FEDERAL STATE BUDGET EDUCATIONAL INSTITUTION OF HIGHER EDUCATION "ROSTOV STATE MEDICAL UNIVERSITY" OF THE MINISTRY OF HEALTH OF THE RUSSIAN FEDERATION

FACULTY OF TREATMENT AND PREVENTION

Evaluation materials

in the discipline "dermatovenereology"

Specialty "General Medicine"

1. List of competencies formed by the discipline (in full orpartially) *

universal (UK)/general cultural (OK)

Code and name of universal/	Indicator(s) of achieving universal
general cultural competence	general cultural competence
-	-

general professional (OPK):

general professional (OPK):	
Code and name	Achievement indicator(s)
general professional competence	general professional competence
GPC5: Able to evaluate	ID 1 OPK-5 Masters the algorithm for clinical,
morphofunctional, physiological conditions	laboratory and functional diagnostics when
and pathological processes in the human	solving professional problems.
body to solve	ID 2 OPK-5 Able to evaluate the results of
professional tasks.	clinical, laboratory and functional
	diagnostics when solving professional problems.
	ID 3 OPK-5 Able to evaluate
	morphofunctional, physiological parameters and
	determine the presence of pathological processes in
	the human body based on
	data from clinical laboratory, physical and
	instrumental research methods.
	ID 4 OPK-5 Able to determine the main indicators
	of the patient's physical development and
	functional state, taking into account the
	anatomical and physiological characteristics and
	patient age
GPC7: Able to prescribe treatment and monitor	ID 1 OPK-7 Knows modern circuits
its effectiveness and safety	drug and combination treatment in accordance with
	the standards of care
	medical care
	ID 2 GPC-7 Able to recognize signs of
	typical complications during
	pharmacotherapy for the purpose of its timely correction
	ID 3 OPK-7 knows the schemes for prescribing safe
	combinations of drugs in
	in accordance with clinical guidelines
	č

professional (PC)

Code and name of professional competencies	Indicator(s) of professional achievement competencies
-	-

2. Types of assessment materials in accordance with formedcompetencies

Name competencies	Types of assessment materials	number of tasks for 1 competency
OPK-5	Closed tasks	Task 1. Instructions: Choose

odin the correct answer. The
diagnosis of dermatosis is
formulated, including all of
the following, except:
1) nosological form
2) clinical form
3) nature of the current
4) process stages
5) efficiency
· ·
previous treatment Standard
answer: 5. effectiveness
previous treatment
Task 2. Instructions: Choose the
correct answer.
A hypoallergenic diet can be
prescribed to patients:
1) psoriasis
2) bullous dermatoses
3) scleroderma
4) eczema, atopic
dermatitis
5) all of the above
Response standard: 4.
-
eczema, atopic dermatitis
Task 3. Instructions: Choose one
correct answer.
For Dühring's disease,
it is advisable to:
1) exclusion from the diet of
products made from grains
2) carbohydrate restriction
3) protein restriction
4) limiting table salt
5) reducing calorie intake
Response standard: 1. exclusion
from the diet of products made
from grains
Task 4. Instructions: Choose one
correct answer.
Drugs that block H2-histamine
receptors include
1) cimetidine
2) diphenhydramine
3) suprastin
4) fenkarol
5) diazolin
Response standard: 1. cimetidine
Task 5. Instructions: Choose one
correct answer.
The concept of "dose regimen"
includes all of the following
except
1) daily doses in weight units

or volume
2) intervals between administrations
3) routes of administration
4) injection speed
5) total duration of treatment
Response standard: 3.
routes of administration
Task 6. Instructions: Choose one
correct answer.
Drugs that inhibit the release of
mediator substances from mast
cells include
1) zaditen
2) cromolyn sodium
3) cimetidine (4) correct (81) (82)
4) correct &1), &2)
5) none of the above
<i>Response standard</i> : 4. correct
&1), &2) Task 7. Instructions: Choose one
correct answer. All have a nonspecific
hyposensitizing effect
the listed drugs, except
1) corticosteroids
2) antihistamines
3) calcium preparations
4) sodium thiosulfate
5) tranquilizers
Response standard: 2.
antihistamines
Task 8. Instructions: Choose one
correct answer.
Local allergic reactions of
immediate type are
1) Arthus-Sakharov
phenomenon (gluteal reaction)
2) allergic contact dermatitis
3) conjunctivitis
4) pharyngitis
5) glossitis
Response standard: 1. Arthus-
Sakharov phenomenon (gluteal
reaction)
Task 9. Instructions: Choose one
correct answer.
Have a detoxifying effect
1) sodium hyposulfite
2) pantothenic acid
3) ascorbic acid
4) magnesium sulfate
5) all of the above

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	Response standard: 5.
	all of the above
	Task 10. Instructions: Choose
	one correct answer.
	In case of hyperergic reactions
	associated with cellular
	antibodies, characteristic
	1) bullous
	2) exfoliative
	3) hemorrhagic
	4) eczematous
	5) all listed rashes
	Response standard: 5. all
	listed rashes Task 11.
	Instructions: Choose one
	correct answer.
	All of the above requirements
	apply to the therapeutic nutrition
	of patients with acantholytic
	bullous dermatoses, excluding
	enrichment
	1) animal proteins
	2) products containing
	potassium salts
	3) carbohydrates and fats
	4) products containing calcium
	salts
	5) correct &3), &4)
	Response standard: 4. products
	containing calcium salts
	Task 12. Instructions: Choose
	one correct answer.
	Alcohol affects the effectiveness
	of medications by
	1) changes in drug
	resorption and metabolism
	2) increasing the toxicity of
	barbiturates
	3) increasing the effectiveness
	of oral hypoglycemic drugs
	(4) correct $\&1$), $\&2$)
	5) correct &2), &3)
	<i>Response standard</i> : 4. correct
	&1), &2) Tark 12 Justinetiana Chasse
	Task 13. Instructions: Choose
	one correct answer.
	Excretion of low molecular
	weight drugs occurs mainly
	1) kidneys 2) biliony system
	2) biliary system
	3) intestines

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4) light
5) skin glands
Response standard: 1.
kidneys Task 14. Instructions:
Choose one correct answer.
Cyprogentacin has all of the
following effects except
1) antihistamine
2) antiserotonin
3) anticholinergic
4) antiallergic
5) stimulatin
gResponse standard:
5. stimulating
Task 15. Instructions: Choose
one correct answer.
The onset of "withdrawal
syndrome" during treatment with
glucocorticoid hormones is
indicated by
1) anorexia
2) malaise
3) hypotension
4) myalgia
5) all of the above
Answer standard: 5. all
of the above
Task 16. Instructions: Choose
one correct answer.
Medical nutrition for patients
seborrhea and acne vulgaris
covers everything the above, except
1) hypoallergenic diet
· · · ·
2) reducing animal fats in the diet
3) exclusion of table salt
4) eliminating spicy foods
5) carbohydrate restrictions
Standard answer: 1.
hypoallergenic diet
Task 17. Instructions: Choose
one correct answer.
Medical nutrition for patients
Dühring's dermatitis requires
exclusion
1) products made from wheat
and rye flour
2) cereals containing gluten
3) spicy dishes
4) carbohydrates
5) everything is correct except
&4) Sample answer: 5.
everything is correct except
&4)

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Task 18. Instructions: Choose
one correct answer.
Nonspecific
hyposensitization is indicated
for all of the following factors,
except
1) unknown allergen that
caused the disease
2) polyvalen
tsensitization
3) presence of contraindications for
allergy testing
4) inability to avoid everyday
contact with
allergen
5) monovalen
tsensitization
Response standard: 5.
monovalent sensitization Task 19.
Instructions:
Choose one correct answer.
High molecular weight drugs are
excreted mainly
1) kidneys
2) biliary system
3) intestines
4) light
5) skin glands
Response standard: 2. biliary
system
Task 20. Instructions: Choose
one correct answer.
Side effects of medications include
1) toxic reactions
2) dysbacteriosis
3) massive bacteriolysis
(Herxheimer reaction)
4) particularly
sensitive reaction
5) all of the above
Answer standard: 5. all
of the above
Task 21. Instructions: Choose
one correct answer.
Routes of administration of drugs
can be
1) intravenous
2) intramuscular
3) subcutaneous
4) endolymphatic

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	5) all of the above
	Standard answer: 5. all
	of the above
	Task 22. Instructions: Choose
	one correct answer.
	The beginning of acupuncture for
	chronic skin diseases is possible in
	all periods except
	1) period of exacerbation
	2) period of stabilization of
	the inflammatory process
	3) period of partial or complete
	remission
	4) period of fixed seasonal
	exacerbations
	5) correct &3), &4)
	Response standard: 3. period
	partial or complete remission Task
	23. Instructions:
	Choose one correct answer.
	Therapeutic nutrition for
	patients with chronic
	pyoderma includes all of the
	following in the diet, except
	1) carbohydrate restrictions
	2) restrictions on animal fats
	3) protein restrictions
	4) increase in proteins
	5) increasing vitamins
	· ·
	<i>Response standard</i> : 3. protein restrictions
	Task 24. Instructions: Choose
	one correct answer.
	Eccrine sweat glands secrete
	sweat consisting of
	1) of water
	2) from calcium salts
	3) from sodium chloride sulfates
	4) from organic substances
	(uric acid, ammonia,
	carbohydrates, etc.)
	5) all of the above are true
	Answer standard: 5. all of
	the above are true
	Task 25. Instructions: Choose
	one correct answer.
	Apocrine sweat glands contain all
	of the following in their
	secretions, except
	1) common components of
	sweat
	2) gland

	I	
		3) cholesterol and its esters
		4) glycogen
		5) neutral fats
		Response standard: 5. neutral
		fat
	Open type tasks:	Exercise 1.
	Situational tasks, Interview	Went to see a doctor
		a 25-year-old patient with complaints
	questions	of
		rashes on the skin of the forearms
		and
		inner thighs,
		unbearable itching of the skin.
		Counts
		feeling sick for about 2 weeks.
		Sudden rashes appeared
		red color on the skin
		forearms and thighs,
		accompanied by intense
		itching. Self-administered
		suprastin 1 tablet 3 times
		in a day. Your illness
		associated with stress. IN
		history of chronic gastritis with
		frequent relapses. Local
		status: on flexor skin
		surfaces of forearms, hands
		and inner thighs
		there are polygonal papules,
		flat, shiny
		surface, bluish
		red with central
		retraction. Individual papules
		merge to form
		small plaques against the background
		which are noticeable
		intertwined stripes. On
		oral mucosa along the line
		teeth closure - whitish
		papular elements. Available
		carious teeth. Lymph nodes are not
		increased.
		1. Set up and justify
		diagnosis.
		2. With what diseases
		needs to be differentiated.
		3. Prescribe treatment. Specify
		preventive measures for this
		diseases.
		Sample answer:
		1. Typical shape of red
		lichen planus.
		3. Toxiderma, psoriasis,
		secondary syphilis (papular
		syphilides).
		3. Blood test for sugar.
		Treatment of gastrointestinal
		diseases.
		Drug treatment:
		doxycycline; delagil, then
i la		break 2 days,

hyposensitizing therapy (sodium
thiosulfate IV 30%, 10 ml 1 time
per day),
antihistamines -
suprastin, diazolin, fenkarol,
zyrtec, hormonal drugs
(prednisolone, dexamethasone,
diprospan). Local treatment:
topical corticosteroids (Elocom
ointment once a day). Laser
therapy -
helium-neon laser (for torpidity to
regenerative therapy).
Task 2.
Went to see a doctor
a 40-year-old man with
complaints of a rash in the left
corner of the mouth, as well as on
the mucous membrane of the
palate and lower gum on the left.
Worried about headache, general
malaise and burning sensation in
the area of the rash. 4 days ago,
after hypothermia, the patient felt
chills,
malaise, sleep disorder, after 3
days redness appeared on the skin
in the corner of the mouth, and
then several bubbles with
transparent contents, a day later
similar rashes appeared in the oral
cavity.
Appearance of rashes
accompanied by a feeling
of burning and tingling.
Local status. On the skin of the
face at the left corner of the mouth
and in the area above the left eye
there are
grouped bubbles with a
diameter of 1 to 3 mm,
located on the background
limited erythema and edema,
the contents of the vesicles are
serous. In the oral cavity, against
the background of edematous and
hyperemic mucous membrane,
erosions with irregular
finely scalloped
outlines. The submandibular
lymph nodes are enlarged.
1. Make and justify the
diagnosis.
2. What diseases need to be
differentiated from?
3. Indicate possible
-
complications of the disease.
Find out which specialists you need to consult

1
to the patient.
4. Prescribe treatment.
Sample answer:
1. Shingles.
2. Differentiate with simple
vesicular lichen, lichen planus,
toxicoderma.
3. Secondary infection.
Consultation with a
neurologist is necessary.
4. Acyclovir 800 mg 5 times 7-
10 days; indomethacin 25 mg 3
times a day for 2-3 weeks;
cycloferon ampoules 125 mg/ml 5
amps 2 ml; external ointment
acyclovir, panavir gel,
aniline dyes.
Task 3.
At the children's appointment
A mother with an infant
contacted a dermatologist. Child
fell ill 2 weeks ago, when a rash of
blisters appeared on the skin of the
torso and limbs, accompanied by
severe
itching. Pediatrician
Allergic dermatitis was
diagnosed and treatment was
prescribed (Tavegil and
Advantan).
No positive effect from treatment
was observed. The child is
constantly restless at night due to
intense itching, cries, and sleeps
intermittently. Two days ago,
pustules appeared on the hands and
feet, accompanied by a rise in
temperature to 38°C. Local status:
the skin process is widespread with
a predominant localization on the
abdomen, hands and feet, including
the palms and soles. On the affected
areas of paired and single
nodular and vesicular
rashes, bloody crusts,
excoriations, an abundance of
pustules surrounded by an
inflammatory halo. The mother
also experiences itching and
on examination - paired papulo-
vesicles on the abdomen, arms,
interdigital folds.
1. Make and justify the
diagnosis.
2. Specify etiology
diseases and transmission routes.

3. Specify features
clinical manifestations of this
disease in children.
4. What diseases need to be
differentiated from?
5. Prescribe treatment.
Sample answer:
1. Scabies complicated by
vulgar impetigo.
2. The causative agent is the
scabies mite Sarcoptes scabiei
hominis, which is an intradermal
parasite of humans. The source
of infection is a sick person,
infection occurs: through direct
contact or indirectly (through
objects, clothing, bedding used by
the patient). In adults, infection is
possible through sexual contact.
3. Children have thin skin, so
contamination occurs.
The rashes are localized on the
scalp, palms and soles, affecting the
nail plates, the cornea of the eye,
the skin especially of the hands and
stop, with a lot of itch
"moves". Due to shortage
immunity of the child's body,
complications of pyoderma are
possible.
4. Differentiate with scabies
animals (from animals, birds) that
bite human skin, but do not
parasitize it;
grain scabies - caused by a pot-
bellied mite that lives in rotten
straw; atopic dermatitis.
5. Benzyl benzoate solution 10% -
apply for 10 minutes 2 times a day
day Wash (morning, evening) with
change of linen. Spregal aerosol
– once, do not wash the skin for
16 hours, repeat treatment after 4
days. Sulfur ointment 5%.
Task 4.
In the hospital, skin-
A patient, a 26-year-old driver, was
admitted to the venereal dispensary
with complaints of
rashes on the torso, genitals, anus
and feet,
hoarseness, hair loss. From the
anamnesis it was established

that the patient leads a promiscuous
sex life, considers himself sick for
3 months, when two painless ulcers
of 1 1 cm appeared on the outer
layer of the foreskin. The patient
suffers from alcoholism, leads an
immoral lifestyle, all sexual
relations were intoxicated, he
treated the ulcers independently
powders and 5% tincture of iodine.
Two months later, macerated
nodules appeared in
areas of the anus, scrotum, inguinal
folds, interdigital spaces and arches
of the feet, difficulty walking. On
examination: there is an abundant,
pink roseola rash on the body,
grouped in rings, half rings, slightly
peeling.
There are many foci of alopecia on
the scalp with diffuse thinning of
the hair in the temporal region. In
the area of the anus, inguinal folds
and scrotum, weeping, wide
condylomas. On the arches of the
feet and between the toes there are
stagnant red papules with a
macerated surface.
1. Make and justify the
diagnosis. 2. What diseases need to be
differentiated from?
3. Make an examination plan.
4. Prescribe treatment.
5. Check your hair growth
prognosis.
Sample answer:
1. Secondary syphilis of the skin
and mucous membranes.
3. Alopecia is focal,
diffuse.
4. Blood for RMP, RPGA,
ELISA, HIV.
5. Treatment of syphilis according to
the scheme.
6. Syphilitic baldness regresses.
Task 5.
A 35-year-old patient came to the
appointment with complaints of a
painless ulcer in the area of the
frenulum of the penis. Ulcer
appeared four days ago, painless.
Processed

