**Azerbaijan Medical University**

**Department of Dermatovenerology**

**Practical lesson number 10 (dermatology)**

**Seborrhea, rosacea and acne vulgaris, alopecia areata, vitiligo.**

*Epidemiology. Etiopathogenesis. Clinical and pathomorphological manifestations. Diagnostics. Differential diagnosis. Treatment and prevention.*

1. Give the definition of seborrhea.

ICD-10: L 21 Seborrhea is a skin disorder associated with overproduction of sebaceous glands of sebum with a modified chemical composition.

2. List the varieties of seborrhea

 ● oily seborrhea

 ● dry seborrhea

 ● mixed seborrhea

3. Name the main factors in the etiopathogenesis of seborrhea

An important role in the etiopathogenesis of seborrhea is played by hereditary factors, as well as the action of various hormones. In women, the development of seborrhea is associated with changes in the body in the normal ratios between androgens and progesterone; hyperandrogenemia is most often found in combination with hypoestrogenemia or hyperprogesteronemia. In men, the main cause of seborrhea is changes in the body of the relationship between androgens.

4. Specify the clinical manifestations of seborrhea

 ● oily shine or dry skin / hair

 ● peeling (dandruff) of varying intensity

 ● itchy skin

 ● hair loss

5 mark the hallmarks of dry seborrhea

With dry seborrhea, unlike oily seborrhea, reduced sebum secretion is observed, horny scales often completely cover the scalp, hair and spontaneously fall off. Hair is usually dry, thin, brittle, with split ends. There is a feeling of tightness of the skin, slight itching.

6.Specify in which diseases manifestations of seborrhea are observed

 ● Parkinson's disease

 ● Itsenko-Cushing's disease

 ● lethargic encephalitis

7. Specify why oily seborrhea is a risk factor for acne vulgaris

With oily seborrhea, pronounced sebum production on the skin of the face and upper body leads to blockage of the excretory canals of the sebaceous gland by rejected epithelial cells and sebum, horny plugs (comedones) appear. Sebum loses its inherent sterilizing properties, which creates conditions for the multiplication of microbes, transformation of saprophytic flora into pathogenic and promotes the development of acne vulgaris.

8.Specify the principles of treatment of seborrhea

● Diet:

 restriction of carbohydrates

 animal fats

 table salt

 extractive substances.

 ● For oily seborrhea, drugs are prescribed that can inhibit the secretion of sebum: antiandrogens (Diane-35, Zhanin, etc.), retinoids (Roaccutane) in low doses. Locally recommend alcohol solutions with resorcinol, salicylic acid, sulfur, boric acid, topical retinoids.

● For dry seborrhea, vitamins A, E, group B, preparations containing trace elements (copper, zinc, iron, phosphorus, sulfur) are prescribed. Local salicylic ointment (2-4%), creams, lotions containing vitamins A, E.

● For different types of seborrhea, shampoos Friderm, Nizoral, Seborin, Selenium-Sulfide, etc. are recommended.

9. Define Acne vulgaris

ICD-10: L 70 Acne vulgaris is a chronic, often recurrent skin disease, manifested by papulopustular rash due to purulent inflammation of the sebaceous glands.

10. Name the endogenous causes of acne vulgaris

Changes in hormonal status, diseases of the digestive tract, neuropathy, hereditary factors, diet.

11. Indicate which microbes cause inflammation of the sebaceous gland duct

 ● staphylococci

 ● corynebacteria

 ● propionbacteria.

12. Characterize black and white comedones

Expressed sebum secretion and impaired keratinization in the follicle leads to the expansion of its excretory duct and the formation of an open or black comedone. Blockage of the excretory duct of the sebaceous gland with its own secretion and keratinized epithelium leads to the formation of a closed or white comedone.

13. Indicate which nosological forms are referred to as acneiform dermatoses

 Acneiform dermatoses include rosacea, demodicosis, perioral dermatitis, keloid acne, acne vulgaris.

14.Note how globular akne differ from common akne

Acne globules are large in size, a pronounced infiltrate located in the deep layers of the dermis and in the subcutaneous fatty tissue. Often, such akne merge with each other, as if piling up one on top of the other, forming extensive infiltrates with an uneven bumpy surface - conglobata akne.

15. List the factors contributing to the appearance of inverse acne

 Inverse acne is associated with damage to the apocrine sweat glands and is localized in the axillary and anogenital areas. Development of inverse acne is promoted by hereditary predisposition, neuroendocrine disorders, pathology of the digestive tract, and the nature of nutrition. The disease is provoked by rubbing with tight clothing and the use of antiperspirants, which clog the excretory ducts of the sweat glands and hair follicles containing anaerobes.

