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Editorial Note Open Access

# Current Trends in Clinical&Experimental Neuroimmunology

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## Editorial Note

Clinical& Experimental Neuroimmunology deals with research on infectious disorders associated with immune system and nervous system. Neuro-AIDS, multiple sclerosis, leukoencephalopathies, several opportunistic infections, myasthenia gravis, myelitis and immune disorders of peripheral nervous system. Clinical Neuroimmunology deals with patient care, diagnostic services, novel treatments and researchon neurologicalinfections.

Journal of Clinical & Experimental Neuroimmunology covers all areas of neuroscience, molecular immunology and clinical and experimental immunology. It deals with neuroimmunlogical disorders such as multiple sclerosis, myasthenia gravis, dermatomyositis and many disorders of peripheral nervous system. Articles such as research papers, review articles, commentaries and short communications leading to the development of clinical and experimental immunology are welcome.

## Neuroinflammation

Neuroinflammation is the term related to inflammation in nerves tissues. It may be commenced in response to several issues like including infection, traumatic brain surgery, toxic metabolites and autoimmunity. It is the chronic inflammation which is typically engaged with neurodegenerative diseases. Typical cause of chronic neuroinflammation includes: Toxic metabolites, autoimmunity, aging microbes, traumatic brain injury, air pollution and passive smoke

## Among AIDS-associated Dementia

HIV is a type of virus which gradually attacks our immune system, which is our body's natural defence against illness. It limits an individual ability to lead a normal life. In later stages people may suffer from seizures, psychosis and loss of bladder or bowel control. The symptoms of this disease varies from one person to other.

## Autism Spectrum Disorders

Autism is a neurodevelopmental syndrome that is defined by deficits in social reprocity, communication and by unusual restricted. It is signalized by: Unremitting slippage in social communication and interaction across various contexts; Confined tedious patterns of behavior, interests and activities; Symptoms must be observed in the initial developmental phase (typically recognized in the first two years of life); and, Symptoms cause clinically remarkable ruination in social, occupational, or other important areas of current functioning.

The Journal also includes all articles which comes under scope of clinical and experimental neuro immunology

As the Editorial Board member of this journal I hereby discuss the updates of past year. Voo VTF, et al. in his research article concludes that The monocyte isolation protocol outlined in this paper is simple, reproducible and practical with a high purity. The monocytes isolated are free of antibodies and in comparison to other protocols, it does not require specific equipment other than centrifuge. Similar antibody cocktails are also available for enrichment of other cell populations, such as natural killer cells [1].

Shatzmiller S, et al. states that "There is currently no cure or adequate clinical treatment for AD, and it remains unclear how AD originates and propagates throughout the brain and central nervous system (CNS). Results from recent genome-wide association studies (GWAS) indicate that a sizable portion of AD-relevant gene signals is not located within gene coding regions suggesting the contribution of epigenetic or environmental factors to AD risk. The potential contribution of pathogenic microbes to aging and AD is becoming increasingly recognized" in their research work [2].

de Araujo T, et al. reveles that He epidemiology of Poly-glandular Syndrome is unknown, but more oien occurring in females. Its prognosis depends on each individual manifestation. He conditions associated with type III PAS are DM1 and Hashimoto's H\roiditis in 30%-79% of cases, alopecia or vitiligo in 2%-29% and pulmonary and intestinal abnormalities, rheumatoid arthritis or timoma in 1%-4% in their case report presented [3]

Martin MEM, et al. in their commentary article speaks about Patients who develop antibodies against CASPR1 polyneuropathy present a dierent clinical course, with an important peripheral involvement and are really important to know this type of CIDP, because the use of intravenous immunoglobulin is injective at these patients [4].

We would like to thank our Editorial Board Members, authors, reviewers who supported us for successful running of this prestigious journal.

## References

1. Voo VTF, Butzkueven H, O'Brien T, Monif M (2019) A Simple and Efficient Monocyte Isolation Protocol from Human Peripheral Blood. J ClinExpNeuroimmunol 4: 115.
2. Shatzmiller S, Zats GM, Lapidot I, Krieger R, Buzhansky L (2019) Microbial Inflammation and Infection as a Cause of the Onset of Neurodegenerative Diseases. J ClinExpNeuroimmunol 4: 116.
3. de Araujo T, Giacomet MDM, de Freitas LS, Gonçalves MVM (2019) Polyglandular Type III C Syndrome Associated with DoubleSeronegative Myasthenia Gravis. J ClinExpNeuroimmunol 4: 117.
4. Martin MEM, Mazaro LP, Bandeira IP, de Medeiros WLG, Marrone CD, et al. (2019) CIDP and CASPR1: A Rare Form of CIDP with Severe Neuropathic Pain. J ClinExpNeuroimmunol 4: 118.