

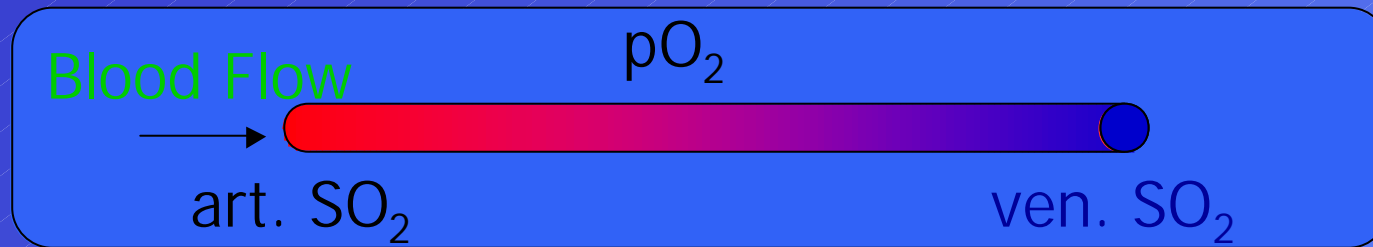
Tissue oxygen supply determined by  
Microvascular Oxygen Saturation ( $\mu\text{SO}_2$ ), Blood  
Flow (BF) and subcutaneous Tissue  $\text{pO}_2$   
( $\text{PsqO}_2$ ) during whole Body Heating and  
Normobaric Hyperoxia in healthy Volunteers

Sommer-N\*, Sharma-N+, Taguchi-A+, Kurz-A+

Friedrich Alexander University, Erlangen, Germany\*,  
Washington University, St. Louis, USA+

## Introduction

Determination of **oxygen supply of tissue** needs observation of parameters of **microcirculation**



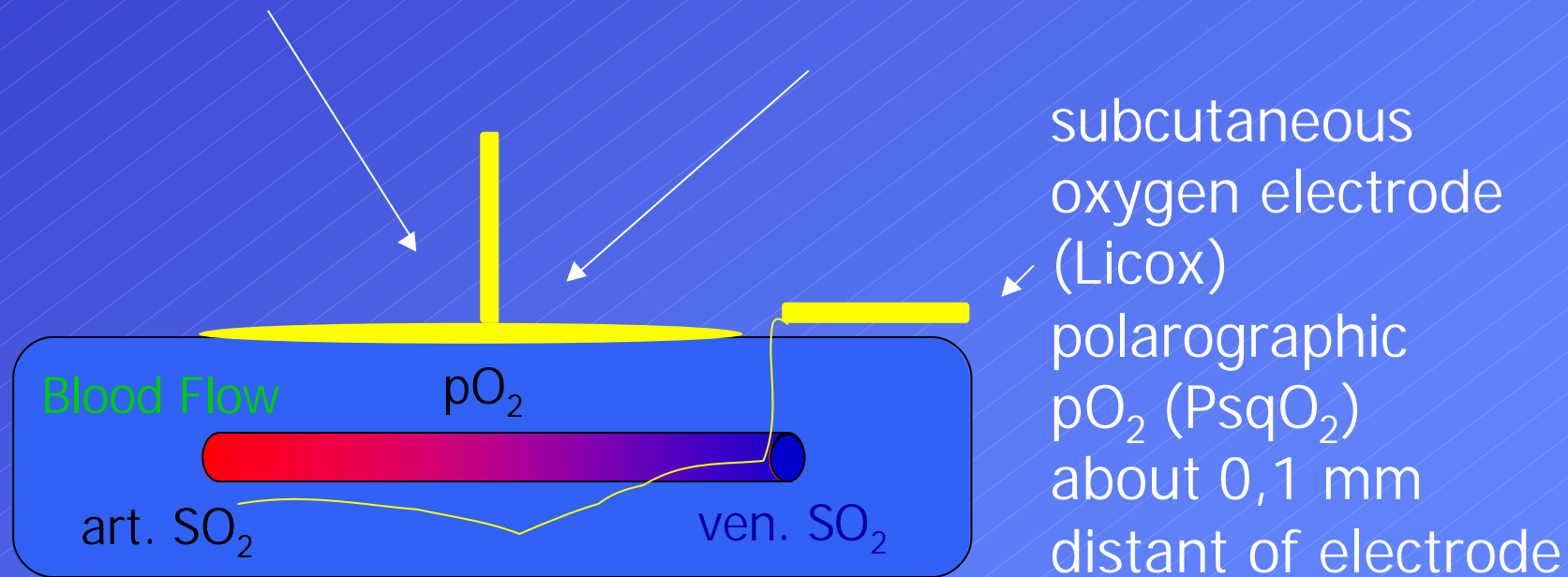
### Aim:

- **Comparison of methods of measurement of tissue oxygen supply**
  - established pO<sub>2</sub> Electrode + Laser Doppler with tissue spectometry
- **in modell of**
  - whole body warming
  - normobaric hyperoxia

## Methods

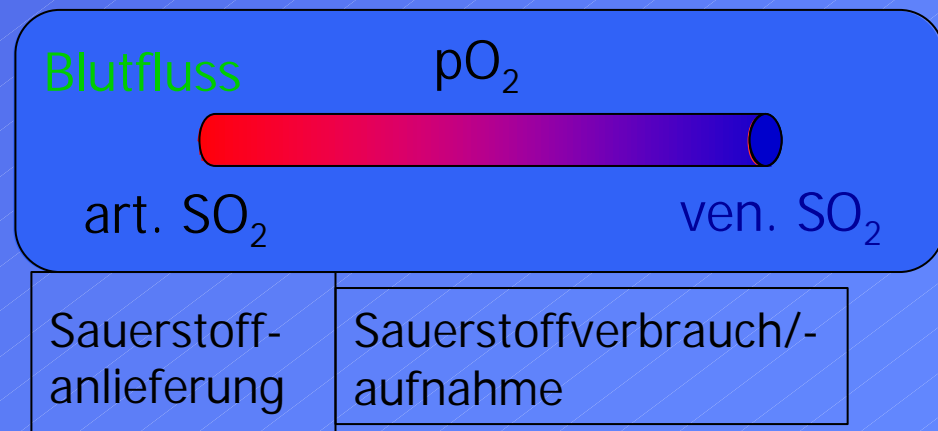
Laser-Doppler (OptoFlow)  
optical, Doppler Principle  
Blood flow velocity (BF),  
about 2 mm under probe

Tissue Spectrometry (AbTisSpec)  
optical, Absorption-  
Remissionprinciple  
Oxygen saturation of hemoglobin  
( $\mu\text{SO}_2$ ), about 2 mm below probe

