

THE MINISTRY OF HEALTHCARE OF THE RUSSIAN FEDERATION  
FEDERAL STATE BUDGETARY EDUCATIONAL INSTITUTION OF HIGHER  
PROFESSIONAL EDUCATION

PIROGOV RUSSIAN NATIONAL RESEARCH MEDICAL UNIVERSITY

**DEPARTMENT OF DERMATOVENEROLOGY**

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**MODULE TEST №1  
ON DERMATOLOGY  
FOR STUDENTS OF INSTITUTES OF HIGHER MEDICAL  
EDUCATION ON SPECIALTY THERAPEUTIC FACULTY  
DEPARTMENT OF DERMATOVENEROLOGY**

Moscow  
2016

ISBN  
УДК  
ББК  
А<sub>21</sub>

Module test №1 on Dermatology for students of institutes of high medical education on specialty «Therapeutic faculty» department of dermatovenerology: *manual for students for self-training*//FSBEI HPE “Pirogov RNRMU” of the ministry of healthcare of the russian federation, M.: (publisher) 2016, 144 p.

The manual is a part of teaching-methods on Dermatovenerology. It contains tests on Dermatology on the topics of practical sessions requiring single or multiple choice answer. The manual can be used to develop skills of students during practical sessions. It also can be used in the electronic version at testing for knowledge.

The manual is compiled according to FSES on specialty “therapeutic faculty”, working programs on dermatovenerology.

The manual is intended for foreign students of 3-4 courses on specialty “therapeutic faculty” and physicians for professional retraining.

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# Theme 1. Skin Anatomy & Histology

## Patomorphological changes in the skin

*Single choice answer*

- 1      **Hypertrophy of the stratum granulosum of the epidermis:**  
Hypergranulosis  
Acantholysis  
Vacuolar degeneration  
Spongiosis  
Papillomatosis
- 2      **The epidermis consists primarily of:**  
Keratinocytes  
Adipocytes  
Glands  
Fibroblasts
- 3      **Intercellular oedema:**  
Dyskeratosis  
Spongiosis  
Hypergranulosis  
Acantholysis  
Papillomatosis
- 4      **Hyperkeratosis i.e. thickening:**  
Stratum corneum without changes in the structure of the cells  
Stratum germinatum  
Stratum spinosum  
Stratum granulosum  
Stratum lucidum
- 5      **Disruption of the intercellular epithelial connections:**  
Hypergranulosis  
Acanthosis  
Parakeratosis  
Spongiosis  
Acantholysis
- 6      **Melanin is synthesized by:**

Special Langerhans' cells  
Laminated Vater-Pacini corpuscles  
Melanocytes  
Ruffini's bodies  
Krause's bulbs

7      **Abnormal cornification:**

Dyskeratosis  
Spongiosis  
Acantholysis  
Vacuolar degeneration  
Hypergranulosis

8      **Necrobiotic and degenerative changes in the cells of the Malpighian layer:**

Vacuolar degeneration  
Spongiosis  
Dyskeratosis  
Parakeratosis

9      **Spongiosis is:**

Intercellular oedema  
Necrobiotic and degenerative changes in the cells of the Malpighian layer  
Abnormal cornification  
Corneum stratum

10      **Dyskeratosis is:**

Hypertrophy stratum germinatum  
Hypertrophy stratum spinosum  
Abnormal cornification  
Hypertrophy stratum corneum  
Intracellular oedema

11      **Intensified proliferation of the stratum spinosum:**

Dyskeratosis  
Acanthosis  
Vacuolar degeneration  
Dyskeratosis

12      **The stratum germinatum of the epidermis:**

It contacts directly with the external environment  
It is the deepest layer of the epidermis  
It is included in the Malpighian layer

It contains blood vessels  
It contains lymphatics

13      **What applies to the skin appendages:**

Hair  
Lymphatic vessels  
Subcutaneous fat  
Blood vessels  
Basal epidermis

14      **Nail plates have the following characteristics:**

Apply to the skin appendages  
Their growth is not dependent on dietary habits  
Their growth is not dependent on the endocrine system  
Their growth is not dependent on the characteristics of the metabolism  
Their appearance does not depend on the pathological changes of the internal organs

15      **Key acid in melanin synthesis is:**

Tyrosine  
Flanin  
Histidine  
Methionine

16      **Specify the stage of development of hair:**

Telogen  
Catagen  
Anogen  
All of the above is true

17      **Indicate areas with a high density of sebaceous glands:**

Head  
Shin and forearm  
Anterior abdominal wall  
Hands and feet

18      **Sebum is composed of:**

Triglycerides  
Cholesterol and its esters  
Free fatty acid  
All of the above is true

19      **Anatomically hair is divided into two parts:**

The stem and the root  
Cortex and medulla  
Medulla and the root  
Hair follicle and the stem

- 20      **Complete regeneration of the visible part of the nail occurs:**  
4-5 months  
1 month  
2-3 weeks  
Over 12 months

## **Morphological lesion**

*Single choice answer*

- 1      **Choose infiltrative Primary Morphological lesion:**  
Vesicle  
Papula  
Bulla  
Pustule  
Wheal
- 2      **Choose Exudative non-cavitary Primary Morphological lesion:**  
Vesicle  
Bulla  
Wheal  
Pustules  
Nodus
- 3      **Choose Exudative Primary Morphological lesion:**  
Papula  
Tuberkle  
Spot  
Nodus  
Vesicle
- 4      **Choose Primary Morphological lesion is situated in the dermis:**  
Superficial papula  
Superficial Bulla  
Spot  
Tuberkle

Vesicle

5      **What is the primary morphological lesion is preceded by erosion:**

Vesicle

Papula

Tuberkle

Spot

Wheal

6      **What is the primary morphological lesion is preceded by ulcer:**

Spot

Vesicle

Wheal

Deep pustules

7      **Choose Secondary morphological lesion that is situated in the epidermis:**

Ulcer

Erosion

Scar

Deep fissure

Vegetation

8      **Purpura is:**

The type of nodes

The type of tuberkles

Depigmented patches of skin

The type of spots

Cavity formation

9      **Ecchymosis is:**

The type of pustules

The type of papules

Depigmented patches of skin

Hemorrhage that is larger than 2 mm

Cavity formation

10      **Choose the morphological lesion that results in scar:**

Nodus

Spot

Superficial fissure

Wheal

Erosion



- 11      **Choose Secondary morphological lesion:**  
Wheal  
Excoriation  
Papula  
Nodes  
Tuberkle
- 12      **Choose the morphological lesion that is situated in the epidermis:**  
Superficial papula  
Nodus  
Ulcer  
Tuberkle  
Deep pustula
- 13      **Choose morphological elements that resolve without scarring:**  
Spot  
Nodes  
Ulcer  
Tuberkle  
Deep fissure
- 14      **Choose morphological element with the cavity:**  
Tuberkle  
Bulla  
Nodes  
Wheal  
Spot
- 15      **Lichenification is:**  
The thickening and hardening of the skin  
The appearance of tubercles  
The appearance of the nodes  
The appearance of bulles  
The appearance of vesicles
- 16      **Vegetations as the result of intensified proliferation of the epidermal:**  
Stratum germinatum  
Stratum spinosum  
Stratum lucidium  
Stratum corneum
- 17      **Specify what relates to vascular spots:**

Telangiectasia  
Vitiligo  
Chloasma  
Lentigo

- 18      **Choose inflammatory spots:**  
Erythema  
Chloasma  
Vitiligo  
Lentigo
- 19      **Give the definition of scar:**  
Increased skin pattern  
Secondary morphological element  
Primary morphological element  
Cavernous element
- 20      **Crust is:**  
The primary morphological element  
Secondary morphological element  
Cavernous element  
Tore horny plates

*Multiple choice answer*

- 1      **Choose the morphological lesions that are situated in the epidermis:**  
Epidermal papule  
Nodes  
Spot  
Tuberkle  
Vesicle
- 2      **Choose the morphological lesions that may result in scar:**  
Nodes  
Spot  
Tuberkle  
Wheal  
Deep fissure
- 3      **Choose the morphological lesions that are situated in the dermis:**

Epidermal papule

Nodes

Spot

Tuberkle

Vesicle

4 **Choose morphological elements that resolve without scarring:**

Spot

Nodes

Epidermal papule

Tuberkle

Superficial fissure

5 **Ecchymosis is:**

Type of spot

Type of pustules

Depigmented patches of skin

Hemorrhage that is greater than 2 cm

Cavity formation

6 **Choose infiltrative primary morphological lesion:**

Epidermal papule

Dermal papule

Vesicle

Bulla

Nodes

7 **Choose exudative primary morphological lesions:**

Spot

Nodes

Papule

Bulla

8 **Determine which factors depends on skin color:**

The thickness of the reticular dermis

The amount of melanin

The blood vessels

The amount of nerve endings in the skin

The amount of hemosiderin in the skin

9 **Define purpura:**

Variety nodes

Hemorrhage up to 2 cm in diameter

De-pigmented skin  
Type of spot  
Cavity formation

- 10      **What is the primary morphological element that may transform into erosion:**  
Vesicle  
Bulla  
Wheal  
Nodus  
Spot

## **Theme 2. Papulosquamous diseases**

### **Psoriasis**

*Single choice answer*

- 1      **Select the signs of regressing stage of psoriasis:**  
The appearance of miliary papules  
The presence of a peripheral halo of growth  
Positive is isomorphic to the reaction Koebner  
A positive phenomenon psoriatic triad  
The appearance of pseudo-atrophic “Voronov’s” rim
- 2      **PUVA- therapy is prescribed for:**  
Psoriasis  
Lupus Erythematosus  
Trichophytoses  
Epidermophytosis  
Pemphigus
- 3      **Indicate hystological changes that characterize psoriasis:**  
The appearance of Munro microabscesses  
Hypergranulosis  
Spongiosis  
Acantholysis  
Endo-meso-periarteriitis
- 4      **Select therapy for the treatment of psoriasis:**

Antimalarial  
Acaricide  
Sulfonic  
Hyposensitization therapy

5      **Select severe forms of psoriasis:**

Nail psoriasis  
Psoriasis of the scalp  
Seborrhoeic psoriasis  
Erythroderma

6      **What underlies «stearin-spot» phenomena in psoriasis:**

Acantholysis  
Parakeratosis  
Hyperkeratosis  
Spongiosis  
Hypergranulosis

7      **What underlies «terminal or psoriatic film» phenomena in psoriasis:**

Acantholysis  
Hyperkeratosis  
Spongiosis  
Acanthosis  
Hypergranulosis

8      **What is the reason of «pin-point bleeding» phenomena in psoriasis:**

Acantholysis  
Hyperkeratosis  
Acanthosis  
Papillomatosis  
Hypergranulosis

9      **What methods of therapy are used for the summer type of psoriasis:**

Photochemotherapy  
Antimalarial drugs  
Application of keratolytic ointment  
Re-PUVA-therapy  
Antimycotic drugs

10      **The mechanism of action of phototherapy:**

Anti-inflammatory  
Immunosuppressive

Antiproliferative effect  
All the answers are correct

*Multiple choice answer*

- 1      **Choose the signs of progressing stage of psoriasis:**  
Appearance of new military papules  
The absence peripheral growth of the papules  
Itching  
Positive Koebner's phenomenon  
Negative psoriatic triad
  
- 2      **Psoriasis of the palms and soles is differentiated with:**  
Primary syphilis  
Scabies  
Lichen planus  
Cornu eczema of the palms and soles  
Fungal lesions
  
- 3      **Select pathological characteristics of psoriasis:**  
Parakeratosis  
Acantholysis  
Acanthosis  
Hypergranulosis  
The Munro Microabscesses
  
- 4      **List the forms of psoriasis:**  
Vulgar  
Nail psoriasis  
Intertriginous  
Dyshidrotic  
Scutular
  
- 5      **Specify the theory of psoriasis:**  
Hereditary  
Endocrine disorders  
Autoimmune mechanism  
Infectious-allergic
  
- 6      **Select the signs of regressive stage of psoriasis:**  
Appearance of new military papules

Appearance peripheral growth of the papules  
Itching  
Negative Koebner's phenomenon  
Negative psoriatic triad

7      **Choose the severe forms of psoriasis:**

Erythroderma  
Nail psoriasis  
Pustular form  
Psoriatic arthritis  
Seborrhoeic psoriasis

8      **Specify the localization of psoriasis:**

Sebaceous glands  
The scalp  
Sweat glands  
Nail plate  
Extensor surface of the extremities

9      **The treatment of psoriasis includes:**

Photochemotherapy  
Phototherapy  
Re-PUVA-therapy  
Antimycotic drugs  
Antimalarial

10      **What are characteristics of psoriatic papules:**

Localization on the extensor surfaces of the extremities  
On the surface marked with silvery-white scales  
Without pain when scraping  
Soreness when scraping

11      **Trigger factors of psoriasis:**

Physical trauma  
Infections  
Stress  
Drugs

12      **Psoriatic arthritis is:**

Ankylosing spondylitis  
Enteropathic arthritis  
Reactive arthritis  
Rheumatoid arthritis

- 13      **Types of psoriasis:**  
Winter  
Summer  
Off season  
Autumn
- 14      **Psoriasis is differentiated with:**  
Parapsoriasis  
Lichen planus  
Secondary syphilis  
Pink zoster Gibert
- 15      **Diagnosis of psoriasis is based on:**  
Anamnesis  
Bacteriological research on fungi  
Microscopic studies on fungi  
The presence of papules with silvery-white scales

## **Lichen planus**

*Single choice answer*

- 1      **Which is characteristic of lesions in lichen planus:**  
The defeat vellus hair  
The appearance of papules, covered with silvery-white scales  
The appearance of papules with a "umbilicate" impression  
Erythema on the face resembles a "butterfly"  
Positive iodine test Balzer
- 2      **Choose a disease that has a symptom of " Wickham's striae"**  
Lichen planus  
Discoid lupus erythematosus  
Centrifugal erythema Bielt  
Secondary recurrent syphilis  
Psoriasis
- 3      **Choose a disease in which there are papules with "umbilicate" impression in the centre:**  
Pemphigus vulgaris  
Lichen planus



Scabies  
Prurigo  
Syphilis secondary

4 **Choose positive symptom, which occurs in Lichen planus:**

Nikolsky's sign  
Gorchakov-Ardy sign  
Besnier-Meshchersky's sign  
Symptom of " Wickham's striae"  
Pospelov's sign

5 **Specify therapy for Lichen planus:**

Antisclerotic agent  
Antivirus drugs  
5% iodine tincture  
33% sulphur ointment  
Antihistaminic agents

6 **Choose pathological changes for Lichen planus:**

Acantholysis  
Hyperkeratosis  
Papillomatosis  
Acanthosis  
Hypergranulosis

7 **Choose methods of diagnosis Lichen planus:**

Irradiation  
Microscopy of scale "threads" of mycelium of a fungus  
Bacteriological examination of fungal infection  
Appearance of polygonal violet papules with a shiny surface  
Blood serological test

8 **What is positive Koebner's phenomenon typical for:**

Atopic dermatitis  
Lichen planus  
Syphilis  
Gonorrhoea  
Toxicodermia

9 **Choose what Lichen planus does not affect:**

The skin of the flexor surface of the limbs  
Nail plate  
Hair

The skin of the neck

- 10      **Lichen planus can appear in:**  
Mucous membranes of the oral cavity  
Visceral organs  
Sweat glands  
Sebaceous glands  
Hair

*Multiple choice answer*

- 1      **Lichen planus:**  
Develops after a nerve stress  
Characterized by itchiness  
There are polygonal papules with impression in the center  
There 'Net Wickham "  
Affects mucous membranes, nail beds
- 2      **Atypical forms of lichen planus:**  
Verrucous  
Annular  
Atrophic  
Pointed Perifollicular
- 3      **Hypertrophic form of lichen planus is differentiated with:**  
Amyloid lichen  
Chromomycosis  
Knotty scrapie  
Warty tuberculosis of the skin
- 4      **Lassyuer-Little Symptom is the combination of:**  
Scarry alopecia areata of scalp  
Follicular form lichen planus  
Alopecia armpits and pubic area  
Vast foci of hyperpigmentation on the trunk
- 5      **The most common localization of rash lichen planus:**  
The skin of the forearm flexor  
The skin of the wrist and the elbow  
The skin in the axillary and popliteal folds  
Skin on the face

- 6        **The most common localization of rash lichen planus:**  
The skin of the forearm flexor  
The skin of the wrist and the elbow  
The skin in the axillary and popliteal folds  
Skin on the face
- 7        **Differential diagnosis of lichen planus when eruptions on the scalp is carried out with:**  
Discoid lupus erythematosus  
Pseudopeladoid Brocq  
Chromophytosis  
Primary syphilis
- 8        **Histopathology in lichen planus includes:**  
Acanthosis  
Hyperkeratosis  
Granulosa  
Vacuolar degeneration of the basal cells of the epidermis
- 9        **The theories of the development of lichen planus are:**  
Toxic-allergic processes  
Violation of the regulation of the immune system  
Provocative endogenous and exogenous factors  
Psychoemotional overload
- 10       **Lichen planus is differentiated with:**  
Darier's disease  
Psoriasis  
Red hairy pityriasis versicolor  
Secondary syphilis
- 11       **Lichen planus is differentiated with:**  
Darier's disease  
Psoriasis  
Pityriasis rubra pilaris  
Secondary syphilis
- 12       **What groups of drugs is used to treat the lichen planus:**  
Sedative  
Hyposensibilic  
Antihistamines  
Sulfonic

- 13      **For Lassuer - Little symptom is typical:**  
Small focal alopecia of armpits and pubic area  
Symptoms of follicular keratosis on the extensor surfaces of the extremities  
Symptom Pincus  
Scar alopecia
- 14      **Typical nail infections in chronic lichen planus includes:**  
Proximal - distal linear depressions in the nail plate  
Striated nails  
Scar formation at the site of the matrix of the nail plate  
Reddening of the nail bed from the nail plate haze
- 15      **Histological changes in lichen planus biopsy:**  
Hyperkeratosis with uneven granulosis  
Vacuolar degeneration of the basal layer of the epidermis  
Papillomatosis  
Acanthosis

## **Theme 3. Pyodermas**

### **Strepto-staphylococcal pyoderma**

*Single choice answer*

- 1      **What is streptococcal pyoderma:**  
Furuncle  
Carbuncle  
Hydradenitis  
Ecthyma common  
Vulgar Sycosis
- 2      **The primary element for streptoderma is:**  
Tuberculum  
Wheal  
Flaccid bulla  
Pustule  
Papule  
Lichenification

- 3      **What are the symptoms that are *not* typical for a simple streptococcal :**  
The frequent occurrence in children  
The aggravation of the disease in the spring and fall  
The presence of itching  
The primary element of affection  
Outbreaks of white or pink color, covered with scales
- 4      **Which of the following diseases *doesn't* relate to streptoderma:**  
Bullous impetigo  
Slit impetigo  
Surface felon  
Syphilis-like papular impetigo  
Pyogenic granulomas
- 5      **Intertriginous streptoderma does *not* affect:**  
On the contact surfaces  
In armpits  
In the folds of the abdomen of people with obesity  
Over ear shells  
Nail plate
- 6      **Common ecthyma is:**  
Deep follicular pustule  
Deep non-follicular pustule  
Epidermal papule  
Bubble  
Superficial tumor formation
- 7      **What dermatitis must be differentiated with slit-like impetigo:**  
Surface candidiasis of corners of the mouth  
Lichen planus  
Linear scleroderma  
Linear nevus
- 8      **What refers to the deep streptoderma:**  
Ecthyma  
Deep folliculitis  
Chancriform pyoderma  
Chronic ulcerative-vegetative pyoderma

