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atherosclerosis is a chronic inflammatory disease, which is characterized by the accumulation of arterial wall cells and lipids. in the arterial intima, smooth muscle cells proliferate and are accompanied by matrix expansion and infiltration of inflammatory cells. the main features of atherosclerosis include "lipid pools," which are lipid-filled "signaling" vesicles in the cytoplasm, and the formation of foam cells. the disease is a result of a number of factors, which are responsible for the imbalance between the coagulation and fibrinolysis, resulting in an increased concentration of markers of atherogenesis (c-reactive protein, fibrinogen, and d-dimers) in the blood. it is also responsible for the action of proinflammatory cytokines, which facilitate infiltration of the vessel wall by monocytes and macrophages, stimulating synthesis of growth factors and vascular growth factors. the pathophysiology of atherosclerosis can be divided into four broad phases (i) initiation, (ii) progression, (iii) instability, and (iv) thrombosis. the first stage includes the transformation of lipid pool into the so-called lipid core, which becomes a source of progression and cell death. the second stage is the proliferation and migration of smooth muscle cells, migration of macrophages to the vessel wall, and the formation of lipid pools and foam cells. peripheral arthritis was present in all patients in all 3 arms and joint/spine disease in 38/47 (80%), 54/61 (87%), and 27/29 (93%) of patients, respectively. the majority of patients had a poor response to infliximab in terms of inactive disease. the most common reason for failure was the development of ra. treatment was discontinued after clinical and laboratory remission, which was achieved in 22/35 (63%), 41/55 (74%) and 10/14 (71%) of patients in arms 1, 2 and 3, respectively. with the exception of flu-like symptoms, serious adverse events were similar across all 3 arms.

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in this chapter, we will try to estimate the impact of a hydrogel-forming microneedle patch for painless delivery of the disease modifying drug mtx in in vitro and in vivo studies, and the development of a behavioural based animal model. this drug delivery method could be easily replicated in the clinic for the treatment of kids who suffer from jia. methods: the work is described in a practical way, and we have provided adequate information on the experimental setup for readers who wish to perform the experiments themselves. the results obtained in the study are analyzed and discussed with the available literature with proper interpretation. it includes: an overview of drug delivery devices, microneedle patches and their application in the treatment of arthritis with special emphasis on the pva-based hydrogel-forming microneedle patch, the behavioural training experiments with the animal model, and the results obtained in the in vitro and in vivo studies [2,3]. in a recent study, we have analysed the effects of long term administration of hydrogel-forming microneedle patch (hm-mn) on the locomotor performance of male and female rats. the patch was placed on the dorsum of rats, and mtx was delivered from the surface of the patch to the skin, and the effects on the performance of rats in various locomotor tasks were analyzed and compared with effects obtained in standard free drug delivery (fd) and blank patch controls. the results obtained in the study shows that children with jia undergoing mtx treatment for 1 year by using microneedle patch with the drug and blank patch without the drug could effectively maintain the performance of these children in various locomotor tasks of their daily life. the finding indicates that this novel therapy is effective in improving the physical activity and specific skills of this group of children, and the findings provide the basis for the development of further studies to demonstrate the safety and efficacy of this novel therapy in various children population. 5ec8ef588b

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