

Документ подписан простой электронной подписью
Информация о владельце:
ФИО: Косенок Сергей Михайлович
Должность: ректор
Дата подписания: 18.07.2025 08:19:56
Уникальный программный ключ:
e3a68f3eaa1e62674b54f4998099d3d6bdfcf836

ASSESSMENT MATERIALS FOR INTERMEDIATE CERTIFICATION BY DISCIPLINE “Dermatovenereology”

Curriculum	31.05.01 General medicine
Specialty	General medicine
Form of education	Full-time
Designer Department	Multidisciplinary clinical training
Graduate Department	Internal diseases

Sample tasks and tests

Stage I: Formative assessment.

1.1 Points for oral quiz.

Topic 1. Introduction to dermatology

1. Fundamentals of skin diseases diagnosis.
2. What are morphological elements of rash, primary and secondary elements?
3. Stain, varieties, examples of diseases.
4. Papules, types, examples of diseases.
5. Bubble and vial, examples of diseases.
6. Blister, definition, examples of diseases.
7. Bump, knot, examples of diseases.
8. The abscess, examples of diseases.
9. Secondary spot, scale, peel, examples of diseases.
10. Erosion, ulcer and scar, examples of diseases.
11. Excoriation, rhagma, vegetation and lichenification, examples of diseases.
12. Palpation and diascopy.
13. Method of skin scraping.
14. Dermographism, pilomotor reflex.
15. Methodology of allergic tests.
16. Fluorescent diagnostics.

Topic 2. Erythematous-squamous dermatosis (psoriasis, lichen planus, discoid lupus erythematosus, scleroderma)

1. Etiology and pathogenesis of psoriasis.
2. Clinical varieties, forms, stages of psoriasis.
3. Diagnosis, differential diagnosis of lichen planus, general and local treatment of psoriasis.
4. Etiology and pathogenesis, clinical varieties of lichen planus. Principles of treatment.
5. Etiology and pathogenesis of lupus erythematosus.
6. Discoid and disseminated forms of lupus erythematosus.
7. Clinical symptoms of lupus erythematosus.
8. Diagnosis and treatment of lupus erythematosus.

9. Etiology and pathogenesis of scleroderma, clinical varieties.
10. Treatment of scleroderma.

Topic 3. Pyoderma, scabies, lice

1. Classification of pyoderma.
2. Endogenous and exogenous factors leading to the pyoderma development.
3. Varieties of staphylococcal pyoderma.
4. What are furuncle, carbuncle?
5. What is hydradenitis?
6. Varieties of streptococcal impetigo.
7. What is streptococcal ecthyma?
8. Features of vulgar impetigo disease.
9. Principles of pyoderma general therapy.
10. Methods for pyoderma prevention.
11. Pathogen, varieties, clinic, treatment of lice.
12. Pathogen, epidemiology, clinic, varieties of scabies.
13. Diagnosis, treatment and prevention of scabies.

Topic 4. Mycoses

1. Classification of mycoses.
2. Causative agent, epidemiology, clinical findings, diagnosis and treatment of pityriasis versicolor.
3. Causative agent, epidemiology, clinical presentation, diagnosis and treatment of epidermophytosis inguinalis.
4. Pathogen, clinical forms of epidermophytosis feet.
5. Ways and conditions of infection, diagnosis, treatment, prevention of epidermophytosis feet.
6. Pathogen, clinical findings, diagnosis, treatment of feet rubromycosis.
7. Epidemiology of trichophytosis, microsporia, anthroponotic and anthroponozoonotic pathogens.
8. Clinic, diagnosis and treatment of superficial trichophytia and chronic trichophytia.
9. Varieties, clinical findings, treatment of infiltrative-suppurative trichophytia.
10. Clinical findings, diagnosis, treatment and prevention of microsporia.
11. Onychomycosis, pathogens, clinical findings, treatment methods.
12. Epidemiology, types, clinic, treatment of candidiasis.
13. Technique of microscopic diagnosis of mycosis.
14. Systemic antimycotics, indications, doses, cure criteria

