

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

Faculty of Education of foreign students, residents and postgraduates

CONFIRM
Supervisor
educational program
/ E.S. Belousova /
(signature) студент(ов) (FULL NAME.)
" 31 " август 20 23



DISCIPLINE WORKING PROGRAM

DERMATOVENEROLOGY

Speciality 31.05.01 General medicine

Form of education full-time

**Rostov-on-Don
2023**

1. GOALS AND OBJECTIVES OF MASTERING THE DISCIPLINE

Goals mastering the discipline of dermatovenerology consists of mastering knowledge in the field of etiology, pathogenesis, clinical and laboratory diagnostics, as well as the principles of treatment and prevention of skin and venereal diseases.

Tasks:

- students' acquisition of knowledge in the field of dermatovenerology;
- teaching students the most important methods of clinical and laboratory diagnostics, allowing you to correctly diagnose and prescribe therapy;
- teaching students to recognize clinical manifestations during examining the patient, determining the severity of the process;
- teaching students the ability to identify leading signs, symptoms, syndromes etc.;
- teaching students how to choose optimal methods examinations for skin and venereal diseases and drawing up an algorithm for differential diagnosis;
- training in conducting a full range of therapeutic, rehabilitation and preventive measures among patients with various nosological forms of skin and sexually transmitted diseases;
- training students to provide first aid to dermatological patients in the event of emergency conditions;
- teaching students how to choose optimal treatment regimens for the most common skin and sexually transmitted diseases;
- teaching students how to prepare medical documentation (inpatient or outpatient medical records);
- familiarizing students with the principles of organization and operation of medical and preventive institutions of various types;
- formation of skills in studying scientific literature and official statistical reviews;
- developing communication skills with patients, taking into account ethics and deontology, depending on the identified pathology and characterological characteristics of the patients.

2. REQUIREMENTS FOR THE RESULTS OF MASTERING THE DISCIPLINE

The process of studying dermatovenerology is aimed at developing the following competencies in accordance with the Federal State Educational Standard of Higher Education and the EP of Higher Education in this specialty:

- a) universal;**
- b) general professional (GPC); c)**
- professional (PC): 3.4.**

3. THE PLACE OF DISCIPLINE IN THE STRUCTURE OF EP VO

3.1. The academic discipline of dermatovenerology is basic and relates to the cycle of skin and venereal diseases.

4. CONTENT AND STRUCTURE OF THE DISCIPLINE **Labor intensity of the discipline in 3, hours 108**

4.1. Sections of the discipline studied in the 7th semester

Section number	Name of section	Number of hours					
		Total	Contact work				SRS
			L	WITH	ETC	LR	
1	General dermatology	18	4		6		8
2	Private dermatology	54	8		thirty		16
3	Venereology	36	4		18		14
Total for the semester		108	16		48		38
Interim certification form (test/test with assessment/exam)			test				

4.2. Contact work

Lectures

Section number	No. lectures	Lecture topics	Number of hours
Semester 7			
1	1.	Introduction to dermatology. History of dermatology. Deontology in practice	2
1	2.	Morphological elements of skin rashes. Methodology for examining a skin patient.	2
2	3.	Pyoderma. Scabies.	2
2	4.	Mycoses.	2
2	5	Viral, blistering dermatoses	2
2	6	Dermatitis. Toxidermy. Eczema. Prof. skin diseases. Itchy dermatoses.	2
2	7	Psoriasis. Lichen planus.	2
3	8	History of venereology. The primary period of syphilis. Secondary period of syphilis. Tertiary period	2
Total hours per semester			16

Seminars, practical work

Section number	Seminar No., PR	Topics of seminars, practical work	Quantity hours	Forms of current control
Semester 7				

Section number	Seminar No., PR	Topics of seminars, practical work	Quantity hours	Forms of current control
1	1.	Structure and physiology of the skin. Pathomorphological processes.	2	Interviewse, solving situational problems, written survey, oral survey
1	2.	Methodology for examining a skin patient. Morphological elements. Principles of treatment.	4	-
2	3.	Pyoderma. Scabies.	4	-
2	4.	Psoriasis. Lichen planus. Zhiber's pink lichen.	4	-
2	5	Mycoses (keratomycosis, athlete's foot inguinal, athlete's foot, rubromycosis). Trichophytosis, microsporia, favus, candidiasis.	4	-
2	6	Dermatitis. Toxidermy. Eczema.	4	-
2	7	Skin itching. Neurodermatitis. Hives.	4	-
2	8	Lupus erythematosus. Scleroderma. Lupus. Leprosy.	4	-
2	9	Seborrhea. Acne vulgaris and rosacea. Reticuloses. The concept of genodermatoses. Blistering and viral diseases.	6	-
3	10	The causative agent of syphilis. Transmission routes. General pathology. Primary period.	6	-
3	eleven	Secondary period of syphilis. Tertiary period of syphilis. Congenital syphilis.	6	Passing practical skills
3	12	STI. Gonorrhea in men. Trichomoniasis. Nongonococcal urethritis of men.	6	Testing
		Total	54	

4.3. Independent work of students

Section number	Type of independent work of students	Quantity hours	Forms current control
Semester 7			
General dermatology	Preparation for classes, preparation for current control, preparation for intermediate control	8	Abstract, survey

Section number	Type of independent work of students	Quantity hours	Forms of current control
Private dermatology	Writing abstracts, writing a medical history, preparing for classes, preparing for current control, preparing for intermediate control	16	Abstract, survey
Venerology	Preparation for classes, preparation for current control, preparation for intermediate control, preparation for final control	12	Abstract, survey
Total hours per semester		36	

5. ASSESSMENT MATERIALS FOR CURRENT CONTROL, INTERMEDIATE CERTIFICATION(is an appendix to the work program).

6. EDUCATIONAL AND METHODOLOGICAL SUPPORT OF DISCIPLINE

6.1. Printed publications

p/no.	Name	Authors)	Year, place publication	Qty	
				in bib Lyotheque	at the department
1	2	3	4	7	8
1.	Dermatovenereology	E.V.Sokolovsky	St. Petersburg, 2017	50	1
2.	Dermatovenereology	A.V. Samtsov, V.V. Barbinov.	SPb.: SpecialLit, 2008	51, ER	4
3	Dermatovenereology	E.V.Sokolovsky	M.: Academy, 2005.	63	4
4	Skin and venereal diseases: textbook	Yu.K. Skripkin, A.A. Kubanova, V.G. Akimov.	M.: GEOTAR - Media, 2007, 2012 (EBS "Cons.	7, ER	

6.2. Internet resources.

	ELECTRONIC EDUCATIONAL RESOURCES	Access to resource
	Electronic library Rost State Medical University URL: http://109.195.230.156:9080/opac/	Unlimited access
	Student advisor: EBS. – Moscow: LLC "IPUZ."- URL: http://www.studmedlib.ru	Unlimited access
	Doctor's consultant. Electronic medical library: EBS. – Moscow: LLC GC "GEOTAR". - URL: http://www.rosmedlib.ru	Unlimited access

	Consultant Plus: reference legal system.- URL: http://www.consultant.ru	Access from university computers
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	Scientific electronic library eLIBRARY URL: http://elibrary.ru	.-	Ope naccess
	Scopus/ Elsevier Inc., Reed Elsevier. – Philadelphia: Elsevier BV, PA. – URL: http://www.scopus.com/ via IP addresses of RostSMU and remotely after registration (National Project)		Unlimited access
	Web of Science/ Clarivate Analytics. - URL: http://apps.webofknowledge.com via IP addresses of RostSMU and remotely after registration (National Project)		Unlimited access
	ScienceDirect. Freedom Collection [journals] / Elsevier. – URL: www.sciencedirect.com . via IP addresses of RostSMU and remotely after registration(<i>National project</i>)		Unlimited access
	Wiley Online Library /John Wiley & Sons. - URL: http://onlinelibrary.wiley.com via IP addresses of RostSMU and remotely after registration (National Project)		Unlimited access
	Single window of access to information resources.- URL: http://window.edu.ru/		Ope naccess
	Russian education. Federal educational portal. - URL: http://www.edu.ru/index.php		Ope naccess
	Federal Electronic Medical Library of the Russian Ministry of Health. - URL: http://www.femb.ru/feml/ , http://feml.scsmr.rssi.ru		Ope naccess
	Medical Bulletin of the South of Russia URL: https://www.medicalherald.ru/jour or from the RostSMU website	.-	Ope naccess
	World Health Organization. - URL: http://who.int/ru/		Ope naccess
	Other Open resources can be found at: http://rostgmu.ru →Library→Electronic catalogue→Open Internet resources→further by keyword...		

6.3. Guidelines for students on mastering the discipline.

1	Questions of general dermatovenerology. educational manual for medical students faculties.	O.A. Sidorenko, V.A. Grebennikov, L.A. Anisimova, V.E. Temnikov.	M., 2015	1	1
2	Modern aspects of psoriasis. textbook for medical students. faculties.	O. A. Sidorenko, L. A. Anisimova, E.P. Opruzhenkova, V.V. Starostenko.	M., 2015	1	1

3	General dermatovenerology with morphofunctional features of the oral mucosa. educational and methodological manual for medical students. universities	L.A. Anisimova, O.A. Sidorenko, E.P. Opruzhenkova, V.V. Starostenko.	Rostov-on-Don, 2017	2	2
4	Pharmacological reference book for dermatologists and cosmetologists. for doctors, interns, wedge. residents, graduate students, students.	V. A. Grebennikov, V. E. Temnikov, L.A. Anisimova [and others]	M., -Medicine, - 2017		
5	Scleroderma limited (Diagnostics, clinic, treatment): educational and methodological manual for doctors, interns and residents dermatovenerologists.	G.E. Gursky	Rostov-on-Don, 2014	10	10
6	Questions of general dermatovenerology: textbook - method. student manual honey. Faculties	V.A. Grebennikov, O.A. Sidorenko, L.A. Anisimova, V.E. Temnikov.	Rostov n/d: Publishing house RostSMU, 2011.	6	10

7. MATERIAL AND TECHNICAL ENSURING DISCIPLINE

7.1. Educational and laboratory equipment.

Name	Quantity
Printer	1
PC	1
Screen	1
Projector	0
Laptop	0
Sets of slides, slidescope	1
Tables	Respectively nosologies
Dummies (set)	1
Situational tasks	6
Test tasks	8
Boards	3
Study furniture (tables, chairs, cabinets)	enough

**ASSESSMENT MATERIALS FOR CURRENT CONTROL,
INTERMEDIATE CERTIFICATION**

**1.1. QUESTIONS FOR PREPARING STUDENTS FOR THE EXAM IN
DERMATOVENEROLOGY FOR STUDENTS OF LP, ED, MPF AND DENTIST.
FACULTY.**

GENERAL DERMATOLOGY

EXAMINATION QUESTIONS. Faculty

1. The founders of the domestic dermatology everyone
2. Features of domestic dermatological schools for everyone
3. The structure of normal skin people to everyone
4. Anatomical and physiological features of the skin of children ped.
5. The structure of the epidermis, its functions for all
6. The building itself dermis for everyone
7. Sweat glands. Structure. Functions for all
8. Sebaceous glands. Structure. Functions for all
9. Hair. Characteristic. Building for everyone
10. Circulatory, lymphatic systems skin to everyone
11. Nervous apparatus of the skin. Like an organ feelings to everyone
12. Normal skin microflora. Quantitative and qualitative composition of the microflora of healthy skin lubricant people to everyone
13. Functions skin to everyone
14. Protective functions skin to everyone
15. Skin involvement in thermoregulation for everyone
16. Excretory and resorptive functions skin to everyone
17. Participation of the skin in metabolism substances to all
18. Pathological processes in epidermis everything
19. Process disruption keratinization for everyone
20. Exudative processes in epidermis everything
21. Proliferative processes in epidermis everything
22. Inflammatory processes in epidermis everything
23. Primary and secondary morphological elements. Definition. Clinical examples for everyone
24. Primary cavitory morphological elements all
25. Primary non-cavitory morphological elements all
26. Clinical signs of papule. Its varieties, difference from tubercle to everyone
27. Secondary morphological elements. Definition. Clinical examples for everyone
28. Principles of general treatment of patients suffering dermatoses for everything
29. Hyposensitizing therapy for everyone
30. Indications for treatment of skin patients with corticosteroid hormones. The doctor's tactics when dealing with them prescription of treatment, ped.
31. Indications for use vitamin "C" treatment, ped.
32. Indications for prescribing vitamins "In" treat, ped.
33. Diet therapy in dermatology treatment, ped.
34. Spa therapy dermatosis-involved, ped.
35. Principles of external treatment of skin patients suffering from dermatoses for everything
36. Cold lotions, wet-drying bandages for everyone
37. Ointments. Indications and contraindications for everyone
38. Pastas. Indications and contraindications for application to all
39. Skin examination technique patient, ped.
40. Paraclinical research methods specific to dermatology

Andvenereology treatment

41. Skin tests in the diagnosis of occupational diseases skin treatment,

medical prof.

PRIVATE DERMATOLOGY.

1. Acute staphylo-derma. Difference from strepto-derma. Clinic and treatment
boil, carbuncle, hidradenitis,

medical prof.

2. Staphylococcal impetigo. Epidemic pemphigus of newborns.

Clinic, treatment, prophylaxis ped.

3. Vesiculopustulosis newborns ped.

4. Multiple abscesses newborns (pseudofurunculosis) ped.

5. Exfoliative dermatitis of newborns Ritter ped.

6. Chronic staphylo-derma (furunculosis, staphylococcal sycosis) everyone

7. Streptococcal impetigo. Characteristic, varieties of all

8. Streptostaphylococcal impetigo to everyone

9. Classification of fungal diseases. Tinea versicolor

(causative agent, clinic, treatment) for everyone

10. Superficial trichophytosis of the scalp everyone's heads

11. Superficial trichophytosis smooth skin to everyone

12. Chronic trichophytosis for everyone

13. Infiltrative-suppurative trichophytosis for everyone

14. Microscopy of the scalp everyone's heads

15. Rubrofitiya everyone

16. Athlete's foot stop everyone

17. Inguinal athlete's foot everyone

18. Candidiasis of the skin and mucous membranes. Clinic, treatment to everyone

19. Candidiasis of the skin and mucous membranes of the mouth and lips. Clinic and treatment dentist.

20. Prevention of fungal diseases for all

21. Scabies. Epidemiology, clinic, treatment, prevention. Peculiarities
currents children to everyone

22. Pediculosis. Clinical manifestations, treatment and prevention for everyone

23. True eczema. Etiology, pathogenesis, clinical picture and treatment for everyone

24. Microbial eczema. Clinic, treatment for everyone

25. Seborrheic eczema of everything

26. Children's eczema of everything

27. Clinic of eczematous cheilitis, differential diagnosis, treatment dentist.

28. Dermatitis (contact allergic and contact non-allergic) everyone

29. Toxicoderma everyone

30. Skin itching. Neurodermatitis (common, focal) to everyone

31. Hives for everyone

32. Children's scratched

33. Classification of pemphigus. Clinic and treatment of true pemphigus treatment

34. Dühring's dermatosis. Feature of the flow children pedagogical faculty

35. Tuberculosis lupus, ped.

36. Colliquative tuberculosis skin to everyone

37. Papulo-necrotic tuberculosis skin to everyone

38. Indurative erythema of everything

39. Lepravitom

40. Chronic red lupus for everyone

41. Focal scleroderma everyone

42. Red flat deprive everyone

43. Lichen planus. Clinical manifestations on the mucous membrane
mouth Treatment for everyone

44. Psoriasis for everyone

45. Pityriasis rosea. Differential diagnosis with toxidermy to everyone

46. Simple bubble and girdling deprive everyone

47. Molluscum contagiosum. Vulgarwarts for everyone
48. The concept of genodermatoses. Ichthyosis. to everyone
49. Seborrhea. Vulgar to all acne
50. Leukoplakia, clinical varieties of stomat.
51. Benign skin tumors. Spinocellularepitheliomamal.
52. Lymphoma of the skin. SarcomaKaposi. Treat.
53. Polymorphic exudativeerythema of everything
54. Clinical manifestations of multimorphic exudative erythema on mucous membranemouthtomat.

