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DEPARTMENT OF DERMATOVENEREOLOGY

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GUIDELINES
TO PRACTICAL CLASSES ON DERMATOVENEROLOGY FOR STUDENTS

manual for the medical, pediatric, medical-preventive and dental faculties

The manual "Methodological recommendations for practical training in dermatovenerology for teachers" was compiled by Dr. med. Bazaev V.T., Ph.D. associate professor Belikova ZF, assistant candidate of medical sciences. Kobaidze L.M. in accordance with the approved work program.

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THE METHODOLOGY AND STRUCTURE OF THE PRACTICAL CLASSES ON DERMATOVENEROLOGY

1. The purpose of the lesson: to master the basic skills of diagnostics and treatment of skin and venereal diseases , to carry out a differential diagnosis with diseases that have a similar clinical picture.
2. Didactic materials required for the study of the topic:
   - patients with skin and venereal diseases,
   - tables,
   - slides,
   - color atlases of skin and venereal diseases,
   - microscope,
   - preparations for histological, cytological, bacteriological diagnostics,
   - a set of tools for additional research methods (Wood lamp, spatula, tweezers, blunt probe, sharp eye spoon, etc.),
   - a set of medicines.
3. Plan of the practical lesson: a) registration of attendance - 2 min.

b) control of the initial level of students' knowledge - 10 min.
c) target setting - 5 min.
d) supervision of the patient - 30 min.
e) clinical analysis of the results of supervision with a group - 15 min.
f) solving situational tasks - 20 min.
g) homework - 3 min.
h) summing up the results of the lesson - 5 min.

The control of the initial level of students' knowledge is carried out through an oral interview, or a written survey on control questions given to each student in printed form, or using a computer database in the form of special test programs. The answers are discussed collegially and supervised by the teacher. Wrong reports are corrected and clarified by other students. The results are assessed individually with a journal grade.

The goal *setting* defines the purpose of the supervision. Students receive information about the department in which they will work. Patients are distributed among students at the rate of 1 patient for 2-3 students.

Patient supervision. The main stage of the practical lesson is the independent work of students with patients. During supervision, they are obliged to find out the patient's complaints, collect anamnesis, establish the reason for hospitalization, examine the skin and mucous membranes, diagnose the disease, outline the patient's examination plan, and prescribe treatment.

Summing up the results of the supervision. Conducted by an assistant in the training room. Each student introduces the teacher and the group to his patient according to the above plan. In the course of analyzing the patient, the teacher makes significant adjustments, while paying attention to the features of the course of the disease, methods of its diagnosis, treatment and prevention. Examples from our own practice are given . Differential diagnosis with similar diseases is carried out .

Solving situational tasks. Situational tasks for each student are printed on separate cards. They are extracts from case histories, some may be provided with a colored drawing from the atlas or photographs from the department archives with a description of complaints and anamnesis of the disease. The tasks reflect all the variety of clinical forms of the disease and the characteristics of its course. The student is asked to make a diagnosis, outline a plan of examination and treatment, and list the diseases with which it is necessary to carry out a differential diagnosis.

Summarizing. Final marks are given for the lesson. The best students are encouraged. Shortcomings in the preparation of the topic are noted .

Providing post-class preparation of students (homework assignment). The topic of the next lesson is called. The main sections that the student should study are covered. Attention is drawn to the list of practical skills. A list of literature on the topic is indicated .

Topic: **"ANATOMY AND PHYSIOLOGY OF THE SKIN. PATHOMORPHOLOGICAL CHANGES IN THE SKIN. PRIMARY AND SECONDARY MORPHOLOGICAL ELEMENTS OF THE RASH"**

I of . The structure of the skin and its appendages

1. The structure of the skin.

General characteristics of the skin (area, thickness, pattern, fingerprinting, dermatoglyphics). The structure of the epidermis (basal, styloid, granular, shiny, stratum corneum), dermis (papillary and reticular layers; fibers, cellular elements, amorphous substance), subcutaneous fat. Langerhans cells and

their function. Skin pigments (melanin, carotene, trichosyderin). Blood supply (superficial and deep arterial, venous networks) and innervation (encapsulated and non-encapsulated nerve endings) of the skin.

2. Skin appendages.

Sebaceous glands (size, structure, free and associated, type of secretion, change in secretion with age, function, disease). Sweat glands (merocrine and apocrine; their structure; types of secretion; functions; diseases). Hair and hair follicle (structure, diseases). Nails (structure, diseases).

3. Features of the structure of the skin in children.

II . Skin functions

Protective, respiratory, immune, resorption, secretory, excretory, receptor, participation in thermoregulation and metabolic processes.

III . Rash and its types

1. Definition of rash.

Classification of the elements of the rash: primary (cavitary, noncavitary, etc.) and secondary.

2. Primary noncavity morphological elements.

Spot (macula): definition, vascular: inflammatory (eritema , roseola), non-inflammatory (paralytic - telangiectasias, emotional, vascular birthmarks); hemorrhagic (petechiae, purpura, vibitses, ecchymosis); pigmented (hyper- and hypochromic, mixed) spots. Nodule or papule (papula): definition, options for size, shape, consistency, depth, resolution dynamics. Tubercle (tuberculum): definition, dynamics of resolution. Node (nodus): definition, dynamics of resolution. Blister (urtica): definition, dynamics of resolution.

3. Primary cavity morphological elements.

Bubble (vesicula), bubble (bulla): definition, dynamics of resolution. Pustula (pustula): definition, clinical varieties (impetigo, fliktena, ecthyma, rupee), dynamics of resolution.

4. Secondary morphological elements.

Scale (squama): definition, size options (mucous, pityriasis, lamellar, leafy). Crust (crusta): definition, options for exudate (serous, purulent, hemorrhagic, mixed). Fissure (fissura , rhagas): definition, depth options. Scar (cicatrix): definition, clinical variants (normo-, hyper- and atrophic). Excoriation (excoriatio), superficial and deep, erosion (erosio), ulcer (ulcus), lichenification (lichenificatio), vegetation (vegetationes), pigmentation (pigmentatio): definition, dynamics of resolution. Cicatricial atrophy.

5. The concept of monomorphism and polymorphism (true and false) of rashes.

IV . Pathological changes in the skin

Vacuolar dystrophy, ballooning and parenchymal degeneration, spongiosis, acantholysis, epidermolysis, acanthosis, papillomatosis, hyperkeratosis, parakeratosis, granulosis.

The V . **Signs of acute** and **chronic inflammation**

Topic: **"METHOD OF EXAMINATION OF A DERMATOLOGICAL PATIENT. PRINCIPLES OF GENERAL AND EXTERNAL THERAPY OF DERMATOSIS"**

1. Methods of examination of a patient with a dermatological profile

1. Features of the examination of dermatological patients.

Mandatory examination of the entire skin and mucous membranes . Examination of the patient in a warm room with daylight. Compliance with a certain sequence of examination: clarification of complaints - preliminary examination - collection of anamnesis of the disease - establishment of a life history - final examination using instrumental methods.

2. Principles of deontology in dermatology.

3. Symptom complex of skin diseases.

Subjective symptoms - itching, burning, pain, tingling. Objective symptoms: the condition of the skin as a whole (color, pigmentation, elasticity, skin turgor, the state of perspiration and sebum secretion, subcutaneous fat, hair, nails, mucous membranes), local status - description of the lesion focus based on morphological elements (color, shape , outline, size, surface, boundaries, peripheral growth, grouping, consistency, depth of occurrence, localization, prevalence of the process). Common symptoms are lethargy, weakness, malaise, fever, headaches, chills, arthralgia, etc.

4. Methods for the diagnosis of skin diseases.

Instrumental (examination under Wood's fluorescent lamp, determination of dermographism, symptoms of Nikolsky, Benier- Meshchersky, probe failure, apple jelly, the triad of psoriatic symptoms, isomorphic Kebner's reaction, Balzer iodine test, skin allergic tests, etc.), bacterioscopic, bacteriological, histological, cytological, immunological , general clinical methods.

II . Treatment principles for dermatoses

/. General therapy.

Etiotropic (specific), pathogenetic, symptomatic . Types of general therapy: regimen, diet therapy, antibacterial , antiviral, antifungal, hyposensitizing, hormonal, immunocorrective, detoxifying, photodesensitizing, stimulating therapy, vitamin therapy, chemotherapy; drugs affecting the nervous system, physiotherapeutic methods, herbal medicine, acupuncture, spa treatment, etc.

2. External therapy.

The nature of the action of external agents: anti-inflammatory, antipruritic, keratolytic, keratoplastic, antiparasitic , whitening, destructive (cauterizing), photoprotective, disinfectant, absorbable, antibacterial , antiviral, fungicidal. Dosage forms of external agents: lotions, aniline dyes, shaken mixtures, pastes, ointments, creams, plasters, varnishes, glues, soaps. Ways to use them. Most common recipes.

Topic: **"SCABIES. LICE"**

1 scabies

/. Etiology.

Pathogen morphology. Life cycle. Daily rhythm of activity. Seasonal, general, daily fertility. An experience outside the host. Resettlement on human skin.

2. *Epidemiology* **.**

The reasons for the increase in the incidence. Infection routes. Focal nature: definition of the focus, types of foci (potential and radiating). Pseudo-irradiation. Transient invasion. Characteristics of the contingent of patients. At-risk groups. Invasive stages of the pathogen.

3. Clinic of typical scabies.

Features of the incubation period. Clinical manifestations corresponding to the reproductive and metamorphic periods of the life cycle. Classification of scabies, their localization. Characterization and localization of papules and vesicles. Scabies symptoms: Ardi, Gorchakov, Michaelis.

4. Clinical varieties of scabies.

Scabies without strokes, Norwegian scabies; complicated scabies (dermatitis, pyoderma, eczema), scabies "clean", scabious lymphoplasia of the skin (nodular scabies).

5. Laboratory diagnostics of scabies.

Removing the tick with a needle, scraping methods (with mineral oil, alkali, 40% lactic acid), thin section method with a razor or eye scissors.

6. Treatment.

General principles of therapy. Antiparasitic drugs: sulfuric ointment, water-soap emulsion and benzyl benzoate emulsion ointment, sodium hyposulfite with hydrochloric acid (Professor Demyanovich's method), medifox. Drug concentration, course duration, contraindications, complications. Post- scabby itching. Healing control. Foreign anti -scab drugs: spregal, lindane, crotamiton, permethrin, benzyl benzoate (novoskabiol, askabiol, benzoseptol), monosulfir .

7. *Prevention* **.**

Active patient identification. Registration and clinical examination of patients. Work on the elimination of foci. Current (medifox, para- plus, A-steam) disinfection.

II . Lice (head lice, phthiriasis)

/. Etiology.

Causative agents: head lice, body lice and pubic lice. Their morphology. Life cycle: embryonic and metamorphic periods. An experience outside the host. Fertility.

2. *Epidemiology* **.**

Sources and routes of infection. The connection of the disease with wars, natural disasters, social upheavals. Body lice as carriers of infectious diseases (typhus and relapsing fever, Volyn fever). The focus of the disease: families and organized groups.

3. Clinic.

Itching. Bloody crusts, erosion, linear scratching. Favorite localization for each form of head lice. Nits on the scalp. "Skin of tramps", "koltun". The introduction of lice into hair follicles and bluish spots around them with phthiriasis. Complications: pyoderma, dermatitis, eczema, neurasthenia.

4. Diagnostics.

Microscopy of the detected pathogens and their nits.

5. Treatment.

Antiparasitic agents: 2-5% mercury ointment, 10-20% emulsion and benzyl benzoate ointment, boric ointment, medifox, nittifor, pedillin, read, spray-pax, antibit, para-plus. Treatment regimens. Treatment of complications.

6. Prevention.

Public (routine examinations, identification of sources of infection, examination of contact persons, disinfection of clothes, hats, bedding of patients, treatment of combs, tools in hairdressing salons, including using medifox, sanitary education, etc.) and individual (compliance personal hygiene). Registration of patients. Disinfection (medifox, pair-plus) of clothing, bedding , premises.

Topic: **"PYODERMIA"** (PURULENT SKIN DISEASES)

1. Etiology.

Pathogens: staphylococci (golden, epidermal, saprophytic), streptococci (hemolytic, greening, non-hemolytic). Morphology. Virulence factors (toxins, enzymes), antigenic properties, L- forms.

2. Pathogenesis.

Endogenous and exogenous factors predisposing to the development of pyoderma. General and local reaction of the body. Phago cytosis.

3. Classification.

By causative agent: staphyloderma, streptoderma, mixed forms. By the depth of the lesion: superficial, deep. According to the flow: acute and chronic. By the mechanism of occurrence: primary and secondary.

4. Staphyloderma.

Clinical varieties: staphylococcal impetigo, os thiofolliculitis, folliculitis, vulgar sycosis, boil, carbuncle , hydradenitis, acne vulgaris. Their clinical characteristics: morphological elements, dynamics, localization, prognosis.

5. Streptoderma.

Clinical varieties: streptococcal, bullous, slit impetigo, superficial panaritium, intertriginous streptoderma, syphilic papular impetigo, lichen simplex, acute diffuse superficial streptoderma, vulgar ecthyma. Their clinical characteristics: morphological elements, their dynamics, localization, prognosis.

