

№ЛД-21 ИН

**Федеральное государственное бюджетное образовательное учреждение высшего образования «Северо-Осетинская государственная медицинская академия»  
Министерства здравоохранения Российской Федерации**

**Кафедра Дерматовенерологии**

**УТВЕРЖДЕНО**  
протоколом заседания Центрального  
координационного учебно-  
методического совета  
«23» мая 2023 г. № 5

**ФОНД ОЦЕНОЧНЫХ СРЕДСТВ**

по Дерматовенерологии

основной профессиональной образовательной программы высшего образования –  
программы специалитета по специальности 31.05.01 Лечебное дело, частично  
реализуемой на английском языке, утвержденной 24.05.2023 г.

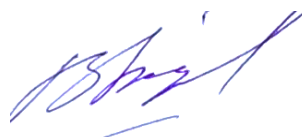
Для студентов

5 курса

по специальности 31.05.01 Лечебное дело

**Рассмотрено и одобрено на заседании кафедры**  
от «19» мая 2023 г. (протокол № 6)

Заведующий кафедрой, д.м.н.



В.Т.Базаев

г. Владикавказ 2023 г.

## СТРУКТУРА ФОС

1. Титульный лист
2. Структура ФОС
3. Рецензия на ФОС
4. Паспорт оценочных средств
5. Комплект оценочных средств:
  - вопросы к модулю по Дерматологии
  - вопросы к модулю по Венерологии
  - вопросы по практическим навыкам
  - ситуационные задачи для промежуточной аттестации
  - эталоны тестовых заданий (с титульным листом и оглавлением),
  - билеты к зачету

**Паспорт**  
**фонда оценочных средств по специальности 31.05.01 лечебное дело,**  
**частично реализуемое на английском языке**  
 Дисциплина **Дерматовенерология**

№п/п	Наименование контролируемого раздела(темы)дисциплины/ модуля	Код формируемой компетенции(этапа)	Наименование оценочного средства
1	2	3	4
<b>Вид контроля</b>	<b>Текущий/Промежуточный</b>		
<b>Зачет</b>	Общая дерматология	ОПК-5 ОПК-7 ПК-2 ПК-5	вопросы к модулю банк ситуационных задач эталоны тестовых заданий билеты к зачету.
	Частная дерматология	ОПК-5 ОПК-7 ПК-2 ПК-5	вопросы к модулю банк ситуационных задач эталоны тестовых заданий билеты к зачету.
	Инфекционные, паразитарные и вирусные заболевания кожи	ОПК-5 ОПК-7 ПК-2 ПК-5	вопросы к модулю банк ситуационных задач эталоны тестовых заданий билеты к зачету.
	Инфекции, передающиеся половым путем	ОПК-5 ОПК-7 ПК-2 ПК-5	вопросы к модулю банк ситуационных задач эталоны тестовых заданий билеты к зачету.

## Questions for the module "Dermatology"

### Ticket number 1

1. True polymorphism is:
  1. The appearance of several primary elements of the rash at the same time
  2. The appearance of several secondary elements of the rash at the same time
  3. Sequential evolution of morphological elements
  4. The appearance of morphological elements in the form of seizures
  5. Traceless resolution of morphological elements
2. Vacuolar degeneration is:
  1. Intracellular edema
  2. Extracellular edema
  3. Formation of vacuoles in the cytoplasm of epidermocytes
  4. Rupture of desmosomes
  5. Pycnosis of epidermal cell nuclei
3. Indicate indifferent substances:
  1. Starch
  2. Tannin
  3. Zinc oxide
  4. Burnt magnesia
  5. Talc
4. The epidermis has the following layers:
  1. Horny
  2. Grainy
  3. Spiny
  4. Basal
  5. Shiny
5. Vipis cream with boric acid 300.0
6. What factors contribute to the development of pyoderma:
  1. Skin trauma
  2. Overheating
  3. Hypothermia
  4. Insect bites
  5. Change in pH to the alkaline side
7. What theories take place in the pathogenesis of psoriasis?
  1. Hereditary
  2. Neurogenic
  3. Exchange
  4. Infectious - allergic
  5. Endocrine
8. In response to exposure to concentrated sulfuric acid occurs:
  1. Simple contact dermatitis
  2. Allergic contact dermatitis
  3. Toxicoderma
  4. Eczema
  5. Pyoderma
9. What skin diseases have a viral etiology?
  1. Genital warts
  2. Vulgar warts
  3. Genital herpes
  4. Shingles
  5. Molluscum contagiosum

10. Pityriasis versicolor is characterized by:
1. Roseola
  2. Non-inflammatory hyperpigmented spots
  3. Blisters
  4. Pseudo-leucoderm
  5. Hemorrhagic spots

**Ticket number 2**

1. What cells does the basal layer of the epidermis consist of?
  1. Basal epidermal cells
  2. Spiny epidermal cells
  3. Melanocytes
  4. Sertol cells
  5. Merkel's tactile cells
2. What secondary morphological elements are resolved without a trace?
  1. Erosion
  2. Vegetation
  3. Lichenification
  4. Scale
  5. Fissure
3. What dosage form should be prescribed for getting wet on the skin?
  1. Ointment
  2. Lotion
  3. Cream
  4. Aerosol
  5. Paste
4. Acanthosis is an increase in the number of cells:
  1. Spiny layer
  2. Stratum corneum
  3. Only granular layer
  4. All layers of the epidermis
  5. Shiny layer
5. Sip a lotion of boric acid 500 ml
6. Staphyloiderma includes:
  1. Tourniole
  2. Furuncle
  3. Chancriform pyoderma
  4. Vulgar sycosis
  5. Jam
7. What stages are distinguished in the development of psoriasis?
  1. Progressive
  2. Sharp
  3. Stationary
  4. Subacute
  5. Regressive
8. The cause of simple contact dermatitis is:
  1. Alkalis of high concentration
  2. Medicinal substances
  3. Combat poisonous substances
  4. Paints and varnishes
  5. Action of high temperatures
9. The reasons for the reactivation of herpes infection can be:

1. Colds
2. Helminthic invasions
3. Hypothermia
4. Increase in blood pressure
5. Stress
10. What signs are pathognomonic for pityriasis versicolor?
  1. Symptom Nikolsky
  2. Balzer iodine test
  3. Reaction of Jarish - Lukashevich - Herxheimer
  4. Benier's symptom
  5. Symptom Benier – Meshchersky

**Ticket number 3**

1. The skin has the following functions:
  1. Protective
  2. Respiratory
  3. Resorptive
  4. Thermoregulatory
  5. Receptor
2. The composition of the sweat secreted by the merocrine sweat glands includes:
  1. Calcium salts
  2. Water
  3. Uric acid
  4. Carbohydrates
  5. Ammonia
3. What drugs are prescribed for allergic dermatoses?
  1. Suprastin
  2. Avlosulfone
  3. Sodium thiosulfate
  4. Kanamycin
  5. Polcortolone
4. What cells does the basal layer of the epidermis consist of?
  1. Basal epidermal cells
  2. Spiny epidermal cells
  3. Melanocytes
  4. Sertol cells
  5. Merkel's tactile cells
5. Prescribe a paste with antipruritic action 100.0
6. Streptoderma is characterized by:
  1. Extending the process in breadth
  2. Extending the process in depth
  3. Serous - purulent exudate
  4. Tense pustule cover
  5. Flaccid pustule cover
7. What forms of psoriasis are distinguished depending on the size of the papules?
  1. Drop-shaped
  2. Annular
  3. Spot
  4. Diffuse
  5. Plaque
8. Simple contact dermatitis is characterized by:
  1. Sensitization of the body

2. Exposure to an obligate stimulus
3. A common process
4. Localization only at the site of the stimulus
5. Exposure to an optional stimulus
9. List the typical clinical manifestations of blistering lichen simplex:
  1. The presence of itching and burning
  2. Localization around natural holes
  3. Primary morphological element - vesicle
  4. Grouping of rashes
  5. Evolutionary polymorphism
10. What drugs are used for external treatment of pityriasis versicolor:
  1. Salicylic alcohol
  2. Water - soap emulsion of benzyl benzoate
  3. Ointment "Mikospor"
  4. Cream or spray "Lamisil"
  5. Ointment "Clotrimazole"

#### **Ticket number 4**

1. Sebaceous glands are subdivided:
  1. By the type of secretion
  2. By size
  3. By structure
  4. By connection with the hair
  5. By localization
2. What is the difference between a node and a tubercle?
  1. Form
  2. Size
  3. Color
  4. Depth in the skin
  5. The composition of the cell infiltrate
3. The composition of the water-shaken suspension necessarily includes:
  1. Glycerin
  2. Water
  3. Alcohol
  4. Powdery substance
  5. Vegetable oil
4. The skin has the following functions:
  1. Protective
  2. Respiratory
  3. Resorptive
  4. Thermoregulatory
  5. Receptor
5. Sip a lotion of silver nitrate 300 ml
6. Manifestations in streptoderma are:
  1. Acne
  2. Fliktena
  3. Carbuncle
  4. Ecthyma
  5. Papule
7. What papules, depending on the size, can occur in psoriasis?
  1. Miliary
  2. Epidermal

3. Numular
4. Dermal
5. Plaques
8. What allergens can cause eczema?
  1. Medicinal
  2. Food
  3. Industrial
  4. Pollen
  5. Infectious
9. What morphological elements are there with simple blister lichen?
  1. Vesicles
  2. Blisters
  3. Papules
  4. Folliculitis
  5. Ectymes
10. Select the criteria for the diagnosis of pityriasis versicolor:
  1. Clinic of the disease
  2. Bacteriological method
  3. Bacterioscopic method
  4. Serological method
  5. Glow under a Wood lamp

**Ticket number 5**

1. Spongiosis is:
  1. Intercellular edema
  2. Intracellular edema
  3. Break of connections between spiny epidermal cells
  4. Disruption of connections between spiny epidermal cells in desmosomes
  5. Formation of intraepidermal vesicles
2. Which vitamins are fat-soluble:
  1. vit C
  2. vit A
  3. with group B
  4. vit E
  5. vit F
3. What are the scars?
  1. Normotrophic
  2. Vascular
  3. Keloid
  4. Papillary
  5. Atrophic
4. Skin appendages include:
  1. Nails
  2. Skin muscles
  3. Sweat glands
  4. Krause flasks
  5. Sebaceous glands
5. Write out Dorokhov's paste 200.0
6. What morphological elements are found in staphyloiderma:
  1. Impetigo
  2. Fliktena
  3. Node



4. Ecthyma
5. Ostiofolliculitis
7. What are the characteristics of papules in psoriasis?
  1. Rounded
  2. Polygonal
  3. Have peripheral growth
  4. Shine
  5. Covered with silvery white scales
8. Eczema is characterized by:
  1. Monovalent sensitization
  2. Polyvalent sensitization
  3. Allergic reaction of immediate type
  4. Allergic reaction immediately - delayed type
  5. Anaphylaxis
9. What is the average duration of the existence of a rash with simple blistering lichen?
  1. 7 - 9 days
  2. 2 - 4 days
  3. 3 weeks
  4. Month
  5. More than a month
10. Clinical manifestations of foot rubromycosis are:
  1. Hyperkeratosis
  2. Floury peeling
  3. Strengthening the skin pattern
  4. Often "wetting"
  5. The defeat of all nail plates

**Ticket number 6**

1. Papillomatosis is:
  1. Elongation of the papillae of the dermis
  2. Thickening of all layers of the epidermis
  3. Branching of the papillae of the dermis
  4. Excessive mitoses in the basal layer of the epidermis
  5. Raising the epidermis by the papillae of the dermis
2. What are the size of papules?
  1. Miliary
  2. Subepidermal
  3. Lenticular
  4. Intraepidermal
  5. Numular
3. Hyposensitizers are:
  1. Hemodesis
  2. Tocopherol acetate
  3. Calcium gluconate
  4. Essentiale
  5. Sodium thiosulfate
4. Features of the structure of the skin in children are:
  1. Smoothness of the basement membrane
  2. Thin stratum corneum
  3. Increase in the number of mitoses in the basal layer
  4. Greater vascularization
  5. Hydrophilicity of collagen fibers

5. Write out an indifferent powder 250.0
6. Strepto-staphylo-derma includes:
  1. Chancriform pyoderma
  2. Intertriginous streptoderma
  3. Vulgar impetigo
  4. Angular stomatitis
  5. Chronic ulcerative pyoderma
7. List the places of typical localization of rashes in psoriasis:
  1. Torso
  2. Mucous membranes
  3. Extension surfaces of the limbs
  4. Flexion surfaces of the limbs
  5. Hairy part of the head
  8. For allergic contact dermatitis are characteristic:
    1. The presence of sensitization
    2. Spreading of rashes beyond the range of action of the allergen
    3. Itching
    4. Weak polymorphism of lesions
    5. The predominance of rashes on open areas of the skin
9. List the main features of the course of simple blistering lichen:
  1. Chronic recurrent course
  2. Lack of immunity
  3. The appearance of rashes in the same areas
  4. Possibility of acute herpetic stomatitis in children
  5. The provoking role of microtrauma, hypothermia, stress, menstruation
10. What are the clinical forms of rubromycosis?
  1. Chronic generalized
  2. Stop
  3. Large folds
  4. Stop and brushes
  5. Nail plates

**Ticket number 7**

1. Regulation of the secretion of the sebaceous glands is carried out:
  1. Nervous system
  2. Pancreatic hormones
  3. Hormones of the pituitary gland
  4. Thyroid hormones
  5. Adrenal hormones
2. What is the difference between a bubble and a bubble?
  1. Form
  2. Size
  3. Content
  4. Depth of occurrence
  5. Evolution
3. Cytostatics that suppress cell division are:
  1. Mercaptopurine
  2. Cyanocobalamin
  3. Methotrexate
  4. Ascorbic acid
  5. Prospidin

4. Sweat glands perform the following functions:
  1. Excretory
  2. Secretory
  3. Thermoregulatory
  4. Protective
  5. Bactericidal
5. Prescribe Arievich ointment 50.0
  
6. Streptoderma includes:
  1. Erysipelas
  2. Impetigo vulgar
  3. Hydradenitis
  4. Furuncle
  5. Epidemic pemphigus
7. What are the symptoms of psoriasis?
  1. Isomorphic Koebner reaction
  2. Jadasson test
  3. Auspitz symptom
  4. The symptom of "shavings"
  5. Symptom "thimble"
8. Toxicoderma is characterized by the intake of an allergen through:
  1. Airways
  2. Skin
  3. Gastrointestinal tract
  4. Skin appendages
  5. Parenteral
9. List the atypical forms of simple blistering lichen:
  1. Abortive
  2. Hemorrhagic
  3. Zosteriform
  4. Disseminated
  5. Ulcerative
10. Trichomycosis includes:
  1. Trichophytosis
  2. Rubromycosis
  3. Microsporia
  4. Erythrasma
  5. Favus

**Ticket number 8**

1. The epidermis has the following layers:
  1. Horny
  2. Grainy
  3. Spiny
  4. Basal
  5. Shiny
2. The stratum corneum provides resistance:
  1. Mechanical
  2. Antiradiation
  3. Anti-chemical
  4. Tactile resistance
  5. Electrical resistance

3. Specify the mechanism of action of the powder:
  1. Drying action
  2. Cooling effect
  3. Reduces inflammation
  4. Reduces subjective sensations
  5. Prevents maceration
4. The primary morphological elements include:
  1. Papule
  2. Scar
  3. Vesicle
  4. Crack
  5. Blister
5. Write out non-indifferent powder 250.0
  
