# POSTGRADUATE DERMATOLOGY CURRICULUM

#### ANATOMY AND ORGANIZATION OF HUMAN SKIN

Must know	Should know	Good to know
Components of normal	Nerves and sense organs	Embryology
human skin	Merkel cells	Regional variation of
Epidermis	Basophils	lymphatic
Dermoepidermal Junctional	Blood vessels	
Dermis	Lymphatic systems	
Langerhan's cells		
Mast cells		

# FUNCTION OF THE SKIN

Must know	Should know	Good to know
Barrier functions	Mechanical function	Bioengineering and
Temperature regulation	Sensory and autonomic	the skin
Skin Failure	function	Socio sexual
Immunological function		communication

#### DIAGNOSIS OF SKIN DISEASE

Must know	Should know	Good to know
Fundamental of	Radiological and	Oral provocation test
diagnosis	imaging	
Disease definition	Commonly used	
The history	laboratory tests	
Examination of the	examination	
skin		
Additional clinical		
investigation (Diascopy,		
Wood's light, F.N.A.C. of		
lymph nodes etc.)		
Skin testing		

#### EPIDEMIOLOGY OF SKIN DISEASE

	Must know	Should know	Good to know
•	What is epidemiology		
	and why is it relevant to	How much of public health	
	dermatology	problem is skin disease	
•	Describing the natural		
	history and association	What determines the	
	of specific skin disease	frequency of skin disease	

#### HISTOPATHOLOGY OF THE SKIN GENERAN PRINCIPLES

Must know	Should know	Good to know
Biopsy of the skin	Artefacts	
<ul> <li>Laboraory methodss</li> </ul>	The approach to	
	microscopic examination of	
	tissue sections	

### MOLECULAR BIOLOGY

Must know	Should know	Good to know
	Basic Molecular biology	Strategies for
	of the cell	identification of
	<ul> <li>Molecular techniques</li> </ul>	disease causing
	Cancer genetics	genes
	Complex traits	Future strategies

#### INFLAMMATION

Must know	Should know	Good to know
Characteristics of	Vasculature and	
inflammation	inflammation	
Phases of inflammation		
Innate defence	Mediators of inflammation	
mechanisms		
Apoptosis		
Major histocompatibility		

complex		
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# CLINICAL IMMUNOLOGY, ALLERGY AND PHOTO IMMUNOLOGY

Must kno	w	Should know		Good to know
Innate immunity	•	Overview of immunological	•	Overview of
Acquired immur	nity	disease		diagnostic testing
Photo immunolo	ogy			for immunological
Overview of str	ucture and			and allergic disease
function of imm	une system			

#### WOUND HEALING

ſ	Must know	Should know	Good to know
	Clinical aspects of wound	Biological aspects of wound	
	healing	healing	

# **GENETICS AND GENODERMATOSES**

	Must know		Should know	Good to know
•	Genetics and disorders of the	٠	Nosology of genetics in skin	<ul> <li>Miscellaneous</li> </ul>
	skin		disease	syndromes
•	Histocompatibility antigens and	•	Principles of medical	<ul> <li>Focal dermal</li> </ul>
	disease association		genetics	●hypoplasia
•	Chromosomal disorders –	•	Genetic counseling	<ul> <li>Nail patella syndrome</li> </ul>
	down's syndrome, trisomy 18,	•	Poikilodermatous	<ul> <li>Pachydermoperiosto</li> </ul>
	trisomy 13 (clinical features,		syndromes : dyskeratosis	sis
	diagnosis, management)		congenital, rothmund	
•	Ectodermal dysplasias		Thompson syndrome	
	• Hypohidrotic ED –	•	Gardner syndrome	
	definition, etiology, clinical features,	•	Cowden syndrome	
	diagnosis, treatment			
	• EEC syndrome			
	• Hidrotic ED			
	• Rapp Hodgkin syndrome			
•	Syndromes associated with			
	DNA instability			
	<ul> <li>Xeroderma pigmentosa –</li> </ul>			

	definition, etiology, clinical features,
	diagnosis, treatment
	o Bloom's syndrome
	o Cockayane's syndrome
•	Sex chromosomal defects –
	turner's, klinefelter's, noonan
	syndrome
0	Familial multiple tumour
	syndromes – neurofibromatosis
	syndrome 1,2 – (definition,
	etiology, clinical features,
	treatment)
0	Tuberous sclerosis complex

# PRENATAL DIAGNOSIS OF GENETIC SKIN DISEASE

Must know	Should know	Good to know
Methods in prenatal	DNA techniques	•
diagnosis	Preimplantation genetic	
Complication of fetal skin	diagnosis	
biopsy		
Ethical aspects of prenatal		
diagnosis		
Current indications for fetal		
skin biopsy		

#### THE NEONATE

	Must know		Should know		Good to know
•	Skin disorders in the	•	Disorders caused by		
	neonate		transplacental transfer of	•	Substances in
•	Collodion baby		maternal autoantibody		maternal milk
•	Eczematous eruption in the	•	Blueberry muffin baby		
	newborn	•	Disorders caused by		
•	Inflantile psoriasis and		transfer of toxic	•	Neonatal purpura
	napkin psoriasis	•	Acute hemorrhagic oedema		fulminans
			of childhood		

Infections
Primary immunodeficiency
disorders
Disorders of subcutaneous
fat

# NAEVI AND OTHER DEVELOPMENTAL DEFECTS

MUST KNOW		SHO	ULD KNOW	GOOD TO			
							KNOW
•	l	Definitions					
		o Et	iology	•	Linear	•	Branchial
		o <b>Cl</b>	assification	porok	eratosis		cyst
				•	Apocrine naevus	•	Branchial
•		Epidermal	naevi	•	Eccrine naevus		sinu
	0	Kerat	inocyte naevi	•	Dermal and		S
	0	VEN		subcu	utaneous naevi		and
	0	ILVE	N	•	Eruptive		fistul
	0	Follic	ular naevi	collag	genoma		а
	0	Come	edonaevus	•	Shagreen patch		
	0	Nevu	s sebaceous	•	Knuckle pads		
	0	Epide	rmal naevus syndrome	•	Pseudoxanthom		
				a elas	sticum		
•		Vascular r	naevi	•	Proteus		
0		Infantile h	emangioma	syndr	rome		
0		Kasabach	merritt syndrome	•	Zosteriform		
				veno	us malformation		
•		Vascular r	nalformations				
	•	Capilla	ary				
		0	Salmon patch				
		0	Portwine stain				
		0	Naevusanemicus				
		0	Sturge weber syndrome				
	•	Mixed	vascular				
	•	Klippel tre	nauny				
	•	Parkas we	ber syndrome				

•	Cutis marmorata telangiectatica	
	o Angiokeratomas	
•	Angiokeratoma circumscriptum	
•	Angiokeratoma of Mibelli	
•	Solitary popular	
•	Angiokeratoma of scrotum	
•	Preauricular cyst and sinus	
•	Aplasia cutis congenita	

#### PRURITUS

Classification	Important
Measurement	miscellaneous causes
Pathophysiology	of intense itching
Central itch	
Factors modulating itching	
Scratching	
Itching in non-inflamed skin	
Itching in disease states	
Aquagenic pruritus	
Psychogenic pruritus	
Postmenopausal pruritus	
Pruritus of atopic eczema	
Acquired immune	
deficiency syndrome	
Investigation of	
generalized pruritus	
Management of itching	

#### ECZEMAS

MUST KNOW	SHOULD KNOW	GOOD TO KNOW	
Definitions, classification,	Metabolic eczema	Papuloerythroderma of	
histopathology	Eczematous drug eruption	Ofujii	
• Secondary dissemination :	Chronic superficial scaly	Eosinophilic pustular	
mechanism, C/F	dermatitis	folliculitis	

•	Infective dermatitis
•	Dermatophytide
•	Seborrheic dermatitis :
	definition, etiology, C/F,
	morphology, variants,
	diagnosis, treatment
•	Seborrheic folliculitis
•	Asteatotic eczema
•	Discoid eczema
•	Hand eczema
•	Pompholyx
•	Hyperkeratotic palmar
	eczema
•	Ring eczema
•	Wear tear dermatitis
•	Finger tip eczema
•	Gravitational eczema
•	Juvenile plantar
	dermatosis
•	Pityriasis alba
•	Diagnosis and treatment
	of eczemas
•	Lichenification
•	Lichen simplex
•	Lichen chronicus
•	Prurigo
	Nodular prurigo
	Prurigo pigmentosa
	Prurigo of pregnancy
	Actinic prurigo
•	Neurotic excoriation

# ATOPIC DERMATITIS

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
Aetio pathogenesis	Disease prevention and	

Clinical features	occupational advice	
Associated disorders		
Complications		
Natural history and prognosis		
Diagnosis		
Differential diagnosis		
Investigation		
Treatment		

# **CONTACT DERMATITIS: IRRITANT**

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
Pathogenesis, Pathology		
Predisposing factors		
Clinical features		
Specific irritant		
Investigations		
Management		
Prevention		
Prognosis		

### CONTACT DERMATITIS: ALLERGIC

MUST KNOW	SHOULD KNOW	GOOD TO
		KNOW
Pathogenesis, Pathology	Oral desensitization	
• Predisposing factors	Immune contact	
o Clinical features	urticaria	
• Photo allergic contact dermatitis	Multiple patch-test	
Non-eczematous responses	reaction	
Differential diagnosis	Other test	
Allergic contact dermatitis		
o to specific allergens		
(airborne contact allergens,		
plants,		
cosmetic,robber,latex,)		

• Patch	testing
Photo	patch testing
0	Prevention
0	Management
0	Prognosis

## OCCUPATIONAL DERMATOSES

MUST KNOW	SHOULD	GOOD TO KNOW
	KNOW	
Eczematous dermatoses		
Non-eczematous occupational		
dermatoses		
Medicolegal aspects of		
occupational dermatoses		
Specific occupational hazards		

#### MECHANICAL AND THERMAL INJURY

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
Penetrating injuries	Biomechanical	
Skin lesions in drug addicts	considerations	
Skin hazards of swimming	Effects of friction	
and diving	Pressure ulcer	
Vibration	Effects of ction	
Reactions to internal	Miscellaneous reactions to	
mechanical stress	mechanical trauma	
Mechanical trauma and skin	□Foreign bodies	
neoplasia		
• Effects of heat and infrared		
radiation		
Burns		

# **REACTIONS TO COLD**

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
Physiological reactions to cold	Other syndromes caused by	
Disease of cold exposure	cold	
-Frostbite	Neonatal cold injury	
- Trench foot	Cold panniculitis	
• Diseases of abnormal sensitivity	Hypothermia	
to cold		
Perniosis		
Acrocyanosis		
Erythrocyanosis		
Livedo reticularis		
Raynaud's phenomenon		
Cryoglobulinaemia		
Cryofibrinogenaemia		
Cold agglutinins		
Cold haemolysins		
Cold urticaria		
Cold erythema		

