



Come funzionano i farmaci ed i meccanismi degli effetti collaterali

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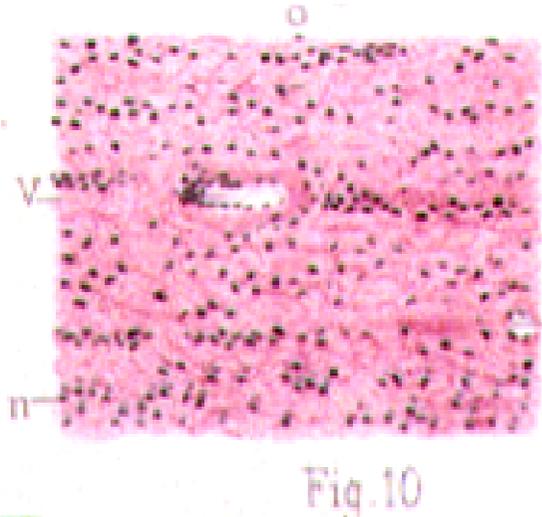
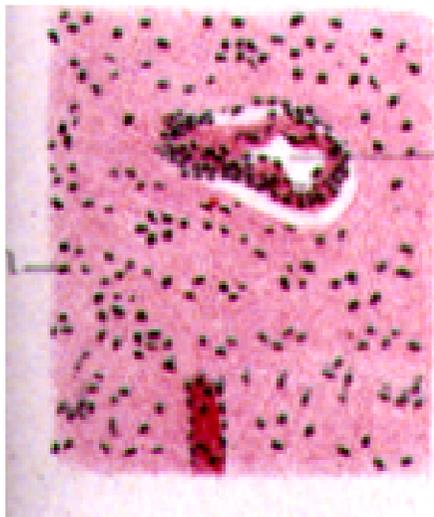
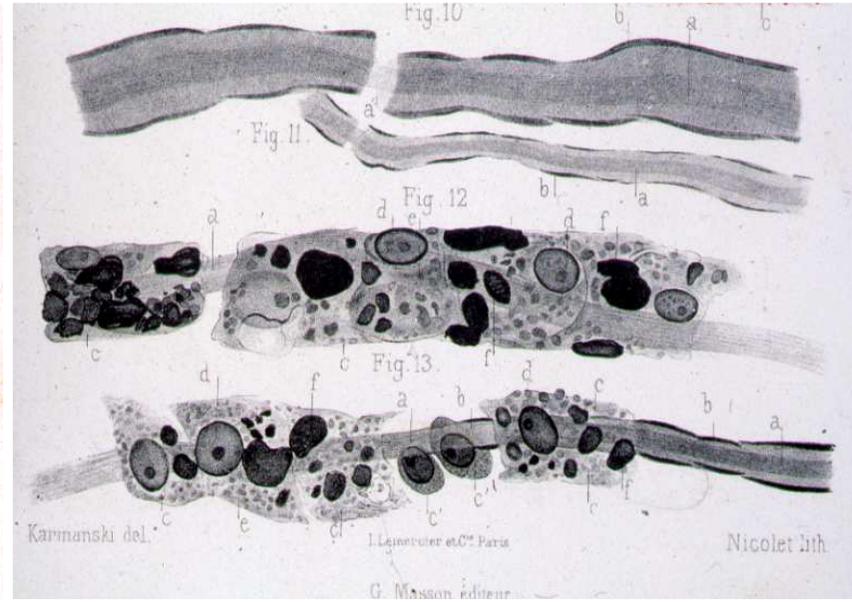
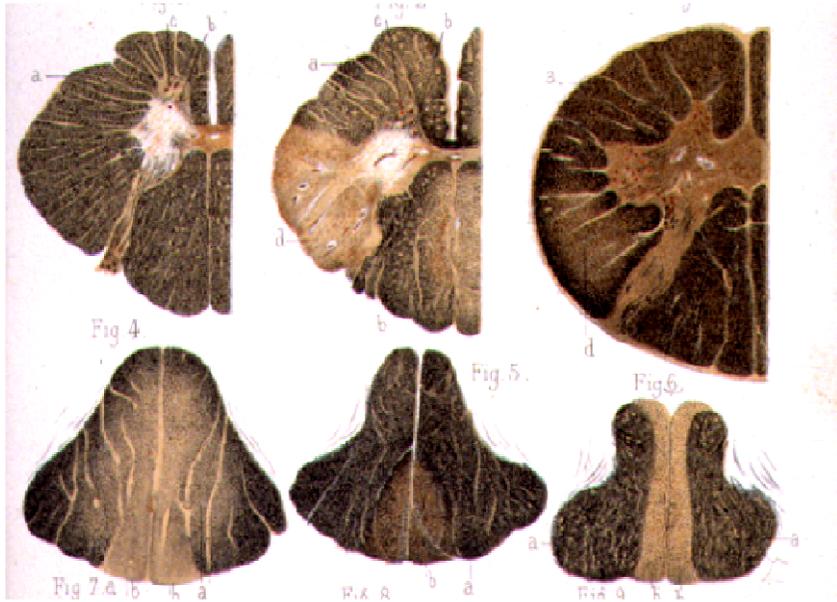
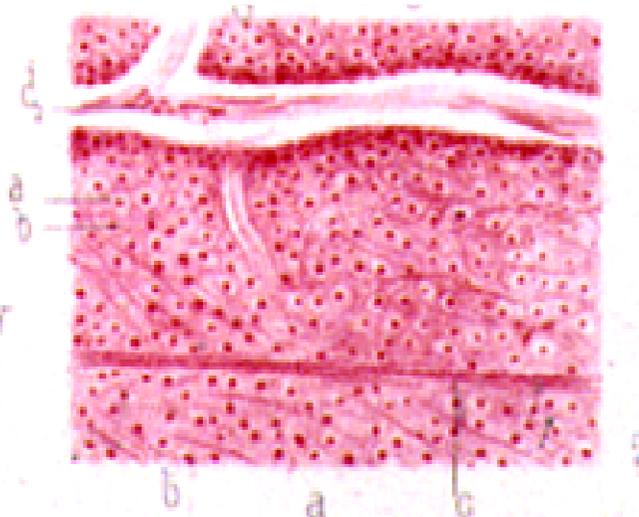
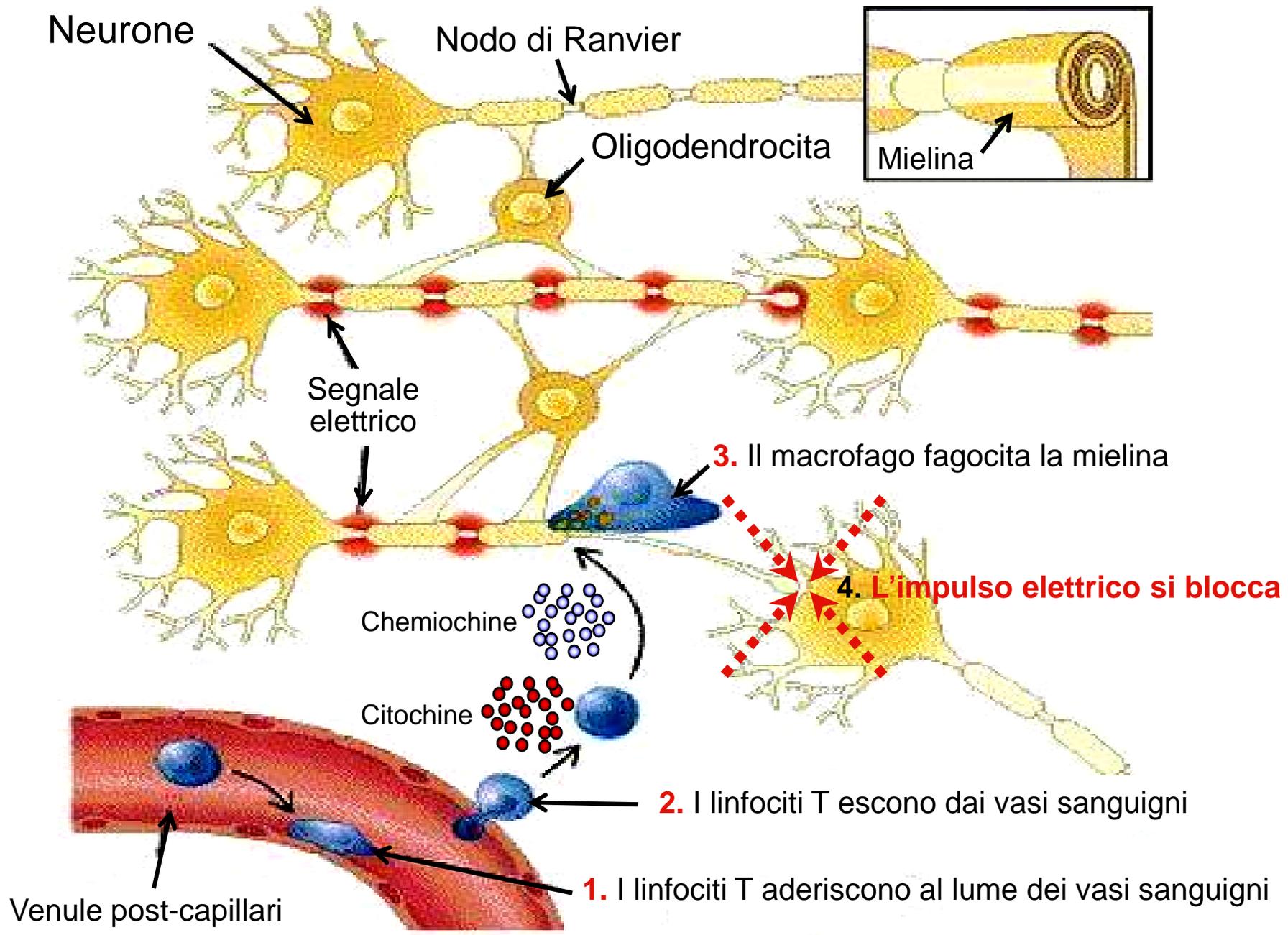