"O 1 : "
"Gyoksizon" ointment, powder,
without the desired effect. I took
one gram of sumamed orally.
The patient is single, and during
frequent trips abroad (including to
countries with a tropical climate)
has casual sexual relationships.
Local status. In the area of the
frenulum and coronary sulcus on
the right, the ulcer is 1.0-0.5 cm,
bright red, with a dense painless
infiltrate at the base, round with
smooth edges and a varnished
-
bottom.
A lymph node up to 2 cm is
palpated on the right, tightly elastic,
painless, symptoms of
lymphangitis, blood for bladder
cancer (4+).
1. Make a preliminary
diagnosis.
2. Carry out a differential diagnosis
of this disease.
3. Make an examination plan.
4. Prescribe treatment.
5. Specify the follow-up plan.
Sample answer:
1. Primary syphilis.
2. Chancriform pyoderma, erosive-
ulcerative balanoposthitis,
cancerous ulcer, soft chancroid,
tropical treponematoses (yaws,
bejel, pinta), donovanosis
(granuloma venereum).
3. Serological reactions to
syphilis with titer determination
(RPGA, ELISA IgM, IgG);
serological reactions with lipid
antigens (for yaws).
Examination for Treponema
pallidum, pathogens of tropical
treponematoses,
4. When the diagnosis of primary
syphilis is confirmed - according
to clinical recommendations.
5. Clinical and serological control
according to clinical
recommendations.
Task 6.
A 25-year-old patient consulted a
dermatologist with complaints of
skin rashes.
forearms and inner thighs,

 accompanied by severe itching. Considers himself sixt for about 2 weeks. Sudden rashes appeared reddish-bluish color on the skin of the forearms and highs, accompanied by intense itching. I took supressin on my own, I tablet 2 times a day. Your illness associated with stress. He does not suffer from chronic diseases. Local status: on the skin of the flevor surface on the forearms, hands and inner thighs, polygonal papules are observed, flat, with a shiny surface, bluish-red in color with an umbilical depression in the center. Individual papules, on the surface of which intertwined white stripes are visible. On the oral nuccess along the ine of closure of the teeth - whitish papular elements. There are carious teeth. Lymph nodes are not enlarged. 1. Mad scales need to be differentiated from? 3. Prescribe treatment. Indicate measures to preven this disease. Sample answers: 1. Typical form of lichen planus. 3. Toxiderma, psoriasis, secondary syphilds). 3. Toxiderma, psoriasis, secondary syphilds. 4. Kan and sufficient of closure of the reatment: delagil, antihistamines. Local treatment: delagil, antihistamines. Local treatment: days. Prov. Tablet 2, 15. Samination of carious teeth. 3. Toxiderma, psoriasis, secondary syphilds). 3. Texamination: CBC, ESR. 3. Takiderma teeth of a director of the reatment: delagil, antihistamines. Local treatment: delagil, antihistamines. Local treatment: dori 10 days.) Phototherapy - PUVA. Task 7. A man was referred to a dermatologist for consultation with complaints of painful rashes on his 	
 wecks. Sudden rashes appeared reddish-bluish color on the skin of the forearms and thighs, accompanied by intense itching. I took suprastin on my own, I tablet 2 times a day. Your illness associated with stress. He does not suffer from chronic diseases. Local status: on the skin of the flexor surface on the forearms, hands and inner thighs, polygomal papules are observed, flat, with a shiny surface, bluish-red in color with an umbilical depression in the center. Individual papules merge to form small plaques, on the surface of which intertwined white stripes are visible. On the oral mucosa along the line of closure of the teeth - whitish papular elements. There are carious teeth. Lymph nodes are not enlarged. Make and justify the diagnosis. What diseases need to be differentiated from? Prescribe treatment. Indicate measures to prevent this disease. Sample answers: Typical form of lichen planus. Toxiderma, psoriasis, secondary syphilis (papular syphilides). Examination: CBC, ESR. Sanitation of carious teeth. Drug treatment: topical corticosteroids (cream with clobetasol 2 times a day for 10 days). Phototherapy - PUVA. Task 7. A man was referred to a dermatologist for consultation with complants of painful rashes 	accompanied by severe itching.
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chest skin, increased body
temperature, malaise. Considers
himself sick for several days
when, after sudden hypothermia,
blisters appeared on the right side
of the chest,
accompanied by an increase in
body temperature, general
weakness. Over the past three
days, new rashes have appeared in
attacks,
the pain increased sharply. Local
status.
The pathological skin process is
localized on the right half of the
chest with transition to the right
shoulder blade along the
intercostal nerves, represented by
grouped vesicles with serous
contents, erosions, serous
crusts on
erythematous base with
unclear boundaries.
1. Make and justify the
diagnosis.
2. Specify the etiology.
3. Specify methods for diagnosing
this disease.
4. What diseases need to be
differentiated from?
5. Make a treatment plan
for the patient.
Sample answers:
1. Shingles (Herpes zoster).
2. The disease is caused by a
neurotropic filtering virus, which
is similar in antigenic structure to
the virus
chickenpox or identical to it. The
development of herpes zoster is
the result of reactivation of the
latent virus after
chickenpox suffered in childhood.
His reasons are
somatic diseases, infections,
hypothermia, radiation
exposure.
3. Diagnosis is based on the
clinical picture and
virological research. Linked
immunosorbent assay -
ELISA. Modern method
detection of the virus is PCR.
4. Differential

diagnosis of this discusses: with simple vesicular lichen, with lichen planus, toxicoderma. 5. Treatment: valacyclovir 1000 mg 3 limes a day for 7 days. Indomethacin 0.025 mg 3 times a day for 10 days. B vitamins for 1 moth: Externally: Acyclovir ointment, aniline dyes. Task 8. I consulted a dematologist mother with a 5 month old child who is being monitored rashes on the skin of the checks. According to my mother, the rash first appeared 3 weeks ago. Onset of the disease mother associates with the introduction of complementary foods. The child was born from the first pregnancy, at term. Was on natural breastfeeding up to 4 months. From the anamnesis of the parent: the mother suffers from hay fever. Local status. The pathological skin process is limited in nature, localized on the skin of the cheeks, presented foci of hyperenia with unclear boundaries, covered with bright pink milary papules, microversicles with serous contents, and erosions. 1. Make and justify the diagnosis. 2. What diseases need to be differentiated from? 3. Make an examination plan. 4. Prescribe treatment. Sample answers: 1. Atopic dermatics, infantle form. 3. Deficientical consultation. 4. Hypoallergenic diet of mother, child nutrition hypoellergenic mixtures. Feternally: topical corticestorids in	
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recovery. Sample answers:		
1. Ervthematosis (lupus		1. Erythematosis (lupus
erythematosus).		
2. Blood for LE cells, biopsy.		
3. Photodermatosis, rosacea.		
4. To the group of		
autoimmune diseases.		
5. Hormone therapy,		
immunosuppressants (plaquenil,		ımmunosuppressants (plaquenil,

or delagil), photoprotective ointments. Limiting insolation. Preventive treatment courses in early spring. Follow-up with a dermatologist. Examination by a nephrologist/rheumatologist 1-2 times a year. Task 10. A 26-year-old patient consulted a dermatologist with complaints of rashes in the torso, genitals, anus and feet, hoarseness, and hair loss. From the anamnesis it was established that the patient had repeatedly had unprotected sexual intercourse with different partners. Considers himself sick for 3 months, when the outer layer of the foreskin appeared две безболезненные язвы 1□1 см. Two months later, rashes appeared in the anus, scrotum, inguinal folds, interdigital spaces and arches of the feet. On examination: there is an abundant, pink roseola rash on the body, grouped into rings and half rings. There are many lesions on the scalp with diffuse hair thinning. In the area of the anus, inguinal folds and scrotum there are weeping verucous papules. On the arches of the feet and between the toes there are stagnant red papules with a macerated surface. 1. Make and justify the diagnosis. 2. What diseases need to be differentiated from? 3. Make an examination plan. 4. Prescribe treatment. 5. Check your hair growth prognosis. Sample answers: 1. Secondary syphilis of the skin
 macerated surface. 1. Make and justify the diagnosis. 2. What diseases need to be differentiated from? 3. Make an examination plan. 4. Prescribe treatment. 5. Check your hair growth prognosis. Sample answers:
 and mucous membranes. 3. Alopecia is focal, diffuse. 4. Blood for RMP, RPGA, ELISA (syphilis), HIV. 5. Treatment of secondary syphilis according to the scheme.

6. Syphilitic baldness regresses.
Task 11.
A man a day after
After casual sexual contact,
swelling, erythema, and itching
appeared on the skin of the penis.
The inguinal lymph nodes are not
enlarged.
Wasserman's reaction
is negative.
1) Your diagnosis, its rationale,
differential diagnosis
2) Patient management and
treatment tactics.
Sample answer:
1) Allergic contact dermatitis
2) Antihistaminesdrugs, lotions,
· · ·
diuretics, hyposensitizing facilities.
Task 12.
Patient, 22 years old, student.
Woke up this morning with a strong
itchy skin. There is a profuse rash
of blisters on the skin of the trunk
and limbs. Left eyelids
swollen a lot. The skin of the
eyelids is pink. The palpebral
fissure is narrowed.
Temperature 37.7°C.
Dermographism is persistent, red.
1) Your diagnosis
2) Information that needs to be
clarified from the patient's
medical history
3) Your prescriptions and
advice to the patient.
Sample answer:
1) Acute urticaria with Quincke's
edema
2) What did the patient eat the
day before, did he take any
medications, with any unusual
chemicals. contacted ingredients.
3) Laxative,
desensitizing drugs, diet.
Alcohols, talkatives, lotions.
Task 13.
Woman at 3 months
pregnancy contacted the
antenatal clinic for
scheduled examination.
Wasserman's reaction was positive
(RW+). From
history shows that the woman is
married. Excludes outside sexual
contacts. None

No skin rashes were
found.
1) What diagnosis can you
think about?
2) The gynecologist's tactics in
this case?
Sample answer:
1) Rule out syphilis
(confrontation, RV,
ELISA)
2) Direct to
dermatovenerologist
Task 14.
A 35-year-old man came to the
district clinic to an ENT doctor
with complaints of a sharp
enlargement of the tonsil on the
right side.
On examination, the tonsil
increased in size, dense, painless,
no acute inflammatory
phenomena. The submandibular
lymph nodes on the right are
enlarged, painless, and not fused
with the adjacent tissue. A
diagnosis was made: tonsillitis.
Treatment was prescribed:
tetracycline 2 tablets 4 times a day
for 7 days. The blood test for the
Wasserman reaction is negative.
1) Is the diagnosis correct?
2) Your suspected diagnosis.
3) Additional research methods to
confirm the diagnosis.
4) Management tactics for
this patient.
Sample answer:
1) No
2) Primary syphilis (chancre-
amygdalitis, lymph nodes)
3) RV, IFA, confrontation
4) Treatment of primary syphilis
Task 15.
Male 22 years old, married, has
a child - 10 months old, who is
breastfeeding
breastfeeding I had extramarital
sexual contact, and after 3
weeks I discovered an ulcer on
the penis and enlarged lymph
nodes in the groin area. I
contacted a
dermatovenerologist.
1) Make a preliminary diagnosis.
1) wake a premimary diagnosis.

2) Differentia
ldiagnostics.
3) What actions should the
doctor take?
dermatovenerologist in relation to
his wife and child.
Sample answer:
1) Primary syphilis (chancre,
lymphadenitis)
2) Herpes genital,
candidal posthitis, ulcers due to
MPI, chancriform pyoderma
3) Preventive treatment
Task 16.
A 32-year-old man consulted a
dermatovenerologist with
complaints of rashes in the
mouth and torso. 4 weeks ago
on the oral mucosa
A round ulcer of bright red color,
painless, up to 1 cm in diameter was
formed. The submandibular lymph
nodes were enlarged.
I went to the dentist, stomatitis
was diagnosed and treatment was
prescribed: rinsing with a
solution of furatsilin and
tetracycline 0.2 g 4 times a day for
7 days. After 10 days, the oral ulcer
resolved.
7 months later they appeared
rashes on the oral mucosa and
torso.
1) Probable diagnosis.
2) Examination plan for this
patient.
3) What mistake did the dentist
make in this situation? Sample
answer:
1) Secondary syphilis (oral
papules)
2) Carry out differential.
diagnostics (aphthous stomatitis,
herpes, LP); RV, IFA,
confrontation
3) He prescribed treatment
and did not rule out
syphilis.
Task 17.
A 19-year-old patient was
admitted to the clinic with
complaints of itchy skin and
rashes in the area of the elbows
and popliteal folds. Has been ill
since 6 months of age (according
to
mother). My father has
polynosis. Exacerbations of
the disease are associated
with the use of

citrus fruits, chocolate, strawberries
and raspberries. Objectively: the
skin of the extensor surfaces of the
limbs is dry, in the elbow and
popliteal folds
lichenification, excoriation,
hemorrhagic crusts.
Dermographism – white.
1. Your diagnosis, clinical
form of the disease.
2. Name the characteristic
symptoms of the disease
3. Suggest a treatment plan.
Sample answer:
-
1. Atopic dermatitis, adult
stage.
2. Family history, food allergy,
typical location of rash and white
dermographism.
3. Hypoallergenic life.
Systemic therapy:
antihistamines,
enterosorption. Locally: basic care
- emollients, GCS ointments,
tacrolimus ointment.
Task 18.
A 48-year-old patient complains
of painful itching and
skin lesions in the lower third of
the legs. She has been ill for 7
years, periodically there are
remissions, but the rashes do not
completely regress.
Concomitant disease is
cholecystitis. Objectively: in
the lower third of the anterior
on the surface of the left leg with a
transition to the dorsum of the foot
there is a plaque measuring 8x8 cm
in the form of a continuous papular
infiltration, brownish-red in color
with oval
outlines, lichenification is
expressed. The skin in the
-
lesion has a shagreen
appearance; three zones are
distinguished: central with
lichenification,
medium – with a shiny smooth
surface and pale pink papules,
peripheral zone with
hyperpigmentation. Symptom
Kashnar and Augnitz are nagative
Koebner and Auspitz are negative.
The Wickham grid is not defined.
The Wickham grid is not defined.
· · ·

	dermatosis.
	3. Principles of therapy.
	Sample answer:
	1. Limited neurodermatitis
	(Vidal's lichen).
	2. Stressful situations,
	exogenous allergens.
	3. Hypoallergenic life.
	Sedative therapy
	antihistamines.
	Externally, emollients, GCS
	ointments, tacrolimus ointment. Task 19.
	An 18-year-old patient
	consulted a dermatologist
	with a widespread itchy rash
	that appeared for the first
	time. The rash occurred after
	undergoing lacunar
	tonsillitis, for which he received
	antibacterial therapy. There is a
	history of psoriasis on the
	father's side and drug therapy on
	the mother's side.
	Objectively: the rash is
	scattered in the back, chest,
	extensor surface of the limbs,
	in the marginal zone of the
	scalp and in the area of the
	-
	ears.
	They are represented by bright
	pink papules with silvery peeling,
	5-7 mm in diameter. The triad of
	Auspitz symptoms is positive. In
	area
	scratching linear rashes.
	1. Your diagnosis, stage
	of the disease.
	2. Causes of the disease.
	3. List the characteristic
	symptoms of dermatosis.
	4. Principles of
	therapy. Sample
	answer:
	1. Guttate psoriasis, stage of
	progression.
	2. Focus of streptococcal
	infections - lacunar tonsillitis.
	The presence of a hereditary
	predisposition.
	3. Papules, triad
	psoriatic symptoms, isomorphic
	Koebner reaction, typical
	localization of the rash.
	4. Sanitation of the source of
	infection. Antihistamines,
	aevit, enterosorbents. Externally:
· · · · ·	· · · · ·

	emollients, calcipotriol cream +
	betamethasone, calcipotriol.
	Task 20.
	A 45-year-old patient consulted a
	dermatologist with complaints of
	severe
	painful rashes located linearly
	along one of the intercostal
	spaces on the left. The rash was
	preceded by 5
	day period, when itching and
	parasthesia were noted in the left
	part of the chest, then burning pain
	appeared and
	further blistering rashes. The
	disease was preceded by a
	long period during which the
	patient suffered from acute
	respiratory viral infection,
	pneumonia, anemia. The rashes are
	represented by grouped blisters
	located on a hyperemic background
	linearly along the intercostal space.
	As a child, he suffered from
	chickenpox and rubella measles.
	1. Your diagnosis.
	2. The cause of the development of
	dermatitis.
	3. The most common
	complication of dermatitis.
	4. Treatment.
	5. Additional
	recommendations for the
	patient. Sample answer:
	1. Herpes zoster
	2. Immunodeficiency after acute
	infections.
	3. Postherpetic neuralgia.
	4. Timely administration of
	antiviral therapy, interferon
	preparations,
	B vitamins. Externally Panavir
	gel, aniline dyes. In case of
	neuralgia, consult a neurologist.
	5. Oncosearch recommended.
	Task 21.
	Contacted a dermatologist
	a 32-year-old man with
	complaints of candidiasis of the
	genital mucosa, which is not
	relieved by systemic
	administration of fluconazole.
	Patient
	somatically healthy. Upon
	examination, filmy deposits were
	revealed
	yellowish-white color over the
	entire visible surface of the
	mucosa
·	

oral cavity. The examination
revealed hypochromic anemia; a
general urine analysis revealed
yeast cells throughout the entire
field of view.
An examination by an ENT
doctor revealed damage to
all visible
mucous membranes in the form
of yellowish filmy deposits.
From the anamnesis it is known
that 3 years ago the patient
received
extensive skin burn, for which he
was treated in
intensive care unit, including
direct
blood transfusions.
1. Presumable diagnosis.
2. Probable cause of the
disease.
3. What symptoms allowed
suspect this pathology?
4. Your tactics.
Sample answer:
1. AIDS.
2. Direct blood transfusions.
3. Damage to mucous and
-
visceral organs
candidiasis, ineffectiveness of
anti-yeast therapy.
4. HIV research. Task 22.
What are the clinical
differences between diffuse
and limited neurodermatitis.
Sample answer:
anamnesis, prevalence,
localization.
Task 23.
What are the signs
progressive stage of
psoriasis.
Sample answer: pouring
"new" elements
peripheral growth of existing
rashes, erythematous
corolla around the
elements, Koebner's sign.
Task 24.
The woman is 19 years old at the
beginning
In the spring, a focus of erythema
appeared on the nose, in May - on
both cheeks.
Subjectively, the spots are not
were worried, the general
condition was not disturbed, and
the patient did not go to the
doctors. A year after giving birth,
weakness developed,
joint pain, low-grade fever in the
joint puin, io w-grade ie ver in the

evenings. Erythema	

the face became brighter,
swollen, and bluish spots
appeared on the phalanges of the
fingers. IN
Due to pain in the joints, I
consulted a doctor. What
disease should you think
about?
Sample answer: subacute form of
lupus erythematosus.
Task 25.
What types of herpes simplex
virus cause this?
disease?
Sample answer: HSV 1,2.
Task 26.
A 33-year-old patient has
discomfort when swallowing. When
viewed in the throat
– hyperemia, edema
enlarged tonsils, on the right - a
round ulcer with a whitish
coating.
The submandibular lymph
nodes are enlarged on both
sides. Tactics.
Standard answer: examination
for syphilis.
Task 27.
Name the syndrome that
combines lichen planus of the oral
mucosa, erosive-ulcerative form,
diabetes mellitus,
hypertonic disease. Sample
answer: Grynshpan
syndrome.
Task 28.
The patient is 39 years old.
Complaints about
painful erosions on the oral mucosa.
From
anamnesis. Considers himself sick
for about 3 months, when erosion
first appeared on
mucous membrane of the hard
palate and discomfort in the oral
cavity. The patient turned to
dentist, who diagnosed stomatitis
and prescribed rinsing with
chamomile infusion, but there
was no improvement.
-
Local status. On apparently
unchanged mucosa
of the hard palate there are 3
erosions of irregular outlines, with
clear boundaries, with clean
the bottom is bright red. One of the
erosions is partially covered
a piece of the bladder tire, when
pulled, the epithelium

