The name of Unit in which the subject is realized
Clinic of Dermatology and Venerology

Head
Prof. dr hab. Romuald Maleszka

Assistant Professor
Dr hab. n med Tadeusz Dębsiak

Total hours:
30 hours include:
  5 h of seminars
  25 h classes

ECTS: 2

Aims of teaching.
The aim of dermatology and venerology course is to present epidemiological, pathogenetical and clinical aspects of selected skin disorders and sexually transmitted diseases. Main topics include skin&oral infections, autoimmunological syndromes, allergic disorders, malignancies and pre-malignant lesions, AIDS. Semiotic of the skin lesions, clinical examination of the patient as well as diagnostic laboratory methods are presented. Students learn also differentiation diagnosis, prophylactics and treatment protocols.

FORMS OF ACTIVITIES

Subject of Dermatology and Venerology is carried out in VIII th term in forms classes, seminars, colloquiums, and examination. There are no lectures.

1. **Seminars** are conducted during 5 h in VIIth term
2. **Classes** include 25 h in VIIth term and are devoted to know the normal morphology and pathology of skin. The classes are carried out in groups of up to 3 students per tutor. Classes are lasting 4 h and are preceded one hour of seminar presenting theory of following subjects and showing pictures watched slides. During the classes students are controlled by tutor with acquaintance of subject theory.
3. **Seminars** are conducted during 5 h in VII term. They include disorders of sebaceous glands, skin infections, disorders of skin kinetics and differentiation, connective tissue diseases, bullous and allergic diseases, skin tumors, sexually transmitted diseases including AIDS. The seminars are carried out in group up to 20-30 students a one tutor.
4. **The exam** is carried out as a test (multichoice questions). The exam has two re-takes. For student wish, the 2-re-sit can be carried out in oral form.
Course of Dermatology and Venereology for Foreign Medical Students (4th year)

I Approach to Dermatologic Diagnosis
1. The structure of the skin.
2. Skin lesions
   a/ primary skin lesions: macule, papule, nodule, small blister, blister, pustule, wheal
   b/ secondary skin lesions: scale, crust, erosion, abrasion, crack, ulcer, scar, plaque.
3. How to approach a patient with skin lesions
   a/ taking history
   b/ physical examination:
       - describing skin lesions
       - special investigations

II Disorders of Sebaceous Glands
1. Acne vulgaris
   - Etiology and pathophysiology
   - Clinical features
   - Treatment (systemic and topical)
   Acne forms
   - Acne fulminans (Fulminant acne)
   - Acne conglobata (Conglobate acne)
   - Occupational acne
   - Drug-induced acne
   - Acne in adult woman
   - Nodular acne
   - Pustular acne
   - Clinical features of all forms of acne
   - Treatment (systemic and topical)
2. Rosacea
   - Definition
   - Etiology and pathophysiology
   - Clinical characteristics and course
   - Differential diagnosis
   - Treatment (systemic and topical)
   Steroid rosacea
3. Perioral dermatitis
   - Definition, etiology and pathophysiology
   - Clinical features
   - Treatment (systemic, topical)

III Cutaneous Fungal Infections
1. Dermatophyte infection of the skin
   - microscopic structure s of dermatophytes
   - organisms causing skin infection
   - laboratory examination: fresh specimen, culture, histology
2. Tinea corporis (Trichophytosis, epidermophytosis)
   - clinical features
   - diagnosis
   - treatment
3. Tinea barbae et capitis
   - pathogens (zoophilic species)
   - a kerion type of infection
   - diagnosis (Wood’s light)
   - treatment
   - prophylaxis
4. Candidiasis
   - Candida species, especially Candida albicans
   - identification of pathogen
   - predisposing factors
   - clinical features in skin involvement
   - involvement of inner organs
   - candidiasis of the mucous membranes
   - treatment
5. Treatment of skin infection
   - topical treatment
   - systemic antimycotics