# **BACTERIAL INFECTIONS**

MUST KNOW	SHOULD KNOW	GOOD TO KNOW	
<ul> <li>Normal flora of the skin</li> <li>Gram positive bacteria <ul> <li>Staphylococcus aureus</li> <li>Streptococci</li> </ul> </li> <li>Impetigo</li> <li>Ecthyma</li> <li>Folliculitis</li> <li>Furunculosis</li> <li>Carbuncle</li> <li>Sycosis</li> <li>Ecthyma</li> <li>Erysipelas</li> <li>Cellulitis</li> <li>Vulvovaginitis</li> </ul>	<ul> <li>Tissue damage from circulating toxins</li> <li>Scarlet fever</li> <li>Toxic-shock like syndrome</li> <li>Propionibacterium</li> <li>Anthrax</li> <li>Tularaemia</li> <li>Pasturella infection</li> <li>Brucellosis</li> <li>Rickettsial infections</li> </ul>	Listeriosis	

•	Perianal infection	
•	Streptococcal ulcers	
•	Blistering distal dactylitis	
•	Necrotising fasciitis	
•	Cutaneous disease due to effect of	
	bacterial toxin	
	<ul> <li>Staphylococcal Scalded Skin</li> </ul>	
	Syndrome	
	<ul> <li>Toxic Shock Syndrome</li> </ul>	
•	Non-infective Folliculitis	
•	Skin lesions due to allergic	
	hypersensitivity to streptococcal	
	antigens	
•	Erythema nodosum	
•	Vasculitis	
•	Coryneform bacteria	
	o Diphtheria	
	o Erythrasma	
	o Trichomycosis axillaris	
	<ul> <li>Pitted Keratolysis</li> </ul>	
•	Erysipeloid	
•	Gas gangrene	
•	Gram negative bacteria	
	<ul> <li>Meningococcal infection</li> </ul>	
	<ul> <li>Gonococcal infection</li> </ul>	
	o Chancroid	
	o Salmonella infection	
	o Pseudomonas infection	
	o Rhinoscleroma	
	o Plague & Yersinia infections	
	<ul> <li>Bacillary angiomatosis</li> </ul>	
	o Anaerobic bacteria	
	o Tropical ulcer	
	o Granuloma inguinale	
	<ul> <li>Spirochetes &amp; spiral bacteria</li> </ul>	
	o Lyme disease	

	0	Leptospirosis
	0	Botryomycosis
	0	Necrotising subcutaneous
		infections
	0	Mycoplasma infections
	0	Lymphogranuloma venerum
	0	Actinomycete infections
	0	Nocardiosis
•	Derma	atoses possibly attributed to
	bacter	ia
	• Cł	nancriform pyoderma
	• De	ermatitis vegetans
	• Ka	awasaki disease
	• St	purative hidradenitis

#### **MYCOBACTERIAL INFECTIONS**

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
Mycobacterium tuberculosis-	Non-tuberculous	
-Microbiology	mycobacteria-	
-Epidemiology	classification,clinical	
Immunology	features,diagnosis	
-The tuberculin test	and treatment	
-Cutaneous tuberculosis-clinical		
features, classification, histopathology, progno		
sis, diagnosis,treatment,BCG		
vaccination,M.tuberculosis		
co-infection with HIV		

#### MYCOLOGY

MU	JST KNOW	SHOULD KNOW	GOOD TO KNOW
•	Superficial and cutaneous mycoses-		
	Dermatophytosis, laboratory		
	investigations(KOH,Wood's		
	light,culture),candidiasis,pityriasis		
	versicolor,piedra,tinea		
	nigra,onychomycosis		
	Subcutaneous and deep fungal		
•			
	infections-lab diagnosis and management		
•	Sporotrichosis,mycetoma,chromoblast		
	omycosis		
•	Phaeohyphomycosis,lobomycosis,rhin		
	osoridiosis, subcutaneous		
	zygomycosis,histoplasmosis,blastomycosis		
	,coccidiomycosis,paracoccidiomycosis.		

#### PARASITIC WORMS AND PROTOZOA

Must Know	Should Know	Good to Know
Lymphatic	Larva migrans	Cutaneous amoebiasis
filariasis,leishmaniasis-		
epidemiology,clinical		
features,diagnosis and		
treatment		

# ARTHROPODS AND NOXIOUS ANIMALS

	Must Know	Should Know	Good to Know
•	Scabies and pediculosis-	Cutaneous myiasis,insect	
	epidemiology,clinical	bites	
	features, diagnosis and		
	management		

#### DISORDERS OF KERATINIZATION

Must Know	Should Know	Good to Know
ICHTHYOSIS –	Multiple sulphatase	Neutral lipid storage
definition, classification	deficiency	disorders
Congenital ichthyosis	<ul> <li>Sjogren larrson</li> </ul>	<ul> <li>KID syndrome</li> </ul>
<ul> <li>histopathology,</li> </ul>	syndrome	HID syndrome
etiology, pathogenesis,	<ul> <li>Refsum's disease</li> </ul>	CHILD syndrome
clinical features,	<ul> <li>IBIDIS syndrome</li> </ul>	Ichthyosis follicularis
treatment	X linked dominant	with alopecia and
<ul> <li>Ichthyosis vulgaris</li> </ul>	ichthyosis	photophobia
X linked recessive	<ul> <li>Pityriasis rotunda</li> </ul>	<ul> <li>Ichthyosis with renal</li> </ul>
ichthyosis	<ul> <li>Peeling skin syndrome</li> </ul>	disease
Colloidan baby	– acquired, familial	Ichthyosis with immune
Non bullous	Transient and persistant	defects
icthyosiform	acantholytic dermatosis	Ichthyosis with cancer
erythroderma	Acrokeratosis	Keratoderma and
Lamellar ichthyosis	verruciformis	associated disorders
Harlequin ichthyosis	Perforating keratotic	
Bullous icthyosiform	disorders	
erythroderma		
<ul> <li>Ichthyosis bullosa of</li> </ul>		
Seimens		
Ichthyosis hystrix		
Netherton syndrome		
Acquired ichthyosis		
Ichthosis with		
malignancy		
Ichthosis with non		
malignant disease		
Drug induced		
ichthyosis		
Erythrokeratoderma		
Erythrokeratoderma		
variabilis		
Progressive		
symmetrical		

	erythrokeratoderma
	-
•	Keratosis pilaris
•	Keratosis follicularis
	spinulosa decalvans
•	Pityriasis rubra pilaris
•	Darier's disease
•	porokeratosis
•	PALMOPLANTAR
	KERATODERMA
diffuse	e, transgradient, focal,
striate	
•	-ACANTHOSIS
	NIGRICANS
conflue	ent and reticulate
pappilo	omatosis

#### PSORIASIS

Must Know	Should Know	Good to Know	
Epidemiology			
Aetiology and			
pathogenesis			
Histopathology			
Clinical Features			
Complications			
• Differential diagnosis			
Prognosis			
Management-			
topical,systemic and			
biologic therapies			
Pustular psoriasis and			
psoriatic arthropathy			

#### NON-MELANOMA SKIN CANCER AND OTHER EPIDERMAL SKIN TUMOURS

Must Know	Should Know	Good to Know
Epidemiology and risk factors	Molecular and cellular	
Clinical features, diagnosis and	biology-role of UVR	
management of NMSC	and HPV	
Basal cell carcinoma	-Arsenical	
Squamous cell carcinoma	keratoses,Disseminate	
Premalignant epithelial lesions-Actinic	d superficial actinic	
keratosis,Bowen's disease,Cutaneous	porokeratosis,Bowenoi	
horn	d papulosis	
-Erythroplasia of Queyrat,seborrheic	<ul> <li>steatomacystoma</li> </ul>	
keratoses,dermatoses papulosa	multiplex	
nigra,skin	<ul> <li>epidermal cyst</li> </ul>	
tags,keratoacanthoma,pseudoepithelioma	<ul> <li>trichlemmal cyst</li> </ul>	
tous hyperplasia,milia	keratoacanthoma	

#### TUMOURS OF THE SKIN APPENDAGES

Mu	ust Know	Should Know	Go	ood to Know
•	Syringoma, trichoepithelioma, pilomatricoma		•	Other
	,Paget's disease			appendageal
•	Comedone nevus			tumours

#### DISORDERS OF CUTANEOUS MELANOCYTE

Must Know	Should Know	Good to Know
Ephelids, lentiginosis and its types	syndromes	
Naevi – melanocytic, spitz, halo, congenital		
melanocytic		
Nevus of ota and ito		
Mongolian spot		
Malignant melanoma of the skin-		
• etiology,variants,histopathology,staging,management		
and prevention		

## DISORDERS OF SKIN COLOUR

Must Know	Should Know	Good to Know
The basics of melanocytes-	<ul> <li>Melanocyte</li> </ul>	
EMU, distribution, embryology, fine	culture,pathogenesis	
structure, melanogenesis	of disorders of	
-Hypermelanosis-	pigmentation	
Lentiginosis, ephelides, hereditary		
disorders, hypermelanosis due to		
systemic disorders and		
drugs,postinflammatory		
hypermelanosis,erythema		
dyschromicum perstans,facial		
melanoses, dermal melanoses, treatment		
-Hypomelanosis-Vitiligo,genetic and naevoid	Acquired	
disorders	hypomelanosis,endogeneous	
	and exogeneous non-	
	melanin pigmentation	

# **BULLOUS ERUPTIONS**

#### 1) CONGENITAL AND INHERITED DISEASES

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
Epidermolysis Bullosa		
<ul> <li>Classification, diagnosis</li> </ul>		
• EB simplex:		
<ul> <li>Molecular pathology</li> </ul>		
<ul> <li>Clinical features</li> </ul>	Subtypes	
o Diagnosis, d/d		
o Management		
Junctional EB:		
<ul> <li>Molecular pathology</li> </ul>		
<ul> <li>Clinical features</li> </ul>		
<ul> <li>Diagnosis, d/d</li> </ul>	Subtypes	
o Management		
Dystrophic EB:		
<ul> <li>Molecular pathology</li> </ul>		
<ul> <li>Clinical features</li> </ul>		

o Diagnosis, d/d		
o Management	Subtypes	
Hailey-hailey disease:		
<ul> <li>Etiopathogenesis</li> </ul>		
<ul> <li>Clinical features</li> </ul>		
o complications,		
treatment	Genetics	

## IMMUNOLOGICAL DISORDERS

a) Intra-epidermal blistering

Must know	Should know	Good to know
Structure and functioning of	Molecular functional anatomy	
Desmosome & Hemi		
desmosome		
<ul> <li>Dermo - epidermal junction</li> </ul>		
Pemphigus:	Molecular functional anatomy	
o etiopathogenesis,		
o immuno - pathology,		
o genetics,		
o clinical features,		
<ul> <li>diagnosis (differential),</li> </ul>		
o Management,		
o prognosis		
P. Vulgaris: as above		
P. Vegetans: as above		
• P. Foliaceus: as above		
• P. Erythematosus: as above		
Paraneoplastic pemphigus:		
as above		

