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**INSTITUTE OF MEDICINE, ECOLOGY AND PHYSICAL CULTURE**

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# DIFFERENTIAL DIAGNOSTIC AND TREATMENT TABLES IN DERMATOVENEREROLOGY

**Teaching guide for students**

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**Reviewer**: Head. Department of Infectious and Venereal Skin Diseases IMEiFK
University, Professor L.M. Kiselyova

The study guide contains generalized information on the etiology, pathogenesis, and main clinical diagnostic criteria of most skin and venereal pathologies which students of medical and pediatric faculties of higher educational institutions should have basic knowledge about. The manual is conveniently (in the form of tables) presenting materials that allow you to quickly conduct a differential diagnosis and adequately prescribe therapy for typical pathology of the skin and mucous membranes.

The study guide will improve the quality of students preparation for practical lessons and improve the basic level of knowledge on skin and venereal diseases.

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## MORPHOLOGY OF SKIN LESSIONS
## PRIMARY LESIONS OF THE SKIN AND THEIR EVOLUTION
## (INFILTRATIVE LESSIONS)

| **Primary lesion** | **Macula** | | | **Papule** | **Tubercle** | **Nodule** |
|---|---|---|---|---|---|---|
| | **Inflammatory** | **Non-inflammatory** | | | | |
| | | **Hemorrhagic** | **Pigment** | | | |
| Main changes, conditional appearance element | Expansion of vessels | Rupture of blood vessels | Increase or decrease pigmentation | Infiltration in the papillary layer, hyper, parakeratosis, acanthosis, granulosis | Infectious granulation with necrosis in mesh layer | Proliferative or specific inflammation starting in the hypodermis |
| **Forms** | Roseola (up to 2 cm) Erythema (more than 2 cm) Erythroderma - 25% or more cutaneous shelter | Petechiae (point hemorrhage); Purpura (1-2 cm); Ecchymosis (more than 2 cm); Vibeces (linear hemorrhage) | Hyperpigmented Hypopigmented Depigmented (congenital and acquired) (pigment nevus, albinism, freckles, chloasma, vitiligo) Artificial –tattoo Argy – yellow skin coloring from carotene | Miliary (1-2 mm), Lenticular (up to 1 cm), Numular (2-3 cm), Plaques (fused papules) Localization: epidermal, dermal and epidermo-dermal | Size up to 1 cm | Size more than 1 cm |
| **Possible secondary element** | – | Scar | – | Crack, scales, erosion, pigmentation, lichenification, vegetation | Ulcer, scar, cicatricial atrophy | Ulcer, scar, scar atrophy |

## PRIMARY SKIN LESSIONS AND THEIR EVOLUTION (EXUDATIVE LESSIONS)

| **Первичный элемент** | **Urticaria** | **Vesicle** | **Bullae** | **Pustula** |
|---|---|---|---|---|
| **Основные изменения, обусловливающие появление элемента** | Llocalized swelling papillary layer | Spongiosis balancing dystrophy, intracellular edema | Acantolysis stratification dermo-epidermal connections | Surface or deep abscess |
| **Разновидности** | Localized,<br>Generalized | Intraepidermal<br>Subepidermal<br>Single chamber,<br>Multichamber,<br>May occur in groups (herpetiform location) | Subcorneal<br>Intraepidermal,<br>Subepidermal<br>Single chamber,<br>Multichamber | Superficial, Deep |
| **Characteristics** | Ephemeral (rapidly appearing and rapidly disappearing) edema of the papillary dermis | cavity mass containing serous or serous hemorrhagic liquid larger than 0.5 cm | cavity mass containing serous or serous hemorrhagic liquid larger than 0.5 cm | cavity mass containing purulent exudate |
| **Possible secondary element** | – | Pigmentation, erosion, crust | Pigmentation, erosion, vegetation, peel | Erosion, ulcer, scar |

## SECONDARY SKIN LESIONS

| **Element of rash** | **Dischromia cutis** | **Crusts** | **Squamous** | **Erosions** | **Excoriation** |
|---|---|---|---|---|---|
| **forms** | Hyperpigmentation (deposition of melanin, hemosiderin)<br>Hypopigmentation<br>Depigmentation<br>Dyschromia in size and shape correspond to the primary morphological elements | Serous, purulent, hemorrhagic crusts. May be thin thick layered, bond with skin – dense and loose, color depends on the nature exudate | Peeling can be physiological (occurs invisibly on the unchanged epidermis) and pathological. The color of scales varies from brilliant white to brownish yellow and even gray black. The size of the scales are: Muciform (less than 1 mm), | – | Can be superficial and deep |

| | | | | | |
|---|---|---|---|---|---|
| | | | Pitiform (1-2 mm), Lamellar (up to 1 cm), Sheet (more than 1 cm) Layering dense dry, hardly removed from the skin of horny masses is denoted by the term «keratosis» | | |
| **Main factors causing the formations of primary lesions** | Increase or reduction of pigment arising at the site of resolved primary morphological elements of the rash | Shrunken exudate. Occurs in place of abdominal elements, erosions and ulcers | Rejection of loosened cells of the stratum corneum epidermis. Scales are attached to the surface of the hearth loose or tight | A skin defect within the epidermis that occurs at the site of exudative primary morphological elements. Erosion repeat the shape of the primary element of the rash. A skin defect within the epidermis that occurs at the site of exudative primary morphological elements. Erosion repeat the shape of the primary element of the rash. | Injury to the skin cover due to mechanical damage (combing skin, more often have a linear shape) |
| **Skin lessions** | **Crack/fissure** | **Ulcer** | **Cicatrix** | **Vegetation** | **Lichenification** |
| **Forms(variety)** | Surface (fissure), Deep (rhagades) Surface cracks are resolved without a trace deep – with scar formation | Ulcers have a different size, shape and depth of the edges of the ulcer are sheer, saped, saucer-shaped, soft, etc. Bottom of the ulcer m ay be – even, crater-like, | **Normotrophic** (flat, on level with skin) **Hypertrophic** (thickened, towering above the skin surface, **Atrophic** (thinned, located below the skin | Vegetation surface can be dry (ash-gray) or eroded (red, producing a large quantity of exudate). Vegetation may occur primary | Most often develops primarily (on areas of chronic pruritus), rarely secondary to dermatosis we have massive infiltration |

| | | | | | |
|---|---|---|---|---|---|
| | | covered with granulations, vegetations, crusts. Healing ulcer always with scar formation | level) Coloring from pink-red (fresh), hyper- and depigmented (old). **Scar atrophy** develops if deep-located infiltration are absorbed without ulceration. The skin dramatically atrophies, easily collected in the fold like tissue paper (Pospelov symptom). | (warts), more often formed on surface papules, bottom erosions or ulcers | |
| **Main surface changes skin lessions** | Linear defects (breaks) arising as a result of loss of elasticity and infiltration of individual skin. Cracks are more often formed in places of natural folds and areas subjected to stretching (corners of the mouth, anus area, above the joints) | Deep skin defect within the epidermis, dermis and subcutaneous adipose tissue. Ulcers develop in as a result of the collapse of the primary morphological elements that capture the deeper layers of the skin (bumps, nodes, deep pustules) and, primarily due to tissue necrosis in trophic violations | Substitution of the skin defect coarse-fiber connective tissue growths. Absent in the rumen skin appendages (hair follicles, sweat, sebaceous glands) and blood vessels | Overgrowth dermal papillae with simultaneous thickening prickly layer of the epidermis and lengthening interaparticular epithelial shoots. Manifested in the form of soft growths resembling villus or cauliflower | Thickening, skin tightening |

