TASK 1

The patient complains of severe itching of the skin of the trunk, worse in the evening and at night, after going to bed. He got sick 5 days ago, associates it with a business trip, where he had to spend the night in a hostel. When viewed on the skin of the abdomen, thighs, buttocks, paired and scattered punctate nodular-vesicular rashes are visible, in some places - gray dashed dotted lines, linear combs, crusts. Dry crusts and scales are observed on the right elbow joint.

1. What kind of diagnosis can you think of?

2. What local treatment should be prescribed to the patient?

TASK 2

A patient consulted a doctor with complaints of a rash on the oral mucosa, accompanied by a sharp pain when eating. The rash appeared 7 days ago after a cold. She didn't take any medicine for colds. On examination of the oral mucosa: multiple erosions with a smooth bright red surface and scraps of mucous membrane along the periphery, single blisters with a dense lining. The last days, due to a sharp pain, the patient takes only liquid food.

1. What diagnosis can be assumed in this patient?

2. What research methods should be used to confirm the diagnosis?

3. What is your treatment strategy?

TASK 3

Patient G. 46 years old. Complaints of soreness in the mouth when swallowing, lesions of the skin of the face, scalp. Six months ago, painful rashes appeared on

the skin of the face, on the back and wings of the nose. When viewed on the skin of the face against the background of moderate hyperemia and the phenomena of oily seborrhea, there are loose scales and crusts. After removing them, erosion is formed. On the mucous membrane of the cheeks, erosion, some of them are covered with a white coating.

1. What is your suspected diagnosis?

2. Make a plan for examining the patient.

3. Treatment plan.

TASK 4

A 32-year-old patient came to the appointment with complaints of rashes on the skin of the hands and trunk, itching. Ill for 2 years. The disease proceeds in waves, its exacerbations are most often associated with contact with detergents, inaccuracies in the diet, and nervous stress. Objectively: the skin of the hands and forearms is moderately hyperemic, infiltrated and edematous, has a bluish-pink color. Against this background, there are numerous small papules, microvesicles, oozing areas. On the chest, abdomen, buttocks, slightly edematous erythematous-squamous rashes of various sizes and outlines with indistinct boundaries are scattered.

1. What disease can you think of?

2. What treatment should be prescribed to the patient?

3. How to prevent recurrence?

TASK 5

Patient M., complains of damage to the skin of the trunk, soreness in the mouth when eating, general malaise. 4 months ago she felt soreness when swallowing and found "ulcers" on the back of the pharynx and the mucous membrane of the cheeks. She received treatment from an otolaryngologist and dentist with varying success. 2 weeks ago, blisters appeared on the skin of the face, back and chest. On examination: the general condition is satisfactory. On the mucous membrane of the mouth there are multiple red erosions, some with remnants of blister caps along the periphery. On the apparently unchanged skin of the chest, back and face, flabby blisters from 2 to 4 cm in diameter with a yellowish content, erosion and crust are visible.

1. What is your anticipated diagnosis?

2. What laboratory tests should the patient prescribe to confirm the diagnosis?

3. Principles of treatment.