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Department of Dermatovenereology

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MORPHOLOGICAL ELEMENTS OF RASH, BASIC HISTOPATOL ABOUT SKIN AND SCHEME WRITING THE HISTORY OF THE DISEASE

manual for students of medical, pediatric, preventive medicine and dental faculties

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MORPHOLOGICAL ELEMENTS OF RASH*(morphological formation of skin efflorescence: florens - flowering) - rashes that appear on the skin and mucous membranes at Derm and tozah.*

For recognition is necessary to distinguish skin rashes efflorestse n tion, the elements of which they consist. Only understood in composite hour tyah morphological proya in tions, it is possible to diagnose disease of the skin.

Often, the clinical picture of lesions after allowing visual wasps Mothra post and twist diagnosis, in other cases may require more additional tion methods are surveyed about Bani.

Pathological processes in the skin and visible mucous diverse a cause of hydrochloric morphological picture of the rash.

Rash - a set of morphological elements that are are response of the skin and mucous membranes in the exposure as of known, and unknown pathological factors.

All elements of the rash are usually divided into primary and secondary.

Primary elements rashes occur on previously intact skin or visible slab and Zist, secondary formed as a result of the evolution of the primary.

At the same time, the division of elements into primary and secondary ones is arbitrary.

In diagnostically are the most important primary morphs of logic elements, the nature of which can sometimes determine nozol about Gia dermatosis.

The presence of several primary elements on the skin of evidence about the true claim of the polymorphism. In the case of evolutionary development of the primary element and the presence of Mo on the hex elements indicate false or evolution n -s polymorphism.

PRIMARY CELLS include: the spot, papule, tubercle node blister, n y zyrek, bubble, pustules (impetigo and ecthyma).

To determine the type of primary elements of the rash, you should establish:

a) relief.

All primary elements are embossed rash, except Fr Sa so on.

b) the mechanism of occurrence of elements :

infiltrative - spot, papule, tubercle and node;

exudative - blister, vesicle, bladder, abscesses (impetigo and e k tima).

c) The presence of a cavity. Abdominal primary elements - bubble, bubble, imp e tigo and ecthyma; the rest are noncavitary: spot, papule, tubercle, node and blister. All infiltration and tive elements - bespolostnoy.

All exudative e - Cavernous e, except blister I have .

d) Depth of occurrence (surface or deep):

superficial - spot, papule, blister, bladder, vesicle, impetigo,

deep - tubercle, node and ecthyma.

d) Starting (primary element is permitted without scars or traces Persistent axes nent scar or scar atrophy). Surface primary cells are usually discharged e shayutsya completely.

Infiltrative primary elements of the rash .

1. **Spot (macula)** is limited discoloration of the skin, mucus and stand mucosa or red border unchanged rel s ephah and consistency.

Spot - primary nerelefny bespolostnoy infiltrative element cop rash, Hall e gayuschy in the epidermis and (or) the papillary dermis; res and etsya completely.

Distinguish between inflammatory and non-inflammatory vascular, including hemorrhagic and ic, and age spots. In addition, patches may be Acquired e tennymi andcongenital.

Inflammatory patches of up to a little finger nail (up to 1 cm) are called roseola, from 1 to 5 cm or more (with palm and even more) - erythema, reddening of the skin, or across obshi p GOVERNMENTAL its portions - erythroderma.

Stains caused by persistent noninflammatory extension surfaces GOVERNMENTAL vessels (capillaries) of the skin in the form of sprockets, referred to as teleangiekt and ziyami (Gk. Telos - end, angion - vessel, ectasis - extension).

Hemorrhagic spot spots called petechiae, small worl d ite and usually multiplehemorrhages - purpura, major bleeding irregular shapes - ecchymosis, great; striped
- vibices. N morragicheskie spots bright red vnach and le gradually due to changes in hemoglobin and its transition into hemosiderin change their color - are blue, of a fact become greenish, yellow and finally brown ("flowering" bruise).

Hemorrhagic and age spots as opposed to inflammatory
do not change color during diascopy.

When disturbed pigmentobrazovanii formed in the skin hyper, hypo and depigme n ted spots (lentigines, chloasma, leukoderma, vitiligo) with congenital absence of pigment in the skin with insufficient coloring hair g of fishing speak of albinism.

Allocate more of an artificial (man-made) spots caused by pigments, not peculiar to the human body, alien to him (tattoo in a minute, tattooing).

2. **Papula (papula , nodule - nodulus)** - primary relief asexual hydrochloric infil t proliferative element rash resulting from accumulation of cellular infiltrate in the epidermis and papillary dermis and discharging e depleting without persistent traces.

Papules are epidermal, dermal, epidermal, dermal GOVERNMENTAL, P and - inflammatory and non-inflammatory, and follicular nefolliku lecular, size - miliary (1- 3 mm in diameter) lentikulyar GOVERNMENTAL (5- 7 mm in diameter) numulyarnymi (s m about no), plaques, different in shape, consistency, etc.

Histologically, in the papules, the phenomena of hyperkeratosis, granulosis, acanthosis, papillomatosis and parakeratosis can be observed.

3. **Tubercle (tuberculum)** - primary relief bespolostnoy infiltrative member rash resulting from accumulation of granulocytes lematoznogo infiltrate in setch and including the dermis, with ulceration forms py Betz under "dry" resolution scarring occurs on -hand atrophy. The size usually ranges from 3-5 mm to 1 cm .

At the beginning of its development, the tubercle is difficult to distinguish from the papule. Histologically, the tubercles are an infectious granuloma up to mountains and tires. Bumps are observed in tuberculosis of the skin, leishmaniasis, leprosy, and tertiary syphus and fox.

4. **Node (nodus)** - a primary relief noncavity infiltrative non-island with an inflammatory character of the rash, which is an accumulation of cellular and n filtrate in the subcutaneous fatty tissue, can pass without a trace (nodular vasque in litas), with the formation of a scar or cicatricial atrophy: skin tuberculosis, syphilis, leprosy, zlok and qualitatively proliferative processes - lymphoma. Nodes have large sizes, their di and meter 2- 4 cm and used about Next.

Exudative primary elements of the rash .

1. **Blister (urtica)** - primary relief element bespolostnoy exudative rash resulting from acute edema limited Soso h kovogo dermis and resolved quickly without persistent traces; blister - the result of acute expansion capi l lyarov and increased permeability of the art e nok.

Blisters - ephemeral strongly itchy plotnovata consistency elements pojavl I are suddenly and in a few hours disappear. Blisters appear as alle p logically immediate reaction, rarely delayed-type endogenous or exogenous ra h drazhiteli. Observed in the field of mosquito bites of mosquitoes and other insects, with straight and the immunity of a stinging nettle, with nettle and Tse et al.

2. **Bubble (bulla)** - the primary relief cavity exudative element of the rash, filled with serous or hemorrhagic exudate, lies in the epidermis and papilla on the other layer of the dermis, passes without a trace.

Sizes vary from lentils and more (from 0.5 to 4-5 cm and more). In a bubble, as in a bubble, a cover, a bottom and a cavity are distinguished. Distinguish su b corneal, suprabasal, intra - and subepidermal QSP s ri.

In cystic fluid usually contains cellular elements (neutrophils phylum, Eosin of phylum, epithelial cells, and others.).

