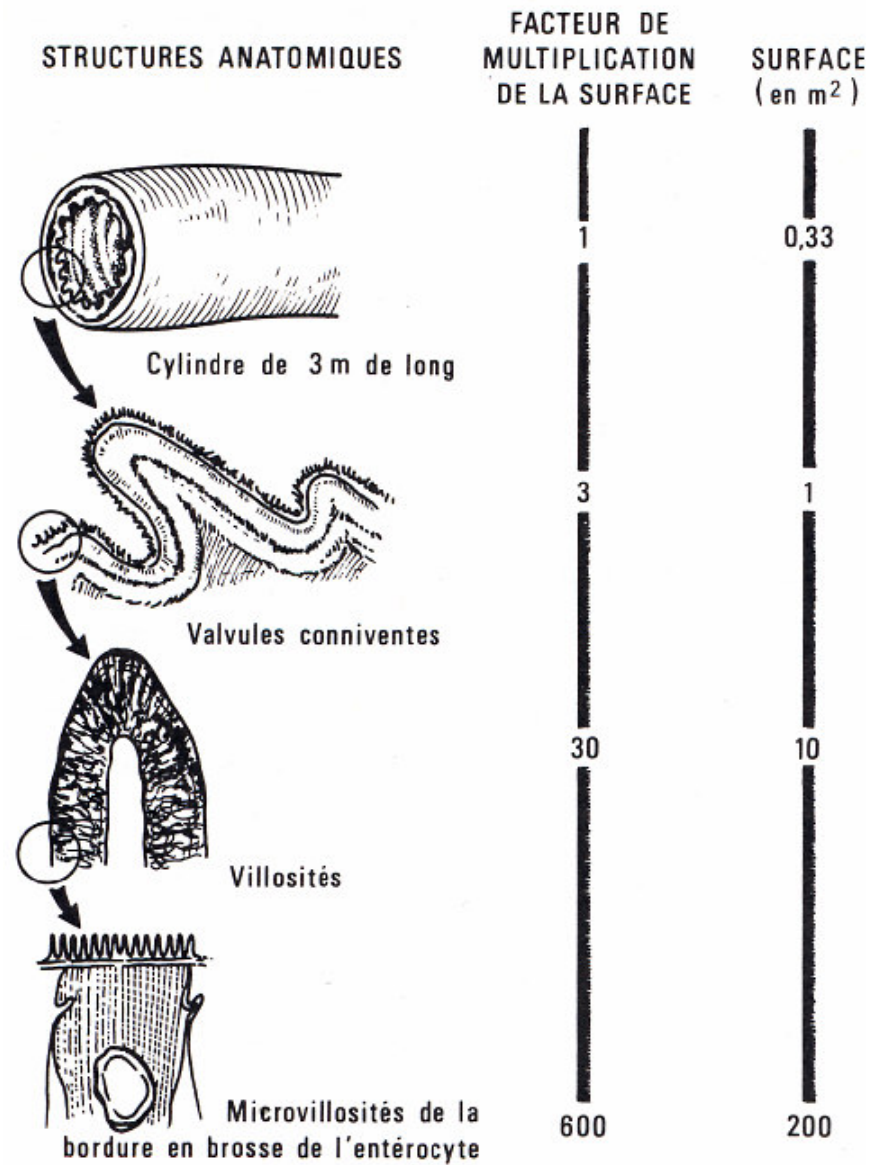
# PHASES DE LA SÉCRÉTION PANCREATIQUE

phases gastrique et intestinale

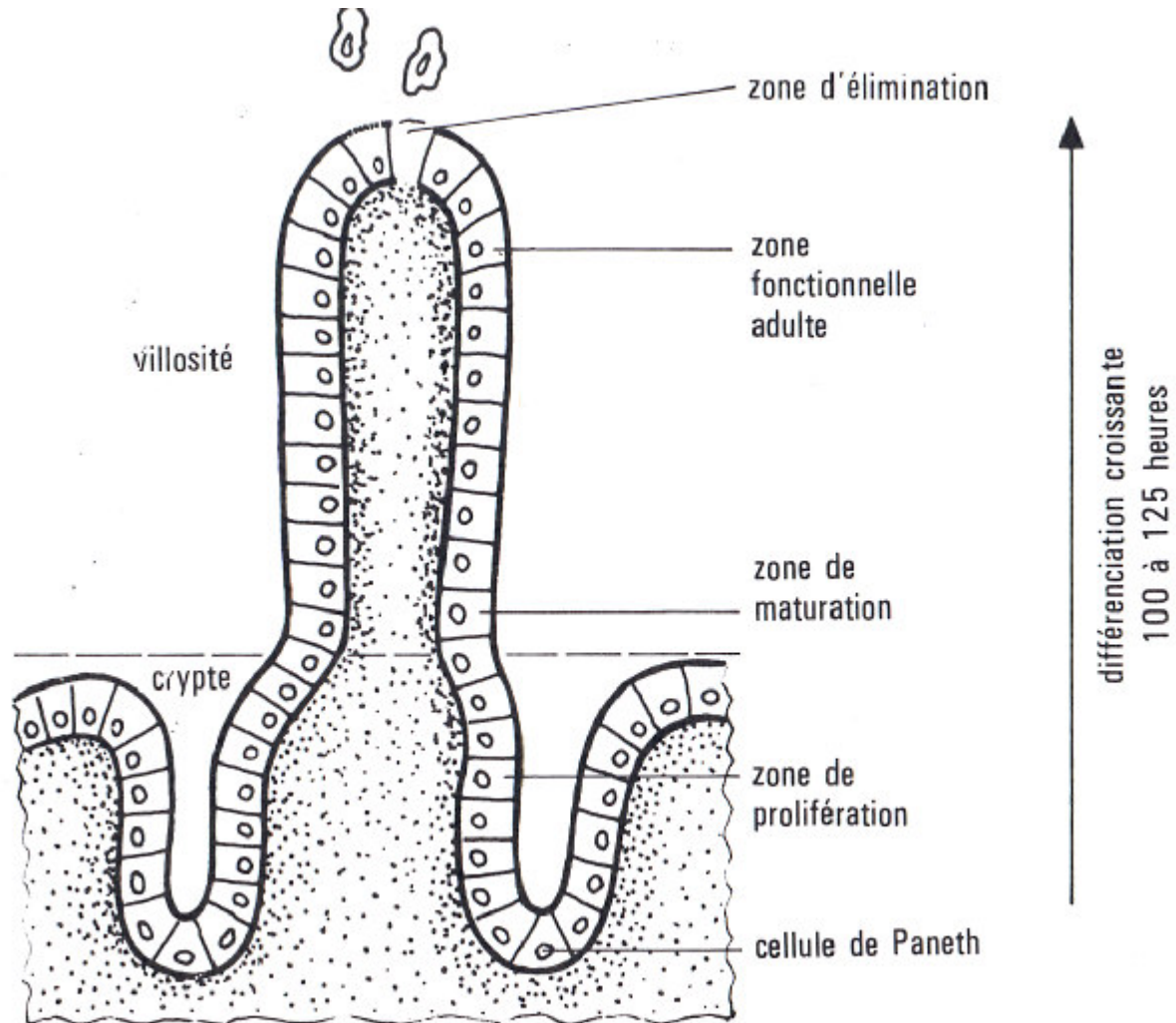


# **L' ABSORPTION DIGESTIVE**

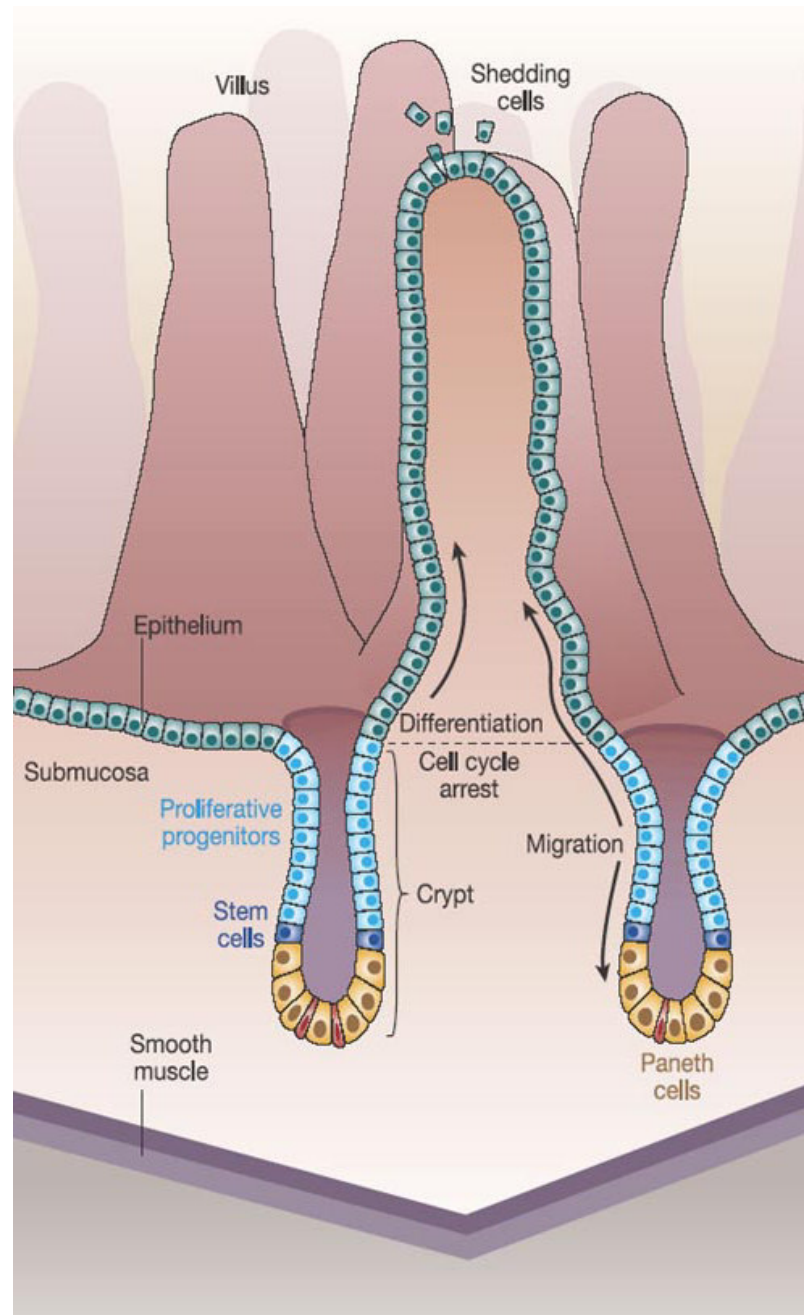
