

MINISTRY OF SCIENCE AND HIGHER EDUCATION OF THE RUSSIAN FEDERATION

**Federal State Autonomous Educational Institution of Higher Education
«National Research Lobachevsky State University of Nizhny Novgorod»**

Институт клинической медицины

УТВЕРЖДЕНО

решением президиума Ученого совета ННГУ

протокол № 1 от 16.01.2024 г.

Working programme of the discipline

Dermatovenerology

Higher education level

Specialist degree

Area of study / speciality

31.05.01 - General Medicine

Focus /specialization of the study programme

General Medicine

Mode of study

full-time

Nizhny Novgorod

Year of commencement of studies 2024

1. Место дисциплины в структуре ОПОП

Дисциплина Б1.О.52 Дерматовенерология относится к обязательной части 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
ОПК-5: Способен оценивать морфофункциональные, физиологические состояния и патологические процессы в организме человека для решения профессиональных задач	ОПК-5.1: Готов применить алгоритм клинико-лабораторной, инструментальной и функциональной диагностики при решении профессиональных задач ОПК-5.2: Оценивает морфофункциональные, физиологические состояния и патологические процессы в организме человека для интерпретации результатов клинико-лабораторной, инструментальной и функциональной диагностики при решении профессиональных задач ОПК-5.3: Знает принципы функционирования систем органов.	ОПК-5.1: <i>Knows morphofunctional, physiological conditions and pathological processes in the human body to solve professional tasks</i> ОПК-5.2: <i>Be able to assess morphofunctional, physiological conditions and pathological processes in the human body to solve professional problems</i> ОПК-5.3: <i>Possess the ability to assess the physical development of the body, medical examination data of various contingents and periodic medical examinations to solve a professional problem</i>	Тест Задачи	Экзамен: Контрольные вопросы
ПК-3: Готовность к сбору и анализу жалоб пациента, данных его анамнеза, результатов осмотра, лабораторных, инструментальных, патолого-анатомических и иных исследований в	ПК-3.1: Знать методы сбора анамнеза, жалоб, осмотра больного с терапевтической патологией для распознавания заболеваний, этиологию, патогенез, и клинику наиболее часто встречающихся заболеваний внутренних органов;	ПК-3.1: <i>He knows the methods of collecting anamnesis, complaints, examination of a patient with therapeutic pathology to recognize diseases, Etiology, pathogenesis, and clinic of the most common diseases of internal organs; modern classification, principles</i>	Тест	Экзамен: Контрольные вопросы

целях распознавания состояния или установления факта наличия или отсутствия заболевания, проведение дифференциальной диагностики	современную классификацию, принципы и особенности основных методов клинических, лабораторных и инструментальных методов обследования, их диагностическое значение ПК-3.2: Уметь получить информацию о заболевании, интерпретировать жалобы, анамнез заболевания и жизни, данные, применить объективные методы обследования, выявить общие и специфические признаки заболевания; построить план обследования больного с учетом стандартов и интерпретировать дополнительные методы обследования (лабораторно-инструментальные) с учетом нормы ПК-3.3: Владеть методами сбора анамнеза, жалоб больного с терапевтической патологией; навыком составления плана дополнительного обследования больного; интерпретацией результатов лабораторных и инструментальных исследований и проведения дифференциальной диагностики	and features of the main methods of clinical, laboratory and instrumental examination methods, their diagnostic significance ПК-3.2: He is able to obtain information about the disease, interpret complaints, anamnesis of the disease and life, data, apply objective examination methods, identify general and specific signs of the disease; build a patient examination plan taking into account standards and interpret additional examination methods (laboratoryinstrumental) taking into account the norm. He knows the methods of collecting anamnesis, complaints of a patient with therapeutic pathology; the skill of drawing up a plan for additional examination of the patient; interpretation of the results of laboratory and instrumental studies and differential diagnosis ПК-3.3: He knows the methods of collecting anamnesis, complaints of a patient with therapeutic pathology; the skill of drawing up a plan for additional examination of the patient; interpretation of the results of laboratory and instrumental studies and differential diagnosis		
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3. Структура и содержание дисциплины

3.1 Трудоемкость дисциплины

	очная
Общая трудоемкость, з.е.	4
Часов по учебному плану	144
в том числе	

аудиторные занятия (контактная работа):	
- занятия лекционного типа	16
- занятия семинарского типа (практические занятия / лабораторные работы)	48
- КСР	2
самостоятельная работа	42
Промежуточная аттестация	36 Экзамен

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			
		Контактная работа (работа во взаимодействии с преподавателем), часы из них			Самостоятельная работа обучающегося, часы
		Занятия лекционного типа	Занятия семинарского типа (практические занятия/лабораторные работы), часы	Всего	
	о ф о	о ф о	о ф о	о ф о	о ф о
Topic 1. Anatomy and physiology of the skin and mucous membrane of the oral cavity. Pathomorphology. Primary and secondary morphological elements. Principles of diagnosis and treatment of dermatoses.	12	2	6	8	4
Topic 2. Infectious skin diseases Epidemiology, pathogenesis, clinic, diagnosis, treatment, prevention	14	2	6	8	6
Topic 3. Fungal diseases of the skin and mucous membranes. Clinic, diagnosis, treatment	10	2	4	6	4
Topic 4. Papulosquamous dermatoses	12	2	6	8	4
Topic 5. Dermatitis. Eczema	12	2	4	6	6
Topic 6. Atopic dermatitis. Skin itching. Itching. Urticaria. Genodermatoses.	10	2	4	6	4
Topic 7. Diseases of connective tissue.	12	2	6	8	4
Topic 8. Bullous dermatoses	11	1	6	7	4
Topic 9. Lupus erythematosus. Scleroderma. Dermatomyositis	13	1	6	7	6
Аттестация	36				
КСР	2				2
Итого	144	16	48	66	42

Contents of sections and topics of the discipline

Topic 1. Anatomy and physiology of the skin and mucous membrane of the oral cavity. Pathomorphology.

Primary and secondary morphological elements. Principles of diagnosis and treatment of dermatoses.

Topic 2. Infectious skin diseases Epidemiology, pathogenesis, clinic, diagnosis, treatment, prevention

Topic 3. Fungal diseases of the skin and mucous membranes. Clinic, diagnosis, treatment

Topic 4. Papulosquamous dermatoses

Topic 5. Dermatitis. Eczema

Topic 6. Atopic dermatitis. Skin itching. Itching. Urticaria. Genodermatoses.

Topic 7. Diseases of connective tissue.