6. Differential diagnostic criteria for strepto- and staphyloderma.

7. Strepto-staphyloderma.

Clinical varieties: vulgar impetigo, chronic ulcerative, ulcerative vegetative, ulcerative-serpiginating, pyoderma gangrenous, pyoderma chancriform. Their clinical characteristics: morphological elements, their dynamics, localization, prognosis.

8. Treatment.

General therapy (specific - antibiotics, sulfonamides, nitrofuran drugs, active specific immunotherapy; nonspecific immunotherapy - pyrotherapy, biogenic stimulants, vitamins, enzymes, immunomodulators). External therapy: aniline dyes, potassium permanganate, dusts, aerosols, pastes, antibiotic ointments, emulsions with sulfonamides. Physiotherapy methods: UFO, UHF, ultrasound, electrophoresis ; curettage.

9. Prevention.

Public (sanitary-technical and treatment-and-prophylactic measures) and individual (skin care, hardening, good nutrition, etc.).

Topic: **"DERMATOMYCOSIS**

1. Pathogens.

Prevalence, morphology, the concept of mycelium and pseudomycelium , reproduction, viability, parasitic activity: anthropophilic, zoophilic, zooanthropophilic.

2. Epidemiology.

The source of infection (humans, animals, soil, activation of fungi, which are permanent inhabitants of the human body). Routes of infection: direct and indirect). Seasonality.

***3. Classification* .**

Keratomycosis (versicolor versicolor), dermatophytosis (mophytosis epidermis, rubromycosis, trichophytosis, microsporia, favus), pseudomycosis (erythrasma), candidiasis (superficial candidiasis of the skin, mucous membranes, nail ridges and nails, chronic generalized granulomatous or systemic candidiasis in children), mycoses (actinomycosis, sporotrichosis, chromomycosis, aspergillosis, etc.).

I of . Pityriasis versicolor

1. Etiology and pathogenesis.

Causative agent. Predisposing factors. Contagiousness.

***2. Clinic* .**

The primary morphological element is a non-inflammatory spot (shape, color, size, peripheral growth, desquamation, pseudoleucoderm), localization.

3. Diagnostics.

Benier's symptom. Balzer's iodine test. Glow under a Wood lamp . Bacterioscopic examination of scales.

4. Treatment.

External therapy: keratolytic (salicylic, resorption alcohols, salicylic ointment, Andriasyan's liquid), antiparasitic (see scabies treatment) and fungicidal agents (iodine, clot rimazol, pimafucin, lamisil, nizoral, etc.).

II . Epidermophytosis

/. Etiology and pathogenesis .

Causative agent. Predisposing factors. Background diseases .

2. Epidemiology.

Sources and routes of infection. Seasonality.

***3.** Classification .*

Large folds (inguinal), feet (intertriginous, dyshidrotic, squamous, acute), onychomycosis.

4. Clinic.

Inguinal (inflammatory spot - erythema, its color, shape, borders, peripheral growth, localization), intertriginous (diaper rash, maceration of the epidermis, erosion, cracks, localization), dyshidrotic (vesicles and bubbles - size, nature of the tire, process dynamics, localization), cerebral squamous (desquamation, hyperpigmentation, hyperkeratosis, localization). Onychomycosis: clinical form (superficial, distal, proximal), the depth of the lesion, the degree of hyperkeratosis (weak, moderate, pronounced),

5. Diagnostics.

Bacterioscopic and bacteriological methods.

6. Treatment of epidermophytosis.

General therapy (antihistamines, hyposensitizing drugs, vitamins). External therapy (lotions, powders , tincture of iodine, aniline dyes, fungicidal ointments and creams - sulfuric, mycoseptin, mycosolone, mycospore, amykazole, clotrimazole, lotrimin, canesten, pimafucin, pimafucort , cisoral, lamisil, nitrofungkundecin, three dermis).

III . Rubromycosis

1. Etiology and pathogenesis.

Causative agent. Predisposing factors. Background diseases . Immunodeficiency states. The provocative role of medicines. Hematogenous dissemination.

2. Epidemiology.

Sources and routes of infection. Contagiousness. Seasonality.

3. Classification.

Foot, feet and hands, large folds and smooth skin, generalized , onychomycosis.

***4.** Clinic .*

Rubromycosis of feet, feet and hands (hyperemia, infiltration, hyperkeratosis, mucous peeling, increased skin pattern), large folds and smooth skin (erythema, its color, peripheral growth, discontinuity of the marginal ridge), generalized (clinical forms: erythematous squamous, follicular-nodular, erythrodermic, their characteristics), they are chomycosis (see Epidermophytosis).

***5.** Diagnostics .*

Bacterioscopic and bacteriological methods.

Differential diagnosis with epidermophytosis.

***6.** Treatment .*

First, detachment of the stratum corneum (keratolytic ointments, varnishes), then fungicidal agents (see Epidermophytosis), with generalized rubromycosis - systemic antimycotics (orungal, lamisil, nizoral, griseofulvin - doses, course duration).

7. Onychomycosis.

Clinical form (superficial, distal, lateral, proximal, total), the depth of the lesion, the degree of hyperkeratosis (weak, moderate, pronounced).

Treatment: systemic antimycotics (orungal, lamisil, nizoral, griseofulvin), varnishes (lamisil, batrafen, lotseril), removal of nail plates (by surgery, keratolytic patches), fungicidal drugs (see Epidermophytosis).

IV . Prevention of epidermophytosis and rubromycosis

Public (medical examinations, sanitary and hygienic measures in baths, showers, swimming pools, chamber treatment of public footwear, clinical examination of patients, sanitary education), individual (personal footwear, disinfection of footwear after treatment , rubbing the skin of feet with acidic solutions, prevention of dryness and sweating skin - fromilid).

The V . Trichophytosis

1. *Etiology* **.**

Pathogens. Predisposing factors.

2. *Epidemiology* **.**

Sources (anthropophilic, zooanthropophilic) and infection routes . Contagiousness.

3. *Classification* **.**

Superficial, chronic (black -dotted) adults, infiltrative-suppurative. Topical diagnostics: hair and standing part of the head, smooth skin, nails, beard and mustache area (parasitic sycosis).

4. *Clinic* **.**

Superficial and chronic trichophytosis of adults: age, damage to the scalp (characteristic of the lesions: size, shape, number, boundaries, level of hair breakage), smooth skin, nails. Infiltrative-suppurative: age, profession, damage to the scalp (follicular infiltration> follicular abscess or "honeycomb" melting of the hair follicle and hair loss> scar or cicatricial atrophy), beard and mustache and smooth skin.

5. *Diagnostics* **.**

Ba kteriologichesky and bacterioscopic methods. Micro Skopje shape and location of the dispute, their location in relation to the hair (endotriks, ektotriks).

Vi . Microsporia

1. *Etiology* **.**

Pathogens. Predisposing factors.

2. Epidemiology.

Sources and routes of infection. Contagiousness.

3. *Classification* **.**

Anthropophilic and zooanthropophilic. Topical diagnostics: scalp, smooth skin, eyebrows and eyelashes.

4. *Clinic* **.**

Age. Damage to the scalp (number, shape, size, borders of foci, their localization, "irises" shapes, level of hair breakage), smooth skin.

5. Diagnostics.

Fluorescent diagnostics (Wood lamp). Bacterioscopic and bacteriological methods. Microscopy: shape, order of arrangement of spores, their localization in relation to the hair (endotrix, ectotrix).

Vii . Favus

1. Etiology.

Causative agent. Predisposing factors.

2. Epidemiology.

Source and routes of infection. Contagiousness.

3. Clinic.

Lesions of the scalp: scutular (macula> scutula> peripheral growth> large foci> cicatricial atrophy), impetigous (follicular pustules> cicatricial atrophy), and squamous forms, lesions of smooth skin, nails, internal organs. The peculiarity of hair damage (specific smell, "koltun").

4. Diagnostics.

Bacteriological and bacterioscopic methods. Microscopy: shape and location of spores, their localization in relation to the hair (endotrix), gas bubbles inside the hair.

V 1 II . Treatment of trichomycosis

General therapy: griseofulvin (individual dose taking into account the form of the disease, calculation of the daily dose, frequency of administration of the drug, duration of the course, indications, contraindications, complications, laboratory monitoring of treatment), nizoral, lamizil, orungal (daily dose, duration of the course, indications, contraindications, complications). External therapy (shaving, hair removal, Arievich detachment), fungicidal agents (for iodine, ointment).

IX.Prevention of trichomycosis

Healing criterion. Outbreak activities. The role of sanitary- epidemiological and veterinary services. Dispensary observation . Public and personal prevention. Sanitary and educational work.

The X . Candidiasis

/. Etiology and pathogenesis.

Pathogens. Prevalence in nature. The role of exogenous and endogenous factors in the onset of the disease.

2. Classification.

3. Clinic.

Superficial candidiasis of the skin (large folds or intertriginous, small folds, mycotic interdigital erosion, balanoposthitis, candidal dermatitis of infants and adults), mucous membranes (thrush, mycotic seizure, cheilitis, vulvovaginitis), nail folds, nails.

Itching, characteristic of the lesion, daughter screenings, white crumbly plaque. Chronic generalized granulomatous candidiasis of children (dynamics of the spread of skin rashes , their characteristics, cicatricial atrophy, alopecia, pneumonia , diarrhea). The concept of visceral candidiasis.

4. Diagnostics.

Bacteriological and bacterioscopic methods.

5. Treatment.

General therapy (antimycotics - diflucan, orungal, nystatin, levorin, mycoheptin, pimafucin, nizoral; candidovaccine; vitamins; iodine preparations). External therapy: borax in glycerin , sodium bicarbonate, aniline dyes, fungicidal ointments and creams - nystatin, levorinic, decaminic, travogen, travocort, clotrimazole, pimafucin, pimafucort, nizoral, etc.

6. Prevention.

Elimination of external factors and treatment of concomitant diseases. Professional selection. Clinical examination.

Topic: **"PSORIASIS. RED FLAT AND PINK LIVING "**

I of . Psoriasis

1. Etiopathogenesis.

Hereditary, neurogenic, infectious-allergic, endocrine, metabolic and other theories.

2. Classification.

Widespread and localized process; progressive, stationary and regressive stages; autumn-winter, spring-summer and mixed forms; vulgar psoriasis and rare types of psoriasis (arthropathic, exudative, seborrheic, old, pustular, intertriginous, erythroderma).

3. Theclinical picture of the vulgar form of psoriasis.

Characteristics of papules (color, shape, size, presence of silvery -white scales), their localization, psoriatic triad, isomorphic Kebner's reaction, nail damage (symptom of "thimble", "oil stain", atrophic and hypertrophic types).

4. Treatment (taking into account the stage and form of the disease).

General therapy (antihistamines, sedatives, desensitizing agents, vitamin therapy, aromatic retinoids , nonspecific immunity stimulants, pyrotherapy, immunomodulators, cytostatics, salicylates).

External therapy (3-5% salicylic, 2-10% sulfuric, 10% naphthalan, 5% tar ointment, psorkutan, daivonex, psorax, psoriaten, Fish kova ointment , Radevit, see, Unna's cream, Skin-Cap series, ointments and creams with corticosteroids - Advantan, Elok, Flucinar, Fluoro Ort, Lorinden A, Lokacorten, Celestoderm, Belosalik; medicinal shampoos (Friderm series), lotions - Diprosalic, Locoid.

Physiotherapeutic methods (UFO, SFT, PUVA-therapy), spa treatment.

5. Prevention.

Diet with restriction of spicy, salty, spicy food, alcoholic la. Dispensary observation and anti-relapse treatment, taking into account the seasonality of the process. Transfer to work not associated with exposure to the skin of harmful chemical compounds.

II . Lichen planus

1. Etiology.

Neurogenic, infectious-allergic, toxic, viral , metabolic and other theories.

2. Classification.

Typical and atypical (warty, annular, atrophic , pigmented, zosteriform, pemphigoid, perifollicular, moniliform) forms.

3. Theclinical picture of the typical form .

Itching, characteristics of papules (color, shape, size, shine, Wickham mesh , umbilical depression), their localization, isomorphic Kebner reaction, damage to mucous membranes and nails.

4. Treatment (taking into account the form of the disease).

General therapy (antibiotics, antihistamines, desensitizing, antipruritic, sedatives, tranquilizers, antidepressants, vitamin therapy, antimalarial, sucking agents, presocil, nonspecific immune stimulants , steroids).

Physiotherapeutic methods (electrophoresis with anti-inflammatory, sedative and antipruritic drugs, electrosleep, hypnotherapy, inductothermy to the adrenal glands, diadynamic currents, PUVA therapy, diathermocoagulation).

External therapy (steroid ointments for an occlusive dressing, resorbable agents - tar, naphthalan, ichthyol, injecting lesions with antimalarial, steroid drugs, application of liquid nitrogen , carbon dioxide), spa treatment.

5. Prevention .

Protection of patients from mental, mechanical injuries. Remediation of foci of chronic infection. Dispensary observation. Transfer to work that is not associated with contact with chemicals .