- 9           **For the treatment of deep streptoderma following drugs are *not* used:**  
Antibiotics  
Immunomodulators  
Vitamins  
Photosensitizers
- 10           **When streptococcal impetigo all of the above is assigned *except*:**  
Corticosteroid ointments  
Solutions of aniline dyes  
Pasta with antibiotics  
Antibiotic ointments
- 11           **Which of the following does *not* apply to deep staphyloderma:**  
Deep folliculitis  
Hydradenitis  
Vulgar Sycosis  
Furunculosis
- 12           **Pyogenic granulema is:**  
Scrofuloderma  
Botryomycoma  
Gumma  
Leproma
- 13           **Pyogenic granuloma is differentiated with:**  
Tertiary syphilis gumma  
Psoriasis  
Chromophytosis  
Toxicoderma
- 14           **Impetigo of nail folds is:**  
Streptococcal impetigo  
Staphylococcal impetigo  
Strepto-staphylococcal impetigo  
Necrotic inflammation of the deep layers of the dermis  
Necrotic inflammation of the surface layers of the epidermis
- 15           **What disease does *not* apply to streptococcal:**  
Simple white lichen  
Ecthyma  
Hydradenitis

Streptococcal impetigo

- 16      **Which of the following does *not* apply to deep staphilodermia:**  
Deep folliculitis  
Hydradenitis  
Vulgar Sycosis  
Furunculosis
- 17      **Purulent inflammation of the apocrine sweat glands is:**  
Hydradenitis  
Carbuncle  
Sycosis  
Ecthyma common  
Folliculitis
- 18      **What disease refers to staphilodermia:**  
Ecthyma common  
Turniol  
Simple lichen  
Bullous impetigo  
Folliculitis
- 19      **What is prescribed for the treatment of furunculosis:**  
Antimalarials  
Antibiotics  
Antifungals  
Sulfone drugs
- 20      **Subcutaneous adipose tissue is involved in the process at:**  
Deep folliculitis  
Carbuncle  
Vulgar sycosis  
Follicles Hoffmann
- 21      **When stafilodermiyah is *not* involved in the process:**  
Sebaceous glands  
The ostium of the hair follicles  
Sweat glands  
Nails  
The epidermis, dermis, hypodermis
- 22      **Hydradenitis is an inflammation of:**  
Sebaceous glands

Apocrine sweat glands  
Galokrinne sweat glands  
Nerve endings

- 23      **Localization is *not* typical of furuncle:**  
On the skin of the palms and soles  
On the skin of the abdomen  
On the back of the head  
On the lumbar region
- 24      **What disease contributes to staphilodermia:**  
Lupus erythematosus  
Vascular dystonia  
Diabetes  
Polycystic ovaries
- 25      **For the treatment of carbuncle should not be given:**  
Cytostatics  
Ichthyol  
Antibiotic ointment  
Systemic antibiotics  
Levomitsetinovyy alcohol
- 26      **For the treatment of carbuncle are used:**  
Antimalarials  
Antibiotics  
Antifungals  
Sulfone drugs  
Acaricide
- 27      **What disease does *not* apply to staphylococcal etiology:**  
Furuncle  
Carbuncle  
Ecthyma  
Hydradenitis  
Folliculitis
- 28      **What is typical for carbuncle:**  
Necrotic inflammation of the deep layers of the dermis  
Necrotic inflammation of the surface layers of the epidermis  
Necrotic inflammation of the deep layers of the epidermis  
Surface cavity element



- 29      **What is typical for sycosis:**  
Surface staphylococcal affect  
Surface streptococcal affect  
Necrotic inflammation of the deep layers of the dermis  
Necrotic inflammation of the surface layers of the epidermis
- 30      **What is typical for the furuncle:**  
Located around the nail ridges  
Necrotic inflammation of the deep layers of the dermis  
Surface streptococcal affect  
Necrotic inflammation of the surface layers of the epidermis  
Purulent lesions of the hair follicle
- 31      **What disease refers to a superficial staphylococcal skin lesions:**  
Ostiofolliculitis  
Furuncle  
Hydradenitis  
Impetigo vulgar  
Ecthyma
- 32      **What disease refers to a deep staphylococcal skin lesions:**  
Ostiofolliculitis  
Folliculitis  
Furuncle  
Sycosis  
Impetigo vulgar
- 33      **Mixed pyoderma includes:**  
Bullous impetigo  
Ecthyma common  
Sycosis  
Vulgar impetigo
- 34      **To mixed pyoderma does *not* apply:**  
Pyogenic granulomas  
Chancriform pyoderma  
Ecthyma common  
Vulgar impetigo
- 35      **Pathogens mixed pyoderma are:**  
Staphylococci and streptococci  
Shigella

Clostridium  
Klebsiella  
Legionella

- 36      **Chancriform pyoderma is characterized by all the following statements, *except*:**  
It refers to the mixed pyoderma  
Localization - the genitals, less red border  
Ulcerative lesions of red meat  
Tight-elastic infiltration, which is within the ulcer
- 37      **Pyogenic granulema is:**  
Strumoderma  
Gumma  
Botryomycoma  
Leyshmanioma  
Leproma
- 38      **Chronic ulcerative vegetative pyoderma is a clinical symptom of the following disease:**  
AIDS  
Syphilis  
Psoriasis  
Artificial dermatitis
- 39      **Chancriform pyoderma is differentiate with:**  
Chancre  
Lichen planus  
Discoid lupus erythematosus  
Toxicoderma  
Epidermophytosis
- 40      **Pyogenic granulema is differentiated with:**  
Psoriasis  
Pityriasis versicolor  
Toxicoderma  
Pityriasis rosea Gibert  
Gumma with tertiary syphilis
- 41      **What is typical for chancriform pyoderma:**  
Strepto-staphylococcal lesion  
Streptococcal lesion  
Staphylococcal lesion

Necrotic inflammation of the deep layers of the dermis  
Necrotic inflammation of the surface layers of the epidermis

- 42      **Purulent fusion apocrine glands is observed at:**  
Furuncle  
Vulgar sycosis  
Vulgar ecthyma  
Hydradenitis
- 43      **The clinical symptom of vulgar sycosis is:**  
The lesion of the palms and soles  
Ostiofolliculitis and folliculitis  
The appearance of scars or scar atrophy  
Polyadenylation
- 44      **During chancriform pyoderma regional lymphatic nodes are:**  
Not increased in size  
Increased in size  
Tightly-elastic  
Fluctuating
- 45      **Pseudoharengus affects:**  
Eccrine sweat glands  
Apocrine sweat glands  
Sebaceous glands  
Hair follicles
- 46      **When furunculosis should *not* be given:**  
Pepper tincture  
Pure tar  
Levomicol  
Aniline dyes

*Multiple choice answer*

- 1      **For chancriform pyoderma *not* typical:**  
It refers to strepto-staphylococcal pyodermy  
Detection of elements from the surface of *Treponema pallidum*  
The presence at the base affect densely-elastic infiltration  
Detection of elements from the surface of *Neisseria gonorrhoeae*

Infiltration is outside ulcers

- 2      **What is applied for treatment of piodermitis:**  
Paraffinotherapy  
UHF  
Wet compresses  
UFO  
PUVA therapy
- 3      **What is typical for furuncle:**  
It refers to the mixed pyoderma  
Is a deep staphylococcal lesion  
It is deep streptococcal lesion  
Can be recurrent  
Involves the hair follicle
- 4      **Chronic ulcerative vegetative pyoderma is differentiated with:**  
Lupus  
Pityriasis versicolor  
Tertiary syphilis  
Actinomycosis  
Pityriasis rosea Gibert
- 5      **For deep pustules is typical:**  
Exudative  
Cavernous element  
Pustulas  
It leaves a scar
- 6      **Exogenous factors that contribute to the development of pyoderma:**  
Skin contamination  
Irritants  
Maceration of the skin  
Hypothermia  
Violation of the barrier function of the skin
- 7      **What is typical for vulgar sycosis:**  
The development against the backdrop of neuroendocrine disorders  
The emergence of mutually arranged papules vesicles  
More frequent in males  
Positive iodine sample Jadassohn  
Positive symptom Besnier-Meshcherskiy

- 8           **What is typical for the slit-like impetigo:**  
Quickly opened phlyctena  
Due to a major virus filter  
Streptococcal lesions  
Accompanied by a lesion on nail plates  
Positive reaction isomorphic Kobner's
- 9           **Deep staphylococcal lesions include:**  
Furuncle  
Carbuncle  
Phlyctena  
Ostiofolliculit
- 10          **Specify the surface streptococcal pustule:**  
Ostiofolliculit  
Ecthyma  
Phlyctena  
Impetigo  
Carbuncle
- 11          **What is typical for carbuncle:**  
Streptococcal lesion  
Staphylococcal lesion  
Painless lesion  
The process extends to the underlying tissues (muscles, fascia)  
  
Localized in the epidermis
- 12          **What signs are typical for a simple streptococcal lichen:**  
Often occurrences in children  
Exacerbation of the disease in spring and autumn  
Availability of itching  
The primary element of phlyctena  
Outbreaks of white or pink color, covered with scales
- 13          **Staphyloderma affects:**  
Sebaceous glands  
The ostium of the hair follicles  
Sweat glands  
Nail plate  
The epidermis, dermis, hypodermis
- 14          **What is typical for chancriform pyoderma:**

Refers to the mixed pyoderma  
Localization - the genitals, less red border  
Ulcerative lesions that look like red meat  
Tight-elastic infiltration, goes beyond the boundaries of the ulcer  
Tightly-elastic infiltration, which is within the ulcer

- 15      **What diseases are related to mixed pyoderma:**  
Chancriform pyoderma  
Pyoderma gangrenosum  
Vegetating pyoderma  
Simple white lichen
- 16      **That is *not* typical for ostiofolliculit:**  
Surface staphylococcal affect  
Surface streptococcal affect  
Necrotic inflammation of the deep layers of the dermis  
Necrotic inflammation of the surface layers of the epidermis  
Localized around the nail ridges
- 17      **Choose the drugs prescribed for streptococcal impetigo:**  
Corticosteroid ointments  
Aniline dyes  
Antimalarial  
Pasta with antibiotics  
Antibiotic ointment
- 18      **What diseases from the group pyoderma are differentiated with syphilis:**  
Vulgar ecthyma  
Epidemic pemphigus newborns  
Chancriform pyoderma  
Hydradenitis
- 19      **Specify the possible complications of the localization of furuncle on the head and neck:**  
Phlebitis cerebral vessels  
Sepsis  
Meningitis  
Retinal disinsertion
- 20      **Endogenous factors that contribute to pyoderma:**  
Hypovitaminosis  
Availability of foci of chronic infection

Polycystic ovaries  
Diabetes

21      **Hydradenitis localized:**

Armpits  
Palms  
External genitals  
Around the anus

22      **Clinical varieties of streptococcal impetigo:**

Bullous Impetigo  
Simple lichen  
Impetigo slit  
Impetigo ulcer

23      **Acute staphilodermia:**

Osteofolliculitis  
Furuncle  
Vulgar Sycosis  
Hydradenitis

24      **Contagious form of pyoderma:**

Furuncle  
Vulgar impetigo  
Vulgar sycosis  
Epidemic pemphigus newborns

25      **For pyoderma gangrenosum is typical:**

Chronic suppuration of the skin with a progressive necrosis of tissue  
Localization at the lower part of the torso  
Localization on his feet  
The primary element is a pustule  
The absence of scar

26      **Treatment of pyoderma includes:**

Antiseptic drugs  
Antibacterial agents for external use  
Antibacterial for systemic use  
Immunomodulators

27      **What types of beta-hemolytic streptococcus causes erysipelas:**

A  
G

B  
D

- 28      **What are the immunological parameters decrease with pyoderma:**  
TNF-alfa  
TNF-beta  
Interferon-gamma  
Interleukin-1

### **Zoonotic dermatoses**

*Single choice answer*

- 1      **Enter the place of a typical localization of scabies in adults:**  
Interdigital folds of brushes  
Groin area  
Mammary gland  
Flexor surfaces of the extremities  
All of the above
- 2      **Specify the causative agent of scabies:**  
Sarcoptes scabiei hominis  
Treponema pallidum  
Candida albicans  
Pityrosporum orbiculare  
Chlamydia trachomatis
- 3      **For scabies adults is typical all these signs, *except*:**  
Itching at night  
Skin lesions palms, soles, face  
Paired papules-vesicular rash  
Excoriation  
Joining a secondary infection
- 4      **Specify the medicament that is *not* used for the treatment of patients with scabies:**  
Acaricide spray  
Sulfuric ointment  
Emulsion benzyl-benzoate  
Corticosteroid ointment  
Spregal



- 5        **For Norwegian scabies is typical all the signs, *except*:**  
Observed in patients with immune deficiency  
Typical appearance of massive dirty yellow crusts  
Between the layers of crust and underneath they found a large number of scabies mites  
The process is complicated by pyoderma, lymphadenitis  
A positive sign of Nikolsky
- 6        **Select the diagnostic phenomenon typical for scabies:**  
Koebner phenomenon  
The phenomenon of stearin spot  
Symptom Besnier-Meshcherskiy  
Symptom "ladies' heel"  
Symptom Gorchakov-Hardy
- 7        **Head lice transmits a disease:**  
Scabies  
Typhus  
Typhoid fever  
Brucellosis  
Tularemia
- 8        **Specify the features typical for head lice:**  
Lesions on the scalp  
Severe itching  
Damages the occipital and temporal regions of the head  
All of the above
- 9        **What parasite lives in the excretory ducts of the sebaceous glands:**  
Demodex folliculorum  
Sarcoptes scabiei  
Pthirus pubis  
Pediculus capitis
- 10       **Benzyl-benzoate used for the treatment:**  
Pityriasis rosea Gibert  
Lichen Planus  
Ichthyosis  
Scleroderma  
Scabies
- 11       **Acaricide drugs used to treat:**

Pityriasis rosea Gibert  
Scabies  
Ichthyosis  
Scleroderma  
Acantholytic pemphigus

- 12      **What is typical for scabies, caused by parasites of animals:**  
All of the above  
Intense itching  
Affected areas of skin in contact with sick animals  
Acute onset
- 13      **Specify the localization that is *not* typical of cootie (wardrobe lice):**  
Nails  
The skin of the abdomen  
The skin of the waist  
The skin of the inguinal-femoral area
- 14      **Specify the signs are *not* typical of head lice:**  
The affect of the scalp  
Severe itching  
The affect of the occipital and temporal regions of the head  
Skin lesions elbow
- 15      **The most typical timing of the incubation period for scabies:**  
2-5 days  
7-10 days  
40-50 days  
More than a month
- 16      **Subjective feelings in patients with scabies:**  
Day itching  
Night itching  
Pain  
Burning
- 17      **Specify a disease typical for complication of scabies:**  
Pemphigus  
Erythroderma  
Psoriasis  
Pyoderma
- 18      **Which group of pathogens are lice:**

Bacteria  
Simplest  
Blood-sucking insects  
Arachnids

- 19      **What types of lice causes disease in humans:**  
Body hair  
Head  
Pubic  
All the answers are correct
- 20      **List the clinical features,typical for pubic lice:**  
Skin lesions in pubic area  
Not sexually transmitted  
The primary element is a node  
Not accompanied by itching
- 21      **Specify the clinical symptoms of head lice infestation:**  
Affects armpits hair  
The affect of the occipital and temporal regions of the scalp  
  
Affects vellus hair  
The affect of the mucous membranes
- 22      **Features of a current of scabies in children:**  
Asymptomatic dermatosis  
Intense itching of the day  
Rash on the face  
Diarrhea
- 23      **For the treatment of scabies is used all of the above, *except*:**  
33% sulfuric ointment  
2% tincture of iodine  
20% water-soap emulsion benzyl-benzoate  
10% sulfur-tar ointment
- 24      **The main diagnostic phenomena with scabies are all listed, *except*:**  
Symptom Gorchakov  
Koebner Phenomenon  
Symptom Hardy  
Impetiginoznyh rash in the area of the rhombus Michaelis
- 25      **All these medications are used in the treatment of scabies, *except*:**

Actovegin  
Medifoksa  
Emulsions benzyl benzoate 20%  
33% sulfur ointment

- 26      **The typical symptom of scabies:**  
Polyadenylation  
Papules with umbilicated  
Constant itching  
Itching at night

- 27      **Gorchakov-Hardy syndrome is typical for:**  
Psoriasis  
Pityriasis rosea Gibert  
Bullous pemphigoid  
Scabies

*Multiple choice answer*

- 1      **Scabies may be complicated:**  
Pyoderma  
Fistulas  
Eczematization  
Visceral
- 2      **Method of Demjanovich is used for treatment:**  
Lupus erythematosus  
Pityriasis versicolor  
Psoriasis  
Scabies
- 3      **For symptom of Gorchakov-Hardy with scabies is typical by:**  
Localization on the extensor surface of the elbow  
The appearance of impetigo with purulent-hemorrhagic crusts  
Localization on the face  
Bubbles along nerves
- 4      **Decide which is typical for scabies:**  
The lack of subjective sensation  
Itching at night  
Localization of lesions along the nerve endings  
Availability of paired papules on the skin of the trunk

Lesions of the internal organs

5      **What are the symptoms typical for scabies:**

Symptom-Hardy Gorchakov

Symptom "psoriatic triad"

On the skin of the lumbar region, "a symptom of the triangle"

Symptom Nikolsky

Symptom Besnier-Meshcherskiy

6      **What diseases are parasitic:**

Scabies

Prurigo

Pediculosis

Pityriasis rosea Gibert

Leishmaniasis

7      **What are the symptoms are *not* typical for scabies:**

Symptom Gorchakov-Hardy

Symptom "psoriatic triad"

On the skin of the lumbar region, "a symptom of the triangle"

Symptom Nikolsky

Symptom-Besnier Meshcherskiy

8      **Determine what is *not* typical for scabies:**

Localization in the interdigital spaces

Itching at night

Localization of lesions along the nerve endings

Availability pair papules on the skin of the trunk

The affect of the internal organs

9      **Specify the signs are *not* typical for Norwegian scabies:**

Observed in patients with immune deficiency

Typical by the appearance of massive dirty yellow crusts

Between the layers of crust and underneath found many of scabies mites

A positive phenomenon of "psoriatic triad"

A positive sign of Nikolsky

10      **Select treatments for scabies:**

Benzyl-Benzoate

Sulfuric ointment

Antimalarials

Sulfone drugs

Antifungal preparations

- 11      **Select methods that are *not* used to treat scabies:**  
Benzyl-benzoate  
Sulfuric ointment  
Antimalarials  
Sulfonic drugs  
Antifungal preparations
- 12      **Specify the features are typical for head lice:**  
Affects scalp  
Severe itching  
The affect of the occipital and temporal regions of the head  
Has "honey" crusts
- 13      **Under what dermatoses acaricide used:**  
Pityriasis rosea Gibert  
Scabies  
Ichthyosis  
Pediculosis
- 14      **Specify the features typical for the cootie (wardrobe lice):**  
Affects the skin of the neck, abdomen, waist, inguinal-femoral area  
On the site of the bite-papular rash urticaria, cyanosis persists for a long time and pigmentation  
Affects the shoulders, upper back, armpits  
Affects the nail plate
- 15      **Specify the localization is *not* typical of cootie (wardrobe lice):**  
Face  
Scalp  
The feet, hands  
The skin of the abdomen, waist, inguinal-femoral area
- 16      **Specify the features typical for head lice:**  
damages scalp  
Severe itching  
The affect of the occipital and temporal regions of the head  
Cutaneous elbow
- 17      **Ways of infection scabies:**  
Direct transmission  
A household items  
Airborne