Topic 5. Allergic dermatosis

1. Etiology and pathogenesis of allergic dermatosis.
2. Clinical forms of dermatitis.
3. Dermatitis due to the effects of mechanical stimuli.
4. Dermatitis due to exposure of high and low temperatures.
5. Dermatitis due to the effects of chemical factors.
6. The main types and methods of skin samples application and evaluation.
7. Photodermatitis, varieties.
8. Skin damage due to radiation.
9. Toxicoderma. Etiology and pathogenesis, clinical findings. The concept of drug allergies.
10. Classification of eczema.
11. Differential diagnosis of true and microbial eczema.

12. Principles of general treatment of toxicoderma.
13. Principles of the general treatment of eczema.
14. External treatment of eczema, depending on the stage of the disease.

1.2 Topics 1-5. Sample tests (with keys) for formative assessment.

Topic 1. Introduction to dermatology

1. Epidermis has the following layers:

- a) horny
- b) granular
- c) prickly
- d) basal
- e) brilliant
- f) Malpigiyeve

2. Epidermis provides the following types of protection:

- a) anti-chemical
- b) antiradiation
- c) electrical resistance
- d) antimicrobial
- e) mechanical
- f) from ultraviolet radiation

3. The skin performs the following functions:

- a) protective
- b) respiratory
- c) resorption
- d) thermostatic
- e) receptor
- f) immunobiological

4. Skin appendages include:

- a) nails
- b) hair
- c) skin muscles
- d) sweat glands
- e) sebaceous glands

5. The primary morphological elements include:

- a) papule
- b) scar
- c) vesicle
- d) crack
- e) blister

Keys:

1. a,b,c,d,e
2. a,b,c,d,e,f

3. a,b,c,d,e,f
4. a,b,d,e
5. a,c,e

Topic 2. Erythematous-squamous dermatosis (psoriasis, lichen planus, discoid lupus erythematosus, scleroderma)

1. What are the stages in the development of psoriasis?

- a) progressive
- b) acute
- c) stationary
- d) subacute
- e) regressing

2. What clinical characteristics are typical for papules with lichen planus?

- a) polygonal
- b) with a waxy shine
- c) cyanotic red color
- d) with umbilical depression in the center
- e) flat
- f) covered with large plate scales

3. Classification of lupus erythematosus:

- a) discoid
- b) atrophic
- c) systemic
- d) disseminated
- e) the form of Kaposi Irganga

4. Classification of scleroderma:

- a) focal
- b) atrophodermia
- c) scleroatrophic lichen
- d) anetodermia
- e) systemic

5. What are the different stages of focal scleroderma?

- a) formation
- b) seals
- c) edema
- d) atrophy
- e) permission

Keys:

1. a,c,e
2. a,b,c,d,e 3. a,b,c,d,e
4. a,b,c,d,e
5. b,c,d

Topic 3. Pyoderma, scabies, lice

1. Staphylococcal pyodermatitis includes:

- a) sycosis
- b) ostiofolliculitis
- c) impetigo
- d) folliculitis
- e) boil
- f) hydradenitis

2. Streptococcal pyodermatitis includes:

- a) perleche
- b) phlyctena
- c) impetigo
- d) ecthyma
- e) carbuncle

3. Scabies characteristics includes:

- a) itching, worse at night
- b) spontaneous recovery
- c) a symptom of Gorchakov-Ardi
- d) paired rash
- e) linear combing

4. What skin areas are most often affected by scabies?

- a) interdigital folds
- b) foot
- c) wrists
- d) around the navel
- e) face and scalp
- f) mammary nipples

5. What are the different types of lice?

- a) hair
- b) head
- c) wardrobe
- d) bed
- e) pubic

Keys:

- 1. a,b,d,e,f
- 2. a,c,d
- 3. a,c,d,e
- 4. a,c,d,f
- 5. b,c,e

Topic 4. Mycoses

1. Classification of mycoses includes:

- a) dermatophytosis
- b) candidiasis
- c) keratomycosis
- d) anthropozoonosis
- e) deep mycoses
- f) pseudomycosis