# b) Sub-epidermal blistering

Must know	Should know	Good to know
Bullous Pemphigoid:		
o etiopathogenesis,		
$\circ$ immuno - pathology,		

o genetics,
o clinical features,
o diagnosis (differential),
o Management,
o prognosis
Cicatricial Pemphigoid: as
above
Pemphigoid (Herpes)
gestationis: as above
Linear IgA Immuno-bullous
disease: as above
Epidermolysis Bullosa
Acquisita: as above
Bullous SLE: as above
Dermatitis Herpetiformis: as
above

# c) Miscellaneous Blistering Disorders

Must know	Should know	Good to know
Sub-corneal Pustular	Bullae in renal disease	
Dermatosis	Diabetic bullae	
Acantholytic dermatoses:		
transient & persistent		

# LICHEN PLANUS & LICHENOID DISORDERS

Must know	Should know	Good to know
Lichen Planus & Lichenoid		
Disorders:		
o etiopathogenesis,		
o clinical Definition,	• GVHD	Nekam's disease
o features,	<ul> <li>Bullous LP &amp; LP</li> </ul>	
o variants,	pemphigoides	
<ul> <li>Differential diagnosis,</li> </ul>	<ul> <li>LP- Psoriasis overlap</li> </ul>	
o histology,		
o complications,		
o associations,		

o Treatment,	
o prognosis,	
<ul> <li>Lichenoid reactions,</li> </ul>	
Drug induced LP	
Lichen nitidus	
Concept of Ashy	
dermatosis and lichen	
planus pigmentosus	

# DISORDERS OF THE SEBACEOUS GLANDS

	Must know		Should know		Good to know
•	Sebaceous Gland				
0	Structure,	0	Histochemistry &	0	Measurement of
о	Function		ultrastructure		sebaceous activity
0	distribution	0	Development		& sebum production
0	Funct <sup>n</sup> of sebum	0	Endocrine control of		
0	Composition &		sebaceous gland		
	biosynthesis of sebum				
•	Acne Vulgaris				
0	definiton	0	Associations of acne		
0	etiology				
0	Clinical features				
0	factors affecting				
0	(differential) diagnosis				
0	Management				
• /	Acne variants				
0	acne excoriee,				
0	acneiform eruptions,				
0	cosmetic,				
0	occupational,				
0	chloracne,				
0	acne conglobata,				
0	pyoderma faciale,				
0	acne fulminans,				
0	G-ve folliculitis				

0	Steroid acne			
0	Drug induced acne			
0	Adult onset acne			
•	Seborrhea			
Ec	topic sebaceous glands	• Se	ebaceous gland tumors	
		0	Classification	
		0	Sebaceous cyst	

#### DISORDERS OF SWEAT GLANDS

	Must know		Should know		Good to know
•	Sweat Gland (Eccrine)		Naevus		
	<ul> <li>Anatomy &amp;</li> </ul>		sudoriferous		
	Physiology		Compensatory		
			hyperhidrosis	0	Granulosis rubra nasi
•	Hyperhidrosis			0	Diseases associated with
	o generalized				abnormal sweat gland
	o PalmoPlantar &	0	Associations		histology
	Axillary	0	Heat stress		
	o Asymmetrical				
	o Gustatory				
•	An/Hypo - hidrosis				
0	Definition,				
0	Etiopathogenesis,				
0	Classification				
•	Miliaria				
0	Etio- pathogenesis,				
0	Clinical features,				
0	Variants/types,				
0	Management				
•	Apocrine sweat glands				
0	Chromhidrosis,				<ul> <li>Fish odour syndrome</li> </ul>
0	Bromhidrosis				o Hematohidrosis
0	Fox-Fordyce disease				

# DISORDERS OF CONNECTIVE TISSUE

Must know Should know Good to know
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Cutaneous atrophy		o Achenbach's
o Causes / classification,		syndrome
o Generalized cutn.		
atrophy		
o Striae		
Localized cutaneous	<ul> <li>local panatrophy</li> </ul>	o Chronic atrophic
atrophy		acrodermatitis
o Atrophoderma		
o Anetoderma		
o Facial hemiatrophy		
o Poikiloderma		
Disorders of Elastin		
o <b>Lax skin</b>		
o Elastotic striae		
Pseudo Xanthoma		
Elasticum		
o <b>Definition</b>		
<ul> <li>Etio - pathology</li> </ul>		
<ul> <li>Clinical features,</li> </ul>		
<ul> <li>Diagnosis (differential)</li> </ul>		
o Management		
Actinic elastosis		• Linear focal elastosis
<ul> <li>Etio- pathogenesis</li> </ul>		Actinic granuloma
<ul> <li>Clinical features,</li> </ul>		<ul> <li>Clinical features</li> </ul>
<ul> <li>Diagnosis (differential)</li> </ul>		Elastofibroma
o Management		Elastoderma
<ul> <li>Marfan syndrome—</li> </ul>		Prolidase deficiency
<ul> <li>Etio - pathogenesis,</li> </ul>		
<ul> <li>Clinical features</li> </ul>		
Ehlers – Danlos syndrome	<ul> <li>Plantar fibromatosis</li> </ul>	
o Types/ Classification,	Osteogenesis imperfecta	
Dupuytren's contracture	Pachydermoperiostosis	
Knuckle pads	Relapsing polychondritis	
Keloid V/s Hypertrophic scars	Peyronie's disease	

#### PREMATURE AGEING SYNDROMES

Must know	Should know	Good to know
Pangeria	Congenital progeroid	
Progeria	syndrome	
Acrogeria		
	Diabetic thick skin	<ul> <li>leprechaunism</li> </ul>
	Ainhum & pseudo-ainhum	
<ul> <li>Perforating dermatoses:</li> </ul>		
<ul> <li>Types/classification,</li> </ul>		
<ul> <li>Clinical features,</li> </ul>		
<ul> <li>(Etio.) pathology,</li> </ul>		
o Management		
Colloid milium		

## DISORDERS OF BLOOD VESSELS

Must know	Should know	Good to know
Erythemas	• Functional anatomy of Cutn.	• Assessment of Cutn.
	blood vessels	blood vessels
Diffuse erythematous		<ul> <li>Capillary microscopy</li> </ul>
eruptions		
Annular erythemas		
o Types ,	Well's syndrome	
<ul> <li>Etio - pathology,</li> </ul>	<ul> <li>(Etio) pathology,</li> </ul>	
o Clinical features,	<ul> <li>Clinical features</li> </ul>	
o Diagnosis (differential)	o Management	
o Management		
Telangiectasias		
<ul> <li>primary &amp; secondary</li> </ul>		
<ul> <li>etio(pathology)</li> </ul>		
Erythema multiforme:		
<ul> <li>Etio- pathogenesis,</li> </ul>		
<ul> <li>Clinical features,</li> </ul>	Ataxia-Telengectasia	
<ul> <li>Diagnosis (differential),</li> </ul>		
o Management		
Toxic Epidermal Necrolysis		
<ul> <li>Etio - pathogenesis,</li> </ul>		
<ul> <li>Clinical features,</li> </ul>		

Differential diagnosis,
Management & prognosis

# FLUSHING & FLUSHING SYNDROMES, ROSACEA, PERIORAL DERMATITIS

Must know	Should know	Good to know
Flushing		
o Definition		
o Etio-pathogenesis,		
Flushing syndromes	Carcinoid syndrome—	
o Classification	<ul> <li>Etiopathogenesis,</li> </ul>	
Rosacea	o Management	
o Definition		
o Etio-pathology,		
<ul> <li>Clinical features,</li> </ul>		
<ul> <li>Diagnosis (differential),</li> </ul>		
<ul> <li>Management</li> </ul>		
Perioral dermatitis—		
<ul> <li>Etio-pathology,</li> </ul>		
<ul> <li>Clinical features,</li> </ul>		
<ul> <li>Diagnosis (differential),</li> </ul>		
<ul> <li>Management &amp; prognosis</li> </ul>		

# URTICARIAS, ANGIOEDEMA and MASTOCYTOSIS

Must know	Should know	Good to know
Urticaria: Definition	Physical	
o Classification	o Classification,	Omalizumab
o Etio – pathogenesis	Cholinergic urticaria	
<ul> <li>Provoking factors</li> </ul>	Cold urticaria	
<ul> <li>Clinical features,</li> </ul>	Contact urticaria	
Chronic urticarias	Aquagenic	
$\circ$ Definition ,	Solar	
o Classification	Autoimmune urticaria	
<ul> <li>Mastocytosis</li> </ul>	Hereditary angioedema	
classification	Etiopathogenesis of	
clinical features	mastocytosis	

	<ul> <li>histopathology</li> </ul>	
	<ul> <li>investigations</li> </ul>	
	<ul> <li>management</li> </ul>	
• Ur	ticarial vasculitis	
• D	efinition,	
0 E	tiopathogenesis,	
。 C	linical features,	
0 M	lanagement	
• An	gioedema	
0	Classification	
0	Etio-pathogenesis	
0	Management & prognosis	

# SYSTEMIC DISEASES AND SKIN

Must know	Should know	Good to know
Endocrine disorders		o Hyper and
<ul> <li>Cushings disease</li> </ul>		hypopituitarism
<ul> <li>Adrenal insufficiency</li> </ul>		o Parathyroid
<ul> <li>Hyper and</li> </ul>		o Multiple
hypothyroidism		endocrinopathies
Cutaneous markers of internal		syndrome
malignancy		o Autoimmune
o Paraneoplastic		polyglandular syndrome
syndromes		
<ul> <li>Migratory erythemas</li> </ul>		Dermatosis associated with
GI Tract		esophagus and stomach
o Crohn's disease	Skin complications of stones	disorders
<ul> <li>Ulcerative colitis</li> </ul>		Bowel associated dermatitis
<ul> <li>Celiac disease</li> </ul>	Hemochromatosis	arthritis syndrome
Liver diseases		Intestinal polyposis
o Hepatitis		
o Dermatosis associated		
with liver diseases		
Pancreatic diseases	o Subcutaneous fat necrosis	o Other pancreatic tumours
	o Migratory thrombophlebitis	and glucagonoma
	o Necrolytic migratory	syndrome

	erythema	
Renal disease		o Renocutaneous syndromes
o Dermatosis associated		
with renal failure and		Cardiac disease and respiratory
dialysis		disease
Hematological		Lymphoma, leukemia
o Anemia		Skin disorders associated with
o DIC		bony abnormality
<ul> <li>Antiphospholipid</li> </ul>		
syndrome		
Annular and figurate reactive		
erythemas		

# PURPURA

Must know	Should know	Good to know
Purpuras:		
<ul> <li>Classification, diagnosis</li> </ul>		
	Thrombocytopenic purpuras	
	o I.T. Purpura	
	Senile purpura	
	Toxic purpura	
	Itching purpura	
	Majocchi's ds	
	Disseminated Intravascular	
	Coagulation	
Anaphylactoid purpura (HSP)-		Painful bruising
- definition,		syndrome
<ul> <li>Etio-pathogenesis ,</li> </ul>		Purpura simplex
<ul> <li>Clinical features,</li> </ul>		Neonatal purpura
<ul> <li>Differential diagnoses,</li> </ul>		
<ul> <li>Management</li> </ul>		
Capillaritis (pigmented		
purpuric dermatoses)		
<ul> <li>Schamberg's</li> </ul>		
<ul> <li>Pigmented purpuric</li> </ul>		
lichenoid dermatosis of		