## PYODERMA

| Ethology | Staphylococci | Streptococci | Pneumococci, Pseudomonus aureginosa, proteus and their combinations |
|---|---|---|---|
| **Classification by etiological basis** | Staphyloderma | Streptoderma | Mixed forms |
| **Relation to skin appendages** | Associated with skin appendages | Not related to skin appendages. | |
| **Pathogenenisis** | Virulence and microbial count.<br>The state of the microorganism: the state of the central nervous system, debilitating acute and chronic diseases, intestinal intoxication, foci of chronic infection, constant fatigue, hypovitaminosis, diabetes, metabolic disorders, immunodeficient (congenital and acquired) states.<br>Skin contamination, microtrauma, cooling, overheating | | |
| **Prevention pyoderma spread** | Do not wash the affected skin with water.<br>To treat the skin lesion use antiseptic solutions | | |
| **Prevention of Purulent skin diseases** | Hardening, the fight against microtrauma. Sanitation and hygiene measures.<br>Sanitary educational sensitization | | |

## STAPHYLODERMA

| Depth of injury | Superficial | | | | | Deep | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Clinical forms** | **Vesiculopustosis** | **Epidermic pemphigus in new borns** | **Osteofolliculitis** | **Foliculitis** | **Sycosis** | **Furuncle** | **Furunculosis** | **Carbuncle** | **Hidradenitis (inverse acne)** | **Pseudofurunculosis (fingers pseudofurunculosis)** |
| **Common locations** | Trunk<br>Skin folds<br>scalp | Trunk | Face<br>extremities<br>Neck<br>Scalp | extremities<br>neck<br>Scalp | Face<br>Pubis<br>underarm | On any part of the skin where there are hair follicles | | Neck<br>Back<br>Waist | Underarm and groin- where apocrine sweat glands are present | Trunk<br>Extremities |

| Clinical symptoms | Pustule | Vesicles with clear and then cloudy contents | Pustula pierced by hair | Nodular pustula with central hair | Grouped folliculitis | Inflammed nodule with necrosis | | | Acute inflamation of nodule around an apocrine sweat gland with an abscess | Acute inflamation of nodule around an eccrine sweat gland with an abscess |
|---|---|---|---|---|---|---|---|---|---|---|
| **Course of disease** | Acute | Acute | Acute | Acute | Chronic | Acute | Chronic | Acute | Acute | Mostly chronic |
| **Presenting complaints** | Mild pain | Painful | Mild pain | Painful | Mild pain | Painful | Pain pruritus | Painful | Pain pruritus | Painful |
| **Differential diagnosis** | Folliculitis | Syphilitic pemphigus | Vesiculopustulosis(periporitis) | Furuncle papulonecrotic tuberculosis | Parasitic sycosis | Folliculitis carbuncle | Pseudofurunculosis | Anthrax furuncle | Furuncle scrofuloderma | Furunculosis |
| **General therapy** | _ | Antibiotics | _ | _ | Antibiotics autohemotherapy Staph.vaccine Staph. anatoxin Staph. antiphangin and bacteriophage | Antibiotics | Antibiotics Specific and non-specific immunotherapy | Antibiotics | Antibiotics Specific and non-specific immunotherapy | Antibiotics and Specific and non-specific immunotherapy |

| Local treatment | Alcoholic solutions aniline dye solutions | Open vesicle , remove their apex. Lubricate with aniline dyes,apply 2-3% antibiotics ointments | Opening of separate pustules, apply them with 1-2% alcoholic solutions and aniline dyes | Alcoholic solutions aniline dye solutions | Alcohol solutions of aniline dyes. Hair removal, UV | Before opening:add pure ichthyol, balsamic line of Vishnevsky, UHF. After opening: hypertonic solution of sodium chloride | UHF, ultrasound, pure ichthyol , surgery, hypertonic solution sodium chloride | UHF, Ultrasound, pure Ichthyol surgical | Pure Ichthyol, if necessary – draining abscesses, ultraviolet irradiation |
|---|---|---|---|---|---|---|---|---|---|

**STREPTODERMA**

| **Разновидности по глубине поражения** | **SUPERFICIAL** | | | | | **DEEP** | |
|---|---|---|---|---|---|---|---|
| **Clinical forms** | **Impetigo** | **Intertriginous streptoderma** | **Angular chelitis** | **Superficial felon** | **Syphilitic like impetigo** | **Ecthyma** | **Сверлящая ecthyma** |
| **Common locations** | Face | Skin folds | Mouth angular | Eponichium | Thighs, gluteal region, genital organs | Extremities gluteal region | Extremities gluteal region |
| **Clinical symptoms** | phlyctena erosions scars | phlyctena erosions scars | phlyctena erosions scars | phlyctena erosions scars | phlyctena erosions infiltrates | phlyctena Pustules ulcers | pustules ulcers |
| **Course** | Acute, prone to spreading | Acute, prone to spreading | chronic | subacute | Острое | chronic | chronic |
| **Presenting complaints** | Mild pruritus | pruritus, pain, itchiness | Mild pruritus | Mild pain | itchiness, pruritus | Pain | Pain |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Differential diagnoses** | | Intertriginous candidiasis | Angular cheilitis candinda induced | | Erosive papules in secondary and early congenital syphilis | Syphilitic ecthyma | Syphilitic ecthyma |
| **Treatment** | Alcohol solutions of aniline dyes. Castellani fluid. Antibiotic Ointment | | | | | Antibiotics γ-globulins Autohemotherapy «Solcoseryl» gel | Antibiotics γ-globulins Autohemotherapy «Solcoseryl» gel |

**ACNE VULGARIS (IN YOUTHS)**

| **Причинные факторы** | **Excess Androgen Hereditary burden** | | **Non-observance of skin hygiene Endocrinopathy** | **Bacterial infection** |
|---|---|---|---|---|
| **Clinical forms** | **Comedones** | **Papula** | **Putules** | **Phlegmatic** |
| **Clinical symptoms** | Increase in sebum production, Change in sebum composition<br>**closed** (white), **Open** (black) comedones | papules pigmentations | pustules, hyperpigmentation, scars | Suppurating nodes, consistent hyperpigmentation bridge like scars |
| **Localization** | face, neck, neckline | | | |
| **Differential diagnoses** | Розовые, медикаментозные угри | Розовые, медикаментозные угри | sycosis, medicine induced acne | syphilitic Acne in secondary period of syphilis |
| General treatment | Diet , vit. A, E, C, folic acid, Zinc drugs | | sulfur, antibiotics (in accordance with the antibiogram), hormonal contraceptives with antiandrogenic effect (Diane-35, Yarin, Trimersi) Aromatic Retinoids | Staphylococcal anatoxin, antiphagin, antistaphylococcal γ-globulin. Antibiotics, Autohemotherapy, Aromatic Retinoids |
| **External treatment** | Alcohol solutions of aniline dyes, salicylic acid. ichthyol Pastes, sulfur, tar Pastes | | | |
| **Physiotherapy** | UFO, UHF, cryomassage | | Electrocoagulation | Electrophoresis with ichthyol |

