

МИНИСТЕРСТВО НАУКИ И ВЫСШЕГО ОБРАЗОВАНИЯ РОССИЙСКОЙ ФЕДЕРАЦИИ

**федеральное государственное автономное
образовательное учреждение высшего образования_
«Национальный исследовательский Нижегородский государственный университет
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Институт клинической медицины

УТВЕРЖДЕНО

решением президиума Ученого совета ННГУ

протокол № 1 от 16.01.2024 г.

Рабочая программа дисциплины

Аллергология

Уровень высшего образования

Специалитет

Направление подготовки / специальность

31.05.01 - Лечебное дело

Направленность образовательной программы

Лечебное дело

Форма обучения

очная

г. Нижний Новгород

2024 год начала подготовки

1. Место дисциплины в структуре ОПОП

Дисциплина Б1.В.1.05 Аллергология относится к части, формируемой участниками образовательных отношений образовательной программы.

2. Планируемые результаты обучения по дисциплине, соотнесенные с планируемыми результатами освоения образовательной программы (компетенциями и индикаторами достижения компетенций)

Формируемые компетенции (код, содержание компетенции)	Планируемые результаты обучения по дисциплине (модулю), в соответствии с индикатором достижения компетенции		Наименование оценочного средства	
	Индикатор достижения компетенции (код, содержание индикатора)	Результаты обучения по дисциплине	Для текущего контроля успеваемости	Для промежуточной аттестации
ПК-2: Готовность к распознаванию состояний, возникающих при внезапных острых заболеваниях, обострении хронических заболеваний, требующих оказания помощи в неотложной или экстренной форме и участию в оказании скорой медицинской помощи при этих состояниях, требующих срочного медицинского вмешательства, в том числе при чрезвычайных ситуациях, и участие в медицинской эвакуации	ПК-2.1: <i>Determines the influence of natural and medical and social factors in the development of skin and venereal diseases, methods of their correction</i>	ПК-2.1: <i>Be able to provide preventive measures to prevent infectious, parasitic and non-communicable diseases, carry out sanitary and educational work on hygienic issues and provide first aid in case of an accident in the treatment room and in case of early complications associated with therapeutic and diagnostic measures (acute respiratory distress, vascular collapse, poisoning, etc.</i>	Задачи Тест	Зачёт: Задания
ПК-9: Готовность к осуществлению комплекса мероприятий, направленных на сохранение и укрепление здоровья и включающих в себя формирование здорового образа жизни,	ПК-9.1: <i>Determines the prevalence of the main diseases corresponding to the training profile, their risk factors</i> - basic principles of a healthy lifestyle --risk factors for diseases, including bad habits and environmental factors - - causes and conditions of	ПК-9.1: <i>Know how to identify and assess the severity of risk factors for the development and progression of diseases corresponding to the training profile</i> - - identify early symptoms of diseases - - to find out the family history - comply with the norms of the sanitary and epidemiological	Задачи Тест	Зачёт: Задания

предупреждение возникновения и (или) распространения заболеваний, в том числе обучению пациентов и их родственников, раннюю диагностику, диспансеризацию, проведение медосмотров выявление причин и условий возникновения заболеваний и устранение вредного влияния на здоровье человека факторов среды его обитания	the occurrence and spread of diseases	regime and		
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3. Структура и содержание дисциплины

3.1 Трудоемкость дисциплины

	очная
Общая трудоемкость, з.е.	2
Часов по учебному плану	72
в том числе	
аудиторные занятия (контактная работа):	
- занятия лекционного типа	14
- занятия семинарского типа (практические занятия / лабораторные работы)	28
- КСР	1
самостоятельная работа	29
Промежуточная аттестация	0 зачёт

3.2. Содержание дисциплины

(структурированное по темам (разделам) с указанием отведенного на них количества академических часов и виды учебных занятий)

Наименование разделов и тем дисциплины	Всего (часы)	в том числе			Самостоятельная работа обучающегося, часы
		Контактная работа (работа во взаимодействии с преподавателем), часы из них			
		Занятия лекционного типа	Занятия семинарского типа (практические занятия/ лабора торные работы), часы	Всего	

	0 Ф 0	0 Ф 0	0 Ф 0	0 Ф 0	0 Ф 0
Topic 1. Organization of allergological and immunological services in the Russian Federation	5	1	2	3	2
Topic 2. Theoretical foundations of allergology and immunology	15	3	6	9	6
Topic 3. Specific allergological diagnostics	5	1	2	3	2
Topic 4. Prevention and therapy of allergic diseases	5	1	2	3	2
Topic 5. Pollinosis	6	1	2	3	3
Topic 6. Food allergy	5	1	2	3	2
Topic 7. Dermatitis, toxidermy. urticaria	10	2	4	6	4
Topic 8. Latex allergy	5	1	2	3	2
Topic 9. Allergic diseases of the respiratory system	10	2	4	6	4
Topic 10. Vaccination and vaccination prevention	5	1	2	3	2
Аттестация	0				
КСР	1			1	
Итого	72	14	28	43	29

Содержание разделов и тем дисциплины

Topic 1. Organization of allergological and immunological services in the Russian Federation

Topic 2. Theoretical foundations of allergology and immunology

Topic 10. Vaccination and vaccination prevention

Topic 6. Food allergy

Topic 7. Dermatitis, toxidermy. urticaria

Topic 8. Latex allergy

Topic 9. Allergic diseases of the respiratory system

Topic 3. Specific allergological diagnostics

Topic 4. Prevention and therapy of allergic diseases

Topic 5. Pollinosis

4. Учебно-методическое обеспечение самостоятельной работы обучающихся

Самостоятельная работа обучающихся включает в себя подготовку к контрольным вопросам и заданиям для текущего контроля и промежуточной аттестации по итогам освоения дисциплины приведенным в п. 5.