6. What stages of development of the process are typical for a boil or carbuncle?
  1. Development of infiltration
  2. Growth of infiltration
  3. Suppuration and necrosis
  4. Ulceration
  5. Healing
7. Common clinical manifestations for psoriasis and lichen planus:
  1. Monomorphic papular rash
  2. Frequent damage to the mucous membranes
  3. Isomorphic Koebner reaction
  4. An agonizing itch
  5. Nail damage
8. What complications are possible with eczema?
  1. Streptoderma
  2. Stevens-Jones syndrome
  3. Pyoderma
  4. Pemphigus
  5. Erythroderma
9. List the systemic antiviral drugs:
  1. Acyclovir
  2. Famvir
  3. Valtrex
  4. Virazole
  5. Zovirax
10. At what mycoses is the luminescent glow observed?
  1. Trichophytosis
  2. Microsporia
  3. Favus
  4. Pityriasis versicolor
  5. Candidiasis

**Ticket number 9**

1. Responsible for the temperature sensitivity of the skin:
  1. Merkel cells
  2. Krause flasks
  3. Taurus of Vater - Pacini
  4. Taurus Ruffini
  5. Taurus Meissner

2. Skin atrophy is:
  1. Flattening of the papillary layer
  2. Collagen fibers are thickened
  3. Thinning of the mesh layer
  4. Intercellular edema
  5. Smoothness of the epidermal-dermal border
3. Types of therapy in dermatovenerology:
  1. Etiotropic
  2. Preventive
  3. Pathogenetic
  4. Preventive
  5. Symptomatic
4. What morphological element can appear at the site of a vesicle?
  1. Crust
  2. Crack
  3. Pustule
  4. Scale
  5. Erosion
5. Write out Unna's cream 50.0
6. The clinical symptoms of hydradenitis are:
  1. The process is deep
  2. Apocrine sweat glands are affected
  3. The rash is localized in the perineum and armpits
  4. There are five signs of inflammation
  5. Evolutionary polymorphism from node to scar is characteristic
7. What characterizes lichen planus:
  1. Localization of rashes on the mucous membranes of the oral cavity
  2. Monomorphic papular rash
  3. The duration of the disease is several years
  4. The appearance of rashes at the sites of mechanical injury
  5. Stop
- kaya pigmentation after the disappearance of the rash
8. What clinical symptoms are typical for microbial eczema?
  1. Sensitization by microbial allergens
  2. The presence of pustules
  3. Clear boundaries of lesions
  4. Asymmetric rashes
  5. Swollen lymph nodes
9. What ointments have antiviral effect?
  1. Oxolinic
  2. Helepinic
  3. Bonafton
  4. Gossypol
  5. Gevizosh
10. With superficial trichophytosis, the process does not involve:
  1. Hair
  2. Visible mucous membranes
  3. Nails
  4. Internal organs
  5. Smooth skin

**Ticket number 10**

1. Sebaceous glands are distinguished:
  1. By structure
  2. By size
  3. By the type of secretion
  4. By connection with the hair
  5. By localization
2. When carrying out a differential diagnosis, the following data should be taken into account:
  1. Anamnesis
  2. The clinical picture of the disease
  3. Results of general laboratory research
  4. Results of histology
  5. Results of skin tests
3. What problems should the doctor solve when starting to treat a patient?
  1. Does the patient need treatment or should we limit ourselves to monitoring him?
  2. How does the patient tolerate drugs?
  3. Where will the treatment be carried out (inpatient or outpatient)?
  4. Does the patient need isolation?
  5. How to treat concomitant pathology?
4. What primary morphological elements are resolved without a trace?
  1. Papule
  2. Blister
  3. Vesicle
  4. Bubble
  5. Impetigo
5. Write out a water talker with chloramphenicol 400.0
6. The clinical symptoms of sycosis vulgaris are:
  1. The defeat of the beard and mustache area
  2. Hair loss
  3. Presence of ostiofolliculitis and folliculitis
  4. The appearance of cicatricial atrophy
  5. Regional lymphadenitis
7. What clinical characteristics are typical for lichen planus papules?
  1. Polygonal
  2. With a wax luster
  3. Purple tint
  4. With an umbilical impression
  5. Flat
8. The varieties of microbial eczema include:
  1. Dyshidrotic
  2. Varicose
  3. Herpetiformis
  4. Numular
  5. Horny
9. What virus is the causative agent of shingles?
  1. Herpesvirus varicella zoster
  2. HSV
  3. CMV
  4. HIV
  5. Epstein - Barr
10. Typical characteristics of infiltrative - suppurative trichophytosis:
  1. Resolution with the formation of cicatricial alopecia
  2. The presence of "honeycomb"

3. Melting the hair follicle
4. Free hair removal
5. Presence of follicular infiltrate

**Ticket number 11**

1. Apocrine glands are localized:
  1. In the area of the armpits
  2. On the palms
  3. In the genital area
  4. In the groin folds
  5. In the crotch area
2. In a clinical examination of the skin, the following data are used:
  1. Palpation
  2. Scraping
  3. Diascopy
  4. Dermographism
  5. Studies of the muscle-hair reflex
3. What does the dose of the drug administered to the patient's body depend on?
  1. From the age and weight of the patient
  2. From the method of administration of the drug
  3. From individual sensitivity
  4. From the state of the excretory function of the kidneys and liver
  5. From the nature and severity of the disease
4. What primary morphological elements are resolved with scar formation?
  1. Tubercle
  2. Papule
  3. Node
  4. Bubble
  5. Ektim
5. Prescribe an external therapy for oozing in the amount of 300.0
6. The clinical symptoms of streptococcal seizure are:
  1. Mostly children are sick
  2. Rashes are localized in the corners of the mouth
  3. The process can be asymmetric
  4. Morphological element - conflict
  5. The disease is contagious
7. List the places of the favorite localization of rashes with lichen planus:
  1. Hairy part of the head
  2. The front surface of the legs
  3. Elbows and knees
  4. Flexion surface of the forearms
  5. Palms and soles
8. The varieties of true eczema include:
  1. Dyshidrotic
  2. Sycosiform
  3. Horny
  4. Paratraumatic
  5. Pruriginous
9. List the main clinical characteristics of herpes zoster:
  1. Incubation period up to 2 weeks
  2. Leaves strong immunity

3. Severe soreness
4. Localization along the nerves
5. Evolutionary polymorphism of lesions
10. What are the clinical forms of the favus of the scalp?
  1. Squamous
  2. Urticarial
  3. Impetiginous
  4. Atrophic
  5. Scutular

**Ticket number 12**

1. Apocrine sweat glands are characterized by the type of secretion:
  1. With partial destruction of secretory cells
  2. Without destruction of secretory cells
  3. With complete destruction of secretory cells
  4. With the destruction of secretory and contractile cells
  5. Merocrine type of secretion
2. When examining healthy skin areas, consider:
  1. Skin color
  2. Turgor
  3. Sweat and lard compartment
  4. Condition of skin appendages
  5. Condition of subcutaneous fatty tissue

and
3. What are the doses of drugs. drugs should be indicated to the patient when prescribing treatment?
  1. One-time
  2. Minimum
  3. Daily
  4. Maximum
  5. Coursework
4. What morphological elements are pustules?
  1. Impetigo
  2. Fliktena
  3. Ecthyma
  4. Rupee
  5. Folliculitis
5. Write out zinc oil 400.0.
6. If you suspect pyoderma chancriform, the following studies should be carried out:
  1. Microsporia of serum from the surface of the ulcer to pale treponema
  2. RMP
  3. Wasserman reaction
  4. RIBT
  5. RIF
7. Typical characteristics of psoriasis eruptions?
  1. Oval shape of spots
  2. The presence of a "maternal plaque"
  3. Yellow tint of rashes
  4. Location along the lines of skin tension
  5. Slight sinking in the center
8. For the treatment of allergic dermatitis use:



1. Antihistamines
2. Photosensitizers
3. Hyposensitizing agents
4. Antimalarial drugs
5. Corticosteroid ointments
9. Comprehensive treatment for shingles includes:
  1. Antiviral drugs
  2. Vitamins
  3. Analgesics
  4. Drugs that improve microcirculation
  5. Physiotherapy methods
10. Under what fungal diseases are internal organs involved in the process?
  1. Trichophytosis
  2. Favus
  3. Nodular trichosporia
  4. Candidiasis
  5. Microsporia

**Ticket number 13**

1. Sebaceous glands:
  1. Open into the hair follicle
  2. Open to the surface of the skin
  3. Regulated by the sex glands
  4. Have an alveolar structure
  5. Have a holocrine type of secretion
2. When characterizing the primary morphological elements, one should take into account:
  1. The size of the elements
  2. Outlines and shape
  3. Color
  4. Consistency
  5. Element surface
3. What is the role of maintenance dose of drugs?
  1. Appointed for prophylactic purposes
  2. Strengthens the achieved treatment effect
  3. It is prescribed as the main method of therapy
  4. Appointed at the final stage of therapy
  5. Appointed as a preparatory stage
4. What secondary elements arise at the site of a deep pustule?
  1. Ulcer
  2. Scale
  3. Crust
  4. Lichenification
  5. Scar
5. Write out a lotion of manganese 600 ml.
6. With chancriform pyoderma, regional lymph nodes:
  1. Not increased
  2. Increased
  3. Soft
  4. Tightly elastic
  5. Fluctuate

7. What is the duration of the eruption period with pink lichen?
  1. 6 - 8 weeks
  2. 1 - 2 weeks
  3. 3 - 4 weeks
  4. More than 2 months
  5. More than 3 months
8. What ointments contain corticosteroids?
  1. Flucinar
  2. Lorinden A
  3. Fluorocort
  4. Sinaflan
  5. Celestoderm
9. With what diseases are carried out diff. shingles diagnosis:
  1. Allergic dermatitis
  2. Mug
  3. Erythema multiforme exudative
  4. Bullous dermatitis
  5. Simple blister deprivation
10. List the factors contributing to the occurrence of candidiasis?
  1. Diabetes mellitus
  2. Taking antibiotics
  3. Taking systemic corticosteroids
  4. Use of hormonal contraceptives
  5. Change in skin pH

**Ticket number 14**

1. The epidermis provides the following types of resistance:
  1. Anti-chemical
  2. Antiradiation
  3. Electrical resistance
  4. Antimicrobial
  5. Mechanical
2. For apocrine sweat glands, the type of secretion is characteristic:
  1. With partial destruction of secretory cells
  2. Without destruction of secretory cells
  3. With complete destruction of secretory cells
  4. With the destruction of secretory and contractile cells
  5. Merocrine type of secretion
3. What antihistamines are H1 receptor blockers?
  1. Tavegil
  2. Loratadine
  3. Claritin
  4. Diphenhydramine
  5. Telfast
4. Hyperkeratosis is:
  1. Thickening of the stratum corneum of the epidermis
  2. Thickening of the granular layer of the epidermis
  3. Elongation of the papillae of the dermis
  4. Reproduction of cells of the spiny layer
  5. The appearance of mitosis in the basal layer
5. Write out salicylic keratolytic ointment 250.0.

6. In case of recurrent hydradenitis in the infiltration stage, the following should be prescribed:
  1. Antibiotics
  2. UHF
  3. UFO
  4. Specific immunotherapy
  5. Pure ichthyol
7. What groups of drugs are used in the treatment of psoriasis?
  1. Vitamins
  2. Absorbent products
  3. Immunomodulators
  4. Cytostatics
  5. Means that improve microcirculation
8. For the treatment of toxicoderma use:
  1. Infusion therapy
  2. Antibiotics
  3. Glucocorticoids
  4. Sulfonamides
  5. Diuretics
9. List the clinical types of warts:
  1. Vulgar
  2. Flat
  3. Plantar
  4. Filiform
  5. Genital warts
10. What antifungal ointments contain corticosteroids?
  1. Triderm
  2. Levorinova
  3. Mycozalone
  4. Nystatin
  5. Pimafukort

### **Ticket number 15**

1. With aging of the skin, the following are observed:
  1. Change in biochemical composition
  2. Decreased activity of skin enzymes
  3. Dilation of dermis vessels
  4. Increased content of calcium and potassium salts in the skin
  5. Reducing the amount of elastin
2. Apocrine glands are localized:
  1. In the area of the armpits
  2. On the palms
  3. In the genital area
  4. In the groin folds
  5. In the crotch area
3. Glucocorticosteroids have a pronounced effect:
  1. Anti-inflammatory
  2. Antiallergic
  3. Antipruritic
  4. Antiproliferative

## 5. Immunosuppressive

### 4. Granulosis is:

1. Thickening of the granular layer of the epidermis
2. Thickening of the stratum corneum of the epidermis
3. Breaking the bonds between the cells of the thorny layer of the epidermis
4. The appearance of vacuoles in basal epidermal cells
5. Thickening of the thorny layer of the epidermis
5. Write out sulfuric keratoplastic ointment 90.0.
6. What pyoderma does not require the appointment of systemic antibiotics ?:
  1. Streptococcal impetigo
  2. Jam
  3. Tourniole
  4. Streptococcal diaper rash
  5. Simple white lichen

### 7. In the external therapy of psoriasis use:

1. Salicylic ointment
2. Ointment "Radevit"
3. Naftalan paste
4. Corticosteroid ointments
5. Psorkutan
8. With weeping eczema, apply externally:

1. Lotions
2. Shaken suspensions
3. Ointment
4. Paste
5. Cream

### 9. What is the primary morphological element typical for warts?

1. Papule
2. Tubercle
3. Blister
4. Node
5. Vesicle

### 10. What dosage forms have antifungal effect?

1. Alcohol solution of iodine
2. Brilliant green
3. Castellani liquid
4. Decoction of chamomile
5. Clotrimazole

## Questions for the module "Venerology"

Ticket number 1

1. What types of movements does treponema pale?

1. Translational
2. Rotational
3. Flexor
4. Contractual
5. Pendulum

2. What clinical manifestations are typical for the primary period of syphilis?

1. Specific angina
2. Hard chancre
3. Roseola rash
4. Regional lymphadenitis
5. Wide condylomas

3. List the clinical characteristics typical for syphilides of the secondary period of syphilis:

1. Lack of subjective feelings
2. The good quality of the course
3. Rounded outlines
4. Lack of peripheral growth
5. Copper red, stagnant shade

4. What are the stages of the tertiary period of syphilis?

1. Tuberos
2. Complicated
3. Gummy
4. Serpiginous
5. Hidden

5. What forms of congenital syphilis are distinguished?

1. Syphilis of the fetus
2. Syphilis of infancy
3. Syphilis of early childhood
4. Late congenital syphilis
5. Latent congenital syphilis

6. What research is carried out with infertility and the absence of gonococci in the smear?

1. Depletion of prostate juice
2. Bacteriological
3. Ureteroscopy
4. Palpation of the prostate
5. Spermogram

7. The epithelium of which organs can infect chlamydia?

1. Urethra
2. Cervical canal
3. Rectum
4. Eye

## 5. Paraurethral passages

Ticket number 2

1. List the options for direct infection with syphilis:
  1. Sexual
  2. Professional
  3. Transplacental
  4. Transfusion
  5. Sexual perversions (perversions)
  
2. List the clinical characteristics typical of a hard chancre?
  1. Round shape
  2. Lacquered bottom
  3. Lack of pain
  4. Infiltration at the base
  5. Absence of inflammation in the periphery
  
3. What syphilis are found in secondary syphilis?
  1. Spotted
  2. Tuberos
  3. Papular
  4. Urticarial
  5. Pustular
  
4. Clinical features of syphilides of the tertiary period of syphilis:
  1. Low contagiousness
  2. Destructive character
  3. Insufficient, asymmetrical
  4. Are painless
  5. Appear suddenly
  
5. What organs are involved in the process in congenital syphilis of infancy?
  1. Leather
  2. Nervous system
  3. Mucous membranes
  4. Internal organs
  5. Bones
  
6. List the ways of spreading gonococcal infection in the body?
  1. Along the mucous membrane
  2. Along the nerve fibers
  3. Lymphogenous
  4. From deep within tissues
  5. Hematogenous
  
7. What is the medical and social significance of chlamydia?
  1. Leads to infertility
  2. Is the cause of miscarriage
  3. Causes pelvic inflammatory disease
  4. Leads to infection of newborns
  5. Leads to a decrease in the working capacity of the population

