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Department of Dermatovenerology

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PRACTICAL SKILLS IN DERMATOVENEROLOGY

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

Methodological recommendations for mastering practical skills in dermatology and venereology were compiled by: Dr. med. Bazaev V.T., Ph.D., associate professor Belikova Z.F. and Ph.D. Kobaidze L.M.

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111. PRACTICAL SKILLS.

Number 1. diascopy (vitropressiya) - n adavlivanie on the affected area of the skin with a glass slide or a special device - diascopy or hours fired glass, glass spatula or a glass plate in the form plessimetra. Using this method, you can determine the nature of the rash element (vascular, pigmented, etc.). Inflammatory elements turn pale under the influence of pressure, and hemorrhagic ones hardly change in color.

Erythema caused by vasodilation disappears with diascopy and a normal skin color appears. When hemorrhage s and pigmentation coloring does not change. This method also helps in the diagnosis of lupus (the phenomenon of "apple jelly"), roseola g heat rash, purpura annular teleangiektaticheskoy Mayokki and other varieties of purple.

Number 2. Dermographism - p eflektornaya reaction nervno vessel istogo apparatus skin on the mechanical skin irritation edge spatula , percussion hammer handle or wand blunt end.

And the study of dermographism allows you to determine the state of the autonomic nervous system and, in particular, the reflex reactions of the vascular wall in response to skin irritation. It is more convenient to induce this vascular-motor reflex on the skin of the chest, abdomen, and back.

Normal dermographism is characterized by the formation of a more or less wide pink-red band that disappears after 2-3 minutes.

With dermatoses, accompanied by a neurovascular reaction or increased fragility and capillary permeability, dermographism can be red, white, mixed and urticarial .

With white dermographism, characteristic of neurodermatitis, atopic dermatitis, pruritus, exfoliative dermatitis, erythroderma, the band disappears after 2-8 minutes.

When red band appears dermographism arises broad bands Coy , which lasts up to 15-20 minutes, sometimes up to 60 minutes. Red diffuse dermographism is observed with eczema, psoriasis.

With mixed dermographism, the red stripe is replaced by a white one, or a white stripe appears along its edges.

Less commonly, elevated (urticarial) dermographism is observed, observed in patients with urticaria , prurigo . In this case, in place of a weak mechanical irritation singing vlyayutsya wide, sharply rising, oto Meth and Sometimes ischezayuschiecherez 40 - 60 min bands s red.

№ 3. Method for determining the primary elements of the rash.

Skin rashes should be carefully examined in good lighting and the relief, the presence of a cavity, the mechanism of occurrence, the depth of localization and the outcome should be established.

The relief of the elements of the rash is often determined visually; in doubtful cases, the method of sliding a finger over healthy skin with a transition to efflorescence is used . All infiltrative elements are embossed, with the exception of the spot.

The presence of a cavity can be detected by puncturing a sterile dry needle : the essudate comes out, the element under study falls off (bladder, vesicle, impetigo and ecthyma) .

All exudative elements of the cavity, except for the blister, are the result of the release of fluid and shaped elements from the vessels due to the increased permeability of the vascular wall.

Infiltrative elements of the rash are proliferative, the result of the multiplication of tissue components.

To determine the depth of the element should take the thumb and index finger in creases e leathers and : a surface element is defined on top of it, a thicker lobe folds and creases at the base node.

All surface elements of the rash disappear without a trace, and deep (tubercle, ecthyma and node) with the formation of a scar or cicatricial atrophy. Sometimes the site can heal without a trace.

№ 4. Examination of the patient under Wood's lamp.

Fluorescent diagnosis is carried out in t e me the room with the help of Wood's lamp, which is mounted filter, which is a glass impregnated with salts of nickel. This research method uses the "cold glow" of the affected hair or skin in the long-wavelength part of the fluorescent beam.

Spots of multicolored pityriasis versicolor fluoresce with a dark brown or reddish yellow light.

With microsporia, the affected hair is distinguished by a bright greenish-silver color.

In addition, in the rays of Wood's lamp, elements of some diseases acquire only their characteristic color: vitiligo - light, bright white, erythematous cheilitis - white with a bluish tint, candidiasis - pink-orange, genital warts and erythrasma (the causative agent of the disease releases water-soluble porphyrins) - brick -red; the "invisible" elements of leprosy and psoriasis become apparent.

The urine of patients with late porphyria under the rays of Wood's lamp glows red (in healthy people - bluish-white) .

№ 5. Definition of the psoriatic triad of phenomena.

The psoriatic triad is more easily detected by scraping short-lived papules. When n g to soft poskablivanii papules glass slide or blunt scalpel on the surface element first appears abundant lamellar peeling silvery white scales resembling stretch g rtuyu drop solidified stearin (phenomenon of "stearin spots"). With further more vigorous scraping of the same papule, after the scales fall off , a red varnish-shiny surface is exposed (the phenomenon of the "terminal film"), and when the film is scraped, small non-merging blood droplets appear (the phenomenon of "pinpoint bleeding", or the phenomenon of "blood dew" by Polotebnov) ,

№ 6. Balzer test or **"iodine test"** is used to diagnose pityriasis versicolor: the spots are smeared with a 2% solution of iodine tincture. Due to the loosening of the stratum corneum in the area of the rash, the iodine solution is absorbed more intensively, and the spots are colored more intensely than healthy areas of the skin.

In the absence of iodine, aniline dyes can be used. It is also necessary to know that with residual leukoderma after pityriasis versicolor, especially in patients who have undergone ultraviolet irradiation, the Balzer test is negative.

Number 7. Symptom Ben e - phenomenon of "chips" or "nail pin", with poskablivanii fingernail spots pityriasis versicolor and parapsoriaticheskih papules result in loosening of the upper layers of the stratum corneum scales exfoliate and flaking becomes more pronounced.

№ 8. The Benier -Meshchersky phenomenon is a sign of discoid lupus erythematosus: scales (due to follicular hyperkeratosis) sit on the papules very tightly due to the introduction of horny tweezers into the mouths of hair follicles or sebaceous glands and their removal is painful.

With further poskablivanii arises symptom "ladies broken heel": while removing scales from the surface with Cr papules asnoy erythematosus based on their detected schipiki and exposed funnel mouths follicles.

№ 9. Nikolsky's phenomenon is an important clinical and diagnostic sign of acantholytic pemphigus, indicating the presence of acantholysis in the epidermis.

To carry out the test, it is necessary to take the edge of the bladder cover with tweezers and pull to the side : with a positive Nikolsky phenomenon, a detachment of the epidermis is observed

on apparently healthy skin outside the bladder. When rubbing healthy-looking skin between blisters or erosions, rejection of the upper layers of the epidermis is also observed. With a pronounced symptom of Nikolsky, rejection of the upper layers of the epidermis is also found during friction of healthy-looking skin located far from the lesions.

Nikolsky's symptom is also found in some other dermatoses (in particular, in congenital epidermolysis bullosa , Ritter's disease , Lyell's syndrome).

Number 10. Phenomenon Asbo- X en with ene is a modification Nikolsky symptom: the pressure on the bladder is not penetrated the slide exudate detaches the adjacent portions of the epidermis, and the base of the bladder along the periphery increases.