# BASES ANATOMIQUES



# BASES HISTOLOGIQUES

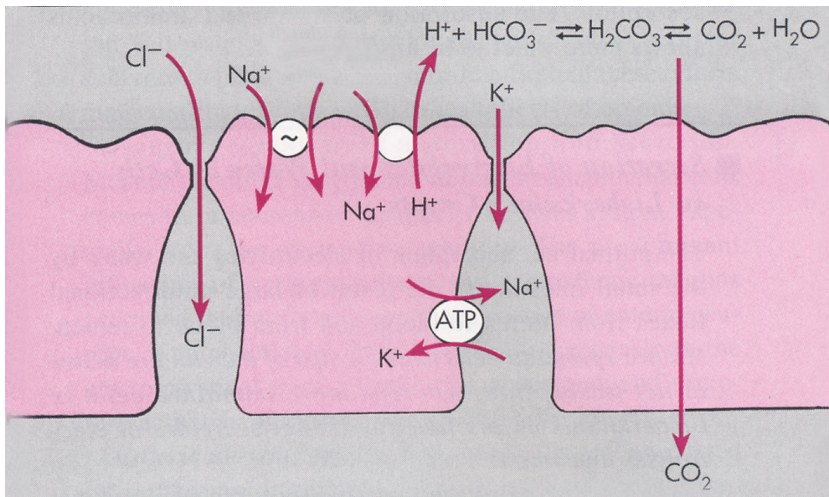




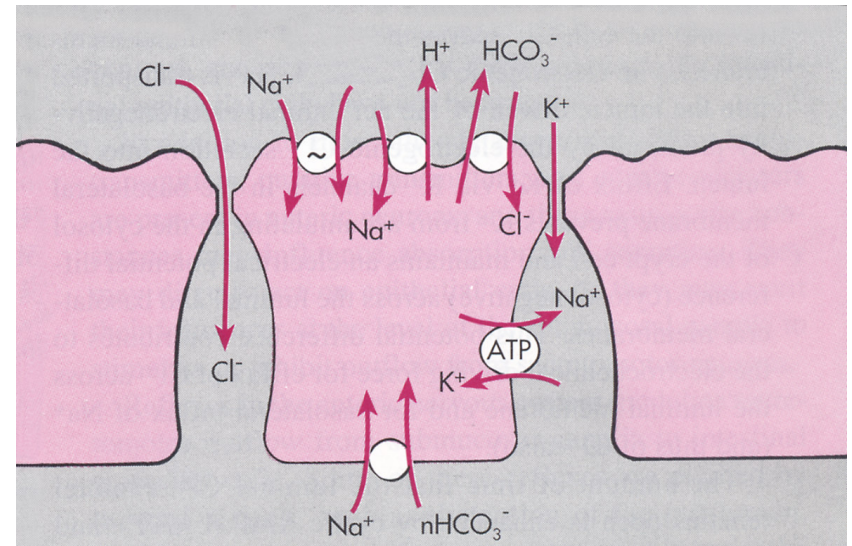




## (1) JEJUNUM

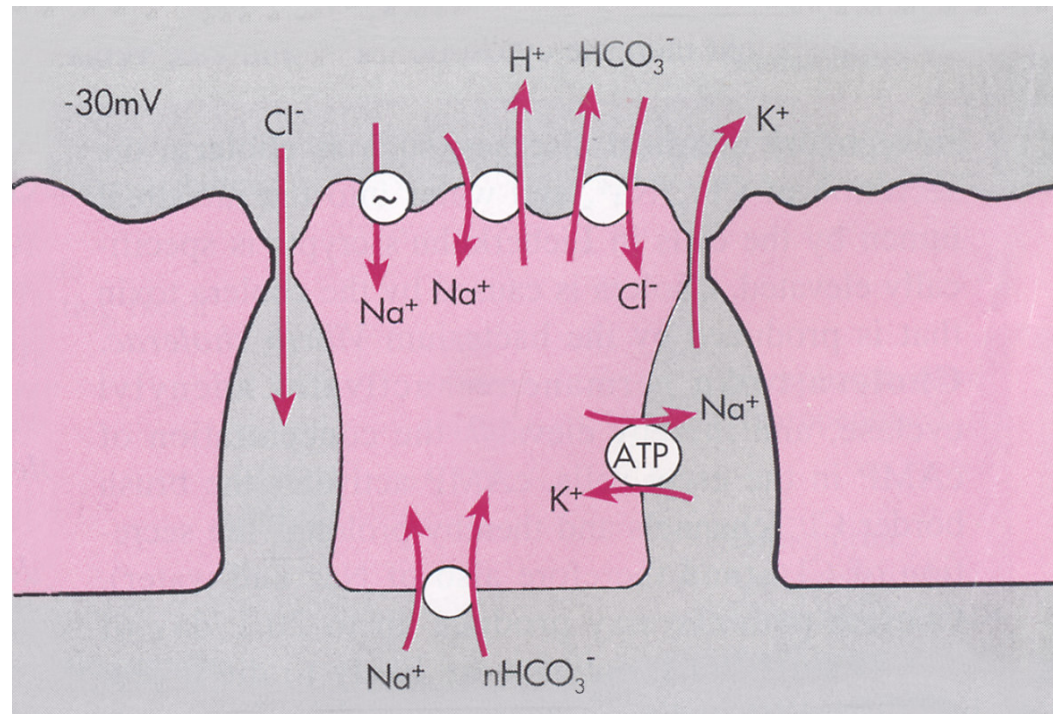


