

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

FACULTY OF TREATMENT AND PREVENTION

Appraisal Fund
in the discipline "Dermatovenereology"

Specialty 05/31/01 General Medicine

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

universal (UK)/general cultural (OK)

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

Code and name general professional competence	Indicator(s) of achieving general professional competence

professional (PC)

Code and name of professional competencies	Indicator(s) of professional achievement competencies
PC 14	readiness to determine the need to use natural healing factors, drug, non-drug therapy and other methods in patients in need in medical rehabilitation and sanatorium spa treatment (PC-14)

2. Types of assessment materials in accordance with the competencies being developed

Name competencies	Types of assessment materials	number of tasks for 1 competency
PK-14	Closed tasks	<p>Task 1. Instructions: Choose the correct answer. Diagnosis of dermatosis is formulated, including all of the following, except:</p> <ol style="list-style-type: none"> 1) nosological form 2) clinical form 3) the nature of the flow 4) process stages 5) efficiency <p>previous treatment <i>Response standard:</i> 5. efficiency previous treatment</p> <p>Task 2. Instructions: Choose the correct answer. A hypoallergenic diet can be prescribed to patients:</p> <ol style="list-style-type: none"> 1) psoriasis 2) bullous dermatoses 3) scleroderma 4) eczema, atopic dermatitis 5) all of the above

		<p><i>Response standard: 4.</i> eczema, atopic dermatitis Task 3. Instructions: Choose one correct answer. For Dühring's disease advisable: 1) exclusion from the diet of products made from grains</p> <p>2) restriction of carbohydrates 3) protein restriction 4) limiting table salt 5) reducing calorie intake</p> <p><i>Response standard: 1.</i> exclusion of foods from the diet, prepared from cereals Task 4. Instructions: Choose one correct answer. To drugs that block H₂-histamine receptors, applies 1) cimetidine 2) diphenhydramine 3) suprastin 4) fenkarol 5) diazolin</p> <p><i>Response standard: 1.</i> cimetidine Task 5. Instructions: Choose one correct answer. The concept of "dose regimen" includes all of the following except 1) daily doses in units of weight or volume 2) intervals between administrations 3) routes of administration 4) speed of administration 5) total duration of treatment</p> <p><i>Response standard: 3.</i> routes of administration Task 6. Instructions: Choose one correct answer. Drugs that inhibit the release of mediator substances from mast cells include 1) blocked 2) cromolyn sodium 3) cimetidine 4) correct &1), &2) 5) none of the above</p> <p><i>Response standard: 4.</i> correct &1), &2) Task 7. Instructions: Choose one correct answer.</p>
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		<p>Nonspecific hyposensitizing everyone has an effect the listed drugs, except 1) corticosteroids 2) antihistamines 3) calcium supplements 4) sodium thiosulfate 5) tranquilizers <i>Response standard: 2.</i> antihistamines Task 8. Instructions: Choose one correct answer. Local allergic reactions of immediate type are 1) Arthus-Sakharov phenomenon (gluteal reaction) 2) contact allergic dermatitis</p> <p>3) conjunctivitis 4) pharyngitis 5) glossitis <i>Response standard: 1.</i> Arthus-Sakharov phenomenon (gluteal reaction) Task 9. Instructions: Choose one correct answer. Have a detoxifying effect</p> <p>1) sodium hyposulfite 2) pantothenic acid 3) ascorbic acid 4) magnesium sulfate 5) all of the above <i>Response standard: 5.</i> all of the above Task 10. Instructions: Choose one correct answer. In case of hyperergic reactions associated with cellular antibodies, characteristic 1) bullous 2) exfoliative 3) hemorrhagic 4) eczematous 5) all listed rashes <i>Response standard: 5.</i> all listed rashes Task 11. Instructions: Choose one correct answer.</p> <p>All of the above requirements apply to the therapeutic nutrition of patients with acantholytic bullous dermatoses, excluding enrichment</p>
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		<p>1) animal proteins 2) products containing potassium salts 3) carbohydrates and fats 4) products containing calcium salts 5) correct &3), &4) <i>Response standard:</i> 4. products containing calcium salts</p> <p>Task 12. Instructions: Choose one correct answer. Alcohol affects drug effectiveness by 1) changing drug resorption and metabolism 2) increasing the toxicity of barbiturates 3) increasing the effectiveness of oral hypoglycemic drugs 4) correct &1), &2) 5) correct &2), &3) <i>Response standard:</i> 4. correct &1), &2)</p> <p>Task 13. Instructions: Choose one correct answer. Excretion of low molecular weight drugs produced mainly 1) by the kidneys 2) biliary system 3) intestines 4) light 5) skin glands <i>Response standard:</i> 1. kidneys</p> <p>Task 14. Instructions: Choose one correct answer. Cyprogentacin has all of the listed actions, except 1) antihistamine 2) antiserotonin 3) anticholinergic 4) anti-allergic 5) stimulating <i>Response standard</i> : 5. stimulating</p> <p>Task 15. Instructions: Choose one correct answer. The onset of "withdrawal syndrome" during treatment with glucocorticoid hormones is indicated by 1) anorexia 2) malaise</p>
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		<p>3) hypotension 4) myalgia 5) all of the above <i>Response standard:</i> 5. all of the above</p> <p>Task 16. Instructions: Choose one correct answer.</p> <p>Therapeutic nutrition for patients with seborrhea and acne vulgaris includes everything the above, except</p> <ol style="list-style-type: none">1) hypoallergenic diet2) reducing animal fats in the diet3) exclusion of table salt4) exclusion of spicy dishes5) carbohydrate restrictions <p><i>Response standard:</i> 1. hypoallergenic diet</p> <p>Task 17. Instructions: Choose one correct answer.</p> <p>Therapeutic nutrition of patients with Dühring's dermatitis requires exclusion</p> <ol style="list-style-type: none">1) products made from wheat and rye flour2) cereals containing gluten3) spicy dishes4) carbohydrates5) everything is correct except &4) <p><i>Response standard:</i> 5. everything is correct except &4)</p> <p>Task 18. Instructions: Choose one correct answer.</p> <p>Nonspecific hyposensitization is indicated for all of the following factors, except</p> <ol style="list-style-type: none">1) unknown allergen that caused the disease2) polyvalent sensitization3) the presence of contraindications for conducting an allergy examination4) the inability to avoid everyday contact with the allergen5) monovalent sensitization <p><i>Response standard:</i> 5. monovalent sensitization</p> <p>Task 19. Instructions: Choose the right one</p>
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		<p>answer.</p> <p>Excretion of high molecular weight drugs produced mainly 1) by the kidneys 2) biliary system 3) intestines 4) light 5) skin glands <i>Response standard:</i> 2. biliary system</p> <p>Task 20. Instructions: Choose one correct answer. Side effects of medications include 1) toxic reactions 2) dysbiosis 3) massive bacteriolysis (Herxheimer reaction) 4) reaction with special sensitivity 5) all of the above <i>Response standard:</i> 5. all of the above</p> <p>Task 21. Instructions: Choose one correct answer. Routes of administration of drugs can be 1) intravenous 2) intramuscular 3) subcutaneous 4) endolymphatic 5) all of the above <i>Response standard:</i> 5. all of the above</p> <p>Task 22. Instructions: Choose one correct answer. The beginning of acupuncture for chronic skin diseases is possible in all periods except 1) the period of exacerbation 2) period of stabilization of the inflammatory process 3) period of partial or complete remission 4) period of fixed seasonal exacerbations 5) correct &3), &4) <i>Response standard:</i> 3. period of partial or complete remission</p> <p>Task 23. Instructions: Choose one correct answer. Medical nutrition for patients</p>
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		<p>chronic pyoderma includes all of the following in the diet, except</p> <ol style="list-style-type: none"> 1) carbohydrate restrictions 2) restrictions on animal fats 3) protein restrictions 4) increase in proteins 5) increase in vitamins <p><i>Response standard: 3. protein restrictions</i></p> <p>Task 24. Instructions: Choose one correct answer. Eccrine sweat glands secrete sweat consisting of</p> <ol style="list-style-type: none"> 1) water 2) from calcium salts 3) from sodium chloride sulfates 4) from organic substances (uric acid, ammonia, carbohydrates, etc.) 5) all of the above are true <p><i>Response standard: 5. all of the above are true</i></p> <p>Task 25. Instructions: Choose one correct answer. Apocrine sweat glands contain all of the following in their secretions, except</p> <ol style="list-style-type: none"> 1) the usual components of sweat 2) iron 3) cholesterol and its esters 4) glycogen 5) neutral fats <p><i>Response standard: 5. neutral fats</i></p>
	<p>Open type tasks: Situational tasks, Interview Questions</p>	<p>Exercise 1. A 25-year-old patient consulted a doctor with complaints of rashes on the skin of the forearms and inner thighs, and unbearable itching of the skin. Considers himself sick for about 2 weeks. Suddenly a red rash appeared on the skin forearms and thighs, accompanied by intense itching. I took suprastin on my own, 1 tablet 3 times a day. Your illness associated with stress. History of chronic gastritis with frequent relapses. Local status: on the flexor skin</p>

