



KLEBLEYEVA G.D., AXMEDOVA M.M.
BARATOVA M.R., KAMALOVA M.I.

DERMATOVENEROLOGY

CHAPTER-1



**MINISTRY OF HEALTH OF THE REPUBLIC UZBEKISTAN
SAMARKAND STATE MEDICAL UNIVERSITY**

Klebleyeva G.D., Axmedova M.M., Baratova M.R., Kamalova M.I.



**DERMATOVENEROLOGY
Chapter-1**

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Educational methodological manual

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G.D. Klebleyeva, M.M. Axmedova, M.R. Baratova, M.I. Kamalova.

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Compiled by:

Klebleyeva G.D. PhD Associate Professor, Department of Dermatovenerology, Samarkand State Medical University

Axmedova M.M. PhD Associate Professor, Department of DKTF Pediatrics Samarkand State Medical University

Baratova M.R. Assistant of the Department of Dermatovenerology, Samarkand State Medical University

Kamalova M.I. Assistant of the «Public health and health care Management" department Samarkand State Medical University

Reviewers:

Ruzibakieva M.R. Leading research of the Department of Cell Therapy of the Institute of Immunology and Human Genomics UzAS MD, PhD

Abdullaev D. M. PhD Associate Professor, Department of Dermatovenerology, Samarkand State Medical University

Despite the revolutionary changes that have taken place over the past decades, dermatology still remains an urgent problem. In active consideration, possible causes of the development of dermatoses are considered and pathogenetically sound approaches to the description of such patients are explored. A study based on studies showed the presence of persistent positive dynamics, both clinical and functional, in almost 25.2% of patients with dermatoses. One of the reasons for the resistance of the disease to the method of treatment may be the presence of concomitant therapy, which aggravates the course of the disease, the serious effectiveness of therapy and the worsening of the prognosis of the disease.

Students of universities, masters, as well as for general practitioners intend educational methodological manual for use.

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LIST OF ABBREVIATIONS AND SYMBOLS

- ◆ - trade name of the medicinal product
- ∅ — medicinal product is not registered
- ⊗ — canceled medicinal product
- AG - antigen
- AGLS - antihistamine drugs
- AD - atopic dermatitis
- ACTH - adenocorticotropic hormone
- ANF - antinuclear factor
- ASD - Dorogov's antiseptic stimulator
- AT - antibody
- NPP - antiendotoxin component
- BCG - Bacillus Calmette-Guerin
- HIV - human immunodeficiency virus
- WHO - World Health Organization
- HSV - herpes simplex virus HPV - human papillomavirus
- GC - glucocorticoids
- GKP - glucocorticoid drugs
- GLP - glycoprotein
- DM - dermatomyositis
- DNA - deoxyribonucleic acid
- GIT - gastrointestinal tract
- IB - immunoblotting
- IR - immune complex
- IL - interleukin
- PI - protease inhibitor
- PPI - drug intake index
- ELISA - enzyme immunoassay
- IFN - interferon
- ICG - immunochromatographic reaction
- ICL - method of immunochemiluminescence

FOREWORD

The development in recent years of fundamental research in the field of immunology, biophysics and pharmacology has made it possible to make a breakthrough in elucidating individual links of pathogenesis, to improve the diagnosis and treatment of a number of dermatoses and sexually transmitted infections (STIs). The mechanisms of development of psoriatic arthritis and severe forms of psoriasis are clarified, methods of diagnostics and cytokine therapy are being improved. The possibilities of photodynamic therapy with the use of various photosensitizers are being expanded, non-steroidal external preparations are being used in the staged treatment of allergic dermatoses, methods of specific immunogenetic diagnosis of infectious diseases of the skin and genitourinary organs are being introduced. The skin performs many functions, has a large area, closely interacts with the internal organs and systems of the whole organism due to neurohumoral connections, and therefore is a projecting screen for various clinical stigmas, which are sometimes symptoms of very serious diseases. This underlines the importance and significance of dermatovenereology as a medical discipline. The authors analyzed new data in the field of dermatology, hereditary skin diseases and STIs and shared their experience.

The authors hope that "Dermatovenereology", based on the latest achievements of medical science, will become a reference book for dermatovenereologists and will contribute to improving the professional level of doctors and quality patient care.

Introduction

The skin performs many functions, has a large area, closely interacts with the internal organs and systems of the whole organism due to neurohumoral connections, and therefore is a projecting screen for various clinical stigmas, which are sometimes symptoms of very serious diseases. This underlines the importance and significance of dermatovenerology as a medical discipline. The authors analyzed new data in the field of dermatology, hereditary skin diseases and STIs and shared their experience. The brief edition of the national guide is a unique work and, in addition to the traditional sections on the specialty, includes a number of original ones: "Legal regulation of the organization of the provision of dermatovenerological care in modern conditions, ways to improve its quality and accessibility to the population", "Dermatological aspects of Lyme disease", "Tropical miases", "Medico-legal aspects of the activity of a dermatovenerologist", "Intestinal endotoxin and inflammation", "Peptide bioregulation", etc. Some chapters have been shortened due to the loss of relevance at the present time, while others, on the contrary, have been expanded.

TOPIC OF LESSON NUMBER 1: "MORPHOLOGICAL ELEMENTS OF RASHES. METHODOLOGY SURVEYS DERMATOLOGICAL SICK. "

1. Theme motivation: The skin, or outer covering of the body, limits the internal organs from external environment and is not only a shell, but also forms a complex connective tissue coating that performs very important functions of the body. Skin changes are often external manifestation of one or another pathology of internal organs, central nervous or endocrine system. The importance of the basics of dermatology is necessary for any practitionerspecialties.

2. Purpose: To study the basics of anatomy, histology and physiology of the skin, morphological elements rashes methodology surveys And principles treatment dermatological sick.

3. Tasks classes:

Student must know:

- Fundamentals of anatomy, histology And physiology skin
- Methods And principles diagnostics dermatological sick
- Methods and principles of treatment of a dermatological patient, including the method of application major outdoor medicinal forms

Student must be able to:

- Right collect anamnesis And put diagnosis diseases (stage, character flow, heaviness And etc.)
- Conduct clinical survey sick
- chart plan further rational surveys sick.
- Put diagnosis (or conjectural diagnosis).
- Conduct methods diagnostics dermatological sick.
- Conduct final differential diagnosis
- Identify causative, provoking and contributing factors, and, if necessary, estimate epidemiological situation.
- IN necessary cases render urgent help.

- Analyze data laboratory analyzes supervised sick.
- Compose plan treatment sick (mode, diet, medicines, physiotherapy And etc.) With taking into account individual diagnosis, testimony And contraindications For everyone method treatment.
- write out recipes
- Estimate efficiency treatment, install possible manifestations unwanted side actions medicines And measures their warnings And elimination.
- Formulate nearest And remote forecast. Give recommendations For further, V volume including outpatient treatment.
- Recommend measures secondary prevention (correction factors risk, provoking And conducive factors).

Facilities necessary For holding classes:

- tables And visual allowances: "Morphological elements rashes"
- dummies By topic: "Morphological rash elements"
- Atlas "Dermal And venereal disease" under ed. V.V. Vladimirova.- M. 1986 2000.
- slides by topic: "Morphological rash elements"
- Clinical tasks By topic: "Morphological rash elements"
- Curated sick
- A set of tools for conducting a lesson Basic knowledge:
- Chapter By skin histology

Clinical and morphological diagnostics And principles treatment skin diseases. Management For doctors. - M.: JSC "Publishing house "Medicine", 2006.- 512 With.

- Chapter By diagnostics morphological elements
- Skin and venereal diseases. Guide for doctors, in 2 volumes. Edited by Yu.K. Skripkin. Moscow, Medicine. - 2004.

- Section on methods and principles of treatment of a dermatological patient, including methods applications major outdoor medicinal forms
- principles of therapy psoriasis And red flat lichen

Dermal And venereal illness. Under edited by O.L. Ivanov. M.: Shiko, 2006 - 480s.

4. Exercise For self-training:

Control questions:

1. Structure epidermis.
2. Structure dermis.
3. Structure appendages skin.
4. innervation skin.
5. Functions skin.
6. Primary morphological elements And their brief characteristic.
7. Secondary morphological elements And their brief characteristic.
8. Main pathohistological processes V dermis.
9. Histopathological changes V epidermis and them characteristic.
10. Principles outdoor therapy V dermatology.

5. Content practical classes:

- 8.00 - 8.05 Examination present.
- 8.05 - 8.30 Control initial level knowledge students. test control.
- 8.30 - 8.50 Independent curation of patients under control teacher.
- 8.50 - 9.00 Break.
- 9.00 - 9.50 Clinical analysis of patients With teacher.
- 9.50 - 10.05 Break.
- 10.05 – 10.55 Clinical analysis of patients with a teacher. Solution of situational clinical tasks. Show slides, pictures, tables, photos, multimedia accompaniment.
- 10.55 - 11.05 Break.
- 11.05 - 11.15 Control final level knowledge. Answers on questions.
- 11.15– 11.20 Instruction O content And methodology training next classes.

Every student or link from 2-3 Human oversees granted sick By topic classes. Every student or link must on one's own conduct clinical

survey patient: collect anamnesis, examine the patient install diagnosis, appoint treatment and write out recipes. Depending on the topic of the lesson, during the supervision of the patient, students must master skills, envisaged program.

With independent work of students, the exchange of information between groups is also included, consisting from 3-4 students, And teacher. By topics By which provided Not only teach student diagnose disease, render first help, But And restore health. After the completion of the examination of the patient, students of each link report to group results his work. IN discussion materials, received each link, involved all group.

6. Block information on this topic classes:

BASICS DIAGNOSIS SKIN DISEASES

Diagnostics skin diseases, V volume including diseases mucous shells mouth, red borders lips, is based before Total, on results careful inspection And examination of the skin, and visible mucous membranes. Doctor-patient contact starts With clarification complaints sick. IN dependencies from character dermatosis sick complain of itching, burning, pain, tingling, tightness, which can even with the same disease, have different intensity in different patients. Row disease proceeds without subjective feelings. Finding out the history of skin disease, it is necessary to determine its duration, as well as the reasons with which the patient himself associates his Start and exacerbation (stress, cooling, medications, certain types of food, the effect of chemicals on the skin, insolation, etc.). Then install the nature of the course of dermatosis, the tendency to relapse, in particular the seasonality of exacerbations and remissions, their duration. If the patient has already been treated, then it is necessary to find out its nature and therapeutic efficacy. Pay attention to the effect of watersoap on cutaneous process.

Collecting an anamnesis of life in order to identify the role of external factors in the pathogenesis of dermatosis, attention should be

paid to the working and living conditions of the patient, as well as to learn about the transferred diseases, availability skin diseases at members families sick And his hard-earned relatives, alcohol consumption and smoking. When talking with the patient, one must try at least in major features define state his nervous systems, V volume including reaction on stressful situations attitude To his disease and etc.

Examination of a dermatological patient should be carried out in a warm, well-lit indoors, preferably in diffused daylight. To examine the oral mucosa it is recommended to use a bright, directional electric light and use a wooden putty knife, With help whom Fine succeed drain from saliva inspected plots mucous shells mouth.

The entire skin should be examined, and not just the rashes indicated by sick. Otherwise, the doctor may not notice the unaccompanied subjective sensations of skin changes, often of great diagnostic value, for example scarring, pigmentation on place former rashes And others

When examining morphological elements in patients, it is necessary to pay attention to their prevalence, since the process can be universal, capture the entire skin cover (erythroderma), rash Maybe be generalized or local, be located symmetrically or asymmetrically. Exploring morphological elements, should draw attention to whether the patient has one type of primary elements (monomorphic rash) or primary elements varied (polymorphic rash). Important diagnostic value has an arrangement of elements in relation to each other. Lesions may be located in isolation or group, forming figures V form rings, arcs, lines And etc. At location rashes individual small groups They say about their herpetiformity. The rash may have a tendency to coalesce. The margins of injury can be clear or vague. Often diagnostic meaning It has localization rash.

When studying morphological elements, it is necessary first of all to determine their color, outlines and shape, using palpation to find out whether they rise above the level of the skin or mucous shells or No.

Should define their consistency (hard or soft), depth occurrence (surface or deep).

Considering rashes And asking sick, should decide question O flow of each element: exists permanently or periodically disappears, what is the type of its regression (resorption, peeling, ulceration, atrophy, etc.), determine whether the elements leave on his place scar And what is his characteristic. Important diagnostic meaning It has Availability isomorphic reactions (symptom Kebner), emerging emergence fresh primary elements, inherent given disease. Material For research dependencies from character diseases serve scales, hair, nail records, content pustules And cystic elements, erosion discharge And ulcers, blood sick And etc.

At diagnostics row diseases, important meaning have results research cellular composition vesicular liquid, cytological research smears-imprints, taken With surfaces erosion For detection acantholytic cells. Important diagnostic value in a number of dermatoses have data from a general clinical analysis blood.

In cases difficulties in differential diagnosis, when diseases, despite their different etiology And pathogenesis, appear very similar rashes along with With other methods should use the histological method of research (biopsy). IN the last decade for the diagnosis of dermatoses, in the pathogenesis of which a certain role belongs immune, V volume including autoimmune mechanisms, are used immunological research methods, such as indirect and direct immunofluorescence. The first of them detects circulating antibodies of classes A, M and G, the second - fixed in tissues, immune complexes containing the same classes of immunoglobulins, different fractions complement, fibrin And etc.

For identifying elevated sensitivity skin To various allergens put skin samples (tests), A Also in vitro reactions degranulation basophils, blast transformation of lymphocytes, etc. There are application tests, scarifying, with which damaged epidermis, A also intradermal (intradermal) tests.

At survey sick dermatosis necessary research Not only skin, mucous membrane of the mouth, but the whole organism as a whole: the central and peripheral nervous system, including dermographism, definition painful And temperature sensitivity, internal organs, hematopoietic, endocrine and cardiovascular systems, pathology which plays an important role in the pathogenesis of certain dermatoses, metabolism. In connection with this V dermatology V the present time all modern methods research.

Dermal diseases regardless from their localization (leather or mucous shells), combinations With changes domestic bodies, nervous endocrine systems appear, First of all, different depending on the nature of the disease, the stage of the process of rashes. Practice and the results of numerous scientific studies confirm an important idea: there is no separate "sick skin". A dermatological patient is a person who has weight somatic, therapeutic problems A cutaneous syndrome is dominant.

METHODOLOGY SURVEYS SICK SKIN DISEASES

I. Passport Part

Surname, name, patronymic of the patient. Age.

Floor.

Place of work, profession or position Home address.

date and time receipts

II. Medical history

1. Complaints sick at admission

2. Start And development diseases.

Start diseases (time, initial localization defeat skin, conditions And character rashes). Cause (By opinion sick), provoked occurrence And development of this diseases.

3. Flow diseases.

Further development painful process, manifestation relapses And exacerbations (specify their total number, frequency, nature, severity

and duration). Wherein in more detail described last relapse (aggravation) diseases.

4. Further, in the anamnesis, it is necessary to reflect in detail the data on previous treatment with indicating funds And general and outdoor therapy, consistently applied sick, noting her efficiency And portability. Especially detail at this need to find out the tolerability of treatment, possible side effects and exacerbations that occurred in past on background applications those or other general And outdoor funds treatment.