3. **The vial (vesicula)** - pericardial cavity primary relief element s pi filled with serous or hemorrhagic exudates, occurs in the epidermis and pa s dec and etsya completely. Diameter up to 5 mm .

From the bladder are smaller (from a pinhead to a small g of Roscigno), multi-chamber, other mechanisms of occurrence and localization only in the ep and the dermis.

4. **Pustula (pustula)** - the primary relief cavity exudative element of the rash, filled with purulent exudate.

A superficial abscess, and m pet and about, lies in the epidermis or papillary layer of the dermis; deep non-follicular abscess; abscess, s and intercepts a deeper layers of skin (dermis reticular layer and hypodermis) nazyv and etsya e to m and m of d.

Impetigo resolves without a trace, ecthyma - with scar formation.

Superficial abscesses may be follicular (staph - ostiofollik in litas, folliculitis) and nefollikulyarnymy (often - streptococcus on high, phlyctenas); f relic of - it's impetigo with loose tire .

Sometimes pustules occur secondarily of bubbles or blisters, transparent soda p zhimoe piokokkami which is complicated , it becomes cloudy and green.

Purulent exudate has a complex composition, which can be isolated conventionally Fra 2 to tion: cell provided mainly by leucocytes, and a liquid rich baa l Kami, mainly albumin and globulin and E.

SECONDARY ELEMENTS OF THE RASH.

1. **Vegetation (vegetatio)** - rash secondary element, which is to grow and of the epidermal and dermal papilla strands and leading to fuss to novena papillomatoznyh villous formations on the skin.

It arises from ecthyma, tubercle and of la.

Externally, vegetation is a soft bumpy growth that externally resembles cock's combs or cauliflower. Can be formed and the primary (sharp on end warts).

2. **Peel (crusta)** - rash secondary element is an MDA x shiysya exudate. Arises from a bubble, a bubble, impetigo, ecthyma, decay b at a hill and a node.

Distinguish between serous crusts, purulent, hemorrhagic, as well as serous - purulent, purulent - hemorrhagic, etc., and in accordance with this can be yellowish, green, and even brownish-red and other colors.

3. **Lichenification, lichenization (lichenificatio , lichenisacio)** - a secondary element of the rash, observed in chronic inflammatory itchy processes. Characterized by thickening and skin seal, the natural skin pattern (lines, wrinkles, diamond-shaped field) and is expressedby d emphasize more sharply than normal.

Secondarily arises from papules (psoriasis, eczema); It may occur in primary and p e result of prolonged raschosov same skin sites (neyrode p mit). Acanthosis is observed histologically.

4. **Pigmentation (pigmentatio , secondary stain)** - the secondary element rash fuss and repentieth from changes in the quantitative content of pigment (melanin or heme on siderina) on a former primary element. It arises from a bladder, vesicle, impet and go, spots, papules, b at a hill and a node.

Secondary hypopigmentation associated with a decrease in melanin content on a t fittings parts of the skin are called secondary leucoderma. They repeat size and the outline of the elements of which images and were.

5. **Crack (fissura , rhagas)** - linear skin defect (breaks), the secondary element of rash, resulting from the loss of elasticity of the skin or mucosa in IU with minute long existing tissue infiltration. Arises out of the bubble, bubble, imp e tigo, stains and n and pools.

Superficial fissure (fissura) heals without a trace.

Mr. Lubok crack (rhagas) captures the dermis, sometimes more deep-lying tissue and breakfast and alive scar (scar-Fournier Robinson congenital sifil and CE).

6. **Scale (squama)** - a secondary element of the rash, which is a **stratum corneum** that has lost its connection with the underlying epidermis.

Arises from a bladder, vesicle, impetigo, spot, papule, tubercle and node.

Pathological peeling distinctly expressed, it may be Intensive in nym parakeratosis and abundant due, at least - hyperkeratosis. Physiologic e skoe peeling occurs constantly and completely Nez and noticeably.

Their color is diverse: translucent, off-white, gray, dark - b y ing.

Distinguish between mucous, pityriasis, lamellar and leaf-like scales. If I scratch th ki rejected beds, talk about exfoliative flaking th Research Institute.

7. **Excoriation (abrasion - excoriatio)** - secondary element rash, artificial d e fect skin or mucosa due to scratching or damage; Prizna is a ball of intense itching. Excoriation can be both superficial and deep.

Arises from a blister, bladder, vesicle, spot, papule.

8. **Erosion (erosio)** - rash secondary element, which is n of superficially defect skin or epithelium within the epidermis and papillary dermis, passes baa with Latter. Arises from the bladder, n at the eye, impetigo and papules.

Painful mucosal erosion 3- size of 5 mm , covered with fibrin of nym bloom and surrounded hyperemic rim called aftoy.

9. **The ulcer (ulcus)** - rash secondary element, is a deep skin defect to clause of expressions of the epidermis, the dermis, and occasionally deeply lying tissues, always heal scarring and Niemi. The ulcer is formed from the ecthyma, tubercle and node.

10. **Scar (cicatrix)** - rash secondary element is formed in situ ch y bokogo defect skin or mucous membranes by displacement of its coarse fibrous connective tissue (co l lagenovymi fibers); there are no skin appendages and skin pattern on the scar.

Arises from deep elements: ecthyma, tubercle and node.

The scar tissue is no hair, sebaceous and sweat glands, blood vessels and ELAST and iCal fibers.

Clinically distinguish scars are flat, lying on the same level as normalto about Jay; hypertrophic, thickened, raised above the surface of the skin (keloid scars); and trophic, when their surface is thinned and L e INH below the skin.

11. **Cicatricial atrophy** - a secondary element of the rash, occurs in cases when, without a previous violation of the integrity of the skin, a deep-lying infiltrate of a tubercle or a node is absorbed by dry and dark; thereby forming a gentle connective tissue, skin receptacle and considerably thinned, deprived of the normal pattern, reminiscent of a cigarette used in the mage and easy to assemble in the folds.

MAJOR PATHOSTOLOGICAL CHANGES IN THE SKIN.

Histological examination is a valuable method for diagnosing dermatoses. Some of them have permanent diagnostically informative signs, disintegrations of is known only on the basis of histological and with repetition.

Pathological processes in skin, occurring at various dermatoses, warehouse s vayutsya of separate, more or less of certain changes in some cases localized mainly in the epidermis, in others - to the skin itself, or both sections simultaneously. Clinically, inflammatory v nye changes in skin appear as erythema, edema, and infiltration and of Menenius body temperature.

Pathohistological changes in the skin during inflammation are reduced to:

a) *alterations* - changes in normal cellular and structural organization in nekleto hours by the elements of tissues and organs, characterized and Esja violation of vital activity of the STI, damage to a specific function and metabolism in e societies;

b) *exudation* - sweating, leaving the vessels of fluid and shaped elements due to increased permeability of the vascular wall;

c) *proliferation* - cell proliferation by amitotic and mitotic d e Lenia and growth of tissue cells damaged tissues.

These changes in a variety of inflammatory skin diseases can be expressed e us to varying degrees depending on the nature of the disease and the condition ReA to ciency organism.

Necrobiosis ***is the*** process of dying of a tissue or cell from the beginning of the action of a damaging factor and until its final death. Under certain conditions, the process can be arr and timym. It occurs in many diseases of the skin.