Для обеспечения самостоятельной работы обучающихся используются:

- электронный курс "не используется".

5. Фонд оценочных средств для текущего контроля успеваемости и промежуточной аттестации по дисциплине (модулю)

5.1 Типовые задания, необходимые для оценки результатов обучения при проведении текущего контроля успеваемости с указанием критериев их оценивания:

5.1.1 Типовые задания (оценочное средство - Задачи) для оценки сформированности компетенции ПК-2:

Task 1. PC-2

Patient E., 18 years old, against the background of taking analgin for headaches, felt a sharp deterioration in her well-being. Headaches increased, runny nose, lacrimation,

photophobia arose, t- rose to 38.0 °C, skin rashes of a spotty-papular nature appeared, damage to the mucous membranes of the nose, oral cavity, and eyes was noted. On the second day after the onset of symptoms – drowsiness, confusion, thirst, puffiness of the face, t- up to 40.0 °C, skin changes quickly transformed into large blisters with opening and formation of erosive surfaces. 20

Objectively: The condition is severe, the temperature is 38.5. The skin and mucous membranes have a yellowish tinge.

On the skin of the back in the armpits, in the groin areas, on the abdomen, thighs, there are multiple painful erythemas, blisters, erosions. The affected skin looks scalded with boiling water. The mucous membrane of the mouth, nose, conjunctiva of the eyes is sharply hyperemic,

There are erosions in places. BDD - 26 per minute, BP -100/60, Ps-110 beats per minute, rhythmic. The heart tones are muted, clear, vesicular breathing in the lungs, without local changes. The abdomen is soft, slightly painful in the right hypochondrium, the liver at the edge of the costal arch.

Pasty face.

1. Formulate and justify the presumed diagnosis.
2. Name additional symptoms to clarify the diagnosis, tell us about the method of their detection.
3. Tell us about the scope and methods of providing pre-medical care. 4. Make a plan for diagnostic studies in the hospital, tell us about the principles of treatment.

Task 2. PC-2

A patient, aged 10 years, suffering from allergic asthma (household sensitization) with achieved control of asthma symptoms against a background of low doses of GCS (pulmicort 100 mcg /day). He attends a secondary school where seasonal flu vaccination ("Grippol") is planned.

1. Is vaccination indicated for this patient?
2. What medical history data are relevant for the administration of this vaccine?
3. Conditions for vaccination of children with allergopathology?

Task 3. PC-2

Patient V., 18 years old, was hospitalized urgently with swelling of the face (lips, chin), with spread to the neck and increasing phenomena of difficulty breathing, hoarseness of voice, barking cough. Skin itching and rashes are not noted. The swelling appeared and gradually progressed after dental intervention (removal of the "wisdom tooth"), after which about 36 hours passed. The AMBULANCE team administered prednisone 90 mg, suprastin 1% - 2 ml – without effect. In the past, I have not noticed allergic reactions, including to local anesthetics. There are no allergic relatives, but my grandmother had similar acute edema, died of laryngeal edema at the age of 45.

Objectively: The condition is severe, the temperature is 37.2. The skin and mucous membranes are of normal color and humidity. Swelling of the lower part of the face –lips, chin and neck,

indistinguishable in color from healthy skin areas, rashes, no combs. The mucous membrane of the oral cavity, palate,

the tongues are edematous, of a normal color, without plaque and rashes. BDD - 26 per minute, BP 110/60, Ps- 100 beats per minute, rhythmic. The tones of the heart are clear, pure. In the lungs, breathing is shallow, with difficulty breathing, vesicular, without local changes. The belly is soft, painless. The liver and spleen are not enlarged.

1. A presumptive diagnosis.
2. Tactics of patient management at this stage.
3. Further diagnostic measures, principles of treatment.

Task 4.PC-2

Patient D., 20 years old. I turned to an allergist in May due to the appearance (symptoms have persisted for 1.5 weeks) of a runny nose, nasal congestion, nasal itching and sneezing. I did not catch a cold,

my body temperature did not rise, I did not notice sore throat, cough. During the survey, it turned out that similar phenomena were also bothered in May - June last year, for 3-4 weeks, but were less pronounced, associated them with a cold, did not go to the doctors. In the anamnesis at an early age as a child, there was a food allergy – a rash on chicken protein. The mother has a constant runny nose, about which she was not examined. Objectively: The condition is satisfactory, the temperature is 36.2. The skin and mucous membranes are of normal color and humidity, there is no rash. There is no hyperemia and plaque in the throat, the tonsils are not enlarged. BDD - 16 per minute, BP - 110/60, Ps-70 beats per minute, rhythmic.