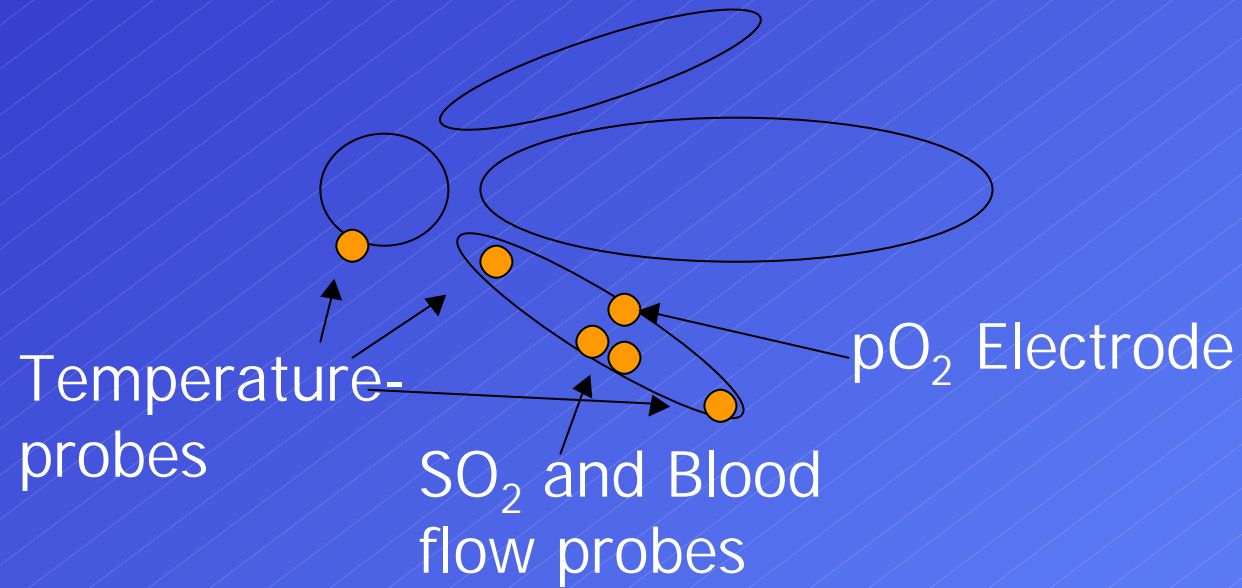


## Modells

- Whole body warming
  - with warming blanked increasement of body temperature till sweating
  - active vasodilatation ->  $pO_2$  and blood flow increases
  - Change in  $SO_2$  because of increased delivery
- Normobaric hyperoxia
  - Increasement of blood oxygen content by about 15%
  - $pO_2$  increases, blood flow decreases, oxygen delivery?



# Experimental Protocol



15 min  
Base-  
line

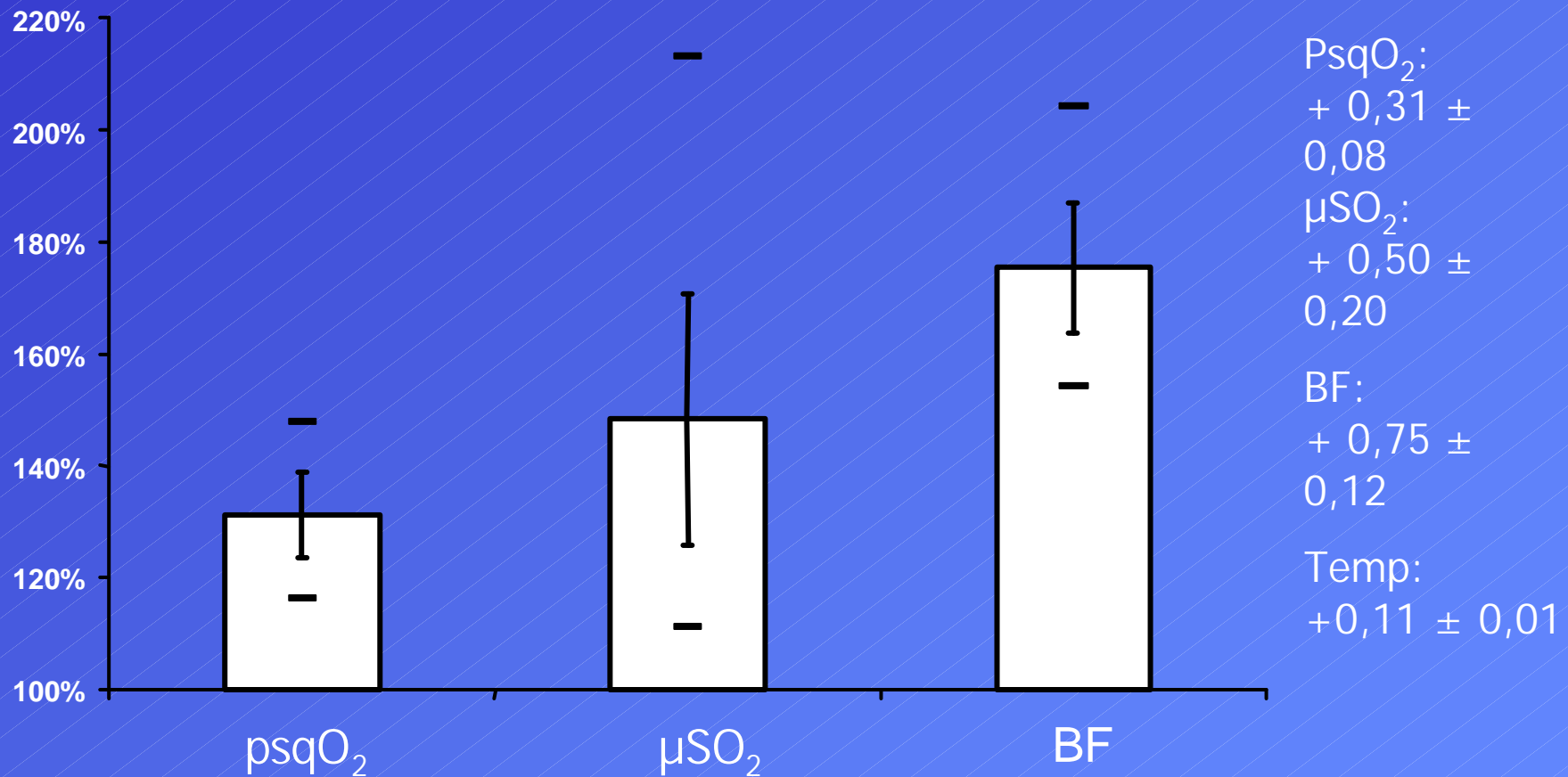
Increasing body  
temperature till  
sweating,  
maximally 1 h