Diaplacental

- 18      **Ways infestation of head lice:**  
Straight  
Through the common goods  
Airborne  
Diaplacental
- 19      **Localization of scabies rash:**  
Interdigital folds of brushes  
Mucous membranes  
Flexor surface of the forearm  
Elbows
- 20      **The main clinical signs of scabies:**  
Pair location morphological elements  
Itch moves  
Iodine sample  
Hyperpigmentation
- 21      **Morphological elements of clinic uncomplicated scabies:**  
Pimple  
Papule  
Tubercle  
Crust
- 22      **When scabies is necessary to disinfect:**  
Clothing  
Houseware  
Bed linen  
Baths
- 23      **Scabies should be differentiated from:**  
Pruritus  
Scrapie  
Pseudosarcoptes  
Dyshydrosis brushes
- 24      **Complications of lice include:**  
Pyoderma  
Dermatitis  
Secondary infections  
Eczematization

- 25      **Diagnosis wardrobe lice is based on:**  
Identification of lice  
The presence of linear scratching  
Availability of urticaria and papular elements  
Itching

## **Theme 4. Dermatitis**

*Single choice answer*

- 1      **What factors do *not* cause the appearance of a simple contact dermatitis?**  
High and low temperature  
Strong acids and alkalis  
Ionizing radiation  
Intravenous drug injection
- 2      **Select the stages of simple contact dermatitis:**  
Progressive, regressing, stationary  
Erythematous, vesiculobullous, necrotization  
Erythematous, hyperkeratotic-infiltrative, atrophic  
Swelling, multiple sclerosis, atrophy
- 3      **For the treatment of a simple contact dermatitis is used all of these, *except*:**  
Antimalarials  
Antihistamines  
Corticosteroid ointments  
Lotions  
Aniline dyes
- 4      **Simple contact dermatitis is characterized by all the above, *except*:**  
There is on-site exposure to the stimulus  
Regress after removal of the stimulus  
Asymmetric lesions  
A positive phenomena of stearin spots
- 5      **What disease refers to a simple contact dermatitis:**  
Eczema  
Toxicodermia



Intertrigo  
Erythrasma  
All of the above

- 6      **Signs of allergic contact dermatitis include everything, *except*:**  
The presence of the latent period between first contact with the stimulus and the onset of dermatitis  
The skin lesion is beyond the stimulus  
The area of destruction corresponds to the location of the stimulus  
Process focal  
Eruptions are asymmetrical
- 7      **For stimuli of allergic contact dermatitis include everything, *except*:**  
Surfactants  
Cosmetical tools  
Salts of chromium, cobalt, nickel  
Formaldehyde resins  
Concentrated acids and alkali
- 8      **What are the primary morphological elements that are *not* found in allergic contact dermatitis:**  
Papules, vesicles  
Papules, vesicles, wheals  
Papules, wheals, erythema  
Papules, nodules, wheals, pustulas
- 9      **Specify the method of penetration of the allergen in allergic contact dermatitis in the patient's body:**  
Orally  
Transfusion  
Inhalation  
Transcutaneous
- 10     **With the development of allergic contact dermatitis of the hands to detergents required:**  
Stop using soap powder  
Exclude frequent hand washing with other detergents  
Assign inside an antihistamine  
Assign topically an ointment containing a glucocorticosteroid  
All of the above is true
- 11     **Specify the clinical signs toxicoderma all, *except*:**  
Eruptions symmetric

The process is diffuse  
Polymorphic rash (spots, bumps, vesicles, pustules and possible bubbles)  
Fuzzy boundaries

12      **Laboratory parameters that are *not* typical for Lyell's syndrome:**

Leukocytosis, accelerated erythrocyte sedimentation rate  
The left shift formula with the advent of toxic forms of neutrophils  
The appearance of LE-cells  
Increased bilirubin, urea nitrogen  
Decreased total amount of protein (due to albumin, globulin increased amount)

13      **Contact dermatitis occurs as a result of the impact:**

Exogenous factors irritating to the skin  
Oral antibiotics  
Inhalation of aerosols  
Injectable antibiotics

14      **Exposure of the skin to concentrated acid is:**

Contact type allergy  
Contact dermatitis  
Toxicoderma  
Psoriasis

15      **Exposure of the skin to concentrated alkali causes:**

Contact type allergy  
Contact dermatitis  
Toxicoderma  
Scabies

16      **What disease occurs in sensitized patients:**

Allergic contact dermatitis  
Contact dermatitis  
Simple herpes  
Scabies

17      **Which dermatosis occurs without prior sensitization of patients:**

Contact type allergy  
Contact dermatitis  
Simple herpes  
Scabies

18      **Clinical manifestations simple contact dermatitis:**

Erythema  
Lesion soreness  
Itching  
All the answers are correct

- 19      **Intertrigo is:**  
Variety of dermatitis  
Increased sensitivity to cold  
The reaction of the skin to sunlight  
A form of dermatitis that occurs in children under the folds of the skin
- 20      **Which dermatosis occurs on the site of exposure to hot water (T above 80):**  
Contact type allergy  
Contact dermatitis  
Simple herpes  
Scabies
- 21      **What dermatitis occurs at the site of exposure to ionizing radiation:**  
Allergic contact dermatitis  
Contact dermatitis  
Simple herpes  
Scabies
- 22      **Which dermatosis occurs after repeated skin contact with synthetic detergents:**  
Allergic contact dermatitis  
Contact dermatitis  
Simple herpes  
Toxicodermia
- 23      **For allergic contact dermatitis is characterized by:**  
Distribution of erythema from the site of allergen exposure on the periphery  
Arises only at the point of action of irritating factors  
No pre-sensitization  
Arises after the injection of antibiotics
- 24      **Which dermatosis occurs after repeated skin contact with cosmetics:**  
Allergic contact dermatitis  
Contact dermatitis  
Simple herpes

Toxicodermia

- 25      **What is typical for photodermatitis:**  
The combined action of sunlight and plant substances  
The action of sunlight  
The action of a chemical plant  
The effect of systemic antibiotics
- 26      **For the treatment of allergic contact dermatitis prescribe drugs:**  
Antihistamines  
Antimalarial  
Acaricide  
Antimycotic
- 27      **Contact dermatitis develops after:**  
Receiving sulfonamides  
Injections of penicillin  
Contact with jellyfish  
Receiving doxycycline

*Multiple choice answer*

- 1      **What is true about contact dermatitis:**  
Inflammatory skin disease  
It is a resulting effect of exogenous irritating factor on the skin  
It occurs after taking antibiotics orally  
It occurs after injection of antibiotics
- 2      **Allergic contact dermatitis is characterized by:**  
The spread of erythema from the site of allergen exposure on the periphery  
There is only on-site exposure to irritating factor  
No pre-sensitization  
There is a preliminary sensitization of the organism
- 3      **Clinical manifestations of simple contact dermatitis:**  
Erythema  
The appearance of nodes  
Itching  
Burning

- 4      **The treatment of allergic contact dermatitis of hands after washing powder:**  
Stop contact with detergent  
Avoid the use of other detergents  
Prescribe an antihistamine  
Assign receiving antimalarial drugs
- 5      **What are the primary morphological elements are found after an allergic contact:**  
Papules  
Nodes  
Vesicles  
Erythema
- 6      **What factors cause the appearance of a simple contact dermatitis:**  
High and low temperature  
Concentrated acids and alkali  
Ionizing radiation  
Intravenous injection
- 7      **For the treatment of allergic contact dermatitis prescribed drugs:**  
Antihistamines  
Antimalarial  
Desensitizing therapy  
Antimycotic
- 8      **For the treatment of contact dermatitis is prescribed:**  
Antihistamines  
Antimalarial  
Avoid contact with the irritant agent  
Antimycotic
- 9      **Forms of contact dermatitis:**  
Acute  
Subacute  
Chronic  
Fresh Form
- 10     **What factors do *not* cause the appearance of a simple contact dermatitis:**  
High and low temperature  
Strong acids and alkali  
Taking drugs orally

Ionizing radiation  
Intravenous injection

- 11      **Contact allergic dermatitis develops after:**  
Reception sulfonamides  
Injections of penicillin  
Applying antiperspirant  
Contact with chemicals
- 12      **Essential laboratory studies with contact allergic dermatitis:**  
Clinical blood analysis  
Statement of allergic skin tests  
Reaction PHA  
Determining whether acantholytic cells
- 13      **The intensity of the clinical manifestations of contact dermatitis depends on:**  
The concentration of stimulus  
Long-term exposure  
Individual sensitivity  
From the floor of the patient
- 14      **For the treatment of allergic contact dermatitis are used:**  
Antihistamines  
Preparations sulfone series  
Topical glucocorticoids  
Detoxification therapy
- 15      **Etiological factors for the development of the artificial dermatitis are:**  
Mechanical  
Physical  
Chemical  
Biological  
Nutritional
- 16      **Differential diagnosis of allergic contact dermatitis is carried out:**  
Lupus erythematosus  
Ichthyosis  
Eczema  
Toxicoderma
- 17      **Simple contact dermatitis is characterized by:**

The emergence of on-site irritation factor  
No sensitization  
Trends in peripheral growth  
Sample Jadassohn

- 18      **Simple dermatitis caused by physical factors:**  
Chilblains  
Radiation dermatitis  
Frostbite  
Sunburn
- 19      **Fitodermatis can be caused by:**  
Hogweed  
Jellyfish  
Caterpillars  
Primrose
- 20      **Allergic skin tests may include:**  
Drip tests  
Compression tests  
Scratch (Skin Prick Tests) tests  
Cerebrospinal
- 21      **Photodermatitis develops under the influence:**  
Insolation  
Visits to the sauna  
Adoption of photosensitizers  
Ionizing radiation
- 22      **What are the external means used for the treatment of simple dermatitis:**  
Retinoids  
Corticosteroids  
Benzyl-benzoate  
Shaken suspension
- 23      **Development of simple contact dermatitis has in the background:**  
Long reception retinoids  
The effects of acid  
Mechanical friction  
Insolation
- 24      **What helps the diagnosis of atopic dermatitis:**

Biopsy  
The culture diagnosis  
Medical anamnesis  
Allergy test

- 25      **Increased sensitivity, leading to allergic contact dermatitis:**  
Congenital  
Idiosyncrasy  
At the second meeting with the allergen  
In a monovalent sensitization

## **Eczema**

*Single choice answer*

- 1      **What clinical form is *not* included in the classification of eczema:**  
Disgidroticheskaya  
Seborrheic  
Warty  
True form
- 2      **The characteristic pathological picture of the true eczema:**  
Inflammation of the papillary dermis  
Spongiosis  
Acanthosis  
Parakeratosis  
Vacuolar degeneration
- 3      **What are the primary morphological elements of eczema:**  
Tubercle  
Nodule  
Vesicle  
Vegetation  
Lichenification
- 4      **What is the typical localization of seborrhea:**  
Oral mucosa  
Extensor surface  
Scalp  
Soles  
Palms



- 5        **Typical localization for dyshidrotic eczema is:**  
Scalp  
Area breast  
Nasolabial folds  
Palms and soles  
Interscapular region
- 6        **The most common form of eczema in children:**  
Children form of eczema  
Dyshidrotic form of eczema  
Sycosiform form of eczema  
Varicose form of eczema
- 7        **With what diseases differentiate true eczema:**  
Scleroderma  
Lyell's syndrome  
Atopic dermatitis in acute phase  
Conjunctival skin  
Molluscum contagiosum
- 8        **Which of the following statements is *not* true for varicose eczema:**  
Asymmetric affect  
Localization of the lower extremities  
Combined with varicose symptom  
Is resistant chronic  
Accompanied by night itchings
- 9        **What drugs are used for microbial eczema:**  
Antibiotics  
Antifungal drugs  
Preparations sulfone series  
Aromatic retinoids  
Immunodepressants
- 10       **What is characteristic of the acute phase of eczema:**  
Vesicles, erosions with weeping point ("serous wells")  
Positive iodine sample Balzer  
Positive psoriatic triad  
Glow under the fluorescent lamp Wood
- 11       **What characterizes the subacute stage of eczema:**  
Crusts, scales and excoriations

The appearance of nodes  
The appearance of ulcers  
The appearance of tubercles

12      **What is *not* typical of chronic microbial (varicose) eczema:**

Venous insufficiency, trophic ulcers  
Appearance of violations  
Spot erosion weeping ("serous wells")  
The phenomenon of Koebner

13      **What is typical for dyshidrotic eczema:**

The appearance on the lateral surfaces of the fingers  
hands and feet, skin itchy palms and soles vesicles  
The appearance of nodes  
The appearance of ulcers  
The appearance of tubercles

14      **What is typical for microbial eczema:**

Asymmetrical lesions in the central part of which is covered with  
purulent and serous crusts  
Positive iodine sample Balzer  
Positive psoriatic triad  
Glow under the fluorescent lamp Wood

15      **What is typical for nummular (numulyarnaya) eczema:**

It is a microbial eczema  
Lesions of round shape with clear boundaries  
Localization on the upper and lower extremities and trunk  
All the answers are correct

16      **Properties of external drugs used for the treatment of acute eczema:**

Anti-inflammatory  
Regenerating  
Disinfectant  
All the answers are correct

17      **What drugs are prescribed for eczema:**

Water-agitated suspension  
Antimalarial  
Acaricide  
Sulfonic

18      **Enter the external form of drugs used to treat eczema:**

Water-agitated suspensions  
Creams  
Pastes  
All the answers are correct

19      **What drugs are prescribed for microbial eczema:**

Antibiotics  
Antimalarial  
Acaricide  
Antimycotic

20      **Specify the non-drug treatments for eczema:**

Narrow-band medium-wave ultraviolet therapy with a wavelength of 311 nm  
Diet  
Low-intensity red laser light spectrum  
All the answers are correct

21      **Criteria of efficiency treatment of eczema:**

Reducing of the severity of inflammation  
Cessation of itching and exudation  
Regression of eruptive elements  
All the answers are correct

22      **Select the secondary morphological element for eczema:**

Tubercle  
Nodule  
Vesicle  
Squama, flake  
Spot

23      **Specify the types of eczema:**

Idiopathic  
Dyshidrotic  
Pruriginous  
All the answers are correct

24      **Specify the types of microbial eczema:**

Nummular  
Post-traumatic eczema  
Varicose  
All the answers are correct

*Multiple choice answer*

- 1      **Patients with seborrheic dermatitis:**  
The process is localized on the skin head, face, chest, behind the ears  
There bullous rash  
There are pink spots, covered with yellowish scales  
A positive sign of Nikolsky
- 2      **Symmetrical arrangement of foci, fuzzy boundaries, red dermatographism observed at:**  
Simple contact dermatitis  
Toxic epidermal necrolysis  
True eczema  
Idiopathic eczema
- 3      **Patients nummular eczema:**  
Outbreaks sharply limited right rounded shape  
There is a microbial agent  
Resistance to therapy  
The focus are localized always on the head
- 4      **Patients pruriginous eczema:**  
There paroxysmal itching  
Neurotic disorders  
Chronic  
Noted the appearance of papules, vesicles milliarnyh
- 5      **Occupational eczema:**  
Proceeds chronically  
Recurrence influenced by industrial and domestic stimuli  
May develop after working with dyes, oils and other allergens  
Not associated with occupational hazards
- 6      **In the treatment of patients with eczema may be used:**  
Antihistamines  
Desensitizing agents  
External glucocorticoid agents  
Preparations of a number of sulfone (dapsone)
- 7      **Symptom Nikolsky will be negative if:**  
Toxic epidermal necrolysis  
Dyshidrotic eczema  
Seborrheic eczema

Pityriasis versicolor

- 8        **Desensitizing therapy used in the treatment of:**  
Nummular eczema  
Post-traumatic eczema  
Pruriginous eczema  
True eczema
- 9        **Characteristic of true eczema:**  
Chronic relapsing course  
Accompanied by itching  
The primary element is the microvesicles  
Asymmetry foci
- 10       **Etiological agents of eczema are:**  
Endogenous  
Exogenous  
Genetic  
Professional
- 11       **Mycotic eczema:**  
Localized on the skin of the palms and soles  
Begins with acute mycotic process  
The main allergen is a fungus  
The main drug therapy is prednisone
- 12       **For microbial eczema is characterized by:**  
Asymmetrical affect  
The eczema outbreaks as pustules  
Occurance of tubers  
Positive sample Balzer
- 13       **Which of the following forms are included in the concept of microbial eczema:**  
Numullar  
Post-traumatic  
Verucous  
Varicous
- 14       **Differential diagnosis of eczema is carried out with:**  
Psoriasis  
Seborrhea  
Rosacea

Lichen planus

- 15      **The effective therapy for treatment of pruriginous eczema effective:**  
Sedative  
Antihistamines  
External corticosteroids  
Desensitizes
- 16      **In patients with eczema:**  
Expressed dysgammaglobulinemia (excess of Ig G, Ig E, deficiency of Ig M)  
The number of T-lymphocytes function is lowered  
Total number of T-cells is lowered  
The number of B-lymphocytes increased
- 17      **Pathogenetic process of formation of eczema involves such complex mechanisms as:**  
Infectious-allergic  
Metabolic  
Neuroimmunovegetodystonic  
Parasitical
- 18      **The following types of eczema:**  
Corneal  
Idiopathic  
Parasitical  
Nodular
- 19      **Histopathology of acute eczema:**  
Parakeratosis  
Focal spongiosis  
Hypergranulosis  
Swelling of the papillary dermis to vasodilatation
- 20      **The diagnosis of eczema is based on:**  
Acute inflammatory oedema  
Serous papulles  
Microvesicules with «serous wells»  
Weeping (madescence)
- 21      **What non-drug treatments are used to treat eczema:**  
Myoelectrostimulation  
Phonophoresis

Reflex physiotherapy  
Laser therapy

## Theme 5. Atopic dermatitis

*Single choice answer*

- 1 **What is a typical localization of erythematous-squamous form of atopic dermatitis:**
  - On the feet
  - On the scalp
  - On the skin of the abdomen and inner thighs
  - On the skin surface of the joint flexion
  - On the skin of the extensor surface of the joints
- 2 **What are the clinical varieties of atopic dermatitis:**
  - Erythematous
  - Erythematous-squamous
  - Erythematous-squamous with lichenification
  - All the answers are correct
- 3 **The exudative form of atopic dermatitis is characterized by:**
  - Up to 2 years, erythema, vesiculation, moisture
  - Adolescence, atopic cheilitis
  - Juvenile and mature age
  - Papules, erythema, lichenoid papules flat
- 4 **Specify the favorite places of localization elements for the exudative form of atopic dermatitis:**
  - Extensor surfaces of the extremities
  - Cheek, extensor surfaces of the upper extremities, buttocks
  - Mucous membranes
  - The skin of the scalp
- 5 **What are the morphological features that are *not* observed in atopic dermatitis:**
  - Lichenification
  - Papule
  - Vesicle
  - Tubercle

Excoriation

- 6      **Prevention of atopic dermatitis include:**  
Excluding cereals (wheat, rye, oats)  
Excluding food and drugs containing iodine  
Excluding food, inhaled allergens  
General Recreation Activities
- 7      **What is *not* typical for atopic dermatitis:**  
White dermographism  
Beginning in childhood  
Polished nails, as an indirect sign of itching  
The emergence of bubbles with a thin tire  
Elevated levels of IgE
- 8      **The main clinical signs of atopic dermatitis include everything *except*:**  
Intense itching  
Favourite localization  
Hereditary atopic history  
Seasonality of exacerbations  
Beginning at an early age
- 9      **Auxiliary clinical signs of atopic dermatitis include everything, *except*:**  
Xerosis  
Monomorphic papular rash  
Food Allergy  
Elevated levels of Ig E  
Folds Morgan
- 10     **Topical treatment of atopic dermatitis using all formulations, *except*:**  
Ointment keratoplasty  
Paste  
Plaster keratolytic  
Cream
- 11     **What dermographic characteristic is true for atopic dermatitis:**  
White  
Red  
Urticaria  
Psoriasis-form