2. Clinical manifestations of foot rubromycosis are:

- a) hyperkeratosis
- b) peel-off peeling in skin folds
- c) enhancement of the skin pattern
- d) often "weeping"
- e) the defeat of all nail plates

3. Trichomycosis includes:

- a) trichophytosis
- b) rubromycosis
- c) microsporia
- d) candidiasis
- e) favus

4. What types of mycoses can be seen under Wood's fluorescent lamp?

- a) trichophytosis
- b) candidiasis
- c) microsporia
- d) pityriasis versicolor
- d) favus

5. What clinical characteristics are typical to candidiasis?

- a) localization under the mammary glands
- b) the presence of "lacquered" erosion
- c) collar of detached epithelium along the periphery
- d) the presence of screenings around the main focus
- e) severe itching or burning

Keys:

- 1. a,b,c,e,f
- 2. a,b,c,e
- 3. a,c,e
- 4. b,c
- 5. a,b,c,d

Topic 5. Allergic dermatosis

1. What factors can cause simple contact dermatitis?

- a) allergens
- b) obligate
- c) optional
- d) irritants

- e) physical
- f) chemical

2. Eczema classification:

- a) true
- b) microbial
- c) professional
- d) children
- e) seborrheic
- f) paratraumatic

3. Clinical manifestations of true eczema include:

- a) itching
- b) polymorphism of rash
- c) fuzzy boundaries of foci
- d) symmetry
- e) weeping
- f) hair loss

4. What primary morphological elements can be observed in eczema:

- a) erythema
- b) pustules
- c) papules
- d) tubercles
- e) vesicles
- f) blisters

5. Toxicoderma is characterized by ingress of the allergen through:

- a) the skin
- b) mucous membranes
- c) parenterally
- d) respiratory tract
- e) gastrointestinal tract

Keys:

- 1. b
- 2. a,b,c,d,e,f
- 3. a,b,c,d,e
- 4. a,b,c,e
- 5. c,d,e

1.3 Sample case-study for formative assessment (with keys).

Topic 1. Introduction to dermatology

A patient visited a dermatovenereologist. He had a rash with scales all over his skin and their size was from lentils to a palm. The elements were of bright pink color; they rose above the surrounding skin and did not leave scars after regression. a) What elements of rash can we talk about?

b) Make a differential diagnosis among infiltrative morphological elements.

Keys:

- a) Papules.
- b) Differential diagnosis with blister, tubercle, knot (size, depth, evolution).

Topic 2. Erythemato-squamous dermatosis (psoriasis, lichen planus, discoid lupus erythematosus, scleroderma)

A 54-year-old patient has a rash on the skin of the trunk it was without subjective aesthesia. Three focal lesions of rounded shape were noted, their size was about 5 by 5 cm with clear boundaries, they were dense in palpation, and their color was "ivory". There was cyanotic coloring of focal lesions in the periphery. a) Make the diagnosis.

- b) Assign the therapy.

Keys:

- a) Focal scleroderma
- b) Treatment: Penicillin, hyaluronidase, physiotherapy, topical therapy.

Topic 3. Pyoderma, scabies, lice

A student came to the dermatologist and venereologist with complaints of rash all over the skin, accompanied by itching, aggravated at night. Skin eruptions were represented by paired papulovesicles, hemorrhagic crusts, excoriations. a) Make the diagnosis.

- b) Make a treatment plan and methods for treating the patient.
- c) Make a plan of anti-epidemic measures.

Keys:

- a) Scabies
- b) Benzyl benzoate ointment according to the scheme
- c) Inspection of contact persons, disinfection measures in the outbreak, clothes manipulation

Topic 4. Mycoses

A 60-year-old patient, suffering from IIIrd degree obesity, came to the doctor. Objectively: - the intertriginous process in the form of erythema, soak, creamy bloom and cracks in the depth of the folds is observed in the inguinal-femoral and thoracic folds, as well as in the folds of the hanging abdomen. The patient had been sick about 10 days; the process on the skin is accompanied by severe itching. a) Make a diagnosis.