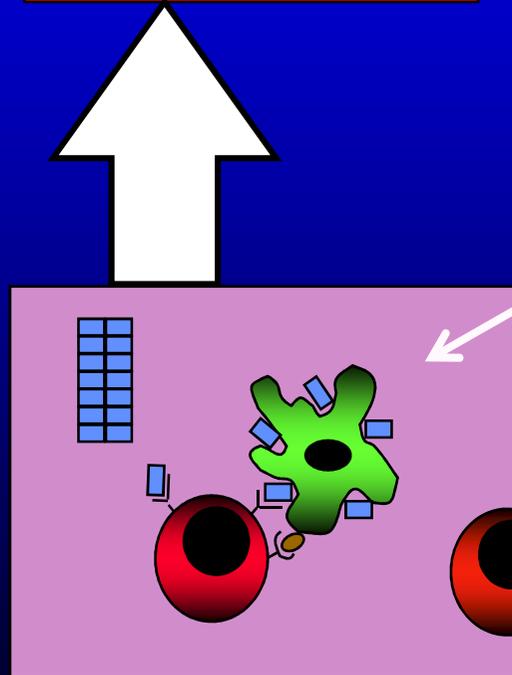
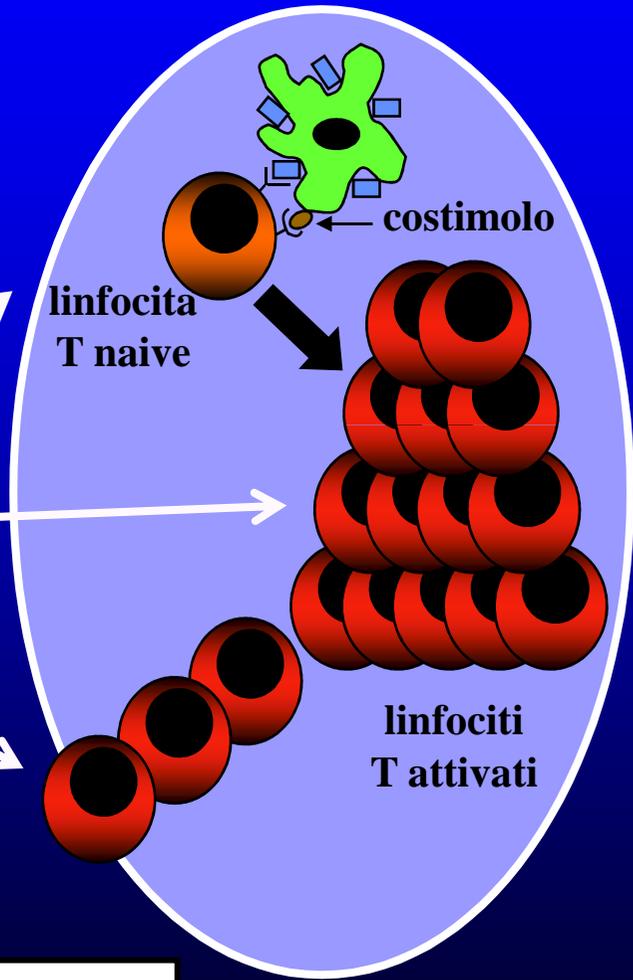
Fig. 10