- 12      **Specify which form is *not* found in case of atopic dermatitis:**  
Erythematous  
Erythematous-squamous  
Erythematous-squamous with lichenification  
Syphilis-like
- 13      **Choose the main clinical signs of atopic dermatitis:**  
Intense itching  
Typical morphology and location of the rash  
The seasonality of exacerbations  
All the answers are correct
- 14      **Select the auxiliary clinical signs of atopic dermatitis:**  
Dry skin  
Resistant white dermographism  
All the answers are correct  
Elevated levels of IgE
- 15      **Specify the drugs for external therapy of atopic dermatitis:**  
Ointment keratoplasty  
Pasta inflammatory  
Suspension  
All the answers are correct
- 16      **The criteria for the effectiveness of therapy of atopic dermatitis are:**  
Improving the quality of life of the patient  
The duration of remission  
The lack of new elements  
All the answers are correct
- 17      **Selective phototherapy prescribed for:**  
Atopic dermatitis  
Lupus erythematosus  
Trichophytosis  
Epidermophytosis
- 18      **Diagnosis of atopic dermatitis is based on:**  
Complaints of itching of the skin, the appearance of erythematous-squamous lesions on the surface of the limb flexion  
Microscopic studies on fungi  
Bacteriological research on fungi  
The presence of plaques with silvery-white scales

- 19      **What diseases request differential diagnosis of atopic dermatitis:**  
Psoriasis  
Toxicoderma  
Eczema  
All the answers are correct
- 20      **Methods of PUVA therapy is based on:**  
Application photosensitizer psoralen group  
Combines systemic application photosensitizer group psoralen and long-wave UV radiation with a wavelength of 320-400 nm  
Application of long-wave UV radiation with a wavelength of 320-400 nm without psoralen photosensitizers group  
Application of corticosteroid ointments
- 21      **Narrow-band medium wave therapy with a wavelength of 311 nm is prescribed for:**  
Atopic dermatitis  
Lupus erythematosus  
Trichophytosis  
Epidermophytosis
- 22      **What are the morphological features observed in case of atopic dermatitis:**  
Lichenification  
Papule  
Vesicle  
All answers are correct
- 23      **What is true for white dermographism:**  
Reproduced with atopic dermatitis  
Is a complementary feature of atopic dermatitis  
Prevails sympathetic nervous system  
All answers are correct
- 24      **Hypoallergenic diet may be administered to patients with following disease:**  
Epidermophytosis  
Microsporia  
Atopic dermatitis  
Trichophytosis
- 25      **Long-term use of hormone therapy among outdoor patients with atopic dermatitis can lead to everything listed, *except*:**

Full recovery  
Suppression of glucocorticoid function of the adrenal cortex  
Atrophy of the skin  
Hypertrichosis

- 26      **At what dermatosis a sign of "the fold of the lower eyelid Morgan" is found:**  
Atopic dermatitis  
Furuncle  
Carbuncle  
Scabies
- 27      **What is true for the atopic dermatitis course:**  
Seasonal stage  
Two stages, depending on the activity of the process  
The three stages of age-evolutionary dynamics  
Four stages depending on complications  
Stages are not detected
- 28      **The leading role in the development of atopic dermatitis play:**  
Immune mechanisms  
Bacterial infections  
Herpes infection  
Fungal infections
- 29      **What type of immunoglobulin is playing a leading role in the development of atopy:**  
IgE  
IgG  
IgM  
IgA
- 30      **On what type of immune damage occurs atopic dermatitis:**  
Type I (IgE-mediated)  
Type II (cytotoxic)  
Type III (immune complex)  
Type IV (cell-mediated)
- 31      **Which cells in atopic dermatitis are antigen-presenting:**  
Eosinophils  
Largengans cells  
Pirogov-Langhans cells  
Red blood cells

- 32      **The risk of genetic burdeness for a child with atopic skin lesions of both parents is**  
1-10%  
0%  
60-80%  
100%
- 33      **First eruption in atopic dermatitis in children mostly appears:**  
On the face  
On the lower extremities  
On the back  
On the abdomen
- 34      **Reasons for an endogenous intoxication in atopic dermatitis:**  
Fermentopathy  
Bacterial endotoxins  
Bacterial exotoxins  
Viral toxins
- 35      **The atopic dermatitis usually appears in early childhood as:**  
Food allergies  
Acute inflammatory erythema  
Ulcers of irregular shape with an uneven bottom  
Relapsed follicular pustules
- 36      **At what age does erythematous-squamous form of atopic dermatitis begin:**  
From 40 to 55 years old  
From 2 to 10 years old  
From 3 months to 1 year  
Older than 60 years
- 37      **Allergic inflammation in the skin in atopic dermatitis leads to damage to:**  
Brilliant layer  
Stratum corneum  
Spiny layer  
Granular layer
- 38      **What type of dermographism is observed in atopic dermatitis:**  
White  
Red

Urticaria  
Mixed

- 39      **Can the pathological process in atopic cheilitis move to the oral mucosa:**  
Always  
Never  
Rarely  
Often
- 40      **UV-rays in the treatment of atopic dermatitis have the following effect:**  
No effect  
Immunosuppression  
Immunodepression  
Negative
- 41      **What is the defeat of the red border of the lips and the surrounding skin in atopic dermatitis:**  
Atopic cheilitis  
Rhinitis  
Atopic conjunctivitis  
Contact dermatitis
- 42      **Favourite localization of atopic dermatitis in adolescents:**  
Flexor surface of the joint  
Flexor surface of the joint  
Scalp  
Palms and soles
- 43      **Why are the drugs with calcium not used widely in the treatment of atopic dermatitis:**  
Activate itching  
Cause allergic reactions  
Strengthen flushing  
Strengthen lichenification
- 44      **At the stage of moisture in atopic dermatitis are used:**  
Powders  
Ointments  
Pastes  
Lotions

- 45      **Evaluation of patients with AD include:**  
Studying of IgG levels  
Studying of blood coagulation  
Identifying acantholytic cells  
Researching allergen-IgE-antibodies
- 46      **Clinical diagnostic criteria for AD:**  
Itching  
Onset of the disease in the elderly  
The absence of family history  
Red dermographism
- 47      **Clinical forms of AD:**  
Pruriginous form  
Psoriasis-form  
Bullous form  
Verrucous form
- 48      **For AD is typical:**  
Decreased levels of IgE  
Availability grouped vesicles  
Family anamnesis  
No itching
- 49      **What is most commonly prescribed to the patient with AD:**  
Anti-histamines  
A diet rich in fruits and berries  
NSAIDs  
Preparations of hyaluronidase
- 50      **Lichenification is typical for:**  
Vitiligo  
Microbial eczema  
Simple contact dermatitis  
AD

*Multiple choice answer*

- 1      **Select the clinical variety of atopic dermatitis:**  
Erythematosus  
Erythematous-squamous  
Erythematous-squamous with lichenification  
Psoriasis-form
- 2      **The differential diagnosis of atopic dermatitis is carried out with:**  
Psoriasis  
Toxicoderma  
Eczema  
Gonorrhea
- 3      **What are the morphological features observed in atopic dermatitis:**  
Lichenification  
Papule  
Vesicle  
Tubercle
- 4      **What is a typical characteristic for atopic dermatitis:**  
White dermographism  
Beginning in childhood  
Polished nails, as an indirect sign of itching  
The appearance of nodes in the subcutaneous fat
- 5      **List the main clinical signs of atopic dermatitis:**  
Intense itching  
Hereditary atopic history  
Seasonal exacerbation  
Начало в пожилом возрасте
- 6      **List auxiliary clinical signs of atopic dermatitis:**  
Papules, covered with silvery-white scales  
Monomorphic papular rash  
Elevated levels of IgE  
Fold of the lower eyelid - fold of Morgan
- 7      **List formulations used for topical treatment of atopic dermatitis:**  
Paste  
The aqueous shaken suspension  
Plaster with keratolytic

Cream

- 8        **Select the criteria for the effectiveness of therapy of atopic dermatitis:**  
Improving the life quality of the patient  
The duration of remission  
The lack of new elements  
The emergence of new elements
- 9        **Selective phototherapy is prescribed for:**  
Psoriasis  
Atopic dermatitis  
Solar urticaria  
Lichen planus
- 10       **Diagnosis of atopic dermatitis is based on:**  
Complaints of itching skin  
The appearance of erythematous-squamous areas of inflammation  
Localization of the elements on the flexor surface of the extremities  
The presence of plaques with silvery-white scales
- 11       **Choose a method of physical therapy of atopic dermatitis:**  
Selective phototherapy  
PUVA therapy  
Narrow-band medium wave therapy with a wavelength of 311 nm  
Rg-therapy
- 12       **Select the localization of elements for the exudative form of atopic dermatitis:**  
The skin of the cheeks  
Flexor surfaces of the extremities  
Buttocks  
Mucous membranes
- 13       **Select characteristics of dermographism in case of atopic dermatitis:**  
It manifested with appearance of nodes  
It is a sign of support  
White (because of the prevalence of the sympathetic nervous system)  
Red (because of the prevalence of the parasympathetic nervous system)
- 14       **Limited forms of atopic dermatitis are localized at:**  
Flexor surfaces of large joints



Posterolateral surface of the neck  
In the perianal area  
On the nail plate

- 15      **Select the external ways of therapy of atopic dermatitis:**  
Mitigating  
Moisturizers  
GCS  
Antibiotics
- 16      **Narrowband medium wave therapy with a wavelength of 311 nm is used in the treatment of following diseases:**  
Psoriasis  
Atopic dermatitis  
Lupus erythematosus  
Rosacea
- 17      **In the pathogenesis of atopic dermatitis play a role:**  
Blockers b-adrenergic receptors, destructive processes of membranes  
Allergy to microbial antigens  
Allergies to foods  
Inborn defect of inhibitor of complement C3  
Immunodeficiency
- 18      **What diseases are often combined with atopic dermatitis:**  
Polynosis  
Vasomotor rhinitis  
Bronchial asthma  
Scleroderma
- 19      **The manifestation of exudative form of atopic dermatitis:**  
Vesiculation  
Moisture in the form of serous "wells"  
Acute inflammatory erythema  
Tubercle rashes
- 20      **Limited atopic dermatitis is characterized by:**  
Itching  
Papular rash  
The formation of plaques that are prone to merger  
Formation of erosions
- 21      **Basic principles of treatment of atopic dermatitis:**

Elimination of allergens  
Antihistamines  
Anti-inflammatory drugs  
Antimycotic drugs

22      **Methods of detoxification in atopic dermatitis:**

Enterosorbents  
Reopolygluckine  
Hemosorption  
Antibiotic therapy

23      **What are the cytokines increase the migration of eosinophils and macrophages in the inflammatory focus:**

IL8  
IL5  
IL6  
C3b

24      **What are the methods of physical therapy used in the treatment of atopic dermatitis:**

Phonophoresis means a glucocorticosteroid  
Applications of paraffin  
Magnetotherapy  
Laser therapy

25      **Which of these vitamins are not recommended for patients with atopic dermatitis:**

B12  
B1  
B6  
A

26      **The most common food allergies in children cause:**

Egg protein  
Cow's milk  
Wheat flour  
Green apples

27      **New generation of antihistamines includes:**

Desloratadine  
Loratadine  
Fexofenadine  
Diphenhydramine

- 28        **To prevent the development of AD in children at high risk of atopy is recommended:**  
Assign probiotics in the last trimester for pregnant  
Observe the correct diet for pregnant women  
Do not limit the feeding of pregnant  
Eat nuts, dairy products being pregnant
- 29        **Increased requirements for foods for children are caused by:**  
Increased permeability of the protective barriers of the skin and mucous membranes  
Immature immune system  
Immaturity of enzymatic systems  
Increasing requirements of taste
- 30        **According to ICD-10 in atopic dermatitis are included:**  
Prurigo of Besnier  
Other atopic dermatitis  
Atopic dermatitis, unspecified  
Neurodermatitis
- 31        **There are following age phases of atopic dermatitis:**  
Infant  
Children  
Adult  
Transition
- 32        **The differential diagnosis of AD is carried out with:**  
Scabies  
Pink lichen  
Seborrheic dermatitis  
Allergic contact dermatitis
- 33        **The differential diagnosis of AD is carried out with:**  
Microbial eczema  
Psoriasis  
Lymphomas  
Discoid lupus erythematosus
- 34        **The goals of treatment of AD:**  
The achievement of clinical remission  
Improve skin condition  
Prevention of severe

Activating the process

- 35      **The approaches to the treatment of AD:**  
Identify the cause and significant allergen and its elimination  
Outdoor therapy  
Antihistamines  
Treatment of respiratory manifestations of atopy and related diseases
- 36      **Systemic pharmacotherapy in AD include:**  
Antihistamines  
Membrane-stabilizing drugs  
Sedatives and psychotropic drugs  
B-vitamins
- 37      **Requirements for external therapy at AD:**  
The elimination or reduction of pruritus  
Relief of inflammatory reactions  
Restore the protective properties of the skin  
Moisturizing and skin softening
- 38      **Topical corticosteroids inhibit:**  
The release of inflammatory mediators  
Exudation  
Cell migration to the area of inflammation  
Cell proliferation in the area of inflammation
- 39      **Preventive measures at AD include:**  
Breast feeding  
Diet therapy  
Timely detection of lactose deficiency  
Course appointment of antibacterial drugs
- 40      **What microbial flora may exist as a triggering factor:**  
St.aureus  
Malassezia spp.  
Candida spp.  
Clostridium tetani
- 41      **Atypical forms of AD:**  
Atypical seborrheic prurigo  
Urticaria  
Disseminated lichenoid form

Arthropathic form

- 42      **Reasons for the secondary infections among children with atopic dermatitis:**  
Scratching  
Changes in skin pH when using a tanning bath preparations  
The use of hormonal ointments  
The presence of areas of chronic infection
- 43      **Immune allergic reactions with importance in the AD:**  
RPG by Boden  
Increasing IgG and IgM  
Coombs antiglobulin reaction  
Increased IgE
- 44      **Signs of "atopic persons" include:**  
Transverse wrinkles on the forehead  
Cheilitis  
Morgan folds and lines Denis  
Perleches
- 45      **Specify the absolute criteria for the diagnosis of AD:**  
Hereditary predisposition  
The autumn-winter nature of exacerbations  
Chronic recurrent course  
Allergic diseases of other organs
- 46      **The clinic course of AD is divided into the following age phases:**  
First (infant) -up to 2 years of age  
First (infant) -up to 1 year  
The second (child) -up adolescence  
The second (child) -Up to 8 years  
The third (adult) - the period of youth and adulthood
- 47      **Algorithm for the inspection of a patient with AD:**  
Determination of total IgE levels in the serum an immunoenzyme method  
Serological diagnosis of parasitic diseases - detection of antibodies to the antigens of lamblia and ascarids  
Skin tests - scarification method  
Allergy blood serum test - determination of specific IgE / IgG to food, household and other antigens
- 48      **What state is pathognomonic among children with atopic dermatitis:**

Hyperthyroidism  
Hyperglycemia  
Intestinal dysbiosis  
Worm infestation

- 49      **Pruriginous form of AD is characterized by:**  
The presence of isolated pruriginous papules  
Dermographism - white and resistant  
Patients complain of a painful itch  
Papules bluish color
- 50      **At the stage of incomplete remission states:**  
Reduction in symptoms of skin inflammation  
There are pockets of post-inflammatory hypo- and hyperpigmentation  
Areas of infiltration, lichenification stay  
Mostly moisture

## **Theme 6. Allergic dermatoses**

*Single choice answer*

- 1      **What are the clinical manifestations of pruritus:**  
Itchy conical papules  
Diffuse cystic lesions  
Lack of primary morphological elements, the presence of excoriations  
  
The formation of wheals on the ground scratching  
Papules, vesicles, vegetation, excoriation
- 2      **Specify what kinds of pruritus does *not* exist:**  
Anogenital itching  
Generalized itching  
Psychogenic itching  
Itching Bullous  
Senile pruritus
- 3      **What is *not* typical for pruritus:**  
The appearance wheals on the ground scratching  
Multiple excoriations  
When combing occurs transient erythema  
Complaints of itching

Polished nails, as an indirect sign of itching

- 4      **Physiological pruritus (select the true statement):**  
It is characterized by the development of scarring in the field excoriations  
It is characterized by the seasonal course  
There is a night-time  
Wearing a long, paroxysmal  
Generally weak, emerges as an adequate response to stimuli
- 5      **For the treatment of pruritus is *not* applied:**  
Antihistamines  
Calcium  
Antifungal preparations  
Sedatives  
Sorbents
- 6      **When does wheal occur:**  
Hives  
Acantholytic pemphigus  
Lichen planus  
Osteofolliculitis  
Erythrasma
- 7      **For hives is typical:**  
Positive iodine sample  
Wheals  
Scutulas  
Spots cyanotic
- 8      **Specify the characteristic symptoms of acute hives:**  
The pustules are located in hair follicles  
Bubbles have flabby cap  
Grouped vesicles on erythematous background  
Wheals abundant pink-red color with intense itching  
Papules covered with loose silver-white scales
- 9      **Urticaria hives rash is characterized by:**  
Positive «psoriatic tiad»  
Grid Wickham surface elements  
Umbilicated in the center of the elements  
The presence of itching

- 10      **For the treatment of acute urticaria is used:**  
Antihistamines  
Antibiotics  
Antiparasitic products  
Antifungals
- 11      **Pathological changes in the hive:**  
Edema of papillary dermis  
Parakeratosis  
Hyperkeratosis  
Akantolysis
- 12      **At what disease *no* primary morphological elements are marked with excoriations:**  
Psoriasis  
Lichen planus  
Itching  
Acantholytic pemphigus
- 13      **For what disease characterized by pruritic papules with dense hemispherical verrucous surface:**  
Prurigo nodularis  
Pityriasis versicolor  
Contact dermatitis  
Osteofolliculitis
- 14      **In the treatment of prurigo use external therapies, *except*:**  
Aniline dyes  
Glucocorticosteroid medications  
Antiseptic  
Acaricides
- 15      **The criteria for the effectiveness of treatment of hives are all, *except*:**  
Termination emergence of fresh eruptions  
Full resolution of existing lesions  
No itching  
The emergence of new elements
- 16      **Specify the drugs not prescribed for the treatment of acute hives:**  
Blockators of H1-histamine receptors  
Blockators of H2-histamine receptors  
Systemic glucocorticosteroid medications  
Antifungal preparations



- 17      **What is typical for urticaria:**  
White dermographism  
Urticarial dermographism  
Red dermographism  
Mixed dermographism
- 18      **Specify the varieties of pruritus:**  
Anogenital  
Generalized  
Senile  
All the answers are correct
- 19      **Quincke's oedema starts at:**  
Lower extremities  
Mucosa membranes of larynx  
Nail infections  
Myocarditis
- 20      **Generalized pruritus is *not* typical for:**  
Cirrhosis of the liver  
Malignant tumors  
Vitiligo  
Senile skin changes
- 21      **What is *not* typical for nodular pruritus:**  
Affects women  
Itchy  
Characterized by large papules, nodes  
Young age
- 22      **Localization of nodular pruritus:**  
Mucous membranes  
Shins  
Scalp  
Breast skin
- 23      **Differential diagnosis of pruritus:**  
Flebotodermiya  
Lichen planus  
Psoriasis  
Pemphigus