I. I	
	peels off easily.
	1) Formulate
	preliminary diagnosis;
	2) List the research
	methods.
	Sample answer:
	1. Pemphigus vulgaris
	2. Immunohistochemical study,
	cytological study.
	Task 29.
	Besnier-Meshchersky symptom -
	upon palpation and
	forced removal of scales in discoid
	lupus erythematosus.
	Sample answer: pain Task 30.
	The following stages of the
	course of limited
	scleroderma – erythematous,
	induration and
	Sample answer: atrophy.
	Task 31.
	Primary therapy
	Dühring's dermatitis herpctiformis
	is the prescription of sulfone drugs
	and
	diets.
	Sample answer: gluten-free.
	Task 32.
	The patient, 35 years old,
	complained of rashes located
	on the skin of the extensor
	surface of the elbow joints,
	knee joints, abdomen, back,
	represented by epidermal
	dermal papules of pink-red color,
	with clear boundaries, merging
	into
	plaques covered with silver-white
	large-plate scales. The nail plates
	are changed according to the "oil
	stain" type. Suggest a diagnosis,
	treatment options, what kind of
	research will allow
	verify the diagnosis. Sample
	answer: Vulgar psoriasis.
	Therapy: therapy with external
	corticosteroids, a combination of
	betamethasone + calcipotriol,
	drugs containing naphthalene,
	phototherapy,
	immunosuppressive therapy
	(depending on the PASI index).
	1

Histological examination. Task
33. Features
Features
pustules with streptoderma from
staphyloderma.
Sample answer:
The lining of the bladder is
flabby. Not associated with the
hair follicle. Spreads around the
periphery.
Task 34.
A 9-year-old patient has been
noticing a lesion on the scalp
with peeling and broken hair
for 2 weeks; he had previously
been in contact with a cat.
Guess
differential diagnosis. Sample
answer: Microsporia,
trichophytosis, alopecia areata,
psoriasis of the scalp. Task 35.
Spread of lesion boundaries
beyond the point of contact
typical for
contact dermatitis. Sample
answer: allergic. Task 36.
Characteristic the pathebiotological symptom of
the pathohistological symptom of
true pemphigus is
Sample answer:
acantholysis. Task 37.
A 70-year-old man suffers
skin lesions within a year. On
examination: in the torso area,
erythematous-squamous lesions of
various sizes with
scalloped outlines. There is
2nd degree obesity.
1. Make and justify the
diagnosis.
2. Make an examination plan.
3. Name the specialists whose
consultation the patient needs.
5. Prescribe treatment to the
patient. Sample answer:
1. Generalized mycosis of
smooth skin.
2. General clinical
laboratory tests, blood for
HIV, hepatitis, sugar.

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3. Consultations with an
immunologist, endocrinologist.
5. Fungicidal drugs (lamisil,
itraconazole),
immunocorrection as prescribed by
an immunologist. Locally – lamisil
ointment, clotrimazole, zalain.
Task 38.
An 18-year-old patient with
complaints about the presence of
spots on the skin of the neck and
chest. Considers himself sick for a
year. I noticed small brown spots on
the skin of my chest. At first the
spots were single and not
worried. Over time, the spots
became more numerous, they
increased in size
size. After tanning, white spots
remained in their place.
The dermatologist prescribed
topical salicylic alcohol. After
treatment there was an
improvement, but then the spots
appeared again. Among the
concomitant diseases,
vegetoneurosis is noted,
increased sweating.
Local status. On the skin
The upper half of the body and
neck have scanty yellowish-
brown spots, covered with
pityriasis scales. Single on the
neck
depigmented spots.
1. Make and justify the
diagnosis.
2. Specify the etiology
and pathogenesis of the
disease.
3. Make an examination plan.
4. Carry out differential diagnosis
of this
diseases.
5. Prescribe treatment.
Sample answer:
1. Versicolor versicolor (syn.
pityriasis versicolor).
2. Ringworm multicolored
caused by the fungus Malassezia
furfur. The fungus lives only on
human skin in saprophytic or
pathogenic form. Disease
little contagious. To transmit the
disease you need close
contact, so these diseases occur
more often in families.
Deficiency predisposes to
its occurrence

 immunity, high humidity of the skin. 3. Diagnosis of this diseases. When illuminated with a Wood's lamp, the spots glow golden yellow; positive test with 5% tincture of iodine (Balzer test) Beignet phenomenon - phenomenon "shavings"; microscopic examination of scales for fungi. 4. Differential diagnosis: with pityriasis rosea,
3. Diagnosis of this diseases. When illuminated with a Wood's lamp, the spots glow golden yellow; positive test with 5% tincture of iodine (Balzer test) Beignet phenomenon - phenomenon "shavings"; microscopic examination of scales for fungi. 4. Differential
diseases. When illuminated with a Wood's lamp, the spots glow golden yellow; positive test with 5% tincture of iodine (Balzer test) Beignet phenomenon - phenomenon "shavings"; microscopic examination of scales for fungi. 4. Differential
Wood's lamp, the spots glow golden yellow; positive test with 5% tincture of iodine (Balzer test) Beignet phenomenon - phenomenon "shavings"; microscopic examination of scales for fungi. 4. Differential
golden yellow; positive test with 5% tincture of iodine (Balzer test) Beignet phenomenon - phenomenon "shavings"; microscopic examination of scales for fungi. 4. Differential
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Beignet phenomenon - phenomenon "shavings"; microscopic examination of scales for fungi. 4. Differential
phenomenon "shavings"; microscopic examination of scales for fungi. 4. Differential
"shavings"; microscopic examination of scales for fungi. 4. Differential
examination of scales for fungi. 4. Differential
4. Differential
diagnosis, while physicasis resour,
leukoderma in secondary
syphilis, vitiligo.
5. Keratolytic,
antifungal ointments, Lamisil
spray. Externally - body scrub
for 1 month.
Task 39.
A man's after repair
When my hands became
hyperemic, weeping, and cracked
There were no previous skin
diseases.
1. Make and justify the
diagnosis.
2. Prescribe treatment to the patient
3. Give recommendations to the
patient after recovery.
Sample answer:
1. Sharp contact
allergic dermatitis.
2. Antihistamines, hyposensitizing
preparations, locally - lotions with
tannin solution, GCS ointments.
3. Avoid contact with chemicals
in order to protect your hands -
Biopokrov cream-gel.
Task 40.
A mother with a 4-year-old child consulted a doctor.
Complaints about the
appearance of pink-red rashes
on the skin of the trunk, upper
and lower
limbs, accompanied by severe
itching. The child became acutely
ill. Appeared on the skin of the
trunk and limbs
multiple pink-red rashes that rise
above the surface of the skin and
accompanied by severe itching.
Body temperature 37.2C.
The occurrence of the disease mot

associated with the
consumption of
strawberries. Concomitant
disease - dyskinesia
biliary tract. Upon examination:
the process is widespread. On the
skin of the trunk, upper and lower
extremities
multiple urticarial elements with
clear boundaries, deep pink in
color, ranging in size from a pea
to a five-ruble coin.
1. Make and justify the
diagnosis.
2. Name the specialists
whose consultations the
patient needs.
3. Make a treatment plan.
4. Give recommendations to the
patient's parents after clinical
recovery. Sample answer:
1. Acute urticaria.
2. Consultations with an
allergist, dermatologist,
pediatrician,
gastroenterologist, immunologist,
ENT specialist (to identify chronic
foci of infection).
3. Hospitalization in a hospital.
Following a hypoallergenic diet:
exclude from the diet
broths, spicy, salty, fried
foods, smoked meats, spices,
sausages and
gastronomic products, liver,
fish, caviar,
seafood, eggs, spicy
cheeses, mayonnaise, ketchup,
radish, sorrel, tomatoes,
strawberries,
raspberries, apricots, peaches,
pineapple, melon, watermelon,
lemons, oranges, carbonated
fruit drinks, kvass, coffee, cocoa,
chocolate, chewing gum. Semolina,
pasta, whole milk, sour cream,
lamb, chicken, cherry,
cherries, currants, blackberries,
cranberries. Removing antigens
e e
from the body: plasmapheresis
and
hemosorption: drip administration
of liquids NaCI 0.9% with
corticosteroids (prednisolone).
$(\mathbf{F}_{1}, \mathbf{A}_{2}, \mathbf{A}_{3}, A$
Antihistamines (Erius 2.5 ml
syrup).

Desensitizing agents (30 thiosulfate in saline solu Enterosorbents (lactofilt tablets morning and even 4. Hypoallergenic diet. Sanitation of foci of chro infection. Usage antihistamines. Task 41.	tion). rum 2
Enterosorbents (lactofilt tablets morning and even 4. Hypoallergenic diet. Sanitation of foci of chro infection. Usage antihistamines. Task 41.	rum 2
tablets morning and even 4. Hypoallergenic diet. Sanitation of foci of chro infection. Usage antihistamines. Task 41.	
4. Hypoallergenic diet. Sanitation of foci of chro infection. Usage antihistamines. Task 41.	ning).
Sanitation of foci of chro infection. Usage antihistamines. Task 41.	
Sanitation of foci of chro infection. Usage antihistamines. Task 41.	C,
infection. Usage antihistamines. Task 41.	onic
antihistamines. Task 41.	
A 20-year-old female pa	llient
complains of	
rashes on hands for 2 ye	ars. Works
as a nurse in	
hospital. There were no	
previous skin diseases. A	At
examination in the area	
against the background of	
	or crythema,
vesiculation, cracks.	
1. Make and justify the	
diagnosis.	
2. Prescribe treatment for	
3. Give recommendation	ns to the
patient after recovery.	
Sample answer:	
1. Chronic occupational	
eczema.	
2. Antihistamines, hypos	sonsitizina
	-
preparations, locally - lo	
tannin solution, GCS oir	
3. After removing the sy	-
inflammation, in order to	
the hands, use Biopokro	v cream-
gel. Avoid contact with	chemicals
substances. The patient r	needs
clinical observation.	
Task 42.	
A 23-year-old patient co	nsulted a
dermatologist with comp	
painful lump above her u	** *
The general condition is	
a feeling of malaise. Con	
himself sick within 3 day	ys when he
first appeared	
painful lump above the u	upper
lip. Start	
The disease is associated	1 with
hypothermia and stress.	
	Douy
temperature has risen to 275° C has dashe and set	
37.5°C, headache and ge	eneral
malaise appeared.	
Objectively: on the skin	
upper lip there is a node	up to the
diameter	-
up to 1.5 cm, painful on	palpation
located	r "runon,
	in over the
deep in the skin. The ski	
node is swollen, bluish-	enerry

colors. Submandibular
lymph nodes are enlarged and
painful.
1. Make and justify the
diagnosis.
2. Make an examination plan.
3. Indicate possible
complications of the
disease.
4. Prescribe treatment for this
patient.
5. Specify measures to prevent
the disease.
Sample answer:
1. Furuncle in the area of the
nasolabial triangle.
2. General clinical methods,
consultation with a surgeon.
3. Complications of boils in the
-
facial area (nasolabial triangle)
are purulent meningitis,
thrombosis
blood vessels, sepsis.
4. Treatment plan: hospitalization
in the surgical department;
Examinations: CBC, ESR, CRP
Therapy: antibiotics (kefzol,
ceftriaxone, sumamed, etc.), 10
days. External therapy:
opening a boil; first
24 hours - hypertonic solution, then
Levomekol ointment, followed by
switching to fucidin cream 1% 2
times a day
until complete healing.
5. Primary prevention of
pyoderma - compliance with
personal hygiene rules, timely
antiseptic treatment
microtraumas, cracks, wound
surfaces, etc. Secondary
prevention –
preventive medical examinations
of children's groups and persons
of decreed groups.
Task 43.
A mother and a 4-year-old
child with
complaints of rashes on the skin of
the face and cracks in the corners
of the mouth,
accompanied by itching,
salivation and
pain when eating. The child fell ill
1 week ago, when rashes appeared
on the skin of the face, in the
corners
mouth cracked. The child attends kindergarten. Two children in

The kindergarten group has similar
rashes. Local status. The process is
localized on the skin of the cheeks
and in the corners of the mouth. On
the skin of the cheeks there are
superficial pustules, ranging in size
from lentils to peas, the tire is
flaccid,
serous-purulent crusts,
erosions. Along the
-
periphery of the pustules
there is edematous
hyperemic corolla. There are
cracks in the corners of the mouth
with fragments of epidermis along
the periphery.
1. Put a preliminary one and
justify it.
2. Specify the factors for the
development of this disease.
3. Differential
diagnosis of this disease with other
dermatoses.
4. Make a treatment plan
for the patient.
5. Prevention of disease in
kindergarten.
Sample answer:
1. Angular stomatitis (zaeda),
streptococcal impetigo.
2. The occurrence of impetigo
is promoted by: poor hygienic
skin care,
trauma, skin maceration, decreased
immunity, adenoids, diabetes
mellitus,
·
hypothermia, dryness and
violation of the integrity of
the epidermis, overheating.
3. With herpetic infection
(simple and herpes zoster
herpes), eczema (microbial,
true), atopic
dermatitis.
4. Treatment plan. Diet
with the exception of
carbohydrates.
Treat affected skin
brilliant green, treat erosion with
aqueous solutions of aniline dyes
(fucorcin,
methylene blue), cream
"Fucidin" 2 times a day for 10 days.
5. Examination of children
and kindergarten staff.
Task 44.
An 18-year-old patient with
complaints about the presence of
spots on the skin of the neck and
chest. Considers himself

Ι
patients for a year when I first
noticed small brown spots on the
skin of my chest. At first, the spots
were isolated and did not bother us,
then they began to spread and
increased in size. After tanning
them
There are white spots left in the
area. Among the concomitant
diseases, vegetoneurosis is noted,
increased sweating.
Local status. On the skin
The upper half of the body and
neck have multiple yellowish-
brown spots covered with
pityriasis scales. Single on the
neck
depigmented spots with
unclear boundaries.
1. Make and justify the
diagnosis.
2. Specify the etiology
and pathogenesis of the
disease.
3. Make an examination plan.
4. Carry out differential diagnosis
of this
diseases.
5. Prescribe treatment.
Sample answers:
1. Versicolor versicolor (syn.
pityriasis versicolor).
2. Ringworm multicolored
caused by the fungus Malassezia
furfur. The fungus lives only on
human skin in saprophytic or
pathogenic form. Disease
little contagious. It is
believed that its occurrence
is associated with
change in skin pH to the alkaline
side due to increased sweating.
3. Diagnosis of this
diseases. When illuminated with a
Wood's lamp, the spots glow
golden yellow; positive test with
5% tincture of iodine (Balzer test);
Beignet phenomenon -
phenomenon
"shavings"; microscopic
examination of scales for fungi.
4. Differential
diagnosis: with pityriasis rosea,
leukoderma in secondary
syphilis, vitiligo.
5. Antimycotic creams, sprays
with terbinafine or
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sertamicol. Specialized shower
gels containing
antifungal components. Task 45.
A mother and an 8-year-old
child came to see a doctor.
complaints of minor itching and
rashes on the skin of the face,
baldness on the scalp. The disease
arose
a month ago, when the parents
noticed the appearance of spots
on the skin of the face, and
then an outbreak
baldness on the scalp. Shortly
before the onset of the disease,
the child brought home a kitten
from the street. Of those
transferred
diseases, my mother notes
chickenpox, rarely ARVI. At
examination: on the smooth skin of
the face there are several
erythematous lesions of a round
shape with clear boundaries, with a
ridge along
the periphery of fused vesicles,
crusts, papules, in the center
the lesions are covered
grayish scales. On the scalp,
in the occipital region, there
is a lesion
round baldness 4 cm in diameter,
covered with gray
scales. The hair in the lesion is
broken off at a level of 6-8 mm
and has a whitish sheath.
1. Make and justify the
diagnosis.
2. Make an examination plan.
3. Name with which
diseases must be
differentiated.
4. Specify the etiology and
pathogenesis of this disease.
1 0
5. Outline a plan of treatment and
preventive measures. Sample
answers:
1. Microsporia of smooth skin and
scalp.
2. Luminescent,
microscopic and
cultural diagnostics.
3. Syphilitic alopecia, other
types of mycoses smooth
skin and scalp.
4. The causative agent is fungi of
the genus Microsporum feline,
rusty.