Topic 8. Bullous dermatoses

Topic 9. Lupus erythematosus. Scleroderma. Dermatomyositis

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.

5. Assessment tools for ongoing monitoring of learning progress and interim certification in the discipline (module)

5.1 Model assignments required for assessment of learning outcomes during the ongoing monitoring of learning progress with the criteria for their assessment:

5.1.1 Model assignments (assessment tool - Test) to assess the development of the competency ОПК-5:

1. ОПК-5 THE TRIAD OF SYMPTOMS ASSOCIATED WITH DISCOID LUPUS ERYTHEMATOSUS INCLUDE:

- a) Alopecia, erythema, atrophy
- b) Follicular hyperkeratosis, hyperpigmentation, alopecia
- c) Erythema, hyperpigmentation, atrophy
- d) Erythema, follicular hyperkeratosis, atrophy

2. ОПК-5 THE COLOR OF THE FOCUS IN CASE OF CANDIDIASIS OF THE FOLDS:

- a) Crimson
- b) Brick red
- c) Cyanotic
- d) Pink

3. ОПК-5 IN THE TREATMENT OF SEBORRHEIC DERMATITIS, THE FOLLOWING SHOULD BE PRESCRIBED:

- a) topical GCS

- b) topical calcineurin inhibitors
- c) systemic antibiotic therapy
- d) systemic GCS therapy

4. OPK-5 TORPID SEVERE SEBORRHEIC DERMATITIS DEVELOPS AS A CONCOMITANT PROCESS WITH:

- a) Hypovitaminosis A
- b) HIV infection
- c) Candidiasis
- d) Herpes zoster

5. OPK-5 A TYPICAL MANIFESTATION OF LIMITED SCLERODERMA IS:

- a) The appearance of foci of local inflammation (erythema, edema), followed by the formation of sclerosis in them
- b) Acute inflammation followed by the formation of lipoatrophy
- c) Chronic inflammation of subcutaneous fat
- d) Vasculitis

6. OPK-5 ACUTE ECZEMA IS CHARACTERIZED BY:

- a) Wetting
- b) Infiltration and increased skin pattern in the focus
- c) Cracks and peeling
- d) Changes in the nail plates

7. OPK-5 TO DETECT THE CAUSATIVE AGENT OF MYCOSIS OF FOLDS, IT IS NECESSARY TO PERFORM:

- a) PCR

- b) Microscopic examination
- c) Cultural examination
- d) Serological examination

8. OPK-5 A GRID PATTERN ON THE SURFACE OF PAPULES WITH LICHEN PLANUS IS CALLED:

- a) Pospelov's symptom
- b) Wickham's symptom
- c) Benye's symptom
- d) Meshchersky's symptom

9. OPK-5 THE COLOR OF THE RED LIP BORDER DEPENDS:

- a) on the thickness of the stratum corneum
- b) on the amount of melanin
- c) on the blood supply of blood vessels
- d) on all of the above

10. IN THE TREATMENT OF PERIORAL DERMATITIS, THE FOLLOWING ARE USED:

- a) The appointment of topical GCS
- b) Therapy with topical calcineurin inhibitors
- c) Administration of systemic antibiotic therapy
- d) Use of systemic retinoid therapy

11. STEVENS-JOHNSON SYNDROME MAY DEVELOP

- a) In infancy
- b) In adolescence
- c) In persons over 40 years of age
- d) At any age

12. VULGAR PEMPHIGUS IS CHARACTERIZED BY THE APPEARANCE OF:

- a) papules, combs
- b) blisters, erosions
- c) vesicles, pustules
- d) granulomas

13. EARLY CONGENITAL SYPHILIS IS CHARACTERIZED BY THE APPEARANCE OF:

- a) Hochsinger infiltration
- b) the Benier-Meshchersky symptom c
-) The Getchinson Triad
- d) papules of the Gottron

14. THE MAIN COMPLAINT WITH HERPES ZOSTER IS:

- a) Pain
- b) Dryness and peeling
- c) Paresthesia
- d) Numbness

15. PURULENT INFLAMMATION OF THE APOCRINE AND SWEAT GLANDS IS CALLED:

- a) A BOIL
- b) Cellulite
- c) Carbuncle
- d) Hydradernite

16. IN THE TREATMENT OF LICHEN PLANUS, IT IS RECOMMENDED TO:

- a) limit contact with water
- b) systemic retinoids
- c) antibiotics
- d) NSAIDs

17. DUHRING'S DERMATOSIS BLADDERS CONTAIN:

- a) Eosinophils
- b) Neutrophils
- c) Basophils
- d) White blood cells

18. CHLAMYDIA TRACHOMATIS IS THE CAUSATIVE AGENT OF:

- a) venereal lymphogranuloma
- b) pyoderma
- c) gonorrhea
- d) syphilis

19. IN THE TREATMENT OF ERYTHRASMA, THEY USE:

- a) GCS
- b) salicylic acid
- c) NSAIDS
- d) erythromycin

20. SORENESS WHEN SCRATCHING SCALES WITH LUPUS ERYTHEMATOSUS IS CALLED:

- a) Pospelov's symptom
- b) Ardi
- 's symptom c) Benier-Meshchersky
- 's symptom d) Pasternatsky's symptom

5.1.2 Model assignments (assessment tool - Test) to assess the development of the competency ПК-3:

21. FOR THE TREATMENT OF ALLERGIC CONTACT DERMATITIS, THE FOLLOWING ARE USED:

- a) topical GCS
- b) topical NSAIDS
- c) aniline dyes
- d) antibiotics

22. AFTER GUM HEALING IN TERTIARY SYPHILIS, THE SCARS ARE USUALLY AS FOLLOWS:

- a) retracted
- b) stellate
- c) stamped
- d) flat

23. UROGENITAL CANDIDIASIS IS CAUSED BY:

- a) Bacteria
- b) Viruses
- c) Fungi
- d) Actinomycetes

24. IN THE TREATMENT OF DIAPER DERMATITIS, MAINLY USED:

- a) Dexpanthenol
- b) Clotrimazole
- c) Iodine
- d) Petroleum jelly

25. WITH MICROSPORIA, A CHILD MAY BE ADMITTED TO THE TEAM IF:

- a) three negative microscopic examination results are obtained.
- b) One negative result is obtained by scraping mushrooms from the hearth.
- c) Absence of subjective complaints of the patient
- d) Absence of external skin manifestations