Ticket number 3

1. What reasons contribute to the lengthening of the incubation period of syphilis?

1. Taking antibiotics
2. Stress
3. Taking antispasmodics
4. Alcoholism, drug addiction, substance abuse
5. Excess food

2. What morphological element is the hard chancre represented by?

1. Spot
2. Erosia
3. Papule
4. Ulcer
5. Ectima

3. What syphilis is indirect evidence of damage to the nervous system?

1. Leucoderma
2. Alopecia
3. Wide condylomas
4. Ecthyma
5. Rupee

4. What are the varieties of lumpy syphilis?

1. Grouped
2. Mosaic
3. Dwarf
4. Star-shaped
5. Serpiginous

5. What clinical manifestations are typical for congenital syphilis of infancy?

1. Syphilitic pemphigus
2. Parenchymal keratitis
3. Diffuse papular Hochsinger infiltration
4. Hutchinson's triad
5. Osteochondritis

6. What clinical symptoms are typical for acute anterior urethritis?

1. Pain and cramps when urinating
2. Urine cloudy in two portions
3. Hyperemia and edema of the urethral sponges
4. White, tiny coating on the glans penis
5. Abundant purulent discharge from the urethra

7. What methods of laboratory diagnostics confirm the diagnosis of chlamydia?

1. Immunofluorescent
2. Immunoassay
3. PCR,
4. LCR
5. Cultural

Ticket number 4

1. What are the reasons for the shortening of the incubation period?

1. Multiple entrance gates of infection
2. Photosensitivity
3. Tuberculosis, alcoholism
4. Stress
5. Reinfection

2. What is the name of the hard chancre, depending on the size?

1. Giant
2. Serpiginous
3. Dwarf
4. Billion
5. With pinky fingernail

3. What are the characteristics of a typical syphilitic roseola?

1. Round shape
2. Pink color
3. Focal location
4. Absence of flaking
5. Disappears when pressed

4. Typical characteristics of serpiginous tubercle syphili  
Yes?

1. Large lesions
2. The presence of large tubercles on one "active" edge
3. Lack of areas of healthy skin
4. Formation of a mosaic scar
5. The presence of focal scars around the main focus - "mainland" and "archipelago"

5. The clinical characteristics of pemphigus syphilitic are:

1. Localization of blisters on the palms and soles
2. Localization of blisters on the oral mucosa
3. Evolutionary polymorphism of lesions
4. Severe general condition
5. The abundance of pale trepan in the blisters

6. Clinical symptoms of acute total urethritis?

1. Urgent urge to urinate
2. Terminal pain
3. Terminal hematuria
4. Excretion of urine in small portions
5. Abundant purulent discharge from the urethra

7. What is the clinical spectrum of chlamydia in newborns?

1. Ophthalmia
2. Pneumonia
3. Otitis
4. Pharyngitis
5. Urethritis

Ticket number 5

1. Material for research on treponema pale are:

1. Detachable chancre



2. Blood
3. Puncture of the lymph node
4. Mother's milk
5. Detachable erosive papules

2. What are the names of hard chancres, depending on the location?

1. Bipolar
2. Focal
3. Genital
4. Disseminated
5. Extragenital

3. List the clinical varieties of syphilitic roseola:

1. Roseola towering
2. Roseola granular
3. Roseola follicular
4. Roseola urticaria
5. Roseola drain

4. What symptoms are typical for lumpy syphilis?

1. Probe
2. Apple jelly
3. Gorchakova
4. Benier-Meshchersky
5. Nikolsky

5. What lesions of the mucous membrane are typical for congenital syphilis of infancy?

1. Syphilitic rhinitis
2. Laryngeal stenosis
3. Syphilitic angina
4. Hoarseness of voice
5. Papular rash in the mouth

6. What clinical symptoms are typical for chronic gonorrheal urethritis?

1. Bonding of the urethral lips after a night's sleep
2. Disease duration more than 2 months
3. Increased discharge during exercise
4. Weakening of erection
5. Decreased libido

7. What factors predispose to the development of bacterial vaginosis?

1. Change in hormonal status
2. Frequency of change of sexual partners
3. Use of intrauterine contraceptives
4. Taking antibiotics
5. Violation of intestinal microbiocenosis

Ticket number 6

1. What reactions are used to diagnose syphilis?

1. MCI
2. RSK
3. ELISA

4. RPGA

5. RIF

2. At what localization of the hard chancre is its soreness noted?

1. In the area of the bridle
2. On the cervix
3. Around the external opening of the urethra
4. On the pubis
5. In the anus

3. Differences between pityriasis lichen spots and syphilitic roseola:

1. Hyperpigmented
2. Are located perifollicularly
3. Iodine test is positive
4. Covered with scales
5. Have peripheral growth

4. What morphological element is gum?

1. Node
2. Papule
3. Tubercle
4. Ecthyma
5. Rupee

5. Syphilitic osteochondritis is characterized by:

1. Damage to the tubular bones
2. The defeat of flat bones
3. Defeat of the metaphysis
4. The defeat of the pineal gland
5. Appearance in the first 3 months of life

6. List the complications of anterior gonorrheal urethritis:

1. Tizonitis
2. Vesiculitis
3. Morgagnite
4. Prostatitis
5. Balanoposthitis

7. What methods of laboratory diagnostics can confirm urogenital trichomoniasis?

1. RIF
2. RIBT
3. Cultural
4. RPGA
5. Microscopy of the native preparation

Ticket number 7

1. What sizes are characteristic of pale treponema:

1. 7-9  $\mu\text{m}$
2. 15-20 microns
3. 20-25  $\mu\text{m}$
4. 25-30 microns
5. 30-35 microns

2. Note the rare varieties of hard chancre:

1. Herpetic
2. Chancre without edges
3. Slit
4. Hypertrophic
5. Crusty

3. What are the types of papular syphilis in size?

1. Lenticular
2. Seborrheic
3. Numular
4. Cockade
5. Billion

4. List the clinical varieties of gummy syphilide varieties:

1. Solitary gum
2. Serpensing gum
3. Gummy infiltrates
4. Grouped gummas
5. Fibrous gum

5. What pathology of the nervous system is typical for syphilis in infancy?

1. Meningitis
2. Radiculitis
3. Meningoencephalitis
4. Radiculoneuritis
5. Hydrocephalus

6. List the complications of posterior urethritis:

1. Orchoepididymitis
2. Paraurethritis
3. Prostatitis
4. Littreite
5. Cystitis

7. What morphological structures allow the *Trichomonas vaginalis* to move actively?

1. Blepharoplast
2. Undulating membrane
3. Paracostal granules
4. Flagella
5. Axostile

Ticket number 8

1. Specify the duration of the incubation period for syphilis:

1. 3-4 weeks
2. 1 week
3. 2 weeks
4. 5 weeks
5. 6 weeks

2. How do lymph nodes change during the primary period of syphilis?

1. Increased
2. Plo tnoelastic consistency
3. Are painless
4. Not soldered to each other or to the skin
5. The skin above them is not changed

3. What clinical characteristics are typical for broad kandilom?

1. Are papules
2. Have vegetation on the surface
3. Often eroded
4. Strongly contagious
5. Localized around the anus

4. What are the ways to resolve syphilitic gumma?

1. Sclerosis
2. Petrification
3. Cicatricial atrophy
4. Ulceration
5. Scarring

5. What internal organs are involved in the process of syphilis in infancy?

1. Liver
2. Spleen
3. Kidneys
4. Lungs
5. Testicles

6. List the types of known provocations:

1. Mechanical
2. Chemical
3. Immunobiological
4. Physiotherapy
5. Alimentary

7. What clinical manifestations of urogenital trichomoniasis are most typical for a woman?

1. Itching and burning in the vagina
2. Abundant foamy discharge
3. Hyperemia and bleeding of the vaginal mucosa
4. Erosion of the cervix
5. Urethritis

Ticket number 9

1. Specify drugs that have a detrimental effect on treponema pale:

1. A solution of mercury dichloride
2. Isotonic sodium chloride solution
3. 70% ethyl alcohol
4. Distilled water
5. Chlorhexidine, Miramistin

2. List the atypical forms of primary syphiloma:

1. Chankr-panaritium

2. Chancre without edges
3. Chancre amygdalitis
4. Shankra prints
5. Inductive edema

3. List the types of pustular syphilis:

1. Acne-like
2. Smallpox
3. Impetiginous
4. Ecthyma
5. Rupee

4. Syphilitic gumma differs from a boil in the absence of:

1. Soreness
2. Ulceration
3. Acute inflammatory reaction
4. Dense infiltration
5. Abundant purulent discharge

5. Significant signs of late congenital syphilis:

1. Labyrinth deafness
2. Saber shins
3. Parenchymal keratitis
4. Olympic forehead
5. Hutchinson's teeth

6. Drug for the prevention of blennorrhoea in newborns:

1. Penicillin
2. Albucid
3. Rivanol
4. Sulfacyl sodium
5. Resorcinol

7. What complications are most common in men suffering from urogenital trichomoniasis?

1. Prostatitis
2. Vesiculitis
3. Cooperite
4. Epididymitis
5. Balanoposthitis

Ticket number 10

1. Year of discovery of pale treponema:

1. 1905
2. 1910
3. 1915
4. 1920
5. 1925

2. List the complications of primary syphiloma:

1. Phimosis
2. Vulvovaginitis
3. Paraphimosis

4. Gangrene
5. Phagedenism

3. What are the varieties of syphilitic leukoderma:

1. Spotted
2. Focal
3. Mesh
4. Diffuse
5. Marble

4. List the complications of syphilitic gum:

1. Perforation
2. Bleeding
3. Mutilation
4. Irradiation
5. Elephantiasis

5. What symptoms indicate the presence of parenchymal keratitis in a child?

1. Neoplasm of blood vessels in the cornea
2. Lachrymation
3. Photophobia
4. Blepharospasm
5. Corneal opacity

6. What antibiotics are used to treat gonorrhoea?

1. Ofloxacin
2. Metronidazole
3. Azithromycin
4. Streptomycin
5. Ceftriaxone

7. What specific drugs are used to treat urogenital trichomoniasis?

1. Metronidazole
2. Nizoral
3. Ornidazole
4. Diflucan
5. Trichopolis

Ticket number 11

1. What types of immunity are observed in syphilis:

1. Infectious
2. Non-sterile
3. Local
4. Cellular
5. Humoral

2. What clinical characteristics are typical for inductive edema?

1. Absence of skin defect
2. Localization in the genital area
3. Painlessness
4. Increase in organ by 2-4 times
5. Absence of a dimple when pressed

3. What are the types of syphilitic alopecia?
  1. Small focal
  2. Total
  3. Diffuse
  4. Spotted
  5. Mixed
  
4. What scar is formed at the place of gum?
  1. Star-shaped
  2. Mosaic
  3. Bridge-like
  4. Keloid
  5. Stamped
  
5. List the symptoms characteristic of labyrinthine deafness:
  1. Violation of bone conduction
  2. Violation of air conductivity
  3. Hearing loss
  4. Violation of gait
  5. Tinnitus
  
6. What antibiotic should be chosen in the treatment of mixed gonorrheal-Trichomonas infection:
  1. Penicillin
  2. Azithromycin
  3. Streptomycin
  4. Doxycycline
  5. Spectinomycin
  
7. What are the most common complaints of women with bacterial vaginosis?
  1. Violation of the menstrual cycle
  2. "Cheese" discharge
  3. Soreness during intercourse
  4. Pain and cramps when urinating
  5. Specific fishy smell

Ticket number 12

1. What forms of survival are characteristic of treponema pale?
  1. Cysts
  2. Dispute s
  3. L-shapes
  4. Capsules
  5. Polymembrane phagosomes
  
2. What laboratory diagnostic methods can confirm the diagnosis of primary syphilis?
  1. MCI
  2. Bacteriological
  3. DAC
  4. Microscopy of the preparation stained by Gram
  5. Dark field microscopy
  
3. At what localization of papules is the hoarseness observed?

1. On the vocal cords
  2. On the lips
  3. In the language
  4. On the tonsils
  5. On the gums
4. What organs and systems can be involved in the process of tertiary syphilis?
    1. Leather
    2. Mucous membranes
    3. Cardiovascular system
    4. Liver
    5. Musculoskeletal system
  5. What morphological changes are typical for Hutchinson's teeth?
    1. The defeat of the upper central incisors
    2. Formation on the chewing surface of a lunar tenderloin
    3. Screwdriver shape
    4. The width of the cutting surface is not less than 2 mm less than the neck of the tooth
    5. Absence of enamel on the cutting surface
  6. What antibiotics are categorically contraindicated in pregnant women with gonorrhea?
    1. Aminoglycosides
    2. Macrolides
    3. Fluoroquinolones
    4. Cefalosporins
    5. Tetracyclines
  7. What drugs are used to treat bacterial vaginosis?
    1. Metronidazole
    2. Azithromycin
    3. Clindomycin
    4. Nizoral
    5. Ornidazole

Ticket number 13

1. Methods for detecting treponema pale:
  1. Coloring by Gram
  2. In a dark field
  3. Romanovsky-Giemsa staining
  4. Silvering method
  5. Ziehl-Neelsen staining
2. Specify the characteristic symptoms of paraitium chancre:
  1. Absence of acute inflammatory erythema
  2. Clavate swelling
  3. The presence of dense infiltration
  4. Soreness
  5. Regional lymphadenitis
3. Based on what data is the diagnosis of secondary syphilis?
  1. Epidemiological history
  2. Positive DAC



3. Clinical picture
  4. The presence of pale treponema in the discharge of syphilides
  5. Positive dynamics of syphilides with specific therapy
4. What laboratory diagnostic methods are used to confirm the diagnosis of tertiary syphilis?
    1. RIF
    2. Dark field microscopy
    3. DAC
    4. Bacteriological
    5. RIBT
  5. What symptoms are considered probable signs of late congenital syphilis?
    1. Robinson-Fournier scars
    2. A symptom of the Ausidite
    3. Saber shins
    4. Axiphoidia
    5. Saddle "goat" nose
  6. With gonorrhea in girls, the inflammatory process is often involved:
    1. Rectum
    2. Cervical canal
    3. Urethra
    4. Urethra and bladder
    5. Skin of the perineum
  7. Most often, newborns infected with chlamydia develop:
    1. Conjunctivitis
    2. Rhinitis
    3. Vulvovaginitis
    4. Pneumonia
    5. Nasopharyngitis

Ticket number 14

1. Superinfection is characterized by:
  1. Return of the disease
  2. Layering the infection on the existing one in the body
  3. Extension of the manifestation period
  4. The appearance of fresh rashes characteristic of the current form of syphilis
  5. Negative serological reactions
2. What clinical symptoms are typical for chancre amygdalitis?
  1. One-way process
  2. Dense consistency of the infiltrate
  3. Absence of a defect on the surface of the tonsil
  4. Absence of spilled hyperemia
  5. Enlargement of the submandibular and cervical lymph nodes
3. What syphilides are found on the oral mucosa.
  1. Spotted
  2. Pigmented
  3. Papular
  4. Acne-like

5. Erosive

4. Indicate the places of the favorite localization of tubercles on the oral mucosa:

1. Solid sky
2. The mucous membrane of the cheeks
3. Soft palate
4. Lip mucosa
5. Palatine curtain

5. What stigmas are most common in late congenital syphilis?

1. Gothic sky
2. Axiphoidia
3. Carabelli tubercle
4. Diastema Gachet
5. Hypertrichosis

6. Are girls prescribed for the treatment of acute and subacute gonorrhoea?

1. Penicillins
2. Tetracyclines
3. Diet with restriction of salt, hot seasonings, spices
4. Vitamin therapy
5. Douching the vagina with Protargol solution