15 min  
Base-  
line

15 min  
100% O<sub>2</sub>  
through  
mask

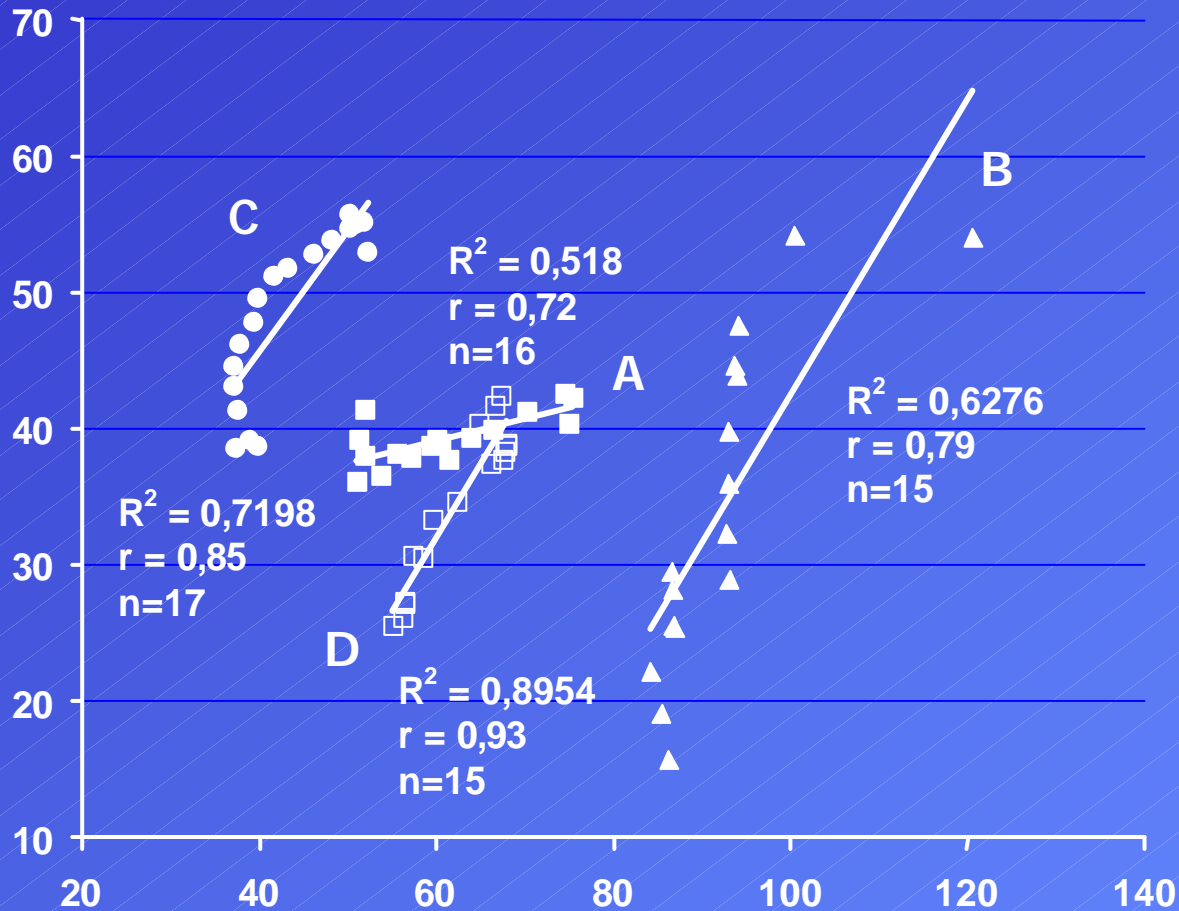
## Results whole body warming

Increase: PsqO<sub>2</sub>,  $\mu$ SO<sub>2</sub>, BF with S.E.M and minimum and maximum, n = 4