III. Lichen pink

1. Etiology .

Infectious-allergic, viral nature.

2. Clinic .

Complaints, monomorphic spotty rash (color, shape, connection with Langer's skin tension lines, peeling and retraction in the center, maternal medallion), localization, seasonality.

3. Treatment (sparing).

SFT, antibiotics, antihistamines, water- shaken mixtures. Exclusion of water procedures.

Topic: **"DERMATITIS. TOXICODERMIA. ECZEMA"**

I of . Dermatitis

/. *Definition.*

Obligatory (unconditioned) and optional (conditioned) stimuli. Classification of dermatitis: contact (simple and allergic) and toxic-allergic (toxicoderma); acute and chronic.

2. Simple (artifical, artificial) contact dermatitis.

Classification of irritants: physical, chemical, biological. Features of the clinic. Characteristics of some clinical forms: abrasion, diaper rash, prickly heat, pathomimia, burns and frostbite, chills, solar dermatitis, phytodermatitis.

3. Allergic contact dermatitis.

Classification of exoallergens according to A.D. Ado. Types of sensitization: mono-, polyvalent, group. Idiosyncrasy. Types of allergic reactions: immediate and delayed type. Features of the clinic. Differential diagnosis with simple contact dermatitis. The role of skin tests (compression, scarification, intradermal) in diagnosis.

4. Toxicoderma.

Determination of the route of entry of the stimulus into the body (parenteral, inhalation, through the digestive tract) Features of the clinic. Characteristics of some clinical forms: fixed (sulfonamide) erythema, iododerma, bromoderma, exfoliagative dermatitis, Lyell's syndrome (toxicoallergic epidermolysis bullosa).

5. Treatment.

Eliminate irritant or allergen. General therapy (antihistamines, desensitizing drugs, vitamins, in severe cases, corticosteroids). External therapy (with lobes, water-shaken mixtures, pastes, ointments with corticosteroids). Features of the treatment of toxicoderma: diet, laxatives, diuretics, detoxification therapy.

6. Prevention .

Avoid contact with household and industrial allergies . Improving the environment. Identification of premorbid conditions. Dispensary observation. Professional selection. Employment.

11. Eczema

1. Etiology and pathogenesis .

The role of external factors and the reactivity of the body in the development of the eczematous process. Histopathology.

2. Classification .

True, microbial, seborrheic, childish, professional. Acute, subacute, chronic.

3. Clinic .

Itching, polyvalent sensitization, polymorphism of rashes, stages of the eczematous process: erythematous, papular, vesicular, oozing, cortical, squamous. Features of the clinical manifestations of each form of eczema (age, localization , morphological elements, course, prognosis). Differential diagnosis between true and microbial eczema.

4. Children's eczema .

Factors contributing to sensitization in children (hereditary predisposition, toxicosis of pregnancy, trofoallergens, vaccinations, helminthic invasion). Features of the clinical course (localization, pastiness, impetiginization, spasmophilia), prognosis. Kaposi's herpetiform eczema.

5. Treatment .

Elimination of the allergen. Diet. Protective mode. Treatment of concomitant diseases. General therapy (antihistamines, desensitizers, sedatives, immunity stimulants, vitamin therapy, pyrotherapy, in severe cases - corticosteroid hormones. External therapy, taking into account the stage of the process (lotions, powders, aerosols, water-shaken mixtures, pastes, ointments). methods (electrosone, ultraviolet irradiation, electro- and phonophoresis, inductothermy of the adrenal glands) Peculiarities of treatment of microbial eczema (antibiotics, sulfonamides, nitrofuran drugs, specific immunotherapy) and seborrheic eczema (enzymes, adsorbents, sulfur, vitamins).

6. Prevention. See dermatitis.

Topic: " **PROFESSIONAL DERMATOSIS"**

1. Definition.

2. Etiology and pathogenesis of occupational dermatoses .

Occupational dermatoses from exposure to chemical, physical and biological factors. The importance of occupational factors and the body's reactivity in the development of pro-dermatoses. The role of allergy in the pathogenesis of pro-dermatoses.

3. Diagnostic criteria . Classification of chemicals by their effect on the skin (obligate irritants, sensitizers, photostimulants).

Clinical forms of occupational dermatoses.

Occupational dermatoses of chemical etiology (simple and allergic). Dermatitis from exposure to hydrocarbons and various dusty substances (dermatoconiosis).

Occupational dermatoses of infectious and parasitic etiology (bacillary, viral, mycotic).

4. Organization of the fight against pro-dermatoses . Registration, accounting and reporting. The role of an occupational pathologist at dermatovenerologic dispensaries and sanitary-epidemiological stations in the fight against occupational skin diseases. Professional selection. Clinical examination.

5. Basics of prevention at work (technological, sanitary, hygienic and personal protective equipment).

6. Principles of treatment of pro-dermatoses .

7. Examination of working capacity . Rational employment. Basic legal provisions. Modern tasks of professional dermatology.

Topic: **"NEURODERMATOSIS (ITCHIC DERMATOSIS).**
ATOPIC DERMATITIS"

1. Skin itching

1. *Determination of itching. Classification* **.**

Physiological and pathological, primary (idiopathic) and secondary (symptomatic), localized and generalized.

2. Theories of the pathogenesis of pruritus.

Altered feeling of pain, a subspecies of tactile sensitivity , cortical sensation, the result of a change in the chemical composition of the skin, vasospasm and tissue trophic disorders.

3. *Etiology* **.**

The causes of generalized and localized pruritus (exogenous and endogenous factors).

4. *Clinic* **.**

Itching, neurotic disorders, absence of primary morphological elements in the presence of excoriation and bloody crusts, polished nails, complication of secondary pyoderma.

5. Patient examination plan .

Consultations of specialists, methods of laboratory diagnostics.

6. *Treatment* **.**

General therapy (treatment of the underlying disease, diet therapy, antihistamines, sedatives, antipruritic drugs, tranquilizers, vitamin therapy, in severe cases - corticosteroids).

Physiotherapeutic methods (electro- and phonophoresis with antipruritic drugs, hypnotherapy).

External therapy (water-shaken mixtures, alcohol solutions with antipruritic drugs, ointments with corticosteroids (sinaphlan, fluorocort, flucinar, lorinden, hyoxysone, apulein, afloderm, celestoderm, advantan, locoid, elokom, bellosalik, etc.)

11. Urticaria

1. *Definition. Classification* **.**

Chronic recurrent, persistent papular, angioedema Quincke, urticaria from physical factors - heat, cold, solar, artificial.

2. Etiology .

Endogenous and exogenous factors.

3. Pathogenesis .

The scheme for the development of an immediate type of allergic reaction, non- allergic and cholinergic urticaria.

4. Clinic of acute urticaria .

Sudden onset, itching, monomorphic blistering rash (color, size, shape, ephemerality); clinical varieties - porcelain-like, giant, vesicular, with pigmentation; localization on the skin and mucous membranes; "nettle fever".

5. Features of the course of chronic recurrent urinary pain.

Causes of frequent relapses, itching, neurotic disorders, characteristics of rashes, symptoms of gastrointestinal tract damage, blood analysis of persistent papular urticaria (transformation of blisters into papules, localization), angioedema of Quincke (absence of itching, lesions of the skin, mucous membranes, joints, localization, complications, forecast).

6. Treatment .

Elimination of the allergen. General therapy (antihistamines, anti-anaphylactic drugs, desensitizing drugs, steroid hormones).

External therapy (see "Skin itching").

7. Features of the treatment of angioedema .

(detoxification therapy, steroid hormones, adrenaline , diuretics), chronic recurrent urticaria (histoglobulin, enzyme preparations, phosphodiesterase inhibitors, specific desensitization), cholinergic urticaria (atropine, belladonna preparations).

III . Pruritus

/. Definition. Classification .

Children, adults, knotty.

2. Etiology .

Exogenous and endogenous factors.

3. Pathogenesis.

Scheme of an immediate-delayed allergic reaction.

4. Clinic .

Age of patients for each clinical form, pruritus, neurotic disorders, monomorphic papular rash (features of manifestations and localization for different forms), dermographism, reflexes, sweating and sebum secretion, polished nails.

5. Treatment .

Elimination of the allergen. Diet. General therapy (antihistamines , antipruritic agents, sedatives, tranquilizers, enzyme preparations, sorbents, vitamin therapy, nonspecific immunity stimulants). External therapy (baths, water shaken mixtures, aniline dyes, alcohol solutions with antipruritic drugs, ointments with corticosteroids). Physiotherapy. Peculiarities of treatment of nodular pruritus chi (antimalarial drugs, hydrocortisone injection , cryodestruction, diathermocoagulation, local X-ray therapy).

IV . Neurodermatitis. Atopic dermatitis

/. Definition. Classification .

Limited and diffuse.

2. Etiology .

Endogenous and exogenous factors, polyvalent sensitization, the concept of atopy, the role of heredity and the nervous system , parallergy.

3. Pathogenesis .

Scheme of an immediate-delayed allergic reaction, immunological disorders, trigger factors of atopic dermatitis.

4. Clinic of limited neurodermatitis.

Age, gender, itching, localization of rashes; three zones of the lesion focus - lichenification, papular infiltration, pigmentation; dry skin.

5. Clinic of diffuse neurodermatitis (atonic dermatitis).

Age, itching, neurotic disorders, dynamics of rashes (papules, infiltration, lichenification, pigmentation), their localization, dermographism, dry skin, cheilitis, juvenile cataract (Andogsky's symptom), polished nails, symptoms of atopic face.

6. Treatment.

Elimination of the allergen. Diet. Mode. General therapy (antihistamines, hyposensitizers, sedatives, stabilizers of cell membranes, antipsychotics, tranquilizers, antidepressants, enzymatic agents,

sorbents, antihelicobacter therapy, pyrotherapy, nonspecific immunity stimulants, in severe cases - steroids). External therapy (keratoplastic ointments with naftalan, tar, ASD f. III , sulfur, ichthyol; antipruritic ointments with anesthesin, menthol; radevitis, we see; ointments with corticosteroids for limited areas). Physiotherapy (baths, UFO, SFT, PUVA therapy).

Topic: **"SEBOREA. VULGAR ACELS. PINK ACELS"**

I of . Seborrhea

/. *Definition.*

2. Etiopathogenesis.

Violation of the secretory function of the sebaceous glands, a change in the chemical composition of sebum as a result of hereditary predisposition, violation of the physiological balance between androgens and estrogens, autonomic disorders, diseases of the gastrointestinal tract, focal infections. Reproduction of microflora by suppressing the bactericidal properties of sebum.

3. Classification,

Dry (dandruff), oily (thick and thin), mixed.

4. Clinic,

Dry seborrhea: itching, dry skin, erythema with peeling, localization of the process, hair changes, the occurrence of seborrheic eczema and alopecia. Oily seborrhea: the condition of the skin, hair and hair follicle orifices, the predominance of grayish-yellow crusts, localization, the occurrence of acne vulgaris, atheroma, alopecia, follicular pyoderma.

5. Treatment.

General: vegetarian diet with restriction of carbohydrates, coarse fats, extractives, table salt; vitamin therapy; preparations of sulfur, iron, phosphorus; enzymes; antiandrogens (sinestrol, Diane-35, etc.); sedatives; physiotherapy (UFO, darsonvalization, massage, hydrogen sulfide baths).

Local therapy: skin care, cosmetic procedures, wiping with aqueous solutions (sodium thiosulfate, tetraborate, bicarbonate), alcoholic and ethereal solutions with sulfur, tannin, resorcinol, salicylic and boric acids, the use of indifferent (with talc, zinc oxide) or medicinal powders (with sulfur, boric acid, burnt alum), ointments (sulfuric, salicylic, etc.). "Locoid" (lotion, lipo cream, cream, ointment). "Diprosalik" (solution, ointment). "Sulfodecortem" (ointment). Anti-dandruff shampoos. Sulsen paste and soap.

II. Acne vulgaris

1. Definition.

2. Etiopathogenesis.

The role of Corynebacterium acne , staphylococci. Predisposing factors: hereditary burden, hormonal disorders (predominance of androgens and lack of estrogen), the presence of seborrhea, diseases of the gastrointestinal tract, diabetes, diet disturbance (excessive consumption of fats; spicy and spicy foods), the use of corticosteroids, iodide, bromide drugs, tuberculosis intoxication etc.

3. Clinic.

Age. Favorite localization. Process stages; open and closed comedones, papular, pustular. Severe forms : indurative, phlegmonous, necrotic, conglobata acne. Morphological elements, their dynamics.

4. Differential diagnosis.

Pink uters, ostiofolliculitis and folliculitis, hydradenitis, colonic tuberculosis of the skin, pustular syphilis.

5. Treatment.

General: antibiotics (according to the antibiogram), aromatic retinoids (roaccutane, retinol palmitate), antiandrogens (Diane-35), vitamins (A, E, B, aevit, folic acid), zinc, sulfur preparations, staphylococcal toxoid, antifagin, antistaphylococcal gamma globulin, autohemotherapy, enzymes, saline laxatives, PUVA therapy, etc.