26. VITILIGO IS CHARACTERIZED BY A VIOLATION OF:

- a) sweating
- b) sebum
- production c) melanogenesis
- d) thermoregulation

27. GIBERT'S PINK LICHEN IS CHARACTERIZED BY:

- a) a positive symptom of Nikolsky
- b) Ardi-Gorchakov
- 's symptom c) the appearance of a "maternal" plaque
- d) the presence of strokes

28. MICROBIAL ECZEMA APPEARS MORE OFTEN AGAINST THE BACKGROUND OF:

- a) microsporia
- b) CVI
- c) KHAN
- d) alopecia

29. THE CAUSE OF ERYTHEMA MULTIFORME MAY BE:

- a) hypothermia
- b) taking medications
- c) friction
- d) diabetes mellitus

30. THE CAUSATIVE AGENT OF ERYTHRASMA IS:

- a) dermatomycetes
- b) fungi of the genus candida
- c) herpes simplex viruses
- d) Corynebacteria

31. IN THE INFANCY PERIOD OF ATOPIC DERMATITIS, THE FOLLOWING PREVAILS:

- a) exudation phenomena
- b) lichenification
- c) scarring
- d) atrophy

32. WHEN ASSESSING THE SEVERITY OF PSORIASIS, THE FOLLOWING INDEX IS USED:

- a) PASI

- b) UAS
- c) SCORAD
- d) PODSI

33. PSORIASIS OF THE PALMS AND SOLES IS DIFFERENTIATED FROM:

- a) pyoderma
- b) trophic ulcers
- c) papular syphilis
- d) herpes

34. IN THE DIAGNOSIS OF VULGAR PEMPHIGUS, THEY USE:

- a) A REEF for immunoglobulins
- b) mushroom scraping
- c) microscopy of scales
- d) luminescent sample

35. CHANCER AMYGDALITIS IS:

- a) an enlarged hyperemic tonsil
- b) an ulcer of the tonsil
- c) atrophy of the tonsil
- d) asymmetry of the amygdala

36. IN THE TREATMENT OF DUHRING'S DERMATITIS HERPETIFORMIS, THE FOLLOWING IS EFFECTIVELY USED:

- a) analgin

- b) terbinafine
- c) methotrexate
- d) dapsone

37. IN THE TREATMENT OF PITYRIASIS, THE FOLLOWING IS USED:

- a) itraconazole
- b) indomethacin
- c) fucarcin
- d) prednisone

38. TOXIC ALLERGIC REACTIONS INCLUDE:

- a) Lyell's syndrome
- b) Raynaud
- 's syndrome c) Merkelson-Rosenthal syndrome
- d) Reiter's syndrome

39. IN THE TREATMENT OF SYSTEMIC RETINOIDS, IT IS RECOMMENDED TO:

- a) use barrier contraception
- b) take vitamin A in large doses
- c) laser therapy
- d) phototherapy

40. DIFFERENTIAL DIAGNOSIS OF SYPHILITIC LEUKODERMA IS PERFORMED WITH:

- a) melanocytic nevi
- b) acne
- c) lupus erythematosus

d) pityriasis

41. THE CAUSATIVE AGENT OF BACTERIAL VAGINOSIS INCLUDES:

- a) *Gardnerella vaginalis*
- b) *Trichomonas vaginalis*
- c) *Candida albicans*
- d) *Neisseria gonorrhoeae*

42. IN THE TREATMENT OF VITILIGO, THE FOLLOWING IS USED:

- a) pimecrolimus
- b) clotrimazole
- c) analgin
- d) fuchsin

43. THE GETCHINSON TRIAD INCLUDES:

- a) gum
- b) parenchymal keratitis
- c) saber-shaped lower legs
- d) tubercles

44. THE PROBABLE SIGNS OF LATE CONGENITAL SYPHILIS INCLUDE:

- a) parenchymal keratitis
- b) Getchinson's teeth
- c) Gothic sky
- d) ekthema

45. GETCHINSON'S TRIAD INCLUDES:

- a) ektima
- b) parenchymal keratitis
- c) saber-shaped lower legs
- d) rupiah

46.FOR THE TREATMENT OF GONOCOCCAL INFECTION, USE:

- a) ceftriaxone
- b) amoxicillin
- c) azithromycin
- d) erythromycin

47. IN THE TREATMENT OF SHINGLES USED:

- a) penicillin
- b) ketoconazole
- c) acyclic nucleosides
- d) vitamin A

48. IN THE TREATMENT OF DERMATITIS HERPETIFORMIS, THEY USE:

- a) a hypoallergenic diet
- b) dapsone
- c) prednisone
- d) penicillin

49. IN MOLLUSCUM CONTAGIOSUM, THE PRIMARY ELEMENT IS REPRESENTED BY:

- a) a pustule

- b) an ulcer
- c) a spot
- d) a papule

50. ERYTHEMA MULTIFORME EXUDATIVE REVEALS:

- a) Ardi's symptom
- b) Pasternatsky's symptom c
-) the "pistol"
- symptom d) the "target" symptom

Assessment criteria (assessment tool — Test)

Grade	Assessment criteria
outstanding	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"
excellent	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»
very good	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"
good	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
satisfactory	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"
unsatisfactory	At least one competence has been formed at the "unsatisfactory" level.
poor	At least one competence is formed at the "bad" level.

5.1.3 Model assignments (assessment tool - Tasks) to assess the development of the competency ОПК-5:

Task 1 of the Military Industrial Complex-5

A 44-year-old patient complained of rashes on the back of her neck. According to the patient, the rash has been present 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 a lichenization center of irregular shape, measuring about 10 cm in diameter. There are numerous scratches on the surface of the lesion, covered with hemorrhagic crusts, and white peeling. Dermographism in the hearth is white

1. Suggest a probable diagnosis (chronic simple contact dermatitis)
2. Justify the presumptive diagnosis (based on clinical data and medical history)
3. Perform a differential diagnosis (atopic dermatitis)
4. Draw up and justify a patient's treatment plan (topical GCS, antipruritic drugs)

Task 2.OPK-5

A 51-year-old patient complained of rashes around her mouth, a feeling of skin tightening, and slight itching. She has been ill for 2 years. Presumably, the use of toothpaste containing fluoride is considered the cause of the disease. Independently applies topical GCS ointment . At the beginning of the application, I noted a positive effect, then, when trying to cancel, there were pronounced exacerbations of the pathological process. I went to the doctor for the first time. UAC and OAM data without pathology.

On examination, the process is limited with localization in the perioral region. It is represented by numerous bright pink papules about 2-3 mm in diameter, pustules located on a hyperemic background, and telangiectasia. The skin in the hearth is dry and thinned.