		<p>on the surfaces of the forearms, hands and inner thighs there are polygonal papules, flat, with a shiny surface, bluish red with a central recess. Individual papules merge to form small plaques, against which the</p> <p>intertwined stripes. On the oral mucosa along the line where the teeth meet there are whitish papular elements. There are carious teeth. Lymph nodes are not enlarged.</p> <p>1. Make and justify the diagnosis. 2. What diseases need to be differentiated from? 3. Prescribe treatment. Indicate measures to prevent this disease.</p> <p>Sample answer:</p> <p>1. Typical form of lichen planus. 3. Toxiderma, psoriasis, secondary syphilis (papular syphilides). 3. Blood test for sugar.</p> <p>Treatment of gastrointestinal diseases. Drug treatment: doxycycline; delagil, then a break of 2 days, hyposensitizing therapy (sodium thiosulfate IV 30%, 10 ml 1 time per day), antihistamines - suprastin, diazolin, fenkarol, zyrtek, hormonal drugs (prednisolone, dexamethasone, diprospan). Local treatment: topical corticosteroids (Elocom ointment once a day). Laser therapy - helium-neon laser (for torpidity to regenerative therapy).</p> <p>Task 2.</p> <p>A 40-year-old man consulted a doctor with complaints of a rash in the left corner of his mouth, as well as on the mucous membrane of the palate and lower gum on the left. Worried about headache, general malaise and burning sensation in the area of the rash. 4 days ago after hypothermia the patient</p>
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		<p>felt a chill malaise, sleep disorder, after 3 days redness appeared on the skin in the corner of the mouth, and then several blisters with transparent contents, a day later similar rashes appeared in the oral cavity. Appearance of rashes accompanied by a feeling of burning and tingling.</p> <p>Local status. On the skin of the face at the left corner of the mouth and in the area above the left eye there are grouped bubbles with a diameter of 1 to 3 mm, located on the background limited erythema and edema, the contents of the vesicles are serous. In the oral cavity, against the background of edematous and hyperemic mucous membrane, erosions with wrong finely scalloped outlines. The submandibular lymph nodes are enlarged. 1. Set up and justify diagnosis. 2. What diseases need to be differentiated from? 3. Indicate possible complications of the disease. Find out which specialists the patient needs to consult.</p> <p>4. Prescribe treatment. Sample answer: 1. Shingles. 2. Differentiate with simple vesicular lichen, lichen planus, toxicoderma. 3. Secondary infection. Consultation with a neurologist is necessary. 4. Acyclovir 800 mg 5 times 7-10 days; indomethacin 25 mg 3 times a day for 2-3 weeks; cycloferon ampoules 125 mg/ml 5 amps 2 ml; externally acyclovir ointment, panavir gel, aniline dyes.</p> <p>Task 3. A mother with an infant came to see a pediatric dermatologist. The child fell ill 2 weeks ago when blistering rashes appeared</p>
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		<p>on the skin of the trunk and limbs, accompanied by severe itching. Pediatrician Allergic dermatitis was diagnosed and treatment was prescribed (Tavegil and Advantan). No positive effect from treatment was observed. The child is constantly restless at night due to intense itching, cries, and sleeps intermittently. Two days ago, pustules appeared on the hands and feet, accompanied by a rise in temperature to 38 C. Local status: the skin process is widespread with a predominant localization on the abdomen, hands and feet, including the palms and soles. On the affected areas of paired and single nodular and vesicular rashes, bloody crusts, excoriations, an abundance of pustules surrounded inflammatory corolla. The mother also experiences itching and upon examination there are paired papulovesicles on the abdomen, arms, and interdigital folds.</p> <ol style="list-style-type: none">1. Make and justify the diagnosis.2. Specify etiology diseases and transmission routes.3. Specify features clinical manifestations of this disease in children.4. What diseases need to be differentiated from?5. Prescribe treatment. <p>Sample answer:</p> <ol style="list-style-type: none">1. Scabies complicated by vulgar impetigo.2. The causative agent is the scabies mite <i>Sarcoptes scabiei hominis</i>, which is an intradermal parasite of humans. The source of infection is a sick person, infection occurs: through direct contact or indirectly (through objects, clothing, bedding used by the patient). In adults, infection is possible through sexual contact.3. Children have thin skin, so contamination occurs.
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		<p>The rashes are localized on the scalp, palms and soles, the nail plates, the cornea of the eye, the skin especially of the hands and feet are affected, with many scabious "tracts". Due to shortage immunity of the child's body, complications are possible pyoderma.</p> <p>4. Differentiate from animals with scabies (from animals, birds) that bite human skin, but do not parasitize it; grain scabies - caused by a pot-bellied mite that lives in rotten straw; atopic dermatitis.</p> <p>5. Benzyl benzoate solution 10% - apply for 10 minutes 2 times a day. Washing (morning, evening) with a change of linen. Spregal aerosol - once, do not wash the skin for 16 hours, repeat treatment after 4 days. Sulfur ointment 5%. Task 4.</p> <p>In the hospital, skin- A patient, a 26-year-old driver, was admitted to the venereal dispensary with complaints of rashes in the torso, genitals, anus and feet, hoarseness, hair loss. From the anamnesis it is established that the patient is promiscuous sex life, considers himself sick for 3 months, when two painless ulcers of 1 1 cm appeared on the outer layer of the foreskin. The patient suffers from alcoholism, leads an immoral lifestyle, all sexual relations were drunk, treated ulcers independently with powders and 5% tincture of iodine. Two months later they appeared macerated nodules in the anus, scrotum, inguinal folds, interdigital spaces and arches of the feet, difficulty walking. On examination: there is an abundant, pink roseola rash on the body, grouped in rings, half rings, slightly peeling. On the scalp</p>
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		<p>many foci of alopecia with diffuse thinning of hair in the temporal region. In the area of the anus, inguinal folds and scrotum, weeping, wide condylomas. On the arches of the feet and between the toes there are stagnant red papules with a macerated surface.</p> <ol style="list-style-type: none"> 1. Set up and justify diagnosis. 2. What diseases need to be differentiated from? 3. Make an examination plan. 4. Prescribe treatment. 5. Check your hair growth prognosis. <p>Sample answer:</p> <ol style="list-style-type: none"> 1. Secondary syphilis of the skin and mucous membranes. 3. Alopecia areata, diffuse. 4. Blood for RMP, RPGA, ELISA, HIV. 5. Treatment of syphilis according to the scheme. 6. Syphilitic baldness regresses. <p>Task 5.</p> <p>A 35-year-old patient came to the appointment with complaints of a painless ulcer in the area of the frenulum of the penis. The ulcer appeared four days ago, painless. I treated it with Hyoxylon ointment and powder, without the desired effect. I took one gram of sumamed orally. The patient is single, and during frequent trips abroad (including to countries with a tropical climate) has casual sexual relationships. Local status. In the area of the frenulum and coronary sulcus on the right there is an ulcer 1.0 x 0.5 cm, bright red, with a dense painless infiltration at the base, rounded with smooth edges and a varnished bottom. A lymph node up to 2 cm is palpated on the right, densely elastic, painless, phenomena lymphangitis, blood for bladder cancer (4+).</p> <ol style="list-style-type: none"> 1. Make a preliminary diagnosis. 2. Carry out a differential diagnosis of this diseases.
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		<p>3. Make an examination plan. 4. Prescribe treatment. 5. Specify the follow-up plan.</p> <p>Sample answer: 1. Primary syphilis. 2. Chancroid, pyoderma, erosive-ulcerative balanoposthitis, cancer ulcer, soft chancroid, tropical treponematoses (yaws, bejel, pinta), donovanosis (granuloma venereum).</p> <p>3. Serological reactions to syphilis with titer determination (RPGA, ELISA IgM, IgG); serological reactions with lipid antigens (for yaws). Examination for <i>Treponema pallidum</i>, pathogens of tropical treponematoses,</p> <p>4. If the diagnosis of primary syphilis is confirmed - according to clinical recommendations.</p> <p>5. Clinical and serological control according to clinical recommendations.</p> <p>Task 6. A 25-year-old patient consulted a dermatologist with complaints of rashes on the skin of the forearms and inner surface of the thighs, accompanied by severe itching. Considers himself sick for about 2 weeks. Suddenly rashes appeared reddish-bluish color on the skin of the forearms and thighs, accompanied by intense itching. I took suprastin on my own, 1 tablet 2 times a day. Your illness associated with stress. He does not suffer from chronic diseases. Local status: on the skin of the flexor surface of the forearms, hands and inner thighs there are polygonal papules, flat, with a shiny surface, bluish-red in color with umbilical depression in the center. Individual papules merge to form</p>
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		<p>small plaques on the surface of which intertwined white stripes are visible. On the oral mucosa along the line of closure of the teeth - whitish papular elements. There are carious teeth. Lymph nodes are not enlarged. 1. Set up and justify diagnosis.</p> <p>2. What diseases need to be differentiated from? 3. Prescribe treatment. Indicate measures to prevent this disease.</p> <p>Sample answers:</p> <p>1. Typical form of lichen planus.</p> <p>3. Toxiderma, psoriasis, secondary syphilis (papular syphilides).</p> <p>3. Examination: CBC, ESR. Sanitation of carious teeth. Drug treatment: delagil, antihistamines.</p> <p>Local treatment: topical corticosteroids (cream with clobetasol 2 times a day for 10 days). Phototherapy - PUVA.</p> <p>Task 7.</p> <p>A man was referred to a dermatologist for consultation with complaints of painful rashes on the skin of the chest, increased body temperature, malaise. Considers himself sick for several days when, after sudden hypothermia bubbles appeared on the right half of the chest, accompanied by an increase in body temperature, general weakness. Over the past three days, new rashes have appeared in fits and starts, and the pain has increased sharply. Local status.</p> <p>The pathological skin process is localized on the right half of the chest with transition to the right shoulder blade along the intercostal nerves, represented by grouped vesicles with serous contents, erosions, serous crusts on</p>
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		<p>erythematous base with unclear boundaries.</p> <ol style="list-style-type: none"> 1. Make and justify the diagnosis. 2. Specify the etiology. 3. Indicate methods for diagnosing this disease. 4. What diseases need to be differentiated from? 5. Make a treatment plan for the patient. <p>Sample answers:</p> <ol style="list-style-type: none"> 1. Shingles (Herpes zoster). 2. The disease is caused by a neurotropic filtering virus, which is similar in antigenic structure to the varicella zoster virus or identical to it. The development of herpes zoster is the result of reactivation of the latent virus after chickenpox suffered in childhood. His reasons are somatic diseases, infections, hypothermia, radiation exposure. 3. Diagnosis is based on the clinical picture and virological research. Enzyme immunoassay - ELISA. The modern method of detecting the virus is PCR. 4. Differential diagnosis of this diseases: with simple vesicular lichen, with lichen planus, toxicoderma. 5. Treatment: valacyclovir 1000 mg 3 times a day for 7 days. Indomethacin 0.025 mg 3 times a day for 10 days. B vitamins for 1 month. Externally: Acyclovir ointment, aniline dyes. <p>Task 8.</p> <p>A mother with a 5-month-old child, who is experiencing rashes on the skin of the cheeks. According to my mother, rashes first appeared 3 weeks ago. The mother associates the onset of the disease with the introduction of complementary foods. The child was born from the first pregnancy, in</p>
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		<p>term. Was on natural breastfeeding up to 4 months. From the anamnesis of the parents: the mother suffers from hay fever.</p> <p>Local status. Pathological skin the process is limited in nature, localized on the skin of the cheeks, presented foci of hyperemia with fuzzy boundaries covered with miliary bright pink papules color, microvesicles with serous contents, erosions.</p> <ol style="list-style-type: none"> 1. Make and justify the diagnosis. 2. What diseases need to be differentiated from? 3. Make an examination plan. 4. Prescribe treatment. <p>Sample answers:</p> <ol style="list-style-type: none"> 1. Atopic dermatitis, infantile form. 2. Differentiate with microbial eczema, toxicoderma. 3. Consultation with a pediatrician. 4. Hypoallergenic diet of the mother, nutrition of the child hypoallergenic mixtures. Externally: topical corticosteroids in the form of an emulsion (methylprednisolone aceponate once a day), medicinal cosmetics (emollients and cleansers). <p>Task 9. A 32-year-old patient consulted a doctor with complaints of a red rash on the skin of the face and red border of the lips, accompanied by a burning sensation, soreness and tingling. The rash appeared after prolonged exposure to the sun.</p> <p>Local status. Pathological process localized on the skin the bridge of the nose and cheeks (in the form of a butterfly), as well as on the lips and chin. Represented as infiltrated erythematous plaques, with</p>
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		<p>horny scales on surfaces. Removal of scales is accompanied by severe pain; spines are observed on the lower surface of the removed scales. Cicatricial atrophy occurs in the center of the plaques, and telangiectasia occurs along the periphery of the lesions. Leukoplakia is noted on the mucous membrane of the cheek, limited swelling with tumor-like thickening and cracks; retraction is observed in the center of the lesions.</p> <ol style="list-style-type: none"> 1. Make and justify the diagnosis. 2. Make an examination plan. 3. What diseases need to be differentiated from? 4. Name the group of diseases to which this pathology belongs. 5. Prescribe treatment for the patient. Recommendations for the patient after clinical recovery. <p>Sample answers:</p> <ol style="list-style-type: none"> 1. Erythematosus (lupus erythematosus). 2. Blood for LE cells, biopsy. 3. Photodermatosis, rosacea. 4. To the group of autoimmune diseases. 5. Hormone therapy, immunosuppressants (plaquenil or delagil), photoprotective ointments. Limiting insolation. Preventive courses treatment in early spring. Follow-up with a dermatologist. Examination by a nephrologist/rheumatologist 1-2 times a year. <p>Task 10.</p> <p>A 26-year-old patient consulted a dermatologist with complaints of rashes in the torso, genitals, anus and feet, hoarseness, and hair loss. From the anamnesis it was established that</p> <p>the patient has repeatedly had unprotected sexual intercourse contacts with different partners. Considers himself sick for 3 months, when two painless ulcers of 1 1 cm appeared on the outer layer of the foreskin.</p>
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		<p>Two months later, rashes appeared in the anus, scrotum, inguinal folds, interdigital spaces and arches of the feet. On examination: there is a profuse, pink roseola rash on the body, grouped into rings, half rings. There are many lesions on the scalp with diffuse hair thinning. In the area of the anus, inguinal folds and scrotum there are weeping verrucous papules. On the arches of the feet and in the interdigital spaces there are stagnant red papules with a macerated surface.</p> <ol style="list-style-type: none"> 1. Set up and justify diagnosis. 2. What diseases need to be differentiated from? 3. Make an examination plan. 4. Prescribe treatment. 5. Check your hair growth prognosis. <p>Sample answers:</p> <ol style="list-style-type: none"> 1. Secondary syphilis of the skin and mucous membranes. 3. Alopecia areata, diffuse. 4. Blood for RMP, RPGA, ELISA (syphilis), HIV. 5. Treatment of secondary syphilis according to the scheme. 6. Syphilitic baldness regresses. <p>Task 11.</p> <p>A day after casual sexual intercourse, a man developed swelling, erythema, and itching on the skin of his penis. The inguinal lymph nodes are not enlarged.</p> <p>Wasserman reaction negative.</p> <ol style="list-style-type: none"> 1) Your diagnosis, its rationale, differential diagnosis 2) Tactics of management and treatment of the patient. <p>Sample answer:</p> <ol style="list-style-type: none"> 1) Contact allergic dermatitis 2) Antihistamines, lotions, diuretics, hyposensitizing facilities. <p>Task 12.</p> <p>Patient, 22 years old, student.</p>
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		<p>I woke up in the morning with severe itchy skin. There is a profuse rash of blisters on the skin of the trunk and limbs. The eyelids of the left eye were very swollen. The skin of the eyelids is pink. The palpebral fissure is narrowed.</p> <p>Temperature 37.7°C.</p> <p>Dermographism is persistent, red. 1) Your diagnosis</p> <p>2) Information that needs to be clarified from the patient's medical history 3) Your prescriptions and advice to the patient.</p> <p>Sample answer:</p> <p>1) Acute urticaria with Quincke's edema</p> <p>2) What did the patient eat the day before, did he take any medications, with any unusual chemicals. contacted ingredients. 3) Laxative, desensitizing drugs, diet. Alcohols, talkatives, lotions.</p> <p>Task 13.</p> <p>A woman, 3 months pregnant, came to the antenatal clinic for a routine examination. Wasserman's reaction was positive (RW+). From the anamnesis it is known that the woman is married. Excludes outside sexual contacts. No skin rashes discovered.</p> <p>1) What diagnosis can you think about?</p> <p>2) Tactics of the gynecologist in this case?</p> <p>Sample answer:</p> <p>1) Rule out syphilis (confrontation, RV, IFA) 2) Refer to dermatovenerologist</p> <p>Task 14.</p> <p>A 35-year-old man came to the district clinic to an ENT doctor with complaints of a sharp enlargement of the tonsil on the right side. On examination, the tonsil enlarged, dense, painless,</p> <p>There are no acute inflammatory phenomena. The submandibular lymph nodes on the right are enlarged, painless, not fused with</p>
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		<p>adjacent tissue. Was diagnosed with tonsillitis. Treatment was prescribed: tetracycline 2 tablets 4 times a day for 7 days. Blood test for Wasserman reaction negative.</p> <p>1) Is the diagnosis correct? 2) Your expected diagnosis. 3) Additional research methods to confirm the diagnosis.</p> <p>4) Tactics for managing this patient. Sample answer: 1) No 2) Primary syphilis (chancre-amygdalitis, lymph nodes) 3) RV, IFA, confrontation 4) Treatment of primary syphilis</p> <p>Task 15. Male 22 years old, married, has a child - 10 months old, who is breastfeeding breastfeeding Had extramarital sexual contact, after 3 weeks I discovered an ulcer on the penis and enlarged lymph nodes in the groin area. I contacted a dermatovenerologist.</p> <p>1) Make a preliminary diagnosis. 2) Differential diagnostics. 3) What actions should the doctor take? dermatovenerologist in relation to his wife and child. Sample answer: 1) Primary syphilis (chancre, lymphadenitis) 2) Genital herpes, candidal posthitis, ulcers due to MPI, chancriformis pyoderma 3) Preventive treatment</p> <p>Task 16. A 32-year-old man consulted a dermatovenerologist with complaints of rashes in the mouth and torso. 4 weeks ago on the oral mucosa a round ulcer of bright red color, painless,</p>
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		<p>diameter up to 1 cm. Submandibular lymph nodes have increased. I went to the dentist, stomatitis was diagnosed and treatment was prescribed: rinsing with a solution of furatsilin and tetracycline 0.2 g 4 times a day for 7 days. After 10 days, the oral ulcer resolved. After 7 months, rashes appeared on the oral mucosa and torso.</p> <p>1) Probable diagnosis. 2) Plan of examination of this patient. 3) What mistake did the dentist make in this situation? Sample answer: 1) Secondary syphilis (papules in the oral cavity) 2) Carry out a differential. diagnostics (aphthous stomatitis, herpes, LP); RV, ELISA, confrontation 3) Prescribed treatment and did not ruled out syphilis.</p> <p>Task 17. A 19-year-old patient was admitted to the clinic with complaints of itchy skin and rashes in the elbow and popliteal folds. She has been ill since she was 6 months old (according to her mother). My father has polynosis. Exacerbations of the disease associated with the consumption of citrus fruits, chocolate, strawberries and raspberries. Objectively: the skin of the extensor surfaces of the limbs is dry, in the elbow and popliteal folds lichenification, excoriation, hemorrhagic crusts. Dermographism – white.</p> <p>1. Your diagnosis, clinical form of the disease. 2. Name the characteristic symptoms of the disease 3. Suggest a treatment plan. Sample answer: 1. Atopic dermatitis, adult stage. 2. Family history, food allergy, typical location of the rash and white dermographism. 3. Hypoallergenic life. Systemic therapy: antihistamines, enterosorption. Local: basic</p>