The tones of the heart are clear, pure. In the lungs, breathing is vesicular, there are no wheezes. The belly is soft, painless. The liver and spleen are not enlarged. There is no swelling.

1. A presumptive diagnosis.
2. Tactics of patient management at this stage.
3. Further diagnostic measures, principles of treatment.

Task 5.PC-2

Patient I., 38 years old. Sent for consultation by a therapist. I am concerned about the gradual deterioration of my well-being for more than six months. Shortness of breath progresses with little physical exertion, cough is constant with the discharge of a small amount of mucous sputum, periodically subfebrile body temperature, weakness, loss of appetite, lost 5 kg.

He denies choking/coughing attacks. He works as a high school math teacher. He denies smoking. The allergic history is calm. 2 parrots have been living at home for about one year.

Heredity – a 10-year-old son has mild manifestations of atopic dermatitis in early childhood, an uncle (on the maternal side) has bronchial asthma, COPD.

Objectively: The condition is satisfactory, the temperature is 37.2. The skin and mucous membranes are of normal color and humidity, there is no rash. The peripheral lymph nodes are not enlarged. There is no hyperemia and plaque in the throat, the tonsils are not enlarged. BDD - 16 per minute, BP -

110/60, Ps-70 beats per minute, rhythmic. The heart tones are muted, there is no noise. Above the lungs is a percussion tone with a boxy tinge. In the lungs, breathing is harsh, scattered crepitating wheezes. The belly is soft,

painless. The liver and spleen are not enlarged. There is no swelling.

On the X-ray of the lungs: a decrease in the transparency of the pulmonary fields ("frosted glass"), diffuse nodular-mesh infiltrates with a diameter of up to 5 mm.

According to the FVD data, there are mainly restrictive changes – a moderate decrease in OEL, LEL, and FOE. Decreased lung diffusion capacity (DSL). Moderate hypoxemia.

Clinical blood test: er- $3,5 \cdot 10^{12}/l$, Hb-140g/l, lake- $8 \cdot 10^9/l$, p-1, s-50, e-2, m-8, L39, SOE- 35mm/ h

1. Presumptive diagnosis.
2. What studies are needed to make a definitive diagnosis?
3. What diseases should be treated with differential diagnosis?
4. Treatment plan

Task 6 pc-2

A 6-year-old patient complains of difficulty breathing, mainly during daytime hours. According to the mother, the symptoms appeared after suffering acute respiratory infections about 2 weeks ago.

According to my mother, my uncle has pollinosis. In the blood test, the number of eosinophils is slightly increased, the ESR is 20 mm / h.

On examination, the girl had wet wheezing during auscultation. Breathing is difficult on the inhale and free on the exhale.

1. A presumptive diagnosis.
2. What studies are necessary to make a definitive diagnosis?
3. With which diseases should differential diagnosis be carried out?
4. Treatment plan

Task 7 pc-2

A 45-year-old patient complains of skin rashes and severe itching. According to the patient, she recently arrived from India and brought a herbal extract. I used it once, pouring the contents into the tub. The next day, I found itchy rashes on my body.

Upon examination, the process is widespread with localization on the skin of the trunk and limbs, represented by erythematous spots of bright pink color with vesiculation and weeping phenomena.

1. A presumptive diagnosis.
2. What studies are needed to make a definitive diagnosis?
3. What diseases should be treated with differential diagnosis?
4. Treatment plan

Task 8. PC-2

A 20-year-old patient complains of nasal congestion and lacrimation for 2 weeks. According to the patient, such phenomena occur annually at the same time period in the spring and last about 2 weeks. He has not been examined, he has not consulted a doctor before.

On examination, the conjunctiva is hyperemic, the eyelid skin is edematous, and there is abundant lacrimation. Nasal breathing is difficult, the nasal mucosa is swollen and hyperemic.

1. A presumptive diagnosis.
2. What studies are needed to make a definitive diagnosis?
3. What diseases should be treated with differential diagnosis?
4. Treatment plan

5.1.2 Типовые задания (оценочное средство - Задачи) для оценки сформированности компетенции ПК-9:

Task 9. PC-9

A 48-year-old patient complained of the presence of rashes in the oral cavity and pain.

According to the patient, rashes appear periodically after a cold and begin with the oral mucosa with paresthesia, then rashes in the idea of bubbles spread to the oral mucosa, palms and soles.

During examination, the process is common. On the oral mucosa, it is represented by erosions of bright pink color of rounded shape up to 2 cm, on the palms and soles by foci of bright edematous erythema of pink color of rounded shape up to 2 cm. The "target" symptom is positive.

1. A presumptive diagnosis.
2. What studies are necessary to make a definitive diagnosis?
3. With which diseases should differential diagnosis be carried out?
4. Treatment plan

Task 10 PC-9

A 2-year-old patient complained of rashes and itching. According to the mother, the first rashes at the age of 4 months on the cheeks were independently applied topical GCS with a positive effect. The appearance of rashes is associated with the fact that mom ate a banana while breastfeeding. In the future, the process proceeded with exacerbations in winter and remissions. The real aggravation is within 2 weeks after the trip to the sea.

