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**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
(signature)  E.S. Belousova /
(FULL NAME.)
 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

The objectives of the discipline dermatovenerology consist in mastering knowledge in areas of etiology, pathogenesis, clinical and laboratory diagnostics, and principles of treatment and prevention of skin and venereal diseases.

Tasks:

- acquisition of knowledge by students in the field of dermatovenerology;
 - training students in the most important methods of clinical and laboratory diagnostics, allowing them to correctly diagnose and prescribe therapy;
 - training students to recognize clinical manifestations when examining a patient, to determine the severity of the process;
 - teaching students the ability to identify leading signs, symptoms, syndromes, etc.;
 - teaching students how to choose optimal methods about follow-up for skin and sexually transmitted diseases and drawing up an algorithm for differential diagnosis;
 - training in carrying out a full range of therapeutic, rehabilitation and preventive measures among patients with various
- But zoological forms of skin and venereal diseases;
- training students to provide first aid to dermatological patients in the event of emergency conditions;
 - training students in choosing 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 institutions of various types;
 - developing 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 (OPK)**; c) **professional (PC)**: 3.4.

3. PLACE OF DISCIPLINE IN THE STRUCTURE OP 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

No. section	Section name	Number of hours					SRS
		Total	Contact work				
			L	WI	ET	LR	

				TH	C		
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. Toxidemy. 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 of syphilis.	2
Total hours per semester		16	

Seminars, practical work

No. section	No. Seminar, PR	Topics with seminars, practical work	Number of hours	Forms of current control
Semester 7				
1	1.	Structure and physiology of the skin. Pathomorphological processes.	2	Interview, solution of situational problems, written survey, oral survey

No. section	No. Seminar, PR	Topics with seminars, practical work	Number of hours	Forms of current control
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	6	-
3	10	The causative agent of syphilis. Transmission routes. General pathology.	6	-
3	eleven	Secondary period of syphilis. Tertiary period of syphilis. Congenital syphilis.	6	Passing practical skills
3	12	STI. Gonorrhoea in men. Trichomoniasis. Nongonococcal urethritis of men.	6	Testing
		Total	54	

4.3. Independent work of students

No. section	Type of independent work of students	Number of hours	Forms of current control
Semester 7			
General dermatology	Bypreparation for classes, preparation for current control, preparation for intermediate control	8	Abstract, survey
Private dermatology	Writing abstracts, writing a medical history, preparing for classes, preparing for current control, preparing for intermediate control	16	Abstract, survey
Venereology	Bypreparation 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.	Onnaming	Authors)	Year, place of publicat	Number of copies	
				in bib Lyoteche	nand the department
1		3	4	7	8
1.	Dermatovenereology	E.V.Sokolovsky	St.	50	1
2.	Dermatovenereology	A.V. Samtsov, V.V. Barbinov.	St. Petersburg:	51, ER	4
3	Dermatovenereology	E.V.Sokolovsky	M.: Academy,	63	4
4	Skin and venereal diseases: textbook	Yu.K. Skripkin, A.A. Kubanova, V.G. Akimov.	M.: GEOTAR-Media, 2007, 2012 (EBS "Cons. Stud.").	7, ER	

6.2. Internet resources.

	ELECTRONIC EDUCATIONAL RESOURCES	Access to the resource
	Digital library RostSMU. – URL: http://109.195.230.156:9080/opac/	Access is not limited
	Student advisor: EBS. – Moscow: LLC “IPUZ”. - URL: http://www.studmedlib.ru	Access is not limited
	Doctor's consultant. Electronic medical library: EBS. – Moscow: LLC GC “GEOTAR”. - URL: http://www.rosmedlib.ru	Access is not limited
	Consultant Plus: reference legal system. - URL: http://www.consultant.ru	Access from university computers
	Scientific electronic library eLIBRARY. - URL: http://elibrary.ru	Open access
	Scopus/ Elsevier Inc., Reed Elsevier. – Philadelphia: Elsevier BV, PA. – URL: http://www.scopus.com /via IP addresses of RostSMU and remotely after registration(<i>National project</i>)	Access is not limited
	Web of Science/ Clarivate Analytics. - URL: http://apps.webofknowledge.com via IP addresses of RostSMU and remotely after registration (<i>National Project</i>)	Access is not limited
	ScienceDirect. Freedom Collection [journals] / Elsevier. – URL: www.sciencedirect.com .via IP addresses of RostSMU and remotely	Access is not limited

	after registration (<i>National project</i>)	
	Wiley Online Library /John Wiley & Sons. - URL: http://onlinelibrary.wiley.com via IP addresses of RostSMU and remotely after registration(<i>National project</i>)	Unlimited access
	Single window of access to information resources. - URL: http://window.edu.ru/	Open access
	Russian education. Federal educational portal. - URL: http://www.edu.ru/index.php	Open access
	Federal Electronic Medical Library of the Russian Ministry of Health. - URL: http://www.femb.ru/feml/ , http://feml.scsmr.rssi.ru	Open access
	Medical Bulletin of the South of Russia. - URL: https://www.medicalherald.ru/jour or from the RostSMU website	Open access
	World Health Organization. - URL: http://who.int/ru/	Open access
	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 and methodological 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 of dermatovenerologists.	G.E. Gursky	Rostov-on-Don, 2014	10	10
6	Questions of general dermatovenerology: educational method. manual for medical students. Faculties	V.A. Grebennikov, O.A. Sidorenko, L.A. Anisimova, V.E. Temnikov.	Rostov n/d: Publishing house RostGMU, 2011.	6	10

7. MATERIAL AND TECHNICAL SUPPORT OF DISCIPLINE

7.1. Educational and laboratory equipment.

Name	Quantity
Printer	1
PC	1
Ecren	1
Aboutvector	0
Knowtbook	0
Nslide kits, slidescope	1
Tables	According to nosologies
Dummies (set)	1
Sisituational tasks	6
Test tasks	8
Boards	3
Study furniture (tables, chairs, cabinets)	enough

Appendix No. 1 to the work program

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. Founders of Russian dermatology
domestic dermatological school
human skin

everyone 2.Features of the
everyone 3.The structure of normal
everyone 4.Anatomical and physiological

features of the skin in children
 functions
 ped. 5. The structure of the epidermis, its
 everyone is 6. The structure of the dermis itself
 everyone is 7. Sweat glands. Structure. Functions
 all 8. Sebaceous glands. Structure. Functions
 everyone 9. Hair. Characteristic. Structure
 everyone 10. Circulatory and lymphatic system of the skin
 everyone 11. Nervous apparatus of the skin. As a sense organ
 everyone 12. Normal skin microflora. Quantitative and qualitative composition of the microflora
 of the skin lubricant of a healthy person
 everyone is 13. Skin functions
 everyone is 14. Protective function of the
 everyone is 15. Participation of the skin in
 everyone is 16. Excretory and
 everyone is 17. Participation of the skin in
 everyone is 18. Pathological processes in
 everyone is 19. Violation of keratinization
 everyone is 20. Exudative processes in the
 everyone is 21. Proliferative processes in the
 everyone is 22. Inflammatory processes in the epidermis
 everyone is 23. Primary and secondary morphological
 everyone 24.
 everyone is 25. Primary non-cavitary
 everyone 26. Clinical signs of papule. Its varieties,
 everyone 27. Secondary morphological elements. Definition.
 everyone 28. Principles of general
 everyone 29. Hyposensitizing
 everyone 30. Indications for treatment of skin
 elements. Definition. Clinical examples
 Primary cavity morphological elements
 morphological elements
 difference from tubercle
 Clinical examples
 treatment of patients suffering from dermatoses
 therapy
 patients with corticosteroid hormones. Doctor's tactics when prescribing them
 treat., ped. 31. Indications for the use of vitamin C
 treat., ped. 32. Indications for the use of B vitamins
 treat., ped. 33. Diet therapy in dermatology
 treat., ped. 34. Spa therapy for dermatoses
 treat., ped. 35. Principles of external treatment of skin patients suffering from dermatoses
 everyone 36. Cold lotions, wet-dry dressings
 everyone 37. Ointments.
 everyone 38. Pastes. Indications
 everyone 39. Technique for examining a skin
 Indications and contraindications for use
 and contraindications for use
 patient
 dermatology and venereology
 treat 41. Skin tests in the diagnosis of occupational skin diseases
 treat., medical
 prof.