sito di induzione

linfonodo
loco-regionale



organo bersaglio

Approcci terapeutici plausibili in sclerosi multipla

Intervenire sull'inflammatione che
causa il danno

- terapie immunomodulanti
- terapie immunosoppressive

Promuovere la riparazione delle
lesioni già esistenti

Intervenire sull' infiammazione che causa il danno

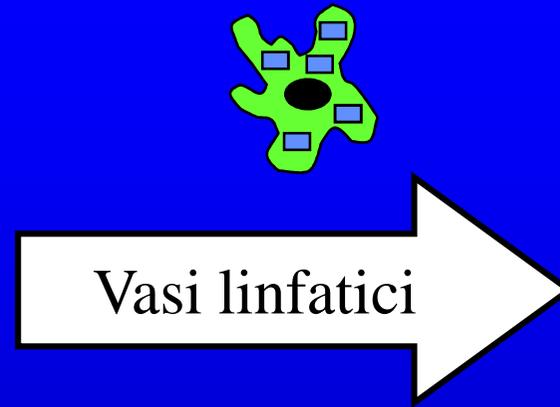
-terapie immunomodulanti

- Interferone beta
- Copaxone o glatiramer acetate
- FTY720 o Fingolimod o Gylenia
- Dimetilfumarato o BG-12 o Tecfidera
- Teriflunomide o Aubagio
- Laquinimod
- Tysabri o antegren o natalizumab
- Rituximab
- Ocrelizumab

