TASK 1

A 34-year-old woman came to the doctor's office; in her mouth, on her tongue, hard and soft palate, foci in the form of whitish plaques are determined, which are easily removed by scraping with a spatula with exposure of erosion. In the corners of the mouth, the skin is slightly inflamed, there are small erosions with a border of exfoliating epidermis. According to the patient, these phenomen developed a week after the start of taking prednisolone for exacerbation of eczema.

1. Prospective diagnosis.

2. What, in your opinion, is the cause of the disease?

3. Patient treatment tactics

TASK 2

A 23-year-old woman consulted an otolaryngologist about discomfort in her throat. Objectively: the amygdala on the left is enlarged, slightly hyperemic, "lacunae" are absent, the submandibular lymph nodes on the left are enlarged, on palpation they are dense and painless. Body temperature is normal. Gargling with antiseptics and antibiotics was prescribed. There was no improvement within a week. History of casual sex.

1. Prospective diagnosis?

2. The doctor's tactics for examining the patient

TASK 3

A 24-year-old woman consulted a local therapist with complaints of hoarseness, sore throat, which lasted for 2 weeks. Rinsing the throat with a solution of streptocide and furacillin had no effect. On examination, the patient showed an increase in both tonsils, hyperemia passing to the arches. Erythema has clear boundaries. Temperature 37.1 °C. Was diagnosed with "catarrhal angina", prescribed ampicillin. By the evening, 3 hours after the start of ampicillin intake, the patient's temperature rose sharply to 40 °C, severe chills, headache and muscle pain appeared. An ambulance was called and took the woman to the therapy department of the hospital. Upon examination in the admission department, the doctor discovered that the patient had a profuse, spotty, pink rash covering the skin of the chest, back, abdomen and arms.

1. Can a similar clinical picture be observed in syphilis, if so, in what form?

2. What is the reason for the sharp deterioration of the patient's condition after the start of antibiotic therapy?

TASK 4

A 30-year-old woman is being treated for candidiasis by a gynecologist for 8 months. Not married, has a promiscuous sex life.

1. What diseases can be assumed in the patient?

2. What laboratory tests are required?

TASK 5

A 32-year-old man was admitted to the rheumatology department of the city hospital for polyarthritis. The joints of the hands, feet are mainly affected, as well as the knee joints, which are swollen, movements in which are limited due to severe pain. On examination at the hospital, the attending physician discovered that the patient had symptoms of conjunctivitis, as well as hyperemia, swelling of the urethral sponges. According to the patient, he periodically notes discharge from the urethra, adhesion of the lips after a night's sleep. The patient's wife is often treated by a gynecologist for bilateral adnexitis.

1. What disease did the attending physician suspect in the patient?

2. What symptoms indicate the likelihood of this disease?

3. What is the reason for the development of this disease? What urogenital infection is considered most likely in this case?

TASK 6

A 25-year-old patient consulted a dentist due to the presence of erosions on the tongue and mucous membrane of the mouth, accompanied by unpleasant sensations, albeit painless. Submandibular lymph nodes are not enlarged. The anamnesis has an accidental intimate relationship with an unfamiliar man. I was self-medicating: I took tetracycline and streptocide tablets, I rinsed with potassium permanganate solution. There was no improvement.

1. Preliminary diagnosis?

2. The doctor's tactics for further examination of the patient?

TASK 7

A 30-year-old man consulted a dermatologist about a rash he discovered a few days ago. She does not note any discomfort in the form of itching or burning. The cause of the disease is associated with the consumption of smoked meat the day before. On examination, the patient has spotty eruptions of a pale pink color

on the lateral surfaces of the chest, as well as on the arms. The spots do not peel off, temporarily disappear with pressure. The doctor drew attention to the presence of such rashes in the area of the palms and soles, as well as an increase in lymph nodes in the submandibular and axillary areas, which reach the size of a bean, painless.

1. What anamnestic data should be clarified?

2. What additional examination should the doctor perform?

3. Tactics for the examination of the patient.

TASK 8

A 32-year-old man came to the urologist with complaints of discharge from the urethra, burning sensation and pain during the act of urination. From the anamnesis it became clear that the discharge and subjective sensations appeared in the patient 4 days ago. The patient is single, 10 days ago, while on a business trip, he had sexual intercourse with an unfamiliar woman. Denies other sexual contacts within 3 months. On examination: the sponges of the external opening of the urethra stick together, they are hyperemic and edematous. Abundant serous-purulent discharge of whitish-yellow color follows from the urethra. On palpation, the urethra is slightly compacted and painful. When examining a 2-glass urine sample, turbidity of the first portion is noted, the second is clean. The lymph nodes in the groin are not enlarged. The general condition of the patient is satisfactory.

1. What diseases can you think of in this case? Why?

2. What is the clinical form of urethritis in this patient? Justify.

3. What examination is required for a patient to make a correct diagnosis?

4. What treatment is advisable to prescribe to a patient in case of detection of gonorrhea?