PRIVATE DERMATOLOGY.
 1. Acute staphyloiderma. Difference from streptoderma. Clinic and treatment of boils, carbuncles,
 hidradenitis
 treat, medical prof. 2. Staphylococcal
 impetigo. Epidemic pemphigus of newborns. Clinic, treatment, prevention
 ped. 3. Neonatal vesiculopustulosis
 ped. 4. Multiple abscesses of newborns (pseudofurunculosis)
 ped. 5. Ritter's
 exfoliative dermatitis of newborns
 ped. 6. Chronic staphyloiderma
 (furunculosis, staphylococcal sycosis)
 everyone is 7. Streptococcal impetigo. Characteristics,
 varieties
 everyone 8. Streptostaphylococcal impetigo
 everyone 9. Classification of fungal diseases. Lichen versicolor (causative agent,
 clinic, treatment)
 everyone is 10. Superficial
 trichophytosis of the scalp
 everyone is 11. Superficial trichophytosis of
 smooth skin
 everyone is 12. Chronic trichophytosis
 everyone
 13. Infiltrative-suppurative trichophytosis
 everyone

14. Microscopy of the scalp	everyone
15. Rubrophytia	everyone
16. Athlete's foot	everyone
17. Inguinal athlete's foot	everyone
18. Candidiasis of the skin and mucous membranes. Clinic, treatment.	everyone
19. Candidiasis of the skin and mucous membranes of the mouth and lips. Clinic and treatment dentist.	everyone
20. Prevention of fungal diseases	everyone
21. Scabies. Epidemiology, clinic, treatment, prevention. Features of the course in children	everyone
22. Pediculosis. Clinical manifestations, treatment and prevention	everyone
23. True eczema. Etiology, pathogenesis, clinical picture and treatment	everyone
24. Microbial eczema. Clinic, treatment	everyone
25. Seborrheic eczema	everyone
26. Childhood eczema	everyone
27. Clinic of eczematous cheilitis, differential diagnosis, treatment dentist.	everyone
28. Dermatitis (allergic contact and non-allergic contact)	everyone
29. Toxicoderma	everyone
30. Itchy skin. Neurodermatitis (common, focal)	everyone
31. Hives	everyone
32. Baby pruritus	ped.
33. Classification of pemphigus. Clinic and treatment of true pemphigus dermatosis. Features of the course in children	treat. Faculty of Education
34. Dühring's	treat., ped.
35. Tuberculous lupus tuberculosis of the skin	everyone
36. Collicative	
37. Papulo-necrotic tuberculosis of the skin	everyone
38. Erythema induratum	everyone
39. Leprosy	everyone
40. Chronic lupus erythematosus	everyone
41. Focal scleroderma	everyone
42. Lichen planus	everyone
43. Lichen planus. Clinical manifestations on the oral mucosa. Treatment	everyone
44. Psoriasis	everyone
45. Pityriasis rosea. Differential diagnosis with toxicoderma	everyone
46. Simple blistering and herpes zoster	everyone
47. Molluscum contagiosum. Vulgar warts	everyone
48. Concept of genodermatoses. Ichthyosis.	everyone
49. Seborrhea. Acne vulgaris	everyone
50. Leukoplakia, clinical varieties	dentist.
51. Benign skin tumors.	
52. Lymphoma of the skin. Kaposi's sarcoma. Treatment.	
53. Polymorphous exudative erythema	
54. Clinical manifestations of multimorphic exudative erythema on the oral mucosa dentist.	

VENEREOLOGY

1. Morphology, biology of Treponema pallidum	everyone
2. Ways of infection with syphilis. Transfusion syphilis	everyone
3. Classic course of untreated syphilis	everyone
4. Classification of syphilis	everyone
5. Changes in lymph nodes with syphilis	everyone
6. Primary period of syphilis	everyone
7. Characteristics of typical primary syphiloma	everyone

8. Chancre of the oral mucosa	dentist
9. Diff. diagnosis of primary syphiloma with chancriform pyoderma	everyone
10. Diff. diagnosis of primary syphiloma with herpetic erosion	everyone
11. Diff. diagnosis of primary syphiloma with chancroid	everyone
12. Diff. diagnosis of primary syphiloma with tuberculous ulcer	everyone
13. Atypical primary syphilomas	everyone
14. Complications of primary syphiloma	everyone
15. Secondary period of syphilis (characteristic, general course)	everyone
16. Secondary fresh syphilis	everyone
17. Secondary recurrent syphilis	everyone
18. Manifestations of secondary syphilis in the oral cavity	dentist
19. Diff. diagnosis of secondary fresh and recurrent syphilis	everyone
20. Characteristics of rashes of the secondary period of syphilis	everyone
21. Syphilitic roseola	everyone
22. Diff. diagnosis of syphilitic roseola and pityriasis rosea	everyone
23. Papular syphilide	everyone
24. Diff. diagnosis of papular syphilide with psoriasis	everyone
25. Diff. diagnosis of lata and genital warts	everyone
26. Pustular syphilide	everyone
27. Syphilitic leucoderma	everyone
28. Syphilitic alopecia	everyone
29. Diff. diagnosis of syphilitic alopecia with focal baldness	everyone
30. Diff. diagnosis of syphilitic alopecia with superficial trichophytosis	everyone
31. Characteristics of secondary syphilides of the mucous membranes, their epidemiology. meaning	everyone
32. Diff. diagnosis of syphilitic tonsillitis of the secondary period	everyone
33. Manifestations of tertiary syphilides in the oral cavity	dentist
34. Hidden early syphilis	everyone
35. Characteristics of rashes of the tertiary period of syphilis on the skin	everyone
36. Tubercous gummosis syphilide	everyone
37. Damage to bones and joints due to syphilis	everyone
38. Latent syphilis. Epid. meaning, course, features of the diagram	everyone
39. Ways of transmitting syphilis to offspring	everyone
40. Congenital syphilis (definition, classification, course)	everyone
41. Early congenital syphilis	everyone
42. Congenital syphilis of infants	everyone
43. Congenital syphilis of early childhood	everyone
44. Late congenital syphilis. Unconditional and probable signs	everyone
45. Dynamics of serological reaction in syphilis	everyone
46. Methods for laboratory diagnosis of syphilis	everyone
47. Principles of treatment of patients with syphilis. Preventive treatment. Characteristics of drugs used to treat syphilis.	everyone
48. Morphology and biology of gonococcus.	everyone
49. Classification of gonorrhoea.	everyone
50. Laboratory diagnosis of gonorrhoea.	everyone
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 significance.	everyone
59. Criteria for cure of gonorrhoea.	everyone

60. Gonorrhoea in girls.	ped
61. Gonorrhoeal vulvovaginitis of girls	ped
62. Complications of gonorrhoea.	everyone
63. Trichomoniasis	everyone
64. Non-gonococcal urethritis in men (pathogens, routes of transmission, clinical picture, diagnosis, treatment)	everyone
65. Trichomonas vaginitis in girls.	ped
66. Mycotic vaginitis in girls	ped
67. Urogenital candidiasis in women	everyone
68. Candidal balanoposthitis	everyone
69. Viral vaginitis in girls	ped
70. Genital herpes	everyone
71. Recurrent herpes	everyone
72. Acute condylomas	everyone
73. Non-infectious vulvovaginitis of girls (causes, course, treatment)	ped
74. Bacterial vaginosis	everyone
75. Diff. diagnosis of urethritis in men	everyone
76. Methods of provocation for urethritis	everyone
77. Chlamydial urethritis	everyone
78. Chlamydia in men	everyone
79. Chlamydia in women	everyone
80. Urogenital mycoplasmosis	everyone
81. Ureaplasmosis	everyone
82. Epidemiology of AIDS	everyone
83. Skin manifestations of AIDS	everyone
84. Methods of personal and public prevention of sexually transmitted diseases	everyone
85. Prevention of sexually transmitted diseases in children's institutions	ped
86. Dispensary methods of combating sexually transmitted diseases	everyone

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

Department of Skin and Venereal Diseases

Discipline: dermatovenerology

List of practical skills:

1. Inspection of the skin and visible mucous membranes.
2. Diascopy, palpation, scraping.
3. Reproduction and evaluation of dermographism.
4. Determination of pain and tactile sensitivity.
5. Reproduction of the Balzer test.
6. Definition of Nikolsky's symptom.
7. Definition of the triad of psoriasis symptoms.
8. Collection of material for determination of Tzanck cells.
9. Collection of cystic fluid to determine the number of eosinophils.
10. Collection of pathological material for the diagnosis of fungal diseases.
11. Research on hair iron 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. Issuing prescriptions.
23. Filling out an emergency notice.
24. Registration of a certificate of temporary incapacity for work.
25. Filling out a health resort card.
Head of the 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. so The founders of Russian dermatology:

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

3.t.o. The layers of the epidermis are distinguished:

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

4.t.o. The basal layer of the epidermis consists of:

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

5.t.o. 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.t.o. 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.t.o. Morphological elements that give crusts:

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

eleven.That. Morphological elements ending in scar atrophy:

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

12.That.Disorders of gastric secretion are characteristic and have pathogenetic significance when:

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

13.Thus, after the ulcer remains:

- 1) scar atrophy
- 2) scar
- 3) crack

14.Thus, during the evolution of the bubble, the following are formed:

- 1) scar
- 2) crust
- 3)ulcer

67.t.ch. Treatment of microsporia should be carried out:

- 1) outpatient
- 2) in the hospital
- 3) in a day hospital

68.t.h. After treatment of microsporia, you can attend school if:

- 1) single negative analysis
- 2) double negative analysis
- 3) triple negative analysis
- 4) six-fold negative analysis

69.t.ch.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.t.h. The following forms of sporotrichosis are distinguished:

- 1) superficial
- 2) localized subcutaneous

71.t.h. 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.t.ch. Clinical varieties of limited scleroderma are:

- 1) plaque,
- 2) linear,
- 3) ulcerative,
- 4) superficial,
- 5) white spot disease;

73.t.h. Chronic candidiasis of the mucous membranes is associated with:

- 1) hypothyroidism
- 2) hypoparathyroidism
- 3) hypocarticism

74.t.h. Side effects of nystatin include all of the following, except:

- 1) nausea
- 2) vomiting
- 3) loose stools
- 4) dermatitis

75.t.h. Molds affect everything except

- 1) skin
- 2) mucous membranes
- 3) nails
- 4) hair

76.t.ch. 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) difficulty breathing;
- 6) pronounced loss of body weight;

77.t.h. All of the following contribute to the development of candidiasis, except:

- 1) diabetes
- 2) treatment with antibiotics
- 3) sweating
- 4) hypertonic. bol.