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Affects skin, hair, nails.
5. Local (isoconazole,
terbinafine) and systemic
antimycotics (Griseofulvin 22
mg/kg body weight). Clinical
control and
microscopic (3x). Visiting
children's groups is allowed after 3
times negative
e
microscopic
examination.
Task 46.
I've been sick for about a month.
Itchy skin bothers me, especially at
night. He works as a driver and
lives in a hostel. In room 3
person. Has a friend with whom he
had a close intimate relationship.
In the abdomen, buttocks, lower
back.
The inner surface of the thighs
has abundant fine
the nodular rash is pink, many
nodules are located in pairs, the
center of some is covered with
hemorrhagic crusts, there are also
scratches. In the abdominal area
there are elongated, slightly
pink ridges protruding above the
skin, 5-7 mm long. The skin of the
hands is free from rashes.
1) What is your diagnosis?
2) Necessary studies to clarify
the diagnosis?
3) Prescriptions for the patient?
4) Anti-epidemicEvents?
· ·
Sample answer:
1) Scabies.
2) Removing a tick from the blind
end of the burrow and
microscopying it.
3) 20% benzyl emulsion
benzoate (33% sulfur ointment).
4) Inspection of contacts,
treatment of all identified patients
simultaneously. Disinsection of
underwear and bed linen
patient, disinfestation in the room.
Registration of patients according
to notifications f.281.
Task 47.
A 2-year-old child fell ill about a
month ago. Attends nurseries. The
family consists of 4
Human. Doesn't sleep well at night
due to
1

for itching. On examination: in
the area of the face, chest,
abdomen there is a profuse pink
nodular rash, blisters,
erythematous edematous spots
covered with serous crusts. In the
area of the palms and soles
there are bubbles and grayish
stripes up to 1 cm long.
1) Your diagnosis.
2) Necessary treatment for the child.
3) Prevention of the disease,
participation of pediatricians in it.
Sample answer:
1) Eczematized scabies.
2) 10% benzyl benzoate
emulsion, corticosteroid
ointments for eczematous
lesions.
3) Examination of family and
nursery contacts. Pediatrician
observation of children in
nurseries for 6 weeks.
Disinsection of linen and premises.
Registration of patients according
to notifications f.281.
Task 48.
The patient, a 14-year-old
teenager, a village resident,
came to the clinic with
complaints about
the appearance of many pustules on
the face, an increase in T0 of the
body.
The paramedic classified the rash
*
as an "allergy" and prescribed
prednisolone ointment. Objectively: on the skin of the face
5 5
many pustules the size of a
millet grain, which are
surrounded by a hyperemic
cone-shaped corolla. Blood test
shows leukocytosis, increased
ESR.
1) Diagnosis.
2) Differential diagnosis.
3) Comment on the
correctness of the
paramedic's actions.
4) Treatment tactics.
Sample answer:
1) Ostiofolliculitis.
2) Folliculitis, deep
folliculitis.
3) An error in diagnosis means
the treatment is incorrect.
4) Antibiotics, local -
opening of pustules, aniline
dyes, drying pastes with
antiseptics.

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Task 49.
A 35-year-old man came to see a
dermatologist with complaints of
weeping
rashes in the corners of the
mouth. The purulent discharge,
sometimes with a hemorrhagic
component, dries into a thin
serous or serous-purulent crust,
which disappears after a few days.
Disease
accompanied by a feeling of
itching and pain when eating.
From the anamnesis it is known
that the patient for several
has been suffering from diabetes for
years.
1) Diagnosis
2) Differential diagnosis
3) Examine this patient.
4) Treatment
5) Forecast
Sample
answer:
1) Candida infection
2) Syphilitic infection (chancre,
papule), streptococcal infection,
ariboflavinosis infection.
3) Blood for diabetes mellitus,
immunogram.
4) Diflucan tablets, Nizoral
tablets; locally - antifungal
ointments.
5) Favorable.Task
5) Tavolable. Task 50.
A 45-year-old patient came to
the clinic with complaints of
yellowish-brown and
pink spots on the chest and back,
gradually
increasing in size. Gradually the
color of the spots changed to dark
brown. Sometimes there is mild
itching. When scraping stains -
floury peeling. Balser's test is
positive.
1) Your diagnosis
2) Differential diagnosis
3) Treatment
4) Forecast.
Sample
answer:
1) Pityriasis versicolor
2) Secondary syphilis (roseola),
infectious exanthemas,
toxicoderma macular
3) Any antiseptics and
antifungal ointments, UV
irradiation

4) Favorable Task
51.
The patient consulted the dentist
due to painful
rashes in the tongue area, weight
loss. Complaints noted within 2
months. I independently used
mouth rinses with chamomile
infusion, chlorhexidine without
noticeable success. From the
anamnesis it is known that 2
years ago there was an episode
of lichen planus on the skin
wrists. In early childhood
suffered from food allergies
dairy and sweets, one-time drug
allergy to
amoxiclav. ARVI is rare.
Notes chronic superficial
-
gastritis, on the moment of contact does not
bother me.
Objectively: skin
pale pink in color, free from rashes.
Nails
the records have not been altered.
When examining the oral mucosa,
erosions and 2 round ulcers are
noted in the marginal zone of the
tongue
5 and 7 mm in diameter with flat
bluish-red edges along the
periphery of the defects
polygonal papular rashes with a flat
surface covered
branchy pattern of
whitish dots and strokes.
1. Formulate a diagnosis.
2. What symptom characteristic of
this pathology is described in the
local status?
3. What pathomorphological
changes will be identified by the
pathologist for this pathology.
Sample answer:
1. Lichen planus isolated
form with
damage to the mucous membrane
of the tongue.
2. Wickham grid.
3. Hyperkeratosis, irregular
granulosis, in the papillary layer
dermis nonspecific infiltrate of
lamellar form. Task 52.
The child is 2 months after

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suffered from ARVI, the
deterioration of the condition was
accompanied
fever up to 38.3 degrees, anxiety
and
rashes on the skin of the back and
neck. From the anamnesis it is
known that the child was born from
the 1st pregnancy, which
proceeded smoothly, and was
delivered at term without
pathology. Errors in care noted,
mom
the baby is wrapped up, resulting in
severe sweating. SARS for the first
time. Objectively:
There are no catarrhal phenomena
in the nasopharynx. No cough.
Behaves restlessly when lying on
his back. Rashes
localized only in the back and
occipital part of the head.
Presented round
forms in knots with a diameter of 5
to 10 mm, the smaller ones are
mobile, the skin over them is of
normal color, the larger ones are
hot to the touch, are soldered with
underlying tissues
their surface is hyperemic,
individual elements with
fluctuation.
1. Your diagnosis.
2. What morphological features
of the structure of children's skin
lead to the development of this
pathology?
3. At what age is this pathology
typical?
4. What does it serve?
a predisposing factor in the
development of this disease?
Sample answer:
1. Finger's pseudofurunculosis.
2. This pathology is associated
with the characteristics of the
excretory duct of the eccrine
sweat gland in children of the
first 3 months
life, it is less convoluted and has a
wide opening.
Functional immaturity of the
thermoregulation center leads to
excessive sweating when
wrapping the child and
contributes to infection of the duct.
3. First 3 months of life.
4. Wrapping up a child who has had
an acute respiratory viral infection,
leading to a weakening of the

	defenses.
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Task 53.
In the maternity hospital, on the
3rd day, a newborn child
developed hyperemia in the
umbilical wound area, serous-
purulent discharge, and a day
later
the temperature rose to 38 degrees,
blisters with
flabby tire with a diameter of 0.5
to 1.5 cm, multiple erosions with a
rim of hyperemia along the
periphery. With epithelialization,
erosions remain
hyperpigmented spots. In the blood
there is leukocytosis, neutrophilia
and a shift of the leukocyte formula
to the left, an increase in ESR.
1. Your diagnosis.
2. Reasons for the
development of the
disease.
3. Features of the primary
morphological element of the
rash.
Sample answer:
1. Epidemic pemphigus of
newborns.
2. The presence of an
umbilical wound is the
entrance gate, the source of
infection is personnel with
staphyloderma on the skin.
3. Non-follicular flabby
staphylococcal pustule -
phlyctena.
Task 54.
In a 1 month old child born at term,
from pregnancy,
proceeded without pathology, was
breastfed, frequent loose stools
appeared without pathological
impurities and rashes in the scalp
area of the type
"bonnet", in the area of the
eyebrows, inguinal folds. The rash
•
is represented by pink erythema
with an orangish tint and a layer of
fatty yellowish scales. Shows
anxiety and tries to rub his head on
the bed. Family
Allergy history is not burdened.
1. Your diagnosis.
2. List the characteristic
symptoms of the disease.
3. With what disease
J. WITH WHAT UISEASE

	differentiate this
	pathology?
	Sample answer:
	1. Seborrheic dermatitis.
	2. Occurs in children of the first 3
	months of life who are breastfed,
	manifests itself as erythematous
	-
	squamous rashes in
	seborrheic areas, intestinal
	dysfunction.
	3. With atopic dermatitis,
	histiocytosis X, candidiasis.
	Task 55.
	At the 3rd week of life, a
	newborn boy who was
	breastfed developed
	rashes on the face in the cheek
	area, on the forehead and on
	the nose in the form of small
	papules and pustules
	surrounded by a halo
	hyperemia. The child's well-
	being is not affected, analysis
	peripheral blood and general urine
	analysis without pathology.
	1. Your diagnosis.
	2. What is the cause of the rashes?
	3. Therapeutic measures.
	Sample answer:
	1. Acne of newborns.
	2. The cause of this condition is
	not definitively
	known; they are usually associated
	with hormonal stimulation
	sebaceous glands by maternal
	hormones as a result of
	postpartum hormonal changes
	in the body
	mothers.Acneform
	rashes in newborns may be
	associated with
	saprophyte - Malassezia
	sympodialis and Malassezia furfur
	and are designated by the term
	"pustulosis of newborns".
	3. In mild cases, treatment
	consists of skin treatment
	disinfectant solutions; for severe
	rashes, medications are used
	azelaic acid, fagoderm. Task 56.
	Functions of the basal layer
	-
	of the epidermis.
	Sample answer: mitoses,
	pigmentation.
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Task 57. Indications for prescribing
1 0
lotions.
Sample answer: wet skin. Task
58.
In a children's hospital for a child
Scabies was diagnosed at the
hospital. Treatment.
Standard answer: benzyl
benzoate 10% suspension.
Task 59.
A 21-year-old patient has lesions on
the 4th and 3rd interdigital folds of
the feet - erythema, cracks,
erosions, maceration. What disease
can you think about?
Sample answer: Interdigital
form of mycosis of the feet.
Task 60.
What is characteristic of the
acute stage of eczema.
Sample answer: bubbles, erosion,
cracks.
Task 61.
A 48-year-old patient
consulted a doctor -
dermatovenerologist with skin
rashes,
which arose five weeks ago.
From the anamnesis it is
known that the rash appeared
after a long period of
stress. Local status. Upon
examination, plaques with
bizarre outlines of pink color, on
the surface of which there are silver-white
fine-plate scales.
1) Formulate
preliminary diagnosis;
2) Name the clinical forms of this
dermatosis
3) Describe the clinical
phenomenon of Koebner
Sample answer:
1. Vulgar psoriasis
2. Vulgar, guttate, pustular,
palmoplantar, psoriatic
erythroerma, psoriasis
arthropathic.
3. The clinical phenomenon of
Koebner is the development
·

psoriatic rashes on areas of the
skin subject to irritation by
mechanical and chemical agents.
Task 62.
The clinical phenomenon of the
isomorphic Koebner reaction
characterizes
stagepsoriasis.
Sample answer:
progressive Task
63.
Toxidermia is a name for skin
lesions caused by
caught in it
allergens and toxins. Sample
answer: hematogenously.
Task 64.
The patient is 54 years old.
Complaints about
rashes on the face and neck.
Considers himself sick for 2 years,
when, after a long stay in the sun,
rashes first appeared on the skin of
his face, subsequently
spreading to the skin of the neck,
chest, back, and upper extremities.
Local status. The pathological skin
process is widespread
character. Localized on the skin of
the cheeks, nose, neck, chest,
back, upper limbs, represented by
red spots with clear boundaries,
covered in places with tightly
packed scales and
areas of atrophy. When palpating
elements covered with tightly
packed scales, pain is noted.
1) Formulate
preliminary diagnosis;
2) What are the main
symptoms that support this
diagnosis?
3) Name the stages of this
disease.
Sample answer:
1. Disseminated lupus
erythematosus
2. Beignet-Meshchersky, "ladies'
heels"
3. Erythematous
,hyperkeratotic-
infiltrative, atrophic. Task 65.

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The main criterion for diagnosing
rosacea is
persistent centrofacial
without damage to
the periocular areas,
existing for at least 3 months.
Sample answer:
erythema. Task 66.
Cells of the spinous layer
epidermis connected to each
other .
Sample answer: desmosomes.
Task 67.
At the appointment, the patient
complains of the appearance of
rashes on the skin, represented by
ephemeral rashes rising above the
skin level.
cavityless elements,
-
independently and without a
trace
disappearing within 24 hours,
accompanied by itching.
Define Primary
morphological element.
Sample answer: Blister.
Task 68.
A mother came to see her with a 6-
month-old child, who had been
experiencing foci of erythema in
the area of the cheeks, buttocks,
and extensor muscles for 3 weeks.
the surface of the elbow, knee
joints, against which the bubbles
are located, with
when opened, erosions are
exposed, forming weeping,
In addition, intense itching bothers
me. Suggest a diagnosis and
possible treatment.
Sample answer:
Diagnosis: Atopic
dermatitis,
infant form, acute stage. Treatment:
external combination
betamethasone + fusidic acid,
topical calcineurin inhibitors,
antihistamines.
Task 69.
The patient complains of rashes in
the oral cavity, upon examination,
small (up to 2 mm in diameter)
grayish-
white polygonal nodules, when
merging, form a lace pattern,
characteristic

symptom - Wickham's grid.
Suggest a diagnosis.
Sample answer: Lichen planus,
localization - oral cavity, typical
form.
Task 70.
Describe the phenomena of
the Auspitz triad in the
diagnosis of psoriasis.
Sample answer: phenomenon
"stearic stain"
"terminal film"
"blooddew." Task
71.
A 31-year-old woman was
prescribed
Biseptol. 6 hours after the first dose
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of the drug, a red itchy spot
appeared on the right buttock. Sick
notes that a year ago, she
There were similar rashes with the
same localization, and they were
also associated with taking
Biseptol. On examination: in
in the area of the right buttock
there is a red, slightly swollen spot
with clear boundaries with a
diameter of 3 cm.
1. Make and justify the
diagnosis.
3. What diseases need to be
differentiated from?
4. Prescribe treatment.
5. Indicate measures to prevent
this disease.
Sample answer:
1. Toxicoderma
(drug-induced).
2. Contact allergic dermatitis,
urticaria.
4. Enterosorbents,
hyposensitizing drugs,
local corticosteroid
ointments.
5. Eliminate use
sulfopreparations. Consultation
with an allergist for
allergy diagnostics with
drugs of the sulfhydryl group,
non-steroidal anti-inflammatory
drugs,
antipyretics, analgesics,
barbiturates. When visiting a
medical institution (polyclinic,
hospital,
call an ambulance) report to a
medical professional.

