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Receptor pharmacology and other relevant factors in lower urinary tract pathology under a functional and toxicological approach: Instrument to better manage antimicrobials therapy

In various patients conditions involved in lower urinary tract disease LUT (like overactive bladder, bladder neck sclerosis, dis –synergy (with our synenrgic contraction between bladder detrusor and bladder neck, BPH, recurrent cysytitis, interstitial cystitis, chronic prostatitis, uretral stenosys, loss of sfinteric coordination.

Prostatic cancer, anatomic abnormalities and other the receptor status play relevant role to reduce effect of vicious clycle that can be responsible in progression of the pathologic process.

In this work the complex receptorial status is analyzed to verify new therapeutic strategies.

Starting from the observation that various irritant substanties produce irritant stimulus in Prostatic Patients or in bladder neck condition is interesting to deep understand the etio-patogenesys and Functional results.

In Various prostatic, bladder neck or ureteral condition a reduced urinary fluss can produce infectious.

Conditions like acute or chronic prostatitis.

Irritants sustanties in diet (in example etilic alcohol drink, hot spices, crud meats, carbonate drinks, caffeine and other) can produce Painful stimulus in innervations of vecical trigonous, bladder neck and prostatic urethra.

The same recurrent cystitis and Bph contribute in a complex situation.

This stimulus produce ipertonus of bladder muscle involved in the expulsion of urine.

The event related inflamation and edema (bladder, prostatic uretra, trigonus) contribute to the global effect.

So conditions like bladder neck sclerosys IPB, recurrent prostatitis and cistitys in acts in a vicious circle. (Also immunomediated: Bph and cronic prostatitis with linfocite infiltration and tissue remodeling).

The ormonal status check the systems (see 5-ARI efficacy in Bph).

Simpatic, parasimpatic and other system are deeply involved.

Also behavioral habits or diet can influence in example urinary flux in a complex system like LUT. (Bladder and prostatic irritants that can produce edema and acute inflamation).

Other behavior habits are deeply involved as too much sedentary, water intake, coffee, pee modality and also psychological profile and stressing conditions.

Some disease like diabetes produce high consequences in all this systems due to

Bladder modification, oxidative stress, osmotic movens, and increase susceptibility of urinary infections.

This article are verified this kind of movens that contribute in physio -pathology of some low urinary tract conditions.

The anatomic abnormalities produces, obviously, physiological disfuntions.

Recurrent urinary tract infections, inadequate antimicrobial therapy:

Profile of resistance, duration of therapy, kind of antimicrobials, posology,

Pk. Kinetics, associations, compliance, biofilms, micro calcifications (recurrent chronic prostatitis) contribute to a progression of the condition.

Research Article **Published Date:-2018-08-28 00:00:00**

Histological clonal change - A feature for dysplasia diagnosis

Aims: Histological diagnostic criteria are used for the assessment of the degree of dysplasia and hence the risk of cancer progression for premalignant lesions. Clonal changes in the form of hyperorthokeratosis and hyperchromasia that are sharply demarcated from adjacent areas are not currently part of the criterion for dysplasia diagnosis. The objective of this study was to determine whether such clonal change should be regarded as a diagnostic feature for dysplasia. The following histological conditions were used to define such change: (1) hyperorthokeratosis; (2) hyperchromatism but no other features of dysplasia; (3) sharp margin demarcation from adjacent area by both the hyperorthokeratosis and hyperchromasia (clonal change), and (4) no prominent rete ridges, marked acanthosis or heavy inflammation. Lesions fitting these criteria were termed orthokeratotic lesions with no dysplasia.

Methods: Patients from a population-based longitudinal study with more than 10 years of follow up were analyzed. Of the 214 patients with primary oral premalignant lesions, 194 had mild or moderate dysplasia (dysplasia group) and 20 fit the criteria for orthokeratotic lesions without dysplasia (orthokeratotic with no dysplasia group). The two groups were compared for their cancer risks using clinical (site and toluidine blue), histological (nuclear phenotype score), and molecular criteria (loss of heterozygosity) and by outcome (progression).

Results and conclusions: The lesions from orthokeratotic with no dysplasia group showed a similar cancer risk (clinical, histological and molecular risk) and time to progression as the dysplastic lesions. We recommend that the clonal change should be included as a criterion for dysplasia diagnosis

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Research Article **Published Date:-2018-08-05 00:00:00**

Amyotropyc Lateral Sclerosis and Endogenous -Esogenous Toxicological Movens: New model to verify other Pharmacological Strategies

In 1874 J.M. Charcot was the first to describe ALS amyotrophic lateral sclerosis, a disease with an high non response therapy rate also to the actual therapy.

ALS is not clearly associate to only single etio-patogenetic movens but many process seem involved.

Also the strange geographic diffusion of different forms contribute to a complex syndromic pathology.

The introducing of new theories and approach can help to find more efficacy therapeutic strategies.

In this work the different neuronal damage movens and new therapeutic strategies are analyzed to produce a Unic global response to the pathologic process useful in next clinical application.

Genetic factors must be considered also added to environmental movens but also to the endogenous microenvironment of motoneuron involved.

A toxicological-biochemical-imunological approach can be useful tool to find new therapeutic strategies.

Or to improve local availability of pharmacological molecules.

Research Article **Published Date:-2018-06-20 00:00:00**

Pathological Effects of Cypermethrin on the Testes and Accessory Sexual Glands of Yankasa Rams

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An investigation into the pathological lesions of Cypermethrin on the testes, accessory sexual and pituitary glands of Yankasa rams was carried out. Sixteen Yankasa rams aged 18 - 30 months and weighing between 21.5 - 46.5kg were used. The 16 rams were divided equally into two groups (A and B) A served as the treatment group while B served as the control. Group (A) were given Cypermethrin (3%) at the dose rate of 3mg/kg (0.1ml/kg) body weight, topically. Group (B) rams were given distilled water at the same dose rate and route. These treatments were repeated every two weeks for a period of 12 weeks. The rams were sacrificed at the end of 12 weeks and the following organs (testes, pituitary, vesicular and prostate glands), were collected and weighed, gross pathological lesions were observed and photographs were taken. The samples were kept for histopathology. Results showed that there were no gross pathological lesions found on the testes, pituitary, prostate glands and the seminal vesicles of both groups. The mean weight of the pituitary gland, the prostate glands and the seminal vesicles of the treated and control groups were statistically not significant ($P>0.05$). No histologic lesions were found on them. The mean testicular weights of the treated (143.81±7.71g) and the control (130.43±0.63g) were significantly different ($P<0.05$). There was a reduced number of spermatozoa in the lumen of the seminiferous tubules of the treated group. It was concluded that Cypermethrin reduced spermatozoa in the lumen of the seminiferous tubules.

Case Report **Published Date:-2018-04-09 00:00:00**

Predicament of classification: Multisystem small vessel vasculitis with cresentic Glomerulonephritis

The patient is a 28-year old Caucasian man with six month history of arthralgia and crampy abdominal pain who presented with acute dyspnea and cough for 6 months associated with migratory polyarthralgias involving his knees, ankles, wrists, and shoulders.
