

**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"

2023

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

universal (UK)/general cultural (OK)

Code and name of universal/general cultural competence	Indicator(s) of achieving universal general cultural competence
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general professional (OPK):

Code and name general professional competence	Achievement indicator(s) general professional competence
GPC5: Able to evaluate morphofunctional, physiological conditions and pathological processes in the human body to solve professional tasks.	ID 1 OPK-5 Masters the algorithm for clinical, laboratory and functional diagnostics when solving professional problems. ID 2 OPK-5 Able to evaluate the results of 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 its effectiveness and safety	ID 1 OPK-7 Knows modern circuits 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 accordance with clinical guidelines

professional (PC)

Code and name of professional competencies	Indicator(s) of professional achievement competencies
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2. Types of assessment materials in accordance with formed competencies

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

		<p>odin the correct answer. The diagnosis of dermatosis is formulated, including all of the following, except:</p> <ol style="list-style-type: none"> 1) nosological form 2) clinical form 3) nature of the current 4) process stages 5) efficiency <p>previous treatment Standard answer: 5. effectiveness previous treatment</p> <p>Task 2. Instructions: Choose the correct answer.</p> <p>od A hypoallergenic diet can be prescribed to patients:</p> <ol style="list-style-type: none"> 1) psoriasis 2) bullous dermatoses 3) scleroderma 4) eczema, atopic dermatitis 5) all of the above <p><i>Response standard:</i> 4. eczema, atopic dermatitis</p> <p>Task 3. Instructions: Choose one correct answer.</p> <p>For Dühring's disease, it is advisable to:</p> <ol style="list-style-type: none"> 1) exclusion from the diet of products made from grains 2) carbohydrate restriction 3) protein restriction 4) limiting table salt 5) reducing calorie intake <p><i>Response standard:</i> 1. exclusion from the diet of products made from grains</p> <p>Task 4. Instructions: Choose one correct answer.</p> <p>Drugs that block H2-histamine receptors include</p> <ol style="list-style-type: none"> 1) cimetidine 2) diphenhydramine 3) suprastin 4) fenkarol 5) diazolin <p><i>Response standard:</i> 1. cimetidine</p> <p>Task 5. Instructions: Choose one correct answer.</p> <p>The concept of "dose regimen" includes all of the following except</p> <ol style="list-style-type: none"> 1) daily doses in weight units
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		<p>or volume</p> <ol style="list-style-type: none"> 2) intervals between administrations 3) routes of administration 4) injection speed 5) total duration of treatment <p><i>Response standard:</i> 3. routes of administration</p> <p>Task 6. Instructions: Choose one correct answer.</p> <p>Drugs that inhibit the release of mediator substances from mast cells include</p> <ol style="list-style-type: none"> 1) zaditen 2) cromolyn sodium 3) cimetidine 4) correct &1), &2) 5) none of the above <p><i>Response standard:</i> 4. correct &1), &2)</p> <p>Task 7. Instructions: Choose one correct answer.</p> <p>All have a nonspecific hyposensitizing effect the listed drugs, except</p> <ol style="list-style-type: none"> 1) corticosteroids 2) antihistamines 3) calcium preparations 4) sodium thiosulfate 5) tranquilizers <p><i>Response standard:</i> 2. antihistamines</p> <p>Task 8. Instructions: Choose one correct answer.</p> <p>Local allergic reactions of immediate type are</p> <ol style="list-style-type: none"> 1) Arthus-Sakharov phenomenon (gluteal reaction) 2) allergic contact dermatitis 3) conjunctivitis 4) pharyngitis 5) glossitis <p><i>Response standard:</i> 1. Arthus-Sakharov phenomenon (gluteal reaction)</p> <p>Task 9. Instructions: Choose one correct answer.</p> <p>Have a detoxifying effect</p> <ol style="list-style-type: none"> 1) sodium hyposulfite 2) pantothenic acid 3) ascorbic acid 4) magnesium sulfate 5) all of the above
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		<p><i>Response standard: 5.</i> all of the above</p> <p>Task 10. Instructions: Choose one correct answer. In case of hyperergic reactions associated with cellular antibodies, characteristic</p> <ol style="list-style-type: none"> 1) bullous 2) exfoliative 3) hemorrhagic 4) eczematous 5) all listed rashes <p><i>Response standard: 5.</i> all listed rashes</p> <p>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</p> <ol style="list-style-type: none"> 1) animal proteins 2) products containing potassium salts 3) carbohydrates and fats 4) products containing calcium salts 5) correct &3), &4) <p><i>Response standard: 4.</i> products containing calcium salts</p> <p>Task 12. Instructions: Choose one correct answer. Alcohol affects the effectiveness of medications by</p> <ol style="list-style-type: none"> 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) <p><i>Response standard: 4.</i> correct &1), &2)</p> <p>Task 13. Instructions: Choose one correct answer. Excretion of low molecular weight drugs occurs mainly</p> <ol style="list-style-type: none"> 1) kidneys 2) biliary system 3) intestines
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		<p>4) light 5) skin glands <i>Response standard:</i> 1. kidneys Task 14. Instructions: Choose one correct answer. Cyprogentacin has all of the following effects except</p> <ol style="list-style-type: none">1) antihistamine2) antiserotonin3) anticholinergic4) antiallergic5) stimulin <p><i>gResponse standard:</i> 5. stimulating</p> <p>Task 15. Instructions: Choose one correct answer. The onset of “withdrawal syndrome” during treatment with glucocorticoid hormones is indicated by</p> <ol style="list-style-type: none">1) anorexia2) malaise3) hypotension4) myalgia5) all of the above <p>Answer standard: 5. all of the above</p> <p>Task 16. Instructions: Choose one correct answer. Medical nutrition for patients seborrhea and acne vulgaris covers everything the above, except</p> <ol style="list-style-type: none">1) hypoallergenic diet2) reducing animal fats in the diet3) exclusion of table salt4) eliminating spicy foods5) carbohydrate restrictions <p>Standard answer: 1. hypoallergenic diet</p> <p>Task 17. Instructions: Choose one correct answer. Medical nutrition for patients Dühring's dermatitis requires exclusion</p> <ol style="list-style-type: none">1) products made from wheat and rye flour2) cereals containing gluten3) spicy dishes4) carbohydrates5) everything is correct except &4) <p>Sample answer: 5. everything is correct except &4)</p>
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		<p>Task 18. Instructions: Choose one correct answer. Nonspecific hyposensitization is indicated for all of the following factors, except</p> <ol style="list-style-type: none">1) unknown allergen that caused the disease2) polyvalent sensitization3) presence of contraindications for allergy testing4) inability to avoid everyday contact with allergen5) monovalent sensitization <p><i>Response standard:</i> 5. monovalent sensitization</p> <p>Task 19. Instructions: Choose one correct answer. High molecular weight drugs are excreted mainly</p> <ol style="list-style-type: none">1) kidneys2) biliary system3) intestines4) light5) skin glands <p><i>Response standard:</i> 2. biliary system</p> <p>Task 20. Instructions: Choose one correct answer. Side effects of medications include</p> <ol style="list-style-type: none">1) toxic reactions2) dysbacteriosis3) massive bacteriolysis (Herxheimer reaction)4) particularly sensitive reaction5) all of the above <p><i>Answer standard:</i> 5. all of the above</p> <p>Task 21. Instructions: Choose one correct answer. Routes of administration of drugs can be</p> <ol style="list-style-type: none">1) intravenous2) intramuscular3) subcutaneous4) endolymphatic
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		<p>5) all of the above Standard answer: 5. all of the above</p> <p>Task 22. Instructions: Choose one correct answer. The beginning of acupuncture for chronic skin diseases is possible in all periods except</p> <ol style="list-style-type: none">1) period of exacerbation2) period of stabilization of the inflammatory process3) period of partial or complete remission4) period of fixed seasonal exacerbations5) correct &3), &4) <p><i>Response standard:</i> 3. period partial or complete remission</p> <p>Task 23. Instructions: Choose one correct answer. Therapeutic nutrition for patients with chronic pyoderma includes all of the following in the diet, except</p> <ol style="list-style-type: none">1) carbohydrate restrictions2) restrictions on animal fats3) protein restrictions4) increase in proteins5) increasing vitamins <p><i>Response standard:</i> 3. protein restrictions</p> <p>Task 24. Instructions: Choose one correct answer. Eccrine sweat glands secrete sweat consisting of</p> <ol style="list-style-type: none">1) of water2) from calcium salts3) from sodium chloride sulfates4) from organic substances (uric acid, ammonia, carbohydrates, etc.)5) all of the above are true <p>Answer standard: 5. all of the above are true</p> <p>Task 25. Instructions: Choose one correct answer. Apocrine sweat glands contain all of the following in their secretions, except</p> <ol style="list-style-type: none">1) common components of sweat2) gland
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		<p>3) cholesterol and its esters 4) glycogen 5) neutral fats <i>Response standard:</i> 5. neutral fat</p>
	<p>Open type tasks: Situational tasks, Interview questions</p>	<p>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. 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.</p> <ol style="list-style-type: none"> 1. Set up and justify diagnosis. 2. With what diseases needs to be differentiated. 3. Prescribe treatment. Specify preventive measures for this diseases. <p>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 break 2 days,</p>