Local therapy: creams "Skinoren", " Differin", "Radevit", "Videstim", lotion "Zinerit", "Retinoevaya" ointments, salicylic; alcohol solutions with antibiotics, resorcinol, salicylic acid; aniline dyes; water-glycerin suspensions with ichthyol, sulfur; antibiotic ointments, sulfuric, etc.; physiotherapy (UHF, UFO).

S. Rosacea

1. Definition.

2. Etiopathogenesis.

Role of Demodex folliculorum . Predisposing factors: gastrointestinal disorders (more often achilia), alcohol abuse, occupational hazards (insolation, high temperature, dustiness), vegetative neuroses, dysfunction of the gonads (dysmenorrhea, menopause), etc.

3. Clinic.

Gender, age. Stages of the disease: erythematous, papular, pustular, hypertrophic (rhinophyma).

4. Differential diagnosis.

Acne vulgaris, discoid lupus erythematosus, lumpy syphilis, perioral dermatitis.

5. Treatment.

Diet with the prohibition of hot food, spicy, spicy foods, alcohol. Elimination of external irritants. Antibiotics, rivanol, enzymes, vitamins.

Antiparasitic agents (sulfuric ointment, water-soap emulsion or benzyl benzoate ointment, Demyanovich's method, ointment (gel) with metronidazole, "Yam"). Antiseborrheic therapy. "Hyoksizon", "Lorinden S", ichthyol-resorcinol paste. Physiotherapeutic methods: cryomass soot, electrocoagulation, dermabrasion. Surgical treatment for rhinophyma.

Topic: **"RED Lupus. SCLERODERMIA. DERMATOMYOSITIS"**

I of . lupus erythematosus

1 Etiology and pathogenesis.

Tuberculous, streptococcal, viral, allergic with a pronounced autoimmune component of the theory. The role of external factors in the development of skin manifestations - insolation, cooling, mechanical injury, medications. Autoaggression development scheme. Stages of disorganization of connective tissue: mucoid, fibrinoid swelling, fibrinoid necrosis.

2. Classification,

Chronic (discoid, disseminated, centrifugal erythema of Bystt, deep - Kaposi-Irganga), subacute, acute (systemic).

3. Clinic.

Discoid lupus erythematosus: erythema in the form of a "butterfly", the affected area (erythema, follicular hyperkeratosis, scar atrophy), additional signs (tsleangiectasia, infiltration , pigmentation), symptoms (Benier-Meshchersky, ladies' heel), mucosal lesions atypical forms (hyperkeratotic, verrucosia, seborrheic, tumor-like, pigmented, telangiectatic, mutilating). Especially the course of disseminated, superficial and deep forms of the disease. The concept of consistency.

4. Diagnostics.

LE - cells, histology, direct immunofluorescence reaction, rheumatic tests, protein and protein fractions of blood serum, complete blood count, serum immunoglobulins.

5. Treatment.

General therapy (antimalarial drugs, anabolic and steroid hormones, vitamins, immune stimulants, cytostatics).

External therapy (corticosteroid ointments).

6. Prevention.

Avoid sun exposure, hypothermia, mechanical injury, caution when prescribing medication. Photoprotective powders and ointments. Clinical examination. Professional selection. Employment.

II . Scleroderma

1. Etiology and pathogenesis.

Infectious, viral, neuroendocrine, autoimmune theories. The role of external factors in the development of the disease: physical, mental trauma, cooling, burns, drugs, vaccines, serums.

2. Classification.

Limited (plaque, linear, white spot disease, idiopathic atrophoderma). Diffuse (systemic).

3. Clinic.

Plaque scleroderma: primary morphological element, stages of the process (edema, induration, atrophy), localization. Features of the course of other forms: linear (children are sick more often, the form of the focus is "saber strike", localization), white spot disease (women are sick more often, white spots up to 0.5 cm in size with atrophy, localization), idiopathic atrophoderma (sick more often young women, bluish or brown spots with translucent veins, localization), systemic (prodromal symptoms, acrosclerosis, sclerodactyly, muscle damage, visceral lesions, calcification of subcutaneous fat).

4. Treatment.

General therapy (antibiotics, enzyme, vasodilator drugs, vitamins, aromatic retinoids, corticosteroid hormones). Physiotherapy methods (electro- and phonophoresis; applications of paraffin, ozokerite, therapeutic mud; ultrasound; massage; gymnastics; hyperbaric oxygenation). External therapy (dimexide, solcoseryl, indomethacin, butadion, troxevasin ointments). Spa treatment.

5. Prevention.

Remediation of foci of chronic infection. Elimination of external stimuli. Repeated courses of antibiotic therapy and enzyme preparations. Clinical examination.

III . Dermatomyositis

1. Etiology and pathogenesis.

Infectious-allergic, metabolic theory, connection with oncological diseases. The role of external factors in the development of the disease.

2. Classification.

Acute, subacute, chronic.

3. Clinic.

Prodromal symptoms, skin lesions (periorbital erythema, cape symptom, telangiectasia, lichenoid eruptions, poikilodensrmia), muscles (muscle weakness, weakness, contractures, dysphagia, aphonia, choking, urinary and fecal incontinence), mucous membranes, leukoplitis, stomatacia , internal organs, mental disorders.

4. Diagnostics.

Transaminases, protein and protein fractions of blood serum, creatine in urine, complete blood count.

5. Treatment.

General therapy (corticosteroid hormones, cytostatics, vitamin therapy), external treatment (corticosteroid ointments).

6. Prevention.

Remediation of foci of chronic infection. Periodic examination by an oncologist. Clinical examination.

Topic: **"BLOODY DERMATOSIS**

Definition, Classification,

True or acantholytic pemphigus (vulgaris, vegetative, seborrheic, leaf-shaped), non-acantholytic pemphigus or pemphigoid (bullous, scarring pemphigoid, non-acantholytic pemphigus only of the oral mucosa), congenital bullosa-bladder dermatitis-chronoidal chronoidal dermatitis herpetiformis and similar diseases (Duhring's herpetiformis, herpes of pregnant women, Gebra-Kaposi's herpetiform impetigo), infectious bullous dermatoses (erythema multiforme exudative erythema, epidemic pemphigus of newborns).

I of . Pemphigus

1. Theories of etiopathogenesis:

(viral, neurogenic, metabolic, endocrine, enzymatic). The concept of autoimmune mechanisms of pathogenesis. Acantolysis.

2. Classification,

True (vulgar), vegetative, seborrheic (Senir-Asher syndrome), leaf-shaped.

3. Clinic.

True pemphigus (acute onset, lesions of the skin and mucous membranes, monomorphism of rashes, intraepidermal blisters, their dynamics, peripheral growth of erosions, jerky chronic course). Peculiarities of the vegetative course (rare occurrence, severe condition, localization in the area of folds and on mucous membranes, vegetation at the bottom of erosion, unpleasant odor), leafy (universal keratolysis, severe course with a fatal outcome, layered crusts, similarity to exfoliative erythroderma), seborrheic (localization on seborrheic areas of the skin, erythema with cortical layers, similarity to discoid lupus erythematosus) pemphigus.

4. Diagnostics.

Symptoms of Nikolsky (3 options), Asbo-Hansen, pears. Detection of acantholytic cells (Tzank cells) in fingerprints. Immuno-fluorescent diagnostics. Histological method.

5. Differential diagnosis

with bullous pemphigoid, exudative erythema multiforme, herpetic stomatitis, erosive and ulcerative lichen planus.

6. Treatment.

Corticosteroids (concept of a shock, maintenance dose, tactics of reduction, complications of steroid therapy, clinical and laboratory control of treatment tolerance, withdrawal syndrome). Cytostatics (methotrexate, sandimune). Local treatment (baths, rinsing, cauterization and disinfectants).

7. Prevention.

Dispensary observation. Maintenance doses of corticosteroids. Oral cavity sanitation and rational prosthetics.

II . Bullous pemphigoid

/. *Definition.*

2. Etiopathogenesis.

Unknown. Relationship with cancer.

3. Clinic.

The age of the patients. Monomorphism of rashes - subepidermal blisters, their dynamics, rapid epithelialization and absence of peripheral growth of erosion, relapses in old places, symmetry, localization (trunk, folds, inner surface of the forearms and thighs). Damage to the mucous membranes. Chronic course with incomplete spontaneous remissions.

4. Diagnostics.

Immunofluorescence and histological methods.

5. Treatment.

Steroid hormones. Sulfone preparations (DCS, avlosul von, diucifon). Immunosuppressants (methotrexate, cyclophosphamide, azatioprine). Protease inhibitors (E-aminocaproic acid, contrycal). Hemosorption, plasmapheresis. External therapy: aniline dyes, steroid ointments, ointments with antibacterial agents.

6. Prevention.

Examination by an oncologist. Dispensary observation.

III . Dühring's dermatitis herpetiformis

1. Theories of etiopathogenesis.

Toxic-allergic, neuro-endocrine, connection of the disease with tumor-like processes.

2. Clinic.

An agonizing itch. Polymorphism (erythema, blisters, papules, blisters, vesicles, pustules), herpetiformity (grouping) and symmetry of rashes. Characterization of vesicles and blisters (subepidermal, not fused, grouped). Favorite localization (extensor surfaces of the limbs, shoulder blades, lower back). Clinical options: large-bubble, small-bubble, abortive, localized.

3. Diagnostics.

Jadasson's test (with an ointment containing 50% potassium iodide). Exacerbation of the disease from ingestion of 3% potassium iodide. Detection of eosinophils in the contents of the blisters and peripheral blood. Immunofluorescent, histological methods. Trial therapy method.

4. Treatment.

Sulfone preparations (DCS, avlosulfone, diucifon, dapsone). Iron preparations, LGT, blood transfusion, plasma transfusion. Indications for the appointment of steroids. External therapy: aniline dyes, steroid ointments with antibacterial drugs.

5. Prevention.

Examination by an oncologist. Dispensary observation.

IV . Epidermolysis bullosa

/. *Etiopathogenesis.*

Hereditary disease. Inadequacy or absence of elastic fibers.

2. Classification.

Simple and dystrophic (hyperplastic and polydysplastic) forms.

3. Clinic.

Simple form: manifests itself in the first days of life, itching, burning, monomorphic bullous rash (occurs on unchanged skin, in places of mechanical trauma, large size, serous-hemorrhagic exudate), localization (extensor surfaces of the limbs, joints, lower back), permission to pubertal period. Features of the clinical manifestations of hyperplastic (atrophy, cicatricial changes, milia at the site of blisters, dystrophy of the skin appendages - thickening of the nails, hair dystrophy; hyperhidrosis, hyperkeratosis of the palms and soles, Nikolsky's false positive symptom, mucosal lesions, combination with ichthyosis and hypertrichosis) and polydysplastic course, bleeding erosion, ulcers, scars, contractures, deformation

of the eyelids, mouth, nasopharynx, limitation of the mobility of the tongue, damage to all mucous membranes, positive Nikolsky's symptom, deformation of bones, teeth, hair, nails, death).

4. Treatment.

Steroid hormones (medium doses). Vitamin therapy (A, B, D, C, B15). Fortifying agents (calcium, iron, liver preparations, methyluracil, gammaglobulin). External therapy: aniline dyes, aerosols and ointments with steroids, disinfectant baths, pastes, ointments.

The V . **Exudative erythema multiforme**

/. *Etiology and pathogenesis.*

Infectious-allergic (idiopathic) and toxic- allergic (symptomatic) forms. The role of focal and herpetic infections, visceral pathology, cooling, increased sensitivity of the body to various medicines, vaccines, serums, food. Seasonality.

2. Clinic.

Sharp start. Intoxication symptoms. Polymorphism of rashes: pyagna (double contour: cyanotic center and bright red periphery, slight elevation above the skin, peripheral growth; shape - round, polycyclic, annular, in the form of "irises"), papules, vesicles, blisters (tense, large, with serous - hemorrhagic content). The defeat of the oral mucosa and genitals, the red border of the lips. Stevens-Johnson syndrome. Lyell's syndrome

3. Differential diagnosis

with pemphigus, Dühring's dermatitis herpetiformis, aphthous stomatitis, secondary syphilis, bullous toxicoderma .

4. Treatment.

Antibiotics. Antihistamines, desensitizing, restorative drugs. Vitamins. Steroid hormones in severe cases. Infusion therapy. External therapy: aniline dyes, steroid ointments, antibiotic ointments.

Topic: "KHEILITS"

Classification .

1. Own cheilitis.

1. Exfoliative cheilitis . Pathogenesis. Exfoliative cheilitis as a psychosomatic disease. Clinic and course of dry and exudative forms. Pathomorphology. Differential diagnosis of exudative form with exudative form of actinic cheilitis, abrasive precancrotic cheilitis of Manganotti, erosive and ulcerative form of lupus erythematosus and pemphigus vulgaris. Differential diagnosis of the dry form of the disease with atonic, meteorological and allergic cheilitis.

Treatment. Forecast. Secondary prevention.

