**Azerbaijan Medical University**

**Department of Dermatovenerology**

**Practical lesson number 6**

**Viral and parasitic dermatoses**

1. Give the definition of viral dermatoses.

Viral dermatoses - infectious diseases of the skin and mucous membranes caused by various types of viruses.

2. Name diseases related to viral dermatoses.

• herpes simplex

• herpes zoster

• warts

• contagious molluscum.

3. Give the definition of herpes simplex.

ICD-10: B00 Herpes simplex - a viral disease of skin and mucous membranes, manifested by a rash of grouped vesicles on an edematous-erythematous background and a tendency to recurrence.

4. Name the pathogen, source and transmission routes of herpes simplex.

The causative agent of herpes simplex is herpes simplex virus type 1 and 2 - HSV-1, HSV-2. The source of infection is a sick person. Ways of transmission of infection -airborne, contact, sexual, transfusion, transplacental, organ transplantation.

5. List the predisposing factors for recurrent herpes.

Hypothermia, overheating, colds, stress, situations associated with chronic diseases, immunodeficiency states, etc.

6. Indicate the typical morphological elements in herpes simplex.

The primary element is a vesicle, the secondary elements are erosion, crust,

spot.

7. Describe the typical clinical picture for herpes simplex.

Localization - often around natural holes: red the border of the lips, the wings of the nose, around the eyes, genitals, but possible on other areas of the skin and mucous membranes. Painful, grouped vesicles appear on an erythematous base and may become umbilicated, followed by progression to pustules, erosions, and/or ulcerations with a characteristic scalloped border. Crusting of lesions and resolution of symptoms typically occurs within 2 to 6 weeks.

8.Specify the clinical types of herpes simplex.

• herpes orofacialis

• herpes of the mucous membranes of the mouth, nose, eyes

• genital herpes

• herpetic felon

• herpes of gladiators

• eczema herpeticum of Kaposi

• generalized herpes

9. Indicate severe forms of herpes simplex.

• generalized herpes

• eczema herpeticum of Kaposi

10. Name the atypical forms of herpes simplex.

• abortive

• bullous

• hemorrhagic

• gangrenous

• rupioid

• edematous

• generalized

11.Specify the clinical and laboratory criteria of diagnosis of herpes simplex.

• typical clinical picture

• the presence of herpetic Tzank cells

• positive results of ELISA, PCR

12. What dermatoses should be distinguished from herpes simplex?

• erythema multiforme major

• bacterial pyostomatitis

• impetigo

• herpes zoster

• pemphigus

• syphilis (chancre)

13. Give the definition of herpes zoster.

ICD-10: B02 Herpes zoster - acute viral skin disease, manifested by the painful rash of grouped vesicles on edematous-erythematous base in a dermatomal distribution along the nerve trunks, without a tendency to recurrence.

14.Name the pathogen, source and route of transmission of herpes zoster.

The causative agent of herpes zoster is varicella zoster virus (VZV). The source of infection is a sick person. Transmission ways - airborne, contact.

15. What are the features of varicella zoster virus?

VZV is a neurotropic filterable virus that has an ability to develop on human embryonic tissue. VZV is the etiology of varicella (chickenpox) and herpes zoster (shingles).

16. Indicate the typical morphological features of the shingles.

The primary element is a vesicle, the secondary elements are erosion, crust,

spot.

17. Describe the clinical picture of herpes zoster.

Localization - asymmetric, on any part of the skin cover (extremely rare on the mucous membranes), along the nerve trunks, more often intercostal, facial and trigeminal nerves. Morphological elements - vesicles on an edematous-hyperemic base, resolving whith erosion, crusts and secondary dyschromias. The rash is accompanied by itching, burning sensation, pains of varying intensity, radiating along the nerve trunks.

18. What is the typical localization for herpes zoster?

The rash has segmental, unilateral character, usually covering 2-3 dermatomes.

