v.R.L.: Certain serious earaches, abrupt deafness; certain allergic rhinitides; polypose naso-sinus and certain acute or chronic sinusitis.

Respiratory: Sarcoidosis, certain obstructive and chronic broncho-pneumonopathies, certain types of asthma.

Rhumatologic: Certain arthritis and polyarthritis and Horton maladies, radiculagies and certain non tumoral hypercalcemia.

These indications are those of the states inflammations.

1.2. Corticoides and inflammation: The powerful properties of glucocorticoids or cortisone anti-inflammatoires proprietes have been prominently displayed thanks to a rheumatologist, PH Hench, who had remarked in the year 1938 of the favorable action of the gestations of the of the icterus on the polyarthritis rheumatoid. Ten years later, he had the idea of testing glucocorticoides provided by Kendall to treat with success 21 patients having polyarthritis rhumatoild.

If starting assumption of Hench revel errors: the remission of the polyarthritis rheumatoid is not due to the natural secretion of glucocorticoids but has immunological factors, on the other hand the powerful anti-inflammatory proprietes drugs of the corticoides are confirmed in numerous domains of pathology. These proprietes is exercised on all the phases of the inflammation reaction,which comprise of the more initial stages.

After the works of Jeissian and Col. In the year 1963, who remarks of the inhibitions of the cortisone ,of the release of the enzymes lysosomes, then those of Gryglewski in 1975, which will demonstrate that the cortisonics inhibit the synthesis of prostaglandin by blocking the release of their precursor ,the acid arachidonic, from the membrane phospholipids, The comprehension of the effects of cortisonic on the inflammation is unfinished.. Recent work (1) shows that the cortisonics act on the inflammation by inducing 13 synthesis of specific proteins, the lipocortins. It is mainly thanks to the proteins, veritable "second messengers" of the cortisone which exercise their inflammatory actions on the cellular membranes.

1.3. Methylprednisolone and inflammation:

1.3.1. Pharmacological recollection on Medrol

1.3.1.1. On the plan pharmacokinetic: The peak series obtained after ingestion of 24 Mg of Medrol is 21 mcg/lOO ml. It is attained on average after two hours. The half-life is included/understood between 2,5 and 3,5 hours. The elimination is a urinary time (30 % of the amount administered) and biliary.

1.3.1.2. Derived non fluoride delta methyle, the methylprednisolone presents different characteristics compared to 1a prednisolone, which is summarized in Table 1. The methylprednisolone has an anti-inflâmmatory capacity five times superior to that of hydrocortisone and includes a relatively weak retention soda. Its reducing effect on the axis corticotrope is inferior to that of halogenous corticoides.

1.3.1.3. From the posology point of view, 0,8 Mg of methylprednisolone are equivalent to 1 Mg of prednisone or prednisolone. In the adult, the amount of attack is 0,4 to 0,3 mg/kg/day of methylprednisolone

1.3.2. The methylprednisolone is a corticoid adaptable.

To this date, the methylprednisolone, all confused presentations, has been implied in more than 10 000 publications. Some are works or checks, the whole of these studies of which methylprednisolone serves to demonstrate its effectiveness in the classically allowed indications of the corticotherapy

In this work, we will do the assessment indication by indication of the studies having entailed the oral methylprednisolone.

It is important to note that Medrol serves in studies done in more than 30 years. It goes to show that methodological qualities of some of them ( the most ancient generally) is insufficient with regard to the modern exigencies of needs of the market of an eventual “ new corticoid.

However the therapeutic recall acquired ,in 20 or 30 years, , makes of this corticoid an product of reference whose efficacy report /tolerance is perfectly known, and we have the privileged choice, in the summation table, either of the studies with a acceptable judged mythology, or of the studies presenting a particular interest.

We equally insist on the pathologic situations in which the posologies of the strong corticoid posologies are necessary for the repeated display of the numerous scoured tablets. In these indications , the Medrol, perfect corticoid adapted to the pathology and well tolerate, becomes less practical under the actual posological form of the tablets of 4 m

2. Review of the literary indication by indication..

1. Allergic Affections:

The regulation of corticoides in the allergic affections is a therapeutic attitude which has become traditional today, that is to say when the effectiveness of other treatments as the antihistaminic is insufficiently disclosed or when the severity of the clinical picture is primarily imposed.