## (2) ILEON

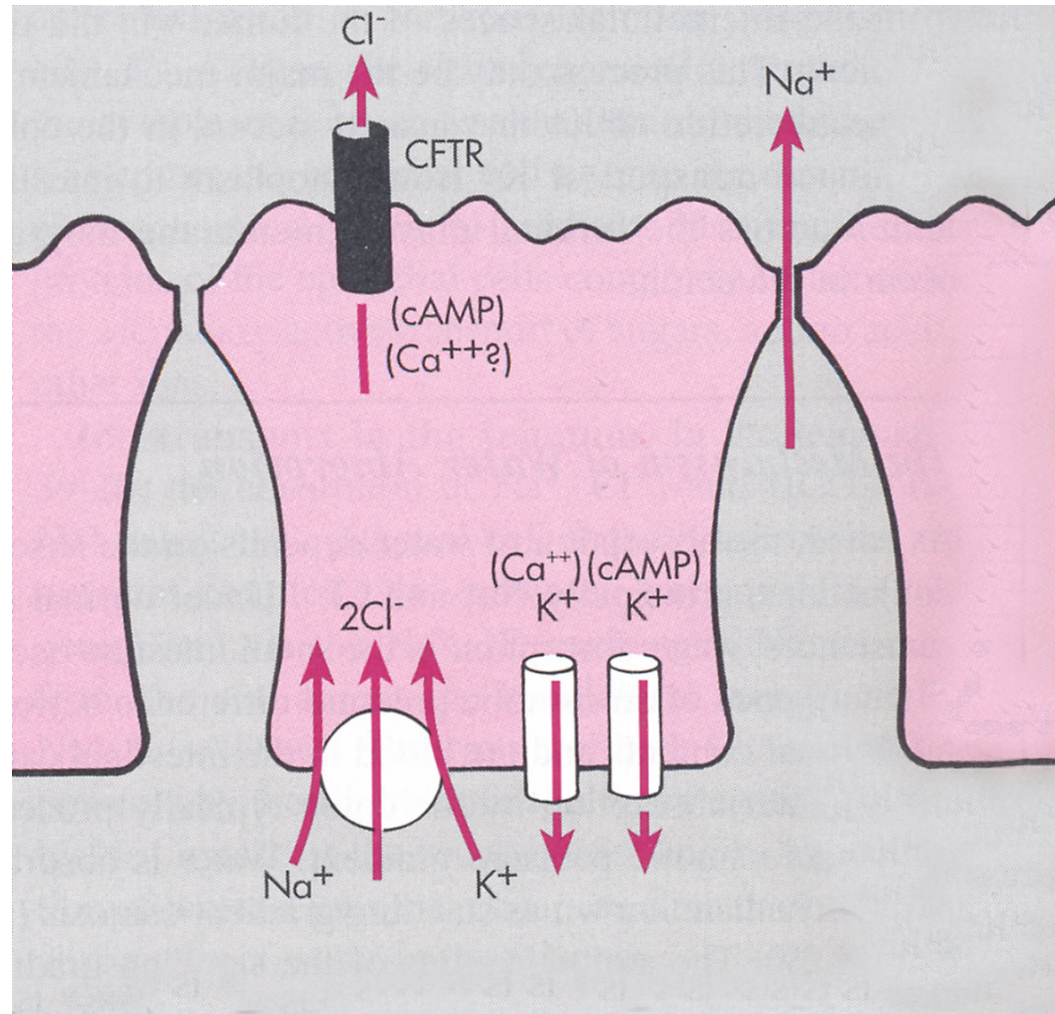


# ABSORPTION DES ELECTROLYTES

## (3) CÔLON

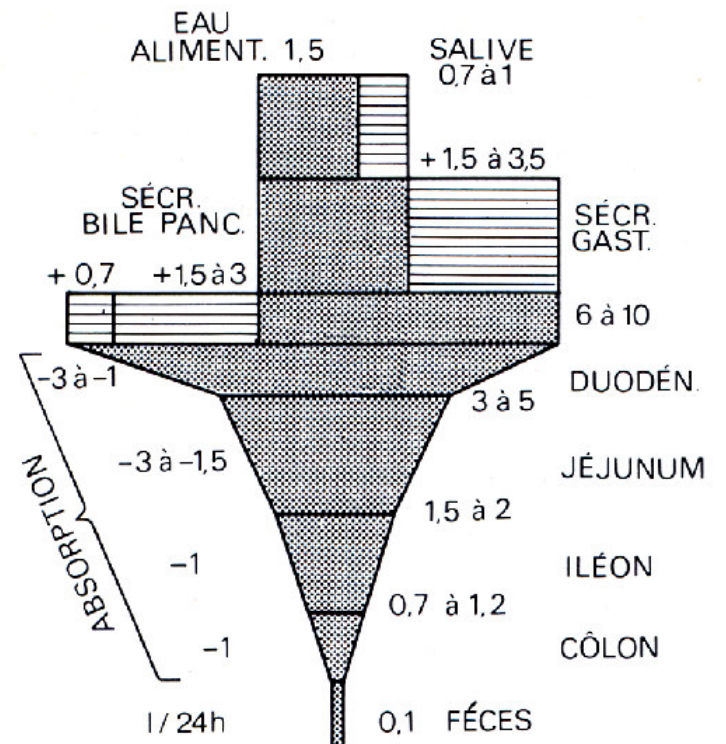
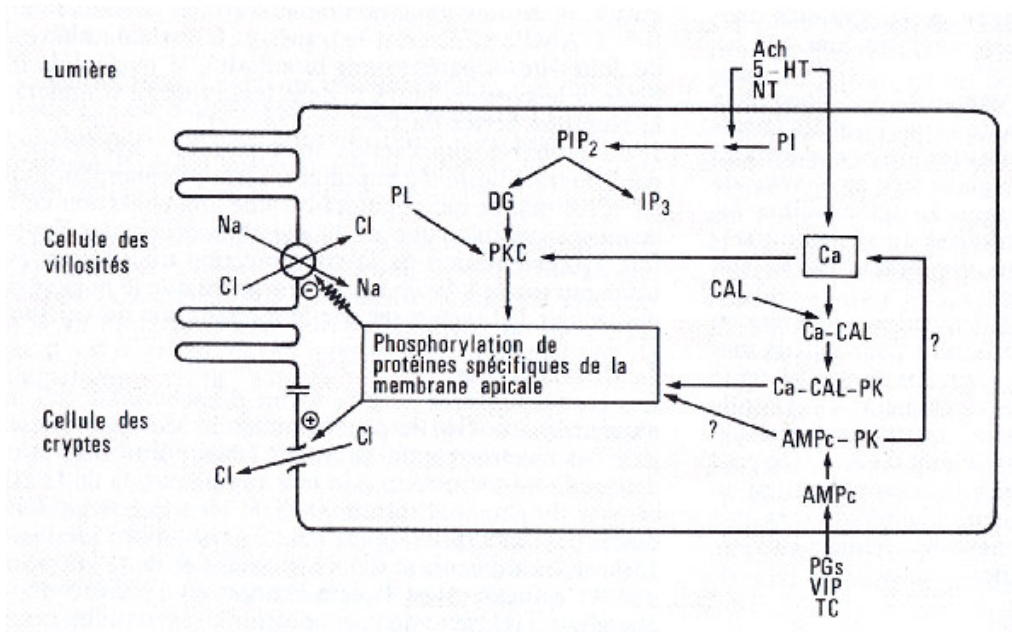