	Task 72.
	A 55-year-old woman complains
	of intense itching of the skin for
	the last 3 months. Itching
	associated with nervous stress.
	Antihistamines and sedatives do
	not help
	relief. By purpose
	The dermatologist received
	benzyl benzoate ointment
	externally. Previously There were no skin diseases.
	Suffering from increased weight.
	Last year marks
	increased thirst and dry mouth.
	History of uterine fibroids,
	•
	regressing against the background
	menopause. Local status: on the skin of the trunk
	common excoriations.
	1. Make and justify the
	diagnosis.
	2. Indicate the possible causes of
	itching in this patient.
	3. Make a plan for examining the
	patient.
	4. Prescribe treatment for the patient.
	5. Check your
	forecast. Sample
	answer:
	1. Generalized skin itching.
	2. Possible causes of itching:
	diabetes, diseases
	blood, oncopathology of internal
	organs, chronic renal failure,
	nervous
	stress.
	3. Detailed blood test, general
	urine test, blood sugar,
	glycosylated
	hemoglobin, ELISA for parasitosis;
	Ultrasound of genitals, ultrasound of
	organs
	abdominal cavity; consultation
	with a therapist.
	4. Taking antihistamines,
	externally - GCS ointments
	(Elocom, Afloderm, Momat),
	shaken mixtures with
	anesthesin, menthol. Main
	- treatment of relevant
	somatic pathology.
	5. The forecast depends on
	identified cause of itching.
	Task 1. Question for
	interviews. Primary and
	secondary morphological
	elements.
	Sample answer: Primary:
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		spot, vesicle, blister, pustule, blister, nodule, knot, tubercle. Secondary: secondary stain, scale, crust, erosion, ulcer, crack, scratching, lichenification, vegetation, scar. Task 2. Question for interviews. Simple vesicular and herpes zoster. Etiology, clinic. <i>Sample answer</i> :caused by herpes virus type I or II. Stages: prodromal, vesicular, epithelialization. Duration of the course is up to 12 days. May be accompanied by pain along the nerves trunks. Task 3. Question for interviews. Hives. Etiology, clinic. <i>Sample answer</i> :divided into acute and chronic. The morphological element is a blister. Lasts up to 2 days, accompanied by itching. Etiological factors are endo- and exogenous. Passes without a trace. Task 4. Question for interviews. The primary period of syphilis. <i>Sample answer</i> :lasts 4-8 weeks, from the moment the chancre appears until the first skin rash. Divided into seronegative period and seropositive. Regional lymphadenitis and lymphangitis also appear. Task 5. Interview question. Methods laboratory diagnosis of syphilis. <i>Sample answer</i> :Dark field microscopy, RIF, ELISA, ORS, cardiolipin test, antitreponemal test.
OPK-7	Closed tasks: 25	Task 1. Instructions: Choose one correct answer. Lichen simplex is characterized by all the listed symptoms, except 1) erythema 2) edema

 a) groups of bubbles b) erosions <i>Responte standard:</i> 4.bubbles Task 2. Instructions: Choose one correct answer. Cfinical symptoms of lichen simplex include all of the following except 1) spots and blisters 2) bubbles 3) the presence of a halo of hyperemia around the lesion 4) grouping of rashes on a 1 limited area of skin 5) tendency to relapse.<i>Response standard:</i> 1.spots and blisters Task 3. Instructions: Choose one correct answer. For drugs intended for external use in the treatment of simple and herpers zoster includes all of the following except 1) predinsione ointment 2) Zaverax ointments.<i>Response standard:</i> 1.spots and blisters Trask 3. Instructions: Choose one correct answer. Treatments for lichen simple and herpers zoster includes all of the following except 1) predinsiolone ointment 2) Zaverax ointments.<i>Response standard:</i> 1.spotional of the following except 1) symptomatic local treatment 2) symptomatic local treatment 2) symptomatic general treatment 3) antiviral (herapy 4) specific immunotherapy 9) nonspecific immunotherapy. Nonspecific immunotherapy. Nonspecific immunotherapy. Nonspecific immunotherapy. Task 5. Instructions: Choose one correct answer. Characteristics of herpes zosters 1) erythema 2) edena 3) ulcers 4) necrois is 4) of the above 	1
 5) erosions <i>Response standard</i>: 4 bubbles <i>Task</i> 2. Instructions: Choose one correct answer. Clinical symptoms of licken simplex include all of the following except 1) spots and blisters 2) bubbles 3) the presence of a halo of hyperemia around the lesion 4) grouping of rashes on a limited area of skin 5) tendency to relapse/Response standard: 1.spots and blisters Task 3. Instructions: Choose one correct answer. For drugs intended for external use in the treatment of simple and herpes zoster includes all of the following except 1) prechisolone ointment 2) Zaverax ointments Response standard: 1.prednisolone ointment Task 4. Instructions: Choose several correct answers. Treatments for lichen simplex include all of the following except 1) symptomatic local treatment 2) symptomatic general treatment 3) suppromatic general treatment 3) symptomatic general treatment 3) somptomatic general treatment 3) somptofile immunotherapy 3) nonspecific immunotherapy 3) nonspecific immunotherapy 3) nonspecific immunotherapy 1) rate-tristics of herpes zoster 1) erdensions: Choose one correct answers. Characteristics of herpes zoster 2) correct answers. 	3) groups of bubbles
Response standard: 4 bubbles Task 2. Instructions: Choose one correct answer. Clinical symptoms of lichen simple include all of the following except 1) spots and blisters 2) bubbles 3) the presence of a halo of hyperemia around the lesion 4) grouping of rashes on a limited area of skin 5) tendency to relapse/Response standard: 1.spots and blisters Task 3. Instructions: Choose one correct answer. For drugs intended for external use in the treatment of simple and herepes zoster includes all of the following except 1) predinsolone ointment 2) Zaverax ointments/Response standard: 1-predinisolone ointment Task 4. Instructions: Choose several correct answers. Treatments for lichen simplex include all of the following except 1) symptomatic local treatment 2) symptomatic local treatment 3) antiviral therapy 4) specifi imm	
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1) erythema 2) edema 3) ulcers 4) necrosis	-
2) edema 3) ulcers 4) necrosis	
3) ulcers 4) necrosis	
4) necrosis	
5) all of the above	
	5) all of the above

1	1
	Response standard: 5.all
	of the above
	Task 6. Instructions: Choose one
	correct answer.
	Physiotherapeutic treatment of
	herpes zoster is advisable to
	prescribe
	$\hat{1}$) at the beginning of the disease
	2) in the acute phase
	3) in incomplete remission
	4) for neurological
	complications
	5) correct 3 and 4
	Response standard:5.correct 3 and
	-
	4Task 7. Instructions: Choose one correct answer.
	To the varieties of lichen
	simplex in
	depending on location
	1) herpes of the face (lips, nose, etc.)
	2) herpes genitals
	3) herpetic keratitis and
	gingovostomatitis
	4) herpetic
	meningoencephaliti
	s
	5) all of the
	above <i>Response</i>
	standard: 5.all of the
	above
	Task 8. Instructions: Choose one
	correct answer.
	The goal of symptomatic
	therapy for herpes infection
	1) limit the spread of foci of
	infection and prevent their
	suppuration
	2) anti-relapse effect
	3) sanitize the source of viral
	infection
	4) reach
	immunotherapeutic effect
	5) all of the above
	Response standard: 1.limit the
	1
	spread of foci of infection and
	prevent their suppuration
	Task 9. Instructions: Choose several
	correct answers.
	Antiviral drugs used for shingles
	and herpes zoster include:
	1) acyclovir
	2) valacyclovir
	3) famciclovir
	Response standard: 1,2,3.All.
	Task 10. Instructions: Choose

one correct answer. The
complex treatment of
herpes zoster includes
1) acyclovir
2) valacyclovir
3) famciclovir
4) all of the
aboveResponse
standard: 4.all of the
above
Task 11. Instructions: Choose several
correct answers.
Therapy of patients
recurrent herpes is carried out
1) acyclolvirs
2) valacikelovir
3) famciclovir
Response standard: 1,2,3.All
Task 12. Instructions: Choose one
correct answer.
Patients with recurrent herpes
in the acute phase
all of the above are prescribed,
except
1) polyvalent herpetic vaccine and
pyrogenal
2) acyclovir
3) valacyclovir
4) famciclovir
Response standard: 1.polyvalent
herpetic vaccine and
pyrogenal
Task 13. Instructions: Choose one
correct answer.
Treatment methods
recurrent herpes include
1) acyclovir
2) valacyclovir
3) famciclovir
4) all of the
aboveResponse
standard: 4.all of the
above
Task 14. Instructions: Choose one
correct answer.
Shingles is characterized by all
of the following symptoms,
except
1) sharp pain
2) general condition disorders
3) dissemination of the rash
throughout the body
4) asymmetry and
grouping of rashes
5) no relapses
Response standard: 3.dissemination
of the rash throughout the body
or the rubh throughout the oou,

Task 15. Instructions: Choose one
correct answer.
To clinical options
herpes zoster include all of the
following except
1) vesicular
2) bullous
3) generalized
4) gangrenous
5) urticarial
Response standard: 5.urticarialTask
16. Instructions: Choose one correct
answer.
Nodes in colliquative
tuberculosis
1) dense and painless
2) soft and painless
3) elastic and painful
4) soft and painful
5) tight and painful <i>Response</i>
standard: 1.dense and painless
Task 17. Instructions: Choose one
correct answer.
Lupus carcinoma is
1) simultaneous occurrence of
tuberculous lupus and skin cancer
2) development of
tuberculous lupus against the
background of skin cancer
3) development of skin cancer in a
patient with tuberculous lupus
regardless of the location of both
diseases
4) development of skin cancer
against the background of
tuberculous lupus or on a scar
after tuberculous lupus
5) all of the above
Response standard: 4.development
of skin cancer against the
background of tuberculous lupus
or on a scar after tuberculous
lupus
Task 18. Instructions: Choose one
correct answer.
The favorite localization of
ulcerative tuberculosis of the
skin includes all of the
following, except
1) oral mucosa
2) nasal mucosa
3) language
4) mucous membrane of
the external urethral
opening
Response standard: 4.mucous
membrane of the external
urethral opening
Task 19. Instructions: Choose one
correct answer.

I	
	The favorite localization of
	colliquative tuberculosis is
	1) submandibular and
	cervical lymph nodes
	2) axillary lymph
	nodes
	3) inguinal-
	femoralThe lymph
	nodes
	4) cubital lymph nodes
	Response standard: 1.submandibular
	and cervical lymph nodesTask 20.
	Instructions: Choose one correct
	answer.
	Among the clinical varieties of
	tuberculous lupus, all of the
	listed forms are distinguished,
	except
	1) verrucous
	2) ulcerating
	3) serpiginous
	4) mutilating
	5) chancrifor
	mResponse standard:
	5.chancriform
	Task 21. Instructions: Choose one
	correct answer.
	For ulceration of tuberculous
	lupus
	1) the edges of the ulcer are soft,
	uneven, undermined
	2) the edges of the ulcer are
	dense, smooth, stamped
	3) the bottom of the ulcer is
	smooth, clean, without plaque
	4) the bottom of the ulcer is
	granular, covered with purulent
	plaque
	5) correct &1), &4)
	Response standard: 5.correct &1),
	&4)
	Task 22. Instructions: Choose one
	correct answer.
	The differential diagnosis of
	tuberculous lupus should take into
	account
	1) lupoid sycosis
	2) erythematosis
	3) lymphocytoma
	4) squamous cell carcinoma
	5) all of the
	above <i>Response</i>
	standard: 5.all of the
	above
	Task 23. Instructions: Choose one
	correct answer.
	In tuberculous lupus it is
	typical
	1) scarring of the ulcer begins with

	central part of the hearth 2) scarring of the ulcer begins from the peripheral part of the lesion 3) the scar is smooth, tender, discolored 4) the scar is rough, dense, with a bumpy surface, pigmented 5) correct &1), &3) <i>Response standard</i> : 5.correct &1), &3) Task 24. Instructions: Choose one correct answer. Warty skin tuberculosis must be differentiated from all of the listed diseases, except 1) chronic vegetative pyoderma 2) verrucous lichen planus 3) wart vulgaris 4) psoriasis 5) skin cancer <i>Response standard</i> : 4.psoriasis Task 25. Instructions: Choose one correct answer. Routes of administration of drugs can be 1) intravenous 2) intramuscular 3) subcutaneous 4) endolymphatic
	5) all of the above Answer standard: 5. all of the above
Open type tasks: 75 Situational tasks -70 Interview questions- nia – 5.	Exercise 1. Went to see a doctor a 25-year-old patient with complaints of rashes on the skin of the forearms and inner thighs, unbearable itching of the skin. Considers himself sick for about 2 weeks. Suddenly red rashes appeared on the skin of the forearms and thighs, accompanied by intense itching. I took suprastin on my own, 1 tablet 3 times a day. Your illness associated with stress. IN history of chronic gastritis with frequent relapses. Local status: on the skin of the flexor surface of the forearms, hands and inner thighs there are polygonal papules, flat, with a shiny

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surface, bluish-red in color with a
central depression. Individual
papules merge to form small
plaques, against which
intertwined stripes are visible. On
of the oral mucosa along the line
of closure of the teeth - whitish
papular elements. There are
carious teeth. Lymph nodes are
not enlarged.
1. Make and justify the
diagnosis.
2. What diseases need to be
differentiated from?
3. Prescribe treatment. Indicate
measures to prevent this disease.
Sample answer:
1. Typical form of lichen
planus.
3. Toxiderma, psoriasis, secondary
syphilis (papular syphilides).
3. Blood test for sugar. Treatment
of gastrointestinal diseases. Drug
treatment:
doxycycline; delagil, then a
break of 2 days,
hyposensitizing therapy (sodium
thiosulfate IV 30%, 10 ml 1 time
per day),
antihistamines -
suprastin, diazolin, fenkarol,
zyrtec, hormonal drugs
(prednisolone, dexamethasone,
diprospan). Local treatment:
topical corticosteroids (Elocom
ointment once a day). Laser
therapy -
helium-neon laser (for torpidity to
regenerative therapy).
Task 2.
Went to see a doctor
a 40-year-old man with
complaints of a rash in the left
corner of the mouth, as well as on
the mucous membrane of the
palate and lower gum on the left.
Worried about headache, general
malaise and burning sensation in
the area of the rash. 4 days ago,
after hypothermia, the patient felt
chills,
malaise, sleep disorder, after 3
days redness appeared on the skin
in the corner of the mouth, and
then

I
several bubbles with transparent
contents; a day later, similar
rashes appeared in the oral cavity.
Appearance of rashes
accompanied by a feeling
of burning and tingling.
Local status. On the skin of the
face at the left corner of the mouth
and in the area above the left eye
there are
grouped bubbles with a
diameter of 1 to 3 mm,
located on the background
limited erythema and edema,
the contents of the vesicles are
serous. In the oral cavity, against
the background of edematous and
hyperemic mucous membrane,
erosions with irregular
finely scalloped
outlines. The submandibular
lymph nodes are enlarged.
1. Make and justify the
diagnosis.
2. What diseases need to be
differentiated from?
3. Indicate possible
complications of the disease.
Find out which specialists you
need to consult
to the patient.
4. Prescribe treatment.
Sample answer:
1. Shingles.
2. Differentiate with simple
vesicular lichen, lichen planus,
toxicoderma.
3. Secondary infection.
Consultation with a
neurologist is necessary.
4. Acyclovir 800 mg 5 times 7-
10 days; indomethacin 25 mg 3
times a day for 2-3 weeks;
cycloferon ampoules 125 mg/ml 5
amps 2 ml; external ointment
acyclovir, panavir gel,
aniline dyes.
Task 3.
At the children's appointment
A mother with an infant
contacted a dermatologist. Child
fell ill 2 weeks ago, when a rash of
blisters appeared on the skin of the
torso and limbs, accompanied by
severe
itching. Pediatrician
diagnosed with allergies

I
dermatitis and treatment was
prescribed (tavegil and
advantan).
No positive effect from treatment
was observed. The child is
constantly restless at night due to
intense itching, cries, and sleeps
intermittently. Two days ago,
pustules appeared on the hands and
feet, accompanied by a rise in
temperature to 38° C. Local status:
the skin process is widespread with
a predominant
localized on the abdomen, hands
and feet, including palms and soles.
On the affected
areas of paired and single
nodular and vesicular
rashes, bloody crusts,
excoriations, an abundance of
pustules surrounded by an
inflammatory halo. The mother
also experiences itching and
on examination - paired papulo-
vesicles on the abdomen, arms,
interdigital folds.
1. Make and justify the
diagnosis.
2. Specify etiology
diseases and transmission routes.
3. Specify features
clinical manifestations of this
disease in children.
4. What diseases need to be
differentiated from?
5. Prescribe treatment.
Sample answer:
1. Scabies complicated by
vulgar impetigo.
2. The causative agent is the
scabies mite Sarcoptes scabiei
hominis, which is an intradermal
parasite of humans. The source
of infection is a sick person,
infection occurs: through direct
contact or indirectly (through
objects, clothing, bedding used by
the patient). In adults, infection is
possible through sexual contact.
3. Children have thin skin, so
contamination occurs.
The rashes are localized on the
scalp, palms and soles, affecting nail plates, cornea

	 eyes, skin especially hands and feet, with many itchy "moves". Due to the deficiency of the child's body's immunity, complications such as pyoderma are possible. 4. Differentiate with scabies animals (from animals, birds) that bite human skin, but do not parasitize it; grain scabies - caused by a pot-bellied mite that lives in rotten straw; atopic dermatitis. 5. Benzyl benzoate solution 10% -
	apply for 10 minutes 2 times a day. Washing (morning, evening) with a change of linen. Spregal aerosol – once, do not wash the skin for 16 hours, repeat treatment after 4
	days. Sulfur ointment 5%. Task 4. A patient, a 26-year-old driver, was admitted to the inpatient department
	of the dermatovenerological dispensary with complaints of rashes in the torso, genitals, anus and feet, hoarseness, and hair loss.
	From the anamnesis it was established that the patient leads a promiscuous sex life, considers himself sick during 3 months, when two painless ulcers
	of 1 1 cm appeared on the outer layer of the foreskin. The patient suffers from alcoholism, leads an immoral lifestyle, all sexual
	relations were drunk, he treated the ulcers independently with powders and 5% tincture of iodine. Two months later, macerated nodules
	appeared in the anus, scrotum, inguinal folds, interdigital spaces and arches of the feet, and difficulty walking. On examination: there is an abundant, pink roseola rash on the body, grouped in rings, half rings, slightly peeling.
	On the scalp there are many foci of alopecia with diffuse hair thinning temporal region. In the area of the anus, inguinal folds and

Weeping scrotums, wide
condylomas. On the arches of the
feet and between the toes there are
stagnant red papules with a
macerated surface.
1. Make and justify the
diagnosis.
2. What diseases need to be
differentiated from?
3. Make an examination plan.
4. Prescribe treatment.
5. Check your hair growth
prognosis.
Sample answer:
1. Secondary syphilis of the skin
and mucous membranes.
3. Alopecia is focal,
diffuse.
4. Blood for RMP, RPGA,
ELISA, HIV.
5. Treatment of syphilis according to the scheme.
6. Syphilitic baldness regresses.
Task 5.
A 35-year-old patient came to the
appointment with complaints of a
painless ulcer in the area of the
frenulum of the penis. The ulcer
appeared four days ago, painless. I
treated it with Hyoxyzon ointment
and powder, without the desired
effect. I took one gram of
sumamed orally.
The patient is single, and during
frequent trips abroad (including to
countries with a tropical climate)
has casual sexual relationships.
Local status. In the area of the
frenulum and coronary sulcus on the right, the ulcer is 1.0-0.5 cm,
bright red, with a dense painless
infiltrate at the base, round with
smooth edges and a varnished
bottom.
A lymph node up to 2 cm is
palpated on the right, tightly elastic,
painless, symptoms of
lymphangitis, blood for bladder
cancer $(4+)$.
1. Make a preliminary
diagnosis.
2. Carry out a differential diagnosis
of this disease.
3. Make an examination plan.
4. Prescribe treatment.
5. Specify the follow-up plan.