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		<p>care – emollients, GCS ointments, tacrolimus ointment.</p> <p>Task 18.</p> <p>A 48-year-old patient complains of painful itching and skin lesions in the lower third of her legs. She has been ill for 7 years, periodically there are remissions, but the rashes do not completely regress. Concomitant disease is cholecystitis. Objectively: in the lower third of the anterior</p> <p>on the surface of the left leg with a transition to the dorsum of the foot there is a plaque measuring 8x8 cm in the form of a continuous papular infiltration, brownish-red color with oval outlines, pronounced lichenification. The skin in the lesion has a shagreen appearance; three zones are distinguished: central with lichenification, middle - with a shiny smooth surface and pale pink papules, peripheral zone with hyperpigmentation. The Koebner and Auspitz sign is negative. The Wickham grid is not defined. 1. Your diagnosis.</p> <p>2. What are the trigger factors for dermatosis.</p> <p>3. Principles of therapy.</p> <p>Sample answer:</p> <p>1. Limited neurodermatitis (Vidal's lichen).</p> <p>2. Stressful situations, exogenous allergens.</p> <p>3. Hypoallergenic life.</p> <p>Sedative therapy antihistamines. Externally, emollients, GCS ointments, tacrolimus ointment.</p> <p>Task 19.</p> <p>An 18-year-old patient consulted a dermatologist with a common itchy rash that appears for the first time. The rash occurred after suffering lacunar tonsillitis, for which he received antibacterial therapy. History of psoriasis on the father's side, psoriasis on the mother's side</p>
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		<p>drug therapy. Objectively: the rash is scattered in the back, chest, extensor surface of the limbs, in the marginal zone of the scalp and in the area of the ears. Presented as bright pink papules with silvery peeling, with a diameter of 5-7 mm. The triad of Auspitz symptoms is positive. There are linear rashes in the scratching area.</p> <ol style="list-style-type: none"> 1. Your diagnosis, stage diseases. 2. Reasons for implementation diseases. 3. List the characteristic symptoms of dermatosis. 4. Principles of therapy. <p>Sample answer:</p> <ol style="list-style-type: none"> 1. Guttate psoriasis, stage of progression. 2. The focus of streptococcal infection is lacunar tonsillitis. Presence of hereditary predisposition. 3. Papules, triad psoriatic symptoms, isomorphic Koebner reaction, typical localization of the rash. 4. Sanitation of the source of infection. Antihistamines, aevit, enterosorbents. Externally: emollients, calcipotriol cream + betamethasone, calcipotriol. <p>Task 20.</p> <p>A 45-year-old patient consulted a dermatologist with complaints of severe painful rashes, located linearly along one of the intercostal spaces on the left. The rash was preceded by a 5-day period, when itching and parasthesia were noted in the left side of the chest, then burning pain appeared and further bubble rashes. Disease was preceded by a long period during which the patient suffered from acute respiratory viral infection, pneumonia, anemia. The rashes are represented by grouped blisters located on a hyperemic background linearly along the intercostal space. In childhood</p>
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		<p>suffered from chickenpox and rubella measles.</p> <ol style="list-style-type: none"> 1. Your diagnosis. 2. The cause of the development of dermatitis. 3. The most common complication of dermatitis. 4. Treatment. 5. Additional recommendations to the patient. <p>Sample answer:</p> <ol style="list-style-type: none"> 1. Herpes zoster 2. Immunodeficiency after acute infections. 3. Postherpetic neuralgia. 4. Timely administration of antiviral therapy, interferon drugs, B vitamins. Externally Panavir gel, aniline dyes. In case of neuralgia, consult a neurologist. 5. Cancer search is recommended. Task 21. <p>A 32-year-old man consulted a dermatologist with complaints of candidiasis of the genital mucosa, which is not relieved by systemic administration.</p> <p>fluconazole. Patient somatically healthy. Upon examination, filmy yellowish-white deposits were revealed on the entire visible surface of the oral mucosa. The examination revealed hypochromic anemia; a general urine analysis revealed yeast cells throughout the entire field of view. An examination by an ENT doctor revealed</p> <p>defeat of all visible mucous membranes in the form of yellowish filmy deposits. From the anamnesis it is known that 3 years ago the patient received extensive skin burn, for which he was treated in intensive care unit, including direct blood transfusions.</p> <ol style="list-style-type: none"> 1. Presumable diagnosis. 2. The suspected cause of the disease. 3. What symptoms allowed us to suspect this pathology? 4. Your tactics. <p>Sample answer:</p> <ol style="list-style-type: none"> 1. AIDS.
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		<p>2. Direct blood transfusions. 3. Damage to mucous and visceral organs candidiasis, ineffectiveness of anti-yeast therapy. 4. HIV testing. Task 22.</p> <p>What are the clinical differences between diffuse and limited neurodermatitis. Sample answer: anamnesis, prevalence, localization. Task 23.</p> <p>What are the signs progressive stage psoriasis. Sample answer: adding "new" elements, peripheral growth of existing rashes, erythematous rim around the elements, Koebner's sign. Task 24.</p> <p>A 19-year-old woman developed a focus of erythema on her nose in early spring, and on both cheeks in May. Subjectively, the spots are not were worried, the general condition was not disturbed, and the patient did not go to the doctors. A year after birth, weakness, joint pain, and low-grade fever in the evenings developed. The erythema on the face became more pronounced, swollen, bluish spots appeared on the phalanges of the fingers. Due to pain in the joints, she consulted a doctor. What disease should you think about? Sample answer: subacute form of lupus erythematosus. Task 25.</p> <p>What types of herpes simplex virus cause this? disease? Sample answer: HSV 1,2. Task 26.</p> <p>A 33-year-old patient has discomfort when swallowing. When viewed in the throat - hyperemia, edema enlarged tonsils, on the right - a round ulcer with a whitish coating. Submandibular lymph nodes enlarged on both sides. Tactics.</p>
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		<p>Standard answer: examination for syphilis.</p> <p>Task 27.</p> <p>Name the syndrome that combines lichen planus of the oral mucosa, erosive-ulcerative form, diabetes mellitus, hypertonic disease. Sample answer: Syndrome Grinshpan.</p> <p>Task 28.</p> <p>The patient is 39 years old. Complaints of painful erosions on the oral mucosa. From anamnesis. Considers himself sick for about 3 months when for the first time, erosion appeared on the mucous membrane of the hard palate and discomfort in the oral cavity. The patient turned to dentist, who diagnosed stomatitis and prescribed rinsing with chamomile infusion, but there was no improvement. Local status. On apparently unchanged mucosa of the hard palate there are 3 erosions of irregular outlines, with clear boundaries, with a clean bottom of a bright red color. One of the erosions is partially covered by a piece of bladder cover, when pulled, the epithelium easily peels off.</p> <p>1) Formulate preliminary diagnosis; 2) List the methods research.</p> <p>Sample answer:</p> <ol style="list-style-type: none"> 1. Pemphigus vulgaris 2. Immunohistochemical study, cytological study. <p>Task 29.</p> <p>Besnier-Meshchersky symptom - _____ during palpation and forced removal of scales with discoid red lupus.</p> <p>Sample answer: pain</p> <p>Task 30.</p> <p>The following stages of the course of limited scleroderma - erythematous, induration and ____.</p> <p>Sample answer: atrophy.</p>
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		<p>Task 31. Primary therapy Dühring's dermatitis herpctiformis is prescribed sulfone drugs and a _____ diet. Sample answer: gluten-free.</p> <p>Task 32. The patient, 35 years old, complained of rashes, located on the skin the extensor surface of the elbow joints, knee joints, abdomen, back, represented by epidermodermal papules of pink-red color, with clear boundaries, merging into plaques covered with silver- white large-plate scales. The nail plates are changed according to the "oil stain" type. Suggest a diagnosis, treatment options, what research will allow verify the diagnosis. Sample answer: Vulgar psoriasis. Therapy: therapy with external corticosteroids, a combination of betamethasone + calcipotriol, drugs containing naftalans, phototherapy, immunosuppressive therapy (depending on the PASI index). Histological examination. Task 33. Features pustules with streptoderma from staphyloderma. Sample answer: The lining of the bladder is flabby. Not related to hair follicle. Spreads around the periphery.</p> <p>Task 34. A 9-year-old patient has been noticing a lesion on the scalp with peeling and broken hair for 2 weeks; he had previously been in contact with a cat. Guess differential diagnosis. Sample answer: Microsporia, trichophytosis, alopecia areata, psoriasis of the scalp heads.</p>
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		<p>Task 35. Spread of lesion boundaries beyond the point of contact characteristic of _____ contact dermatitis. Sample answer: allergic. Task 36.</p> <p>Characteristic pathohistological symptom of true pemphigus is _____. Sample answer: acantholysis. Task 37.</p> <p>A 70-year-old man has been suffering from skin lesions for a year. On examination: in the torso area, erythematous-squamous lesions of various sizes with scalloped outlines. There is 2nd degree obesity. 1. Make and justify the diagnosis.</p> <p>2. Make an examination plan. 3. Name the specialists whose consultation the patient needs.</p> <p>5. Prescribe treatment to the patient. Sample answer: 1. Generalized mycosis of smooth skin. 2. General clinical laboratory tests, blood for HIV, hepatitis, sugar.</p> <p>3. Consultations with an immunologist, endocrinologist. 5. Fungicidal drugs (lamisil, itraconazole), immunocorrection as prescribed by an immunologist. Locally – lamisil ointment, clotrimazole, zalain.</p> <p>Task 38. An 18-year-old patient consulted a dermatologist with complaints of spots on the skin of his neck and chest. Considers himself sick for a year. I noticed small marks on the skin of my breasts. brown spots. At first the spots were single and not worried. Over time, the spots became more numerous and increased in size. After tanning, white spots remained in their place. The dermatologist prescribed topical salicylic alcohol. After treatment there was an improvement,</p>
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		<p>but then the spots appeared again. Among the concomitant diseases, vegetoneurosis is noted, increased sweating.</p> <p>Local status. On the skin of the upper half of the body and neck there are scanty yellowish brown spots covered with pityriasis scales. Single on the neck</p> <p>depigmented spots. 1. Make and justify the diagnosis.</p> <p>2. Specify the etiology and pathogenesis of the disease.</p> <p>3. Make an examination plan.</p> <p>4. Carry out a differential diagnosis of this diseases.</p> <p>5. Prescribe treatment.</p> <p>Sample answer:</p> <p>1. Versicolor versicolor (syn. pityriasis versicolor).</p> <p>2. Tinea versicolor caused by the fungus Malassezia furfur. The fungus lives only on human skin in saprophytic or pathogenic form. The disease is slightly contagious. To transmit the disease you need close contact, so these diseases occur more often in families. Predisposes to it the emergence of a shortage immunity, high humidity of the skin.</p> <p>3. Diagnosis of this diseases. When illuminated with a Wood's lamp, the spots glow golden yellow; positive test with 5% tincture of iodine (Balzer test); Beignet phenomenon - phenomenon "shavings"; microscopic examination of scales for fungi. 4. Differential diagnosis: with pityriasis rosea, leukoderma with secondary syphilis, vitiligo.</p> <p>5. Keratolytic, antifungal ointments, Lamisil spray. Externally - body scrub for 1 month.</p> <p>Task 39.</p> <p>After repairing his car, a man developed hyperemia, weeping, and cracks on his hands.</p>
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		<p>There were no previous skin diseases.</p> <ol style="list-style-type: none"> 1. Make and justify the diagnosis. 2. Prescribe treatment to the patient. 3. Give recommendations to the patient after recovery. <p>Sample answer:</p> <ol style="list-style-type: none"> 1. Sharp contact allergic dermatitis. 2. Antihistamines, hyposensitizing preparations, locally - lotions with tannin solution, GCS ointments. 3. Avoid contact with chemicals in order to protect your hands - Biopokrov cream-gel. <p>Task 40.</p> <p>A mother with a 4-year-old child consulted a doctor. Complaints about the appearance of pink-red rashes on the skin trunk, upper and lower extremities, accompanied by severe itching. The child became acutely ill. Appeared on the skin of the trunk and limbs multiple pink-red rashes that rise above the surface of the skin and accompanied by severe itching. Body temperature 37.2C. The mother associates the onset of the disease with the use of strawberries A concomitant disease is biliary dyskinesia. Upon examination: the process wears widespread nature. On the skin of the trunk, upper and lower extremities multiple urticarial elements with clear boundaries, deep pink in color, ranging in size from a pea to a five-ruble coin.</p> <ol style="list-style-type: none"> 1. Make and justify the diagnosis. 2. Name the specialists whose consultations necessary for the patient. 3. Make a treatment plan. 4. Make recommendations parents of the patient after clinical recovery. Sample answer:
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		<p>1. Acute urticaria.</p> <p>2. Consultations with an allergist, dermatologist, pediatrician, gastroenterologist, immunologist, ENT specialist (to identify chronic foci of infection).</p> <p>3. Hospitalization in a hospital. Following a hypoallergenic diet: exclude from the diet broths, spicy, salty, fried foods, smoked meats, spices, sausages and gastronomic products, liver, fish, caviar, seafood, eggs, sharp cheeses, mayonnaise, ketchup, radishes, sorrel, tomatoes, strawberries, raspberries, apricots, peaches, pineapple, melon, watermelon, lemons, oranges, carbonated fruit drinks, kvass, coffee, cocoa, chocolate, chewing gum. Semolina, pasta, whole milk, sour cream,</p> <p>lamb, chicken, cherries, sweet cherries, currants, blackberries, cranberries.</p> <p>Removal of antigens from the body: plasmapheresis and hemosorption: drip administration of liquids NaCl 0.9% with</p> <p>corticosteroids (prednisolone). Antihistamines (Erius 2.5 ml syrup). Desensitizing agents (30% sodium thiosulfate in saline solution). Enterosorbents (lactofiltrum 2 tablets morning and evening).</p> <p>4. Hypoallergenic diet. Sanitation of foci of chronic infection. Use of antihistamines. Task 41.</p> <p>A 20-year-old patient has been complaining of rashes on her hands for 2 years. Works as a nurse in a hospital. Previously cutaneous there were no diseases. When examined in the area of the hands, there is vesiculation and cracks against the background of erythema. 1. Set up and justify diagnosis.</p> <p>2. Prescribe treatment for the patient.</p> <p>3. Give recommendations to the patient after recovery.</p> <p>Sample answer:</p>
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		<p>1. Chronic eczema professional.</p> <p>2. Antihistamines, hyposensitizing preparations, locally - lotions with tannin solution, GCS ointments.</p> <p>3. After the symptoms of inflammation have been relieved, in order to protect the hands, use Biopokrov cream-gel. Avoid contact with chemicals substances. The patient needs clinical observation. Task 42.</p> <p>A 23-year-old patient consulted a dermatologist with complaints of a painful lump above her upper lip. The general condition is chills and a feeling of malaise. Considers himself sick for 3 days when a painful lump first appears above the upper lip. Start</p> <p>The disease is associated with hypothermia and stress. The body temperature rose to 37.5°C, a headache and general malaise appeared.</p> <p>Objectively: on the skin above the upper lip there is a node with a diameter of up to 1.5 cm, painful on palpation, located deep in the skin. The skin over the node is swollen, bluish-cherry in color. Submandibular lymph nodes are enlarged and painful.</p> <p>1. Make and justify the diagnosis. 2. Make an examination plan. 3. Indicate possible complications of the disease. 4. Prescribe treatment for this patient. 5. Indicate measures to prevent the disease.</p> <p>Sample answer:</p> <p>1. Furuncle in the area of the nasolabial triangle. 2. General clinical methods, consultation with a surgeon. 3. Complications of boils in the facial area (nasolabial triangle) are purulent meningitis, vascular thrombosis, sepsis. 4. Treatment plan: hospitalization</p>
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		<p>to the surgical department; Examinations: CBC, ESR, CRP Therapy: antibiotics (kefzol, ceftriaxone, sumamed, etc.), 10 days. External therapy: opening a boil; on the first day - a hypertonic solution, then Levomekol ointment, followed by a transition to fucidin cream 1% 2 times a day until complete healing.</p> <p>5. Primary prevention of pyoderma - compliance with the rules of personal hygiene, timely antiseptic treatment of microtraumas, cracks, wound surfaces, etc. Secondary prevention - preventive medical examinations of children's groups and persons of decreed groups. Task 43.</p> <p>A mother and a 4-year-old child came to see a doctor with complaints of rashes on the skin of the face and cracks in the corners of the mouth, accompanied by itching, drooling and pain when eating. The child fell ill 1 week ago when the skin of the face rashes appeared, cracks in the corners of the mouth. The child attends kindergarten. Two children in the kindergarten group have similar rashes. Local status. The process is localized on the skin of the cheeks and in the corners of the mouth. On the skin of the cheeks there are superficial pustules, ranging in size from lentils to peas, flaccid tire, serous-purulent crusts, erosions. On the periphery pustules edematous hyperemic corolla. There are cracks in the corners of the mouth with fragments of epidermis along the periphery.</p> <ol style="list-style-type: none"> 1. Provide a preliminary one and justify it. 2. Indicate the factors for the development of this disease. 3. Differential diagnosis of this disease with other dermatoses. 4. Make a treatment plan for the patient. 5. Prevention of disease in
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		<p>kindergarten. Sample answer: 1. Angular stomatitis (zaeda), streptococcal impetigo. 2. Impetigo is caused by: bad hygienic skin care, traumatization, skin maceration, decreased immunity, adenoids, diabetes mellitus, hypothermia, dryness and loss of integrity epidermis, overheating. 3. With herpes infection (herpes simplex and herpes zoster), eczema (microbial, true), atopic dermatitis. 4. Treatment plan. Diet with the exception of carbohydrates. Treat the affected skin with brilliant green, treat erosions with water solutions of aniline dyes (fukortsin, methylene blue), Fucidin cream 2 times a day for 10 days. 5. Examination of children and kindergarten staff. Task 44. An 18-year-old patient consulted a dermatologist with complaints of spots on the skin of his neck and chest. He considered himself sick for a year when he first noticed small brown spots on the skin of his chest. At first, the spots were isolated and did not bother us, then they began to spread and increased in size. After tanning, white spots remained in their place. Among the concomitant diseases, vegetoneurosis is noted, increased sweating. Local status. On the skin of the upper half of the body and neck there are multiple yellowish-brown spots covered with pityriasis scales. Single on the neck depigmented spots with unclear boundaries. 1. Make and justify the diagnosis. 2. Specify the etiology and pathogenesis of the disease.</p>
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		<p>3. Make an examination plan. 4. Carry out a differential diagnosis of this diseases. 5. Prescribe treatment. Sample answers: 1. Versicolor versicolor (syn. pityriasis versicolor). 2. Tinea versicolor caused by the fungus Malassezia furfur. The fungus lives only on human skin in saprophytic or pathogenic form. The disease is slightly contagious. It is believed that its occurrence is associated with a change in skin pH towards the alkaline side due to increased sweating.</p> <p>3. Diagnosis of this diseases. When illuminated with a Wood's lamp, the spots glow golden yellow; positive test with 5% tincture of iodine (Balzer test); Beignet phenomenon - phenomenon "shavings"; microscopic examination of scales for fungi. 4. Differential diagnosis: with pityriasis rosea, leukoderma with secondary syphilis, vitiligo. 5. Antimycotic creams, sprays with terbinafine or sertacol. Specialized shower gels containing antifungal components. Task 45.</p> <p>A mother and an 8-year-old child came to see a doctor with complaints of minor itching and rashes on the skin of the face, and an area of baldness on the scalp. The disease arose a month ago, when parents noticed the appearance of spots on the skin of the face, and then an outbreak baldness on the scalp. Shortly before the occurrence of the disease, the child brought home a kitten from the street. Among the diseases my mother noted were chickenpox and, rarely, ARVI. On examination: there are several erythematous lesions on the smooth skin of the face</p>