# SECRETION DE L'EAU ET DES ELECTROLYTES





# REGULATION DES MOUVEMENTS HYDRO ELECTROLYTIQUES

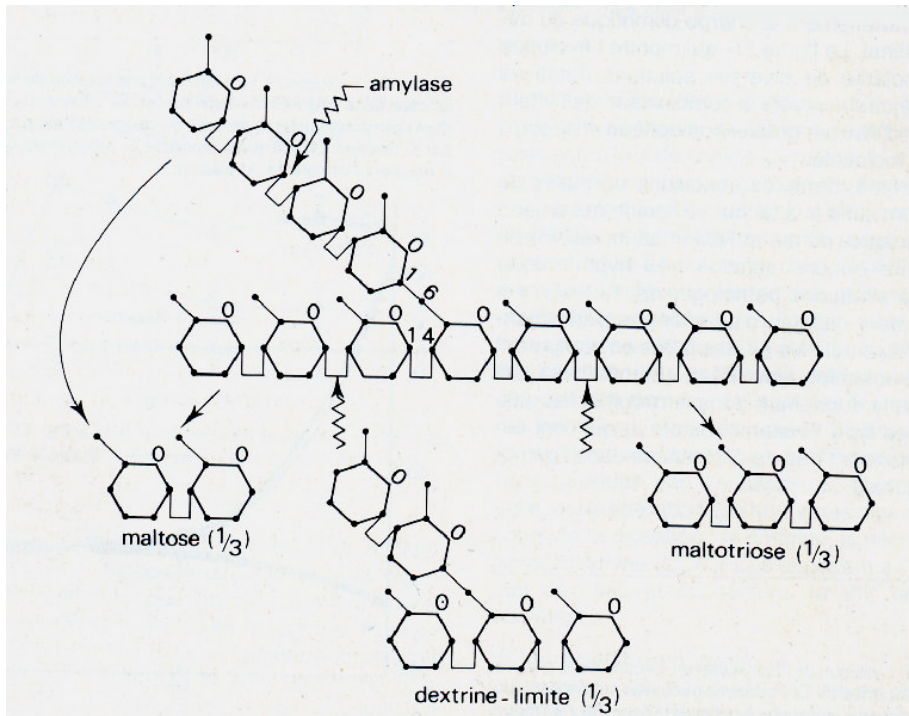


## IMPORTANCE DE L'ABSORPTION D'EAU ET D'ELECTROLYTES DANS LE CÔLON

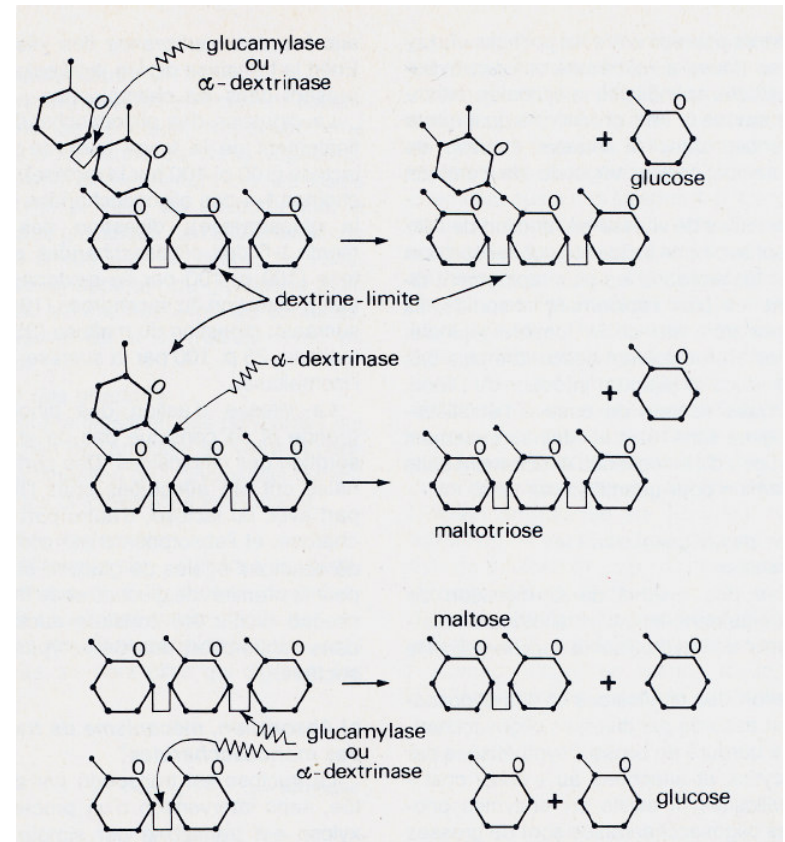
|                                   | <b>NORMAL</b> | <b>MALADIES DE<br/>L'INTESTIN GRÊLE</b> |             | <b>MALADIES DU<br/>CÔLON</b> |
|-----------------------------------|---------------|-----------------------------------------|-------------|------------------------------|
| Volume<br>délivré au<br>côlon     | <b>1500</b>   | <b>4500</b>                             | <b>6000</b> | <b>1500</b>                  |
| Volume<br>absorbé<br>par le côlon | <b>1400</b>   | <b>4400</b>                             | <b>4400</b> | <b>700</b>                   |
| Volume<br>des selles              | <b>100</b>    | <b>100</b>                              | <b>1600</b> | <b>800</b>                   |
| Diarrhées                         | <b>non</b>    | <b>non</b>                              | <b>oui</b>  | <b>oui</b>                   |