Necrosis is the process of termination of the vital activity of a part of the body: cells, tissue or organ during the life of the organism . Features of necrosis are determined by the origin of cells is, the current membership of the tissue, the condition of the body, the constant variability of internal and external environment.

PATHISTOLOGICAL CHANGES IN EPIDERMIS

Pathomorphological changes in the skin develop according to the laws of general pathology. Changes in the epidermis often arise secondarily, as a result of a variety of pathologist and iCal processes in n izhelezhaschih parts of the dermis, resulting in malnutrition epidemiological river Misa, due to the toxic effect of inflammation products - toxins produced in s bud and Telem disease, and other factors.

In the epidermis histopathological changes d e divisible into three groups.

I of . ***Degenerative changes leading to bubble formation :***

Parenchymal degeneration , in which the small cells s pigievogo layer (basal about th, spinous and granular) lose their normal structure; cyto plasma of Art and novitsya murky, opaque; core exposed first creasing (pycnosis) or RA with creation (kariolysis), often decay and Yas on lumps (kariorhexis), eventually disappear. The boundaries of the cells becomeindistinguishable and usable, a bubble forms in their place.

Intracellular edema (vacuolization or vacuolar degeneration) .

The cells of the malpighian layer, mainly basal around the nucleus in the cytoplasmpho p miruyutsya vacuoles (one or more), kernel brushing aside to lane and ferii cells. Gradually,the edematous fluid dissolves the cell, which dies. In place of such cells in E appears to roskopich e sky vial.

It is observed with dyshidrotic eczema, epidermophytosis.

Spongiosis (Gk. Spongia - sponge) or by intercellular g to a prickle layer ,observing as etsya in inflammatory processes in the skin with a predominance etc. of processes exudation. Edematous serous fluid delivered from the dermis Spreads intercellular gaps studs and the stratum, the cells are moved away from each other, intercellular bridges (desmosomes) The stretching and vayutsya sometimes ruptured, which promotes the formation ofintercellular bladder s Cove.

Spongiosis may be accompanied by intracellular edema and typical for many acute and subacute inflammatory processes in the skin (eczema, pompholyx, disgidrotich e tion athlete, dermatitis, etc.).

The balloon iruyuschaya d istrofiya - necrobiotic process entailing bys t ing gap intercellular bridges; a cell or group of cells that have lost touch with each other, floating freely in the seroplastic eq with sudate bubble formed as a spherical multi-core distro on fi c altered epithelial formations (cylinders), from where the name of this kind of d istrofii . Last kernel of losing to Rusk and become homogenous, spherical formation, the dye eosin in roses on vy color.

The balloon iruyuschaya dystrophy characteristic for viral vesicles proish about REPRESENTATIONS (with simple and herpes zoster, chicken pox, etc.).

D istroficheskie changes in the epidermis of the most pronounced in acute and n on dostrom during dermatosis characterized by vesiculation and get wet and eat.

II. ***Pathological changes leading to the formation of blisters*** :

Acantholysis (akantolizis) - pathological process in which the loss due to the communication between cells in the epidermal layer of the skin spinosum and mucous membranes resulting in autoimmune and complex enzymatic reactions appear slit QSP s ri. The basis acantholysis lies melting intercellular connections (acanthus) pa due to creation of thecementitious material and desmosomes changes tonofilame n comrade.

Spiny cells are rounded, slightly reduced in pa of action, their nuclei become larger than conventional cells undergoing t Xia destruction and death. These keratinocytes , devoid bonds with each other, changing br s shape, dimensions and tup e set, called acantholytic (Ttsanka cells); they line the bottom of the bubble.

Acantholysis observed at pemphigus, Darier dyskeratosis, benign n y zyrchatke Hailey-Hailey, senile keratosis and in bubbles in viral Zabol e vaniyah et al.

Epidermolysis (epidermolizis) - pathological process leading to detachment of the epidermis from the papillary dermis, to form slots and sub e pidermalnyh bubbles. It is observed in Duhring's dermatosis herpetiformis, exudative multiforme era and subject.

III . ***Pathological changes that occur in the result of a variety of pathological e Sgiach processes in the skin and often leading to enhanced proliferation of cells Malpas and gievogo layer and violations orogs process e Nia:***

Acanthosis - thickening and increasing the number of rows Malpighian layer dueyc and lennoy epidermotsitov proliferation and elongation epidermal s GOVERNMENTAL protuberances, sometimes of penetrating deep into the dermis (juvenile warts, psoriasis, warty tuberculosis, neuro of the dermis and other chronic. E skie dermatoses). The papillae of the dermis are lengthened accordingly.

Papillomatosis is a non- acute inflammatory proliferation of connective tissuefrom the dermis , leading to lengthening, often branching of the papillae of the dermis, which is not equal to the proportionally elevating epidermis . P and pillomatosis is accompanied, as a rule,by acanthosis, sometimes by g and perkeratosis.

Detected when warts, senile and seborrheic keratosis, vulgar b of rodavkah et al. Vegetative processes being morphological DOS of howling vegetation.

Hyperkeratosis - excessive thickening of the stratum corneum resulting dressing s shennogo keratin formation (without structural changes and IIR cells).

Allocate saline (palms, soles), acquired (corn) and nasleds m venous (ichthyosis, keratoderma) hyperkeratosis.

Dyskeratosis - pathological pronounced autonomous premature Coeur and tinizatsiya individual epithelial cells (or layers) spinous layers, which are used on Lee large, rounded, with intensely colored cores and basophil, a little grain and stand cytoplasm. These cells appear to be double-circuit, devoid of intercellular mo with ticks and randomly positioning and are in all parts of the epidermis.

The basis of dyskeratosis is a violation complex tonofilaments - desmosomes in s rage dissolving contact layer, followed by separation of desmosomes from them tons of nofilamentov that aggregated around the nucleus

Distinguish benign (Darier disease, Hailey-Hailey, infectious mo l mollusks) andmalignant dyskeratosis immature atypical keratinization individual cells (Bowen's disease and Paget spinotsellyulya p ny cancer, actinic keratosis).

Parakeratosis is incomplete keratinization (keratinization) , in which the cells of the epidermis and caps lose their ability to produce keratohyalin. In ypadayut keratogi phaseformation and lin and eleidin therefore absent in the epidermis and eleidinovy granular layers andadhesive m stratum corneum ki contain nuclei. P and not e parakeratosis interpreted as the result of the rapid proliferation of cells delayed their matured and Niya.

Currently parakeratosis considered the primary defect in the differential cell n tsirovki. Usually combined with aka Mr. tozom.

Parakeratosis pronounced under intense shelling observed at Psora and se, eczema, parapsoriaza, some mycoses and others.

Desmoliz - limited akantolizis, wherein the isolated of t sensible spinous cell layer due to loss of cell-cell contacts. Desmoliz characteristic of Paget's disease, follicular dyskeratosis D and Rieux et al.

Granuloz - thickening of the granular layer of the epidermis is the Features p nym sign planus. It can be patchy and the Diffie s nym.

Ekzots and inos - dermal penetration cell infiltrate in epidemiological p mis.

PATHOSTOLOGICAL CHANGES IN THE DERMIS.

In the acute stage of inflammation, there is a significant expansion and hyperemia of the blood vessels, exudation and proliferation of the cellular elements of the connective tissue.