On examination, the process is limited with localization in the cheeks, represented by pink erythema foci with relatively clear boundaries up to 5 cm in size and a slight peeling on the surface, the entire skin is dry.

1. A presumptive diagnosis.
2. What studies are necessary to make a definitive diagnosis?
3. With which diseases should differential diagnosis be carried out?
4. Treatment plan

Task 11 PC-9

The patient, a 4-year-old girl, complained of difficulty breathing. The symptoms appeared 3 weeks ago after severe stress. According to the mother, there is a night cough of a barking nature, which passes after taking warm milk with honey.

The hereditary history is not burdened. Allergic reactions to food and medicines have not been noted before.

When examining the respiratory function within the normal range.

1. A presumptive diagnosis.
2. What studies are needed to make a definitive diagnosis?
3. What diseases should be treated with differential diagnosis?
4. Treatment plan

Task 12 PC-9

A 12-year-old patient complained of nasal congestion, lacrimation, rash, itching.

He has been ill since early childhood. The first manifestations of the skin process at the age of 6 months. Further, the process proceeded with exacerbations and remissions in the summer. At the age of 4, in the spring, he began to notice nasal congestion and lacrimation for 2-3 weeks. When taking antihistamines, he notes an improvement.

On examination, the skin process is widespread with localization in the neck, elbow and knee bends, represented by foci of lichenization up to 10 cm.

The conjunctiva is hyperemic, the eyelids are edematous. The nasal mucosa is hyperemic and edematous.

1. A presumptive diagnosis.
2. What studies are necessary to make a definitive diagnosis?
3. With which diseases should differential diagnosis be carried out?
4. Treatment plan

Task 13 PC-9

A 44-year-old patient complained about the presence of rashes on the back of the neck. According to the patient, the rash has existed for 3 years. The appearance of the rash coincided with a stressful situation in the patient's life. He denies the presence of allergic reactions and diathesis in childhood.

UAC and OAM data without pathologically significant changes.

On examination, the process is limited with localization on the back of the neck. It is represented by an irregularly shaped lichenization hearth, measuring about 10 cm in diameter. There are numerous scratches on the surface of the lesion, covered with hemorrhagic crusts, peeling of white color.

Dermographism in the hearth is white

1. Assume a probable diagnosis
2. Justify the presumed diagnosis
3. Perform a differential diagnosis
4. Draw up and justify the patient's treatment plan

Task 14 PC-9

A 30-year-old patient complained of rashes on the palms and soles, itching. The rash appeared 3 days ago, after an episode of herpes simplex on the red border of the lips. First, rashes appeared on the palms, then on the soles, and discomfort in the oral cavity. I used NSAIDs on my own without effect. On examination, the process is common with localization on the palms, soles. It is represented by rounded edematous spots with clear borders of bright pink color about 1 cm in diameter. In the center of the elements there is a small bubble with serous contents, the elements resemble a target. There are several oval-shaped erosions on the oral mucosa about 1 cm in diameter. There are brown hemorrhagic crusts on the red border of the lips.

1. Specify the intended diagnosis
2. What laboratory diagnostic tests should be prescribed to the patient
3. Perform a differential diagnosis of this condition
4. Determine the patient's treatment plan

Task 15 PC-9

An 18-year-old patient complained of soreness and swelling of the skin in the eyebrow area. According to the patient, she carried out home eyebrow coloring. I bought the paint at the hardware store.

On examination, the skin in the eyebrow area is strongly edematous, hyperemic, and there are bubbles with serous contents on the surface.

1. Specify the intended diagnosis
2. What laboratory diagnostic tests should be prescribed to the patient
3. Perform a differential diagnosis of this condition
4. Determine the patient's treatment plan

Task 16 PC-9

A 36-year-old patient, a surgeon, complained of rashes and itching in the area of the hands.

According to the patient, such rashes appear within the last 2 months. The situation improves significantly on weekends and after taking antihistamines.

On examination, the spots on the back of the hands are bright pink, edematous with a tendency to vesiculation.

1. Specify the intended diagnosis
2. What laboratory diagnostic tests should be prescribed to the patient
3. Perform a differential diagnosis of this condition
4. Determine the patient's treatment plan

Task 17 PC-9

A 20-year-old patient complained of episodes of difficulty breathing, coughing at night, and spasms when inhaling pungent odors.

She has been ill for a year. After a cold that occurred with prolonged bronchitis. The mother and grandmother were diagnosed with COPD.

On examination, breathing is harsh, dry wheezing in the lungs.

1. Specify the intended diagnosis

2. What laboratory diagnostic tests should be prescribed to the patient
3. Perform a differential diagnosis of this condition
4. Determine the patient's treatment plan

Task 18 PC-9

A 50-year-old patient complained of rashes and itching. Rashes during the day after visiting the dentist.

There are numerous bright pink spots on the skin of the trunk with a tendency to merge. During the examination, the development of lip edema and initial signs of difficulty breathing, shortness of breath were noted.

1. Specify the intended diagnosis
2. What laboratory diagnostic tests should be prescribed to the patient
3. Perform a differential diagnosis of this condition
4. Determine the patient's treatment plan

Task 19 PC-9

The patient is a 5-year-old boy. According to the parents, the rash on the trunk appeared a few hours ago, along with a slight difficulty breathing, which was mistaken for a cold and given cough medicine. Previously, Quincke's edema developed on similar drugs.