		<p>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).</p> <p>Task 2.</p> <p>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.</p> <p>Appearance of rashes accompanied by a feeling of burning and tingling.</p> <p>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.</p> <ol style="list-style-type: none">1. Make and justify the diagnosis.2. What diseases need to be differentiated from?3. Indicate possible complications of the disease. <p>Find out which specialists you need to consult</p>
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		<p>to the patient.</p> <p>4. Prescribe treatment.</p> <p>Sample answer:</p> <ol style="list-style-type: none"> 1. Shingles. 2. Differentiate with simple vesicular lichen, lichen planus, toxicoderma. 3. Secondary infection. <p>Consultation with a neurologist is necessary.</p> <p>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.</p> <p>Task 3.</p> <p>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).</p> <p>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.</p> <ol style="list-style-type: none"> 1. Make and justify the diagnosis. 2. Specify etiology diseases and transmission routes.
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		<p>3. Specify features clinical manifestations of this disease in children.</p> <p>4. What diseases need to be differentiated from?</p> <p>5. Prescribe treatment.</p> <p>Sample answer:</p> <p>1. Scabies complicated by vulgar impetigo.</p> <p>2. The causative agent is the scabies mite <i>Sarcoptes scabiei hominis</i>, 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.</p> <p>3. Children have thin skin, so contamination occurs.</p> <p>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.</p> <p>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.</p> <p>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%.</p> <p>Task 4.</p> <p>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</p>
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		<p>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 with 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.</p> <p>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.</p> <ol style="list-style-type: none">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. <p>Sample answer:</p> <ol style="list-style-type: none">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. <p>Task 5.</p> <p>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</p>
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		<p>“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.</p> <p>A lymph node up to 2 cm is palpated on the right, tightly elastic, painless, symptoms of lymphangitis, blood for bladder cancer (4+).</p> <ol style="list-style-type: none"> 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. <p>Sample answer:</p> <ol style="list-style-type: none"> 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). <p>Examination for Treponema pallidum, pathogens of tropical treponematoses,</p> <ol style="list-style-type: none"> 4. When the diagnosis of primary syphilis is confirmed - according to clinical recommendations. 5. Clinical and serological control according to clinical recommendations. <p>Task 6.</p> <p>A 25-year-old patient consulted a dermatologist with complaints of skin rashes. forearms and inner thighs,</p>
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		<p>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.</p> <p>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 along the line of closure of the teeth - whitish papular elements. There are carious teeth. Lymph nodes are not enlarged.</p> <ol style="list-style-type: none">1. Make and justify the diagnosis.2. What diseases need to be differentiated from?3. Prescribe treatment. Indicate measures to prevent this disease. <p>Sample answers:</p> <ol style="list-style-type: none">1. Typical form of lichen planus.3. Toxiderma, psoriasis, secondary syphilis (papular syphilides).3. Examination: CBC, ESR. Sanitation of carious teeth. <p>Drug treatment: delagil, antihistamines. Local treatment: topical corticosteroids (cream with clobetasol 2 times a day for 10 days). Phototherapy - PUVA.</p> <p>Task 7. A man was referred to a dermatologist for consultation with complaints of painful rashes on his</p>
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		<p>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.</p> <p>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.</p> <ol style="list-style-type: none"> 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. <p>Sample answers:</p> <ol style="list-style-type: none"> 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
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		<p>diagnosis of this diseases: with simple vesicular lichen, with lichen planus, toxicoderma.</p> <p>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.</p> <p>Task 8.</p> <p>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: the mother suffers from hay fever.</p> <p>Local status.</p> <p>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.</p> <ol style="list-style-type: none"> 1. Make and justify the diagnosis. 2. What diseases need to be differentiated from? 3. Make an examination plan. 4. Prescribe treatment. <p>Sample answers:</p> <ol style="list-style-type: none"> 1. Atopic dermatitis, infantile form. 2. Differentiate with microbial eczema, toxicoderma. 3. Pediatrician consultation. 4. Hypoallergenic diet of mother, child nutrition hypoallergenic mixtures. <p>Externally: topical corticosteroids in</p>
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		<p>emulsion form (methylprednisolone aceponate once a day), medicinal cosmetics (emollients and cleansers).</p> <p>Task 9.</p> <p>A 32-year-old patient consulted a doctor with complaints of a red rash on the skin of the face and red border of the lips, accompanied by a burning sensation, soreness and tingling. The rash appeared after prolonged exposure to the sun.</p> <p>Local status.</p> <p>The pathological process is localized on the skin of the bridge of the nose and cheeks (in the form butterflies), as well as on the lips and chin. Represented as infiltrated erythematous plaques, with horny scales on surfaces. Removal of scales is accompanied by pronounced soreness; spines are observed on the lower surface of the removed scales. In the center of the plaques there is scarring atrophy, along the periphery of the lesions - telangiectasia. 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.</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 1. Erythematosus (lupus erythematosus). 2. Blood for LE cells, biopsy. 3. Photodermatosis, rosacea. 4. To the group of autoimmune diseases. 5. Hormone therapy, immunosuppressants (plaquenil,
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		<p>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.</p> <p>Task 10.</p> <p>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</p> <p>две безболезненные язвы 1 × 1 см.</p> <p>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 verrucous papules. On the arches of the feet and between the toes there are stagnant red papules with a macerated surface.</p> <ol style="list-style-type: none"> 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. <p>Sample answers:</p> <ol style="list-style-type: none"> 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.
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		<p>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) Antihistamines drugs, 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</p>
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		<p>No skin rashes were found.</p> <ol style="list-style-type: none"> 1) What diagnosis can you think about? 2) The gynecologist's tactics in this case? <p>Sample answer:</p> <ol style="list-style-type: none"> 1) Rule out syphilis (confrontation, RV, ELISA) 2) Direct to dermatovenerologist <p>Task 14.</p> <p>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.</p> <p>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.</p> <p>Treatment was prescribed: tetracycline 2 tablets 4 times a day for 7 days. The blood test for the Wasserman reaction is negative.</p> <ol style="list-style-type: none"> 1) Is the diagnosis correct? 2) Your suspected diagnosis. 3) Additional research methods to confirm the diagnosis. 4) Management tactics for this patient. <p>Sample answer:</p> <ol style="list-style-type: none"> 1) No 2) Primary syphilis (chancre-amygdalitis, lymph nodes) 3) RV, IFA, confrontation 4) Treatment of primary syphilis <p>Task 15.</p> <p>Male 22 years old, married, has a child - 10 months old, who is breastfeeding</p> <p>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.</p> <ol style="list-style-type: none"> 1) Make a preliminary diagnosis.
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		<p>2) Differential diagnostics.</p> <p>3) What actions should the doctor take?</p> <p>dermatovenerologist in relation to his wife and child.</p> <p>Sample answer:</p> <ol style="list-style-type: none"> 1) Primary syphilis (chancre, lymphadenitis) 2) Herpes genital, candidal posthitis, ulcers due to MPI, chancriform pyoderma 3) Preventive treatment <p>Task 16.</p> <p>A 32-year-old man consulted a dermatovenerologist with complaints of rashes in the mouth and torso. 4 weeks ago on the oral mucosa</p> <p>A round ulcer of bright red color, painless, up to 1 cm in diameter was formed. The submandibular lymph nodes were enlarged.</p> <p>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.</p> <p>7 months later they appeared rashes on the oral mucosa and torso.</p> <ol style="list-style-type: none"> 1) Probable diagnosis. 2) Examination plan for this patient. 3) What mistake did the dentist make in this situation? Sample answer: <ol style="list-style-type: none"> 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. <p>Task 17.</p> <p>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</p>