78.t.h. Microsporia infection occurs from:

- 1) cats and dogs
- 2) cattle
- 3) rodents

79.t.h. Infection of children with rye microsporum occurs from:

- 1) cows, horses
- 2) cats, dogs
- 3) persons

80.t.h. Favorite localization of the tubercle in tuberculous lupus:

- 1) scalp
- 2) face
- 3) extensor surface of the elbow and knee joints

81.t.ch. 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.t.h. Microsporia infection occurs from:

- 1) cats, dogs, people
- 2) cattle

83.t.h. When treating microsporia the following is prescribed:

- 1) tetracycline
- 2) nystatin
- 3) griseofulfin

84.t.h. Signs of acute urticaria are the following except:

- 1) blister
- 2) skin itching
- 3) abdominal pain
- 4) arthralgia
- 5) plaques with pearlescent scales

85.t.ch. Which concepts of the pathogenesis of pyodermitis are leading:

- 1) immunological,
- 2) infectious-allergic,
- 3) endocrine,
- 4) exchange,
- 5) neurogenic

86.t.h. 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.t.h. Symptoms of atopic dermatitis include, except:

- 1) itching
- 2) erythematous-squamous foci with lichenization
- 3) visual-squamous lesions with eczematization
- 4) diarrhea

88.t.ch. 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 fagocytosis;
- 6) sensitivity of microbial flora to antibiotics

89.t.h. The main clinical signs of strophulus include:

- 1) vesicles
- 2) bullous elements
- 3) polygonal papules
- 4) papulovesicles with scratches in the center

90.t.h. 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.t.ch.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,
- eleven)acantholytic cells are absent,
- 12)improvement from administration of sulfones;

92.t.h. 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.t.h. Clinical signs of psoriasis are:

- 1) reddish papules with silvery scales
- 2) polygonal papules with a depression in the center
- 3) blisters

94.t.ch.Risk factors for the development of acne vulgaris are:

- 1)gastrointestinal pathology,
- 2)adolescence,
- 3)pregnancy,
- 4)oily seborrhea,
- 5)menopause,
- 6)comedones

95.t.h. Congenital epidermolysis bullosa is characterized by. except:

- 1) the appearance of bubbles at places of mechanical impact
- 2) the presence of erosions at the site of opened blisters
- 3) positive Nikolsky symptom
- 4) itching

96.t.h. Psoriasis affects:

- 1) joints
- 2) nasopharynx
- 3) lungs

97.t.h.List the therapeutic measures necessary for furunculosis:

- 1)prescribing a broad-spectrum antibiotic after a preliminary assessment of the antibiogram;
- 2)assessment of antibiotic tolerance and use of nonspecific hyposensitizing agents
- 3)staphyloantoxin, antifagin, autohemotherapy;
- 4) ichthyol, external antiseptic drugs;
- 5) UFO, UHF

98.t.h. Signs of simple ichthyosis are the following, except:

- 1) dry skin
- 2) large- and medium-lamellar peeling
- 3) nail dystrophy
- 4) pustular elements

99.t.h. The morphological elements of pyoderma are:

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

100.t.h. 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.t.ch.Risk factors for rosacea:

- 1) gastrointestinal diseases,
- 2) adolescence,
- 3) pregnancy,
- 4) solar radiation,
- 5) oily seborrhea,
- 6) menopause,
- 7)comedones

102.t.h. Vulgar ichthyosis has clinical manifestations:

- 1)weeping with itching
- 2)lamellar peeling
- 3)blistering rash
- 4)urticarial rash

103.t.h. Characteristics of vulgar ichthyosis are:

- 1)hyperkeratosis on the palms
- 2)Auspitz triad
- 3)apple jelly symptom

104.t.h. For vulgar ichthyosis it is preferable:

- 1)hydroalcoholic mash
- 2)2-3% salicylic cream
- 3)benzyl benzoate suspension

105.t.h. Epidermolysis bullosa simplex is inherited:

- 1)autosomal dominant
- 2)autosomal recessive
- 3)inheritance is not typical

106.t.ch.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 a nodecotton wool 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.t.h. Morphological element for staphylococcal impetigo:

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

109.t.h. 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. The characteristic signs of Treponema pallidum are the following:
- 1)curls 8-20;
 - 2)the length of the entire treponema is from 4 to 25 μm
 - 3)at the ends of the treponema there are capitulate vesicular 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 from a 10-15 kopeck coin;
 - eleven)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 sclerodentitis
 - 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)phimosi
- 2)paraphimosi
- 3)indurative edema
- 4)phagedenism

297.t.s. Crucial in the early diagnosis of syphilis:

- 1)Wasserman reaction
- 2)RPR
- 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 of rashes of 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.t.u. Effective for chlamydial urethritis:

- 1)Biseptol
- 2)trichopolium
- 3)sumamed
- 4)bicelin
- 5)delagin

401.t.u. Possible complications with gonorrheal urethritis:

- 1)prostatitis
- 2)erythroderma
- 3)staphyloiderma
- 4)cystitis

402.t.u. Causative agents of gonorrhea:

- 1)Diplococcus Neissera
- 2)virus
- 3)chlamydia
- 4)spirochete

403.t.u. When carrying out topical diagnostics for chronic gonorrhea 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.t.u. For trichomonas urethritis:
- 1) the infection only affects men
 - 2) clinical signs are similar to those of gonorrhea
 - 3) tetracycline is effective
- 405.t.u. In the treatment of chlamydia the following is used:
- 1) penicillin
 - 2) tinidazole
 - 3) doxycycline
 - 4) streptomycin
- 406.t.u. 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
 - V) results of laboratory and histological examination
 - G) trial treatment
 - d) all of the above
- 434.z.o. A comprehensive clinical examination of the skin includes all of the following except
- A) scratching (scraping)
 - b) palpation
 - V) diascopy
 - G) skin temperature measurements
 - d) electrical resistance measurements
- 435.z.o. Substances with sensitizing effects cause all of the following, except
- A) contact dermatitis
 - b) allergic dermatitis
 - V) eczema
 - G) hives
 - d) toxicoderma
 - G) aminoglycosides
 - d) cephalosporins
- 436.z.o. When microbes penetrate through the upper layers of the epidermis, bactericidal protection is provided
- A) migration of leukocytes from blood vessels to the dermis and epidermis
 - b) mobilization of humoral bactericidal factors (bacteriolysins, agglutinons, lysozyme, complement, antimicrobial enzymes, etc.)
 - V) Langerhans cells perform the function of macrophages
 - G) 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) sweating intensity
 - V) degree of blood filling
 - G) salt concentrations in tissue fluid
 - d) integrity of the epidermis
- 438.z.o. The bactericidal properties of the skin are reduced
- A) for debilitating diseases
 - b) with ionizing radiation
 - V) when damaged by chemicals
 - G) when exposed to substances that alkalize the acid mantle
 - d) 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
 - V) determination of skin resistance to electric current
 - G) vascular skin reactions
 - d) all listed
- 474.z.s. Secondary syphilides are characterized by the following symptoms
- A) rashes of the secondary period have fuzzy edges, irregular outlines
 - b) rashes of the secondary period are accompanied by a burning sensation, soreness
 - V) rashes of the secondary period persist for a long time, despite the therapy
 - G) rashes resolve quickly with treatment
 - d) rashes have 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
 - V) clinical and serological control
 - G) treatment according to regimens for early congenital syphilis
 - d) treatment according to household syphilis regimens
- 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 for syphilis of the sexual partner
 - 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
- A) early latent syphilis
 - b) late latent syphilis
 - V) latent syphilis, unspecified
 - G) false-positive seroreactions
 - d) 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 papillomatosis:

- 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) dfuck

22. That. A banal infiltration in the dermis gives:

- 1) papule
- 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. t.ch. Diseases inherited in an autosomal dominant manner:
- 1) dominant vulgar ichthyosis,
 - 2) hereditary diffuse palmoplantar keratoderma of the Unna-Tost type,
 - 3) Greiter's keratoderma,
 - 4) epidermolysis bullosa simplex,
 - 5) Meled's disease;
111. t.h. 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. t.h. For strepto- and staphylococcal lesions, sensitization:
- 1) may come
 - 2) does not occur
 - 3) constant
113. t.h. It is necessary to check your blood sugar level if:
- 1) streptococcal impetigo
 - 2) folliculitis
 - 3) chronic furunculosis
 - 4) ostiofolliculitis
114. t.ch. 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. t.h. With acne vulgaris, the glands are affected:
- 1) apocrine, sweat
 - 2) greasy
 - 3) eccrine
116. t.h. Signs of streptococcal impetigo include:
- 1) hemispherical pustule
 - 2) flabby pustule with transparent contents
 - 3) follicular pustule
117. t.h. Signs of erysipelas are:
- 1) erosive papules
 - 2) foci of erythema with tongue-like projections
 - 3) location in the perineum
 - 4) scalp damage
118. t.ch. During mycosis fungoides, the following clinical stages are distinguished:
- 1) erythematous,
 - 2) plaque /infiltrative/,
 - 3) atrophy,
 - 4) tumor
119. t.h. Hidradenitis is characterized by localization:
- 1) on the scalp

- 2)on the soles
 - 3)in the armpit area
 - 4)on the palms
- 120.t.h. Signs of scabies are:
- 1)tubercles
 - 2)papulovesicles
 - 3)paired arrangement of elements
 - 4)nodes
 - 5)blisters
- 121.t.h. Scabies may cause complications such as:
- 1)hives
 - 2)pyoderma
 - 3)scrofuloderma
 - 4)microsporia
- 122.t.ch.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.t.h. 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.t.h. The group of fungal hair infections includes:
- 1)psoriasis
 - 2)microsporia
 - 3)Athlete's foot
 - 4)alopecia areata
- 125.t.h. The carriers of microsporia are:
- 1)cats
 - 2)cattle
 - 3)dogs
- 126.t.ch.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.t.h. Carriers of trichophytosis are:
- 1)mice
 - 2)dogs
 - 3)cows
- 128.t.h. 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.t.h. 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.t.ch.Among staphylo dermatitis in infants, the following are noted:

- 1)staphylococcal osteoporitis,
- 2)epidemic pemphigus of newborns,
- 3)hidradenitis,
- 4) ekefoliative dermistit Ritter,
- 5) multiple skin abscesses,
- 6)ostiofolliculitis,
- 7)folliculitis,
- 8)erysipelas,
- 9)boils,
- 10)carbuncles

131.t.h. The signs of favus are:

- 1)folliculitis
- 2)foci of atrophy at the site of the lesion
- 3)low cut hair

132.t.h. For fungal infections of the hair, the following is used:

- 1)penicillin
- 2)methotrexate
- 3)griseofulvin
- 4)tinidazole

133.t.h. The causative agent of thrush is:

- 1)virus
- 2)bacterin
- 3)Trichophyton endothrix
- 4)candida albicans

134.t.h. Treatment of candidiasis is carried out:

- 1)prednisolone
- 2)erythromycin
- 3)nystatin ointment
- 4)extensillin

135.t.h. Candidal paronychia manifests itself:

- 1)inflammatory ridge
- 2)subungual hyperkeratosis
- 3)changes in the nail along the free edge

136.t.ch.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) the development of the process 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 leishmaniasis 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.t.h. For non-allergic dermatitis lesions:
- 1) from an obligate stimulus
 - 2) at the site of impact
 - 3) develop immediately after exposure
 - 4) depends at the first meeting with the "guilty" factor
- 139.t.h. For allergic dermatitis, sensitization:
- 1) monovalent
 - 2) polyvalent
 - 3) isomorphic
 - 4) not noted
- 140.t.h. For eczema in the weeping stage, the following is used:
- 1) boric tar ointment
 - 2) Alibur liquid lotion
 - 3) Unna cream
 - 4) lamisil
- 141.t.h. For toxic-allergic dermatitis use:
- 1) aevit
 - 2) methyluracil
 - 3) antihistamines
 - 4) penicillin
- 142.t.h. Eczema in the acute stage is characterized by:
- 1) tubercles
 - 2) bubbles
 - 3) ulcers
 - 4) blisters
- 143.t.h. Complications of eczema are:
- 1) atrophy
 - 2) pyoderma
 - 3) scars
 - 4) arthropathy
- 144.t.h. For atopic dermatitis:
- 1) papules
 - 2) bubbles
 - 3) bubbles
 - 4) tubercles
- 145.t.h. For urticaria:
- 1) blisters
 - 2) erosion
 - 3) infiltration
 - 4) nodes
- 146.t.h. Common superficial mycoses:
- 1) multi-coloured ringworm,
 - 2) athlete's foot,
 - 3) sporotrichosis,
 - 4) aspergillosis,

- 5) mycosis caused by red trichophyton,
 - 6) microsporia;
- 147.t.h. In neurodermatitis, the lesions are located:
- 1) in the elbow bends
 - 2) palm areas
 - 3) on the head
- 148.t.h. In atopic dermatitis, dermatographism:
- 1) red sublime
 - 2)urticarial
 - 3) edematous
 - 4) white
- 149.t.h. Allergic dermatitis type rashes can cause:
- 1) penicillin
 - 2) sulfonamides
 - 3) mercury preparations
 - 4)dinitrochlorobenzene
- 150.t.h. Allergic dermatitis type rashes can cause:
- 1)vitamin B1
 - 2) bismuth
 - 3) phenol
 - 4)chloramine
 - 5)formalin
- 151.t.h. Characteristic signs of eczema:
- 1) rash of small unstable bubbles
 - 2) focal spongiosis
 - 3) polymorphic cell infiltration
- 152.t.h. Eczema is classified as:
- 1) true
 - 2) microbial
 - 3) tuberculosis
 - 4) seborrheic
 - 5) nursery
- 153.t.h. Eczematous reactions in the form of:
- 1) localized eczema
 - 2) generalized eczema
 - 3) eczemids, 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) urticaria,
 - 4) candidiasis,
 - 5) nephropathy
- 307.t.s. Scars after healing of gummas with tertiary syphilis look like:
- 1) retracted
 - 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) immobilization reaction of *Treponema pallidum*,
 - 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 of 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) milliary,
 - 3) impetiginous,
 - 4) acne,
 - 5) nummular,
 - 6) hypertrophic,
 - 7) serpiginating
- 312.t.s. To detect *Treponema pallidum* the following is used:
- 1) study 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. Can help in diagnosing early latent syphilis following:
- 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 gonorrhea;
 - 2) in case of confrontation, the sexual partner often develops an early /active/ form of syphilis;

3) a scar or compaction at the site of the former 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 is negative in a number of patients, 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) nephropatia,

4) polyneuritis,

5) anaphylactic shock,

315.t.s. Complications of chancroid include:

1) phimosis,

2) vulvovaginitis,

3) paraphimosis,

4) phagedenism,

5) indurative edema

316.t.s. After infection with syphilis, RW is positive through:

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 body,

3) grouped tubercles,

4) lata perineal condylomas,

5) fine focal baldness

318.t.s. Often in the tertiary period of syphilis it happens:

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) serpiginating tubercles of the trunk,

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 features:
- 1) itching;
 - 2) pain,
 - 3) slow growth
 - 4) mild inflammatory phenomena,
 - 5) a small amount of gum-like liquid bones upon opening,
 - 6) edge density,
 - 7) absence of lymphadenitis
- 323.t.s. The fetus of a patient with syphilis becomes infected:
- 1) at 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) lata perineal condylomas
- 5) profuse roseola rash on the torso
- 325.t.s. Symptoms of syphilitic erythematous sore throat:
- 1) purulent plugs,
 - 2) pink tint,
 - 3) increase in temperature,
 - 4) bluish lesions that are painless when swallowing,
- 326.t.s. Secondary recurrent syphilis is characterized by:
- 1) leucoderma,
 - 2) parenchymal keratitis,
 - 3) grouped tubercular syphilide,
 - 4) saber-shaped shins
- 407.t.u. In the treatment of chlamydia they use:
- 1) penicillin
 - 2) tetracycline
 - 3) rifampicin
 - 4) sulfonamides
- 408.t.u. In the topical diagnosis of gonorrhea, the condition is assessed:
- 1) anterior urethra
 - 2) posterior urethra
 - 3) skin of the penis
 - 4) prostate gland
 - 5) seminal vesicles
- 409.t.u. Clinical manifestations of fresh acute, total gonorrheal urethritis are characterized by:
- 1) pronounced increase in urination is not in large portions;
 - 2) imperative urge to urinate;
 - 3) pain in the urethra at the end of urination;
 - 4) with a two-glass urine sample cloudy in the first portion and transparent in the second portion.;
 - 5) terminal hematuria - a few drops of blood staining the last portion of urine;
 - 6) painful erections and emissions;
- 410.t.u. When diagnosing gonorrhea, you should examine:
- 1) cervix

- 2) body of the uterus
 - 3) rectum
 - 4) femoral lymph nodes
 - 5) urethra
- 411.t.u. Trimoniasis manifests itself in women:
- 1) vaginitis
 - 2) foamy liquid pus-like discharge
 - 3) purulent lymphadenitis
 - 4) urethritis and paraurethritis
 - 5) chancroid
- 412.t.u. Gonococcus Neisser is detected by staining:
- 1) according to Romanovsky-Giemsa
 - 2) according to Shifu
 - 3) methylene blue
 - 4) by Gram
- 413.t.u. 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 by all of the following factors, except
- A) diseases and injuries
central and peripheral nervous system
 - b) fatigue
 - V) painful irritation
 - G) menstrual cycle and pregnancy
 - d) endocrine diseases
- 441.z.o. Inflammation of the dermis is characterized by all of the following, except
- A) edema
 - b) vasodilatation
 - V) release of proteins of plasma origin and blood cells outside the vascular bed
 - G) formation of perivascular or diffuse cell proliferations
 - d) smoothing 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
 - V) in the diencephalon
 - G) all of the above are true
- 443.z.ч. Patients with diabetes mellitus may develop the following skin lesions, except
- A) necrobiosis lipoidica
 - b) xanthoma
 - V) granuloma annulare
 - G) diabetic dermopathy
 - d) 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
 - V) elimination of psychoemotional disorders and disorders of the autonomic nervous system
 - G) eliminating adverse physical and chemical effects on the skin

- d) 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%
- V) 10% sulfur ointment with Vaseline
- G) celestoderm
 - d) 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. Hidden early syphilis is characterized by all of the following, except
- A) presence of efflorescence on the genitals in the past
 - b) active form of syphilis in a sexual partner
 - V) late latent syphilis in a sexual partner
 - G) high titer reagins
 - d) presence of recurrent phenomena of primary syphiloma
- 480.z.s. Blood changes in patients with early congenital syphilis manifest themselves in the form
- A) leukopenia
 - b) hypochromic anemia
 - V) accelerated coagulation
 - G) thrombocytopenia
- 481.z.s. The pathognomonic symptom of late congenital syphilis is
- A) gumma of the hard palate
 - b) parenchymal keratitis
 - V) bumps on the skin of the body
 - G) roseola of the trunk skin
- 482.z.s. The most specific serological test for syphilis is
- A) immunofluorescence reaction
 - b) Treponema immobilization reaction
 - V) Wasserman reaction with treponemal antigen
 - G) Kolmer reaction
 - d) microreaction
- 483.z.y. 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 gonorrhoeal etiology. Correct doctor tactics
- A) administration of a combined provocation followed by bacteriological and bacterioscopic examination
 - b) treatment for chronic gonorrhoea
 - V) prescription of physiotherapeutic procedures
 - G) prescribing only antibacterial drugs according to the sensitivity of bacterial flora to antibiotics
- d) correct a), c), d)
- 484.z.u. The woman was diagnosed with fresh torpid urethritis, endocervicitis of gonorrhoeal etiology. What are the treatment tactics
- A) antibiotic therapy
 - b) specific vaccine therapy
 - V) nonspecific vaccine therapy
 - G) local treatment
 - d) all of the above