On examination, the process is common with localization on the trunk and limbs, represented by blisters on a hyperemic background, lips and nose are swollen, breathing is difficult.

1. Specify the intended diagnosis
2. What laboratory diagnostic tests should be prescribed to the patient
3. Perform a differential diagnosis of this condition
4. Determine the patient's treatment plan

Task 20 PC-9

A 30-year-old patient was hospitalized in a serious condition and unconscious. According to relatives, the changes occurred after self-treatment of a cold with ceftriaxone.

Breathing is difficult, pulse is rapid, thready, consciousness is absent. On the skin of the trunk, numerous thin-walled blisters up to 15 cm in diameter on the face and limbs, erosion, Nikolsky's symptom is positive.

1. Specify the intended diagnosis
2. What laboratory diagnostic tests should be prescribed to the patient
3. Perform a differential diagnosis of this condition
4. Determine the patient's treatment plan

Критерии оценивания (оценочное средство - Задачи)

Оценка	Критерии оценивания
превосходно	All competencies (parts of competencies) aimed at the formation of which the discipline is aimed at are formed at a level not lower than "excellent", while at least

Оценка	Критерии оценивания
	one competence is formed at the level of "excellent"
отлично	All competencies (parts of competencies) aimed at the formation of which the discipline is aimed at are formed at a level not lower than "excellent", while at least one competence is formed at the level of "excellent"
очень хорошо	All competencies (parts of competencies) aimed at the formation of which the discipline is aimed at are formed at a level not lower than "very good", while at least one competence is formed at the level of "very good"
хорошо	All competencies (parts of competencies) aimed at the formation of which the discipline is aimed at are formed at a level not lower than "good", while at least one competence is formed at the "good" level
удовлетворительно	All competencies (parts of competencies) aimed at the formation of which the discipline is aimed at are formed at a level not lower than "satisfactory", while at least one competence is formed at the level of "satisfactory"
неудовлетворительно	At least one competence has been formed at the "unsatisfactory" level.
плохо	At least one competence is formed at the "bad" level.

5.1.3 Типовые задания (оценочное средство - Тест) для оценки сформированности компетенции ПК-2:

1.PC-2. Innate or specific immunity is

- A) hereditary
- B) artificial
- C) recreated
- D) unnatural

2. PC-2 Acquired immunity is formed

- A) only when meeting with an allergen
- B) at a natural meeting with an antigen
- C) only when vaccinated
- D) for allergies

3. PC-2 Vaccination is regarded as

- A) the result of an allergic reaction
- B) the result of immunosuppression
- C) a variant of acquired immunity
- D) a random event

4.PC-2 Immunity obtained as a result of deliberate immunization is called

- A) primary
- B) ephemeral
- C) painful
- D) post-vaccination

5.PC-2 Passive immunity is created as a result of

- A) Immunization
- B) vertical transmission of antibodies
- C) vaccinations
- D) encounters with infection

6. PC-2 The immune system is represented in the body

- A) muscle tissue
- B) hair
- C) glands of external secretion
- D) lymphoid tissue

7. PC-2 The main function of the immune system is

- A) specific protection against antigens
- B) interaction with allergens
- C) reduced reactivity of the body
- D) sensitization

8. PC-2 Antigen is

- A) metal
- B) the basis
- C) protein
- D) an inorganic compound

9. PK-2 Objects formed within the body itself due to structural changes in molecules during biodegradation, disruption of normal biosynthesis or genetic mutation of cells are called

- A) allergens
- B) haptens
- C) autoantigens
- D) antigens

10,PC-2 The central organs of the immune system include

- A) lymph nodes
- B) liver
- C) the brain
- D) bone marrow and thymus

11. PC-2 The main functional cells of the immune system are

- A) hepatocytes
- B) sebocytes
- C) lymphocytes
- D) pericytes

12. PC-2 is a self-assembly process of the system in which active protein breakdown products are formed, which perform three important functions: cause membrane perforation and cell lysis, provide opsonization of microorganisms for their further phagocytosis and initiate the development of vascular inflammatory reactions called

- A) complement degradation
- B) activation of the complement system
- C) complement negation
- D) utilization of the complement system

13. PC-2 Heat shock proteins are activated when

- A) decrease in temperature

- B) at 0 degrees
 - C) when the temperature rises
 - D) does not depend on temperature
14. PC-2 Growth factors that regulate the proliferation, differentiation and function of blood cells, including cells of the immune system are called
- A) lipokines
 - B) megakins
 - C) monokines
 - D) cytokines
15. PC-2 eicosanides are metabolites
- A) arachidonic acid
 - B) benzoic acid
 - C) sulfuric acid
 - D) grape acid
16. PC-2 Prostacyclin and thromboxane are included in the group
- A) lymphocytes
 - B) antigens
 - C) prostaglandins
 - D) red blood cells
17. PC-2 The presence of C-reactive protein in the blood serum indicates
- A) the presence of inflammation , injury , or antigen penetration
 - B) the absence of allergies
 - C) the presence of allergies
 - D) the presence of parasites
18. PC-2 Signs of inflammation include
- A) pain, redness, fever, swelling, dysfunction
 - B) pain, redness, fever, swelling
 - C) redness, fever, swelling, dysfunction
 - D) pain, redness, fever, dysfunction
19. PK-2 The cause of the inflammatory reaction is called
- A) anagen
 - B) catagen
 - C) phlogogen
 - D) telogen
20. PC-2 Acute inflammation is characterized by
- A) long-term flow
 - B) rapid development and short course
 - C) sluggish flow
 - D) slow development
21. PC-2 Alternative inflammation is characterized by
- A) the predominance of proliferation
 - B) the predominance of damage phenomena
 - C) the predominance of exudation