Depending on the nature of the acute inflammation, one or other cellular elements prevail in the composition of the cellular infiltrate. So, with serous inflammation among the cells of the infiltrate, lymphocytes prevail, with purulent - leukocytes (polynuclear cells). Along with this, in acute inflammation , depending on the nature of the inflammatory process, other cellular elements are usually found: fibroblasts, histiocytes, mast cells.

Connective tissue fibers (collagen and elastic) also undergo various changes in inflammation, the extent of expression of STI are determined by the nature of the inflammatory process and condition I Niemi reactivity.

In chronic inflammation histopathological changes are reduced to proliferative and tion cellular elements of connective tissue, and to develop alto e -cooperative processes.

In the cellular composition of the infiltrate in chronic inflammation, lymphocytes, epithelioid and plasma cells usually predominate; often found as Giga tons skie cells, histiocytes and a Fibro b flippers.

Granulation tissue - immature connective tissue that forms when Restore and ment of public or private skin damage. It consists of a newly formed and Pillyar, young fibroblasts and newly formed collagen fibers

Granuloma - accumulation of mononuclear cells with an admixture of epithelioid and many of goyadernyh giant cells, resulting in chronic inflammatory proliferative and tive process, in response to the infection (infe to insulating granuloma bumps and knots with tuberculosis ie , tertiary th syphilis ie , leprosy e) or foreign the body when fats (ole o granulomas), silicone,silicon or endogenously - urates , keratin get in .

Swelling mucoid - initial phase disconcerting tion collagen and ground m e diate substance of connective tissue , consisting in their swelling due n as accumulation of acidic mucopolysaccharide (b diffuse to existing illness connective tissue).

Fibrinoid swelling - the phase of disorganization of the connective tissue. Character and zuetsya swelling, homogenization and change tinctorial properties of collagen (di f fuznye used on existing illness of the connective tissue).

Cheesy necrosis - kind of necrosis occurring in tuberculosis, syphilis, cole s tsevidnoy granuloma. Fireplace caseous necrosis has the form besstru to -temperature, homogenous or a fine-grained mass, the dye eosin m in pale pink. Sometimes pycnotic nuclei or their fragments arevisible in this mass.

SCHEME FOR WRITING THE EDUCATIONAL HISTORY OF THE DISEASE ON DERMATOVENEROLOGY

Title page

North Ossetian State Medical Academy

Department of Dermatovenereology
Head . Department of edroy dmn . Bazaev V.T.

Teaches and Tel - MD, (Ass, Ass.).

HISTORY bolez NO

Name of the patient ...

Clinical diagnosis : ...

Name of student ...
uch. group ...
f and partments ...

Date of supervision ...
Date of delivery and with torii ...

Vladikavkaz, 20 1 1

Who sent the patient ...
D ata admission SORKVD ...

PASSPORT SECTION .

Name of the patient ...
Age ...
Family status …
Education ...
Profession ...
Place of work ...
Position held …
Home address …

COMPLAINTS OF THE PATIENT (indicate specific **complaints** about it).

1. From the general state possible weakness, feeling of weakness, b s Stra fatigue, malaise, et al.

2. On the part of the skin (in patients with dermatoses - a feeling of heat, burning, itching, steam e pathways, their resistance, localization, time of appearance and greatest intensity - day and night, etc.).

3. In patients with sexually transmitted urogenital system: - recovered e Nia from the urethra (men) from the vagina (in women), pain, burning, tingling sensation when urinating, ca with Tide urination, pain during defecation, a rash on the genitals and etc.

LIFE STORY OF THE PATIENT (Anamnesis Vitae).

The age of the parents at the time of the patient's birth. How a row ro dilsya. Early childhood development. At what age did you start attending school; to a Kie schools finished.

The beginning of labor activity, working conditions at different periods of life, were there any occupational hazards and how did they affect the state of health of this patient?

Working conditions at the present time, where and by whom the work and is, in the room or air, whether there are occupational hazards (gases, dust, high, low temperature, etc.).? The state of the workplace, the impact of work on self - feeling. Housing and living conditions in the different stages of life, and in lane and odes this disease. Food regime.

Bad habits (smoking, alcohol, drugs, to a lump amount, how often).

Past diseases (what, at what age), how did they proceed, their outcome, how did they affect the general health of the patient?

Idiosyncrasy, tolerance of medicinal and food substances. In case neper e wearable drugs pa must detail to ask about the patient's severity and timing of the development of allergic reactions, especially flow B m ptomu.

Puberty (the age at which began to form sexual Prizna and ki, when menstruation appeared, the nature of their current BP e MN). The beginning of sexual activity, how many pregnancies were and their outcomes. Climax, its beginning, how it proceeded. Abortion (he of the arbitrary, arts n nye, their number). Sexual deviations.

The presence of the family and close relatives of neuropsychiatric diseases, and l kogolizma, drug addiction, tuberculosis, syphilis, and cardiovascular and l lergicheskihdiseases. Heredity (presence of similar ill and Nij in the family).

HISTORY OF THE PRESENT DISEASE (Anamnesis Morbi).

Medical history should be collected in detail and in depth to detect possible Ethyol of cal factors contributing to ill and Niya.

1. In patients with dermatoses. Anamnestic data are essential znach e of the diagnosis and differentiation of dermatoses.

When and under what circumstances the life of this first appeared as bolevanie on what part of the body initially appeared rash, what it looked like as distributed I familiarize on other sites? What connects the patient and the appearance of the beginning of his ill and Nia? Whether preceded by cooling of the top of the disease, infection, nutritional intoksik and tion, physical and psychological trauma to the action of factors of production, the action of m e dikamentov,vitamins, analgesics, and so on. D.? The chronological sequence of d and there describe the furthercourse of the disease.

Describe the appearance of relapses, amplification, attenuation or completeIP disappearance straight and disease signs. Indicate the duration of both initial rash and recurrence. When Mr. and were observed exacerbation (list years, months earlier outbreaks ill and Nia)? What does the patient associate with the appearance of these outbreaks or the improvement, the disappearance of s pi?

When a patient appealed the first medical aid and treatment which have h rezhdeniya which establishes the diagnosis, which was a general and external treatment, its

effectiveness; when, where and how many times was the patient hospitalized? What was the efficiency of stationary Leche e Nia?

When detecting patient infectious skin disease (scabies, mycosis: E a . Rosporiya, trichophytosis, etc) that indicate which previously served as a source of and expressions with whom contact has been in the patient after infection. The stories used on existing illness list all family members coming in contact groups of children, with friends on the games in the house wk of les, and so on. N.

It is necessary here to specify what measures have been taken to bring to be surveyed about vaniyu and treat the source of infection, the results of its survey.

2. In patients with sexually transmitted diseases :

a) *In patients with syphilis*, first of all, they find out the date of appearance of the initial pr and signs of the disease and their localization. How soon after the flooring of the first or close household contact with the alleged source of infection was confirmed and were the first signs of the disease. It is necessary to specify the sequence of signs of disease on the skin and mucous membranes, their appearance, pa with prostranennost, localization, fast disappearing. Hair loss; They are accompanied by skin rash, general disorders and as Kimi?

When the first patient appealed to the doctor about this disease, in which L e chebnoe institution and what the diagnosis was established? What were the prospect of vedeny laboratory studies? Was the patient treated and with what?