- b) List the causes of the disease.
- c) Assign the therapy.

Keys:

- a) Candidiasis large folds
- b) exchange disorders
- c) fluconazole systemically, topically antimycotics, correction of blood glucose

Topic 5. Allergic dermatosis

After two months of work, wrists of an employee of the electroplating workshop had itching, hyperemia, papular rashes, vesicles and serous wells. Another two employees had also similar phenomena.

- a) Make a diagnosis.
- b) Assign the therapy.

Keys:

- a) Professional eczema.
- b) Avoid contact with the allergen, antihistamines, hyposensitizing drugs, physiotherapy, and external therapy

Task for exam in 9 term:

Midterm assessment is carried out in the form of (exam). Tasks for the (exam) include two theoretical points for oral quiz and one problem.

List of theoretical points for oral quiz

11. Characteristics of dermatology as a science. Historical stages of dermatology development in Russia.
12. The structure of the skin. Epidermis, the skin itself, subcutaneous fatty tissue, blood and lymphatic network; innervations of the epidermis, dermis, subcutaneous tissue; appendages of the skin.
13. Physiology of the skin. Skin functions: protective, thermoregulation, receptor, secretory, resorption, respiratory, exchange, reflex, immune.
14. Morphological elements: primary (spot, nodule, tubercle, knot, blister, vesicle, bladder, abscess), secondary (pigmentation, erosion, ulcer, scale, crust, crack, lichenification, vegetation, excoriation, scar). The value of skin biopsy at making diagnosis.
15. Major histopathological changes in the epidermis and dermis.
16. Methods of research dermatological patient.
17. Methods of observing the patient, used in dermatovenereology: clinical, histological, microbiological, physiological, biochemical, immunological. Diagnostic techniques and tests.
18. Dermatitis. Definition of dermatitis: simple or contact, artificial or artifactual in individuals with normal skin reactivity (etiology, differential diagnosis, treatment, prognosis); sensitization or allergic (etiology, differential diagnosis, skin tests, treatment, prognosis).
19. Toxidermia. Etiology and pathogenesis, clinical findings, symptoms, morphological types of reactions to individual drugs, diagnosis and treatment guidelines, prevention. Eczema etiology and pathogenesis, clinical findings, stages of development of eczematous process, pathognomonic symptoms. Clinical forms of eczema. Diagnosis and treatment, prevention.
20. Neurodermatitis. Etiology, pathogenesis, clinic, course, complications, diagnostics; differential diagnosis; treatment (general and local, sanatorium), prevention.
21. Scruffy. Pathogenesis, clinical forms, treatment.
22. Urticaria. Etiology and pathogenesis, clinical varieties, diagnosis, differential diagnosis; treatment, prevention.
23. Psoriasis. Etiology (neurogenic, hereditary and viral theories), pathogenesis; clinic (primary and secondary elements, pathognomonic symptoms, diagnostic tests, clinical varieties, seasonality, stages, damage to the joints and internal organs); histopathology, diagnosis and differential diagnosis, treatment (traditional methods of treatment of common types of psoriasis, indications and contraindications for the appointment of corticosteroids and cytotoxic drugs, modern methods and means for the treatment of psoriasis); Spa treatment, clinical examination, prevention.
24. Red lichen planus. Etiology, pathogenesis, clinic, clinical types, lesions of the oral mucosa, course, outcome, histopathology, diagnosis, differential diagnosis, treatment. Brilliant lichen. Throat lichen.
25. Pyoderma. Etiology, pathogenesis (the role of microorganisms, the importance of the state of the microorganism, the influence of environmental factors and production activities); classification; Staphylococcal and streptococcal pyodermitis (clinical forms), mixed forms of pyoderma.