19. Name the atypical forms of herpes zoster.

• abortive

• bullous

• hemorrhagic

• gangrenous

• rupioid

• edematous

• generalized

20. Indicate severe forms of herpes zoster.

• Hunt syndrome

• ophthalmic herpes

• generalized herpes

21. Describe the clinical manifestations of Hunt syndrome.

Hunt's syndrome develops when virus affects motor and sensitive fibers of the VII cranial nerve and includes the following symptoms:

• herpes zoster in the auricular area

• ear pain with hearing loss

• paresis / paralysis of the facial nerve

22. Specify the clinical and laboratory criteria that help make a diagnosis

of herpes zoster.

• typical clinical picture

• cytological examination - positive Tzank test

• ELISA - detection of specific antiherpetic antibodies

Ig M, Ig G, Ig A

• PCR - identification of VZV DNA (varicella zoster virus)

• culture diagnostics - VZV isolation in cell culture

• histological examination

23. What diseases should be differentiated from herpes zoster?

• herpes simplex

• erysipelas

• bullous impetigo.

24. Indicate the systemic and topical drugs used for Herpes simplex and herpes zoster.

• systemic drugs: acyclovir, valciclovir, famciclovir in

combination with immunomodulators (cycloferon, interferon - alpha, etc.)

• topical drugs: acyclovir ointment (zovirax), fenistil-pencivir,

solutions of aniline dyes.

25. Define warts.

ICD-10: B33 Warts - local manifestations of a viral infection of skin and mucous membranes, representing benign epidermal neoplasms in the form of epidermal papules.

26. Name the causative agent, source and transmission ways of warts.

The causative agent is the human papillomavirus - HPV. A source of infections - a sick person. The transmission of infection is direct (contact with the patient); indirect (household - through household items, primarily for personal use).

27.Specify the types of warts in association with the pathogens types- HPV.

• common warts (verrucae vulgaris) - HPV 2, 4, 7, 27, 29 types

• flat or juvenile warts (verrucae planae s juveniles) - HPV 3, 10, 28, 41 types

• plantar warts (verrucae plantaris) - HPV types 1, 2, 4

• genital warts (verrucae acuminata) - HPV 6, 11, 16, 18, 31, 33 types

28. What is the primary morphological element for warts?

Papule.

29. Specify the clinical features of warts.

Localization - more often on the skin of the hands, feet, face, anogenital areas, but can be located on any part of the skin and on mucous membranes. Bulging elements - papules are dense, clearly outlined, flesh-colored, grayish-pink or brownish, size 0.1-1.0 cm, with smooth or hyperkeratotic surface, round, mosaic or finger-like, growths are painless or painful (plantar).

30. Indicate the clinical and laboratory diagnostic criteria of a wart.

• in typical cases, the clinical picture is sufficient

• PCR - identification of HPV DNA

• histological examination of biopsy specimens with suspected

oncogenicity

31. What dermatoses are used for differential diagnosis in warts.

• contagious molluscum

• seborrheic keratosis

• squamous cell carcinoma of the skin

• callosity

32. What treatment methods of warts do you know?

• electro - cryo - laser destruction

• chemical destruction - solcoderm, kollomak, feresol, celandine

• surgical excision

33. Give the definition of molluscum contagiosum.

ICD-10: B08.1 Contagious molluscum (Molluscum contagiosum) - benign, self-resolving viral disease of the skin and mucous membranes.

34. Name the causative agent, source and route of transmission of molluscum contagiosum.

The causative agent is Poxvirus. The source of infection is a sick person.

Ways of transmission of infection - direct (in contact with a patient, including

sexual); indirect (household - through household items, primarily

personal use).

35. Indicate the primary morphological element of molluscum contagiosum.

Papule.

36. Describe the primary morphological element of molluscum contagiosum.

Nodules (papules) ranging in size from 1 to 8 mm, normal skin color or pearl gray, non-merging, hemispherical, often with an umbilical depression in the center and curdled contents.

37. What is the characteristic sign of molluscum contagiosum, contributing to its diagnosis.

When pressing the knot from the sides with tweezers from the central part

comes out a mushy, curdled mass of white, consisting

from keratinized cells and special mollusc bodies.

38. Give the definition of parasitic dermatoses.

Parasitic dermatoses are infectious skin diseases caused by animal parasites.