D) the predominance of edema

22. PC-2 Main phases of inflammation

A) alteration, exudation, proliferation

B) exudation , alteration, hibernation

C) proliferation, myelination, alteration

D) edema, proliferation

23. PC-2 As a result of alteration, acute inflammation begins upon activation

A) cytochromes

B) mitochondria

C) interleukin 1

D) red blood cells

24. PC-2 Massive release of inflammatory mediators belongs to the phase

A) alterations

B) exudation

C) proliferation

D) degradation

25. PC-2 Histamine causes

A) increased vascular permeability

B) decrease in vascular permeability

C) proliferation

D) necrosis

26. PC-2 The arachidonic acid cascade system is started under the influence of

A) phospholipase A 2

B) red blood cells

C) interleukin 2

D) COG

5.1.4 Типовые задания (оценочное средство - Тест) для оценки сформированности компетенции ПК-9:

27. PC-9 Tumor necrosis factor refers to

A) to lymphocytes

B) to platelets

C) to cytokines

D) to enzymes

28. PC-9 During exudation, the main clinical manifestations are due to

A) increased vascular permeability

B) decrease in vascular permeability

C) increased proliferation

D) growth of pathological tissue

29. PC-9 is the most characteristic for allergic inflammation

A) purulent exudate

B) serous exudate

C) hemorrhagic exudate

D) putrid exudate

30. PC-9 Purulent exudate contains a high concentration

A) red blood cells

B) lysosomes

C) platelets

D) leukocytes

31. PC-9 With a dense connection of the fibrinous film with the underlying tissues, it is said about

A) diphtheria inflammation

B) exudative inflammation

C) purulent inflammation

D) putrefactive inflammation

32. PC-9 Hemorrhagic exudate is characterized by a high content

A) lymphocytes

B) macrophages

C) pericytes

D) red blood cells

33. PC-9 Catarrhal exudate is usually secreted

A) skin

B) glands of internal secretion

C) sebaceous glands

D) mucous membranes

34. PC-9 The main function of macrophages is to

A) the creation of edema

B) phagocytosis

C) the formation of exudate

D) the formation of fibrin

35. PC-9 If the pathogen is not completely removed from the body, it can develop

A) acute inflammation

B) catarrhal inflammation

C) copious acute purulent inflammation

D) chronic inflammation

36. PC-9 When the external signs are adequate to the effect of the trigger factor, inflammation is called

A) hyperergic

B) hypoallergenic

C) normergic

D) atrophic

37. PC-9 increased and perverted reactivity of the body to the action of substances of antigenic and non-antigenic origin is called

A) allergies

B) synergy

C) anuria

D) normergy

38. PC-9 Allergen is

A) the basis

B) protein

- C) acid
- D) a carbohydrate

39. PC-9 Proteins that are well isolated from immunologically competent cells of the body are called

- A) natural auto-allergens
- B) external allergens
- C) haptens
- D) auto-allergens

40. PC-9 Lymphocytes suppressing allergic reactions are called

- A) T-killers
- B) T-helpers
- C) T-suppressors
- D) t-aggressors

41. PC-9 is the main function of B lymphocytes

- A) formation of antibodies
- B) antigen lysis
- C) activation of macrophages
- D) suppression of inflammation

42. PC-9 Antigen-presenting function is mainly carried out

- A) red blood cells
- B) T-suppressors
- C) platelets
- D) macrophages

43. PC-9 Immediate type reactions develop

- A) after a few hours
- B) after a few minutes
- C) in a few days
- D) in a few weeks

44. PC-9 Type 1 hypersensitivity includes

- A) humoral cytotoxic reactions
- B) anaphylactic reactions
- C) reactions mediated by immune complexes
- D) cell-mediated hypersensitivity

45. PC-9 Type 2 hypersensitivity includes

- A) humoral cytotoxic reactions
- B) anaphylactic reactions
- C) reactions mediated by immune complexes
- D) cell-mediated hypersensitivity

46. PC-9 Type 3 hypersensitivity includes

- A) humoral cytotoxic reactions
- B) anaphylactic reactions
- C) reactions mediated by immune complexes
- D) cell-mediated hypersensitivity

47. PC-9 hypersensitivity of 4 types includes

- A) humoral cytotoxic reactions
- B) anaphylactic reactions

- C) reactions mediated by immune complexes
 - D) cell-mediated hypersensitivity
48. PC-9 Type 3 hypersensitivity is caused by
- A) the formation of immune complexes
 - B) the formation of allergens
 - C) platelet aggregation
 - D) protein coagulation

