

**产品名称：甲磺酸培高利特**  
**产品别名：Pergolide mesylate**

<b>生物活性:</b>																													
<b>Description</b>	Pergolide mesylate is an antiparkinsonian agent which functions as a dopaminergic agonist. Target: Dopamine Receptor Pergolide mesylate (trade name Permax) is an ergoline-based dopamine receptor agonist used in some countries for the treatment of Parkinson's disease. Pergolide mesylate functions as an agonist at the dopamine D <sub>2</sub> , D <sub>1</sub> and serotonin 5-HT <sub>1A</sub> , 5-HT <sub>1B</sub> , 5-HT <sub>2A</sub> , 5-HT <sub>2B</sub> , and 5-HT <sub>2C</sub> receptors. It may possess agonist activity at other dopamine receptor subtypes as well, similar to cabergoline [1, 2]. Pergolide mesylate decreases plasma prolactin concentrations [3]. The weak agonist activity of pergolide at D <sub>1</sub> receptors somewhat alters its clinical and side effect profile in the treatment of Parkinson's disease. The drug is in decreasing use, as it is reported to be associated with a form of heart disease called cardiac fibrosis. The use of pergolide or cabergoline is associated with a significantly increased risk of newly diagnosed cardiac-valve regurgitation [4].																												
<b>In Vitro:</b>	<p>DMSO : <math>\geq 25 \text{ mg/mL}</math> (60.89 mM)</p> <p>* "<math>\geq</math>" means soluble, but saturation unknown.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th>Solvent / Mass</th> <th>1 mg</th> <th>5 mg</th> <th>10 mg</th> </tr> <tr> <th>Concentration</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Preparing</td> <td>1 mM</td> <td>2.4355 mL</td> <td>12.1776 mL</td> <td>24.3552 mL</td> </tr> <tr> <td style="text-align: center;">Stock Solutions</td> <td>5 mM</td> <td>0.4871 mL</td> <td>2.4355 mL</td> <td>4.8710 mL</td> </tr> <tr> <td></td> <td>10 mM</td> <td>0.2436 mL</td> <td>1.2178 mL</td> <td>2.4355 mL</td> </tr> </tbody> </table>						Solvent / Mass	1 mg	5 mg	10 mg	Concentration				Preparing	1 mM	2.4355 mL	12.1776 mL	24.3552 mL	Stock Solutions	5 mM	0.4871 mL	2.4355 mL	4.8710 mL		10 mM	0.2436 mL	1.2178 mL	2.4355 mL
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<b>Solvent&amp;Solubility</b>	<p>*请根据产品在不同溶剂中的溶解度选择合适的溶剂配制储备液。一旦配成溶液，请分装保存，避免反复冻融造成的产品失效。</p> <p>储备液的保存方式和期限 -80°C, 6 months; -20°C, 1 month。 -80°C 储存时，请在 6 个月内使用，-20°C 储存时，请在 1 个月内使用。</p> <p><b>In Vivo:</b></p> <p>请根据您的实验动物和给药方式选择适当的溶解方案。以下溶解方案都请先按照 <b>In Vitro</b> 方式配制澄清的储备液，再依次添加助溶剂：</p> <p>——为保证实验结果的可靠性，澄清的储备液可以根据储存条件，适当保存；体内实验的工作液，建议您现用现配，当天使用；以下溶剂前显示的百分比是指该溶剂在您配制终溶液中的体积占比；如在配制过程中出现沉淀、析出现象，可以通过加热和/或超声的方式助溶。</p> <p>1. 请依序添加每种溶剂： 10% DMSO → 40% PEG300 → 5% Tween-80 → 45% saline  <b>Solubility:</b> <math>\geq 2.08 \text{ mg/mL}</math> (5.07 mM); Clear solution  此方案可获得 <math>\geq 2.08 \text{ mg/mL}</math> (5.07 mM, 饱和度未知) 的澄清溶液。  以 1 mL 工作液为例，取 100 μL 20.8 mg/mL 的澄清 DMSO 储备液加到 400 μL PEG300 中，混合均匀；向上述体系中加入 50 μL Tween-80，混合均匀；然后继续加入 450 μL 生理盐水定容至 1 mL。</p> <p>2. 请依序添加每种溶剂： 10% DMSO → 90% (20% SBE-β-CD in saline)  <b>Solubility:</b> <math>\geq 2.08 \text{ mg/mL}</math> (5.07 mM); Clear solution  此方案可获得 <math>\geq 2.08 \text{ mg/mL}</math> (5.07 mM, 饱和度未知) 的澄清溶液。  以 1 mL 工作液为例，取 100 μL 20.8 mg/mL 的澄清 DMSO 储备液加到 900 μL 20% 的 SBE-β-CD 生理盐水溶液中，混合均匀。</p>																												

	<p>3.请依序添加每种溶剂: 10% DMSO → 90% corn oil  <b>Solubility: ≥ 2.08 mg/mL (5.07 mM); Clear solution</b>          此方案可获得 ≥ 2.08 mg/mL (5.07 mM, 饱和度未知) 的澄清溶液, 此方案不适用于实验周期在半个月以上的实验。          以 1 mL 工作液为例, 取 100 μL 20.8 mg/mL 的澄清 DMSO 储备液加到 900 μL 玉米油中, 混合均匀。</p>
<b>References</b>	<p>[1]. Lemberger, L. and R.E. Crabtree, Pharmacologic effects in man of a potent, long-acting dopamine receptor agonist. <i>Science</i>, 1979. 205(4411): p. 1151-3.</p> <p>[2]. Koller, W.C., et al., The pharmacological evaluation of pergolide mesylate as a potential anti-parkinson agent. <i>Neuropharmacology</i>, 1980. 19(9): p. 831-7.</p> <p>[3]. Franks, S., et al., Effectiveness of pergolide mesylate in long term treatment of hyperprolactinaemia. <i>British medical journal (Clinical research ed.)</i>, 1983. 286(6372): p. 1177.</p> <p>[4]. Schade, R., et al., Dopamine agonists and the risk of cardiac-valve regurgitation. <i>N Engl J Med</i>, 2007. 356(1): p. 29-38.</p>



# 源叶生物