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		<p>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.</p> <ol style="list-style-type: none"> 1. Your diagnosis, clinical form of the disease. 2. Name the characteristic symptoms of the disease 3. Suggest a treatment plan. <p>Sample answer:</p> <ol style="list-style-type: none"> 1. Atopic dermatitis, adult stage. 2. Family history, food allergy, typical location of rash and white dermographism. 3. Hypoallergenic life. <p>Systemic therapy: antihistamines, enterosorption. Locally: basic care - emollients, GCS ointments, tacrolimus ointment.</p> <p>Task 18.</p> <p>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 Koebner and Auspitz are negative. The Wickham grid is not defined.</p> <ol style="list-style-type: none"> 1. Your diagnosis. 2. What are the trigger factors
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		<p>dermatosis.</p> <p>3. Principles of therapy.</p> <p>Sample answer:</p> <ol style="list-style-type: none"> 1. Limited neurodermatitis (Vidal's lichen). 2. Stressful situations, exogenous allergens. 3. Hypoallergenic life. <p>Sedative therapy antihistamines.</p> <p>Externally, emollients, GCS ointments, tacrolimus ointment.</p> <p>Task 19.</p> <p>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.</p> <p>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.</p> <p>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.</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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:
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		<p>emollients, calcipotriol cream + betamethasone, calcipotriol.</p> <p>Task 20.</p> <p>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.</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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. <p>Task 21.</p> <p>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</p>
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		<p>oral cavity. The examination revealed hypochromic anemia; a general urine analysis revealed yeast cells throughout the entire field of view.</p> <p>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.</p> <ol style="list-style-type: none"> 1. Presumable diagnosis. 2. Probable cause of the disease. 3. What symptoms allowed suspect this pathology? 4. Your tactics. <p>Sample answer:</p> <ol style="list-style-type: none"> 1. AIDS. 2. Direct blood transfusions. 3. Damage to mucous and visceral organs candidiasis, ineffectiveness of anti-yeast therapy. 4. HIV research. Task 22. <p>What are the clinical differences between diffuse and limited neurodermatitis.</p> <p>Sample answer: anamnesis, prevalence, localization.</p> <p>Task 23.</p> <p>What are the signs progressive stage of psoriasis.</p> <p>Sample answer: pouring "new" elements peripheral growth of existing rashes, erythematous corolla around the elements, Koebner's sign.</p> <p>Task 24.</p> <p>The woman is 19 years old at the beginning</p> <p>In the spring, a focus of erythema appeared on the nose, in May - on both cheeks.</p> <p>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</p>
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		evenings. Erythema
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		<p>the face became brighter, swollen, and bluish spots appeared on the phalanges of the fingers. IN</p> <p>Due to pain in the joints, I consulted a doctor. What disease should you think about?</p> <p>Sample answer: subacute form of lupus erythematosus.</p> <p>Task 25.</p> <p>What types of herpes simplex virus cause this? disease?</p> <p>Sample answer: HSV 1,2.</p> <p>Task 26.</p> <p>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.</p> <p>The submandibular lymph nodes are enlarged on both sides. Tactics.</p> <p>Standard answer: examination for syphilis.</p> <p>Task 27.</p> <p>Name the syndrome that combines lichen planus of the oral mucosa, erosive-ulcerative form, diabetes mellitus, hypertonic disease. Sample answer: Grynshpan syndrome.</p> <p>Task 28.</p> <p>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.</p> <p>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</p>
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		<p>peels off easily.</p> <p>1) Formulate preliminary diagnosis;</p> <p>2) List the research methods.</p> <p>Sample answer:</p> <p>1. Pemphigus vulgaris</p> <p>2. Immunohistochemical study, cytological study.</p> <p>Task 29.</p> <p>Besnier-Meshchersky symptom - _____ upon palpation and forced removal of scales in discoid lupus erythematosus.</p> <p>Sample answer: pain</p> <p>Task 30.</p> <p>The following stages of the course of limited scleroderma – erythematous, induration and _____.</p> <p>Sample answer: atrophy.</p> <p>Task 31.</p> <p>Primary therapy</p> <p>Dühring's dermatitis herpetiformis is the prescription of sulfone drugs and _____ diets.</p> <p>Sample answer: gluten-free.</p> <p>Task 32.</p> <p>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.</p> <p>Therapy: therapy with external corticosteroids, a combination of betamethasone + calcipotriol, drugs containing naphthalene, phototherapy, immunosuppressive therapy (depending on the PASI index).</p>
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		<p>Histological examination. Task 33.</p> <p>Features pustules with streptoderma from staphylo-derma.</p> <p>Sample answer: The lining of the bladder is flabby. Not associated with the hair follicle. Spreads around the periphery.</p> <p>Task 34.</p> <p>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.</p> <p>Guess differential diagnosis. Sample answer: Microsporia, trichophytosis, alopecia areata, psoriasis of the scalp.</p> <p>Task 35.</p> <p>Spread of lesion boundaries beyond the point of contact typical for contact dermatitis. Sample answer: allergic. Task 36.</p> <p>Characteristic the pathohistological symptom of true pemphigus is ____.</p> <p>Sample answer: acantholysis. Task 37.</p> <p>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.</p> <ol style="list-style-type: none">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:<ol style="list-style-type: none">1. Generalized mycosis of smooth skin.2. General clinical laboratory tests, blood for HIV, hepatitis, sugar.
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		<p>3. Consultations with an immunologist, endocrinologist.</p> <p>5. Fungicidal drugs (lamisil, itraconazole), immunocorrection as prescribed by an immunologist. Locally – lamisil ointment, clotrimazole, zalain.</p> <p>Task 38.</p> <p>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.</p> <p>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.</p> <p>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.</p> <ol style="list-style-type: none"> 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. <p>Sample answer:</p> <ol style="list-style-type: none"> 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
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		<p>immunity, high humidity of the skin.</p> <p>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.</p> <p>4. Differential diagnosis: with pityriasis rosea, leukoderma in secondary syphilis, vitiligo.</p> <p>5. Keratolytic, antifungal ointments, Lamisil spray. Externally - body scrub for 1 month.</p> <p>Task 39.</p> <p>A man's after repair When my hands became hyperemic, weeping, and cracked. There were no previous skin diseases.</p> <ol style="list-style-type: none"> 1. Make and justify the diagnosis. 2. Prescribe treatment to the patient. 3. Give recommendations to the patient after recovery. <p>Sample answer:</p> <ol style="list-style-type: none"> 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. <p>Task 40.</p> <p>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 mother</p>
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		<p>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.</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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 from the body: plasmapheresis and hemosorption: drip administration of liquids NaCl 0.9% with corticosteroids (prednisolone). Antihistamines (Erius 2.5 ml syrup).
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		<p>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.</p> <p>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.</p> <ol style="list-style-type: none"> 1. Make and justify the diagnosis. 2. Prescribe treatment for the patient. 3. Give recommendations to the patient after recovery. <p>Sample answer:</p> <ol style="list-style-type: none"> 1. Chronic occupational eczema. 2. Antihistamines, hyposensitizing preparations, locally - lotions with tannin solution, GCS ointments. 3. After removing the symptoms of inflammation, in order to protect the hands, use Biopokrov cream-gel. Avoid contact with chemicals substances. The patient needs clinical observation. <p>Task 42.</p> <p>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</p> <p>The disease is associated with hypothermia and stress. Body temperature has risen to 37.5°C, headache and general malaise appeared.</p> <p>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</p>
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		<p>colors. Submandibular lymph nodes are enlarged and painful.</p> <ol style="list-style-type: none"> 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. <p>Sample answer:</p> <ol style="list-style-type: none"> 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. <p>Task 43.</p> <p>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</p>