- 24      **Changes in the nail associated with skin itch:**  
Onycholysis  
Onychogriphosis  
"Polished" nails  
Symptom "thimble", onychia punctata
- 25      **What type of pruritus is *not* included in the clinical classification:**  
Adult  
Nodosum  
Bullosa  
Strofulyus
- 26      **Acute hives is characterized by:**  
Monomorphic urticarial rash  
Appearance of cutaneous pigmented lesions  
Appearance of tubercles  
Uneven hypergranulation
- 27      **According to pathogenetic principle isolated immunological hives:**  
IgE-mediated  
IgA-mediated  
IgG-mediated  
IgM-mediated
- 28      **Artificial hives is characterized by:**  
The appearance of wheals on exposed skin  
The appearance of wheals linear form in response to mechanical stimulation  
Parakeratosis  
The appearance of vesicles along the nerve trunks
- 29      **Acute Quincke's edema is:**  
Angioneurotic edema  
Mastocytosis  
Paraneoplastic syndrome  
Lymphedema
- 30      **What is *not* typical for the clinic recurrent hives:**  
Proceeds of attack  
Seasonal  
In peripheral blood eosinophilia note  
Not accompanied by itching

- 31      **Contact hives is a form of allergic dermatitis that occurs:**  
After taking antibiotics  
After contact with an allergen  
When the cluster of mast cells in the skin appears  
In diseases of the gastrointestinal tract
- 32      **When Mastocytosis observed a positive phenomenon:**  
Sign Darier  
Sign Polotebnova  
Sign Nikolsky  
Sing Pospelova
- 33      **What type of inherited familial cold urticaria:**  
Recessive  
Autosomal dominant  
Autosomal recessive  
X-linked
- 34      **Hives, arising under the influence of serotonin and bradykinin *not* amenable to treatment:**  
Antihistamines  
GCS  
Desensitizing agents  
Hypoallergenic diet
- 35      **Cholinergic urticaria – is:**  
Accumulation in the tissues of chemically active substances such as histamine  
Display of vegetative-vascular dystonia with increased production of acetylcholine  
Excessive allocation of cryoglobulins  
Dysproteinemia
- 36      **Exogenous factors in the development of hives include:**  
Brugs  
Focal infection  
Diseases of the blood  
Immunodeficiency states
- 37      **Endogenous factors in the development of hives include:**  
Vaccines  
Physical factors  
Nutritional supplements

## Infections

- 38      **Accompanied by an excessive release of cryoglobulins:**  
Cholinergic urticaria  
Cold Urticaria  
Vibratory urticaria  
Idiopathic
- 39      **The basis of the development of urticarial reaction is hives:**  
Allergic reactions of immediate hypersensitivity  
An allergic reaction of delayed type hypersensitivity  
Anaphylactic reaction  
An allergic reaction of immediate type hyposensitivities
- 40      **What are common pathogenetic link for all types of urticaria:**  
Fermentopathy of gastrointestinal tract  
Increased microvascular permeability  
Kallikrein-kinin system  
Genetic predisposition
- 41      **The differential diagnosis of prurigo:**  
Dermatitis herpetiformis Duhring  
Pemphigus  
Mastocytosis  
Neurofibromatosis
- 42      **Cutaneous mastocytosis is characterized by:**  
Brownish colored elements  
A positive phenomenon Koebner  
With the appearance of papules umbilicated  
White dermographism
- 43      **Urticaria pigmentosa:**  
The most common form of skin mastocytosis  
There is more common in women over 50 years  
A seasonal  
Accompanied by the appearance of nodes
- 44      **Aggravating factors for pruritus nodosum are:**  
Insect bites  
Admission antihistamines  
Mesotherapy  
Eating gluten

- 45      **Prurigo nodularis is:**  
 Koebner disease  
 Hyde's disease  
 Pruritus Brocchi  
 Pruritus Lyell
- 46      **In the treatment of pruritus is *not* used :**  
 Antihistamines  
 Sedatives drugs  
 Desensitizing drugs  
 Sulfonic drugs
- 47      **What is the method of physical therapy indicated for the treatment of pruritus:**  
 Acupuncture therapy  
 Suberythema doses of UVR  
 Phototherapy  
 All the answers are correct
- 48      **Non-allergic form of chronic urticaria arises from:**  
 Dysproteinemia with excessive accumulation of intracellular proteases  
 Increased production of acetylcholine  
 Exogenous factors  
 Taking large doses of antibiotics

*Multiple choice answer*

- 1      **Select, which is typical of nodular pruritus:**  
 The appearance of the rash after hyperinsolation  
 Appearance of dense hemispherical papules up to 10 mm in diameter, often with verrucous surface  
 The emergence of papules, covered with silvery-white scales  
 Location of the lesions on the lower limbs
- 2      **Varieties of hives are:**  
 Acute  
 Chronic recurrent  
 Persistent papular  
 Psoriasiform

- 3        **Select therapies prurigo:**  
Hypoallergenic diet  
Antihistamines  
Desensitization therapy  
Antimalarials
- 4        **Select the external therapies for prurigo:**  
Aniline dyes  
Glucocorticosteroid funds  
Antiseptics  
Acaricides
- 5        **Specify the criteria for the effectiveness of treatment of hives:**  
  
Termination of the appearance of fresh eruptions  
Complete disappearance of existing lesions  
Lack of itching  
The emergence of new elements
- 6        **Drugs prescribed for the treatment of acute hives:**  
Blockators of H1-histamine receptors  
Blockators of H2-histamine receptors  
Glucocorticosteroid drugs  
Antifungal preparations
- 7        **What is typical for adult prurigo:**  
Itching  
Lesions located on the flexor surface of the limbs  
Appearance of papular rash  
Ulceration of lesions
- 8        **Select the clinical manifestations of prurigo:**  
Common wheals on the skin surface  
Lack of primary morphological elements  
Appearance of excoriations  
Papules, vesicles, vegetation, excoriation
- 9        **Itching can be a symptom of:**  
Blood disorders  
Metabolic disorders  
Liver disease, kidney disease  
Syphilis

- 10      **Specify the varieties of pruritus:**  
Anogenital  
Generalized  
Psychogenic  
Psoriasiform
- 11      **Describe the symptoms of acute urticaria:**  
Subacute onset  
Acute onset  
Abundant urticaria rash on the trunk and extremities  
Individual papules on the face and neck
- 12      **What are synonyms of limited acute Quincke's oedema:**  
Giantic urticaria  
Stevens-Johnson syndrome  
Angioedema  
Melkersson-Rosenthal Syndrome
- 13      **What are the signs that are typical of standard papular chronic urticaria:**  
Congestive-erythematous nodules  
Papules of pink and brown colour  
Rather compact and densely-elastic consistency papules  
Elements of soft and painless on palpation
- 14      **Choose diseases, differentiated with limited acute Quincke's edema:**  
Recurrent erysipelas  
Lymphostasis  
Syndrome Melkersson-Rosenthal  
Laryngospasm
- 15      **Patients with urticaria usually have:**  
Changes of Ig to the overproduction of IgE and IgA deficiency  
The development of the disease is not always associated with an increased release of histamine  
Changes of serum Ig with hyper IgM and deficiency of vitamin E  
Development of disease is always associated with an increased release of histamine
- 16      **The classification of urticaria includes:**  
Lasting chronic papular  
Solar

Cold  
Chronic recurrent

- 17      **Name the set of features *not* typical of urticaria:**  
The primary element of the blister, dermatographism - red urticarial  
The primary element of the bubble, dermatographism - white  
The primary element of a papule, dermatographism - red  
The primary element of the vesicle, dermatographism - resistant white
- 18      **Nodular pruritus is characterized by:**  
The appearance of dense hemispherical nodules and nodes  
Smooth or verrucous surface  
Location on the extensor surfaces of the extremities  
No itching
- 19      **Differential diagnosis of scabies is carried out with:**  
Dermatitis herpetiformis Duhring  
Scabies  
Pemphigus  
Prurigo
- 20      **The basis of the development of urticarial reaction hives are:**  
Immediate hypersensitivity allergic reactions  
An allergic reaction of delayed type hypersensitivity  
The high concentration of biologically active substances  
Low concentration of biologically active substances
- 21      **The clinical picture of acute urticaria:**  
Subfebrile condition with chills  
Neurotic state  
Gastrointestinal disorders  
The appearance of a rash on the mucous membranes of the oral cavity
- 22      **Characteristic changes in the serum of patients with urticaria:**  
Decreasing the amount of histamine  
The increase of histamine  
The ability to inactivate histamine significantly reduced  
The ability to inactivate histamine increased
- 23      **Pseudoallergic reaction that causes hives:**  
Drugs histamine releasers



Inhibitors of prostaglandin synthesis  
The increased production of acetylcholine  
The reaction of immediate type

- 24      **For strofulus is characterized by:**  
Wheals in the center of which there are dense papules or vesicles  
Children aged 2 to 5-6 years  
The disease is determined by toxic-allergic reactions  
The appearance of nodes
- 25      **Which of the following diseases are accompanied by pruritus:**  
Lichen planus  
Atopic dermatitis  
Secondary syphilis  
Eczema
- 26      **The differential diagnosis of nodular pruritus carried out with:**  
Verrucous form of lichen planus  
Warty tuberculosis  
Sarcoidosis  
Leishmaniasis
- 27      **What are the morphological features observed in skin itch:**  
Vegetation  
Lichenification  
Excoriation  
Scratches
- 28      **Scrapie Gajda is characterized by:**  
Eruptions in the form of papules, nodes with a diameter up to 1 cm  
Localization on the extensor surfaces of the limbs, legs, back of hands  
Localization on the flexor surfaces of the extremities, back, palms  
Severe itching
- 29      **The course of pruritus:**  
Continuity  
Periodicity  
Attenuation  
Aggravation during cold exposure, time of day, physical exertion  
All answers are correct
- 30      **The severity of the itch is dependent on:**  
The intensity of the impact of the stimulus

Nerve pathways  
State of the cortical analyzer  
The patient's age

- 31      **Change in the nail skin itch:**  
Seam  
Hyperkeratosis  
Flattening  
"Polished" appearance
- 32      **Physiotherapy, used for the treatment of pruritus:**  
PUVA therapy  
Magnetic  
Bucca-therapy  
Lasertherapy
- 33      **The cause of generalized pruritus can be:**  
Simple herpes  
Pityriasis versicolor  
Sezary syndrome  
Mycosis fungoides
- 34      **The reason for the local itching anus are:**  
Enterobiasis  
Parasite infestation  
Extensive warts  
Candidiasis
- 35      **The most commonly for the treatment of acute urticaria are used:**  
Desensitization therapy  
Glucocorticosteroids  
Sulfonic drugs  
Antihistamines
- 36      **Possible causes of chronic urticaria:**  
Diseases of the digestive tract  
Diseases of the endocrine system  
CVD  
The foci of chronic infection
- 37      **Papules during pruritus among adults:**  
Located distracted, they do not tend to merge  
Solid consistency

The size of a lentil  
Brownish red

- 38      **What are the methods of investigation should be carried out with the patient skin itch:**  
Blood tests for sugar  
Liver function tests  
Residual urea nitrogen and serum  
PCR diagnostics
- 39      **Professional urticaria occurs:**  
After contact with skin irritants and mucous  
When inhaled allergen  
Inherited in an autosomal dominant pattern  
Inherited recessive type
- 40      **Local therapy of hives:**  
Shaken suspension  
Anti-inflammatory ointment  
Glucocorticoid agents  
Aniline dyes
- 41      **Chronic hives should be differentiated from:**  
Insect bites  
Dermatosis herpetiformis Duhring  
Prurigo  
Bullous pemphigoid
- 42      **In the event of strophulus primary role is played by:**  
Neuroendocrine factors  
Enzymopathy  
Contact synthetic underwear  
Biliary dyskinesia
- 43      **Itching may be a manifestation of physical illness:**  
Diabetes  
Chronic renal failure  
Cirrhosis of the liver  
Lymphoma of the skin
- 44      **Which statements are contrary to the generally accepted ideas about itching dermatosis:**  
No itching

Only the children's age  
The presence of Ig G  
Increased cytokine type II

## Theme 7. Toxicoderma

*Single choice answer*

- 1 **What statement is true for toxic and allergic dermatitis:**  
Acute inflammation of the skin, mucous membranes  
Develops under the influence of the stimulus enrolled with the introduction of drugs parenterally  
Develops under the influence of the stimulus that entered through the respiratory tract  
All answers are correct
- 2 **What dermatitis develops after intravenous drugs?**  
Toxicoderma  
Contact dermatitis  
Scabies  
Furuncle
- 3 **Select the primary morphological elements at toxicoderma**  
Spots  
Papules  
Blisters  
All answers are correct
- 4 **Choose forms of toxicoderma:**  
Spotted  
Papular  
Bullous  
All answers are correct
- 5 **Toxicoderma is characterized by the appearance:**  
Pustules around hair follicles  
Spots on the skin, mucous membranes  
Psoriasis-form papules, covered with silvery-white scales  
Paired itchy papules in interphalangeal spaces

- 6      **The differential diagnosis of what disease is carried out with toxicoderma:**  
Measles  
Scarlet fever  
Rubella  
All answers are correct
- 7      **Which dermatosis develops after intramuscular injection of drugs?**  
  
Toxicoderma  
Contact dermatitis  
Scabies  
Furuncle
- 8      **Which dermatosis develops after administration of drugs via the respiratory tract?**  
Toxicoderma  
Contact dermatitis  
Scabies  
Eczema
- 9      **In therapy toxicoderma using external treatments, *except*:**  
Aniline dyes  
Glucocorticosteroid ointments  
Antiseptic  
Acaricides
- 10     **Lyell's syndrome is characterized by:**  
It is toxic and allergy syndrome  
It occurs after direct contact with base  
Sexually transmitted  
It occurs after the stress factor
- 11     **Select a positive symptom of the syndrome of Lyell:**  
Nikolsky  
"Stearin spot"  
"Terminal film"  
Gorchakov-Hardy
- 12     **For the treatment of toxicoderma use drugs:**  
Antihistamines  
Antibacterial  
Antiparasitic

Antimycotic

- 13      **Causes of exudative erythema multiforme:**  
Intolerance of drugs  
The presence of foci of chronic infection  
The appearance after vaccination or injection of serum  
All answers are correct
- 14      **Which syndromes are included in the definition of toxicoderma:**  
Weber Syndrome - Cockayne  
Lyell's syndrome  
The syndrome Little-Lassuera  
Raynaud's syndrome
- 15      **Toxicoderma occurs:**  
Because of resorptive action of allergens (haptens)  
Under the Optional stimuli  
Obligate stimulators  
Due to trauma
- 16      **Allergens that are important for development of toxicoderma include:**  
Bacterial toxins  
Ionizing radiation  
High temperatures  
Mechanical damage
- 17      **Fixed erythema caused by:**  
Sulfon drugs  
External application of glucocorticosteroids  
Upon contact with the nickel salts  
Upon contact with caterpillars
- 18      **The syndrome of Stevens - Johnson is:**  
Bullous pemphigoid  
Manifestation of occupational eczema  
Severe form of erythema multiforme  
In 100% of cases are fatal
- 19      **Lyme disease is caused:**  
Spirochetes (borrelia burgdorferi)  
Gonococcus  
Mycoplasma hominis  
Helicobacter pylori

- 20        **Drug toxicoderma is the result of:**  
Hypergranulosis  
Intolerance to drugs  
The effects of ionizing radiation  
Serous inflammation of the epidermis
- 21        **Lyme disease is:**  
Erythema migrans  
Vasculitis  
Toxic drug purpura  
Lymphoma of the skin
- 22        **What is observed in case of annular erythema:**  
Subcutaneous nodules formation on the front surface of the tibia  
Symptom of "target"  
Symptom "ring ring"  
skin atrophy
- 23        **The causative agent of Lyme disease are:**  
Treponema carateum  
Trichophyton Schoenleinii  
Borrelia burgdorferi  
Borrelia recurrentis
- 24        **What diseases are included in the classification of toxicoderma:**  
Epidermal lytic hyperkeratosis  
Kaposi's sarcoma  
Erythema nodosum  
Dermatitis herpetiformis Duhring
- 25        **How does toxicoderma caused sulfanilamide drugs:**  
Erythema nodosum  
Fixed eruption  
Erythema multiforme exudative  
Annular erythema
- 26        **Toxicoderma occurring at the site of the tick bite:**  
Erythema multiforme exudative  
Erythema annulare centrifugal Daria  
Toxic epidermal necrolysis syndrome  
Erythema migrans

- 27      **Which combination of Ig will increase if toxicoderma:**  
Ig G, Ig E, Ig M  
Ig G, Ig E, Ig A  
Ig A, Ig E, Ig M  
Ig D, Ig E, Ig M
- 28      **The full clinical picture of Lyell's syndrome develops through:**  
10 - 20 h  
12 - 36 h  
5 - 10 h  
2 - 3 h
- 29      **What's involved in the process at Lyell's syndrome?**  
Tracheal mucosa  
Bronchial mucosa  
Mucous eyes  
Gastric mucosa
- 30      **The diagnosis of toxicoderma requests:**  
Complement fixation test  
The reaction of direct immunofluorescence  
Reaction basophil degranulation  
The reaction of hemagglutination
- 31      **The differential diagnosis is carried out with toxicoderma:**  
Ichthyosis  
Leishmaniasis  
Childhood infections  
Leprosy
- 32      **Which morphological elements not found in the toxicoderma:**  
Spot  
Vegetation  
Papule  
Bubble

*Multiple choice answer*

- 1      **What is characteristic for toxic and allergic dermatitis:**  
Acute inflammation of the skin  
Acute inflammation of the mucous membranes



Develops under the influence of the stimulus, he entered through the respiratory tract

Developed after dermal contact with an irritant

2      **Select toxicoderma forms:**

Spotted

Papular

Bullous

Pigment

3      **Select drugs that are used in the therapy of toxicoderma:**

Hypoallergenic diet

Antihistamines

Allergen agent

Antimalarials

4      **What is characteristic of bullous toxicoderma?**

The appearance of large vesicles

Occurrence after taking antibiotics

After opening the vesicles are followed by erosion

The appearance of skin contact with acid

5      **Select external therapies bullous form toxicoderma:**

Aniline dyes

Glucocorticosteroid drugs

Antiseptics

Acaricides

6      **Specify the criteria for the effectiveness of treatment of toxicoderma:**

Termination of the appearance of fresh eruptions

Full resolution of existing lesions

No itching

The emergence of new elements

7      **Lyell's syndrome is characterized by:**

Serous contents bubbles

The appearance of flabby bubbles

The rapid development of inflammation, for several hours after administration of the allergen

Papules, covered with silvery-white scales

8      **What is characteristic of the exudative erythema multiforme?**

Acute disease of the skin and mucous membranes with polymorphic eruptions  
Flat edematous papules red-pink color with clear boundaries  
The central part of papules sinks and there are vesicles with serous or bloody contents  
Papules, covered with silvery-white scales

- 9        **Specify the etiology of exudative erythema multiforme:**  
Intolerance of medications  
The presence of foci of chronic infection  
The appearance after vaccination or injection of serum  
Hereditary theory
- 10       **What is the characteristic of lesions of the mucous membranes in the exudative erythema multiforme?**  
Spilled or limited edematous erythema  
After 1-2 days blisters appear  
Painful erosions  
Units of subcutaneous fat
- 11       **What is characteristic of Stevens-Johnson syndrome?**  
Toxic and allergic diseases  
The emergence of bullous elements  
Localization on the mucous membranes  
Defeat of hair
- 12       **Eruptions at Stevens-Johnson syndrome are located on:**  
Oral mucosa  
Nasal mucosa  
Conjunctivitis  
Hair
- 13       **Select therapy of exudative erythema multiforme:**  
Hypoallergenic diet  
Antihistamines  
Allergen agent  
Antimycotics
- 14       **Select therapy of Stevens-Johnson syndrome:**  
Corticosteroids  
Detoxifying action  
Sterile linen and other measures of aseptic  
Acaricides