# ABSORPTION DES GLUCIDES

## - action de l' $\alpha$ amylase



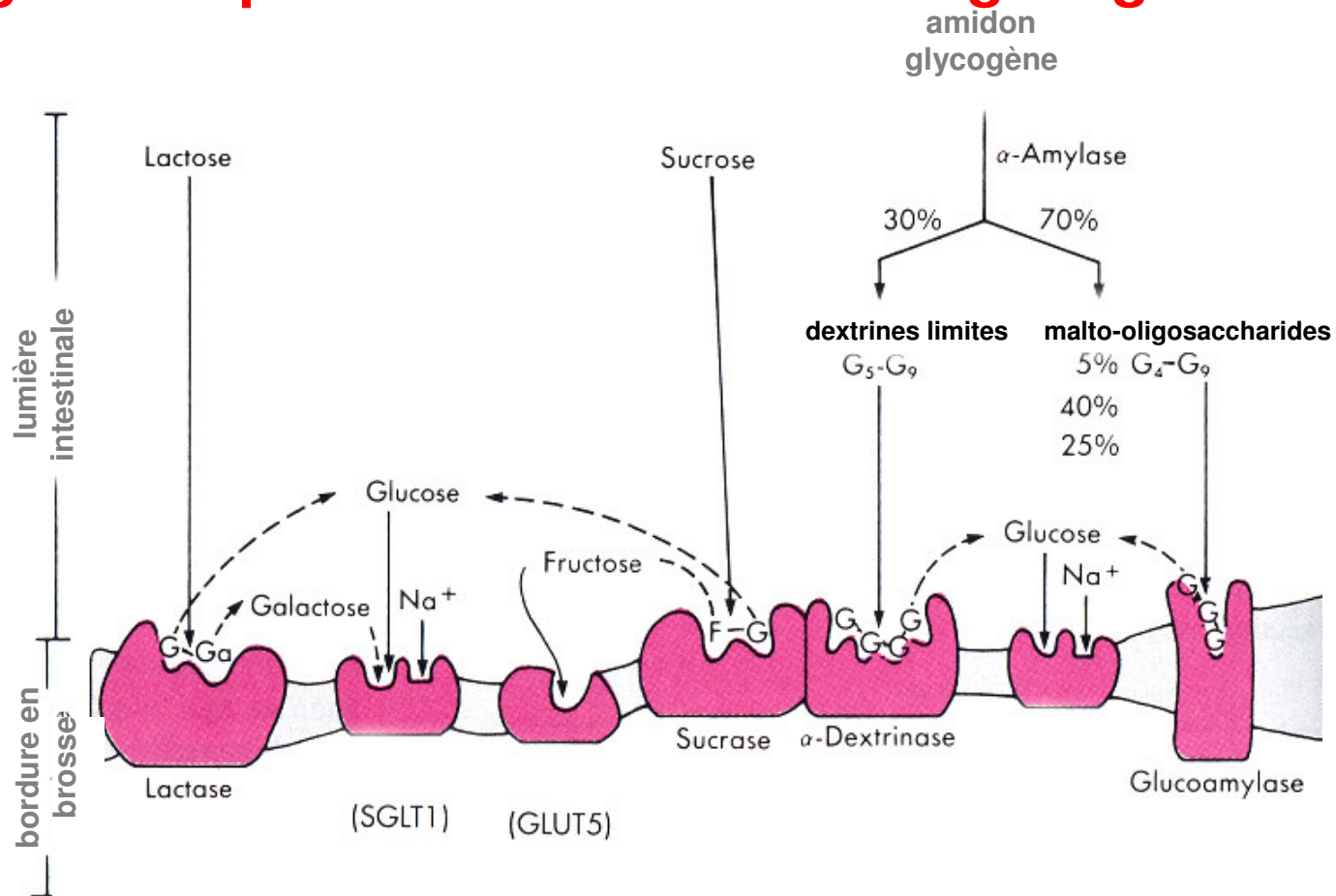
## - action de l' $\alpha$ dextrinase





# ABSORPTION DES GLUCIDES

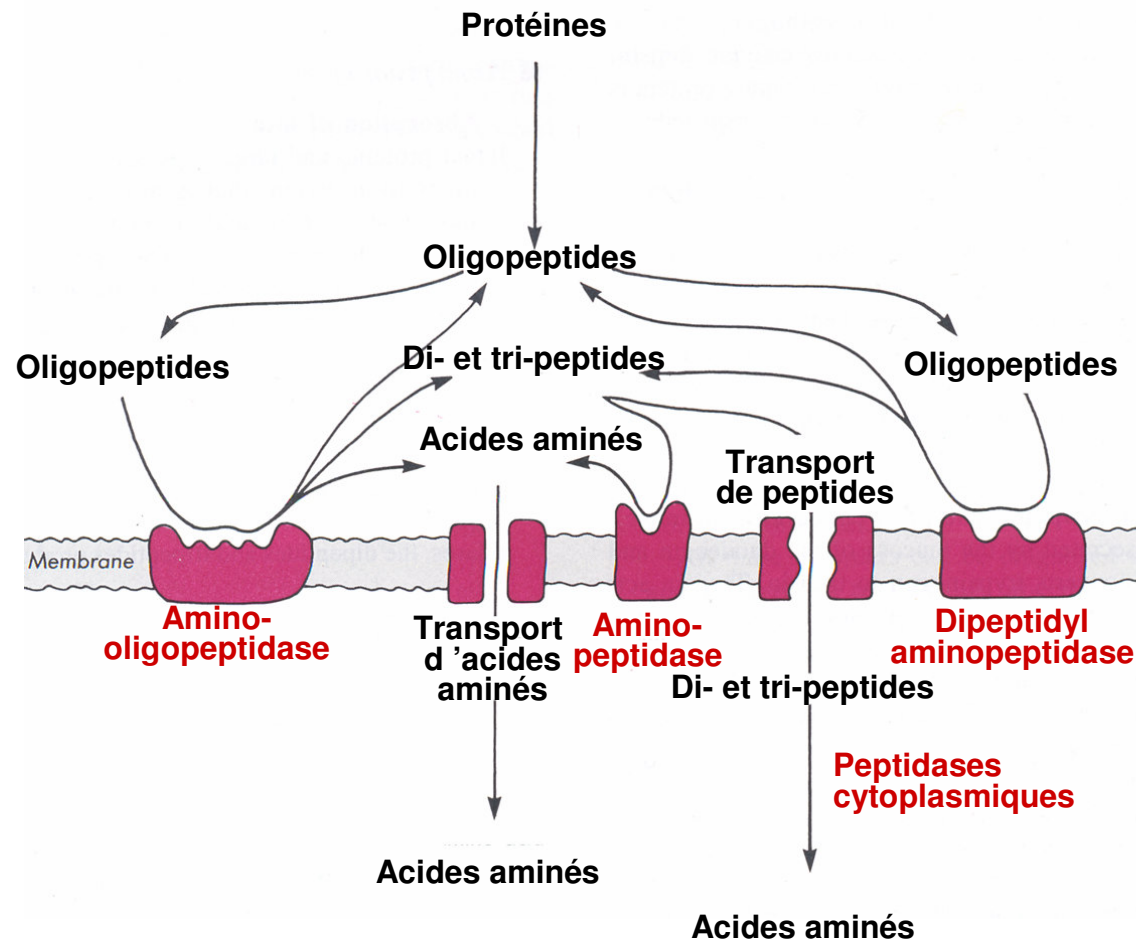
Ingestion quotidienne de 200 à 400 g de glucides