7. The clinic of acute urogenital trichomoniasis in girls is characterized by:

1. Hyperemia of the external genital organs
2. Discharge of a purulent liquid foamy character
3. Complaints of itching, burning
4. Damage to the vagina
5. Frequent involvement of the urethra in the process

Ticket number 15

1. What characteristics are typical for *Treponema pallidum*?

1. Spiral shape
2. Uneven curl width
3. Uniform rounding of curls
4. Sharpening curls
5. The number of turns of the spiral 8-12

2. After what period of time from the moment of infection does the primary period of syphilis develop?

1. After 3-4 weeks
2. After 5-6 weeks
3. After 1.5 months
4. After 2 months
5. After 3 months

3. After what period of time from the moment of infection develops secondary period of syphilis?

1. A month later
2. After 2 months
3. After 6 months
4. After 2.5 months

5. A year later
4. What are the causes of the tertiary period of syphilis?
  1. Alcoholism, old age
  2. Intoxication, childhood
  3. Inadequate specific therapy
  4. Late accessibility
  5. Weakened body reactivity
5. How is congenital syphilis transmitted to the fetus?
  1. Transplacental
  2. Through an infected sperm
  3. When passing through the birth canal
  4. Transovarian
  5. Through infected amniotic fluid
6. What are the ways of infection with gonococci?
  1. Sexual
  2. Sexual perversions (perversions)
  3. Through toilet items, linen
  4. When passing through the birth canal
  5. Skidding with hands in eyes, mouth, nose
7. What urethritis are "conditionally" venereal?
  1. Chlamydial
  2. Candidal
  3. Trichomonas
  4. Gardnerella
  5. Mycoplasma

## Questions for credit in the discipline "Dermatovenerology"

1. Drawing up a plan for the examination of a dermatological patient.
2. Method of direct immunofluorescence (PIF).
3. Write out a prescription for keratolytic ointment.
4. Technique for the use of external medicines.
5. Technique of diascopy (vitropression).
6. Write out a recipe for oil talkers.
7. Revealing the symptom of "apple jelly".
8. Methods of shoe disinfection.
9. Write a recipe for 33% sulfuric ointment
10. Analysis, evaluation of clinical, immunological and biochemical studies.
11. Definition of the "symptom of the probe" Pospelov.
12. Write a recipe for Unna's cream
13. Examination of scrapings of scales, hair, smooth skin and nails for pathogenic fungi.
14. Cryotherapy with liquid nitrogen.
15. Write out a recipe for zinc paste.
16. Method for determining dermographism.
17. Balzer's iodine test.
18. Write a prescription for ceftriaxone.
19. Methodology for determining the properties of the primary elements of the rash.
20. Determination of Benier-Meshchersky's symptom.
21. Drug therapy for anaphylactic shock.
22. Principles and means of external treatment of dermatoses.
23. Methods for determining the phenomenon of Benier.
24. Methods of provocation when testing for gonorrhea.
25. Examination of the patient under Wood's lamp.
26. Principles and methods of general treatment of dermatoses.
27. Prescribe a solution of silver nitrate for instillation of the urethra.
27. Identification of Nikolsky's symptoms.
28. Principles of modern therapy for syphilis.
29. Write out 10% synthomycin liniment.
30. Revealing the isomorphic Kebner reaction.
31. Handling of hands and instruments when working in the venereal department.
32. Write a prescription for an antiparasitic ointment.
33. Definition of the phenomena of Asbo-Hansen and Sheklakov's "pear".
34. Definitions of the "cure criterion" of a patient with syphilis.
35. Write out a recipe for boron lotion.
36. Methods for detecting the phenomena of "apple jelly" and "probe failure".
37. Determination of the "cure criterion" of a patient with gonorrhea.
38. Write a recipe for water talker.
39. Research technique for Tzank acantholytic cells.
40. Spa treatment and physiotherapy for skin diseases.
41. Prescribe antiviral ointment.
42. Research methods for scabies mites.
43. The method of polymerase chain reaction (PCR) in dermatovenerology.
44. Write a prescription for injections of methotrexate.
45. Drawing up a treatment plan for a patient with skin disease.
46. Sampling of material for the study of treponema pallidum in the "dark field".
47. Write a recipe for 5% chloramphenicol paste.
48. Principles of external therapy for dermatoses.

49. Methodology of sampling material from men, women and girls for research on gonorrhoea.
50. Write out a prescription for keratolytic ointment.
51. Definition of the psoriatic triad of phenomena.
52. Principles of external therapy for pyoderma.
52. Write a prescription for antimycotic ointment.
53. Methods for describing the dermatological status.
54. Method of 2-moment drug administration.
55. Write a prescription for fluconazole.

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**Situational Task №. 1**

A student was admitted to the surgical department of the hospital with complaints of rashes of the skin of the back of the head, accompanied by a feeling of pain, fever, headache and general malaise.

Objectively: on the skin of the back of the neck there is a sharply painful infiltrate the size of a child's palm. The skin of the lesion is colored purple-red, against the background of extensive necrosis it has several fistulas, from which thick pus with a bloody mixture stands out. Through the fistula holes, deeply embedded necrotic masses of green color are visible. A blood test revealed leukocytosis, accelerated ESR and a stab shift to the left.

I. What disease:

1. Vulgar sycosis
2. Bullous impetigo
3. Ecthyma vulgaris
4. Lupus vulgaris
5. Carbuncle

II. Necessary treatment:

1. Local treatment only
2. Antibiotic therapy
3. Surgical treatment with antibiotic therapy
4. UHF therapy and 2% lincomycin ointment
5. Oral corticosteroid therapy

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**Situational Task №. 2**

The patient is 44 years old. For the first time she fell ill 15 years ago, when rashes with white scales began to appear on the skin in the elbow and knee joints. Rashes every year more and more spread throughout the body, and exacerbations were noted regardless of the time of year. She was treated on an outpatient basis, the effect is temporary.

Objectively: на коже всего тела имеются воспалительного характера папулёзные высыпания размером с чечевицу, часть из которых сплошь покрыта серебристо-белыми чешуйками, легко снимаемыми при поскабливании.

I.       Diagnosis:

1. Seborrheic dermatitis
2. Lichen planus
3. Widespread psoriasis
4. Pink lichen
5. Teardrop parapsoriasis

II.       Necessary treatment:

1. Specific
2. Pathogenetic
3. Vitamin therapy
4. Hyposensitizing
5. Antihistamine

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**Situational Task №. 3**

A mother with a child of 8 months turned to a dermatologist, who has itchy skin and anxiety, especially at night.

Objectively: in a child on the skin of the entire body, including on the skin of the face, soles and palms, excoriations and paired papulo-vesicular rashes are scattered.

**I. Presumptive diagnosis:**

1. Prurigo
2. Scabies
3. Pediculosis
4. Diffuse neurodermatitis
5. Microbial eczema

**II. Treatment:**

1. Ung. Sulfurati 10 и 33% (5 дней)
2. Ung. Prednisoloni 0,5%
3. Ung. Benzil-benzoati (3 дня)
4. Ung. Zinzi 10%
5. Indifferent powder with zinc oxide



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**Situational Task №. 4**

In a patient of 40 years in the region of the lower third of the right lower leg, the skin is erythematously changed, covered with many superficial pustules, small vesicles with serous fluid and papules, places of erosion with islands of weeping. In the center of the lesion are purulent crusts. The boundaries of the defeat are clear.

Subjectively - itching.

**I. Diagnosis:**

1. Exudative localized lower leg psoriasis
2. Streptococcal impetigo
3. Seborrheic pemphigus Senir - Ashera
4. Microbial eczema in the acute stage
5. Kaposi's eczema

**II. Necessary treatment:**

1. Sulfonic drugs
2. Antihistamines
3. Broad-spectrum antibiotics
4. Hyposensitizing drugs
5. Cryodestruction

**III. What antibiotic is advisable to prescribe:**

1. Sodium salt of benzylpenicillin
2. Levorin, nystatin or diflucan
3. Lamisil or Nizoral
4. According to the results of the antibioticogram
5. Streptomycin, Kanamycin

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**Situational Task №. 5**

A 11-year-old girl turned to the reception with complaints of itching of the skin of the whole body, periodic exacerbations in the form of redness and the appearance of abundant rashes. Sick since birth. Exacerbations are associated with errors in food. In summer, remission occurs. In the fall or winter, itching begins, usually very severe, paroxysmal, which passes when the skin is combed to blood.

Objectively: the skin of the whole body, especially the trunk and limbs, is dry and moderately hyperemic, flaky, covered with papular elements, scales, crusts and superficial excoriations. On the folds of the limbs - lichenification. Peripheral lymph nodes are moderately enlarged. Dermographism is white.

**I. Diagnosis:**

1. Children's scratching
2. Scabies
3. Chronic eczema
4. Atopic dermatitis (diffuse neurodermatitis)
5. Allergic dermatitis

**II. General treatment is necessary:**

1. Enzyme therapy
2. Antihistamines
3. Rehabilitation of the gastrointestinal tract, elimination of dysbiosis
4. Cephalosporin antibiotics
5. Противогрибковые препараты - ламизил, орунгал

**III. Local treatment:**

1. Antifungal solutions – clotrimazole, nitrofungin
2. Anti-scabies preparations
3. Ointments with vitamins A and D
4. Keratoplastic ointments with 2% salicylic acid or 10% urea
5. Keratolytic agents (Arievich ointment)

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**Situational Task №. 6**

A 7-year-old boy had a spot on his scalp a week ago without subjective sensations.

Objectively: on the skin of the crown there is one focus of a rounded shape measuring 2 cm in diameter. The skin of the lesion is pinkish in color, densely covered with mucous scales, the hair is broken off at a height of 5-6 mm from the surface of the skin. Under fluorescent lighting, the affected hair in the focus gives a silvery-green glow.

**I. Diagnosis:**

1. Microsporia
2. Superficial trichophytosis
3. Psoriasis vulgaris
4. Nested baldness
5. Favus

**II. Diagnostic criteria:**

1. High Hair Breaking
2. Sign of Pincus
3. Glow of affected hair in the rays of Wood's lamp
4. Detection of fungi in scales and affected hair
5. "Crown of Venus "

**III. What antibiotic is prescribed for general therapy:**

1. Orungal
2. Griseofulvin
3. Lamisil, Nizoral
4. Benzylpenicillin
5. Nystatin, Levorin

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**Situational Task №. 7**

A 45-year-old man, a chauffeur. He considers himself sick for about 3 years. Complains of redness of the skin of the nose and cheeks, aggravated in the summer. Itching and pain does not experience.

Objectively: on the skin of the back of the nose with a transition to both cheeks there is a continuous inflammatory plaque with a bluish tint, covered with tightly seated whitish scales. When scraping the scales, the patient experiences a sharp soreness and squints his eyes in response to this. When removing the scales on its reverse surface there are antennae in the form of pinches. In the center of the lesion there are minor islands of cicatricial atrophy, followed by a zone of hyperkeratosis, and along the periphery - redness.

I. Diagnosis:

1. Seborrheic eczema
2. Lupus vulgaris
3. Chronic discoid lupus erythematosus
4. Psoriasis vulgaris
5. Solar dermatitis

II. Clinical and laboratory criteria of the disease:

1. Symptom of "lady's heel"
2. The phenomenon of "point bleeding" during scraping
3. Leukopenia
4. Increased erythrocyte sedimentation rate
5. LE – Cells
6. Benier-Meshchersky symptom

III. In the treatment of the chronic form of the disease, use:

1. Ultra purple irradiation
2. Antimalarial drugs
3. Prednisolone
4. Anti-bits
5. Presocil

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**Situational Task №. 8**

A 40-year-old woman was admitted to the KVD hospital with complaints of rashes and severe pain in the right side. Sick for 5 days.

Objectively: on the move VI и VII intercostals on the erythematous background there are grouped vesicles with serous and serous-hemorrhagic exudate. In some places at the site of the opened bubbles - erosion, crusts. Palpation of skin lesions is very painful.

I. Diagnosis:

1. Simple vesicular lichen
2. Zona
3. Dühring's herpetiform dermatosis
4. Vulgar pemphigus
5. Kaposi's herpetiform eczema

II. Treatment is necessary:

1. Zovirax, virolex, famvir
2. Vitamin therapy
3. Analgesics
4. Photohyposensitizers
5. Bismuth preparations

III. Diagnosis of the disease is helped by:

1. Characteristic clinical picture and anamnesis
2. Histological examination
3. **Detection of the causative agent of the disease bacterioscopically**

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**Situational Task №. 9**

A mother with a child of 9 years old turned to a dermatologist, who every time after eating eggs there are many rashes, similar to nettle burns and accompanied by severe itching. Emerging rashes quickly disappear and others appear to replace them. Sick for the last 3 months. In infancy, he suffered from exudative diathesis.

Objectively: on the skin of the trunk and limbs there are many blisters of various sizes of whitish and red color.

Diagnosis and its rationale? What pathogenetic treatment should be prescribed to the patient?

**I. Diagnosis:**

1. Allergic dermatitis
2. Chronic urticaria
3. Erythema multiforme exudative
4. Pruriginous eczema
5. Пищевая токсикодермия

**II. Treatment:**

1. Calcium Gluconate
2. Suprastin, kestine, zirtec
3. 10% ichthyol paste
4. Gadgets
5. Lasix

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**Situational Task №. 10**

In a girl of 14 years, within 3-4 weeks, a node the size of a walnut, a dense consistency, reddish-brown color was formed on the skin in the right submandibular region. Soon the infiltrate softened and opened with the formation of ulcers and subcutaneous fistulas. The ulcer is superficial, irregularly shaped, with smooth soft, bluish, dug edges.

**I. Diagnosis:**

1. Syphilitic gumma
2. Gummyceous - nodular form of actinomycosis
3. Sealed erythema Bazin
4. Colliquatine tuberculosis (scrofuloderm)
5. Chronic ulcerative pyoderma

**II. Treatment:**

1. Anti-tuberculosis drugs
2. Preparations of Bismuth
3. Salt-free diet and increased protein content in food
4. Ichthyol flatbreads
5. Locally - streptomycin, rifampicin in 70%iger Dimexidlösung

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**Situational Task №. 11**

Patient K., 25 years old, teacher, married, has a child for 2 years. She was involved in the investigation as a contact person for her husband (chauffeur), who is in the dermatovenerologic dispensary hospital for secondary fresh syphilis.

Objectively: 2 painless erosions, inguinal lymphadenitis were found on the labia minora. Microscopic pale spirochetes have been found in erosive papules

I. Diagnose:

1. Primary syphilis
2. Secondary syphilis
3. Latent syphilis
4. Genital herpes
5. Tertiary syphilis

II. Primary syphilis is characterized by:

1. The presence of primary syphiloma
2. Malignant course
3. Regional lymphadenitis
4. Bright shades of rash
5. Polygonal form of efflorescences



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**Situational Task №. 12**

On the cervix, the patient has an oval-shaped low-pain erosion with the correct edges, the size of the little fingernail and with scanty serous discharge. Pale treponemas were found in the detachable erosion. The inguinal and femoral lymph nodes are not enlarged. The skin and other mucous membranes are clean. Classic seroreactions for syphilis are negative.

I. Diagnosis:

1. Soft Shagr
2. Shagriform pyoderma
3. Traumatic erosion
4. Herpetic erosion
5. Primary seronegative syphilis

II. Atypical hard chancres:

1. Indurative edema
2. Balanoposthitis
3. Chancre - panaritium
4. Chancre - amygdalitis
5. Gangrenous chancre

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**Situational Task №. 13**

A patient of 35 years has a pronounced deformation of the face in the form of a saddle-shaped nose. The skin and visible mucous membranes are clean. On examination, standard seroreactions were positive.