VENERELOGY

1. Morphology, biology of pallidumtreponemyeveryone
2. Ways of infection with syphilis. Transfusionsyphilis everyone
3. Classical course of untreatedsyphilisto all
4. Classification of syphilis in all
5. Changes in lymph nodes withsyphilisto all
6. Primaryperiod of syphilis for everyone
7. Characteristics of a typical primarysyphiloma for everyone
8. Chancre of the mucous cavitymouthtomato
9. Diff. diagnosis of primary syphiloma with chancriformispyoderma to everyone
10. Diff. diagnosis of primary syphiloma with herpeticerosion to everyone
11. Diff. diagnosis of primary syphiloma with mildchancre for everyone
12. Diff. diagnosis of primary syphiloma with tuberculosisulcer everyone
13. Atypical primarysyphiloma for everyone
14. Complications of primarysyphiloma for everyone
15. Secondary period of syphilis (characteristic, generalcurrent) everyone
16. Secondary freshsyphilis everyone
17. Secondary relapsesyphilis everyone
18. Manifestations of secondary syphilis in the cavitymouthtomato
19. Diff. diagnosis of secondary fresh and recurrentsyphilisto all
20. Characteristics of secondary period rashessyphilisto all
21. Syphiliticrose to everyone
22. Diff. diagnosis of syphilitic roseola andpink lichen for everyone
23. Papularsyphilis to everyone
24. Diff. diagnosis of papular syphilide withpsoriasis to everyone
25. Diff. diagnosis of broad and pointedgenital warts for everyone
26. Pustularsyphilis to everyone
27. Syphiliticleuodermeveryone
28. Syphiliticalopecia everyone
29. Diff. diagnosis of syphilitic alopecia with focalbaldness everyone
30. Diff. diagnosis of syphilitic alopecia with superficialtrichophytosis to all
31. Characteristics of secondary syphilides of the mucous membranes, their epidemiology.meaning to everyone
32. Diff. diagnosis of syphilitic tonsillitis secondaryperiod to everyone
33. Manifestations of tertiary syphilides in the cavitymouthtomato
34. Hidden earlysyphilis everyone
35. Characteristics of rashes of the tertiary period of syphilis onleather to all
36. Tuberos gumoussyphilis to everyone
37. Damage to bones and joints withsyphilisto all
38. Latent syphilis. Epid. meaning, course, featuresdiag-kivsem
39. Ways of transmission of syphilisposterity to all
40. Congenital syphilis (definition, classification,current) everyone
41. Early congenitalsyphilis everyone
42. Congenital syphilis of infantseveryone's age

43. Congenital syphilis of early childhood everyone's age
44. Late congenital syphilis. Unconditional and probable signs for everyone
45. Dynamics of serological reaction during syphilis to all
46. Laboratory diagnostic methods syphilis to all
47. Principles of treatment of patients with syphilis. Preventive treatment.
Characteristics of drugs used for treatment syphilis. everyone
48. Morphology and biology gonococcus. all
49. Classification gonorrhoea. all
50. Laboratory diagnostics gonorrhoea. all
51. Gonorrhoeal urethritis. everyone
52. Fresh acute total gonorrhoeal urethritis. everyone
53. Gonorrhoeal epididymitis. everyone
54. Catarrhal gonorrhoeal prostatitis. everyone
55. Follicular gonorrhoeal prostatitis. everyone
56. Parenchymal gonorrhoeal prostatitis. everyone
57. Chronic gonorrhoea. everyone
58. Latent gonorrhoea. Epidemiological meaning. to everyone
59. Cure criteria gonorrhoea. all
60. Gonorrhoea girls. ped
61. Gonorrhoeal vulvovaginitis girls. ped
62. Complications gonorrhoea. all
63. Trichomoniasis everyone
64. Non-gonococcal urethritis in men (pathogens, routes of transmission, clinical picture, diagnosis, treatment) for everyone
65. Trichomonas vaginitis in girls. ped
66. Mycotic vaginitis in girls. ped
67. Urogenital candidiasis in women to everyone
68. Candida balanoposthitis everyone
69. Viral vaginitis in girls. ped
70. Genital herpes to everyone
71. Recurrent herpes to everyone
72. Pointed drants to everyone
73. Non-infectious vulvovaginitis of girls (causes, course, treatment) ped
74. Bacterial vaginosis for everyone
75. Diff. diagnosis of urethritis in men to everyone
76. Methods of provocation for urethritis to everyone
77. Chlamydia urethritis everyone
78. Chlamydia in men to everyone
79. Chlamydia in women to everyone
80. Urogenital mycoplasmosis everyone
81. Ureaplasmosis for everyone
82. Epidemiology AIDS for everyone
83. Skin manifestations with AIDS for everyone
84. Methods of personal and public prevention of sexually transmitted diseases diseases to all
85. Prevention of sexually transmitted diseases in children's educational institutions
86. Dispensary methods of combating sexually transmitted diseases diseases to everyone

1.2. STATE BUDGETARY EDUCATIONAL INSTITUTION OF HIGHER PROFESSIONAL EDUCATION ROSTOV STATE MEDICAL UNIVERSITY MINISTRY OF HEALTH AND SOCIAL DEVELOPMENT OF RUSSIA

Department of Skin and Venereal Diseases

Discipline: dermatovenerology	
List of practical skills:	
1. Inspection	skin and visible mucous membranes.
2. Diascopy, palpation, scraping.	
3. Playback	and assessment of dermographism.
4. Definition	pain and tactile sensitivity.
5. Playback	Balzer tests.
6. Symptom Definition	Nikolsky.
7. Definition	triad of psoriasis symptoms.
8. Fence	material for determining Tzanck cells.
9. Fence	cystic fluid to determine the number of eosinophils.
10. Collection of pathological material for the diagnosis of fungal diseases.	
11. Test for hair gland mites.	
12. Puncture of lymph nodes.	
13. Setting up and evaluating the Jadassohn test.	
14. Setting and evaluation of skin tests.	
15. Taking material for testing for Treponema pallidum.	
16. Taking material to determine the causative agent of urethritis.	
17. Methods of using various dressings, lotions, dermatological compresses, ointments, pastes, shaken suspensions, aerosols, patches.	
18. Removal of nail plates.	
19. Prostate massage.	
20. Instillation of the urethra.	
21. Catheterization with a soft catheter.	
22. Prescription writing.	
23. Filling out an emergency notice.	
24. Registration of a certificate of temporary incapacity for work.	
25. Filling out a health resort card.	
Manager	Department Sidorenko
	O.A.
Date: September 3, 2022	

1.3. Tests.

Option 1

1 t.o. Rostov dermatologist P.V. Nikolsky developed:

- 1) diagnosis of chlamydia
- 2) pemphigus diagnosis
- 3) treatment of mycosis fungoides
- 4) treatment of trichomoniasis

2. That. The founders of Russian dermatology:

- 1) N.I. Pirogov
- 2) A.G. Plotebnov
- 3) N. Amosov
- 4) I.P. Pavlov
- 5) Alibur

3. That. The layers of the epidermis are distinguished:

- 1) reticulate
- 2) spinous
- 3) hyaline
- 4) reticular

4. That. The basal layer of the epidermis consists of:

- 1) three rows
- 2) one row
- 3) 8-15 rows
- 4) 100-200 rows

5. That. The cells of the basal layer have the shape:

- 1) polygonal
- 2) cylindrical
- 3) ovoid
- 4) round

6. That. The epidermis includes the following layers:

- 1) basal,
- 2) spiny,
- 3) grainy,
- 4) papillary,
- 5) brilliant,
- 6) horny

7. That. The dermis contains the following types of fibers:

- 1) collagen,
- 2) elastic,
- 3) hyaline,
- 4) argyrophilic,
- 5) muscular,
- 6) nervous;

8. That. Basal cells have inclusions:

- 1) fatty
- 2) pigment
- 3) amyloid
- 4) horny

9. That. The protective functions of the skin from:

- 1) mechanical influences,
- 2) overheating or cooling,
- 3) ultraviolet rays,
- 4) x-rays,
- 5) microbes
- 6) chemical irritants

10. That. Morphological elements that give crusts:

- 1) papule
- 2) vesicle
- 3) blister

11. That. Morphological elements ending in scar atrophy:

- 1) tubercle
- 2) nodule
- 3) ulcer

12. Thus, disorders of gastric secretion are characteristic and have pathogenetic significance in:

- 1) rosacea,
- 2) chronic urticaria,
- 3) urticaria pigmentosa,
- 4) simple contact dermatitis

13. Thus, after the ulcer

- there remains: 1)
cicatrical atrophy 2)
scar
3) crack

14. Thus, during the evolution of a vesicle, the following are formed: 1) a scar
2) crus
3) ulcer
67. incl. Treatment of microsporia should be carried out:
1) outpatient
2) in hospital
3) on a day hospital
68. incl. After treatment of microsporia, you can attend school if:
1) single negative test
2) double negative analysis
3) triple negative test
4) sixfold negative test
69. incl. The following manifestations can be detected in the lesion in the discoid form of chronic lupus erythematosus:
1) erythema,
2) follicular hyperkeratosis,
3) scar atrophy,
4) scarring,
5) infiltration,
6) erosion,
7) pigmentation, 8) telangiectasia;
70. incl. The following forms of sporotrichosis are distinguished:
1) superficial
2) localized subcutaneous
71. incl. Anticandidiasis drugs include all of the following, except:
1) nystatin ointment
2) 0.25% alcohol or aqueous solution of aniline dyes
3) levorin suspension
4) bonaftone ointment
72. incl. Clinical varieties of limited scleroderma are:
1) plaque,
2) linear,
3) ulcerative,
4) superficial,
5) white spot disease;
73. incl. Chronic candidiasis of the mucous membranes is associated with:
1) hypothyroidism
2) hypoparathyroidism
3) hypocorticism
74. incl. Side effects of nystatin include all of the following, except:
1) nausea
2) vomiting
3) loose stool
4) dermatitis
75. incl. Molds affect everything except
1) skin
2) mucous membranes

- 3) nails
 - 4) hair
76. incl. With dermatomyositis, the following symptoms are determined:
- 1) skin lesions in the form of edema, erythema, "spectacles", etc.;
 - 2) myositis with creatinuria, myalgia, myasthenia;
 - 3) damage to the digestive tract;
 - 4) follicular keratosis;
 - 5) labored breathing;
 - 6) severe loss of body weight;
77. incl. All of the following contribute to the development of candidiasis, except:
- 1) diabetes mellitus
 - 2) antibiotic treatment
 - 3) sweating
 - 4) hypertensive bol.
78. incl. Microsporia infection occurs from:
- 1) cats and dogs
 - 2) cattle
 - 3) rodents
79. incl. Infection of children with rye microsporum occurs from:
- 1) cows, horses
 - 2) cats, dogs
 - 3) person
80. incl. Favorite localization of the tubercle in tuberculous lupus:
- 1) scalp
 - 2) face
 - 3) extensor surface of the elbow and knee joints
81. incl. On histopathological examination of the affected skin, pemphigus vulgaris is characterized by:
- 1) fissure-like blisters located intraepidermally;
 - 2) disappearance of intercellular bridges;
 - 3) acantholytic cells. For vegetative forms:
 - 4) pronounced acanthosis and papillomatosis,
 - 5) skin atrophy;
82. incl. Microsporia infection occurs from:
- 1) cats, dogs, people
 - 2) cattle
83. incl. When treating microsporia the following is prescribed:
- 1) tetracycline
 - 2) nystatin
 - 3) griseofulfin
84. incl. Signs of acute urticaria are the following except:
- 1) blister
 - 2) skin itching
 - 3) abdominal pain
 - 4) arthralgia
 - 5) plaques with pearlescent scales
85. incl. Which concepts of the pathogenesis of pyodermitis are leading:
- 1) immunological,
 - 2) infectious-allergic,

- 3) endocrine,
 - 4) exchange,
 - 5) neurogenic
86. incl. Manifestations of atopic dermatitis most often begin:
- 1) from birth
 - 2) from one month of age
 - 3) after one year
 - 4) in preschool age
87. incl. Symptoms of atopic dermatitis include, except:
- 1) itching
 - 2) erythematous-squamous lesions with lichenization
 - 3) visual-squamous lesions with eczematization
 - 4) diarrhea
88. incl. Name the laboratory tests that are appropriate and necessary to assess the pathogenesis of pyodermitis:
- 1) general blood and urine analysis;
 - 2) blood sugar;
 - 3) complement titer;
 - 4) lysozyme activity;
 - 5) degree of phagocytosis;
 - 6) sensitivity of microbial flora to antibiotics
89. incl. The main clinical signs of strophulus include:
- 1) vesicles
 - 2) bullous elements
 - 3) polygonal papules
 - 4) papulovesicles with scratches in the center
90. incl. A child with strophulus needs research, except:
- 1) stool analysis for dysbacteriosis
 - 2) stool analysis for worm eggs
 - 3) clinical blood test
 - 4) sputum analysis
91. incl. Dühring's dermatosis herpetiformis is characterized by:
- 1) severe itching and burning, especially at the beginning;
 - 2) rash - polymorphic,
 - 3) damage to the oral mucosa is absent or insignificant, is not initial,
 - 4) epithelization of erosions is relatively rapid,
 - 5) general condition is good,
 - 6) evolution manifests itself in outbreaks and remissions,
 - 7) eosinophilia in the contents of the bladder and in the blood often
 - 8) sensitivity to iodine - absent,
 - 9) Nikolsky's sign is positive,
 - 10) The age of patients is mainly 16-50 years,
 - 11) acantholytic cells are absent,
 - 12) improvement from administration of sulfones;
92. incl. Signs of erythema nodosum include:
- 1) dense, symmetrically located in the subcutaneous base. painful nodules, cherry red in color
 - 2) itching

- 3) increase in body temperature
93. incl. Clinical signs of psoriasis are:
- 1) reddish papules with silvery scales
 - 2) polygonal papules with a depression in the center
 - 3) blisters
94. incl. Risk factors for the development of acne vulgaris are:
- 1) gastrointestinal pathology,
 - 2) adolescence,
 - 3) pregnancy,
 - 4) oily seborrhea,
 - 5) menopause,
 - 6) comedones
95. incl. Congenital epidermolysis bullosa is characterized by. except:
- 1) the appearance of bubbles in places of mechanical impact
 - 2) the presence of erosions at the site of opened blisters
 - 3) positive Nikolsky sign
 - 4) itching
96. incl. Psoriasis affects:
- 1) joints
 - 2) nasopharynx
 - 3) lungs
97. incl. List the therapeutic measures necessary for furunculosis:
- 1) prescribing a broad-spectrum antibiotic after a preliminary assessment of the antibiogram;
 - 2) antibiotic tolerance assessment and use nonspecific hyposensitizing agents
 - 3) staphyloantoxin, antifagin, autohemotherapy;
 - 4) ichthyol, external antiseptic preparations;
 - 5) UFO, UHF
98. incl. Signs of simple ichthyosis are the following, except:
- 1) dry skin
 - 2) large- and medium-plate peeling
 - 3) nail dystrophy
 - 4) empty elements
99. incl. The morphological elements of pyoderma are:
- 1) pustule
 - 2) papule
 - 3) tubercle
 - 4) blister
100. incl. A sign of vulgar ichthyosis is:
- 1) weeping in the folds of the skin
 - 2) dry skin
 - 3) bubbles on the soles
 - 4) broken hair on the scalp
101. incl. Risk factors for rosacea:
- 1) gastrointestinal diseases,
 - 2) adolescence,
 - 3) pregnancy,