1. Determine the expected diagnosis (perioral dermatitis)
2. Should any additional examinations be carried out? Which ones exactly. (detection of gastrointestinal pathology)
3. What tactics should be chosen in relation to the correction of therapy for this condition (reduction of CGS, switching to calcineurin inhibitors)
4. List the main treatment methods for this disease (calcineurin inhibitors, activated zinc pyrithione preparations)

Task 3. OPK-5

A 72-year-old patient went to the doctor complaining of body rashes and itching, bothering mainly at night.

He has a history of type 2 diabetes mellitus. According to the patient, blood glucose levels range from 10 to 17 mmol/L, and he does not follow a diet. The skin disease started about 3 weeks ago after a stay in the emergency department of the hospital, where he was taken by ambulance due to an episode of high blood pressure.

When examining the skin. The process is widespread with a predominant localization on the skin of the abdomen, lower back, elbows, and interdigital spaces. The face is free of rashes. The rash is represented by multiple papulo-vesicles, combs, covered with purulent-hemorrhagic crusts.

1. Establish the expected diagnosis (scabies)
2. What clinical signs should be detected to clarify the diagnosis (scabies)
3. How should the laboratory diagnosis of this condition be carried out (tick detection)
4. List the main stages of the disease therapy (treatment with 20% benzyl benzoate emulsion, disinfection of things)

Task 4. OPK-5

A 32-year-old patient went to the doctor complaining of rashes and peeling on the skin.

He has been ill for 3 weeks. The rash appeared on the scalp, then spread to the limbs and trunk. The patient is abusing alcohol, the last episode of severe intoxication was about 3 weeks ago. He denies the presence of similar rashes in close relatives. The blood test shows an increase in the level of AsAt, ALT. The rest of the biochemical parameters and UAC data are normal.

On examination, the process is widespread with localization in the scalp, elbows, knees, trunk. It is represented by papules and plaques up to 10 cm in size, pinkish-cyanotic in irregular shape, with white peeling on the surface. The nail plates are not changed.

1. Establish the intended diagnosis (common vulgar psoriasis)
2. Determine the patient's examination tactics (ultrasound of internal organs, examination of the structural and functional state of the liver)
3. Make a treatment plan for the patient (detoxification therapy, topical GCS)
4. Additional consultations of which specialists are necessary for this patient (therapist)

Task 5. OPK-5

A 27-year-old patient complained of rashes on the trunk and groin area, moderate itching.

He was ill for a month when rashes appeared in the groin area for the first time. I applied moisturizers to the rash area on my own without effect, and increased the number of water treatments. A few days later, rashes appeared on the body. He has a history of frequent washing with soap 1-2 times a day, irregular meals, and stress.

On examination, the process on the torso is common. It is represented by pink spots with clear rounded borders, the size of a coin, and a slight white peeling on the surface. In the inguinal region, erythema foci with relatively clear boundaries are bright crimson in color with maceration in the center of the elements, surrounded by fragments of white epithelium.

1. Indicate the expected diagnosis (numular dermatitis)
2. Draw up a plan for additional examination of the patient, justify it (research on HIV and hepatitis)
3. Indicate the patient's mistakes during self-medication (increased water intake)
4. Make a patient's treatment plan (combined GCS, emollients)

Task 6.

A 70-year-old patient complained of a spot on the posterior surface of the shin. Denies the presence of subjective feelings.

It was found out from the medical history that the patient spent the last 3 months in the country, often visited the forest. According to the patient, there was a tick bite in the shin area a few weeks ago.

On examination, the process is limited with localization on the posterior surface of the right shin. It is represented by a bright pink spot with clear irregular borders, with a slight swelling of about 15 cm.

1. Indicate the expected diagnosis (erythema migrans)
2. What laboratory diagnostic tests should be performed for the patient (analysis for AT to borrelia)
3. Perform a differential diagnosis of this condition (erythema fixum)
4. Determine the patient's treatment plan (doxycycline 0.1 2 times a day for 21 days)

Task 7.

A 25-year-old patient contacted a dentist. It was found out from the medical history that she went to the dentist about rashes on the oral mucosa, which she accidentally discovered when brushing her teeth. The rash is painless, it appeared about 14 days ago.

On examination, there are 2 elements on the mucous membrane of the lower lip, represented by meat-red erosions with a lacquered clean oval bottom, about 5-6 mm in size, and painless. On palpation, there is a dense infiltration at the base of the elements. The submandibular lymph nodes are enlarged, have a dense elastic consistency, and are not soldered to the underlying tissues.

1. Indicate the expected diagnosis (primary syphilis)
2. Perform a differential diagnosis of this condition (herpes, aphthous stomatitis)
3. What laboratory tests should be performed by the patient (RPR, ELISA)
4. Prescribe a treatment plan and clinical and laboratory monitoring for this patient (serodiagnostics, penicillin treatment according to clinical recommendations)

Task 8.

A 75-year-old patient complained about the presence of an element on the back of the nose that has existed for 3 years. Recently, the element has started to increase in size. There are no painful sensations. The patient notes that a crust periodically appears on the surface of the element, which the patient removes during washing. The patient has a history of frequent exposure to the sun and working in the countryside without a headdress.

On examination, there is a rounded papule on the back of the nose, about 1 cm in size, pink in color, and a crust and slight peeling of white on the surface of the element. According to dermatoscopic examination data, tree-like vessels are visualized in the peripheral part of the element, free from crusts.

The skin of the face is highly pigmented, dry, flaky.

1. Indicate the expected diagnosis (BCR)
2. What laboratory diagnostic tests should be prescribed to the patient (cytological examination)
3. Perform a differential diagnosis of this condition (actinic keratosis)
4. Determine the patient's treatment plan (consultation with an oncologist, excision with histological examination)

Task 9.

A 30-year-old patient complained of rashes on his palms and soles, and 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 any 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 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. Indicate the expected diagnosis (erythema multiforme)
2. What laboratory diagnostic tests should be prescribed to the patient (UAC)
3. Perform a differential diagnosis of this condition (toxidermy)
4. Determine the patient's treatment plan (prevention of hepatitis virus infection)

Task 10.

A 29-year-old patient complained of a lump on the tip of his nose. There are no painful sensations. Education appeared about a year ago. According to the patient, it initially had a bluish tinge, then changed color.

The patient has been registered with an infectious disease specialist for HIV infection for 9 years.

On examination, there is a plaque of a stagnant brownish color on the tip of the nose, about 2 cm in size, surrounded by a yellowish corolla. Peeling and soreness are absent.