I. What specific disease can you think about? Further tactics of the doctor to clarify the diagnosis?

1. Tertiary gummy syphilis
2. Late congenital syphilis
3. Traumatic injury to the nose
4. Scrofuloderm
5. Indurative tuberculosis

II. What does not affect gumma:

1. Shin
2. Hard palate
3. Teeth
4. Throat
5. Nasal septum
6. Tongue

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**Situational Task №. 14**

In a pregnant woman, the third urgent birth ended with the birth of a full-term boy weighing 3.5 kg. On the skin of the soles and palms of the child, single blisters and vesicles with serous exudate and a red corolla around were found. In the mother of the child in the second half of pregnancy, blood for standard seroreactions was not examined.

**I. Diagnosis in a child:**

1. Early congenital infant syphilis
2. Epidemic pemphigus of newborns
3. Vegetative pemphigus
4. Dühring's herpetiform dermatosis
5. Chronic benign haley-Haley family pemphigus

**II. The importance of serological reactions in the clinic:**

1. Diagnosis of visceral and neurosyphilis
2. Public prevention of syphilis
3. Criterion for the effectiveness of the treatment
4. Diagnosis of latent syphilis
5. Prevention of late forms of syphilis
6. Prevention of congenital syphilis

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**Situational Task №. 15**

In a woman L., 32 years old, attracted to the venereological office of the KVD as sexual contact of a patient with secondary syphilis, Gram - negative diplococci - were found in smears from the cervical canal, and the whole complex of seroreactions gave a sharply positive result. Objectively: there are no active manifestations of syphilis, from the cervical canal there is a scanty mucopurulent discharge, the cervix is eroded. A woman leads an immoral lifestyle. The prescription of the disease has not been established.

**I. Diagnosis:**

1. Early latent syphilis
2. Late latent syphilis
3. Fresh gonorrheal endocervicitis
4. Chronic gonorrheal endocervicitis
5. Chronic gonorrheal endometritis

**II. After specific treatment, it is necessary:**

1. Conduct 1 control of the cure of gonorrhea in a woman
2. Conduct 3 checks of the cure of gonorrhea in a woman
3. Keep 0.5 years on clinical and serological control
4. Keep 1-2 years on clinical and serological control
5. Keep 3 years on clinical and serological control

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**Situational Task №. 16**

A man turned to the doctor with complaints of a nodular formation in the upper lip of a red-bluish color up to 1.5 cm in diameter, sharply painful on palpation. Subjectively: throbbing pain in the focus, general weakness, fever up to 38 ° C.

I. Diagnosis:

1. Impetigo
2. Erysipelas Фурункул
3. Carbuncle Сикоз

II. Differential diagnostics:

1. Sycosis
2. Infiltrative-suppurative trichophytosis
3. Angioedema
4. Bullous impetigo
5. Seborrheic dermatitis

III. Лечение:

1. Systemic antibiotics
2. Sulfonamides
3. Ointments with antibiotics
4. Aniline dyes
5. Sulfur-salicylic ointment

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**Situational Task №. 17**

In a child of 5 years in the area of the corners of the mouth, the mucous membrane is macerated, grayish-white in color, cracks, erosion with purulent plaque, crusts of brownish-red color. Complaints of soreness, dryness, a feeling of tightness.

I.      **Diagnosis:**

1. Candida zaeda
2. Streptococcal zaeda
3. Herpes
4. Microsporia
5. Trichophytosis

II.     **Differential diagnosis:**

1.      Candida zaeda
2.      Streptococcal zaeda
3.      Herpes
4.      Microsporia
5.      Trichophytosis

III.    **Treatment:**

1. Acyclovir orally
2. Acyclovir ointment
3. Aniline dyes
4. Erythromycin ointment
5. Prednisolone ointment

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**Situational Task №. 18**

In a newborn in a maternity hospital, blisters appeared on the skin filled with a clear, slightly yellowish liquid. Bubbles are prone to peripheral growth and fusion. Localized on the skin of the trunk and limbs, including the palms. Part of the bubbles, when opened, forms erosion. The child is capricious, eats poorly, body temperature is elevated to 38.5 ° C.

I. Preliminary diagnosis:

1. Atopic dermatitis
2. Hives
3. Epidemic pemphigus of newborns
4. Congenital syphilis
5. Ichthyosis

II. Differential diagnosis:

1. Atopic dermatitis
2. Hives
3. Epidemic pemphigus of newborns
4. Congenital syphilis
5. Ichthyosis

III. Treatment:

1. Systemic antibiotics
2. Sulfur preparations
3. Aniline dyes
4. Ointments with antibiotics
5. Иммуномодуляторы

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**Situational Task №. 19**

A dermatologist was contacted by a mother with a girl of 3 years old about rashes on her face. Sick for about a week.

Objectively: the girl on the face against the background of hyperemia has multiple loose crusts of honey-yellow color, flabby blisters with serous contents.

I.       Diagnosis:

1. Herpes
2. Epidemic pemphigus
3. Congenital syphilis
4. Eczema
5. Bullous impetigo

II.       Treatment:

1. Ointment acyclovir
2. Prednisolone ointment
3. Syntomycin ointment
4. Aniline dyes
5. Sulfur-salicylic ointment



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**Situational Task №. 20**

A girl went to the doctor with complaints of the appearance of redness and itching on the skin of the forearm, which appeared after wearing a new bracelet.

Objectively: on the skin of the right forearm there is a pronounced hyperemia with clear boundaries, in the form of a ribbon around the wrist, 2 cm wide.

**I. Presumptive diagnosis:**

1. Eczema
- Atopic dermatitis
- Contact dermatitis
- Psoriasis
- Lichen planus

**II. Differential diagnosis:**

1. Allergic dermatitis
2. Eczema
3. Psoriasis
4. Atopic dermatitis
5. Atopic dermatitis

**III. Лечение:**

1. Antibiotics
2. Серно-дегтярная мазь
3. Преднизолоновая мазь
4. Антигистаминные препараты
5. Сульфаниламидные препараты

**ЭТАЛОНЫ ОТВЕТОВ К СИТУАЦИОННЫМ ЗАДАЧАМ  
ПО ДЕРМАТОВЕНЕРОЛОГИИ**

Задача	Эталонные ответы		
	I	II	III
1	5	2,3,4	
2	3	2,3,6	
3	2	1,3	
4	4	2,3,4	4
5	4	1,2,3	3,4
6	1	1,3,4	1,2,3
7	3	1,3,4,5,6	2,3,5
8	2	1,2,3	1,2
9	2	1,2,5	
10	4	1,3,5	
11	1	1,3	
12	5	1,3,4	
13	1,2	3	
14	1	1,2,3,4,5,6	
15	1,4	2,4	
16	1	1,2,4	1,2,3,4
17	2	1,3	3,4
18	3	4	1, 3, 4
19	5	3, 4	
20	3	1,2	3, 4

**Федеральное государственное бюджетное образовательное учреждение  
высшего образования «Северо-Осетинская государственная медицинская академия»  
Министерства здравоохранения Российской Федерации**

**Кафедра Дерматовенерологии**

**Эталоны тестовых заданий**

**по Дерматовенерологии**

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программы специалитета по специальности\_31.05.01 Лечебное дело, частично  
реализуемой на английском языке, утвержденной 30.03.2022 г.

**Для студентов**

**5 курса**

**по специальности 31.05.01 - Лечебное дело**

**г. Владикавказ 2022 год**

## Оглавление

№	Наименование контролируемого раздела (темы) дисциплины/модуля	Количество тестов (всего)	Код формируемых компетенций	стр. с __ по __
1	2	3	4	5
<b>Вид контроля</b>	<b>Текущий/Промежуточный</b>			
1.	Анатомия, гистология и физиология кожи. Патофизиология Элементы сыпи. Входной контроль уровня подготовки обучающихся	46	ОПК-5 ОПК-7 ПК-2 ПК-5	1-5
2.	Общая и наружная терапия дерматозов	19	ОПК-5 ОПК-7 ПК-2 ПК-5	6-8
3.	Пиодермия. Чесотка, педикулез	36	ОПК-5 ОПК-7 ПК-2 ПК-5	8-16
4.	Аллергодерматозы (дерматиты, экзема, нейродермит и др.)	47	ОПК-5 ОПК-7 ПК-2 ПК-5	25-30
5.	Псориаз, красный плоский лишай, розовый лишай Жибера	21	ОПК-5 ОПК-7 ПК-2 ПК-5	21-25
6.	Вирусные и пузырьные дерматозы	71	ОПК-5 ОПК-7 ПК-2 ПК-5	30-38
7.	Грибковые заболевания кожи	50	ОПК-5 ОПК-7 ПК-2 ПК-5	16-21
8.	Первичный и вторичный периоды сифилиса	36	ОПК-5 ОПК-7 ПК-2 ПК-5	38-47
9.	Третичный, врожденный сифилис.	53	ОПК-5 ОПК-7 ПК-2 ПК-5	47-53
10.	Гонорея и негонококковые ИППП	37	ОПК-5 ОПК-7 ПК-2 ПК-5	53-61

### Questions for the module "Dermatology"

Ticket number 8

1. True polymorphism is:
  1. The appearance of several primary elements of the rash at the same time
  2. The appearance of several secondary elements of the rash at the same time
  3. Sequential evolution of morphological elements
  4. The appearance of morphological elements in the form of seizures
  5. Traceless resolution of morphological elements
2. Vacuolar degeneration is:
  1. Intracellular edema
  2. Extracellular edema
  3. Formation of vacuoles in the cytoplasm of epidermocytes
  4. Rupture of desmosomes
  5. Pycnosis of epidermal cell nuclei
3. Indicate indifferent substances:
  1. Starch
  2. Tannin
  3. Zinc oxide
  4. Burnt magnesia
  5. Talc
4. The epidermis has the following layers:
  1. Horny
  2. Grainy
  3. Spiny
  4. Basal
  5. Shiny
5. Vipis cream with boric acid 300.0
6. What factors contribute to the development of pyoderma:
  1. Skin trauma
  2. Overheating
  3. Hypothermia
  4. Insect bites
  5. Change in pH to the alkaline side
7. What theories take place in the pathogenesis of psoriasis?
  1. Hereditary
  2. Neurogenic
  3. Exchange
  4. Infectious - allergic
  5. Endocrine
8. In response to exposure to concentrated sulfuric acid occurs:

1. Simple contact dermatitis
  2. Allergic contact dermatitis
  3. Toxicoderma
  4. Eczema
  5. Pyoderma
9. What skin diseases have a viral etiology?
1. Genital warts
  2. Vulgar warts
  3. Genital herpes
  4. Shingles
  5. Molluscum contagiosum
10. Pityriasis versicolor is characterized by:
1. Roseola
  2. Non-inflammatory hyperpigmented spots
  3. Blisters
  4. Pseudo-leucoderm
  5. Hemorrhagic spots

Ticket number 15

1. What cells does the basal layer of the epidermis consist of?
  1. Basal epidermal cells
  2. Spiny epidermal cells
  3. Melanocytes
  4. Sertol cells
  5. Merkel's tactile cells
2. What secondary morphological elements are resolved without a trace?
  1. Erosion
  2. Vegetation
  3. Lichenification
  4. Scale
  5. Fissure
3. What dosage form should be prescribed for getting wet on the skin?
  1. Ointment
  2. Lotion
  3. Cream
  4. Aerosol
  5. Paste
4. Acanthosis is an increase in the number of cells:
  1. Spiny layer
  2. Stratum corneum
  3. Only granular layer
  4. All layers of the epidermis
  5. Shiny layer
5. Sip a lotion of boric acid 500 ml
6. Staphyloiderma includes:
  1. Tourniole

2. Furuncle
  3. Chancriform pyoderma
  4. Vulgar sycosis
  5. Jam
7. What stages are distinguished in the development of psoriasis?
    1. Progressive
    2. Sharp
    3. Stationary
    4. Subacute
    5. Regressive
  8. The cause of simple contact dermatitis is:
    1. Alkalis of high concentration
    2. Medicinal substances
    3. Combat poisonous substances
    4. Paints and varnishes
    5. Action of high temperatures
  9. The reasons for the reactivation of herpes infection can be:
    1. Colds
    2. Helminthic invasions
    3. Hypothermia
    4. Increase in blood pressure
    5. Stress
  10. What signs are pathognomonic for pityriasis versicolor?
    1. Symptom Nikolsky
    2. Balzer iodine test
    3. Reaction of Jarish - Lukashevich - Herxheimer
    4. Benier's symptom
    5. Symptom Benier – Meshchersky

Ticket number 9

1. The skin has the following functions:
  1. Protective
  2. Respiratory
  3. Resorptive
  4. Thermoregulatory
  5. Receptor
2. The composition of the sweat secreted by the merocrine sweat glands includes:
  1. Calcium salts
  2. Water
  3. Uric acid
  4. Carbohydrates
  5. Ammonia
3. What drugs are prescribed for allergic dermatoses?
  1. Suprastin
  2. Avlosulfone
  3. Sodium thiosulfate

4. Kanamycin
5. Polcortolone
4. What cells does the basal layer of the epidermis consist of?
  1. Basal epidermal cells
  2. Spiny epidermal cells
  3. Melanocytes
  4. Sertol cells
  5. Merkel's tactile cells
5. Prescribe a paste with antipruritic action 100.0
6. Streptoderma is characterized by:
  1. Extending the process in breadth
  2. Extending the process in depth
  3. Serous - purulent exudate
  4. Tense pustule cover
  5. Flaccid pustule cover
7. What forms of psoriasis are distinguished depending on the size of the papules?
  1. Drop-shaped
  2. Annular
  3. Spot
  4. Diffuse
  5. Plaque
8. Simple contact dermatitis is characterized by:
  1. Sensitization of the body
  2. Exposure to an obligate stimulus
  3. A common process
4. Localization only at the site of the stimulus
  5. Exposure to an optional stimulus
9. List the typical clinical manifestations of blistering lichen simplex:
  1. The presence of itching and burning
  2. Localization around natural holes
  3. Primary morphological element - vesicle
  4. Grouping of rashes
  5. Evolutionary polymorphism
10. What drugs are used for external treatment of pityriasis versicolor:
  1. Salicylic alcohol
  2. Water - soap emulsion of benzyl benzoate
  3. Ointment "Mikospor"
  4. Cream or spray "Lamisil"
  5. Ointment "Clotrimazole"

Ticket number 1

1. Sebaceous glands are subdivided:
  1. By the type of secretion
  2. By size
  3. By structure
  4. By connection with the hair



5. By localization
2. What is the difference between a node and a tubercle?
  1. Form
  2. Size
  3. Color
  4. Depth in the skin
  5. The composition of the cell infiltrate
3. The composition of the water-shaken suspension necessarily includes:
  1. Glycerin
  2. Water
  3. Alcohol
  4. Powdery substance
  5. Vegetable oil
4. The skin has the following functions:
  1. Protective
  2. Respiratory
  3. Resorptive
  4. Thermoregulatory
  5. Receptor
5. Sip a lotion of silver nitrate 300 ml
6. Manifestations in streptoderma are:
  1. Acne
  2. Fliktena
  3. Carbuncle
  4. Ecthyma
  5. Papule
7. What papules, depending on the size, can occur in psoriasis?
  1. Miliary
  2. Epidermal
  3. Numular
  4. Dermal
  5. Plaques
8. What allergens can cause eczema?
  1. Medicinal
  2. Food
  3. Industrial
  4. Pollen
  5. Infectious
9. What morphological elements are there with simple blister lichen?
  1. Vesicles
  2. Blisters
  3. Papules
  4. Folliculitis
  5. Ectymes
10. Select the criteria for the diagnosis of pityriasis versicolor:
  1. Clinic of the disease