## ROSACEA

| Primary factors | Diseases of the central nervous system, gastrointestinal tract (more often – achilia), endocrine (menopause, dysmenorrhea), neuroses, alcohol abuse | | Tick – hair gland (Demodex folliculorum) | Hypovitaminosis, professional harmfulness (insolation, heat, dust) |
|---|---|---|---|---|
| **Clinical symptoms** | Erythema | Papule | Pustule | Infiltration, increase in the size of nose |
| **Stages** | **Erythema stage** | **Papular stage** | **Pustules stage** | **Infiltrative and productive (rhinophyma)** |
| **Differential diagnoses** | Lupus erythematosus, seborrheal pemphigus | Perioral dermatitis | Acne vulgaris | Tuberculosis lupus |
| **General treatment** | Diet with restricted spicy, spicy dishes, of alcohol. Sedative drugs | Vit. E C and group B | Antiparasitic agents (water-soap emulsion of benzyl benzoate, paste with trichopol, ointment «Yam», solution «Medifox» | Antibiotics metronidazole, aromatic retinoids |
| **External treatment** | Lotions with chamomile | «Differin», «Rosamed» cream. Paste with tar, ichthyol, sulfur | | |
| **Physiotherapy** | Electrocoagulation, cryomassage, dermabrasion, surgical treatment of rhinophyma | | | |

## SCABIES

| Etiology | Scabies tick (Sarcoptes scabiei homines L) | | | |
|---|---|---|---|---|
| **Method of infection** | Direct contact | | Indirect contact | |
| **Incubation period** | Up to 30 days | | | |
| **Common locations in adults** | Interdigital folds of hands | Wrist area | Skin of abdomen, gluteal regions and hips | Skin of scrotum and penis |
| **Clinical symptoms** | Papulovesicular rash | Tick marks (symptom sesari) | Gorchakov, Meshchersky-Ardi, Michaelis rhombus | |
| **Clinical forms of scabies** | Scabies without tracks, Norwegian scabies, scabies «clean», scabious lymphoplasia of the skin (nodular scabies), pseudosarcoptosis | | | |
| **Complications** | pyoderma | | Microbial eczema | |
| **Differential diagnoses** | Nodular prurigo | Atopic dermatitis | Syphilis | Microbial eczema |
| **Treatment** | Soap and water emulsion Benzyl benzoate 20% | Sulfuric ointment. Demyanovich method | 33% sulfur ointment | Aerosol «Spregal», Solution «Medifox» |

| Prophylaxis | Active identification of patients and possible contacted individuals | Sanitary and educational sensitization | Full treatment and isolation of patients | Prophylactic screening |
|---|---|---|---|---|

**SUPERFICIAL FUINGAL INFECTIONS**

| Classification of mycoses | Keratinomycoses | Dermatophytoses | Candidiasis | Deep mycoses |
|---|---|---|---|---|
| **Clinical forms** | Pityriasis versicolor or versicolor<br>Erythrasma (pseudomycosis) | Epidermophyton<br>Rubromycosis<br>Microsporia<br>Trichophytosis<br>Favus | Thrush<br>Intertriginous candidiasis<br>Onychia, paronychia<br>Chronic generalized (granulomatous) candidiasis of children<br>Visceral candidiasis | Deep blastolysis<br>Jill Christis<br>Chronomycosis<br>Sporotrichosis<br>Actinomycosis (pseudomycosis) and others. |
| **Parasitic activity** | Anthropophilic | Zooanthropophilic | Zoophilic | Geophylic |
| **Main prophylactic measures** | Elimination of risk factors | Inspection of contacted people , sanitary and hygienic measures, sanitary and educational work, veterinary supervision (infiltrative-suppurative trichophytosis, zooanthropophilic microsporia) | Elimination of risk factors | |

**KERATINOMYCOSES**

| Nosological units | Pityriasis versicolor | Erythrasma(pseudomycosis) |
|---|---|---|
| **Causative** | Pityrosporum orbiculare или ovale, Malassezia furfur | Corynebacterium minutissimum |
| **Source of infection** | Human to human | Human to human |
| **Diagnosis** | Symptom Benye, the glow under the lamp Wood (red-brown) microscopy of skin scales | Coloring clothes in the area of contact with the erupted area, microscopy of skin plaque |
| **Clinical manifestation** | Spotted rash on smooth skin of various shades from pale pink to brown, when smeared with iodine tincture, the affected skin turns much brighter than healthy skin (Balzer's iodine test) | Sharp borders, slightly scaly pink-brown spots in large folds (often inguinal and axillary fossa) |

| Differential diagnoses | Syphilitic roseola and leukoderma | Epidermphyton folds<br>Rubromycosis folds |
|---|---|---|
| **Treatment** | Exfoliating (salicylic, resorcinol alcohols, salicylic ointment)<br>Fungicidal agents (iodine, lamisil, nizoral, exifin, batrafen, etc.) | Erythromycin enteral, 5% erythromycin ointment, antifungal agents |

**FEET MYCOSES**

| **classification** | **Epidermophyton**<br>**Trichophyton mentagrophytes var. interdigitale** | **rubromycoses**<br>**Trichophyton rubrum** |
|---|---|---|
| **Clinical forms** | **Squamous-hyperkeratotic** - peeling, hyperpigmentation, hyperperkeratosis<br>**Intertriginous** - maceration of the epidermis, erosion, cracks in the folds of the foot<br>**Dyshidrotic** - vesicles, blisters, erosion<br>**Onychomycosis** - color of nail plates, lesion form (normal, hyper, and atrophic)<br>**Acute form** | Infiltration, hyperkeratosis, mucousal peeling, enhancement of skin pattern<br>Onychomycosis (color, shape of the lesion of the nail plate) |
| **Epidermiology** | Direct contact with a patient or use of objects infected by the patient | |
| **Complications** | Присоединение пиококковой инфекции, экзематизация, вторичные аллергические высыпания – **микиды** | |
| **Conditions condusive to infection** | Sweating, deformation of feet (flat feet), trauma to the feet of poorly fitted shoes, prolonged hypothermia and overheating of the feet | |
| Differential **diagnosis** | Eczema of the feet, dishydrosis, psoriasis of the palms and soles, nails | |
| **Treatment** | **General:**<br>Systemic antimycotics, antihistamines, desensitizing agents, vit.A | **External:**<br>Anti-inflammatory, disinfectant, keratolytic agents, antifungal drugs (sulfuric, mikoseptin, mycozolon, mycospor, lorinden-S, exifin, lamisil, orungal, nizoral, zincundan, nitrofungin solution) |
| **Prophylaxis** | Sanitary supervision of the operators in the sauna, showers, and timely identification and treatment of patients in collectives , disinfection of shoes, sanitary and educational sensitization, fighting against foot sweating | |