1. Indicate the expected diagnosis (Kaposi's sarcoma)
2. Perform a differential diagnosis of the condition (hemangioma)
3. What additional diagnostic measures should be carried out (histology)

4. What methods of correction of this condition exist and which of them can be used in this patient (excision, interferon therapy)

Task 11.

A 37-year-old patient was referred for consultation by an infectious disease specialist about a rash on the trunk, face and limbs. The rash appeared for about 2 weeks on the face around the eyes and on the back of the hands. Due to fever and general intoxication, he was hospitalized in the infectious diseases department of the Central Hospital. The patient underwent detoxification therapy and antibiotic therapy without effect. The patient notes a strong weakness in the muscles. According to the patient, he has difficulty lifting his arms, climbing stairs, and severe muscle pain. The patient notes difficulty breathing and swallowing.

The ESR index was increased in the blood test, LDH values were increased 10 times compared to the norm.

On examination, the patient's face is swollen. There are purple spots around the eyes. On the back surface of the hands, purple papules are about 1 cm in diameter and rounded in shape. Palpation of the large proximal muscles of the shoulder and pelvic girdle is painful. Severe shortness of breath is noted.

1. Indicate the expected diagnosis (dermatomyositis)
2. What mistakes were made in the patient's management (inadequate therapy)
3. What laboratory tests should be performed to make a definitive diagnosis (LDH and CK levels)
4. Make a patient's therapy plan (systemic GCS therapy, cytostatics)

Task 12.

The patient is a 2-year-old child. Complaints of rashes and severe itching. According to mom, the first rashes appeared about a year ago, but regressed independently in the summer. The real aggravation occurred within 2 weeks. Rashes appeared on the face and limbs. There is severe itching, especially at night. Mom attributes the aggravation of the process to the fact that the child, according to mom, "ate too many strawberries."

He has a history of daily washing with soap. Antihistamines of the 2nd generation were used independently without effect.

On examination, the process is widespread with a predominant localization on the cheeks, thighs, buttocks, single foci on the trunk. It is represented by foci of bright pink erythema with relatively clear borders with a

tendency to maceration and foci of wetting up to 10 cm in size, numerous combs covered with serous hemorrhagic crusts.

1. Indicate the expected diagnosis (atopic dermatitis)
2. What is the pathogenesis of this disease and is it related to a suspected allergy in the patient (not related)
3. Draw up a plan for the examination and treatment of the patient (reduce contact with water, emollients, topical and systemic GCS)
4. Draw up instructions for the patient's mother on the necessary child care (the use of emollients)

Task 13.

An 18-year-old patient complained of copious discharge from the urethra for 3 days.

About a week ago, I had casual sexual contact with a woman I hardly knew.

The first discharge appeared 3 days ago, unpleasant sensations when urinating, according to the patient, the urine is cloudy. I independently applied streptocide to the area of the glans penis and the inner surface of its flesh, after which there was pronounced redness and swelling of the glans penis.

On examination, the glans penis is edematous, hypermated, the sponges of the urethra and foreskin are edematous. There are traces of purulent discharge on the linen.

1. What is the expected diagnosis of this patient (STI)
2. What diagnostic measures should be carried out for the final diagnosis (PCR microscopy)
3. What documentation should be filled out in addition to the patient's medical history (notification and application)
4. What is the treatment plan and clinical and laboratory monitoring for this patient (antibiotic therapy, control of cure after one month)

Task 14.

A 48-year-old patient complains of rashes and soreness. Rashes on the oral mucosa appeared about a year ago, then severe soreness joined, I went to the dentist, solcoseryl, antibacterial agents and vitamins were prescribed without effect. About a month ago, rashes appeared in the genital area similar to those in the oral cavity.

On examination, polygonal pink papules on the mucous membrane of the cheeks and genitals, and a pattern resembling a fern leaf on the surface of the elements, some of the elements are eroded.

1. Specify the expected diagnosis (CPL)
2. Perform a differential diagnosis of this condition (aphthous stomatitis, herpes)
3. What mistakes were made in the patient's therapy (GCS was not prescribed)
4. Make a treatment plan for the patient (systemic GCS, local GCS)

Task 15.

A 48-year-old patient complained of skin changes on her body.

The rash lasts about 3 months. There are no subjective feelings. Menopause during the year. UAC and OAM data without pathology. She was previously consulted by a dermatologist, diagnosed with dyschromia, prescribed vitamins and local bleaching creams without effect.

On examination, the process is common with localization on the skin of the abdomen and back, represented by 4 spots of a stagnant cyanotic color of an elongated shape about 10 cm in size, slightly compacted to the touch. The skin glistens in the foci.

1. Specify the expected diagnosis (morphea)
2. What additional examinations should be prescribed for the patient (consultation with a neurologist)
3. What mistakes were made in the patient's treatment (incorrect diagnosis)

Task 16.

A 50-year-old patient complained of skin changes in the lower extremities and painful sensations. According to the patient, the first skin changes in the legs and feet began several years ago. He did not betray any importance to this and was not treated.

He constantly notes pronounced swelling of the shins and feet and soreness in the muscles by the end of the day. Shortness of breath, episodes of high blood pressure are bothering. I didn't go to the doctor.

On examination, the skin of the shins and feet is swollen, congested, bluish, and flaky.

In the middle third of the left tibia, there is an ulcerative defect about 3 cm in size with a bottom covered with granulations and purulent discharge, the skin of the mouth of the ulcerative defect is macerated, there are individual vesicles with serous-purulent contents, purulent crusts.

1. Identify the alleged patient (microbial eczema)
2. What are the mechanisms of development of the pathological process on the skin in this case (static phenomena, secondary infection)
3. Which specialists should be consulted and why this patient needs (CCX)
4. Determine the treatment strategy for this patient (AB, antimycotics, topical GCS)

Task 17.

A 65-year-old patient went to the doctor about rashes and soreness. It is known from the medical history that painful sensations in the area of the left half of the chest arose 2 days ago and were so intense that the patient called an ambulance and was admitted to a therapeutic hospital with a suspected diagnosis of myocardial infarction. Breast rashes appeared within a few hours of hospitalization. A dermatovenerologist was called to the hospital for consultation.

The patient has a history of chronic diseases: type 2 diabetes mellitus, angina pectoris. Also, 3 years ago, an operation was performed to remove a malignant formation of the gastrointestinal tract, followed by chemotherapy.