- 15      **Select morphological elements arising from the Stevens-Johnson syndrome:**  
Spot  
Bubble  
lichenification  
Erosion
- 16      **Select morphological elements for exudative erythema multiforme:**  
Spot  
Vesicle  
Lichenification  
Erosion
- 17      **Select the morphological elements of the Lyell's syndrome:**  
Spot  
Vesicle  
Lichenification  
Erosion
- 18      **Select therapy of Lyell's syndrome:**  
Corticosteroids  
Detoxifying action  
Sterile linen and other measures of aseptic  
Acaricides
- 19      **Methods for external therapy of Lyell's syndrome:**  
Aniline dyes  
Corticosteroid ointments  
Acaricide spray  
Antifungal ointment
- 20      **Methods for external therapy of Stevens-Johnson syndrome:**  
Aniline dyes  
Corticosteroid ointments  
Acaricide spray  
Antifungal ointment
- 21      **Erythema migrans is:**  
Infectious-allergic erythema  
Lyme Disease  
Borreliosis  
Fixed eruption

- 22      **Varieties of exudative erythema multiforme:**  
 Verrucose  
 Idiopathic  
 Symptomatic  
 Scar
- 23      **Clinic of exudative erythema multiforme:**  
 Lesions are symmetric  
 Within a single element formed erythema, blister, pimple and sub-epidermal bulla  
 On the mucous membranes  
 Bleeding erosion, hyperemic background
- 24      **Complications exudative erythema multiforme are:**  
 The syndrome of Stevens - Johnson  
 Sezary syndrome  
 The syndrome Little-Lassuer  
 Lyell's syndrome
- 25      **Erythema nodosum:**  
 Form of infectious - toxic erythema  
 Accompanied by pain in joints and muscles  
 Localized on the shins  
 Manifested dense, painful erythematous nodes hypodermal

## **Theme 8. Mycoses**

### **Superficial mycoses**

*Single choice answer*

- 1      **The causative agent of a multi-colored lichen is:**  
 Trichophyton Tonsurans  
 Trichophyton Violaceum  
 Pityrosporum Orbiculare  
 Microsporum Ferrugineum  
 Trichophyton Mentagrophytes
- 2      **For multi-colored lichen is typical luminescence of:**

Emerald green  
Brownish purple  
The golden-yellow color  
Bluish color  
No light

3      **Clinical manifestation of multi-colored lichen is:**

The defeat of the nail plate brushes  
Spots of color "coffee with milk"  
Purulent crust  
The appearance of pustules  
Hair loss

4      **At what disease the lesions are coral-red glow in the rays Wood's lamp:**

Trichophytosis  
Lichen planus  
Microsporia  
Erythrasma  
Chromophytosis

5      **A drug having antifungal activity:**

Tetracyclines  
Terbinafine  
The antibiotic - macrolide  
Diphenhydramine

6      **Superficial mycoses include:**

Pink zoster  
Chromophytosis  
Simple lichen  
Shingles  
Lichen planus

7      **Symptom, characteristic of tinea versicolor:**

Besnier-Meshcherskiy  
Of asbestos-Hansen  
Iodine sample of Balzer  
Nikolsky  
Gorchakov-Hardy

8      **Pseudomycoses include:**

Colorful lichen

Simple lichen  
Erythrasma  
Psoriasis  
Trichophytosis

- 9      **Positive iodine sample of Balzer is observed at:**  
Microsporia  
Lichen planus  
Psoriasis  
Chromophytosis  
Crusted ringworm (favus)
- 10     **What is affected in case of erythrasma:**  
Leather large folds  
Nail plate  
Hair  
Joints  
Teeth
- 11     **What is affected in case of tinea versicolor:**  
Nail plate  
Hair  
Joints  
Teeth  
The skin of the trunk and extremities
- 12     **The causative agent of what disease is Pityrosporum Orbiculare:**  
Tinea versicolor  
Trichophytosis  
Microsporia  
Erythrasma  
Rubrophytosis
- 13     **The causative agent of what disease is Corynebacterium minutissimum:**  
Tinea versicolor  
Trichophytosis  
Microsporia  
Erythrasma  
Rubrophytosis
- 14     **Tinea versicolor affects everything, except:**  
The skin of the upper extremities

The skin of the lower extremities  
Breast skin  
The joints of the lower extremities  
The skin of the abdomen

- 15      **The causative agent for tinea versicolor is:**  
Pityrosporum Orbiculare  
Epidermophyton floccosum  
Trichophyton tonsurans  
Trichophyton rubrum
- 16      **Corynebacterium (erythrasma pathogens) are found only in:**  
Stratum corneum  
The basal layer of the epidermis  
Granular layer of the epidermis  
In the dermis
- 17      **For the treatment of erythrasma is *not* used:**  
Erythromycin ointment  
Sulfur-tar ointment  
Salicylic alcohol  
Clotrimazole
- 18      **For the treatment of tinea versicolor apply all of the following, *except*:**  
Clotrimazole  
Treatments of Dem'yanovich  
Ingestion Nizoral  
Lubrication erythromycin ointment
- 19      **For the treatment of erythrasma is *not* used:**  
External antibiotics  
Sulfur-tar ointment  
Salicylic spiritus  
External antifungals
- 20      **What mycose has spots appeared on the skin colored "coffee with milk":**  
Chromophytosis  
Microsporia  
Crusted ringworm (favus)  
Onychomycosis

## **Dermatomycoses**

*Single choice answer*

- 1      **The causative agent of rubrophytosis is:**  
Trichophyton Mentagrophytes  
Trichophyton Rubrum  
Trichophyton Verrucosum  
Trichophyton Tonsurans  
Trichophyton Violaceum
  
- 2      **What drug is used in therapy of rubrophytosis:**  
Itraconazole  
Tinidazole  
Metronidazole  
Co-trimoxazole  
Ornidazole
  
- 3      **The clinical forms of mycosis caused by T. Rubrum, are all listed, except:**  
Rubromycosis of feet  
Rubromycosis of feet and hands  
Rubromycosis of nail plates  
Rubromycosis generalized  
Rubromycosis internal organs
  
- 4      **The diagnosis of rubromycosis is confirmed by:**  
Increased sensitivity to iodine  
The presence of the "mother" plaque  
Positive luminescence  
Excruciating itching, worse at night  
Data culture studies
  
- 5      **For generalized form of rubromycosis is typical of all of the above except:**  
Erythematous-squamous foci  
Follicular-nodular lesions  
Exudative elements  
Erythroderma  
Spots of color "coffee with milk"
  
- 6      **For diseases caused by anthropophylic fungi are all listed, except:**



Epidermophytosis  
Rubrophytosis  
Crusted ringworm (favus)  
Tinea versicolor  
Trichophytosis infiltrative-suppurative

- 7      **What disease does *not* apply to dermatomycoses:**  
Rubromycosis of feet and hands  
Epidermophytosis groin  
Epidermophytosis of foot  
Chromophytosis  
Superficial trichophytosis
- 8      **Clinical forms of epidermophytosis are all listed, *except*:**  
Squamose  
Intertriginous  
Dishydrotic  
Epidermophytosis of nails  
Epidermophytosis of mucous membranes
- 9      **In the treatment of onychomycosis are used all the listed drugs, *except*:**  
Terbinafine  
Griseofulvin  
Itraconazole  
Corticosteroids
- 10     **What disease is caused by *Trichophyton Rubrum*:**  
Chromophytosis  
Trichophytosis  
Microsporia  
Erythrasma  
Rubrophytosis
- 11     **What disease is caused by *Epidermophyton inguinale*:**  
Chromophytosis  
Trihophytosis  
Microsporia  
Erythrasma  
Epidermophytosis groin
- 12     **Trichomycoses include everything except:**  
Microsporia

Trihophytosis  
Crusted ringworm (favus)  
Rubrophytosis

- 13      **Onycholysis is a**  
The most common disease of the interdigital folds  
Branch of the nail from its bed  
Beaked nails  
The presence of white spots on the nails
- 14      **Microsporum canis parasite on the skin of animals:**  
Cats and dogs  
Cows  
Mice  
Gophers
- 15      **What's *not* affected in microsporia:**  
Eyebrows  
Eyelashes  
Scalp  
Mucous membranes
- 16      **In what of the following diseases the edema of the skin is observed:**  
Squamose  
Intertriginous  
Dishydrotic  
Shelled
- 17      **Mykides - this is:**  
Mycotic eczema  
Allergic rashes  
Secondary infection  
The defeat of the scalp
- 18      **Onychomycosis - is**  
Branch nail from the nail bed  
Fungal infection of the nails  
Parasitic defeat  
Bacterial defeat
- 19      **Provoking factor for the development epidermophytosis inguinalis are:**  
Hyperhidrosis

Increased levels of eosinophils  
Leucocytosis  
Reduced immunoglobulin A

20      **What are the subjective feelings in case mycosis:**

Nausea  
Itching  
Headache  
Dizziness

21      **Wood's lamp - it is:**

Blue Lamp  
Infrared Lamp  
Fluorescent Lamp  
Ultraviolet

22      **The most common form of athlete's foot (epidermophytosis of feet) are:**

Intertriginous  
Dyshidrotic  
Squamous  
Combined with a secondary infection

23      **The term "athlete's foot" applies only to mycosis caused by:**

Epidermophyton floccosum  
Trichophyton rubrum  
Trichophyton tonsurans  
Trichophyton mentagrophytes var. interdigitale

24      **Local treatment of onychomycosis does *not* include:**

Lucky  
Mechanical cleaning  
Removing nail  
GCS ointment

25      **At the height of 5-8mm above the skin hairs break off when:**

Trichophytosis  
Microsporia  
Crusted ringworm (favus)  
Candidiasis

## **Dermatomycoses, superficial mycoses**

*Multiple choice answer*

- 1      **What diseases are included to pseudomycoses:**  
Actinomycosis  
Epidermophytosis  
Colorful lichen  
Erythrasma
- 2      **Varieties of epidermophytosis:**  
Squamous  
Seborrheic  
Intertriginous  
Scleroderma-like  
Dyshydrotic
- 3      **What is affected in case of erythrasma:**  
Inguinal folds  
Nail plate  
Armpits  
Joints  
Mucous membranes
- 4      **In patients with tinea versicolor is observed:**  
Spots of color "coffee with milk"  
Localization on the nail plate  
Scutula appearing  
Localization mainly on the upper body, neck
- 5      **Rubrophytosis is characterized by:**  
Infection occurs from cats and dogs  
There is a symptom of "black spots"  
Defeat of smooth skin  
Scutula  
The defeat of the nail plate
- 6      **For epidermophytosis of large folds is typical that:**  
Contamination occurs from animals  
There is a symptom of "black spots"  
Defeat of smooth skin  
Lesions are light brown

The defeat of the nail plate

- 7      **Choose what is true for epidermophytosis:**  
Infection occurs from cats and dogs  
There is a symptom of "black spots"  
Greenish glow is detected during examination using Wood's lamp  
  
Pathogen - Epidermophyton inguinale  
Sprinkler elements are localized in the interdigital spaces and soles
- 8      **Trichomycoses include:**  
Trichophytosis  
Erythrasma  
Microsporia  
Rubrophytosis  
Crusted ringworm (favus)
- 9      **Complication of epidermophytosis:**  
True eczema  
The defeat of the joints  
Erysipelas  
Eczematization  
Trophic ulcer
- 10     **The glow in the fluorescent lamp in the Wood is observed at:**  
Microsporia  
Chromophytosis  
Lichen planus  
Erythrasma  
Nail psoriasis
- 11     **Select the disease, that are not included to superficial mycoses:**  
Pink zoster Gibert  
Colorful lichen  
Simple herpes  
Shingles  
Lichen planus
- 12     **Negative iodine sample of Balzer is observed at:**  
Microsporia  
Lichen planus  
Psoriasis

Chromophytosis  
Crusted ringworm (favus)

- 13      **Erythrasma does *not* affect:**  
Groin  
Nail plate  
Armpits  
Joints  
Mucous membranes
- 14      **In case of tinea versicolor are *not* affected:**  
Nail plate  
Hair  
Leather trunk  
Mucous membranes
- 15      **Nail plate affected if:**  
Rubrophytosis  
Epidermophytosis  
Chromophytosis  
Erythrasma  
Pink zoster Gibert
- 16      **Nail plates are *not* affected when:**  
Rubrofitii  
Epidermophytosis  
Chromophytosis  
Erythrasma  
Crusted ringworm (favus)
- 17      **Local treatment of onychomycosis:**  
Lucky  
Mechanical cleaning  
Removing Nail  
GCS ointment
- 18      **Clinical manifestations of deep trichophytosis:**  
Acute over  
Suppuration of hair follicles  
It reminds carbuncle  
Increased regional lymph nodes
- 19      **List the forms of tinea of hands:**

Squamous  
Dishydrotric  
Pyogenic  
Ulcer-necrotic

- 20      **Dishydrotric form of lesions of feet is characterized by:**  
Numerous bubbles  
Itching  
It has undulating course  
Hyperkeratosis
- 21      **The symptoms are typical in case of tinea versicolor:**  
Contagiousness  
The presence of scaly papules  
The tan glow under a Wood's lamp  
Spots of color "coffee with milk"
- 22      **Clinical forms of zoonotic microsporia:**  
Scalp  
Smooth skin  
Palms  
Soles
- 23      **Pathogenic agents of candidiasis:**  
Candida albicans  
Candida tropicalis  
Candida rubrum  
Candida canis
- 24      **What drugs can be prescribed in the form of pulse therapy:**  
Itraconazole  
Terbinafine  
Amorolfin  
Ciclopirox
- 25      **With which diseases develop generalized forms trichophytosis:**  
Immune disorders  
Endocrine diseases  
AIDS  
Psoriasis

## **Theme 9. Deep mycoses**

## Microsporia

*Single choice answer*

- 1      **Pathogens of microsporia are all listed, *except*:**  
Microsporum Audonii  
Microsporum Ferrugineum  
Microsporum Folium  
Trichophyton Verrucosum  
Microsporum Canis
  
- 2      **For the treatment of microsporia all these drugs are used, *except*:**  
Terbinafine  
Griseofulvin  
Itraconazole  
Ethyl solution of iodine  
Tetracycline antibiotics
  
- 3      **Which of these diseases affects the internal organs:**  
Microsporia  
Trihofitii  
Rubrofitii  
Epidermophytosis  
Crusted ringworm (favus)
  
- 4      **In the diagnosis of fungal infections we use all of the laboratory methods, *except*:**  
Luminescence under Wood's lamp  
Microscopic examination  
The culture diagnosis  
Pap prints from lesions  
Histological examination
  
- 5      **Clinical manifestations of zoonotic microsporia:**  
Formation of foci with jagged edges  
Breaking of hair at a height of 1-2 mm above the skin  
The presence of "honeycomb"  
Brownish-yellowish luminescence  
Has scutula
  
- 6      **Clinical symptom of "black spots" observed at:**  
Chromophytosis  
Generalized rubromycosis  
Chronic trihofytosis



Infiltrative-suppurative triophytosis  
Infiltrative-suppurative microsporia

- 7        **Zoonotic microsporia is characterized by:**  
Infection of cats and dogs  
Infection of cattle  
Contamination from rabbits and rodents  
Infection from birds
- 8        **Endothrix dermatophytes are all listed, *except*:**  
Trichophyton Violaceum  
Trichophyton Tonsurans  
Microsporum Audonii  
Microsporum Ferrugineum  
Microsporum Canis
- 9        **Ectothrix dermatophytes are all listed, *except*:**  
Trichophyton Verrucosum  
Trichophyton Mentagrophytes  
Microsporum Folium  
Microsporum Canis  
Microsporum Audonii
- 10       **Parasitic sycosis is a manifestation of:**  
Infiltrative-suppurative triophytosis  
Impetiginous form of favus  
Staphylococcal impetigo  
Infiltrative-suppurative microsporia  
Streptococcal impetigo
- 11       **The causative agent of which disease is Trichophyton violaceum:**  
Anthropnotic triophytosis  
Crusted ringworm (favus)  
Zoonotic microsporia  
Tinea versicolor  
Erythrasma
- 12       **The causative agent of which disease is Trichophyton verrucosum:**  
Zoonotic triophytosis  
Crusted ringworm (favus)  
Zoonotic microsporia  
Tinea versicolor  
Erythrasma

- 13      **What dermatitis is characterized by the green glow under the fluorescent lamp of Wood:**  
Microsporia  
Scabies  
Eczema  
Atopic dermatitis
- 14      **The most contagious of all known pathogenic fungi is:**  
Microsporum ferrugineum  
Microsporum folium  
Microsporum Audonii  
Microsporum canis
- 15      **The most effective treatment for patients with microsporia is:**  
Fungistatic antibiotic griseofulvin  
Clotrimazole  
Fluconazole  
Gentamicin

### **Trichophytosis. Favus**

*Single choice answer*

- 1      **The causative agent of anthroponotic triophytosis is:**  
Trichophyton Mentagrophytes  
Trichophyton Rubrum  
Trichophyton Gypseum  
Trichophyton Verrucosum  
Trichophyton Violaceum
- 2      **Clinical signs of "honeycomb" Celsus is typical for:**  
Triophytosis superficialis  
Triophytosis infiltrative-suppurative  
Chronic triophytosis  
Triophytosis on nails  
Rubrophytosis
- 3      **Zoonotic triophytosis is characterized by:**  
Infection of cats and dogs  
Contamination from rabbits and cattle  
Positive luminescence

Breaking of hair at a height of 5-8 mm above the skin  
The absence of symptoms "honeycomb" Celsus

- 4      **Chronic trichophytosis on scalp is characterized by:**  
Education skutul  
The presence of "black spots"  
The absence of hair in the breaking of the lesions  
Visceral  
Central lesion
- 5      **For topical treatment of superficial trichophytosis we use all of the tools, *except*:**  
Alcoholic solution of aniline dyes  
Alcoholic solution of iodine  
Antifungal ointments and creams  
Sulfur-salicylic ointment  
Antibacterial ointments
- 6      **Clinical forms favus are all listed, *except*:**  
Favus of scalp  
Favus of smooth skin  
Favus on nails  
Favus visceral  
Favus of mucous membranes
- 7      **In the diagnosis of fungal infections we use all of the laboratory methods, *except*:**  
Smears from the lesions  
Microscopy of damaged hair and skin flakes  
The culture diagnosis  
Histological examination  
Fluorescence diagnosis
- 8      **Clinical forms of favus of hairy part of head is:**  
Scutular  
Papulous  
Psoriasis-like  
Roseolous  
Bullous
- 9      **For scutular form of favus is typical all of the above, *except*:**  
Mouse (grain) smell  
Scar skin atrophy

Keeping hair in the edge area  
Negative luminescence  
Hair in the lesions did not break off

- 10      **The causative agent of favus:**  
Trichophyton Shonlenii  
Trichophyton Tonsurans  
Microsporum Audonii  
Microsporum Ferrugineum  
Microsporum Canis
- 11      **Medicines used to treat favus:**  
Tranquilizers  
Antifungals  
Fotosensebilizatory  
Cytotoxic agents  
Pyretic
- 12      **Trichophytosis is characterized by:**  
Pathogenic agent is Tr. Rubrum  
Positive iodine sample Jadassohn  
When scratching scales - sharp pain  
The green glow under the light of Wood  
No luminescence under Wood's lamp
- 13      **Pockets on the smooth skin at trichophytosis differentiate from all these diseases, *except*:**  
Rubromycosis  
Teardrop-shaped parapsoriasis  
Psoriasis  
Dermatitis herpetiformis Duhring
- 14      **Localizations of favus are all listed, *except*:**  
Scalp  
Smooth skin  
Nail  
Conjunctiva
- 15      **For superficial trichophytosis is typical of all of the above, *except*:**  
Clear boundaries lesions  
Breaking of hair at a height of 1-2mm  
Symptoms of "honeycomb"  
Erythema, desquamation

