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of hypothalamic-pituitary-adrenal axis suppression and increased susceptibility to infections.

Mechanism of action

The short term effects of corticosteroid are decrease vasodilation and permeability of capillaries as well as decrease leukocyte migration to site of inflammation. Corticosteroid binding to glucocorticoid receptor mediates changes in gene expression that lead to multiple downstream effects over hours to days. Glucocorticoid inhibits neutrophil apoptosis and demigration; they inhibit phospholipase A2 which decrease the formation of arachidonic acid derivatives they inhibit NF Kappa B and other inflammatory transcription factors, they promote anti-inflammatory genes like interleukin. Lower dose of corticosteroids provide an anti-inflammatory effect while higher dose are immunosuppressive. High dose of glucocorticoid for an extended period bind to the mineralocorticoid receptor raising sodium levels and decreasing potassium levels.

Brand name

Baycadron, Ciprodex, Decadron, Dexamethasone Intensol, Dexamethasone, Dioprol, Hexadrol, Hidex 6-day Taper, Maxidex, Maxitrol, Neofordex, Ozurdex, Taperdex 12 Day Taper, Taperdex 6 Day Taper, Taperdex 7-day Taper, Tobradex, Zcort 7 Day Taper.

Uses

Dexamethasone is used to treat many different conditions such as allergic disorders, skin conditions, ulcerative colitis, arthritis, lupus, psoriasis, breathing disorders, eye conditions, blood cell disorders, leukemia, multiple sclerosis, inflammation.

In Vivo Screening Methods of Dexamethasone For Anti-Inflammatory Agents

In these screening methods, the potency of anti-inflammatory agents are measured, by inducing the inflammation in the experimental animal like rats, mice, monkeys, dog or either sex can be selected. Before starting any in vivo assays, it is important to study the oral acute toxicity study, for the selection of test dose in this maximum tolerated dose and minimum toxic dose are calculated, by injecting the test dose at an interval of 2 hrs in 10, 50, 100, 200, 300.... 2000mg/kg pattern.

Acute phase: The methods that include acute phase are as follows

- Carrageenan induced paw edema in rats
- Croton-oil induced ear edema
- Oxazolone induced ear edema
- UV erythema in guinea pigs
- Pleurisy in rats
- Granuloma air pouch technique
- Vascular permeability

Chronic phase: The methods that include this chronic phase are

- Cotton wool granuloma
- Glass rod granuloma
- Sponge implantation technique

Carrageenan induced paw edema in rats

Methodology:

UV erythema in guinea pigs

Methodology: Albino guinea pigs of both the sexes weighing about 350g are used. Four animals are used each for treatment and the control, 18 hrs prior to the experiment; the animals are shaved on both the flanks and on the back, chemically by means of a depilatory cream or using a suspension of barium chloride. The next day the test compound is dissolved in the vehicle and half of it is administered to the animal by gavage, 30min before the UV exposure. Control animals are treated with the vehicle alone. The guinea pigs are placed in a leather cuvette with a hole of 1.5x2.5cm size punched in it, allowing the UV radiation to reach only this area. During this time, the remaining half of the test compound is administered. Generally the erythema is scored after 2 and 4 hr of exposure.

Evaluation: The degree of erythema is evaluated in a double blinded

standard size and weight (10.0 ± 0.02 mg) using a 13 mm cork borer.

The sponges are then soaked in 76%v/v ethanol for 30 min, and then heated at 80 for 2 hr. Prior to implantation in the animal, the sponges are soaked in sterile 0.9% saline in which drugs, antigens (or) irritants have been suspended. Sponges are implanted in female wistar rats weighing about 150-200g under ether anaesthesia.

A 20 mm dorsal incision is made and the dermis is separated from the underlying muscle layer by insertion of blunt forceps to form separate cavities in to which the sponges are inserted [11].

Up to 8 sponges may be implanted per rat the insertion is closed with micheal clips and the animals are maintained at a constant temperature of 24.

Evaluation: For estimation of fluid phase of sponge exudates eg: protein content enzyme levels and biological mediators such as prostaglandins as well as for leucocyte migration, sponges removed after 9 hrs.