- 4) solar radiation,
 - 5) oily seborrhea, 6) menopause,
 - 7) comedones
102. incl. Vulgar ichthyosis has clinical manifestations:
- 1) weeping with itching
 - 2) lamellar peeling
 - 3) blistering rash
 - 4) urticarial rash
103. incl. Characteristics of vulgar ichthyosis are:
- 1) hyperkeratosis on the palms
 - 2) Auspitz triad
 - 3) apple jelly symptom
104. incl. For vulgar ichthyosis it is preferable:
- 1) hydroalcoholic mash
 - 2) 2-3% salicylic cream
 - 3) benzyl benzoate suspension
105. incl. Epidermolysis bullosa simplex is inherited:
- 1) autosomal dominant
 - 2) autosomal recessive
 - 3) inheritance is not typical
106. incl. The desert-rural type of leishmaniasis is characterized by:
- 1) long incubation - from 2-3 months. up to 1-2 years or more,
 - 2) rapid development of ulcers during the first month,
 - 3) frequent formation of nodular lymphangitis and tubercles of contamination,
 - 4) recovery within 3-6 months; 107.t.h.
- Ichthyosis vulgaris is inherited
- 1) autosomal dominant 2) autosomal recessive 3) inheritance is not typical
108. incl. Morphological element for staphylococcal impetigo:
- 1) blister
 - 2) papule
 - 3) pustule
 - 4) tubercle
109. incl. Seizure with streptococcal infection is complicated by:
- 1) microsporia
 - 2) candidiasis
 - 3) leishmaniasis
277. t.s. Symptoms of syphilitic erythematous sore throat:
- 1) purulent plugs
 - 2) pink tint
 - 3) temperature increase
 - 4) bluish lesions that are painless when swallowing
278. t.s. Parts of the papules in secondary syphilis are:
- 1) genitals
 - 2) extensor surfaces of the elbow joints
 - 3) sacrum
 - 4) skin folds

279. t.s. Secondary recurrent syphilis is characterized by:

- 1) leucoderma
- 2) parenchymal keratitis
- 3) grouped tubercular syphilide
- 4) saber shins

280. t.s. Secondary fresh syphilis is characterized by:

- 1) alopecia
- 2) wide condylomas
- 3) leucoderma
- 4) remains of chancre

281. t.s. With secondary syphilis, the rashes are:

- 1) spotted
- 2) papular
- 3) pigment
- 4) gummous

282. t.s. For secondary syphilides it is characteristic:

- 1) absence of acute inflammatory phenomena
- 2) bright hyperemia
- 3) soreness
- 4) painlessness

283. t.s. To detect treponema pallidum, take:

- 1) discharge from erosion, ulcers
- 2) affected hair
- 3) scraping of scales

284. t.s. Syphilitic roseola is sometimes mistaken for:

- 1) toxicodermis
- 2) pemphigus
- 3) tuberculous lupus
- 4) lichen planus

285. t.s. Secondary recurrent syphilis is characterized by:

- 1) hoarseness of voice
- 2) Hochsinger infiltration
- 3) syphilitic pemphigus
- 4) parenchymal keratitis

286. t.s. Characteristics signs of pale Treponemas are as follows:

- 1) curls 8-20;
- 2) the length of the entire treponema is from 4 to 25 μm
- 3) at the ends of the treponema -capitatevesicular formations - blepharoplasts, to which fibrils, organs of movement, are attached.

287. t.s. Treponema produces movements:

- 1) flexion;
- 2) translational due to helical shapes around the axis,
- 3) contractile /convulsive, wave-like/;
- 4) jumping

288. t.s. For secondary syphilides it is characteristic:

- 1) absence of acute inflammatory phenomena
- 2) soreness
- 3) scarring
- 4) bright red color

289. t.s. The Hutchinson triad includes:

- 1) syphilitic pemphigus
- 2) diffuse Hochsinger infiltration
- 3) parinchematous keratitis

290. t.s. Symptoms of early congenital syphilis:

- 1) syphilitic runny nose
- 2) Hutchinson's teeth
- 3) chancre
- 4) accompanying bubo

291. t.s. Chancre is manifested by the following symptoms:

- 1) in the form of erosion or ulcers;
- 2) the outlines are regular, round or oval;
- 3) the boundaries are sharp, without acute inflammatory phenomena in the circumference;
- 4) the bottom of the erosion is smooth and shiny;
- 5) the color is meat-red, of freshly cut muscle, sometimes grayish-yellow;
- 6) the edges descend saucer-shaped to the bottom;
- 7) upon palpation, an infiltrate at the base is determined;
- 8) discharge is insignificant, serous, translucent;
- 9) usually accompanied by itching or pain;
- 10) the value most often is a 10-15 kopeck coin;
- 11) happens mostly solitary

292. t.s. After chancre formation RW+ after:

- 1) 3-5 days
- 2) 1 week
- 3) 3-4 weeks
- 4) 40 days
- 5) 6-7 weeks

293. t.s. Signs of primary syphilis:

- 1) chancre
- 2) Wasserman negative reaction
- 3) regional sclerodermatitis
- 4) positive Wasserman reaction

294. t.s. Reliable signs of late congenital syphilis:

- 1) Hutchinson's triad
- 2) perioral scars of Funier
- 3) Parrot's pseudoparalysis
- 3) purse-string molars
- 4) syphilitic papules

295. t.s. Papular syphilides are differentiated from:

- 1) toxicodermis
- 2) psoriasis
- 3) pityriasis versicolor
- 4) rosacea
- 5) pemphigus

296. t.s. Atypical form of primary syphiloma:

- 1) phimosis
- 2) paraphimosis
- 3) indurative edema
- 4) fagedinism

297. t.s. Crucial in the early diagnosis of syphilis:
- 1) Wasserman reaction
 - 2) REEF
 - 3) RIT
 - 4) microreaction
 - 5) dark field research
298. t.s. Treponema pallidum is a microorganism of the form:
- 1) spirals
 - 2) ball
 - 3) sticks
 - 4) threads
299. t.s. Common signs/rashes secondary recurrent syphilis are:
- 1) limited and localized rashes
 - 2) small number of elements;
 - 3) their tendency to group with the formation of arcs, rings, etc.;
 - 4) "dark coloring";
 - 5) inflammatory corolla
300. t.s. Tertiary syphilis is characterized by all of the following except:
- 1) limitation of the lesion
 - 2) focal arrangement of rash elements
 - 3) the tendency of elements to decay
 - 4) pain in the affected areas
 - 5) formation of scars in place of resolved elements
301. t.s. The primary period of syphilis continues:
- 1) 2-3 weeks
 - 2) 4-5 weeks
 - 3) 6-7 weeks
 - 4) 11-12 weeks
 - 5) 13-14 weeks
400. that. Effective for chlamydial urethritis:
- 1) Biseptol
 - 2) trichopolium
 - 3) sumamed
 - 4) bicelin
 - 5) delagin
401. that. Possible complications with gonorrheal urethritis:
- 1) prostatitis
 - 2) erythroderma
 - 3) staphylo-derma
 - 4) cystitis
402. that. Causative agents of gonorrhoea:
- 1) Diplococcus Neissera
 - 2) virus
 - 3) chlamydia
 - 4) spirochete
403. that. When carrying out topical diagnostics for chronic gonorrhoea in men, you should first assess the condition:
- 1) a pair of urethral passages,
 - 2) Tyson's glands,

- 3) glands of Littre and lacunae of Morgagni,
 - 4) Bladder,
 - 5) epididymis and spermatic cord,
 - 6) rectum,
 - 7) testicles;
404. that. For trichomonas urethritis:
- 1) the infection only affects men
 - 2) clinical signs are similar to those of gonorrhoea
 - 3) tetracycline is effective
405. t.u. In the treatment of chlamydia they use:
- 1) penicillin
 - 2) tinidazole
 - 3) doxycycline
 - 4) streptomycin
406. that. Trichomoniasis in men can manifest itself:
- 1) obvious or hidden urethritis
 - 2) prostatitis
 - 3) epididymitis
 - 4) cavernite
 - 5) urethral structure
433. z.o. Carrying out a differential diagnosis involves assessing a) medical history
b) clinical picture of the disease
c) results of laboratory and histological examination d) trial treatment
d) all of the above
434. z.o. A comprehensive clinical examination of the skin includes all of the above, except a) scratching (scraping)
b) palpation
c) diascopy
d) measuring skin temperature
d) electrical resistance measurements
435. z.o. Substances with sensitizing effects cause all of the following, except a) contact dermatitis
b) allergic dermatitis c) eczema
d) urticaria
e) toxicoderma d) aminoglycosides e) cephalosporins
436. z.o. When microbes penetrate through the upper layers of the epidermis, bactericidal protection is provided
a) migration of leukocytes from vessels to the dermis and epidermis
b) mobilization of humoral bactericidal factors (bacteriolysins, agglutinones, lysozyme, complement, antimicrobial enzymes, etc.)
c) Langerhans cells perform the function of macrophages d) lysosomal enzymes of keratinocytes
d) all of the above
437. z.o. The electrical resistance of the skin depends on all of the following factors except

- a) intensity of sebum secretion b) intensity of sweating c) degree of blood filling
d) concentration of salts in tissue fluid e) integrity of the epidermis
438. z.o. The bactericidal properties of the skin decrease a) with debilitating diseases
b) with ionizing radiation
c) when damaged by chemicals
d) when exposed to substances that alkalize the acid mantle e) with all of the above
439. z.o. The most important functional research methods in dermatology are
a) determination of the intensity of sebum and sweating, pH b) determination of skin temperature and thermoregulation
c) determination of skin resistance to electric current d) vascular skin reactions
d) all of the above
474. z.s. Secondary syphilides are characterized by the following symptoms
a) rashes of the secondary period have fuzzy edges and irregular outlines
b) secondary period rashes are accompanied by a feeling burning, soreness
c) rashes of the secondary period persist for a long time, despite the therapy
d) the rash resolves quickly under the influence of treatment
e) the rash has an acute inflammatory nature
475. z.s. The patient received full treatment for secondary recurrent syphilis. Seroreactions were negative. During pregnancy, before the patient was taken off the register, she received preventive treatment. Activities for the child include
a) preventive treatment
b) one-time clinical and serological examination c) clinical and serological control
d) treatment according to regimens for early congenital syphilis e) treatment according to regimens for household syphilis
476. z.s. Patient N., 29 years old, consulted a doctor with complaints of ulceration on the penis. On the inner layer of the foreskin there are 3 oval-shaped ulcers with slight compaction at the base, sensitive to palpation. *Treponema pallidum* was not found. Wasserman's reaction is negative. The doctor's tactics include a)
examination of the sexual partner for syphilis
b) prescribing ointment treatment
477. z.s. Patient V., 42 years old, body weight 83 kg, single. During the occupational examination, a positive microprecipitation reaction with cardiolipin antigen was detected (express method). Classic seroreactions (reaction of complement fixation with treponemal and cardiolipin antigens and microprecipitation) are twice sharply positive in serum dilutions of 1:160 and 1:320, treponemal immobilization reaction - 47%, immunofluorescence reaction - 3+. Upon examination, slightly enlarged and compacted inguinal and occipital lymph nodes were found. The history includes casual sexual intercourse a year ago, self-medication with tetracycline (2 tablets 4 times a day, 4-5 days).
The patient should be diagnosed with
a) early latent syphilis b) late latent syphilis

c) latent unspecified syphilis d) false-positive seroreactions e) primary latent syphilis

Option 2

16. That. Primary morphological elements:
- 1) papule,
 - 2) tubercle,
 - 3) erosion,
 - 4) bubble,
 - 5) pustule,
 - 6) hidradenitis;
17. That. Secondary morphological elements:
- 1) ulcer,
 - 2) crust,
 - 3) scar,
 - 4) scar atrophy,
 - 5) blister
18. thus, the pathological process underlying the appearance of the bubble:
- 1) spongiosis
 - 2) parakeratosis
 - 3) hyperkeratosis
19. That. Elements arising due to acanthosis and papilomatosis:
- 1) blister
 - 2) bubble
 - 3) papule
20. That. Acantholysis leads to:
- 1) bubble
 - 2) blister
21. That. Preparations characterized by a disinfectant effect when used externally:
- 1) zinc oxide,
 - 2) aniline dyes,
 - 3) fukortsin
 - 4) deat
22. That. A banal infiltration in the dermis gives:
- 1) papulu
 - 2) tubercle
 - 3) blister
23. That. Dosage form for weeping on the skin:
- 1) powder
 - 2) lotion
24. That. Pathological process that underlies the tubercle:
- 1) banal infiltration
 - 2) edema
 - 3) typical infiltration
25. That. Morphological elements in staphyloiderma:
- 1) blister
 - 2) papule
 - 3) pustule

26. That. Morphological elements in streptoderma:

- 1) pustule
- 2) blister
- 3) tubercle

27. That. External disinfectant preparations:

- 1) furatsilin
- 2) cold cream
- 3) boric acid
- 4) rivanol
- 5) Lugol's solution

28. That. Preparations for external disinfection:

- 1) gramicidin
- 2) streptomycin
- 3) syntomycin
- 4) neomycin

110. incl. Diseases inherited in an autosomal dominant manner:

- 1) dominant vulgar ichthyosis,
- 2) hereditary diffuse palmoplantar keratoderma of the Unna type

Toast,

- 3) Greiter's keratoderemia,
- 4) epidermolysis bullosa simplex,
- 5) Meled's disease;

111. incl. With a boil, the inflammatory process is widespread to:

- 1) hair follicle
- 2) hair follicle and surrounding tissue
- 3) apocrine sweat glands
- 4) eccrine sweat glands

112. incl. With streptococcal and staphylococcal lesions, sensitization: 1) may occur

- 2) doesn't come
- 3) constant

113. incl. It is necessary to check your blood sugar level if:

- 1) streptococcal impetigo
- 2) folliculitis
- 3) chronic furunculosis
- 4) ostiofolliculitis

114. incl. Hemodermatoses in which inheritance is autosomal recessive:

- 1) congenital ichthyosis,
- 2) congenital lamellar ichthyosis,
- 3) summer epidermolysis bullosa of the feet and hands,
- 4) Papillon-Lefevre syndrome;

115. incl. With acne vulgaris, the glands are affected:

- 1) apocrine, sweat
- 2) greasy
- 3) eccrine

116. incl. Signs of streptococcal impetigo include:

- 1) hemispherical pustule
- 2) flabby pustule with transparent contents
- 3) follicular pustule