16. What are the principles of acne vulgaris treatment?

 Acne treatment should be comprehensive and combine systemic and external (topical) therapy. As systemic drugs, antibiotics are most effective, which are prescribed depending on individual sensitivity and a drug from the retinoid group, isotretinoin. For local treatment, antibiotics are also recommended in the form of lotions, ointments, creams, gels in combination with topical retinoids.

17. Give definition of Rosacea

 ICD-10: L 71 Acne rosacea is a chronic recurrent disease of the skin of the face, manifested by papulopustular lesions on the erythematous background.

18. Name the endogenous and exogenous factors contributing to the occurrence of rosacea

In the pathogenesis of rosacea, an important role belongs to the pathology of the gastrointestinal tract, neuro-endocrine disorders, hypertension, genetic predisposition. A certain role in the pathogenesis is played by the mite (demodex folliculorum), which is very often found in this disease.

19. What are the clinical manifestations of rosacea

With rosacea, the disease begins with a slight erythema, aggravated by the intake of spicy, hot food, alcoholic beverages. Then the erythema becomes persistent, acquires a cyanotic-red color, telangiectasias appear. Against the background of stagnant erythema, nodules, papulo-pustules appear. The nodules can merge, giving the lesions a bumpy appearance.

20. What are the typical places of localization of rosacea

 The skin of the face in the area of ​​the cheeks, nose, forehead, chin, the conjunctiva may be affected.

21. List the diseases with which rosacea is differentiated

● discoid lupus erythematosus

● acne vulgaris

22. Indicate the drugs that are used to treat rosacea

 ● antibiotics according to antibiotic susceptibility scores

 ● metronidazole, ornidazole, secnidazole - if demodex follicularum is detected

 ● Roaccutane - at a dose of 0.5 mg / kg daily for 3-4 months

 ● for external treatment, alcohol disinfectant solutions, antibacterial ointments / creams / gels are used

● when an Demodex mite is detected, an external antiparasitic treatment is performed - Yam ointment, spregal aerosol, 20% benzyl benzoate, metrogil gel

23. List methods of treatment of rhinophyma

 ● surgical excision of hypertrophic growths

 ● cryo-laser therapy

 ● diathermocoagulation

24. Define Alopecia

ICD-10: L 63 Alopecia - complete or partial loss or thinning of hair on the head, less often in other areas

25.Note what factors are involved in the occurrence of alopecia areata

 ● genetic factors

 ● neuro-endocrine disorders

 ● changes in immune status

26.Specify how alopecia areata is clinically manifested

With alopecia areata, lesions are usually localized on the scalp, less often in the beard, mustache, eyebrows. Single or multiple foci of baldness appear, which have regular rounded outlines, clear boundaries, a tendency to peripheral growth and the formation of large areas. The skin of the affected foci is at first slightly hyperemic, and then smoothed, shiny, resembling ivory in appearance.

27. List with what diseases differentiate alopecia areata

 ● microsporia

 ● superficial trichophytosis

 ● syphilitic alopecia

28. Note the methods of physiotherapy of alopecia areata

Cryomassage with liquid nitrogen, darsonvalization, vacuum massage, diathermy of cervical sympathetic nodes, massage of the collar zone, phonophoresis of baldness foci with hydrocortisone and aevit, magnetotherapy, laser therapy.

29. Define Vitiligo

ICD-10: L 80 Vitiligo-dermatosis caused by a violation of the skin pigmentation process with the formation of depigmented spots.

30. What is the favorite localization of spots with vitiligo

 ● brushes

 ● face

 ● neck

 ● genitals

31. Give the definition of Setton's nevus

Setton's nevus is a pigmented nevus of various sizes and outlines, surrounded by an area of ​​depigmented skin without hyperpigmentation characteristic of vitiligo on the periphery.

32. List the diseases with which vitiligo is differentiated

• pityriasis versicolor

• syphilitic leukoderma

• white spot disease (lichen sclerosus)

33. Name the treatments for vitiligo

 Treatment is ineffective. Recommend:

 -System therapy

 ● antioxidants (vitamins E, C, A, group B)

 -Physiotherapy

 ● UFO in combination with photosensitizing drugs (meladinin, psoralen, etc.)

 ● PUVA therapy

 ● laser therapy

 ● electrophoresis with 0.5-1% copper sulfate solution

 -Topic therapy

 ● calcineurin inhibitors (pimecralimus, tacralimus) ointments / creams / gels

 ● St. John's wort oil

 ● injecting lesions with corticosteroids

 ● ointments / creams with SPF 50+

 ● decorative dyes (camouflage creams / ointments)