№ 11. The Kebner phenomenon " and the zoomorphic reaction" consists in the development of rashes on areas of the skin prone to exacerbation (damage) by mechanical and chemical agents (scratches, injections, scratching, cuts, burns, etc.) , positive in the progressive stage of psoriasis, red lichen planus and juvenile warts on average 7-12 days after injury.

The emerging syphilitic gums in the area of injury in patients with tertiary syphilis can also be attributed to an isomorphic reaction.

№ 12. The phenomena of "failure of the probe" and "apple jelly" are characteristic of tuberculous (vulgar) lupus. When the probe is pressed against the tubercle (lupoma), a persistent depression in the form of a dimple is formed, and with more intense pressure, the bulbous probe easily sinks into the depth of the tissue (falls through) , causing pain and bleeding (Pospelov's symptom).

No less important for the diagnosis of lupus vulgaris is the phenomenon of "apple jelly", which is detected during diascopy. When pressed on a glass slide lyupomu she bled , and tissue changes rayed as a waxy w e LTO-brown spots resembling the "apple jelly".

№ 13. Research on Tzank acantholytic cells .

The lining of the bladder on the patient's skin must be cut off with sterile scissors, then the exudate is removed with a cotton swab and a sterile glass slide is applied to the bottom of the erosion.

You can apply and lightly press the sterilized student washing eraser to the bottom of the erosion and then transfer the material to a clean glass slide. The smear prepared in this way - the print is fixed for 1 minute with methyl alcohol, dried at room temperature and stained according to Romanovsky - Giemsa .

In preparatahp When pemphigus detects a change in the unit or layers of keratinocytes , is called emye acantholytic : dimensions are smaller than the normal cells have a very large nucleus intensely purple or violet-blue color, occupying almost the entire cell. Two or more light nucleoli are visible in the nucleus. The cytoplasm of the cell is sharply basophilic

№ 14. Preparation of preparations and microscopy for mycoses.

Special laboratory studies are also carried out to establish the specific etiology of fungal diseases. Before taking the material, the lesion should not be treated with external remedies for 1-2 days.

A prerequisite for microscopic examination is the correct collection of pathological material (hair, scales, scraping of the nail plate, crust, etc.). In case of damage to long hairs on the head, the material is collected using special forceps (ciliary). With microsporia , highly broken hair is epilated (5-7 mm above the level of the skin), which at the base have a whitish cap, consisting of fungal spores.

In case of superficial trichophytosis, broken hair is found and epilated shortly (1-2 mm above the skin level); they can be in the form of "commas", "hooks", "question marks". In chronic

trichophytosis, you should look for hair that is broken off at the same level with the skin, the so-called "blackheads".

When favus tweezers ber e tsya hair long, neoblomanny , thinning, dull, penetrating skutulu (you can explore and very ocher-w e ltuyu crust with depression in the center).

In case of damage to the nail plates, the material is taken from the free edge of the nail. Horny masses are cut off with scissors, and pathological material is removed from the deep layers of the nail with a scalpel.

In case of mycosis of the feet, the macerated exfoliating epidermis should be taken for examination along the periphery of the foci, or the bladder covers are cut off with sterile scissors.

In the presence of fungal lesions only on smooth skin, it is recommended to take a scraping of scales from the periphery of the lesions with a blunt scalpel.

The resulting scales, horny masses, the patient's hair are placed on defatted glass, poured with 1-2 drops of a 10-30% solution of caustic potassium or sodium, slightly heated over the flame of an alcohol lamp and covered with a cover glass. The preparation of scales is crushed with a cover glass until a white or "gray cloud" is formed. When examining the hair, it is not destroyed, but only brought to swelling. It is not recommended to heat the preparation from the hair . Microscopy is usually done with a "dry system" of a microscope under low and then high magnification. The elements of the fungus have the appearance of various lengths of double-circuit mycelium filaments and round or square spores .

№ 15. Research on scabies mites.

If scabies is suspected, a special laboratory test should be performed. For this purpose, a bubble is pierced with the sharp end of a scalpel or a needle at the end of the itch course. Ostry e instrument slightly pushing in the direction of travel of scabies, a skin scraping. You can use a safety razor to cut the epidermis over the blister or itch.

The material thus extracted is placed on a glass slide and a drop of a 20% solution of caustic alkali is applied, covered with a cover glass and microscoped with a "dry system" at low magnification and a lowered condenser. The formulation detected mites or their waste products - eggs, droppings as T g the set-brown dots. The body of the tick has an oval shape with four pairs of articulated legs.

№ 16. Drawing up a treatment plan for patients with dermatoses.

When starting the treatment of one or another skin patient, especially one suffering from chronic dermatosis, the treatment plan should be built in 3 directions:

1. *Clarification of the etiological factor, sensitization, specific stimulus* , i.e. the causative factor of the disease or its recurrence and its elimination , if possible.

2. *Application of methods of general therapy* in order to increase the body's resistance and activate its compensatory and protective mechanisms.

3. *Methods of local action on lesions* (external treatment), which favorably affects the exteroreceptors of the skin and reflexively, through the NS, affect the entire body. In addition, the beneficial effect of external agents on the pathological process in the skin is also important . The combination of these tr e x directions and is the success of treatment.

№ 17. Principles of general therapy for dermatoses

Effective treatment of skin diseases is undoubtedly etsya pinnacle of professional skill of the doctor-dermatologist.

Due to the large number and variety of dermatoses, for the frequent confusion of their etiology and pathogenesis, the propensity to over tyazhnomu downstream task of treatment is often trudnovypolni mine and requires specialist not only broad general IU ditsinskogo outlook, but also a great personal experience and SEASON whom the level of clinical thinking ...

1. Of particular value is the clinical thinking - the doctor the ability to individualize this observation and arri strictly *individual treatment* , an adequate form and stage of the disease, the patient's sex and age, comorbidities, personal and professional features of SLE tea.

2. The most successful is the treatment direction fief to *eliminate the cause of the disease* - it is called the etiological. Such, for example, is the use of drugs with scabies acaricidal action (killing excitaton turer's disease). However etiological treatment, unfortunately, is possible only when a certain amount of dermatoses with Th TCR established aetiology, while vre mja as in many skin diseases true cause slaughtering Levan disease is still unclear.

3. When the pain shinstve dermatoses accumulated enough information about mecha swing their development, making reasonable conduct *pathogenetic treatment* aimed at correcting individual hundred ron disease process (eg, use of antihistamines hives caused izbyt whom histamine in the skin).

4. We often Priebe causeway to the *symptomatic therapy* to suppress certain symptoms when uncertainty of its etiology and pas pathogenesis (eg, the use of cooling lotions in the presence of e ka and soak in the centers).

5. The *combination therapy* is often combined etiological, pathogenetic and sim ptomaticheskie treatments. In this case, almost all modern methods of therapeutic influence are used, which can be classified as follows:

1. Mode
2. Diet
3. Drug therapy (general and local)
4. Physiotherapy
5. Psychotherapy
6. Spa therapy

In the treatment of chronic allergic dermatoses in children, it is necessary to combine the means of general influence with the diet, proper care and rational external treatment.