Whether the patient has previously contacted about this disease or shortly before the onset of the disease for other intercurrent diseases; how was it treated, how long, doses? What were the results of the treatment, its tolerability.

In women, it turns out the number of pregnancies and their outcome: a birth in time, before e time delivery, stillbirth. The health of children in early childhood development d e Tay.

The surname, first name and patronymic, age, address, place of work of the alleged source of infection should be recorded in the medical history. If this is unknown, indicate specific prospect and meta alleged source of infection. Req of Dimo find and record all persons with whomthe patient has been in a sexual or close household contact after their infection. It is also necessaryto identify and record information about production contacts. Finally, what steps were taken to bring them to the survey and the results of particular used repetition.

b) *In patients with urogenital infection* present Similar Containers information aboutZabol e Vania as syphilis.

In men , a history of special attention is paid to the frequency of urination from canine (day and night) and pain at the same time. It is necessary to indicate the diseases of this group (gonorrhea, chlamydia, m and coplasmosis, etc.) in previous years (months), how many times. Stood there a treatment regimen in the s had been used to doctor's recommendation? Is control of cure was conducted, the results of his s Tats?

In women, a history of paying attention to the appearance of discharge or in development with -inflammatory process soon after the onset of sexual activity and casual sex (theappearance of pain in the abdomen, especially after IU n struatsy, childbirth or abortion, their nature, frequency, etc.).

PRESENT STATE OF THE PATIENT (Status praesens objectivus).

Pathology related to skin or venerich e skim diseases are described only in the local art and Tus. It is allowed to write the section briefly, but for all systems.

First, indicate the height in cm, physique, body weight in kg. Further, the general condition of the patient, the degree of development of the subcutaneous fat layer (fatness) is clearly and briefly characterized.

Peripheral lymph nodes (cervical, over-and subclavian, axillary, cubital, inguinal, femoral): their size, texture and rootstock Well Nost.

The musculoskeletal system. Muscle tone and strength. Bone health - the presence of d e formations, pain during effleurage.

Respiratory organs: number of breaths in one minute. Form thoracic adhesive t ki, type of breathing. Auscultation and percussion data.

Circulatory system: heart, boundaries, tones. Pulse, its frequency, filling, rhythm, blood pressure.

Digestive system: appetite, stool, condition of the oral mucosa, tongue, teeth. Organs of the abdominal cavity: the superficial and deep palpation, n e ry and spleen.

Genitourinary system: dysuria, with Pasternatsky's impulse ... etc.

Nervous system: size, shape, size of pupils, reaction to light, convergence, accommodation, movement of the eyeballs. Skin sensitivity poverhnos t naya (tactile, pain, temperature) and deep (muscle-joint senses), the coordination of movements. Reflexes: knee, tendon.

LOCAL STATUS OF A DERMATOLOGICAL PATIENT

Status localis should write in detail according to the attached diagram.
Full characterization of the pathology (lesions on the skin, visible mucous, appendages to about Mrs. often - lymph nodes, etc.) Makes it possible to correct in a thanes diagnosis.

A. GENERAL SKIN PROPERTIES:

a) Coloring. Is not changed skin has a dull luster, does not shine, the openingsal s GOVERNMENTAL glands are not expanded. The skin can be cyanotic, yellow and that, dark.

b) Skin pattern. Normally, it looks like grooves and rhombic fields. Skin pattern can be expressed or smoothed.

c) Humidity, sweat and fat-separation. Normal skin is moderately moist, not bl e Stith. Humidity can be increased or decreased, it is determined by palpation, sometimes visually. The skin is often dry. On vla Well Noah skin holding leaves indelible ink correspondingto an ink color.

Sebum secretion is determined by pure white paper: when rubbing against the skin, a greasy mark remains on the paper.

d) Skin turgor (decreased, increased). Determined by probing fell s patsii collecting and skin and underlying tissue in the fold.

e) Extensibility and elasticity. Skin elasticity may be reduced or dressing s Shen (for determination of elasticity of the skin is taken into the furrow, the set of item e stump its extensibility and quick return to the original skin folds n of decomposition).

f) The condition of the subcutaneous tissue. Hypodermis changes can be expressed withdrawn and cheniem (obesity), decrease (various "debilitating disease"), up to and with the disappearance, often after pathological proce with owls, leading to her death or after her initial injury.

B. CHARACTERISTICS exanthema (section should write complete in a single tells the story of Bani, "RA with the tale") .

BY NATURE: inflammatory, ostrovospalitelnaya, chronic - inflammatory s naya, noninflammatory (used vitropression).

SITES OF LOCALIZATION: the name of the anatomical areas of the skin, favorite (typical) sites of localization, sites of negative localization (not typical for this disease); Feedback morphological elements rash with hair follicles, sebaceous and n of tovymi glands (follicular and periporalnye efflore with cence).

First of all, the main focus of the lesion is described, regardless of localization; Description rash is made consistently and is usually from the top down in the following paragraph of the row: head, neck, chest, abdomen, back, buttocks, upper and neither w of the limbs.

SYMMETRICAL AND NON- SYMMETRICAL POSITION (on both sides of the body or on one side of the body).

SPREAD. The rash may be diffuse (rash and merge PICKUP and TYVA large areas), localized (limited) disseminirova N hydrochloric (rash scattered across the skin surface).

BY NATURE: monomorphic (consists of one type of primary elements) or polymorphic rash (consists of two or more types of primary elements); false polimor f Nye (characterized by the presence of primary and a few secondary cells rash or morphological elements monomorphic rash finding t camping in different development stages: spot turn into papules, vesicles, erosion covering and are crusts).

PRIMARY ELEMENTS OF RASH: spot, papule, tubercle, node, bladder, vesicle, blister, impetigo, ecthyma.

The mutual arrangement of the primary element rash: focal length of about -insulated), drain (can form a variety of f and Mountains).

LOCATION: linear, irregular (without any regularity), disseminated; systematic (along the nerve PTS of fishing, blood vessels, respectively dermatome distribution); correct groups and shaping in the form of a ring, arc, heap; Incorrect alignment (not form Geom t - empirical figures); etc.

FORM (by volume): regular, irregular, conical, floor y globose, oval, round, flat, in the form of plateaus poligonal s nye etc.

ON THE OUTLINE OF THE EDGES (borders): the edges are even, serrated, clear and indistinct (indistinct), small or large scalloped.

BY SIZE: spot, with millet grain, pinhead, with lentils, with m about no, with a pea (small and large), cherry pits, with plums, hazelnuts and walnuts, with a child's palm and more (cm).

CONSISTENCY: normal skin, soft, testovatoy, woody-dense (d e roaring) tightly - elastic (as determined by palpation).

SURFACE OF ELEMENTS: smooth, rough, bumpy; cash and Chiyo and nature peeling, etc.

Color (color and shades): pink, pinkish - red, red, bluish - red copper - red, reddish - brown, color "coffee with m of Locke," etc.

PERIPHERAL GROWTH: yes, no; peripheral growth is set to about a Considerations apparent unevenness of the elements and the presence of fusion of the figures.

Secondary elements: pigment, flake, crack, excoriation, lichen and fication, erosion, ulcer, crusting, vegetation, scars, scar APR of FFL.

LOCATION OF SECONDARY ELEMENTS ON PRIMARY: solid, in the center, along the edge, in the form of a collar, etc.