49. PC-9 When making a diagnosis of an allergic reaction, the doctor mainly relies on
- A) anamnesis according to the patient
 - B) the presence of a hereditary predisposition
 - C) the results of a general blood test
 - D) the results of allergological tests

50. PC-9 Application of an allergen solution to the skin with subsequent evaluation of the result is called
- A) scarification test
 - B) drip sample
 - C) intradermal test
 - D) prik test

51. PC-9 In case of discrepancy between the anamnesis data and skin samples,
- A) blood test
 - B) provocative tests
 - C) blood test for eosinophils
 - D) blood test for immunoglobulin E

52. PC-9 Pollinosis is clinically manifested
- A) bronchitis
 - B) rhinitis and conjunctivitis
 - C) peritonitis
 - D) pneumonia

53. PC-9 In bronchial asthma, the patient experiences
- A) difficulty breathing
 - B) difficulty exhaling
 - C) abdominal pain
 - D) paresthesia in the legs

54. PC-9 Allergic contact dermatitis occurs
- A) when exposed to UV
 - B) under the action of acids and alkalis
 - C) under the action of obligate factors
 - D) under the action of optional factors

55. PC-9 Stevens-Johnson syndrome is clinically manifested
- A) the formation of papules
 - B) the formation of bubbles
 - C) the formation of granules
 - D) the formation of lichenization

56. PC-9 Erythema multiforme exudative may be triggered

- A) an episode of herpes simplex
- B) mycosis of the feet
- C) nail dystrophy
- D) alopecia

57. PC-9 is characterized by a symptom of erythema multiforme exudative

- A) nails
- B) targets
- C) the heel
- D) butterflies

58. PC-9 A positive symptom of Nikolsky appears in

- A) simple contact dermatitis
- B) allergic contact dermatitis
- C) Lyell's syndrome
- D) Gilbert's syndrome

59. PC-9encephalic post-vaccination complications usually manifest themselves

- A) convulsions
- B) rash
- C) pain
- D) alopecia

60. PC-9 Toxic post-vaccination reactions are accompanied by

- A) violation of the general condition
- B) rash
- C) convulsions
- D) onychodystrophy

Критерии оценивания (оценочное средство - Тест)

Оценка	Критерии оценивания
превосходно	96-100%
отлично	91-95%
очень хорошо	81-90%
хорошо	71-80%
удовлетворительно	51-70%
неудовлетворительно	31-50%
плохо	0-49%

5.2. Описание шкал оценивания результатов обучения по дисциплине при промежуточной аттестации

Шкала оценивания сформированности компетенций

Уровень сформированности компетенций (индикатора достижения компетенций)	плохо	неудовлетворительно	удовлетворительно	хорошо	очень хорошо	отлично	превосходно
	не зачтено		зачтено				
<u>Знания</u>	Отсутствие знаний теоретического материала. Невозможность оценить полноту знаний вследствие отказа обучающегося от ответа	Уровень знаний ниже минимальных требований. Имели место грубые ошибки	Минимально допустимый уровень знаний. Допущено много негрубых ошибок	Уровень знаний в объеме, соответствующем программе подготовки. Допущено несколько негрубых ошибок	Уровень знаний в объеме, соответствующем программе подготовки. Допущено несколько несущественных ошибок	Уровень знаний в объеме, соответствующем программе подготовки. Ошибок нет.	Уровень знаний в объеме, превышающем программу подготовки.
<u>Умения</u>	Отсутствие минимальных умений. Невозможность оценить наличие умений вследствие отказа обучающегося от ответа	При решении стандартных задач не продемонстрированы основные умения. Имели место грубые ошибки	Продemonстрированы основные умения. Решены типовые задачи с негрубыми ошибками. Выполнены все задания, но не в полном объеме	Продemonстрированы все основные умения. Решены все основные задачи с негрубыми ошибками. Выполнены все задания в полном объеме, но некоторые с недочетами	Продemonстрированы все основные умения. Решены все основные задачи. Выполнены все задания в полном объеме, но некоторые с недочетами	Продemonстрированы все основные умения. Решены все основные задачи с отдельными несущественными недочетами, выполнены все задания в полном объеме	Продemonстрированы все основные умения. Решены все основные задачи. Выполнены все задания, в полном объеме без недочетов
<u>Навыки</u>	Отсутствие базовых навыков. Невозможность оценить наличие навыков вследствие отказа обучающегося от ответа	При решении стандартных задач не продемонстрированы базовые навыки. Имели место грубые ошибки	Имеется минимальный набор навыков для решения стандартных задач с некоторыми недочетами	Продemonстрированы базовые навыки при решении стандартных задач с некоторыми недочетами	Продemonстрированы базовые навыки при решении стандартных задач без ошибок и недочетов	Продemonстрированы навыки при решении нестандартных задач без ошибок и недочетов	Продemonстрирован творческий подход к решению нестандартных задач

Шкала оценивания при промежуточной аттестации

Оценка		Уровень подготовки
зачтено	превосходно	Все компетенции (части компетенций), на формирование которых направлена дисциплина, сформированы на уровне не ниже «превосходно», продемонстрированы знания, умения, владения по соответствующим компетенциям на уровне выше

