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Neurocognitive rehabilitation in improvement of immune system

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Background: Neurocognitive rehabilitations are complex set of techniques that are designed to enhance cognitive domains among individuals who are ill or disabled.

Method: Neurocognitive rehabilitation therapy is science and art for restoring mental process and remediation strategies training and it improves cellular and molecular processing with integrating behavioral and cognitive changes for increasing of immune system. This method is achieved to the ability of cognitive and neurological function improvement with successful development of cell transplantation, nanotechnology and appropriate expertise in rehabilitation environments.

Results: Advancement of this science is with effectiveness interventions that it has become a priority and it has been achieved to desire objectives of theoretical and empirical chain transfer made of neuroscience, cognitive neuroscience, psychology, physiology, pharmacology, medical imaging and other medical disciplines with behavioral interventions and achieved success in compensatory strategies. Cognitive impairment is a health challenge much more than common disorders related illnesses and immune disorders. Sub-systems affect different aspects of a person's life, such as emotions, diet, health, stress, and social performance and interference in the passive skills can lead to neurocognitive rehabilitation which includes a tailored experience based on neural structure and brain function.

Conclusion: These methods can improve immune system and abnormal brain processing based on the principles of neuroplasticity and damaged cortical reorganization by the nerve regeneration morphological and physiological reactions.

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Acute generalized exanthematous pustulosis in patient with hepatitis C infection during treatment with pegylated interferon/ribavirin + telaprevir: A case report

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HCV infection is associated to several autoimmune comorbidities such as cryoglobulinaemia, porphyria cutanea tarda, lichen planus, cutaneous polyarteris nodosa and for a variety of other dermatological conditions including psoriasis, urticaria, and erythema multiforme (EM). Chronic hepatitis C and peg-interferon alpha/ribavirin treatment dermatological side effects are well known. New direct-acting antivirals have led to significant improvements in sustained virologic response rates, but several have led to an increase in dermatological side effects versus peginterferon (peg-IFN)/ribavirin (RBV) alone. A 55-year old man was administered peg-IFN alpha-2a (180 mcg, once a week)/RBV (1200 mg daily) and telaprevir (2250 mg daily) with the diagnosis of chronic hepatitis C. At the 8th week of the treatment erythematous rash developed. On the 12th administration of the combination therapy, the patient admitted to our hospital with, fever, elevated neutrophils, facial edema with excoriations and rash initially involved, rapidly spread to the body. The patient had been diagnosed as acute generalized exanthematous pustulosis and he was hospitalised. AGEP is generally characterized by an acute, widespread edematous erythema with the presence of small non-follicular pustulosis mostly in the folds and the face, and is associated with elevated neutrophils and high fever. As a result, with the advent of the new direct-acting antivirals, dermatological manifestations will be seen more frequently so patients should be monitored closely in terms of dermatological side effects.

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