**TRICHOMYCOSES**

| **Nosological unit** | **Trichophyton** | **Microsporia** |
|---|---|---|

<table>
<tr><td>Causatives</td><td colspan="2">Trichophyton violaceum и T. tonsurans (anthropophylic)</td><td>Trichophyton mentagrophytes var. gypseum и T. verrucosum (zooanthropophylic)</td><td>Microsporum lanosum (canis)</td><td>Microsporum ferrugineum</td></tr>
<tr><td>Source of infection</td><td colspan="2">Human</td><td>Cattle Rodents</td><td>Cats and dogs</td><td>human</td></tr>
<tr><td>Clinical forms</td><td>Superficial</td><td>Chronic (black-dot) in adults</td><td>Infiltative suppurative</td><td>Zooanthropophilic</td><td>Anthropophilic</td></tr>
<tr><td>Clinical manifestations</td><td colspan="2">Superficial lesion of scalp<br>Lessions of smooth skin lessions of Nails</td><td>Infiltrative-suppurative skin lesions on the scalp and beard, mustache (parasitic sycosis)<br>Follicular infiltration follicular abscess (honeycomb Celsus)<br>resolving of the hair follicles and hair loss scar or scar atrophy</td><td colspan="2">lession of the scalp<br>lessions of smooth skin<br>Fluorescent diagnostics<br>(Wood's lamp, Sapphire-2 – green glow of foci)</td></tr>
<tr><td>Differential diagnoses</td><td colspan="2">microsporia</td><td>pyoderma</td><td colspan="2">Trichophyton</td></tr>
<tr><td rowspan="2">Treatment</td><td colspan="3">Griseofulvin inside – 16-18 mg / kg / day.</td><td colspan="2">Griseofulvin inside – 21-22 mg / kg / day.</td></tr>
<tr><td colspan="5">External - fungicidal agents (sulfur-tar ointment or fungicidal cream, ointment), if infection of the scalp shave whole head.<br>Treatment for 3-4 weeks, up to 3 negative diagnostic results to rule out infection</td></tr>
<tr><td>Prophylactic measures</td><td colspan="5">Isolation of patients, identification of sources of infection, detection of contacted people, disinfection of clothing, periodic inspections of children's collectives , fellow employees, monitoring hairdressers, animal control, health educational sensitization</td></tr>
</table>

## CANDIDOSIS

<table>
<tr><th>Локализация</th><th>Skin</th><th>Mucousa</th><th>Nails</th><th>Visceral organs</th></tr>
<tr><td>Causative</td><td colspan="4">Candida albicans, tropicalis, parapsilosis, glabrata, krusei</td></tr>
<tr><td>Clinical forms</td><td>Candidiasis large skin folds, small skin folds (interdigital erosion)<br>Balanopostitis<br>Deep skin lesions (granulomatous) of children</td><td>Glossitis<br>Cheilitis<br>Stomatitis<br>Angina<br>Vulvovaginitis</td><td>Paronychia<br>onychia</td><td>GIT, respiratory tract</td></tr>
<tr><td>Pathogenesis</td><td colspan="2">Exogenous factors<br>Contamination of the skin with yeast-like mushrooms in everyday life and production (confectionery, canning</td><td colspan="2">Endogenous factors<br>Neuroendocrine disorders<br>Severe debilitating diseases</td></tr>
</table>

| | | |
|---|---|---|
| | production), microtraumas | Vitamin balance disorders<br>Disorders of carbohydrate metabolism (diabetes)<br>Long-term antibiotic treatment corticosteroid, sweating, angioneurosis |
| **Treatment** | **General:**<br>Nystatin, nizoral, fluconazole, mycosyst, diflucan, candida vaccine, vitamin therapy, especially gr. (in case of mucosal lesions, it is necessary to prescribe Vit B2) Treatment of associated diseases | **External:**<br>External therapy (solutions: borax in glycerin, sodium bicarbonate, aniline dyes, Candida, clotrimazole, pimafucin, pimafukort, ointment - nystatin, levorin, lamisil, exifin cream - clotrimazole, Candida, nizoral |

## PSORIASIS. LICHEN RUBER PLANUS

### PSORIASIS

<table>
<tr><th>Theory</th><th>viral</th><th>Infectious-allergic process (foci of focal infection, tonsillitis)</th><th>Metabolism disorders, especially lipids</th><th>Neuro endocrine disorders</th><th>Hereditary</th></tr>
<tr><td>Characteristic clinical symptoms</td><td colspan="5">1.monoform papular rash prone to growth and mutual fusion (plaques)<br>2.Abundant peeling with whitish (silver), easily removable scales<br>3.Localization is different, but especially often – the scalp, extensor surfaces of the limbs, torso<br>4.When scraping – Auspitz phenomenon (stearic stain, terminal film, spot bleeding)</td></tr>
<tr><td>Histology</td><td colspan="5">Acanthosis, Munro microabscesses, uneven papillomatosis, vasodilation of the dermis, cellular infiltration (especially in old plaques), parakeratosis</td></tr>
<tr><td>Stages and there special properties</td><td colspan="2">Progressive :<br>• New presence of fresh rash<br>• Peeling does not reach the boundaries of healthy skin<br>• Positive kebner symptom<br>• Itching often</td><td colspan="2">Stationary :<br>• Plaque growth stops<br>• Peeling on every plaque<br>• Anemia zone around the plaque<br>• Negative kebner symptom</td><td>Regressive :<br>• No fresh rash lesions<br>• Old plaques form separate papules<br>• Brown shaded rash<br>• Secondary spots of hypopigmentation</td></tr>
<tr><td>Forms of the disease</td><td colspan="5">Spring – summer (exacerbation or relapse in summer ),<br>Autumn –winter (exacerbation or relapse in winter),<br>Mixed (no seasonality )</td></tr>
<tr><td>Clinical forms</td><td colspan="5">Chronic plaque, exudative, intertrigenous, arthropathic, erythroderma, seborrheic pustular (type of Barber and Zumbusha)</td></tr>
<tr><td>Differential diagnoses</td><td colspan="5">Red lichen planus, syphilitic papular, seborrhea, fungal infections of the feet, nails</td></tr>
<tr><td>Treatment</td><td colspan="3">General:<br>• Diet with restriction of fats<br>• Pyrogenal<br>• Vit .A, $B_6$, $B_1$ folic acid<br>• Glucocorticosteroid drugs (prednisolone)<br>• Desensitizing – thiosulfate sodium<br>• Cytostatics (methotrexate )<br>• Treatment of associated diseases</td><td colspan="2">External( topical):<br>Indifferent cream, ointment, keratolytic (salicylic ointment), absorbable (depending on the stage)<br>Modified vitamins. D – Calycipotriol, Daivonex, Daivobet, Psorkutan</td></tr>
</table>

| | | |
|---|---|---|
| | • UFO<br>• Remicade (immunosuppressive agent, binding cytokine alpha- tumor necrosis factor)<br>• PUVA therapy<br>• Hydrotherapy<br>• Spa therapy | |