IV Cutaneous Bacterial Diseases
1. Pathophysiology
2. Skin symptoms
3. Laboratory and special examinations
4. Treatment
   Staphylococcus aureus
   - Folliculitis
   - Sycosis
   - Carbuncle
   - Abscess
   - Hidradenitis suppurativa
   - Abscessus multiplices infantum
   - SSSS
   Streptococcus pyogenes
   - Erysipelas
   Mixed
   - Impetigo
   - Ecthyma

V Disorders of Cell Kinetics and Differentiation
1. Psoriasis
   - Etiology and pathogenesis
   - Clinical classification
     - non-pustular forms
     - pustular forms (including generalized and localized)
   - Clinical features of all forms of psoriasis
   - Differential diagnosis
   - Histological findings
   - Treatment (systemic, topical)

VI Mycobacterial Infections. Lyme Borreliosis
VII Viral Infections
1. Papova virus group
   - Papillomavirus
     - Verruca plana juvenilis (juvenile or flat warts)
     - pathogenic factors (HPV 3, 10)
     - clinical features
     - treatment
     - Verruca vulgaris (common wart)
     - pathogen (HPV 2, 4, 7)
     - clinical features
     - treatment
2. Varicella-zoster-group
   - Herpes zoster (shingles)
     - immunological factors
     - contagiousness
     - clinical features
     - complications
     - treatment
     - significance
     - Varicella (chickenpox)
     - clinical features
     - treatment
     - prognosis
   - Herpes simplex virus
     - type I localisation
     - type II localisation
     - primary manifestation
       type I – herpes febrilis; herpetic keratoconjunctivitis; viral meningoencephalitis; eczema herpeticum
       type II – herpes progenitalis; herpes simplex in newborn
     - secondary manifestation
     - treatment: topical systemic
3. Poxvirus group
   - Molluscum contagiosum
     - localisation, skin lesions
     - treatment
4. Lichen planus
   - clinical features
   - involvement of mucosae
   - course
   - treatment

VIII Connective Tissue Diseases
1. Lupus erythematosus
   - Systemic lupus erythematosus (SLE)
   - Subacute cutaneous lupus erythematosus (SCLE)
   - Chronic cutaneous lupus erythematosus (CCLE)
     - Discoid lupus erythematosus (DLE)
     - Chronic lupus panniculitis (Lupus erythematos profundus)
2. Scleroderma
   - Systemic scleroderma (SSC)
     - limited systemic scleroderma (ISSc) with CREST syndrome
     - diffuse systemic scleroderma (dSSc)
   - Morphea (circumscribed scleroderma)
3. Dermatomyositis

**IX Bullous Diseases (Pemphigus Vulgaris, Pemphigoid)**
1. Pemphigus vulgaris
   - subtypes of pemphigus
   - pathogenesis – immunology
   - the diagnosis of pemphigus
   - clinical features
   - treatment
2. Pemphigoid diseases
   - bullous pemphigoid
   - cicatrical pemphigoid
   - linear IgA dermatosis
   - pemphigoid gestations
   - diagnosis and treatment

**X Allergic Skin Diseases (Contact Dermatitis, Atopic Eczema, Urticaria)**
1. Atopic dermatitis
   - Infantile atopic dermatitis
   - Childhood-type atopic dermatitis
   - T-type atopic dermatitis
Pathophysiology
Exacerbating factors
Skin symptoms
Laboratory and special examinations
Management
Features of atopy
2. Eczematous dermatitis
   - Contact dermatitis
     - Etiology and pathophysiology
     - Skin lesions
     - Laboratory and special examinations
     - Common contact allergens
     - Management
   - Contact (non-allergic) dermatitis
     - Chronic toxic contact dermatitis of the hands
   - Contact (allergic) dermatitis
   - Differences between toxic (irritant) and allergic contact dermatitis

**XI Syphilis**
1. History
2. Classification and general course
3. Etiology
4. Clinical features of:
   - primary stage
- secondary stage
5. Latent syphilis
6. Tertiary syphilis
7. Congenital syphilis
8. Diagnosis
   - microscopic diagnosis (dark-field microscopy)
   - serologic diagnosis (VDRL, WR, FTA-ABS, TPI reactions)
   - spinal fluid examination
9. Non-treponemal positive reactions
10. Treatment
    - standard treatment
    - treatment for pregnant patients
    - treatment in patients with penicillin allergy
11. Herxheimer’s reaction

