AN EXPERIMENTAL STUDY OF THE PORTAL CIRCULATION
IN THE AGONY PERIOD AND DURING RESUSCITATION
FROM CLINICAL DEATH

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The importance of the study of the regional circulation in shock and terminal states has been recognized [5,
7, 15]. The circulation in various organs and tissues undergoes specific changes in pathological conditions [3, 6, 8,
12], and in some cases, for example, in agony and resuscitation from clinical death, these changes may be irrever-
sible [14, 15, 16]. The regional circulation in severe shock and terminal states therefore continues to attract the in-
creasing attention of research workers [2, 4, 9, 10, 14, 15, 16].

In the present research we studied the changes in the portal circulation. The importance of studying the state
of this portion of the circulatory system, which can accommodate up to 60-80% of the total blood volume in circu-
latory disturbances, has repeatedly been stressed [6, 10-13].

EXPERIMENTAL METHOD

Changes in the portal circulation were studied in 16 dogs during lethal exsanguination and subsequent resusci-
tation after a period of clinical death lasting 4-5 min. Measurements were made of the aortic pressure, the pressure
and velocity of the blood flow in the superior mesenteric artery, and the pressure in the portal vein and the posterior
vena cava at the junction of the hepatic veins. From these figures it was possible to calculate the arterio-portal and
porto-caval pressure gradients and the resistance of the mesenteric vessels, and also to assess the state of the hepatic
shunt mechanism. The portal and caval pressures were recorded during the respiratory pause. Additional observations
on the local circulation of the blood and the state of the blood vessels of the mesentery and liver during the periods of
blood loss, clinical death, and subsequent resuscitation were made on 44 dogs, cats, and rats. Observation and photo-
graphy of the mesentery were carried out by the ordinary methods, and in the case of the liver the MUF-3M lumines-
cence source was also used [13]. To prevent the part under observation from drying, it was continuously irrigated with
warm physiological saline. Blood was withdrawn in small volumes at a time for a period of 20-30 min. The animal
was resuscitated by Negovskii's method after 4-5 min of clinical death, and wherever possible the use of stimulants
was avoided. In some cases the heart had to be defibrillated [1].

EXPERIMENTAL RESULTS

In the different animals the effect of bleeding was to produce similar changes in the criteria examined (see
figure). Usually the velocity of the blood flow fell before the arterial pressure was lowered. The resistance of the
mesenteric vessels rose during this period. Despite the reduction in the volume of blood arriving, the portal pressure
increased. This led to a very slight fall in the arterio-portal gradient and to a larger increase in the porto-caval
gradient. The increase in the portal pressure showed that passage of the blood through the liver was difficult. Since
the inflow of blood to the portal vein was thereby decreased and the resistance of the mesenteric vessels was increased,
considerable activation of the sphincter mechanism of the liver could be assumed. The increased arterial pressure
sometimes observed (after loss of a small volume of blood), especially in the mesenteric artery, was associated not
only with an increase in the work of the heart and the mobilization of depot blood, but also with spasm of the vessels
of the portal system. A significant feature was that the increase in pressure in the portal vein was not accompanied
by an increase in the blood flow. During the pause after the first, and after the second bleeding, all the indices under
examination showed a tendency to return to normal, except the portal pressure.
Circulation in the system of the mesenteric artery and portal vein during lethal exsanguination and subsequent resuscitation. A and B) Characteristics of groups of animals with increased (A) and decreased (B) volume blood flow after resuscitation. I) blood pressure in mesenteric artery (in mm); II) portal pressure (in mm); III) pressure in posterior vena cava (in mm); IV) volume velocity of blood flow in mesenteric artery; V) index of resistance of mesenteric vessels, calculated from the formula \( R = \frac{\text{pressure gradient}}{\text{volume blood flow}} \).

Studies of the microphysiological changes in the vessels of the mesentery and liver during bleeding are reasonably adequate \([13, 15]\). Suffice it to say that the degree of constriction of the mesenteric and hepatic vessels at the beginning of bleeding did not follow a parallel course.

Continued bleeding led to a fall in the arterial pressure, to an even greater fall in the velocity of the blood flow, and to an increase in the resistance of the mesenteric vessels (see figure. A, B). The pressure in the posterior vena cava rose very slightly or remained the same. Characteristically, even a sudden reduction in the arterial pressure and volume velocity of the blood flow caused no significant lowering of the portal pressure. The comparatively high portal pressure in association with the low arterial pressure was reflected in the pressure gradient. In contrast to the preceding period of blood loss, during the intervals between successive bleedings the tendency for the indices to return to normal was weakened. Between bleedings, the changes caused by bleeding were intensified. The velocity of the blood flow in the mesenteric artery fell to very low values, although the arterial pressure remained adequate. During this period of exsanguination the resistance of the mesenteric vessels rose more than two- or three-fold.

During the agony period the velocity of the blood flow continued to decrease or, in some cases, to stop completely. At the same time the portal pressure and the pressure in the posterior vena cava (the latter usually slightly) also fell. The resistance of the mesenteric vessels reached its highest level.

Microscopic examination showed that the vessels of the mesentery and liver were contracted. The former contained many empty capillaries; the latter, constricted or closed sinusoids. Sometimes the slowly moving blood stream contained transparent, luminescent drops, most probably lipoid in nature (similar drops were seen in our earlier investigation of the cerebral circulation \([2]\) during microscopic examination of the pial vessels of an animal during the agony period). The possibility of fat embolism, associated with acute blood loss and hypoxia, is an extremely important matter requiring a special study. The number of visible erythrocytes diminished. With the development of stasis the erythrocytes began to aggregate, and this tendency reached its maximum in the period of clinical death. Besides the comparatively large aggregates of erythrocytes there were many smaller clusters of a few cells. The mechanism of aggregation of the erythrocytes during circulatory arrest has been studied previously \([4]\). It is important to remember the possibility of occlusion of vessels of small caliber by these aggregates, and of ensuing local circulatory disturbances in the initial period of restoration of the blood flow \([2, 10]\). The hematocrit readings, total protein, and specific gravity all demonstrated hemoconcentration of the portal blood.