Sample answer:
1. Primary syphilis.
2. Chancriform pyoderma, erosive-
ulcerative balanoposthitis,
cancerous ulcer, chancroid, tropical
treponematoses
(yaws, bejel, pinta),
donovanosis (granuloma
venereal).
3. Serological reactions to
syphilis with titer determination
(RPGA, ELISA IgM, IgG);
serological reactions with lipid
antigens (for yaws).
Examination for Treponema
pallidum,
pathogens of tropical
treponematoses,
4. When the diagnosis of primary
syphilis is confirmed - according
to clinical recommendations.
5. Clinical and serological control
according to clinical
recommendations.
Task 6.
A 25-year-old patient with
complaints of rashes on the skin of
the forearms and inner
surface of the thighs,
accompanied by severe itching.
Considers himself sick for about 2
weeks. Sudden rashes appeared
reddish-bluish color on the skin of
the forearms and thighs,
accompanied by intense itching. I
took suprastin on my own, 1 tablet
2 times a day. Your illness
associated with stress.
He does not suffer from chronic
diseases.
Local status: on the skin of
the flexor surface
on the forearms, hands and inner
thighs, polygonal papules are
observed, flat, with a shiny surface,
bluish-red in color with an
umbilical depression in the
center. Individual papules
merge to form small plaques,
on the surface of which intertwined
white stripes are visible. On the
oral mucosa

teeth meeting lines -
whitish papular
elements. There are carious teeth.
Lymph nodes are not enlarged.
1. Make and justify the
diagnosis.
2. What diseases need to be
differentiated from?
3. Prescribe treatment. Indicate
measures to prevent this disease.
Sample answers:
1. Typical form of lichen
planus.
3. Toxiderma, psoriasis, secondary
syphilis (papular syphilides).
3. Examination: CBC, ESR.
Sanitation of carious teeth.
Drug treatment:
delagil, antihistamines.
Local treatment: topical
corticosteroids (cream with
clobetasol 2 times a day for 10
days). Phototherapy - PUVA.
Task 7.
A man was referred to a
dermatologist for consultation
with complaints of painful rashes
on the skin of the chest, fever, and
malaise. Considers himself sick
for several days when, after
sudden hypothermia, blisters
appeared on the right side of the
chest,
accompanied by an increase in
body temperature, general
weakness. Over the past three
days, new rashes have appeared in
attacks,
the pain increased sharply. Local
status.
The pathological skin process is
localized on the right half of the
chest with transition to the right
shoulder blade along the
intercostal nerves, represented by
grouped vesicles with serous
contents, erosions, serous
crusts on
erythematous base with unclear boundaries.
1. Make and justify the
diagnosis.

2. Specify the etiology.
3. Specify methods for diagnosing
this disease.
4. What diseases need to be
differentiated from?
5. Make a treatment plan
for the patient.
Sample answers:
1. Shingles (Herpes zoster).
2. The disease is caused by a
neurotropic filtering virus, which
is similar in antigenic structure to
the virus
chickenpox or identical to it. The
development of herpes zoster is
the result of reactivation of the
latent virus after
chickenpox suffered in childhood.
His reasons are
somatic diseases, infections,
hypothermia, radiation
exposure.
3. Diagnosis is based on the
clinical picture and
virological research. Linked
immunosorbent assay -
ELISA. Modern method
detection of the virus is PCR.
4. Differential
diagnosis of this
diseases: with simple
vesicular lichen, with lichen planus,
toxicoderma.
5. Treatment: valacyclovir 1000 mg
3 times a day for 7 days.
Indomethacin 0.025 mg 3 times a
day for 10 days. B vitamins for 1
month. Externally: Acyclovir
ointment, aniline dyes.
Task 8.
I consulted a dermatologist
mother with a 5 month old
child who is being monitored
rashes on the skin of the
cheeks. According to my
mother, the rash first appeared
3 weeks ago. Onset of the
disease
mother associates with the
introduction of
complementary foods. The
child was born from the first
pregnancy, at term. Was on
natural
breastfeeding up to 4 months.
From the anamnesis of the
parents: mother
1.*

 suffers from hay lever. Local status. The pathological skin process is limited in nature, localized on the skin of the cheeks, presented foci of hyperemia with unclear boundaries, covered with bright pink miliary papules, microvesicles with serous contents, and erosions. 1. Make and justify the diagnosis. 2. What discases need to be differentiated from? 3. Make an examination plan. 4. Prescribe treatment. Sample answers: 1. Atopic dermatitis, infantile form. 2. Differentiate with microbial ezema, toxicoderma. 3. Pediatrician consultation. 4. Hypoallergenic mixtures. Festernally: topical corticosteroids in the form of an emission (methylprednisolone aceponate once a day), medicital cosmetics (methylprednisolone aceponate once a day. medicital cosmetics and red border of the faxe and chin. Represented as infiltrated erythematous plaques, with horny scales on surfaces. Removal of scales is accompanied by pronounced soremes an othe with 	00 0 1 0
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soreness on the lower	
	soreness on the lower

spines are observed on the surface
of the removed scales. Cicatricial
atrophy occurs in the center of the
plaques, and telangiectasia occurs
along the periphery of the lesions.
Leukoplakia is noted on the
mucous membrane of the cheek,
limited swelling with tumor-like
thickening and cracks is observed
on the red border of the lips, and
retraction is observed in the center
of the lesions.
1. Make and justify the
diagnosis.
2. Make an examination plan.
3. What diseases need to be
differentiated from?
4. Name the group of diseases to
which this pathology belongs.
5. Prescribe treatment for the
patient. Recommendations for
the patient after clinical
recovery. Sample answers:
1. Erythematosis (lupus
erythematosus).
2. Blood for LE cells, biopsy.
3. Photodermatosis, rosacea.
4. To the group of
autoimmune diseases.
5. Hormone therapy,
immunosuppressants (plaquenil or
delagil), photoprotective ointments.
Limiting insolation. Preventive
treatment courses in early spring.
Follow-up with a dermatologist.
Examination by a
nephrologist/rheumatologist 1-2
times a year.
Task 10.
A 26-year-old patient consulted a
dermatologist with complaints of
rashes in the torso, genitals, anus
and feet, hoarseness, and hair loss.
From the anamnesis it was
established that the patient had
repeatedly had unprotected sexual
intercourse with different partners.
Considers himself sick for 3
months, when the outer layer of the
foreskin appeared
две безболезненные язвы 1□1 см.
Two months later, rashes
appeared in the anal area,
scrotum, inguinal folds,
interdigital spaces and

1 00 0 0 1 1
arches of feet. On examination:
there is a profuse, pink roseola
rash on the body,
grouped into rings, half rings.
There are many lesions on the scalp
with
diffuse hair thinning. In the area of
the anus, inguinal folds and scrotum
there are weeping verrucous
papules. On the arches of the feet
and
interdigital spaces
stagnant red papules with a
macerated surface.
1. Make and justify the
diagnosis.
2. What diseases need to be
differentiated from?
3. Make an examination plan.
4. Prescribe treatment.
5. Check your hair growth
prognosis.
Sample answers:
1. Secondary syphilis of the skin
and mucous membranes.
3. Alopecia is focal,
diffuse.
4. Blood for RMP, RPGA,
ELISA (syphilis), HIV.
5. Treatment of secondary syphilis
according to the scheme.
-
6. Syphilitic baldness regresses. Task 11.
A man a day after
After casual sexual contact, swelling, erythema, and itching
appeared on the skin of the penis.
The inguinal lymph nodes are not
enlarged. Wasserman's reaction
is negative.
1) Your diagnosis, its rationale, differential diagnosis
2) Patient management and treatment tactics.
Sample answer:
1) Allergic contact dermatitis
2) Antihistaminesdrugs, lotions,
diuretics, hyposensitizing facilities.
Task 12.
Patient, 22 years old, student.
Woke up this morning with a strong
itchy skin. There is a profuse rash
of blisters on the skin of the trunk
and limbs. Left eyelids

swollen a lot. The skin of the eyelids is pink. The palpebral fissure is narrowed. Temperature 37.7°C. Dermographism is persistent, red. 1) Your diagnosis 2) Information that needs to be clarified from the patient's medical history 3) Your prescriptions and advice to the patient. Sample answer: 1) Acute urticaria with Quincke's edema 2) What did the patient eat the
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edema
2) what did the patient eat the
day before, did he take any
medications, with any unusual
chemicals. contacted ingredients.
3) Laxative,
desensitizing drugs, diet.
Alcohols, talkatives, lotions.
Task 13.
Woman at 3 months
pregnancy contacted the
antenatal clinic for
scheduled examination.
Wasserman's reaction was positiv
(RW+). From
history shows that the woman is
married. Excludes outside sexual
contacts. No skin rashes were
found.
1) What diagnosis can you think about?
2) The gynecologist's tactics in
this case?
Sample answer:
1) Rule out syphilis
(confrontation, RV,
ELISA)
2) Direct to
dermatovenerologist
Task 14.
A 35-year-old man came to t
district clinic to an ENT doct
with complaints of a sha
enlargement of the tonsil on t
right side.
On examination, the tonsil
increased in size, dense, painless,
no acute inflammatory
phenomena. The submandibular
lymph nodes on the right are
enlarged, painless, and not fused
with the adjacent tissue. A
diagnosis was made: tonsillitis.
Treatment prescribed: tetracycline
2 tablets 4 times a day

 within 7 days. The blood test for the Wasserman reaction is negative. 1) Is the diagnosis correct? 2) Your suspected diagnosis. 3) Additional research methods to confirm the diagnosis. 4) Management tactics for this patient. Sample answer: 1) No 2) Primary syphilis (chancreamy characteristic of primary syphilis (characteristic of primary syphilis	
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I went to the dentist and was	
diagnosed with stomatitis and	
	diagnosed with stomatifis and

1
Treatment was prescribed: rinsing
with a solution of furatsilin and
tetracycline 0.2 g 4 times a day for
7 days. After 10 days, the oral ulcer
resolved.
7 months later they appeared
rashes on the oral mucosa and
torso.
1) Probable diagnosis.
2) Examination plan for this
patient.
3) What mistake did the dentist
make in this situation? Sample
answer:
1) Secondary syphilis (oral
papules)
2) Carry out differential.
diagnostics (aphthous stomatitis,
herpes, LP); RV, IFA,
confrontation
3) He prescribed treatment
and did not rule out
syphilis.
Task 17.
A 19-year-old patient was
admitted to the clinic with
complaints of itchy skin and
rashes in the area of the elbows
and popliteal folds. Has been ill
since 6 months of age (according
to
mother). My father has
polynosis. Exacerbations of
the disease are associated
with the use of
citrus fruits, chocolate, strawberries
and raspberries. Objectively: the
skin of the extensor surfaces of the
limbs is dry, in the elbow and
popliteal folds
lichenification, excoriation,
hemorrhagic crusts.
Dermographism – white.
1. Your diagnosis, clinical
form of the disease.
2. Name the characteristic
symptoms of the disease
3. Suggest a treatment plan.
Sample answer:
1. Atopic dermatitis, adult
stage.
2. Family history, food allergy,
typical location of rash and white
dermographism.
3. Hypoallergenic life.
Systemic therapy:
antihistamines,
enterosorption. Locally: basic care
- emollients, GCS ointments,
- emoments. Guo omments
tacrolimus ointment.

1 d5K 10.

A 48-year-old patient complains
of painful itching and
skin lesions in the lower third of
the legs. She has been ill for 7
e e
years, periodically there are
remissions, but the rashes do not
completely regress.
Concomitant disease is
cholecystitis. Objectively: in
the lower third of the anterior
on the surface of the left leg with a
transition to the dorsum of the foot
there is a plaque measuring 8x8 cm
in the form of a continuous papular
infiltration, brownish-red in color
with oval
outlines, lichenification is
expressed. The skin in the
lesion has a shagreen
appearance; three zones are
distinguished: central with
lichenification,
medium – with a shiny smooth
surface and pale pink papules,
peripheral zone with
hyperpigmentation. Symptom
Koebner and Auspitz are negative.
The Wickham grid is not defined.
1. Your diagnosis.
2. What are the trigger factors
for dermatosis.
3. Principles of
therapy. Sample
answer:
1. Limited neurodermatitis
(Vidal's lichen).
2. Stressful situations,
exogenous allergens.
3. Hypoallergenic life.
Sedative therapy
antihistamines.
Externally, emollients, GCS
÷
ointments, tacrolimus ointment.
Task 19.
An 18-year-old patient
consulted a dermatologist
with a widespread itchy rash
that appeared for the first
time. The rash occurred after
undergoing lacunar
tonsillitis, for which he received
antibacterial therapy. There is a
history of psoriasis on the
father's side and drug therapy on
the mother's side.
Objectively: the rash is
scattered in the back, chest,
extensor surface

limbs, in the marginal zone of
the scalp and in the area of the
ears.
They are represented by bright
pink papules with silvery peeling,
5-7 mm in diameter. The triad of
Auspitz symptoms is positive. In
area
scratching linear rashes.
1. Your diagnosis, stage
of the disease.
2. Causes of the disease.
3. List the characteristic
symptoms of dermatosis.
4. Principles of
therapy. Sample
answer:
1. Guttate psoriasis, stage of
progression.
2. Focus of streptococcal
infections - lacunar tonsillitis.
The presence of a hereditary
predisposition.
3. Papules, triad
psoriatic symptoms, isomorphic
Koebner reaction, typical
localization of the rash.
4. Sanitation of the source of
infection. Antihistamines,
aevit, enterosorbents. Externally:
emollients, calcipotriol cream +
betamethasone, calcipotriol.
Task 20.
A 45-year-old patient consulted a
dermatologist with complaints of
severe
painful rashes located linearly
along one of the intercostal
spaces on the left. The rash was
preceded by 5
day period, when itching and
parasthesia were noted in the left
part of the chest, then burning pain
appeared and
further blistering rashes. The
disease was preceded by a
long period during which the
patient suffered from acute
respiratory viral infection,
pneumonia, anemia. The rashes are
represented by grouped blisters
located on a hyperemic background
linearly along the intercostal space.
As a child, he suffered from
chickenpox and rubella measles.
1. Your diagnosis.
2. The cause of the development of
dermatitis.

	3. The most common
	complication of dermatitis.
	4. Treatment.
	5. Additional
	recommendations for the
	patient. Sample answer:
	1. Herpes zoster
	2. Immunodeficiency after acute
	infections.
	3. Postherpetic neuralgia.
	4. Timely administration of
	antiviral therapy, interferon
	preparations,
	B vitamins. Externally Panavir
	gel, aniline dyes. In case of
	neuralgia, consult a neurologist.
	5. Oncosearch recommended.
	Task 21.
	Contacted a dermatologist
	a 32-year-old man with
	complaints of candidiasis of the
	genital mucosa, which is not
	relieved by systemic
	administration of fluconazole.
	Patient
	somatically healthy. Upon
	examination, filmy deposits were
	revealed
	yellowish-white color over the
	entire visible surface of the oral
	mucosa. The examination revealed
	hypochromic anemia; a general
	urine analysis revealed yeast cells
	throughout the entire field of view.
	An examination by an ENT
	doctor revealed damage to
	all visible
	mucous membranes in the form
	of yellowish filmy deposits.
	From the anamnesis it is known
	that 3 years ago the patient
	received
	extensive skin burn, for which he
	was treated in
	intensive care unit, including
	direct
	blood transfusions.
	1. Presumable diagnosis.
	2. Probable cause of the
	disease.
	3. What symptoms allowed
	suspect this pathology?
	4. Your tactics.
	Sample answer:
	1. AIDS.
	2. Direct blood transfusions.
	3. Damage to mucous and
	visceral organs
	candidiasis, ineffectiveness
<u> </u>	

anti-yeast therapy.
4. HIV testing. Task 22.
What are the clinical
differences between diffuse
and limited neurodermatitis.
Sample answer:
anamnesis, prevalence,
localization.
Task 23.
What are the signs
e e
progressive stage of
psoriasis.
Sample answer: pouring
"new" elements
peripheral growth of existing
rashes, erythematous
corolla around the
elements, Koebner's sign.
Task 24.
The woman is 19 years old at the
beginning
In the spring, a focus of erythema
appeared on the nose, in May - on
both cheeks.
Subjectively, the spots are not
were worried, the general condition
was not disturbed, and the patient
-
did not go to the doctors. A year
after birth, weakness, joint pain,
and low-grade fever in the evenings
developed. The erythema on the
face became brighter, swollen, and
bluish spots appeared on the
phalanges of the fingers. IN
Due to pain in the joints, I
consulted a doctor. What
disease should you think
about?
Sample answer: subacute form of
lupus erythematosus.
Task 25.
What types of herpes simplex
virus cause this?
disease?
Sample answer: HSV 1,2.
Task 26.
A 33-year-old patient has
discomfort when swallowing. When
viewed in the throat
– hyperemia, edema
enlarged tonsils, on the right - a
round ulcer with a whitish
coating.
The submandibular lymph
nodes are enlarged on both
sides. Tactics.
Standard answer: examination
for syphilis.
Task 27.
Name the syndrome in which
 J

