**Azerbaijan Medical University**

**Department of Dermatovenerology**

**Practical lesson №8**

**Eczema. Nettle. Neurodermatitis / Atopic Dermatitis. Pruritus Itching.**

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

**QUESTIONS / ANSWERS FOR DETERMINING THE LEVEL OF SELF-TRAINING OF STUDENTS**

1. Give a definition of eczema

ICD-10: L 30 Eczema is a chronic recurrent allergic skin disease manifested by a polymorphic rash.

2. Indicate which exogenous factors contribute to the development of eczema

Chemicals, bacterial agents, physical factors, drugs, foods

3. Name the endogenous factors that play a leading role in the etiopathogenesis of eczema

Allergic burden, concomitant chronic somatic and neuroendocrine diseases

4. List the primary morphological elements in eczema

Against the background of erythema - microvesicles, papulo-vesicles with the formation of "serous wells", oozing.

5. Specify what true polymorphism is

In true polymorphism, the rash consists of various primary elements. An example of true polymorphism is a rash with eczema - erythema, papules, microvesicles.

6. Give a definition of false polymorphism

With false polymorphism, the rash is represented by only one primary element against the background of various secondary elements.

7. List the types of eczema

● true

● microbial

● seborrheic

● tylotica

● professional

● children

8. Name the typical localization of dyshidrotic eczema

Dyshidrotic eczema is localized on the palms and soles, where, due to the thickness of the stratum corneum of the epidermis, the erythematous stage is poorly expressed, but well-formed vesicles - "sago grains" prevail.

9. What are the typical clinical manifestations of true eczema?

Ostroinflammatory edematous erythema followed by a rash of a group of tiny vesicles or papulo-vesicles, when they are opened, point erosion is exposed - “serous wells”, from the surface of which a serous exudate is released, creating a weeping surface. The serous fluid gradually dries up, forming grayish-yellow crusts, under which epithelization occurs.

10.Specify pathomorphological abnormalities characteristic of the acute course of eczema

In the acute course of eczema, parakeratosis, focal spongiosis are found in the epidermis, in the dermis-edema of the papillary layer of the dermis with vasodilation and a predominant lymphocytic infiltrate around them.

11.Note with what diseases eczema is differentiated

● neurodermatitis

● scabies

● psoriasis

● dermatitis

12. List the desensitizing drugs that are used in the treatment of eczema

30% sodium thiosulfate solution (5-10 ml intravenously, slowly, daily or every other day); 10% calcium gluconate solution (10 ml intramuscularly administered daily); 10% calcium chloride solution (10 ml intravenous, slowly, daily or in one day).

13. List the principles of topical therapy for eczema

External treatment of eczema is carried out in accordance with the nature of the inflammatory process.

In the acute stage of the disease with exudative manifestations, solutions of fucorcin, silver nitrate, 2% methyl violet, lotions or wet-drying dressings with anti-inflammatory, antibacterial solutions of Burov, tannin, furacilin, rivanol, Dimexide, aerosols with corticosteroids are used.

After the cessation of exudative acute inflammatory manifestations, pastes and ointments are used: 5% boron-naphthalan, sulfur-salicylic, corticosteroid.

14. Define urticaria

ICD-10: L 50 Urticaria is an allergic disease of the skin and mucous membranes, manifested by a monomorphic urticarial itchy rash.

15. Name the main factor in the etiopathogenesis of urticaria

A common pathogenetic link for all clinical varieties of urticaria is the development of immediate-delayed type hypersensitivity, which is a skin reaction to biologically active substances (serotonin, acetylcholine, bradykinin, interleukins, prostaglandins), potentiating the action of histamine.

16. Specify the clinical forms of urticaria

Acute urticaria:

● solar urticaria

● cold urticaria

● giant urticaria

Chronic recurrent urticaria

Contact urticaria

17. What are the main clinical criteria for acute urticaria?

Sudden onset, severe itching, an abundance of urticarial rashes, prone to fusion, sometimes in large areas with swelling of the dermis and hypodermis (giant urticaria). In this case, subfebrile condition with chills (nettle fever), gastrointestinal disorders, biliary dyskinesia, and neurotic conditions are possible. Elements of a rash can occur on the mucous membranes of the mouth.