117. incl. Signs of erysipelas are:
- 1) erosive papules
 - 2) foci of erythema with tongue-like projections
 - 3) location in the perineum
 - 4) scalp damage
118. incl. During mycosis fungoides, the following clinical stages are distinguished:
- 1) erythematous,
 - 2) plaque /infiltrative/,
 - 3) atrophy,
 - 4) tumor
119. incl. Hidradenitis is characterized by localization:
- 1) on the scalp
 - 2) on the soles
 - 3) in the armpit area
 - 4) on the palms
120. incl. Signs of scabies are:
- 1) tubercles
 - 2) papulovesicles
 - 3) paired arrangement of elements
 - 4) nodes
 - 5) blisters
121. incl. Scabies may cause complications such as:
- 1) hives
 - 2) pyoderma
 - 3) scrofuloderma
 - 4) microsporia
122. incl. The group of optional precancerosis includes:
- 1) senile keratoma,
 - 2) leukoplakia of the tongue,
 - 3) cutaneous horn,
 - 4) kraurosis of the vulva,
 - 5) x-ray late damage,
 - 6) skin amyloid;
123. incl. To treat scabies in children, the following is used:
- 1) papaverine ointment
 - 2) 10% water-soap emulsion benzyl benzoate
 - 3) 1% hydrocortisone ointment
 - 4) prednisolone ointment
124. incl. The group of fungal hair infections includes:
- 1) psoriasis
 - 2) microsporia
 - 3) Athlete's foot
 - 4) alopecia areata
125. incl. The carriers of microsporia are:
- 1) cats
 - 2) cattle
 - 3) dogs
126. incl. The following groups of skin changes in newborns are distinguished:

- 1) consequences of the birth act,
 - 2) congenital anomalies,
 - 3) physiological changes in the skin,
 - 4) deep mycoses,
 - 5) sclera-like compactions and swelling of the skin,
 - 6) microbial diseases
127. incl. Carriers of trichophytosis are:
- 1) mice
 - 2) dogs
 - 3) cows
128. incl. Sign of microsporia of the scalp:
- 1) serous-purulent crusts
 - 2) hair broken off at the level of 5-6 mm
 - 3) black spots where hair is
 - 4) atrophic phenomena
129. incl. Signs of deep trichophytosis are:
- 1) hair color change
 - 2) folliculitis
 - 3) foci of atrophy at the site of the lesion
 - 4) low cut hair
130. incl. Among staphylo dermatitis in infants, the following are noted:
- 1) staphylococcal ostioporitis,
 - 2) epidemic pemphigus of newborns,
 - 3) hidradenitis,
 - 4) Ritter's ekefoliative dermatitis,
 - 5) multiple abscesses skin,
 - 6) ostiofolliculitis,
 - 7) folliculitis,
 - 8) erysipelas,
 - 9) boils,
 - 10) carbuncles
131. incl. The signs of favus are:
- 1) folliculitis
 - 2) foci of atrophy at the site of the lesion
 - 3) low cut hair
132. incl. For fungal infections of the hair, the following is used:
- 1) penicillin
 - 2) methotrexate
 - 3) griseofulvin
 - 4) tinidazole
133. incl. The causative agent of thrush is:
- 1) virus
 - 2) bacterin
 - 3) Trichophyton endothrix
 - 4) candida albicans
134. incl. Treatment of candidiasis is carried out:
- 1) prednisolone
 - 2) erythromycin
 - 3) nystatin ointment

- 4) extensillin
135. incl. Candidal paronychia manifests itself:
 - 1) inflammatory ridge
 - 2) subungual hyperkeratosis
 - 3) changes in the nail along the free edge
136. incl. With the urban type of leishmaniasis, the following are determined:
 - 1) body incubation - usually 2-6 months, often 1-2 years,
 - 2) initial phenomena in the back of a small papule-tubercle,
 - 3) process development is rapid,
 - 4) time of onset of ulceration - after 3-6 months. and more,
 - 5) lymphangitis is rare,
 - 6) tubercles of contamination are relatively rare,
 - 7) lesions on the face are more common than on the lower extremities, the duration of the process before epithelization is a year or more,
 - 8) primary disease is possible only in the summer-autumn months of July-October,
 - 9) epidemic outbreaks are rare,
 - 10) the keeper of the pathogen is a person,
 - 11) distributed mainly in cities,
 - 12) the number of parasites in leishmaniomas is significant,
 - 13) virality for white mice is low; 137.t.h. With rubromycosis, lesions are found:
 - 1) on the scalp
 - 2) on the skin of the palms
 - 3) on visible mucous membranes
 - 4) on the genitals
138. incl. In case of non-allergic dermatitis, lesions: 1) from an obligate irritant
 - 2) at the site of impact
 - 3) develop immediately after exposure
 - 4) defeats at the first meeting with the "guilty" factor
139. incl. For allergic dermatitis, sensitization: 1) monovalent
 - 2) polyvalent 3) isomorphic 4) not noted
140. incl. For eczema in the weeping stage, the following is used: 1) boric tar ointment
 - 2) Alibur liquid lotion
 - 3) Unna cream
 - 4) lamisil
141. incl. For toxic-allergic dermatitis the following is used: 1) aevit
 - 2) methyluracil
 - 3) antihistamines
 - 4) penicillin
142. incl. Eczema in the acute stage is characterized by:
 - 1) tubercles
 - 2) bubbles

- 3)ulcers 4)
blisters
- 143. incl. Complications of eczema are: 1)
atrophy
2) pyoderma
3) scars 4)
arthropathy
- 144. incl. For atopic dermatitis: 1)
papules
2)bubbles
3) bubbles
4) tubercles
- 145. incl. With urticaria: 1)
blisters 2) erosions
3)infiltration 4)
nodes
- 146. incl. Common superficial mycoses: 1) lichen
versicolor,
2) athlete's foot, 3)
sporotrichosis,
4)aspergillosis,
5)mycosis caused by red trichophyton, 6)
microsporia;
- 147. incl. With neurodermatitis, the lesions are located: 1)
in the elbow bends
2) palm areas
3)on the head
- 148. incl. In atopic dermatitis, dermographism: 1) red
elevated
2)urticarial
3)edematous
4)white
- 149. incl. Rashes such as allergic dermatitis can be caused by: 1)
penicillin
2) sulfonamides 3)
mercury preparations
4)
dinitrochlorobenzene
- 150. incl. Rashes such as allergic dermatitis can be caused by: 1)
vitamin B1
2) bismuth
3) phenol 4)
chloramine
5) formalin
- 151. incl. Characteristic signs of eczema:
1)a rash of small unstable bubbles
2)focal spongiosis
3)polymorphocellular infiltration
- 152. incl. Eczema is classified as:

- 1) true 2) microbial
 - 3) tuberculosis 4) seborrheic 5) children's
153. incl. Eczematous reactions in the form of: 1) localized eczema
- 2) generalized eczema
 - 3) eczematids, allergy-secondary rashes
 - 4) scar atrophy
302. t.s. Complications of chancroid include all of the following, except: 1) phimosis
- 2) paraphimosis
 - 3) gangrenization
 - 4) regional sclerodermatitis
 - 5) erosive balanoposthitis
303. t.s. Properties of recurrent syphilis rashes: 1) small number
- 2) dimness
 - 3) large size
 - 4) lack of tendency to group
304. t.s. Syphilitic erythematous tonsillitis is characterized by: 1) sharp boundaries of erythema in the pharynx
- 2) severe swelling of the tonsils
 - 3) sharp pain
 - 4) high body temperature
305. t.s. If you suspect latent syphilis, consultations are necessary:
- 1) therapist,
 - 2) radiologists,
 - 3) neurologist,
 - 4) otolaryngologist,
 - 5) nutritionist
306. t.s. Side effects when treating syphilis with penicillin include all except:
- 1) anaphylactic shock,
 - 2) dermatitis,
 - 3) hives,
 - 4) candidiasis,
 - 5) nephropathy
307. t.s. Scars after healing of gummas with tertiary syphilis look like:
- 1) drawn in
 - 2) star-shaped,
 - 3) flat
 - 4) "mosaic"
308. t.s. To confirm the diagnosis of tertiary syphilis, the most important: 1) Kolmer reaction
- 2) immunofluorescence reaction,
 - 3) Treponema pallidum immobilization reaction,
 - 4) microprecipitation reaction

309. t.s. Differential diagnosis of papular syphilide should be carried out with:
- 1) lichen planus,
 - 2) guttate parapsoriasis,
 - 3) psoriasis
 - 4) with all the above
310. t.s. Treponema pallidum immobilization test is performed to confirm:
- 1) primary syphilis,
 - 2) latent syphilis,
 - 3) discrepancies between the results of the RSC and the RIF
311. t.s. Papular rashes with secondary syphilis can be of the following types:
- 1) lenticular, 2) millitary,
 - 3) impetiginous, 4) acne, 5) nummular, 6) hypertrophic, 7) serpiginous
312. t.s. To detect Treponema pallidum the following is used:
- 1) research of native drugs in a dark field,
 - 2) Romanovsky-Giemsa staining,
 - 3) staining with methylene blue,
 - 4) cultivation on nutrient media
 - 5) silvering according to Morozov
313. t.s. The following may help in diagnosing early latent syphilis:
- 1) anamnesis data on the presence within the last 1-2 years of erosive and ulcerative lesions on the genitals, in the oral cavity, skin rashes, etc., about taking antibiotics for various reasons, including in connection with gonorrhoea;
 - 2) in case of confrontation, the sexual partner often develops an early /active/ form of syphilis;
 - 3) scar or lump on former place primary syphiloma, remnants of enlarged, often inguinal, lymph nodes; 4) low reagin titer /1:5, 1:10, 1:20/ with positive or strongly positive DCS results;
 - 5) rapid decrease in reagin titer and rapid negativity of standard serological reactions;
 - 6) RIF is sharply positive, and RIBT in a number of patients is negative or its indicator is low;
 - 7) The patient's age is often up to 40 years;
314. t.s. When treated with benzylpenicillin, there may be
- 1) pulmonary embolism,
 - 2) necrosis at the injection site,
 - 3) nephroptia,
 - 4) polyneuritis, 5) anaphylactic shock,
315. t.s. Complications of chancroid include: 1) phimosi,
- 2) vulvovaginitis,
 - H) paraphimosi,
 - 4) phagedenism,

- 5) indurative edema
316. t.s. After infection with syphilis, RW is positive after: 1) 1 week,
2) 3 weeks
3) 6 weeks
4) 3 months
5) 6 months
317. t.s. Characteristic of tertiary syphilis:
1) papules of the palms and soles,
2) profuse roseola rash on the trunk, 3) grouped tubercles,
4) perineal condylomas lata, 5) fine focal baldness
318. t.s. Often in the tertiary period of syphilis there is: 1) orchitis,
2) enteritis,
3) mesoarteritis, 4) nephrosclerosis,
5) pyelitis
319. t.s. Among the sexual partners of patients with late latent syphilis, the following is noted: 1) late latent syphilis,
2) practically healthy, 3) secondary fresh syphilis;
320. t.s. Tertiary syphilis is characterized by:
1) gumma of the hard palate,
2) mesoarteritis,
3) serpiginous tubercles of the body, 4) condylomas lata
5) star-shaped scars of the lower leg
321. t.s. Aneurysm of the ascending aortic arch is more common with:
1) rheumatism,
2) tuberculosis,
3) syphilis,
4) lupus erythematosus,
5) blood diseases
322. t.s. Syphilitic tubercles and gummas are characterized by the following symptoms: 1) itching;
2) pain, 3) slow growth,
4) sluggish inflammatory phenomena,
5) a small amount of gum-like liquid upon opening, 6) tightness of the edges,
7) absence of lymphadenitis
323. t.s. The fetus of a patient with syphilis becomes infected:
1) for 1-2 months,
2) at 3 months,
3) at 4-5 months,
4) at 6-7 months,
5) at 8-9 months

324. t.s. Tertiary syphilis is characterized by: 1)

papules of the palms and soles,

2) grouped tubercles, 3) fine focal baldness

4) Latex perineal condylomas

5) profuse roseola rash on the trunk

325. t.s. Symptoms of syphilitic erythematous sore throat: 1)

purulent plugs,

2) pink tint,

3) temperature increase,

4) bluish lesions, painless when swallowing, 326.t.s.

Secondary recurrent syphilis is characterized by:

1) leucoderma,

2) parenchymal keratitis,

3) grouped tubercular syphilide,

4) saber shins

407. that. In the treatment of chlamydia they

use: 1) penicillin

2) tetracycline 3)

rifampicin 4)

sulfonamides

408. that. For topical diagnosis of gonorrhoea, the condition of: 1) the

anterior urethra is assessed

2) posterior urethra

3) skin of the penis 4)

prostate gland 5) seminal

vesicles

409. that. Clinical manifestations of fresh acute, total gonorrhoeal urethritis are characterized by:

1) pronounced increase in urination in small portions; 2) imperative urge to urinate;

3) pain in the urethra towards the end of urination;

4) with a two-glass sample, the urine is cloudy in the first portion and transparent in the second portion.; 5) terminal hematuria - a few drops of blood staining the latter

a portion of urine;

6) painful erections and emissions;

410. that. When diagnosing gonorrhoea, you should

examine: 1) the cervix

2) body of the uterus

3) rectum

4) femoral lymph nodes

5) urethra

411. that. Trichomoniasis manifests itself in

women: 1) vaginitis

2) foamy liquid pus-like discharge

3) purulent lymphadenitis 4)

urethritis and paraurethritis 5)

chancroid

412. that. Gonococcus Neisser is detected by staining:

- 1) according to Romanovsky-Giemsa
 - 2) according to Shifu
 - 3) methylene blue
 - 4) according to Gram
413. that. Drugs for the treatment of chlamydia:
- 1) penicillins,
 - 2) sulfonamides,
 - 3) metranidazole,
 - 4) tetracycline,
 - 5) erythromycin
440. z.o. The skin's reaction to ultraviolet irradiation is disrupted under all of the following factors, except
- a) diseases and injuries central and peripheral nervous system
 - b) fatigue
 - c) painful irritation
 - d) menstrual cycle and pregnancy
 - e) endocrine diseases
441. z.o. Inflammation of the dermis is characterized by all of the following, except
- a) swelling
 - b) vasodilation
 - c) release of proteins of plasma origin and blood cells beyond the vascular bed
 - d) formation of perivascular or diffuse cell proliferations
 - e) smoothing of the dermal papillae
442. z.o. The function of the eccrine sweat glands is regulated by sympathetic nerves, the centers of which are located
- a) in the spinal cord
 - b) in the medulla oblongata
 - c) in the diencephalon
 - d) all of the above are true
443. h.ch. Patients with diabetes mellitus may develop the following skin lesions, except
- a) necrobiosis lipoidica
 - b) xanthoma
 - c) granuloma annulare
 - d) diabetic dermopathy
 - e) poikiloderma
444. z.h. Complex treatment for vitiligo includes all of the following effects, except
- a) photosensitizing agents
 - b) treatment of diseases that enhance autoallergic processes
 - c) elimination of psycho-emotional disorders and disorders of the autonomic nervous system
 - d) elimination of adverse physical and chemical effects on the skin
 - e) external use of white mercury ointment
445. z.h. For external treatment of the main focus of mycotic eczema during weeping and vesiculation, it is advisable to use
- a) nitrofungin
 - b) resorcinol lotion 1%, zinc sulfate solution 0.25%
 - c) 10% sulfur ointment on Vaseline
 - d) celestoderm
 - e) formaldehyde ointment

478. z.s. A 40-year-old man was diagnosed with latent latent syphilis. Married 15 years. When examining the wife, no clinical or serological data for syphilis were revealed.