2. Bacteriological method
3. Bacterioscopic method
4. Serological method
5. Glow under a Wood lamp

Ticket number 10

1. Spongiosis is:
  1. Intercellular edema
  2. Intracellular edema
  3. Break of connections between spiny epidermal cells
  4. Disruption of connections between spiny epidermal cells in desmosomes
  5. Formation of intraepidermal vesicles
2. Which vitamins are fat-soluble:
  1. vit C
  2. vit A
  3. with group B
  4. vit E
  5. vit F
3. What are the scars?
  1. Normotrophic
  2. Vascular
  3. Keloid
  4. Papillary
  5. Atrophic
4. Skin appendages include:
  1. Nails
  2. Skin muscles
  3. Sweat glands
  4. Krause flasks
  5. Sebaceous glands
5. Write out Dorokhov's paste 200.0
6. What morphological elements are found in staphyloiderma:
  1. Impetigo
  2. Fliktena
  3. Node
  4. Ecthyma
  5. Ostiofolliculitis
7. What are the characteristics of papules in psoriasis?
  1. Rounded
  2. Polygonal
  3. Have peripheral growth
  4. Shine
  5. Covered with silvery white scales
8. Eczema is characterized by:
  1. Monovalent sensitization
  2. Polyvalent sensitization

3. Allergic reaction of immediate type
4. Allergic reaction immediately - delayed type
5. Anaphylaxis
9. What is the average duration of the existence of a rash with simple blistering lichen?
  1. 7 - 9 days
  2. 2 - 4 days
  3. 3 weeks
  4. Month
  5. More than a month
10. Clinical manifestations of foot rubromycosis are:
  1. Hyperkeratosis
  2. Floury peeling
  3. Strengthening the skin pattern
  4. Often "wetting"
  5. The defeat of all nail plates

Ticket number 2

1. Papillomatosis is:
  1. Elongation of the papillae of the dermis
  2. Thickening of all layers of the epidermis
  3. Branching of the papillae of the dermis
  4. Excessive mitoses in the basal layer of the epidermis
  5. Raising the epidermis by the papillae of the dermis
2. What are the size of papules?
  1. Miliary
  2. Subepidermal
  3. Lenticular
  4. Intraepidermal
  5. Numular
3. Hyposensitizers are:
  1. Hemodesis
  2. Tocopherol acetate
  3. Calcium gluconate
  4. Essentiale
  5. Sodium thiosulfate
4. Features of the structure of the skin in children are:
  1. Smoothness of the basement membrane
  2. Thin stratum corneum
  3. Increase in the number of mitoses in the basal layer
  4. Greater vascularization
  5. Hydrophilicity of collagen fibers
5. Write out an indifferent powder 250.0
6. Strepto-staphylo-derma includes:
  1. Chancriform pyoderma
  2. Intertriginous streptoderma
  3. Vulgar impetigo

4. Angular stomatitis
5. Chronic ulcerative pyoderma
7. List the places of typical localization of rashes in psoriasis:
  1. Torso
  2. Mucous membranes
  3. Extension surfaces of the limbs
  4. Flexion surfaces of the limbs
  5. Hairy part of the head
  8. For allergic contact dermatitis are characteristic:
    1. The presence of sensitization
    2. Spreading of rashes beyond the range of action of the allergen
    3. Itching
    4. Weak polymorphism of lesions
    5. The predominance of rashes on open areas of the skin
  9. List the main features of the course of simple blistering lichen:
    1. Chronic recurrent course
    2. Lack of immunity
    3. The appearance of rashes in the same areas
    4. Possibility of acute herpetic stomatitis in children
    5. The provoking role of microtrauma, hypothermia, stress, menstruation
  10. What are the clinical forms of rubromycosis?
    1. Chronic generalized
    2. Stop
    3. Large folds
    4. Stop and brushes
    5. Nail plates

Ticket number 11

1. Regulation of the secretion of the sebaceous glands is carried out:
  1. Nervous system
  2. Pancreatic hormones
  3. Hormones of the pituitary gland
  4. Thyroid hormones
  5. Adrenal hormones
2. What is the difference between a bubble and a bubble?
  1. Form
  2. Size
  3. Content
  4. Depth of occurrence
  5. Evolution
3. Cytostatics that suppress cell division are:
  1. Mercaptopurine
  2. Cyanocobalamin
  3. Methotrexate
  4. Ascorbic acid

5. Prospidin
4. Sweat glands perform the following functions:
  1. Excretory
  2. Secretory
  3. Thermoregulatory
  4. Protective
  5. Bactericidal
5. Prescribe Arieovich ointment 50.0
  
6. Streptoderma includes:
  1. Erysipelas
  2. Impetigo vulgar
  3. Hydradenitis
  4. Furuncle
  5. Epidemic pemphigus
7. What are the symptoms of psoriasis?
  1. Isomorphic Koebner reaction
  2. Jadasson test
  3. Auspitz symptom
  4. The symptom of "shavings"
  5. Symptom "thimble"
8. Toxicoderma is characterized by the intake of an allergen through:
  1. Airways
  2. Skin
  3. Gastrointestinal tract
  4. Skin appendages
  5. Parenteral
9. List the atypical forms of simple blistering lichen:
  1. Abortive
  2. Hemorrhagic
  3. Zosteriform
  4. Disseminated
  5. Ulcerative
10. Trichomycosis includes:
  1. Trichophytosis
  2. Rubromycosis
  3. Microsporia
  4. Erythrasma
  5. Favus

Ticket number 3

1. The epidermis has the following layers:
  1. Horny
  2. Grainy
  3. Spiny
  4. Basal

5. Shiny
2. The stratum corneum provides resistance:
  1. Mechanical
  2. Antiradiation
  3. Anti-chemical
  4. Tactile resistance
  5. Electrical resistance
3. Specify the mechanism of action of the powder:
  1. Drying action
  2. Cooling effect
  3. Reduces inflammation
  4. Reduces subjective sensations
  5. Prevents maceration
4. The primary morphological elements include:
  1. Papule
  2. Scar
  3. Vesicle
  4. Crack
  5. Blister
5. Write out non-indifferent powder 250.0
  
6. What stages of development of the process are typical for a boil or carbuncle?
  1. Development of infiltration
  2. Growth of infiltration
  3. Suppuration and necrosis
  4. Ulceration
  5. Healing
7. Common clinical manifestations for psoriasis and lichen planus:
  1. Monomorphic papular rash
  2. Frequent damage to the mucous membranes
  3. Isomorphic Koebner reaction
  4. An agonizing itch
  5. Nail damage
8. What complications are possible with eczema?
  1. Streptoderma
  2. Stevens-Jones syndrome
  3. Pyoderma
  4. Pemphigus
  5. Erythroderma
9. List the systemic antiviral drugs:
  1. Acyclovir
  2. Famvir
  3. Valtrex
  4. Virazole
  5. Zovirax
10. At what mycoses is the luminescent glow observed?

1. Trichophytosis
2. Microsporia
3. Favus
4. Pityriasis versicolor
5. Candidiasis

Ticket number 12

1. Responsible for the temperature sensitivity of the skin:
  1. Merkel cells
  2. Krause flasks
  3. Taurus of Vater - Pacini
  4. Taurus Ruffini
  5. Taurus Meissner
2. Skin atrophy is:
  1. Flattening of the papillary layer
  2. Collagen fibers are thickened
  3. Thinning of the mesh layer
  4. Intercellular edema
  5. Smoothness of the epidermal-dermal border
3. Types of therapy in dermatovenerology:
  1. Etiotropic
  2. Preventive
  3. Pathogenetic
  4. Preventive
  5. Symptomatic
4. What morphological element can appear at the site of a vesicle?
  1. Crust
  2. Crack
  3. Pustule
  4. Scale
  5. Erosion
5. Write out Unna's cream 50.0
6. The clinical symptoms of hydradenitis are:
  1. The process is deep
  2. Apocrine sweat glands are affected
  3. The rash is localized in the perineum and armpits
  4. There are five signs of inflammation
  5. Evolutionary polymorphism from node to scar is characteristic
7. What characterizes lichen planus:
  1. Localization of rashes on the mucous membranes of the oral cavity
  2. Monomorphic papular rash
  3. The duration of the disease is several years
  4. The appearance of rashes at the sites of mechanical injury
  5. Stop  
kaya pigmentation after the disappearance of the rash
8. What clinical symptoms are typical for microbial eczema?

1. Sensitization by microbial allergens
  2. The presence of pustules
  3. Clear boundaries of lesions
  4. Asymmetric rashes
  5. Swollen lymph nodes
9. What ointments have antiviral effect?
1. Oxolinic
  2. Helepinic
  3. Bonafton
  4. Gossypol
  5. Gevizosh
10. With superficial trichophytosis, the process does not involve:
1. Hair
  2. Visible mucous membranes
  3. Nails
  4. Internal organs
  5. Smooth skin

Ticket number 4

1. Sebaceous glands are distinguished:
  1. By structure
  2. By size
  3. By the type of secretion
  4. By connection with the hair
  5. By localization
2. When carrying out a differential diagnosis, the following data should be taken into account:
  1. Anamnesis
  2. The clinical picture of the disease
  3. Results of general laboratory research
  4. Results of histology
  5. Results of skin tests
3. What problems should the doctor solve when starting to treat a patient?
  1. Does the patient need treatment or should we limit ourselves to monitoring him?
  2. How does the patient tolerate drugs?
  3. Where will the treatment be carried out (inpatient or outpatient)?
  4. Does the patient need isolation?
  5. How to treat concomitant pathology?
4. What primary morphological elements are resolved without a trace?
  1. Papule
  2. Blister
  3. Vesicle
  4. Bubble
  5. Impetigo
5. Write out a water talker with chloramphenicol 400.0
6. The clinical symptoms of sycosis vulgaris are:
  1. The defeat of the beard and mustache area



2. Hair loss
3. Presence of ostiofolliculitis and folliculitis
4. The appearance of cicatricial atrophy
5. Regional lymphadenitis
7. What clinical characteristics are typical for lichen planus papules?
  1. Polygonal
  2. With a wax luster
  3. Purple tint
  4. With an umbilical impression
  5. Flat
8. The varieties of microbial eczema include:
  1. Dyshidrotic
  2. Varicose
  3. Herpetiformis
  4. Numular
  5. Horny
9. What virus is the causative agent of shingles?
  1. Herpesvirus varicella zoster
  2. HSV
  3. CMV
  4. HIV
  5. Epstein - Barr
10. Typical characteristics of infiltrative - suppurative trichophytosis:
  1. Resolution with the formation of cicatricial alopecia
  2. The presence of "honeycomb"
  3. Melting the hair follicle
  4. Free hair removal
  5. Presence of follicular infiltrate

Ticket number 13

1. Apocrine glands are localized:
  1. In the area of the armpits
  2. On the palms
  3. In the genital area
  4. In the groin folds
  5. In the crotch area
2. In a clinical examination of the skin, the following data are used:
  1. Palpation
  2. Scraping
  3. Diascopy
  4. Dermographism
  5. Studies of the muscle-hair reflex
3. What does the dose of the drug administered to the patient's body depend on?
  1. From the age and weight of the patient
  2. From the method of administration of the drug
  3. From individual sensitivity

4. From the state of the excretory function of the kidneys and liver
5. From the nature and severity of the disease
4. What primary morphological elements are resolved with scar formation?
  1. Tubercle
  2. Papule
  3. Node
  4. Bubble
  5. Ektim
5. Prescribe an external therapy for oozing in the amount of 300.0
6. The clinical symptoms of streptococcal seizure are:
  1. Mostly children are sick
  2. Rashes are localized in the corners of the mouth
  3. The process can be asymmetric
  4. Morphological element - conflict
  5. The disease is contagious
7. List the places of the favorite localization of rashes with lichen planus:
  1. Hairy part of the head
  2. The front surface of the legs
  3. Elbows and knees
  4. Flexion surface of the forearms
  5. Palms and soles
8. The varieties of true eczema include:
  1. Dyshidrotic
  2. Sycosiform
  3. Horny
  4. Paratraumatic
  5. Pruriginous
9. List the main clinical characteristics of herpes zoster:
  1. Incubation period up to 2 weeks
  2. Leaves strong immunity
  3. Severe soreness
  4. Localization along the nerves
  5. Evolutionary polymorphism of lesions
10. What are the clinical forms of the favus of the scalp?
  1. Squamous
  2. Urticarial
  3. Impetiginous
  4. Atrophic
  5. Scutular

Ticket number 5

1. Apocrine sweat glands are characterized by the type of secretion:
  1. With partial destruction of secretory cells
  2. Without destruction of secretory cells

3. With complete destruction of secretory cells
  4. With the destruction of secretory and contractile cells
  5. Merocrine type of secretion
2. When examining healthy skin areas, consider:
1. Skin color
  2. Turgor
  3. Sweat and lard compartment
  4. Condition of skin appendages
  5. Condition of subcutaneous fatty tissue
- and
3. What are the doses of drugs. drugs should be indicated to the patient when prescribing treatment?
1. One-time
  2. Minimum
  3. Daily
  4. Maximum
  5. Coursework
4. What morphological elements are pustules?
1. Impetigo
  2. Fliktena
  3. Ecthyma
  4. Rupee
  5. Folliculitis
5. Write out zinc oil 400.0.
6. If you suspect pyoderma chancriform, the following studies should be carried out:
1. Microsporia of serum from the surface of the ulcer to pale treponema
  2. RMP
  3. Wasserman reaction
  4. RIBT
  5. RIF
7. Typical characteristics of psoriasis eruptions?
1. Oval shape of spots
  2. The presence of a "maternal plaque"
  3. Yellow tint of rashes
  4. Location along the lines of skin tension
  5. Slight sinking in the center
8. For the treatment of allergic dermatitis use:
1. Antihistamines
  2. Photosensitizers
  3. Hyposensitizing agents
  4. Antimalarial drugs
  5. Corticosteroid ointments
9. Comprehensive treatment for shingles includes:
1. Antiviral drugs
  2. Vitamins
  3. Analgesics

4. Drugs that improve microcirculation
5. Physiotherapy methods
10. Under what fungal diseases are internal organs involved in the process?
  1. Trichophytosis
  2. Favus
  3. Nodular trichosporia
  4. Candidiasis
  5. Microsporia

Ticket number 14

1. Sebaceous glands:
  1. Open into the hair follicle
  2. Open to the surface of the skin
  3. Regulated by the sex glands
  4. Have an alveolar structure
  5. Have a holocrine type of secretion
2. When characterizing the primary morphological elements, one should take into account:
  1. The size of the elements
  2. Outlines and shape
  3. Color
  4. Consistency
  5. Element surface
3. What is the role of maintenance dose of drugs?
  1. Appointed for prophylactic purposes
  2. Strengthens the achieved treatment effect
  3. It is prescribed as the main method of therapy
  4. Appointed at the final stage of therapy
  5. Appointed as a preparatory stage
4. What secondary elements arise at the site of a deep pustule?
  1. Ulcer
  2. Scale
  3. Crust
  4. Lichenification
  5. Scar
5. Write out a lotion of manganese 600 ml.
6. With chancriform pyoderma, regional lymph nodes:
  1. Not increased
  2. Increased
  3. Soft
  4. Tightly elastic
  5. Fluctuate
7. What is the duration of the eruption period with pink lichen?
  1. 6 - 8 weeks
  2. 1 - 2 weeks
  3. 3 - 4 weeks

4. More than 2 months
5. More than 3 months
8. What ointments contain corticosteroids?
  1. Flucinar
  2. Lorinden A
  3. Fluorocort
  4. Sinaflan
  5. Celestoderm
9. With what diseases are carried out diff. shingles diagnosis:
  1. Allergic dermatitis
  2. Mug
  3. Erythema multiforme exudative
  4. Bullous dermatitis
  5. Simple blister deprivation
10. List the factors contributing to the occurrence of candidiasis?
  1. Diabetes mellitus
  2. Taking antibiotics
  3. Taking systemic corticosteroids
  4. Use of hormonal contraceptives
  5. Change in skin pH