# Results whole body warming

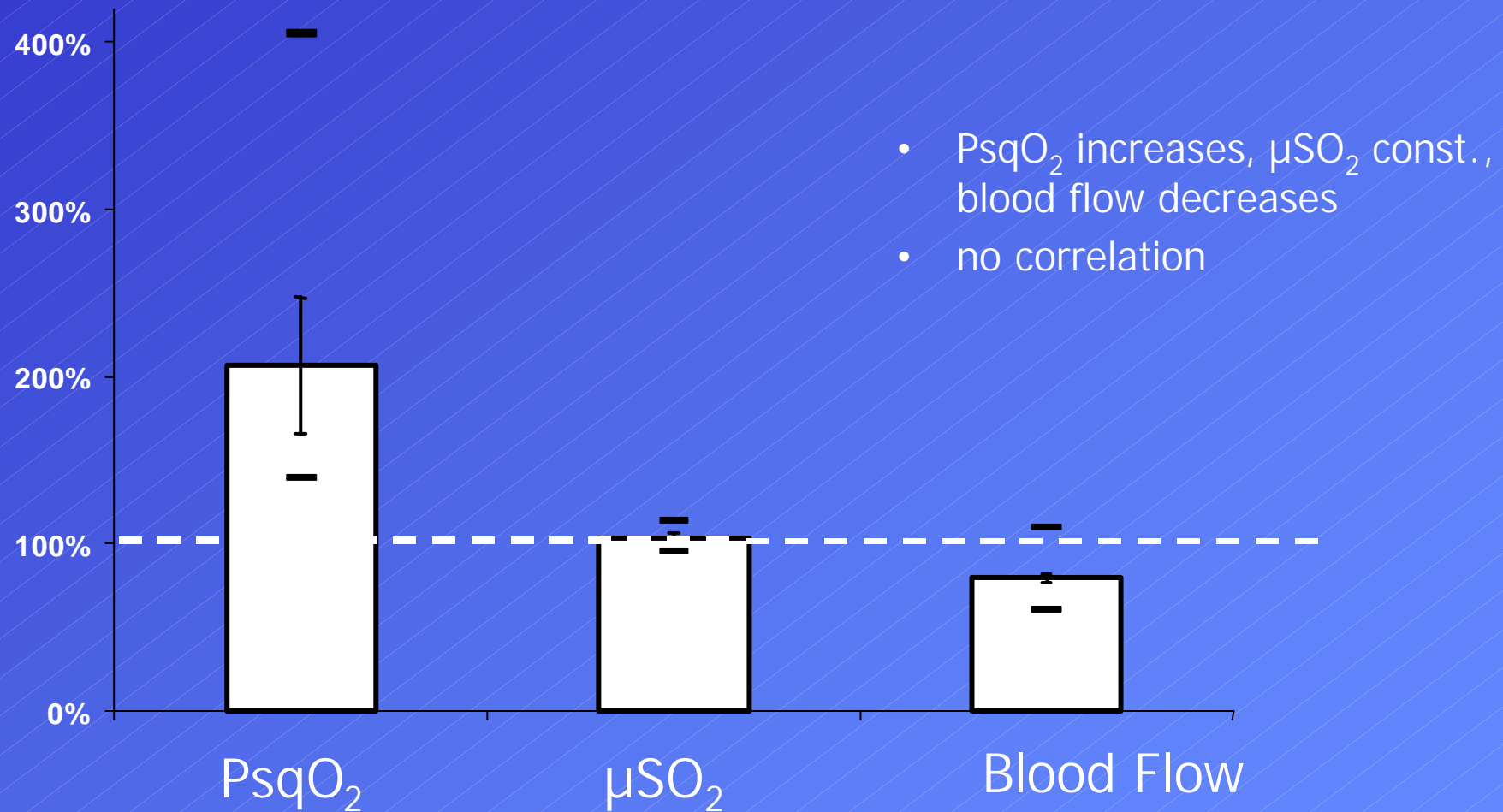
## Comparison $\mu\text{SO}_2$ and $\text{PsqO}_2$



- BF,  $\mu\text{SO}_2$ ,  $\text{PsqO}_2$  increase
- Correlation between  $\mu\text{SO}_2$  and  $\text{pO}_2$ ,  $p < 0,005$
- no correlation of absolute values
- Correlation between BF and  $\text{PsqO}_2$ , (r: 0,89, 0,80, 0,96, 0,88)
- Correlation between BF and  $\mu\text{SO}_2$  (r: 0,54, 0,87, 0,83, 0,93)