39. Name what diseases are parasitic dermatoses.

• scabies

• head lice.

40. Give the definition of scabies.

ICD-10: B86 Scabies, a contagious parasitic skin disease caused by a scabies mite.

41. Name the pathogen, source and routes of transmission

with scabies.

The causative agent is mite *Sarcoptes scabiei* var. *hominis*

The source of infection is a sick person. Ways of transmission : direct (in contact with a patient); indirect (through contaminated household items).

42. Name the primary and secondary morphological elements in scabies.

Primary elements are papules, vesicles, pustules.

Secondary elements are excoriation, crusts.

43. Describe the clinical manifestations pathognomonic for scabies.

• intense itching, especially worse in the evening and at night

• paired papular-vesicular rashes

• scabby burrows (dashed dotted grayish lines)

• excoriation

44. Indicate the peculiarity of itching with scabies.

The main and often the first symptom of scabies is intense

itching, worse in the evening and at night, after the patient

goes to bed.

45. What is the favorite localization of the rash with scabies?

• interdigital folds and lateral surfaces of fingers

• anterolateral surfaces of the trunk

• flexural surfaces of the upper limbs, wrists

• front and inner thighs

• buttocks and anogenital area

• abdominal area (around the navel)

• in children scalp, face, palms, soles are often affected,

46. ​​Give a description of the Michaelis symptom in scabies.

In the region of the sacrum the rash is arranged in a triangle with apex directed to the intergluteal folds.

47. Describe the symptom of Ardi-Gorchakov in scabies.

Ardi-Gorchakov's symptom is manifested by the presence of pustules, purulent and hemorrhagic crusts in the area of ​​the olecranon processes.

48. List the clinical varieties of scabies.

• typical scabies

• Norwegian scabies

• scabies of clean

• scabies without strokes

• complicated scabies

• scabious lymphoplasia

• grain scabies

49. Indicate the clinical and laboratory criteria for the diagnosis of scabies.

• anamnesis

• clinical examination

• microscopic examination of the native preparation - scraping with

the lesion for the presence of a mite

• dermatoscopy

50. How to distinguish scabies and pruritus?

With pruritus, patients are also worried about severe itching. However, with

pruritus, the intensity of itching persists throughout the day. Rash in

in the form of nodules covered with bloody crusts, localized

mainly on the extensor surfaces of the limbs.

White dermographism is typical for pruritus.

51. List topical medicaments used for treatment of scabies.

• benzyl benzoate 20%

• sulfuric ointment 33%

• spregal spray

• permethrin ointment

52. Give the definition of head lice.

ICD-10: B85 Pediculosis - infectious parasitic skin disease caused by blood-sucking insects (lice).

53. Name the causative agent, source and routes of transmission of infection in Pediculosis.

The causative agent is lice (*Pediculus capitis, corporis s vestimentorum, pubis)*,

The source of the infection is sick person, infected bedding / underwear, clothes.. The transmission of infection is direct (with contact with the patient, including sex); indirect (infected underwear and bedding, clothing, hats, combs, hair dryers, etc.).

54. Describe the nits.

Nits - eggs of lice of a pale-yellow color, oval, up to 1mm long, adhere tightly to the hair due to substance secreted by the female when laying eggs.

55. Name the causative agents of lice in association with clinical

manifestations.

• the body louse (Pediculus corporis, seu vestimentorum) settles in

folds of linen, clothes and causes skin lesions in the form of itchy

papulo-vesicles, excoriation in places in contact with

contaminated linen (in the neck, lumbar region, etc.)

• Head louse (Pediculus capitis) affects the scalp.

In addition to the scalp, lice can be located on the eyebrows,

beard and mustache.

• a pubic louse (Pediculus pubis) lives on the pubis,

genitals, around the anus. Sometimes spreads to other areas of the skin

covered with hair: chest, abdomen, thighs, axillary folds, eyebrows, eyelashs.

56. Indicate what is the diagnosis of pediculosis based on.

The diagnosis is confirmed by the detection of nits and lice.

57. List topical medications for head lice treatment.

• lotion "Nitifor"

• 20% benzyl benzoate cream

• aerosol "Para-plus"