On examination, the patient's condition is of moderate severity. The skin is pale, and breathing is rapid. In the area of the left half of the chest, there are rashes in the form of numerous blisters with a strained cap up to 1 cm in size with serous and hemorrhagic contents, located linearly on a hyperemic background in the projection of intercostal nerves.

1. Indicate the expected diagnosis (herpes zoster)
2. Perform a differential diagnosis of this condition (myocardial infarction, pyoderma)

3. Make a plan for the examination and treatment of the patient (acyclic nucleosides according to the instructions)

4. Explain the pathogenetic basis of the development of the disease (herpetic neuropathy)

Task 18.

A 25-year-old patient had a rash on his body during a preventive examination by a general practitioner. According to the patient, the rash appeared about 3 weeks ago, is not accompanied by itching, and becomes more pronounced after contact with water or friction.

UAC and OAM data without pathological changes. The patient attributes the appearance of the rash to eating tangerines, which had previously developed an allergic reaction.

On examination, the process is common with localization on the lateral surfaces of the body, represented by spots of pale pink color up to 1 cm, which do not tend to merge. Palpation revealed polyadenitis, all groups of lymph nodes are enlarged to the size of a hazelnut, densely elastic consistency, not soldered to surrounding tissues.

1. Indicate the expected diagnosis (secondary syphilis)

2. What are the features of the medical history and should be clarified in this patient (confrontation data)

3. What laboratory tests should be performed to clarify the diagnosis (RPR, ELISA)

4. What are the tactics of further clinical examination and treatment of the patient (RIF, RIT, RPGA)

Task 19.

A 15-year-old patient complained of hair loss on her scalp. According to the patient, the prolapse started about 2 weeks ago in the back of the head. He considers himself a healthy person. No pathology was detected during the medical examination a month ago. About 3 weeks ago I had a rest in the village on a farm.

On examination, the process is limited with localization in the area of the scalp at the back of the head, represented by foci of erythema with an elevate edge, clear boundaries on the surface, a slight peeling of white color and crusts. The hair in the foci is broken off at a level of about 5-6 mm.

1. Indicate the expected diagnosis (mycosis of the scalp)
2. What laboratory tests should be performed to confirm the diagnosis (microscopy)
3. What sanitary and hygienic and preventive measures should be carried out (disinfection)
4. Make a treatment plan for the patient, determine the criteria for cure (terbinafine 1 tablet per day for up to 3 negative test results)

Task 20.

A 20-year-old patient was hospitalized in a maternity hospital with a diagnosis of "rapid delivery", delivery took place directly in the emergency department without prior examination. Upon subsequent examination, a rash was found on the trunk and limbs, and a similar rash was found in the newborn. The patient was not registered in the antenatal clinic. He categorically denies the presence of infectious diseases. Not married.

Clinically, the process is widespread with localization on the trunk, palms and soles. It is represented by pinkish-cyanotic papules of rounded and oval shape with peeling on the surface of the "Bietta collar" type. On the palms and soles of the papules of a stagnant cyanotic color, the symptom of a "hammered nail" is determined by palpation. Similar rashes are detected in the newborn.

1. Determine the expected diagnosis of the patient and the newborn (syphilis)
2. How can the diagnosis be established and confirmed (RPR, RIF, RIT, ELISA, RPG)
3. What is the treatment plan for the patient and newborn (penicillin therapy according to clinical recommendations)
4. Determine the order of clinical and laboratory control and criteria for the cure of the patient and newborn (RPR until complete negation of serological reactions)

Task 21.

A 45-year-old patient complained of facial rashes, painful ulcers, and a feeling of tightening and burning on her face.

He considers himself ill for 3 years, when small rash elements around the mouth first appeared. She was consulted by a dermatologist, diagnosed with dermatitis, and prescribed a topical betamethasone drug, which the

patient used with positive effect and continued to use periodically and then daily for 2 years. Over time, the process progressed, attempts to cancel topical GCS led to a marked aggravation of the process.

Clinically, the process is widespread with localization on the skin of the face and neck, represented by multiple pustules, bright pink papules located on an edematous hyperemic background, telangiectasia.

1. Indicate the expected diagnosis (perioral dermatitis)
2. What mistakes were made in the patient's treatment (appointment of GCS)
3. What is the examination and treatment plan for this patient (withdrawal of corticosteroids, topical tetracycline and calcineurin inhibitors)
4. What recommendations should be given to the patient for skin care of the face and neck after healing (emollients)

Task 22.

An 18-year-old patient complained of rashes and soreness on her face. She considers herself ill for about a year, when rashes appeared on her face for the first time, she turned to a cosmetologist, mechanical cleanses, peels, procedures with liquid nitrogen were performed without effect. The process was getting worse. I independently applied isotretinoin at a dose of 10 mg every other day for 3 months without effect.

On examination, the process is limited with localization on the skin of the face, represented by numerous pustules, bright pink papules located on a hyperemic background, numerous open and closed comedones, scars in place of former elements.

1. Indicate the expected diagnosis (rosacea)
2. What are the main mistakes in the patient's treatment (mechanical and chemical injury)
3. How can therapy be adjusted (topical AB and calcineurin inhibitor)
4. What is the general management plan for patients with this diagnosis (removal of mechanical effects, emollients, topical therapy)

Task 23 .

A 60-year-old patient was referred to a dermatologist for consultation with complaints of painful rashes on his shins. Rashes within 3 weeks. They appeared after swimming in the ice hole. Initially, he was treated on his own with antihistamines without effect, then turned to a surgeon. The diagnosis of erysipelas was established, antibiotics from the penicillin class and levomecol were prescribed externally without significant effect. In blood tests, there is an increase in ESR to 30 mm/h, and blood glucose to 18 mmol/L.

On examination, the process is common with localization on the front surface of the shins. It is represented by nodes of bright pink color, up to 3 cm in size, painful on palpation.

1. Indicate the expected diagnosis and make a differential diagnosis of the process (erythema nodosum)
2. What mistakes were made in the treatment of the patient (inadequate therapy)
3. What is the patient's examination plan (c-reactive protein, rheumatoid factor, UAC)
4. Make a patient's treatment plan (AB, NSAIDs, topical GCS)

Task 24.

A 13-year-old patient complained of rashes and severe itching. According to the patient's mother, such rashes and itching appeared for the first time in her life. He denies having allergic reactions in the past. The rash appeared after staying at the summer camp. They were consulted by a dermatologist, diagnosed with atopic dermatitis, and prescribed therapy with antihistamines, probiotics, and topical GCS without effect.