Patient's wife

- a) cannot be treated
- b) subject to clinical and serological control for 6 months

479. z.s. For latent early syphilis, all of the following are characteristic, except a)

- a) the presence in the past of efflorescence on the genitals
- b) active form of syphilis in a sexual partner
- c) latent late syphilis in a sexual partner
- d) high titer of reagins
- e) the presence of recurrent phenomena of primary syphiloma

480. z.s. Blood changes in patients with early congenital syphilis manifest themselves in the form of a)

- a) leukopenia
- b) hypochromic anemia
- c) accelerated coagulation
- d) thrombocytopenia

481. z.s. The pathognomonic symptom of late congenital syphilis is a)

- a) gumma of the hard palate
- b) parenchymal keratitis
- c) tubercles of the skin of the body
- d) roseola of the skin of the trunk

482. z.s. The most specific serological test for syphilis is a)

- a) immunofluorescence reaction
- b) treponema immobilization reaction
- c) Wasserman reaction with treponemal antigen
- d) Kolmer reaction
- e) microreaction

483. z.u. A 25-year-old woman has been married for 3 years. The examination revealed chronic endocervicitis and adnexitis. In smears, leukocytosis, gonococcus and trichomonas were not detected. My 1.5 year old daughter has acute vulvovaginitis of gonorrheal etiology. Correct doctor tactics

- a) prescription of a combined provocation followed by bacteriological and bacterioscopic examination
- b) carrying out treatment according to the scheme of chronic gonorrhea
- c) prescribing physiotherapeutic procedures
- d) prescribing only antibacterial drugs according to the sensitivity of bacterial flora to antibiotics
- e) correct a), c), d)

484. z.u. The woman was diagnosed with fresh torpid urethritis, endocervicitis of gonorrheal etiology. What are the treatment tactics

- a) antibiotic therapy
- b) specific vaccine therapy
- c) nonspecific vaccine therapy
- d) local treatment
- e) all of the above

Option 3

21. That. Preparations characterized by a disinfectant effect when used externally:

- 1) zinc oxide,
- 2) anilline dyes,
- 3) fucorcin,
- 4) tar

22. That. A banal infiltrate in the dermis gives:
- 1) papule
 - 2) lump 3) blister
23. That. Dosage form for wet skin: 1) powder
2) lotion
24. That. Pathological process that underlies the tubercle: 1) banal infiltration
2) edema
3) typical infiltration
25. That. Morphological elements of staphyloiderma: 1) blister
2) papule
3) pustule
26. That. Morphological elements in streptoderma: 1) pustule
2) blister
3) lump
27. That. Preparations with external disinfectant action: 1) furatsilin
2) cold cream 3) boric acid 4) rivanol
5) Lugol's solution
28. That. Preparations for external disinfection: 1) gramicidin
2) streptomycin
3) syntomycin 4) neomycin
29. That. Side effects during treatment with corticosteroids: 1) fat accumulation
2) increased blood clotting
3) tendency to hemorrhage
4) exacerbation of tuberculosis and other infections
5) decrease in potassium in the body
30. That. Contraindications in treatment with corticosteroids: 1) osteoporosis
2) high hypertension
3) allergic dermatoses
31. That. Preparations used in external disinfection therapy: 1) tar
2) zinc oxide
3) resorcinol
4) salicylic acid
5) aniline paints
32. That. Violation of gastric secretion is most often observed with: 1) urticaria pigmentosa
2) rosacea

- 3)eczema
 - 4)toxicoderma
 - 5)nodular apocrinosis (Fox-Fordyce)
33. That. Dermatoses pathogenetically associated with foci of infection: 1)
- chronic urticaria
 - 2)recurrent erythema
 - 3)Andrews bacteride
 - 4)Dühring's dermatosis herpetiformis
34. That. Skin diseases that are characterized by severe itching: 1)
- eczema
 - 2)
 - neurodermatitis
 - 3) prurigo 4)
 - scabies 5) acne
35. That. Secondary morphological elements: 1)
- scales
 - 2)
 - abrasion
 - 3) ulcer 4)
 - crust 5)
 - scar
36. That. Primary morphological elements: 1)
- bubble
 - 2) pustule
 - 3)
 - tubercle
 - 4) node 5)
 - scar
37. That. The founders of domestic dermatology are: 1) A.G. Plotebnov
- 2) M.I. Stukovenkov
 - 3) V.M. Tarnovsky
 - 4)T.P. Pavlov 5)
 - P.V. Nikolsky
38. That. Select outstanding dermatologists of the St. Petersburg group:
- 1) A.G. Plotebnov
 - 2) M.I. Stukovenkov
 - 3)G.I. Meshchersky
 - 4)T.P. Pavlov 5)
 - O.V. Petersen
39. That. Select outstanding dermatologists of the Moscow group:
- 1) A.I. Pospelov
 - 2) V.V. Ivanov 3)
 - G.I. Meshchersky
 - 4) A.A. Bogolepov
 - 5) N.A.
 - Chernogubov
40. That. Select the Kyiv group of dermatologists: 1)
- M.I. Stukovenkov
 - 2)I.I. Pototsky 3)
 - M.G. Mgebrov 4)
 - O.N. Podvysotskaya

41. That. The sweat glands of the skin are distinguished: 1) seborrheic
2) eccrine 3) apocrine
154. incl. Theory of the pathogenesis of eczema: 1) toxigenic
2) endocrine 3) spongy 4) allergic 5) neurogenic
155. incl. What skin tests are distinguished: 1) drop tests
2) compress 3) scarification 4) immediate
5) intradermal
156. incl. Temporary professional signs: 1) coloring
2) sediments
3) cracks and abrasions
4) calluses
5) nail changes
157. incl. Professional signs are persistent:
1) scars
2) pigmentation
3) telangiectasia 4) pressure atrophy 5) phlegm
158. incl. Clinical forms of photodermatitis: 1) sunburn
2) actinodermatitis 3) solar eczema 4) solar urticaria 5) psoriasis
159. incl. Clinical forms of photodermatoses: 1) actinodermatitis bullosa
2) xeroderma pigmentosa
3) hives
4) porphyrin melasma
160. incl. Exogenous photosensitizers: 1) eosin
2) salol
3) tar
161. incl. Aromatic retinoids are: 1) roaccutane
2) Lamisil 3) Essentiale
162. incl. Promotes the development of hypovitaminosis: 1) lack of protein in food

- 2)gastrointestinal and infectious diseases
 - 3)great physical activity
 - 4)exposure to the sun's rays
 - 5)profuse peeling (erythroderma)
- 163.t.ch. Manifestation of hypovitaminosis A:
- 1) follicular keratosis (maximum phrynoderma) 2) polyneuritis
 - 3)xerosis of the vulva
 - 4)erythema multiforme
 - 5)hemiralopia-night blindness
164. incl. Known forms of ichthyosis: 1) vulgar
- 2) congenital 3) arthropathic 4) sex-linked
165. incl. In case of chronic trichophytosis on the scalp, the following clinical manifestations may be observed:
- 1)black-spot, 2) scuticular,
 - 3) erythematous-squamous, 4) atrophic,
 - 5) “trichophytic gumma”;
166. incl. Inheritance by dominant type: 1) simple epidermolysis
- 2)blush of cheeks
 - 3)psoriasis
 - 4)ichthyosis common
 - 5)scleroderma
167. incl. With hidradenitis, the lesion is localized: 1) in the hair follicle
- 2)apocrine sweat gland
 - 3)in the sebaceous gland
168. incl. Streptoderma is characterized by: 1) flaccid blisters (phlycten)
- 2)predominantly serous exudate
 - 3)damage to the sebaceous glands
169. incl. Staphyloderma is characterized by:
- 1) Damage to the hair follicle 2) purulent exudate
 - 3) intense pustules
170. incl. The following conditions contribute to the development of candidiasis: 1) helminthic infestation,
- 2) diabetes and hyperglycemia, carious teeth, 3) severe infections,
 - 4)pregnancy,
 - 5)treatment with broad-spectrum antibiotics,
 - 6) increased sweating and obesity;
171. incl. Lesions not characteristic of staphylococci:

- 1)osteofolliculitis 2)
furuncle and carbuncle
 - 3) hidradenitis
 - 4)sycosis
 - 5)superficial panaritium
172. incl. Lesions not characteristic of streptococci: 1)
periungual felon
- 2)erizepelas
 - 3)sycosis vulgaris
 - 4)jams
173. incl. Mycosis of the feet
causes: 1) Trchophyton
rubrum 2) Microsporum
canis
- 3) Trchophyton interdigitale
 - 4) Trchophytongypseum
 - 5) Candida albicans
174. incl. The most important superficial
dermaphytosis: 1) superficial trichophytosis
- 2)trichophytosis infiltrative
 - 3)microsporia of smooth skin
 - 4)microsporia of the scalp
 - 5)actinomycosis
175. incl. Symptoms of chronic trichophytosis of the scalp: 1) scutulles
- 2)black dots
 - 3)erythematosquamous lesions
 - 4)atrophic bald spots
 - 5 symptoms of honeycomb
176. incl. Morphological element in tuberculosis: 1)
papule
- 2)
tubercle
 - 3) bladder
177. incl. The main forms of localized skin tuberculosis: 1) miliary
ulcerative
- 2) collicative 3)
verrucous
 - 4)primary chancriform
178. incl. Leprosy is more common: 1) in Norway
- 2)to Nauru
 - 3)in India
179. incl. The following clinical forms are distinguished for leprosy:
- 1) arthropathic
 - 2) tuberculoid 3)
microbial
 - 4) seborrheic
180. incl. Clinical forms of leprosy: 1)
undifferentiated 2) dyshidrotic
- 3)plaque

- 4)pruriginous
181. incl. With leprosy, patients experience:
- 1) blisters
 - 2)tubercles, depigment spots, nodes
 - 3)bubbles 4) excoriation
182. incl. Symptoms characteristic of leprosy:
- 1) impaired skin sensitivity 2) "honeycomb" symptom
 - 3)blood dew symptom
 - 4)"terminal film" symptom
183. incl. The course of leprosy is characterized by: 1) itching in the evening
- 2)severe itching
 - 3)usually without itching
 - 4)constant severe itching
184. incl. Erythemasis is characterized by: 1) spots, plaques
- 2)follicular caratosis with firmly fixed scales
 - 3)bleeding when scraping
 - 4)atrophy
 - 5)increased sensitivity to ultraviolet rays
185. incl. Preparations that have a fungicidal and fungistatic effect on pathogenic fungi: 1) nizoral,
- 2) penicillin, 3) nystatin, 4) biomycin,
 - 5) amphotericin B,
 - 6) griseofulvin;
186. incl. For limited scleroderma the following stages are not typical: 1) edema
- 2) arthropathic 3) sclerosis 4) blistering 5) atrophy
187. incl. Clinical forms of scleroderma: 1) focal
- 2) diffuse 3) erythematous 4) scaly 5) vesicular
188. incl. Scleroderma punctata has many synonyms: 1) lichen sclerosus
- 2) lichen albus (Zumbush)
 - 3) white spot disease 4) lichen morpheus
 - 5) lichen scrofulous
189. incl. Characteristic symptoms of psoriasis: 1) Beignet-Meshchersky

2) Auspitz triad 3) Biette's collar

4) Pospelov's sign

190. incl. Possible hyperpigmentation:

1) exogenous from chemical, physical, mechanical factors

2) from photosensitizers

3) secondary after various rashes

4) congenital 5)

endocrine

6) artificial (resorcinol, potassium permanganate, lapis) 191.t.p.

Optional precancerosis:

1) senile keratoma

2) cutaneous horn

3) leukoplakia of the tongue

4) kraurosis of the vulva

5) x-ray late damage

192.t.h. Damage to the armpits: 1) Fox-Fordyce

disease and hidradenitis 2) part of
eczematoids

3) Fordyce disease

4) acanthosis ingricans

5) pemphigus vegetative 193.t.h.

Microsporia is infected from:

1) mice

2) cats 3)

dogs 4)

cows

194. incl. Pyococcal dermatoses of the scalp:

1) pityriasimorphic eczematoid 2)

seborrheic eczematoid 3) pyococcal

folliculitis

4) pediculosis

5) chronic abscessing and undermining pyodermatitis

195. incl. What types of nail lesions are distinguished in psoriasis: 1)

in the form of a thimble;

2)

onychogryphs;

3) loosening.

327. t.s. Secondary fresh syphilis is characterized by: 1)

alopecia,

2) condylomas lata, 3)

leukoderma,

4) remains of chancre

328. t.s. Typical manifestations of congenital syphilis in infants are:

1) general hypoplasia,

2) papular and roseolous rashes, 3) syphilitic

pemphigus,

4) diffuse Hochsinger infiltrate, 5)

syphilitic runny nose,

- 6) infiltrates of the larynx
/aphonia/, 7) congenital ichthyosis;
329. t.s. With secondary syphilis, the rashes are: 1)
spotted,
2) papular 3)
pigmented, 4)
gummous
330. t.s. For secondary syphilides it is characteristic:
1) absence of acute inflammatory phenomena,
2) bright hyperemia,
3) soreness,
4) painlessness
331. t.s. Stylistic roseola is sometimes mistaken for:
1) toxidermy,
2) pemphigus,
3) tuberculous lupus,
4) lichen planus
332. t.s. Secondary recurrent syphilis is characterized by:
1) hoarseness of voice,
2) Hochsinger infiltration,
3) syphilitic pemphigus,
4) parenchymal keratitis
333. t.s. For secondary syphilides it is characteristic:
1) absence of acute inflammatory phenomena;
2) soreness,
3) scar formation,
4) bright red coloring
334. t.s. Bezuin wordssigns of late congenital syphilis are: 1) parenchymal keratitis,
2) saber-shaped shins, 3)
labyrinthine deafness, 4)
Hutchison teeth,
5) dystrophy in the form of a buttock-shaped skull, saddle nose; 335.t.s. The
Hutchinson triad includes:
1) syphilitic pemphigus,
2) diffuse Hochsinger infiltration,
3) parenchymal keratitis
336. t.s. Symptoms of early congenital syphilis:
1) syphilitic runny nose,
2) Hutchinson's teeth,
3) chancre,
4) accompanying bubo
337. t.s. The means of nonspecific treatment of syphilis are: 1)
pyrogenal;
2) prodigiosan;
3) ultraviolet irradiation; 4) oxygen
therapy;
5) autohemotherapy;
6) vitamins C, group B, bicillin-I;

7)pentabismol,
8)biogenic stimulants - injections of aloe extract or placenta extract; 9) health resort factors - sulfide, radon, carbon dioxide, iodine-bromine waters

338. t.s. After chancre formation RW+

- 1) 3-5 days
- 2) I week,
- 3) 3-4 weeks,
- 4) 40 days
- 5) 6-7 weeks

339. t.s. Signs of primary syphilis:

- 1) chancre,
- 2) negative Wasserman reaction.,
- 3) regional scleradenitis,
- 4) positive Wasserman reaction, 5) condylomas lata

340. t.s. Complication of treatment with penicillin

- 1) embolism at the injection site,
- 2) necrosis at the injection site,
- 3) nephropathy,
- 4) polyneuritis,
- 5) anaphylactic shock

341. t.s. Regional syphilitic lymphadenitis is characterized by:

- 1) soreness
- 2) mobility, doughy consistency,
- 3) dense elastic consistency,
- 4) bright hyperemia of the skin over the lymph

nodes, 342.t.s. Chancroid is characterized by:

- 1) lamellar infiltrate at the base
- 2) sharp pain
- 3) polycyclic outlines,
- 4) copious discharge,

343.t.s. Typical for primary syphilis:

- 1) gangrenous chancre,
- 2) phagedenic chancre,
- 3) regional scleradenitis,
- 4) chancre amygdalitis,
- 5) syphilitic erythematous tonsillitis, 344.t.s.

Primary syphilis confirms;

- 1) blood test for Wasserman reaction
- 2) Wood's beam study,
- 3) histoanalysis,
- 4) RIBT.