**LICHEN RUBER PLANUS**

| **theory etiology and pathogenesis** | **neurogenic** | **Infectious allergic** | **Endocrinal and metabolic** | **viral** | **Hereditary** |
|---|---|---|---|---|---|
| **common location** | Flexion surface forearm | trunk | shin | Sexual organs | Mucousal membrane of oral cavity |
| **Skin lesion types** | Papules | Scales | Plaque | Hyperpigmented spots | |
| **histology** | Uneven granulosis, acanthosis, band-shaped infiltration in the dermis | | | | |
| **diagnostic phenomenon's** | Polygonal shape | Violet-bluish color | Wax shine | Umbilical indentations | Wickham grid |
| **presenting complaints** | Pruritus | If localization is in the mouth: pain, burning if erosive-ulcerative form) | | | |
| **clinical forms** | Ordinary spiky (perifollicular ) | Hypertrophic<br>Warty<br>Ring shaped | Atrophic<br>Sclerotic | Pemphigoid<br>Erosive and ulcerative | |
| **Differential diagnosis** | Psoriasis | Neurodermatitis | Syphilitic papules (secondary period of syphilis ) | | |
| **treatment** | Sedatives vitamins ($B_1$, $B_6$, $B_{12}$, C, P, PP) | Hyposensitizing drugs<br>Antihistamine drugs | Drugs quinoline series<br>Antibiotics | Corticosteroids | Physiotherapy and spa therapy |

**VIRAL INFECTIONS OF THE SKIN**

| NOSOLOGICAL FORM | Shingles | Simple herpes |
|---|---|---|
| **Clinical forms** | Abortive, bullous, hemorrhagic, gangrenous, generalized | Abortive, swelling, zosteririformnaya, Recurring |
| **Etiology** | Herpes zoster | Herpes simple virus |
| **Pathogenic factors** | Hypothermia, intoxication, infectious diseases, blood diseases,malignant neoplasms | Intoxication, fever . Disorders of the digestive tract, dysmenorrhea, insolation |
| **Localisation of process** | Along the nervous trunk | Around first entry point |
| **Presenting complaints** | Pain along the nervous trunk or path | Itching and pruritus |
| **Clinical manifestation** | Erythema, vesicles (herpetiformally arranged), erosion, crusts, secondary spots | Erythema, vesicles (herpetiformally arranged), erosion, crusts, secondary spots |
| **Properties of the rash** | Asymmetry | Grouping of vesicles |
| **Differential diagnosis** | Streptoderma, erysipelas, herpes simplex | Primary syphilitic chancre, erosive balanoposthitis, slit impetigo |
| **General treatment** | Analgesics, readily-made interferons (Viferon, Genferon) and their inducers (Cycloferon, Groprinosin, Amiksin), vitamins B1, B12 | For recurrent herpes: autohermotherapy, antiherpetic interferon vaccine antiviral agents: (Acyclovir, Zovirax, Valtrex, Famvir) |
| **External(topical )** | UFO, interferon ointment 30-50%, ointment florenal, oxolinic ointment, anilline dyes, tebrofen ointment | interferon ointment 30-50%, ointment florenal, oxolinic ointment, aniline dyes, tebrofen ointment, gossypol |

**DERMATITIS . TOXICODERMA**

| Classification | Irritant contact dermatitis | Contact allergic dermatitis | Toxicoderma |
|---|---|---|---|
| **Etiology** | Obligatory irritants (physical, chemical, biological factors) | Optional irritants (sensitization to non-microbial and microbial allergens) | Occurs after a general allergen exposure (by inhalation, ingestion, intramuscular injection, etc.) |
| **Clinical characteristics** | Develops strictly at the site of contact with the stimulus.<br>Appears immediately<br>Foci with clear boundaries<br>Morphologically: erythema, blisters, necrosis<br>Allowed without a trace sometimes pigmentation, scar | Develops as a result re-acting allergens<br>Localization is not limited to the location of the stimulus.<br>Foci without clear boundaries<br>Eczema-like skin reaction<br>Allergic rash<br>Addiction to relapse<br>Transformation into eczema | Localization is ubiquitous – more often rarely limited toxicoderma (fixed erythema)<br>Characterized by a variety of clinical manifestations on the skin.<br>Severe toxicoderma is Lyell's syndrome, which is characterized by a significant rise in temperature violation of cardiac activity, kidney function, the appearance of sluggish blisters on the skin |
| **Differential diagnosis** | streptoderma, microbial eczema | Toxic allergic dermatitis, atopic dermatitis? | atopic dermatitis, розовый лишай,secondary period of syphilis , Lyells syndrome –<br>Steven Johnson syndrome |
| **Treatment** | Eliminate irritant, topical anti-inflammatory drugs | Eliminate allergen<br>General treatment: hyposensitizing, antihistamine, sedatives, vitamins C, gr.B<br>Topical treatment: anti-inflammatory, antipruritic drugs, corticosteroid hormones topically | Hyposensitizing and anti-inflammatory therapy (antihistamines, sodium thiosulfate, corticosteroid hormones systemically and locally)<br>Hypoallergenic diet, laxatives, diuretics, detoxification therapy |
| **Prophylaxis** | In factories: sanitary-technical, sanitary-hygienic personal protection measures, professional selection | In everyday life: skin care, avoid contact with irritants substances | Exclude the introduction of drugs that are intolerable |

**ECZEMA**

| Pathogenetic factors | Functional CNS disorders | Pathology of internal organs | Disruption of metabolic processes | Focal lesions infections |
|---|---|---|---|---|
| **General characteristics** | Rash polymorphism (erythema, papules, vesicles true and evolutionary polymorphism rash).<br>Long chronic course. Tendency to relapse. Subjectively – itching | | | |

| Classification | Simple | Microbial | Professional | Seborrheic |
|---|---|---|---|---|
| **Clinical manifestation** | Symmetry<br>Fuzzy boundaries of foci<br>Moisture by type serous wells<br>Propensity to dissemination<br>Severe itching<br>Polyvalent sensitization | Development around the wounds at the site of a purulent process. Asymmetry. Clear boundaries, the border of the exfoliating horny layer on the periphery. Moisture - point and larger erosion. Itching intense, but not constant.<br>Monovalent sensitization. | The development of on-site allergic dermatitis. Predominantly exposed skin areas are affected. The boundaries are fuzzy, monovalent sensitization, weeping is expressed mildly. Positive allergy tests with professional allergens | Areas of the scalp, behind the auricle, chest, back, large folds are affected. Moisture is not pronounced. Symmetry. Itching is small. True Polymorphism Rash not typical. |
| **Differential diagnoses** | Allergic contact dermatitis | | Atopic dermatitis | |
| **Treatment** | General :<br>Diet , sedatives, hyposensitizing, antihistamines, spa treatment, treatment associated diseases.<br>In the presence of infection - antibiotics and antiseptics | | External symptomatic treatment.<br>Corticosteroids Antiseptics, antibiotic ointments | Dispensary observation Physiotherapy methods (electric, UV, electro- and phonophoresis, inductothermy of the adrenal region).<br>With seborrheic eczema – digestive tract enzymes, sulfur, antiandrogens |