2. Glandular cheilitis . Primary and secondary, hyperfunction, hyperplasia, heterotypy of the salivary glands as the cause of primary glandular cheilitis. The role of chronic inflammatory diseases of the lips (lichen planus, lupus erythematosus, etc.) in the development of secondary glandular cheilitis. Clinic of glandular cheilitis. Treatment. Forecast. Secondary prevention. Meteorological cheilitis. The role of unfavorable meteorological factors (high or low humidity, dustiness, wind, cold, solar radiation) in the etiopathogenesis of the disease.

Clinic. Differential diagnosis with contact allergic cheilitis and dry form of actinic cheilitis. Complications. Treatment, prevention.

3. Actinic cheilitis . The role of sensitization to sunlight, pathology of the gastrointestinal tract and hepatobiliary system in the pathogenesis of cheilitis. Clinic for exudative and dry forms. Differential diagnostics. Forecast. Treatment. Secondary prevention.

11. Symptomatic cheilitis

1. *Atopic cheilitis, eczema of the lips, simple and allergic contact cheilitis* as a variant of localization on the lips, respectively, of atopic dermatitis, eczema, simple and allergic dermatitis.

2. *Melkerson-Rosenthal syndrome* . Etiology and pathogenesis. The role of heredity and infectious allergy in the development of the disease. Clinic, course, pathomorphology. Differential diagnosis with angioedema and elephantiasis as a result of recurrent erysipelas of the lip. Treatment. Forecast. Secondary prevention.

3. *Chronic lip fissure* . Etiology and pathogenesis. The role of individual features of the anatomical structure of the lower lip, chronic trauma and hypovitaminosis in the development of the disease. Clinic. Forecast. Treatment. Secondary prevention.

Topic: **"VIRAL DERMATOSIS**

I of . Herpes

L Definition,

Epidemiological significance. Virus morphology: the structure of the virion (nucleoid, capsid, envelope). Pathogenesis: life cycle (cell damage, viral inclusions, vironucleons), localization, dissemination and phagocytosis of viruses, erythrotropism, chromosome damage. Antigenic properties: HSV-1, VGTG-2. The role of viruses in the development of malignant neoplasms. Infection routes. Predisposing factors.

2. Clinic.

Simple blistering lichen: onset of the disease, subjective sensations, primary and recurrent herpes, localization around natural orifices (what?), Morphological element (vesicle, dynamics of its development, grouping), complications, course, causes of relapses, rare forms (abortive, zosteriform, edematous, migratory, elephantiasis-like, disseminated, hemorrhagic, necrotic, ulcerative), differential diagnosis with streptococcal, staphylococcal impetigo, chancre hard, pyoderma chancriform. Features of the course in children.

Kaposi's herpetiform eczema: age, causes, clinical course, prognosis, treatment.

Shingles: causative agent, seasonality, predisposing factors, immunity, onset of the disease (neuralgia, symptoms of intoxication), localization of rashes along the nerves (what?), Polymorphism of rashes (erythema-papule-vesicle, process dynamics), localized and generalized forms, rare varieties (hemorrhagic, gallbladder, gangrenous, generalized). Regional lymphadenitis. Symptoms of damage to the central and peripheral nervous system, cranial nerves, their ganglia. Meningeal phenomena.

Differential diagnosis with neuralgia, erysipelas, staphylococcal impetigo, hepatocholecystitis.

3. Diagnostics.

Cytological, serological and cultural methods, PCR.

4. Treatment.

General therapy: antiviral drugs (acyclovir, valacyclovir, famciclovir, riboverin, virazol, modimunal, methisazone, bonaphton, interferon, herpetic polivaccine), broad-spectrum antibiotics, analgesics, dehydrotation therapy, ganglionic blockers, stimulants, interferon inducers.

External remedies: antiviral ointments - oxolinic, tebrofen, florenale, bonafton with interferon, rhyodoxol, helepin, acyclovir (zovirax, virolex), gossypol liniment, aniline dyes. Physiotherapy methods: UFO, phonophoresis, Bernard currents, microwave therapy, ultrasound.

5. Prevention.

Hardening, increasing the body's resistance, consultation with an oncologist, anti-relapse therapy, treatment of sexual partners with genital herpes.

11. Warts

1. Etiology.

Human papillomavirus (DNA-containing, types-1-5). Infection routes. Predisposing factors. The role of the nervous system. Autoinoculation.

2. Clinical varieties.

Common (vulgar), flat (juvenile), plantar, filiform warts, genital warts.

Vulgar warts: hyperkeratotic papules (shape, size, subjective sensations), daughter warts, localization, transformation into carcinoma, nail damage.

Flat warts: papules (size, shape, surface, number, grouping, color), their localization.

Plantar warts: flat hyperkeratotic papules (number, shape, subjective sensations), their localization, differential diagnosis with corns.

Filiform warts: pointed, elongated, partially keratinized papules, localization (mainly around natural openings).

Genital warts (venereal warts): vegetative moist papules (size, peripheral growth, base, number, similarity to cauliflower, lobular structure, consistency), localization in places where the skin transitions into mucous membranes and folds, erosion, suppuration, transformation into Bowen's disease , cervical dysplasia, cervical carcinoma. Differential diagnosis with large warts.

H. Treatment.

Hypnotherapy. Cytostatic drugs (podophyllin, feresol, condillin, 5-fluorouracil, resorcinol). Destructive treatment (solcoderm, lapis, curettage, cryotherapy, diathermocoagulation, the use of carbon dioxide and carbonoxidase laser). Ointments: xratolytic (salicylic) and antiviral (see above). Surgical removal.

C. molluscum contagiosum

1. Etiology.

DNA containing smallpox virus. Infection routes. Age contingent. Epidemiological outbreaks.

2. Clinic.

Incubation period. Morphological element - papule (shape, size, color, consistency, number, peripheral growth, umbilical depression). Symptom of compression and the nature of the discharge, localization of the rash. Atypical forms: keratinizing, giant, cystic, ulcerated. Differential diagnosis with warts, basalioma, acne.

3. Treatment.

Removal followed by cauterization with iodine, silver nitrate or phenol.

4. Prevention.

Compliance with personal hygiene. Isolation of children from organized groups. Preventive examination of contact persons.

Topic: **"TUBERCULOSIS OF THE SKIN**

/. *Etiology.*

Causative agent: name, morphology, stages of development, types (human, bovine, avian), experience outside the host.

2. Epidemiology.

Morbidity. Sources and routes of infection. Socio-biological factors contributing to the growth of morbidity.

3. Pathogenesis.

The pathways of penetration of the pathogen (exo - and endogenous), the pathways of its spread in the human body (metastatic - lymph and hematogenous; autoinoculation - from depth and along the length). Factors contributing to the disease (exogenous - virulence and the amount of the pathogen, parallergy, nonspecific sensitization, climatic conditions, social factors; endogenous - the functional state of the skin, neuro-endocrine disorders, impaired water-salt, protein, vitamin metabolism, liver function, etc.).

4. Classification.

Skin tuberculosis that developed in previously uninfected individuals (primary affect, primary hematogenous scrofuloderma, primary affect at the BCG vaccination site), skin tuberculosis that developed in previously infected individuals - localized (tuberculous lupus, secondary scrofuloderma or collicvative) tuberculosis, bilious tuberculosis, bilious tuberculosis (ulcerative and papulo-necrotic tuberculosis, scrofulous lichen, indurativa erythema of Bazin).

5. Clinic.

Lupus tuberculosis: localization, morphological element - tubercle or lupoma (size, color, shape, consistency, pathways of resolution - dry with the formation of cicatricial atrophy and ulceration with scarring), the phenomenon of "apple jelly", the symptom of the "probe" or the symptom of Pospelov, symptom " crumpled tissue paper." Clinical varieties (flat, psoriasiform, ulcerative, tumor-like, warty, impetiginous, serpiginous) Mucosal lesions Complications (erysipelas, elephantiasis, lymphangiomas, lupus-carcinoma) with lupus erythematosus, tubercular syphilis and lepromatous type of leprosy.

Collicative tuberculosis (secondary scrofuloderma):

age of patients, symptoms of intoxication, localization, morphological element - a node (size, color, shape, consistency, adhesion to the skin), dynamics of resolution (ulcers, fistulas, fistulas, bridging scars). Differential diagnosis with syphilitic gummas and chronic ulcerative pyoderma.

Ulcerative (perioriform) tuberculosis of the skin: localization in the area of natural orifices (around the mouth, anus, urogenital organs), morphological element - tubercle (color, shape, size, consistency), ulceration (characteristic of ulcers, peripheral growth, soreness, Trela grains), differential diagnosis with primary and secondary syphilis, chancre.

Warty skin tuberculosis: age of patients, localization, morphological element - tubercle (color, shape, size, consistency), peripheral growth with plaque formation, formation of verrucous growths, focus zones (keratinized warty center, zones of purple and pink-red color), resolution (cicatricial atrophy or scar). Differential diagnosis with vulgar warts and vegetative pyoderma.

Papulo-necrotic tuberculosis of the skin: localization, morphological element-tubercle (color, shape, size, quantity, lack of peripheral growth), dynamics of resolution (ulceration with the formation of a stamped scar). Differential diagnosis with folliculitis and tubercular syphilis.

Lichenoid tuberculosis of the skin (scrofulous lichen): age of patients, localization, primary morphological element - a nodule (size, shape, color, focal location, are resolved without a trace).

Inductive erythema of Bazin: gender, age of patients, localization, morphological element - a node (shape, size, consistency, quantity, soreness, skin condition, infiltrates in the form of cords connecting the nodes). Dynamics of resolution (resorption with the development of skin atrophy and ulceration with the formation of an uneven atrophic scar). Differential diagnosis with erythema nodosum, gummy syphilis, scrofuloderma.

6. Diagnostics.

Epidemiological history. Fluoroscopy of the chest, bones, joints, kidneys, intestines. Bacteriological examination of sputum, urine, feces, lymph node punctate. Bacteriological method. PCR diagnostics. Tuberculin diagnostics (Pirquet and Mantoux reaction). Infection with pathological material in experimental animals (guinea pigs) is a biological sample. Histological examination of a biopsy of the skin (tuberculous granuloma).

7.Treatment.

Treatment is carried out by a phthisiodermatologist. Complex, combined, long-term therapy. Tuberculostatic drugs: 1 row (INHA, PASK, tubazid, ftivazid, metazid, saluzid, lorusan, streptomycin), 2 rows (cycloserine, kanamycin, ethionamide). Salt-free diet. Vitamin therapy (A, C, D2, groups B), Phototherapy (UFO, heliotherapy). General strengthening therapy. Climatotherapy.

8. Prevention.

The role of tuberculosis dispensaries. Registration by form 089 Control card (f. 30). Risk contingents. Employment and life of patients.

Topic: **"SKIN LEISHMANIASIS"**

/. Etiology.

Pathogen (Leichmania tropica minor, Leichmania tropica major). Morphology, habitat in the human body.

2. Classification.

Ostronecrotizing (rural) type, late ulcerating (urban) type, tuberculoid (metalishmaniasis) type.

3. Epidemiology.

Source of infection: humans (urban type), rodents: ground squirrels, gerbils (rural type). The transmission path is transmission. Seasonality of the disease.

4. Clinic.

The acutely necrotizing type (pendin ulcer): incubation period (1 week-2 months), localization (open areas of the skin, more often limbs), morphological element - tubercle (size, shape, color, consistency), evolutionary polymorphism (tubercle -> deep ulcer - > scar), "leishmania- satellites", tubercles of seeding, "fish caviar symptom " , "trench ditch", "Cain's seal", peculiarities of the course in children (complication of pyogenic infection - skin abscesses, phlegmon).

Late ulcerating ooze (chronic, one year old): incubation period (2 months - 2 years), localization (open skin areas), morphological element - tubercle (size, shape, color, consistency), evolutionary polymorphism (tubercle - > crust -> superficial ulcer -> peripheral growth - ” scar). Regional, lymphangitis, in the form of "rosary". Tuberculoid type as a type of anthropophilic leishmaniasis: localization (face), morphological element - tubercle (color, shape, consistency, absence of ulceration), location (around scars), apple jelly symptom, differential diagnosis with tuberculous lupus.

5. Diagnostics.

Bacteriological method (microscopy of tissue fluid with leishmaniasis, staining according to Romanovsky-Giemsa). Inside a skin test with a vaccine from Leishmania, RIL (lepgomonad immobilization reaction). Histological method (infectious granuloma with a large amount of pathogen).

6. Treatment.

Antibiotics (monomycin). Antimalarial drugs (quin gamine). Antimony preparations (solusurmin). Destructive therapy (cryotherapy, diathermocoagulation, feresol, pyrogall ointment). Anti-inflammatory ointments (hormonal ointments, antibiotic ointments).

7.Prevention.

Disinsection and deratization in endemic foci.

Topic: **"SKIN REGULATIONS**

1. Definition.

Tumors are an excessive pathological proliferation of tissues that is not coordinated with the body, continuing after the cessation of the action of the causes that cause it, consisting of qualitatively

changed cells that have become atypical in terms of differentiation and the nature of growth and transmit these properties to their descendants.