B. CHARACTERISTIC OF RASH ON MUCOSA (ENANTEM).

For the inspection of the oral mucosa to be used is bright, for example in lenny light and using a wooden spatula, which manages to drain from saliva is scanned uch as stki. Describe the color of the mucous membrane, its surface, the presence of e-mail e cops rash, their properties and location.

D. SKIN SUPPLIES:

a) Hair. The condition of the hairline is noted: vellus hair, bristly and long hair. Type hirsutism, disorders th color, breaking of (short, high), n of Reden focal or diffuse; overdevelopment in o los.

b) the nails (change of color and size, absence, presence of bands splitting lo m bone, onychophagia, polished nails, spot recess; state but g tevyh rollers, etc.)..

Nails are normally matte, smooth, shiny.

D. LYMPHATIC SYSTEM:

a) lymph nodes (regional lymphadenitis, polyadenylation; localization changed nodes, their consistency, size, mobility, diseases n NOSTA, the skin over them, etc.),

b) lymphatic vessels (lymphangitis, site of localization, direction, size, consistency, soreness, distinct thickenings, etc.).

E.DANNYE SPECIAL dermatological research (if req about gence):

a) dermographism (to determine vasomotor skin innervation Var and Antes: normal, red, red diffuse, white, stable b e ly, blue, urticarial).

b) DIASCOPY. Defines inflammatory or noninflammatory in nature ne p between primary elements differs from inflammatory hemorrhagic elements. Has even greater diagnostic value in sarcoidosis Beck (motes symptom) and tubercles of Noah erythematosus (a symptom of "apple jelly").

c) LUMINESCENT STUDY IN THE RAYS OF WOOD'S LAMLA:
elements of certain diseases only acquire their characteristic color: Vitiligo - sve t ly, bright white; erythematous cheilitis - white with a bluish tinge; candidiasis - pink-orange; pityriasisversicolor - dark brown, reddish-yellow, sharp- and- neural warts and erythrasma - brick- red; "Invisible" elements of leprosy and ps of Riaz become apparent. With microsporia, the affected hair glows with a greenish-silver color. The urine of patients with late porphyria is red (atrear of rovyh bluish-white color).

d) MUSCULAR - HAIR REFLEX. The absence of this reflex svidetels t exists on sympathetic innervation disorder (some forms of pruritus, ichthyosis, SMO e dry Gebr. When no scrapie algebra and plantar D p lex).

e) SCABLING (with a glass slide or scalpel).

Determines the nature of peeling, the density of attachment scales, pain, increased capillary fragility papillary layer, Psoriaten -h e ical triad, etc.

e) SPECIMEN: Balzer, gorchichnikovaya, Minor, Sinelnikova, Jadassohn Paul etal. on zhitelnye sample described.

g) SYMPTOMS: Asbo-Hansen, butterflies, Beigne, Beigne-Meshchersky, Bietta, pears, ladies' heels, Nikolsky, sinking of the bell-shaped probe, serous wells, Les e ra-Trel, thimble, tissue paper, Pilnov, dust grains, dust , suitcase handles, etc. Identified symptoms to name and describe.

g) PHENOMENA: Kebner (isomorphic irritation reaction), Lobita-Campbell, psoriatic triad, apple jelly, etc.

h) SKIN SENSITIVITY. T aktilnuyu, pain and temperature senses and telnost tested suspected leprosy, syringomyelia, Pat and the mission and others.

g) SUBJECTIVE SENSATIONS: itching, pain, burning, paresthesia, fever.

It should be borne in mind that the subjective symptoms of the disease often do not depend much on the severity or nosology dermatosis, but on individual wasps on patient singularity.

LOCAL STATUS IN PATIENTS WITH SYPHILIS.

During the initial period of syphilis described localization, number of primary sifilom (erosions, ulcers), their number, size, color, c and Nica, shape, form, surface, edge, the bottom, sealing in the base (whether a tovidnoe, lamellar or nodular) discharge, presence and lymphangitis skleradenita regional, state Periph other e -empirical l imfaticheskih nodes. P redstavit and complications of chancre, if it is, it is.

Describing patients with secondary syphilis period, determine the view of thefirst hour GOVERNMENTAL morphological elements (roseola, papule, pustule and m. P.), Theirsize, color, outline and Nia, shape, surface, localization, prevalence, and the presence of groups etc. These features of the rash on different parts of the skin: on the trunk, extremities of styah,
palms, soles. Describe pigment changes and tion (leukoderma), hair (alopecia), eruptions in the mucous membranes. Condition peripheral lymph nodes, n and presence of residues chancre accompanying th present bubo.

In tertiary syphilis period necessary to describe the existing active proya in Lenia disease (tubercles, Gunma their complications, lymph nodes, etc.). It should elevation e tit presence and characteristics of scars allowed lesions, their location, pa s , shape, and m. P.

LOCAL STATUS IN UROGENITAL STIs .
To write this section usually begins with inspection of the external genitalia p ganas.

In men: the state of the external opening of the urethra and the jaws in men (hypo- and episp and diya); the presence of secretions (their color, nature, quantity). Palpation data of the

urethra, m o sconch, testicles, epididymis (infiltrates, indurations, nodules, soreness). When surveyed and SRI prostate determine its size, shape, texture, surface, boundary and soreness. Ma to scopic examination of two portions of fresh urine released (Thompson test): color,number, turbidity, opalestse n tion, the nature fibers and flakes.

In women, an objective examination should begin with palpation of the abdominal wall (B m ptom Shchetkina-Blumberg). Then: Inspection of the vulva, mucous pre d doors for the presence of erosions or lesions.

Urethra: examination (swelling and redness of the urethral sponge, the presence of para-urethral x of rows). Palpation through the vagina towards the pubic bone (infiltration, a paste of Nosta). Allocations (quantity, nature, color).

Large vestibular glands: pay attention to hyperemia of the mouth of the duct of the gland, infiltration, the presence of a gland discharge after massage, soreness.

Vagina: flushing of the walls, the presence of erosions, the amount, nature, color of the discharge.

Cervix: shape, presence of erosion, nature of discharge. The body of the uterus: the manual s nom examination determine the size, consistency, tenderness. Appendages of the uterus:a b notice how your size, shape, konsiste n tion, tenderness.

Parametry: changes, the presence of "strands", infiltrates.

LABORATORY AND DR . SPECIAL explores And Nia

Mandatory general clinical laboratory tests I in lyayutsya:

- general analysis of urine and blood,
- examination of feces for worm eggs,
- serorea to tion syphilis,
- blood for HIV infection.

Other laboratory and instrumental studies and hardware produ s are found, depending on the evidence and the nature of the disease.

Great assistance often provides histopathological study of the skin, bi of psirovannoy of the lesion. Moreover, the data bi of psii can be decisive for the diagnosis.

PRELIMINARY DIAGNOSIS.

The preliminary diagnosis of the disease **is written in full** , "expanded" on the basis of:

a) complaints ... ,

b) history data ... ,

c) local status ... ,

g) the results of L and boratornyh research ... .

(instead of enter points characteristic for the diagnosis and n nye) .

DIFFERENTIAL DIAGNOSIS.

Differential diagnosis is made with similar for the clinic (the elements of therash) with two or three diseases (other than those of the other chickens and the torus).