**NEURODERMATOSIS**

| Classification | Atopic dermatitis | Nodular prurigo | Hives |
|---|---|---|---|
| **Clinical forms** | Localized (Lichen Vidal) Diffuse | Child, adult, temporary, nodular | Acute, local angioedema, persistent papular urticaria, chronic, solar, thermal, cold, artificial |
| **Pathogenesis** | Allergic reactions immediate-delayed type | Allergic reactions immediate-delayed type | Allergic reactions immediate type |
| **Main clinical symptoms** | Itching paroxysmal, papules, lichenification, crusts, excoriation, shiny nails, white dermographism, neurotic disorders | Itching, neural disorders, papulo-vesicular rash, white dermographism, polished nails | Sudden onset, itching, monomorphic blister rash.<br>With angioedema local skin and subcutaneous tissue swelling.<br>Persistent, red, often urticarial |

| | | | |
|---|---|---|---|
| | | | dermographism |
| **Differential diagnosis** | Eczema in chronic stage, lichen planus | atopic dermatitis | Differentiation between clinical forms of hives |
| **General treatment** | Pathogenetic therapy, specific and non-specific desensitization, sedatives, physiotherapy, balneotherapy | | |
| **Topical treatment** | **General treatment :** Elimination of the allergen. Diet. Antihistamine, antipruritic, sedatives,tranquilizers, vitamin therapy, non-specific stimulants of immunity. Topical therapy: Menovazin antipruritic solutions, corticosteroid ointment – «Fluorocort», «Flutsinar», «Lorinden», «Sinaflan», «Elokom», «Advantan» (water churned mixture, aniline dyes). Physiotherapy.<br>Features of the treatment of nodular pruritus: antimalarial drugs (Delagil, Plaquenil), hydrocortisone chipping, cryodestruction, diathermocoagulation | | |

## ПУЗЫРНЫЕ ДЕРМАТОЗЫ

| Classification | True (acantholytic) pemphigus | Benign (neacantolytic) pemphigus | Herpetiform dermatosis dühring |
|---|---|---|---|
| **Etiological theory** | Infectious (including viral), enzyme, endocrine, neurogenic, genetic, toxic, exchangeable | Neuroendocrine dysfunctions, trauma (in some cases it develops as paraneoplastic dermatosis) | Impaired absorption due to unusual sensitivity to gluten, taking halogen, lymphocytic leukemia, malignant tumors, inflammatory processes in the digestive tract, ascariasis |
| **Pathogenesis** | Autoimmune | Autoimmune | Allergic and toxic (Autoimmune) |
| **Clinical forms** | Vulgar vegetative leafy seborrheic (Senir-Asher syndrome, erythematous) | Bullous pemphigoid, cicatrizing pemphigoid, benign neacantolytic pemphigus only oral mucosa (Pashkova-Sheklakova) | Main (small bubble), bullous (large bladder), herpes-like, abortive, localized |
| **Common location** | **vulgaris** – oral mucosa, skin;<br>**vegetating** - skin folds, around natural orifices;<br>**seborrheic** – face, scalp, chest, back;<br>**leafing** - generalization | **bullous pemphigoid** - skin, mucous membrane of the mouth;<br>**cicatrizing pemphigoid** - mucous of the mouth, eyes, genitals, pharynx, larynx, esophagus, nose, urinary tract | Skin in selected areas |
| **Skin lesion types** | **vulgaris** – bubbles at the beginning tense, then sluggish, erosion, crusts, pigmentation;<br>**vegetative** – bubbles with the subsequent formation of erosion and vegetation;<br>**leafy** – flabby bubbles, lamellar crusts; | **bullous pemphigoid** – tense bubbles, erosion,<br>**cicatrizing pemphigoid** – bubbles with a thick tire, erosion,<br>**cicatricial adhesions**, In case of a | Polymorphic Rash: spots, bullae, vesicles, urticaria, papules, erosion, crusts, pigmentation |

| | | | |
|---|---|---|---|
| | **seborrheic** – quickly drying bubbles on the background of erythema, crusts, scales | **neacantolytic pemphigus,** only the mucous membrane of the mouth – scar free bubbles | |
| **Special methods of investigation** | Nikolsky's symptom positive | Symptom perifocal detachment of epithelium positive | Nikolsky's symptom Negative |
| **Additional special methods** | Cytodiagnostics (finding acantholytic cells in smears Tzanka), determination of sodium chloride in urine, immunofluorescence method investigation (Ig G to the spongiosum layer of the epidermis) | Determination of sodium chloride in urine, immunofluorescence method investigation (Ig G to basal membrane), histological examination (subepidermal location of the bulla, the absence of acantholysis) | Determination of eosinophils in contents of bullae and blood, immunofluorescent method of investigation(Ig A to papillary dermis) |
| **Topical treatment** | Corticosteroid hormones, anabolic hormones, cytostatics, preparations of potassium, calcium, vitamins, antibiotics | Corticosteroid hormones, cytostatics, vitamins, antibiotics, DDS, hemostimulating drugs (iron, etc.) | DDS, vitamins, corticosteroids, hemostimulating drugs (iron, etc.) |
| **External (topical treatment )** | Common baths with potassium permanganate, ointments with antibacterial preparations, aniline dyes, corticosteroid ointments, mouth rinses solutions of marigold or furatsilin 1:5000, potassium permanganate 1:10000 | | Corticosteroid Ointment |

## AUTOIMMUNE DISEASES OF CONNECTIVE TISSUE

### LUPUS ERYTHEMATOSUS

| **Etiology** | **Focal (more often streptococcal infection)** | **Insolation** | **Frostbite chilling** | **Trauma** | **Medicinal drugs, vaccines** |
|---|---|---|---|---|---|
| **pathogenesis** | Autoimmune mechanism | | | | |
| **classification** | **Chronic (localized)** | | | **Subacute** | **Acute** |
| **Clinical forms** | Discoid | **Erythema annulare centrifugum Byetta** | **Lupus erythematosus profundus (Kaposi-Irgang)** | **Disseminated** | **Systemic** (sometimes acquires a subacute or chronic course) |
| **Location** | Face, scalp, lower lip, oral mucosa (gums, cheeks) | Face | Upper part of trunk, shoulders and head | Face, neck, upper back, chest, arms, scalp | Face, oral mucosa, lips, trunk, limbs, kidneys, heart, lungs, liver, spleen, eyes |
| **Clinical symptoms** | Erythema, infiltration, follicular hyperkeratosis, scar atrophy | Erythema with edema without hyperkeratosis and cicatricial atrophy | Erythema, deep infiltration, sometimes ulceration | Scattered small multiple erythematous foci with minor hyperkeratosis and atrophy, subfebrile condition increased ESR, leukopenia, anemia, pain in the joints | Skin rashes (eczematous foci, urticaria, blisters, less often - pustules), pruritus , general weakness, insomnia, sweating, high fever, episculitis, conjunctivitis, damage to the kidneys, joints, cardiovascular, respiratory systems, enlarged liver, spleen, lymph nodes, detection in blood LE-cells, increased ESR, leukopenia, anemia |
| **Special methods of investigation** | symptom of Bénier-Meshchersky | Luminescent method (snow white glow) | | Definition of bio doses UV (increased sensitivity to UV) | Histological investigation of foci |
| **Differential diagnosis** | Rosacea | Rubromycosis | Tuberculosis lupus | Leukoplakia (with localization on the red border of the lips and mouth) | Dermatomyositis |