18. Note why acute limited angioedema is dangerous

Acute limited angioedema is dangerous by edema of the larynx or pharynx, which can lead to stenosis of the larynx and asphyxia.

19. Specify with what diseases urticaria is differentiated

● medicinal toxidermia

● strofulus

20. List the sequence of treatment measures for acute limited angioedema

● 0.1% solution of epinephrine hydrochloride subcutaneously, 0.5-1 ml

● corticosteroid hormones, parenteral antihistamines

● 10% solution of calcium chloride intravenously, 10 ml

● diuretics are shown - 1% solution of furosemide or lasix 2 ml, intravenously.

21. Name the drugs that are used to treat urticaria

For all clinical variants of urticaria, treatment begins with streamlining the diet, excluding possible allergenic factors. Prescribe detoxification therapy - enterosorbents, intravenous drip reamberin, rheopolyglucin, Ringer's solution, plasmapheresis; desensitizing drugs - calcium chloride, calcium gluconate, sodium thiosulfate; antihistamines - suprastin, tavegil, zaditen, cimetidine, fexafen, ketotifen, loratadine, desloratadine. In severe, stubborn cases of urticaria, corticosteroid hormones. Locally, shaken suspensions with menthol, anesthesin, glucocorticoid ointments / creams / gels are prescribed.

22. Give the definition of neurodermatitis

ICD-10: L 20 Neurodermatitis is a chronic itchy inflammatory skin disease manifested by an erythematous-lichenoid rash prone to fusion with the formation of zones of infiltration and lichenization

23. Name the main factor in the etiopathogenesis of neurodermatitis

The leading role in the development of neurodermatitis belongs to the immune mechanisms. They are based on the binding of antigen to high-affinity Ig E receptors located on the surface of Langerhans cells, which are much more numerous in patients with neurodermatitis than in healthy people; decreased T-cell immunity.

24. Indicate what diseases are often associated with neurodermatitis

● bronchial asthma

● vasomotor rhinitis

● conjunctivitis

● urticaria.

25. List the clinical forms of neurodermatitis

● exudative

. ● erythematous

● erythemato-squamous simple

● erythemato-squamous with lichenification

● lichenoid-pruriginous

26. What are the criteria for differentiating neurodermatitis and prurigo (prurigo)

With neurodermatitis, in contrast to prurigo, lichenization, severe dryness, pallor of the skin, hyperpigmentation in the areas of lichenization are noted.

27. Give the definition of atopic dermatitis

ICD-10: L 20 Atopic dermatitis is a chronic, genetically determined, itchy, allergic skin disease manifested by erythematous-lichenoid eruptions.

28. What are the characteristic clinical signs of atopic dermatitis

● Typical localization of the first manifestations of atopic dermatitis is the face, neck, shoulders, lower legs, elbow and popliteal folds.

● Skin lesions in the form of erythematous-squamous foci with excoriation, lichenification, accompanied by severe itching, neurotic disorders.

● Typical are the “atopic face” symptom of Denis-Morgan and Andogsky, white dermographism and a pronounced pilomotor reflex.

29. Describe the Denis-Morgan symptom in atopic dermatitis.

Denis-Morgan symptom is an additional, pronounced fold of the lower eyelid, which is one of the manifestations of atopic dermatitis.

30. Give a description of Andogsky's symptom in atopic dermatitis.

Andogsky's symptom is bilateral “atopic cataract”, often resulting in clouding of the lens.

31. Give the characteristics of an atopic person.

Atopic face - dryness, pallor, peeling of the skin of the face, cheilitis, seizures, Denis-Morgan lines.

32. What are the principles of atopic dermatitis treatment?

In all forms of atopic dermatitis, a protective regime, a hypoallergenic diet, and sanitation of foci of chronic infection are of great importance.