Listed diseases with which to differentiate, and then the decree s vayutsya commonwith signs differentiable diseases; then, based on the differences, and with the inappropriate disease.

CLINICAL DIAGNOSIS.

Unit can write briefly, on the basis of prior and diff e ential dia g nozov.

TREATMENT . C. The student n aznachaet grounded common and external treatment specifically given patient in accordance with the clinical diagnosis.

It should be called each drug group, describe the mechanism of its dis t Via, write deployed recipes specifying single and course dose and application technique. Treatment of sexually transmitted diseases should correspond to the latest methodological rivers of mendations Ministry of Health of the Russian Federation.

DIARIES . Two diaries are presented. Each diary reflects the general with a standing, physiological functions and health of the patient, the dynamics of rashes on the skin and visible mucous. In a second journal at kazyva dissolved pathological dynamics etc. of cession, tolerability and efficacy of the treatment, assigned new drugs (doses, number when e mov), physiotherapy and designated clinical Resea and Nij.

EPICRISE (brief conclusion about the patient's stay in the clinic).

It states, in what condition and what events admitted to the clinic patient, on the basis of what data has been set dia g ERA.

Treatment conducted is indicated, a sequence of regression Clinical manifestations in tions disease.

Recommendations are given on further treatment, relapse prevention, diet, employment and medical examination.

FORECAST. In this particular patient substantiated prognosis for life (in g gives birth if the disease is now the patient's life), health (whether it is possible l Noah recovery) for disability (needs and etsya whether in a temporary transfer to another job, on and n validity etc.).

Indicate the recommended spa treatment (where, profile, in what season, etc.).

At the end of a training "Case Histories" student curator is making a list of references and puts her on e pis.

QUESTIONS OF THE SELF- PRE - EXAMINATION
IN A COOKING STUDENTS on dermatology
FOR ST U Dent medical, pediatric and preventive medical F A partments.

1. Features of the structure of children's and senile skin.
2. Functions of the skin: protective, insulative, secretory, respiratory, obme n Naya et al.
3. Functional research methods in dermatology.
4. The role of endogenous and exogenous social factors in the occurrence and development of de p matozov.
5. The concept of sensitization and allergies in dermatology.
6. The role of genetic factors and autoimmune processes in the skin pathol about ology.
7. Tuberculosis of the skin. Etiology, classification, pathogenesis, ways of spreading tuberk in a disease in the body. Clinical forms. Treatment and so on prophylaxis.
8. Leprosy: etiology, pathogenesis, classification, clinical forms. Methods of d and agnostics, treatment and prevention.
9. Cutaneous leishmaniasis (Borovsky's disease). Lice.
10. Skin diseases of probably viral etiology: exudative multiforme era and theme and lichen rosacea.
11. Occupational skin diseases.
12. Systemic (collagen) skin diseases. Erythematosis. Scleroderma.
13. Seborrhea and acne.
14. The benign and malignant skin diseases: classification, pathogenesis, B m ptomatologiya and therapies.
15. Precancerous skin diseases: xeroderma pigmentosum, keratoacanthoma, cutaneous horn, le th koplakiya. Clinical examination.

16. Preventive therapy for syphilis.
17. Treatment of acquired forms of syphilis.
18. Treatment of congenital syphilis.
19. Treatment of pregnant women with syphilis.
20. Preventive treatment.
21. Additional treatment for syphilis.
22. Chancre, etiology, pathogenesis, clinical picture and treatment.
23. Criteria for cure in syphilis and gonorrhea.
24. Acquired immunodeficiency syndrome (AIDS). At-risk groups. Derm and ontological aspects of AIDS. AIDS legislation.
25. Personal and community and STI prevention.

DIFFERENTIAL DIAGNOSTIC TABLES
ON FOR U CHENIYA AND CONTROL OF KNOWLEDGE OF STUDENTS

Characteristics of the primary elements of the rash . Table 1

Harak te-rist a nd ka Primary nye the elements	Rel s e f Nosta	U of s mallness	Mechanism Arise e Nia		Depth of occurrence				Exodus		
			and n f iltrative	exudative	epidermis	dermis		hy of the dermis	traceless	scar	cicatricial atrophy
						papillary layer	mesh layer				
Spot											
Papule											
Tubercle											
Knot											
Bubble											
Bubble											
Blister											
Impetigo											

Ektim											

Evolution of the primary elements of the rash Table 2

Secondly h nye the elements Primary nye the elements	Secondary pygmies n ting	Flake	Crack	Excoriation	Lichenification	Erosion	Ulcer	Crust	Vegetation	Scar	Cicatricial atr o fia
Spot											
Papule											
Tubercle											
Knot											
Bubble											
Bubble											
Blister											
Impetigo											
Ektim											

Pyoderma Table 3

	Ethyol about Gia			Deep and o n		Communication with the fo l l and to have s crap ox o sa	Tech e of		And with the course		About b schay a ReA to tion org and none o f ma
	streptococci	staphylococci	mixed	superficial	deep		spicy	hron a nd che skoe	tra ce les s	scar	
eudofurunk at the vin es ger											
petigo lgar											
yed											
mphigus											

wborn											
cosis											
dradenitis											
lliculitis ep											
petigo llous											
tiofolliculitis											
tima vulga r naya											
runcle											
rbuncle											
siculop ustulosis											

Allergodermatosis Table 4

	Lichenification	Symmetry	Borders		Wetness				Flow		The general reaction organism
			sharp	not sharp	absent	si m ptom "Gray s GOVERNMENTAL" Kolo d ant	expressed	sharp	spicy	chronic	
Atopic de p m a tit (neuro de r mit)											
eborrheic ex e m a											
Dermatitis simple contact											
Professional eczema											

Microbial eczema											
True eczema											
Acute urticaria											

Dermatomycosis Table 5

	Group mycosis				Hitting e of			El e ments			Hair				T e c he nie		M an d Ki dy		Exodus		
	keratomycosis	dermatophytosis	candidiasis	deep m and goats	hair	smooth skin	nail	stains	pustules	bubbles	color change	drop ping out	region koro so something	breaking off. in s soko e	spicy	chronic	often	seldom	tracelessness	scar	scar and so rofiya
Candida and goats turn x no se so .																					
Mikrosp about Riya																					

Raz notsve t ny versicolor																					
Rub rom and goats																					
Trih of a nd T ia pove rhno s t n aya																					
Tric hop hyto sis deep abo ut k aya																					
Fav us																					
Epid emi olog ical p M O fitia skl a doc k																					
Epid emic R of Mop hyti a. St op																					
Eritr a z ma																					

Roseola syphilis Table 6

	The size		Coloration			Peeling	Peripheral e major growth	Tech e of		Itchy skin	General phenomena
	with check e v itsu, nail m and zin tsa	more nail pinky	pink	cyanotic	different			disappeared and an fast	last s a l o n g t i m e		
Roseola syphilitic											
Lichen pink											
Multicolored lichen											
Toxic roseola											
Marble leather											
Bite spots pubic lice											
Infectious th di strict of zeolit and											

Papular syphilis Table 7

	The form papules		Depth occurrence				Colour				Peeling				L about ka- l and za - tion		Leak- nie		
	rounded	polygonal	epidermis	dermis, layers		hypodermis	coppered	bluish	pink	red	central	splo w N o a h	symptom rai d	does not peel	below ed	unde fine ed	disappears q	long	Itchy skin
				papilla of	reticula														

				v y	t e								s t k i	o f f			u i c k l y		
Edge with n y flat lic hen																			
Psoriasis																			
Papulo of n y syphilis																			
Papulo-necrotic. tuberc u-loz to about Mrs.																			
Para psoriasis																			

Skin tuberculosis Table 8

	El e men t rashes	The edges i z you	Defeat fabrics	The nature of the ru b tsa	Se nsi	Ser ore acti	Tu be rc	Test lech

	tubercle	knot	dense	soft	soft	bone	cartilaginous	stamped	smooth	with skin mo with teak	tivity skin is broken	ons for sif and fox are positive	uli n tests po positive	e e o f syphilis is effective in but
Gunmah ny syphilis														
Papulose s and filid														
Tuberkulo of naya lupus														
Scrof a t the lo-dermis														
Leprosy														

PROGRAM QUESTIONS ON DERMATOVENEROLOGY .