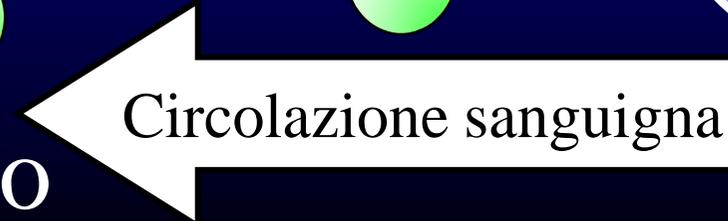
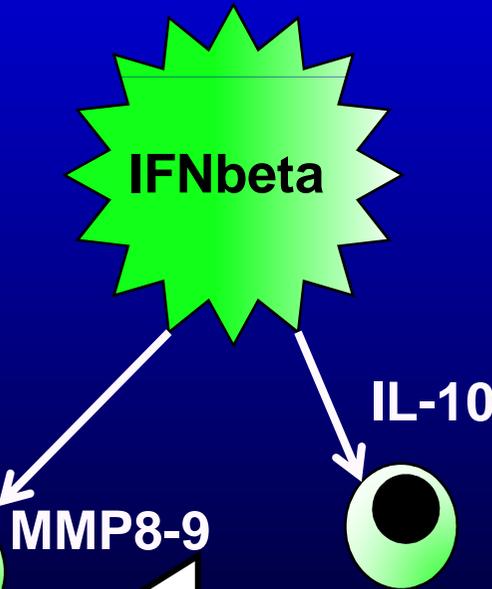
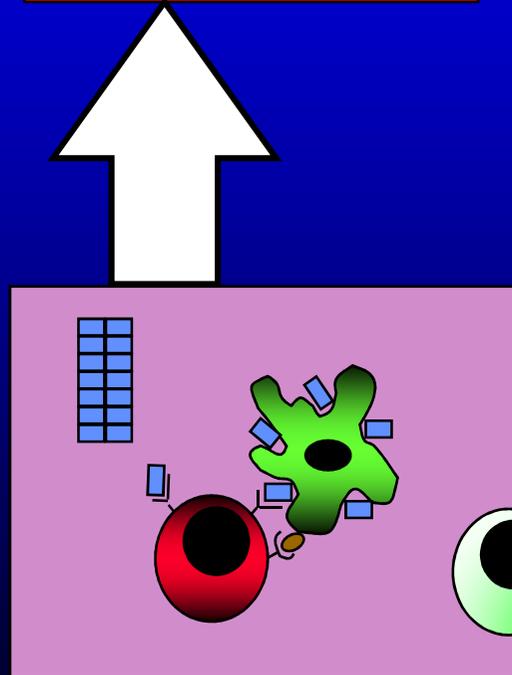
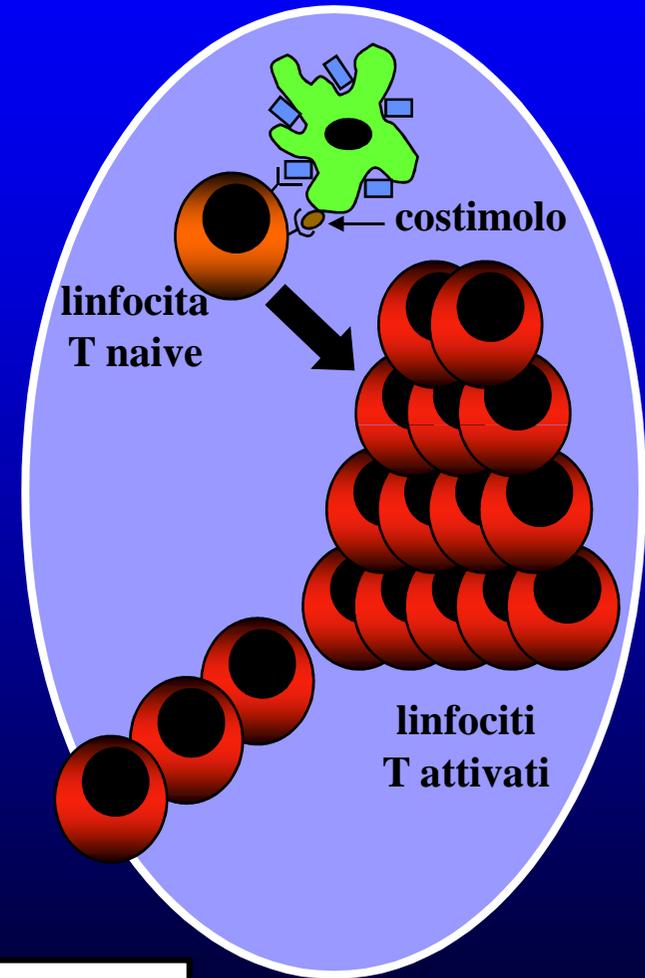
-terapie immunosoppressive

- Mitoxantrone o novantrone
- ciclofosfamide
- Azatioprina
- Cladribina
- Campath
- Trapianto di midollo osseo