## Results Hyperoxia

PsqO<sub>2</sub>, μSO<sub>2</sub>, BF with S.E.M and min. and max., n = 6

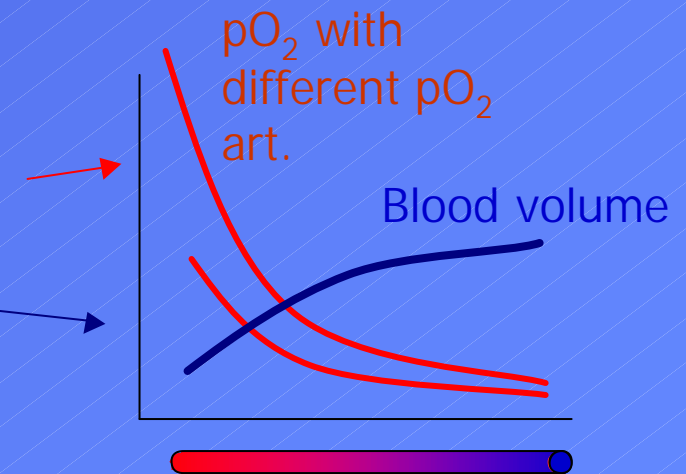




## Discussion

- during warming  
good correlation of  $P_{sq}O_2$ ,  $\mu SO_2$ , and BF, oxygen transport increased
- during hyperoxia  
no correlation, subcutaneous  $pO_2$  measurement and local optic  $SO_2$  measurement show different physiological parameter

- $pO_2$ -Electrode especially sensitive for arterial  $pO_2$ 
  - optic  $SO_2$  determination especially in venous area + no arterial  $SO_2$  change with increased arterial  $pO_2$  -> no determination of arterial oxygen increase

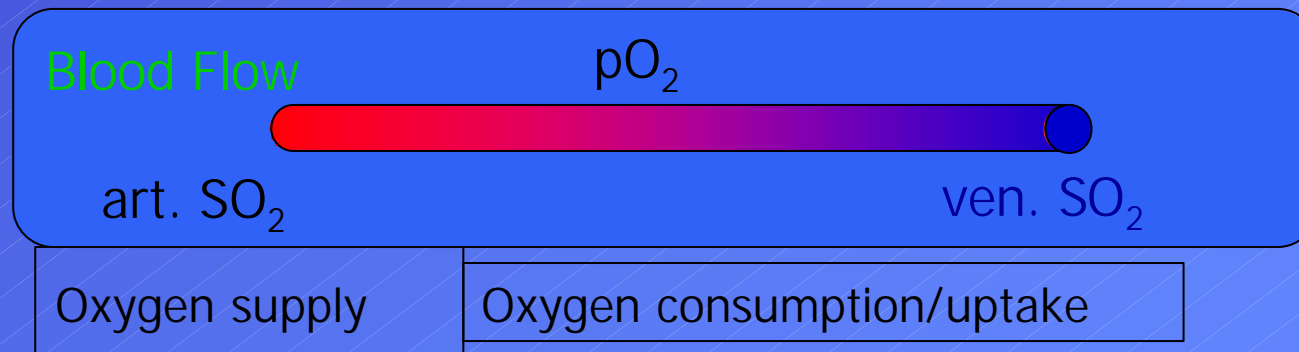


## Discussion

Implications for tissue oxygen supply during normobaric hyperoxia:

Art. or tissue- $pO_2$  increases, venous  $SO_2$  constant, blood flow decreases:

- ◇ same oxygen supply with decreased blood flow
- ◇ increased oxygen supply (despite decreased flow) with increased consumption
- ◇ (Change of oxygen binding curve with increased oxygen uptake of tissue)



## Conclusion + further Questions

- Local  $\text{SO}_2$  and  $\text{pO}_2$  are different measurement parameter
- Only by measurement of all parameter a complete picture of oxygen supply is achieved (Aim: Determination of supply, consumption, hypoxia „lethal corner“)
- Conditions of constant blood flow during hyperoxia?
  - Measurement in wound
  - Measurement in diabetic neuropathy
- Hyperbaric Hyperoxia?