345. t.s. Specific drugs used to treat patients with syphilis include:

- 1)penicillin preparations /benzylpenicillin sodium salt, benzylpenicillin potassium salt, bicillin-1, bicillin-3, bicillin-5/;
- 2)erythromycin;
- 3) streptomycin;

- 4) kanamycin;
346. t.s. Signs of uncomplicated chancroid
- 1) soreness,
 - 2) purulent discharge;
 - 3) undermined edges
 - 4) dense infiltrate at the base
347. t.s. Clinical symptoms of primary syphilis:
- 1) papules of the palms and soles,
 - 2) syphilitic shins,
 - 3) labyrinthine deafness,
 - 4) erythematous sore throat,
 - 5) chancre,
348. t.s. Regional lymphadenitis with syphilis is characterized by:
- 1) painless lymph nodes,
 - 2) mobility of lymph nodes,
 - 3) dense elastic consistency
 - 4) the skin over the lymph nodes is of normal color,
 - 5) soft consistency,
349. t.s. Not typical for tertiary syphilis: 1) gumma of the hard palate,
- 2) seronegative tubercles of the trunk
 - 3) chancre,
 - 4) star-shaped scars of the lower leg
350. t.s. A typical chancre is characterized by:
- 1) infiltrate at the base,
 - 2) smooth, even erosion surface,
 - 3) rounded outline,
 - 4) severe pain,
 - 5) sharp restriction from surrounding tissues,
351. t.s. For tertiary syphilis, studies are not informative:
- 1) cerebrospinal fluid,
 - 2) blood for RIBT,
 - 3) Treponema pallidum ulcers,
 - 4) blood for sediment reactions,
 - 5) microreactions to syphilis,
352. t.s. Tertiary syphilis is characterized by:
- 1) papules of the palms and soles,
 - 2) profuse roseate rash on the trunk,
 - 3) wide perineal condylomas,
 - 4) fine focal baldness,
 - 5) grouped tubercles, 414.t.u.
- Pathogens of chlamydia:
- 1) cocci,
 - 2) micrococci,
 - 3) viruses,
 - 4) sticks
415. that. Laboratory diagnosis of ureaplasmosis:
- 1) microscopy in a "tempo field",
 - 2) Gram stain of smears,

- 3) staining according to Romanovsky-Gmze,
 - 4) cultivation in a dense medium,
 - 5) direct immunofluorescence,
 - 6) polymer chain reaction
416. that. Please indicate the inaccurate title;
- 1) chancroid is caused by Streptobacillus Petersen-Ducray-Umny,
 - 2) tularemia - tularemia bacillus,
 - 3) brucellosis - micrococcus melitensis,
 - 4) anthrax-bacillus anthracis
 - 5)leprosy - Virchow's foam cells
417. that. Characteristic incubation period for gonorrhea
- 1) 1-2 days
 - 2) 3-7 days 3)
 - 10-15 days 4)
 - 21-24 days, 5)
 - 30-40 days
418. that. Chronic trichomonas urethritis is established when the duration of the disease is:
- 1)more than 2 weeks 2) more than a month, 3) more than 2 months;
419. that. Effective for the treatment of chlamydial urethritis
- 1) penicillin, 2) metronidazole, 3) tetracycline, 4) levamisole, 5) aspirin
420. that. Drugs for the treatment of chlamydial urethritis:
- 1) biseptol
 - 2) trichopolum
 - 3) sumomed
 - 4) bicillin 5) delagil
446. z.h. Long-term use of external hormonal therapy in a patient with atopic dermatitis can lead to all of the following, except
- a) complete recovery; most effective, does not cause complications b) suppression of glucocorticoid function of the adrenal cortex
 - c) skin atrophy d) hypertrichosis
 - e) infection of skin lesions
447. z.h. The pathomorphological picture of hyperelastic skin is most characterized by all of the following, except
- a) thinning of collagen fibers b) reduction of collagen fibers c) absence of sweat glands
 - d) increase in elastic tissue
 - e) incorrect arrangement of collagen fiber bundles
448. z.h. To treat Kaposi's sarcoma, all of the following should be used except
- a) drugs to eliminate venous insufficiency, dapsons and arsenic preparations

- b) prospidin in complex chemotherapy
 - c) vincristine or vinblastine in complex chemotherapy d) leakadine
 - d) reaferon
449. z.h. Granuloma annulare is characterized by all of the following, except a) lack of subjective sensations
- b) the rashes are arranged in a ring c) disappears spontaneously
 - d) connection with chronic infectious foci e) leaves scars
450. z.o. Devergie's disease in adult patients has the following listed symptoms, except
- a) the onset of Devergie's disease may occur in adulthood
 - b) in patients who first become ill in adulthood, there are usually no identical patients in the family
 - c) there are beignet cones on the fingers
 - G)in established forms, the lesion can be limited for a long time
hyperkeratotic lesions on the palms and soles
 - e) Auspitz phenomena are pronounced
451. h.ch. Progressive idiopathic atrophy of the skin is characterized by everyonelisted, except
- a) occurs only in old age b) lesions begin in the distal parts of the extremities
 - c) initial hyperemia with testy infiltrate and edema
 - G)subsequent discoloration with a lilac or pearlescent tint,
fine-plate peeling, wrinkling, thinning
 - e) reduction of sebum and sweating, hair loss
485. z.u. The patient was diagnosed with anterior urethritis of chlamydial etiology. What group of antibiotics should be prescribed to the patient?
- a) aminoglycosides
 - b) fluorinated quinolones
 - c) IV generation cephalosporins d) antiparasitic
 - e) antifungal
486. z.u. In girls, vulvovaginitis of trichomonas etiology is characterized by all of the following symptoms, except
- a) frequent and painful urination b) itching in the external genital area
 - c) foamy discharge from the genital cleft d) hyperemia of the external genitalia
 - e) curdled discharge from the genital slit, white films in the area of the external genitalia
487. z.u. When examining gonorrhea in women, collecting secretions Forbacteriological examination is carried out from all foci, except
- a) urethra
 - b) paraurethral and Bartholin glands c) rectum
 - d) posterior vaginal fornix e) cervical canal
488. z.u. In cases of etiological cure of gonorrhea in women, but lack of clinical recovery, 10-12 days after the end of complex therapy, it is necessary

- a) prescribe a second course of treatment in accordance with the sensitivity of the pure culture of gonococcus to antibiotics
- b) carry out examination for concomitant infections and prescribe adequate treatment
- c) perform a trial laparoscopy
- d) re-examine for gonorrhoea during menstruation e) prescribe immunotherapy in combination with local treatment

489. z.u. A confectionery factory worker was treated in a hospital for chronic ascending gonorrhoea. The source of infection has not been identified. Based on a clinical and laboratory examination carried out 10 days after the end of treatment, clinical and etiological cure was established. Doctor's tactics

- a) preventive antisyphilitic treatment, removal from work b) preventive antisyphilitic treatment, permission to work
- c) removal from work, clinical and serological control for 3 months d) admission to work, clinical and serological control for 3 months
- e) permission to work, clinical and serological control for 6 months

490. z.u. A woman diagnosed with fresh torpid gonorrhoeal urethritis, endocervicitis, 9 weeks pregnant. A set of therapeutic measures was prescribed. Which of the prescriptions is wrong?

- a) erythromycin
- b) papaverine
- c) tetracycline d) aloe extract
- e) local treatment of the urethra and rectum

Option 4

42. That. Acanthosis is most characteristic of: 1) lichen

- planus
- 2) neurodermatitis
- 3) psoriasis 4) scleroderma
- 5) chronic eczema

43. That. Papillomatosis is characteristic to a large extent of: 1)

- warts
- 2) syphilitic condylomas 3) cutaneous leishmaniasis 4) blastomycosis
- 5) roseola

44. That. Scar-like atrophy is characteristic of: 1)

- psoriasis
- 2) eczema 3) atrophying erythema 4) pseudopelades
- 5) favus

45. That. There are protective functions of the skin

- from: 1) mechanical damage
- 2) overheating or cooling
- 3) ultraviolet rays 4) x-rays
- 5) microbes

46. That. Skin functions:

- 1) suction

- 2) allocation
 - 3) thermoregulation
 - 4) sense organ
 - 5) depot of blood, body fats
47. That. Mechanisms of thermoregulation: 1) vascular reactions
2) sweating reactions 3) hair and hair reflex 4) pigment production
48. That. Primary morphological elements: 1) spot
2) tubercle
3) petechiae
4) papule
5) blister
49. That. The primary morphological elements of the rash are: 1) papule
2) scar 3) erosion
50. That. Morphological elements in dynamics that leave a scar: 1) tubercle
2) nodule
3) blister
51. That. During the evolution of vesicles, the following are formed: 1) scars
2) erosion
3) ulcers
52. That. What precedes erosion:
1) nodule 2) tubercle 3) blister 4) abscess
5) none of the above
53. That. What precedes an ulcer: 1) blister
2) vesicle 3) blister 4) abscess
5) none of the above
54. That. Primary morphological element that leaves a scar: 1) tubercle
2) nodule
3) vesicle
4) pustule 5) blister
239. incl. Prolongation of syphilis incubation is observed: 1) when taking antibiotics,
2) development of multiple hard chancres
3) bipolar arrangement of chancre

- 4)with balanoposthitis
240. incl. Variant of eczema around a postoperative wound:
- 1) true eczema,
 - 2) seborrheic eczema,
 - 3) professional eczema,
 - 4) varicose eczema,
 - 5) microbial eczema
241. incl. Difference between boil and furunculosis:
- 1) localization of rashes,
 - 2) number of rashes
 - 3) flow,
 - 4) general semiotics.,
 - 5) development of complications
242. incl. Hereditary predisposition is significant when:
- 1) atonic dermatitis,
 - 2) furunculosis,
 - 3) lupus erythematosus,
 - 4) syphilis,
 - 5) gonorrhoea
243. incl. Skin tests are essential when:
- 1) true eczema,
 - 2) microbial eczema,
 - 3) professional eczema,
 - 4) psoriasis,
 - 5) lichen planus
244. incl. Clinical signs of pemphigus: 1)
- 1) polymorphism of rashes,
 - 2) seasonality of relapses,
 - 3) sensitivity to iodine,
 - 4) Nikolsky's symptom,
 - 5) symmetry of rashes
245. incl. Precancerous neoplasms:
- 1) nevi,
 - 2) dermatofibroma,
 - 3) melanoma,
 - 4) Bowen's disease
 - 5) lipoma
246. incl. For drug-induced toxicoderma, it is advisable to:
- 1) stopping medication,
 - 2) drinking plenty of water,
 - 3) desensitizing therapy,
 - 4) anti-inflammatory local therapy
247. incl. Mycotic lesions of the scalp
- 1) superficial trichophytosis,
 - 2) purulent trichophytosis,
 - 3) human microsporia
 - 4) pityriasis versicolor
248. incl. For scabies it is advisable to:
- 1) exclusion of spicy foods;

- 2) treatment with benzyl benzoate,
 - 3) application of UFO
 - 4) use of PUVA therapy
 - 5) corticosteroids
249. incl. A furuncle of the nasolabial triangle is dangerous: 1) the development of erysipelas of the skin, 2) the development of phlegmon of the neck,
- 3) development of a retropharyngeal abscess, 4) development of thrombosis of the cavernous sinus
 - 5) development of phlegmon of the floor of the mouth
250. incl. With furunculosis, the following is often detected:
- 1) hepatitis,
 - 2) pyelonephritis,
 - 3) hypertonic disease,
 - 4) diabetes,
 - 5) cardiac ischemia
251. incl. Allergic dermatitis is characterized by:
- 1) exposure to physical or chemical factors not necessary having allergenic properties;
 - 2) dependence of the severity of the reaction on the degree of sensitization;
 - 3) time of manifestation - immediately or soon after impact irritants;
 - 4) localization of the lesion at the site of exposure to the factor, and then in individual areas;
 - 5) the boundaries of the lesions are unclear;
 - 6) polymorphism of rashes with swelling and weeping;
 - 7) the course is acute and subacute, relapses are possible
252. incl. Symptoms of eczema:
- 1) erythema,
 - 2) papule,
 - 3) lichenization,
 - 4) pustules,
 - 5) getting wet
253. incl. Furunculosis may be accompanied by:
- 1) HIV infection,
 - 2) anemia,
 - 3) leukemia,
 - 4) diabetes
254. incl. Symptoms of chronic eczema:
- 1) erythema,
 - 2) vesicles,
 - 3) pustules,
 - 4) peeling,
 - 5) lichenization
255. incl. For a boil of the nasolabial triangle, you must:
- 1) surgical opening of the element,
 - 2) hospitalization of the patient,
 - 3) prescription of vitamin therapy,
 - 4) prescription of nonspecific immunotherapy,

- 5) local application of aniline dyes
256. incl. On foci of infiltration in chronic eczema
- 1) chatterbox,
 - 2) paste,
 - 3) ointment,
 - 4) lotion, 5) cream
257. incl. Characteristic localization for rosacea:
- 1) on the skin of the face and scalp,
 - 2) on the skin of the face and upper chest and back,
 - 3) in the folds of the skin,
 - 4) exclusively on the skin of the face,
 - 5) on the skin of the face, back of the neck
258. incl. Characteristics of eczema:
- 1) papillomatosis,
 - 2) balloon dystrophy,
 - 3) hyperkeratosis,
 - 4) spongiosis,
 - 5) acantholysis
259. incl. Drugs for the treatment of herpes simplex:
- 1) prednisolone ointment,
 - 2) flucinar,
 - 3) synthomycin emulsion,
 - 4) salicylic ointment,
 - 5) tebrofen ointment
260. incl.. For atopic dermatitis /atopic form
 commonneurodermatitis/characteristic:
- 1) the onset of a skin disease in early childhood in the form of exudative diathesis, followed by transformation into childhood eczema, and then into widespread neurodermatitis / atopic form/;
 - 2) pronounced seasonality with exacerbations in the autumn-winter period and improvement in the summer;
 - 3) the most severe periods of the course are determined at the age of 4-6 years and in 13-18 years old;
 - 4) after puberty, the course of the disease becomes more severe; 5) food products / eggs, salty, spicy and sweet dishes/ often cause exacerbation or increase itching;
 - 6) on the contrary, after puberty the course of the disease softens or stops completely.
261. incl. Diagnostic symptom of pemphigus:
- 1) Nikolsky's symptom;
 - 2) Mantoux test,
 - 3) Kernig phenomenon,
 - 4) iodine test
 - 5) Auspitz phenomenon
262. incl. Characteristics of herpes simplex:
- 1) pustules, ulcers,
 - 2) nodules, scales,
 - 3) papules, blisters,

- 4) bumps, ulcers,
 - 5) bubbles, erosions, crusts
263. incl. Caused by a fungus from the genus Trichophyton: 1) parasitic sycosis, 2) erythrasma, 3) vulgar sycosis, 4) herpes zoster, 5) pityriasis versicolor
264. incl. Damage not typical for rubrophytia:
- 1) palms,
 - 2) soles,
 - 3) brush nails,
 - 4) hair,
 - 5) toenails
265. incl. Suspicious of HIV infection
- 1) atopic dermatitis;
 - 2) recurrent purulent infections,
 - 3) erythematosis,
 - 4) pemphigus,
 - 5) erythema multiforme exudative
266. incl. For treatment-resistant candidiasis, you must:
- 1) examination of smears for gonococci,
 - 2) sigmoidoscopy
 - 3) blood and urine testing for sugar,
 - 4) radiography of the stomach,
 - 5) liver tests
267. incl. For Lyell's syndrome, the following are effective:
- 1) antibiotics,
 - 2) corticosteroids,
 - 3) sulfonamides,
 - 4) Vitamins,
 - 5) cytostatics
268. incl. Acute urticaria is characterized by:
- 1) spot,
 - 2) bubble,
 - 3) blister,
 - 4) bubble,
 - 5) nodule
269. incl. Localization of the boil requiring hospitalization
- 1) back of the neck,
 - 2) lumbosacral region,
 - 3) face,
 - 4) stomach,
 - 5) forearm
270. incl. In the lesions with widespread neurodermatitis /non-atopic form/ the following are determined:
- 1) papules,
 - 2) scales,
 - 3) lichenification,