Option 3

21. That. Preparations characterized by a disinfectant effect when used externally:
- 1) zinc oxide,
 - 2) aniline dyesteli,
 - 3) fucorcin,
 - 4) tar
22. That. A banal infiltration in the dermis gives:
- 1) papule
 - 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) swelling
 - 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) synthomycin
 - 4) neomycin
29. That. Side effects during treatment with corticosteroids:
- 1) fat accumulation
 - 2) increased blood clotting
 - 3) tendency to hemorrhages
 - 4) exacerbation of tuberculosis and other infections
 - 5) decrease in potassium in the body
- thirty. 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 bacterid
- 4) Dühring's dermatiformis herpetiformis

34. That. Skin diseases that are characterized by severe itching:

- 1) eczema
- 2) neurodermatitis
- 3) pruritus
- 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) knot
- 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. Highlight 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) seborrhic
- 2) eccrine
- 3) apocrine

154.t. Part Theory of the pathogenesis of eczema:

- 1) toxigenic
- 2) endocrine
- 3) spongy
- 4) allergic
- 5) neurogenic

155.t.h. What skin tests are distinguished:

- 1) drip
- 2) compress
- 3) scarification
- 4) immediate
- 5) intradermal

156.t.h. Temporary professional signs:

- 1) coloring
- 2) sediments
- 3) cracks and abrasions
- 4) calluses
- 5) nail changes

157.t.h. Persistent professional signs:

- 1) scars
- 2) pigmentation
- 3) telangiectasia
- 4) pressure atrophy
- 5) professional tattoos

158.t.h. Clinical forms of photodermatitis:

- 1) sunburn
- 2) actinodermatitis pitch
- 3) solar eczema
- 4) solar nettle
- 5) psoriasis

159.t.h. Clinical forms of photodermatoses:

- 1) actinodermatitis bullosa
- 2) xeroderma pigmentosa
- 3) urticaria
- 4) porphyrin melasma

160.t.h. Exogenous photosensitizers:

- 1) eosin
- 2) salol
- 3) tar

161.t.h. Aromatic retinoids are:

- 1) roaccutane
- 2) lamisil
- 3) essential

162.t.h. Promotes the development of hypovitaminosis:

- 1) lack of protein in food
- 2) gastrointestinal and infectious diseases
- 3) a lot of physical activity
- 4) irradiation by the sun's rays

- 5) profuse peeling (erythroderma)
- 163.t.h. Manifestation of hypovitaminosis A:
- 1) follicular keratosis (maximum phrynoderma)
 - 2) polyneuritis
 - 3) xerosis of the vulva
 - 4) polymorphic erythema
 - 5) hemeralopia-night blindness
- 164.t.h. Known forms of ichthyosis:
- 1) vulgar
 - 2) congenital
 - 3) arthropathic
 - 4) linked to the floor
- 165.t.ch. In case of chronic trichophytosis on the scalp, the following clinical manifestations may be observed:
- 1) black dot,
 - 2) scuticular,
 - 3) erythematous-squamous,
 - 4) atrophic,
 - 5) "trichophytic gumma";
- 166.t.h. Inheritance by dominant type:
- 1) simple epidermolysis
 - 2) blush of the cheeks
 - 3) psoriasis
 - 4) common ichthyosis
 - 5) scleroderma
- 167.t.h. With hidradenitis, the lesion is localized:
- 1) in the hair follicle
 - 2) apocrine sweat gland
 - 3) in the sebaceous gland
- 168.t.h. Streptoderma is characterized by:
- 1) flaccid blisters (flykten)
 - 2) predominantly serous exudate
 - 3) damage to the sebaceous glands
- 169.t.h. Staphyloiderma is characterized by:
- 1) Damage to the hair follicle
 - 2) purulent exudate
 - 3) intense pustules
- 170.t.ch. 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 antibiotics of wide spectrum
 - 6) increased sweating and obesity;
- 171.t.h. Lesions not characteristic of staphylococci:
- 1) osteofolliculitis
 - 2) boil and carbuncle
 - 3) hidradenitis
 - 4) sycosis
 - 5) superficial paronychia
- 172.t.h. Lesions not characteristic of streptococci:

- 1) periungual felon
 - 2) erizepelas
 - 3) sycosis vulgaris
 - 4) jams
- 173.t.h. Mycosis of the feet causes:
- 1) Trichophyton rubrum
 - 2) Microsporum canis
 - 3) Trichophyton interdigitale
 - 4) Trichophyton gypseum
 - 5) Candida albicans
- 174.t.h. The most important superficial dermatophytosis:
- 1) superficial trichophytosis
 - 2) trichophytosis infiltrative
 - 3) microsporia of smooth skin
 - 4) microsporia of the scalp
 - 5) actinomycosis
- 175.t.h. Symptoms of chronic trichophytosis of the scalp:
- 1) scutules
 - 2) blackheads
 - 3) erythematous squamous lesions
 - 4) atrophic bald spots
 - 5) symptoms of honeycomb
- 176.t.h. Morphological element in tuberculosis:
- 1) papule
 - 2) tubercle
 - 3) bubble
- 177.t.h. The main forms of localized skin tuberculosis:
- 1) milium ulcerative
 - 2) follicular
 - 3) warty
 - 4) primary chancreiform
- 178.t.h. Leprosy is more common:
- 1) in Norway
 - 2) in Nauru
 - 3) in India
- 179.t.h. The following clinical forms are distinguished for leprosy:
- 1) neuropathic
 - 2) tuberculoid
 - 3) microbial
 - 4) sebaceous
- 180.t.h. Clinical forms of leprosy:
- 1) undifferentiated
 - 2) dyshidrotic
 - 3) plaque
 - 4) pruriginous
- 181.t.h. With leprosy, patients experience:
- 1) blisters
 - 2) tubercles, depigment spots, nodes
 - 3) bubbles
 - 4) excoriation
- 182.t.h. Symptoms characteristic of leprosy:
- 1) impaired skin sensitivity

- 2) "honeycomb" symptom
 - 3) symptom of "blood dew"
 - 4) symptom of "terminal film"
- 183.t.h. The course of leprosy is characterized by:
- 1) itching in the evening
 - 2) severe itching
 - 3) usually without skin itching
 - 4) constant severe itching
- 184.t.h. Erythemas is characterized by:
- 1) spots, plaques
 - 2) follicular keratosis with firmly fixed scales
 - 3) bleeding when scraping
 - 4) atrophy
 - 5) increased sensitivity to ultraviolet rays
- 185.t.ch. Preparations that have a fungicidal and fungistatic effect on pathogenic fungi:
- 1) nizoral,
 - 2) penicillin,
 - 3) nystatin,
 - 4) biomydin,
 - 5) amphotericin B,
 - 6) griseofulvin;
- 186.t.h. The following stages are not typical for limited scleroderma:
- 1) edema
 - 2) arthropathic
 - 3) sclerosis
 - 4) blister
 - 5) atrophy
- 187.t.h. Clinical forms of scleroderma:
- 1) focal
 - 2) diffuse
 - 3) erythematous
 - 4) scaly
 - 5) bubble
- 188.t.h. Point scleroderma has many synonyms:
- 1) lichen sclerosus
 - 2) Lichen albus (Zumbush)
 - 3) white spot disease
 - 4) lichen morpheus
 - 5) lichen scrofulosus
- 189.t.h. Characteristic symptoms of psoriasis:
- 1) Beignet-Meshchersky
 - 2) Auspitz triad
 - 3) Biette collar
 - 4) Pospelov's symptom
- 190.t.h. 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.h. Optional precancerous:

- 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's disease
 - 4) acanthosis ingricans
 - 5) pemphigus vegetans
- 193.t.h. Microsporia is infected from:
- 1) mice
 - 2) cats
 - 3) dogs
 - 4) cows
- 194.t.h. Pyococcal dermatoses of the scalp:
- 1) eczematoid pityriasimorphic
 - 2) seborrheic eczematoid
 - 3) pyococcal folliculitis
 - 4) pediculosis
 - 5) chronic abscessing and undermining pyodermatitis
- 195.t.ch. What types of nail damage 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) leucoderma,
 - 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) laryngeal infiltrates/afonia/,
 - 7) congenital ichthyosis;
- 329.t.s. With secondary syphilis, the rashes are:
- 1) spotted,
 - 2) papular
 - 3) pigment,
 - 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) toxicoderma,
 - 2) pemphigus,

- 3) tuberculous lupus,
 - 4) lichen planus
- 332.t.s. Secondary recurrent syphilis is characterized by:
- 1) hoarseness of voice,
 - 2) Gochsinger 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. The unconditional signs of late congenital syphilis are:
- 1) parenchymal keratitis,
 - 2) saber-shaped shins,
 - 3) labyrinth deafness,
 - 4) Hutchinson 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 Gochsinger 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. 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) 1 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) densely 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 lymphadenitis,
 - 4) chancre amygdalitis,
 - 5) syphilitic erythematous tonsillitis,
- 344.t.s. Primary syphilis confirms;
- 1) blood test for the Wasserman reaction
 - 2) study in Wood's rays,
 - 3) histoanalysis,
 - 4) RIBT.
- 345.t.s. Specific drugs used to treat patients with syphilis include:
- 1) preparations of penicillin / 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) saber-shaped 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) densely 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) serone-generating tubercles of the body
 - 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) ulcers due to *Treponema pallidum*,
- 4) blood for sedimentary reactions,
- 5) microreactions to syphilis,

352.t.s. Tertiary syphilis is characterized by:

- 1) papules of the palms and soles,
- 2) profuse roseola rash of 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.t.u. Laboratory diagnosis of ureaplasmosis:

- 1) microscopy in a "tempo field",
- 2) Gram staining of smears,
- 3) staining according to Romanovsky-Gimze,
- 4) cultivation in a solid medium,
- 5) direct immunofluorescence,
- 6) polymer chain reaction

416.t.u. 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.t.u. 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.t.u. 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.t.u. Effective for the treatment of chlamydial urethritis

- 1) penicillin,
- 2) metronidazole,
- 3) tetracycline,
- 4) levamisole,
- 5) aspirin

420.t.u. Means for the treatment of chlamydial urethritis:

- 1) bisepol
- 2) trichopolium
- 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
- V) skin atrophy
- G) hypertrichosis
- d) 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
- V) lack of sweat glands
- G) increase elastic tissue
- d) improper arrangement of collagen fiber bundles

448.z.h. To treat Kaposi's sarcoma, all of the following should be used except

- A) means for eliminating venous insufficiency, dapsone and arsenic preparations
- b) prospidina in complex chemotherapy
- V) vincristine or vinblastine in complex chemotherapy
- G) Leakadina
- d) reoferona

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 shape
- V) disappears spontaneously
- G) connection with chronic infectious foci
- d) leaves scars

450.z.o. Devergie's disease in adult patients has the following listed symptoms, except

- A) The onset of Devergie disease may occur in adulthood
- b) in patients who first became ill in adulthood, Usually there are no identical patients in the family
- V) there are beignet cones on the fingers
- G) with erased forms, the damage can be limited for a long time hyperkeratotic lesions on the palms and soles

d) Auspitz phenomena are pronounced

451.z.h. Progressive idiopathic skin atrophy is characterized by all of the following except

- A) occurs only in old age
- b) lesions begin in the distal extremities
- V) initial hyperemia with testy infiltrate and edema
- G) subsequent blanching with lilac or pearly tint, fine-plate peeling, wrinkling, thinning
- d) 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
- V) IV generation cephalosporins

- G) antiparasitic
d) 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
V) foamy discharge from the genital slit
G) hyperemia of the external genitalia
d) curdled discharge from the genital slit, white films in the area of the external genitalia
- 487.z.u. When examining women for gonorrhea, discharge is collected for bacteriological examination from all foci, except
- A) urethra
b) paraurethral and Bartholin glands
V) rectum
G) posterior vaginal vault
d) 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 repeat course of treatment according to sensitivity pure culture of gonococcus to antibiotics
b) carry out screening for concomitant infections and prescribe adequate treatment
V) perform a trial laparoscopy
G) retest for gonorrhea during menstruation
d) prescribe immunotherapy in combination with local treatment
- 489.z.u. A confectionery factory worker was treated in a hospital for chronic ascending gonorrhea. 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
V) suspension from work, clinical and serological control for 3 months
G) permission to work, clinical and serological control for 3 months
d) permission to work, clinical and serological control for 6 months
- 490.z.y. A woman diagnosed with fresh torpid gonorrheal urethritis, endocervicitis, 9 weeks pregnant. A set of therapeutic measures was prescribed. Which of the prescriptions is wrong?
- A) erythromycin
b) papaverine
V) tetracycline
G) aloe extract
d) local treatment of the urethra and rectum

Option 4

42. That. Acanthosis is most common:
- 1) lichen planus
 - 2) neurodermatitis
 - 3) psoriasis
 - 4) scleroderma
 - 5) chronic eczema
- 43.t.o. Papillomatosis is characterized to a large extent by:
- 1) warts
 - 2) syphilitic condylomas
 - 3) cutaneous leishmaniasis

4) blastomycosis

5) roseola

44. That. Cicatricial atrophy is characteristic of:

1) psoriasis

2) eczema

3) atrophying erythema

4) pseudopelades

5) favus

45. That. There are protective functions of the skin against:

1) mechanical damage

2) overheating or cooling

3) ultraviolet rays

4) X-rays

5) microbes

46. That. Skin functions:

1) suction

2) selection

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) knot

3) blister

51. That. During the evolution of bubbles, the following are formed:

1) scars

2) erosion

3) ulcers

52. That. What precedes erosion:

1) knot

2) tubercle

3) blister

4) pustule

5) none of the above

53. That. What precedes an ulcer:

1) bubble

2) bubble

- 3) blister
 - 4) pustule
 - 5) none of the above
54. That. The primary morphological element that leaves the scar:
- 1) tubercle
 - 2) knot
 - 3) bubble
 - 4) pustule
 - 5) blister
239. t. ch. Prolongation of syphilis incubation is observed:
- 1) when taking antibiotics,
 - 2) development of multiple hard chancres
 - 3) bipolar location of chancre
 - 4) with balanoposthitis
240. t. ch. Variant of eczema around a postoperative wound:
- 1) true eczema,
 - 2) seborrheic eczema,
 - 3) occupational eczema,
 - 4) varicose eczema,
 - 5) microbial eczema
241. t. ch. Difference between boil and furunculosis:
- 1) localization of rashes,
 - 2) the number of rashes,
 - 3) current,
 - 4) general semiotics.,
 - 5) development of complications
242. t. ch. Hereditary predisposition is significant when:
- 1) atonic dermatitis,
 - 2) furunculosis,
 - 3) lupus erythematosus,
 - 4) syphilis,
 - 5) gonorrhoea
243. t. ch. Skin tests are essential when:
- 1) true eczema,
 - 2) microbial eczema,
 - 3) occupational eczema,
 - 4) psoriasis,
 - 5) lichen planus
244. t. ch. Clinical signs of pemphigus:
- 1) polymorphism of rashes,
 - 2) seasonality of relapses,
 - 3) sensitivity to iodine,
 - 4) Nikolsky's symptom,
 - 5) symmetry of rashes
245. t. ch. Precancerous neoplasms:
- 1) nevi,
 - 2) dermatofibroma,
 - 3) melanoma,
 - 4) Bowen's disease,
 - 5) lipoma
246. t. ch. For drug-induced toxicoderma, it is advisable to:
- 1) stopping taking medications,

- 2) drink plenty of fluids,
 - 3) desensitizing therapy,
 - 4) anti-inflammatory local therapy
- 247.t.ch.Mycotic lesions of the scalp
- 1)superficial trichophytosis,
 - 2) purulent trichophytosis,
 - 3) human microsporia
 - 4) pityriasis versicolor
- 248.t.ch.For scabies it is advisable to:
- 1) exclusion of spicy foods;
 - 2) treatment with benzyl benzoate,
 - 3) use of ultraviolet radiation
 - 4) use of PUVA therapy
 - 5) corticosteroids
- 249.t.ch.A furuncle of the nasolabial triangle is dangerous:
- 1) development of erysipelas of the skin
 - 2) development of phlegmon of the neck,
 - 3) development of a retropharyngeal abscess,
 - 4) development of cavernous sinus thrombosis
 - 5) development of phlegmon floor of the mouth
- 250.t.ch.With furunculosis, the following is often detected:
- 1) hepatitis,
 - 2) pyelonephritis,
 - 3) hypertension,
 - 4) diabetes mellitus,
 - 5)cardiac ischemia
- 251.t.ch.Allergic dermatitis is characterized by:
- 1) exposure to physical or chemical factors that do not necessarily have allergenic properties;
 - 2) dependence of the severity of the reaction on the degree of sensitization;
 - 3) time of manifestation - immediately or shortly after exposure to stimuli;
 - 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.t.ch.Symptoms of eczema:
- 1) erythema,
 - 2) papule,
 - 3) lichenization,
 - 4) pustules,
 - 5) getting wet
- 253.t.ch.Furunculosis may be accompanied by:
- 1) HIV infection,
 - 2) anemia,
 - 3) leukemia,
 - 4) diabetes mellitus
- 254.t.ch.Symptoms of chronic eczema:
- 1) erythema,
 - 2) vesicles,
 - 3) pustules,
 - 4) peeling,
 - 5) lichenization
- 255.t.ch.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.t.ch.On foci of infiltration in chronic eczema

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

257.t.ch.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.t.ch.Characteristics of eczema:

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

259.t.ch.Drugs for the treatment of herpes simplex:

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

260.t.ch.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 aggravation or increase itching;
- 6) on the contrary, after puberty the course of the disease softens or stops completely.