combined lichen planus of the
oral mucosa, erosive-ulcerative
form, diabetes mellitus,
hypertonic disease. Sample
answer: Grynshpan
syndrome.
Task 28.
The patient is 39 years old.
Complaints about
painful erosions on the oral mucosa. From
anamnesis. Considers himself sick
for about 3 months, when erosion
first appeared on
mucous membrane of the hard
palate and discomfort in the oral
cavity. The patient turned to
dentist, who diagnosed stomatitis
and prescribed rinsing with
chamomile infusion, but there
was no improvement.
Local status. On apparently
unchanged mucosa
of the hard palate there are 3
erosions of irregular outlines, with
clear boundaries, with clean
the bottom is bright red. One of the
erosions is partially covered by a
piece of bladder cover, when pulled,
the epithelium easily peels off.
1) Formulate
preliminary diagnosis;
2) List the research
methods.
Sample answer:
1. Pemphigus vulgaris
2. Immunohistochemical study,
cytological study.
Task 29.
Besnier-Meshchersky symptom -
with palpation and forced
removal of scales in discoid lupus
erythematosus.
Sample answer: pain Task 30.
The following stages of the
course of limited
scleroderma – erythematous,
induration and
Sample answer: atrophy.
Task 31.
Primary therapy
Dühring's dermatitis
herpctiformis is the purpose
herpetitorinio is the purpose

sullone drugs and diets. Sample answer: gluten-free. Task 32. The patient, 35 years old, complained of rashes located on the skin of the extensor surface of the elbow joints, knee joints, abdomen, back, represented by epidermal dermal papules of pink-red color, with clear boundaries, merging into plaques covered with silver-white large-plate scales. The nail plates are changed according to the "oil stain" type. Suggest a diagnosis, treatment options, what kind of research will allow verify the diagnosis. Sample answer: Vulgar postimistion Therapy: therapy with external corticesteroids, a combination of betamethasone + calciptoriol, drugs containing naphthalene, phototherapy, immunosuppressive therapy (depending on the PAS Index). Histological examination. Task 33. Features pustules with streptoderma from staphyloderma. Sample answer: The lining of the bladder is flabby. Not associated with the hair folficle. Spreads around the periphery. Task 34. A 9-year-old patient has been noticing a lesion on the scalp with peeling and broken hair for 2 weeks; he had previously been in contact with a cat. Guess differential diagnosis. Sample answer: Microsporia, trichophytosis, alopccia areata, portasis of the scalp. Task 35. Spread of lesion boundaries beyond the point of contact typical for	ГГ	
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Spread of lesion boundaries beyond the point of contact		*
beyond the point of contact		
typical for		
		typical for

contact dermatitis. Sample
answer: allergic. Task 36.
Characteristic
the pathohistological symptom of
true pemphigus is
Sample answer:
acantholysis. Task 37.
A 70-year-old man suffers
skin lesions within a year. On
examination: in the torso area,
erythematous-squamous lesions of
various sizes with
scalloped outlines. There is
2nd degree obesity.
1. Make and justify the
diagnosis.
2. Make an examination plan.
3. Name the specialists whose
consultation the patient needs.
5. Prescribe treatment to the
patient. Sample answer:
1. Generalized mycosis of
smooth skin.
2. General clinical
laboratory tests, blood for
HIV, hepatitis, sugar.
3. Consultations with an
immunologist, endocrinologist.
5. Fungicidal drugs (lamisil,
itraconazole),
immunocorrection as prescribed by
an immunologist. Locally – lamisil
ointment, clotrimazole, zalain.
Task 38.
An 18-year-old patient with
complaints about the presence of
spots on the skin of the neck and
chest. Considers himself sick for a
year. I noticed small brown spots on
the skin of my chest. At first the
spots were single and not
worried. Over time, the spots
became more numerous, they increased in size
size. After tanning, white spots
remained in their place.
The dermatologist prescribed
topical salicylic alcohol. After
treatment there was an
improvement, but then the spots
appeared again. Among the
concomitant diseases,
vegetoneurosis is noted,
increased sweating.
mercused sweating.

Local status. On the skin
The upper half of the body and
neck have scanty yellowish-
brown spots, covered with
pityriasis scales. Single on the
neck
depigmented spots.
1. Make and justify the
diagnosis.
2. Specify the etiology
and pathogenesis of the
disease.
3. Make an examination plan.
4. Carry out differential diagnosis
of this g
diseases.
5. Prescribe treatment.
Sample answer:
1. Versicolor versicolor (syn.
pityriasis versicolor).
2. Ringworm multicolored
caused by the fungus Malassezia
furfur. The fungus lives only on
human skin in saprophytic or
pathogenic form. Disease
1 0
little contagious. To transmit the
disease you need close
contact, so these diseases occur
more often in families.
Deficiency predisposes to
its occurrence
immunity, high humidity of the
skin.
3. Diagnosis of this
diseases. When illuminated with a
Wood's lamp, the spots glow
golden yellow; positive test with
5% tincture of iodine (Balzer test);
Beignet phenomenon -
phenomenon
"shavings"; microscopic
examination of scales for fungi.
4. Differential
diagnosis: with pityriasis rosea,
leukoderma in secondary
syphilis, vitiligo.
5. Keratolytic,
antifungal ointments, Lamisil
spray. Externally - body scrub
for 1 month.
Task 39.
A man's after repair
When my hands became
hyperemic, weeping, and cracked.
There were no previous skin
diseases.
1. Make and justify the
diagnosis.
uiagii0010.

2. Prescribe treatment to the patient.
3. Give recommendations to the
patient after recovery.
Sample answer:
1. Sharp contact
allergic dermatitis.
2. Antihistamines, hyposensitizing
preparations, locally - lotions with
tannin solution, GCS ointments.
3. Avoid contact with chemicals
in order to protect your hands -
Biopokrov cream-gel.
Task 40.
A mother with a 4-year-old
child consulted a doctor.
Complaints about the
appearance of pink-red rashes
on the skin of the trunk, upper
and lower
limbs, accompanied by severe
itching. The child became acutely
ill. Appeared on the skin of the
trunk and limbs
multiple pink-red rashes that rise
above the surface of the skin and
accompanied by severe itching.
Body temperature 37.2C.
The mother associates the onset of
the disease with the use of
strawberries Concomitant
disease - dyskinesia
biliary tract. Upon examination:
the process is widespread. On the
skin of the trunk, upper and lower
extremities
multiple urticarial elements with
clear boundaries, deep pink in
color, ranging in size from a pea
to a five-ruble coin.
1. Make and justify the
diagnosis.
2. Name the specialists
whose consultations the
patient needs.
3. Make a treatment plan.
4. Give recommendations to the
patient's parents after clinical
recovery. Sample answer:
1. Acute urticaria.
2. Consultations with an
allergist, dermatologist,
pediatrician,
gastroenterologist, immunologist,
Sustroenterologist, minimulologist,

	ENT specialist (to identify chronic
	foci of infection).
	3. Hospitalization in a hospital.
	Following a hypoallergenic diet:
	exclude from the diet
	broths, spicy, salty, fried
	foods, smoked meats, spices,
	sausages and
	gastronomic products, liver,
	fish, caviar,
	seafood, eggs, spicy
	cheeses, mayonnaise, ketchup,
	radish, sorrel, tomatoes,
	strawberries,
	raspberries, apricots, peaches,
	pineapple, melon, watermelon,
	lemons, oranges, carbonated
	fruit drinks, kvass, coffee, cocoa,
	chocolate, chewing gum. Semolina,
	pasta, whole milk, sour cream,
	lamb, chicken, cherry,
	cherries, currants, blackberries,
	cranberries. Removing antigens
	from the body: plasmapheresis
	and
	hemosorption: drip administration
	of liquids NaCI 0.9% with
	corticosteroids (prednisolone).
	Antihistamines (Erius 2.5 ml
	syrup). Desensitizing agents (30%
	sodium thiosulfate in saline
	solution). Enterosorbents
	(lactofiltrum 2 tablets morning and
	evening).
	4. Hypoallergenic diet.
	Sanitation of foci of chronic
	infection. Usage
	antihistamines. Task 41.
	A 20-year-old female patient
	complains of
	rashes on hands for 2 years. Works
	as a nurse in
	hospital. There were no
	previous skin diseases. At
	examination in the area of the hands
	against the background of erythema,
	vesiculation, cracks.
	1. Make and justify the
	diagnosis.
	2. Prescribe treatment for the patient.
	3. Give recommendations to the
	patient after recovery.
	Sample answer:
	1. Chronic occupational
	eczema.
	2. Antihistamines, hyposensitizing
1	1

preparations, locally - lottons with tamin solution, GCS ointments. 3. After the symptoms of inflammation have been relieved, in order to protect the hands, use Biopokrov cream-gel. Avoid contact with chemicals substances. The patient needs chinical observation. Task 42. A 23-year-old patient consulted a dermatologist with complaints of a painful lump above her upper lip. The general condition is chills and a feeling of malaise. Considers himself sick within 3 days when he first appeared painful lump above the upper lip. Start The disease is associated with hypothermia and stress. Body temperature has risen to 37.5°C, headche and general malaise appeared. Objectively: on the skin above the upper lip there is a node up to the diameter up to 1.5 cm, painful on palpation, located deep in the skin. The skin over the node is swollen, bluish cherry in color. Submandibular lympth nodes are enlarged and painful. 1. Make and justify the diagnosis. 2. Make an examination plan. 3. Indicate possible complications of the disease. 4. Prescribe treatment for this patient. 5. Specify measures to prevent the disease. 3. Goneral chinesia triangle. 3. Goneral chinesia triangle. 3. Goneral chinesia triangle. 3. Goneral chinesia triangle. 3. Consultation with a surgeon. 3. Complications of bols in the facial area (nasolabial triangle) are purulent meaningtis, thrombosis blood vessels, sepsis. 4. Treatment plan: hospitalization in the surgical department; Examinations: CBC, CBR, CRP Therapy: antibiotics (kelzol, efficiatone, sumamed, etc.), 10	
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Therapy: antibiotics (kefzol,	
ceftriaxone, sumamed, etc.), 10	
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days. External therapy:
opening a boil; first
24 hours - hypertonic solution, then
Levomekol ointment, followed by
switching to fucidin cream 1% 2
times a day
until complete healing.
5. Primary prevention of
pyoderma - compliance with
personal hygiene rules, timely
antiseptic treatment
microtraumas, cracks, wound
surfaces, etc. Secondary
prevention –
preventive medical examinations
of children's groups and persons
of decreed groups. Task 43.
A mother and a 4-year-old
child with
complaints of rashes on the skin of
the face and cracks in the corners
of the mouth,
accompanied by itching,
salivation and
pain when eating. The child fell ill
1 week ago, when rashes appeared
on the skin of the face and cracks in
the corners of the mouth. The child
attends kindergarten. Two children
in the kindergarten group have
similar rashes. Local status. The
process is localized on the skin of
the cheeks and in the corners of the
mouth. On the skin of the cheeks
there are superficial pustules,
ranging in size from lentils to peas,
the tire is flaccid,
serous-purulent crusts,
· ·
erosions. Along the
periphery of the pustules
there is edematous
hyperemic corolla. There are
cracks in the corners of the mouth
with fragments of epidermis along
the periphery.
1. Put a preliminary one and
justify it.
2. Specify the factors for the
development of this disease.
3. Differential
diagnosis of this disease with other
dermatoses.
4. Make a treatment plan
for the patient.
5. Prevention of disease in
kindergarten.
Sample answer:
1. Angular stomatitis (zaeda),
streptococcal impetigo.

	a ===
	2. The occurrence of impetigo
	is promoted by: poor hygienic
	skin care,
	trauma, skin maceration, decreased
	immunity, adenoids, diabetes
	mellitus,
	hypothermia, dryness and
	violation of the integrity of
	the epidermis, overheating.
	3. With herpetic infection
	(simple and herpes zoster
	herpes), eczema (microbial,
	true), atopic
	dermatitis.
	4. Treatment plan. Diet
	with the exception of
	carbohydrates.
	Treat affected skin
	brilliant green, treat erosion with
	aqueous solutions of aniline dyes
	(fucorcin,
	methylene blue), cream
	"Fucidin" 2 times a day for 10 days.
	5. Examination of children
	and kindergarten staff.
	Task 44.
	An 18-year-old patient with
	complaints about the presence of
	spots on the skin of the neck and
	chest. He considered himself sick
	for a year when he first noticed
	small brown spots on the skin of his
	chest. At first, the spots were
	isolated and did not bother us, then
	they began to spread and increased
	in size. After tanning them
	-
	There are white spots left in the
	area. Among the concomitant
	diseases, vegetoneurosis is noted,
	increased sweating.
	Local status. On the skin
	The upper half of the body and
	neck have multiple yellowish-
	brown spots covered with
	pityriasis scales. Single on the
	neck
	depigmented spots with
	unclear boundaries.
	1. Make and justify the
	diagnosis.
	2. Specify the etiology
	and pathogenesis of the
	disease.
	3. Make an examination plan.
	4. Carry out differential diagnosis
	of this
	diseases.
1	

5 D 11 4 4
5. Prescribe treatment.
Sample answers:
1. Versicolor versicolor (syn.
pityriasis versicolor).
2. Ringworm multicolored
caused by the fungus Malassezia
furfur. The fungus lives only on
human skin in saprophytic or
pathogenic form. Disease
little contagious. It is
believed that its occurrence
is associated with
change in skin pH to the alkaline
side due to increased sweating.
3. Diagnosis of this
diseases. When illuminated with a
Wood's lamp, the spots glow
golden yellow; positive test with
5% tincture of iodine (Balzer test);
Beignet phenomenon - phenomenon
"shavings"; microscopic
examination of scales for fungi.
4. Differential
diagnosis: with pityriasis rosea,
leukoderma in secondary
syphilis, vitiligo.
5. Antimycotic creams, sprays
with terbinafine or
sertamicol. Specialized shower
gels containing
antifungal components. Task 45.
A mother and an 8-year-old
child came to see a doctor.
complaints of minor itching and
rashes on the skin of the face,
baldness on the scalp. The disease
arose
a month ago, when the parents
noticed the appearance of spots
on the skin of the face, and
then an outbreak
baldness on the scalp. Shortly
before the onset of the disease,
the child brought home a kitten
from the street. Of those
transferred
diseases, my mother notes
chickenpox, rarely ARVI. At
examination: on the smooth skin of
the face there are several
erythematous lesions of a round
shape with clear boundaries, with a
ridge along
periphery of merged vesicles,
crusts, papules, in

the center of the foci is covered
grayish scales. On the scalp,
in the occipital region, there
is a lesion
round baldness 4 cm in diameter,
covered with gray
scales. The hair in the lesion is
broken off at a level of 6-8 mm
and has a whitish sheath.
1. Make and justify the
diagnosis.
2. Make an examination plan.
3. Name with which
diseases must be
differentiated.
4. Specify the etiology and
pathogenesis of this disease.
5. Outline a plan of treatment and
preventive measures. Sample
answers:
1. Microsporia of smooth skin and
scalp.
2. Luminescent,
microscopic and
cultural diagnostics.
3. Syphilitic alopecia, other
types of mycoses smooth
skin and scalp.
4. The causative agent is fungi of
the genus Microsporum feline,
rusty. Affects skin, hair, nails.
5. Local (isoconazole,
terbinafine) and systemic
antimycotics (Griseofulvin 22
mg/kg body weight). Clinical
control and
microscopic (3x). Visiting
children's groups is allowed after 3
times negative
microscopic
examination.
Task 46.
I've been sick for about a month.
Itchy skin bothers me, especially at
night. He works as a driver and
lives in a hostel. In room 3
person. Has a friend with whom he
had a close intimate relationship.
-
In the abdomen, buttocks, lower back.
The inner surface of the thighs
has abundant fine
nodular rash of pink color, many
nodules are located
in pairs, the center of some
is covered with hemorrhagic

crusts, there are also scratches.
In the abdominal area there are
elongated, slightly
pink ridges protruding above the
skin, 5-7 mm long. The skin of the
hands is free from rashes.
1) What is your diagnosis?
2) Necessary studies to clarify
the diagnosis?
3) Prescriptions for the patient?
4) Anti-epidemicEvents?
Sample answer:
1) Scabies.
2) Removing a tick from the blind
end of the burrow and
microscopying it.
3) 20% benzyl emulsion benzoate (33% sulfur ointment)
benzoate (33% sulfur ointment).
4) Inspection of contacts,
treatment of all identified patients
simultaneously. Disinsection of
underwear and bed linen
patient, disinfestation in the room.
Registration of patients according
to notifications f.281.
Task 47.
A 2-year-old child fell ill about a
month ago. Attends nurseries. The
family consists of 4
Human. Doesn't sleep well at night
due to itching. On examination: in
the area of the face, chest, abdomen
there is a profuse pink nodular rash,
blisters,
erythematous edematous spots
covered with serous crusts. In the
area of the palms and soles
there are bubbles and grayish
stripes up to 1 cm long.
1) Your diagnosis.
2) Necessary treatment for the child.
3) Prevention of the disease,
participation of pediatricians in it.
Sample answer:
A
1) Eczematized scabies.
2) 10% benzyl benzoate
emulsion, corticosteroid
ointments for eczematous
lesions.
3) Examination of family and
nursery contacts. Pediatrician
observation of children in
nurseries for 6 weeks.
Disinsection of linen and premises.
Registration of patients according
to notifications f.281.
Task 48.
Patient, teenager 14 years old,
,,