5. Past illnesses (infectious and somatic). Is there a relationship with skin disease.

6. Past diseases, including venereal, tuberculosis, neuropsychiatric (soulful) oncological.

7. Allergological anamnesis.

8. Gynecological And obstetric anamnesis: menstrual cycle at women: Start (age) and course (normal, disturbed, menopause, menopause); number of pregnancies And their outcomes (normal delivery, miscarriages, premature childbirth, stillbirth).

III. Epidanamnesis

If a patient has a contagious skin or venereal disease, they collect intelligence O alleged source infections And contacts (sexual, household, connection diseases with profession, place of residence, team: school, kindergarten, orphanage and etc.).

IV. Anamnesis life

1. Family position (married, Married, single), compound families. Availability at members families similar diseases.

2. Conditions life, labor And life sick, sanitary and hygienic situation, character performed work, general labor experience And experience By given professions.

3. Character reactions sick on external irritation (reactivity). Relationships sick V family And With employees By work.

4. Duration and character sleep at sick.

5. Harmful habits.

V. Data objective surveys

1. General view of the patient (body type), nutrition (normal, high, low); skin condition outside the lesions; perspiration-sebum secretion (increased, decreased, normal); the condition of the skin appendages (hair, nails); mucous membranes, subcutaneous fat; lymph nodes, musculoskeletal apparatus.

2. Internal organs: cardiovascular system, respiratory organs, digestive, urinary And endocrine systems.

3. State nervous systems: sensitivity skin (pain, temperature, tactile). Dermographism: red (normal, persistent), white, mixed. Pilomotor reflex ("goose leather") pronounced (local, general), absent.

At need researched: state craniocerebral nerves; coordination movements (saved, violated). tendon reflexes; reaction on light; reaction on convergence; conjunctival And pharyngeal reflexes.

VI. Characteristic skin rashes (special status)

1. Localization (By areas of the skin cover).

2. Symmetry rashes: complete, relative, absent.

3. Character rashes: focal, focal confluent, diffuse, generalized, universal, monomorphic, polymorphic.

4. Borders foci lesions: clear, shaded, even (smooth), or large-or finely scalloped (serrated).

5. Characteristics of changes in the foci: the degree of hyperemia, edema, infiltration. Further held detailed description:

A) primary morphological elements: sizes, form: rounded polygonal, wrong; character rashes: inflammatory, non-inflammatory; surface: flat, hemispherical, conical, with retraction in the center, warty, tuberos; surrounding (perifocal) skin background: unchanged, inflammatory, hyper- hypopigmented;

b) dynamics development rashes: perifocal height absent, limited, unlimited (inclination To merger);

c) description of secondary morphological elements: secondary spots, scales, crusts (quantity, sizes, thickness, color, degree fit To skin); intensity And character peeling: pityriasis, small plate, large plate, leaf-shaped; degree humidity scales, color; erosion And excoriations: sizes, form, color, degree weeping, sensitivity; ulcers:

size, shape, consistency of the bottom and edges, surrounding background, sensitivity, discharge (character, quantity); cracks: depth, sizes, soreness; scarring: surface, consistency, depth occurrence; color, form; lichenification;

d) the outcome of skin rashes: traceless, secondary pigmentation and depigmentation, cicatricial atrophy, scarring.

6. subjective Feel: itch, pain, burning And etc.; disturb constantly, periodically; intensify V nocturnal time; expressed weakly, moderately, much (sharp).

VII. Laboratory research

1. Mandatory:

General analysis urine And blood, analysis feces on eggs worms reaction Wasserman; blood test ELISA for AIDS hepatitis WITH, HBS antigen.

2. By indications:

Biochemical research;

Analysis of gastric contents, duodenal sounding with analysis of bile. Study on cells pemphigus, microsporia content bubbles, pustules on flora And cellular compound;

Determination of the sensitivity of flora to antibiotics; Study on lupus erythematosus cells; Research on fungal flora;

VIII. Diagnosis Rationale diagnosis.

differential diagnosis.

3. deployed final clinical diagnosis (V Russian And latin transcription.

IX. Treatment:

A) general treatment;

b) external treatment.

□□. Prevention.

□□□. Forecast.

METHODS STUDIES SICK, USED IN DERMATOLOGY

1. Clinical.
2. Histological.
3. Microbiological.
4. Mycological.
5. Physiological (functional).
6. Biochemical.
7. Serological.
8. Experimental.
9. Statistical.

The main method is clinical. Complaints of the patient, anamnesis of the disease and life, as well as objective data. Histological studies are carried out in cases where when the diagnosis of a disease cannot be made on the basis of clinical data.

If first two method serve For establishing clinical diagnosis, That 3rd (m And To R Obiological) and 4th (mycological) research methods allow establishing etiology. They both are used V mostly at sick, at which an infectious skin disease is suspected (mycosis, leprosy, Penden's ulcer, tuberculosis, pyoderma And etc.).

DIAGNOSTIC RECEPTIONS SKIN EXAMINATIONS SICK

DIAGNOSTIC RECEPTION	TECHNIQUE	WHAT REVEALS DEFINES
Identification of sensitivesti skin: A) tactile	Passing over the skin with a piececotton wool	The state of the tactile reception
b) painful	Injection needle or sharp subject	Pain state concepts
a) temperature	alternate applicationto the hearth of test tubes with warm and col water (or	cold stat and thermal

axborot-resurs markazi

	heated and chilled items (metal records)	
Definition temperature skin	On devices "KDU-3", Mishchuk	State vessels, about-changeable processes V skin
Definition penetrating concerns stratum corneum	WITH help apparatus "KDU-3"	State vessels, about-changeable processes V skin
Dermo-graphism	Dermograph or holding blunt object (handle hammer, spatula) on individual plots skin	Condition of the stratum corneum epidermis, his stable-responsiveness To impact solution caustic sodium
Muscular hair ref-lex	holding cold an object or cotton, soaked in ether on any skin area	Degree of excitability vascular walls
Pharmacodynamic samples	Application scratches through a drop of solution histamine, morphine, adrenaline or acetylcholine	The state of the vascular reflexes
Reaction "ignition"	oral intake nicotinic acid	functional state- nie vessels skin
Test for hydrophilicity	Introduction 0.2 ml solution intraepidermally physiological solution	Water exchange
pinch symptom, tourniquet	Active pressure between fingers folds skin or overlay for 5 minutes hemostatic tourniquet	fragility capillaries
Tests with chemicals agents	a) a piece of gauze in 4 layers 1x1 see wetted by test subjects substance and applied on the forearm under compress paper for 24 hours b) subject substance	Sensitivity to chemical irritant

<p>Subsequent Methods research - physiological (functional-5), b and o x and m Andpartly (6) and partly serological (7) are used to identify the main pathogens T And h e With To And X mechanisms dermatoses.</p>	<p>Subsequent Methods research - physiological (functional-5), b and o x and m Andpartly (6) and partly serological (7) are used to identify the main pathogens T And h e With To And X mechanisms dermatoses.</p>	<p>Subsequent Methods research - physiological (functional-5), b and o x and m Andpartly (6) and partly serological (7) are used to identify the main pathogens T And h e With To And X mechanisms dermatoses.</p>
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PRIMARY ELEMENT	DEFINITION	DYNAMICS (POSSIBLE SECONDARY ELEMENTS)
Spot	Change colors skin on limited area, does not rise above the level of the skin, has no cavity, allowed without a trace or steadfastly is saved. Formed V epidermis, dermis, hypodermis	Flake, secondary pig-mental spot
Blister	Fast emerging and fast vanishing void element, rises above the level of the skin, allowed without a trace, represents yourself edema papillary skin layer	secondary elements Not It happens
Papule	Cavityless element, rises above skin level, is allowed without a trace. Formed in epidermis or dermis	Scale, secondary pig-ment spot, lichenification, cracks
tubercle	Void element, rises above skin level, resolved by a scar or cicatricial atrophy. Formed V skin proper	Flake, ulcer, crust, scar, cicatricial atrophy, Sometimes vegetation
Knot	Cavityless element, rises above level skin, allowed education scar or without a trace. Formed V hypodermis	Ulcer, crust, scar, second-common pigmented spot
bubble	Cavity limited education size 0.1—0.5 cm V diameter, permissive without a trace. Developing V epidermis	Erosion, crust, scale, secondary pigmented spot
Bubble	Hollow element larger than 0.5 cm in diameter, rises above the level skin. Allowed without a trace or scar. Formed in the epidermis dermis	Erosion, crust, scale, secondary pigment spot, sometimes vegetation
Pustule	Element rising above the level skin with a cavity with purulent content, formed in epidermis or dermis	crust, erosion, secondary pigment spot, ulcer, scar, vegetation

Subsequent Methods research - physiological (functional-5), b and o x and m And partly (6) and partly serological (7) are used to identify the main pathogens T And h e With To And X mechanisms dermatoses.

Detailing major methods research, used V purposes diagnostics diseases And clarifications pathogenesis, given V table.

PRIMARY MORPHOLOGICAL ELEMENTS RASH AND THEIR DYNAMICS ARE COMMON PRINCIPLES OUTDOOR THERAPIES DERMATOSES

Local therapy skin diseases is yourself V famous least general impact on organism sick.

Elimination of skin manifestations and subjective sensations (itching, soreness, impaired sleep And T. e.) through rational pharmacotherapy positively affects on psycho-emotional able patients What V my queue plays important role V achieving favorable results treatment.

IN therapy dermatoses can highlight some directions:

1) elimination causes diseases application antibacterial, antiviral, antiparasitic agents, drugs, protecting skin from external harmful factors (at professional dermatoses, photodermatoses, bites insects);

2) elimination of the pathological process that has developed in the skin, depending on its severity (spicy, subacute, chronic), prevalence (single foci, common, diffuse, generalized rash), localizations (face, eyelids, trunk, limbs, outdoor genital organs), related subjective sensations.

When conducting external therapy of dermatoses, it is important to follow the rules and subsequence applications medicinal drugs.

At *acute weeping inflammatory process* necessary aquatic solutions V form lotions or aerosols.

At *acute inflammatory process without wetting* apply lotions, aerosols, water talkers, powders, pasta And fatty talkers (creams).

At *subacute inflammatory process* — fatty talkers, pasta, powders, creams.

At *dimly expressed inflammatory process* appoint fatty talkers (creams).

At *chronic non-specific inflammatory process* appropriate apply ointments, warming compresses, films, varnishes, patches.

At *chronic specific process* (lepromas, leishmaniomas, lupoma) introduce V foci specific drugs.

At *skin growths* (warts, papillomas, vegetation) — cauterizing facilities.

IN *stage progression diseases*, accompanied infiltration V outbreaks (psoriasis, red flat lichen) apply keratoplastic facilities V form ointments, creams (with a low content of active ingredients): 2% salicylic acid, 2-5% sulfur, 5% naftalan.

IN *stages stabilization And regression* infiltrative process use keratolytic facilities (With increasing content existing substances): ointments, films, patches.

With different intensity of the inflammatory process (acute without weeping, subacute, chronic non-specific) acceptable appointment local corticosteroid drugs V form creams, ointments, lotions, aerosols.

Before start pharmacotherapy dermatoses necessary consider testimony And contraindications To application Togo or other medicinal drug; opportunity getting used to local remedies; age of the patient (children's skin more actively absorbs the karstnye facilities, For example, boric acid, sulfur salicylic acid, tar, hormonal drugs); opportunity development allergic reactions (at application antibiotics, furatsilina, diamond green And some others funds); WHO- opportunity side effects phenomena, For example, at long local application corticosteroids (atrophy skin, hypertrichosis, telangiectasia, cushingoid And etc.).

Before prescribing local medicines, it is necessary to cleanse the skin in the foci from scales, crusts, residues of drugs used earlier. Usually for this purpose use bandage With boiled vegetable oil. Medicine apply on a limited area and only after making sure that it is tolerated by the patient - to the rest areas of damage. It is important to observe the correct application of lotions, medicinal and ointment bandages, lubrication, rubbing, applications, time slots And etc.

CLASSIFICATION OF EXTERNAL MEDICINES,
APPLICABLE IN DERMATOLOGY

RECIPES:

Rep: Sol. Acidi borici 2% 500.0

DS Outdoor. For lotions.

Rp: Ung. Sulfurati 33% 100.0

D.S. Outdoor.

Rp: Zinci oxydi _ Amyl tritici aa 5.0 Vaselli 10.0

mf pasta.

DS Outdoor. Zinc paste. Apply on foci two times V day.

Rp: Sol. Furacillini 0.02% 500.0

D.S. Outdoor. For lotions.

Rp: Sol. Aethacridini lactatis 0.1% 500.0

DS Outdoor. For lotions.

Rp: Viridis nitentis 1.0

Spiritus aethylici 70% 50.0

MDS External. Solution diamond green.

7. Tasks For final control classes:

Control final level knowledge:

GROUP MEDICINES	MEDICINAL FACILITIES
Indifferent	Vegetable oils, petroleum jelly, lanolin, pork fat, glycerin, spermaceti, silicone compounds, powders (oxide zinc, talc, starch, White clay)
Antiseptic (antimicrobial)	Aniline dyes, potassium permanganate, peroxide hydrogen, boric acid (2— 5%), chlorhexidine, preparations containing antibiotics, sulfonamides
Antiviral	Preparations containing acyclovir, tromantadine, alpizarin, interferon And others

Anti-inflammatory	Boric acid (1-2%), silver nitrate, tannin, ichthyol, corticosteroids
Antiparasitic	benzyl benzoate, tar, sulfur, green soap, acetic acid, gray ointment
Fungicidal	Tar, sulfur, drugs iodine, undscylenic acid, clotrimazole, ketoconazole, nystatin And others
permissive (reducing)	Sulfur, naftalan, ichthyol, tar, dermatol, resorcinol, salicylic acid (2—3%)
Keratolytic, cauterizing	Salicylic, lactic, benzoic acid, resorcinol, nitrate silver, podophyllin, "Solcoderm"
Anti-air	Menthol, anestezin, diphenhydramine, carbolic, lemon, acetic acids
Photoprotective	salol, quinine, tannin, oxide zinc, methyluracil

1. Secondary elements appearing after violation integrity only epidermis, are:

1 erosion

2 ulcer

3 superficial crack

4 scar

2. Horny skin layer provides All listed, except

1 mechanical resistance

2 antiradiation resistance

3 anti-chemical resistance

4 electrical resistance

5 antimicrobial resistance

3. Primary cavity morphological elements include text response:

1 spot

2 vial

3 tubercle

4 blister

4. Specify Where missing apocrine sweat glands:

1. axillary hollows,
2. palms,
3. dairy gland,
4. region genitals.
5. Specify anatomical education, Not pertaining to to the skin:
 1. subcutaneous the basis,
 2. dermis,
 3. epidermis,
 4. cartilage layer.

References: 1.1.; 2.2.; 3.2.; 4.2.; 5.4.

8. List recommended literature:

Main:

- Educational allowance Dermal And venereal illness. Under editorial Yu.K. Skripkin. Moscow, Triad-X. - 2000 - 657 With.
- Educational allowance Dermal And venereal illness. Under editorial O.L. Ivanova. M.: Shiko, 2006 - 480s.

Additional:

- Skin and venereal diseases. Guide for doctors, in 2 volumes. Edited by Yu.K. Skripkin. Moscow, Medicine. - 2004.
- Clinical and morphological diagnostics And principles treatment skin diseases. Management For doctors. - M.: OJSC "Publishing house "Medicine", 2006.- 512 With.
- Clinical recommendations. Dermatovenereology. Under editorial A.A. Kubanova. - M.: GEOTAR-Media, 2006. – 320 With.

SUBJECT CLASS NUMBER 2: "PSORIASIS. RED FLAT LICHEN. PINK LICHEN".