#### CUTANEOUS VASCULITIS

Must know	Should know	Good to know
Cutaneous Vasculitis	Granuloma faciale	
<ul> <li>Classification c/f</li> </ul>	Degos` disease	
Erythema elevatum diutinum	Giant cell arteritis	
Paniculitides		
Poly Arteritis Nodosa		
Hypersensitivity angiitis		
Vascular lesions of		
rheumatoid diseases		
<ul> <li>Etio, path</li> </ul>		
o Investigations		
Leucocytoclastic angitis		
o Definition,		
o Etio-pathogenesis,		
<ul> <li>Clinical features,</li> </ul>		
o Management		
Henoch Schonlein Purpura		
o Definition,		
o Etio-pathogenesis,		
<ul> <li>Clinical features,</li> </ul>		
o Management		
Pyoderma gangrenosum—		
o <b>Definition</b> ,		
o Etio-pathogenesis,		
o Clinical features,		
o Management		
Purpura fulminans—		
<ul> <li>Definition,</li> </ul>		
<ul> <li>Etio-pathogenesis,</li> </ul>		
<ul> <li>Clinical features,</li> </ul>		
o Management		

Sweet`s syndrome	
o Definition,	
$\circ$ Etio-pathogenesis,	
<ul> <li>Clinical features,Management</li> </ul>	
Erythema nodosum—	
o Definition,	
o Etio-pathogenesis,	
<ul> <li>Clinical features,</li> </ul>	
o Management	
Erythema induratum—	
o Definition,	
<ul> <li>Etio-pathogenesis,</li> </ul>	
<ul> <li>Clinical features,</li> </ul>	
o Management	
Wegener's granulomatosis	
o Definition,	
o Etio-pathogenesis,	
<ul> <li>Clinical features,</li> </ul>	
o Management	

# DISEASES OF VEINS & ARTERIES : LEG ULCERS

Must know	Should know	Good to know
Signs & symptoms of arterial		
diseases		
Investigations		
Erythromelalgia		
	Atherosclerosis	
	<ul> <li>Prognosis &amp; management</li> </ul>	
Veins	Thromboangiitis obliterans	Ischaemic ulcer
<ul> <li>Functional anatomy,</li> </ul>		
o pathology		
Atrophie- blanche		
Thrombophlebitis migrans		
Venous thrombosis		
Oedema		
Varicose veins		

•	Post phlebitic syndr	
•	Causes of leg ulcers	
•	Venous ulcermanagement	
l		

# DISORDER OF LYMPHATIC VESSELS

Must know	Should know	Good to know
Lymphangiogenesis		
Functional Anatomy of skin		
lymphatics		
Identification of skin lymphatics		
Lymph transport		
Immune function		
Oedema/Lymphoedema		
<ul> <li>Epidemiology</li> </ul>	<ul> <li>Primary lymphoedemas</li> </ul>	
<ul> <li>Pathophysiology</li> </ul>	<ul> <li>Inherited form</li> </ul>	
$_{\odot}$ Aetiology and classification	Other genetic form	
<ul> <li>Clinical features and</li> </ul>	<ul> <li>Congenital non hereditary</li> </ul>	
diagnosis	forms of lymphoedema	
<ul> <li>Complication</li> </ul>	<ul> <li>Clinical patterns of</li> </ul>	
<ul> <li>Investigation</li> </ul>	pri.lymphoedema	
<ul> <li>D/d of the swollen limbs</li> </ul>	<ul> <li>Sec. Lymphoedema</li> </ul>	
<ul> <li>Management of lymphoedema</li> </ul>	Midline lymphoedema	
<ul> <li>Physical therapy</li> </ul>		
<ul> <li>Drug therapy</li> </ul>		
o Surgery		
<ul> <li>Provision of care</li> </ul>		
Congenital lymphatic		
malformation		
Lymphangioma cirucmscriptum		
<ul> <li>Diffuse lymphangioma</li> </ul>		
Cystic hygroma	<ul> <li>lymphangioma</li> </ul>	e lymphotio tymor
<ul> <li>Acquired lymphatic</li> </ul>	<ul> <li>lymphangiomatosis</li> </ul>	Iymphatic tumor
malformation	<ul> <li>lymphangiomyomatosis</li> </ul>	<ul> <li>acquired progressive</li> <li>lymphangiosarcoma</li> </ul>
<ul> <li>Acquired lymphangioma</li> </ul>	recurrent acute	o iyiripilariyiosarcoma

ſ	Lymphangitis	inflammatory episode	<ul> <li>Chylous sarcoma</li> </ul>
	<ul> <li>Kaposi sarcoma</li> </ul>	<ul> <li>Lymphangiothrombosis</li> </ul>	o <b>seroma</b>
		Carcinoma erysipeloides	

## HISTIOCYTOSIS

Must know	Should know	Good to know
Ontogeny & Function of		Benign cephalic
histiocytosis		histiocytosis
Classification of histiocytosis		<ul> <li>Erdheim chester disease</li> </ul>
Langerhans cell histiocytosis		<ul> <li>Fat storing hemartoma of</li> </ul>
Class Ila histiocytosis		dermal dendrocytes
Dermatofibroma		<ul> <li>Familial sea blue</li> </ul>
Juvenile xanthogranuloma		histiocytosis
Multicentric reticulohistiocytosis		<ul> <li>Hereditary progressive</li> </ul>
Generalized eruptive		mucinous histiocytosis
histiocytoma		
Papular xanthoma		
Progressive nodular		
histiocytosis		
Xanthoma disseminatum		
Class Ilb histiocytosis		
Diffuse plane xanthomatosis		
<ul> <li>Familial haemophagocytic</li> </ul>	<ul> <li>Malignant</li> </ul>	
lymphohistiocytosis	histiocytosis	Virus associated
<ul> <li>Malakoplakia</li> </ul>	<ul> <li>Monocytic leukaemia</li> </ul>	haemophagocytic
<ul> <li>Necrobiotic xanthogranuloma</li> </ul>	True histiocytic	syndrome
Sinus histiocytosis with massive	lymphoma	
lymphadenopathy		

#### SOFT TISSUE TUMOURS AND TUMOURS LIKE CONDITIONS

Must know	Should know	Good to know		
Vascular tumours:	Fibrous and	○ Fibrous papule of face		
<ul> <li>Classification</li> </ul>	myofibroblastic tumors:	<ul> <li>Pleomorphic fibroma</li> </ul>		
Pyogenic granuloma	<ul> <li>Classification</li> </ul>	o Acquired digital fibrokeratoma		
<ul> <li>Kaposi sarcoma</li> </ul>	<ul> <li>Nodular fasciitis</li> </ul>	<ul> <li>Fibro osseous pseudotumour</li> </ul>		

o Angiosarcoma	o Fibrohistiocytic tumor	<ul> <li>Ischemic fasciitis</li> </ul>		
o Glomus tumour	o Giant cell tumour of tendon	<ul> <li>Fibrous hamartoma of infancy</li> </ul>		
Peripheral	sheath	$\circ$ Calcifying fibrous tumour		
neuroectodermal tumours	<ul> <li>Fibrous histiocytoma</li> </ul>	<ul> <li>Calcifying aponeurotic fibroma</li> </ul>		
o Schwannoma	o Angiomatoid fibrous	<ul> <li>Inclusion body fibromatosis</li> </ul>		
<ul> <li>Solitary neurofibroma</li> </ul>	histiocytoma	<ul> <li>Fibroma of tendon sheath</li> </ul>		
o Plexiform neurofibroma	<ul> <li>Plexiform fibrous</li> </ul>	<ul> <li>Collagenous fibroma</li> </ul>		
<ul> <li>Diffuse neurofibroma</li> </ul>	histiocytoma	○ Nuchal fibroma		
Tumours of muscle	o Atypical fibroxanthoma	<ul> <li>Myxofibrosarcoma</li> </ul>		
<ul> <li>Skeletal muscle tumours</li> </ul>	<ul> <li>Malignant fibrous</li> </ul>	o Kaposiform hemangio-		
<ul> <li>Tumours of uncertain</li> </ul>	histiocytoma	endothelioma		
histogenesis	o Glomeruloid hemangioma			
<ul> <li>Tumours of fat cell</li> </ul>	<ul> <li>Epitheloid hemangioma</li> </ul>			
<ul> <li>Osteoma cutis</li> </ul>	<ul> <li>Sinusoidal hemangioma</li> </ul>			
<ul> <li>Cutaneous calculus</li> </ul>	<ul> <li>Dermal nerve sheath</li> </ul>			
o Leiomyoma	myxoma			
o Leiomyosarcoma	o Malignant peripheral			
o Rhabdomyoma	nerve sheath tumour			
o Cutaneous	o Congenital smooth			
Rhabdomyosarcoma	muscle hamartoma			

# CUTANEOUS LYMPHOMAS AND LYMPHOCYTIC INFILTRATES

# A) PRIMARY CUTANEOUS T CELL LYMPHOMA

Must know	Should know	Good to know
Mycosis Fungoides (MF)	Epidermotropic CD8+	CD30+cutaneous
<ul> <li>Follicular mucinosis</li> </ul>	cytotoxic lymphoma	lymphoproliferative disorder
<ul> <li>Pagetoid reticulosis</li> </ul>	Large cell CD 30- cutaneous	<ul> <li>Regressing CD30+large cell</li> </ul>
<ul> <li>Granulomatous slack skin</li> </ul>	lymphoma	cutaneous Itmphoma
<ul> <li>Sezary's syndrome</li> </ul>	<ul> <li>Pleomorphic CD30-</li> </ul>	Secondary cutaneous
<ul> <li>Lymphomatoid papulosis</li> </ul>	cutaneous lymphoma	CD30+anaplastic large cell
Primary cutaneous CD30+		lymphoma
large cell lymphoma		
CD30+ large cell cutaneous		
lymphoma with regional nodal		
involvement		

# **B) SECONDARY CUTANEOUS LYMPHOMA**

Must know	Should know	Good to know
Subcutaneous panniculitis	Extra nodal NK cell	Lennert's lymphoma
like T cell lymphoma	lymphoma	
<ul> <li>Adult T cell leukaemia</li> </ul>	<ul> <li>Blastic NK cell lymphoma</li> </ul>	
lymphoma		
<ul> <li>Primary cutaneous B cell</li> </ul>		
lymphoma		
Follicle centre cell lymphoma		
<ul> <li>Leukaemia cutis</li> </ul>		
<ul> <li>Cutaneous Hodgkin s</li> </ul>		
disease		

# C) PRIMARY CUTANEOUS B CELL LYMPHOMAS

Must know	Should know	Good to know		
	Follicle centre cell	Marginal zone lymphoma		
	lymphoma	Large B cell lymphoma		
	Cutaneous plasmacytoma			

