

Clinical Image

Open Access, Volume 4

The anti-inflammatory effects of NaCl with KCl as a potent graphene exfoliator in a patients with interstitial pneumonia by epithelial-mesenchymal transition***Corresponding Author: Chur Chin**

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Received: Oct 10, 2023

Accepted: Oct 27, 2023

Published: Nov 03, 2023

Archived: www.jcimcr.org

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DOI: www.doi.org/10.52768/2766-7820/2674

Description

A 72-year-old man with normal pressure hydrocephalus to our hospital with a history of productive cough, sputum, fever, dyspnea combined with nasal cannula oxygen therapy, chest radiography, vital signs: Total leukocyte count of 11800/cmm and Erythrocyte Sedimentation Rate (ESR) 53 mm in the first hour using Westergren method, C-reactive protein (CRP) 11.2 mg/dl [1]. The intravenous infusion of a solution consisting of 250mL normal saline with of potassium chloride (KCl) over 6 h , vitamin C intake with supportive care resulted in recovery, intramuscular injections of the graphene previously [2,3]. After the injection, ESR, CRP was 40-1.91 and segmental neutrophil was 79.6%. Alveolar epithelial cells underwent Epithelial-Mesenchymal Transition (EMT) in the progression of Acute Interstitial Pneumonia (AIP). AIP is characterized by acute respiratory prodrome including sore throat, headache, cough, dyspnea, and often fever with abrupt onset and short duration . AIP was defined Diffuse Alveolar Damage (DAD). The pathologic progress of DAD three phases: acute exudative phase, characterized by interstitial edema, hyaline membrane, and acute interstitial inflammation accumulation; proliferative phase, characterized by interstitial thickening and the appearance of granulation tissue

in alveolar spaces; and fibrotic phase, characterized by enlarged fibrotic septa and laminated intra-alveolar fibrosis. Epithelial-mesenchymal transition defined by the loss of epithelial characteristics and the acquisition of a mesenchymal phenotype [4].

References

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Citation: Chin C. The anti-inflammatory effects of NaCl with KCl as a potent graphene exfoliator in a patients with interstitial pneumonia by epithelial-mesenchymal transition. J Clin Images Med Case Rep. 2023; 4(11): 2674.

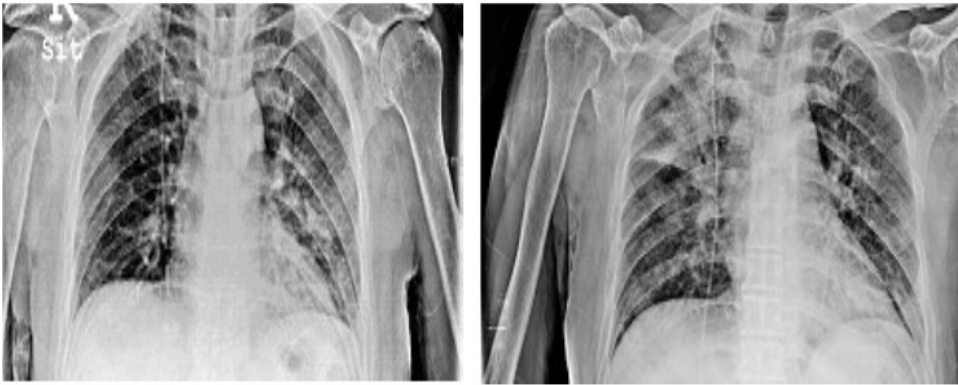


Figure 1: After NACl + KCl for 3 days

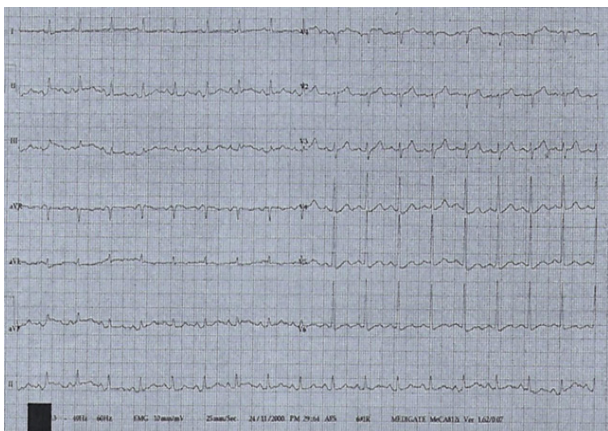


Figure 2: QT corrected interval of 437 milliseconds.