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		<p>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.</p> <ol style="list-style-type: none"> 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. <p>Sample answer:</p> <ol style="list-style-type: none"> 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. <p>Task 44.</p> <p>An 18-year-old patient with complaints about the presence of spots on the skin of the neck and chest. Considers himself</p>
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		<p>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</p> <p>There are white spots left in the area. Among the concomitant diseases, vegetoneurosis is noted, increased sweating.</p> <p>Local status. On the skin</p> <p>The upper half of the body and neck have multiple yellowish-brown spots covered with pityriasis scales. Single on the neck</p> <p>depigmented spots with unclear boundaries.</p> <ol style="list-style-type: none"> 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. <p>Sample answers:</p> <ol style="list-style-type: none"> 1. Versicolor versicolor (syn. pityriasis versicolor). 2. Ringworm multicolored caused by the fungus <i>Malassezia furfur</i>. 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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		<p>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.</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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 <i>Microsporum feline</i>, rusty.
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		<p>Affects skin, hair, nails.</p> <p>5. Local (isconazole, 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.</p> <p>Task 46.</p> <p>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.</p> <p>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.</p> <p>1) What is your diagnosis? 2) Necessary studies to clarify the diagnosis? 3) Prescriptions for the patient? 4) Anti-epidemic Events?</p> <p>Sample answer:</p> <p>1) Scabies. 2) Removing a tick from the blind end of the burrow and microscoping 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.</p> <p>Task 47.</p> <p>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</p>
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		<p>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.</p> <ol style="list-style-type: none"> 1) Your diagnosis. 2) Necessary treatment for the child. 3) Prevention of the disease, participation of pediatricians in it. <p>Sample answer:</p> <ol style="list-style-type: none"> 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. <p>Task 48.</p> <p>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.</p> <p>The paramedic classified the rash as an “allergy” and prescribed prednisolone ointment.</p> <p>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.</p> <ol style="list-style-type: none"> 1) Diagnosis. 2) Differential diagnosis. 3) Comment on the correctness of the paramedic's actions. 4) Treatment tactics. <p>Sample answer:</p> <ol style="list-style-type: none"> 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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		<p>Task 49.</p> <p>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.</p> <p>Disease accompanied by a feeling of itching and pain when eating. From the anamnesis it is known that the patient for several years has been suffering from diabetes.</p> <ol style="list-style-type: none"> 1) Diagnosis 2) Differential diagnosis 3) Examine this patient. 4) Treatment 5) Forecast <p>Sample answer:</p> <ol style="list-style-type: none"> 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. <p>Task 50.</p> <p>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.</p> <ol style="list-style-type: none"> 1) Your diagnosis 2) Differential diagnosis 3) Treatment 4) Forecast. <p>Sample answer:</p> <ol style="list-style-type: none"> 1) Pityriasis versicolor 2) Secondary syphilis (roseola), infectious exanthemas, toxicoderma macular 3) Any antiseptics and antifungal ointments, UV irradiation
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		<p>4) Favorable Task 51.</p> <p>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.</p> <p>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.</p> <ol style="list-style-type: none"> 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. <p>Sample answer:</p> <ol style="list-style-type: none"> 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. <p>The child is 2 months after</p>
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		<p>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.</p> <ol style="list-style-type: none">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? <p>a predisposing factor in the development of this disease?</p> <p>Sample answer:</p> <ol style="list-style-type: none">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
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		defenses.
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		<p>Task 53.</p> <p>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.</p> <ol style="list-style-type: none"> 1. Your diagnosis. 2. Reasons for the development of the disease. 3. Features of the primary morphological element of the rash. <p>Sample answer:</p> <ol style="list-style-type: none"> 1. Epidemic pemphigus of newborns. 2. The presence of an umbilical wound is the entrance gate, the source of infection is personnel with staphylo-derma on the skin. 3. Non-follicular flabby staphylococcal pustule - phlyctena. <p>Task 54.</p> <p>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.</p> <ol style="list-style-type: none"> 1. Your diagnosis. 2. List the characteristic symptoms of the disease. 3. With what disease
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		<p>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.</p>
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		<p>Task 57. Indications for prescribing lotions. Sample answer: wet skin. Task 58.</p> <p>In a children's hospital for a child Scabies was diagnosed at the hospital. Treatment. Standard answer: benzyl benzoate 10% suspension.</p> <p>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.</p> <p>Task 60. What is characteristic of the acute stage of eczema. Sample answer: bubbles, erosion, cracks.</p> <p>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.</p> <ol style="list-style-type: none"> 1) Formulate preliminary diagnosis; 2) Name the clinical forms of this dermatosis 3) Describe the clinical phenomenon of Koebner <p>Sample answer:</p> <ol style="list-style-type: none"> 1. Vulgar psoriasis 2. Vulgar, guttate, pustular, palmoplantar, psoriatic erythroerma, psoriasis arthropathic. 3. The clinical phenomenon of Koebner is the development
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		<p>psoriatic rashes on areas of the skin subject to irritation by mechanical and chemical agents. Task 62.</p> <p>The clinical phenomenon of the isomorphic Koebner reaction characterizes</p> <hr/> <p>stagepsoriasis.</p> <p>Sample answer: progressive Task 63.</p> <p>Toxidermia is a name for skin lesions caused by _____ caught in it allergens and toxins. Sample answer: hematogenously.</p> <p>Task 64.</p> <p>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.</p> <ol style="list-style-type: none">1) Formulate preliminary diagnosis;2) What are the main symptoms that support this diagnosis?3) Name the stages of this disease. <p>Sample answer:</p> <ol style="list-style-type: none">1. Disseminated lupus erythematosus2. Beignet-Meshchersky, "ladies' heels"3. Erythematous, hyperkeratotic-infiltrative, atrophic. Task 65.
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		<p>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.</p> <p>Cells of the spinous layer epidermis connected to each other _____. Sample answer: desmosomes. Task 67.</p> <p>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.</p> <p>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.</p> <p>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</p>
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		<p>symptom - Wickham's grid. Suggest a diagnosis. Sample answer: Lichen planus, localization - oral cavity, typical form.</p> <p>Task 70. Describe the phenomena of the Auspitz triad in the diagnosis of psoriasis. Sample answer: phenomenon "stearic stain" "terminal film" "blooddew." Task 71.</p> <p>A 31-year-old woman was prescribed Biseptol. 6 hours after the first dose 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.</p> <ol style="list-style-type: none"> 1. Make and justify the diagnosis. 3. What diseases need to be differentiated from? 4. Prescribe treatment. 5. Indicate measures to prevent this disease. <p>Sample answer:</p> <ol style="list-style-type: none"> 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.
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		<p>Task 72.</p> <p>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</p> <p>The dermatologist received benzyl benzoate ointment externally. Previously There were no skin diseases. Suffering from increased weight.</p> <p>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.</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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. <p>Task 1. Question for interviews. Primary and secondary morphological elements.</p> <p><i>Sample answer:</i> Primary:</p>
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		<p>spot, vesicle, blister, pustule, blister, nodule, knot, tubercle. Secondary: secondary stain, scale, crust, erosion, ulcer, crack, scratching, lichenification, vegetation, scar.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Task 5. Interview question. Methods laboratory diagnosis of syphilis. <i>Sample answer:</i> Dark field microscopy, RIF, ELISA, ORS, cardiolipin test, antitreponemal test.</p>
OPK-7	Closed tasks: 25	<p>Task 1. Instructions: Choose one correct answer. Lichen simplex is characterized by all the listed symptoms, except</p> <ol style="list-style-type: none"> 1) erythema 2) edema