*Multiple choice answer*

- 1        **For the treatment of microsporia are prescribed:**  
Antifungal preparations  
Corticosteroid ointment  
The ethylic solution of iodine  
Antimalarials  
Sulfur-salicylic ointment
  
- 2        **Trichophytosis of scalp needs to be differentiated from:**  
Microsporia of scalp  
Crusted ringworm (favus)  
Syphilitic "baldness"  
Onychomycosis  
Pyodermia
  
- 3        **Clinical forms of candidiasis are:**  
Candidiasis of large folds  
Small folds  
Mucous membranes  
Around nail roller  
Nail
  
- 4        **Deep mycoses include:**  
Rubromycoses  
Deep blastomycosis  
Zoonotic microsporia  
Chromophytosis  
Chromomycosis
  
- 5        **Methods of diagnosis for microsporia are:**  
Microscopy of damaged hair and skin flakes  
Bacteriodiagnosis  
Smears from the lesions  
Histological examination  
Glow under the fluorescent lamp Wood
  
- 6        **Trichophytosis is characterized by:**  
Pathogenic agent is Tr. Rubrum  
Low breaking of hair on head

When scratching scales - acute pain  
No light under Wood's lamp

- 7      **Methods of diagnosis for trichophytosis are:**  
Microscopy of damaged hair and skin flakes  
Bacteriodiagnosis  
Smears from the lesions  
Glow under the fluorescent lamp Wood
- 8      **What dermatoses are trihomycotic:**  
Microsporia  
Trichophytosis  
Erythrasma  
Epidermophytosis
- 9      **Specify the forms of trichophytosis:**  
Anthropophilic  
Psoriasis-form  
Zooanthropophilic  
Erythroderma
- 10     **Select localizations of favus:**  
Scalp  
Smooth skin  
Nails  
Visceral organs
- 11     **Which symptoms are not typical for microsporia scalp:**  
Breaking of hair at a height of 5-8mm  
Breaking of hair at a height of 1-2mm  
The presence of the coupling around the broken hair  
Asbestiform peeling  
Green glow hair when viewed under Wood's lamp
- 12     **Which of these factors does not cause candidiasis:**  
Dysbacteriosis  
Antibiotics  
Hyperthyroidism  
Diabetes  
Hypertonic disease
- 13     **What diseases are not caused by zoophilic fungi:**  
Rubromycoses

Surface trichophytosis  
Crusted ringworm (favus)  
Infiltrative-suppurative trichophytosis  
Epidermophytosis (athlete's foot)

- 14      **Indicate what factors contribute to athlete's foot (epidermophytosis):**  
Increased sweating  
Failure to comply with sanitary regulations in baths, saunas  
Contact with pets  
Wearing tight shoes  
Rubbing feet
- 15      **Mould fungi striking:**  
Skin  
Mucous  
Nails  
Hair  
Internal organs
- 16      **Infiltrative-suppurative trichophytosis is characterized by:**  
General malaise with fever  
Have acute inflamed infiltrates  
Positive symptom of "honeycomb"  
Spontaneous resolution
- 17      **For scutular form of favus is typical that:**  
Scar atrophy  
Barn smell  
Itching  
Ecthyma  
Symptom "old wig"
- 18      **Microsporia Infection can occur:**  
The children's groups  
When working on livestock farms  
At the hairdressers  
After contact with cats and dogs
- 19      **Clinical forms of candidiasis are:**  
Candidiasis of the mucous membranes  
Candidiasis skin folds  
Visceral candidiasis  
Chronic generalized candidiasis

- 20      **What are the clinical symptoms that are not typical for candidiasis the skin:**  
Wet erosion  
Dirty gray plaque  
The defeat of the skin folds  
Koebner phenomenon  
Collar exfoliated epithelium at the periphery
- 21      **For superficial trichophytosis is not typical:**  
Clear boundaries lesions  
Breaking of hair at a height of 1-2mm  
Symptom "honeycomb"  
Breaking of hair at a height of 4-6mm  
Erythema, desquamation
- 22      **The algorithm of examination of patients with mycosis:**  
Microscopic examination of pathological material  
Cultures studying to determine the type of pathogen  
In the appointment of systemic antimycotics - biochemical blood  
Diascopy
- 23      **The differential diagnosis of what diseases is carried out with athlete's foot (epidermophytosis):**  
Dyshidrotic eczema  
Keratoderma  
Psoriasis  
Pemphigus
- 24      **The clinical picture of microsporia of smooth skin is characterized by:**  
The incubation period is 5-7 days  
Pockets of round or oval  
There may be secondary allergic rashes  
There are symptoms of intoxication
- 25      **Chronic trichophytosis is characterized by:**  
Atrophic bald patches  
Symptom blackheads  
Possible itching  
The emerald-green glow



## Theme 10. Lesions of skin in diseases of the connective tissue

*Single choice answer*

- 1      **For the treatment of localized scleroderma we use:**  
Folding the seats of blue methylene  
Sulfuric ointment  
Antibiotics  
Benzyl benzoate  
Sulfone drugs
  
- 2      **What is observed in case of scleroderma:**  
Balzer's iodine sample is positive  
A positive phenomenon of psoriatic triad  
The appearance of the emerald glow on examination under Wood's lamp  
Availability acantholytic cells  
The presence of the skin hearth waxy white with lilacky rim
  
- 3      **Scleroderma is characterized by:**  
Soreness at scratching elements  
A positive sign of Nikolsky  
Erythema, induration, atrophy  
On the surface detect Tr. pallidum  
Increased sensitivity to iodine
  
- 4      **Scleroderma doesn't effect on:**  
Nail plate  
Skin trunk  
Skin limbs  
Genitals  
Scalp
  
- 5      **Besnier-Meshchersky symptom is positive at:**  
Dermatitis herpetiformis Duhring  
Lichen planus  
Favus  
Discoid lupus erythematosus  
Psoriasis
  
- 6      **What is true for centrifugal Biett's erythema:**

The appearance of pustules on the hands and feet  
The appearance of erythema on the face  
Fistulas  
Defeat Hair  
Defeat of the nail plate

- 7      **Symptomatic discoid lupus erythematosus is:**  
Sign Gorchakov-Hardy  
"Ladies' heel"  
Iodine sample Jadassohn  
Sign Nikolsky  
Balzer's iodine sample
- 8      **Clinical symptoms of discoid lupus erythematosus do not include:**  
Facial skin erythema, resembling a "butterfly"  
Pain during scratching the elements  
Follicular hyperkeratosis  
Umbilicated papules  
Scar atrophy
- 9      **What cutaneous form is not a manifestation of connective tissue diseases:**  
Discoid lupus erythematosus  
Centrifugal Bielt erythema  
Chronic disseminated lupus erythematosus  
A deep form of Kaposi-Irgang  
Psoriasis vulgaris
- 10     **What kind of drugs are prescribed for the treatment of discoid lupus erythematosus:**  
Iodine  
Sulfone drugs  
Antibiotics  
Antimalarials  
Acaricide
- 11     **For what dermatitis pain during scratching the elements is typical?**  
Dermatitis herpetiformis Duhring  
Lichen planus  
Favus  
Discoid lupus erythematosus  
Psoriasis

- 12      **At what dermatosis antimalarials are prescribed:**  
Psoriasis  
Contact-allergic dermatitis  
Scabies  
Discoid lupus erythematosus
- 13      **At what dermatosis elements, observed on the facial skin erythema, resemble a "butterfly":**  
Dermatitis herpetiformis Duhring  
Lichen planus  
Discoid lupus erythematosus  
Favus
- 14      **At what dermatosis the symptom of "ladies' heel" can be observed:**  
Acantholytic pemphigus  
Pityriasis versicolor  
Discoid lupus erythematosus  
Rubrofitii
- 15      **Specify the classic symptoms of discoid lupus erythematosus:**  
Erythema  
Follicular hyperkeratosis  
Scar atrophy  
All the answers are correct
- 16      **Hyperinsolarion may provoke:**  
Chronic lupus erythematosus  
Atopic dermatitis  
Molluscum contagiosum  
Genital warts
- 17      **Positive symptom of Pospelov is observed at:**  
Lupus  
Actinomycosis  
Erythema nodosum  
Erythema multiforme exudative  
Shingles
- 18      **Antimalarial drugs are used in the treatment of:**  
Chlamydial urethritis  
Trichomoniasis  
Dermatitis herpetiformis Duhring  
Pemphigus

Discoid lupus erythematosus

- 19      **In case of focal scleroderma we observe:**  
Balzer's sample is positive  
Elevated levels of IgE  
Centre of inflammation is ivory  
Appearance of crusts (scutula)
- 20      **A characteristic feature of lupus is a red border of lips:**  
Snow-bluish glow of the lesions in the Wood's lamp  
The emerald-green glow of the lesions in the Wood's lamp  
Brown lesions in the glow of a Wood's lamp  
Coral-red glow of the lesions in the Wood's lamp
- 21      **The initial manifestations of discoid lupus erythematosus are usually presented:**  
Erythematous patches  
Papules with impression in the center  
Massive atrophy areas  
Edema
- 22      **How is the symptom of Besnier-Meshcherskiy described:**  
Pain when removing the scales from the centers of hyperkeratosis  
Strong burning sensation when applied to the solution of iodine  
Pain in the processing chamber with chlorhexidine  
Pain in contact with the hearth cold water
- 23      **A Khachaturian symptom is:**  
Tallow-horny plugs in the ears  
Tallow-horny plugs in the neck  
Papules on the back of the hands  
Excoriations on the face
- 24      **A "Ladies' heel" symptom is:**  
Appearance of horny spines on the back of the remote scales  
Strong pain during removing flakes  
Bleeding after the removal of flakes  
The appearance of telangiectasia
- 25      **For the treatment of discoid lupus erythematosus are used all the following drugs, *except*:**  
Topical corticosteroids  
Antibiotics

Antimalarial  
Antioxidants

- 26      **LE-cells in the acute phase of discoid lupus erythematosus are revealed:**  
At 90-100%  
At 50%  
At 10%  
Not found
- 27      **The drug of choice for treatment of severe discoid lupus erythematosus is:**  
Prednisolone  
Belosalik  
Karsil  
Acitretin
- 28      **In the development of limited scleroderma exist all stages, except:**  
Oedema  
Sealing  
Atrophy  
Erythema
- 29      **Progressive atrophy of facial Romberg is:**  
Unilateral facial superficial scleroderma  
Plaque scleroderma  
Variation of discoid lupus erythematosus  
Bilateral facial superficial scleroderma
- 30      **In the period of activity of the expressed sclerosis drug of choice will be:**  
Penicillin  
Chloroquine  
Xantinoli nicotinati  
B-vitamins
- 31      **What is the stage of discoid lupus erythematosus that occurs after erythematosus:**  
Infiltrative hyper-keratotic  
Atrophic  
Infiltrative  
Pyonecrotic

- 32      **Skin pattern in scleroderma:**  
Intensifies  
Disappears  
Stays the same  
Weakens
- 33      **The most frequent localization of spots for atrophic lichen sclerosis:**  
Neck  
The Shins  
Inner thighs  
sacrum
- 34      **Unilateral progressive atrophy (Romberg atrophy) can be combined:**  
Atrophoderma Pasini-Pierini  
Linear scleroderma  
Plaque scleroderma  
The disease of blind spots
- 35      **At what stage of superficial scleroderma skin is almost impossible to be taken in the fold:**  
Oedema  
Sclerosis  
Atrophy  
Erythema
- 39      **Disseminated lupus erythematosus is characterized by:**  
The emergence of numerous scattered swollen red spots  
The emergence of the open areas of the body  
Appearance of erosions  
Plaques covered yellowish coating
- 40      **In the diagnosis of lupus erythematosus for the direct method of RIF we use:**  
Biopsy  
Serum  
Whole blood  
Liquor
- 41      **A superficial form of lupus erythematosus is:**  
Lupus Kaposi - Irgang  
Biett's centrifugal erythema  
Erythema Bazin  
Miescher cheilitis

- 42      **LE-cells (lupus cells) are:**  
Eosinophils  
Neutrophils  
Basophils  
Lymphocytes
- 43      **Linear scleroderma begins with a following morphological element:**  
Roseola  
Spot  
Protuberance  
Vial
- 44      **Direct and indirect RIF can detect**  
Antibodies fixed to the basement membrane  
Acantholytic cells  
Ig E  
LE - cells
- 45      **The primary morphological element for the deep form of lupus**  
**Kaposi - Irgang**  
Node  
Vesicle  
Protuberance  
Pustule

*Multiple choice answer*

- 1      **Specify the clinical forms of lupus erythematosus:**  
Bielt's centrifugal erythema  
Deep form Irganga  
sclerosus  
Strip-like
- 2      **What kind of drugs are prescribed for the treatment of discoid lupus erythematosus:**  
Topical corticosteroids  
Antibiotics  
Antimalarials  
Acaricide

- 3      **Select the clinical symptoms of discoid lupus erythematosus:**  
Facial skin erythema, resembling a "butterfly"  
Pain during scratching the elements  
Follicular hyperkeratosis  
Papules with umbilicated
- 4      **Histological features that define lupus erythematosus:**  
Hyperkeratosis with horny plugs in hair follicles  
Atrophy of the growth layer of the epidermis  
Vacuolar degeneration of the basal cells  
The basal degeneration of collagen
- 5      **Select the criteria for the effectiveness of treatment discoid lupus erythematosus:**  
No disease progression  
A reduction of clinical signs and subjective symptoms  
Normalization of laboratory parameters  
The appearance of new lesions
- 6      **Select the clinical forms of linear scleroderma:**  
Strip (ribbon-shaped)  
Saber ("strike sword")  
Psoriasis-formal  
Syphilis-like
- 7      **Specify the stages of scleroderma:**  
Edema  
Sclerosis (hardening) of the skin  
Atrophy  
Hyperkeratosis
- 8      **When scleroderma in the pathological process involved:**  
Skin  
Subcutaneous tissue  
Muscle  
Hair
- 9      **What is a characteristic of deep lupus erythematosus:**  
Scarring  
Against the background of erythematous spots appear deep infiltrates  
Affects the nail plate  
Affects the hair



- 10      **Specify the localization of lesions for the discoid lupus erythematosus:**  
Skin trunk  
Skin limb  
Skin scalp  
Nails
- 11      **Specify the classic symptoms of discoid lupus erythematosus:**  
Erythema  
Follicular hyperkeratosis  
Scar atrophy  
Spot light brown "coffee with milk"
- 12      **Etiologies occurrence of scleroderma include:**  
Trauma  
Infections (Borrelia burgdorferi)  
The impact of various physical and chemical factors  
Hereditary predisposition
- 13      **Endogenous factors of scleroderma include:**  
Genetic predisposition  
Endocrine disorders (hypothyroidism)  
Chilblain  
Psycho-emotional stress
- 14      **Physical factors that may provoke of scleroderma include:**  
Overcooling  
Overheating  
Vibration  
Hyperinsolarion
- 15      **According to the ICD-10 there are following forms of scleroderma:**  
Atrophic lichen sclerosis  
Pasini-Pierini atrophoderma  
Localized scleroderma  
Surface scleroderma Guzhero
- 16      **According to the Dovzhansky classification there are following forms of scleroderma:**  
Plaque  
Linear  
Atrophic lichen sclerosis  
Pasini-Pierini atrophoderma

Discoid

- 17      **For the treatment of scleroderma are used:**  
Penicillin  
Immunomodulatory drugs  
Angioprotectors  
Surgical destruction
- 18      **For atrophic lichen sclerosis in the stabilization stage is typical:**  
Round grouped whitish spots  
Located on intact skin  
The affected areas are easily assembled in the fold  
Violet-brown color
- 19      **The signs of progression of scleroderma include:**  
Purple corolla with peripheral growth  
Increasing the number and size of lesions  
Induration in varying degrees of severity  
Tingling, burning, discomfort  
The absence of peripheral halo of growth
- 20      **The rare forms of lupus erythematosus include:**  
Papillomatous  
Hyperkeratotic  
Pigment  
Dyschromia
- 21      **CREST-syndrome include:**  
Calcification  
Raynaud's syndrome  
Ezofagopatiya  
Sclerodactyly  
Telangiectasia
- 22      **Raynaud's syndrome is characterized by:**  
Paroxysmal spasm of arteries  
Tingling and numbness in the affected limb  
Burning sensation and pain  
Hyperkeratosis of palms
- 23      **In the pathogenesis of lupus erythematosus play a leading role:**  
The formation of circulating antibodies  
The formation of circulating immune complexes

IgE  
Violation of mineral metabolism

- 24      **Aggravating factors in the development of lupus erythematosus should be considered:**  
Photosensitivity  
Stress  
Admission antihistamines  
Streptococcal infection
- 25      **What form of lupus erythematosus has lesions on the mouth and red border of lips:**  
Erosive - ulcer  
Exudative hyperemic  
Typical  
Centrifugal
- 26      **Bielt's centrifugal erythema:**  
Is the surface option lupus erythematosus  
Characterized by the absence or low severity of follicular hyperkeratosis  
It is characterized by the absence of scar atrophy  
Has a recurrent nature
- 27      **Diagnosis of scleroderma:**  
The characteristic clinical picture  
IgG κ borrelia burgdorferi  
Histological examination  
IgE
- 28      **Histological signs of lupus erythematosus:**  
Hyperkeratosis with horny plugs  
Atrophy basal layer of epidermis  
Vacuolar degeneration of the basal cells  
Oedema of the dermis
- 29      **What diseases request differential diagnosis with discoid lupus erythematosus:**  
Systemic lupus erythematosus  
Rosacea  
Chilblains lupus  
Lupus

- 30      **The main objectives of the treatment of patients with discoid lupus erythematosus:**  
Avoiding the transition to the system form  
The achievement of clinical remission  
Improving the quality of life of the patient  
Extending health
- 31      **Severe form of discoid lupus erythematosus is treated with:**  
Systemic corticosteroids  
Quinoline drugs  
Antibiotics  
Aniline dyes
- 32      **What does linear scleroderma atrophy process capture:**  
Bones  
Muscles  
Fascia  
Internal organs
- 33      **Varieties of systemic scleroderma:**  
Acrosclerosis  
Diffuse  
Progressive  
Linear
- 34      **Atrophic lichen sclerosis is characterized by:**  
Round brilliant porcelain-white stains  
Forms elements mainly in the upper part of the body  
Formations tend to group  
The formation of the area of inflammation, spreading from the scalp to the forehead and the back of the nose
- 35      **The atrophic stage of discoid lupus erythematosus is characterized by:**  
Scar atrophy  
Seals  
Telangiectasia  
Zones of pigmentation and depigmentation
- 36      **What diseases request differential diagnosis with discoid lupus erythematosus:**  
Pityriasis versicolor  
Lichen planus

Lupus  
Onychomycosis

- 37      **Laboratory tests for the diagnosis of lupus erythematosus are:**  
LE - cell  
Antinuclear antibodies  
Direct RIF  
Indirect IFA
- 38      **For discoid lupus erythematosus characterized by:**  
Keratosis pilaris  
Atrophy  
Eruptions on the red border of lips  
Symptom of stearin spot
- 39      **What are the symptoms that can be observed at infiltrative-hyperkeratotic stage of lupus erythematosus:**  
Khachaturian Symptom  
Senir-Asher Symptom  
Besnier-Meshcherskiy Symptom  
There is no right answer
- 40      **What diseases have type III of immune damage (immune complexes):**  
Lupus erythematosus  
Scleroderma  
Atopic dermatitis  
Quincke's edema
- 41      **External therapy, used to treat scleroderma:**  
Troxevazine ointment  
Aktovegin  
Heparine ointment  
Terbinafine
- 42      **What methods are used in physical therapy of scleroderma:**  
PUVA therapy  
Ultrasound  
Diathermy  
Electrophoresis, phonophoresis
- 43      **Discoid lupus erythematosus differs from psoriasis:**  
The absence of the phenomenon of Koebner