26. Scabies. Etiology (characteristic of scabies mites), epidemiology. Clinical picture and complications of the disease. Diagnostics and differential diagnosis. Methods of treatment; organizational activities in the outbreak, prevention.
27. Simple bubble zoster. Etiology, clinic, differential diagnosis, treatment.
28. Shingles. Etiology; clinical varieties; complications; differential diagnosis; treatment; forecast; prevention,
29. Warts. Ethnology; clinic (ordinary, flat, plantar); treatment.
30. Contagious mollusk. Etiology; clinic; treatment.
31. Lupus erythematosus. Etiology, pathogenesis, clinical varieties of chronic lupus erythematosus; discoid, disseminated, centrifugal, deep; differential diagnosis, course, treatment.
32. Scleroderma. Etiology, pathogenesis, clinical varieties of limited scleroderma, stages, differential diagnosis, treatment.
33. True (acantholytic) pemphigus. Classification, pathogenesis. The clinical picture of the vulgar, leaf-like, vegetative, seborrheic pemphigus. Primary localization on the skin and mucous membranes. Diagnosis: direct and indirect Nikolsky symptom, Asbo-Hansen symptom, cytological examination of Tzank cells, histological examination of skin biopsy. Differential diagnosis. Treatment of patients with acantholytic pemphigus.
34. Herpetiform dermatitis. Etiology and pathogenesis, clinic, treatment.
35. Keratomycosis (versatile lichen, nodular trichosporia).
36. Dermatophytosis: Epidermophytosis (inguinal, athlete's foot, nail). Rubromycosis (smooth skin, feet, hands and nails). Trichophytosis (anthroponotic, zoonotic). Microsporia (anthroponotic, zoonotic). Favus
37. Candidiasis (superficial, chronic, generalized, visceral).
38. Deep mycoses.
39. Pseudomycosis: erythrasma, axillary trichomycosis, actinomycosis, nocardiosis.
40. Syphilis. The main stages of development. Social aspects of sexually transmitted diseases. Methods of examination of patients with sexually transmitted diseases. Etiology, epidemiology. Immunity, general course, classification.
41. The primary period of syphilis. Clinical manifestations. Clinical characteristics of hard chancre (varieties of hard chancre, diagnostic signs). Characteristics of regional lymphadenitis. Complications of hard chancre, differential diagnosis, serological reactions.
42. The secondary period of syphilis. Clinic of secondary fresh syphilis. Hidden syphilis (early hidden syphilis, late latent syphilis, lately unspecified syphilis). Serological criteria for the separation of latent syphilis into periods. The value of the dynamics of serological reactions in the treatment process to clarify the stage of the disease. Clinic of secondary recurrent syphilis. Differential diagnosis, course.
43. Tertiary syphilis (tertiary active and tertiary latent), the main clinical forms of lumpy and gumous syphilis. Diagnosis of tertiary syphilis (serological reactions, trial treatment, obstetric history). Differential diagnosis. Features of treatment. Syphilis of the nervous system, visceral organs, blood vessels.
44. Congenital syphilis. Classification. Clinical manifestations in various stages of congenital syphilis. Laboratory diagnosis of syphilis (research on pale spirochete, serological diagnosis of syphilis). Treatment: types, schemes, drugs. Organization of the fight against syphilis. Prevention of syphilis. Sanitary-educational work.
45. Gonorrhea. Characteristics of the pathogen. Epidemiology, classification. Gonorrhea in men. Gonorrhea in women and girls. Features of the clinical course of gonorrhea in women and girls. Complications, laboratory diagnostics. Etiological and pathogenetic treatment of gonorrhea (antibiotics, immunotherapy, methods of local treatment). Criteria for cure gonorrhea. The role of obstetriciangynecologists in identifying gonorrhea. Extragenital gonorrhea. Gonorrheal arthritis and gonococcal sepsis, eye damage. Prevention of gonorrhea.