1. motivation Psoriasis is one of the most common dermatoses multifactorial genesis. Defeat internal bodies And systems body leads Not only To chronization, But And often To disability. Red flat lichen is main disease V group lichenoid states And Maybe combine With autoimmune diseases. Manifestation on skin these diseases It has similarity With many other pathological conditions and a practicing physician of any specialty must confidently differentiate psoriasis and lichen planus from other diseases, as well as be able to independently select therapy, prevention to reduce relapses and extension remissions these diseases.

2. Purpose: To study the features of the clinical course, etiology and pathogenesis, differential diagnostics And therapy psoriasis and red flat depriving.

3. Tasks classes:

Student must know:

- Definition psoriasis and red flat and pink lichen
- etiology And pathogenesis psoriasis And red flat and pink lichen
- differential diagnostics psoriasis and red flat and pink lichen
- Methods diagnostics psoriasis and red flat and pink lichen
- Methods therapy psoriasis And red flat and pink lichen
- Methods prevention psoriasis And red flat And pink lichen

Student must be able to:

- Right collect anamnesis And put diagnosis diseases (stage, character flow, heaviness And etc.)
 - Conduct methods diagnostics psoriasis And red flat lichen (psoriatic triad - symptom "Auspitza"; phenomenon "Kebner"; symptom "Wickham")
 - Conduct final differential diagnosis
- Compose tactical scheme patient management

Facilities necessary For holding classes:

- tables And visual allowances: "Classification psoriasis"; "Classification red flat depriving"; "Treatment psoriasis"; "Secondary syphilis"
- Models on the topic: "Psoriasis. Lichen planus"; "Multiform exudativeerythema"; "Pink lichen Zhibera"
- Atlas "Dermal And venereal disease" under ed. V.V.Vladimirova.- M. 1986 2000.
- Slides on this topic: "Psoriasis. Red flat lichen"
- Clinical related tasks: "Psoriasis. red flat lichen"
- Sick psoriasis And red lichen planus

Application subject glass For holding diagnostics

Basic knowledge:

- Chapter By histomorphology psoriasis And red flat lichen
Clinical and morphological diagnostics And principles treatment skin diseases. Management For doctors. - M.: JSC "Publishing house "Medicine", 2006.- 512 With.
- Chapter By diagnostics morphological elements psoriasis And red flat lichen
Skin and venereal diseases. Guide for doctors, in 2 volumes. Edited by Yu.K.Skripkin. Moscow, Medicine. - 2004.
- Chapter By classification psoriasis And red flat lichen
Dermal And venereal illness. Under edited by O.L. Ivanov. M.: Shiko, 2006 - 480s.

Main provisions Topics	Their characteristic
The pathogenesis of psoriasis and red flat lichen	Filled instudent
The main complaints of patients with psoriasisAnd red flat lichen	
Classification of psoriasis and red flat lichen	
Methods diagnostics psoriasis And red flat lichen	

Non-drug treatments psoriasis And red flat lichen
Medical methods of treatment psoriasis And red flat lichen
The prognosis of patients with psoriasis and red flat deprive

- Chapter By principles therapy psoriasis and red flat lichen
Clinical recommendations. Dermatovenereology. Under editorial
A.A. Kubanova. - M.: GEOTAR-Media, 2006. - 320 With.

4. Tasks For self-training:

Fill table By main provisions Topics, using educational allowance
under edited by Yu.K. Skripkin. Moscow, Medicine. – 2004 p. or edited
by O.L. Ivanov. M.: Shiko, 2006 - With. 197-208. Control questions:

1. Definition psoriasis.
2. Etiology And pathogenesis psoriasis.
3. Peculiarities currents psoriasis at children.
4. Atypical and severe forms of psoriasis. 5. Diagnostic phenomena, symptoms.
6. Peculiarities currents psoriasis on mucous cavities mouth.
7. signs progressive stationary, regressive stages psoriasis. 8. Defeat nails at psoriasis.
9. Arthropathic psoriasis, definition, clinic. 10. Psoriatic erythroderma, definition, clinic.
11. Differential diagnosis psoriasis And red lichen planus. 12. Differential diagnostics psoriasis With ichthyosis, erythroderma at children.
13. Principles therapy psoriasis V dependencies from stages. 14. Red flat lichen. Definition, etiology And pathogenesis. 15. Clinic red flat depriving.

16. Principles treatment sick red flat deprive.

5. Content practical classes:

8.00 - 8.05 Examination present.

8.05 - 8.30 Control initial level knowledge students. test control.

8.30 - 8.50 Independent curation of patients under control teacher.

8.50 - 9.00 Break.

9.00 - 9.50 Clinical analysis sick With teacher.

9.50 - 10.05 Break.

10.05 – 10.55 Clinical analysis of patients with a teacher. Solution of situational clinical tasks. Show slides, pictures, tables, photos, multimedia accompaniment.

10.55 - 11.05 Break.

11.05 - 11.15 Control final level knowledge. Answers on questions.

11.15– 11.20 Instruction O content And methodology training next classes.

6. Block information By topic classes:

Psoriasis (Psoriasis vulgaris, syn. lichen scaly) - chronic dermatosis multifactorial nature With genetic component hyperproliferation And violation keratinization.

PROVOCATIVE FACTORS, CONTRIBUTING DEVELOPMENT DISEASES

- injury (ability To exiserbation process - symptom Kebner)
- infection (streptococcal angina)
- endocrine factor
- insolation (95% summer, 5 % winter)
- drugs lithium, β - blockers, antimalarial drugs, lanolin, vaccination
- stress
- neuropsychic factors
- HIV infection.

CLASSIFICATION PSORIASIS

Types psoriasis foreign classifications:

1- th type - in young people under the age of 25, hereditary nature, a tendency to more heavy downstream

2- th type - Start diseases V age older 50 years, flow benign

I. Typical forms:

1. Psoriasis ordinary (vulgar)

II. Atypical forms:

2. Exudative psoriasis
3. Psoriatic erythroderma
4. Psoriatic arthritis
5. pustular psoriasis - generalized (Tsumbusha)
- limited palmoplantar (Barbera)

To size papules:

1. Point; 2. Drop-shaped; 3. Coin-like; 4. Drain;
5. Figured (geographical); 6. Ring-shaped;

By stages of development:

1. progressive;
2. Stationary;
3. regressive;

By seasons:

1. Winter,
2. summer,
3. Off-season.

**CLINICAL AND MORPHOLOGICAL CHARACTERISTIC STAGES
PSORIASIS**

Characteristic stages	progressive	Stationary	regressive
Appearance new papules	Observed constantly	Not It happens	Not appear. Large plaques
			break apart on separate papules
Value papules	small	Large	Various
Peripheral height	Observed	Not noted	Not noted
Regional roller (zone growth)	Available	Absent	Absent
Peeling	In the central parts elements	By all surface, solid, expressed	By all surfaces
Zone anemia around papules	Available	Available	Absent

(symptom Yadasson)			
Pseudo-atrophic bezel around papules (symptom Voronova)	Absent	Available	Absent
Itching	Often	Rarely	Rarely
Secondary hyper- And depigmentation	Missing	Missing	Available
Isomorphic reaction (Koebner sign)	Observed	Not It happens	Not called
Psoriatic triad	Constantly	Expressed not clear	Expressed Not on all elements

CRITERIA CLASSICAL PSORIATIC ARTHRITIS

1. Defeat distal interphalangeal articular brushes.
2. Defeat metacarpophalangeal, proximal And distal interphalangeal joints 1 finger brushes.
3. Early defeat big finger feet.
4. pain V heels.
5. Availability psoriatic plaques characteristic defeat nails.
6. Psoriasis at nearest relatives.
7. negative reaction on rheumatoid factor.
8. Radiography: osteolytic process With off-axis offsets bones, periosteal overlays, absence periarticular osteoporosis
9. Clinical or x-ray signs defeat sacroiliac joints.
10. X-ray signs paravertebral calcification.

DIFFERENTIAL DIAGNOSTICS PSORIASIS, RED FLAT depriving AND PAPULAR SYPHILIS

signs	Psoriasis	Red flat lichen	Syphilis
Element Shape	round, oval	Polygonal	Round
Color	bright red	Lividnaya	ham red
Tendency to peripheral growth	Available	No	No

Peeling	Central or continuous	No	Collar Bietta
Beloved localization	extensor surface limbs, hairy partheads	Genitals, flexion surface limbs, mucous mouth	Any
Duration rashes	Months And years	Months	1.5 - 2 months
Additional symptoms For research	Auspitz triad (psoriatic triad, symptom Koebner	Symptom Koebner	Yadasson's symptom positive serological reactions on syphilis

DEGREE ACTIVITIES PSORIATIC ARTHRITIS (BY NOSONOV)

1. Minimum - morning stiffness before thirty min., ESR up to 20 mm/h;
2. Moderate - morning stiffness until 3 hour., ESR up to 40 mm/h;
3. Maximum - morning stiffness more 3 o'clock ESR more 40 mm/h, pain V rest.

PLAYBACK PSORIATIC TRIADS

Application: For diagnostics psoriasis And differential diagnostics similar diseases.

At scraping psoriatic papules (plaques) subject glass noted consistent triad pathognomonic morphological signs: "phenomenon stearin stain" - the appearance of a large number of silvery-white scales, with scraping papules. This resembles scales that occur when a drop is scraped from stearic candles; "phenomenon terminal films" - after complete removal scales appears brilliant translucent film; "phenomenon pinpoint bleeding or blood dew" (symptom of Polotebnov or Auspitz) - with further scraping films on its surface. droplets of blood appear due to the destruction of capillaries papillary layer dermis.

At parapsoriasis observed the following phenomena. Symptom cachets - at cautious scraping papules flake, covering her, removed entirely, Not breaking down Not forming small shavings as in psoriasis.

Symptom of purpura, or Broca's symptom - after removal of the "wafer", while continuing scrapings, on the surface of the papule there are small intradermal hemorrhages, not disappearing at diascopies.

7. Tasks for final control classes:

Control final level knowledge:

1. Name the primary morphological element of psoriasis vulgaris:
a) vesicle d) papule

b) pustule e) blister V) erythema

2. Which from the following histological signs is not pathognomonic For psoriasis:

A) acanthosis d) Potrier's microabscesses b) parakeratosis e) Munro microabscesses V) papillomatosis

3. Which from symptoms Not occurs at psoriasis:

A) symptom stearin stain d) symptom of blood dew b) symptom Nikolsky d) symptom Koebner

V) symptom terminal films

4. Which of the following forms does not occur in patients with lichen planus: a) follicular d) centrifugal

b) hypertrophic e) urticaria V) inverted

5. Specify Not feature red flat depriving:

a) Multiple dome-shaped nodules with a central pseudo-ulcer b) flat polygonal reddish lilac papules

V) reaction Koebner

G) umbilical impression V center papules e) net Wickham on surfaces papules

References: 1 g; 2 g; 3 b; 4 d; 5 a. situational tasks:

1. A patient came to the reception with complaints of the appearance of a red spot with peeling on head of the penis. When viewed on the head of the penis there is a rounded shape, red papule the size of a 2-kopeck coin, the papule is covered with white scales colors. Lymph

nodes are not enlarged. On the extensor surface of the forearms there are similar papules red colors, With scales.

Which diagnosis? What is tactics doctor?

2. Three weeks back appeared papules pink colors on extensor side surfaces limbs, covered silvery white scales. noted appearance fresh rashes, incl. By the course of a linear abrasion. When scraping papules arises symptom "stearic spots, "terminal films" And "point bleeding."

Put deployed diagnosis.

3. After a stressful situation on the skin flexor surface of the upper limbs arose itchy pinkish purple, flat, polygonal papules With waxy shiny, pinhead to lentil size, several papules have umbilical impressions V center, on which visible "net Wickham."

What diagnosis? Schedule plan treatment.

Solution references tasks:

1. Psoriasis is common. Based on typical clinical presentation.

Check psoriatic triad Auspitz.

Appoint tactics treatment.

2. Psoriasis is common. Based on typical clinical presentation.

Form ordinary.

Stage progressive.

3. Lichen planus. Based on typical clinical presentation. Systemic therapy with inclusion sedatives, antihistamines, antimalarial, antibacterial, vitamin preparations. Topical therapy including corticosteroid creams and ointments V form applications And occlusal bandages on foci defeat.

8. List recommended literature:

Main:

- Educational allowance Dermal And venereal illness. Under editorial Yu.K. Skripkin. Moscow, Triad-X. - 2000 - 657 With.

- Educational allowance Dermal And venereal illness. Under editorial O.L. Ivanova. M.: Shiko, 2006 - 480s.

Additional:

- Skin and venereal diseases. Guide for doctors, in 2 volumes. Edited by Yu.K. Skripkin. Moscow, Medicine. - 2004.
- Clinical and morphological diagnostics And principles treatment skin diseases. Management For doctors. - M.: JSC "Publishing house "Medicine", 2006.- 512 With.
- Clinical recommendations. Dermatovenerology. Under editorial A.A. Kubanova. - M.: GEOTAR-Media, 2006. – 320 With.

TOPIC OF LESSON NUMBER 3: "DERMATITIS. PRINCIPLES OF TREATMENT OF DERMATOSES. BASIC MEDICINAL FORMS OUTDOOR APPLICATIONS. TOXICODERMA. SYNDROMES STEVENSON-JOHNSON AND LYELL.

MULTIFORM EXUDATIVE ERYTHEMA. KNOTTY ERYTHEMA. ECZEMA."

1. Motivation for the topic: Dermatitis, eczema, atopic dermatitis are the most common dermatoses of allergic origin, especially among children (50-75%). Clinical manifestations allergic diseases skin are frequent cause temporal disability at adults. Manifestation on skin these diseases It has similarity With many others pathological states And practicing doctor any specialties must confidently diagnose dermatitis, eczema, toxicodermia from others diseases skin, A Also be able to on one's own pick up rational therapy.

2. Purpose: To study the etiology, pathogenesis, features of the clinical course, differential diagnostics, principles of treatment and prevention of patients with eczema, dermatitis, toxicoderma, multiform exudative And knotty erythema.

3. Tasks classes:

Student must know :

- Determination of dermatitis, eczema, toxicoderma, multiform exudative and nodular erythema.
- Etiology, pathogenesis, classification of dermatitis, eczema, toxicoderma, multiforme exudative And knotty erythema.
- Fundamentals of the clinic of dermatitis, eczema, toxicoderma, multiform exudative and knotty erythema.
- Fundamentals of diagnosis of dermatitis, eczema, toxicoderma, multiform exudative and knotty erythema.
- Principles of treatment and prevention of a patient with eczema, dermatitis, toxicoderma, multiform exudative And knotty erythema.

Student must be able to :

- Collect anamnesis in a patient with eczema, dermatitis, toxicoderma, multiforme exudative And knotty erythema.
- Make a diagnosis of the disease, taking into account the stage, course, severity of dermatitis, eczema, toxicoderma, multiform exudative And knotty erythema.
- Conduct final differential diagnosis dermatitis, eczema, toxicoderma, multiform exudative And knotty erythema.
- Make a treatment plan for a patient with eczema, dermatitis, toxicoderma, multiforme exudative And knotty erythema (outer, general and physiotherapy).
- write out recipes major outdoor medicinal forms

Facilities necessary For holding classes:

- tables And visual allowances:
- dummies By topic:
- Atlas "Dermal And venereal disease" under ed. V.V. Vladimirova.- M. 1986 2000.
- Slides By topic: "Dermatitis. Eczema. Toxicoderma."
- Clinical tasks By topic: "Dermatitis. Eczema. Toxicoderma."
- Sick eczema, dermatitis, toxicoderma, neurodermatosis, atopic dermatitis.
- Kit tools For holding classes

Basic knowledge:

- Section of histomorphology of dermatitis, eczema, toxicoderma, multiforme exudative And knotty erythema

Clinical and morphological diagnostics And principles treatment skin diseases. Management For doctors. - M.: OJSC "Publishing house "Medicine", 2006.- 512 With.