#### D) PSEUDOLYMPHOMAS

Must know	Should know	Good to know
Parapsoriasis		
Actinic reticuloid		
<ul> <li>Lymphocytoma cutis</li> </ul>		
Jessner's lymphocytic infiltrate		

#### SUBCUTANEOUS FAT

Must know	Should know	Good to know
Obesity	o Cellulite	
<ul> <li>General pathology of</li> </ul>	<ul> <li>Frontalis associated lipoma</li> </ul>	
adipose tissue	o Hibernoma	
<ul> <li>Panniculitis</li> </ul>	<ul> <li>Lipomatosis</li> </ul>	
<ul> <li>Septal panniculitis</li> </ul>		
o Lobular paniculitis		
<ul> <li>Mixed panniculitis</li> </ul>		

<ul> <li>Panniculitis with vasculitis</li> </ul>	
<ul> <li>Lipodystrophy</li> </ul>	
<ul> <li>Localized lipoatrophy</li> </ul>	
<ul> <li>Partial or generalized</li> </ul>	
lipoatrophy	
• Lipoma	
<ul> <li>Angiolipoma</li> </ul>	

# THE CONNECTIVE TISSUE DISEASES

	Must know	Should know	Good to know
• Lu	pus erythematosus	Dermatological	
0	Discoid lupus	manifestation of rheumatoid	
	erythematosus	disease	
0	Subacute cutaneous	Still`s disease	
	lupus erythematosus		
0	Systemic lupus		
	erythematosus		
0	Neonatal lupus		
	erythematosus		
0	The lupus anticoagulant,		
	anti cardiolipin		
	antibodies and the		
	antiphospholipid		
	syndrome		
• Sc	leroderma		
0	Localized morphea		
0	Gen. Morphea		
0	Pseudoscleroderma		
0	Occupational		
	scleroderma		
0	latrogenic scleroderma		
0	Graft -versus -host		
	disease		
0	Eosinophilic fasciitis		
0	Systemic sclerosis		
• Mi	xed connective tissue		

disease	
<ul> <li>Cold, flexed finger</li> </ul>	
Lichen sclerosus	
Scleroedema	
<ul> <li>Dermatomyositis</li> </ul>	
<ul> <li>Sjogren syndrome</li> </ul>	
Rheumatic fever	

## NUTRITIONAL AND METABOLIC DISEASES

	Must know		Should know		Good to know
•	The cutaneous porphyrias	0	Reticular erythematous	0	Cutaneous
0	Etiopathogenesis		mucinosis		mucinosis in the
0	laboratory testing in porphyria	0	Self healing juvenile		toxic oil syndrome
0	Clinical features		cutaneous mucinosis		G.K
0	The individual porphyrias	0	Cutaneous mucinosis of	0	Neutral lipid storage
0	Porphyrias which cause		infancy		disease
	cutaneous disease	0	Papulonodular mucinosis	0	Farbers disease
0	Porphrias which cause		associated with S.L.E.	•	Disorders of
	cutaneous disease and acute	0	Cutaneous focal mucinosis		aminoacid
	attack	0	Acral persistant papular		metabolism
•	Mucinoses		mucinosis	0	Hyperphenylalanin
0	Classification of the cutaneous	0	Mucinosis naevus		aemia syndrome
	mucinoses	0	Follicular mucinosis	0	Tyrosinemia
0	Lichen myxoedematous	0	Secondary mucinoses	0	Alkaptonuria
•	Amyloid and the amyloidoses	0	Mucopolysaccharidoses	0	Homocysteinurias
	of the skin	0	Mucolipidoses	0	Hartnup disease
0	Primary localized cutn.	0	Dialysis related		
	Amyloidosis		amyloidosis		
0	Sec. Localized cutn.	0	Inherited systemic		
	Amyloidosis		amyloidosis		
0	Systemic amyloidosis				
0	Primary and myeloma				
	associated cutn. Amyloidosis				
0	Sec. Systemic amyloidosis				
•	Angiokeratoma corporis				
	diffusum				
•	Sec. Systemic amyloidosis Angiokeratoma corporis				

Xanthomas and abnormalities	
of lipid metabolism and storage	
Lipid metabolism	
o Genetic primary	
Hyperlipidemias	o Gaucher's disease
o Lipid storage disease	o Niemann Pick disease
Nutrition and the skin	
o Malabsorption	
o Vitamins	
Kwashiorkor and marasmus	
Calcification and ossification of	
the skin	
Iron metabolism	
Skin disorders in diabetes	
mellitus	
Granuloma annulare	
Necrobiosis lipoidica	
Granuloma multiforme	

#### SARCOIDOSIS

Must know	Should know	Good to know
Sarcoidosis		
<ul> <li>Definition</li> </ul>	<ul> <li>Unusual and atypical forms</li> </ul>	
<ul> <li>Epidemiology</li> </ul>	<ul> <li>Associated disease</li> </ul>	
<ul> <li>Aetiology</li> </ul>	<ul> <li>Course and prognosis</li> </ul>	
<ul> <li>Histopathology</li> </ul>	<ul> <li>Other sarcoidal reaction</li> </ul>	
<ul> <li>Immunological aspects</li> </ul>	o Infection	
<ul> <li>General manifestations of</li> </ul>	<ul> <li>Foreign material</li> </ul>	
sarcoidosis	<ul> <li>Crohn's disease</li> </ul>	
<ul> <li>Staging of the disease</li> </ul>	<ul> <li>Whipple's disease</li> </ul>	
<ul> <li>Systemic features</li> </ul>	○ Farmer's lung	
<ul> <li>Sarcoidosis of the skin</li> </ul>	<ul> <li>Other condition</li> </ul>	
<ul> <li>Management</li> </ul>		
<ul> <li>Investigation</li> </ul>		
<ul> <li>Biopsy</li> </ul>		
o Kveim test		

<ul> <li>Other investigation</li> </ul>	
o Treatment	
<ul> <li>Topical therapy</li> </ul>	
Systemic therapy	

# THE SKIN AND THE NERVOUS SYSTEM

Must know	Should know	Good to know
Skin innervations	<ul> <li>Neuroimmunology</li> </ul>	
<ul> <li>Sensory innervations</li> </ul>	<ul> <li>Neurophysiological testing</li> </ul>	
<ul> <li>Autonomic nervous system</li> </ul>	for skin innervations	
$\circ$ Wound healing and the		
trophic effects		
<ul> <li>Postherpetic neuralgia</li> </ul>		
$\circ$ Pathophysiology of pain		
o Prevention of P.H.N.		
o Management of P.H.N.		
<ul> <li>Neuropathic ulcer</li> </ul>		
<ul> <li>Peripheral neuropathy</li> </ul>		
<ul> <li>HIV neuropathy</li> </ul>		
<ul> <li>Syringomyelia</li> </ul>		
<ul> <li>Tabes dorsalis</li> </ul>		
<ul> <li>Spinal dysraphism</li> </ul>		
<ul> <li>Spinal cord injury</li> </ul>		
	<ul> <li>Disorders associated with</li> </ul>	
	autonomic abnormalities	
	Hereditary sensory	Trigeminal trophic syndrome
	autonomic neuropathy	Peripheral injury
	Horner syndrome	Restless leg syndrome
		• Resiless leg syndiome
	Gustatory hyperhidrosis	
	Chronic skin pain	
	Notalgia paresthetica	
	Brachioradial pruritus	
	<ul> <li>Skin ache syndrome</li> </ul>	
	<ul> <li>Burning feet syndrome</li> </ul>	

# **PSYCHOCUTANEOUS DISORDERS**

Must know	Should know	Good to know
Introduction	Body image	Psychoneuroimmunology
<ul> <li>Emotional factors in</li> </ul>	<ul> <li>Delusions of smell</li> </ul>	<ul> <li>Mind-body efferent</li> </ul>
diseases of the skin	<ul> <li>Body dysmorphic disorder</li> </ul>	immune interaction
<ul> <li>Psychological importance of</li> </ul>	<ul> <li>Epidemic hysteria</li> </ul>	<ul> <li>Body- Mind afferent</li> </ul>
skin	syndrome and occupational	immune reactions
<ul> <li>Disability and quality of life</li> </ul>	mass psychogenic illness	<ul> <li>Habituation to dressings</li> </ul>
<ul> <li>Classification</li> </ul>	• Sick building syndrome	o Dermatological
<ul> <li>Delusions of parasitosis</li> </ul>	<ul> <li>Psychogenic excoriation</li> </ul>	pathomimicry
<ul> <li>Cutaneous phobias</li> </ul>	<ul> <li>Psychogenic pruritus</li> </ul>	o Hypnosis
<ul> <li>Anorexia nervosa and</li> </ul>	<ul> <li>Onycotillomania and</li> </ul>	• Misc. therapies
bulimia	onychophagia	• Skin disease in patients
<ul> <li>Self inflicted and simulated</li> </ul>	<ul> <li>Psychogenic purpura</li> </ul>	with learning disability
skin disease	<ul> <li>Dermatitis simulate</li> </ul>	
<ul> <li>Lichen simplex and</li> </ul>	<ul> <li>Dermatitis passivata</li> </ul>	
neurodermatitis	o Munchausen's	
o Acne excoriee	syndrome	
o Trichotillomania	o Munchausen's	
<ul> <li>Factitious skin disease</li> </ul>	syndrome by proxy	
o Malingering	<ul> <li>Self-mutilation</li> </ul>	
<ul> <li>Cutaneous disease and</li> </ul>	<ul> <li>Psychotropic drugs</li> </ul>	
alcohol misuse		
<ul> <li>AIDS, HIV infection and</li> </ul>		
Psychological illness		
Suicide in dermatological		
patients		
o Treatment		

# DISORDERS OF NAILS

Must know	Should know	Good to know
<ul> <li>Anatomy and biology of nail</li> </ul>	• Nails in childhood and	
unit	old age	
o Structure &	o Abnormalities of nail	
Development and comparative	attachment	