| **Treatment** | Quinoline containing drugs (delagil, rezokhin, melted) | | Vitamins (A, C, E, P, PP, gr. B, pantothenic and folic acid) | Corticosteroids systemically and locally |
|---|---|---|---|---|
| **Prophylaxis** | Dispensary | Sanitation of foci of infection | Employment | Photoprotective creams and ointments |

**SCLERODERMA**

| **Etiological theories** | **infectional** | **Neuroendocrinal** | **Autoimmunological** | **Frostbite** | **Trauma** |
|---|---|---|---|---|---|
| **Pathogenisis theories** | Autoaggression | Neuro-vascular injuries | Disorganization cellular and humoral immunity | Accumulation of hyaluronic acid in tissue, enhanced Collagen synthesis | Accumulation in hyaluronic acid tissue. increased collagen synthesis |
| **Classification according to distribution process** | **Localized** | | | | **systemic** |
| | Бляшечная | Lineal | White spot disease (scleroatrophic lichen Tsumbusha) | Idiopathic atrophoderma Pazini Pierini | |
| **Characteristics of early stage** | pinkish-purple spots appear, compaction and fading in color of the foci (the color of the old ivory), hair falls , sweating and sebaceous excretions are disturbed, then consequently cicatricial atrophy of the skin | More common in children, the shape of the foci is linear Stunted growth in children | More common in women, white spots up to 0.5 cm in size with atrophy in shoulder girdle area (some spots lilac corolla) | more common in young women, along the spine bluish or brown spots appear with atrophy of skin and translucent veins | Prodromal symptoms, acrosclerosis, sclerodactyly, muscle damage, visceral lesions, calcification of the subcutaneous fat (calcium gumma Tibierge-Weissenbach) |
| **Clinical stages of the process** | **Erythema** | | **(Compacting)Hardening** | | **Atrophy** |
| **Main clinical symptoms** | Vasomotor disturbances (Raynaud's syndrome) | | Compact skin with erythema around | | Skin atrophy |

| | | | | |
|---|---|---|---|---|
| | Erythema with slight skin tightening | | | |
| **Change in internal organs** | Atrophy of the terminal phalanges, nephrosis nephritis with oliguria and azotemia, pneumosclerosis, fibrosis of the submucosal esophagus,<br>Achilia gastritis, infiltration and swelling of the intestinal wall with subsequent fibrosis and mucosal atrophy, endarteritis obliterans | | | |
| **Differential diagnosis** | Leprosy (undifferentiated form) | Vitiligo | Raynauds disease | Dermatomyositis |
| **General treatment** | Penicillin therapy Glucocorticosteroid drugs | Drugs hyaluronidase (lidaza, ronidaza) | Vasodilators drugs (nicotine acid, nikoshpan) | Scarlet, vitreous body Wit. C, A, E, PP, B15, ascrutin |
| **Local treatment** | Hydrogen sulfide, radon and bromine baths | Ointments and solutions: glucocorticosteroids, dimexide, solcoseryl, indomethacin, butadiene, troksevazinovaya | **Physiotherapeutic methods**: electro- and phonophoresis, paraffin, ozokerite, therapeutic mud, massage, gymnastics, hyperbaric oxygenation | |

**CAUSATIVE OF SYPHILIS**

**PALE TREPONEMA (Treponema pallidum)**

- Poorly perceives coloring
- Divides predominantly by (binary fision) transverse division
- Length 4-14 мкм; Width 0,2-0,25 мкм
- Spiral shape
- Number of spiral turns 8-12
- Sensitive to drying heat, the action of sunlight, chemical substances
- Makes 4 types of movement: progressive, rotatory, pendulum, contractile
- Curls are uniform, rounded at the top, the distances between them are the same
- An electron microscopy of the pale treponema detected a cover, outer wall ( from three layers), cytoplasmic membrane (from three layers), has superficial and deep fibril proteins
- Under unfavorable conditions it transforms into forms that sustain survival: L-forms, cysts, treponema in polymembrane phagosomes

## INCUBATION PERIOD OF SYPHILIS – 4-6 weeks, but could be up to 6 months

## PRIMARY PERIOD OF SYPHILIS – 6-8 weeks

| Diagnosis | Anamnesis presenting complaints | Inspection of skin and mucousa | Dark field serum microscopy | Serological blood test |
|---|---|---|---|---|
| **Manifestation** | Chancre (erosive, ulcerative) | Regional lyphadenopathy | Lymphangitis (12%) | Polyadenitis – rarely |
| **Complications** | Balanoposthitis | Phimosis, paraphimosis | Gangrene | Phagedenic |
| **Types of chancre** | **Genital** Peri-genital Extragenital | **Singular mulitple:** sequential, bipolar | **Typical (5-10 mm)** small, gigantic | **Atypical chancre:** panaritium, amygdalite, indurative edema |
| **Differential diagnosis** | Chancriform pyoderma | Genital herpes | Чесоточная эктима | Traumatic erosion |

## SECONDARY PERIOD OF SYPHILIS – until 3-4 years

| Clinical forms | Secondary skin and mucous membrane changes | Early hidden - no clinical manifestations, but positive serological reactions and unchanged liquor |
|---|---|---|
| **Anamnesis** | Sexual anamnesis | Anamnesis morbi |
| **Clinical manifestation** | Roseola, papules, pustules, vesicles, leucoderma, alopecia, erythematous, papular sore throat, hard chancre residues, polyadenitis | |
| **Types (variety) basic elements** | Roseola – new, recurrent, ring-shaped, drain, eliving, urtricarial, granular<br>Papules – miliary, lenticular, mono-shaped, psoriasiform, seborrheic, moist (erosive), wide warts, horny<br>Pustules – eel-like, hilar-shaped, impetiginous, syphilitic ecthyma, syphilitic rupee<br>Alopecia - small focal («fur broken by moth»), large-focal, mixed<br>Leucoderma – spotted, laced, marbled | |
| **Laboratory diagnostic methods** | Detection of pale treponema in eroded foci,RPR, CCP, TPHA,FTA-ABS, ELISA, RHS, liquor study | |