- Chapter By diagnostics morphological elements dermatitis, eczema, toxicoderma, multiform exudative And knotty erythema

Skin and venereal diseases. Guide for doctors, in 2 volumes. Edited by Yu.K. Skripkin. Moscow, Medicine. - 2004.

- Chapter By classification dermatitis, eczema, toxicoderma, multiform exudative And erythema nodosum

Dermal And venereal illness. Under edited by O.L. Ivanov. M.: Shiko, 2006 - 480s.

- Section on the principles of therapy for dermatitis, eczema, toxicoderma, multiforme exudative And knotty erythema

Clinical recommendations. Dermatovenereology. Under editorial A.A. Kubanova. - M.: GEOTAR-Media, 2006. - 320 With.

4. Tasks For self-training:

Fill table By main provisions Topics, using educational allowance under edited by Yu.K. Skripkin. Moscow, Medicine. – 2004 p. or edited by O.L. Ivanov. M.: Shiko, 2006 - With. 197-208.

Main provisions Topics	Their characteristic
The pathogenesis of dermatitis, eczema, toxicoderma, multiform exudative and knotty erythema.	Filled in student
The main complaints of patients with dermatitis, eczema, toxicoderma, multiform exudative And knotty erythema.	
classification of dermatitis, eczema, toxicoderma, multiform exudative and knotty erythema.	
Methods diagnostics dermatitis, eczema, toxicoderma, multiform exudative and knotty erythema.	
Non-drug treatments for dermatitis, eczema, toxicoderma, multiform exudative And knotty erythema.	
Medical treatments for dermatitis eczema, toxicoderma, multiform exudative And knotty erythema.	
Forecast sick with dermatitis, eczema, toxicoderma, multiform exudative and knotty erythema.	

Control questions:

1. Definition of simple contact and allergic contact dermatitis.
Treatment allergic contact dermatitis.
2. Definition eczema. Etiology And pathogenesis eczema.
Patohistology.
3. The role of heredity, antenatal and perinatal influences,
conditions of external environment, reactivity.
4. Classification. Morphological elements rashes characteristic
For eczema. Clinical forms eczema. differential diagnostics, principles
treatment, prevention, clinical examination sick.
5. General treatment eczema. Principles outdoor eczema
treatment.
6. Definition of toxicoderma. Characteristic morphological
elements of the rash, clinic, differential diagnostics, principles treatment,
prevention, clinical examination sick. General treatment, principles
outdoor treatment.
7. Definition of multiform exudative and nodular erythema.
Etiology and pathogenesis. Patohistology.
8. The role of heredity, antenatal and perinatal influences,
conditions of external environment, reactivity.
9. Etiology and pathogenesis of contact and allergic dermatitis.
Patohistology. Role heredity, antenatal And perinatal impacts,
conditions external environment, reactivity.
10. General treatment And principles outdoor treatment contact
And allergic dermatitis.

5. Content practical classes:

8.00 - 8.05 Examination present.

8.05 - 8.30 Control initial level knowledge students. test control.

8.30 - 8.50 Independent curation of patients under control teacher.

8.50 - 9.00 Break.

9.00 - 9.50 Clinical analysis sick With teacher.

9.50 - 10.05 Break.

10.05 – 10.55 Clinical analysis of patients with a teacher. Solution of situational clinical tasks. Show slides, pictures, tables, photos, multimedia accompaniment.

10.55 - 11.05 Break.

11.05 - 11.15 Control final level knowledge. Answers on questions.

11.15– 11.20 Instruction O content And methodology training next classes.

6. Block information By topic classes:

ECZEMA is a chronic relapsing skin disease of allergic origin, characterized polyvalent sensitization And polymorphic itchy rash

CLASSIFICATION ECZEMAS

1. True eczema

- Acute eczema (erythematous, papular, vesicular, weeping, crusty);
- subacute eczema;
- Chronic eczema (lichenified, coin-like, pruriginous, horny, roxadiform);

2. professional eczema (contact eczema);

CHARACTERISTIC CONTACT (SIMPLE AND ALLERGIC) DERMATTITIS

SIGNS	CONTACT DERMATTITIS	
	SIMPLE	ALLERGIC
Cause occurrence	Exposure to chemicals or physical factors (mechanical, actinic And etc.), Not Necessarily possessing	Contact with substances sensitizing action(allergy)
	allergic properties	
Force reactions	Depends on concentration duration actions stimulus	Depends from degree sensitization
Time appearance	Directly or soon after impact irritants	IN flow first 3rd months contact
Localization	Directly on place causing an irritant. Borders	On place drawing allergen, then on individual plots. Borders

	clear	fuzzy
Clinic	Defeat diffuse. Rash more often monomorphic. Edema, wetting almost continuous	Focal lesion, polymorphism rashes. Edema, wetting By type "serous wells", unsharp
Flow	Acute	Acute And subacute. Possible relapses
Exodus	Disappears without a trace after eliminate stimulus	Disappears when removed allergen, recurs when contact, May be transform V eczema
Connection With internal somatic pathology	No	There may be other allergic diseases And pathology domestic bodies And nervous systems
Dermal samples	Not are put	Positive. With clinical cure fade away Not Always. Monovalent sensitization
Pathophysiological no violations in skin	No	Only V hearth
Treatment	Eliminate the irritant. External anti-inflammatory casting facilities	Desensitizing. Externally symptomatic
Prevention	Temporary translation on another work outside connections With annoying substance	Translation on another work outside connections With allergen

1. seborrheic eczema;
2. microbial eczema (paratraumatic, near-wound, nipples And peripapillary circles at women);
3. Eczema children (true, seborrheic, exudative, pruriginous).

DIFFERENTIAL DIAGNOSTICS ECZEMAS AND DERMATITIS

Dermatitis	Eczema
Exogenous stimulus	allergic syndrome
Arises at impact on skin	
exogenous factor a	exogenous And endogenous factor a
Localized	
In places impact stimulus	On any site skin cover
Defeat	

hearth solid	Not solid, with gaps healthy skin
Polymorphism	
Weak pronounced	Sharp pronounced
weeping and serous wells	
fickle syndrome	Dominant syndrome
Bullous rashes	
frequent	Missing
Flow	
short, stormy	long, recurrent
disappears at elimination exogenous factor a	
Always	Not always
Sensitization	
Monovalent	Polyvalent
allergic reactivity	
Absent, or unsharp expressed	constant, sharp expressed
allergic rashes	
Missing	common occurrence

ERYTHEMA KNOTTED - panniculitis, characterized presence painful pink nodes on extensor surfaces lower limbs.

erythema exudative MULTIMORPHIC - acute, recurrent disease skin And mucous membranes of infectious-allergic genesis.

CLINICAL VARIETIES erythema EXUDATIVE MULTIMORPHIC

By gravity manifestations are:

1. papular (simple or easy) form, usually leaks without defeat mucous

2. Vesiculo - bullous form (moderate)

3. bullous (severe form), including syndrome Stevens-Johnsen

4. Extremely heavy form diseases, including syndrome Layela

SYNDROME STEVENS-JOHNSEN - heavy defeat skin And mucous shells With education bubbles And defeat mucous shells least two organs.

LYELL SYNDROME (toxic epidermal necrolysis) - severe toxic-allergic drug-induced disease that threatens the life of the patient and is characterized by intense detachment and necrosis of the epidermis with the formation of extensive blisters and erosions on skin And mucous shells.

TOXIDERMIA is an acute toxic-allergic inflammatory skin lesion, which is an allergic reaction to the introduction into the body (inhalation, ingestion inside, introduction parenterally) substances possessing sensitizing properties

CLINICAL VARIETIES TOXIDERMIA

- Common
- Fixed (syn. sulfanilamide erythema) Most heavy forms toxidermia are:
 - necrolysis epidermal toxic Lyell And Stevens-Johnsen syndrome

7. Tasks For final control classes:

Control final level knowledge:

Instructions: for each question or incomplete statement, choose one correct answer.

1. A worker of a cement plant came to you with complaints of itching, redness, swelling, pustules, weeping of the skin around the fistula from osteomyelitis on the right leg. The boundaries of the lesion are sharp, on others plots skin rashes No. Select most likely diagnosis:

- A. Chronic ulcerative pyoderma
- B. Allergic professional dermatitis
- C. True eczema
- D. microbial eczema
- E. professional eczema

2. The patient was prescribed tetracycline for angina, which he repeatedly accepted earlier. On the second day of treatment, the symptoms of angina began to resolve, the general the condition returned to normal, the temperature decreased, but the skin appeared abundant

rash V form pink spots, accompanied by burning. Your clinical diagnosis:

- A. Allergic pin dermatitis
- B. Simple contact dermatitis
- C. Medical toxidermia
- D. True acute eczema
- E. Acute hives

3. With the development of allergic contact dermatitis of the hands from washing powder you need:

- A. stop use washing powder
- B. Exclude frequent the washing up hands, application others detergents funds
- C. Appoint inside claritin
- D. Appoint locally flucinar
- E. All listed right

4. Which from listed below events are held at medical toxicermia, developed from oral reception antibiotics:

- A. Termination reception medication
- B. Plentiful drink WITH. Diuretics
- D. Anti-inflammatory local therapy
- E. All listed right

5. As a result of what external influence can develop simple contact dermatitis:

- A. Wearing underwear from synthetic fabrics
- B. Application ointments with antibiotics
- C. Usage washing powders With enzymes
- D. Applying shadows to staining century
- E. none of listed

6. Specify the most characteristic sign of allergic contact dermatitis:

- A. Arises only at persons, sensitized To given irritant
- B. Available polyvalent sensitization

C. The area of inflammation depends on the concentration of the stimulus
E. resistance To anti-inflammatory treatment

Standards answers: 1.D, 2.C 3. c, 4..E.,5. E, 6. A,

situational tasks:

1. A worker of the finished product painting shop applied to the reception with complaints about the appearance of redness on skin face, neck, hands Is ill With periodical improvements V flow of the year. Objectively: leather face, neck, brushes And forearms hyperemic, swollen, there are papules, microvesicles, weeping, serous crusts. Borders foci unsharp. ABOUT what disease Can think? What studies help confirm diagnosis.

2. The patient complained of redness and severe pain in the right buttocks. From the anamnesis, it was found that the patient, in self-treatment, had lumbar sacral sciatica on night applied application co turpentine on region right

buttocks. Objectively: there is a 15x20 lesion in the indicated area. see with clear outlines. In the focus there is a bright hyperemia, edema, small tense vesicles, in places bubbles. ABOUT what disease Can think?

3. After oral administration of norsulfazol for tonsillitis, the patient developed spotty rashes on skin. IN areas front And right side surfaces belly observed sharp limited reddish brown spots co weak bluish shade. One hearth is the size of a 2-kopeck coin, the second is the size of a 5-kopeck coin. About what disease Can think?

Standards answers:

1. Allergic dermatitis. allergic samples.

2. Contact dermatitis

3. Fixed sulfanilamide erythema

8. List recommended literature:

Main:

- Educational allowance Dermal And venereal illness. Under editorial Yu.K. Skripkin. Moscow, Triad-X - 2000 - 657 With.

- Educational allowance Dermal And venereal illness. Under editorial O.L. Ivanova. M.: Shiko, 2006 - 480s.

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- Educational allowance Dermal And venereal illness. Under editorial O.L. Ivanova. M.: Shiko, 2006 - 480s.

Additional:

- Skin and venereal diseases. Guide for doctors, in 2 volumes. Edited by Yu.K. Skripkin. Moscow, Medicine. - 2004.
- Clinical and morphological diagnostics And principles treatment skin diseases. Management For doctors. - M.: JSC "Publishing house "Medicine", 2006.- 512 With.
- Clinical recommendations. Dermatovenereology. Under editorial A.A. Kubanova. - M.: GEOTAR-Media, 2006. – 320 With.
- Atlas "Dermal And venereal disease" under ed. V.V. Vladimirova.- M..1986.

TOPIC OF LESSON NUMBER 4: "ECZEMA-LIKE DISEASES IN YOUNG CHILDREN, OLDER CHILDREN AND TEENAGERS. DISPENSARY OBSERVATION THESE CHILDREN. ATOPIC DERMATITIS. COMPLICATIONS."

1. Theme Motivation: eczema-like diseases - most common dermatoses allergic genesis, especially at children junior, senior age And teenagers. Clinical manifestations allergic diseases skin are frequent cause temporal disability. Manifestation on skin these diseases It has similarity With many other pathological conditions and a practicing physician of any specialty must confidently diagnose eczema-like diseases at children junior, senior age And teenagers from others diseases skin, A Also be able to on one's own pick up rational therapy.

2. Purpose: To study the etiology, pathogenesis, features of the clinical course, differential diagnosis, principles of treatment and prevention of patients with eczema-like diseases in children of younger, older age, adolescents and atopic dermatitis. Learn the methodology reference outpatient sick, rules filling outpatient cards patients V polyclinic, be able to apply practical skills, received on clinical classes.

3. Tasks classes:

Student must know :

- Definition atopic dermatitis.
- etiology, pathogenesis, classification eczema-like diseases at children, atopic dermatitis.
- Clinic basics eczema-like diseases in children, atopic dermatitis.
- Fundamentals of diagnosis eczema-like diseases in children, atopic dermatitis.
- Principles of treatment and prevention of a patient with eczema-like diseases, atopic dermatitis.

Student must be able to :

- Collect anamnesis at sick With eczema-like diseases atopic dermatitis.

- Make a diagnosis of the disease, taking into account the stage, course, severity of eczema-like diseases, atopic dermatitis.
- To make a final differential diagnosis of the severity of eczema-like diseases, atopic dermatitis.
- To draw up a treatment plan for a patient with eczema-like diseases, atopic dermatitis (outer, general And physiotherapy).

- write out recipes major outdoor medicinal forms

Facilities necessary For holding classes:

- tables And visual allowances:
- dummies By topic:
- Atlas "Dermal And venereal disease" under ed. V.V.Vladimirova.- M. 1986 2000.
- slides by topic: "eczema-like diseases at children. Atopic dermatitis"
- Clinical tasks for topic: "eczema-like diseases at children. atopic dermatitis"
- Sick With eczema-like diseases, atopic dermatitis.
- Kit tools For holding classes

Basic knowledge:

- Section on histomorphology of eczema-like diseases in children, atopic dermatitis Clinical and morphological diagnostics and principles treatment skin diseases. Management For doctors. - M.: JSC "Publishing house "Medicine", 2006. - 512 With.

- Section by diagnostics of morphological elements of eczema-like diseases in children, atopic dermatitis and I

Skin and venereal diseases. Guide for doctors, in 2 volumes. Edited by Yu.K. Skripkin. Moscow, Medicine. - 2004.

- Chapter By classification eczema-like diseases at children, atopic dermatitis

Dermal And venereal illness. Under edited by O.L. Ivanov. M.: Shiko, 2006 - 480s.

- Section on the principles of therapy of eczema-like diseases in children, atopic dermatitis Clinical recommendations.