261.t.ch.Diagnostic symptom of pemricus:;

- 1) Nikolsky's symptom;
- 2) Mantoux reaction,
- 3) Kernig phenomenon,
- 4) iodine test
- 5)Auspitz phenomenon

262.t.ch.Characteristics of herpes simplex:

- 1) pustules, ulcers,
- 2) nodules, scales,
- 3) papules, blisters,
- 4) tubercles, ulcers,

- 5) bubbles, erosions, crusts
- 263.t.ch. Caused by a fungus from the genus *Trichophyton*:
- 1) parasitic sycosis,
 - 2) erythrasma,
 - 3) vulgar sycosis,
 - 4) herpes zoster,
 - 5) pityriasis versicolor
- 264.t.ch. Damage not typical for rubrophytia:
- 1) palms,
 - 2) soles,
 - 3) nails of brushes,
 - 4) hair,
 - 5) toenails
- 265.t.ch. Suspicious of HIV infection
- 1) atopic dermatitis;
 - 2) recurrent purulent infections,
 - 3) erythematosis,
 - 4) pemphigus,
 - 5) erythema multiforme exudative
- 266.t.ch. 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.t.ch. For Lyell's syndrome, the following are effective:
- 1) antibiotics,
 - 2) corticosteroids,
 - 3) sulfonamides,
 - 4) Vitamins,
 - 5) cytostatics
- 268.t.ch. Acute urticaria is characterized by:
- 1) stain,
 - 2) bubble,
 - 3) blister,
 - 4) bubble,
 - 5) nodule
- 269.t.ch. Localization of the boil requiring hospitalization
- 1) back of the neck,
 - 2) lumbosacral region,
 - 3) face,
 - 4) belly,
 - 5) forearm
- 270.t.ch. In the lesions with widespread neurodermatitis /non-atopic form/ the following are determined:
- 1) papules,
 - 2) scales,
 - 3) lichenification,
 - 4) bubbles,
 - 5) ulcers;
- 271.t.ch. Occupational skin irritants may include:
- 1) physical factors,

- 2) chemical allergens,
 - 3) biological agents,
 - 4) household allergens
- 272.t.ch. The effect in the treatment of pemphigus vulgaris is given by:
- 1) antibiotics,
 - 2) sulfonamide drugs,
 - 3) immunomodulators,
 - 4) corticosteroids,
 - 5) antimalarial drugs
- 273.t.ch. Prescribed for chronic erythematoses:
- 1) antibiotics,
 - 2) sulfonamides,
 - 3) immunostimulants,
 - 4) antimalarial;
 - 5) vitamins
- 274.t.ch. What research is essential for furunculosis:
- 1) blood pressure measurement,
 - 2) blood test for sugar,
 - 3) determination of the presence of protein in urine,
 - 4) cytological examination,
 - 5) skin allergy tests
- 275.t.ch. Itchy skin is characterized by:
- 1) excoriation,
 - 2) erosion,
 - 3) vesicles,
 - 4) blisters,
 - 5) papules
- 276.t.ch. Possible infectious occupational dermatoses:
- 1) candidiasis,
 - 2) infiltrative-suppurative trichophytosis,
 - 3) milkers' knots,
 - 4) erysipeloid,
 - 5) vulgar sycosis,
 - 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 (supposed the moment of penetration of syphilis into Europe),
 - 2) 1908 _ receiving experimental syphilis at monkeys (Mechnikov and Ru),
 - 3) March 3, 1905 - discovery of the pale spirochete (Schaudin 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-shaped 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) 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 test,
 - 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) smallpoxIDNY,
 - 3) impetigenous,
 - 4) condylomas lata

- 5) rupoid,
- 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) lumpy 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) study in Wood's rays,
 - 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-shaped 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) increase in temperature,
 - 4) bluish lesions, painless when swallowing
- 428.t.u. Effective for the treatment of ureaplasmosis:
- 1) bicillin, .
 - 2) penicillin,
 - 3) lincomycin,
 - 4) sulfonamides
- 429.t.u. The causative agent of bacterial vaginosis:
- 1) cocci,
 - 2) sticks,
 - 3) coccobacteria,
 - 4) viruses
- 430.t.u. Diagnosis of bacterial vaginosis:
- 1) staining of smears according to Romanovsky-Giemsa,
 - 2) Gram staining,

- 3) immunofluorescent method
- 431.t.u. When treating trichomoniasis in men, the following are effective:
- 1) nitroimidazole derivatives / metronidazole, flagik, trichopolium, orvagil;
 - 2) penicillin;
 - 3) non-specific agentsstimulant therapy used in the treatment of gonorrhea;
 - 4) tetracyclin;
 - 5) rinsing 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 glycerina
- 432.t.u. 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 atopic dermatitis,if similar patients are not identified among relatives
 - b) determine genetic prognosis,risk of hereditary burden in offspring or siblings
 - V) determine the atopic form of atopic dermatitis
 - G) determine clinical prognosis
 - d) 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 beginning of the disease, but itching is of little concern
 - b) often acute onset, subacute course
 - V) monomorphic clinical picture in the form of polygonal lichenoid papules
 - G) manifestations associated with exogenous factors
 - d) 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) increase in ammonia content in urine with acidosis, rickets
 - b) excess ammonia in feces when it is alkaline(ammonia-producing bacteria develop in the alkaline environment of the colon when an infant is fed cow's milk)
 - V) excessively acidic stools
 - G) washing diapers with synthetic detergent,containing chlorine, 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) prevalence of staphylo-derma in the first months of life
 - b) special danger of pustular skin lesions in newborns due to the possibility of sepsis
 - V) the occurrence of more contagious forms than in adults(epidemic pemphigoid, contagious impetigo)
 - G) the occurrence of papulo-erosive streptoderma
 - d) the appearance of boils, a tendency to suppuration of the pilosebaceous structures
- 462.z.h. 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
 - V) chloral hydrate
 - G) caffeine
 - d) prednisolone
- 463.z.s. The clinical picture of Bejel's disease is characterized by

- A) clear change of periods
- b) rapid disappearance of rashes
- V) damage to internal organs
- G) long-term existence of rashes
- d) absence 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
- V) premature appearance of ossification nuclei
- G) intrametaphyseal fractures
- d) exostoses

465.z.s. It is advisable to treat lymphogranulomatosis venereum

- A) antibiotics of the penicillin group
- b) antibiotics of the tetracycline group
- V) sulfonamides
- G) ristocetin
- d) 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
- V) pemphigus vegetans
- G) psoriasis
- d) follicular hyperkeratosis

467.z.s. The patient is suspected of having secondary recurrent syphilis. TFR is weakly positive. The following reactions must be used

- A) Kolmer's reaction
- b) immunofluorescence reaction
- V) Treponema pallidum immobilization reaction
- G) microreaction
- d) 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 for chronic gonorrhea
- b) diphenhydramine
- V) autohemotherapy
- G) local treatment of the cervix
- d) calcium gluconate

492.z.y. 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
- V) urethral massage and instillation of 2-3% protargol solution
- G) lubricating the cervical canal with a 3% solution of protargol (collargol)
- d) microenemas with 3% solution of protargol (collargol)

493.z.y. 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
 - V) benzylpenicillin at a course dose of 4.2-6.8 million units, local treatment (microenemas with medications)
 - G) benzylpenicillin in a course dose of up to 6.0 million units followed by administration of chloramphenicol in a total dose of 10.0 g, local treatment
 - d) 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
 - V) immunotherapy, antibiotic treatment for chronic gonorrhea, local treatment
 - G) antibiotic therapy for chronic gonorrhea, sigmoidoscopy
 - d) 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 for acute gonorrhea
 - V) treatment for chronic gonorrhea
 - G) local treatment
 - d) re-examination for gonorrhea during the next menstruation

Option 5

55. That. For acute weeping eczema, it is advisable to:
- 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) saving 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 to:
- 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 transforming a nodule, the following are possible:

1) scar atrophy

2) scale

3) erosion

4) ulcer

5) scar

6) spot

61. That. Excoriations are observed when:

1) scabies

2) leprosy

3) erythematosis

4) furunculosis

5) pityriasis versicolor

62. That. There are no excoriation options:

1) point

2) linear

3) deep

4) superficial

5) serous

63. That. Cracks arise from:

1) skin rupture

2) opening bubbles

3) falling off of crusts

4) acantholysis

5) dyskeratosis

64. That. Cracks most often occur against the background of:

1) getting wet

2) pronounced hyperkeratosis

3) acantholysis

4) spongiosis

65. That. Cracks are observed when:

1) epidermolysis bullosa

2) erythematosis

3) keratoderma

4) scleroderma

5) seborrhea

66. That. Among the options for discharge ulcers there are no:

1) serous

2) purulent

3) bloody

4) mixed

5) horny

239. t. ch. Prolongation of syphilis incubation is observed:

1) when taking antibiotics,

2) development of multiple hard chancres

3) bipolar location of chancre

4) with balanoposthitis

240. t. ch. Variant of eczema around a postoperative wound:

1) true eczema,

2) seborrheic eczema,

- 3) occupational eczema,
 - 4) varicose eczema,
 - 5) microbial eczema
- 241.t.ch.Difference between boil and furunculosis:
- 1) localization of rashes,
 - 2) the number of rashes,
 - 3) current,
 - 4) general semiotics.,
 - 5) development of complications
- 242.t.ch.Hereditary predisposition is significant when:
- 1) atonic dermatitis,
 - 2) furunculosis,
 - 3) lupus erythematosus,
 - 4) syphilis,
 - 5) gonorrhea
- 243.t.ch.Skin tests are essential when:
- 1) true eczema,
 - 2) microbial eczema,
 - 3) occupational eczema,
 - 4) psoriasis,
 - 5) lichen planus
- 244.t.ch.Clinical signs of pemphigus:
- 1) polymorphism of rashes,
 - 2) seasonality of relapses,
 - 3) sensitivity to iodine,
 - 4) Nikolsky's symptom,
 - 5) symmetry of rashes
- 245.t.ch.Precancerous neoplasms:
- 1) nevi,
 - 2) dermatofibroma,
 - 3) melanoma,
 - 4) Bowen's disease,
 - 5) lipoma
- 246.t.ch.For drug-induced toxicoderma, it is advisable to:
- 1) stopping taking medications,
 - 2) drink plenty of fluids,
 - 3) desensitizing therapy,
 - 4) anti-inflammatory local therapy
- 247.t.ch.Mycotic lesions of the scalp
- 1) superficial trichophytosis,
 - 2) purulent trichophytosis,
 - 3) human microsporia
 - 4) pityriasis versicolor
- 248.t.ch.For scabies it is advisable to:
- 1) exclusion of spicy foods;
 - 2) treatment with benzyl benzoate,
 - 3) use of ultraviolet radiation
 - 4) use of PUVA therapy
 - 5) corticosteroids
- 249.t.ch.A furuncle of the nasolabial triangle is dangerous:
- 1) development of erysipelas of the skin
 - 2) development of phlegmon of the neck,

- 3) development of a retropharyngeal abscess,
- 4) development of cavernous sinus thrombosis
- 5) development of phlegmon in the floor of the mouth