<ul> <li>Blood supply</li> <li>Nail growth</li> <li>Nail growth</li> <li>Nail growth</li> <li>Nail growth</li> <li>Nail growth</li> <li>Nail growth</li> <li>Nail signs and systemic disease</li> <li>Abnormalities of shape</li> <li>Changes in nail surface</li> <li>Changes in colour</li> <li>Changes in colour</li> <li>Changes in colour</li> <li>Changes in colour</li> <li>Development abnormalities</li> <li>Infections- nail and nail folds</li> <li>Other bone tumours</li> <li>Infections- nail and nail folds</li> <li>Vascular tumours</li> <li>Other bone tumours</li> <li>Vascular tumours</li> <li>Nail surgery</li> <li>Patterns of nail biopsy</li> <li>Lateral matrix</li> <li>Traumatic nail disorders</li> <li>Acute trauma</li> <li>Chronic repetitive</li> <li>The nail and cosmetics</li> </ul>	anat	omy		
<ul> <li>Nail signs and systemic disease</li> <li>Abnormalities of shape</li> <li>Changes in nail surface</li> <li>Changes in colour</li> <li>Development abnormalities</li> <li>Infections- nail and nail folds</li> <li>Dermatoses of nails</li> <li>Nail surgery</li> <li>Patterns of nail biopsy</li> <li>Lateral matrix</li> <li>Traumatic nail disorders</li> <li>Acute trauma</li> <li>Chronic repetitive</li> <li>Traumatic</li> </ul>	0	Blood supply		
diseaseAbnormalities of shape• Tumours under or adjacent• Changes in nail surface• Tumours under or adjacent• Changes in colour• Tumours under or adjacent• Development abnormalities• Benign tumours• Infections- nail and nail folds• Other bone tumours• Dermatoses of nails• Vascular tumours• Nail surgery• Myxoid cyst• Patterns of nail biopsy• Squamous cell• Lateral matrix• Epithelioma cuniculatum• Acute trauma• Melanocytic lesions• Acute trauma• Melanocytic lesions• Chronic repetitive• Other surgicaltrauma•	ο	Nail growth		
<ul> <li>Abnormalities of shape</li> <li>Changes in nail surface</li> <li>Changes in colour</li> <li>Development abnormalities</li> <li>Infections- nail and nail folds</li> <li>Dermatoses of nails</li> <li>Nail surgery</li> <li>Patterns of nail biopsy</li> <li>Lateral matrix</li> <li>Phenolization</li> <li>Acute trauma</li> <li>Chronic repetitive</li> <li>Traumatic nail disorders</li> <li>Chronic repetitive</li> </ul>	• Na	il signs and systemic		
○Changes in nail surface Changes in colour• Tumours under or adjacent to the nail• Development abnormalities• Benign tumours• Infections- nail and nail folds• Other bone tumours• Dermatoses of nails• Vascular tumours• Nail surgery• Myxoid cyst• Patterns of nail biopsy• Squamous cell• Lateral matrix• Epithelioma cuniculatum• Trraumatic nail disorders• Keratoacanthoma• Acute trauma• Melanocytic lesions• Chronic repetitive• Other surgicaltraumatic• Melanicytic lesions• Chronic repetitive• Other surgical• Matters• Other surgical	dis	sease		
○Changes in colourto the nail• Development abnormalities○Benign tumours• Infections- nail and nail folds○Other bone tumours• Dermatoses of nails○Vascular tumours• Nail surgery○Myxoid cyst•Patterns of nail biopsy○Squamous cell•Lateral matrix○Epithelioma cuniculatum•Traumatic nail disorders○Keratoacanthoma•Acute trauma○Melanocytic lesions•Chronic repetitive○Other surgicaltrauma·modalities	0	Abnormalities of shape		
<ul> <li>Development abnormalities</li> <li>Infections- nail and nail folds</li> <li>Dermatoses of nails</li> <li>Nail surgery</li> <li>Patterns of nail biopsy</li> <li>Lateral matrix</li> <li>Phenolization</li> <li>Traumatic nail disorders</li> <li>Acute trauma</li> <li>Chronic repetitive</li> <li>Traumatic</li> </ul>	0	Changes in nail surface	• Tu	mours under or adjacent
<ul> <li>Infections- nail and nail folds</li> <li>Dermatoses of nails</li> <li>Nail surgery</li> <li>Patterns of nail biopsy</li> <li>Lateral matrix</li> <li>Phenolization</li> <li>Traumatic nail disorders</li> <li>Acute trauma</li> <li>Chronic repetitive</li> <li>Traumatic</li> </ul>	0	Changes in colour	to	the nail
<ul> <li>Dermatoses of nails</li> <li>Nail surgery</li> <li>Patterns of nail biopsy</li> <li>Lateral matrix</li> <li>henolization</li> <li>Traumatic nail disorders</li> <li>Acute trauma</li> <li>Chronic repetitive</li> <li>Traumatic</li> </ul>	• De	evelopment abnormalities	0	Benign tumours
<ul> <li>Nail surgery</li> <li>Patterns of nail biopsy</li> <li>Lateral matrix</li> <li>phenolization</li> <li>Traumatic nail disorders</li> <li>Acute trauma</li> <li>Chronic repetitive</li> <li>Traumatic nail disorders</li> <li>Ohronic repetitive</li> <li>Myxoid cyst</li> <li>Squamous cell</li> <li>Carcinoma</li> <li>Epithelioma cuniculatum</li> <li>Keratoacanthoma</li> <li>Melanocytic lesions</li> <li>Other surgical</li> <li>modalities</li> </ul>	• Inf	<ul> <li>Infections- nail and nail folds</li> </ul>		Other bone tumours
<ul> <li>Patterns of nail biopsy</li> <li>Lateral matrix</li> <li>phenolization</li> <li>Traumatic nail disorders</li> <li>Acute trauma</li> <li>Chronic repetitive</li> <li>Traumatic nail disorders</li> <li>Ohronic repetitive</li> <li>Other surgical</li> <li>modalities</li> </ul>	• De	<ul> <li>Dermatoses of nails</li> </ul>		Vascular tumours
<ul> <li>Lateral matrix</li> <li>phenolization</li> <li>Traumatic nail disorders</li> <li>Acute trauma</li> <li>Chronic repetitive</li> <li>Traumatic nail disorders</li> <li>Melanocytic lesions</li> <li>Other surgical</li> <li>modalities</li> </ul>	• Na	il surgery	<ul> <li>Myxoid cyst</li> </ul>	
oEditorial matrixphenolizationoEpithelioma cuniculatum• Traumatic nail disordersoKeratoacanthomaoAcute traumaoMelanocytic lesionsoChronic repetitiveoOther surgicaltraumamodalities	0	Patterns of nail biopsy	0	Squamous cell
<ul> <li>Traumatic nail disorders</li> <li>Acute trauma</li> <li>Chronic repetitive</li> <li>trauma</li> <li>Melanocytic lesions</li> <li>Other surgical</li> <li>modalities</li> </ul>	0	Lateral matrix	carci	noma
<ul> <li>Acute trauma</li> <li>Chronic repetitive</li> <li>Chronic repetitive</li> <li>Melanocytic lesions</li> <li>Other surgical</li> <li>modalities</li> </ul>	pher	olization	0	Epithelioma cuniculatum
<ul> <li>Chronic repetitive</li> <li>Trauma</li> <li>Other surgical modalities</li> </ul>	• Tr	aumatic nail disorders	0	Keratoacanthoma
trauma modalities	ο	Acute trauma	0	Melanocytic lesions
liauna	ο	Chronic repetitive	0	Other surgical
The nail and cosmetics	traur	na	moda	alities
	• Th	e nail and cosmetics		

### **DISORDERS OF HAIR**

Must know	Should know	Good to know
Anatomy and physiology	<ul> <li>Types of hair</li> </ul>	<ul> <li>Alopecia in central</li> </ul>
o Development and	o Disturbance of hair	nervous system disorders
distribution of hair follicles	cycle/shaft	o Other abnormalities of
o Anatomy of hair follicle	o Developmental defects	shaft
• Hair cycle and hormonal	and hereditary disorders	
control	o Congenital alopecia and	
• Alopecia	hypotrichosis	
• Common baldness and	o Hypertrichosis	
androgenetic alopecia	o Shampoos	
o Alopecia areata	o Conditioners	
• Acquired cicatricial	• Cosmetic hair colouring	
alopecia	o Permanent waving	
o Infections	• Hair straightening	

• Scaling disorders	(relaxing)	
<ul> <li>Excessive growth of hair</li> </ul>	o Hair setting	
o <b>Hirsutism</b>	o Complication	
<ul> <li>Variation in Hair</li> </ul>		
pigmentation		

# THE SKIN AND THE EYES

Must know	Should know	Good to know
Anatomy and physiology of	o The eyebrows	
the eye	o The eyelids	
• Chronic blepharitis ,	o The lacrimal glands	
rosacea , and seborrhoeic	<ul> <li>The pre-corneal tear</li> </ul>	
dermatitis	film	
o Immunopathogenisis	<ul> <li>Disorders affecting the</li> </ul>	
o Treatment	eyebrows and eyelashes	
<ul> <li>Atopy and atopic eye</li> </ul>	<ul> <li>Infections</li> </ul>	
disease	<ul> <li>Viral infections</li> </ul>	
<ul> <li>Cicatrizing conjunctivitis</li> </ul>	<ul> <li>Bacterial infection</li> </ul>	
and the immunobullous	<ul> <li>Parasitic infection</li> </ul>	
disorders	<ul> <li>Inherited disorder</li> </ul>	
o Erythema multiforme	• Tumors	
major and toxic epidermal	<ul> <li>Benign and malignant</li> </ul>	
necrolysis	tumors of eyelids	
<ul> <li>Systemic disease with skin</li> </ul>		
and eye involvement		
<ul> <li>Ocular complications of</li> </ul>		
dermatological therapy		

# EXTERNAL EAR

Must know	Should know	Good to know
<ul> <li>Dermatoses and external</li> </ul>	<ul> <li>Anatomy and physiology</li> </ul>	Ageing changes
ear	<ul> <li>Examination</li> </ul>	<ul> <li>Tumors of pinna and</li> </ul>
<ul> <li>Systemic disease and the</li> </ul>	<ul> <li>Developmental defects</li> </ul>	external auditory canal
external ear	<ul> <li>Traumatic conditions</li> </ul>	

# THE ORAL CAVITY AND LIPS

Must know	Should know	Good to know
<ul> <li>Biology of the mouth</li> </ul>	<ul> <li>Disorders affecting the</li> </ul>	
<ul> <li>Immunity in the oral cavity</li> </ul>	teeth and skin	
<ul> <li>Examination of the</li> </ul>	o Ectodermal dysplasia	
mouth and perioral region	<ul> <li>Disorders affecting the</li> </ul>	
<ul> <li>Disorders affecting the oral</li> </ul>	periodontium	
mucosa or lips	o Gingival disorders	
<ul> <li>Genetic and acquired</li> </ul>	affecting the periodontium	
disorders affecting the oral	o Genetic disorders	
mucosa or lips	affecting the peridontium	
<ul> <li>White or whitish lesions</li> </ul>	<ul> <li>Acquired disorders</li> </ul>	
<ul> <li>Pigmented lesions</li> </ul>	affecting the peridontium	
o Red lesions		
• Vesicoerosive disorders		
<ul> <li>Lumps and swellings</li> </ul>		
<ul> <li>Various orocutaneous</li> </ul>		
syndromes		
<ul> <li>Oral manifestations of</li> </ul>		
systemic diseases		
<ul> <li>Acquired lip lesions</li> </ul>		
o Cheilitis		
<ul> <li>Lupus erythematosus</li> </ul>		
<ul> <li>Sarcoidosis</li> </ul>		

# THE BREAST

Must know	Should know	Good to know
Gynaecomastia	<ul> <li>Breast hypertrophy</li> </ul>	Supernumerary breast or
o Physiological	<ul> <li>Gigantomastia</li> </ul>	nipples
o In endocrine disorders	<ul> <li>Management of</li> </ul>	
o In nutritional, metabolic,	gynaecomastia	
renal and hepatic disease	<ul> <li>Hypomastia</li> </ul>	
o Drug-induced	<ul> <li>Rudimentary nipples</li> </ul>	
• Morphea	<ul> <li>Adnexal polyp of neonatal</li> </ul>	
Silicone breast implant and	skin	
autoimmune disease	<ul> <li>Inverted nipple</li> </ul>	