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		<p>rounded in shape with clear boundaries, with a ridge along the periphery of fused blisters, crusts, papules, in the center the lesions are covered grayish scales. On the scalp, in the occipital region, there is a rounded bald spot 4 cm in diameter, covered with gray scales. The hair in the lesion is broken off at a level of 6-8 mm and has a whitish sheath.</p> <ol style="list-style-type: none"> 1. Make and justify the diagnosis. 2. Make an examination plan. 3. Name what diseases need to be differentiated. 4. Indicate the etiology and pathogenesis of this disease. 5. Outline a plan of treatment and preventive measures. Sample answers: <ol style="list-style-type: none"> 1. Microsporia of smooth skin and scalp. 2. Luminescent, microscopic and cultural diagnostics. 3. Syphilitic alopecia, other types of mycoses of smooth skin and scalp. 4. The causative agent is fungi of the genus <i>Microsporum</i> feline, rusty. Affects skin, hair, nails. 5. Local (isoconazole, terbinafine) and systemic antimycotics (Griseofulvin 22 mg/kg body weight). Clinical control and microscopic (3x). Visiting children's groups is allowed after 3 times negative microscopic research. <p>Task 46.</p> <p>I've been sick for about a month. Itchy skin bothers me, especially at night. He works as a driver and lives in a hostel. There are 3 people in the room. Has a friend with whom he had a close intimate relationship. In the abdomen, buttocks, lower back. The inner surface of the thighs has abundant fine</p>
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		<p>the nodular rash is pink, many nodules are located in pairs, the center of some is covered with hemorrhagic crusts, there are also scratches. In the abdominal area there are elongated pink ridges, 5-7 mm long, slightly protruding above the skin. The skin of the hands is free from rashes. 1) What is your diagnosis?</p> <p>2) Necessary studies to clarify the diagnosis?</p> <p>3) Prescriptions for the patient?</p> <p>4) Anti-epidemic measures?</p> <p>Sample answer:</p> <p>1) Scabies.</p> <p>2) Removing the tick from the blind end of the passage and its microscopy. 3) 20% benzyl benzoate emulsion (33% sulfur ointment). 4) Inspection of contacts, treatment of all identified patients simultaneously. Disinsection of the patient's underwear and bed linen, disinfestation in the room. Registration of patients according to notifications f.281.</p> <p>Task 47.</p> <p>A 2-year-old child fell ill about a month ago. Attends nurseries. The family consists of 4 people. Doesn't sleep well at night due to itching. On examination: there is a profuse nodular rash in the face, chest, and abdomen.</p> <p>pink, blisters, erythematous edematous spots covered with serous crusts. In the area of the palms and soles there are bubbles and grayish stripes up to 1 cm long.</p> <p>1) Your diagnosis.</p> <p>2) Necessary treatment for the child.</p> <p>3) Prevention of the disease, participation of pediatricians in it.</p> <p>Sample answer:</p> <p>1) Eczematized scabies.</p> <p>2) 10% benzyl benzoate emulsion, corticosteroid ointments for eczematous lesions. 3) Examination of contacts in the family and nurseries. Pediatrician observation of children in nurseries for 6 weeks. Disinsection of linen and premises.</p>
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		<p>Registration of patients according to notifications f.281.</p> <p>Task 48.</p> <p>The patient, a 14-year-old teenager, a village resident, came to the clinic with complaints of the appearance of many pustules on the face, increased Toglobes. The paramedic classified the rash as an "allergy" and prescribed prednisolone ointment. Objectively: on the skin of the face</p> <p>many pustules the size of a millet grain, which are surrounded by a hyperemic cone-shaped corolla. Blood test shows leukocytosis, increased ESR. 1) Diagnosis.</p> <p>2) Differential diagnosis. 3) Comment correctness of actions paramedic 4) Treatment tactics. Sample answer: 1) Ostiofolliculitis. 2) Folliculitis, deep folliculitis. 3) Error in diagnosis - incorrect treatment. 4) Antibiotics, topically - opening of pustules, aniline dyes, drying pastes with antiseptics.</p> <p>Task 49.</p> <p>A 35-year-old man came to see a dermatologist with complaints of weeping rashes in the corners of the mouth. The purulent discharge, sometimes with a hemorrhagic component, dries into a thin serous or serous-purulent crust, which disappears after a few days. Disease</p> <p>accompanied by a feeling of itching and pain when eating. From the anamnesis it is known that the patient has been suffering from diabetes mellitus for several years. 1) Diagnosis 2) Differential diagnosis 3) Examine this patient.</p> <p>4) Treatment 5) Forecast Sample answer:</p>
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		<p>1) Candidal infection 2) Syphilitic infection (chancre, papule), streptococcal infection, ariboflavinosis infection. 3) Blood for diabetes mellitus, immunogram. 4) Diflucan tablets, Nizoral tablets; locally - antifungal ointments. 5) Favorable.</p> <p>Task 50. A 45-year-old patient came to the clinic with complaints of yellowish-brown and pink spots in the chest and back, gradually increasing in size. Gradually the color of the spots changed to dark brown. Sometimes there is mild itching. When scraping stains - floury peeling. Balsers's test is positive.</p> <p>1) Your diagnosis 2) Differential diagnosis 3) Treatment 4) Forecast.</p> <p>Sample answer: 1) Pityriasis versicolor 2) Secondary syphilis (roseola), infectious exanthemas, toxicoderma spotted 3) Any antiseptics and antifungal ointments, UV irradiation 4) Favorable</p> <p>Task 51. The patient consulted the dentist due to painful rashes in the tongue area, weight loss. Complaints noted within 2 months. I independently used mouth rinses with chamomile infusion and chlorhexidine without noticeable success. From the anamnesis it is known that 2 years ago There was an episode of lichen planus on the skin of the wrists. In early childhood he suffered from food allergies to dairy and sweets, and a one-time drug allergy to amoxiclav. ARVI is rare.</p> <p>Notes chronic superficial gastritis, not a concern at the time of treatment. Objectively: skin</p>
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		<p>pale pink in color, free from rashes. Nails</p> <p>the records have not been altered. When examining the oral mucosa, erosions and 2 round ulcers are noted in the marginal zone of the tongue</p> <p>5 and 7 mm in diameter with flat bluish-red edges along the periphery of the defects</p> <p>polygonal papular rashes with a flat surface covered</p> <p>branchy pattern of whitish dots and strokes. 1. Formulate a diagnosis.</p> <p>2. What symptom characteristic of this pathology is described in the local status?</p> <p>3. What pathomorphological changes will be identified by the pathologist for this pathology.</p> <p>Sample answer:</p> <p>1. Lichen planus isolated form with damage to the mucous membrane of the tongue.</p> <p>2. Wickham grid.</p> <p>3. Hyperkeratosis, uneven granulosis, nonspecific in the papillary dermis lamellar infiltrate. Task 52.</p> <p>In a child 2 months after suffering from acute respiratory viral infection, the deterioration of the condition was accompanied by an increase in temperature to 38.3 degrees, anxiety and rashes on the skin of the back and neck. From the anamnesis it is known that the child was born from the 1st pregnancy, which proceeded smoothly, and was delivered at term without pathology. Errors in care are noted; the baby's mother wraps the baby's clothes, resulting in severe sweating. SARS for the first time. Objectively: catarrhal phenomena in no nasopharynx. No cough. Behaves restlessly when lying on his back. Rashes localized only in the back and occipital part of the head. They are represented by rounded nodes with a diameter of 5 to 10 mm, the smaller ones are mobile, the skin over them is of normal color,</p>
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		<p>larger ones are hot to the touch, soldered with underlying tissues their surface is hyperemic, individual elements with fluctuation.</p> <ol style="list-style-type: none"> 1. Your diagnosis. 2. What morphological features of the structure of children's skin lead to the development of this pathology? 3. At what age is this pathology typical? 4. What does it serve? <p>a predisposing factor in the development of this disease? Sample answer:</p> <ol style="list-style-type: none"> 1. Finger's pseudofurunculosis. 2. This pathology is associated with the characteristics of the excretory duct of the eccrine sweat gland in children in the first 3 months of life; it is less tortuous and has a wide lumen. <p>The functional immaturity of the thermoregulation center leads to excessive sweating when wrapping the child and contributes to infection of the duct.</p> <ol style="list-style-type: none"> 3. First 3 months of life. 4. Wrapping up a child who has suffered from ARVI, leading to a weakening of the defenses. <p>Task 53.</p> <p>In the maternity hospital, on the 3rd day, a newborn child developed hyperemia in the umbilical wound area, serous-purulent discharge, a day later the temperature rose to 38 degrees, blisters with a flabby tire with a diameter of 0.5 to 1.5 cm, multiple erosions with a rim of hyperemia along the periphery appeared on the skin of the torso, shoulders and thighs. With epithelialization, erosions remain hyperpigmented spots. Leukocytosis, neutrophilia and shift are observed in the blood leukocyte count to the left, increased ESR.</p> <ol style="list-style-type: none"> 1. Your diagnosis. 2. Reasons for development diseases. 3. Features of the primary
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		<p>morphological element of the rash.</p> <p>Sample answer:</p> <ol style="list-style-type: none"> 1. Epidemic pemphigus of newborns. 2. The presence of an umbilical wound - the entrance gate, the source of infection is personnel with staphylococcal infection on the skin. 3. Non-follicular flabby staphylococcal pustule - phlyctena. <p>Task 54.</p> <p>In a 1 month old child born at term, from pregnancy, proceeded without pathology, while breastfed, frequent loose stools appeared without pathological impurities and a "bonnet" type rash on the scalp, in the area of the eyebrows, and inguinal folds. The rash is represented by pink erythema with an orangish tint and layering of fatty yellowish scales. Shows anxiety and tries to rub his head on the bed. Family Allergy history is not burdened.</p> <ol style="list-style-type: none"> 1. Your diagnosis. 2. List the characteristic symptoms of the disease. 3. What disease is this differentiated from? pathology? <p>Sample answer:</p> <ol style="list-style-type: none"> 1. Seborrheic dermatitis. 2. Occurs in children of the first 3 months of life who are breastfed, manifested by erythematous-squamous rashes in seborrheic areas, intestinal dysfunction. 3. With atopic dermatitis, histiocytosis X, candidiasis. <p>Task 55.</p> <p>At the 3rd week of life, a newborn boy who was breastfed developed rashes on the face in the cheek area, on the forehead and on the nose in the form of small papules and pustules, surrounded by a rim hyperemia. Well-being</p>
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		<p>the child is not impaired, peripheral blood analysis and general urine analysis are without pathology.</p> <ol style="list-style-type: none">1. Your diagnosis.2. What is the cause of the rash?3. Therapeutic measures. <p>Sample answer:</p> <ol style="list-style-type: none">1. Newborn acne.2. The cause of this condition is not completely known; they are usually associated with hormonal stimulation of the sebaceous glands by maternal hormones as a result postpartum hormonal changes in the mother's body. Acneiform rashes in newborns can be associated with saprophytes - Malassezia sympodialis and Malassezia furfur and are referred to as "neonatal pustulosis".3. In mild cases, treatment consists of treating the skin with disinfectant solutions; for severe rashes, medications are used azelaic acid, fagoderm. Task 56. <p>Functions of the basal layer of the epidermis.</p> <p>Sample answer: mitoses, pigmentation.</p> <p>Task 57.</p> <p>Indications for prescribing lotions.</p> <p>Sample answer: wet skin. Task 58.</p> <p>At the children's hospital, a child in the hospital was diagnosed with scabies.</p> <p>Treatment.</p> <p>Standard answer: benzyl benzoate 10% suspension.</p> <p>Task 59.</p> <p>A 21-year-old patient has lesions on the 4th and 3rd interdigital folds of the feet - erythema, cracks, erosions, maceration. What disease can you think about?</p> <p>Sample answer: Interdigital form of mycosis of the feet.</p> <p>Task 60.</p> <p>What is characteristic of the acute stage of eczema.</p> <p>Sample answer: bubbles, erosion, cracks.</p>
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		<p>Task 61. A 48-year-old patient consulted a doctor - dermatovenerologist with skin rashes, which arose five weeks ago. From the anamnesis it is known that the rash appeared after suffering prolonged stress. Local status. Upon examination, plaques with</p> <p>bizarre outlines of pink color, on the surface of which there are silver-white fine-plate scales. 1) Formulate preliminary diagnosis; 2) Name the clinical forms of this dermatosis 3) Describe the clinical phenomenon of Koebner</p> <p>Sample answer: 1. Vulgar psoriasis 2. Vulgar, teardrop-shaped, pustular, palmar plantar, psoriatic erythroerma, psoriasis arthropathic. 3. The clinical phenomenon of Koebner is the development psoriatic rashes on areas of the skin subject to irritation by mechanical and chemical agents.</p> <p>Task 62. Clinical phenomenon The isomorphic Koebner reaction characterizes the _____ stage of psoriasis. Sample answer: progressive</p> <p>Task 63. Toxidermy is called skin lesions caused by _____ getting into it allergens and toxins. Sample answer: hematogenous.</p> <p>Task 64. The patient is 54 years old. Complaints of rashes on the face and neck. Considers himself sick for 2 years when, after a long stay in the sun, for the first time he</p>
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		<p>rashes appeared on the face, and later spreading to the skin of the neck, chest, back, and upper extremities. Local status. The pathological skin process is widespread character. Localized on the skin of the cheeks, nose, neck, chest, back, upper limbs, represented by red spots with clear boundaries, in places covered with tightly packed scales and areas of atrophy. At Palpation of elements covered with tightly packed scales reveals pain.</p> <p>1) Formulate preliminary diagnosis; 2) What are the main symptoms that serve as the basis for this diagnosis? 3) Name the stages of this disease.</p> <p>Sample answer:</p> <ol style="list-style-type: none"> 1. Disseminated lupus erythematosus 2. Beignet-Meshchersky, "ladies' heels" 3. Erythematous, hyperkeratotic-infiltrative, atrophic. Task 65. <p>The main criterion for diagnosing rosacea is persistent centrofacial _____ without lesion periocular areas, existing for at least 3 months.</p> <p>Sample answer: erythema. Task 66.</p> <p>Cells of the spinous layer epidermis are connected to each other _____.</p> <p>Sample answer: desmosomes. Task 67.</p> <p>At the appointment, the patient complains of the appearance of rashes on the skin, represented by ephemeral rashes rising above the skin level. cavity-free elements that disappear independently and without a trace within 24 hours, accompanied by itching.</p>
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		<p>Define Primary morphological element. Sample answer: Blister.</p> <p>Task 68. A mother came to see her with a 6-month-old child, who had been experiencing foci of erythema in the area of the cheeks, buttocks, and extensor muscles for 3 weeks. surfaces of the elbow and knee joints, against which There are vesicles, when opened, erosions are exposed, forming weeping, additionally causing intense itching. Suggest a diagnosis and possible treatment. Sample answer: Diagnosis: Atopic dermatitis, infant form, acute stage. Treatment: external combination betamethasone+fusidic acids, topical calcineurin inhibitors, antihistamines.</p> <p>Task 69. The patient complains of rashes in the oral cavity, upon examination, small (up to 2 mm in diameter) grayish-white polygonal nodules are revealed, which, when merging, form a lace pattern; a characteristic symptom is Wickham's mesh. Suggest a diagnosis. Sample answer: Lichen planus, localization - oral cavity, typical form.</p> <p>Task 70. Describe the phenomena of the Auspitz triad in the diagnosis of psoriasis. Sample answer: phenomenon "stearic stain" "terminal film" "blood dew"</p> <p>Task 71. A 31-year-old woman was prescribed Biseptol for hidradenitis. 6 hours after the first dose of the drug, a red itchy spot appeared on the right buttock. The patient notes that a year ago, she had similar rashes with the same localization, and they</p>
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		<p>were also associated with taking Biseptol. On examination: in the area of the right buttock there is a red, slightly swollen spot with clear boundaries with a diameter of 3 cm.</p> <ol style="list-style-type: none"> 1. Make and justify the diagnosis. 3. What diseases need to be differentiated from? 4. Prescribe treatment. 5. Indicate measures to prevent this disease. <p>Sample answer:</p> <ol style="list-style-type: none"> 1. Toxicoderma (medicinal). 2. Contact allergic dermatitis, urticaria. 4. Enterosorbents, hyposensitizing drugs, locally corticosteroid ointments. 5. Eliminate the use of sulfodrugs. Consultation with an allergist for allergy diagnostics with drugs of the sulfhydryl group, non-steroidal anti-inflammatory, antipyretics, analgesics, barbiturates. When visiting a medical facility (clinic, hospital, when calling an ambulance) inform a medical professional. <p>Task 72.</p> <p>A 55-year-old woman complains of intense itching of the skin for the last 3 months. Itching associated with nervous stress. Antihistamines and sedatives do not help relief. As prescribed by the dermatologist, I received benzyl benzoate ointment externally. There were no previous skin diseases. Suffering from increased weight. Last year marks increased thirst and dry mouth. History of uterine fibroids, regressing against the background menopause. Local status: on the skin of the trunk common excoriations.</p> <ol style="list-style-type: none"> 1. Set up and justify diagnosis. 2. Indicate the possible causes of itching in this patient.
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		<p>3. Make a plan for examining the patient.</p> <p>4. Prescribe treatment for the patient.</p> <p>5. Update your forecast.</p> <p>Sample answer:</p> <p>1. Generalized skin itching.</p> <p>2. Possible causes of itching: diabetes mellitus, blood diseases, oncopathology of internal organs, chronic renal failure, nervous stress.</p> <p>3. Complete blood test, general urine test, blood sugar test, glycosylated hemoglobin, ELISA for parasitosis; Ultrasound of the genitals, ultrasound of the abdominal organs; consultation with a therapist.</p> <p>4. Taking antihistamines, externally – GCS ointments (Elocom, Afloderm, Momat), shaken mixtures with anesthesin, menthol. Main – treatment of relevant somatic pathology.</p> <p>5. The prognosis depends on the identified cause of itching.</p> <p>Task 1. Interview question. Primary and secondary morphological elements.</p> <p><i>Sample answer:</i> Primary: spot, vesicle, blister, pustule, blister, nodule, knot, tubercle. Secondary: secondary stain, scale, crust, erosion, ulcer, crack, scratching, lichenification, vegetation, scar.</p> <p>Task 2. Interview question. Simple vesicular and herpes zoster. Etiology, clinic.</p> <p><i>Sample answer:</i> called herpes virus type I or II. Stages: prodromal, vesicular, epithelialization. Duration of the course is up to 12 days. May be accompanied by pain along the nerve trunks.</p> <p>Task 3. Interview question. Hives. Etiology, clinic.</p>
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OPK-7	Closed tasks: 25	<p>Task 1. Instructions: Choose one correct answer.</p> <p>Lichen simplex is characterized by all the listed signs, except 1) erythema 2) edema 3) groups of bubbles 4) bubbles 5) erosion</p> <p><i>Response standard:</i> 4. bubbles</p> <p>Task 2. Instructions: Choose one correct answer.</p> <p>Clinical symptoms of lichen simplex include all of the following except</p> <p>1) spots and blisters 2) bubbles 3) the presence of a halo of hyperemia around the lesion 4) grouping of rashes in a limited area of skin 5) tendency to relapse</p> <p><i>Response standard:</i> 1. stains and blisters</p> <p>Task 3. Instructions: Choose one correct answer.</p> <p>For drugs intended for external use in the treatment of simple and</p>