250.t.ch. With furunculosis, the following is often detected:

- 1) hepatitis,
- 2) pyelonephritis,
- 3) hypertension,
- 4) diabetes mellitus,
- 5) coronary heart disease

251.t.ch. Allergic dermatitis is characterized by:

- 1) exposure to physical or chemical factors that do not necessarily have allergenic properties;
- 2) dependence of the severity of the reaction on the degree of sensitization;
- 3) time of manifestation - immediately or shortly after exposure to stimuli;
- 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.t.ch. Symptoms of eczema:

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

253.t.ch. Furunculosis may be accompanied by:

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

254.t.ch. Symptoms of chronic eczema:

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

255.t.ch. 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.t.ch. On foci of infiltration in chronic eczema

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

257.t.ch. 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.t.ch.Characteristics of eczema:
- 1) papillomatosis,
 - 2) balloon dystrophy,
 - 3) hyperkeratosis,
 - 4) spongiosis,
 - 5) acantholysis
- 259.t.ch.Drugs for the treatment of herpes simplex:
- 1) prednisolone ointment,
 - 2) flucinar,
 - 3) syntomyacin emulsion,
 - 4) salicylic ointment,
 - 5) tebrofen ointment
- 260.t.ch.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 aggravation or increase itching;
 - 6) on the contrary, after puberty the course of the disease softens or stops completely.
- 261.t.ch.Diagnostic symptom of pemphigus:
- 1) Nikolsky's symptom;
 - 2) Mantoux reaction,
 - 3) Kernig phenomenon,
 - 4) iodine test
 - 5) Auspitz phenomenon
- 262.t.ch.Characteristics of herpes simplex:
- 1) pustules, ulcers,
 - 2) nodules, scales,
 - 3) papules, blisters,
 - 4) tubercles, ulcers,
 - 5) bubbles, erosions, crusts
- 263.t.ch.Caused by a fungus from the genus Trichophyton:
- 1) parasitic sycosis,
 - 2) erythrasma,
 - 3) vulgar sycosis,
 - 4) herpes zoster,
 - 5) pityriasis versicolor
- 264.t.ch.Damage not typical for rubrophytia:
- 1) palms,
 - 2) soles,
 - 3) nails of brushes,
 - 4) hair,
 - 5) toenails
- 265.t.ch.Suspicious of HIV infection
- 1) atopic dermatitis;
 - 2) recurrent purulent infections,

- 3) erythematosis,
 - 4) pemphigus,
 - 5) exudative erythema multiforme
- 266.t.ch.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.t.ch.For Lyell's syndrome, the following are effective:
- 1) antibiotics,
 - 2) corticosteroids,
 - 3) sulfonamides,
 - 4) Vitamins,
 - 5) cytostatics
- 268.t.ch.Acute urticaria is characterized by:
- 1) stain,
 - 2) bubble,
 - 3) blister,
 - 4) bubble,
 - 5) nodule
- 269.t.ch.Localization of the boil requiring hospitalization
- 1) back of the neck,
 - 2) lumbosacral region,
 - 3) face,
 - 4) belly,
 - 5) forearm
- 270.t.ch.In the lesions with widespread neurodermatitis /non-atopic form/ the following are determined:
- 1) papules,
 - 2) scales,
 - 3) lichenification,
 - 4) bubbles,
 - 5) ulcers;
- 271.t.ch.Occupational skin irritants may include:
- 1) physical factors,
 - 2) chemical allergens,
 - 3) biological agents,
 - 4) household allergens
- 272.t.ch.The effect in the treatment of pemphigus vulgaris is given by:
- 1) antibiotics,
 - 2) sulfonamide drugs,
 - 3) immunomodulators,
 - 4) corticosteroids,
 - 5) antimalarial drugs
- 273.t.ch.Prescribed for chronic erythematoses:
- 1) antibiotics,
 - 2) sulfonamides,
 - 3) immunostimulants,
 - 4) antimalarial;
 - 5) vitamin
- 274.t.ch.What research is essential for furunculosis:

- 1) blood pressure measurement,
 - 2) blood test for sugar,
 - 3) determination of the presence of protein in urine,
 - 4) cytological examination,
 - 5) skin allergy tests
- 275.t.ch. Itchy skin is characterized by:
- 1) excoriation,
 - 2) erosion,
 - 3) vesicles,
 - 4) blisters,
 - 5) papules
- 276.t.ch. Possible infectious occupational dermatoses:
- 1) candidiasis,
 - 2) infiltrative-suppurative trichophytosis,
 - 3) milkers' knots,
 - 4) erysipeloid,
 - 5) vulgar syccosis,
 - 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 estimated moment of penetration of syphilis into Europe),
 - 2) 1908 receiving experimental syphilis at monkeys (Mechnikov and Ru),
 - 3) March 3, 1905 - discovery of the pale spirochete (Schaudin 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-shaped 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) 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 test,
 - 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) smallpoxidny,
 - 3) impetigenous,
 - 4) condylomas lata
 - 5) rupoid,
- 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) lumpy 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) study in Wood's rays,
 - 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-shaped 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) increase in temperature,
 - 4) bluish lesions, painless when swallowing
- 428.t.u. Effective for the treatment of ureaplasmosis:
- 1) bicillin, .
 - 2) penicillin,
 - 3) lincomycin,
 - 4) sulfonamides
- 429.t.u. The causative agent of bacterial vaginosis:
- 1) cocci,
 - 2) sticks,
 - 3) coccobacteria,
 - 4) viruses
- 430.t.u. Diagnosis of bacterial vaginosis:
- 1) staining of smears according to Romanovsky-Giemsa,
 - 2) Gram staining,
 - 3) immunofluorescent method
- 431.t.u. When treating trichomoniasis in men, the following are effective:
- 1) nitroimidazole derivatives/metronidazole, flagik, trichopolium, orvagil;
 - 2) penicillin;
 - 3) non-specific agentsstimulant therapy used in the treatment of gonorrhea;
 - 4) tetracyclin;
 - 5) rinsing 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 glycerina
- 432.t.u. Drugs for the treatment of bacterial vaginosis:
- 1) penicillin,
 - 2) sulfonamides,
 - H) erythromycin,
 - 4) doxycycline
- 458.z.h. Pedegree analysis in patients with atopic dermatitis is necessary in order to

- A) exclude the suspected diagnosis of atopic dermatitis, if similar patients are not identified among relatives
- b) determine genetic prognosis, risk of hereditary burden in offspring or siblings
- V) determine the atopic form of atopic dermatitis
- G) determine clinical prognosis
- d) 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 beginning of the disease, but itching is of little concern
- b) often acute onset, subacute course
- V) monomorphic clinical picture in the form of polygonal lichenoid papules
- G) manifestations associated with exogenous factors
- d) 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) increase in ammonia content in urine with acidosis, rickets
- b) excess ammonia in feces when it is alkaline (ammonia-producing bacteria develop in the alkaline environment of the colon when an infant is fed cow's milk)
- V) excessively acidic stools
- G) washing diapers with synthetic detergent, containing chlorine, 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) prevalence of staphylococci in the first months of life
- b) special danger of pustular skin lesions in newborns due to the possibility of sepsis
- V) the occurrence of more contagious forms than in adults (epidemic pemphigoid, contagious impetigo)
- G) the occurrence of papulo-erosive streptoderma
- d) the appearance of boils, a tendency to suppuration of the pilosebaceous structures
- 462.z.h. A child with a large number of milia, greases, seborrheic dermatitis, engorgement of the mammary glands and physiological jaundice are not contraindicated
- A) hepatoprotectors
- b) sulfa drugs
- V) chloral hydrate
- G) caffeine
- d) prednisolone
- 463.z.s. The clinical picture of Bejel's disease is characterized by
- A) clear change of periods
- b) rapid disappearance of rashes
- V) damage to internal organs
- G) long-term existence of rashes
- d) absence 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
- V) premature appearance of ossification nuclei
- G) intrametaphyseal fractures
- d) exostoses
- 465.z.s. It is advisable to treat lymphogranulomatosis venereum
- A) antibiotics of the penicillin group
- b) antibiotics of the tetracycline group
- V) sulfonamides

- G) ristocetin
 - d) 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
 - V) pemphigus vegetans
 - G) psoriasis
 - d) follicular hyperkeratosis
- 467.z.s. The patient is suspected of having secondary recurrent syphilis. TFR is weakly positive. The following reactions must be used
- A) Kolmer's reaction
 - b) immunofluorescence reaction
 - V) Treponema pallidum immobilization reaction
 - G) microreaction
 - d) 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?
- A) 7-10 days after treatment, during and after the end of the next menstruation
 - b) 7-10 days after treatment and within 2-3 menstrual cycles
 - V) clinical and serological control for 1.5 months
 - G) clinical and serological control for 3 months
 - d) 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
- A) bacteriological examination with microscopy of Gram-stained smears
 - b) bacterioscopic examination of Gram-stained smears
 - V) vaginoscopy
 - G) determination of saccharolytic properties of the culture, obtained by bacteriological culture
 - d) testing 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
- A) deregistered and allowed to work with children
 - b) deregistered, suspended from working with children for 1.5 months
 - V) clinical observation for 1.5 months, permission to work with children
 - G) clinical observation for 2-3 menstrual cycles, allowed to work with children
 - d) clinical observation for 6 months, permission to work with children
- 499.z.y. A girl can be admitted to a preschool institution after antigonorrhea treatment
- A) immediately after the end of treatment
 - b) 1 month after the end of treatment, after three provocations and three negative cultures
 - V) after examination, after completion of treatment
 - G) after two provocations
 - d) after one provocation and one seeding
- 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
- V) bacteriological examination
- G) bacteriological examination to determine the fermentation of the pathogen
- d) all of the above