<ul> <li>Cracked nipple in lactation</li> </ul>	<ul> <li>Hyperkeratosis of nipple</li> </ul>
<ul> <li>Lupus panniculitis</li> </ul>	and areola
<ul> <li>Sarcodosis of breast</li> </ul>	<ul> <li>Jogger's and cyclist's</li> </ul>
<ul> <li>Sebaceous hyperplasia of</li> </ul>	nipples
areolae	<ul> <li>Nipple piercings</li> </ul>
Breast abscess	<ul> <li>Artefactual breast disease</li> </ul>
<ul> <li>Basal cell carcinoma of</li> </ul>	<ul> <li>Vasculitis of the breast</li> </ul>
nipple	<ul> <li>Erosive adenomatosis of</li> </ul>
<ul> <li>Seborrhoeic wart</li> </ul>	nipple
<ul> <li>Mondor's disease</li> </ul>	<ul> <li>Breast telangiectasia</li> </ul>

# THE GENITAL, PERIANAL AND UMBILICAL REGIONS

	Must know	Should know	Good to know
• G	eneral approach	<ul> <li>Congenital and</li> </ul>	
• G	enitocrural dermatology	developmental	<ul> <li>Umbilical dermatology</li> </ul>
0	Inflammatory	abnormalities of male and	o Structure and function
0	Infections	female genitalia	<ul> <li>Congenital and</li> </ul>
• N	lale genital dermatology		developmental abnormalities
0	Structure and function		o Trauma and artifact
0	Trauma and artifact		o Inflammatory
0	Inflammatory dermatoses		dermatoses
0	Non-sexually transmitted		
infe	ctions		
0	Precancerous dermatoses		
0	Squamous carcinoma	<ul> <li>Other malignant</li> </ul>	
• F	emale genital dermatology	neoplasms	
0	Structure and function		
0	Trauma and artifact		
0	Inflammatory dermatoses		
0	Ulcerative and bullous		
disc	orders		
0	Non-sexually transmitted		
infe	ctions		
0	Benign tumours and tumor-	<ul> <li>Vulval malignancy</li> </ul>	
like	lesions of vulva		
0	Precancerous dermatoses		

Perineal and perianal		0	Benign tumours
deri	matology	0	Premalignant
0	Structure and function	derr	natoses and frank
0 I	Infections	mali	gnancies

# **GENERAL ASPECTS OF TREATMENT**

	Must know	Should know	Good to know
•	General measures in	Emergency treatment of	Alternative therapies like
	treatment like	anaphylaxis	- Physiotherapy
	explanation, avoidance	Treatment for anxiety	- Acupuncture
	of aggravating factors,	and depressive states in	- Biofeedback
	regimen, role of diet,	dermatology	techniques
	food metabolites and	Medicolegal aspects of	- Behaviour therapy
	toxins	dermatology	- Heliotherapy
•	Topical therapy		- Actinotherapy
	- Cosmetic		- Climatotherapy
	camouflage		- Homeopathy
	- Dressings		
•	Systemic drug therapy		
•	Gene therapy		

# DRUG REACTIONS

Must know	Should know	Good to know
Classification and mechanism	Incidence	
Histopathology		
<ul> <li>Types of clinical reaction</li> </ul>	Annular erythemas	
<ul> <li>Exanthematous,</li> </ul>	Acute generalized	
o purpuric,	exanthematous	
$\circ$ pityriasis rosea like,	pustulosis	
o psoriasiform,	Serum sickness	
$\circ$ exfoliative dermatitis,	Eczematous	
o anaphylaxis,	Acanthosis nigricans	
o urticaria,	Erythromelagia	
$\circ$ drug hypersensitivity		
syndrome,		
$\circ$ fixed drug eruptions,		

o lichenoid eruptions,	
o photosensitivity,	
$\circ$ pigmentation,	
$\circ$ acneform eruption,	
o bullous eruptions,	
o vasculitis,	
$_{\odot}$ LE like, DM like, scleroderma	
like	
o erythema nodosum,	
$\circ$ anticonvulsant hypersensitivity,	
$_{\odot}$ hair and nail changes,	
<ul> <li>Management of drug reactions</li> </ul>	
- Diagnosis	
- Treatment	

# ERYTHEMA MULTIFORME, STEVENS JOHNSON SYNDROME, TOXIC

# EPIDERMAL NECROLYSIS

	Must know	Should know	Good to know
٠	Erythema multiforme,	Incidence	
	Stevens-Johnson		
	syndrome and toxic		
	epidermal necrolysis:		
	- Etiology		
	- Predisposition in HIV		
	- Pathology		
	- SCORTEN		
	- Diagnosis		
	- Treatment		
	- Prevention		

# RADIOTHERAPY AND REACTIONS OF IONIZING RADIATION

Must know	Should know	Good to know
Indications	Role in benign diseases	Role in malignant
- Acute	like psoriasis, keloids	diseases
- Chronic		Radiation induced
Radiodermatitis		tumors

# LASERS

Must know	Should know	Good to know
Basic principles	Laser ablation	
Laser safety	Resurfacing	
Target tissues	Non-ablative skin	
Main types of lasers	remodeling	
- Enumeration		
- Wavelengths		
- Indications		

# RACIAL INFLUENCES ON SKIN DISEASES

Must know	Should know	Good to know
Classification of races	Racial variations in	Racial variation in
and their main	pigmentation, hair and	common diseases
characteristics	cutaneous appendages	
	Diseases with distinct	
	racial or ethnic	
	predisposition	

### THE AGES OF MAN AND THEIR DERMATOSIS

Somatic growth		Enumeration and
Sexual development and		identification of common
its effect on skin,		syndromes with short
especially sebaceous		stature
activity		
Puberty associated		
hormonal events and		
cutaneous changes		
Enumeration of puberty	Premature and delayed	
dermatosis and their	puberty - causes and	
clinical features	presentation	
Cutaneous changes with	Disorders of menopause	

	menstrual cycle	•	Aging skin
•	Physiological changes	•	Skin disorders
	related to pregnancy		associated with aging
•	Vascular changes		
•	Pregnancy dermatoses		
	- Pruritus gravidarum	•	Autoimmune
	- Pemphigoid		progesterone dermatitis
	gestationis		
	- Pruritiuc urticarial		
	papules and plaques		
	of pregnancy		
	- Prurigo of pregnancy		
	- Pruritic folliculitis		

# SYSTEMIC THERAPY

Must know	Should know	Good to know
Systemic steroids	Hormonal preparations	Interleukins
Antihistamines	NSAIDs	Chlorambucil
Retinoids	Cytokines	Dacarbazine
Cyclophosphamide	Interferons	Hydroxyuria
Methotrexate	Essential fatty acids	Melphelan
Mycophenolate mofetil	Bleomycin	Gold
Cyclosporin	Fumaric acid esters	Other antiviral drugs like
PUVA	Photopharesis	Vidarabine, Idoxuridine
Intravenous immunoglobulin	Plasmapheresis	
Penicillamine	Other anti-retroviral	
Antibiotics	Dethylcarbamazine	
Antitubecular drugs	Sulfasalazine	
Antileprosy drugs		
Antifungal drugs		
Antiviral drugs		
- Acyclovir and its		
congeners		
Anti-retroviral drugs		
Ivermectin		

•	Drugs of peripheral
	circulation
	- Pentoxyphyllin
	- Calcium channel
	blockers
	- Sildenafil citrate
	- ACE-inhibitors and
	antagonists
•	Antimalarials
•	Thalidomide
•	Colchicine

# **TOPICAL THERAPY**

Must know	Should know	Good to know
General principles	- Erythromycin	- Bacitracin
- Choice of vehicle	- Polyenes	- Gentamicin
- Frequency and mode of	- Bleomycin	- Polymyxin B
application	- 5-flurouracil	- Tetracyclines
- Quantity to be applied	- Cyclocsporin	- Tolnaftate
Various formulation	- Bexarotene	- Undecylenic acid
- Enumeration with main	- Depilators	- Pencyclovir
characteristics	- Contact	- Idoxuridine
- Enumeration of vehicle	sensitizers	- Mechlorethamine
components	- Capsaicin	- T4 endonuclease V
Anti-perspirants		- Camphor
Topical antibiotics		- Menthol
- Fusidic acid		- Dyes
- Mupirocin		
- Clindamycin		
- Silver sulfadiazine		
- Metronidazole		
Antifungals		
- Allyamines		
- Imidazoles		
- Ciclopirox olamine		

	- Morpholines
•	Antiparasitic agents
	- Pyrethroids
	- Malathion
	- Benzyl benzoate
•	Antiviral agents
	- Acyclovir
•	Astringents
	- Potassium permanganate
	- Aluminium acetate
	- Silver nitrate
•	Corticosteroids
	- Mechanism
	- Side effects (local and
	systemic)
	- Classification
	- Intralesional steroids
	- Indications
•	Cytotoxic and antineoplastic
	agents
	- Imiquimod
	- Podophyllin and
	podophyllotoxin
	Depigmenting agents -
	- Hydroquinone
	- Retinoic acid
	- Kligman cream
	- Azelaic acid
	- Kojic acid
•	Emollients
•	Immunomodulators
	- Tacrolimus
	- Pimecrolimus
•	Retinoids
	- Retinoic acid
	- Adapalene

	- Tazarotene	
•	Miscellaneous	
	- Dithranol	
	- Sunscreen	
	- Tars	
	- Vit D analogue	
	- Minoxidil	

#### BASIC PRINCIPLES OF DERMATOSURGERY

Must know	Should know	Good to know
• RSTL	Types of wound healing	o Tissue glues, staples,
<ul> <li>Instruments used in</li> </ul>	Wound management	wound closure tapes,
dermatosurgery		
<ul> <li>Methods of sterilization</li> </ul>		
Suture materials:		
<ul> <li>○ Classification,</li> </ul>		
o Suture size,		
$_{ m o}$ Type and size of needle		
Types of suturing:		
$\circ$ simple interrupted,		
o mattress, vertical & horizontal		
$\circ$ Intradermal buried,		
o S.C. buried,		
<ul> <li>Running subcuticular,</li> </ul>		
◦ Figure of 8		
Suture removal		
Preoperative workup:		
o medication,		
$\circ$ part preparation		
o relevant investigation		
<ul> <li>Types of local anesthesia:</li> </ul>		
o Topical/surface,		
$\circ$ infiltration,		
o tumescent,		
o field blocks,		

o nerve block	
<ul> <li>Types of Anesthetic agents</li> </ul>	
<ul> <li>Waste segregation &amp; disposal</li> </ul>	
Patient counseling, psychological	
assessment and consent	
Emergencies and their	
management in dermatosurgery	
(vasovagal reaction,	
anaphylaxis, haemorrhage)	

