## Dermatologic:
Constant monitoring is needed in regard to drug dosage. If after long-term therapy the drug is to be discontinued, erythema, increased sweating, or a loss of reactions to skin tests may occur.  

## Hematologic Disorders:
Corticosteroids can cause a suppression of the hypophyseal-adrenal axis. Therefore, coagulation indices should be monitored to maintain the desired therapeutic level. Increases in alanine transaminase (ALT, SGPT), aspartate transaminase (AST, SGOT) and alkaline phosphatase have been observed following corticosteroid treatment. These changes are usually manageable by other means, but Berylliosis, Fulminating or disseminated pulmonary tuberculosis when used concurrently with appropriate antibacterial chemotherapy, Aspiration pneumonitis.

## Musculoskeletal:
Muscle weakness, steroid myopathy, loss of muscle mass, ostitis, tendinopathy, particularly of the Achilles tendon, vertebral compression fractures, aseptic necrosis of femoral and humeral heads, pathologic fracture of long bones. Gastrointestinal: Peptic ulcer with possible perforation and hemorrhage. Pancreatitis, abdominal distention, ulcerative esophagitis, increase in alkaline phosphatase (ALT, SGPT), aspartate transaminase (AST, SGOT) and alkaline phosphatase have been observed following corticosteroid treatment. These changes are usually small, not associated with any clinical syndrome and are reversible upon discontinuation.

## Sodium retention, Fluid retention, Congestive heart failure in susceptible patients, Potassium loss, Hypokalemic alkalosis, Hypertension. Muscleoskeleton: Muscle weakness, steroid myopathy, loss of muscle mass, osteoporosis, tendon rupture, particularly of the achilles tendon. Vertebral compression fractures, aseptic necrosis of femoral and humeral heads, pathologic fracture of long bone. Gastrointestinal: Peptic ulcer with possible perforation and hemorrhage. Pancreatitis, abdominal distention, ulcerative esophagitis, increase in alkaline phosphatase (ALT, SGPT), aspartate transaminase (AST, SGOT) and alkaline phosphatase have been observed following corticosteroid treatment. These changes are usually small, not associated with any clinical syndrome and are reversible upon discontinuation. Dermatologic: Impaired wound healing, thin fragile skin, petechiae and ecchymoses, facial light-headed or fainting.

## Metabolic:
Impaired wound healing, thin fragile skin, petechiae and ecchymoses, facial light-headed or fainting.

## Endocrine:
Impaired wound healing, thin fragile skin, petechiae and ecchymoses, facial light-headed or fainting.

## Ophthalmic Diseases:
Additional Reactions: Urticaria and other allergic, anaphylactic or hypersensitivity reactions.

## Storage Condition:
Store in a cool and dry place, protect from light and moisture.

### OVERDOSE:
Symptoms of a prednisolone overdose may include weight gain (especially around the stomach), a round face, excessive appetite, hair loss or increased hair growth, acne, bruising, swelling in your hands or feet, fast heart rate, worsened menopause symptoms, numbness or tingling, feeling light-headed or fainting.

### How Supplied:
**Inflagic**® 5 Tablet: Each box contains 10 x 10 tablets in blister packs. **Inflagic**® 20 Tablet: Each box contains 5 x 10 tablets in blister packs.

*Manufactured by: SQUARE PHARMACEUTICALS LTD.*

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