2. Etiopathogenesis.

According to the WHO Cancer Prevention Committee, 90% of tumors are associated with external factors, 10% depend on genetic factors and viruses. Great importance is attached to ionizing radiation, oncogenic substances and oncogenic viruses. Oncogenic substances (carcinogens): natural (mycotoxins, alkaloids of the cross, benzpyrene in lava, ash, volcanic mud, etc.) and artificial (products of the release of the oil and coal processing, coke-chemical, metallurgical industries, emissions from heating systems and internal combustion engines, etc.). Oncoviruses have the ability to cause the transformation of normal cells into tumor cells. In humans, oncogenic viruses are HSV-2, Epstein-Barr, papillomavirus (type 16.18).

3. *Classification* **.**

Benign and malignant. Signs of a malignant process: invasive growth, metastasis, cell atypia, rapid progression. Stages of carcinogenesis: precancer, a formed tumor, the formation of metastases. Clinical, morphological and histological classification of benign skin tumors: epidermal (milium, cysts, atheroma, keloids, syringoma, adenoma, etc.), neuroectodermal (freckles, malignant lentigo, pigmented nevi, etc.), mesenchymal (fibroma, myxoma, etc.) .) origin, from fatty (lipoma), muscle (myoma, leiomyoma), vascular (hemangioma) tissues.

4. Clinic of individual skin tumors.

Benign tumors.

Epidermal and dermal cysts (papules, soft and dense, multiple and single). Milium (white, miliary papules on the face).

Atheroma (sebaceous glands, often multiple, localization on the face and scrotum).

Keloids (fibromatous changes in connective tissue, more often due to trauma, after acne, operations, vaccinations of nations).

Syringoma (a malformation of the eccrine sweat glands, papules are small, flat, symmetrical, flesh-colored, licking on the chest, neck, eyelids with a drop of liquid on the surface).

Adenoma (a tumor of the sebaceous gland, a hereditary disease , begins in childhood, combined with damage to the nervous system, papules miliary and lenticular in the area of the nasolabial folds, chin, telangiectasia, papillomatous and fibromatous growths).

Freckles (multiple hyperpigmented spots on the face, hands, forearms, strongly pronounced in summer, a familial disease).

Malignant lentigo (black spots, metastases).

Pigmented nevi: modermal epidermis (oval papules, normal skin color, no favorite localization), blue nevi (true, Mongolian spots, light blue), giant (in the form of a swimsuit), Setton (pigmented nevus surrounded by a depigmented rim) ...

Fibroma (varieties: soft on a stem and hard on a broad base).

Myxoma (a knot of soft consistency, the color of normal skin in the genital area and on the eyelids).

Lipoma (a rounded node, painless, mobile, slowly growing).

Myoma (white node, single, worm-like contraction under the influence of cold). Leiomyoma (nodes are small, multiple, oval, dense, sharp pain when the temperature changes, localized on the extensor surfaces of the limbs).

Hemangioma (excessive proliferation of blood vessels with the development of phleboectasias and aneurysms, clinical forms: stellate, flat, nodular, cavernous, giant).

Malignant tumors.

Basalioma. Frequency of occurrence (80%) and degeneration into skin cancer (0.1%), advanced age. Localization: upper half of the face, ears. The morphological element is a nodule, then peripheral growth -> plaque -> erosion or ulcer with a crust. Roller made of knots in the form of pearls. Telangiectasia. Clinical varieties : superficial, flat, cicatricial, scleroderma-like, vegetative, pagetoid. Treatment: cryotherapy, diathermocoagulation, surgical removal.

Spinocellular epithelioma (squamous cell, styloid skin cancer). Morphological element - superficial papules with desquamation> peripheral growth> plaques > vegetation > ulceration. Characteristics of the ulcer: crater-like, under the uneven edges, bleeds. Localization around natural holes. Rapidly metastases, mainly lymphogenous. Treatment: close-focus X-ray therapy, surgical excision.

Melanoma. It develops from nevi: change and uneven color, shine, inflammatory corolla, increased skin temperature. Morphological element - papule or plaque (black or dark brown, dense

consistency) > ulceration > rapid peripheral growth. Presence of small hyperpigmented nodules around. They metastasize to the skin, lymph nodes, liver, brain. Diagnosis: urine + sodium nitroprusside = blue, intravenous administration of radioactive phosphorus. Surgical treatment followed by chemotherapy.

5. Diagnosis of tumors.

Cancer alertness. Clinical (history, examination, palpation, percussion), instrumental (endoscopic X-ray, radioisotope), morphological methods.

6. Treatment.

Radical and palliative. Antineoplastic agents. Radiation therapy. Cryodestruction, Surgical removal.

7. Prevention.

Prevention of occurrence (hygienic) and development (clinical).

Topic: **"HAIR DISEASES"**

I of . Alopecia

L Etiopathogenesis.

The role of the nervous, endocrine, immune, vascular systems, foci of chronic infections and infectious diseases, pathology of pregnancy and birth trauma, endo- (helminthiasis, lamblia, etc.) and exogenous factors and intoxications in the onset of the disease. Hereditary predisposition. Emotional disorders, hypothalamic pathology, hyperandrogenemia, autonomic disorders, decreased mitotic activity of epidermal cells.

2. Classification.

Congenital and acquired. By the prevalence of the process: nested (focal), subtotal, total, universal, marginal, diffuse. By the mechanism of occurrence: traumatic, infectious, presenile and senile, seborrheic, cicatricial, etc.

3. Clinic.

Presence of foci of baldness, their shape, size, color, subjective sensations, area of loose hair, peripheral growth of foci, characteristics of lost hair. Stages of the disease: progressive, stationary, regressive. The course of the disease: benign and malignant.

4. Differential diagnosis

with fungal hair diseases, syphilis, leprosy.

5. Treatment.

Photochemotherapy (PUVA - therapy with psoralen, psoberan, berroxan, ammifurin), the use of contact allergens (dinitrochlorobenzene, diphencyprone), immunomodulators (thymogen, taktivin, thymalin, thymoptin), agents affecting the state of the central and autonomic systems (autonomic nozepam, anaprilin, eglonil, reserpine), improving microcirculation (nicotinic acid, andecalin, theonikol), trace elements (zinc oxide, copper sulfate), vitamins, corticosteroids. Acupuncture. Laser therapy. Physiotherapeutic methods (darsonvalization, indirect diathermy or inductothermia of cervical sympathetic nodes, phonophoresis), MILTA-therapy. External irritant therapy: tincture of red pepper, Golden Star balm, cryomassage with liquid nitrogen, freezing with chloroethyl.

II . Hair shaft defects

Trichoptilosis - splitting hair ends. The role of physical and chemical factors. Trichonodosis - looped and twisted hair. Frequent genodermatosis syndrome. Trichorexis knotty - knotty brittleness of hair when their chemical composition changes. Monilethrix is a spindle-shaped hair aplasia. Hereditary disease. Trichotillomania is intentional damage to hair. Treatment by a neuropsychiatrist. Ingrown hair is a growth pathology when hair is injured, as a result of which the free edge of the hair is embedded in the skin.

S. Hypertrichosis

/. *Definition.*

Excessive hair growth that does not correspond to the given area, age and sex of the patient.

2. Types.

Congenital cannon (often in the area of nevi), symptomatic (accompanies a number of diseases), iatrogenic (develops with the use of various drugs - corticosteroids, streptomycin, psoralen and others).

3. Treatment.

Epilation (mechanical, chemical).

IV . Cicatricial alopecia

/. *Definition.*

Destruction of hair follicles and scarring of the skin.

2. Etiopathogenesis.

Primary (the cause is unknown) and secondary (a symptom of a number of diseases). Hereditary, traumatic (burns, mechanical trauma, radiation dermatitis), infectious (favus, tuberculosis, syphilis, cutaneous leishmaniasis), oncogenic. Symptoms of lupus erythematosus, scleroderma, lichen planus, scarring pemphigoid and other dermatoses.

3. Treatment of the underlying disease. Autotransplantation.

Topic: **"METHODOLOGY OF EXAMINATION OF A VENEERIC PATIENT. ETIOPATHOGENESIS OF SYPHILIS "**

1. Methodology for examining a patient with a venereal disease.

Features of collecting anamnesis of the disease: finding out the timing of infection, place, circumstances, source of infection, sexual and household contacts. The concept of confrontation. Mandatory examination of the entire skin, mucous membranes and scalp. Strict adherence to medical confidentiality.

2 The causative agent of syphilis.

Pale treponema: year of discovery, priority of German scientists, morphology (appearance, size, electron microscopic structure, forms of survival: L- forms , polymembrane phagosomes, cysts), types of movements, reproduction, antigenic structure, habitats in the human body. Differential diagnosis of pale treponema from other treponemas. Stability in the external environment. Influence of various physical and chemical factors.

3. Pathogenesis of syphilis.

The mechanism of development of syphilitic infection: contagiousness of syphilides and biological fluids of the body, conditions of infection, pathways in the body (lymphogenous, hematogenous, neurogenic). Immunity (humoral and cellular , phagocytosis, anti-shunker immunity). Superinfection. Reinfection (criteria). Transfusion syphilis. General course and periodization of syphilis. Experimental syphilis.

4. Ways of infection with syphilis.

Direct: sexual (natural and sexual perversions) and extra-sexual (professional, transfusion, transplacental, kissing). Indirect (through household items). Features of the infection of children.

5. Incubation period.

Duration. Causes of lengthening and shortening.

Topic: **"PRIMARY PERIOD OF SYPHILIS, ITS DIFFERENTIAL DIAGNOSTICS "**

1. Periodization of the primary period of syphilis.

With negative and positive serological reactions (their duration).

2. Clinic of the primary period of syphilis.

Characteristic of hard chancre: erosion or ulcer (frequency of occurrence, shape, edges, color, absence of pain, infiltration at the base, detachable). Reasons for the transformation of an erosive hard chancre into an ulcerative one. Dimensions: dwarf, giant, burn. Quantity: single and multiple, including sequential, bipolar, chancre-prints. Rare options: hypertrophic, crustic, herpetic, in the form of erosive balanoposthitis. Localization: genital, perigee, ital, extragenital. Features of the clinical manifestations of a hard chancre, depending on localization (on the inner leaf of the foreskin and in the coronal sulcus, in the area of the frenulum of the penis, the external opening of the urethra, anus, eyes, on the tongue, gums, tonsils, cervix).

Scleradenitis: timing of appearance, localization, size, consistency, painlessness, mobility, skin condition over the lymph nodes.

3. Differential diagnosis.

With chancre (chancroid), chancriform pyoderma, genital herpes, scabies ecthyma, spinocellular epithelioma, an acute ulcer of the Chapin-Lipschutz vulva, three homonadal and gonorrheal erosions.

4. Atypical forms of hard chancre.

Inductive edema, chancre-amygdalitis, chancre-panaritium. Clinical characteristics. Differential diagnosis with banal phimosis, bartholinitis, banal angina, panaritium.

5. Complications of primary syphiloma.

Erosive balanoposthitis, vulvovaginitis, paraphimosis, phimosis, gangrene, phagedenism. Causes, clinical features, differential diagnosis.

6. Features of the course of the primary period of syphilis at the present stage.

7. Diagnostics.

Sampling of material (discharge of solid chancre, lymph node punctate). Bacterioscopy (examination in a dark field). Serological methods RSK, MRP (or analogs - VDRL , RPR), RPGA, ELISA, RIF, RIBT.

Topic: **"SECONDARY SYPHILIS**

1. Periodization of the secondary period of syphilis.

Manifest and hidden (early).

2. Clinic of the secondary period of syphilis.

General characteristics of secondary syphilides (absence of subjective sensations, acute inflammatory reaction, round barking shape, focal location, paroxysmal rash, benign course, tendency to relapse).

Spotted syphilis (varieties of syphilitic roseola: draining , towering, granular, scaly).

Papular syphilis: miliary; lenticular, including seborrheic, psoriasiform, weeping (erosive, ulcerative, vegetative - wide condylomas), palms and soles (lenticular , annular, horny, wide type); nummular, plaque-like. Vesicular (herpetiform) syphilide.

Pouce tulezny syphilide: impetiginozny, eel, ospennovid ny, syphilitic ecthyma and Rupee.

Pigmented syphilis (syphilic leucoderma): spotted, reticulate, marbled. Syphilitic alopecia: small focal, diffuse, mixed.

Manifestations on the mucous membranes: syphilitic tonsillitis, laryngitis, papular (erosive, ulcerative) rashes.

According liadenit.

Damage to internal organs, nervous system, eyes, musculoskeletal system.

3. Differential diagnosis of the secondary period of syphilis .

4. Features of the course of the secondary period of syphilis at the present stage.

5. Diagnostics.

The concept of confrontation. Bacterioscopy of discharge of syphilides. Serological methods RSK, MRP , RPGA, ELISA, RIF, RIBT.

Topic: **"DIFFERENTIAL DIAGNOSTICS OF THE SECONDARY PERIOD OF SYPHILIS"**

1. Introduction.

Syphilis, according to the figurative definition of venereologists, is a " great imitator", "a monkey of all diseases." Due to the peculiarities of psychology, patients with syphilis often, first of all , turn to doctors of the general medical network: therapists, gynecologists, infectious disease specialists, etc. There is a need to carry out a differential diagnosis of clinical manifestations of secondary manifestations of syphilis with infectious diseases, pathology of internal organs, accompanied by skin rashes , allergic and various skin diseases of an infectious and non-infectious nature.