Ticket number 6

1. The epidermis provides the following types of resistance:
  1. Anti-chemical
  2. Antiradiation
  3. Electrical resistance
  4. Antimicrobial
  5. Mechanical
2. For apocrine sweat glands, the type of secretion is characteristic:
  1. With partial destruction of secretory cells
  2. Without destruction of secretory cells
  3. With complete destruction of secretory cells
  4. With the destruction of secretory and contractile cells
  5. Merocrine type of secretion
3. What antihistamines are H1 receptor blockers?
  1. Tavegil
  2. Loratadine
  3. Claritin
  4. Diphenhydramine
  5. Telfast
4. Hyperkeratosis is:
  1. Thickening of the stratum corneum of the epidermis
  2. Thickening of the granular layer of the epidermis
  3. Elongation of the papillae of the dermis
  4. Reproduction of cells of the spiny layer

5. The appearance of mitosis in the basal layer
5. Write out salicylic keratolytic ointment 250.0.
  
6. In case of recurrent hydradenitis in the infiltration stage, the following should be prescribed:
  1. Antibiotics
  2. UHF
  3. UFO
  4. Specific immunotherapy
  5. Pure ichthyol
7. What groups of drugs are used in the treatment of psoriasis?
  1. Vitamins
  2. Absorbent products
  3. Immunomodulators
  4. Cytostatics
  5. Means that improve microcirculation
8. For the treatment of toxicoderma use:
  1. Infusion therapy
  2. Antibiotics
  3. Glucocorticoids
  4. Sulfonamides
  5. Diuretics
9. List the clinical types of warts:
  1. Vulgar
  2. Flat
  3. Plantar
  4. Filiform
  5. Genital warts
10. What antifungal ointments contain corticosteroids?
  1. Triderm
  2. Levorinova
  3. Mycozalone
  4. Nystatin
  5. Pimafukort

Ticket number 7

1. With aging of the skin, the following are observed:
  1. Change in biochemical composition
  2. Decreased activity of skin enzymes
    3. Dilation of dermis vessels
    4. Increased content of calcium and potassium salts in the skin
    5. Reducing the amount of elastin
2. Apocrine glands are localized:
  1. In the area of the armpits
  2. On the palms
  3. In the genital area

4. In the groin folds
5. In the crotch area
3. Glucocorticosteroids have a pronounced effect:
  1. Anti-inflammatory
  2. Antiallergic
  3. Antipruritic
  4. Antiproliferative
  5. Immunosuppressive
4. Granulosis is:
  1. Thickening of the granular layer of the epidermis
  2. Thickening of the stratum corneum of the epidermis
  3. Breaking the bonds between the cells of the thorny layer of the epidermis
  4. The appearance of vacuoles in basal epidermal cells
  5. Thickening of the thorny layer of the epidermis
5. Write out sulfuric keratoplastic ointment 90.0.
6. What pyoderma does not require the appointment of systemic antibiotics ?:
  1. Streptococcal impetigo
  2. Jam
  3. Tourniole
  4. Streptococcal diaper rash
  5. Simple white lichen
7. In the external therapy of psoriasis use:
  1. Salicylic ointment
  2. Ointment "Radevit"
  3. Naftalan paste
  4. Corticosteroid ointments
  5. Psorkutan
8. With weeping eczema, apply externally:
  1. Lotions
  2. Shaken suspensions
  3. Ointment
  4. Paste
  5. Cream
9. What is the primary morphological element typical for warts?
  1. Papule
  2. Tubercle
  3. Blister
  4. Node
  5. Vesicle
10. What dosage forms have antifungal effect?
  1. Alcohol solution of iodine
  2. Brilliant green
  3. Castellani liquid
  4. Decoction of chamomile
  5. Clotrimazole

## Questions for the module "Venerology"

Ticket number 1

1. What types of movements does treponema pale?

1. Translational
2. Rotational
3. Flexor
4. Contractual
5. Pendulum

2. What clinical manifestations are typical for the primary period of syphilis?

1. Specific angina
2. Hard chancre
3. Roseola rash
4. Regional lymphadenitis
5. Wide condylomas

3. List the clinical characteristics typical for syphilides of the secondary period of syphilis:

1. Lack of subjective feelings
2. The good quality of the course
3. Rounded outlines
4. Lack of peripheral growth
5. Copper red, stagnant shade

4. What are the stages of the tertiary period of syphilis?

1. Tuberos
2. Complicated
3. Gummy
4. Serpiginous
5. Hidden

5. What forms of congenital syphilis are distinguished?

1. Syphilis of the fetus
2. Syphilis of infancy
3. Syphilis of early childhood
4. Late congenital syphilis
5. Latent congenital syphilis

6. What research is carried out with infertility and the absence of gonococci in the smear?

1. Depletion of prostate juice
2. Bacteriological
3. Ureteroscopy
4. Palpation of the prostate
5. Spermogram



7. The epithelium of which organs can infect chlamydia?

1. Urethra
2. Cervical canal
3. Rectum
4. Eye
5. Paraurethral passages

Ticket number 2

1. List the options for direct infection with syphilis:

1. Sexual
2. Professional
3. Transplacental
4. Transfusion
5. Sexual perversions (perversions)

2. List the clinical characteristics typical of a hard chancre?

1. Round shape
2. Lacquered bottom
3. Lack of pain
4. Infiltration at the base
5. Absence of inflammation in the periphery

3. What syphilis are found in secondary syphilis?

1. Spotted
2. Tuberos
3. Papular
4. Urticarial
5. Pustular

4. Clinical features of syphilides of the tertiary period of syphilis:

1. Low contagiousness
2. Destructive character
3. Insufficient, asymmetrical
4. Are painless
5. Appear suddenly

5. What organs are involved in the process in congenital syphilis of infancy?

1. Leather
2. Nervous system
3. Mucous membranes
4. Internal organs
5. Bones

6. List the ways of spreading gonococcal infection in the body?

1. Along the mucous membrane
2. Along the nerve fibers

3. Lymphogenous
4. From deep within tissues
5. Hematogenous

7. What is the medical and social significance of chlamydia?

1. Leads to infertility
2. Is the cause of miscarriage
3. Causes pelvic inflammatory disease
4. Leads to infection of newborns
5. Leads to a decrease in the working capacity of the population

Ticket number 3

1. What reasons contribute to the lengthening of the incubation period of syphilis?

1. Taking antibiotics
2. Stress
3. Taking antispasmodics
4. Alcoholism, drug addiction, substance abuse
5. Excess food

2. What morphological element is the hard chancre represented by?

1. Spot
2. Erosia
3. Papule
4. Ulcer
5. Ectima

3. What syphilis is indirect evidence of damage to the nervous system?

1. Leucoderma
2. Alopecia
3. Wide condylomas
4. Ecthyma
5. Rupee

4. What are the varieties of lumpy syphilis?

1. Grouped
2. Mosaic
3. Dwarf
4. Star-shaped
5. Serpiginous

5. What clinical manifestations are typical for congenital syphilis of infancy?

1. Syphilitic pemphigus
2. Parenchymal keratitis
3. Diffuse papular Hochsinger infiltration
4. Hutchinson's triad
5. Osteochondritis

6. What clinical symptoms are typical for acute anterior urethritis?

1. Pain and cramps when urinating
2. Urine cloudy in two portions
3. Hyperemia and edema of the urethral sponges
4. White, tiny coating on the glans penis
5. Abundant purulent discharge from the urethra

7. What methods of laboratory diagnostics confirm the diagnosis of chlamydia?

1. Immunofluorescent
2. Immunoassay
3. PCR,
4. LCR
5. Cultural

Ticket number 4

1. What are the reasons for the shortening of the incubation period?

1. Multiple entrance gates of infection
2. Photosensitivity
3. Tuberculosis, alcoholism
4. Stress
5. Reinfection

2. What is the name of the hard chancre, depending on the size?

1. Giant
2. Serpiginous
3. Dwarf
4. Billion
5. With pinky fingernail

3. What are the characteristics of a typical syphilitic roseola?

1. Round shape
2. Pink color
3. Focal location
4. Absence of flaking
5. Disappears when pressed

4. Typical characteristics of serpiginous tubercle syphili

Yes?

1. Large lesions
2. The presence of large tubercles on one "active" edge
3. Lack of areas of healthy skin
4. Formation of a mosaic scar
5. The presence of focal scars around the main focus - "mainland" and "archipelago"

5. The clinical characteristics of pemphigus syphilitic are:

1. Localization of blisters on the palms and soles
  2. Localization of blisters on the oral mucosa
  3. Evolutionary polymorphism of lesions
  4. Severe general condition
  5. The abundance of pale trepan in the blisters
- 
6. Clinical symptoms of acute total urethritis?
    1. Urgent urge to urinate
    2. Terminal pain
    3. Terminal hematuria
    4. Excretion of urine in small portions
    5. Abundant purulent discharge from the urethra
- 
7. What is the clinical spectrum of chlamydia in newborns?
    1. Ophthalmia
    2. Pneumonia
    3. Otitis
    4. Pharyngitis
    5. Urethritis

Ticket number 5

1. Material for research on treponema pale are:
  1. Detachable chancre
  2. Blood
  3. Puncture of the lymph node
  4. Mother's milk
  5. Detachable erosive papules
  
2. What are the names of hard chancres, depending on the location?
  1. Bipolar
  2. Focal
  3. Genital
  4. Disseminated
  5. Extragenital
  
3. List the clinical varieties of syphilitic roseola:
  1. Roseola towering
  2. Roseola granular
  3. Roseola follicular
  4. Roseola urticaria
  5. Roseola drain
  
4. What symptoms are typical for lumpy syphilis?
  1. Probe
  2. Apple jelly
  3. Gorchakova

4. Benier-Meshchersky
5. Nikolsky

5. What lesions of the mucous membrane are typical for congenital syphilis of infancy?

1. Syphilitic rhinitis
2. Laryngeal stenosis
3. Syphilitic angina
4. Hoarseness of voice
5. Papular rash in the mouth

6. What clinical symptoms are typical for chronic gonorrheal urethritis?

1. Bonding of the urethral lips after a night's sleep
2. Disease duration more than 2 months
3. Increased discharge during exercise
4. Weakening of erection
5. Decreased libido

7. What factors predispose to the development of bacterial vaginosis?

1. Change in hormonal status
2. Frequency of change of sexual partners
3. Use of intrauterine contraceptives
4. Taking antibiotics
5. Violation of intestinal microbiocenosis

Ticket number 6

1. What reactions are used to diagnose syphilis?

1. MCI
2. RSK
3. ELISA
4. RPGA
5. RIF

2. At what localization of the hard chancre is its soreness noted?

1. In the area of the bridle
2. On the cervix
3. Around the external opening of the urethra
4. On the pubis
5. In the anus

3. Differences between pityriasis lichen spots and syphilitic roseola:

1. Hyperpigmented
2. Are located perifollicularly
3. Iodine test is positive
4. Covered with scales
5. Have peripheral growth

4. What morphological element is gum?

1. Node
2. Papule
3. Tubercle
4. Ecthyma
5. Rupee

5. Syphilitic osteochondritis is characterized by:

1. Damage to the tubular bones
2. The defeat of flat bones
3. Defeat of the metaphysis
4. The defeat of the pineal gland
5. Appearance in the first 3 months of life

6. List the complications of anterior gonorrheal urethritis:

1. Tizonitis
2. Vesiculitis
3. Morgagnite
4. Prostatitis
5. Balanoposthitis

7. What methods of laboratory diagnostics can confirm urogenital trichomoniasis?

1. RIF
2. RIBT
3. Cultural
4. RPGA
5. Microscopy of the native preparation

Ticket number 7

1. What sizes are characteristic of pale treponema:

1. 7-9  $\mu\text{m}$
2. 15-20 microns
3. 20-25  $\mu\text{m}$
4. 25-30 microns
5. 30-35 microns

2. Note the rare varieties of hard chancre:

1. Herpetic
2. Chancre without edges
3. Slit
4. Hypertrophic
5. Crusty

3. What are the types of papular syphilis in size?

1. Lenticular
2. Seborrhic

3. Numular
4. Cockade
5. Billion

4. List the clinical varieties of gummy syphilide varieties:

1. Solitary gum
2. Serpensing gum
3. Gummy infiltrates
4. Grouped gummas
5. Fibrous gum

5. What pathology of the nervous system is typical for syphilis in infancy?

1. Meningitis
2. Radiculitis
3. Meningoencephalitis
4. Radiculoneuritis
5. Hydrocephalus

6. List the complications of posterior urethritis:

1. Orchoepididymitis
2. Paraurethritis
3. Prostatitis
4. Littreite
5. Cystitis

7. What morphological structures allow the *Trichomonas vaginalis* to move actively?

1. Blepharoplast
2. Undulating membrane
3. Paracostal granules
4. Flagella
5. Axostile

Ticket number 8

1. Specify the duration of the incubation period for syphilis:

1. 3-4 weeks
2. 1 week
3. 2 weeks
4. 5 weeks
5. 6 weeks

2. How do lymph nodes change during the primary period of syphilis?

1. Increased
2. Plo tnoelastic consistency
3. Are painless
4. Not soldered to each other or to the skin

5. The skin above them is not changed

3. What clinical characteristics are typical for broad kondilom?

1. Are papules
2. Have vegetation on the surface
3. Often eroded
4. Strongly contagious
5. Localized around the anus

4. What are the ways to resolve syphilitic gumma?

1. Sclerosis
2. Petrification
3. Cicatricial atrophy
4. Ulceration
5. Scarring

5. What internal organs are involved in the process of syphilis in infancy?

1. Liver
2. Spleen
3. Kidneys
4. Lungs
5. Testicles

6. List the types of known provocations:

1. Mechanical
2. Chemical
3. Immunobiological
4. Physiotherapy
5. Alimentary

7. What clinical manifestations of urogenital trichomoniasis are most typical for a woman?

1. Itching and burning in the vagina
2. Abundant foamy discharge
3. Hyperemia and bleeding of the vaginal mucosa
4. Erosion of the cervix
5. Urethritis

Ticket number 9

1. Specify drugs that have a detrimental effect on treponema pale:

1. A solution of mercury dichloride
2. Isotonic sodium chloride solution
3. 70% ethyl alcohol
4. Distilled water
5. Chlorhexidine, Miramistin

2. List the atypical forms of primary syphiloma:



1. Chankr-panaritium
2. Chancre without edges
3. Chancre amygdalitis
4. Shankra prints
5. Inductive edema

3. List the types of pustular syphilis:

1. Acne-like
2. Smallpox
3. Impetiginous
4. Ecthyma
5. Rupee

4. Syphilitic gumma differs from a boil in the absence of:

1. Soreness
2. Ulceration
3. Acute inflammatory reaction
4. Dense infiltration
5. Abundant purulent discharge

5. Significant signs of late congenital syphilis:

1. Labyrinth deafness
2. Saber shins
3. Parenchymal keratitis
4. Olympic forehead
5. Hutchinson's teeth

6. Drug for the prevention of blennorrhoea in newborns:

1. Penicillin
2. Albucid
3. Rivanol
4. Sulfacyl sodium
5. Resorcinol

7. What complications are most common in men suffering from urogenital trichomoniasis?

1. Prostatitis
2. Vesiculitis
3. Cooperite
4. Epididymitis
5. Balanoposthitis

Ticket number 10

1. Year of discovery of pale treponema:

- 1.1905
- 2.1910
- 3.1915

4.1920

5.1925

2. List the complications of primary syphiloma:

1. Phimosi
2. Vulvovaginitis
3. Paraphimosi
4. Gangrene
5. Phagedenism

3. What are the varieties of syphilitic leukoderma:

1. Spotted
2. Focal
3. Mesh
4. Diffuse
5. Marble

4. List the complications of syphilitic gum:

1. Perforation
2. Bleeding
3. Mutilation
4. Irradiation
5. Elephantiasis

5. What symptoms indicate the presence of parenchymal keratitis in a child?

1. Neoplasm of blood vessels in the cornea
2. Lachrymation
3. Photophobia
4. Blepharospasm
5. Corneal opacity

6. What antibiotics are used to treat gonorrhoea?

1. Ofloxacin
2. Metronidazole
3. Azithromycin
4. Streptomycin
5. Ceftriaxone

7. What specific drugs are used to treat urogenital trichomoniasis?

1. Metronidazole
2. Nizoral
3. Ornidazole
4. Diflucan
5. Trichopolis

1. What types of immunity are observed in syphilis:

1. Infectious
2. Non-sterile
3. Local
4. Cellular
5. Humoral

2. What clinical characteristics are typical for inductive edema?

1. Absence of skin defect
2. Localization in the genital area
3. Painlessness
4. Increase in organ by 2-4 times
5. Absence of a dimple when pressed