sito di induzione

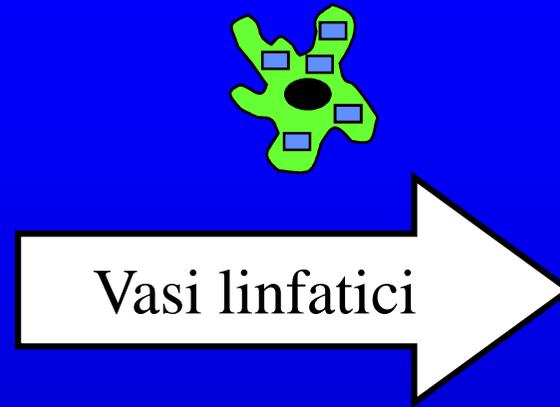


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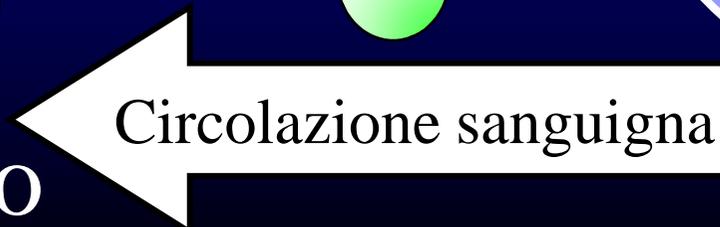
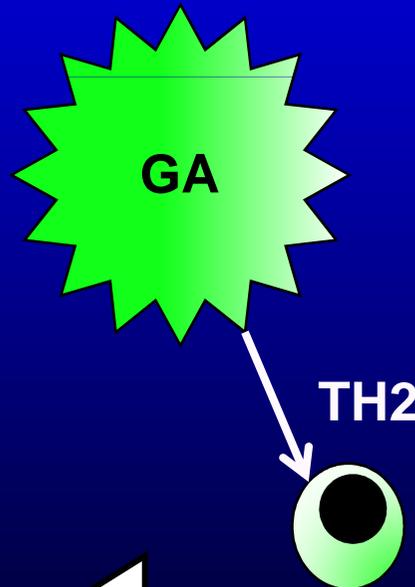
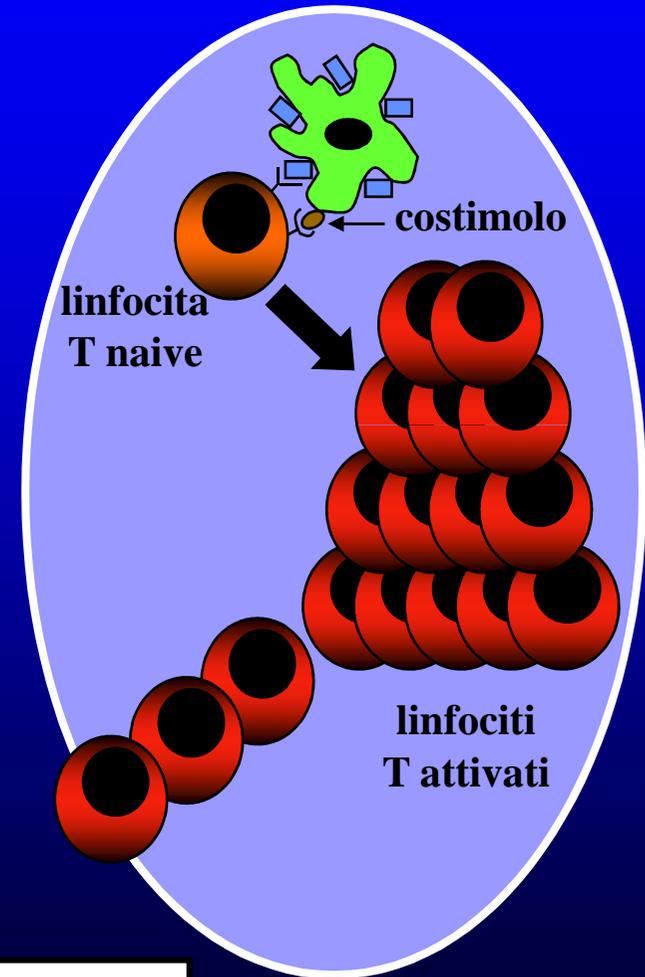