The solution to this problem is sometimes very difficult, because rashes of the secondary period of syphilis are polymorphic - roseola, papules, pustules, vesicles, pigmentation disorders - and are localized in different areas of the skin and mucous membranes.

Often, the final diagnosis can be made after laboratory tests - detection of pale treponema in the serum of rashes, positive RSK, MRP (or analogs - VDRL , RPR), RPGA, ELISA, RIF, PIT. In the process of studying the secondary period of syphilis, the student must learn to carry out a differential diagnosis with various diseases.

2. Roseola syphilide.

Roseolous syphilis is most often differentiated from acute infectious diseases (measles, typhoid and typhus), toxicoderma, pink and pityriasis versicolor, marbled skin.

3. Papular syphilis

should be differentiated with lichen planus, parapsoriasis, psoriasis, pseudosyphilitic papules, genital warts, hemorrhoids, lichenoid tuberculosis of the skin, flat warts, vegetative pemphigus.

4. Pustular syphilis

a rare manifestation of secondary syphilis. It indicates a severe, malignant course of the disease. Differential diagnosis is carried out with acne vulgaris, papulonecrophic tuberculosis of the skin, oily professional folliculitis, iodine and bromine acne, natural and chickenpox, vulgar impetigo, vulgar ecthyma, rupioid psoriasis and rupioid pyoderma.

5. Pigmented syphilide

or syphilitic leukoderma must be differentiated from vitiligo and pseudo-leukoderma, caused primarily by pityriasis versicolor, psoriasis, parapsoriasis.

6. Syphilitic baldness (alopecia)

differentiates with alopecia areata, with superficial trichophytosis of the scalp.

7. Spotted syphilis on mucous membranes

tonsils, arches, soft palate and tongue should be differentiated from banal catarrhal angina, drug toxicoderma, "smoker's throat".

8. Papular syphilide on the mucous membrane

mouth should be differentiated with Plaut-Vincent's ulcerative-necrotic sore throat, laryngitis, aphthous stomatitis, lichen planus, lupus erythematosus, erythema multiforme, true pemphigus, simple vesicular lichen, bullous pemphigoid.

Note:

At the end of the lesson, each student conducts a written differential diagnosis with one of the above diseases.

Topic: " **TERTIARY PERIOD OF SYPHILIS, ITS DIFFERENTIAL DIAGNOSTICS "**

/. Introduction.

Frequency of occurrence of tertiary syphilis. Causes of occurrence. Periodization of the tertiary period of syphilis: manifest (tuberous and gummy) and latent (late).

2. Clinic.

General characteristics of tertiary syphilides: monomorphic, slightly contagious, destructive, not abundant, asymmetric, appear suddenly in limited areas.

Tertiary tubercle syphilis: characteristic tubercle (size, color, shape, consistency, quantity, surface), pathways of resolution - ulceration (mosaic scar), dry (cicatricial atrophy). Localization of tubercular syphilis. Clinical varieties - grouped, serpiginous, dwarf, "pad".

Tertiary gummy syphilis: characteristic of gum (shape, color, size, consistency, absence of pain), resolution nougat - ulceration (characteristic of an ulcer, gummy rod, stellate scar), dry (cicatricial atrophy), petrification. Localization of gummy syphilis. Clinical varieties are solitary, fibrous gum, gummy infiltrates. Complications of gum - the addition of a secondary infection, elephantiasis, mutation, perforation.

Tertiary syphilitic roseola. Damage to bones, joints, internal organs, nervous system.

3. Differential diagnosis

tubercle syphilis with tuberculous lupus, papulonecrotic tuberculosis, lepromatous type of leprosy, leishmaniasis, rosacea, basalioma, gummous - with scrofuloderma, ipdurativnoy erythema Bazin, erythema nodosum, varicose jars.

4. Diagnostics.

Confrontation. Serological reactions RSK, MRP, RPGA, ELISA, RIF, RIBT; their role in diagnosis.

Topic: **"Congenital syphilis"**

1. *Introduction* **.**

Definition. Ways of transmission of syphilis to offspring. The laws of Kol sa-Bome, Prophet, Kassovich. Criticism of the germinal theory of syphilis transmission. Matzenauer, as the founder of the transplanted theory of syphilis transmission. Social value. Influence of syphilis on the course and outcome of pregnancy.

2. *Classification* **.**

Syphilis of the fetus. Early congenital syphilis: syphilis of infancy (up to 1 year), syphilis of early childhood (from 1 to 4 years), late congenital syphilis (over four years). Latent congenital syphilis.

3. *Clinic* **.**

Fetal syphilis: timing of fetal infection. Damage to the placenta , liver, spleen, lungs, endocrine glands, central nervous and skeletal systems.

Syphilis of infancy: appearance ("senile skin", dystrophy, bedsores), symptom of Systo, skin lesions (syphilitic pemphigus of newborns, diffuse papular infiltration of Gochsinger's skin, papular rash - seborrheic papules on the face and scalp, weeping or vegetating papules on the genitals), damage to the mucous membranes (syphilitic rhinitis - erythematous, exudative and ulcerative stages, deformation of the nose), damage to the skeletal system (osteochondritis - three stages; Parro pseudoparalysis , periostitis, syphilitic gum), damage to the

nervous system (convulsions, epileptiform seizures, dropsy of the brain, syphilitic meningitis), damage to internal organs (liver, spleen, kidneys, pancreas), damage to the organs of vision (chorioretinitis).

Syphilis of early childhood: scarcity of manifestations, papular and pustular rashes on the scalp, genitals, in the groin folds, behind the ears , between the fingers, on the mucous membranes (hoarseness of the voice , aphonia). Alopecia. Periostitis. Osteoperiostitis.

Late congenital syphilis: unconditional signs (Hutchinson's triad: parenchymal keratitis, labyrinthine deafness, Hutchinson's teeth), probable signs (buttock-like skull, Robinson-Fournier scars, saddle nose, saber shins, dystrophy of teeth), Gothic hard palate, Gachet diastema, Carabelli tubercle, Olympic forehead, infantile little finger - Dubois-Hissard symptom, hypertrichosis).

4. Diagnostics.

Bacterioscopic method (detection of pale trepone we in the serum of rashes). Serological methods RSK, MRP (or analogs - VDRL , RPR), P PHA, ELISA, RIF, RIBT. R -graph of long tubular bones. Consultation with specialists (pediatrician, ophthalmologist, ENT, neuropathologist).

5. Prevention.

Wassermanization of pregnant women. Treatment of pregnant women with syphilis. Preventive treatment of pregnant women with syphilis. Preventive treatment of children born to mothers who are sick or have had syphilis.

Topic: **"TREATMENT OF SYPHILIS**

1. Historical background.

The introduction into the practice of syphilidology of drugs of mercury, arsenic (salvarsan, miosalvarsan), bismuth (biloquinol, bismoverol, pentabismol), antibiotics, including prolonged action.

2. Principles of diagnosis of syphilis.

Diagnostic criteria: clinical picture of the disease, detection of pale treponema in syphilis discharge, lymph node punctate, positive serological reactions: RSK, MRP (or analogs - VDRL , RPR), RPHA, ELISA, RIF, RIBT. The value of consulting a therapist, neuropathologist, ophthalmologist. X-ray of bones, examination of cerebrospinal fluid in late forms of syphilis and congenital syphilis.

3. Types of treatment.

Specific, preventative, prophylactic and trial.

4. Specific treatment.

Penicillin preparations: durant (bicillins - 1.5), "medium" durance (novocaine penicillin salt), penicillin sodium salt. Indications, contraindications, single, daily and course doses.

6. Methods of treatment

patients with primary, secondary and latent syphilis. Duration of the course. Features of the treatment of patients with tertiary syphilis. Reserve methods of treatment of patients with syphilis cef triaxone, doxycycline, oxacillin, ampicillin, erythromycin).

7. Clip-serological control after treatment.

The timing of clinical control and the frequency of examination of patients with various forms of syphilis. Criteria for recovery and the procedure for deregistration of patients with syphilis.

8. Personal prevention of sexually transmitted diseases.

Use of barrier methods of contraception (condoms) and individual portable prophylaxis (chlorhexidine, gibitan, cidipol, miramistin, etc.). Counseling of STI patients.

Topic: **"GORRHEA IN MEN.**

PECULIARITIES OF THE COURSE OF GORRHEA IN WOMEN AND GIRLS "

/. *Etiology.*

Causative agent: year of discovery, priority of German scientists, morphology (structure, L-forms, β- lactamase strains), reproduction, endotoxin and its properties, experience outside the host. Phagocytosis. Absorption by Trichomonas.

2. Epidemiology,

Sources of infection. At-risk groups. Ways of infection: direct (sexual, sexual perversions, fetal infection - hematogenous, through the amniotic fluid or when passing through the mother's birth canal) and indirect (through contaminated objects - linen, washcloth, towel, etc.).

3. Pathogenesis.

Damage to the columnar epithelium (its topic). Ways of spread of the pathogen in the human body: transcanalicular (along and anti-peristaltic), lymphogenous and hematogenous dissemination

(gonococcemia, gonococcal septicemia and septicopyemia). Immunity (humoral, cellular, Bordet-Zhangu reaction, "familial" gonorrhea). Incubation period.

4. Classification.

Gonorrhea of the lower parts of the urogenital tract without complications, gonorrhea of the lower parts of the genitourinary tract with complications, gonorrhea of the upper parts of the urogenital tract and pelvic organs, gonorrhea of other organs. Topical diagnostics; urethritis, endocervicitis, vulvovaginitis, prostatitis, etc.

5. Clinic of gonorrhea in men.

Pain and cramps when urinating. The nature of the discharge. The condition of the urethral sponges. Anterior and total urethritis. Complications of anterior urethritis: balanitis, balanoposthitis, tizonitis, phimosis, paraurethritis, periurethritis, morganitis, littreitis, couperitis. Complications of posterior urethritis: prostatitis (catarrhal, parenchymal, follicular), vesiculitis, epididymitis, diferentitis, orchiepididymitis, cystitis). Urethral stricture.

6. Features of the course of gonorrhea in women.

Sluggish (asymptomatic) course. It proceeds as a mixed infection: combined with trichomoniasis, candidiasis, chlamydia, bacterial vaginosis, syphilis. Multifocal infection : urethritis, paraurethritis, endocervicitis, vestibulitis, proctitis. Extension of the incubation period up to 3 weeks.

7. Features of the course of gonorrhea in girls.

The predominance of the non-sexual route of infection. Acute course of the disease . The defeat of the mucous membranes, lined with stratified squamous epithelium. Multi-focus infection. Frequent lesion of the rectum in the lower region. The rarity of paraurethritis, bartholinitis and ascending gonorrhea. Typical symptoms: hyperemia and edema of the labia minora, bleeding on palpation, symptoms of Karysheva, Vasilyev-Chebotarev, "dovetail".

8. Diagnostics.

Complaints. Anamnesis. Inspection. Topical diagnostics. Two-glass test. Bacterioscopic method (discharge from the urethra, cervical canal, vagina, rectum is stained with methylene blue and Gram). Combined provocation (mechanical, alimentary, biological, chemical, thermal), physiological provocation. Instrumental research methods: urethroscopy (in men), vaginoscopy (in girls). Bacteriological method (culture for flora and antibiotic sensitivity). Bordet-Zhangu reaction.

9. Treatment.

Treatment principles. The choice of antibiotics depending on the clinical diagnosis. Modern antibiotic therapy (ceftriaxone, cefixime, cefotaxime); spectinomycin (only for the Ural Federal District).

10. Prevention.

Registration of patients. Identification of sources of infection and persons who have had sexual contact with the patient. Clinical examination of patients. Anonymous examination and treatment rooms. Individual prevention: condoms, gibitan, cidipol, miramistin. Sanitary and educational work. Medical examinations of contingents at risk.

Topic: **"NONGONOCOCCAL INFLAMMATORY DISEASES OF THE Urogenital Organs"**

/. Definition.

2. Classification of non-gonococcal inflammatory diseases of the genitourinary organs (according to II Ilyin).

Sexual origin: venereal (chlamydia, trichomoniasis, genital herpes) and conditionally venereal (mycoplasmosis, urogenital candidiasis). Non-sexual origin: infectious (accompany infectious diseases) and non-infectious (traumatic, metabolic, allergic, adhesive, with tumors, etc.). The concept of sexually transmitted infections (STIs).

3. Epidemiology.

Population prevalence. Epidemiological significance: the effect on pregnancy and childbirth, the development of inflammatory diseases of the pelvic organs, oncological diseases, extra-sexual complications, etc. Sources and routes of infection. Mixed infection.