Due to the extreme diversity of etiological and pathogenetic factors in skin diseases ICU dark drug dermatosis therapy involves practically all the methods and tools available in the arsenal of modern clinical medicine: *antimik detail , hyposensitization , psychotropic and gormonal nye drugs, vitamins, anabolic steroids, immunomodulators , biogenic stimulators and enterosorbents , cytostatics and non-specific anti-inflammatory drugs, enzymes, quinolines* , etc. (see them in the relevant manuals).

№ 18. Principles of external therapy for dermatoses.

Local therapy of skin diseases is typically with the battle to some extent and the overall impact on the body. Occurring under its influence decrease and then disappear venie discomfort (itching, pain, burning, etc.) Are very positive effect on the condition of patients in Numbers that le on their emotional sphere, which in itself is already a way exists recovery. This, of course, conducted rationally topical treatment facilitates resolving patho logical process in the skin.

Just as the general treatment, topical therapy is always tre buet *individual approach* ; the individual properties of the skin should be taken into account, especially in the lesions. The skin on different parts of the body is characterized by different sensitivity. The most sensitive is the skin on the face, neck, genitals, flexor surfaces of the extremities, much less sensitive - on the scalp, soles and palms. With the defeat of the latter, especially in people of physical labor, one should take into account the thickening of the stratum corneum, which can prevent the penetration of drugs into the bloodstream.

At the beginning of the treatment of patients follows blowing inspected daily or every 1-2 days, since a change in the skin condition prescribed medicines environments ARISING may become useless, for example, by at vykaniya, or even harmful because of the intolerance of the individual components that make up this or another drug.

Drugs used for the topical treatment should *first be applied to the limited area* and only then, convinced of its good tolerability, - the whole of expressions skin.

In the treatment of dermatoses, many have to *change the nature of local therapy in various hundred diyah their flow* . E is primarily concerned with dermatoses, with accompanied by inflammation, as in every stage of the disease require different medications and methods of their application.

One of the basic rules of the local treatment of a number of skin bolevany, such as acute, subacute and chronic aggravated eczema, dermatitis, acute and aggravated the odds we psoriasis (progressive phase), etc., -. *"A get e nnogo not irritate"* , in other words, the more acute the process, the softer the therapy should be. In this regard, since the treatment of such patients should use low concentrations of le a medicament, and then gradually increase them and ne goes over to become more active agents.

At the same time, there forms and stages of skin diseases, to toryh shown *use include potent drugs* , such as some infectious GOVERNMENTAL dermatoses (trihomikozy , scabies et al.). Irritative topical therapy is also sometimes chronic eczema with significant infiltrate limited neuro dermis, stationary forms of psoriasis and t. D. In order races sasyvaniya available infiltrative lesions.

When selecting topical dosage forms cFe dstv entirely when Thou must *consider anamnesti gical data tolerability various types and means of local therapy, the extent of bo leznennogo process and its localization, stage of disease, the nature and depth of the inflammatory process and others.*

Sharpened and subacute inflammatory process must be used , mainly , dosage forms in which the medicaments contained therein are surfactants (lotions, agitated mixtures, powders and pastes).

In chronic and deep processes , dosage forms should be preferred in which medicines have a deeper effect (ointments, compresses, etc.). However, there are exceptions to this scheme. For example, corticosteroid ointments can be used in the acute stage of the inflammatory process, since the effect of the steroid included in them overlaps the "unfavorable" effect of the ointment base.

In ensuring the effectiveness of topical treatment of dermatoses, the important role played by *the dosage form and method when Menenius* prescribers in choosing which should take into account the nature and location of the lesion, as well as the conditions of life of the patient. So , for example, you can not paste Knuckle dyval on the scalp, even if the inflammatory ny process is acute, as it gluing hair, does not allow drug substances have effects on the skin.

Of the dosage forms of *most surfactants are* dusting powders, lotions, agitated mixtures (talkers) glub same - sequentially pastes, oils, ointments, packs, glues, adhesives, paints, soaps. The degree of action in depth also depends on the nature and concentration of those medicinal substances that are included in the given dosage form. For example, when included in any dosage form Dimexidum dramatically increases the penetration depth to Ms drug, 5% salicyl alcohol the action exists deeper than any indifferent ointment and zinc oil has a surface action than 10% resorcinol paste, and so on. P.

In outpatient practice should *avoid the use of bad-smelling ointments and stain the linen and bandages, bothering boiling patient movements . Getting to topical therapy, as well as in the course of treatment is necessary to cleanse the skin* - remove scales, crusts, residues of drugs used. When congestion in the affected areas of crusts, which is particularly often observed is given on the scalp, it is possible to use a hot compress with 1-2% salicylic oil:

Rp .: Ac. salicylici 2.0
0L . Helianthi ad 100 , 0
M . D . The S .

With a number of skin diseases, it is necessary to very *carefully change the dressing with a medicinal substance, to avoid trauma* , mechanical irritation of the affected skin. In this case, you should not tear off tightly sitting crusts.

The *correct use of topical medicines is* essential in ensuring the effectiveness of treatment . So, for example, when rubbing the ointment into the affected skin, an effect can be observed that is the opposite of that when lubricated with the same ointment.

Of equal importance in the treatment of dermatological patients is the correct application of the dressing, especially the occlusive one . A well-applied dressing with an ointment stops air access to the affected skin, which causes a deeper effect of the drugs contained in the ointment, and this is actually the main purpose of prescribing medicinal substances in ointments. However, dressings should be avoided for patients with pyoderma, except for ichthyol lozenges. So dressing on pustules , moves and t e t the skin and, if it is wet from the discharge , macerated healthy surrounding skin and promotes races prostraneniyu pyoderma.

You *should* always *remember about the possibility of developing intoxication in patients* with more or less prolonged use in large areas of drugs containing preparations of tar, mercury, resorcinol, pyrogallol, β- naphthol, especially in young children. When intoxicated, most of these drugs primarily affect the kidneys.

Some tools, such as e e got and anthracene, increase Chuv ity of the skin to light , so they are not recommended to change the exposed skin in the spring and summer. In other cases, it is this property of a number of medicines that is useful. This applies primarily to the local use of photosensitizers in the treatment of patients suffering from the winter form of psoriasis and vitiligo.

The medicaments *may be the cause of contact dermatitis* , usually allergic genesis, e.g., dermatitis antibiotics, iodine alcoholic solution, psoriasin , d g gtya et al.

In very rare cases *on the spot for years used drugs d e gtya developing skin cancer.*

No. 19. Principles of external therapy for dermatoses in children (see also No. 18).

The skin of children is extremely delicate and sensitive to exogenous factors, therefore, special attention is paid to the nature of the manifestations of dermatosis (acute, subacute, chronic), the spread of localization of lesions, the dosage form of the external agent, the method of its application and the concentration of the included pharmacological preparations.

The general rule is the phased implementation of external therapy, taking into account the severity of the inflammatory reaction, its depth.

The principle of " a get e nnogo displease not" taken into account especially in children with eczematous and bullous lesions. The more acute the inflammatory process, the more gentle the external therapy should be and the more superficial the pharmacological preparation and the dosage form should be.