1. Histological structure of normal skin: the epidermis and its layers, prop m venno leather, fibers, muscles, glands, skin nerves. The structure of the hair, hair follicle and nail. Features of the structure of children's and senile skin. Functions of the skin: Protective termoreg in Batery, secretory, respiratory, of b meline and others.
2. General symptomatology of skin diseases: primary morphological education by about Ms: spot, knot, blister assembly, bump, bubble, bubble, abscess. Their definition, histological and clinical characteristics of each of them, differences, their evolution and outcome.
3. Secondary cells rash: flake, peel, scar, scar atrophy, vegetation, W of hexadecimal pigmentation lihenifikatsiya, erosion, ulcers, cracks, scratches. Their definition and clinical characteristics.
4. The main histopathological changes in the epidermis, the types of degeneration,giperker and TOZ, parakeratosis, acanthosis, papillomatosis, granulosa, dyskeratosis, acantholysis, epidermolysis.
5. The role of endogenous and exogenous social factors in the occurrence and development of de p matozov. The concept of sensitization and allergies in dermatology. The role of genetic F to the torus and autoimmune processes in the skin pathology.
6. General principles of treatment of patients with skin diseases. General treatment: an antibiotic for therapy, hormone therapy, allergen, sedative and antihistamine ter and Pius,

vitamin therapy, immunotherapy, suggestive therapy, UFO, UHF, PUVA -ter and Pius. Specific and nonspecific t e rapiya dermatoses.

7. External treatment of skin patients. Forms of drug use in the de p matologii: powders, lotions, mash, pastes, ointments, creams - their definition, prop and B recipes, mechanism of action on the skin, the method of application and indications and protivop of Kazan to their use. The main keratoplastic, keratolytic, antiparasitic and packaging and antipruritic agents.
8. Pustular skin diseases - pyoderma. Etiology, pathogenesis, valve with fication. Clinic for each disease and treatment. Staphylococcal pi of the dermis, ostiofollikulit, folliculitis, sycosis, furuncle, carbuncle, hydraulic and denit, vezikulopustulez, multiple abscesses, epidemic pemphigus newborns. Streptococcal pyoderma: and m petigo and its varieties. Mixed pyoderma. Principles of general and local lech e Nia piodermitov.
9. Dermatomycosis. The importance of fungi and the environment in the development of mycoses. Classification of mycoses. Keratomycosis, their diagnosis and treatment. Trihomikozy: trihofitia, mikrosp about dence, crusted ringworm. Etiology, clinical features of each of them. Diagnostic methods. Differential diagnostic and ka. Treatment: localand general. Epidermomikozy: etiology, pathogenesis, valve with fication, clinic, treatment, prevention. Rubromycosis, skin and nail lesions. Treatment.
   Candidiasis: etiology, pathogenesis, clinical forms, L e chenie.
10. Tuberculous skin lesions. Etiology, pathogenesis, ways of spreading tuberk ina lez infection in the body. Lupus: etiology, clinical lady n Nosta and forms, complications, diagnosis and treatment. Kollikvativny, warty, I of venous, lichenoid, papulonekrotichesky indurativny and lupus. Their pat on the genesis, clinical features of STI, differential diagnosis, treatment.
11. Leprosy. Historical information. The etiology, pathogenesis, epidemiology, valve with fication, clinical forms. Diagnostic methods, treatment, prevention and control and organization of control.
12. Cutaneous leishmaniasis (Borowski disease): etiology, clinical forms and their hara to teristics. Sources of infection, treatment and proph and ka.
13. Scabies and lice. E tiologiya, epidemiology, clinical features, diagnostic, treatment methods, prevention.
14. Collagen skin diseases. The concept of consistency. Red Wolf n ka andscleroderma; clinical forms and their characteristics. Treatment and professional and lactics.
15. Viral diseases of the skin: a simple herpes, shingles, used to rodavki, molluscum contagiosum, genital warts nodules doilschits. Klinichev e Skye characteristic of each of them, the current l e chenie.
16. Skin diseases of probable viral etiology: exudative multiforme era and theme and lichen rosacea. Pathogenesis, clinical features, treatment and prevention.
17. Pemphigus. The etiology, pathogenesis, clinical forms, their clinical, diagnostic,leche e of the forecast.
18. Professional skin diseases: etiology, pathogenesis, classification, Klinichev e skieform. Skin tests. Clinical examination and employment of patients prof . dermat about zami . Professional and lactics and professional selection.
19. Eczema and dermatitis. Etiology, pathogenesis, clinical forms and hara to teristics. General and local treatment.
20. Seborrhea. Acne vulgaris. Etiology and pathogenesis. Clinical characteristics when n ciples treatment.
21. Psoriasis. Etiology, pathogenesis, symptomatology, stages of the disease, t I yellow forms. Diagnosis, treatment and prevention of psora and over.
22. Lichen planus. Neurodermatitis. Itchy skin. Hives. Ethyol about Gia, pathogenesis, clinical characteristics, diagnosis, lech e set.
23. Genetic factors in dermatology and basic genodermatosis (ichthyosis, psoriasis,used to Leznov Recklinghausen, keratoderma). Methods of genetic and with investigations.

24. Benign and malignant neoplasms to the fat:
25. Classification, pathogenesis, symptomatology and treatment methods. Precancerousill and Nia skin: xeroderma pigmentosum, keratoacanthoma, cutaneous horn, leukoplakia of mucous membranes of the mouth and genitals. Clinical examination.

26. Syphilis. Etiology, sources of infection, ways of spreading infection. Acquired e tenny and congenital syphilis. The general course of syphilis (n e riodizatsiya). Immunity in syphilis:the concept of superinfection, reinfection. Reinfection criteria. Clinical relapse. The value of experimental syphilis to study the immunological wasps on the singularity at the CIF and the fox.
27. Incubation ionic period for syphilis. Preventive ter and Pius doses .
28. Primary period of syphilis. Primary syphilophyma, clinical picture, variety of STI. Atypical forms and complications. Regional lymphadenitis. Differentialq and hard chancre agnostic.
29. Secondary period of syphilis. General information, general characteristics, syphilides W about ary period of syphilis: roseola, papules, pustules, and their clinical characteristics. Syphilitic baldness and leucoderma. Diff e differential diagnosis of symptoms. The defeat of the mucous membranes in the secondary period of syphilis.
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