		<p>3) groups of bubbles 4) bubbles 5) erosions <i>Response standard:</i> 4.bubbles Task 2. Instructions: Choose one correct answer. Clinical 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 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 herpes zoster includes all of the following except 1) prednisolone ointment 2) Zaverax ointments <i>Response standard:</i> 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) antiviral therapy 4) specific immunotherapy 5) nonspecific immunotherapy <i>Response standard:</i> 4.5. Specific immunotherapy, Nonspecific immunotherapy Task 5. Instructions: Choose one correct answer. Characteristics of herpes zoster 1) erythema 2) edema 3) ulcers 4) necrosis 5) all of the above</p>
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		<p><i>Response standard: 5.all of the above</i></p> <p>Task 6. Instructions: Choose one correct answer.</p> <p>Physiotherapeutic treatment of herpes zoster is advisable to prescribe</p> <ol style="list-style-type: none"> 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 <p><i>Response standard:5.correct 3 and 4</i></p> <p>Task 7. Instructions: Choose one correct answer.</p> <p>To the varieties of lichen simplex in depending on location</p> <ol style="list-style-type: none"> 1) herpes of the face (lips, nose, etc.) 2) herpes genitals 3) herpetic keratitis and gingivostomatitis 4) herpetic meningoencephalitis 5) all of the above <p><i>Response standard: 5.all of the above</i></p> <p>Task 8. Instructions: Choose one correct answer.</p> <p>The goal of symptomatic therapy for herpes infection is</p> <ol style="list-style-type: none"> 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 <p><i>Response standard: 1.limit the spread of foci of infection and prevent their suppuration</i></p> <p>Task 9. Instructions: Choose several correct answers.</p> <p>Antiviral drugs used for shingles and herpes zoster include:</p> <ol style="list-style-type: none"> 1) acyclovir 2) valacyclovir 3) famciclovir <p><i>Response standard: 1,2,3.All.</i></p> <p>Task 10. Instructions: Choose</p>
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		<p>one correct answer. The complex treatment of herpes zoster includes</p> <ol style="list-style-type: none">1) acyclovir2) valacyclovir3) famciclovir4) all of the above <p><i>Response standard:</i> 4.all of the above</p> <p>Task 11. Instructions: Choose several correct answers.</p> <p>Therapy of patients recurrent herpes is carried out</p> <ol style="list-style-type: none">1) acyclovir2) valaciclovir3) famciclovir <p><i>Response standard:</i> 1,2,3.All</p> <p>Task 12. Instructions: Choose one correct answer.</p> <p>Patients with recurrent herpes in the acute phase all of the above are prescribed, except</p> <ol style="list-style-type: none">1) polyvalent herpetic vaccine and pyrogenal2) acyclovir3) valacyclovir4) famciclovir <p><i>Response standard:</i> 1.polyvalent herpetic vaccine and pyrogenal</p> <p>Task 13. Instructions: Choose one correct answer.</p> <p>Treatment methods recurrent herpes include</p> <ol style="list-style-type: none">1) acyclovir2) valacyclovir3) famciclovir4) all of the above <p><i>Response standard:</i> 4.all of the above</p> <p>Task 14. Instructions: Choose one correct answer.</p> <p>Shingles is characterized by all of the following symptoms, except</p> <ol style="list-style-type: none">1) sharp pain2) general condition disorders3) dissemination of the rash throughout the body4) asymmetry and grouping of rashes5) no relapses <p><i>Response standard:</i> 3.dissemination of the rash throughout the body</p>
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		<p>Task 15. Instructions: Choose one correct answer. To clinical options herpes zoster include all of the following except</p> <ol style="list-style-type: none">1) vesicular2) bullous3) generalized4) gangrenous5) urticarial <p><i>Response standard:</i> 5.urticarial</p> <p>Task 16. Instructions: Choose one correct answer. Nodes in colliquative tuberculosis</p> <ol style="list-style-type: none">1) dense and painless2) soft and painless3) elastic and painful4) soft and painful5) tight and painful <p><i>Response standard:</i> 1.dense and painless</p> <p>Task 17. Instructions: Choose one correct answer. Lupus carcinoma is</p> <ol style="list-style-type: none">1) simultaneous occurrence of tuberculous lupus and skin cancer2) development of tuberculous lupus against the background of skin cancer3) development of skin cancer in a patient with tuberculous lupus regardless of the location of both diseases4) development of skin cancer against the background of tuberculous lupus or on a scar after tuberculous lupus5) all of the above <p><i>Response standard:</i> 4.development of skin cancer against the background of tuberculous lupus or on a scar after tuberculous lupus</p> <p>Task 18. Instructions: Choose one correct answer. The favorite localization of ulcerative tuberculosis of the skin includes all of the following, except</p> <ol style="list-style-type: none">1) oral mucosa2) nasal mucosa3) language4) mucous membrane of the external urethral opening <p><i>Response standard:</i> 4.mucous membrane of the external urethral opening</p> <p>Task 19. Instructions: Choose one correct answer.</p>
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		<p>The favorite localization of colliquative tuberculosis is</p> <ol style="list-style-type: none"> 1) submandibular and cervical lymph nodes 2) axillary lymph nodes 3) inguinal-femoral lymph nodes 4) cubital lymph nodes <p><i>Response standard:</i> 1.submandibular and cervical lymph nodes</p> <p>Task 20. Instructions: Choose one correct answer.</p> <p>Among the clinical varieties of tuberculous lupus, all of the listed forms are distinguished, except</p> <ol style="list-style-type: none"> 1) verrucous 2) ulcerating 3) serpiginous 4) mutilating 5) chancriform <p><i>mResponse standard:</i> 5.chancriform</p> <p>Task 21. Instructions: Choose one correct answer.</p> <p>For ulceration of tuberculous lupus</p> <ol style="list-style-type: none"> 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) <p><i>Response standard:</i> 5.correct &1), &4)</p> <p>Task 22. Instructions: Choose one correct answer.</p> <p>The differential diagnosis of tuberculous lupus should take into account</p> <ol style="list-style-type: none"> 1) lupoid sycosis 2) erythematosis 3) lymphocytoma 4) squamous cell carcinoma 5) all of the above <p><i>Response standard:</i> 5.all of the above</p> <p>Task 23. Instructions: Choose one correct answer.</p> <p>In tuberculous lupus it is typical</p> <ol style="list-style-type: none"> 1) scarring of the ulcer begins with
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		<p>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: 5.correct &1), &3)</i> 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: 4.psoriasis</i> 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</p>
	<p>Open type tasks: 75 Situational tasks -70 Interview questions- nia – 5.</p>	<p>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</p>