46. Trichomoniasis. Causative agent Epidemiology. Clinic of trichomoniasis in women and men. Laboratory diagnosis, treatment. 38. Chlamydia. Etiologies, epidemiology, general pathology, pathogenesis. Clinic of urogenital chlamydia. Extragenital infection. Bonds of chlamydia with the defeat of the internal organs of women and infertility. Survey technique. Modern methods of laboratory diagnosis. Reiter's syndrome. Treatment of acute and chronic chlamydia and its complications. Clinical examination.
47. Ureaplasmosis. Mycoplasmosis. Gardnerellosis. Epidemiology, etiology, clinical findings, diagnosis, complications. Modern methods of treatment.
48. Candidiasis, herpes and cytomegalovirus infections of the genital organs. Diseases caused by papilloma virus.
Soft chancre. Epidemiology, etiology. Sources of infection and routes of infection. Immunity. Incubation period. Histopathological and clinical manifestations. Complications, laboratory diagnostics.
Treatment, prevention.
42. Endemic treponematoses. Etiology, epidemiology, clinic, diagnosis, treatment.
43. Acquired Immunodeficiency Syndrome. Etiology, epidemiology, laboratory diagnostics. Skin manifestations of AIDS. Treatment. AIDS prevention among medical personnel and the public. Legislative acts.

List of Case – studies:

1. A patient visited a dermatovenereologist. He had a rash with scales all over his skin and their size was from lentils to a palm. The elements were of bright pink color; they rose above the surrounding skin and did not leave scars after regression.
 - a) What elements of rash can we talk about?
 - b) Make a differential diagnosis among infiltrative morphological elements.
2. A 54-year-old patient has a rash on the skin of the trunk it was without subjective aesthesia. Three focal lesions of rounded shape were noted, their size was about 5 by 5 cm with clear boundaries, they were dense in palpation, and their color was "ivory". There was cyanotic coloring of focal lesions in the periphery.
 - a) Make the diagnosis.
 - b) Assign the therapy.
3. A student came to the dermatologist and venereologist with complaints of rash all over the skin, accompanied by itching, aggravated at night. Skin eruptions were represented by paired papulo-vesicles, hemorrhagic crusts, excoriations.
 - a) Make the diagnosis.
 - b) Make a treatment plan and methods for treating the patient.
 - c) Make a plan of anti-epidemic measures.
4. A 60-year-old patient, suffering from IIIrd degree obesity, came to the doctor. Objectively:
- the intertriginous process in the form of erythema, soak, creamy bloom and cracks in the depth of the folds is observed in the inguinal-femoral and thoracic folds, as well as in the folds of the hanging abdomen. The patient had been sick about 10 days; the process on the skin is accompanied by severe itching.
 - a) Make a diagnosis.
 - b) List the causes of the disease.
 - c) Assign the therapy.
5. After two months of work, wrists of an employee of the electroplating workshop had itching, hyperemia, papular rashes, vesicles and serous wells. Another two employees had also similar phenomena.
 - a) Make a diagnosis.
 - b) Assign the therapy.

EXAMINATION PAPER – MEDICAL HISTORY (9TH SEMESTER)

The control work is carried out in order to control the students' assimilation of the knowledge of the lecture course, to evaluate the knowledge and skills acquired during practical training, as well as to test the ability to solve various kinds of tasks that develop professional abilities in accordance with the requirements of the qualification characteristics of a specialist. The control work is carried out according to the schedule during the training hours in the amount stipulated by the work program for the discipline and the academic workload of the teacher. The time to prepare for the test is included in the number of hours of independent work of students and should not exceed 4 hours. The control work is evaluated with a differentiated assessment. In case of unsatisfactory assessment received by the student, a new deadline for writing the test is set during extracurricular time.

WRITING A CLINICAL MEDICAL HISTORY

The student independently chooses the nosological form, develops and defends the medical history according to the proposed scheme.

The main stages of writing an educational history:

The title page (separate page)

1. Passport part.
2. Complaints: the main ones and those found during the survey of organ systems.
3. Anamnesis of the main and concomitant diseases.
4. Anamnesis of life.
5. Objective examination data of the patient.
6. Justification of the preliminary diagnosis and its formulation.
7. Examination plan.
8. Laboratory and instrumental research data, consultant conclusions.
9. Final clinical diagnosis (justification and formulation).
10. Differential diagnosis.
11. Patient's treatment and its justification.
12. Forecast.
13. Prevention (primary and secondary).
14. Epicrisis.
15. The curation diary.
16. List of references.