# ABSORPTION DES PROTIDES

Ingestion quotidienne de 70 à 100 g de protides

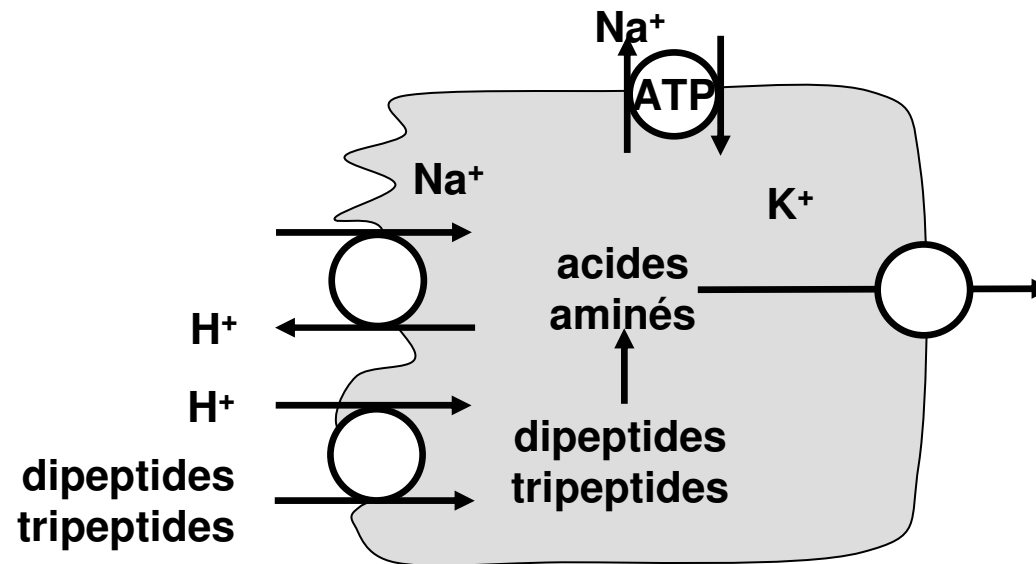
- acides aminés



# ABSORPTION DES PROTIDES

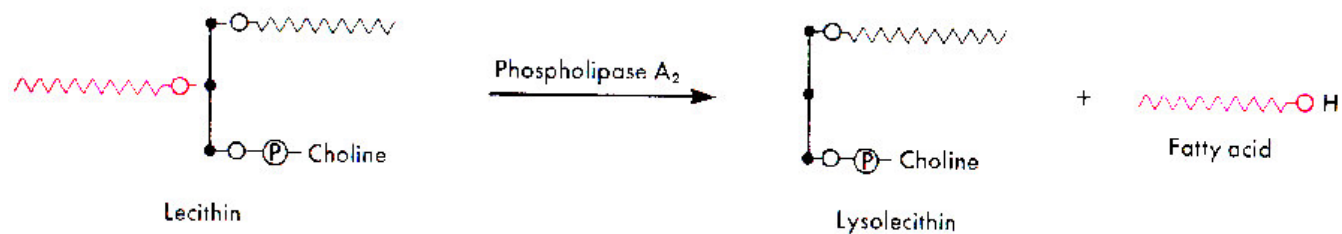
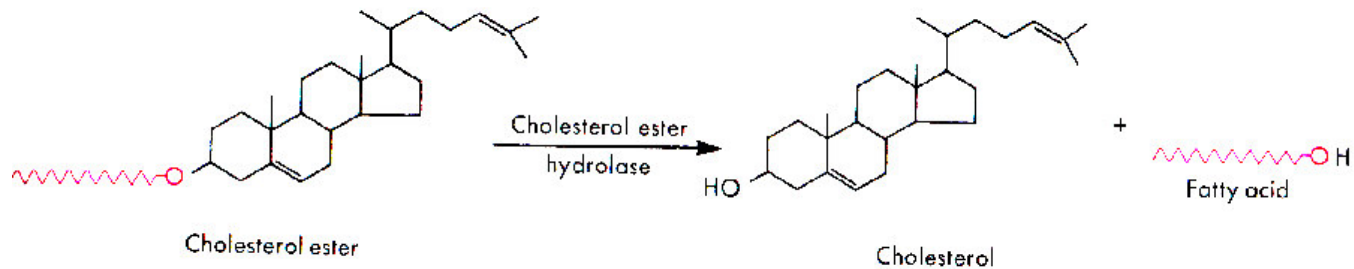
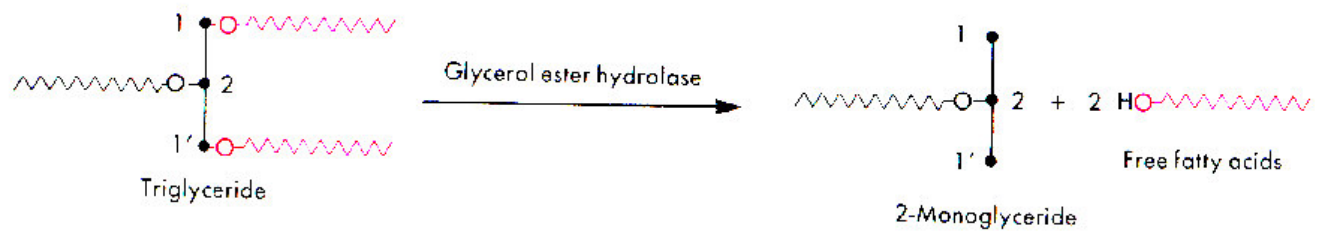
**Ingestion quotidienne de 70 à 100 g de protides**

**- di- et tri-peptides**

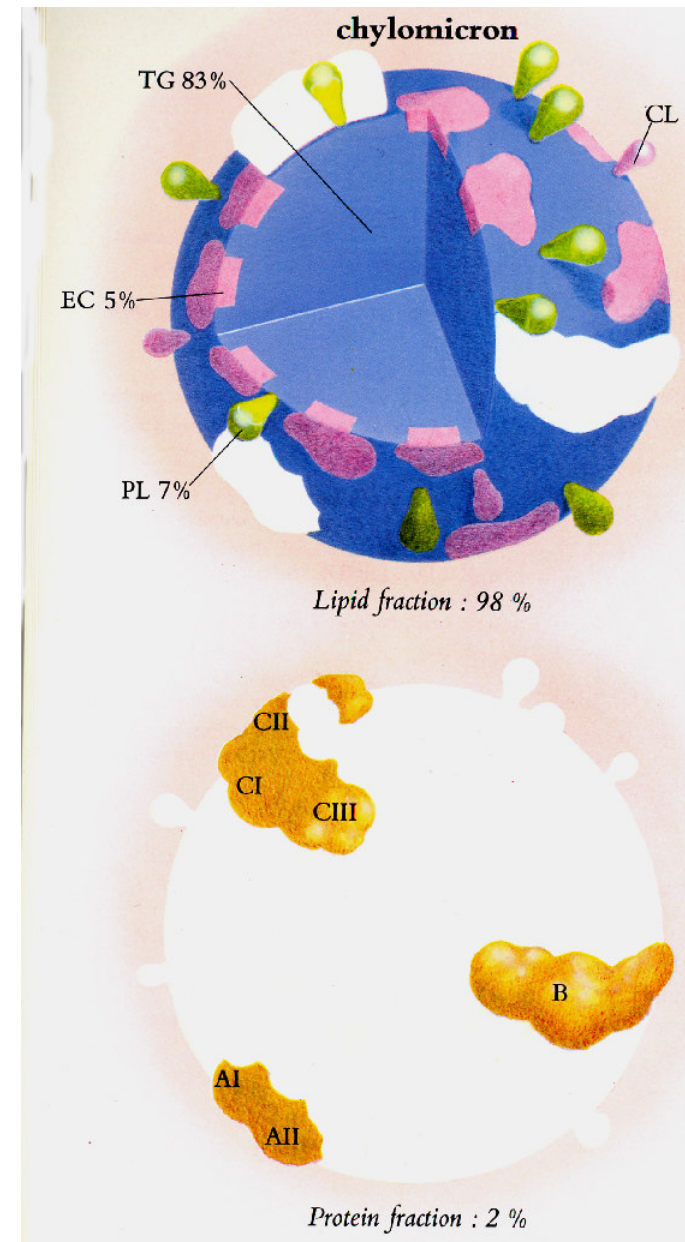
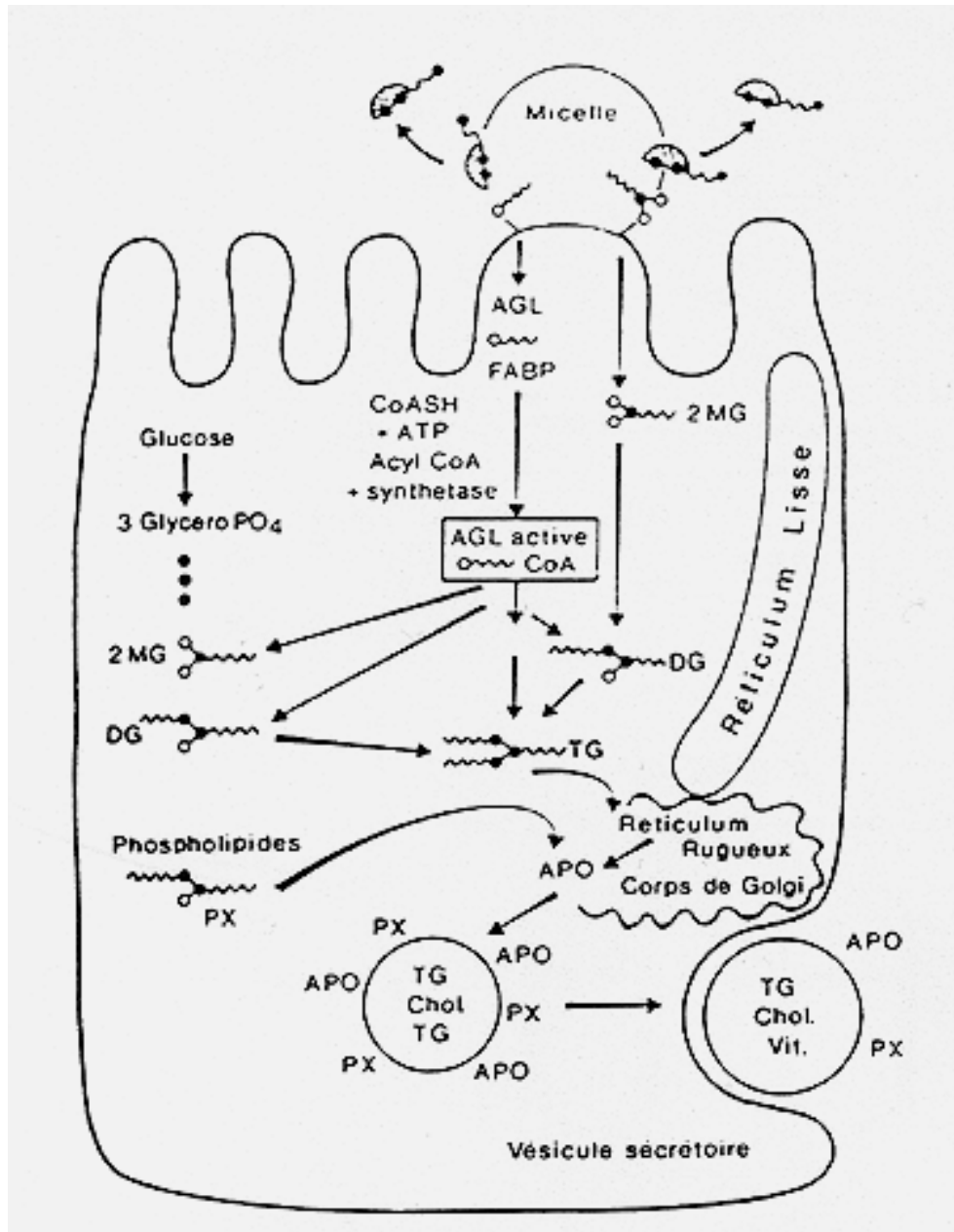