- 4) blisters, 5) ulcers;
- 271. incl. Professional skin irritants may include: 1) physical factors, 2) chemical allergens, 3) biological agents, 4) household allergens
- 272. incl. The effect in the treatment of pemphigus vulgaris is given by:
 - 1) antibiotics,
 - 2) sulfa drugs,
 - 3) immunomodulators,
 - 4) corticosteroids,
 - 5) antimalarial drugs
- 273. incl. Prescribed for chronic erythematoses:
 - 1) antibiotics,
 - 2) sulfonamides,
 - 3) immunostimulants,
 - 4) antimalarial;
 - 5) vitamins
- 274. incl. What research is essential for furunculosis:
 - 1) blood pressure measurement,
 - 2) blood test for sugar,
 - 3) determining the presence of protein in urine,
 - 4) cytological examination,
 - 5) skin allergy tests
- 275. incl. Itchy skin is characterized by:
 - 1) excoriation,
 - 2) erosion,
 - 3) vesicles,
 - 4) blisters,
 - 5) papules
- 276. incl. Possible infectious occupational dermatoses:
 - 1) candidiasis,
 - 2) infiltrative-suppurative trichophytosis, 3) milkmaids' nodules,
 - 4) erysipeloid, 5) sycosis vulgaris, 6) Anthrax
- 379. t.s. Incubation for syphilis:
 - 1) 3-7 days,
 - 2) 1-2 weeks,
 - 3) 3-5 weeks,
 - 4) 8-12 weeks,
- 380. t.s. Main dates in the history of syphilidology:
 - 1) 1492 - discovery of America (the supposed moment of penetration of syphilis into Europe),
 - 2) 1908 _ obtaining experimental syphilis in monkeys (Mechnikov and Roux),
 - 3) March 3, 1905 - discovery of the pale spirochete (Shaudin and Hoffmann), 4) 1906. Discovery of the Wasserman reaction

5) 1909 Salvarsana (Ehrlich)

381. t.s. Secondary recurrent syphilis is characterized by:

- 1) leucoderma,
- 2) parenchymal keratitis,
- 3) grouped tubercles,
- 4) saber shins,

382. t.s. Not typical for congenital syphilis in infancy:

- 1) skin rashes,
- 2) infiltration of the skin around the mouth,
- 3) parenchymal keratitis,
- 4) mucopurulent rhinitis

383. t.s. Rare lesions in early congenital syphilis:

- 1) liver,
- 2) lungs,
- 3) hearts,
- 4) lymph nodes,

384. t.s. What is not typical for syphilitic lesions in children:

- 1) syphilitic periostitis,
- 2) damage to small joints,
- 3) damage to large tubular bones,

385. t.s. What is not typical for late congenital syphilis: 1) keratitis;

- 2) deafness,
- 3) bone damage, 4) endocarditis,

386. t.s. The causative agent of syphilis is: 1)

- a fungus,
- 2) virus, 3) spirochete,

387. t.s. Acquired syphilis in childhood is transmitted

- 1) placental,
- 2) by everyday means,
- 3) sexually

388. t.s. Incubation for syphilis is:

- 1) 3-7 days,
- 2) 8-15 days,
- 3) 3-5 weeks,
- 4) 6 months - 2 years,

389. t.s. To diagnose syphilis, take into account:

- 1) general blood analysis,
- 2) assessment of the level of bilirubin in the blood,
- 3) detection of treponema pallidum in a dark field,
- 4) Wasserman reaction,
- 5) phagocytic activity of leukocytes, 390.t.s.

Clinical signs of primary syphilis:

- 1) papules,
- 2) impetiginous syphilides,
- 3) chancre,
- 4) leucoderma,

391. t.s. The secondary period of syphilis begins from the moment of infection - after:
- 1) 2-3 months,
 - 2) 4-5 months,
 - 3) 6-7 months,
 - 4) 8-9 months,
392. t.s. Varieties of pustular syphilis include:
- 1) acneform,
 - 2) smallpoxiform,
 - 3) impetiginous,
 - 4) condylomas lata
 - 5) rupioid,
393. t.s. Forms of latent syphilis include all of the following, except:
- 1) early,
 - 2) late
 - 3) unspecified
 - 4) serpeginating
394. t.s. Syphilitic scleradenitis is characterized by:
- 1) soreness,
 - 2) bumpy surface,
 - 3) dense elastic consistency,
 - 4) adhesion of lymph nodes to each other,
 - 5) inflammation of the skin over the lymph nodes
395. t.s. Typical forms and symptoms of chancroid:
- 1) gangrenous,
 - 2) phagedenic,
 - 3) regional scleradenitis,
 - 4) chancre amygdalitis,
 - 5) syphilitic erythematous tonsillitis
396. t.s. Primary syphilis is confirmed by:
- 1) Wasserman reaction,
 - 2) Wood's beam study,
 - 3) histoanalysis,
 - 4) RIBT
397. t.s. Signs of uncomplicated chancroid:
- 1) soreness,
 - 2) purulent discharge,
 - 3) undermined, edges,
 - 4) dense infiltrate at the base,
398. t.s. Clinical symptoms of primary syphilis:
- 1) papules of the palms and soles,
 - 2) saber shin.
 - 3) labyrinthine deafness,
 - 4) erythematous sore throat,
 - 5) chancre,
399. t.s. Symptoms of syphilitic erythematous sore throat:
- 1) purulent plugs,
 - 2) pink tint,
 - 3) temperature increase,
 - 4) bluish lesions, painless when swallowing

428. that. Effective for the treatment of ureaplasmosis:

- 1) bicillin,.
- 2) penicillin, 3) lincomycin,
- 4) sulfonamides

429. that. The causative agent of bacterial vaginosis:

- 1) cocci,
- 2) sticks,
- 3) coccobacteria,
- 4) viruses

430. that. Diagnosis of bacterial vaginosis:

- 1) staining of smears according to Romanovsky-Giemsa,
- 2) Gram stain,
- 3) immunofluorescent method

431. that. When treating trichomoniasis in men, the following are effective:

- 1) nitroimidazole derivatives/metronidazole, flagik, trichopolium, orvagal; 2) penicillin;
- 3) nonspecific stimulant therapy agents used in the treatment of gonorrhea;
- 4) tetracycline;
- 5) washing the urethra with solutions of mercuric oxycyanide, eta-cridine lactate or silver nitrate;
- 6) urethral tamponade with a mixture consisting of protargol, osarsol, sodium bicarbonate and glycerin

432. that. Drugs for the treatment of bacterial vaginosis:

- 1) penicillin,
- 2) sulfonamides, H) erythromycin,
- 4) doxycycline

458.z.h. Pedigree analysis in patients with atopic dermatitis is necessary in order to

- A) exclude the suspected diagnosis of topical dermatitis if amongno relatives of similar patients were identified
- b) determine genetic prognosis, risk of hereditary burden at offspring or siblings
- c) determine the atopic form of atopic dermatitis d) determine the clinical prognosis
- e) identify environmental risk factors for exacerbations

459.z.h. Lichen planus in children and adolescents has all of the following features, except

- a) often ailments at the onset of the disease, but itching is of little concern b) often acute onset, subacute course
- c) monomorphic clinical picture in the form of polygonal lichenoid papules d) manifestations associated with exogenous factors
- e) along with lichenoid reactions of connective tissue lesions - atrophy, fibrosis, poikiloderma

460.z.h. All of the following contribute to the occurrence of diaper dermatitis, except a) an increase in the ammonia content in the urine during acidosis, rickets

- b) excess ammonia in the feces due to its alkaline reaction (ammonia-producing bacteria develop in the alkaline environment of the colon when the baby is fed cow's milk)

- c) excessively acidic stools
 - d) washing diapers with a synthetic detergent containing chlorine and strong alkalis
 - d) food allergies
- 461.z.h. Pyoderma in children of the first year of life is characterized by all of the following, except
- a) predominance of staphylococci in the first months of life
 - b) the special danger of pustular skin lesions in newborns due to the possibility of sepsis
 - c) the occurrence of more contagious forms than in adults (epidemic pemphigoid, contagious impetigo)
 - d) the occurrence of papulo-erosive streptoderma
 - e) the appearance of boils, a tendency to suppuration of the sebaceous hair structures
- 462.z.ch. A child with a large number of milia, gneiss, seborrheic dermatitis, engorgement of the mammary glands and physiological jaundice are not contraindicated
- a) hepatoprotectors
 - b) sulfa drugs c) chloral hydrate
 - d) caffeine
 - e) prednisolone
463. z.s. The clinical picture of Bejel's disease is characterized by
- a) a clear change of periods
 - b) rapid disappearance of rashes c) damage to internal organs
 - d) long-term existence of rashes
 - e) lack of a pattern of changing periods
464. z.s. Damage to bone tissue in early congenital syphilis includes all of the following changes, except
- a) osteochondritis b) periostitis
 - c) premature appearance of ossification nuclei d) intrametaphyseal fractures
 - e) exostoses
465. z.s. It is advisable to treat lymphogranulomatosis venereum with
- a) antibiotics of the penicillin group
 - b) antibiotics of the tetracycline group c) sulfonamides
 - d) ristocetin
 - e) streptomycin
466. z.s. Differential diagnosis of papular syphilide should be carried out with all of the listed diseases, except
- a) lichen planus b) guttate parapsoriasis c) pemphigus vegetans d) psoriasis
 - e) follicular hyperkeratosis
467. h.s. The patient is suspected of syphilis secondary recurrent. weakpositive. The following reactions must be used
- a) Kolmer reaction
 - b) immunofluorescence reaction
 - c) immobilization reaction of Treponema pallidum d) microreaction

e) Wasserman reaction with cardiolipin antigen

491. z.u. Three weeks after giving birth, the woman went to the antenatal clinic with complaints of mucopurulent vaginal discharge and aching pain in the lower abdomen. The child is healthy, breastfeeding. Based on a clinical examination and bacteriological examination, a diagnosis was made: subacute gonorrheal urethritis, endocervicitis, endomyometritis. Of the listed assignments, it is erroneous

- a) penicillin according to the scheme of chronic gonorrhea
- b) diphenhydramine
- c) autohemotherapy
- d) local treatment of the cervix
- e) calcium gluconate

492. z.u. Based on a clinical and laboratory examination, the woman was diagnosed 5-6 weeks after birth: fresh torpid urethritis, endocervicitis of gonorrheal etiology. The child is healthy, artificial feeding. The doctor's therapeutic tactics include all of the following, except

- a) antibiotic therapy for chronic gonorrhea
- b) vaccine therapy
- c) urethral massage and instillation of 2-3% protargol solution
- d) lubricating the cervical canal with a 3% solution of protargol (collargol)
- e) microenemas with a 3% solution of protargol (collargol)

493. z.u. Based on clinical and laboratory examination methods, a 23-year-old woman was diagnosed with fresh subacute gonorrheal endocervicitis, proctitis. Treatment tactics

- a) benzylpenicillin at a course dose of 3.4 million units
- b) benzylpenicillin at a course dose of 4.2-6.8 million units
- c) benzylpenicillin at a course dose of 4.2-6.8 million units,

local treatment (microenemas with medications)

d) benzylpenicillin in a course dose of up to 6.0 million units followed by the administration of chloramphenicol in a total dose of 10.0 g, local treatment

- e) chloramphenicol in a total dose of 10.0 g, local treatment

494. z.u. The patient was diagnosed with gonorrheal proctitis. Sick for 2 weeks. Treatment prescribed

- a) immunotherapy, antibiotic therapy for chronic gonorrhea
- b) antibiotic therapy for chronic gonorrhea, local treatment
- c) immunotherapy, antibiotic treatment for chronic gonorrhea, local treatment
- d) antibiotic therapy for chronic gonorrhea, sigmoidoscopy
- e) immunotherapy, local treatment, sigmoidoscopy

495. z.u. A 23-year-old woman was recruited for examination as a suspected source of gonorrhea infection. Based on a clinical examination, a diagnosis was made: chronic endocervicitis, cervical ectopia. In bacteriological culture performed after combined provocation, gonococcus was not detected. Doctor's tactics

- a) cannot be treated
- b) treatment according to the regimen of acute gonorrhea
- c) treatment according to the regimen of chronic gonorrhea
- d) local treatment
- e) re-examination for gonorrhea during the next menstruation

Option 5

55. That. For acute weeping eczema, the following are appropriate: 1) ointment

- 2) powder
- 3) cream

- 4) lotion 5)
jelly
56. That. It is not typical for urticarial elements: 1)
pale color in the center
2) keeping the item for a long time
3) itching
4) dermatographism
5) clear contours
57. That. For acute eczema in the weeping stage, it is advisable:
1) pastes
2) talkers 3)
ointments
4) lotions 5)
creams
58. That. Pathological changes in the vesicle: 1)
hyperkeratosis
2) spongiosis
3) acanthosis
4) acantholysis
5)
parakeratosis
59. That. Complications when treating pemphigus with
corticosteroids: 1) exacerbation of chronic infection
2) diabetes mellitus (steroid diabetes) 3)
hypertension
4) peptic ulcers
5) leukopenia
60. That. When a nodule transforms, the
following are possible: 1) cicatricial
atrophy
2) scale 3)
erosion 4)
ulcer 5)
scar 6)
spot
61. That. Excoriations are observed with:
1) scabies
2) leprosy
3) erythematosis 4)
furunculosis 5) pityriasis
versicolor
62. That. Among the excoriation options
there are no: 1) point
2) linear 3)
deep
4) superficial 5)
serous
63. That. Cracks arise from:
1) rupture of the skin
2) opening of blisters
3) falling off of crusts

- 4) acantholysis
 - 5) dyskeratosis
64. That. Cracks often occur against the background of: 1) wetting
2) pronounced hyperkeratosis
3) acantholysis
4) spongiosis
65. That. Cracks are observed with: 1) epidermolysis bullosa 2) erythematosis
3) keratoderma
4) scleroderma 5) seborrhea
66. That. Among the variants of discharge of ulcers there are no: 1) serous
2) purulent 3) bloody 4) mixed
5) horny
239. incl. Prolongation of syphilis incubation is observed: 1) when taking antibiotics,
2) development of multiple hard chancres 3) bipolar location of hard chancres 4) with balanoposthitis
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 - 2) drinking plenty of water,
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 - 2) treatment with benzyl benzoate,
 - 3) application of UFO
 - 4) use of PUVA therapy
 - 5) corticosteroids
249. incl. A furuncle of the nasolabial triangle is dangerous: 1) the development of erysipelas of the skin, 2) the development of phlegmon of the neck,
- 3) development of a retropharyngeal abscess, 4) development of thrombosis of the cavernous sinus
 - 5) development of phlegmon of the floor of the mouth
250. incl. With furunculosis, the following is often detected:
- 1) hepatitis,
 - 2) pyelonephritis,
 - 3) hypertonic disease,
 - 4) diabetes,
 - 5) cardiac ischemia
251. incl. Allergic dermatitis is characterized by:
- 1) exposure to physical or chemical factors ,
not necessary having allergenic properties;
 - 2) dependence of the severity of the reaction on the degree of sensitization;
 - 3) time of manifestation - immediately or soon after
impact irritants;
 - 4) localization of the lesion at the site of exposure to the factor, and then in individual areas;
 - 5) the boundaries of the lesions are unclear;

- 6) polymorphism of rashes with swelling and weeping;
- 7) the course is acute and subacute, relapses are possible

252. incl. Symptoms of eczema:

- 1) erythema,
- 2) papule,
- 3) lichenization,
- 4) pustules,
- 5) getting wet

253. incl. Furunculosis may be accompanied by:

- 1) HIV infection,
- 2) anemia,
- 3) leukemia,
- 4) diabetes

254. incl. Symptoms of chronic eczema:

- 1) erythema,
- 2) vesicles,
- 3) pustules,
- 4) peeling,
- 5) lichenization

255. incl. For a boil of the nasolabial triangle, you must:

- 1) surgical opening of the element,
- 2) hospitalization of the patient,
- 3) prescription of vitamin therapy,
- 4) prescription of nonspecific immunotherapy,
- 5) local application of aniline dyes

256. incl. On foci of infiltration in chronic eczema

- 1) chatterbox,
- 2) paste,
- 3) ointment,
- 4) lotion, 5)
cream

257. incl. Characteristic localization for rosacea:

- 1) on the skin of the face and scalp,
- 2) on the skin of the face and upper chest and back,
- 3) in the folds of the skin,
- 4) exclusively on the skin of the face,
- 5) on the skin of the face, back of the neck

258. incl. Characteristics of eczema:

- 1) papillomatosis,
- 2) balloon dystrophy,
- 3) hyperkeratosis,
- 4) spongiosis,
- 5) acantholysis

259. incl. Drugs for the treatment of herpes simplex:

- 1) prednisolone ointment,
- 2) flucinar,
- 3) synthomycin emulsion,
- 4) salicylic ointment,
- 5) tebrofen ointment

260. incl. Atopic dermatitis /atopic form of common neurodermatitis/ is characterized by:

1) the onset of a skin disease in early childhood in the form of exudative diathesis, followed by transformation into childhood eczema, and then into widespread neurodermatitis / atopic form/;

2) pronounced seasonality with exacerbations in the autumn-winter period and improvement in the summer;

3) the most severe periods of the course are determined at the age of 4-6 years and at 13-18 years;

4) after puberty, the course of the disease becomes more severe; 5) food products /eggs, salty, spicy and sweet dishes/ often cause exacerbation or increase itching;

6) on the contrary, after puberty the course of the disease softens or stops completely.