On examination, the process is common with localization on the skin of the trunk and extremities, the face is free of rashes. It is represented by papular vesicles, numerous combs covered with serous hemorrhagic crusts, purulent hemorrhagic crusts in the elbow area.

1. What is the presumptive diagnosis, how to prove it (scabies)
2. Perform a differential diagnosis of the patient's condition (atopic dermatitis, eczema)
3. What mistakes were made in the patient's treatment (diagnosis is incorrect)

Task 25.

A 5-year-old patient was referred for consultation to a dermatologist with complaints of hair loss. According to my mother, the disease started 6 months ago, after visiting the dentist. During the dental procedure, the child was subjected to anesthesia, after which a speech disorder was later noted, which persists at the time of treatment. Within 6 months, the hair on my head, eyebrows, and eyelashes fell out. They were consulted by a gastroenterologist, and no gastrointestinal pathology was detected.

On examination, there is no hair on the scalp, eyebrows, eyelashes, downy body hair. The skin is pale and dry. There is a pronounced venous pattern on the head, especially in the temples. The head is large, out of proportion to the size of the body.

1. Specify the diagnosis (alopecia areata)
2. What is the necessary examination plan to recommend to this patient (consultation with a neurologist)
3. Make a patient's treatment plan (topical GCS)
4. Determine the prognosis (unfavorable)

Task 26.

A 13-year-old patient complained of rashes and severe itching in the palms and soles. According to the patient, the disease started about a week ago, and is associated with severe stress (exams). Relatives have no skin diseases. He denies having an allergic reaction to food and medicines. Generally healthy.

The process is common with localization on the skin of the palms and soles, represented by foci of diffuse pink erythema with relatively clear boundaries, and bubbles like "serous wells" on the surface of the erythema.

1. Specify the diagnosis (dyshidrosis)
2. What is the necessary examination plan to recommend to this patient?
3. Draw up a patient's treatment plan (topical GCS with a switch to calcineurin inhibitors)

Task 27.

A 20-year-old patient complained of urethral discharge and pain when urinating.

According to the patient, the allocation is about 3 days. A week ago, I had sexual contact with an unknown woman. Leads a disordered lifestyle. Avoids undergoing periodic medical examinations. In the last few months, he has lost a lot of weight, notes excessive sweating, the presence of a subfebrile temperature for 2 months.

On examination, the sponges of the urethra are hyperemic, edematous, and there are traces of purulent discharge on the linen.

Palpation revealed polyadenopathy. The lymph nodes are enlarged, painless, and not soldered to the fiber.

On the sides of the body, a rosy rash is pale pink in color, does not peel off, does not merge.

1. Establish the expected diagnoses (STI)
2. Determine the patient's examination plan (PCR, microscopy)
3. Determine the tactics of follow-up (examination one month after the end of therapy)
4. Make a treatment plan

Task 28.

An 18-year-old patient complained of a rash on his torso.

Rashes within 2 months. There are no subjective feelings. According to the patient, in the last 2 months he has been feeling very tired, worried about excessive sweating, a decrease in body weight by 5 kg, and lack of appetite.

He denies having sex and using narcotic drugs.

On examination, the skin process is widespread with localization on the skin of the chest and back, abdomen. It is represented by roundish coffee-with-milk-colored spots with clear borders and a tendency to merge. The iodine test is positive.

There is no polyadenopathy.

1. Establish the expected diagnoses.(pityriasis)
2. Determine the patient's examination plan (excluding DIABETES, HIV)
3. Make a treatment plan (topical medications with ketoconazole)

Task 29.

An 82-year-old patient was taken to a surgical hospital with a suspected diagnosis of acute abdomen. Pain in the left side of the abdomen for several hours of a stabbing nature. According to the patient, she returned from a tourist trip 2 days ago and caught a cold.

On examination, the abdomen is painless on palpation, and on the left side of the abdomen, against the background of hyperemia, there is a group of vesicles with transparent and partially hemorrhagic contents, arranged linearly.

1. Establish the intended diagnosis (herpes zoster)
2. Determine the patient's examination plan (excluding systemic diseases and tumors)
3. Make a treatment plan (valacyclovir 10 1000 mg 2 times a day)

Task 30.

An 82-year-old patient complained of erosion and soreness in the oral cavity. Previously, she had been seen by a dentist for 2 months and received treatment for aphthous stomatitis without effect.

The process is limited with localization on the mucous membrane of the cheeks, palate and lips. It is represented by multiple erosions of rounded and oval shapes up to 1-2 cm in size against the background of unchanged mucosa.

1. Indicate the expected diagnosis (vulgar pemphigus)
2. Make a differential diagnosis (herpes, syphilis)
3. Make an examination plan for the patient (UAC, OAM, acantholytic cells)
4. Make a treatment plan (systemic and topical GCS)

Assessment criteria (assessment tool — Tasks)

Grade	Assessment criteria
outstanding	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"
excellent	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»
very good	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

Grade	Assessment criteria
	formed at the level of "very good"
good	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
satisfactory	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"
unsatisfactory	At least one competence has been formed at the "unsatisfactory" level.
poor	At least one competence is formed at the "bad" level.

5.2. Description of scales for assessing learning outcomes in the discipline during interim certification

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	Продемонстрированы основные умения. Решены типовые задачи с негрубыми ошибками. Выполнены все задания, но не в полном объеме	Продемонстрированы все основные умения. Решены все основные задачи с негрубыми ошибками. Выполнены все задания в полном объеме, но некоторые	Продемонстрированы все основные умения. Решены все основные задачи. Выполнены все задания в полном объеме, но некоторые с недочетами	Продемонстрированы все основные умения. Решены все основные задачи с отдельными несущественными недочетами,	Продемонстрированы все основные умения. Решены все основные задачи. Выполнены все задания, в полном объеме без недочетов

				с недочетами	.	выполнены все задания в полном объеме	
<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 некоторым и недочетами	Продемонстрированы базовые навыки при решении стандартных задач с некоторым и недочетами	Продемонстрированы базовые навыки при решении стандартных задач без ошибок и недочетов	Продемонстрированы навыки при решении нестандартных задач без ошибок и недочетов	Продемонстрирован творческий подход к решению нестандартных задач

Scale of assessment for interim certification

Grade		Assessment criteria
pass	outstanding	All the competencies (parts of competencies) to be developed within the discipline have been developed at a level no lower than "outstanding", the knowledge and skills for the relevant competencies have been demonstrated at a level higher than the one set out in the programme.
	excellent	All the competencies (parts of competencies) to be developed within the discipline have been developed at a level no lower than "excellent",
	very good	All the competencies (parts of competencies) to be developed within the discipline have been developed at a level no lower than "very good",
	good	All the competencies (parts of competencies) to be developed within the discipline have been developed at a level no lower than "good",
	satisfactory	All the competencies (parts of competencies) to be developed within the discipline have been developed at a level no lower than "satisfactory", with at least one competency developed at the "satisfactory" level.
fail	unsatisfactory	At least one competency has been developed at the "unsatisfactory" level.
	poor	At least one competency has been developed at the "poor" level.