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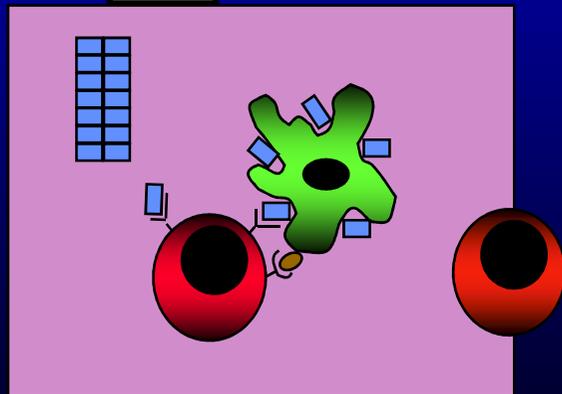
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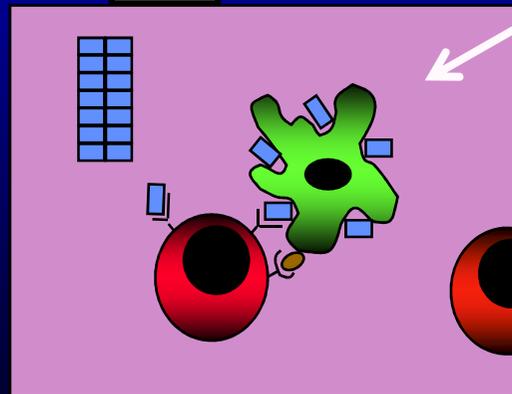
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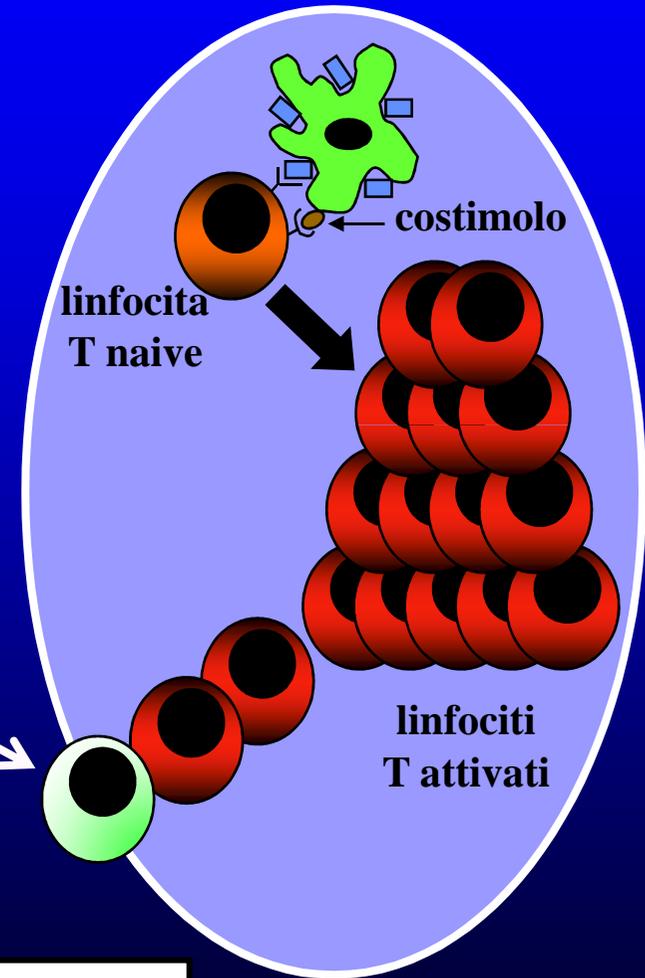
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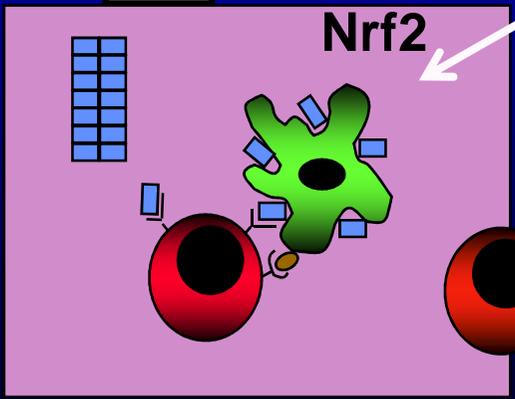
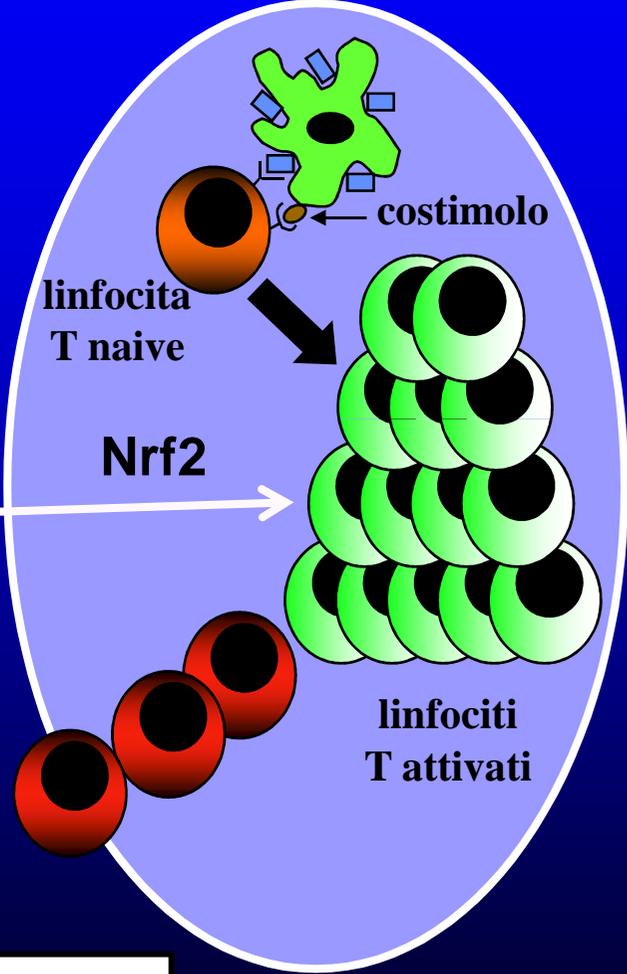
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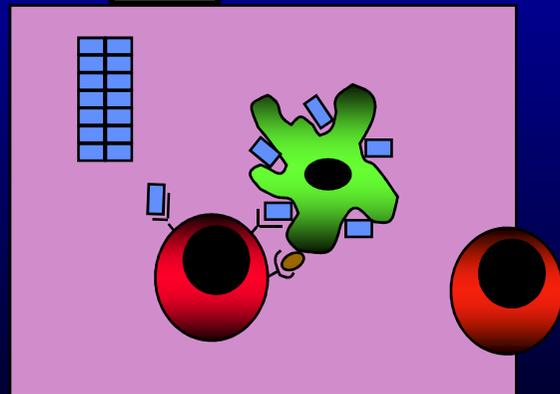
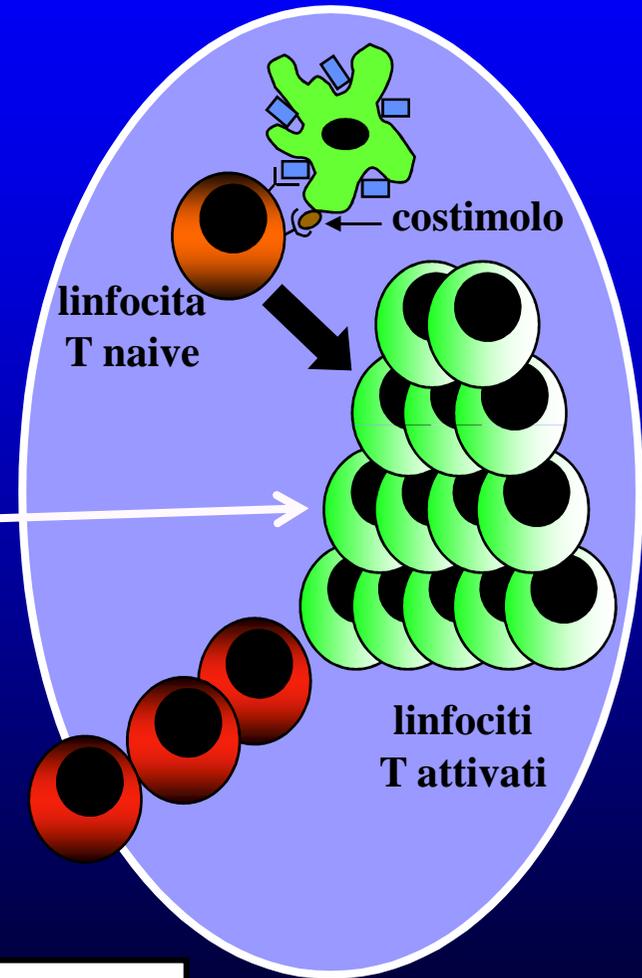