The absence of the phenomenon of psoriatic triad  
The presence on the red border of lips snow-white glow in the rays of the Wood's lamp  
The presence of the emerald-green glow in the rays of the Wood's lamp

- 44      **Disseminated lupus erythematosus is characterized by:**  
The emergence of numerous scattered swollen red spots all over the skin surface  
Changes in the skin accompanied by arthralgia, fever  
Some elements presented cyanotic spots without infiltration and hyperkeratosis  
It can be transformed into systemic form
- 45      **Atrophy of the underlying tissues in the process of linear scleroderma finishes with:**  
Ulceration  
Mutilation  
Atrophy  
Sclerosis
- 46      **Synonymous for the term "lupus" are:**  
Lupus erythematosus  
Erythematosus  
Scarifying erythematosus  
Pemphigus
- 47      **Differential diagnosis of discoid lupus erythematosus:**  
Dermatomyositis  
Rosacea  
Angiolyupoid Brock - Potro  
Eosinophilic granuloma of face
- 48      **What drugs are used for the treatment of scleroderma:**  
Longidaza  
Lidaza  
Penicillinaza  
Penicillin
- 49      **Discoid lupus erythematosus are:**  
Autoimmune disease  
Photodermatosis  
Papulosquamous disease

Vesicular disease

- 50      **For the treatment of lupus, the following antimalarials are used:**  
Delagil  
Plaquenil  
Sandimmun  
Amoxiclav

## **Theme 11. Viral dermatoses**

*Single choice answer*

- 1      **The morphological element for a simple vesicle lichen:**  
Wheal  
Bulla  
Papule  
Vesicle  
Tuber
- 2      **Specify the characteristic localization of lesions for a simple vesicle lichen:**  
The wings of the nose  
prolabium  
The corners of the mouth  
Eye cornea and conjunctiva  
All of the above
- 3      **Specify the typical clinical manifestations of a simple vesicle lichen:**  
Primary morphological element - vesicle  
Eruptions are grouped  
Leaves no trace or temporary pigmentation  
Vesicle is opened with the formation of erosion  
All of the above
- 4      **Etiological factors of occurrence of warts are:**  
Papillomaviruses  
Epstein-Barr virus  
Adenoviruses  
Herpes simplex virus  
Cytomegalovirus

- 5           **Clinical varieties of warts:**  
Vulgar  
Flat  
Filiform  
Palmoplantar  
All of the above
- 6           **What is the primary morphological element typical warts:**  
Wheal  
Tubercle  
Vesicle  
Papule  
Macule
- 7           **Select combination of features typical of a simple vesicle lichen:**  
Tubercle, ulcers, hemorrhagic crusts  
Vesicles, erosions, serous crust  
Papules, squamulae, hyperpigmentation  
Pustules, ulcers, purulent crust  
Papules, vesicles, hemorrhagic crusts
- 8           **For vulgar warts typically everything except:**  
The most common category of HPV infection  
Benign epidermal papules, painless  
Localized on the hands  
Characterized by severe pruritus  
On the surface of papules marked hyperkeratosis
- 9           **What is the primary morphological element is typical for molluscum contagiosum:**  
Macule  
Pustule  
Papule  
Vesicle  
Nodule
- 10          **Specify the characteristic clinical features of molluscum contagiosum:**  
Papule with depressions in the center  
Extrusion of caseous mass  
Hemispherical papules  
Observed among children  
All of the above



- 11      **The most severe form of herpes zoster is:**  
Hemorrhagic  
Gangrenous  
Bullous  
Abortive
- 12      **Skin diseases with viral etiology are everything *except*:**  
Herpes zoster  
Tinea versicolor  
Molluscum contagiosum  
Flat wart  
Simple vesicle lichen
- 13      **Which virus causes**  
Herpesvirus varicella zoster  
Cytomegalovirus  
Herpes simplex virus  
Epstein-Barr virus  
HIV
- 14      **A molluscum contagiosum papule is:**  
Bright red in color, covered with loose silvery white squamae  
Reddish-pink color, polygonal shape  
Smooth, with indentation in the center of a brilliant  
It has the vesicle surface
- 15      **Select the localization that is *not* typical for papules of molluscum contagiosum:**  
Face  
Body  
Extremities  
Hairy part of head
- 16      **Ways of infection of molluscum contagiosum:**  
Contact  
Diaplacental  
While blood transfusion  
Transmissible
- 17      **Specify, which is typical for flat warts:**  
More common among children and young people  
Strengthening peeling while scratching papules

Are located on the back of the hands, face, red border of lips  
All answers are correct

- 18      **Electrocoagulation is used to treat:**  
Wart  
Eczema  
Pityriasis versicolor  
Erythrasma
- 19      **Cryotherapy is used to treat:**  
Pityriasis versicolor  
Erythrasma  
Simple contact dermatitis  
Wart
- 20      **Electrocoagulation is *not* used to treat:**  
Palmar-plantar warts  
Flat warts  
Molluscum contagiosum  
Erythrasma
- 21      **For the treatment of recurrent herpes labialis we use:**  
Acyclovir  
Solutions of aniline dyes  
Oxolinic liniment (3%)  
All of the above
- 22      **To prevent the recurrence of herpes sores we use:**  
Herpetic polyvalent vaccine  
Acyclovir  
Unguentum Tebrofeni  
Terbinafine
- 23      **The incubation period for herpes zoster is:**  
Month  
2 weeks  
7-8 days  
3-4 дня3-4 days
- 24      **Select what is typical for the causative agents of genital warts (HPV types 6 and 11):**  
Have low oncogenic potential  
Have a high oncogenic potential

Do not have oncogenic potential  
Clinical manifestations are detected in each carrier of infection

- 25      **What is used for the diagnosis of HPV infection:**  
The signal amplification method  
IFA  
Immunofluorescence  
Immunoblotting
- 26      **Human papillomaviruses types 6 and 11 cause:**  
Genital warts  
Plantar warts  
Vulgar warts  
Youth warts
- 27      **Human papillomaviruses types 2 and 3 cause:**  
Genital warts  
Plantar warts  
Vulgar warts  
Youth warts
- 28      **Youth warts are caused by:**  
Human papillomaviruses type 13  
Human papillomaviruses types 16 and 18  
Human papillomaviruses types 6 and 11  
Human papillomaviruses type 3
- 29      **HSV-2 usually cause rashes in:**  
Mouth  
Conjunctiva  
Lips  
Genitals
- 30      **Content of vesicles for herpes zoster is:**  
Serous and transparent  
Pyo  
Hemorrhagic  
Mucous

*Multiple choice answer*

- 1        **Select dermatosis of viral etiology:**  
Shingles (herpes zoster)  
Pityriasis versicolor  
Flat warts  
Simple herpes
- 2        **Select the location of lesions of molluscum contagiosum:**  
Skin of body  
Skin of extremities  
Skin of genitals  
Hairy part of head
- 3        **Specify the characteristic clinical features of molluscum contagiosum:**  
Hemispherical papules with depressions in the center  
Select curd while squeezing the tweezers  
There is no subjective sensations  
Sharp pain elements
- 4        **What dermatoses differentiate molluscum contagiosum:**  
Flat warts  
Pointed condyloma  
Seborrheic dermatosis  
Microsporia
- 5        **Treatment of Molluscum contagiosum:**  
Cryosurgery  
Electrosurgery  
Anti-malaria drugs  
CO2-laser surgery
- 6        **Simple herpes differentiate with:**  
Shingles  
Dermatomyositis  
Erosive hard chancre  
Rubromycosis
- 7        **Shingles differentiate with:**  
Psoriasis  
Chickenpox  
Scleroderma  
Simple herpes

- 8           **There are clinical forms of herpes simplex:**  
Edematous  
Hemorrhagic  
Zoster-form  
Recurrent
- 9           **Therapy of simple vesicle lichen includes:**  
Antiviral unguents  
Systemic antiviral drugs  
Aniline dyes  
Acaricides
- 10          **There are following varieties of simple vesicle lichen:**  
Herpes localized on the lips  
Genital herpes  
Herpetic keratitis  
Psoriasis-like
- 11          **Choose the typical localization of simple vesicle lichen:**  
The wings of the nose  
Red border of lips  
The corners of the mouth  
Hair
- 12          **Specify the clinical varieties of warts:**  
Vulgar  
Flat  
Staphylococcal  
Palmar-plantar
- 13          **Therapy palmar-plantar warts:**  
Cryosurgery  
Electrosurgery  
Antifungal preparations  
CO<sub>2</sub>-lasersurgery
- 14          **Electrocoagulation is used to treat:**  
Wart  
Molluscum contagiosum  
Simple contact dermatitis  
Microsporia
- 15          **At what method is used cryosurgery dermatosis:**

Palmar-plantar warts  
Flat warts  
Contact dermatitis  
Pityriasis rosea

16      **Herpes on the oral mucosa according to the type of herpetic stomatitis must be differentiated from:**

Erythema multiforme exudative  
Pemphigus vulgaris  
Exfoliative cheilitis  
Oral candidiasis

17      **The most common herpes zoster occur in individuals:**

HIV-infected  
Drug addicts  
With atopic dermatitis  
Alcohol-dependent

18      **Contributing factors for herpes zoster are:**

Hypothermia  
Senile  
Oncological diseases  
HIV infection

19      **Differential diagnosis of herpes zoster is carried out:**

Simple herpes  
Erysipelas  
Atopic dermatitis  
Dyshidrotic eczema

20      **Palmar-plantar warts are caused by HPV types:**

1  
2  
4  
6

21      **Select statements describing genital warts:**

Mostly located on the genital mucosa  
Are caused by HPV 6 and 11  
Often located on a thin stalk  
Have lobed structure

22      **In the complex treatment of genital warts we use:**

Immunomodulators  
Destructive methods  
Antivirals  
Antifungals

- 23      **Select statements describing molluscum contagiosum:**  
It is a highly contagious infection  
More common among children  
Eruptions have a risk of malignancy  
Subjective feelings are absent
- 24      **Methods of treatment of molluscum contagiosum are:**  
Scratching with a sharp spoon  
Diathermocoagulation  
Cryolysis  
CO2-laser
- 25      **HSV-1 usually causes a rash in the area of:**  
Wings of the nose  
The conjunctiva  
Lips  
Genitals

## **Theme 12. Dermatitis herpetiformis Duhring. Acantholytic pemphigus**

*Single choice answer*

- 1      **At what bullous dermatitis patients often found gluten sensitivity:**  
When dermatitis herpetiformis Duhring  
Herpes pregnant  
If your purchased epidermolysis bullosa  
When acantholytic pemphigus  
Syndrome of Stevens - Johnson
- 2      **What kind of drugs are prescribed for the treatment of dermatosis herpetiformis Duhring:**  
Iodine  
Sulfonic  
Antibiotics  
Antimalarials

- 3      **Specify a positive symptom of dermatosis herpetiformis Duhring:**  
Iodine Balzer Symptom  
Sample probe (Pospelov)  
Isomorphic reaction Koebner  
Iodine sample Jadassohn  
Symptom Nikolsky
- 4      **What dermatitis can be associated with Ig A in a dermo-epidermal zone:**  
Dermatitis herpetiformis Duhring  
Lichen planus  
Cleroderma  
Parapsoriasis  
Trihofitosis
- 5      **What dermatitis causes the positive result of iodine sample by Jadassohn:**  
Acantholytic pemphigus  
Chromophytosis  
Dermatitis herpetiformis Duhring  
Pink zoster  
Tuberculosis Lupus
- 6      **Therapeutic diet of patients with dermatitis Duhring provides:**  
Limitation of vegetables  
Limiting protein  
Restricting glucose  
Reduced calorie diet  
Exclusion food containing gluten from the diet
- 7      **Diagnosis of dermatitis herpetiformis Duhring is based on:**  
Detection of eosinophils in the content of bubbles  
Acantholysis histologically  
Positive iodine sample Balzer  
Positive symptoms Nikolsky  
The appearance of papules with silvery-white scales
- 8      **To dermatitis herpetiformis Duhring characteristic:**  
Defeat vellus hair  
Positive sign of Nikolsky  
Presence acantholytic cells  
Increased sensitivity to iodine



- 9            **Sulfonic drugs prescribed for the treatment of:**  
Follicle pustulosis  
Dermatitis herpetiformis Duhring  
Scleroderma  
Pimples  
Psoriasis
- 10          **Dermatitis herpetiformis Duhring effects on:**  
Leather trunk  
Lymphatic vessels  
Sweat glands  
Sebaceous glands  
Hair
- 11          **Sulfone drugs prescribed for the treatment of:**  
Dermatitis herpetiformis Duhring  
Scleroderma  
Atopic dermatitis  
Urticaria
- 12          **In the treatment of patients with acantholytic pemphigus we use:**  
  
Antimalarial  
Corticosteroids  
Antifungal  
Acaricide  
Photosensitizers
- 13          **Pathohistological changes characteristic symptom Nikolsky:**  
Akantholysis  
Hyperkeratosis  
Parakeratosis  
Papillomatosis
- 14          **The symptom of Asboe-Hansen is observed at:**  
Urticaria  
Psoriasis  
Dermatitis herpetiformis Duhring  
Staphylococcal impetigo  
Acantholytic pemphigus
- 15          **Positive Nikolsky's symptom is observed at:**

True pemphigus  
Lichen planus  
Simple herpes  
Secondary syphilis

- 16      **When acantholytic pemphigus affected:**  
The skin of the body  
Lymphatic vessels  
Sweat glands  
Nail  
Hair
- 17      **Pathohistological changes characteristic of an acantholytic pemphigus:**  
Acanthosis  
Granulosis  
Parakeratosis  
Papillomatosis  
Acantholysis
- 18      **Acantholytic Tzank cells can be found at:**  
Psoriasis  
Acantholytic pemphigus  
Scabies  
Gonorrhea  
Contact dermatitis
- 19      **Histopathological changes, typical for the symptom of Asboe - Hansen, are:**  
Granulosis  
Hyperkeratosis  
Acantholysis  
Acanthosis  
The disorganization of collagen fibers
- 20      **What is not affected by acantholytic pemphigus:**  
Leather trunk  
Leather limbs  
Sweat glands  
Mucous membranes  
Scalp
- 21      **What are the symptoms of true pemphigus:**

Koebner's isomorphic reaction  
Nikolsky symptom  
Balzer iodine sample  
Jadassohn iodine sample  
Hardy - Gorchakov symptom

- 22      **Clinical forms of pemphigus:**  
Vulgar (Common)  
Seborrheic (erythematous)  
leaflike  
All answers are correct
- 23      **Clinical manifestations of seborrheic (erythematous) pemphigus:**  
Localization on the seborrheic areas of the skin  
The appearance of erythema with clear boundaries and vesicles  
Positive Nikolsky symptom  
All answers are correct
- 24      **For leaf-pemphigus is characterized by:**  
Erythematous-squamous areas of inflammation  
Thin-walled vesicles  
Erosion, layered crust  
All answers are correct
- 25      **Specify localization bubbles when vegetating pemphigus:**  
Oral mucosa  
Around the natural orifices (mouth, nose, genitals)  
The skin folds  
All answers are correct
- 26      **The algorithm of examination of patients with acantholytic pemphigus:**  
Clinical examination of the patient  
Nikolsky symptom  
Cytological analysis of the presence of acantholytic cells in smears from the bottom of fresh erosions  
All answers are correct
- 27      **Pemphigus of eyes is often diagnosed among:**  
Children  
Women older than 50 years  
Men older than 40

Pregnant women

- 28      **Select statements describing exfoliative pemphigus:**  
Akantolitic cells are not detected  
Nikolsky is positive  
Nikolsky symptom is negative  
Doesn't change general condition
- 29      **Intraepidermal abscesses observed during the vegetating pemphigus, consist of:**  
Eosinophils  
Erythrocyte  
White blood cells and epithelial cells melted  
Microbe cells
- 30      **Pemphigus of eyes is described:**  
Nikolsky symptom is positive  
Nikolsky symptom is negative  
Acantholytic cells  
Migratory rash
- 31      **A common combination of dermatitis herpetiformis Duhring with cancer was the reason for its inclusion to the group of:**  
Paraneoplasias  
Papulosquamous dermatoses  
Opportunistic infections  
Mycosis
- 32      **Patients with dermatitis herpetiformis Duhring have an increased sensitivity to:**  
Iodine  
Fluoride  
Bor  
Nitrogen

*Multiple choice answer*

- 1      **Nikolsky symptom is positive for:**  
True pemphigus  
Vegetating pemphigus  
Stevens Johnson Syndrome  
Syphilitic pemphigus

- 2        **Pemphigus of eyes is described:**  
Nikolsky symptom is positive  
Nikolsky symptom is negative  
Acantholytic cells  
Migratory rash
- 3        **Choose what can be observed in a case of pemphigus of eyes:**  
Symblepharon  
The narrowing of the optic fissure  
The immobility of the eyeball  
Progressing blindness
- 4        **Select statements describing exfoliative pemphigus:**  
Massive acantholysis  
Nikolsky symptom is positive  
Nikolsky symptom is negative  
It rarely affects the oral mucosa
- 5        **Clinical manifestations of seborrheic (erythematous) pemphigus:**  
Localization on the seborrheic areas of the skin  
The appearance of an erythema with clear boundaries  
Nikolsky symptom is positive  
Vesicles
- 6        **Pemphigus of eyes differs from pemphigus vulgaris:**  
Scars of the conjunctiva  
The lack of rash on the skin of the trunk  
It does not leave scars of the conjunctiva  
Mild course
- 7        **For the treatment of pemphigus we use:**  
corticosteroids  
Cytotoxic agents  
Anabolic steroids  
Aminoglycosides
- 8        **What drugs are used for the treatment of pemphigus:**  
Prednisolone  
Folic acid  
Methotrexate  
Nandrolone

- 9           **Skin elements observed in a case of dermatitis herpetiformis Duhring:**
- Vesicles  
Blisters  
Pustules  
Papules
- 10           **What can be observed in a case of dermatitis herpetiformis Duhring:**  
Nikolsky symptom is negative  
Eosinophilia in the blood  
Agranulocytosis  
Balzer sample is positive
- 11           **To prevent recurrence of dermatitis Duhring important exception from the diet:**  
Wheat  
Rye  
Fish from rivers  
Iodine-containing products
- 12           **For the treatment of pemphigus we use following drugs:**  
Prednisolone  
Preparations of potassium  
Methotrexate  
Nandrolone
- 13           **Vegetating pemphigus affects mostly:**  
The mucous membrane of the mouth  
Perianal, periorbital areas  
Skin folds  
Nail bed
- 14           **List the clinical forms of pemphigus includes:**  
Vulgar (Common)  
Seborrheic (erythematous)  
Leaflike  
Paralytic
- 15           **List of the components used for the therapy of dermatitis Duhring includes:**  
Diaminodiphenyl  
Corticosteroids

Aniline dyes  
Antifungals

- 16      **Possible side effects of sulfone drugs used for the treatment of dermatitis Duhring are:**  
Anemia  
Hematuria  
Cachexia  
Agranulocytosis
- 17      **The effect of sulfone drugs used for the treatment of dermatitis Duhring is intensified by:**  
Folic acid  
Methionine  
Lipoic acid  
Retabolil
- 18      **The Senir - Asher syndrome includes manifestations of:**  
Seborrhea  
Vesicular disease  
Planus  
Systemic lupus erythematosus

## **Bibliography**

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