		<p>herpes zoster, all of the above apply, except</p> <p>1) prednisolone ointment 2) Zaverax ointments <i>Response standard: 1.</i> prednisolone ointment Task 4. Instructions: Choose several correct answers. Treatment methods for lichen simplex include all of the following except 1) symptomatic local treatment</p> <p>2) symptomatic general treatment 3) antiviral therapy 4) specific immunotherapy 5) nonspecific immunotherapy <i>Response standard: 4.5.</i> Specific immunotherapy, Nonspecific immunotherapy Task 5. Instructions: Choose one correct answer. Characteristics of herpes zoster</p> <p>1) erythema 2) swelling 3) ulcers 4) necrosis 5) all of the above <i>Response standard: 5. all listed</i> Task 6. Instructions: Choose one correct answer. Physiotherapeutic treatment of herpes zoster it is advisable to prescribe 1) at the onset of the disease 2) in the acute phase 3) in incomplete remission 4) for neurological complications 5) correct 3 and 4 <i>Response standard: 5. correct 3 and 4</i> Task 7. Instructions: Choose one correct answer. To the varieties of lichen simplex in depending on location</p> <p>1) herpes of the face (lips, nose, etc.) 2) genital herpes 3) herpetic keratitis and gingivostomatitis</p>
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		<p>4) herpetic meningoencephalitis</p> <p>5) all of the above</p> <p><i>Response standard:</i> 5. all listed</p> <p>Task 8. Instructions: Choose one correct answer.</p> <p>The purpose of symptomatic therapy for herpes infection is</p> <p>1) limit the spread of foci of infection and prevent their suppuration</p> <p>2) anti-relapse effect</p> <p>3) sanitize the source of viral infection</p> <p>4) achieve immunotherapeutic effect</p> <p>5) all of the above</p> <p><i>Response standard:</i> 1. limit spread of outbreaks infections and prevent their suppuration</p> <p>Task 9. Instructions: Choose several correct answers.</p> <p>Antiviral drugs used for shingles and herpes zoster include 1) acyclovir</p> <p>2) valacyclovir</p> <p>3) famciclovir</p> <p><i>Response standard:</i> 1,2,3. All.</p> <p>Task 10. Instructions: Choose one correct answer.</p> <p>In complex treatment herpes zoster turns on</p> <p>1) acyclovir</p> <p>2) valacyclovir</p> <p>3) famciclovir</p> <p>4) all of the above</p> <p><i>Response standard:</i> 4. all listed</p> <p>Task 11. Instructions: Choose several correct answers.</p> <p>Therapy of patients recurrent herpes is carried out</p> <p>1) acyclovirs</p> <p>2) valaciclovir</p> <p>3) famciclovir</p> <p><i>Response standard:</i> 1,2,3. all</p> <p>Task 12. Instructions: Choose one correct answer.</p> <p>For patients with recurrent Herpes in the acute phase is prescribed all of the above,</p>
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		<p>except</p> <ol style="list-style-type: none">1) polyvalent herpetic vaccine and pyrogenal2) acyclovir3) valacyclovir4) famciclovir <p><i>Response standard:</i> 1. polyvalent herpetic vaccine and pyrogenal</p> <p>Task 13. Instructions: Choose one correct answer.</p> <p>Treatment methods recurrent herpes include</p> <ol style="list-style-type: none">1) acyclovir2) valacyclovir3) famciclovir4) all of the above <p><i>Response standard:</i> 4. all listed</p> <p>Task 14. Instructions: Choose one correct answer.</p> <p>Shingles is characterized by all of the following symptoms, except</p> <ol style="list-style-type: none">1) sharp pain2) general condition disorders3) dissemination of the rash throughout the body4) asymmetry and groupings of rashes5) no relapses <p><i>Response standard:</i> 3. dissemination rashes all over the body</p> <p>Task 15. Instructions: Choose one correct answer.</p> <p>Clinical variants of herpes zoster include all of the following, except</p> <ol style="list-style-type: none">1) vesicular2) bullous3) generalized4) gangrenous5) urticarial <p><i>Response standard:</i> 5. urticarial</p> <p>Task 16. Instructions: Choose one correct answer.</p> <p>Nodes in colliquative tuberculosis</p> <ol style="list-style-type: none">1) dense and painless2) soft and painless3) elastic and painful4) soft and painful5) dense and painful <p><i>Response standard:</i> 1. dense and painless</p> <p>Task 17. Instructions: Choose one correct answer.</p>
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		<p>Lupus carcinoma is</p> <p>1) simultaneous occurrence of tuberculous lupus and skin cancer</p> <p>2) development of tuberculous lupus against the background of skin cancer</p> <p>3) development of skin cancer in a patient with tuberculous lupus regardless of the location of both diseases</p> <p>4) development of skin cancer against the background of tuberculous lupus or on a scar after tuberculous lupus</p> <p>5) all of the above</p> <p><i>Response standard:</i> 4. cancer development skin against the background of tuberculous lupus or on a scar after tuberculous lupus</p> <p>Task 18. Instructions: Choose one correct answer.</p> <p>The favorite localization of ulcerative tuberculosis of the skin includes all of the following, except</p> <p>1) oral mucosa</p> <p>2) nasal mucosa</p> <p>3) language</p> <p>4) external mucosa urethral openings</p> <p><i>Response standard:</i> 4. mucous membrane external opening of the urethra</p> <p>Task 19. Instructions: Choose one correct answer.</p> <p>The favorite localization of colliquative tuberculosis is</p> <p>1) submandibular and cervical lymph nodes</p> <p>2) axial</p> <p>The lymph nodes</p> <p>3) inguinal-femoral</p> <p>The lymph nodes</p> <p>4) cubital lymph nodes</p> <p><i>Response standard:</i> 1. submandibular and cervical lymph nodes</p> <p>Task 20. Instructions: Choose one correct answer.</p> <p>Among clinical</p> <p>There are all types of tuberculous lupus the listed forms, except 1) verrucous</p> <p>2) ulcerating</p> <p>3) serpiginous</p> <p>4) mutilating</p> <p>5) chancriform</p>
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		<p><i>Response standard: 5.</i> chancriform</p> <p>Task 21. Instructions: Choose one correct answer. For ulceration of tuberculous lupus</p> <ol style="list-style-type: none">1) the edges of the ulcer are soft, uneven, undermined2) the edges of the ulcer are dense, smooth, stamped3) the bottom of the ulcer is smooth, clean, without plaque4) the bottom of the ulcer is granular, covered with purulent plaque5) correct &1), &4) <p><i>Response standard: 5. correct &1), &4)</i></p> <p>Task 22. Instructions: Choose one correct answer. The differential diagnosis of tuberculous lupus should take into account</p> <ol style="list-style-type: none">1) lupoid sycosis2) erythematosis3) lymphocytoma4) squamous cell carcinoma5) all of the above <p><i>Response standard: 5. all listed</i></p> <p>Task 23. Instructions: Choose one correct answer. In tuberculous lupus it is typical</p> <ol style="list-style-type: none">1) scarring of the ulcer begins from the central part of the lesion2) scarring of the ulcer begins from the peripheral part of the lesion3) the scar is smooth, tender, discolored4) the scar is rough, dense, with a bumpy surface, pigmented5) correct &1), &3) <p><i>Response standard: 5. correct &1), &3)</i></p> <p>Task 24. Instructions: Choose one correct answer. Warty skin tuberculosis must be differentiated from all of the listed diseases, except</p> <ol style="list-style-type: none">1) chronic vegetative pyoderma2) verrucous lichen planus3) wart vulgaris4) psoriasis5) skin cancer
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		<p><i>Response standard: 4. psoriasis</i> Task 25. Instructions: Choose one correct answer. Routes of administration of drugs can be 1) intravenous 2) intramuscular 3) subcutaneous 4) endolymphatic 5) all of the above <i>Response standard: 5. all of the above</i></p>
	<p>Open-ended tasks: 75 Situational tasks -70 Interview questions – 5.</p>	<p>Exercise 1. A 25-year-old patient consulted a doctor with complaints of rashes on the skin of the forearms and inner thighs, and unbearable itching of the skin. Considers himself sick for about 2 weeks. Suddenly a red rash appeared on the skin forearms and thighs, accompanied by intense itching. I took suprastin on my own, 1 tablet 3 times a day. Your illness associated with stress. History of chronic gastritis with frequent relapses. Local status: on the skin of the flexor surface of the forearms, hands and inner thighs there are polygonal papules, flat, with a shiny surface, bluish red with a central recess. Individual papules merge to form small plaques, against which the intertwined stripes. On the oral mucosa along the line where the teeth meet there are whitish papular elements. There are carious teeth. Lymph nodes are not enlarged. 1. Make and justify the diagnosis. 2. What diseases need to be differentiated from? 3. Prescribe treatment. Indicate measures to prevent this disease. Sample answer: 1. Typical form of lichen planus. 3. Toxiderma, psoriasis, secondary syphilis (papular</p>