5.3 Model control assignments or other materials required to assess learning outcomes during the interim certification with the criteria for their assessment:

5.3.1 Model assignments (assessment tool - Control questions) to assess the development of the competency ОПК-5

1. The structure of the epidermis
2. The structure of the dermis
3. The structure of subcutaneous tissue
4. Sebaceous and sweat glands. Structure, functions

5. Features of the structure of the oral mucosa and the red border of the lips
6. Primary morphological elements
7. Secondary morphological elements
8. The main pathomorphological processes in the skin
9. Systemic GCS
10. Topical GCS
11. Antihistamines
12. Calcineurin inhibitors
13. Antifungal agents
14. Systemic topical antibiotics
15. UV therapy in dermatology
16. Biological preparations
17. Simple contact dermatitis. Clinic, diagnosis, treatment
18. Allergic contact dermatitis. Clinic diagnosis and treatment.
19. Atopic dermatitis. Clinic, diagnostic criteria and treatment.
20. Eczema. Classification, clinic, diagnosis, treatment.
21. Psoriasis. Classification, clinic, diagnosis, treatment.
22. Lichen planus. Clinic, diagnosis, and treatment.
23. Pink lichen of Gibert. Varieties. Clinic. Treatment.
24. Infectious exanthema Clinic. Differential diagnosis.
25. Scabies. Criteria of diagnosis. Treatment.
26. Pyoderma. Classification, clinic, and treatment.
27. Lupus erythematosus. Pathogenesis, classification, diagnostic criteria, principles of therapy.
28. Scleroderma. Pathogenesis, classification, diagnostic criteria, principles of therapy.
29. Dermatomyositis. Pathogenesis, classification, diagnostic criteria, principles of therapy.
30. Dühring's dermatosis. Pathogenesis, classification, diagnostic criteria, principles of therapy.

5.3.2 Model assignments (assessment tool - Control questions) to assess the development of the competency ПК-3

31. Pemphigus. Pathogenesis, classification, diagnostic criteria, principles of therapy.
32. Herpes infection. Pathogenesis, classification, diagnostic criteria, principles of therapy.
33. Mycosis of smooth skin. Etiology, clinic, diagnosis, treatment.
34. Mycosis of the scalp. Etiology, clinic, diagnosis, treatment.
35. Parasitic sycosis. Etiology, clinic, diagnosis, treatment.
36. Onychomycosis. Etiology, clinic, diagnosis, treatment.
37. Keratomycosis . Etiology, clinic, diagnosis, treatment.
38. Mycosis of folds. Etiology, clinic, diagnosis, treatment.
39. Candidiasis of the skin and mucous membranes. Etiology, clinic, diagnosis, treatment.
40. Kaposi's sarcoma. General ideas. Principles of patient management.
41. Melanoma. General ideas. Principles of patient management
42. BKRK. General ideas. Principles of patient management
43. Squamous cell carcinoma of the skin and mucous membranes. General ideas. Principles of patient management
44. Precancerous conditions of the skin and mucous membranes. General characteristics.
45. The causative agent of syphilis. Main features. Diagnostic methods
46. The scheme of the course and periodization of syphilis. Immunity in syphilis.
47. Primary syphilis. Clinic. Differential diagnosis.
48. Secondary syphilis. Clinic. Differential diagnosis.
49. Tertiary syphilis. Clinic. Differential diagnosis.
50. Congenital syphilis. Pathogenesis, clinic, diagnosis, and prevention.
51. Laboratory diagnostics of syphilis.
52. Principles of treatment of syphilis. Clinical and laboratory control of patients' cure.
53. Gonorrhea. Etiology, classification, clinic, treatment.

54. Trichomoniasis. Etiology, classification, clinic, treatment.
55. Chlamydia. Etiology, classification, clinic, treatment.
56. Mycoplasma and ureaplasma infection. Etiology, classification, clinic, treatment.
57. Prevention of STIs. Principles of clinical and laboratory control of STI cure.
58. Papillomavirus infection. General concepts. Clinic. Treatment.
59. Antihistamines.
60. Systemic and topical antibiotics.
61. Forms of external medicines. Principles of topical therapy.

Assessment criteria (assessment tool — Control questions)

Grade	Assessment criteria
outstanding	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"
excellent	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»
very good	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"
good	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
satisfactory	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"
unsatisfactory	At least one competence has been formed at the "unsatisfactory" level.
poor	At least one competence is formed at the "bad" level.

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

Основная литература:

1. Кожные и венерические болезни / Зудин Б.И., Кочергин Н.Г., Зудин А.Б. - Москва : ГЭОТАР-Медиа, 2013., <https://e-lib.unn.ru/MegaPro/UserEntry?Action=FindDocs&ids=639093&idb=0>.
2. Olisova O.Yu. Skin and Venereal Diseases : учебник / Olisova O. Yu. - Москва : ГЭОТАР-Медиа, 2024. - 320 с. - ISBN 978-5-9704-8477-7., <https://e-lib.unn.ru/MegaPro/UserEntry?Action=FindDocs&ids=935243&idb=0>.
3. John C. Hall. Sauer's Manual of Skin Diseases. - Lippincott Williams & Wilkins, 2017. - 1 online resource. - ISBN 9781496383242. - ISBN 9781496329936. - Текст : электронный., <https://e-lib.unn.ru/MegaPro/UserEntry?Action=FindDocs&ids=856104&idb=0>.

Дополнительная литература:

1. Vaskrsija Janjić, Editor. Plant-Caused Skin Disorders. - Cambridge Scholars Publishing, 2021. - 1 online resource. - ISBN 9781527575417. - ISBN 9781527565197. - Текст : электронный., <https://e-lib.unn.ru/MegaPro/UserEntry?Action=FindDocs&ids=857643&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 «Znaniy.com». Режим доступа: <http://www.znaniy.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, специализированным оборудованием: Учебная аудитория :

учебная мебель, доска, экран, проектор, ноутбук, беспроводной Интернет, лицензионное программное обеспечение.

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 направлению подготовки/специальности 31.05.01 - General Medicine.

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