No. 20. Principles of external therapy for pyoderma:

In the treatment of pyoderma, the following treatment principles are used:

1. Evacuation of pus and purulent crusts;
2. Toilet of the surrounding healthy skin with disinfectant alcohol solutions;
3. Topical antimicrobial treatment (aniline dyes alcohol, disinfectant ointment, paste with antibiotics . And al.).

No. 2 1 . Prescription and use of external therapy for dermatoses.

External treatment is prescribed in combination with a rational diet and general drug therapy, depending on the stage of the pathological process on the skin, the form of the disease, the general properties of the skin and individual tolerance.

Dosage forms of external therapy in pediatric practice are as diverse as in adults.

Lotions - liquid dosage form obtained by dissolving in distilled water per g rdogo or liquid medicinal substance

(Acidiborici 4 , 0 , Aq. Destil . Ad 200.0 . MDS).

Method of application: 5-6 layers of gauze are moistened in a cooled solution, slightly squeezed out and applied to the weeping skin area for 15-20 minutes for two hours, then a two-hour break, and so on 4-5 times a day.

For lotions used: resorcinol 1 - 2%, tannin 2%, boric acid 2-3%, silver nitrate - (lapis) 0.1 - 0.25%, manganese (0.05%) within 1: 5000-10000 , furacilin 0.02%, rivanol 0.1-0.05%, lead water 0.5%, etc.

PRYSPK I is a mixture of powdered substances (usually 2/3 of mineral and 1/3 of plant origin), applied to the lesions in a thin layer.

The powders have a protective, hygroscopic, cooling effect . The powders are indicated for acute inflammatory, non- wet skin conditions, the presence of hyperemia, swelling, with sensations of heat, burning, itching.

For powders used: diphenhydramine and anestezin up to 5%, menthol 1-2%, thymol 0.5-1%, urotropin 10%, naphthalan and ichthyol up to 3%, tannin up to 50%, etc.

Indifferent powder (no drug action):
Rp. : Zincioxydi
Talciveneti
Amylitriticiana 3 0 , 0
M . D . The S . Powder the lesions 5-6 times a day.
#
Non-indifferent powder (with medicinal action):
Rp .: Mentholi 0.3
Zincioxydi
Talciveneti
Amylitritici ana 10 , 0
M . D . The S . Powder the lesions 5-6 times a day.

BOLTS - shaken mixtures are a mixture of oil, water or water - alcohol solution with powdered substances in the ratio of 30 - 45% of powders and 55 - 70% of a liquid base (water or oil) .

Water talker (indifferent):
Rp . : Zincioxydi
Talciveneti
Amylitritici ana 10 , 0
Aq. destil . ad 100.0
M . D . The S .
#
Oil talker (indifferent):
Rp. : Zincioxydi
Talciveneti
Amylitritici ana 30 , 0
Ol.Helyanthiad 300 , 0
MDS
#
Water non-indifferent talker:
Rp . : Mentholi 3.0
Zincioxydi
Talciveneti
Amylitritici ana 10 , 0
Aq. destil . ad 100.0
M . D . The S . Shake before use and apply to the lesions 3 times a day.

PASTA is an equal mixture of powdered substances with fat or fat-like substance (ratio 1: 1).

Indifferent paste - (zinc):
Rp . : Zincioxydi
Talciveneti
Amylitriticiana 10 , 0
Vaselini 30 , 0
Mf . pasta
DS

#

Non- indifferent paste :
Rp. : Laevomycetini 6.0
Zincioxydi
Talciveneti
Amylitritici ana 20 , 0
Vaselini 60 , 0
Mf . pasta
D . The S . Apply with a spatula in a thin layer on the lesion once a day. Remove with a cotton swab dipped in vegetable oil.

MAZI is a combination of an active drug substance with a fatty base (petroleum jelly, lanolin). Keratoplastic - restoring the stratum corneum, simultaneously have anti-inflammatory, antipruritic , disinfecting and circulating effects. They contain up to 5-10% ichthyol, sulfur or preparations tar , n aftalan (n ri high% - th Content these ointments have lytic action).

Keratoplastic ointment:
Rp .: Acidisalycilici 1.0
Vaselini ad 50 , 0
M . D . S. Lubricate lesions 2 times a day.

#

Keratolytic - solvent or by co elu br ivayuschie stratum corneum. To him are: salicylic acid, benzoic acid, carbolic, dairy and resorcinol at a concentration of more than 2% (2% - affecting skin) .

Keratolytic ointment:
Rp. : Acidisalycilici 5.0
Vaselini ad 50 , 0
Mf . ung .
D . The S .

CREAM Y - external dosage form containing 1/3 water and 2/3 fat. After evaporation of water the cream 's action comfort as an ointment. They have a cooling, therefore anti-inflammatory and antipruritic effect , soften the skin well.

Cream ydeystvuyut softer ointments, do not break so perspiration of the skin and are better tolerated . D etyam petrolatum, a skin irritant, is replaced with sunflower oil.

Classic recipe - Unna's cream :
R p. : Lanolini
Vaselini
A q . destill . a n a 10.0
M .f. ung .
DS Lubricate the skin.

Creams are used for chronic inflammation in the transition period from subacute.

No. 22. Disinfection of shoes and socks in case of mycosis of the feet

(method of V.M. Leshchenko, 2009)

The inner surface of the shoe should be wiped with a swab (rag) moistened with 25% formalin solution (or 40% acetic acid solution, or 1% chlorhexidine digluconate solution). Then the shoes are packed in a plastic bag for 2-3 hours, then ventilated for 10-12 hours until they dry (the smell completely disappears).

Socks should be boiled with washing powder for 10-20 minutes, once every 5-7 days.

№ 23. Drawing up an outpatient card of the skin and veins . b- th (form number 25)

The passport part of the card is issued at the KVD registry after the patient presents a passport and medical insurance with the obligatory filling of all columns (last name, first name, patronymic, age, address, place of work, profession, position). The general information of the anamnesis is recorded: - diseases transferred in the past, data on heredity.

Then they note: the date of the visit, the patient's complaints, objective data, the course of the disease, a diagnosis is made, an examination plan is drawn up and appointments are recorded .

The diagnosis (after clarification) is entered into the final diagnoses record sheet with the obligatory indication of the date: " for the first time " - with a (+) sign , " again " - with a (-) sign and a legible doctor's signature.

If the patient re-applies for an appointment, then the record is kept as a short diary of the disease, which should reflect the dynamics of the process and changes in therapy.

No. 24. Methodology for examining a skin patient.

In the clinic of skin diseases, the patient examination technique has some peculiarities .

W apolniv passport of the medical history of the patient should find out the complaints:

1) on the part of the general condition there may be - general weakness, a feeling of weakness, rapid fatigue, poor health;

2) on the part of the skin - a feeling of heat, burning, itching, paresthesia, their persistence, localization, time of appearance and the greatest intensity - day and night;

3) after recording the patient's complaints related to the underlying disease, indicate other organs and systems.

Next, you need to find out the duration of the disease, the primary localization of the process, the tendency of dermatosis to relapse, their causes. If this disease is recurrent, then it is necessary to find out previously conducted laboratory or special studies, as well as to find out the nature of the previous treatment and its effectiveness.