		<p>syphilides).</p> <p>3. Blood test for sugar.</p> <p>Treatment of gastrointestinal diseases. Drug treatment: doxycycline; delagil, then a break of 2 days, hyposensitizing therapy (sodium thiosulfate IV 30%, 10 ml 1 time per day), antihistamines - suprastin, diazolin, fenkarol, zyrtek, hormonal drugs (prednisolone, dexamethasone, diprosan). Local treatment: topical corticosteroids (Elocom ointment once a day). Laser therapy - helium-neon laser (for torpidity to regenerative therapy).</p> <p>Task 2.</p> <p>A 40-year-old man consulted a doctor with complaints of a rash in the left corner of his mouth, as well as on the mucous membrane of the palate and lower gum on the left. Worried about headache, general malaise and burning sensation in the area of the rash. 4 days ago, after hypothermia, the patient felt chills, malaise, sleep disorder, after 3 days redness appeared on the skin in the corner of the mouth, and then several blisters with transparent contents, a day later similar rashes appeared in the oral cavity. Appearance of rashes accompanied by a feeling of burning and tingling.</p> <p>Local status. On the skin of the face at the left corner of the mouth and in the area above the left eye there are grouped bubbles with a diameter of 1 to 3 mm, located on the background limited erythema and edema, the contents of the vesicles are serous. In the oral cavity, against the background of edematous and hyperemic mucous membrane, erosions with wrong finely scalloped outlines. The submandibular lymph nodes are enlarged. 1. Set up and justify diagnosis.</p>
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		<p>2. What diseases need to be differentiated from? 3. Indicate possible complications of the disease. Find out which specialists the patient needs to consult.</p> <p>4. Prescribe treatment.</p> <p>Sample answer:</p> <ol style="list-style-type: none">1. Shingles.2. Differentiate with simple vesicular lichen, lichen planus, toxicoderma.3. Secondary infection. <p>Consultation with a neurologist is necessary.</p> <p>4. Acyclovir 800 mg 5 times 7-10 days; indomethacin 25 mg 3 times a day for 2-3 weeks; cycloferon ampoules 125 mg/ml 5 amps 2 ml; externally acyclovir ointment, panavir gel, aniline dyes.</p> <p>Task 3.</p> <p>A mother with an infant came to see a pediatric dermatologist. The child fell ill 2 weeks ago, when a rash of blisters appeared on the skin of the torso and limbs, accompanied by severe itching. Pediatrician</p> <p>Allergic dermatitis was diagnosed and treatment was prescribed (Tavegil and Advantan). No positive effect from treatment was observed. The child is constantly restless at night due to intense itching, cries, and sleeps intermittently. Two days ago, pustules appeared on the hands and feet, accompanied by a rise in temperature to 38 C. Local status: the skin process is widespread with a predominant localization on the abdomen, hands and feet, including the palms and soles. On the affected areas of paired and single nodular and vesicular rashes, bloody crusts, excoriations, an abundance of pustules surrounded inflammatory corolla. The mother also has itching during examination - on the abdomen, arms,</p>
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		<p>paired papulo-vesicles in interdigital folds.</p> <ol style="list-style-type: none">1. Make and justify the diagnosis.2. Specify etiology diseases and transmission routes.3. Specify features clinical manifestations of this disease in children.4. What diseases need to be differentiated from?5. Prescribe treatment. <p>Sample answer:</p> <ol style="list-style-type: none">1. Scabies complicated by vulgar impetigo.2. The causative agent is the scabies mite <i>Sarcoptes scabiei hominis</i>, which is an intradermal parasite of humans. The source of infection is a sick person, infection occurs: through direct contact or indirectly (through objects, clothing, bedding used by the patient). In adults, infection is possible through sexual contact.3. Children have thin skin, so contamination occurs. The rashes are localized on the scalp, palms and soles, the nail plates, the cornea of the eye, the skin especially of the hands and feet are affected, with many scabious "tracts". Due to shortage immunity of the child's body, complications are possible pyoderma.4. Differentiate from animals with scabies (from animals, birds) that bite human skin, but do not parasitize it; grain scabies - caused by a pot-bellied mite that lives in rotten straw; atopic dermatitis.5. Benzyl benzoate solution 10% - apply for 10 minutes 2 times a day. Washing (morning, evening) with a change of linen. Spregal aerosol - once, do not wash the skin for 16 hours, repeat treatment after 4 days. Sulfur ointment 5%. Task 4. <p>In the hospital, skin-venereal dispensary</p>
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		<p>A patient, a driver, 26 years old, was admitted with complaints of rashes in the torso, genitals, anus and feet, hoarseness, hair loss. From the anamnesis it is established that the patient is</p> <p>promiscuous sex life, considers himself sick for 3 months, when two painless ulcers of 1 1 cm appeared on the outer layer of the foreskin. The patient suffers from alcoholism, leads an immoral lifestyle, all sexual relations were drunk, treated ulcers independently with powders and 5% tincture of iodine. Two months later they appeared macerated nodules in the anus, scrotum, inguinal folds, interdigital spaces and arches of the feet, difficulty walking. On examination: there is an abundant, pink roseola rash on the body, grouped in rings, half rings, slightly peeling. There are many foci of alopecia on the scalp with diffuse thinning of the hair in the temporal region. In the area of the anus, inguinal folds and</p> <p>Weeping scrotums, wide condylomas. On the arches of the feet and between the toes there are stagnant red papules with a macerated surface. 1. Set up and justify diagnosis.</p> <p>2. What diseases need to be differentiated from? 3. Make an examination plan.</p> <p>4. Prescribe treatment.</p> <p>5. Check your hair growth prognosis.</p> <p>Sample answer:</p> <p>1. Secondary syphilis of the skin and mucous membranes.</p> <p>3. Alopecia areata, diffuse.</p> <p>4. Blood for RMP, RPGA, ELISA, HIV.</p> <p>5. Treatment of syphilis according to the scheme.</p> <p>6. Syphilitic baldness regresses.</p> <p>Task 5.</p>
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		<p>A 35-year-old patient came to the appointment with complaints of a painless ulcer in the area of the frenulum of the penis. The ulcer appeared four days ago, painless. I treated it with Hyoxyzon ointment and powder, without the desired effect. I took one gram of sumamed orally. The patient is single, and during frequent trips abroad (including to countries with a tropical climate) has casual sexual relationships. Local status. In the area of the frenulum and coronary sulcus on the right there is an ulcer 1.0 0.5 cm, bright red, with a dense</p> <p>painless infiltration at the base, rounded with smooth edges and a varnished bottom. A lymph node up to 2 cm is palpated on the right, densely elastic, painless, phenomena lymphangitis, blood for bladder cancer (4+).</p> <ol style="list-style-type: none"> 1. Make a preliminary diagnosis. 2. Carry out a differential diagnosis of this diseases. 3. Make an examination plan. 4. Prescribe treatment. 5. Specify the follow-up plan. <p>Sample answer:</p> <ol style="list-style-type: none"> 1. Primary syphilis. 2. Chancriform pyoderma, erosive-ulcerative balanoposthitis, cancer ulcer, soft chancroid, tropical treponematoses (yaws, bejel, pinta), donovanosis (granuloma venereal). 3. Serological reactions to syphilis with titer determination (RPGA, ELISA IgM, IgG); serological reactions with lipid antigens (for yaws). Examination for Treponema pallidum, pathogens of tropical treponematoses, 4. If the diagnosis of primary syphilis is confirmed - according to clinical recommendations. 5. Clinical and serological control according to clinical recommendations.
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		<p>Task 6.</p> <p>A 25-year-old patient consulted a dermatologist with complaints of rashes on the skin of the forearms and inner surface of the thighs, accompanied by severe itching. Considers himself sick for about 2 weeks. Suddenly rashes appeared reddish-bluish color on the skin of the forearms and thighs, accompanied by intense itching. I took suprastin on my own, 1 tablet 2 times a day. Your illness associated with stress. He does not suffer from chronic diseases.</p> <p>Local status: on the skin of the flexor surface of the forearms, hands and inner thighs there are polygonal papules, flat, with a shiny surface, bluish-red in color with umbilical depression in the center. Individual papules merge to form small plaques, on the surface of which intertwined white stripes are visible. On the oral mucosa along the line of closure of the teeth - whitish papular elements. There are carious teeth. Lymph nodes are not enlarged.</p> <p>1. Set up and justify diagnosis.</p> <p>2. What diseases need to be differentiated from? 3. Prescribe treatment. Indicate measures to prevent this disease.</p> <p>Sample answers:</p> <p>1. Typical form of lichen planus.</p> <p>3. Toxiderma, psoriasis, secondary syphilis (papular syphilides).</p> <p>3. Examination: CBC, ESR. Sanitation of carious teeth. Drug treatment: delagil, antihistamines.</p> <p>Local treatment: topical corticosteroids (cream with clobetasol 2 times a</p>
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		<p>day 10 days). Phototherapy - PUVA.</p> <p>Task 7.</p> <p>A man was referred to a dermatologist for consultation with complaints of painful rashes on the skin of the chest, increased body temperature, malaise. Considers himself sick for several days when, after sudden hypothermia bubbles appeared on the right half of the chest, accompanied by an increase in body temperature, general weakness. Over the past three days, new rashes have appeared in fits and starts, and the pain has increased sharply. Local status.</p> <p>The pathological skin process is localized on the right half of the chest with transition to the right shoulder blade along the intercostal nerves, represented by grouped vesicles with serous contents, erosions, serous crusts on erythematous base with unclear boundaries.</p> <ol style="list-style-type: none">1. Make and justify the diagnosis.2. Specify the etiology.3. Indicate methods for diagnosing this disease.4. What diseases need to be differentiated from?5. Make a treatment plan for the patient. <p>Sample answers:</p> <ol style="list-style-type: none">1. Shingles (Herpes zoster).2. The disease is caused by a neurotropic filtering virus, which is similar in antigenic structure to the varicella zoster virus or identical to it. The development of herpes zoster is the result of reactivation of the latent virus after chickenpox suffered in childhood. His reasons are somatic diseases, infections, hypothermia, radiation exposure.3. Diagnosis is based on
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		<p>clinical picture and virological research. Enzyme immunoassay - ELISA. The modern method of detecting the virus is PCR. 4. Differential diagnosis of this diseases: with simple vesicular lichen, with lichen planus, toxicoderma.</p> <p>5. Treatment: valacyclovir 1000 mg 3 times a day for 7 days. Indomethacin 0.025 mg 3 times a day for 10 days. B vitamins for 1 month. Externally: Acyclovir ointment, aniline dyes.</p> <p>Task 8. A mother with a 5-month-old child, who is experiencing rashes on the skin of the cheeks. According to my mother, rashes first appeared 3 weeks ago. The mother associates the onset of the disease with the introduction of complementary foods. The child was born from the first pregnancy, at term. Was on natural breastfeeding up to 4 months. From the anamnesis of the parents: the mother suffers from hay fever.</p> <p>Local status. Pathological skin the process is limited in nature, localized on the skin of the cheeks, presented foci of hyperemia with fuzzy boundaries covered with miliary bright pink papules color, microvesicles with serous contents, erosions.</p> <p>1. Make and justify the diagnosis. 2. What diseases need to be differentiated from? 3. Make an examination plan. 4. Prescribe treatment.</p> <p>Sample answers: 1. Atopic dermatitis, infantile form. 2. Differentiate with microbial eczema,</p>
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		<p>toxicoderma.</p> <p>3. Consultation with a pediatrician.</p> <p>4. Hypoallergenic diet of the mother, nutrition of the child hypoallergenic mixtures. Externally: topical corticosteroids in the form of an emulsion (methylprednisolone aceponate once a day), medicinal cosmetics (emollients and cleansers).</p> <p>Task 9.</p> <p>A 32-year-old patient consulted a doctor with complaints of a red rash on the skin of the face and red border of the lips, accompanied by a burning sensation, soreness and tingling. The rash appeared after prolonged exposure to the sun.</p> <p>Local status.</p> <p>Pathological process localized on the skin the bridge of the nose and cheeks (in the form of a butterfly), as well as on the lips and chin.</p> <p>Represented as infiltrated erythematous plaques, with horny scales on surfaces. Removal of scales is accompanied by severe pain; spines are observed on the lower surface of the removed scales. Cicatricial atrophy occurs in the center of the plaques, and telangiectasia occurs along the periphery of the lesions. Leukoplakia is noted on the mucous membrane of the cheek, limited swelling with tumor-like thickening and cracks; retraction is observed in the center of the lesions.</p> <p>1. Make and justify the diagnosis.</p> <p>2. Make an examination plan.</p> <p>3. What diseases need to be differentiated from? 4. Name the group of diseases to which this pathology belongs.</p> <p>5. Prescribe treatment for the patient. Recommendations for the patient after clinical recovery.</p> <p>Sample answers:</p> <p>1. Erythematosus (lupus erythematosus).</p>
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		<p>2. Blood for LE cells, biopsy. 3. Photodermatosis, rosacea. 4. To the group of autoimmune diseases. 5. Hormone therapy, immunosuppressants (plaquenil or delagil), photoprotective ointments. Limiting insolation. Preventive courses treatment in early spring. Follow-up with a dermatologist. Examination by a nephrologist/rheumatologist 1-2 times a year.</p> <p>Task 10. A 26-year-old patient consulted a dermatologist with complaints of rashes in the torso, genitals, anus and feet, hoarseness, and hair loss. From the anamnesis it was established that</p> <p>the patient has repeatedly had unprotected sexual intercourse contacts with different partners. Considers himself sick for 3 months, when two painless ulcers of 1 1 cm appeared on the outer layer of the foreskin. Two months later, rashes appeared in the anus, scrotum, inguinal folds, interdigital spaces and arches of the feet. On examination: there is a profuse, pink roseola rash on the body, grouped into rings, half rings. There are many lesions on the scalp with diffuse hair thinning. In the area of the anus, inguinal folds and scrotum there are weeping verrucous papules. On the arches of the feet and in the interdigital spaces there are stagnant red papules with a macerated surface. 1. Set up and justify diagnosis. 2. What diseases need to be differentiated from? 3. Make an examination plan. 4. Prescribe treatment. 5. Check your hair growth prognosis. Sample answers: 1. Secondary syphilis of the skin and mucous membranes.</p>
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		<p>3. Alopecia areata, diffuse.</p> <p>4. Blood for RMP, RPGA, ELISA (syphilis), HIV.</p> <p>5. Treatment of secondary syphilis according to the scheme.</p> <p>6. Syphilitic baldness regresses.</p> <p>Task 11.</p> <p>A day after casual sexual intercourse, a man developed swelling, erythema, and itching on the skin of his penis. The inguinal lymph nodes are not enlarged.</p> <p>Wasserman reaction negative.</p> <p>1) Your diagnosis, its rationale, differential diagnosis 2) Tactics of management and treatment of the patient.</p> <p>Sample answer:</p> <p>1) Contact allergic dermatitis</p> <p>2) Antihistamines, lotions, diuretics, hyposensitizing facilities.</p> <p>Task 12.</p> <p>Patient, 22 years old, student. I woke up in the morning with severe itchy skin. There is a profuse rash of blisters on the skin of the trunk and limbs. The eyelids of the left eye were very swollen. The skin of the eyelids is pink. The palpebral fissure is narrowed.</p> <p>Temperature 37.7°C.</p> <p>Dermographism is persistent, red. 1) Your diagnosis</p> <p>2) Information that needs to be clarified from the patient's medical history 3) Your prescriptions and advice to the patient.</p> <p>Sample answer:</p> <p>1) Acute urticaria with Quincke's edema</p> <p>2) What did the patient eat the day before, did he take any medications, with any unusual chemicals. contacted ingredients. 3) Laxative, desensitizing drugs, diet. Alcohols, talkatives, lotions.</p> <p>Task 13.</p> <p>A woman, 3 months pregnant, came to the antenatal clinic for</p>
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		<p>scheduled examination. Wasserman's reaction was positive (RW+). From the anamnesis it is known that the woman is married. Excludes outside sexual contacts. No skin rashes discovered.</p> <p>1) What diagnosis can you think about? 2) Tactics of the gynecologist in this case?</p> <p>Sample answer: 1) Rule out syphilis (confrontation, RV, IFA) 2) Refer to dermatovenerologist</p> <p>Task 14. A 35-year-old man came to the district clinic to an ENT doctor with complaints of a sharp enlargement of the tonsil on the right side. On examination, the tonsil enlarged, dense, painless,</p> <p>There are no acute inflammatory phenomena. The submandibular lymph nodes on the right are enlarged, painless, and not fused with the adjacent tissue. Was diagnosed with tonsillitis. Treatment was prescribed: tetracycline 2 tablets 4 times a day for 7 days. Blood test for Wasserman reaction negative.</p> <p>1) Is the diagnosis correct? 2) Your expected diagnosis. 3) Additional research methods to confirm the diagnosis.</p> <p>4) Tactics for managing this patient.</p> <p>Sample answer: 1) No 2) Primary syphilis (chancre-amygdalitis, lymph nodes) 3) RV, IFA, confrontation 4) Treatment of primary syphilis</p> <p>Task 15. Male 22 years old, married, has a child - 10 months old, who is breastfeeding Had extramarital sexual contact, discovered after 3 weeks</p>
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		<p>an ulcer on the penis and enlarged lymph nodes in the groin area. I contacted a dermatovenerologist.</p> <ol style="list-style-type: none"> 1) Make a preliminary diagnosis. 2) Differential diagnostics. 3) What actions should the doctor take? <p>dermatovenerologist in relation to his wife and child.</p> <p>Sample answer:</p> <ol style="list-style-type: none"> 1) Primary syphilis (chancre, lymphadenitis) 2) Genital herpes, candidal posthitis, ulcers due to MPI, chancriformis pyoderma 3) Preventive treatment <p>Task 16.</p> <p>A 32-year-old man consulted a dermatovenerologist with complaints of rashes in the mouth and torso. 4 weeks ago on the oral mucosa</p> <p>A round ulcer of bright red color, painless, up to 1 cm in diameter was formed. The submandibular lymph nodes were enlarged.</p> <p>I went to the dentist, stomatitis was diagnosed and treatment was prescribed: rinsing with a solution of furatsilin and tetracycline 0.2 g 4 times a day for 7 days. After 10 days, the oral ulcer resolved. After 7 months, rashes appeared on the oral mucosa and torso.</p> <ol style="list-style-type: none"> 1) Probable diagnosis. 2) Plan of examination of this patient. 3) What mistake did the dentist make in this situation? Sample answer: <ol style="list-style-type: none"> 1) Secondary syphilis (papules in the oral cavity) 2) Carry out a differential. diagnostics (aphthous stomatitis, herpes, LP); RV, ELISA, confrontation 3) Prescribed treatment and did not ruled out syphilis. <p>Task 17.</p> <p>A 19-year-old patient was admitted to the clinic with complaints of itchy skin and</p>
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		<p>rashes in the area of the elbows and popliteal folds. She has been ill since she was 6 months old (according to her mother). My father has polynosis.</p> <p>Exacerbations of the disease associated with the consumption of citrus fruits, chocolate, strawberries and raspberries. Objectively: the skin of the extensor surfaces of the limbs is dry, in the elbow and popliteal folds</p> <p>lichenification, excoriation, hemorrhagic crusts.</p> <p>Dermographism – white.</p> <ol style="list-style-type: none"> 1. Your diagnosis, clinical form of the disease. 2. Name the characteristic symptoms of the disease 3. Suggest a treatment plan. <p>Sample answer:</p> <ol style="list-style-type: none"> 1. Atopic dermatitis, adult stage. 2. Family history, food allergy, typical location of the rash and white dermographism. 3. Hypoallergenic life. <p>Systemic therapy: antihistamines, enterosorption.</p> <p>Locally: basic care - emollients, GCS ointments, tacrolimus ointment.</p> <p>Task 18.</p> <p>A 48-year-old patient complains of painful itching and skin lesions in the lower third of her legs. She has been ill for 7 years, periodically there are remissions, but the rashes do not completely regress. Concomitant disease is cholecystitis. Objectively: in the lower third of the anterior</p> <p>on the surface of the left leg with a transition to the dorsum of the foot there is a plaque measuring 8x8 cm in the form of a continuous papular infiltration, brownish-red color with oval outlines, pronounced lichenification. The skin in the lesion has a shagreen appearance; three zones are distinguished: central with lichenification, middle - with a shiny smooth surface and pale pink papules,</p>
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		<p>peripheral zone with hyperpigmentation. The Koebner and Auspitz sign is negative. The Wickham grid is not defined. 1. Your diagnosis.</p> <p>2. What are the trigger factors for dermatosis.</p> <p>3. Principles of therapy.</p> <p>Sample answer:</p> <p>1. Limited neurodermatitis (Vidal's lichen).</p> <p>2. Stressful situations, exogenous allergens.</p> <p>3. Hypoallergenic life.</p> <p>Sedative therapy antihistamines. Externally, emollients, GCS ointments, tacrolimus ointment.</p> <p>Task 19.</p> <p>An 18-year-old patient consulted a dermatologist with a common itchy rash that appears for the first time. The rash occurred after suffering lacunar tonsillitis, for which he received antibacterial therapy. There is a history of psoriasis on the father's side and drug therapy on the mother's side. Objectively: the rash is scattered in the back, chest,</p> <p>extensor surface of the limbs, in the marginal zone of the scalp and in the area of the ears.</p> <p>Presented as bright pink papules with silvery peeling, with a diameter of 5-7 mm. The triad of Auspitz symptoms is positive. There are linear rashes in the scratching area. 1. Your diagnosis, stage diseases.</p> <p>2. Reasons for implementation diseases.</p> <p>3. List the characteristic symptoms of dermatosis.</p> <p>4. Principles of therapy.</p> <p>Sample answer:</p> <p>1. Guttate psoriasis, stage of progression.</p> <p>2. The focus of streptococcal infection is lacunar tonsillitis. Presence of hereditary predisposition.</p> <p>3. Papules, triad</p>
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		<p>psoriatic symptoms, isomorphic Koebner reaction, typical localization of the rash. 4. Sanitation of the source of infection. Antihistamines, aevit, enterosorbents. Externally: emollients, calcipotriol cream + betamethasone, calcipotriol. Task 20.</p> <p>A 45-year-old patient consulted a dermatologist with complaints of severe painful rashes, located linearly along one of the intercostal spaces on the left. The rash was preceded by a 5-day period, when itching and parasthesia were noted in the left side of the chest, then burning pain appeared and further bubble rashes. Disease was preceded by a long period during which the patient suffered from acute respiratory viral infection, pneumonia, anemia. The rashes are represented by grouped blisters located on a hyperemic background linearly along the intercostal space. In childhood suffered from chickenpox and rubella measles.</p> <ol style="list-style-type: none"> 1. Your diagnosis. 2. The cause of the development of dermatitis. 3. The most common complication of dermatitis. 4. Treatment. 5. Additional recommendations to the patient. <p>Sample answer:</p> <ol style="list-style-type: none"> 1. Herpes zoster 2. Immunodeficiency after acute infections. 3. Postherpetic neuralgia. 4. Timely administration of antiviral therapy, interferon drugs, B vitamins. Externally Panavir gel, aniline dyes. In case of neuralgia, consult a neurologist. 5. Cancer search is recommended. Task 21. <p>A 32-year-old man consulted a dermatologist with complaints of candidiasis of the genital mucosa, which does not stop.</p>
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		<p>system purpose fluconazole. Patient somatically healthy. Upon examination, filmy yellowish-white deposits were revealed on the entire visible surface of the oral mucosa. The examination revealed hypochromic anemia; a general urine analysis revealed yeast cells throughout the entire field of view. An examination by an ENT doctor revealed</p> <p>defeat of all visible mucous membranes in the form of yellowish filmy deposits. From the anamnesis it is known that 3 years ago the patient received extensive skin burn, for which he was treated in intensive care unit, including direct blood transfusions.</p> <ol style="list-style-type: none"> 1. Presumable diagnosis. 2. The suspected cause of the disease. 3. What symptoms allowed us to suspect this pathology? 4. Your tactics. <p>Sample answer:</p> <ol style="list-style-type: none"> 1. AIDS. 2. Direct blood transfusions. 3. Damage to mucous and visceral organs 4. HIV testing. <p>Task 22.</p> <p>What are the clinical differences between diffuse and limited neurodermatitis.</p> <p>Sample answer: anamnesis, prevalence, localization.</p> <p>Task 23.</p> <p>What are the signs progressive stage psoriasis.</p> <p>Sample answer: adding "new" elements, peripheral growth of existing rashes, erythematous rim around the elements, Koebner's sign.</p> <p>Task 24.</p> <p>A 19-year-old woman developed a focus of erythema on her nose in early spring, and on both cheeks in May. Subjectively, the spots are not</p>
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		<p>were worried, the general condition was not disturbed, and the patient did not go to the doctors. A year after birth, weakness, joint pain, and low-grade fever in the evenings developed. The erythema on the face became more pronounced, swollen, bluish spots appeared on the phalanges of the fingers. Due to pain in the joints, she consulted a doctor. What disease should you think about? Sample answer: subacute form of lupus erythematosus.</p> <p>Task 25. What types of herpes simplex virus cause this disease? Sample answer: HSV 1,2.</p> <p>Task 26. A 33-year-old patient has discomfort when swallowing. When viewed in the throat – hyperemia, edema enlarged tonsils, on the right - a round ulcer with a whitish coating. Submandibular lymph nodes enlarged on both sides. Tactics. Standard answer: examination for syphilis.</p> <p>Task 27. Name the syndrome that combines lichen planus of the oral mucosa, erosive-ulcerative form, diabetes mellitus, hypertonic disease. Sample answer: Syndrome Grinshpan.</p> <p>Task 28. The patient is 39 years old. Complaints of painful erosions on the oral mucosa. From anamnesis. Considers himself sick for about 3 months when For the first time, erosion appeared on the mucous membrane of the hard palate and discomfort in the oral cavity. The patient turned to dentist, who diagnosed stomatitis and prescribed rinsing with chamomile infusion, but there was no improvement. Local status. On apparently unchanged mucosa there are 3 erosions of the hard palate</p>
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		<p>irregular in outline, with clear boundaries, with a clean, bright red bottom. One of the erosions is partially covered by a piece of bladder cover, when pulled, the epithelium easily peels off.</p> <p>1) Formulate preliminary diagnosis; 2) List the methods research. Sample answer: 1. Pemphigus vulgaris 2. Immunohistochemical study, cytological study.</p> <p>Task 29. Besnier-Meshchersky symptom - _____ during palpation and forced removal of scales with discoid red lupus. Sample answer: pain Task 30. The following stages of the course of limited scleroderma - erythematous, induration and ____. Sample answer: atrophy.</p> <p>Task 31. Primary therapy Dühring's dermatitis herpetiformis is prescribed sulfone drugs and a _____ diet. Sample answer: gluten-free.</p> <p>Task 32. The patient, 35 years old, complained of rashes, located on the skin the extensor surface of the elbow joints, knee joints, abdomen, back, represented by epidermodermal papules of pink-red color, with clear boundaries, merging into plaques covered with silver-white large-plate scales. The nail plates are changed according to the "oil stain" type. Suggest a diagnosis, treatment options, what research will allow verify the diagnosis. Sample answer: Vulgar psoriasis. Therapy: therapy</p>
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		<p>external corticosteroids, a combination of betamethasone + calcipotriol, drugs containing naftalans, phototherapy, immunosuppressive therapy (depending on the PASI index). Histological examination. Task 33.</p> <p>Features pustules with streptoderma from staphyloiderma.</p> <p>Sample answer: The lining of the bladder is flabby. Not related to hair follicle. Spreads around the periphery.</p> <p>Task 34. A 9-year-old patient has been noticing a lesion on the scalp with peeling and broken hair for 2 weeks; he had previously been in contact with a cat. Guess</p> <p>differential diagnosis. Sample answer: Microsporia, trichophytosis, alopecia areata, psoriasis of the scalp. Task 35. Spread of lesion boundaries beyond the point of contact characteristic of _____ contact dermatitis. Sample answer: allergic. Task 36.</p> <p>Characteristic pathohistological symptom of true pemphigus is _____. Sample answer: acantholysis. Task 37.</p> <p>A 70-year-old man has been suffering from skin lesions for a year. On examination: in the torso area, erythematous-squamous lesions of various sizes with scalloped outlines. There is 2nd degree obesity. 1. Make and justify the diagnosis.</p> <p>2. Make an examination plan. 3. Name the specialists whose consultation the patient needs.</p> <p>5. Prescribe treatment to the patient. Sample answer:</p>