# ABSORPTION DES LIPIDES

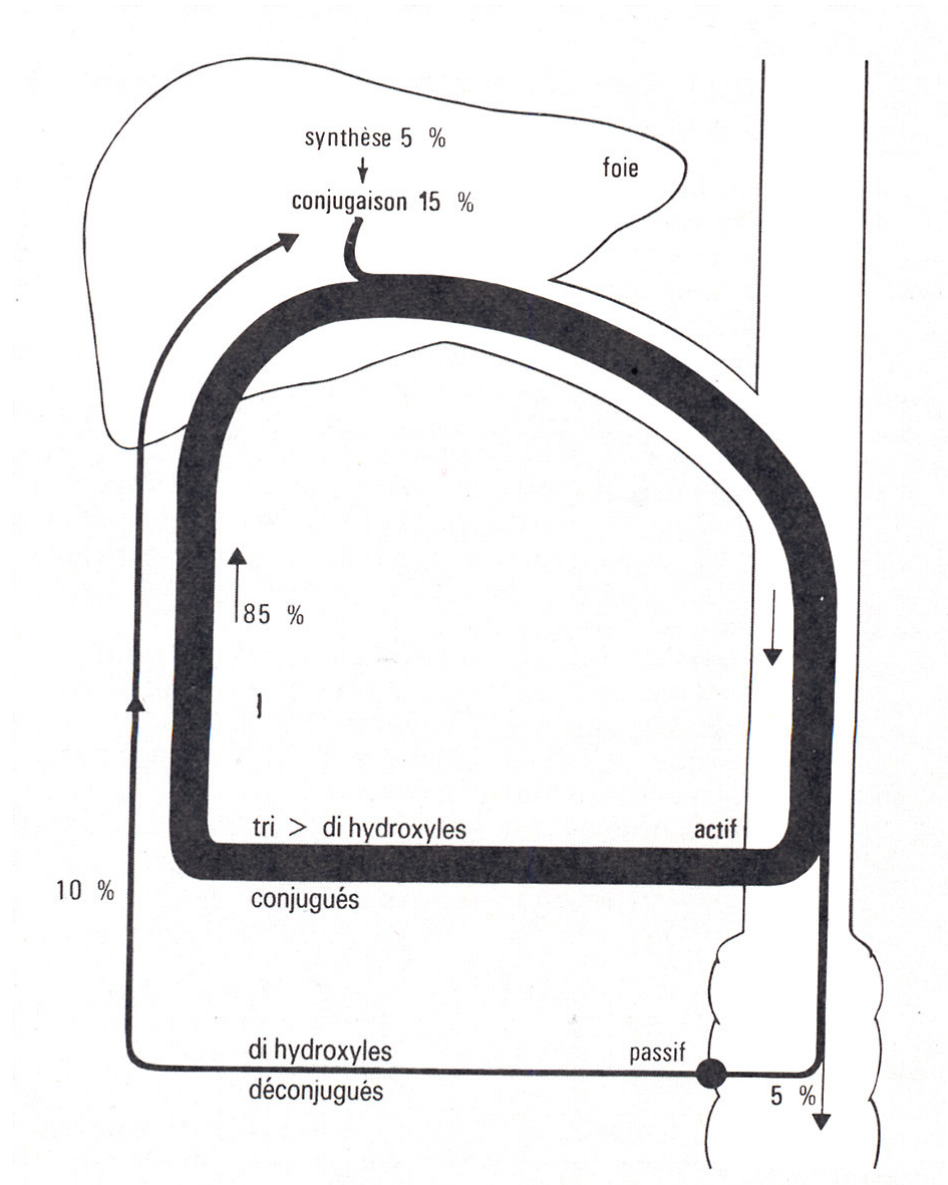
**Ingestion quotidienne de 60 à 150 g de lipides  
dont 80 % de triglycérides**