## LATENT SYPHYLIS – CSR +70%, TPI+100%

| STAGING | ACTIVE | | Latent (late latent syphilis – absence of clinical manifestation and changes) | |
|---|---|---|---|---|
| **LOCALISATION** | **Internal organs** Aorta (mesaortitis), liver, | Skin and mucous membranes | Musculoskeletal apparatus | **NERVOUS SYSTEM** |

| | | | | |
|---|---|---|---|---|
| | stomach, kidneys, lungs, etc. | | | |
| **Clinical manifestation** | Gumma infiltration, gummae | Tuberculum, gumma, gummonose infiltration, late roseola | Osteoperiosteitis osteomyelitis, synovitis, osteoarthritis | Meningitis, meningomyelitis, gumma, tabes dorsales, progressive paralysis |
| **Rash forms** | **GRANULOMATOUS SYPHILIDS** grouped, Серпегинирующий, Карликовый, Площадкой | | **GUMMAE** Solitary, Gummous infiltrate (pad), Periarticular nodulars | |
| **End results** | **GRANULOMATOUS** Ulceration, scar atrophy, mosaic scar or focal grouped scars | | **GUMMAS** ulcer, cicatricial atrophy, star scar | **LATE ROSEOLA** scar atrophy |
| **Differential diagnosis** | **GRANULOMATOUS SYPHILIDS** Lupus erythematosus, leprosy, leishmaniasis (Borovsky disease) | | **GUMMAE** Scrofuloderma, inductive erythema of Bazin, cancer ulcer, trophic ulcer, chronic ulcerative pyoderma | |

**CONGENITAL SYPHILIS**
**Transplacental theory (German: obstetrician-gynecologist R. Matzenauer (1903)**

| **Classification** | **FETAL SYPHILIS** | **EARLY CONGENITAL SYPHILISIS** Breast age (active,latent) up to 1 year Early childhood (active,latent) 1-2 years | **LATE CONGENITAL SYPHILIS** (active, latent) older than 2 years |
|---|---|---|---|
| **Skin and mucous tissue** | Maceration | Breast age: papules, roseola, diffuse papular infiltration Gohzinger, cracks, Robinson-Fournier scars, syphilitic pemphigus, rhinitis (erythematous, catarrhal stage and ulcerations) | Tuberculum and gumma |
| **Internal organs** | The weight of the placenta is 1/3 of the weight of the fetus (the norm is 1/6), diffuse infiltration of the liver and spleen (red warping), «white pneumonia» | Infancy: polyadenitis, liver and spleen enlarged, dense | Mesaorite, nephrosonephritis, hepatitis |

| | | | |
|---|---|---|---|
| **Musculoskeletal system** | osteoperiostitis, osteochondritis (3 degrees of severity) | osteochondritis, periostitis (саблевидные голени), osteoperichondritis | osteoperiostitis, synovitis |
| **Nervous system** | Petrification in the brain | Meningitis, meningoencephalitis, hydrocephalus (the sign of Sisto - constant crying) | Jackson epilepsy, dementia, hemiparesis, hemiplegia, speech disorders, headache, spinal tabes, progressive paralysis |
| **Reliable signs of late congenital syphilis** | | | **Hutchisons triad:**<br>Hutchisons teeth,<br>Parenchymal ketatitis,<br>labyrinthitis and degeneration of the 8th nerve |
| **Obvious symptoms of Congenital syphilis** | | | Buttock-shaped skull, saddle nose, Robinson-Fournier scars, barrel fangs, barrel shaped teeth, saber tibia |
| **Dystrophy** | | | Tower skull, Gothic sky,<br>Carabelli tubercle (5 bump on the chewing surface of the first molar),<br>The symptom of the Austidian-Igumenakis - thickening of the sternal end of the right clavicle,<br>Axifoidia – the absence of the xiphoid process,<br>Diastema Gaucher – rare teeth,<br>Sign of Dubois-Gissar – curvature and shortening of the little fingers of the hands |

## TREATMENT OF PATIENTS WITH SYPHILIS. DISPENSATION

| | |
|---|---|
| **Principles treatment the sick syphilis** | 1. **The diagnosis of syphilis should be clinically based and laboratory-prone.**<br>2. **Treatment should be early and begin immediately upon diagnosis.**<br>3. **Treatment should be energetic and complete, in compliance with single and course doses provided by the instruction** |
| **Types of treatment**: Specific, preventive, prophylactic, trial, additional<br>Methods of treating syphilis: Outpatient and inpatient | |
| **Specific drugs** | Penicillin preparations and its durant derivatives (novocainic salt, procaine penicillin G, bicillin-1, extensillin, retarpen, bicillin-3, bicillin-5)<br>Reserve antibiotics: tetracycline, macrolides, azalides, cephalosporins |

| | |
|---|---|
| **Dispensary control methods** | 1. Accounting for sexually transmitted patients<br>2. Hospitalization of patients in the first 24 hours from the time of diagnosis<br>3. Identification and involvement in the treatment of sources of infection, sexual and domestic contacts<br>4. The unity of methods and treatment regimens<br>5. Free treatment<br>6. Obligation of treatment and control over the accuracy of treatment<br>7. Sanitary-educational work<br>8. Threefold examination of pregnant women (in the first and second half of pregnancy, and in labor)<br>9. Preventive medical examinations and systematic - decreed population groups.<br>10. Serological studies in somatic hospitals |

**GONORRHOEA**

| **Ethiology** | **Neisseria gonorrhoea, diplococci (gonococcal) Neisser** (Albert Ludwig Sigismund Neisser) | | | | | |
|---|---|---|---|---|---|---|
| **Properties of gonococcus** | Tinctorial | Biological | | | Cultural | |
| **epidermiology** | Sexual | | | Non sexual (contact, vertical) | | |
| **Course** | Acute | | | Chronic | | |
| **Clinical forms** | **TOPICAL CLASSIFICATION** | | | | | |
| **Clinical symptoms** | Sharp hyperemia and swelling of the sponges of the urethra. Abundant thick yellowish pus. Cutting pain at the beginning of urination. Thompson's two-glass test: urine diffusely turbid in the first portion with anterior urethritis, in both portions – if its total urethritis | | | Minor itching in the urethra. Sometimes dull pain in crotch Discharge from the urethra mucopurulent in the morning in the form of a drop. Pasting of an outside opening of an urethra. Slight turbidity in the first portion with anterior urethritis, in both portions - with total urethritis | | |
| **Differential diagnostics** | Nongonorean bacterial urethritis | Viral urethritis | Trichomonas urethritis | Chlamydia urethritis | Mycotic urethritis | |
| **Diagnostic methods** | History of illness and sexual history, examination of the patient | Bacterioscopic and bacteriological research | Two glasses Thompson test | Urethroscopy | Reaction Bordet-Zhang | |
| **Treatment** | Antibiotic therapy (except for penicillin), immunotherapy, vaccination, vitamin therapy, topical treatment physiotherapy | | | | | |
| **Methods provocations** | Mechanical | Thermic | chemical | biological | Physiolocal | Alimentary |
| **Criteria of cure** | Lack of clinical manifestations | Bacterioscopic data | Bacterioscopic data | Urethroscopy results | | |
| **Prophylaxis** | General | | | Personal | | |

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