In Vitro Screening Methods of Dexamethasone For Anti-Inflammatory Agents

- Mast cell degranulation
- Adhesion assay
- Lipopolysaccharide induced response assay
- Cyclooxygenase assay

Mast cell degranulation

During the inflammation and allergy, the mast cells are degranulated. The degree of this degranulation is a significant criterion in the pharmacological screening process of therapeutic agents against inflammation. The mast cell degranulation models are widely utilized for this study. In addition to degranulation, histamine and beta-hexosaminidase are also released, which stimulate the metabolic process of arachidonic acid. The measurement of such substances is also helpful in the pharmacological screening process for new anti-inflammatory agents. There are several methods employed to detect degranulation of mast cells and release of mediators. They include enzyme-linked immunosorbent assays (ELISAs) or colorimetric assays [12]. Colorimetric assay to measure the inflammatory mediators is rapid and sensitive. Another reported method is based on the particle analysis of granules in RBL-2H3 cells. Fluorometric assay of histamine and flow cytometric Annexin-V binding assay are also available for this purpose. The percentage release of inflammatory mediator is the index of anti-inflammatory activity.

Adhesion assay

Adhesion of leukocytes is an important cellular stage during

use. Cells were thawed in a 37°C water bath and cultured overnight in RPMI1640 medium containing 10% fetal bovine serum, 1% penicillin-streptomycin-glutamine, 1% MEM non-essential amino acids solution, 15 mM HEPES, 1 mM sodium pyruvate and 55 µM2-mercaptoethanol. Cells were plated at 1*105/200 µl in 96-well round-bottom plates with M-450 Tosylactivated beads. Dexamethasone was purchased from Sigma Aldrich (D4902) and dissolved in DMSO. Nivolumab and ipilimumab F(ab')2 were used to block PD-1 and CTLA-4, respectively. Ipilimumab F(ab')2 was created using a Pierce F(ab')2 Preparation Kit per the manufacturer's instructions (Pierce and Warriner, Rockford, MA, USA). Cells were incubated at 37 °C in 20% O2, and 5% CO2 for four days for proliferation analyses and two days for Western blot and qPCR analyses.

Western blot analysis

Isolated human T cells were collected after 48 h of stimulation and lysed in RIPA buffer with EDTA-free protease inhibitor cocktail set III (EMD Millipore, Billerica, Massachusetts, USA). Pierce BCA protein assay kit (Pierce and Warriner, Rockford, IL, USA) was used to determine protein concentration. Samples were separated by SDS-PAGE (Bio-Rad) and transferred onto 0.2 µm pore size polyvinylidene fluoride membranes (PVDF) (In Vitrogen, Carlsbad, CA, USA). The following antibodies were purchased from Cell Signaling: cleaved caspase 3 (5A1E), p27kip (2552 s), cyclin D3 (DCS22), CDK4 (D9G3E). Anti-CTLA-4 (EPR1476) was purchased from Abcam. The bands were detected by Super Signal West Pico chemiluminescence reagent (Pierce, Rockford, IL, USA). Anti-bodies against β-actin (AG74) or GAPDH standard were used as internal standards.

Conclusion

Anti-inflammatory agent the several in vitro methods are developed for the pharmacological screening of anti-inflammatory activity. Many of the methods reflect in vivo performance. These methods help to understand the real mechanism of inflammation and to identify new compounds possessing the anti-inflammatory activity. It is very difficult to develop single in vitro method for anti-inflammatory activity. Even in future, the mentioned method will accelerate the anti-inflammatory drug development process. The impact of dexamethasone on T cell subsets in the setting of immunotherapy. Dexamethasone blocks naive T cell proliferation and differentiation by attenuating CD28 co-stimulation. Because co-stimulation is essential for successful T cell priming and expansion, these data suggest that corticosteroid similar response in immunotherapy treatment-naïve patients or those with poorly antigenic tumors. However, T cells may be partially protected

with administration of CTLA-4 blockade. Additionally, negative tumor immune response.

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