		<p>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.</p> <ol style="list-style-type: none">1. Make and justify the diagnosis.2. What diseases need to be differentiated from?3. Prescribe treatment. Indicate measures to prevent this disease. <p>Sample answer:</p> <ol style="list-style-type: none">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, diprosan). Local treatment: topical corticosteroids (Elocom ointment once a day). Laser therapy - helium-neon laser (for torpidity to regenerative therapy). <p>Task 2.</p> <p>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</p>
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		<p>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.</p> <ol style="list-style-type: none"> 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. <p>Sample answer:</p> <ol style="list-style-type: none"> 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. <p>Task 3.</p> <p>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</p>
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		<p>dermatitis and treatment was prescribed (tavegil and advantan).</p> <p>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.</p> <ol style="list-style-type: none">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. <p>Sample answer:</p> <ol style="list-style-type: none">1. Scabies complicated by vulgar impetigo.2. The causative agent is the scabies mite <i>Sarcoptes scabiei hominis</i>, 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. <p>The rashes are localized on the scalp, palms and soles, affecting nail plates, cornea</p>
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		<p>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.</p> <p>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.</p> <p>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%.</p> <p>Task 4.</p> <p>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</p>
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		<p>Weeping scrotums, wide condylomas. On the arches of the feet and between the toes there are stagnant red papules with a macerated surface.</p> <ol style="list-style-type: none"> 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. <p>Sample answer:</p> <ol style="list-style-type: none"> 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. <p>Task 5.</p> <p>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.</p> <p>The patient is single, and during frequent trips abroad (including to countries with a tropical climate) has casual sexual relationships.</p> <p>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.</p> <p>A lymph node up to 2 cm is palpated on the right, tightly elastic, painless, symptoms of lymphangitis, blood for bladder cancer (4+).</p> <ol style="list-style-type: none"> 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.
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		<p>Sample answer:</p> <ol style="list-style-type: none">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 <i>Treponema pallidum</i>, 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. <p>Task 6.</p> <p>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.</p> <p>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</p>
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		<p>teeth meeting lines - whitish papular elements. There are carious teeth. Lymph nodes are not enlarged.</p> <ol style="list-style-type: none"> 1. Make and justify the diagnosis. 2. What diseases need to be differentiated from? 3. Prescribe treatment. Indicate measures to prevent this disease. <p>Sample answers:</p> <ol style="list-style-type: none"> 1. Typical form of lichen planus. 3. Toxiderma, psoriasis, secondary syphilis (papular syphilides). 3. Examination: CBC, ESR. Sanitation of carious teeth. <p>Drug treatment: delagil, antihistamines. Local treatment: topical corticosteroids (cream with clobetasol 2 times a day for 10 days). Phototherapy - PUVA.</p> <p>Task 7.</p> <p>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.</p> <p>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.</p> <ol style="list-style-type: none"> 1. Make and justify the diagnosis.
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		<p>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.</p> <p>Sample answers:</p> <ol style="list-style-type: none"> 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. <p>Task 8.</p> <p>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</p>
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		<p>suffers from hay fever.</p> <p>Local status.</p> <p>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.</p> <ol style="list-style-type: none"> 1. Make and justify the diagnosis. 2. What diseases need to be differentiated from? 3. Make an examination plan. 4. Prescribe treatment. <p>Sample answers:</p> <ol style="list-style-type: none"> 1. Atopic dermatitis, infantile form. 2. Differentiate with microbial eczema, toxicoderma. 3. Pediatrician consultation. 4. Hypoallergenic diet of mother, child nutrition hypoallergenic mixtures. <p>Externally: topical corticosteroids in the form of an emulsion (methylprednisolone aceponate once a day), medicinal cosmetics (emollients and cleansers).</p> <p>Task 9.</p> <p>A 32-year-old patient consulted a doctor with complaints of a red rash on the skin of the face and red border of the lips, accompanied by a burning sensation, soreness and tingling. The rash appeared after prolonged exposure to the sun.</p> <p>Local status.</p> <p>The pathological process is localized on the skin of the bridge of the nose and cheeks (in the form butterflies), as well as on the lips and chin. Represented as infiltrated erythematous plaques, with horny scales on surfaces. Removal of scales is accompanied by pronounced soreness on the lower</p>
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		<p>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.</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 1. Erythematosis (lupus erythematosus). 2. Blood for LE cells, biopsy. 3. Photodermatitis, 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. <p>Task 10.</p> <p>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</p> <p>две безболезненные язвы 1 × 1 см.</p> <p>Two months later, rashes appeared in the anal area, scrotum, inguinal folds, interdigital spaces and</p>
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		<p>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.</p> <ol style="list-style-type: none"> 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. <p>Sample answers:</p> <ol style="list-style-type: none"> 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. <p>Task 11.</p> <p>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.</p> <p>Wasserman's reaction is negative.</p> <ol style="list-style-type: none"> 1) Your diagnosis, its rationale, differential diagnosis 2) Patient management and treatment tactics. <p>Sample answer:</p> <ol style="list-style-type: none"> 1) Allergic contact dermatitis 2) Antihistamines drugs, lotions, diuretics, hyposensitizing facilities. <p>Task 12.</p> <p>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</p>
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		<p>swollen a lot. The skin of the eyelids is pink. The palpebral fissure is narrowed. Temperature 37.7°C. Dermographism is persistent, red.</p> <ol style="list-style-type: none"> 1) Your diagnosis 2) Information that needs to be clarified from the patient's medical history 3) Your prescriptions and advice to the patient. <p>Sample answer:</p> <ol style="list-style-type: none"> 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. <p>Task 13.</p> <p>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. No skin rashes were found.</p> <ol style="list-style-type: none"> 1) What diagnosis can you think about? 2) The gynecologist's tactics in this case? <p>Sample answer:</p> <ol style="list-style-type: none"> 1) Rule out syphilis (confrontation, RV, ELISA) 2) Direct to dermatovenerologist <p>Task 14.</p> <p>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.</p> <p>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</p>
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		<p>within 7 days. The blood test for the Wasserman reaction is negative.</p> <ol style="list-style-type: none"> 1) Is the diagnosis correct? 2) Your suspected diagnosis. 3) Additional research methods to confirm the diagnosis. 4) Management tactics for this patient. <p>Sample answer:</p> <ol style="list-style-type: none"> 1) No 2) Primary syphilis (chancre-amygdalitis, lymph nodes) 3) RV, IFA, confrontation 4) Treatment of primary syphilis <p>Task 15.</p> <p>Male 22 years old, married, has a child - 10 months old, who is breastfeeding</p> <p>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.</p> <ol style="list-style-type: none"> 1) Make a preliminary diagnosis. 2) Differential diagnosis. 3) What actions should the doctor take? <p>dermatovenerologist in relation to his wife and child.</p> <p>Sample answer:</p> <ol style="list-style-type: none"> 1) Primary syphilis (chancre, lymphadenitis) 2) Herpes genital, candidal posthitis, ulcers due to MPI, chancriform pyoderma 3) Preventive treatment <p>Task 16.</p> <p>A 32-year-old man consulted a dermatovenerologist with complaints of rashes in the mouth and torso. 4 weeks ago on the oral mucosa</p> <p>A round ulcer of bright red color, painless, up to 1 cm in diameter was formed. The submandibular lymph nodes were enlarged.</p> <p>I went to the dentist and was diagnosed with stomatitis and</p>