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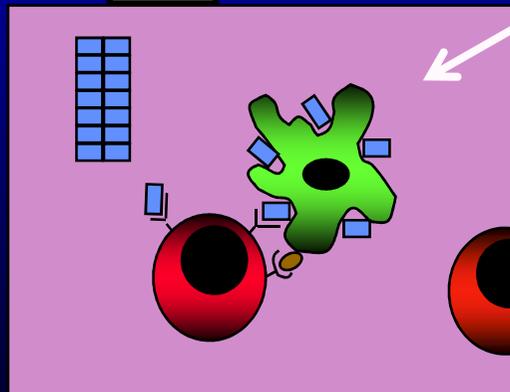
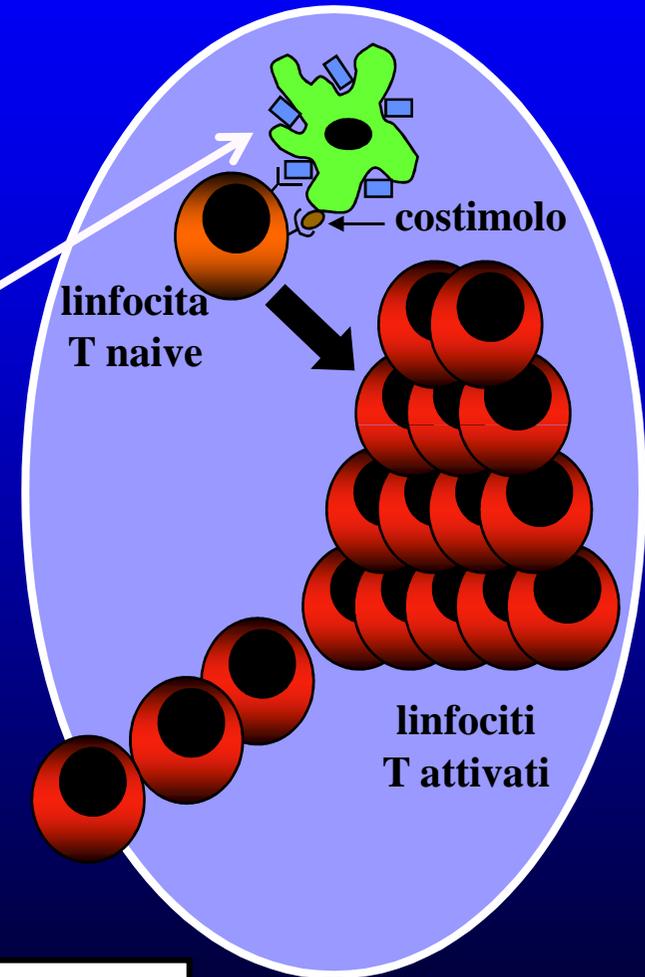