		предусмотренного программой
	отлично	Все компетенции (части компетенций), на формирование которых направлена дисциплина, сформированы на уровне не ниже «отлично».
	очень хорошо	Все компетенции (части компетенций), на формирование которых направлена дисциплина, сформированы на уровне не ниже «очень хорошо»
	хорошо	Все компетенции (части компетенций), на формирование которых направлена дисциплина, сформированы на уровне не ниже «хорошо».
	удовлетворительно	Все компетенции (части компетенций), на формирование которых направлена дисциплина, сформированы на уровне не ниже «удовлетворительно», при этом хотя бы одна компетенция сформирована на уровне «удовлетворительно»
не зачтено	неудовлетворительно	Хотя бы одна компетенция сформирована на уровне «неудовлетворительно».
	плохо	Хотя бы одна компетенция сформирована на уровне «плохо»

5.3 Типовые контрольные задания или иные материалы, необходимые для оценки результатов обучения на промежуточной аттестации с указанием критериев их оценивания:

5.3.1 Типовые задания (оценочное средство - Задания) для оценки сформированности компетенции ПК-2

1. Organization of outpatient specialized care for patients with allergic diseases. PC-2
2. Organization of inpatient specialized care for patients with allergic diseases. PC-2
3. Fundamentals of medical and social expertise and rehabilitation for patients with allergic diseases. PC-2
4. The physiological basis of the body's defense systems. Determination of immunity. The concept of the immune system PK-2
5. Organs and cells of the immune system. Functional organization of the PC-2 immune system
6. Antigens, types of antigens: full-fledged antigens, haptens. Antigenicity and immunogenicity of PK-2
7. Composition and functions of the immune system. Immunocompetent cells and their role in the PC-2 immune response
8. Mechanisms of induction and regulation of the PC-2 immune response
9. Effector mechanisms of the immune response. Specific antigen recognition, structure of antigen-recognizing receptors of T- and B-lymphocytes PK-2
10. Modern ideas about allergies; definition of the concept of "allergy", the relationship of allergy and immunity PK-2
11. Allergens and their classification. Classifications and pathogenesis of allergic reactions PK-2
12. Allergic reactions of the immediate type PK-2
13. Target cells of the 1st and 2nd order; early and late phase of the PK-2 reaction
14. Allergic inflammation PK-2

5.3.2 Типовые задания (оценочное средство - Задания) для оценки сформированности компетенции ПК-9

15. Delayed allergic reactions (T-dependent), clinical manifestations, pathogenesis of diseases, the role of cytokines PK-9
16. The role of genetic factors in the formation of allergies PK-9
17. Specific diagnosis of allergic diseases PK-9
18. Specific diagnosis of allergic diseases PK-9
19. Skin allergy tests with non-infectious allergens (PR tests, scarification skin tests, intradermal allergic tests) and infectious allergens. Choosing the skin testing method PC-9

Критерии оценивания (оценочное средство - Задания)

Оценка	Критерии оценивания
зачтено	The student attends classes well, participates in discussions in the classroom, forms questions, expresses his point of view in discussions. I answered the questions of the test.
не зачтено	Frequent absences from classes, not active in classes. I did not answer the question of the test.

6. Учебно-методическое и информационное обеспечение дисциплины (модуля)

Основная литература:

1. Аллергология и иммунология : практическое руководство. - Москва : ГЭОТАР-Медиа, 2014. - 656 с. - ISBN ISBN 978-5-9704-2830-6., <https://e-lib.unn.ru/MegaPro/UserEntry?Action=FindDocs&ids=734339&idb=0>.

Дополнительная литература:

1. Клиническая иммунология и аллергология с основами общей иммунологии / Ковальчук Л.В., Ганковская Л.В., Мешкова Р.Я. - Москва : ГЭОТАР-Медиа, 2014., <https://e-lib.unn.ru/MegaPro/UserEntry?Action=FindDocs&ids=646772&idb=0>.

Программное обеспечение и Интернет-ресурсы (в соответствии с содержанием дисциплины):

ЭБС «Юрайт». Режим доступа: <http://biblio-online.ru>

ЭБС «Консультант студента». Режим доступа: <http://www.studentlibrary.ru> ЭБС «Лань». Режим доступа: <http://e.lanbook.com/>

ЭБС «Znanium.com». Режим доступа: <http://www.znanium.com>

Лицензионное ПО (операционная система Microsoft Windows, пакет прикладных программ Microsoft Office) и свободно распространяемое программное обеспечение.

7. Материально-техническое обеспечение дисциплины (модуля)

Учебные аудитории для проведения учебных занятий, предусмотренных образовательной программой, оснащены мультимедийным оборудованием (проектор, экран), техническими средствами обучения, компьютерами.

Помещения для самостоятельной работы обучающихся оснащены компьютерной техникой с

возможностью подключения к сети "Интернет" и обеспечены доступом в электронную информационно-образовательную среду.

Программа составлена в соответствии с требованиями ФГОС ВО по специальности 31.05.01 - Лечебное дело.

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Программа одобрена на заседании методической комиссии от 4.12.2023, протокол № 5.