To make the correct diagnosis for many dermatoses, it is important to establish the fact of the seasonality of the disease. Sometimes it is important to know where the patient has lived before.

Further, they collect information about previously transferred diseases, focusing on allergic diseases, tuberculosis, Botkin's disease, operations, injuries, contusions, etc., which can lead to a weakening of the body's defenses. Information about the health of the wife (husband) and children (family history) can be useful, especially when deciding on the role of hereditary factors or the infectiousness of the disease.

The dependence of skin diseases on lesions of internal organs in individual patients dictates the need to study the state of the visceral organs, osteoarticular apparatus, lymph nodes, etc.

Thus, the study of the general status of a dermatological patient is carried out according to the examination plan of a therapeutic patient.

After completing the clinical study of the internal organs and the NS , they begin to examine the entire skin and visible mucous membranes .

An important point is compliance with the following inspection conditions:

1. The room temperature should not be lower than +18 ÷ 20 C.

2. Examination of the patient should be carried out in diffused daylight (avoid sun rays falling on the patient's skin).

3. When examining a patient, the doctor should have his back to the source of natural light. The entire skin and visible mucous membranes should be examined, regardless of the location of the lesions.

4. In lesions, begin examination and description with primary morphological elements, and then secondary skin rashes .

When describing normal skin areas, consider:

1. Color (flesh with a matte shade, pale, bluish, jaundiced, earthy, tan colored).
2. Turgor and elasticity (decreased, increased, preserved).
3. Humidity (moderately humid, humid, dry).
4. Pattern and relief of the skin (smoothness, strengthening of skin grooves).

It is necessary to pay attention to the nature of sebum secretion (dry, oily skin), to traces of previous skin diseases (age spots, scars, cicatricial atrophy), to the condition of the skin appendages. Inspect the hair (thickness, color, brittleness, loss, etc...), The nails (coloring, gloss, striations , the thickening), nevi (pigment, vascular, gipertro - graphical instruments , linear, etc.).

No. 25. Writing dermatological status.

It is necessary to pay attention to the localization of the rash: the area of maximum rash, its favorite locations. After this, the prevalence of the rash is established: it can be focal, affecting one or more areas of the skin, or disseminated with the involvement of the entire skin. The rash can be universal, sometimes taking on the character of erythroderma.

It is also necessary to determine the symmetry of the lesions. If the lesion is located on both halves of the body (for example, on the hands, feet, buttocks, on both sides of the conditionally drawn midline along the human body), then such a rash is called symmetrical; if it is localized in any area of the skin is strictly on one storone- al immetrichnoy.

The boundaries of the lesion in some cases may be clear, sharply defined, and in others - vague, unclear, indistinct.

Then proceed to characterize the properties of the primary elements of the skin.
The value is set (in mm or cm); color (red, brown, bluish, opal, etc.); outlines (regular, rounded, oval, polygonal); shape (characterized by papules, tubercles, nodes, blisters, pustules; flat, conical, hemispherical, sinking in the center, lenticular); the nature of the surface (smooth, erosive, ulcerative, warty); peripheral growth (absent, available); dynamics of development (disappears without a trace, leaves scars, cicatricial atrophy). About the swirling skin (not changed, hyperemic, pigmented, etc.).

A description of the secondary elements of the rash (crusts - serous, purulent, hemorrhagic; scars - retracted, flat, hypertrophic, etc.); scales - floury , pityriasis, lamellar (small- and large-lamellar), leaf-like; secondary spots - pigmented and depigmented; lichenification ; vegetation.

The description of the external manifestations of skin diseases is performed sequentially from top to bottom in the following order: head, neck, chest, abdomen, back, buttocks, upper and lower extremities. In this case, first of all, the main lesion focus is described, regardless of localization. Then the clinical picture of lesions of the appendages of the skin - hair, nails and, finally, mucous membranes is described

№ 26. Study of clinical material in men and women for Neisser's gonococcus and vaginal Trichomonas.

Successful identification of N. gonorrhoeae depends on careful sampling Clinically Skog material, gender, species, sexual contacts of patients and severity of clinical manifestations.

When investigating and for gonorrhea.

Taking clinical material ***from men is*** carried out:

- *for microscopic examination* : from the urethra, from the lower part of the rectum and oropharynx;

- *for culture research* : from the urethra, from the mucous membrane of the conjunctiva of the eyes, the lower part of the rectum and oropharynx.

The secret of the prostate is examined if indicated.

Taking clinical material ***from women*** for microbiological diagnosis of gonorrhea is carried out:

- *for microscopic examination:* from the urethra, cervical canal, lower rectum, oropharynx; from the lateral vaults of the vagina , large vestibular and paraurethral glands - according to indications;

- *for culture research* : from the urethra, cervical canal, lower rectum, oropharynx and from the conjunctival mucosa; vagina and large paraurethral glands - according to indications.

Bacteriological research for gonorrhea is the "gold standard" for the identification of gonococci, because it has a high specificity and the ability to determine the sensitivity to antimicrobial drugs. This is a mandatory study in the diagnosis of oropharyngeal , rectal, disseminated or asymptomatic fever in both sexes. Sowing is done on ascites agar or ascites- free nutrient media, but not earlier than 5-7 days after taking antibacterial drugs.

In girls (before the onset of menarche) and women (in menopause), microscopic and cultural studies are carried out , but the diagnosis of gonorrhea is established on the basis of a culture study (growth of a gonococcus with the determination of its enzymatic properties).

Microbiological diagnostics of gonorrhea is carried out before treatment, then 2 and 14 days after treatment (further studies according to indications).

At inspection for gonorrhea is possible to use reactions direct immunofluorescence (IFA), polymerase chain reaction (PCR), RAC (reaction Bordet-Gengou), the reaction and the determination of gonococcal antigen , in nutrikozhn th sample s with gonovaktsinoy , as well as for the rapid diagnosis of gonorrhea immunochemical the method of counter electroimmunophoresis .

When examining and trichomoniasis.

Diagnosis of urogenital trichomoniasis is based on the identification of clinical signs of the disease and the detection of T r in the test material . vaginalis .

Laboratory diagnosis of trichomoniasis includes four possible laboratory methods: microscopic (determination Trichomonas in native preparation and dyeing preparation with methylene blue (a solution of brilliant green), culture (TSNIKVI MoH medium) , immunological (ELISA, RIF , TPHA) , g enodiagnostiches cue (PCR) . Immunological methods of research in the serum and secret sexual organs are not used as a primary diagnostic test.

Foci for research in women : in the lagina , urethra, ducts of the paraurethral chi Bartholin glands , cervix ; in men - urethra, prostate, seminal vesicles.

No. 27. Taking material from men and women during research and on Neisser's gonococci and vaginal Trichomonas

In women, the material is taken from the cervical canal, vagina , The direct rectum, urethra and roto throat.

In heterosexual men with primary foci may urethra and pharynx, while homosexual sualistov, in addition, also the rectum.

In patients with a clinical picture of disseminated gonococcal infection, blood, urethra, cervical canal, pharynx, skin rashes, joint fluid, and rectum are potential sites for examination .

In case of neonatal ophthalmia, the material for research is taken from the conjunctival sac.