# 



# ABSORPTION DES SELS BILIAIRES

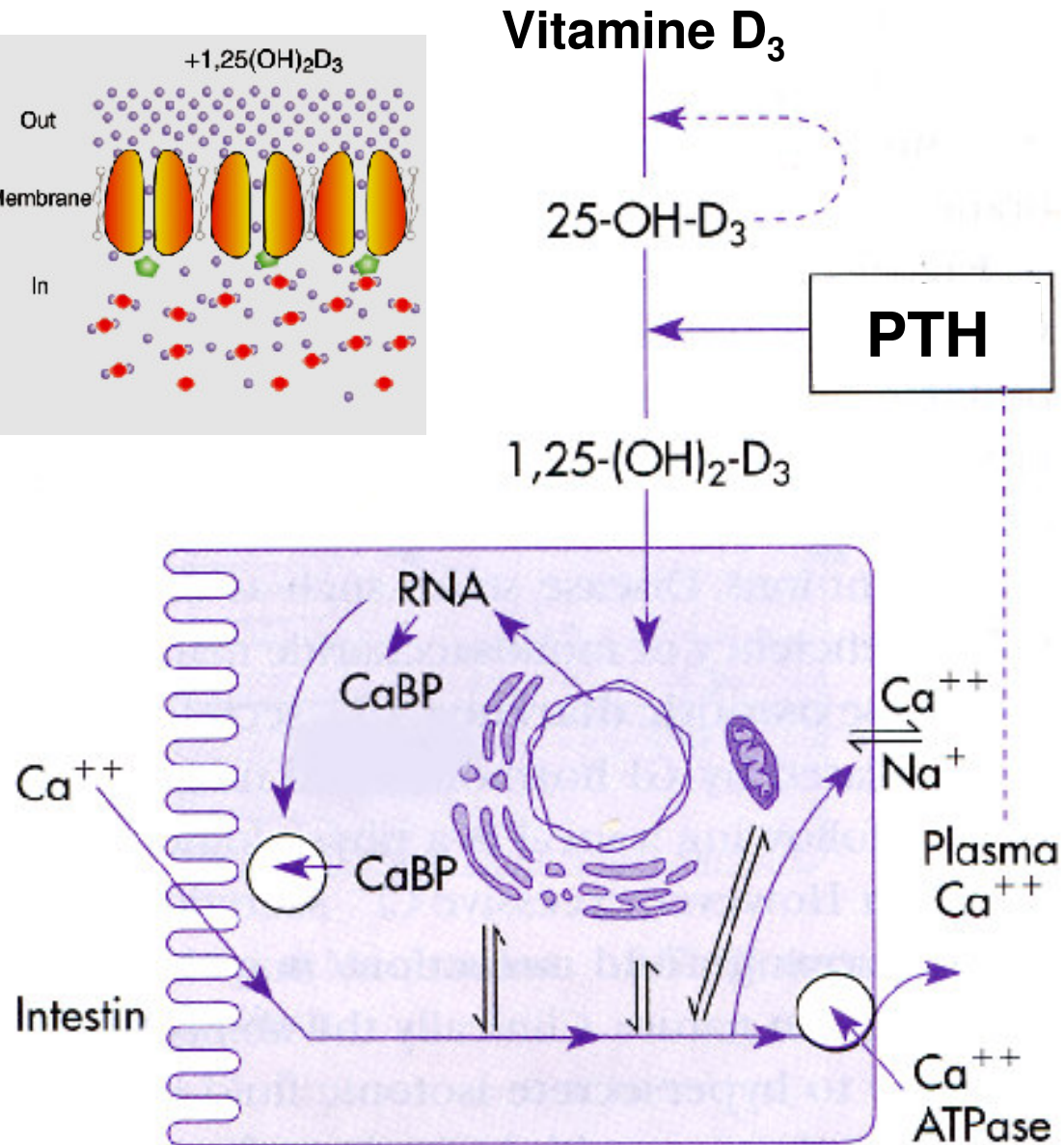
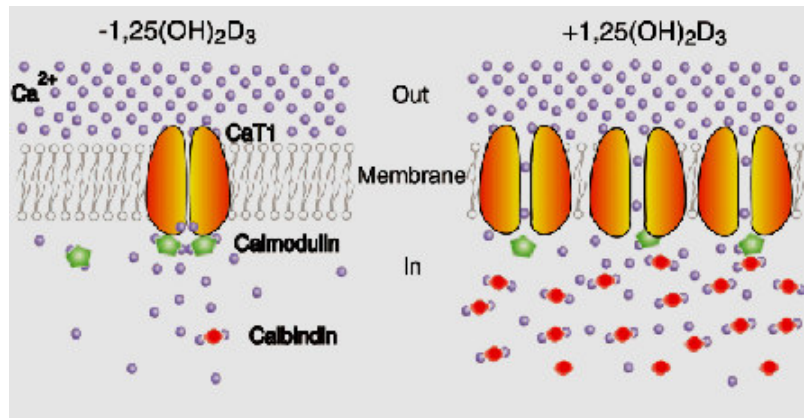


Déconjugaison

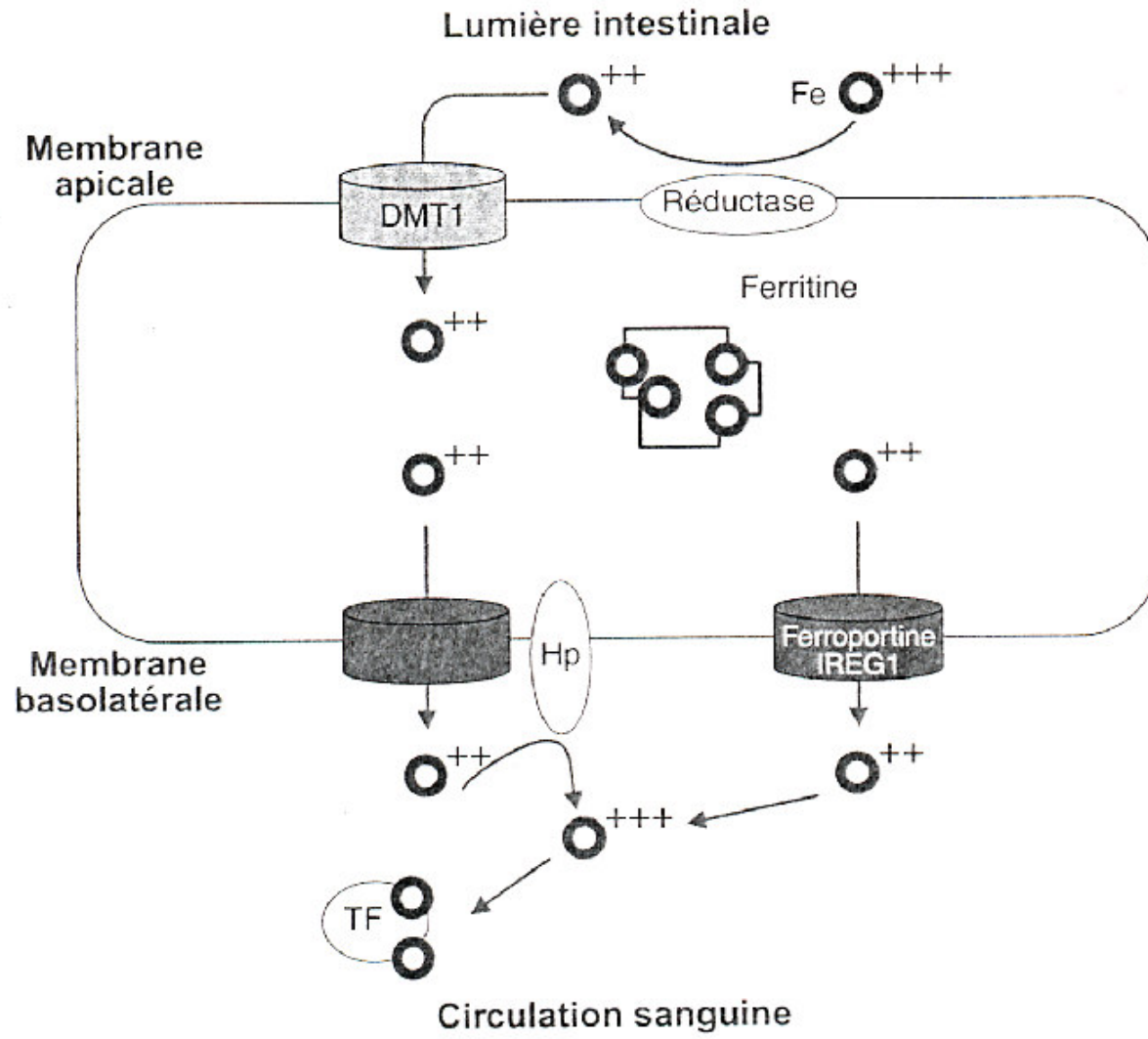
$$pH = pK_a + \log \frac{\text{ion-}}{\text{acide}}$$



# ABSORPTION DU CALCIUM



# ABSORPTION DU FER (1)



## ABSORPTION DU FER (2)

