



# **Pentoxifylline**

**Catalog No: tcsc2954** 



## **Available Sizes**

Size: 1g



# **Specifications**

**CAS No:** 

6493-05-6

#### Formula:

 $C_{13}H_{18}N_4O_3$ 

# **Pathway:**

Metabolic Enzyme/Protease; Autophagy

## **Target:**

Phosphodiesterase (PDE); Autophagy

## **Purity / Grade:**

>98%

#### **Solubility:**

DMSO :  $\geq$  2.8 mg/mL (10.06 mM); H2O : 93.3 mg/mL (335.24 mM; Need ultrasonic and warming)

#### **Alternative Names:**

BL-191;PTX;Oxpentifylline

### **Observed Molecular Weight:**

278.31

# **Product Description**

Pentoxifylline is a competitive nonselective phosphodiesterase inhibitor.

Target: PDE

Pentoxifylline is a competitive nonselective phosphodiesterase inhibitor which raises intracellular cAMP, activates PKA, inhibits TNF





and leukotriene synthesis, and reduces inflammation and innate immunity. In addition, pentoxifylline improves red blood cell deformability, reduces blood viscosity and decreases the potential for platelet aggregation and thrombus formation. Pentoxifylline is also an antagonist at adenosine 2 receptors [1].

Pentoxifylline is generally well tolerated. Based on the totality of the available evidence, it is possible that pentoxifylline could have a place in the treatment of IC as a means of improving walking distance and as a complimentary treatment assuming all other essential measures such as lifestyle change, exercise and treatment for secondary prevention have been taken into account [2]. Pentoxifylline reduce AST and ALT levels and may improve liver histological scores in patients with NALFD/NASH, but did not appear to affect cytokines. Large, prospective, and well-designed randomized, controlled studies are needed to address this issue [3].

All products are for RESEARCH USE ONLY. Not for diagnostic & therapeutic purposes!