Clinical material (discharge) is collected with sterile platinum loops, plastic, dacron or viscose probes.

To facilitate taking material crowbars nal mirror can be dipped in a warm water or in 0.9% sodium chloride solution without using any lubricant.

A set of material for the diagnosis of gonorrhea and trichomoniasis is best done in the morning before urination or after a 3-hour urinary retention. When examining for trichomoniasis 5 - 7 days before the study, one should not take protistocidal agents and any local procedures.

In men , the first drop flowing freely from the urethra is removed with a gauze napkin. Then, gaining discharge from the urethra and make two thin smear on the two substantive item e klah (one glass sheet to smear staining with methylene blue w or brillianovoy greenery , on the other - on the Gram stain) . If there is no discharge from the urethra, the scraping is done with sterile urethral mucosa fluted probe to a depth of 2 - 3 cm, carefully turning his or pre make a soft massage of the urethra towards its outer opening.

After taking clinical material in men, a 2-glass Thompson test is performed.

In women, massage the urethra along the front wall of the vagina from the inside out. To take material from the cervix, vaginal speculum is used. After removing the mucous plug, the probe (or tweezers branches) is inserted 1-2 cm into the cervical canal and gently rotated for 10 s until the material is absorbed.

Next, take a cotton swab of the posterior fornix of the vagina native material in the tube for the study on Trichomonas.

To take material from the rectum, the probe is inserted 4-5 cm into the anal canal and carefully guided from side to side to collect the contents of the anal crypts; to prevent contamination of feces, the probe is removed from the anus without the rotation Nia.

Oropharyngeal material taken from the tonsils, soft n g BA and posterior pharyngeal wall.

Discharge from the conjunctiva is taken with a probe from the lower eyelid.

From each place , 2 smears are prepared - one for staining with methylene blue, the other for Gram .

№ 28. Taking smears from girls for research on gonococci .

Before taking to the study of discharge from the urethra girl should not be carried out during the day cleaning the hygienic and 3 hours before the test is not recommended to urinate.

A grooved probe with a sterile cotton swab wound around its end, gently inserted into the vagina through the hymenal opening without effort, squeezes out the discharge from the urethra and prepares a U- shaped smear from it . Then another grooved probe or ear spoon is taken from the depth of the vagina and a smear is prepared in the shape of the letter " V ".

In the order of the Ministry of Health of the Russian Federation No. 415 dated August 20. 2003 "On approval of the protocol for the management of patients" GONOCOCAL INFECTION "it is recommended:" Virgins undergo vaginoscopy , and clinical material is obtained with a loop or microtampon from the posterior fossa of the vaginal vestibule directly behind the hymen. "

The material for the study of the rectum is wash water, from which flakes are caught and smears are made on 2 glass slides in the form of the letter " R ", dried and sent to the laboratory.

Number 29. Inspection Technique solid venereal patient - Reb g NCA.

Flesh inspection venereal diseases - Reb e NCA is carried out in the presence of parents, relatives or tutor /

About braschayut attention to the localization of the rash: the region of maximum precipitation, his favorite location, the incidence of rash: it can be focal, affecting any one or more of the skin, or disseminated with involvement of the skin and mucous membranes.

Determine the symmetry of the lesions, their boundaries and the characteristics of the primary elements of the rash: size (in mm or cm); color (red, brown, bluish, opal, etc.); outlines (regular, rounded, oval, polygonal), shape (flat, conical, hemispherical, sinking in the center, lenticular); the nature of the surface (smooth, erosive, ulcerative, warty); peripheral growth (absent, available).

It is necessary to describe the secondary elements of the rash: crusts, scars, secondary spots - pigmented and depigmented.

In this case, first of all, the main lesion focus is described, regardless of localization.

Then the clinical picture of lesions of the appendages of the skin - hair, nails and, finally, mucous membranes - is described.

№ 30. Sampling of material for pale treponema.

The sampling of material for research is carried out mainly from the surface of erosions, ulcers or eroded papules.

Previously, various contaminants and previously used external drugs must be removed from their surface using ttampon with saline. Then the subject is dried with gauze, the infiltrate is captured by two fingers of the left hand (in a rubber glove) and slightly squeezed from the sides, and the erosion is gently “stroked” with a platinum loop until tissue fluid appears, but without blood.

A drop of the obtained discharge is transferred with a sterile loop onto a thin, previously defatted glass slide, mixed with the same amount of warm saline solution and covered with a thin cover glass. The prepared preparation is microscoped in a dark field .

Material for research on treponema pallidum is obtained from non-macerated eruptive elements by scarification with a scalpel. However, due to the significant admixture of blood to the interstitial fluid, which makes it difficult to find pale treponemas, this method has not become widespread.

With healed hard chancre or its absence, puncture of the lymph node (usually inguinal) may be recommended to find pale treponemas. To do this, use a syringe with a tight-fitting piston and a needle with a slightly blunt end. The puncture site is treated with alcohol and a 3% alcohol solution of iodine. The lymph node is fixed between the first and second fingers of the left hand. With the right hand, the needle is injected into the lymph node; without removing the needle, lightly massage the lymph node with the left hand. Then the needle is slowly removed from the lymph node, making aspirating movements with the syringe plunger, and, finally, the contents of the syringe are transferred onto a glass slide for examination in the "dark field of view"

№ 31. Modern principles of treatment of patients with syphilis.

Principles of treating syphilis patients:

- treatment of patients with syphilis is carried out in accordance with the current method . recommendations,
- specific treatment is prescribed after the diagnosis is made on the basis of clinical manifestations, detection of the causative agent of the disease and the results of serological examination (RSK, MRP, RPHA, ELISA, RIBT),
- it is recommended to start treatment as early as possible (with early active syphilis firms - in the first 24 hours), since “the earlier treatment is started, the more favorable the prognosis and more effective its results”,
- as the main treatment for syphilis, various penicillin preparations are used. Penicillin remains the drug of choice in the treatment of syphilis, - the differentiated prescription of various penicillin drugs (durant , medium durance and soluble) depending on the stage of the disease,
- a contraindication to the use of penicillin preparations for the treatment of syphilis may be their individual intolerance. Before starting treatment , you should find out the tolerance of penicillin drugs, make a record of this in the medical history,
- in cases where there are anamnestic indications of penicillin intolerance , it is recommended to select an alternative (backup) method of treatment for the patient,
- before the first injection of penicillin and prior to injection of repository preparations assigned tablet of antihistamines,
- when treating a patient with syphilis and carrying out preventive therapy, it is necessary to study the DAC (MRP) before and after treatment.
- in case of a shock allergic reaction to penicillin in the treatment room, you must have an anti-shock first-aid kit.

Treatment options:

1. Specific treatment of syphilis patients with established and sub-con firmed g nnym diagnosis. Drugs for the treatment of patients with syphilis are called anti-syphilitic .

2. Preventive treatment is carried out in order to prevent syphilis to persons who were in close household or sexual contact with patients with early stages of syphilis, if no more than 2 months have come from the moment of contact.

3. Preventive treatment for the prevention of congenital syphilis is carried out according to indications for pregnant women, sick or sick with syphilis, and children born to such women.