● Detoxification therapy (elimination of allergens and products of impaired metabolism) is carried out with reamberin, rheopolyglucin, enterosorbents, plasmapheresis, hemabsorption

● Antihistamines of the 1st and 2nd generation - diphenhydramine, suprastin, tavegil, ketatifen, loratadine, desloratadine, cetirizine, fexofenadine, ebastine

● Immunotropic drugs (prescribed to correct immunological parameters) - myelopid, vilosen, ruzam, leukinferon, lycopid, T-activin, Panavir

● Sedatives - tincture of valerian, peony or motherwort, in severe cases - prescribe tranquilizers such as trioxazine, oxazepam, diazepam to restore the functional state of the central and autonomic nervous system

● Topical treatments include keratolytic and keratoplastic ointments and creams with naphthalan, sulfur, salicylic acid, ASD paste, corticosteroid ointments / creams / gels, topical calcineurin inhibitors - pimecralimus, tacrolimus.

33. What are the principles of prevention of atopic dermatitis?

Patients with atopic dermatitis should adhere to a diet that has a nonspecific desensitizing and detoxifying effect and is developed for each patient individually, taking into account the intolerance of certain foods. The diet is limited to smoked meats, canned food, sweets, table salt, citrus fruits, chocolate, honey, eggs, ice cream.

34. Define pruritus

ICD-10: L 28.1-L28.2 Prurigo (prurigo syn.) Is a chronic itchy allergic skin disease manifested by papulovesicular rash. Distinguish between children's pruritus, pruritus adults and prurigo nodular

35. Name the main factor in the etiopathogenesis of childhood pruritus

In the development of childhood pruritus, great importance is attached to fermentopathies of the gastrointestinal tract, in connection with which children develop early sensitization to food: in infants - to cow's milk protein, in children 2 - 3 years old - to eggs, chocolate, citrus fruits, strawberries, strawberries, some types of fish and other foods and medicinal substances.

36. What are the typical sites of prurigo nodularis

The extensor surfaces of the lower extremities, upper extremities, often the trunk.

37. What clinical signs are typical for pruritus in adults?

Intense itching and papular rashes in typical places of localization - the extensor surface of the limbs, the skin of the back, abdomen and buttocks. Papules are scattered, not prone to fusion, many are excoriated, with hemorrhagic crusts. Often, due to itching and excoriation, the process is complicated by pyoderma with the formation of ostiofolliculitis, folliculitis, boils, and polyadenopathy. In the chronic course of pruritus, neurotic disorders develop, sleep is disturbed.

38. List the diseases with which prurigo is differentiated in adults

● scabies

● neurodermatitis

● Duhring's dermatitis herpetiformis.

39. What are the principles of the treatment of pruritus?

● Diet therapy is essential in the treatment of childhood pruritus. Prescribe enzyme preparations bifidumbacterin, bifikol, bactisubtil in combination with antihistamines - tavegil, fenkarol, diazolin, ketatifen, desloratadine, cetirizine, etc. For external treatment, ointments and creams with tar, ichthyol, naphthalan oil / ointment / corticosteroids are used.

● Treatment of patients with prurigo in adults and prurigo nodosum is the same as for atopic dermatitis.

● In case of persistent course of external manifestations of nodular prurigo, irrigation with chloroethyl, liquid nitrogen, chipping of the nodes with 2% novocaine solution, laser therapy or removal by the method of diathermocoagulation are used.

40. What are the types of generalized pruritus?

● alimentary pruritus

● medicinal itching

● cold pruritus

● heat pruritus

● senile pruritus

41. What are the typical sites of localized pruritus

● back

● head

● anus area

● crotch

● genitals

42. What are the principles of pruritus treatment?

Elimination of the etiological factor, treatment of the underlying disease, non-irritating diet, sedatives and antihistamines, warm baths, shaken suspensions or alcohol rubbing with menthol and anesthesin, diphenhydramine cream, corticosteroid ointments*.*