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		<p>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.</p> <p>7 months later they appeared rashes on the oral mucosa and torso.</p> <p>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.</p> <p>Task 17.</p> <p>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.</p> <p>1. Your diagnosis, clinical form of the disease. 2. Name the characteristic symptoms of the disease 3. Suggest a treatment plan.</p> <p>Sample answer: 1. Atopic dermatitis, adult stage. 2. Family history, food allergy, typical location of rash and white dermographism. 3. Hypoallergenic life.</p> <p>Systemic therapy: antihistamines, enterosorption. Locally: basic care - emollients, GCS ointments, tacrolimus ointment.</p>
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		<p>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 Koebner and Auspitz are negative. The Wickham grid is not defined.</p> <ol style="list-style-type: none"> 1. Your diagnosis. 2. What are the trigger factors for dermatosis. 3. Principles of therapy. Sample answer: <ol style="list-style-type: none"> 1. Limited neurodermatitis (Vidal's lichen). 2. Stressful situations, exogenous allergens. 3. Hypoallergenic life. <p>Sedative therapy antihistamines. Externally, emollients, GCS ointments, tacrolimus ointment.</p> <p>Task 19.</p> <p>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</p>
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		<p>limbs, in the marginal zone of the scalp and in the area of the ears.</p> <p>They are represented by bright pink papules with silvery peeling, 5-7 mm in diameter. The triad of Auspitz symptoms is positive. In area</p> <p>scratching linear rashes.</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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. <p>Task 20.</p> <p>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.</p> <ol style="list-style-type: none"> 1. Your diagnosis. 2. The cause of the development of dermatitis.
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		<p>3. The most common complication of dermatitis.</p> <p>4. Treatment.</p> <p>5. Additional recommendations for the patient. Sample answer:</p> <ol style="list-style-type: none"> 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. <p>Task 21.</p> <p>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.</p> <p>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.</p> <ol style="list-style-type: none"> 1. Presumable diagnosis. 2. Probable cause of the disease. 3. What symptoms allowed suspect this pathology? 4. Your tactics. <p>Sample answer:</p> <ol style="list-style-type: none"> 1. AIDS. 2. Direct blood transfusions. 3. Damage to mucous and visceral organs candidiasis, ineffectiveness
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		<p>anti-yeast therapy.</p> <p>4. HIV testing. Task 22. What are the clinical differences between diffuse and limited neurodermatitis. Sample answer: anamnesis, prevalence, localization.</p> <p>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.</p> <p>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.</p> <p>Task 25. What types of herpes simplex virus cause this? disease? Sample answer: HSV 1,2.</p> <p>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.</p> <p>Task 27. Name the syndrome in which</p>
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		<p>combined lichen planus of the oral mucosa, erosive-ulcerative form, diabetes mellitus, hypertonic disease. Sample answer: Grynshpan syndrome.</p> <p>Task 28.</p> <p>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.</p> <p>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.</p> <p>1) Formulate preliminary diagnosis; 2) List the research methods.</p> <p>Sample answer: 1. Pemphigus vulgaris 2. Immunohistochemical study, cytological study.</p> <p>Task 29.</p> <p>Besnier-Meshchersky symptom - _____ with palpation and forced removal of scales in discoid lupus erythematosus.</p> <p>Sample answer: pain Task 30.</p> <p>The following stages of the course of limited scleroderma – erythematous, induration and ____.</p> <p>Sample answer: atrophy.</p> <p>Task 31.</p> <p>Primary therapy Dühring's dermatitis herpctiformis is the purpose</p>
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		<p>sulfone drugs and _____ diets.</p> <p>Sample answer: gluten-free.</p> <p>Task 32.</p> <p>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). Histological examination. Task 33.</p> <p>Features</p> <p>pustules with streptoderma from staphyloiderma.</p> <p>Sample answer:</p> <p>The lining of the bladder is flabby. Not associated with the hair follicle. Spreads around the periphery.</p> <p>Task 34.</p> <p>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.</p> <p>Guess differential diagnosis. Sample answer:</p> <p>Microsporia, trichophytosis, alopecia areata, psoriasis of the scalp.</p> <p>Task 35.</p> <p>Spread of lesion boundaries beyond the point of contact typical for</p>
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		<p>contact dermatitis. Sample answer: allergic. Task 36.</p> <p>Characteristic the pathohistological symptom of true pemphigus is_____.</p> <p>Sample answer: acantholysis. Task 37.</p> <p>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.</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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. <p>Task 38.</p> <p>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.</p>
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		<p>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.</p> <ol style="list-style-type: none"> 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. <p>Sample answer:</p> <ol style="list-style-type: none"> 1. Versicolor versicolor (syn. pityriasis versicolor). 2. Ringworm multicolored caused by the fungus <i>Malassezia furfur</i>. 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, leukoderma in secondary syphilis, vitiligo. 5. Keratolytic, antifungal ointments, Lamisil spray. Externally - body scrub for 1 month. <p>Task 39. A man's after repair When my hands became hyperemic, weeping, and cracked. There were no previous skin diseases.</p> <ol style="list-style-type: none"> 1. Make and justify the diagnosis.
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		<p>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.</p> <p>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.</p> <p>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,</p>
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		<p>ENT specialist (to identify chronic foci of infection).</p> <p>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 NaCl 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).</p> <p>4. Hypoallergenic diet. Sanitation of foci of chronic infection. Usage antihistamines. Task 41.</p> <p>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.</p> <ol style="list-style-type: none"> 1. Make and justify the diagnosis. 2. Prescribe treatment for the patient. 3. Give recommendations to the patient after recovery. <p>Sample answer:</p> <ol style="list-style-type: none"> 1. Chronic occupational eczema. 2. Antihistamines, hyposensitizing
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		<p>preparations, locally - lotions with tannin solution, GCS ointments.</p> <p>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 clinical observation.</p> <p>Task 42.</p> <p>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</p> <p>painful lump above the upper lip. Start</p> <p>The disease is associated with hypothermia and stress. Body temperature has risen to 37.5°C, headache and general malaise appeared.</p> <p>Objectively: on the skin above the upper lip there is a node up to the diameter</p> <p>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 lymph nodes are enlarged and painful.</p> <ol style="list-style-type: none"> 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. <p>Sample answer:</p> <ol style="list-style-type: none"> 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; <p>Examinations: CBC, ESR, CRP Therapy: antibiotics (kefzol, ceftriaxone, sumamed, etc.), 10</p>
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		<p>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.</p> <p>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.</p> <p>Task 43.</p> <p>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.</p> <ol style="list-style-type: none"> 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. <p>Sample answer:</p> <ol style="list-style-type: none"> 1. Angular stomatitis (zaeda), streptococcal impetigo.
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		<p>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.</p> <p>3. With herpetic infection (simple and herpes zoster herpes), eczema (microbial, true), atopic dermatitis.</p> <p>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.</p> <p>5. Examination of children and kindergarten staff.</p> <p>Task 44.</p> <p>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.</p> <p>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.</p> <p>1. Make and justify the diagnosis.</p> <p>2. Specify the etiology and pathogenesis of the disease.</p> <p>3. Make an examination plan.</p> <p>4. Carry out differential diagnosis of this diseases.</p>
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		<p>5. Prescribe treatment. Sample answers:</p> <ol style="list-style-type: none">1. Versicolor versicolor (syn. pityriasis versicolor).2. Ringworm multicolored caused by the fungus <i>Malassezia furfur</i>. 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. <p>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</p>