4. Trial treatment (exjuvantibus) can be prescribed if there is a suspicion of a specific lesion of internal organs, NS, sensory organs, musculoskeletal system, etc., when the diagnosis cannot be confirmed by convincing laboratory data, and the clinical picture does not allow to exclude the presence syphilitic infection.

5. Additional treatment is carried out in case of seroresistance .

Number 32. Method 2 in torque \ m administration of drugs.

Suspensions - bicillins , procaine - benzylpenicillin , novocaine penicillin salt, extencillin and retarpen - must be administered strictly at two stages to avoid entering the blood vessel, which can lead to microembolism of the vessels of the brain and lungs.

The patient is in the supine position in the upper outer quadrant of the buttocks, a deeply "thick" (0.8 mm in diameter) syringe needle is inserted into the m / m and they wait 20 seconds to see if blood appears in the cannula. Then, in the absence of blood, a syringe is attached and the suspension is slowly injected.

№ 33. Processing of hands and instruments when working in veins . about separation.

Hands wiped with a cotton ball soaked with 70% ethanol, 1% p - rum chlorhexidine or chloramine , for 2 minutes, then washed with warm water and soap individual wipe individual towel (replaceable daily) or disposable cloth.

Gloves claim After use disinfected in a 6% solution of hydrogen peroxide or D 1 % antiseptic p - D " Deo-bacteria " in for 1 hour Zateev m washed under running water and disposed.

Used instruments washed in 6% solution of hydrogen peroxide or D in 1% -th p-D " Deo-bacteria " of ATEM for disinfecting at 1 hour was placed in another container with same P-set. Then they are washed with a brush in running water, folded into a sterilizer and sent to a centralized sterilization department (centralized sterilization department).

Used disposable diapers and cotton balls are soaked for 1 hour in the indicated antiseptic solutions , squeezed out and disposed of.

Number 34. cure sick s syphilis.

As a cure for syphilis, one should consider:

1. The completeness of the treatment and its compliance with the current recommendations .
2. Data of a clinical examination (examination of the skin and mucous membranes, if indicated - the state of internal organs and NS).
3. Results of laboratory (serological, with indications - liquorological) research.

№ 35. The recovery of patients with gonorrhea and trichomoniasis .

The cure of gonorrhea is established using clinical, bacterioscopic and bacteriological studies. However, the absence of discharge and the disappearance of gonococci from the surface of the mucous membranes of the urogenital tract does not always indicate recovery, because gonococci can maintain their viability and virulence for a long time in encapsulated foci of infection.

From the Protocol for the management of patients "Gonococcal infection" from 2003:

- the criteria for the cure of gonorrhea are: the absence of subjective and objective symptoms of the disease, negative results of microscopic and cultural studies.
- Establishment of clinical and microbiological criteria for the cure of gonorrhea is carried out for everyone 2 and 14 days after the end of treatment.
- With the established source of infection and negative results of examination for gonorrhea, patients are not subject to further observation.

When ***establishing the criteria for cure trichomoniasis*** necessary pa zlichat etiological and clinical recovery.

Etiological recovery means persistent disappearance of ***T. vaginalis*** from the urogenital tract of the patient after the therapy, confirmed by microscopic examination , as well as by culture and PCR.

After the end of treatment for 7-10 days in men, a palpation examination of the prostate gland and seminal vesicles is performed, microscopy of their secretions is performed. 12-14 days after the end of therapy, provocation is carried out (alimentary, local, drug or combined). In the event that, after provocation in the secreted secretion or scraping from the mucous membrane of the urethra and in the first portion of freshly released urine, Trichomonas are not found, and there are no symptoms of urethritis (prostatitis), the patient is recommended to perform a second microscopic examination, urethroscopy and
if necessary - re-provocation.

The first control studies in women are carried out 7-8 days after the end of antichomonas treatment. Further examination is carried out during three menstrual cycles. Laboratory control is carried out immediately before menstruation or 1-2 days after its end. Material for research should be taken from all possible lesions.

Patients are considered etiologically cured, when after the end of complex treatment with repeated repeated examinations it is not possible to detect Trichomonas for 1-2 months in men and 2-3 months in women.

№ 36. Provocations during examination for gonorrhea .

According to the previous guidelines of the Ministry of Health of the Russian Federation "Treatment and prevention of gonorrhea from 23.12.1993": "due to the difficulty of detecting GN during bacterioscopic examination of secretions, various types of provocations are used based on tissue irritation in order to detect infection in hidden foci."

Biological - 500 million microbial bodies are injected into adults once intramuscularly. If the gonovaccine was used during treatment, a double last therapeutic dose is prescribed for provocation, but not more than 2 billion microbial bodies. Children under 3 years old are not given the gonovaccine , and the older ones are injected with 100-200 billion microbial bodies.

In the absence of a gonovaccine, pyrogenal 25 μg is administered .
To enhance provocation, adults can apply the gonovaccine simultaneously with pyrogenal in one syringe (500 million microbial bodies of the gonovaccine and 20 μg of pyrogenal).

Women in a hospital can simultaneously inject the gonovaccine regionally into the submucous layer of the cervix and urethra (100 million microbial bodies in each focus).

Chemical - women produce urethral lubrication 1% and 5% of the cervical canal p-rum silver nitrate, rectum lubricated p-set Lugol on glycerol. In the absence of silver nitrate used rr Lugol on glycerol to handle all foci.

In men, instillation into the urethra of 0.5% solution of silver nitrate is used.

Girls to provoke injected into the vagina through a rubber catheter 3-5 ml p-raLyugolya or 0.5-1% rr silver nitrate, urethra and rectum treated with p-set Lugol on glycerol.

Mechanical - for women, a metal cap is applied to the cervix, after 24 hours a material is taken from the cap for research.

In men, a straight bougie is injected into the urethra for 10 minutes or an anterior urethroscopy is performed.

Alimentary - it is recommended to eat salty or spicy food 24 hours before the laboratory test.

Thermal - women are prescribed diathermy with an abdominal-sacral arrangement of electrodes for 3 days: 30-40-50 minutes each or inductothermy also 3 days for 10-15-20 minutes. One hour after each heating, the discharge is taken for research.

Physiological - after the onset of menstruation on days 2-3, when, as a result of increased blood flow to the pelvic organs, favorable conditions are created for activating the inflammatory process, material is taken for smears and sowing.

During menstruation, other types of provocations cannot be performed. To be most effective used to o m b and n and p on in a n n y w provocation, combining most of the chemical and nutritional methods with the simultaneous introduction of gonovaktsiny .

After combined provocation with the use of chemical action, bacteriological examination (sowing) is performed after 48 or 72 hours, when only biological provocation is carried out, sowing is done no later than 24 hours.

According to the Protocol for the management of patients "Gonococcal infection" from 2004: "Controlled studies do not confirm the feasibility of using provocations to improve the efficiency of diagnosis of gonococcal infection." The latter seems to be recommended in connection with the highly effective antibiotics used.

№ 37. Drug therapy for anaphylactic shock.

1. Epinephrine: enter n \ to 0.5 ml of 0.1% p-pa in place of administration or a \ a drop 1 ml of 0.1% p-ra adrenaline.

If blood pressure remains low, after 10-15 minutes administration the adrenaline is repeated.