XII Gonorrhea. Non-gonococcal Urethritis.
   - Pathogenesis
   - Clinical findings
   - Diagnosis
   - Treatment of gonorrhea
   - Follow-up examination and confirmation of cure
   Gonorrhea in women
   - Acute and chronic gonorrhea of the urinary tract
   - Acute and chronic gonorrheal cervicitis
   - Gonorrhea of the other female genitalia
   Gonorrhea in men
   - Gonorrhea of the urinary tract
     - Anterior and chronic acute gonorrheal urethritis
   - Gonorrhea of the male genitalia
   - Posterior acute gonorrheal urethritis
Extragenital gonorrheal disease
   Gonorrhreal vulvovaginitis of infants
   Ophthalmobennorrhea in the newborn
   Distant complications of gonorrhea
   Disseminated gonococcal infection
Nongonococcal urethritis (NGU)
   - Etiology
   - Clinical manifestations (women, men, children)
   - Laboratory and special examinations
   - Treatment
   - Chlamydia urethritis
   - Trichomonas urethritis
   - Mycoplasma urethritis
   - Gardnerella vaginalis infections
   - Bacterial urethritis
   - Candidiasis
   - Herpes simplex virus
     - Primary and recurrent genital herpes
   - Human papillomavirus
XIII AIDS – Mucocutaneous Manifestations
1. Epidemiology
   - Risk groups and practises
   - The incidence of AIDS on the world
2. Virology
   - structure of Human Immunodeficiency Virus
   - the antibody response to HIV
   - the HIV antibody test
3. Immunology
4. The clinical spectrum and classification of HIV disease
   - group I: acute infection
   - group II: asymptomatic infection
   - group III: progressive generalised lymphadenopathy
   - group IV: other diseases
5. The opportunistic infections
   - protozoa
   - fungi
   - virus
   - bacteria
   - atypical mycobacteria
6. Oral cavity problems in HIV disease
7. Skin manifestation of HIV disease
8. Epidemic Kaposi’s sarcoma
9. Treatment

XIV Precancerous Lesions, Cutaneous Carcinomas and Lymphomas, Malignant Melanoma

Books:

Marks R.:
Hunter J., Savin J., Dahl M.:
Clinical Dermatology.

After the course students should know:
-semiotic of skin lesions
-morphology of the skin
-how to examine the patients skin, mucosa, lymph nodes
-diagnostic procedures used in selected diseases
-differentiation diagnosis of selected disorders
-selected treatment protocols
Regulations for English-speaking students (4th year)  
Course of Dermatology and Venereology  
Faculty of Medicine&Dentistry

1. Seminars and classes are obligatory and presence is registered.  
2. Students are allowed to have only one unjustified absence in a semester, i.e. during the course of dermatology.  
3. Students who miss two or three seminars and classes with certified excuse have to make up for their absences. Every absence has to be justified within one week from the last day of a non-attendance period. Failure to do so will be taken as an unjustified absence. In case of justified absence student has to learn the material discussed during the missed seminar. It is the student’s responsibility to make an appointment with a lecturer to demonstrate comprehension of the contents of the missed seminar. The certified excuse note comprises of medical reasons (doctor’s excuse-health certificate) or the Dean’s consent for student’s absence.  
4. Students who miss more than three seminars and classes will not be credited.  
5. In exceptional cases of justified missing of more than three seminars and classes by student the decision regarding the course completion will be taken by Head of Department and Dean.  
6. Students are expected to read the appropriate chapters from textbook. The student's comprehension of the material will be checked every week. A failed mark in two seminars will exclude the student from the final examination.  
7. A failed seminar can be retaken twice by the lecturer: the first attempt - within two weeks and the second - at the end of semester.  
8. Repetition of seminars and classes will not be possible after completion of the course.  
9. At the end of the semester students will be credited on the basis of their attendance and progress.  
10. The final examination will be in a test form.

Books:

Marks R.:  
Hunter J., Savin J., Dahl M.:  
Clinical Dermatology.

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