Of the many publications, the first dating from the end of 1950. have implied that the methylprednisolone in this indication, manifestation have been localized on the skin. On the O.R.L sphere ,with the broncho respiratory apparatus.

2.1.1. Rhinites a11ergic (nasal)

2.1.1.1. With regard to the allergic rhinitides (Table 2), E.d. Brown and F Seideman (2) compare the effectiveness of the methylprednisolone and of the prednisolone on 131 patients of ages of ten to sixty-nine years, suffering of hay fever. Their study has been done as a double blind with three groups of maladies: the first constituted by 44 subjects receiving the prednisolone according to 15mg/day., the second constitutes 42 subjects receiving the methylprednisolone with the same dosage, at last the 3rd group with 45 subjects serve as the group of inspection. The therapeutic benefit is appreciated by patients on the evolution of its symptoms. The results of this study after twenty days of treatment on average show that the corticotherapy with dosage used is effective only when the rate of pollen is less than 80. When this condition is respected. The patients under methylprednisolone are more affected than those receiving prednisolone. The side effects described during the study are comparable in the groups treated. They are more frequent in the methylprednisolone group.(13 verses 22). The authors conclude that the methylprednisolone is slightly more effective and better tolerated than the prednisolone. Their observation is on what one knows today of these two products. To know that anti-inflammatory drug capacity of the methylprednisolone is slightly superior to that of a prednisolone and that the retention sodee which it induces is less.

2.1.1.2. Three years later, a Canadian group (3) published a study on thirty-six patients allergic to the pollen of Ambrosia whose symptomatology appears either by seasonal rhinitis or by asthmas. The authors compare two forms of methylprednisolone administered on a period of three to six weeks: on the one hand an oral form at 19 subjects with the initial dosage of 20-24 mg/day with maintenance between 8 and 12 mg/jour and on the other hand an injected delay form by means LM on seventeen subjects has eventually been completed by a new injection amount of 40 to 80 mg at the beginning, for two more weeks later.

In each group, the use of bronchodilators, of antihistamines or of vasoconstrictors is authorized when it is judged necessary by the sick . The effectiveness of each of the treatments is principally judged on 1' appreciation done by sick IE himself of the evolution of his symptoms.

The results of this study show that the two treatments are efficated and well tolerated in this indication; however, the weak number of patients in each group, and the fact that it acts as an open study, render the conclusions of the studies open to criticism..

\*Depo-Medrol(acetate of methylprednisolone-UPJOHN Laboratories

2.1.1.3. For 1a same guidelines, has to know seasonal allergies with pollen. J Miller (4) in 1971 uses among forty-eight patients, 1a methylprednisolone according to a decreasing dosage diagram by stage of 4 mg/jour over six days, from an initial amount of 24 Mg. All these patients show at the beginning a severe oculo-nasal inflammation despite a conventional treatment to justify recourse to the corticotherapy. The regression of this symptom as well as the appreciation shown by the sick on the benefit which the treatment gets to him were used as\_criterias of evaluation of the therapeutic effectiveness. Miller obtains forty two- successes on the forty-eight followed patients and judges the treatment to be well effective and well tolerated. However, it still acts as an open study.

2.1.3.4. The reactions of medicinal hypersensibility, other aspects of the allergic affections also serve the purpose of publications entailing the methylprednisolone. Thus during a study experiment, D.O. Stevenson and Coll announced back in 1980, the case of an asthmatic rnalady, allergic to the aspirin whose respiratory function is preserved despite a contact with the allergy thanks to a treatment by methylprednisolone.

The same year, T.E. Podell and Coll (6) announce their experiment of the treatment of an insufficient secondary respiratory with a hyper sensibility with gold salts at a lady of sixty years. The associated dyspnea table, pruriginous maculopapular eruption, hypereosinophilia, with the radiography an interstitial pneumopathy persisting despite a digital diuretic therapeutic treatment.

After an injection IV of 125 Mg of methylprednisolone, the patient is put under oral corticotherapy with dosage of 50mg/jour. The results show an amendment of the respiratory signs in four-days with disappearance of the dyspnea. The authors note, ten days after the start of the treatment, a amelioration of the radiological images which are standardized in three weeks.

2.1.2. Allergic affections respiratory (Table 3):

2.1.2.1. Of all the respiratory affections, asthma remains the central guideline of corticotherapy . If its interest is debatable in the treatment of the crisis of asthma because of its delay of action, its use is uncontested in the bad asthmatic state in parental,administration and in prolonged with the minimal efficacy per amount in the paroxystic asthma, prolongs, asthma has dyspnea continuous and the harvest asthma continues and the asthma aspergillaire among patients not reacting to the other treatments (7).

The publications indicating Medrol in those dosage cases, which the Anglo-Saxons gather under the chronic term of "asthma chronic", are spread over several years.

Among the oldest, one notes that E G Wigant (8) into 1958 who treated, by average dosage of 4 Mg of methylprednisolone associated with other products, two antecedents of allergic asthma. In all the cases, this author obtains satisfactory results as well on the prevention of the crises as on the treatment of the dyspnea without noting adverse effects.

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