Dermatovenerology. Under editorial A.A. Kubanova. - M.: GEOTAR-Media, 2006. - 320 With.

4. Tasks For self-training:

Fill table By main provisions Topics, using educational allowance under edited by Yu.K. Skripkin. Moscow, Medicine. – 2004 p. or edited by O.L. Ivanov. M.: Shiko, 2006 - With. 197-208. Control questions:

7. eczema-like diseases at children junior age
8. eczema-like diseases at children senior age
9. eczema-like diseases at teenagers

Main provisions Topics	Their characteristic
The pathogenesis of eczema-like diseases at children, atopic dermatitis.	Filled in student
The main complaints of patients with eczema-like diseases at children, atopic dermatitis.	
Classification of eczema-like diseases in children, atopic dermatitis.	
Methods diagnosis of eczema-like diseases at children, atopic dermatitis.	
Non-drug treatments eczema-like diseases at children, atopic dermatitis.	
Medical methods treatment eczema-like diseases at children, atopic dermatitis.	
The prognosis of patients with eczema-like diseases at children, atopic dermatitis	

10. The role of heredity, antenatal and perinatal influences, conditions of external environment, reactivity.

11. differential diagnostics, principles treatment, prevention, clinical examination children With eczema-like diseases

12. Definition of atopic dermatitis. Etiology And pathogenesis. Patohistology. Role heredity, antenatal And perinatal impacts, conditions external environment, reactivity.

13. Classification. Morphological elements rashes characteristic For atopic dermatitis. Clinical forms of atopic dermatitis (depending on

age, stage, severity), differential diagnosis, principles of treatment, prevention, clinical examination sick.

14. General treatment And principles outdoor treatment atopic dermatitis.

15. differential diagnostics And complications eczema-like diseases And atopic dermatitis

5. Content practical classes:

8.00 - 8.05 Examination present.

8.05 - 8.30 Control initial level knowledge students.

8.30 - 8.50 Outpatient reception sick V polyclinic. Parsing sick with a teacher.

8.50 - 9.00 Break.

9.00 - 9.50 Outpatient reception sick V polyclinic. Parsing sick with a teacher.

9.50 - 10.05 Break.

10.05 – 10.55 ambulatory reception of patients in the polyclinic. Analysis of patients with the teacher. Solution of situational clinical problems. slide show, table drawings, photos, multimedia accompaniment.

10.55 - 11.05 Break.

11.05 - 11.15 Control final level knowledge, answers on questions.

11.15– 11.20 Instruction O content And methodology training next classes.

6. Block information By topic classes:

STAGES Eczematous PROCESS:

- Erythema;
- papular;
- Vesicular;
- Stage pustulation;
- Weeping;
- crusty;
- peeling;
- Recovery

ATOPIC DERMATITIS - chronic allergic dermatosis at persons With genetic predisposition to atopy, characterized by exudative and/or lichenoid rashes promotion level serum JgE And hypersensitivity To specific And non-specific irritants.

TO FACTORS RISK DEVELOPMENT ATOPIC DERMATITIS RELATE

- weighed down own And family allergic history;
- violations diets mothers in pregnancy time And feeding breast;
- smoking mothers And other negative factors during pregnancy And lactation;
- early artificial feeding And wrong mode nutrition children, later attachment to chest;
- daily routine violations And wrong care behind skin;
- violation rules holding vaccinations;
- climatic and geographical conditions;
- unfavorable conditions life, negative social And environmental factors;
- antibacterial therapy in time pregnancy, lactation, A Also antibacterial therapy V infant age;
- violations functions gastrointestinal tract With birth, enzymopathies, dysbacteriosis intestines and others

ETIOLOGICALLY SIGNIFICANT FOOD ALLERGENS IN ATOPIC DERMATITE At CHILDREN FIRST OF THE YEAR LIFE

food product	Antigen	Frequency detection, %
Cow milk	α -lactoalbumin β -lactoglobulin Casein Bullish whey albumen	79-89
Egg	Ovalbumin Ovomucoid	65-70
food cereals	Gluten Gordein	30-40

Soya	S protein	20-25
Fish	M-parabumin	90-100
Vegetables And fruits redor orange coloring		40-45

MICROORGANISMS, CHARACTERISTIC FOR SKIN HUMAN

Gram positive bacteria	Staphylococci, streptococci, micrococci, propionibacter, coryneform bacteria
Gram negative bacteria	Proteus, Klebsiella, Escherichia, pseudomonas
Yeast-like fungi	Candida Malassezia
Viruses	Herpes, papovaviruses, papillomaviruses
Other	Mycoplasmas (at weakening of the body)

CLASSIFICATION HELL BY TYPE CURRENTS U_rNIIDVI

(Kungurov et al.)

- hyperergic option (GTT)
- Infectious (ITT)
- Proliferative (PTT)

TYPE ATOPIC DERMATITIS WORKING CLASSIFICATION ATOPIC DERMATITIS

Age stages of AD	Periods disease	severity currents	Prevalenceskin process	Clinical etiological options
infant Children's teenage	Spicy Subacute Remission (full, incomplete)	Lung Middle gravity heavy	Local Common diffuse	WITH predominance: food tick-borne fungal pollen and other types sensitization

CONDITIONAL GRADING OF SOME FOOD PRODUCTS BY DEGREE ALLERGINIZING ACTIVITIES

High degree	Medium degree	low degree
Cow milk	Pork	horsemeat
Fish	Turkey	Mutton (low fat varieties)
Egg	Rabbit	Zucchini
nuts (cashew nuts, forest, walnut, peanut, hazelnut, pistachios	Red currant	Squash
Mushrooms	Cranberry	Turnip
Honey	Peaches	Pumpkin light coloring
Chicken meat	apricots	Sweet and sour apples (green)
Carrot	Potato	Bananas
Citrus	Peas	white currant
Strawberry, strawberries	Pepper green	Gooseberry
Grape, pomegranate	Corn	Plum
Raspberries	Cabbage	Watermelon
Melon	Buckwheat	Almond
pineapples	Rice	Cherries white
Chocolate, coffee, cocoa		Cucumber green
Mustard		
tomatoes		
Beet		
Wheat, rye		

Characteristic	hyperergic(GTT)	Infectious(ITT)	Proliferative(PTT)
Features of the anamnesis			
hereditary	allergic	Availability	allergic
burdenedness	diseases in mother's parents; allergic diseases at sisters And brothers mothers;	chronic inflammatory diseases in mothers; diseaseskidney at father	pathology or bronchial asthma at mother; mother's opisthorchiasis

	allergic diseases at father		(father); diseases joints at father
pathology pregnancy and childbirth at father	Aggravation allergic dermatosis in time of pregnancy; preeclampsia first half pregnancy; fast or impetuous childbirth	Anemia in time pregnancy; pyelonephritis in time of pregnancy; premature discharge of water; long anhydrous period; manual allowance in childbirth; infection umbilical wounds	Preeclampsia second half pregnancy; violation cerebral blood circulation 1-2-th degree at newborn

Characteristic clinical manifestations

Dominant clinical manifestations	Polymorphism clinical manifestations with partial phenomena exudation, weeping; erosion, sero-hemorrhagic crusts	Clinical manifestations in the form papules, peeling, general dryness skin; sero-purulent crusts	Clinical manifestations in the form grouped papules, plaques infiltration, lichenification; hemorrhagic crusts
Average area defeat skin, %	41.1±2.1	23.5±1.8	65.0±3.7
Maximum intensity symptoms	Erythema (B1), wetting/crusting (AT 3)	excoriations (AT 4)	Excoriations (B4), lichenification (B5) dryness (AT 6)
Intensity itching And violations sleep	17.4	15.9	19.7
Index SCORAD	72.4	67.9	76.2

Characteristic currents process

Causes exacerbations	seasonality exacerbations; exacerbations under action alimentary factors preventive vaccinations and admission medicines	Exacerbation after transferred SARS, hypothermia; exacerbations during or after infectious diseases	Erased seasonality And monotone skin course process; exacerbations during or after a nervous emotional overload, stress; By unidentified reasons
Peculiarities	early start	Complications V form	torpidity
clinical currents And complications	dermatosis; sharpness relapses And their relative short duration; complications - erythroderma	recurrent pyoderma And lymphadenopathy	flow, resistance to ongoing therapy; complications - stable erythroderma

CLINICAL AND LABORATORY CRITERIA FOR DIAGNOSIS ATOPIC DERMATITIS

MAIN

1. Itching
2. Morphology And localization rashes:
 - V early childhood - erythema And peeling V areas face, torso And extensorsurfaces limbs
 - in older childhood and adolescence - the appearance of lichenifications onsymmetrical plots flexion surfaces limbs And neck
 - at adults - diffuse lichenization
 - predominantly at adults - pruriginous dense isolated papules
3. Chronic And recurrent flow, resistance To ongoing therapy
4. Availability accompanying atopy; asthma, allergic (atonic) rhinitis
5. emergence first signs diseases V children's age
6. Availability hereditary predispositions And "family" atopy (V volume includingneurodermatitis)

Palmar hyperlinearity, gain drawing (anthopic palms) Follicular keratosis

Staphyloderma And other infections skin

inclination To dermatitis on skin brushes (artificial) And stop (mycogenic) Persistent white dermographism

Susceptible to herpes virus infectioncheilite

Recurrent conjunctivitisDermatitis chest nipples

Front subcapsular cataractMedicinal allergy Hives

darkening of the skin eye sockets

Longitudinal fold lower century (line Denier-Morgan)

Facial pallor or erythema Keratoconus (conical protrusion of the cornea at its center)Pityriasis alba

Folding of the anterior surface of the skin of the neck Itching at sweating

perifollicular skin seals Mesh pigmentation symptom "dirty neck"

Provocative influence of emotional, nutritional, climatic and other exogenous factors including infectious diseases seasonality diseases: exacerbations spring And V autumn-winter period; remissions V summersolar months

Rarefaction of the outer part of the eyebrows Recurrent zaedy
"Geographical" language Availability secondary leukoderma

LABORATORY SIGNS ATOPIC DERMATITIS

1. The presence of IgE antibodies to various allergens, elevated levels of total IgE, positive skin and/or provocative tests With allergens
2. Eosinophilia blood
3. Changes V immune status: decline level CD3 T-lymphocytes, index CD4/CD8 dysimmunoglobulinemia, decline digesting activity phagocytes, change absorption capabilities level CEC
4. Skin contamination with staphylococci, fungi (*Trichophyton rubrum*, *Candida albicans* and *C. parapsilosis*, *Malassezia spp* And etc.)

Other kinds research contribute differential diagnostics And identification related diseases (rhinitis, asthma, diseases intestines And etc.) INSPECTION SKIN POKROVOV

In most cases, the diagnosis of atopic dermatitis can be made already at initial examination, when the patient has characteristic skin lesions with typical localization. At this V moment inspection sick should remember about features clinical manifestations diseases V his various age periods. atopic dermatitis most probable V age interval from 3 months before 30-40 years. Age sick older 50 years, and Start development disease late in life requires before- additional examination, primarily to rule out lymphoma. The presence of itching and statement white dermographism confirms diagnosis atopic dermatitis. At examination sick V remissions should convert attention Not only on main And additional diagnostic signs, But And on characteristic background changes, described us like "dermal asymptomatic status atopic sick."

GRADE SEVERITY ATOPIC DERMATITIS

The combination of neurodermatitis with lesions of other organs (bronchial asthma, lesions intestines, kidney And etc.) V atopic syndrome always leaks heavier.

IN practical activities accepted allocate neurodermatitis light, middle And severe degree, however For objective estimates degree gravity skin process And speakers course of the disease in 1994 European working group By neurodermatitis suggested scale SCORAD (scoring atopic dermatitis). She developed jointly With doctors And patients suffering neurodermatitis, And brings together objective (intensity And prevalence of skin lesions) and subjective (intensity of daytime skin pruritus and sleep disturbance) criteria. The main advantage of using the SCORAD scale is opportunity comparative analysis received results With help computer yutherna processing, and objective efficiency mark various methods therapy.

DIAGNOSTIC PROGRAM FOR ATOPIC DERMATITIS

Method	Content
I. Anamnesis	<ol style="list-style-type: none"> 1. Allergological anamnesis: <ol style="list-style-type: none"> a) allergic (atopic) diseases in the family in the past and present; b) transferred previously allergic (atopic) - diseases; c) reactions to the introduction of sera, vaccines, various medications;G) seasonality diseases; e) climate influence on flow diseases; e) factors provoking exacerbation (the effect of weather, negative emotions, respiratory diseases, food, household, professional, physical factors And etc.) 2. The onset of the disease V early childhood 3. Chronic recurrent flow 4. Tendency to skin infections (herpes, viral warts, pyoderma And etc.) 5. recurrent conjunctivitis 6. Antenatal And postnatal factors risk
II. General status	1. General properties of the skin: xerosis, ichthyosis,

	<p>hyperlinearity of the palms, Kerafosis pilaris, Pityriasis alba, facial pallor, periorbital darkening, etc. (skin status of asymptomatic neurodermatitis) 2. Lymph nodes</p> <ol style="list-style-type: none"> 3. tonsils, ears, nose 4. Lungs 5. Gastrointestinal tract 6. kidneys 7. Eyes
III. Local status	<ol style="list-style-type: none"> 1. Character defeat skin (inflammatory - spicy, subacute, chronic) 2. Localization (face, extensor surfaces - in childhood; flex surfaces, head, neck - at adults). 3. Elements rashes (lichenoid polygonal And follicular papules, small prurigonous papules, papulovesicles, lichenification)
IV. Dermographism	White, resistant (red)
v. severity currents	1.Light, medium-heavy, heavy.2.Heaviness By index SCORAD
VI. General analysis blood (1 once V 10 days)	The level of eosinophils and other indicators. Group definition blood.
VII. Biochemical analysis blood	Total protein, bilirubin, ALT, ACT, urea, creatinine, fibrinogen, SRP, glucose (repeated By testimony)
VIII. Instrumental survey	Esophagogastroduodenofibroscoy ECG Ultrasound, X-raysurvey on testimony
IX. specific allergic survey	<ol style="list-style-type: none"> 1. Detection of allergen-specific IgE antibodies (RAST, MAST, ELISA And etc.) 2. Scarification (or prick test) skin tests with household, pollen, epidermal, fungal and food allergens. 3. Intradermal testing with bacterial and fungal allergens. 4. Provocative tests as needed (nasal, conjunctival, oral). 5. Doing food diary
X. Immune assessment status	<ol style="list-style-type: none"> 1. Immunoglobulins E, A, M, G V serum blood 2. CD3+, CD4\CD8+, CD16+, CD19+, CD22+, CD25+, CD71+, CD72+, CD95+, B-IgG, B-IgM, B-IgA 3. Phagocytosis 4. CEC

	5. Detection of bacterial and viral antigens 6. Interferons And cytokines
XI. Analysis urine	General analysis blood (according to indications — urine according to Nechiporenko)
XII. Analysis feces	1. General analysis feces (coprogram) 2. Study feces on eggs worms And protozoa 3. Analysis feces on dysbacteriosis
XIII. Microbiological survey	1. Sowing on flora and determining sensitivity to antibiotics with foci defeat or pyoderma 2. Survey on pathogenic mushrooms 3. Virological survey
XIV. Diagnostic biopsy	Exception morphological signs pymphomas (By testimony)
XV. Consultations specialists	1. Therapist (pediatrician) 2. Allergist-immunologist 3. Dermatologist 4. Nutritionist 5. ENT, gastroenterologist, endocrinologist, psychoneurologist, ophthalmologist - by need
XVI. Psychological survey	By testimony

SCORAD provides an assessment of six objective symptoms: erythema, edema/papular elements, crusting/weeping, excoriations, lichenification/desquamation, dry skin. Intensive The severity of each feature is assessed on a four-level scale: 0 - absence, 1 - weak, 2 - moderate, 3 - strong.