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		<p>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.</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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 <i>Microsporum feline</i>, rusty. Affects skin, hair, nails. 5. Local (isozonazole, 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. <p>Task 46.</p> <p>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.</p> <p>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</p>
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		<p>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.</p> <ol style="list-style-type: none"> 1) What is your diagnosis? 2) Necessary studies to clarify the diagnosis? 3) Prescriptions for the patient? 4) Anti-epidemic Events? <p>Sample answer:</p> <ol style="list-style-type: none"> 1) Scabies. 2) Removing a tick from the blind end of the burrow and microscoping 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. <p>Task 47.</p> <p>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.</p> <ol style="list-style-type: none"> 1) Your diagnosis. 2) Necessary treatment for the child. 3) Prevention of the disease, participation of pediatricians in it. <p>Sample answer:</p> <ol style="list-style-type: none"> 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. <p>Task 48.</p> <p>Patient, teenager 14 years old,</p>
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		<p>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.</p> <p>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.</p> <ol style="list-style-type: none"> 1) Diagnosis. 2) Differential diagnosis. 3) Comment on the correctness of the paramedic's actions. 4) Treatment tactics. <p>Sample answer:</p> <ol style="list-style-type: none"> 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. <p>Task 49.</p> <p>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.</p> <p>Disease accompanied by a feeling of itching and pain when eating. From the anamnesis it is known that the patient for several years has been suffering from diabetes.</p> <ol style="list-style-type: none"> 1) Diagnosis 2) Differential diagnosis 3) Examine this patient. 4) Treatment 5) Forecast <p>Sample answer:</p> <ol style="list-style-type: none"> 1) Candida infection 2) Syphilitic infection (chancre, papule), streptococcal infection, ariboflavinosis infection.
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		<p>3) Blood for diabetes mellitus, immunogram.</p> <p>4) Diflucan tablets, Nizoral tablets; locally - antifungal ointments.</p> <p>5) Favorable.Task 50.</p> <p>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. Balsler's test is positive.</p> <p>1) Your diagnosis 2) Differential diagnosis 3) Treatment 4) Forecast. Sample answer:</p> <p>1) Pityriasis versicolor 2) Secondary syphilis (roseola), infectious exanthemas, toxicoderma macular 3) Any antiseptics and antifungal ointments, UV irradiation 4) FavorableTask 51.</p> <p>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.</p> <p>Objectively: skin pale pink in color, free from rashes. Nails the records have not been altered. When examining the oral mucosa in</p>
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		<p>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.</p> <ol style="list-style-type: none"> 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. <p>Sample answer:</p> <ol style="list-style-type: none"> 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. <p>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,</p>
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		<p>individual elements with fluctuation.</p> <ol style="list-style-type: none"> 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? <p>a predisposing factor in the development of this disease?</p> <p>Sample answer:</p> <ol style="list-style-type: none"> 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. <p>Task 53.</p> <p>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.</p> <ol style="list-style-type: none"> 1. Your diagnosis. 2. Reasons for the development of the disease. 3. Features of the primary morphological element of the rash. <p>Sample answer:</p> <ol style="list-style-type: none"> 1. Epidemic pemphigus
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		<p>newborns.</p> <p>2. The presence of an umbilical wound is the entrance gate, the source of infection is personnel with staphylo-derma on the skin.</p> <p>3. Non-follicular flabby staphylococcal pustule - phlyctena.</p> <p>Task 54.</p> <p>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.</p> <p>1. Your diagnosis.</p> <p>2. List the characteristic symptoms of the disease.</p> <p>3. What disease is this pathology differentiated from?</p> <p>Sample answer:</p> <p>1. Seborrheic dermatitis.</p> <p>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.</p> <p>3. With atopic dermatitis, histiocytosis X, candidiasis.</p> <p>Task 55.</p> <p>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.</p> <p>1. Your diagnosis.</p>
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		<p>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 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</p>
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		<p>skin rash that started five weeks ago.</p> <p>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.</p> <p>1) Formulate preliminary diagnosis; 2) Name the clinical forms of this dermatosis 3) Describe the clinical phenomenon of Koebner</p> <p>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.</p> <p>Task 62. The clinical phenomenon of the isomorphic Koebner reaction characterizes</p> <hr/> stagepsoriasis. Sample answer: progressive Task 63. Toxidermia is a name for skin lesions caused by _____ caught in it allergens and toxins. Sample answer: hematogenously. <p>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</p>
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		<p>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.</p> <p>1) Formulate preliminary diagnosis; 2) What are the main symptoms that support this diagnosis? 3) Name the stages of this disease.</p> <p>Sample answer: 1. Disseminated lupus erythematosus 2. Beignet-Meshchersky, "ladies' heels" 3. Erythematous, hyperkeratotic-infiltrative, atrophic. Task 65.</p> <p>The main criterion for diagnosing rosacea is persistent centrofacial _____ without damage to the periocular areas, existing for at least 3 months.</p> <p>Sample answer: erythema. Task 66.</p> <p>Cells of the spinous layer epidermis connected to each other _____.</p> <p>Sample answer: desmosomes. Task 67.</p> <p>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.</p> <p>Define Primary morphological element. Sample answer: Blister. Task 68.</p>
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		<p>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.</p> <p>Sample answer: Diagnosis: Atopic dermatitis, infant form, acute stage. Treatment: external combination betamethasone + fusidic acid, topical calcineurin inhibitors, antihistamines.</p> <p>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.</p> <p>Task 70. Describe the phenomena of the Auspitz triad in the diagnosis of psoriasis. Sample answer: phenomenon "stearic stain" "terminal film" "blood dew"</p> <p>Interview Questions: Task 1. Question for interviews. Primary and secondary morphological elements. <i>Sample answer:</i> Primary: spot, vesicle, blister, abscess, blister, nodule, node, tubercle. Secondary: secondary stain, scale, crust, erosion, ulcer, crack, scratching, lichenification, vegetation, scar.</p> <p>Task 2. Question for</p>
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		<p>interviews. Epidemic pemphigus of newborns. Clinic, treatment. <i>Sample answer:</i>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.</p> <p>Task 3. Question for interviews. Microsporia of the scalp. Etiology, clinic. <i>Sample answer:</i>causes the fungus <i>Microsporum canis</i>, less commonly - <i>microsporum ferrugineum</i> and <i>gypseum</i>. 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.</p> <p>Task 4. Question for interviews. Atopic dermatitis. Clinic. <i>Sample answer:</i>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.</p> <p>Task 5. Question for interviews. Syphilitic pemphigus of newborns. Clinic, treatment. <i>Sample answer:</i>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.</p>
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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:

Mark	Descriptors		
	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

	terminological apparatus; logic and consistency answer	examples	
Fine	strong 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 answer	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	logic and consistency of the answer
satisfactory	satisfactory knowledge 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	satisfactory ability to give reasoned answers and give examples; satisfactorily developed skills in analyzing phenomena and processes. Several are allowed errors in the content of the answer	satisfactory logic and 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:

Mark	Descriptors			
	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	misunderstanding of the problem. Many requirements 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