261. incl. Diagnostic symptom of pemphigus:

1) Nikolsky's symptom;

2) Mantoux test,

3) Kernig phenomenon,

4) iodine test

5) Auspitz phenomenon

262. incl. Characteristics of herpes simplex:

1) pustules, ulcers,

2) nodules, scales,

3) papules, blisters,

4) bumps, ulcers,

5) bubbles, erosions, crusts

263. incl. Caused by a fungus from the genus

Trichophyton: 1) parasitic sycosis,

2) erythrasma, 3) vulgar

sycosis, 4) herpes zoster,

5) pityriasis versicolor

264. incl. Damage not typical for rubrophytia:

1) palms,

2) soles,

3) brush nails,

4) hair,

5) toenails

265. incl. Suspicious of HIV infection

1) atopic dermatitis;

2) recurrent purulent infections,

3) erythematosis,

4) pemphigus,

5) erythema multiforme exudative

266. incl. For treatment-resistant candidiasis, you must:

1) examination of smears for gonococci,

2) sigmoidoscopy

3) blood and urine testing for sugar,

4) radiography of the stomach,

- 5) liver tests
267. incl. For Lyell's syndrome, the following are effective:
- 1) antibiotics,
 - 2) corticosteroids,
 - 3) sulfonamides,
 - 4) Vitamins,
 - 5) cytostatics
268. incl. Acute urticaria is characterized by:
- 1) spot,
 - 2) bubble,
 - 3) blister,
 - 4) bubble,
 - 5) nodule
269. incl. Localization of the boil requiring hospitalization
- 1) back of the neck,
 - 2) lumbosacral region,
 - 3) face,
 - 4) stomach,
 - 5) forearm
270. incl. In the lesions with widespread neurodermatitis /non-atopic form/ the following are determined:
- 1) papules,
 - 2) scales,
 - 3) lichenification,
 - 4) blisters, 5) ulcers;
271. incl. Professional skin irritants may include: 1) physical factors, 2) chemical allergens, 3) biological agents, 4) household allergens
272. incl. The effect in the treatment of pemphigus vulgaris is given by:
- 1) antibiotics,
 - 2) sulfa drugs,
 - 3) immunomodulators,
 - 4) corticosteroids,
 - 5) antimalarial drugs
273. incl. Prescribed for chronic erythematoses:
- 1) antibiotics,
 - 2) sulfonamides,
 - 3) immunostimulants,
 - 4) antimalarial;
 - 5) vitamin
274. incl. What research is essential for furunculosis:
- 1) blood pressure measurement,
 - 2) blood test for sugar,
 - 3) determining the presence of protein in urine,
 - 4) cytological examination,
 - 5) skin allergy tests

275. incl. Itchy skin is characterized by:

- 1) excoriation,
- 2) erosion,
- 3) vesicles,
- 4) blisters,
- 5) papules

276. incl. Possible infectious occupational dermatoses:

- 1) candidiasis,
- 2) infiltrative-suppurative trichophytosis, 3) milkmaids' nodules,
- 4) erysipeloid, 5) sycosis vulgaris, 6) Anthrax

379. t.s. Incubation for syphilis:

- 1) 3-7 days,
- 2) 1-2 weeks,
- 3) 3-5 weeks,
- 4) 8-12 weeks,

380. t.s. Main dates in the history of syphilidology:

- 1) 1492 - discovery of America (the supposed moment of penetration of syphilis into Europe),
- 2) 1908 obtaining experimental syphilis in monkeys (Mechnikov and Roux),
- 3) March 3, 1905 - discovery of the pale spirochete (Shaudin and Hoffmann), 4) 1906. Discovery of the Wasserman reaction
- 5) 1909 Salvarsana (Ehrlich)

381. t.s. Secondary recurrent syphilis is characterized by:

- 1) leucoderma,
- 2) parenchymal keratitis,
- 3) grouped tubercles,
- 4) saber shins,

382. t.s. Not typical for congenital syphilis in infancy:

- 1) skin rashes,
- 2) infiltration of the skin around the mouth,
- 3) parenchymal keratitis,
- 4) mucopurulent rhinitis

383. t.s. Rare lesions in early congenital syphilis:

- 1) liver,
- 2) lungs,
- 3) hearts,
- 4) lymph nodes,

384. t.s. What is not typical for syphilitic lesions in children:

- 1) syphilitic periostitis,
- 2) damage to small joints,
- 3) damage to large tubular bones,

385. t.s. What is not typical for late congenital syphilis: 1) keratitis;

- 2) deafness,
- 3) bone damage, 4) endocarditis,

386. t.s. The causative agent of syphilis is: 1)
a fungus,
2) virus, 3)
spirochete,
387. t.s. Acquired syphilis in childhood is transmitted
1) placental,
2) by everyday means,
3) sexually
388. t.s. Incubation for syphilis is:
1) 3-7 days,
2) 8-15 days,
3) 3-5 weeks,
4) 6 months - 2 years,
389. t.s. To diagnose syphilis, take into account:
1) general blood analysis,
2) assessment of the level of bilirubin in the blood,
3) detection of treponema pallidum in a dark field,
4) Wasserman reaction,
5) phagocytic activity of leukocytes, 390.t.s.
- Clinical signs of primary syphilis:
1) papules,
2) impetiginous syphilides,
3) chancre,
4) leucoderma,
391. t.s. The secondary period of syphilis begins from the moment of infection - after:
1) 2-3 months,
2) 4-5 months,
3) 6-7 months,
4) 8-9 months,
392. t.s. Varieties of pustular syphilis include:
1) acneform,
2) smallpox-like,
3) impetiginous,
4) condylomas lata
5) rupioid,
393. t.s. All of the following are forms of latent syphilis, except:
1) early,
2) late
3) unspecified
4) serpeginating
394. t.s. Syphilitic scleradenitis is characterized by:
1) soreness,
2) bumpy surface,
3) dense elastic consistency,
4) adhesion of lymph nodes to each other,
5) inflammation of the skin over the lymph nodes
395. t.s. Typical forms and symptoms of chancroid:
1) gangrenous,
2) phagedenic,

- 3) regional scleradenitis,
 - 4) chancre amygdalitis,
 - 5) syphilitic erythematous tonsillitis
396. t.s. Primary syphilis is confirmed by:
- 1) Wasserman reaction,
 - 2) Wood's beam study,
 - 3) histoanalysis,
 - 4) RIB
397. t.s. Signs of uncomplicated chancroid:
- 1) soreness,
 - 2) purulent discharge,
 - 3) undermined, edges,
 - 4) dense infiltrate at the base,
398. t.s. Clinical symptoms of primary syphilis:
- 1) papules of the palms and soles,
 - 2) saber shin.
 - 3) labyrinthine deafness,
 - 4) erythematous sore throat,
 - 5) chancre,
399. t.s. Symptoms of syphilitic erythematous sore throat:
- 1) purulent plugs,
 - 2) pink tint,
 - 3) temperature increase,
 - 4) bluish lesions, painless when swallowing
428. that. Effective for the treatment of ureaplasmosis:
- 1) bicillin,.
 - 2) penicillin, 3)
 - lincomycin,
 - 4) sulfonamides
429. that. The causative agent of bacterial vaginosis:
- 1) cocci,
 - 2) sticks,
 - 3) coccobacteria,
 - 4) viruses
430. that. Diagnosis of bacterial vaginosis:
- 1) staining of smears according to Romanovsky-Giemsa,
 - 2) Gram stain,
 - 3) immunofluorescent method
431. that. When treating trichomoniasis in men, the following are effective:
- 1)nitroimidazole derivatives/metronidazole, flagik, trichopolum, orvagil; 2)
 - penicillin;
 - 3)nonspecific stimulant therapy agents used in the treatment of gonorrhoea;
 - 4)tetracycline;
 - 5)washing the urethra with solutions of mercuric oxycyanide, eta-cridine lactate or silver nitrate;
 - 6)urethral tamponade with a mixture consisting of protargol, osarsol, sodium bicarbonate and glycerin
432. that. Drugs for the treatment of bacterial vaginosis:

- 1) penicillin,
 - 2) sulfonamides, H)
 - erythromycin,
 - 4) doxycycline
- 458.z.h. Pedigree analysis in patients with atopic dermatitis is necessary in order to
- A) exclude the suspected diagnosis of topical dermatitis if
amongno relatives of similar patients were identified
 - b) determine genetic prognosis, risk of hereditary burden
at offspring or siblings
 - c) determine the atopic form of atopic dermatitis d) determine
the clinical prognosis
 - e) identify environmental risk factors for exacerbations
- 459.z.h. Lichen planus in children and adolescents has all of the following features, except
- a) often ailments at the onset of the disease, but itching is of little
concern b) often acute onset, subacute course
 - c) monomorphic clinical picture in the form of polygonal lichenoid papules d)
manifestations associated with exogenous factors
 - e) along with lichenoid reactions of connective tissue lesions - atrophy, fibrosis,
poikiloderma
- 460.z.h. All of the following contribute to the occurrence of diaper dermatitis, except a) an
increase in the ammonia content in the urine during acidosis, rickets
- b) excess ammonia in the feces due to its alkaline reaction (ammonia-producing bacteria
develop in the alkaline environment of the colon when the baby is fed cow's milk)
 - c) excessively acidic stools
 - d) washing diapers with a synthetic detergent containing chlorine and strong alkalis
 - d) food allergies
- 461.z.h. Pyoderma in children of the first year of life is characterized by all of the following,
except
- a) predominance of staphylo-derma in the first months of life
 - b) the special danger of pustular skin lesions in newborns due to the possibility of sepsis
 - c) the occurrence of more contagious forms than in adults (epidemic pemphigoid, contagious
impetigo)
 - d) the occurrence of papulo-erosive streptoderma
 - e) the appearance of boils, a tendency to suppuration of the sebaceous hair structures
- 462.z.ch. A child with a large number of milia, gneisses, seborrheic dermatitis, engorgement of
the mammary glands and physiological jaundice are not contraindicated
- a) hepatoprotectors
 - b) sulfa drugs c) chloral hydrate
 - d) caffeine
 - e) prednisolone
463. z.s. The clinical picture of Bejel's disease is
characterized by a) a clear change of periods
- b) rapid disappearance of rashes c)
damage to internal organs
 - d) long-term existence of rashes
 - e) lack of a pattern of changing periods

464. z.s. Damage to bone tissue in early congenital syphilis includes all of the following changes, except
- osteochondritis
 - periostitis
 - premature appearance of ossification nuclei
 - intrametaphyseal fractures
 - exostoses
465. z.s. It is advisable to treat lymphogranulomatosis venereum with
- antibiotics of the penicillin group
 - antibiotics of the tetracycline group
 - sulfonamides
 - ristocetin
 - streptomycin
466. z.s. Differential diagnosis of papular syphilide should be conducted with all of the listed diseases, except
- lichen planus
 - guttate parapsoriasis
 - pemphigus vegetans
 - psoriasis
 - follicular hyperkeratosis
467. h.s. The patient is suspected of syphilis secondary recurrent. weak positive. The following reactions must be used
- Kolmer reaction
 - immunofluorescence reaction
 - immobilization reaction of *Treponema pallidum*
 - microreaction
 - Wasserman reaction with cardiolipin antigen
496. z.u. A kindergarten teacher was involved in the examination as a sexual contact of a patient with gonorrhea. No gonococcus was detected in smears and bacteriological culture performed after the combined provocation. Based on complaints, clinical examination and laboratory data, a diagnosis was made: chronic urethritis, endocervicitis. Adequate treatment was carried out with effect. What are the terms of dispensary observation?
- 7-10 days after treatment, during and at the end of the next menstruation
 - 7-10 days after treatment and during 2-3 menstrual cycles
 - clinical and serological control for 1.5 months
 - clinical and serological control for 3 months
 - clinical and serological control for 6 months
497. z.u. Based on a clinical examination and microscopy of smears stained with methylene blue, a 3-year-old girl was given a preliminary diagnosis: acute vulvovaginitis of gonorrheal etiology. To clarify the diagnosis, it is necessary to perform
- bacteriological examination with microscopy of Gram-stained smears
 - bacterioscopic examination of Gram-stained smears
 - vaginoscopy
 - determination of the saccharolytic properties of the culture obtained by bacteriological inoculation
 - examination of parents for gonorrhea
498. z.y. A kindergarten teacher was hospitalized with a diagnosis of acute ascending gonorrhea. After completion of treatment in the hospital, a 3-fold provocation was carried out, as well as bacteriological culture and examination during menstruation. Clinical and etiological cure was established. Doctor's tactics:
- deregister and allow him to work with children

- b) deregister and suspend from working with children for 1.5 months
- c) clinical observation for 1.5 months, permission to work with children
- d) clinical observation for 2-3 menstrual cycles, permission to work with children
- e) dispensary observation for 6 months, permission to work with children 499.z.u. A girl can be admitted to a preschool institution after antigonorrhea treatment

a) immediately after the end of treatment

b) 1 month after completion of treatment, after three provocations and threenegative cultures

c) after examination, after completion of treatment

d) after two provocations

e) after one provocation and one culture

500.z.u. A 5-year-old girl has clinical signs of subacute vulvovaginitis. Intracellularly located diplococci were found in the smears. To make a diagnosis, she needs to

a) repeated bacterioscopic examination b) combined provocation

c) bacteriological examination

d) bacteriological study to determine the fermentation of the pathogen e) all of the above