Calculation of the area (S) of skin lesions: head, neck - 9%, front surface torso - 18%, back surface of the body - 18%, right upper limb - 9%, left upper limb - 9%, right lower limb - 18%, left lower limb - 18%, region perineum And genital bodies - 1%. Grade subjective signs, relevant average meaning behind recent 3 day/night from 0 before 10 points: intensity itching degree violations sleep. Calculation index SCORAD produced By formula: $SCORAD = A/5 + 7 \times B/2 + C$, Where

A - prevalence defeat skin V %;

IN - sum levels intensity clinical symptoms neurodermatitis;

WITH - sum ratings subjective violations of visual analog scale.

Values index may vary V within from 0 (No diseases) before 103 (maximum heavy flow neurodermatitis).

Calculation example: Patient M., aged 12, was admitted to the clinic with a diagnosis of diffuse neurodermatitis, exacerbation stage. The area of skin lesion is 65%. Assessment of objective symptoms (in points): erythema - 2, edema and papules - 2, wetting - 2, excoriations - 3, lichenification - 2, dryness - 2. Total: general score objective symptoms equals 13.

Assessment of subjective symptoms: itching - 8, the degree of sleep disturbance - 7. Total: total score subjective symptoms equals 15.

The SCORAD index is $65/5 + 7 \times 13/2 + 15 = 73.5$ points. ESTIMATED 1 Dryness skin evaluated outside foci of acute inflammatory changes And lichenification sites

In practice, dermatologists also focus on clinical signs. degree activity atopic dermatitis.

Maximum degree activity corresponds atopic erythroderma or widespread process. The severity of inflammation of the process is significant, especially in the first age period disease (vesiculation, wetting).

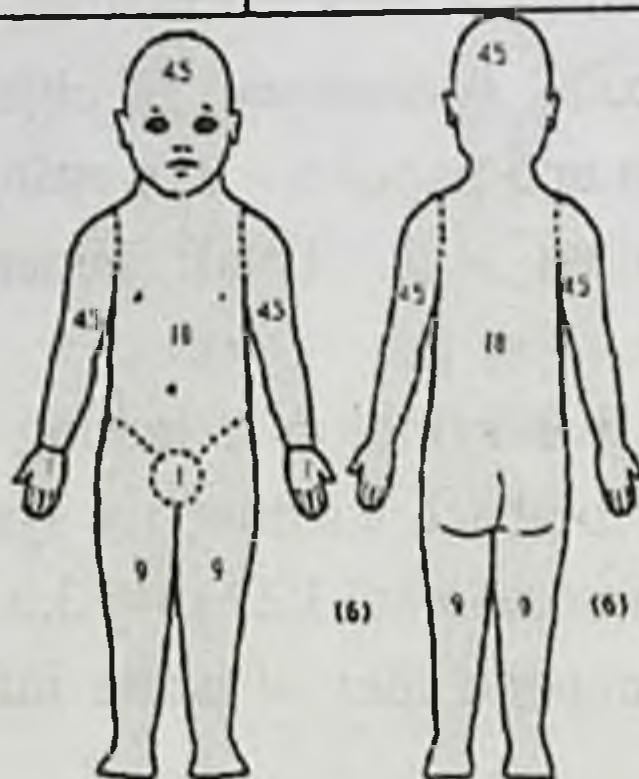
High degree activity process characterized widespread skin defeats, more often subacute changes.

A moderate degree of activity is characterized by subacute or chronic inflammatory skin defeats, more often localized character. Minimum degree of activity. It is characterized by localized skin lesions covers (at children chest age - erythematous-swamose foci on cheeks, V more senior aged-local perioral lichenification or limited lichenified foci in the elbow and popliteal folds, infiltrated foci on hands And wrists.

SHEET SCALE SCORAD

Surname	
Name	

Date of Birth	
date surveys	
Medical institution	
F. AND. ABOUT. doctor	



A: Prevalence

indicate square defeat

B: Intensity

Criterion	expressiveness
Erythema	
Edema/papular elements	
Peeling/Wetting	
excoriations	
Lichenification	
Dryness skin 1	

TACTICS THERAPIES ATOPIC DERMATITIS

- Elimination of Ag-At complexes, toxic metabolites from the body (detoxification therapy, enterosorbents, diuretics facilities)
- Antihistamines I And II generations
- anti-inflammatory, desensitizing therapy
- Immunocorrective therapy immunostimulating means

Correction functions gastrointestinal tract (hypoallergenic diet, enzymes, eubiotics)

**GENERAL SCHEME CHOICE BASIC PRODUCT FOOD FOR CHILDREN
FIRST OF THE YEAR LIFE, SUFFERING ALLERGY TO BELKAM COW
MILK**

natural feeding	Maximum prolonged preservation natural feeding (with strict adherence to hypoallergenic diets mother)
mixed feeding	Supplementation: 1) mixtures on basis hydrolyzate dairy squirrel With partial or complete hydrolysis; 2) soy mixtures
artificial feeding	At weak sensitivity To proteins bovine milk: 1) Sour-milk mixtures; 2) Mixes on basis hydrolysates squirrel With partial hydrolysis At middle sensitivity To proteins bovine milk: 1) soy mixtures 2) Mixes on basis hydrolysates squirrel With complete hydrolysis

SOME POSSIBLE CROSS ALLERGIC REACTIONS ON FOOD AND NON-FOOD PRODUCTS / SUBSTANCES (BACTERIAL, FUNGAL, MEDICINAL)

food product	Products And non-food antigens, giving cross allergic reactions
Cow milk	Goat milk, beef, veal, meat products from them, wool cows, enzymatic drugs on basis pancreatic glands major horned livestock
Kefir (kefir yeast)	moldy fungi, moldy varieties cheeses (Roquefort, Dor-blue, Briipr.), Yeast dough, kvass, antibiotics penicillin row
Chicken egg	Chicken meat And bouillon, quail eggs And meat, medicinal drugs (interferon, lysozyme, bifilis, some vaccines)
Peaches, apricots, plum, strawberry, raspberries, cherry, grape, potato	Aspirin, amidopyrine

- Correction psychogenic violations
- vitamin therapy, Antioxidants

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FOOD PRODUCTS / SUBSTANCES (BACTERIAL, FUNGAL, MEDICINAL)**

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Peaches, apricots, plum, strawberry, raspberries, cherry, grape, potato	Aspirin, amidopyrine

- Correction psychogenic violations
- vitamin therapy, Antioxidants

- Antibiotics and antimycotics according to indications
- Topical therapy
- Physiotherapy (UFO, PUVA therapy, acupuncture)
- Sanatorium-resort treatment And climatotherapy
- Anti-relapse Events (sanation focal foci infection, therapy related diseases, health care mode)

IN in general *principles And stages therapy* Can flatten To next:

1. IN spicy period atopic dermatitis appointed intensive therapy (V dependencies from gravity atopic dermatitis) For withdrawals witticisms process (glucocorticosteroids intravenously or orally, antihistamines, plasmapheresis); By testimony - antibacterial and/or antifungal drugs; basic therapy (V dependencies from leading pathogenetic mechanism) - antimediators, membrane stabilizers.

2. IN period fading applied supporting And preventive therapy - membrane stabilizers, immunomodulators, vitamins, physiotherapy, enterosorbents.

3. IN period remissions carry out preventive anti-relapse Events specific immunotherapy, courses histaglobulin, non-drug And physiotherapy methods, deallergization life sick.

In all periods, hypoallergenic and elimination (if the allergen is known) is necessary diet.

7. Tasks for final control classes:

Control final level knowledge:

Instructions: for each question or incomplete statement, choose one correct answer.

1. Which signs characteristic of true eczema:

A. neuro-allergic character process

B. Long course with frequent relapses WITH. Polymorphism rashes

D. Exacerbation often for no apparent reason E. All listed right

2. pathognomonic For eczema-like diseases rash elements are:

A. corky, scales

- B. Erythema, pustules
- C. Microvesicles, weeping erosion
- D. erosion, ulcers
- E. Papules vesicles

situational tasks:

2. A 12-year-old boy came to the appointment with complaints of skin rashes. brushes, wetting, itching. Similar rashes appear three times a year. History exudative diathesis, intolerance to a number of food products. Objectively: on the skin the back surface of the hands and forearms symmetrically there are lesions with indistinct borders of bright red color. Polymorphism is noted in the foci elements, there are papules, vesicles, erosion, crusts. What disease can think? Spend differential diagnosis.

2. Appointment applied sick With complaints on periodic appearance of redness on skin

hands, itching. Similar rashes were observed for five years. Associate your disease with can't do anything. Objectively: there are lesions on the skin of the hands in the area of the forearms and hands. lesions with indistinct boundaries, hyperemia in the foci, weeping in the form of "serous wells", crusts. Put diagnosis sick.

3. On reception addressed dentist, working V surgical office dental polyclinics, With complaints about appearance itchy rashes on skin brushes. Sick for several months. Objectively: there are lesions on the skin of the fingers of both hands. defeat With fuzzy borders V form hyperemia. On lateral surfaces fingers there are bubbles With serous content. ABOUT what disease Can think? Which research may confirm supposed diagnosis?

Standards answers:

1. atopic dermatitis. Dif. Diagnostics - eczema, dermatitis, atopic dermatitis

2. Eczema.

3. Allergic dermatitis

8. List recommended literature:

Main:

- Educational allowance Dermal And venereal illness. Under editorial Yu.K. Skripkin. Moscow, Triad - X - 2000 - 657s.
- Educational allowance Dermal And venereal illness. Under editorial O.L. Ivanova. M.: Shiko, 2006 - 480s.

Additional:

- Skin and venereal diseases. Guide for doctors, in 2 volumes. Edited by Yu.K. Skripkin. Moscow, Medicine. - 2004.
- Clinical and morphological diagnostics And principles treatment skin diseases. Management For doctors. - M.: OJSC "Publishing house "Medicine", 2006. - 512 With.
- Clinical recommendations. Dermatovenerology. Under editorial A.A. Kubanova. - M.: GEOTAR-Media, 2006. – 320 With.
- Atlas "Dermal And venereal disease" under ed. V.V. Vladimirova.- M..1986.

SUBJECT CLASSES NO. 5: "PYODERMA. SCABIES. PEDICULOSIS".

1. Motivation Topics: pyoderma - big group dermatoses, called pyogenic cocci, predominantly staphylococci And streptococci. Scabies - infectious parasitic disease caused by *Sarcoptes scabiei* itch. Manifestation on skin these diseases It has similarity With many others pathological states And a practicing physician of any specialty should confidently diagnose pustular and parasitic diseases skin from others diseases, A Also be able to on one's own pick up

rational therapy conduct anti-epidemic And wellness Events V case of contagious dermatoses.

2. Target: Explore peculiarities clinical flow, etiology And pathogenesis, differential diagnosis and therapy of pyoderma in older children and adolescents, at children period newborns, desquamative erythroderma, A Also scabies And pediculosis. Explore methodology reference outpatient sick, rules filling outpatient cards patients V polyclinic, be able to apply practical skills, received on clinical classes.

3. Tasks classes:

Student must know:

- Definition pyoderma, scabies And pediculosis
- etiology And pathogenesis pustular diseases and scabies pediculosis
- differential diagnostics pyoderma, A Also scabies And pediculosis
- Methods diagnostics scabies and pediculosis
- Methods therapy pyoderma, scabies And pediculosis
- Methods therapy pediculosis and scabies complicated pyoderma.
- epidemiological Events V hearth.
- Methods prevention pyoderma, scabies and pediculosis

Student must be able to:

- Right collect anamnesis And put diagnosis diseases (stage, character flow, heaviness And etc.)
- Conduct methods diagnostics pyoderma, scabies And pediculosis
- Conduct final differential diagnosis
- Compose tactical scheme patient management
- Fill outpatient map dermatological sick
- write out recipes For treatment on main medicinal facilities By datadiseases
- Conduct anti-epidemic And wellness Events V case contagious dermatoses

Facilities necessary For holding classes:

- tables And visual allowances:
- dummies By topic:
- Atlas "Dermal And venereal disease" under ed. V.V. Vladimirova.- M. 1986 2000.

- Slides on this topic: "Pyoderma. Scabies. Pediculosis"
- Clinical tasks for topic: "Pyoderma. Scabies. Pediculosis"
- Sick pyoderma, scabies and pediculosis
- Kit tools For holding classes

Basic knowledge:

- Chapter By histomorphology pyoderma, scabies And pediculosis

Clinical and morphological diagnostics And principles treatment skin diseases. Management For doctors. - M.: OJSC "Publishing house "Medicine", 2006.- 512 With.

- Chapter By diagnostics morphological elements pyoderma, scabies And pediculosis

Dermal And venereal illness. Management For doctors, V 2nd volumes. Under editorial Yu.K. Skripkin. Moscow, Medicine. - 2004.

- Chapter By classification pyoderma, scabies And pediculosis
- Dermal And venereal illness. Under edited by O.L. Ivanov. M.: Shiko, 2006 - 480s.

- Chapter By principles therapy pyoderma, scabies And pediculosis

Clinical recommendations. Dermatovenereology. Under editorial A.A. Kubanova. - M.:GEOTAR-Media, 2006. - 320 With.

4. Tasks For self-training:

Fill table By main provisions Topics, using educational allowance under edited by Yu.K. Skripkin. Moscow, Medicine. – 2004 p. or edited by O.L. Ivanov. M.: Shiko, 2006 - With. 197-208. Control questions:

1. Classification pustular skin diseases.
2. Etiology And pathogenesis pustular diseases skin.
3. Treatment pustular diseases skin.
4. Peculiarities currents at AIDS pustular diseases skin.

	Their characteristic
The pathogenesis of pyoderma, scabies and pediculosis	Filled instudent
The main complaints of patients with pyoderma, scabies And pediculosis	
Classification of pyoderma, scabies and pediculosis	
Methods for diagnosing pyoderma, scabies And pediculosis	
Non-drug treatments pyoderma, scabies And pediculosis	
Medical methods of treatment pyoderma, scabies And pediculosis	
Prognosis of patients with pyoderma, scabies And pediculosis	

5. Features of differential diagnosis and clinical course of pyoderma in children senior age And teenagers.

6. Features of differential diagnosis and clinical course of pyoderma in children period newborns.

7. Features of the clinical currents pyoderma desquamative erythroderma.

8. Definition scabies.

9. Etiology scabies.

10. Clinical painting scabies.

11. Complications of scabies.

12. Methods treatment scabies.

13. Prevention scabies.

14. Definition. Etiology pediculosis.

15. Treatment Methods And prevention pediculosis.

5. Content practical classes:

8.00 - 8.05 Examination present.