2. Prednisolone \ at 75-150 mg and more (or Dexamethasone 4-20 mg in \ a , 150-300 mg of hydrocortisone in \ in) .If the inability to introduce these steroids \ in, they are administered in \ m.
3. Antihistamines: - Pipolphenum 2-4 ml of 2.5% p-rap \ to or
   - Suprastinum 2-4 ml of 2% p-pa in \ M , or
   - diphenhydramine 5ml 1% solution in / m .
4. Aminophylline: inputting a \ in asphyxia and suffocation 10-20 ml of 2.4% p-pa (n \ to do not enter, because it causes irritation of tissues).
5. If an allergic reaction develops to the administration of Penicillin, injected in \ m 1 million IU of Penicillinase in 2 ml of physical. solution .

The drug after administration has a quick effect and remains in the body for a long time (up to 4 days), providing an inactivating effect.

6. Kordiamin: 1.0 f \ c or \ m (CNS stimulation, stimulates the respiratory and vasomotor centers).

No. 38 . Rules for the care of children with chronic allergic dermatoses .

Allergic reactions in children cha slit commonly associated with dietary factors: in breast vozra ste kazeinogen of breast or cow's milk, in older Shih children eggs, citrus fruits, chocolate, strawberry, honey and Dru Gia nutrients can cause the development of allergenic Sgiach reactions.

It should be stressed that children piles of -age is important as soon as possible to enter into the diet of vegetable broths, juices (carrot, beetroot), gradually replacing breast milk with cow sour (yogurt, acidosis owl, cottage cheese).

Of food for older children is optionally go to eliminate foods that cause an exacerbation or ryayut allergic reactions. During pregnancy wome us, especially predisposed to allergic Zabolev niyama should not consume large amounts of natura Foot cow's milk (replacing it with sour-milk pro ucts), eggs, honey, citrus, chocolate, extractive substances. It is important that pregnancy in such women is preceded by a long-term remission after the complete elimination of their allergy

manifestations, sanitation of possible foci of focal infection, and deworming. The last activities should be carried out in children.

Important warning physical, mechanical and chi nomic skin irritations rough clothing, friction, for contamination, skin cleanser; it is necessary to avoid friction in the folds of the skin, their maceration.

If possible, eliminate the impact of unfavorable GOVERNMENTAL climatic factors, which include the bright sun, heat, high winds, snow storms, humidity, etc., Ie all that contributes to overheating or cooling NIJ child.

In non-acute stage of the process, especially in the period of remission, shows possible long stay of children in the south (not in wet areas) on the southern coast of fitment ma, the Caspian Sea.

In remission showing Coop marine Nia in combination with rational heliotherapy, hydrogen sulfide nye or radon baths, stay in the high altitude places NOSTA (more than 1200 m above sea level).

In case of allergic dermatitis, eczema, neurodermatosis and other allergic diseases, children should be prevented from coming into contact with inhalation allergens (house dust, fluff, feathers from pillows, hair, mold fungi, plant pollen , etc.), avoid contact with woolen fabrics (dress, blanket), fur and fur (especially colored), synthetic materials, coloring kami, some medicines and plants. It is important for the possibility of early detect and subsequently eliminate those Aller genes (in addition to the nutritional) that exacerbate during chronic allergic dermatosis and is perhaps Xia reason for its occurrence. To fully exclude the con tact with household allergens sometimes expedient Move to the place of residence.

Due to the fact that children with eczema in the acute stage can not tolerate soap and even water, but at the same time needing camping in hygienic baths are recommended medicated bath without soap - with potassium permanganate, bran, krahma scrap, with decoctions of plants - succession, oak bark, thousand listnika, hypericum, salvia, with Zincisulfurici (5 g in half a bucket of water) or Cuprisulfurici (10 g per tray, ie the floor.. buckets of water). Later, in the stage of remission, only baby soap is used.

Since as a result of itching and excoriation in children Stra give allergic dermatoses, there are plural input gates to secondary infection and also reduced immunobiological resistance of the organism must be met in absolute purity. Children with chronic allergic dermatoses should not communicate with patients with infectious skin processes (pyoderma) and children with skin reactions to vaccinations (vaccines). Caregivers should be carefully instructed to follow these guidelines.

In the mild period of the disease, it is advisable to rationally stay in the fresh air, harden the body, eliminate overheating as a result of excessive wrapping. This, of course, should not be allowed COOL child Denia. Children must be educated obschegigieni cal skills in the morning to brush your teeth teething powder. Large folds of skin are covered with Children's powders. For washing hair and skin, shampoo "Baby" or "Children's" are used, which do not irritate the conjunctiva of the eyes.

In the acute period of allergic dermatosis, vaccinations are unacceptable. Preventive vaccination against infectious diseases is expedient to do only pos le remission. The ordering of the vaccination calendar, strict adherence to indications and contraindications to them help to reduce allergic reactions in children.

№ 39. General principles of diet for children with allergic dermatoses .

Rational treatment of many chronic allergic skin diseases in children is possible only with the correct diet with the introduction of the necessary food products that meet the physiological needs of a growing child's body and increase its immunogenesis.

The main components of the food are protein, fat, carbohydrates, minerals, vitamins, trace elements and water in the required amount and the correct prefecture ratio. The main source of energy in a child's body is carbohydrates. They are quickly absorbed and promote the use of fats and proteins. Fats are an important structural part of many tissues. Together they form a protein

complex compounds, it is necessary mye to perform physiological functions and are involved in the metabolism of carbohydrates, amino acids, salts, water and micro elements.

Of particular importance for children is the protein part of the diet, as in childhood constantly occurs an intensive growth of tissues and proteins are the major structure -temperature element necessary for constructing new adhesive current and tissues. Proteins are an essential ingredient of every diet and can replace fats and coal water. Particularly sensitive to lack of protein the body de Tay. Protein deficiency causes a delay "and then to a complete cessation of growth, about reducing oxidative processes in the tissues, anemia, disorders of higher nervous Dey telnosti, change of the liver and pancreas same lezy, hypovitaminosis and reduce occurrence soprotiv lyaemosti infectious diseases.

Mineral salts and trace elements are an essential component of food. They are needed to build cost hydrochloric, muscle and nerve tissues for hormone synthesis, fer cops, vitamins and have a significant impact on the ability of tissue proteins bind water and to maintain a certain level of blood pressure and osmotic TCA nevyh liquids.

Water is the main environment of the body, in which the necessary reactions of cleavage, synthesis and production of nutrients, enzymes, vitamins, hormones, antibodies are carried out . Especially needs water growing op -organisms of the child, so the diet of children is constructed taking into account the introduction of a sufficient quantity of liquids and for holding a rational water regime.

It is very difficult to feed newborns and infants who are not adapted to the independent assimilation of food products in conventional culinary processing. Best produk that food for them is breast milk, which contains all the necessary components of food in the best possible combination. Distinguish breastfeeding, when the mat When a sufficient quantity of milk, mixed feeding, if the mother's breast milk is not enough, and artificial feeding when breast milk from the mat When completely absent.

Nutrition of newborns, breastfeeding of a baby in the first year of life, mixed feeding, artificial feeding and nutrition of children from 1 to 3 years old - see . in the respective guides.

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