I of . **Chlamydia**

1. Etiology.

Excite the gel Ch . trachomalis are gram-negative bacteria. With signs that allow chlamydia to be attributed to bacteria, an affinity with viruses. The life cycle of chlamydia inside cells: elementary, reticular and transitional bodies, their morphology, size, chlamydial colonies, cycle duration. Localization of the pathogen: in the epithelial cells of the mucous membranes (urethra , cervical canal, rectum, conjunctiva of the eyes, pharynx), and with generalized chlamydia in epithelial and epithelioid cells of the

reticuloendothelium, leukocytes, monocytes, macrophages. Morphological, biological and antigenic similarity of the causative agent of trachoma, urogenital infection, and conjunctivitis with inclusions. The presence of several serotypes of chlamydia (D-K). Causes of infertility (an autoimmune process in the region of the small groove organs due to the production of heat shock proteins by chlamydiae, similar to human ones, and immobilization of sperm with antisperm antibodies). Experiencing outside the host's body.

2. Epidemiology.

Morbidity. Mandatory registration of the disease by all specialists. Infection routes. Medical and social significance (infertility, pathology of pregnancy, diseases of newborns and young children), decreased potency, PID - inflammatory diseases of the pelvic organs.

3. Classification.

Fresh (uncomplicated chlamydia of the lower urinary tract), chronic (long-term, persistent, recurrent chlamydia of the upper urinary tract, including the pelvic organs). Next, the topical diagnosis, including extragenital site, should be indicated .

4. Clinic.

The length of the incubation period. Diseases in men: urethritis, paraurethritis, cooperitis, prostatitis, vesiculitis, epididymitis. Diseases in women: urethritis, bartholinitis, vaginitis, endocervicitis, endometritis, salpingitis, pelvioperitonitis, salpingo-oophoritis. Diseases in newborns: urethritis, vulvitis, ophthalmia, otitis media, pharyngitis, pneumonia. Extragenital chlamydia: proctitis, pharyngitis, eustachitis, urethrocystitis, conjunctivitis. Reiter's disease.

5. Laboratory diagnostics.

Immunofluorescence method using monoclonal antibodies, enzyme immunoassay, DNA diagnostic methods (polymerase, ligase chain reaction, DNA probes), isolation of the pathogen on a cell culture treated with various antibiotics, serological - detection of chlamydial antibodies in blood serum (complement binding reaction with genus-specific antibiotics , immunofluorescence method with type-specific antigen).

6. Treatment.

Antibiotics: doxycycline, azithromycin (sumamed), ofloxacin (tarivid), levofloxacin, josamycin. Features of the appointment of individual antibiotics.

11 trichomoniasis

1. Etiology.

Causative agent: morphology, significance of paracostal granules, phagocytosis of gonococci and chlamydia, experience outside the host.

2. Epidemiology.

The incidence of the population. Sources and routes of infection.

3. Classification.

Fresh (uncomplicated trichomoniasis of the lower genitourinary tract), chronic (long-term, persistent, recurrent trichomoniasis of the upper genitourinary organs, including the pelvic organs). Next, the topical diagnosis should be indicated.

4. Clinic.

Trichomonas urethritis: itching, the nature of the discharge depending on the stage of the disease, the condition of the urethral sponges, paraurethral passages. Complications: balanitis, balanoposthitis, paraurethritis, littreitis, morganitis, cooperitis, prostatitis (forms), vesiculitis, orchiepididymitis, cystitis, pyelitis, pyelonephritis.

5. Diagnostics.

Bacterioscopic (microscopy of native and stained preparations) and bacteriological methods.

6. Treatment.

Trichomonacids: tiberal (ornidazole), trichopol (metronidazole). Dosage forms, treatment regimens (doses, frequency of appointment, duration of the course).

111. Bacterial vaginosis

/. *Etiology.*

The concept of vaginal dysbiosis. The role of anaerobic flora: Gardnerella vaginalis , peptostreptococcus, bacteroids, Proteus vulgaris, mobiluncus, etc. Morphology of Gardnerella vaginalis , proportion in normal vaginal flora, relation to epithelial cells. The concept of bacterial vaginosis (BV) is the replacement of the normal microflora of the vaginal microflora, which is dominated by aerobic lactobacilli, anaerobic and facultative microorganisms and their combination.

Factors contributing to the development of bacterial vaginosis: endogenous (change in hormonal status, decreased immunological activity, disturbance of intestinal microbiocenosis) and exogenous (intake of antibiotics, hormones, cytostatics, intoxication, concomitant inflammatory diseases of the genitourinary tract, etc.).

2. Epidemiology,

Prevalence among women. Risk groups (sexually active women, often changing sexual partners, using intrauterine contraceptives, alcoholics, drug addicts, substance abusers, etc.). Medical and social significance: frequent obstetric (prematurity, premature birth, early rupture of the membranes, intrauterine infections of the fetus , etc.) and gynecological complications.

3. Clinic.

Subjective sensations (itching, burning, painful intercourse), homogeneous discharge adhered to the vaginal mucosa, menstrual irregularities.

4. Diagnostics.

Main criteria:

1) detection of 20% or more "key cells" in a smear stained according to Gram;
2) change in the pH of the vaginal discharge (PH more than 4.5);
3) a positive aminotest (the appearance of a fishy odor when mixing equal amounts of vaginal discharge and 10% KORT solution).

Additional criteria: an increase in the contamination of the vagina by microorganisms (up to 10^5 - 10^{11} KU / g), a sharp decrease in lactobacilli (less than 10^5 KU / g), a decrease in the ratio of anaerobes to aerobes 100,000: 1 (norm 5: 1), no leukocytosis ...

5. Treatment.

General: Ornidazole (Tiberal), Metronidazole (Trichopol), Clindamycin (Dalacin C). Dose, frequency of appointment, duration of the course.

Topic: **"DERMATOLOGICAL ASPECTS OF AIDS"**

1. Definition of AIDS.

2. Etiology,

The history of the discovery of the AIDS virus. Theories of the origin of HIV. AIDS. HIV-1 and HIV-2. Characterization of the virus - lentivirus, retrovirus reverse transcriptase (reverse transcriptase), kernel, shell, glycoprotein may influence the attachment of the virus to the receptor CD_4 human cell. The spectrum of cells in which the virus is detected (T-, B-lymphocytes, macrophages, promyelocytes, megakaryocytes, astrocytes, lymph node dendritic cells, oligodendrocytes, corneal cells, Langerhans cells of the epidermis, endothelium of the cervix, cells of the rectal mucosa). Habitats of HIV. An experience outside the host.

3. Epidemiology.

Morbidity, its dynamics. Routes of HIV transmission (sexual, parenteral, vertical). Risk groups (homosexuals and bisexuals, prostitutes, recipients of donated blood, hemophiliacs, heterosexual partners of AIDS patients and HIV carriers, children born to infected mothers, mixed groups, residents of endemic countries and territories).

4. Pathogenesis and immune system in AIDS.

5. Clinical classification of HIV infection.

1. Stage of incubation.
2. Stage of primary manifestations:
    a) acute infection,
    b) asymptomatic infection,
    c) persistent generalized adenopathy.
3. Stage of secondary diseases (A, B, C).
4. Terminal stage. AIDS - associated diseases of groups 1 and 2.

6. Dermatological manifestations of HIV infection.

1) Infectious dermatoses (viral, bacterial, fungal, protozoal). Features of the course of infectious dermatoses (associativity of pathogenic flora, its aggressiveness, disseminated nature of lesions, severe course with torpidity to the therapy, involvement of internal organs in the process). The most significant nosological forms: seborrheic dermatitis, simple blister and shingles, molluscum contagiosum, diseases caused by papillomaviruses, candidiasis of the skin and mucous membranes, hairy leukoplakia, deep

mycoses (histoplasmosis, cryptococcosis, coccidioidosis, etc.), dermatophytosis, etc. -rial infections, including periorbital cellulitis, bacterial angiomatosis. HIV infection and syphilis.

2) Non-infectious dermatoses (vascular skin lesions, papulo-squamous dermatoses, etc.). The most significant nosological forms: eosinophilic folliculitis, telangiectasia, vasculitis, drug toxicoderma, generalized xerosis, etc.

3) Neoplastic dermatoses. Kaposi's sarcoma (classical, endemic, immunosuppressive, HIV-associated). Features of the clinical course. Spinocellular epitheliomas. B - cell lymphomas (low, medium and high grade).

7. Laboratory diagnostics. ELISA and immunoblotting.

8. Preventive measures.

Areas of activity to combat HIV (WHO): the prevention of sexual transmission of HIV (safe sex, condoms, treatment of sexually transmitted diseases), HIV transmission through blood is a warning (safety of blood products, aseptic conditions during manipulation), perinatal transmission of HIV prevention, organizational tion medical care and social support for HIV- infected patients.

RECOMMENDED LITERATURE

Main literature

	Name	Authors)	Year, place editions	Number of copies		EBS name
				in the library	at the department	VEBS link
1.	Skin and venereal diseases: textbook	Skripkin Yu.K., Ivanov O.L.	M: GEOTAR-Media 2007	183	2	
2.	Skin and venereal diseases: textbook	Skripkin Yu.K., Kubanova A.A., Akimov V.G.	M .: GEOTAR-Media, 2012			"Student advisor" http: // www. studmedlib.ru/ru/book/ISBN9785970419939.html?SSr=4201339e721148584b825
3.	Skin and venereal diseases: textbook	ed. O. L. Ivanov	Moscow: Shiko 2002	32	five	
4.	General principles of diagnosis and treatment in dermatovenerology : a textbook.	V.T. Bazaev M.S. Tsarueva A.A. Fidarov M.B. Tseboeva O.V. Dashevskaya	Vladikavkaz, 2009	7	20	+
5.	Encyclopedic lexicon of a dermatovenerologis t	A.A. Fidarov O.V. Dashevskaya V.T. Bazaev V.T.Betrozov A.V. Fidarov	Vladikavkaz, 2012.		five	EB SOGMA
6.	Clinical dermatovenerology : a guide for doctors	ed. Yu.K. Skripkin, Yu.S. Butov	M: GEOTAR-Media, 2009	Vol . 1 - 1 T.2 - 2	2	
7.	Pediatric Dermatology color atlas and reference book	ed. O. L. Ivanov, A. N. Ivanov	Moscow: Binom, 2011		1	
8.	Sexually transmitted infections. Clinical lectures	ed. V.N. Prilepskaya	M.: GEOTAR-Media, 2014	1		
9.	Emergency conditions in dermatology.	Adaskevich V.P.	Saint Petersburg: Olga, 2000	2		
10.	Atopic dermatitis in children	Macharadze D.Sh.	M .: GEOTAR-Media, 2007	4		
11.	Allergic and occupational skin diseases.	V.T. Bazaev and others.	Vladikavkaz, 2014.	40	ten	

additional literature

No.	Name	Authors)	Year, place editions	Number of copies		EBS name
				in the	at the	Link in

				library	department	EBS
1.	Dermatovenereology: textbook	V.V. Chebotarev, K.G. Karakov, N.V. Chebotarev and others.	M .: GEOTAR-Media, 2012	-		" Student advisor" http : // www . studmedlib . ru / ru / book / ISBN 9785970420942. html ? SSr = 4201339e72114858 4b825
2.	Dermatovenereology: textbook.	V.V. Chebotarev, O.B. Tamrazova, N.V. Chebotarev and others.	M .: GEOTAR-Media, 2013			"Student advisor" http://www.studmedlib.ru/ru/book/ISBN9785970425916.html?SSr=4201339e721148584b+
3.	Dermatovenereology: textbook	ed. E.V. Sokolovsky	M: Academy, 2005	1	1	
4. 1.	Skin and venereal diseases	Adaskevich V.P. Kozin V.M.	M .: Medical literature; 2006	1	1	
5. 2.	Skin diseases. Diagnostics and treatment.	Thomas P. Hebeef.	MEDpress-inform, 2008	-	1	
6.	Dermatology secrets.	Fitzpatrick D.E. Eling D.L.	M: Binom, 1999	2	-	-
7. 4.	Dermatovenereology. Atlas-reference.	T. Fitzpatrick et al.	M., Practice 1999.	2	1	
8.	Atlas of fungal diseases	ed. K.A. Kaufman	M.: GEOTAR-Media, 2010	1		
9.	03: Dermatology. First aid for skin lesions	Albanova V.I.	M: Binom, 2011	1		
10.	Epidermolysis bullosa	ed. J.-D. Fine	M., Practice, 2014	2		
11.	Dermatovenereology: a tutorial on practical skills.	V.T. Bazaev A.A. Fidarov M.B. Tseboeva M.S. Tsarueva V.F. Dzhanaev O.V. Dashevskaya	Vladikavkaz, 2011	4	20	EB SOGMA
12. five.	Therapeutic guide to dermatology and allergology	Altmaier P.	M .; 2003	-	1	
13.	Pyodermites: a teaching aid	V.T. Bazaev and others.	Vladikavkaz, 2009	ten	20	
14.	Parasitic skin diseases: a teaching aid.	V.T. Bazaev and others.	Vladikavkaz, 2009	-	40	
15.	Trichomycosis: a tutorial.	V.T. Bazaev and others.	Vladikavkaz, 2007	94	20	
16.	Allergic skin diseases	V.T. Bazaev and others.	Vladikavkaz, 2013	36		EB SOGMA