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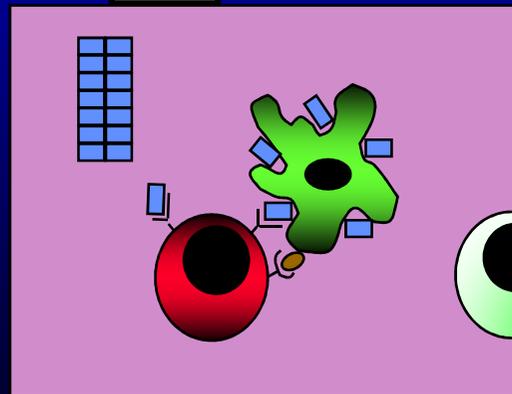
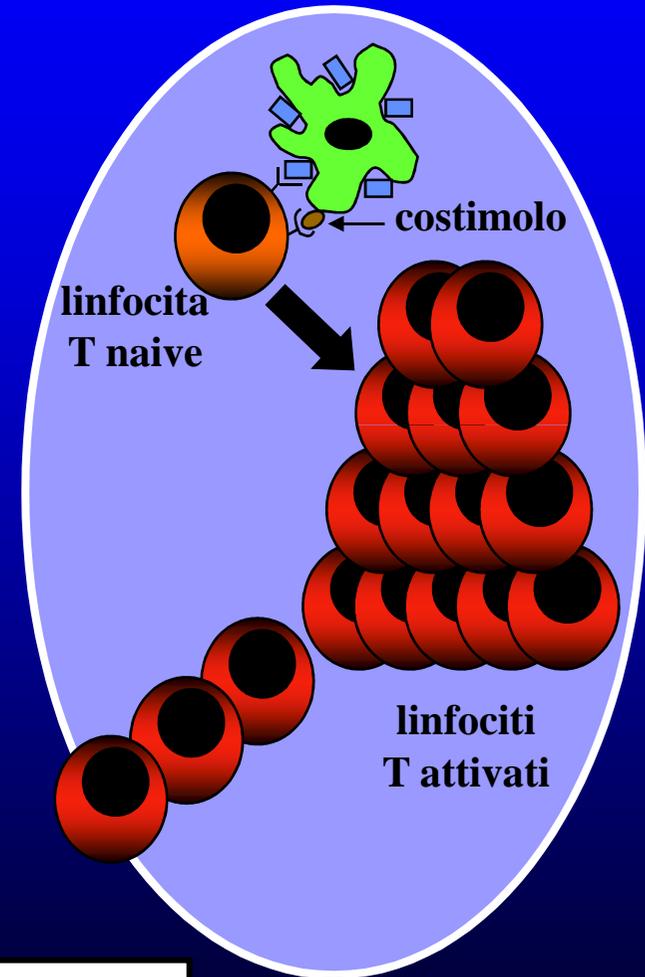


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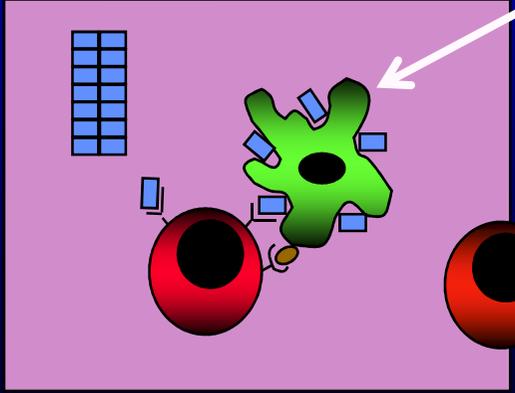
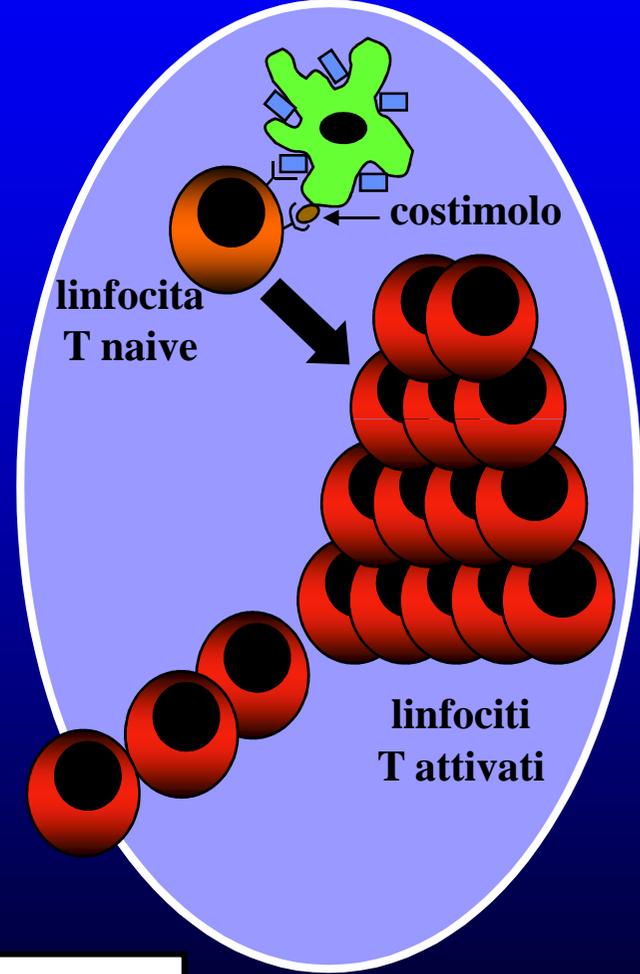


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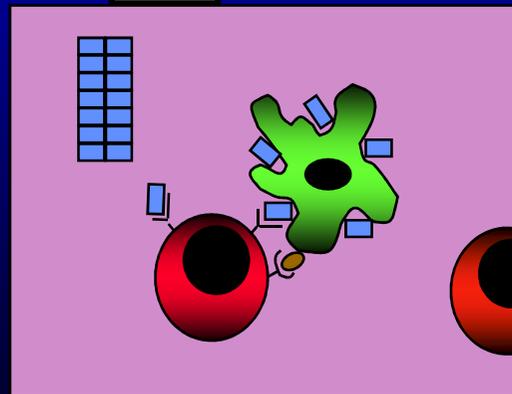


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