A resident of the village went to the
clinic with complaints about the
appearance of many pustules on the
face and an increase in body T0.
The paramedic classified the rash
as an "allergy" and prescribed
prednisolone ointment.
Objectively: on the skin of the face
many pustules the size of a
millet grain, which are
surrounded by a hyperemic
cone-shaped corolla. Blood test
shows leukocytosis, increased
ESR.
1) Diagnosis.
2) Differential diagnosis.
3) Comment on the
correctness of the
paramedic's actions.
4) Treatment tactics.
Sample answer:
1) Ostiofolliculitis.
2) Folliculitis, deep
folliculitis.
3) An error in diagnosis means
the treatment is incorrect.
4) Antibiotics, local -
opening of pustules, aniline
dyes, drying pastes with
antiseptics.
Task 49.
A 35-year-old man came to see a
dermatologist with complaints of
weeping
rashes in the corners of the
mouth. The purulent discharge,
sometimes with a hemorrhagic
component, dries into a thin
serous or serous-purulent crust,
which disappears after a few days.
Disease
accompanied by a feeling of
itching and pain when eating.
From the anamnesis it is known
that the patient for several
1
has been suffering from diabetes for
years.
1) Diagnosis
2) Differential diagnosis
3) Examine this patient.
4) Treatment
5) Forecast
Sample
answer:
1) Candida infection
2) Syphilitic infection (chancre,
papule), streptococcal infection,
ariboflavinosis infection.

 immunogram. 4) Diffucan tablets, Nizoral tablets; locally - antifungal continents. 5) Favorable. Task 50. A 45-year-old patient came to the clinic with complaints of yellowish-brown and pink spots on the chest and back, gradually increasing in size. Gradually the color of the spots changed to dark brown. Sometimes there is mild itching. When scraping stains - floury peeling. Balser's test is positive. 1) Your diagnosis 2) Differential diagnosis 3) Treatment 4) Forecast. Sample answer: 1) Pityriasis versicolor 2) Secondary syphilis (roscola), inifectious exanthemas, toxicoderma macular 3) Any antiseptics and antifungal ointments, UV irradiation 4) FavorableTask 51. The patient consulted the dentist due to painful rashes in the tongue area, weight loss. Complaints noted within 2 months. I independently used mouth rinses with chanomille infusion, chlorkedidine withe color of a spose start of an antifungal ointments. Just and antifungal oint and a single spots on the data start of the spatiant consulted the dentist due to painful rashes in the tongue area, weight loss. Complaints noted within 2 months. I independently used mouth rinses with chanomille infusion, chlorkedidine without noticeable success, From the anamnesis it is known that 2 years ago there was an episode of lichen planus on the skin wrists. In early childhood suffered from food allergies dairy and sweets, one-time drug allergy to anoxiclaw. ARVI is rare. Notes chronic superficial gastritis, on the mount of contact does not bother me. 	
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gastritis, on the moment of contact does not bother me.	
the moment of contact does not bother me.	-
bother me.	
Objectively: skin	
	pale pink in color, free from rashes.
Nails	
the records have not been altered.	
When examining the oral mucosa	When examining the oral mucosa
in	 in

in the marginal zone of the
tongue there are erosions and 2
round ulcers
5 and 7 mm in diameter with flat
bluish-red edges along the
periphery of the defects
polygonal papular rashes with a flat
surface covered
branchy pattern of
whitish dots and strokes.
1. Formulate a diagnosis.
2. What symptom characteristic of
this pathology is described in the
local status?
3. What pathomorphological
changes will be identified by the
pathologist for this pathology.
Sample answer:
1. Lichen planus isolated
form with
damage to the mucous membrane
of the tongue.
2. Wickham grid.
3. Hyperkeratosis, irregular
granulosis, in the papillary layer
dermis nonspecific infiltrate of
lamellar form. Task 52.
The child is 2 months after
suffered from ARVI, the
deterioration of the condition was
accompanied
fever up to 38.3 degrees, anxiety
and
rashes on the skin of the back and
neck. From the anamnesis it is
known that the child was born from
the 1st pregnancy, which
proceeded smoothly, and was
delivered at term without
pathology. Errors in care noted,
mom
the baby is wrapped up, resulting in
severe sweating. SARS for the first
time. Objectively:
There are no catarrhal phenomena
in the nasopharynx. No cough.
Behaves restlessly when lying on
his back. Rashes
localized only in the back and
occipital part of the head.
Presented round
forms in knots with a diameter of 5
to 10 mm, the smaller ones are
mobile, the skin over them is of
normal color, the larger ones are
hot to the touch, are soldered with
underlying tissues
their surface is hyperemic,

individual elements
with fluctuation.
1. Your diagnosis.
2. What morphological features
of the structure of children's skin
lead to the development of this
pathology?
3. At what age is this pathology
typical?
4. What does it serve?
a predisposing factor in the
development of this disease?
Sample answer:
1. Finger's pseudofurunculosis.
2. This pathology is associated
with the characteristics of the
excretory duct of the eccrine
sweat gland in children of the
first 3 months
life, it is less convoluted and has a
wide opening.
Functional immaturity of the
thermoregulation center leads to
excessive sweating when
wrapping the child and
contributes to infection of the duct.
3. First 3 months of life.
4. Wrapping up a child who has had
an acute respiratory viral infection,
leading to a weakening of the
defenses.
Task 53.
In the maternity hospital, on the
3rd day, a newborn child
developed hyperemia in the
umbilical wound area, serous-
purulent discharge, and a day
later
the temperature rose to 38 degrees,
blisters with
flabby tire with a diameter of 0.5
to 1.5 cm, multiple erosions with a
rim of hyperemia along the
periphery. With epithelialization,
erosions remain
hyperpigmented spots. In the blood
there is leukocytosis, neutrophilia
and a shift of the leukocyte formula
to the left, an increase in ESR.
1. Your diagnosis.
2. Reasons for the
development of the
disease.
3. Features of the primary
morphological element of the
rash.
Sample answer:
-
1. Epidemic pemphigus

1	
	newborns.
	2. The presence of an
	umbilical wound is the
	entrance gate, the source of
	infection is personnel with
	staphyloderma on the skin.
	3. Non-follicular flabby
	staphylococcal pustule -
	phlyctena.
	Task 54.
	In a 1 month old child born at term,
	from pregnancy,
	proceeded without pathology, was
	breastfed, frequent loose stools
	appeared without pathological
	impurities and rashes in the scalp
	area of the type
	"bonnet", in the area of the
	eyebrows, inguinal folds. The rash
	is represented by pink erythema
	with an orangish tint and a layer of
	fatty yellowish scales. Shows anxiety and tries to rub his head on
	the bed. Family
	Allergy history is not burdened.
	1. Your diagnosis.
	2. List the characteristic
	symptoms of the disease.
	3. What disease is this
	pathology differentiated
	from?
	Sample answer:
	1. Seborrheic dermatitis.
	2. Occurs in children of the first 3
	months of life who are breastfed,
	manifests itself as erythematous
	squamous rashes in
	seborrheic areas, intestinal
	dysfunction.
	3. With atopic dermatitis,
	histiocytosis X, candidiasis.
	Task 55.
	At the 3rd week of life, a
	newborn boy who was
	breastfed developed
	rashes on the face in the cheek
	area, on the forehead and on
	the nose in the form of small
	papules and pustules
	surrounded by a halo
	hyperemia. The child's well-
	being is not affected, analysis
	peripheral blood and general urine
	analysis without pathology.
	1. Your diagnosis.

2. What is the cause of the rashes?
3. Therapeutic measures.
Sample answer:
1. Acne of newborns.
2. The cause of this condition is
not definitively
known; they are usually associated
with hormonal stimulation
sebaceous glands by maternal
hormones as a result of
postpartum hormonal changes
in the body
mothers.Acneform
rashes in newborns may be
associated with
saprophyte - Malassezia
sympodialis and Malassezia furfur
and are designated by the term
"pustulosis of newborns".
3. In mild cases, treatment
consists of skin treatment
disinfectant solutions; for severe
rashes, medications are used
azelaic acid, fagoderm. Task 56.
Functions of the basal layer
of the epidermis.
Sample answer: mitoses,
pigmentation.
Task 57.
Indications for prescribing
lotions.
Sample answer: wet skin. Task
58.
In a children's hospital for a child
Scabies was diagnosed at the
e
hospital. Treatment.
Standard answer: benzyl
benzoate 10% suspension.
Task 59.
A 21-year-old patient has lesions on
the 4th and 3rd interdigital folds of
the feet - erythema, cracks,
erosions, maceration. What disease
can you think about?
Sample answer: Interdigital
form of mycosis of the feet.
Task 60.
What is characteristic of the
acute stage of eczema.
-
Sample answer: bubbles, erosion,
cracks.
Task 61.
A 48-year-old patient
consulted a doctor -
dermatovenerologist with

at a seal description of the
skin rash that started five weeks
ago. From the anamnesis it is
known that the rash appeared
after a long period of
stress. Local status. Upon
examination, plaques with
bizarre outlines of pink color, on
the surface of which there are
silver-white
fine-plate scales. 1) Formulate
preliminary diagnosis;
2) Name the clinical forms of this
dermatosis
3) Describe the clinical
phenomenon of Koebner
Sample answer:
1. Vulgar psoriasis
2. Vulgar, guttate, pustular,
palmoplantar, psoriatic erythroerma, psoriasis
arthropathic.
3. The clinical phenomenon of
Koebner is the development
psoriatic rashes on areas of the
skin subject to irritation by
mechanical and chemical agents.
Task 62.
The clinical phenomenon of the isomorphic Koebner reaction
characterizes
stagepsoriasis.
Sample answer:
progressive Task
63. Toxidermia is a name for skin
lesions caused by
caught in it
allergens and toxins. Sample
answer: hematogenously.
Task 64.
The patient is 54 years old.
Complaints about
rashes on the face and neck. Considers himself sick for 2 years,
when, after a long stay in the sun,
rashes first appeared on the skin of
his face, subsequently
spread to the skin of the neck,
chest, back, upper

1 1 T 1
limbs. Local status. The
pathological skin process is
widespread
character. Localized on the skin of
the cheeks, nose, neck, chest,
back, upper limbs, represented by
red spots with clear boundaries,
covered in places with tightly
packed scales and
areas of atrophy. When palpating
elements covered with tightly
packed scales, pain is noted.
1) Formulate
preliminary diagnosis;
2) What are the main
symptoms that support this
diagnosis?
3) Name the stages of this
disease.
Sample answer:
1. Disseminated lupus
erythematosus
2. Beignet-Meshchersky, "ladies'
heels"
3. Erythematous
,hyperkeratotic-
infiltrative, atrophic. Task 65.
The main criterion for diagnosing
rosacea is
persistent centrofacial
without damage to
the periocular areas,
· ·
existing for at least 3 months.
Sample answer:
erythema. Task 66.
Cells of the spinous layer
epidermis connected to each
other
Sample answer: desmosomes.
Task 67.
At the appointment, the patient
complains of the appearance of
rashes on the skin, represented by
ephemeral rashes rising above the
skin level.
cavityless elements,
independently and without a
trace
disappearing within 24 hours,
accompanied by itching.
Define Primary
morphological element.
Sample answer: Blister. Task 68.
1 ask 00.

A mother came to see her with a 6-
month-old child, who had been
experiencing foci of erythema in
the area of the cheeks, buttocks,
and extensor muscles for 3 weeks.
the surface of the elbow, knee
joints, against which the bubbles
are located, with
when opened, erosions are
-
exposed, forming weeping,
In addition, intense itching bothers
me. Suggest a diagnosis and
possible treatment.
Sample answer:
Diagnosis: Atopic
dermatitis,
infant form, acute stage. Treatment:
external combination
betamethasone + fusidic acid,
topical calcineurin inhibitors,
antihistamines.
Task 69.
The patient complains of rashes in
the oral cavity, upon examination,
small (up to 2 mm in diameter)
grayish-
white polygonal nodules, when
merging, form a lace pattern,
characteristic
symptom - Wickham's grid.
Suggest a diagnosis.
Sample answer: Lichen planus,
localization - oral cavity, typical
form.
Task 70.
Describe the phenomena of
the Auspitz triad in the
<u> </u>
diagnosis of psoriasis.
Sample answer: phenomenon
"stearic stain"
"terminal film"
"blood dew"
Interview Questions:
Task 1. Question for
interviews. Primary and
secondary morphological
elements.
Sample answer: Primary: spot,
vesicle, blister, abscess, blister,
nodule, node, tubercle. Secondary:
secondary stain, scale, crust,
erosion, ulcer, crack, scratching,
lichenification, vegetation,
scar.
Task 2. Question for

	interviews. Epidemic pemphigus
	of newborns.
	Clinic, treatment.
	Sample answer: The
	appearance of blisters 3-5 days
	after birth in the area of large
	folds on the palms and soles
	caused by staphylococcus, a
	violation of the general condition,
	an increase in temperature.
	Antibiotic therapy, external
	antibacterial therapy.
	Task 3. Question for
	interviews. Microsporia of the
	scalp.
	Etiology, clinic.
	Sample answer: causes the fungus
	Microsporum canis, less
	commonly -
	microsporum ferrugeneum and
	gypseum. Lesions 2-3 cm in
	diameter, round, identical, hair
	breaks off in areas of 5-7 mm, skin
	often does not
	altered or accompanied by
	hyperkeratosis.
	Task 4. Question for
	interviews. Atopic dermatitis.
	Clinic.
	Sample answer: includes
	focal and diffuse.
	There is lichenification in the area
	of natural openings, distal flexion
	parts of the limbs, in the elbow and
	popliteal areas, cracks, increased
	skin pattern, scales, and subjective
	itching.
	Task 5. Question for
	interviews. Syphilitic pemphigus
	of newborns.
	Clinic, treatment.
	Sample answer: characterized by the
	appearance of bubbles with
	transparent contents in the area of
	large folds, palms and soles with
	hyperemia along the periphery.
	The general condition is not
	disturbed. Treatment -
	antibiotic therapy according to the
	treatment regimen for congenital
	syphilis.
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CRITERIA for assessing competencies and rating scales

Grade "unsatisfactory"(not accepted) or absence competence development	Grade "satisfactorily"(passed) or satisfactory (threshold) level of competence development	Rating "good" (passed) or sufficient level mastering competence	"Excellent" grade (passed) or highlevel of competence development
Inability of the learner to learn independently demonstrate knowledge when solving tasks, lack of independence in applying skills. Absence confirmation of the availability of competence indicates negative results in mastering the academic discipline	The student demonstrates independence in applying knowledge, skills and abilities to solve educational tasks in full in accordance with the sample given by the teacher, for tasks whose solutions were shown by the teacher, it should be considered that the competence formed on satisfactory level.	The student demonstrates independent application of knowledge, skills and abilities when solving tasks, tasks similar to the samples, which confirms the presence formed competence at a higher level. Availability such competence at a sufficient level indicates sustainable fixed practical skill	The student demonstrates the ability to fully independence in choosing a way to solve non-standard assignments within the discipline using knowledge, skills and abilities, received both during the development this discipline and related disciplines should be considered competence formed at a high level.

Criteria for assessing test control:

percentage of correct answers	Marks
91-100	Great
81-90	Fine
70-80	satisfactorily
Less than 70	unsatisfactory

When grading tasks with multiple correct answers, one error is allowed. *Interview assessment criteria:*

	Descriptors		
Mark	strength of knowledge	ability to explain (introduce) the essence of phenomena, processes, do conclusions	logic and subsequence answer
Great	strength of knowledge, knowledge main processes subject matter being studied areas, the answer is different depth and completeness disclosure of the topic; possession	high skill explain the essence phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, give	high logic and subsequence answer

Fine	terminological apparatus; logic and consistency answerstrong knowledge of the basic processes of the subject area being studied, distinguished by the depth and completeness of the topic; possession terminological apparatus; fluency in monologue speech, but is allowed one or two inaccuracies in the answersatisfactory knowledge	examples the ability to explain the essence of phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, give examples; however one or two inaccuracies in the answer are allowed satisfactory ability to	logic and consistency of the answer satisfactory logic and
Sulfslavory	of the processes of the subject area being studied, answer, characterized by insufficient depth and completeness of the topic; knowledge of the basic issues of theory. Several are allowed errors in the content of the answer	give reasoned answers and give examples; satisfactorily developed skills in analyzing phenomena and processes. Several are allowed errors in the content of the answer	consistency of the answer
unsatisfactory	poor knowledge of the subject area being studied, shallow coverage of the topic; poor knowledge of basic theoretical issues, poor skills in analyzing phenomena and processes. Serious errors in response content	inability to give reasoned answers	lack of logic and consistency in the answer

Criteria for assessing situational tasks:

	Descriptors			
Mark	understand ing the problem	analysis of the situation	skills solutions to the situation	professional thinking
Great	full understanding of the problem. All requirements presented for the task, completed	high ability analyze the situation, draw conclusions	high ability to choose a method to solve a problem, confident situation solving skills	high level of professional thinking
Fine	full understandi ng Problems. All	ability analyze the situation,	ability to choose method solutions	sufficient level of professional thinking.

	requirements for the task, completed	draw conclusions	problems sure situation solving skills	One or two inaccuracies in the answer are allowed
satisfactory	partial understanding of the problem. Most of the job requirements completed	satisfactory ability to analyze situation, draw conclusions	satisfactory skills solutions to the situation, difficulties with choosing a method for solving a problem	sufficient level of professional thinking. More than two inaccuracies are allowed in answer or error in solution sequence
unsatisfactory	misunderstan ding of the problem. Many requirement s required for the task, not completed. No answer. Did not have attempts to solve the problem	low ability analyze the situation	insufficient situation-solving skills	absent