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		<p>1. Generalized mycosis of smooth skin.</p> <p>2. General clinical laboratory tests, blood for HIV, hepatitis, sugar.</p> <p>3. Consultations with an immunologist, endocrinologist.</p> <p>5. Fungicidal drugs (lamisil, itraconazole), immunocorrection as prescribed by an immunologist. Locally – lamisil ointment, clotrimazole, zalain.</p> <p>Task 38.</p> <p>An 18-year-old patient consulted a dermatologist with complaints of spots on the skin of his neck and chest. Considers himself sick for a year. I noticed small marks on the skin of my breasts.</p> <p>brown spots. At first the spots were single and not worried. Over time, the spots became more numerous and increased in size. After tanning, white spots remained in their place.</p> <p>The dermatologist prescribed topical salicylic alcohol. After treatment there was an improvement, but then the spots appeared again. Among the concomitant diseases, vegetoneurosis is noted, increased sweating.</p> <p>Local status. On the skin of the upper half of the body and neck there are scanty yellowish brown spots covered with pityriasis scales. Single on the neck</p> <p>depigmented spots. 1. Make and justify the diagnosis.</p> <p>2. Specify the etiology and pathogenesis of the disease.</p> <p>3. Make an examination plan.</p> <p>4. Carry out a differential diagnosis of this diseases.</p> <p>5. Prescribe treatment.</p> <p>Sample answer:</p> <p>1. Versicolor versicolor (syn. pityriasis versicolor).</p> <p>2. Tinea versicolor caused by the fungus Malassezia furfur. The fungus lives only on human skin in saprophytic or pathogenic form. Disease</p>
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		<p>little contagious. Transmission of the disease requires close contact, so these diseases occur more often in families.</p> <p>Predisposes to it the emergence of a shortage immunity, high humidity of the skin.</p> <p>3. Diagnosis of this diseases. When illuminated with a Wood's lamp, the spots glow golden yellow; positive test with 5% tincture of iodine (Balzer test); Beignet phenomenon - phenomenon "shavings"; microscopic examination of scales for fungi. 4. Differential diagnosis: with pityriasis rosea, leukoderma with secondary syphilis, vitiligo.</p> <p>5. Keratolytic, antifungal ointments, Lamisil spray. Externally - body scrub for 1 month.</p> <p>Task 39. After repairing his car, a man developed hyperemia, weeping, and cracks on his hands. There were no previous skin diseases.</p> <p>1. Make and justify the diagnosis. 2. Prescribe treatment to the patient. 3. Give recommendations to the patient after recovery.</p> <p>Sample answer: 1. Sharp contact allergic dermatitis. 2. Antihistamines, hyposensitizing preparations, locally - lotions with tannin solution, GCS ointments. 3. Avoid contact with chemicals in order to protect your hands - Biopokrov cream-gel.</p> <p>Task 40. A mother with a 4-year-old child consulted a doctor. Complaints about the appearance of pink-red rashes on the skin trunk, upper and lower extremities, accompanied by severe itching. The child became acutely ill. Appeared on the skin of the trunk and limbs</p>
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		<p>multiple pink-red rashes that rise above the surface of the skin and accompanied by severe itching. Body temperature 37.2C. The mother associates the onset of the disease with the use of strawberries A concomitant disease is biliary dyskinesia. Upon examination: the process wears widespread nature. On the skin of the trunk, upper and lower extremities multiple urticarial elements with clear boundaries, deep pink in color, ranging in size from a pea to a five-ruble coin.</p> <ol style="list-style-type: none"> 1. Make and justify the diagnosis. 2. Name the specialists whose consultations necessary for the patient. 3. Make a treatment plan. 4. Make recommendations parents of the patient after clinical recovery. Sample answer: <ol style="list-style-type: none"> 1. Acute urticaria. 2. Consultations with an allergist, dermatologist, pediatrician, gastroenterologist, immunologist, ENT specialist (to identify chronic foci of infection). 3. Hospitalization in a hospital. Following a hypoallergenic diet: exclude from the diet broths, spicy, salty, fried foods, smoked meats, spices, sausages and gastronomic products, liver, fish, caviar, seafood, eggs, sharp cheeses, mayonnaise, ketchup, radishes, sorrel, tomatoes, strawberries, raspberries, apricots, peaches, pineapple, melon, watermelon, lemons, oranges, carbonated fruit drinks, kvass, coffee, cocoa, chocolate, chewing gum. Semolina, pasta, whole milk, sour cream, <p>lamb, chicken, cherries, sweet cherries, currants, blackberries, cranberries. Removing antigens from</p>
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		<p>body: plasmapheresis and hemosorption: drip administration of liquids NaCl 0.9% with corticosteroids (prednisolone). Antihistamines (Erius 2.5 ml syrup). Desensitizing agents (30% sodium thiosulfate in saline solution). Enterosorbents (lactofiltrum 2 tablets morning and evening). 4. Hypoallergenic diet. Sanitation of foci of chronic infection. Use of antihistamines. Task 41.</p> <p>A 20-year-old patient has been complaining of rashes on her hands for 2 years. Works as a nurse in a hospital. Previously cutaneous there were no diseases. When examined in the area of the hands, there is vesiculation and cracks against the background of erythema. 1. Set up and justify diagnosis. 2. Prescribe treatment for the patient. 3. Give recommendations to the patient after recovery. Sample answer: 1. Chronic eczema professional. 2. Antihistamines, hyposensitizing preparations, locally - lotions with tannin solution, GCS ointments. 3. After the symptoms of inflammation have been relieved, in order to protect the hands, use Biopokrov cream-gel. Avoid contact with chemicals substances. The patient needs clinical observation. Task 42.</p> <p>A 23-year-old patient consulted a dermatologist with complaints of a painful lump above her upper lip. The general condition is chills and a feeling of malaise. Considers himself sick for 3 days when a painful lump first appears above the upper lip. Start</p> <p>The disease is associated with hypothermia and stress. The body temperature rose to 37.5°C, a headache and general malaise appeared.</p>
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		<p>Objectively: on the skin above the upper lip there is a node with a diameter of up to 1.5 cm, painful on palpation, located deep in the skin. The skin over the node is swollen, bluish-cherry in color.</p> <p>Submandibular lymph nodes are enlarged and painful.</p> <ol style="list-style-type: none"> 1. Make and justify the diagnosis. 2. Make an examination plan. 3. Indicate possible complications of the disease. 4. Prescribe treatment for this patient. 5. Indicate measures to prevent the disease. <p>Sample answer:</p> <ol style="list-style-type: none"> 1. Furuncle in the area of the nasolabial triangle. 2. General clinical methods, consultation with a surgeon. 3. Complications of boils in the facial area (nasolabial triangle) are purulent meningitis, vascular thrombosis, sepsis. 4. Treatment plan: hospitalization in the surgical department; Examinations: CBC, ESR, CRP Therapy: antibiotics (kefzol, ceftriaxone, sumamed, etc.), 10 days. External therapy: opening a boil; on the first day - a hypertonic solution, then Levomekol ointment, followed by a transition to fucidin cream 1% 2 times a day until complete healing. 5. Primary prevention of pyoderma - compliance with the rules of personal hygiene, timely antiseptic treatment of microtraumas, cracks, wound surfaces, etc. Secondary prevention - preventive medical examinations of children's groups and persons of decreed groups. Task 43. <p>A mother and a 4-year-old child came to see a doctor with complaints of rashes on the skin of the face and cracks in the corners of the mouth, accompanied by itching, drooling and</p>
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		<p>pain when eating. The child fell ill 1 week ago when the skin of the face</p> <p>rashes appeared, cracks in the corners of the mouth. The child attends kindergarten. Two children in the kindergarten group have similar rashes. Local status. The process is localized on the skin of the cheeks and in the corners of the mouth. On the skin of the cheeks there are superficial pustules, ranging in size from lentils to</p> <p>peas, flaccid tire, serous-purulent crusts, erosions. On the periphery</p> <p>pustules edematous hyperemic corolla. There are cracks in the corners of the mouth with fragments of epidermis along the periphery.</p> <ol style="list-style-type: none">1. Provide a preliminary one and justify it.2. Indicate the factors for the development of this disease.3. Differential diagnosis of this disease with other dermatoses.4. Make a treatment plan for the patient.5. Prevention of disease in kindergarten. <p>Sample answer:</p> <ol style="list-style-type: none">1. Angular stomatitis (zaeda), streptococcal impetigo.2. Impetigo is caused by: bad hygienic skin care, traumatization, skin maceration, decreased immunity, adenoids, diabetes mellitus, hypothermia, dryness and loss of integrity epidermis, overheating.3. With herpes infection (herpes simplex and herpes zoster), eczema (microbial, true), atopic dermatitis.4. Treatment plan. Diet with the exception of carbohydrates. Treat the affected skin with brilliant green, treat erosions with water solutions of aniline dyes (fukortsin, methylene blue), Fucidin cream 2 times a day for 10 days.5. Examination of children and staff
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		<p>kindergarten. Task 44. An 18-year-old patient consulted a dermatologist with complaints of spots on the skin of his neck and chest. He considered himself sick for a year when he first noticed small brown spots on the skin of his chest. At first, the spots were isolated and did not bother us, then they began to spread and increased in size. After tanning, white spots remained in their place. Among the concomitant diseases, vegetoneurosis is noted,</p> <p>increased sweating. Local status. On the skin of the upper half of the body and neck there are multiple yellowish-brown spots covered with pityriasis scales. Single on the neck depigmented spots with unclear boundaries.</p> <ol style="list-style-type: none"> 1. Make and justify the diagnosis. 2. Specify the etiology and pathogenesis of the disease. 3. Make an examination plan. 4. Carry out a differential diagnosis of this diseases. 5. Prescribe treatment. <p>Sample answers: 1. Versicolor versicolor (syn. pityriasis versicolor). 2. Tinea versicolor caused by the fungus Malassezia furfur. The fungus lives only on human skin in saprophytic or pathogenic form. The disease is slightly contagious. It is believed that its occurrence is associated with a change in skin pH towards the alkaline side due to increased sweating.</p> <p>3. Diagnosis of this diseases. When illuminated with a Wood's lamp, the spots glow golden yellow; positive test with 5% tincture of iodine (Balzer test); Beignet phenomenon - phenomenon "shavings"; microscopic examination of scales for fungi.</p>
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		<p>4. Differential diagnosis: with pityriasis rosea, leukoderma with secondary syphilis, vitiligo.</p> <p>5. Antimycotic creams, sprays with terbinafine or sertacol. Specialized shower gels containing antifungal components. Task 45.</p> <p>A mother and an 8-year-old child came to see a doctor with complaints of minor itching and rashes on the skin of the face, and an area of baldness on the scalp. The disease arose a month ago, when parents noticed the appearance of spots on the skin of the face, and then an outbreak baldness on the scalp. Shortly before the occurrence of the disease, the child brought home a kitten from the street. Among the diseases my mother noted were chickenpox and, rarely, ARVI. On examination: on the smooth skin of the face there are several erythematous, rounded lesions with clear boundaries, with a ridge along periphery from merged blisters, crusts, papules, in the center the lesions are covered grayish scales. On the scalp, in the occipital region, there is a rounded bald spot 4 cm in diameter, covered with gray scales. The hair in the lesion is broken off at a level of 6-8 mm and has a whitish sheath.</p> <ol style="list-style-type: none"> 1. Make and justify the diagnosis. 2. Make an examination plan. 3. Name what diseases need to be differentiated. 4. Indicate the etiology and pathogenesis of this disease. 5. Outline a plan of treatment and preventive measures. Sample answers: <ol style="list-style-type: none"> 1. Microsporia of smooth skin and scalp. 2. Luminescent, microscopic and
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		<p>cultural diagnostics. 3. Syphilitic alopecia, other types of mycoses of smooth skin and scalp. 4. The causative agent is fungi of the genus <i>Microsporum</i> feline, rusty. Affects skin, hair, nails.</p> <p>5. Local (isoconazole, terbinafine) and systemic antimycotics (Griseofulvin 22 mg/kg body weight). Clinical control and microscopic (3x). Visiting children's groups is allowed after 3 times negative microscopic research.</p> <p>Task 46.</p> <p>I've been sick for about a month. Itchy skin bothers me, especially at night. He works as a driver and lives in a hostel. There are 3 people in the room. Has a friend with whom he had a close intimate relationship. In the abdomen, buttocks, lower back. The inner surface of the thighs has abundant fine the nodular rash is pink, many nodules are located in pairs, the center of some is covered with hemorrhagic crusts, there are also scratches. In the abdominal area there are elongated pink ridges, 5-7 mm long, slightly protruding above the skin. The skin of the hands is free from rashes. 1) What is your diagnosis?</p> <p>2) Necessary studies to clarify the diagnosis?</p> <p>3) Prescriptions for the patient?</p> <p>4) Anti-epidemic measures?</p> <p>Sample answer:</p> <p>1) Scabies.</p> <p>2) Removing the tick from the blind end of the passage and its microscopy. 3) 20% benzyl benzoate emulsion (33% sulfur ointment). 4) Inspection of contacts, treatment of all identified patients simultaneously. Disinsection of the patient's underwear and bed linen, disinfestation in the room. Registration of patients based on notifications</p>
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		<p>f.281. Task 47. A 2-year-old child fell ill about a month ago. Attends nurseries. The family consists of 4 people. Doesn't sleep well at night due to itching. On examination: there is a profuse nodular rash in the face, chest, and abdomen. pink, blisters, erythematous edematous spots covered with serous crusts. In the area of the palms and soles there are bubbles and grayish stripes up to 1 cm long. 1) Your diagnosis. 2) Necessary treatment for the child. 3) Prevention of the disease, participation of pediatricians in it. Sample answer: 1) Eczematized scabies. 2) 10% benzyl benzoate emulsion, corticosteroid ointments for eczematous lesions. 3) Examination of contacts in the family and nurseries. Pediatrician observation of children in nurseries for 6 weeks. Disinsection of linen and premises. Registration of patients according to notifications f.281.</p> <p>Task 48. The patient, a 14-year-old teenager, a village resident, came to the clinic with complaints of the appearance of many pustules on the face, increased Todies. The paramedic classified the rash as an "allergy" and prescribed prednisolone ointment. Objectively: on the skin of the face</p> <p>many pustules the size of a millet grain, which are surrounded by a hyperemic cone-shaped corolla. Blood test shows leukocytosis, increased ESR. 1) Diagnosis.</p> <p>2) Differential diagnosis. 3) Comment correctness of actions paramedic 4) Treatment tactics. Sample answer: 1) Ostiofolliculitis. 2) Folliculitis, deep folliculitis.</p>
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		<p>3) Error in diagnosis - incorrect treatment.</p> <p>4) Antibiotics, topically - opening of pustules, aniline dyes, drying pastes with antiseptics.</p> <p>Task 49.</p> <p>A 35-year-old man came to see a dermatologist with complaints of weeping rashes in the corners of the mouth. The purulent discharge, sometimes with a hemorrhagic component, dries into a thin serous or serous-purulent crust, which disappears after a few days. Disease</p> <p>accompanied by a feeling of itching and pain when eating. From the anamnesis it is known that the patient has been suffering from diabetes mellitus for several years. 1) Diagnosis</p> <p>2) Differential diagnosis</p> <p>3) Examine this patient.</p> <p>4) Treatment</p> <p>5) Forecast</p> <p>Sample answer:</p> <p>1) Candidal infection</p> <p>2) Syphilitic infection (chancre, papule), streptococcal infection, ariboflavinosis infection.</p> <p>3) Blood for diabetes mellitus, immunogram.</p> <p>4) Diflucan tablets, Nizoral tablets; locally - antifungal ointments.</p> <p>5) Favorable.</p> <p>Task 50.</p> <p>A 45-year-old patient came to the clinic with complaints of yellowish-brown and pink spots in the chest and back, gradually</p> <p>increasing in size. Gradually the color of the spots changed to dark brown. Sometimes there is mild itching. When scraping stains -</p> <p>floury peeling. Balsler's test is positive.</p> <p>1) Your diagnosis</p> <p>2) Differential diagnosis</p> <p>3) Treatment</p> <p>4) Forecast.</p> <p>Sample answer:</p>
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		<p>1) Pityriasis versicolor 2) Secondary syphilis (roseola), infectious exanthemas, toxicoderma spotted 3) Any antiseptics and antifungal ointments, UV irradiation 4) Favorable</p> <p>Task 51. The patient consulted the dentist due to painful rashes in the tongue area, weight loss. Complaints noted within 2 months. I independently used mouth rinses with chamomile infusion and chlorhexidine without noticeable success. From the anamnesis it is known that 2 years ago there was an episode of lichen planus on the skin of the wrists. In early childhood he suffered from food allergies to dairy and sweets, and a one-time drug allergy to amoxiclav. ARVI is rare.</p> <p>Notes chronic superficial gastritis, not a concern at the time of treatment. Objectively: the skin is pale pink in color and free from rashes. Nails</p> <p>the records have not been altered. When examining the oral mucosa, erosions and 2 round ulcers are noted in the marginal zone of the tongue 5 and 7 mm in diameter with flat bluish-red edges along the periphery of the defects polygonal papular rashes with a flat surface covered</p> <p>branchy pattern of whitish dots and strokes. 1. Formulate a diagnosis. 2. What symptom characteristic of this pathology is described in the local status? 3. What pathomorphological changes will be identified by the pathologist for this pathology.</p> <p>Sample answer: 1. Lichen planus isolated form with damage to the mucous membrane of the tongue. 2. Wickham grid.</p>
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		<p>3. Hyperkeratosis, uneven granulosi, nonspecific in the papillary dermis lamellar infiltrate. Task 52.</p> <p>In a child 2 months after suffering from acute respiratory viral infection, the deterioration of the condition was accompanied by an increase in temperature to 38.3 degrees, anxiety and rashes on the skin of the back and neck. From the anamnesis it is known that the child was born from the 1st pregnancy, which proceeded smoothly, and was delivered at term without pathology. Errors in care are noted; the baby's mother wraps the baby's clothes, resulting in severe sweating. SARS for the first time. Objectively: catarrhal phenomena in no nasopharynx. No cough. Behaves restlessly when lying on his back. Rashes localized only in the back and occipital part of the head. They are represented by round-shaped nodes with a diameter of 5 to 10 mm, the smaller ones are mobile, the skin over them is of the usual color, the larger ones are hot to the touch, are soldered with underlying tissues their surface is hyperemic, individual elements with fluctuation.</p> <ol style="list-style-type: none">1. Your diagnosis.2. What morphological features of the structure of children's skin lead to the development of this pathology?3. At what age is this pathology typical?4. What does it serve? <p>a predisposing factor in the development of this disease? Sample answer:</p> <ol style="list-style-type: none">1. Finger's pseudofurunculosis.2. This pathology is associated with the characteristics of the excretory duct of the eccrine sweat gland in children in the first 3 months of life; it is less tortuous and has a wide lumen. <p>Functional immaturity of the thermoregulation center leads to excessive sweating when wrapping the child and</p>
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		<p>contributes to infection of the duct.</p> <p>3. First 3 months of life.</p> <p>4. Wrapping up a child who has suffered from ARVI, leading to a weakening of the defenses.</p> <p>Task 53.</p> <p>In the maternity hospital, on the 3rd day, a newborn child developed hyperemia in the umbilical wound area, serous-purulent discharge, a day later the temperature rose to 38 degrees, blisters with a flabby tire with a diameter of 0.5 to 1.5 cm, multiple erosions with a rim of hyperemia along the periphery appeared on the skin of the torso, shoulders and thighs. With epithelialization, erosions remain hyperpigmented spots. Leukocytosis, neutrophilia and shift are observed in the blood leukocyte count to the left, increased ESR.</p> <p>1. Your diagnosis.</p> <p>2. Reasons for development diseases.</p> <p>3. Features of the primary morphological element of the rash.</p> <p>Sample answer:</p> <p>1. Epidemic pemphigus of newborns.</p> <p>2. The presence of an umbilical wound - the entrance gate, the source of infection is personnel with staphylococcal pustule - phlyctena.</p> <p>Task 54.</p> <p>In a 1 month old child born at term, from pregnancy, proceeded without pathology, while breastfed, frequent loose stools appeared without pathological impurities and a "bonnet" type rash on the scalp, in the area of the eyebrows, and inguinal folds. The rash is represented by pink erythema with an orangish tint and layering of fatty yellowish scales. Shows anxiety, tries to rub his head on</p>
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		<p>bed. Family</p> <p>Allergy history is not burdened. 1. Your diagnosis.</p> <p>2. List the characteristic symptoms of the disease.</p> <p>3. What disease is this differentiated from? pathology?</p> <p>Sample answer:</p> <p>1. Seborrheic dermatitis.</p> <p>2. Occurs in children of the first 3 months of life who are breastfed, manifested by erythematous-squamous rashes in seborrheic areas, intestinal dysfunction.</p> <p>3. With atopic dermatitis, histiocytosis X, candidiasis.</p> <p>Task 55.</p> <p>At the 3rd week of life, a newborn boy who was breastfed developed rashes on the face in the cheek area, on the forehead and on the nose in the form of small papules and pustules, surrounded by a rim hyperemia. The child's well-being is not affected; peripheral blood analysis and general urine analysis are without pathology.</p> <p>1. Your diagnosis.</p> <p>2. What is the cause of the rash?</p> <p>3. Therapeutic measures.</p> <p>Sample answer:</p> <p>1. Newborn acne.</p> <p>2. The cause of this condition is not completely known; they are usually associated with hormonal stimulation of the sebaceous glands by maternal hormones as a result postpartum hormonal changes in the mother's body. Acneiform rashes in newborns can be associated with saprophytes - Malassezia sympodialis and Malassezia furfur and are referred to as "neonatal pustulosis".</p> <p>3. In mild cases, treatment consists of treating the skin with disinfectant solutions; for severe rashes, medications are used</p>
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		<p>azelaic acid, fagoderm. Task 56.</p> <p>Functions of the basal layer of the epidermis. Sample answer: mitoses, pigmentation.</p> <p>Task 57. Indications for prescribing lotions. Sample answer: wet skin. Task 58.</p> <p>At the children's hospital, a child in the hospital was diagnosed with scabies. Treatment. Standard answer: benzyl benzoate 10% suspension.</p> <p>Task 59. A 21-year-old patient has lesions on the 4th and 3rd interdigital folds of the feet - erythema, cracks, erosions, maceration. What disease can you think about? Sample answer: Interdigital form of mycosis of the feet.</p> <p>Task 60. What is characteristic of the acute stage of eczema. Sample answer: bubbles, erosion, cracks.</p> <p>Task 61. A 48-year-old patient consulted a doctor - dermatovenerologist with skin rashes, which arose five weeks ago. From the anamnesis it is known that the rash appeared after suffering prolonged stress. Local status. Upon examination, plaques with</p> <p>bizarre outlines of pink color, on the surface of which there are silver-white fine-plate scales. 1) Formulate preliminary diagnosis; 2) Name the clinical forms of this dermatosis 3) Describe the clinical phenomenon of Koebner Sample answer: 1. Vulgar psoriasis 2. Vulgar, teardrop-shaped,</p>
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		<p>pustular, palmar plantar, psoriatic erythroerma, psoriasis arthropathic.</p> <p>3. The clinical phenomenon of Koebner is the development psoriatic rashes on areas of the skin subject to irritation by mechanical and chemical agents.</p> <p>Task 62. Clinical phenomenon The isomorphic Koebner reaction characterizes the _____ stage of psoriasis. Sample answer: progressive</p> <p>Task 63. Toxidermy is called skin lesions caused by _____ getting into it allergens and toxins. Sample answer: hematogenous.</p> <p>Task 64. The patient is 54 years old. Complaints of rashes on the face and neck. Considers himself sick for 2 years, when, after a long stay in the sun, rashes first appeared on the skin of his face, subsequently spreading to the skin of the neck, chest, back, and upper extremities. Local status. The pathological skin process is widespread character. Localized on the skin of the cheeks, nose, neck, chest, back, upper limbs, represented by red spots with clear boundaries, in places covered with tightly packed scales and areas of atrophy. At Palpation of elements covered with tightly packed scales reveals pain.</p> <p>1) Formulate preliminary diagnosis; 2) What are the main symptoms that serve as the basis for this diagnosis? 3) Name the stages of this disease.</p> <p>Sample answer: 1. Disseminated lupus erythematosus</p>
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		<p>2. Beignet-Meshchersky, "ladies' heels"</p> <p>3. Erythematous, hyperkeratotic-infiltrative, atrophic. Task 65.</p> <p>The main criterion for diagnosing rosacea is persistent centrofacial _____ without lesion periocular areas, existing for at least 3 months.</p> <p>Sample answer: erythema. Task 66. Cells of the spinous layer epidermis are connected to each other _____.</p> <p>Sample answer: desmosomes. Task 67.</p> <p>At the appointment, the patient complains of the appearance of rashes on the skin, represented by ephemeral rashes rising above the skin level. cavity-free elements that disappear independently and without a trace within 24 hours, accompanied by itching. Define Primary morphological element. Sample answer: Blister. Task 68.</p> <p>A mother came to see her with a 6-month-old child, who had been experiencing foci of erythema in the area of the cheeks, buttocks, and extensor muscles for 3 weeks. surfaces of the elbow and knee joints, against which There are vesicles, when opened, erosions are exposed, forming weeping, additionally causing intense itching. Suggest a diagnosis and possible treatment. Sample answer: Diagnosis: Atopic dermatitis, infant form, acute stage. Treatment: external combination betamethasone+fusidic acids, topical calcineurin inhibitors, antihistamines.</p> <p>Task 69. The patient complains about</p>
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		<p>rashes in the mouth, upon examination, small (up to 2 mm in diameter) grayish-white polygonal nodules are revealed, which, when merging, form a lace pattern; a characteristic symptom is Wickham's mesh.</p> <p>Suggest a diagnosis.</p> <p>Sample answer: Lichen planus, localization - oral cavity, typical form.</p> <p>Task 70.</p> <p>Describe the phenomena of the Auspitz triad in the diagnosis of psoriasis.</p> <p>Sample answer: phenomenon "stearic stain" "terminal film" "blood dew"</p> <p>Questions for the interview:</p> <p>Task 1. Question for interviews. Primary and secondary morphological elements.</p> <p><i>Sample answer:</i>Primary: spot, vesicle, blister, pustule, blister, nodule, knot, tubercle.</p> <p>Secondary: secondary stain, scale, crust, erosion, ulcer, crack, scratching, lichenification, vegetation, scar.</p> <p>Task 2. Interview question. Epidemic pemphigus of newborns. Clinic, treatment.</p> <p><i>Sample answer:</i>Appearance blisters on the 3-5th day after birth in the area of large folds, on the palms and soles caused by staphylococcus, a violation of the general condition, an increase in temperature.</p> <p>Antibiotic therapy, external antibacterial therapy. Task 3. Question for interviews. Microsporia of the scalp. Etiology, clinic.</p> <p><i>Sample answer:</i>causes fungus Microsporum canis, less commonly - Microsporum ferrugineum and gypseum. The lesions are 2-3 cm in diameter, round, identical, in the lesions the hair breaks off at the level of 5-7 mm, the skin is often unchanged or accompanied</p>
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		<p>hyperkeratosis. Task 4. Interview question. Atopic dermatitis. Clinic.</p> <p><i>Sample answer:</i>includes focal and diffuse. Lichenification is noted in the area of natural openings, distal flexor parts of the limbs, in the elbow and popliteal areas, cracks, increased skin pattern, scales, subjective – itching.</p> <p>Task 5. Interview question. Syphilitic pemphigus of newborns. Clinic, treatment.</p> <p><i>Sample answer:</i>characterized the appearance of bubbles with transparent contents in the area of large folds, palms and soles with hyperemia along the periphery. The general condition is not disturbed. Treatment - antibiotic therapy according to the treatment regimen for congenital syphilis.</p>
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CRITERIA for assessing competencies and rating scales