CHARACTERISTIC PATHOGENS PYODERMIS

	Factors pathogenicity, aggression	
	toxins	enzymes
STAPHYLOCOCCUS (white, lemon yellow, golden, hemolytic)	lethal Necrotic hemolytic Leukocidin Enterotoxin Neuro- And erythrogenic	Hyaluronidase Coagulase Lecitknaza Fibrinolysin Penicillinase Proteinase Deoxyribonuclea se
streptococci (green, hemolytic, non-hemolytic,	lethal Necrotic Enterotoxin hemolytic (S-streptolysin, O-streptolysin)	Those same

CLINICAL VARIETIES PYODERMIUS

TYPICAL FORMS		
Staphyloiderma	Streptoderma	mixed streptostaphyloiderma
<u>Surface:</u> 1. Ostiofolliculitis 2. Folliculitis surface 3. Sycosis vulgar 4. Acne ordinary 5. epidemic pemphigus newborns <u>Deep:</u> 1. Deep folliculitis 2. Furuncle, furunculosis 3. Carbuncle 4. Hydradenitis	<u>Surface:</u> 1. Impetigo streptococcal - zaeda streptococcal syphilitic intertriginous annular bullous surface felon 2. Dry streptoderma - simple lichen faces <u>Deep:</u> 1. Cellulite - acute streptococcal - erysipelas 2. Ectima ordinary	<u>Surface:</u> 1. Impetigo vulgaris (mixed) <u>Deep:</u> 1. Chronic ulcer pyoderma 2. Shancriform pyoderma
ATYPICAL FORMS		
1. Vegetative pyoderma 2. Botriomycoma (pyogenic granuloma)		

PRINCIPLES ETIOLOGICAL AND PATHOGENETIC TREATMENTS PYODERMIUS

pyoderma	General characteristics and the significance of the etiological, pathogenetic factors	Treatment
ACUTE PYODERMA (furuncle, carbuncle, hydradenitis, epidemic pemphigus of the newborn and etc.)	Leading role - high pathogenicity of a microorganism short-term negative factors of external environments (hypothermia, overheating And etc.)	antibiotics, sulfanilamide drugs. elimination unfavorable exogenous factors. External treatment
CHRONIC PYODERMA (chronic	presenter role visceral pathology (diabetes, foci	Sanitation of foci

<p>recurrent furunculosis, vulgar sycosis, chronic ulcerative, vegetative, knotted forms)</p>	<p>of focal infection, etc.), immunosuppression reactivity; secondary role - microorganisms low pathogenicity</p>	<p>of focal infections, diabetes And another visceral pathology Specific immunopreparati ons (staphylococcal toxoid, antiphagin and etc.), means, enhancing immunogenesis (pantoxyl, gamma- globulin) On initial And</p>
		<p>final stages - antibiotics. outdoor treatment</p>

- 8.05 - 8.30 Control initial level knowledge students.
- 8.30 - 8.50 Outpatient reception sick V polyclinic. Parsing sick
With teacher.
- 8.50 - 9.00 Break.
- 9.00 - 9.50 Outpatient reception sick V polyclinic. Parsing sick
with a teacher.
- 9.50 - 10.05 Break.
- 10.05 - 10.55 ambulatory reception of patients in the polyclinic.
Analysis of patients with the teacher. Solution of situational clinical
problems. slide show, table drawings, photos, multimedia
accompaniment.
- 10.55 - 11.05 Break.

11.05 - 11.15 Control final level knowledge, answers on questions.

11.15– 11.20 Instruction O content And methodology training next classes.

6. Block information By topic classes:

PYODERMA (PUSTIC DISEASES SKIN) - group diseases skin, caused by pyogenic microorganisms, mainly staphylococci, streptococci, less often than others (pseudomonous infection And etc.).

CLASSIFICATION OF THE MOST COMMON FORMS OF PYODERMAS At CHILDREN SENIOR AGE AND TEENAGERS

Group pyoderma	Forms pyoderma	
	superficial	deep
Staphyloiderma	osteofolliculitis, folliculitis, sycosisstaphylococcal (vulgar)	Deep folliculitis, furuncle, carbuncle, hydradenitis
Streptoderma	Streptococcal impetigo	Ectima vulgar
mixed (streptastaphyloiderma)	Impetigo vulgar	pyoderma ulcerative vegetative chronic

CLINICAL VARIETIES SCABIES

- Typical scabies
- Norwegian scabies
- Scabies no moves
- Scabious lymphoplasia
- Pseudosarcoptic mange
- Scabies "incognita", "clean" or "cultural"
- Complicated scabies (pyoderma, allergic dermatitis, microbial eczema)

SYMPTOMS FOR SCABIES

ARDI - pustules and purulent crusts on the elbows and in their circumference; GORCHAKOV - bloody crusts on elbows And V their circles;

CLINICAL FORMS, MORPHOLOGICAL ELEMENTS, PATHOHISTOLOGICAL CHANGES IN SKIN AND DIFFERENTIAL DIAGNOSTICS PYODERMA At CHILDREN IN PERIOD NEWBORNS AND BREAST AGE PERIOD

Clinical forms	Primary element	Clinical painting pathohistological changes	Differential diagnosis
Staphyloiderma period newborns			
Vesiculopustulosis	Pustule	IN prickly layer epi- dermis is formed start-tula magnitude 0.2 cm, Vdermis - minor histiolymphocytic infiltration around sweat glands.	Pemphigus newborns, ostiofolliculitis
epidermalpemphigus newborns	Bubble	limited cluster serous fluid in the porous layer of the epidermis V form cavities.	epidermolysis bullous, syphilitic pemphigus. windmill smallpox, folliculitis. scabies, toxicoderma.
exfoliative dermatitis newborns Ritter - syndrome staphylococcal burn skin	On the background erythema arise sluggish bubbles With education erosive surfaces	On background erythema V prickly layer arise flaccid blisters With education erosion	congenital ichthyosis, ichthyosiform erythroderma, desquamative erythroderma Leiner
Multiple feminine abscesses pseudofurunculosis finger	Knots multiple	Subcutaneous nodes magnitude from peas before forest walnut, red-purple color. Are amazed sweat glands.	folliculitis
Ostiofolliculitis	superficial pustule	IN mouth hair follicle formed pustule magnitude from 0.2 cm before 0.5 cm.	Papulo-necrotic tuberculosis skin
Folliculitis	knot	Around hair follicle formed nodules magnitude before 0.5 cm.	Papulo-necrotic tuberculosis skin
Streptoderma period newborns			
Streptococcal	Conflicts	Surface blisters co penchant for periphery risky growth. At about-military development	Vaccinoform pustulosis, gerpetiform

		covered- vaetsya straw yellow colors crust.	dermatitis, bites insects
bullous form impetigo	bubbles	bubbles various led- ranks from 1.0 cm walnut before 5.0 cm, filled gray but hazy content- bench press And surrounded pink whisk. On place bubbles formed erosion. Are localized on open plots.	
Zayed	Bubble	Bubble at corners mouth by- tro opens up And form- zuyutsya erosion And cracks	Skin candidiasis. Atriboflavi nos.
erythema autosquamous streptoderma	Erythema And peeling	Minor redness skin And accompanied peeling, once- novelty simple psoriasis V form husk- nia V areas cheeks	Candidiasis skin
Surface felon	Conflicts	Conflicts on inflamed basis, localized horseshoe parallel hole nail record	paronychia, caused yeast-like
Papulo-erosive streptoderma (diaper dermatitis)	Erythema	Develop small crimson red or bright red papules With small conflict on top. Latest are torn apart And epithelialize	Early congenital syphilis
vulgarecthyma	Ulcer	ulceration behind cheek defect upper departments dermis, availability of plots necrosis V dermis, destruction elastic And collagen fibers.	Furuncle, chronic vegetative pyoderma
erysipelas	Erythema	rose red erythema V	Dermatitis
newborns		areas navel, dense And warm on touch, With odd-which borders. Possibly women bubbles, abscesses necrosis on skin scrotum- ki, big genital lips And rear stop.	

MICHAELIS - bloody crusts and impetiginous rashes in the intergluteal crease with transition on sacrum.

**METHODOLOGY DISCOVERIES SCABIES TICKETS
APPLICATION SCHEMES OF THE MOST COMMONLY USED FOR
TREATMENTS SCABIES DRUGS**

A drug	Age patient	Method treatment	The amount of the drug necessary
sulfuric ointment 33 %	Adults, older children 12 years	5-7 days contract	100 gr
Sulfuric ointment 10-15 %	children over 2 years	5-7 days contract	50 gr
Sulphurous vaselin 6 %	Newborns and chest fly	3-7 days	thirty gr
benzyl benzoate 20%	adults, children over 12 years	2-3 days, break 3 days reapplication - 2 days	2 fl. By 250 ml
benzyl benzoate 10%	Newborns and children before 3 years	Two processing By 12 hours With interval V day	100ml
	children over 12 years	2 day, break 3 day; repeated application -	250ml
Esdepalletrin (SPREGAL)	Newborns and children before 5 years	Single treatment 12 hours	1/4 fl. (1 fl. 160 gr.)
Esdepalletin (SPREGAL)	Adults and children over 5 years	Single treatment 12 hours, break 3 days, repeated treatment	1/2 fl. (1 fl. 160 gr.)

Application: For diagnostics scabies.

A drop of 40% lactic acid is applied to the scabies element (stroke, vesicle, etc.). Through 5 minutes loosened epidermis scrape off acute ophthalmic spoon before the appearance of capillary bleeding, slightly capturing the adjacent healthy skin. Received material endure on subject glass V drop dairy acid, covered with a coverslip and immediately examined under a low magnification microscope. Result counts positive at discovery V tick preparation,

eggs, larvae, deserted egg shells or Although would one from these elements.

CLINICAL VARIETIES PEDICULOSIS

- Pediculosis head
 - Pediculosis wardrobe
 - Pediculosis pubic (phthyriasis)
7. Tasks for final control classes:

Control final level knowledge:

1. For scabies characteristic:
 - 1 lenticular papules
 - 2 hemorrhages
 - 3 point itchy bubbles And nodules
 - 4 blisters
 - 5 polygonal papules
2. For staphylococcal impetigo characteristically
 1. appearance on skin small pustules, permeated V hair center
 2. Availability inflammatory corolla By periphery pustules
 3. And That, And other
3. At furuncle in stage infiltration appointed:
 - 1 locally bandage With aniline dyes
 - 2 warming up "blue lamp"
 - 3 locally bandage With clean ichthyol
 - 4 locally bandage With ointment Vishnevsky
4. For staphylococcal pyoderma characteristic:
 - 1 pustules flat, flabby
 - 2 pustules tense, conical or hemispheric forms
 - 3 defeat greasy hair follicles And sweat glands
5. Symptoms streptococcal pyoderma are:
 - 1 pustules flat, flabby
 - 2 pustules tense, conical or hemispherical forms
 - 3 defeat greasy hair follicles And sweat glands

6. With epidemic pemphigus of newborns are prescribed text response:

- 1 antibiotics
- 2 clean ichthyol
- 3 aniline dyes
- 4 UHF
- 5 UFO

7. At multiple abscesses children are assigned a response text:

- 1 antibiotics
- 2 opening abscesses aniline dyes
- 3 locally ichthyol ointment

References: 1.3.; 2.3.; 3.3.; 4.3.; 5.1.; 6.1.; 7.2.

situational tasks:

1. On reception addressed patient With complaints on itch, rashes on skin, which arose after work V state farm and residence there V hostel.

On examination: on stomach, in interdigital brush folds, V flexion area surface of the wrist joint, V areas belly, V areas buttocks there are nodular-bubble rashes combing, crusts, paired elements. Your conjectural diagnosis? Your further tactics?

2. The child is 7 years old. Single flaccid pustules appeared on the skin of the face. Sick for about a week. After swimming worsened, temperature 38°.

Objectively: on skin faces And upper limbs multiple flabby pustules, surrounded hyperemic rim, erosion, crusts purulent character.

What is your presumptive diagnosis? What is your tactic? Is it possible to bathe a child? Can whether allow such child V children's garden? Decide question hospitalizations.

Solution references tasks:

1. Scabies. Based on typical clinical presentation. External therapy with inclusion Esdepalletin (*SPREGAL*) 1/2 vial (1 fl. 160 gr.). One-time processing of everything skin cover 12 hours, break 3 days And repeated treatment.

2. Chicken pox. Based on typical clinical presentation. Laboratory research pustules content. Bathing a child is not allowed. Such a child should not be admitted to kindergarten. The child should hospitalize.

8. List recommended literature:

Main:

- Educational allowance Dermal And venereal illness. Under editorial Yu.K. Skripkin. Moscow, Triad-X. - 2000 - 657 With.
- Educational allowance Dermal And venereal illness. Under editorial O.L. Ivanova. M.: Shiko, 2006 - 480s.

Additional:

- Skin and venereal diseases. Guide for doctors, in 2 volumes. Edited by Yu.K. Skripkin. Moscow, Medicine. - 2004.
- Clinical and morphological diagnostics And principles treatment skin diseases. Management For doctors. - M.: JSC "Publishing house "Medicine", 2006.- 512 With.
- Clinical recommendations. Dermatovenereology. Under editorial A.A. Kubanova. - M.: GEOTAR-Media, 2006. – 320 With.

SUBJECT CLASSES NO. 6: "FINAL OCCUPATION».

1. Motivation for the topic: Knowledge of the basics and elements of dermatovenerology is necessary in daily the work of a doctor of any specialty, therefore, one of the mandatory aspects of professional training is ability to understand V these questions.

2. Target: final control level knowledge on basics diagnostics And treatment skin and venereal diseases

3. Tasks classes:

Student must know:

- Principles And methods diagnostics dermatovenerologic sick
- Scroll practical skills used For diagnostics skin And venereal sick
- Principles And methods treatment dermatovenerologic sick, including recipe And methodology applications major outdoor medicinal forms

Student must be able to:

- Apply received practical skills For diagnostics skin And venereal diseases
- write out, design recipes And explain methodology applications major medicinal funds, applied V dermatovenerology

Facilities necessary For holding classes:

- Tickets for final test control
- tables And visual benefits
- dummies
- Atlas "Dermal And venereal disease" under ed. V.V.Vladimirova.- M. 1986 2000.

- Clinical tasks

Basic knowledge:

- Chapter By histomorphology skin And venereal diseases

Clinical and morphological diagnostics And principles treatment skin diseases. Management For doctors. - M.: JSC "Publishing house "Medicine", 2006.- 512 With.

- Chapter By diagnostics morphological elements of skin diseases

Skin and venereal diseases. Guide for doctors, in 2 volumes. Edited by Yu.K. Skripkin. Moscow, Medicine. - 2004.

- Chapter By classification of skin And venereal diseases

Dermal And venereal illness. Under editorial O.L. Ivanova. M.: Shiko, 2006 - 480s.

- Chapter principles therapy skin And venereal diseases

Clinical recommendations. Dermatovenereology. Under editorial A.A. Kubanova. - M.: GEOTAR-Media, 2006. - 320 With.

4. Content practical classes:

8.00 - 11.20

At surrender offset "Practical skills" student chooses two ticket: one from section: "practical skills", second - from section: "dermatological recipes".

After preliminary training student describes And shows technique fulfillment actually practical skills, techniques used in the process of examination, treatment and diagnostic manipulation, explains at what diseases They apply.

Then teacher checks discharged student recipe on medicinal means, student tells at what diseases it is used explains way applications.

After that, students solve situational problems using photographs, drawings in atlas, slides, dummies. In this case, the student must describe the morphological elements of the rash, make a suggestion and substantiate the diagnosis, conduct a differential diagnosis and appoint treatment, applied at given disease.

IN average every student spends on answer 12 minutes (from calculation 15 students V group).

11.00 - 11.20 At the end of the lesson, the teacher reports the results of the assessment of students' knowledge, holds analysis student stories disease, gives answers on questions.

5. Block information By topic classes:

PRACTICAL SKILLS

Playback psoriatic triad

Application: For diagnostics psoriasis And differential diagnostics similar diseases.