3. What are the types of syphilitic alopecia?

1. Small focal
2. Total
3. Diffuse
4. Spotted
5. Mixed

4. What scar is formed at the place of gum?

1. Star-shaped
2. Mosaic
3. Bridge-like
4. Keloid
5. Stamped

5. List the symptoms characteristic of labyrinthine deafness:

1. Violation of bone conduction
2. Violation of air conductivity
3. Hearing loss
4. Violation of gait
5. Tinnitus

6. What antibiotic should be chosen in the treatment of mixed gonorrheal-Trichomonas infection:

1. Penicillin
2. Azithromycin
3. Streptomycin
4. Doxycycline
5. Spectinomycin

7. What are the most common complaints of women with bacterial vaginosis?

1. Violation of the menstrual cycle
2. "Cheese" discharge
3. Soreness during intercourse

4. Pain and cramps when urinating
5. Specific fishy smell

Ticket number 12

1. What forms of survival are characteristic of treponema pale?
  1. Cysts
  2. Dispute s
  3. L-shapes
  4. Capsules
  5. Polymembrane phagosomes
2. What laboratory diagnostic methods can confirm the diagnosis of primary syphilis?
  1. MCI
  2. Bacteriological
  3. DAC
  4. Microscopy of the preparation stained by Gram
  5. Dark field microscopy
3. At what localization of papules is the hoarseness observed?
  1. On the vocal cords
  2. On the lips
  3. In the language
  4. On the tonsils
  5. On the gums
4. What organs and systems can be involved in the process of tertiary syphilis?
  1. Leather
  2. Mucous membranes
  3. Cardiovascular system
  4. Liver
  5. Musculoskeletal system
5. What morphological changes are typical for Hutchinson's teeth?
  1. The defeat of the upper central incisors
  2. Formation on the chewing surface of a lunar tenderloin
  3. Screwdriver shape
  4. The width of the cutting surface is not less than 2 mm less than the neck of the tooth
  5. Absence of enamel on the cutting surface
6. What antibiotics are categorically contraindicated in pregnant women with gonorrhoea?
  1. Aminoglycosides
  2. Macrolides
  3. Fluoroquinolones
  4. Cefalosporins
  5. Tetracyclines

7. What drugs are used to treat bacterial vaginosis?

1. Metronidazole
2. Azithromycin
3. Clindomycin
4. Nizoral
5. Ornidazole

Ticket number 13

1. Methods for detecting treponema pale:

1. Coloring by Gram
2. In a dark field
3. Romanovsky-Giemsa staining
4. Silvering method
5. Ziehl-Nilsson staining

2. Specify the characteristic symptoms of panaritium chancre:

1. Absence of acute inflammatory erythema
2. Clavate swelling
3. The presence of dense infiltration
4. Soreness
5. Regional lymphadenitis

3. Based on what data is the diagnosis of secondary syphilis?

1. Epidemiological history
2. Positive DAC
3. Clinical picture
4. The presence of pale treponema in the discharge of syphilides
5. Positive dynamics of syphilides with specific therapy

4. What laboratory diagnostic methods are used to confirm the diagnosis of tertiary syphilis?

1. RIF
2. Dark field microscopy
3. DAC
4. Bacteriological
5. RIBT

5. What symptoms are considered probable signs of late congenital syphilis?

1. Robinson-Fournier scars
2. A symptom of the Ausidite
3. Saber shins
4. Axiphoidia
5. Saddle "goat" nose

6. With gonorrhoea in girls, the inflammatory process is often involved:

1. Rectum
2. Cervical canal

3. Urethra
4. Urethra and bladder
5. Skin of the perineum
  
7. Most often, newborns infected with chlamydia develop:
  1. Conjunctivitis
  2. Rhinitis
  3. Vulvovaginitis
  4. Pneumonia
  5. Nasopharyngitis

Ticket number 14

1. Superinfection is characterized by:
  1. Return of the disease
  2. Layering the infection on the existing one in the body
  3. Extension of the manifestation period
  4. The appearance of fresh rashes characteristic of the current form of syphilis
  5. Negative serological reactions
  
2. What clinical symptoms are typical for chancre amygdalitis?
  1. One-way process
  2. Dense consistency of the infiltrate
  3. Absence of a defect on the surface of the tonsil
  4. Absence of spilled hyperemia
  5. Enlargement of the submandibular and cervical lymph nodes
  
3. What syphilides are found on the oral mucosa.
  1. Spotted
  2. Pigmented
  3. Papular
  4. Acne-like
  5. Erosive
  
4. Indicate the places of the favorite localization of tubercles on the oral mucosa:
  1. Solid sky
  2. The mucous membrane of the cheeks
  3. Soft palate
  4. Lip mucosa
  5. Palatine curtain
  
5. What stigmas are most common in late congenital syphilis?
  1. Gothic sky
  2. Axiphoidia
  3. Carabelli tubercle
  4. Diastema Gachet
  5. Hypertrichosis

6. Are girls prescribed for the treatment of acute and subacute gonorrhoea?
1. Penicillins
  2. Tetracyclines
  3. Diet with restriction of salt, hot seasonings, spices
  4. Vitamin therapy
  5. Douching the vagina with Protargol solution
7. The clinic of acute urogenital trichomoniasis in girls is characterized by:
1. Hyperemia of the external genital organs
  2. Discharge of a purulent liquid foamy character
  3. Complaints of itching, burning
  4. Damage to the vagina
  5. Frequent involvement of the urethra in the process

Ticket number 15

1. What characteristics are typical for treponema pallidum?
  1. Spiral shape
  2. Uneven curl width
  3. Uniform rounding of curls
  4. Sharpening curls
  5. The number of turns of the spiral 8-12
2. After what period of time from the moment of infection does the primary period of syphilis develop?
  1. After 3-4 weeks
  2. After 5-6 weeks
  3. After 1.5 months
  4. After 2 months
  5. After 3 months
3. After what period of time from the moment of infection develops secondary period of syphilis?
  1. A month later
  2. After 2 months
  3. After 6 months
  4. After 2.5 months
  5. A year later
4. What are the causes of the tertiary period of syphilis?
  1. Alcoholism, old age
  2. Intoxication, childhood
  3. Inadequate specific therapy
  4. Late accessibility
  5. Weakened body reactivity

5. How is congenital syphilis transmitted to the fetus?

1. Transplacental
2. Through an infected sperm
3. When passing through the birth canal
4. Transovarian
5. Through infected amniotic fluid

6. What are the ways of infection with gonococci?

1. Sexual
2. Sexual perversions (perversions)
3. Through toilet items, linen
4. When passing through the birth canal
5. Skidding with hands in eyes, mouth, nose

7. What urethritis are "conditionally" venereal?

1. Chlamydial
2. Candidal
3. Trichomonas
4. Gardnerella
5. Mycoplasmous



**Federal State Budgetary Establishment of Higher Education "North Ossetian State Medical Academy" of the Ministry of Health of the Russian Federation**

**Department of  
Faculty of  
Discipline**

Dermatovenerology  
Medical  
Dermatovenerology

**Kurs 5**

**Ticket to the test № 1**

1. The process of normal keratinization of the skin
2. Clinical features of staphylococcal pyoderma.
3. Modern treatment of secondary and early latent syphilis.

**Head. Department, Doctor of Medical Sciences**

**V.T. Bazaev**

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Dermatovenerology  
Medical  
Dermatovenerology

**Kurs 5**

**Ticket to the test № 2**

1. Physiological features of children's skin.
2. Clinical features of streptoderma.
3. The causative agent of syphilis: morphological and biological features, forms of existence. Ways of spreading syphilitic infection.

**Head. Department, Doctor of Medical Sciences**

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Discipline**

Dermatovenerology  
Medical  
Dermatovenerology

**Kurs 5**

**Ticket to the test № 3**

1. The main pathohistological changes in the epidermis, leading to disruption of the normal process of keratinization.
2. Clinical features of mixed pyoderma. Vulgar impetigo.
3. Incubation period for syphilis. Preventive therapy.

**Head. Department, Doctor of Medical Sciences**

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Medical  
Dermatovenerology

**Kurs 5**

**Ticket to the test № 4**

1. The skin itself is the dermis.
2. Scabies (etiology, conditions of infection, clinic, complications, diagnosis, treatment and prevention).
3. Conditions, methods of infection with syphilis. The concept of the source of infection and contacts.

**Head. Department, Doctor of Medical Sciences**

**V.T. Bazaev**

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**Department of  
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Dermatovenerology  
Medical  
Dermatovenerology

**Kurs 5**

**Ticket to the test № 5**

1. The structure of the hair, hair follicle, nail.
2. Methods of general therapy of pyoderma.
3. Clinical characteristics of the solid chancre, its varieties and complications.

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**Kurs 5**

**Ticket to the test № 6**

1. Pathohistological changes in the epidermis, leading to the formation of a vesicle.
2. Principles of local therapy of pyoderma.
3. Damage to the lymphatic system in syphilis.

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**Kurs 5**

**Ticket to the test № 7**

1. Superficial primary morphological elements of the rash (definition, pathohistology, clinical characteristics).
2. Clinical features of pyoderma in children.
3. Atypical forms of primary syphiloma.

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**Kurs 5**

**Ticket to the test № 8**

**Билет к зачету № 8**

1. Pathohistological changes in the epidermis, leading to the formation of a bladder.
2. Professional dermatoses.
3. Clinical characteristics of mucous membrane lesions in the secondary period of syphilis.

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**Kurs 5**

**Ticket to the test № 9**

1. Principles and means of external treatment of dermatoses.
2. Pediculosis: epidemiology, clinical symptoms, diagnosis, methods of treatment, prevention.
3. Differential diagnosis of manifestations of secondary syphilis.

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**Kurs 5**

**Ticket to the test № 10**

1. Principles and methods of general treatment of dermatoses.
2. Etiology, epidemiology, clinical course, diagnosis, treatment and prevention of trichomycosis.
3. Modern treatment of primary syphilis.

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**Kurs 5**

**Ticket to the test № 11**

1. Clinical and histological characteristics of the bladder and ecthyma.
2. Etiology, clinic course, diagnosis and treatment of multicolored lichen.
3. General course and periodization of acquired syphilis.

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**Kurs 5**

**Ticket to the test № 12**

1. Sebaceous glands of the skin.
2. Cutaneous leishmaniasis: etiology, clinical forms and their characteristics. Sources of infection. Treatment and prevention.
3. Clinical and histological characteristics, differential diagnosis of roseola syphilis.

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**Kurs 5**

**Ticket to the test № 13**

1. Anatomy and histology of the epidermis.
2. Candidiasis of the skin and mucous membranes (etiology, clinic, methods of diagnosis and treatment).
3. Congenital syphilis: ways of transmission of infection, classification.

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**Ticket to the test № 14**

1. Keratoplastic agents used in the treatment of dermatoses (definition, mechanism of action, method of application, indications). Spelling out recipes.
2. Etiology, clinic, diagnosis and treatment of herpetic diseases.
3. Clinical and histopathological characteristics, differential diagnosis of papular syphilis.

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**Discipline**

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**Ticket to the test № 15**

1. Spa treatment and physiotherapy for skin diseases.
2. Etiopathogenesis, clinical forms, diagnosis and treatment of true pemphigus. Forecast.
3. Clinical, histopathological characteristics, differential diagnosis of gummy syphilis.

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**Kurs 5**

**Ticket to the test № 16**

1. Forms of drugs for external treatment of dermatoses with acute inflammatory changes in the skin (definition, mechanism of action, method of application, prescriptions).
2. Classification of tuberculosis of the skin. Pathogenesis, clinic and treatment of scrofuloderm.
3. Clinical characteristics of pigment syphilis, differential diagnosis.

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**Kurs 5**

**Ticket to the test № 17**

1. Clinical characteristics of pigment syphilis, differential diagnosis.
2. Pathogenesis, clinical characteristics, complications and treatment of lupoid tuberculosis of the skin.
3. Clinical manifestations of congenital syphilis of infancy.

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**Kurs 5**

**Ticket to the test № 18**

1. Sweat glands of the skin.
2. Mycoses of the feet. Etiology, clinical manifestations, treatment and prevention.
3. Clinical characteristics of syphilitic tubercles. Differential diagnosis.

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**Kurs 5**

**Ticket to the test № 19**

1. Keratolytic agents (definition, mechanism of action, indications, method of application).  
Spelling out recipes.
2. True eczema: etiopathogenesis and clinical symptoms of various forms. Eczema Treatment.
3. Active manifestations of late congenital syphilis.

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**Kurs 5**

**Ticket to the test № 20**

1. Pastes: definition, mechanism of action, method of application, indications. Spelling out recipes.
2. Simple contact and allergic dermatitis (treatment and prevention).
3. Methods of laboratory diagnosis of syphilis.

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**Kurs 5**

**Ticket to the test № 21**

1. Definition and clinical characterization of erosion and crust.
2. Psoriasis: etiopathogenesis, stages, clinical forms, diagnosis, treatment.
3. Skin manifestations of AIDS, diagnostic methods.

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**Kurs 5**

**Ticket to the test № 22**

1. Corticosteroid therapy of patients with skin diseases. Indications, possible complications.
2. Leprosy: etiology, pathogenesis, epidemiology. Classification, clinic, diagnosis, treatment.
3. Risk groups in the prevention of AIDS.

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**Ticket to the test № 23**

1. The role of exogenous, endogenous and social factors in the emergence and development of dermatoses.
2. Pathogenesis, clinic, diagnosis and treatment of ulcerative tuberculosis of the skin and mucous membranes.
3. Clinical characteristics of specific alopecia in syphilis. Differential diagnostics.

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**Kurs 5**

**Ticket to the test № 24**

1. Histopathological and clinical characteristics of the impetigo blister.
2. The concept of consistency in dermatology. Erythematosis: clinic, diagnosis and treatment.
3. The concept of seroresistance and serorecidivs in acquired syphilis. Their treatment.

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**Ticket to the test № 25**

1. Powders and agitated mixtures: definition, mechanism of action, indications and method of application. Spelling out recipes.
2. Scleroderma (etiology, pathogenesis, clinic and treatment).
3. Infectious non-urary urethritis (etiology, clinic, diagnosis, treatment and prevention).

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**Ticket to the test № 26**

1. Definition, mechanism of action, indications and methods of application of lotions. Spelling out recipes.
2. Differential diagnosis of eczema and dermatitis.
3. Congenital syphilis of early childhood.

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**Ticket to the test № 27**

1. Neuro-receptor apparatus of the skin.
2. Malignant neoplasms of the skin (clinic and treatment).
3. Control and criteria for the cure of gonorrhoea.

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**Kurs 5**

**Ticket to the test № 28**

1. Clinical examination of patients with chronic dermatoses.
2. Etiology, pathogenesis, clinic, diagnosis and treatment of lichen planus.
3. Prophylactic treatment for syphilis.

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**Kurs 5**

**Ticket to the test № 29**

1. Special dermatological research methods.
2. Genetic factors in dermatology. Ichthyosis: routes of inheritance, clinic and treatment.
3. Gonorrhoea of men (etiology, classification, clinic, complications, treatment).

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**Ticket to the test № 30**

1. Histopathological and clinical characteristics of primary spots.
2. Skin diseases of probably viral etiology (erythema multiforme exudative and pink lichen): pathogenesis, clinic, treatment and prevention.
3. Reinfection and superinfection in syphilis.

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