Grade "unsatisfactory" (not accepted) or absence formation competencies	Grade "satisfactorily" (passed) or satisfactory (threshold) level of development competencies	Rated "good" (passed) or sufficient level development competencies	Excellent rating (passed) or high level development competencies
<p>failure to student on one's own demonstrate knowledge when solving assignments, lack independence in application of skills. Absence availability confirmation formation competencies indicates negative development results academic discipline</p>	<p>student demonstrates independence in application of knowledge skills and abilities to solve educational tasks in full According to sample given teacher, by tasks, solution of which there were shown teacher, it should be considered that competence formed on satisfactory level.</p>	<p>student demonstrates independent application of knowledge, skills and abilities when deciding tasks, tasks similar samples that confirms Availability formed competencies for higher level. Availability such competence on sufficient level indicates sustainable fixed</p>	<p>student demonstrates ability to full independence in choosing a method solutions non-standard assignments within disciplines with using knowledge, skills and skills, received as in development progress of this discipline, and adjacent disciplines should count competence formed on</p>

		practical skill	high level.
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Criteria for assessing test control:

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

When grading tasks with multiple correct answers, one error is allowed.

Interview assessment criteria:

Mark	Descriptors		
	strength of knowledge	ability to explain (introduce) the essence of phenomena, processes, do conclusions	logic and subsequence answer
Great	strength of knowledge, knowledge of basic processes subject matter being studied areas, the answer differs in depth and completeness disclosure of the topic; possession terminological apparatus; logic and consistency answer	high skill explain the essence phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, give examples	high logic and subsequence answer
Fine	solid knowledge of the basic processes of the studied subject area, differs in depth and completeness of the topic; possession terminological apparatus; free mastery of monologue speech, but one or two inaccuracies in the answer are allowed	ability to explain essence, phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, give examples; however one or two inaccuracies in the answer are allowed	logic and subsequence answer
satisfactory really	satisfactory process knowledge subject matter being studied areas, answer, different insufficient depth and completeness of the topic; knowledge of basic theoretical issues. Several are allowed errors in content answer	satisfactory ability to give reasoned answers and provide examples; satisfactorily formed analysis skills phenomena, processes. Several are allowed errors in content answer	satisfactory logic and subsequence answer

will not satisfy really	poor knowledge of the subject area being studied, shallow opening Topics; poor knowledge basic theoretical issues, poor analysis skills phenomena, processes. Serious errors in content answer	inability to give reasoned answers	absence logic and sequences answer
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Criteria for assessing situational tasks:

Mark	Descriptors			
	understanding Problems	analysis situations	skills solutions situations	professional thinking
Great	complete implication problems. All requirements, submitted to adania, completed	high benefit analyze situation, draw conclusions	high benefit select method solutions problems, faithful solution skills situation	high level professional thoughts
Fine	complete implication problems. All requirements, submitted to adania, completed	benefit analyze situation, draw conclusions	benefit select method solutions problems faithful solution skills situation	residual level professional thoughts. drops one or two precision in the answer
satisfactory really	astastic implication problems. majority requirements declared to adania, completed	satisfactory 1st ability analyze situation, draw conclusions	satisfactory e skills solutions situations, falsity with choosing a method solutions to the problem	residual level professional thoughts. falls more a bunch of inaccuracies in answer or there is an error in the sequence solutions
will not satisfy really	misunderstanding problems. legs requirements, submitted to I hope not completed. No Tveta. Did not have experiments to solve hello	izkaya benefit analyze situation	insufficient solution skills situation	missing