

# Triamcinolone

## Catalog No: tcsc2370



### Available Sizes

**Size:** 100mg

**Size:** 500mg



### Specifications

**CAS No:**

124-94-7

**Formula:**

$C_{21}H_{27}FO_6$

**Pathway:**

GPCR/G Protein

**Target:**

Glucocorticoid Receptor

**Purity / Grade:**

>98%

**Solubility:**

DMSO :  $\geq 30$  mg/mL (76.06 mM)

**Observed Molecular Weight:**

394.43

## Product Description

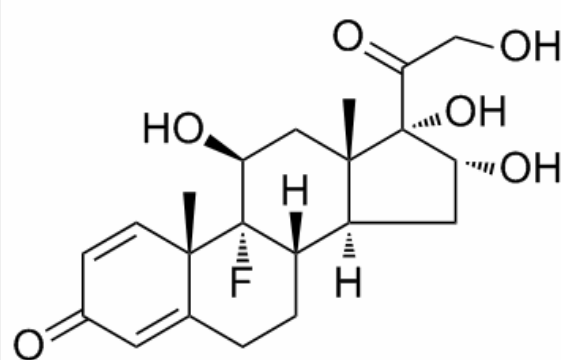
Triamcinolone is a long-acting synthetic corticosteroid.

Target: Glucocorticoid Receptor

Dimethyl fumarate is an anti-inflammatory. It is indicated for multiple sclerosis patients with relapsing forms and is also being investigated for the treatment of psoriasis. The mechanism of action of dimethyl fumarate in multiple sclerosis is not well

understood. It is thought to involve dimethyl fumarate degradation to its active metabolite monomethyl fumarate (MMF) then MMF up-regulates the Nuclear factor (erythroid-derived 2)-like 2 (Nrf2) pathway that is activated in response to oxidative stress [1].

The mean duration of follow-up was 40 months. The rate of decline in the FEV1 after bronchodilator use was similar in the 559 participants in the triamcinolone group and the 557 participants in the placebo group (44.2+/-2.9 vs. 47.0+/-3.0 ml per year, P=0.50). Members of the triamcinolone group had fewer respiratory symptoms during the course of the study (21.1 per 100 person-years vs. 28.2 per 100 person-years, P=0.005) and had fewer visits to a physician because of a respiratory illness (1.2 per 100 person-years vs. 2.1 per 100 person-years, P=0.03). Those taking triamcinolone also had lower airway reactivity in response to methacholine challenge at 9 months and 33 months (P=0.02 for both comparisons) [2].



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