At scraping psoriatic papules (plaques) subject glass noted consistent triad pathognomonic morphological signs: "phenomenon stearic spots" - appearance big quantities silver white colors scales, at scraping papules. This resembles scales that occur when a drop is scraped from stearic candles; "phenomenon terminal films" - after complete removal scales a shiny translucent film appears; "the phenomenon of pinpoint bleeding or blood dew" (a symptom of Polotebnov or Auspitz) - with further scraping of the film on its surfaces droplets of blood appear due to the destruction of the capillaries of the papillary layer dermis.

With parapsoriasis, the following phenomena are observed. Symptom of a host - with careful scraping the papule, the scale covering it is removed entirely, without breaking, without forming small shavings How at psoriasis.

Symptom purpura, or symptom Brock, - after removal "wafers", at continuation scrapings, on the surface of the papule there are small intradermal hemorrhages, not disappearing at diascopies.

Reproduction of the "apple jelly" symptom and Pospelov's symptom Application: For diagnostics lupoid tuberculosis skin Symptom "apple jelly"

When pressed with a glass slide on the surface of the tuberculous tubercle, tubercle color change. At the same time, under the pressure

of a glass slide, dilated vessels tubercle subside, And distinctly speaks bloodless yellowish brown coloring infiltrate like colors apple jelly.

Pospelov's symptom or "probe"

Allows detection of pathognomonic diagnostic sign for lupus erythematosus. With light pressure with a bellied probe on the surface of the tubercle, it is easily immersed in tissue depth (Pospelov symptom). For comparison: when pressing on healthy skin near emerging pit recovering faster, how on the hillock

Symptom of Nikolsky P.V. And Asbo-Hansen

Application: For diagnostics acantholytic pemphigus And differential diagnostics bullous dermatoses.

1. When pulling with tweezers behind a piece of the bubble cover is detached upper layers epidermis V kind of gradually tapering ribbons on apparently healthy skin.

2. Friction finger (sliding pressure) By apparently healthy skin, How between bubbles, So And V distant Also enough easily causes rejection (shift) upper layers epidermis.

Note. This symptom is also found in other skin diseases in which there is acantholysis (chronic benign family pemphigus and etc.), but it is called only in lesion (regional symptom Nikolsky By N.D. Sheklakov, 1967).

Option this symptom is described at true pemphigus G. Asbo-Hansen phenomenon increase area bubble at pressure on his central Part.

Study on cells Tzanka

Application: For diagnosis of vulgaris pemphigus And differential diagnostics bullous dermatoses.

At monomorphic rashes bubbles on skin And erosion on mucous shell cavities mouth unspecified origin applied method strokes-imprints For possible detection of

acantholytic cells (Pavlova-Tzank) occurring in vulgar pemphigus. The cytological feature of true pemphigus should be considered acantholytic cells (cells Tzanka), used V quality diagnostic test. Acantholytic cells characteristic For pemphigus, But may determined And at others diseases (herpes, chicken pox, bullous variety of Darier's disease, chronic benign family pemphigus And etc.).

Technique detection: a piece sterile student's rubber bands (But Can Also

tight attach To surfaces erosion fat-free subject glass) tight press down To bottom

fresh erosion and transferred to a glass slide. Usually they make several prints for 3-5 glasses. Then they are air-dried, fixed and stained according to Romanovsky-Giemsa. (like regular blood smears). Acantholytic cells are smaller than normal cells, have a very large core of intense violet or violet-blue color, occupying almost the entire cell. It has two or more light nucleoli. The cytoplasm of the cells basophilic around nuclei she light blue, A By periphery blue or dark purple ("rim concentration"). Often V cage available some nuclei. Sharp pronounced polymorphism cells And nuclei. Acantholytic cells may be single or multiple. Sometimes there are so-called "monster cells", which differ gigantic size, abundance cores, And bizarre forms. IN early diseases acantholytic cells are not found in every preparation or are not detected at all, in the height of the illness their a lot of And appear "monstrous" cells.

Try Yadasson

Application: for diagnostics dermatitis herpetiformis Dühring and differential diagnostics bullous dermatoses.

A sample with potassium iodide (Yadasson's test) in two modifications: on the skin and inside. For 1 cm² apparently healthy skin, better than the forearm, apply an ointment with 50% under the

compress for 24 hours potassium iodide. The test is considered positive if erythema occurs at the site of application, vesicles or papules. With a negative test after 48 hours, it is repeated: now the ointment applied on pigmented plot skin on place former rashes.

With a negative result, 2-3 tbsp is prescribed orally. spoons of 3-5% potassium iodide solution. Try counts positive at appearance signs exacerbations diseases.

Methodology detection scabies tick

Application: For diagnostics scabies.

A drop of 40% lactic acid is applied to the scabies element (stroke, vesicle, etc.). In 5 minutes loosened epidermis scrape off acute ophthalmic spoon before appearance capillary bleeding, slightly capturing and adjacent healthy skin. Received the material is transferred to a glass slide in a drop of lactic acid, covered with a coverslip glass And straightaway same explore under small increase microscope. Result counts positive at discovery V preparation tick, eggs, larvae, deserted egg shells or Although would one from these elements.

Study scales, hair, nails on pathogenic fungi

Application: For diagnostics dermatomycosis And differential diagnostics similar diseases.

For research on pathogenic fungi with a scalpel, scrapings are taken from the affected areas of the skin, predominantly from peripheral their parts, Where fungal elements more. At dyshidrotic rashes take away tweezers or cut off wire cutters tires vesicles or blisters, scraps of macerated epidermis. hair from the peripheral parts of infiltrative-suppurative conglomerates or follicular-nodular elements Also take With help scalpel And tweezers. Changed plots nail records together with subungual detritus cut off wire cutters.

For express diagnostics (within 1-30 minutes) of mycoses, fast clearing agents are used. formulations. So, scrapings from the skin,

after treatment with a 10% solution of sodium disulfide in ethanol in ratio of 3:1, you can microscopic material after 1 minute, sections of nails - after 5 - 10 minutes.

Balzer test (iodine try)

Application: For multicolor diagnostics _ lichen And differential diagnostics similar diseases.

At lubrication affected plots And environmental normal skin 3-5% solution iodine or solution aniline dyes, foci defeat stained more intensively. This connected with a large absorption of the dye due to the loosening of the horny epidermal layer fungi.

Recipe most often occurring medicinal forms V dermatology
microscopic study at diagnostics syphilis.

At primary syphilis on pale treponema explore detachable chancre or punctate of regional lymph nodes; with secondary syphilis - material from various defeats skin And mucous shells.

Material for research is obtained from the patient before treatment directly in the laboratory. For receiving material surface ulcers wipe cotton wool moistened sterile isotonic solution chloride sodium, then bottom ulcers slightly annoying glass stick or platinum loop, previously calcined on fire and cooled. For greater release of tissue fluid with fingers in a rubber glove squeeze a dense the base of the ulcer.

researched tissue liquid wand or loop contribute V drop isotonic solution sodium chloride on a slide, mix, cover with a slide and examined in an optical microscope with a dark-field condenser, a 40x objective, an eyepiece 7x, 10x, or 15x. Between

lens condenser And subject glass must be a drop distilled water. Punctate from lymphatic node receive V aseptic conditions at help syringe With thick needle, containing some drops isotonic chloride solution sodium. Fixing needle fingers V lymphatic knot, her slightly rocking For destruction environmental fabrics, introduce available V

syringe isotonic solution chloride sodium, A then suck off material For research.

laboratory diagnosis of gonorrhoea

Diagnosis of gonorrhoea is based on the history, clinical picture, detection pathogen. Laboratory research methods are of decisive importance. If you suspect for the presence of gonococcal infection, along with generally accepted data, the discharge is examined urinary channel, paraurethral ducts, secret prostate gland, seminal vesicles, glands and lacunae of the urethra, washing water direct intestines.

By testimony research exposed scrapings And smears conjunctiva eye, others mucous membranes, synovial membrane, synovial fluid, etc. In the clinical practice For diagnostics gonorrhoea more often apply bacterioscopic And bacteriological methods.

For identification gonococci use Also reactions immunofluorescence And coagglutination with mono- and polyclonal antibodies, enzyme immunoassay, etc. Most effective methods molecular biology: polymerase chain reaction, DNA-DNA-probe hybridization.

Bacterioscopic study

Most common method. Gonococci Fine stained everyone main aniline dyes. Most often, a 1% solution of eosin in 60-70 ° alcohol and 1% water solution methylene blue or stain smears By Gram.

When stained with methylene blue, intensely stained gonococci are especially clearly visible. against a pale background of leukocytes and epithelial cells, the protoplasm of which is pale blue colors, core — blue colors. This coloring It has only indicative meaning at microscopic gonorrhoea diagnosis, because the all cocci stained V blue color.

Coloring smears By Gram: method based on property cellular shells gonococcus discolor with alcohol. Cocci not belonging to the genus *Neisseria* remain stained. Gonococci V smear, painted By

Gramu, bright pink in color and stand out against pale pink background of protoplasm leukocytes. In an acute process, a large number gonococci located V leukocytes. IN more late (chronic) stages disease discharge becomes scarce and contains fewer leukocytes, gonococci often are found with difficulty. They can be found inside epithelial cells and protozoa (Trichomonas), keeping your life activity.

laboratory diagnostics urogenital chlamydia

Sampling technique: one of the most important stages in the diagnosis of chlamydia is the material intake. Optimal for the persistence of Ch. trachomatis and its intense reproduction are certain sections of the columnar epithelium of the genitourinary tract (anterior urethra at a depth of 2.5 - 4.0 cm in men). In contrast to the principle of material sampling at others transmitted sexual through infections sick Not should recommend prolonged urinary retention. Head of the penis in the area of the external opening the urethra is treated with a cotton swab dipped in isotonic sodium chloride solution. In the presence of discharge, the first drop of freely flowing secretions that appears when pressure on urethra are removed.

laboratory diagnosis of trichomoniasis

There are three major method identifying Trichomonas:

1. Study of an unstained fresh preparation (the method was first proposed by Doppe in 1836). To identify the characteristic mobile Trichomonas, the urethral discharge is examined under microscope V drop isotonic solution chloride sodium.

2. Study of the stained preparation. They study preparations stained with 0.5 - 1% aqueous methylene blue solution, according to Gram, Romanovsky-Giemsa, according to Leishman. For accurate classification of trichomonads, the detection of the nucleus is very significant, since fragments cytoplasm, pieces slime And separate elements fabrics may stain equally With Trichomonas. IN cytoplasm

Trichomonas may be observed reddish brown granules, which contributes to their detection, but only after identification cores can do conclusion, What discovered exactly these microorganisms.

3. cultural method. For the cultivation of trichomonads using a hepatic medium with cysteine peptin And maltose.

laboratory diagnosis of mycoplasmosis And ureaplasmosis

Main laboratory method research For identifying pathogen ureaplasma infection is the cultivation of microorganisms on liquid and solid nutritional environments from detachable (scrape) mucous shells urinary organs. The bacteriological method is generally accepted for the detection of *U.urealiticum* and *M.hominis*. research. At the same time, for the determination of ureaplasmas in clinical samples, the simplest is a test for urease (color test) in a liquid medium, followed by cultivation on solid medium and direct test - spot for urease with indicator - manganese sulfate or inoculation on a dense medium containing sulfate manganese.

These tests are based on the ability of ureaplasmas to break down urea to form carbon dioxide. gas and ammonia, which leads to a change in the pH of the medium from acidic to alkaline, resulting in is changing color indicator from lemon yellow before green And even blue.

In recent years, the method of immunofluorescence has been used to diagnose mycoplasmosis. main way straight (PIF), founded on monocle antibodies.

RECIPES:

Rep: Sol. Acidi borici 2% 500.0

DS Outdoor. For lotions.

Rp: Ung. Sulfurati 33% 100.0

D.S. Outdoor.

Rp: Sol. Furacillini 0.02% 500.0

D.S. External. For lotions.

Rp: Sol. Aethacridini lactatis 0.1% 500.0

DS Outdoor. For lotions.

Rp: Viridis nitentis 1.0

Spiritus aethylici 70% 50.0

MDS External. Solution diamond green.

Main literature:

1. Pakirdinov A.B. Dermatovenerologiya. Darslik. 2020 y.
2. Eshboyev E.X., Tashkenbayeva U.A., Teri-tanosil kasalliklari va ularning laboratoriya tashxisoti. Darslik. Toshkent. – “Navroz”. 2019 y.
3. Eshboyev E.X. Dermatovenerologiya. Darslik. 2019 y.
4. Rodionov A.N., Zaslavskiy D.V., Sıdikov A.A. Dermatologiya. Illyustrirovannoye rukovodstvo poklinicheskoy diagnostike. – Moskva. “Granisa”. 2018 g. (po rekomendatsii minzdrava).
5. Vaisov A.Sh., Teri-tanosil kasalliklari. Darslik. - Toshkent, “Yangi asr avlodi”.

Additional literature:

1. Arifov S.S., Eshbayev E.X. Teri-tanosil kasalliklar. Darslik. - Toshkent. “Entsiklopediya”. 1997 y.
2. Atif Hasnain Kazmi. Color atlas of clinical dermatology. New Delhi, India. “Jaypee Brothers Medical Pub” 2015 g.
3. Olisova O.Yu., Kojnyye I venericheskiye bolezni. Uchebnik. – Moskva. “Prakticheskaya meditsina”. 2015g.
4. Chebotarev V.V., Tamrazova O.B., Chebotareva N.V., Odines A.V., Dermatovenerologiya. Uchebnik. – Moskva. “GEOTAR Media”. 2013g.
5. Pasricha J.S., Ramji Gupta. Illustrated Textbook of Dermatology. New Delhi, India. “JP Medical Ltd”. 2013y.
6. Korotkiy N.G. Kojniye I venericheskiye bolezni. Uchebnik. – Moskva. “Meditsinskoye informatsionnoye agentstvo”. 2011 g.
7. Skripkin Yu.K., Butov Yu.S., Dermatovenerologiya. Natsionalnoye rukovodstvo. – Moskva. “GEOTAR Media”. 2009 g.
8. Skripkin Yu.K., Kubanova A.V., Akimov V.G. Kojnyye I venericheskiye bolezni. Uchebnik. -Moskva, “GEOTAR Media” 2009g.
9. Ananyev O.L., Anisimova Ye.V. Kojno-venericheskiye zabolovaniya. Uchebnik. “EKSMO”, 2006 g.
10. Pol K. Bakston Dermatovenerologiya. Uchebnik. Rossiya. “Binom”, 2005 g.
11. Elinor Ye. San. Dermatologiya. 100 sluchayev iz praktiki. Uchebnik. Rossiya. “Binom”, 2001 g.

Internet saytlari:

1. www.mediashhera.aha.ru//dermatol//derm-mn.htm;
2. www.matrix.ucdavis.edu//DOJ.html;
3. www.cc.emory.edu//WHSCIV/medweb.dermatology.html;
4. www.Mosbycom//Mosby//Periodicals//medical//CPDM//dm/html;
5. www.skindex.com;
6. www.ama-assn.org//journals//standing//derm//denhome.htm;
7. www.Crawford.com//epo//mm wz//wor ld.html.
8. www.ziyonet.uz;
9. www.info@minzdrav.uz;
10. www.info@tma.u

**Klebleyeva G.D., Axmedova M.M.,
Baratova M.R., Kamalova M.I.**

DERMATOVENEROLOGY

Chapter-1

Educational methodological manual