# STANDARD DERMATOSURGICAL PROCEDURES

Must know	Should know	Good to know
Electrosurgery:	<ul> <li>Physics: basic principles</li> </ul>	<ul> <li>Intralesional sclerotherapy</li> </ul>
<ul> <li>Types (Electro-fulguration,</li> </ul>		
-section, -cautery, etc.)		
o Indications		
Curettage:	<ul> <li>Radiofrequency surgery:</li> </ul>	
o Indications,	<ul> <li>Physics, circuitry,</li> </ul>	
o Techniques: combination	o Techniques,	
with E.C.	o Types,	
Intralesional steroid therapy:	o Indications	
o Indications		
o Dosage		
Chemical cautery:	$\circ$ Agents other than TCA,	
o Use of Agents (TCA,	Phenol	
Phenol)		
o Indications		
Cryosurgery :		
<ul> <li>Mech. Of action,</li> </ul>		
<ul> <li>Cryogens and their</li> </ul>		
properties,		
<ul> <li>Techniques – dip stick,</li> </ul>		
spray, probe,		
o Indications		
Excision Bx		
<ul> <li>Epidermal cyst excision –</li> </ul>		

Indication and technique	
<ul> <li>Corn enucleation</li> </ul>	

# SPECIAL DERMATOSURGICAL PROCEDURES:

Must know	Should know	Good to know
Dermabrasion:	<ul> <li>Facial cosmetic units</li> </ul>	<ul> <li>Instrument use,</li> </ul>
<ul> <li>Preoperative work up,</li> </ul>	<ul> <li>Microdermabrasion</li> </ul>	<ul> <li>procedure,</li> </ul>
o instruments used,	<ul> <li>Mechanism of action,</li> </ul>	<ul> <li>complication</li> </ul>
o indications,	<ul> <li>Indications/Limitations</li> </ul>	
o Techniques		
<ul> <li>Post-op care</li> </ul>		
Vitiligo surgery & skin grafting:		
○ Punch graft,	<ul> <li>Split-thickness graft</li> </ul>	<ul> <li>Skin substitutes</li> </ul>
<ul> <li>Suction blister graft,</li> </ul>	o Tattooing	<ul> <li>Skin culture</li> </ul>
$\circ$ ideal donor sites/sites to be		
avoided		Keloid: debulking
$_{\odot}$ types of post operative dressing		<ul> <li>Methodology</li> </ul>
Nail surgery :		<ul> <li>Pre- &amp; Post-op care</li> </ul>
$\circ$ Intra matrix injection,		
○ Nail matrix Bx,	Chemical peel:	o Circumcision
o Nail unit Bx	<ul> <li>Classification/types</li> </ul>	
Hair restoration surgery	(AHA, BHA, others),	Tissue Augmentation:
○ Principles	<ul> <li>Combination peels</li> </ul>	o Principles
o Types	<ul> <li>Scar revision – techniques</li> </ul>	o Materials
o Indications		o Techniques
• Lasers	<ul> <li>Male genitalia –</li> </ul>	
Dermal fillers –	o dorsal slit	• Ear, nose and body
- type and indications		piercing
Iontophoresis:		Ear lobe repair
o Mechanism, indications, contra-	<ul> <li>Botunimum toxin:</li> </ul>	
Indications	<ul> <li>Pharmacology&amp;</li> </ul>	o storage,
o Procedures	mechanism of action,	o dilution and dosage,
Eletroepilation:	<ul> <li>Indications,</li> </ul>	o procedure,
o Indications	o contra indications,	o complications
o Contraindications,	$\circ$ available preparation	
$\circ$ Types - electrolysis, thermolysis		Liposuction

# POSTGRADUATE SEXUALLY TRANSMITTED DISEASES CURRICULUM

# STD CURRICULUM FOR POST GRADUATES

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
Anatomy		
<ul> <li>Anatomy of male and female genital tract (including blood supply and lymphatic drainage)</li> </ul>		
Microbiology & Immunology		
Normal/abnormal genital flora	<ul> <li>Role of lactobacilli</li> </ul>	Mucosal immune
	Risk factors for	system in males and
	transmission of STD	females
		Bacterial adhesins
		Strategies for
		development of
		mucosal immune
		response to control STI
Syndromic approach		
• Etiology, clinical features, and		
management of the following		
STI syndromes:		
Genital ulcer disease		
Vaginal discharge		
Urethral discharge		
Inguinal bubo		
Scrotal swelling		
Lower abdominal pain		
<ul> <li>Ophthalmia neonatorum</li> </ul>		
<ul> <li>NACO guidelines for</li> </ul>		CDC guidelines for
management of various STDs		management of various STDs

Visel OTDe		
Viral STDs		
Genital herpes virus infection		
(HPG)	Epidemiology &	<ul> <li>Morphology of virus</li> </ul>
Life cycle including latency &	transmission	
reactivation	<ul> <li>Immune response</li> </ul>	
	<ul> <li>Complications like aseptic</li> </ul>	
Clinical presentation	meningitis, encephalitis,	
Primary episode	radiculomyelopathy	
Non-primary first episode	dissemination etc.	
Recurrent episode	<ul> <li>Lab diagnosis</li> </ul>	
Lab diagnosis	Antigen detection by	
<ul> <li>Specimen collection</li> </ul>	IF, IP, EIA etc.	
<ul><li>Cytology (Tzanck)</li></ul>	DNA hybridization	
≻ Culture	based molecular tests	
Histopathology		
<ul> <li>Serological diagnosis</li> </ul>		
Nucleic acid amplification		
tests (NAATs) including		
PCR & LCR		
Treatment	Treatment	<ul> <li>Treatment - CDC</li> </ul>
Drugs for HSV	Parenteral treatment	guidelines
NACO guidelines for	for severe infection	<ul> <li>HSV Vaccines</li> </ul>
treatment of primary &	Treatment of acyclovir-	<ul> <li>Recent advances in</li> </ul>
recurrent episodes in	resistant herpes	diagnosis and
immunocompetent &	Treatment of HPG in	treatment
immunocompromised	pregnancy	
host.	<ul> <li>HIV &amp; genital herpes</li> </ul>	
Neonatal herpes simplex		
infection		
Modes of transmission and	<ul> <li>Laboratory diagnosis</li> </ul>	
relation with nature of	Treatment	
maternal infection and		
immunity.		
•		
<ul> <li>Clinical presentation –</li> </ul>		

asymptomatic, localized,		
disseminated disease.		
uisseminated disease.		
Human papilloma virus		
infections (HPV)		
	- Enidomiology 9	<ul> <li>HPV induced</li> </ul>
Clinical presentation –	Epidemiology &	
condyloma acuminata,	transmission	carcinogenesis – high-
papular, macular, giant warts		risk serotypes,
(Buschke-Lownestein) etc.	<ul> <li>Immune response</li> </ul>	mechanism of
		neoplasia & screening
<ul> <li>Lab diagnosis</li> </ul>	<ul> <li>Lab diagnosis</li> </ul>	
<ul> <li>Acetowhite test</li> </ul>	Antigen detection	
<ul> <li>Histopathology</li> </ul>	Molecular tests – DNA	
	hybridization, PCR	
	etc	
Treatment	<ul> <li>Treatment in pregnancy</li> </ul>	<ul> <li>Treatment - CDC</li> </ul>
Treatment options like	<ul> <li>HPV infection with HIV</li> </ul>	guidelines
chemical cauterization,		<ul> <li>HPV vaccines</li> </ul>
physical modalities and		<ul> <li>Recent advances in</li> </ul>
other drugs.		diagnosis & treatment
<ul> <li>NACO guidelines</li> </ul>		U U
5		
Genital molluscum		
<u>contagiosum (MC)</u>		
Clinical features	<ul> <li>Morphology of virus</li> </ul>	
<ul> <li>Lab diagnosis –</li> </ul>	MC in HIV infection	<ul> <li>Differential diagnosis</li> </ul>
<ul> <li>Microscopy – HP bodies</li> </ul>		of MC-like umblicated
<ul> <li>Pathology (biopsy)</li> </ul>		lesions
Treatment options for		
localized and disseminated		
lesions		
HIV		
Structure & biology of HIV	• Lab diagnosis of HIV	<ul> <li>Mechanism of</li> </ul>
Modes / risk factors for	Lab diagnosis of HIV	
	Disease classification /	depletion of CD4 cells,

transmission	staging	role of cytokines etc.
<ul> <li>Cutaneous manifestation of</li> </ul>		• HAART
	• HAART	ART failure &
<ul> <li>HIV (infective / non infective)</li> <li>PEP prophylaxis – indications, source code, exposure code, regimen, monitoring, side effects, adherence</li> </ul>	<ul> <li>HAART</li> <li>Classification of ART drugs</li> <li>NACO guidelines on indications, first line regimens, patient monitoring</li> <li>Side effects of ART drugs</li> </ul>	<ul> <li>ART failure &amp; second line regimens</li> <li>Pediatric ART – dose, regimens, side effects, monitoring</li> <li>Adherence to ART &amp; ART drug resistance</li> </ul>
• Sentinel surveillance	<ul> <li>Management of HIV in pregnancy – regimen, doses, monitoring, side effects</li> <li>Prevention of mother to child transmission</li> <li>National AIDS control programme (NACP) - phases, goals, targets and achievements</li> </ul>	<ul> <li>Management of HIV patient in tuberculosis, hepatitis, injection drug abusers</li> <li>Immune reconstitution inflammatory syndrome (IRIS)</li> <li>Indications for CPT prophylaxis &amp; management of opportunistic infections</li> <li>Kaposi's sarcoma – etiology, clinical variants, treatment modalities</li> <li>New drugs or approaches to target HIV</li> </ul>

Bacterial STDs		
Dacterial 51D5		
Syphilis		
<ul> <li>Structure of <i>Treponema</i> <i>pallidum</i></li> <li>Modes of transmission</li> <li>Natural history of disease (course of untreated syphilis)</li> <li>Classification of syphilis</li> <li>Clinical presentations of primary, secondary, tertiary</li> </ul>	<ul> <li>History of syphilis – Columbian and environmental theory</li> <li>Pathogenesis of disease</li> <li>Immune response</li> </ul>	<ul> <li>Mechanism of motility</li> <li>Treponemal antigens</li> </ul>
syphilis • Clinical features of different stages – primary chancre, variants of secondary stage (chancre redux, syphilis de emblee, pseudochancre redux), tertiary syphilis (gumma, other	<ul> <li>Malignant syphilis</li> <li>Cardiovascular syphilis</li> <li>Neurosyphilis- different stages</li> <li>Charcot joints</li> </ul>	<ul> <li>Complications of primary and secondary stages</li> </ul>
<ul> <li>manifestations)</li> <li>Lab diagnosis – DGI, serological tests (treponemal and non treponemal tests), false positive VDRL / TPHA</li> </ul>	<ul> <li>Lab diagnosis -technique, monitoring &amp; positivity of tests in different stages</li> </ul>	<ul> <li>Histopathology in different stages</li> </ul>
<ul> <li>Treatment – NACO guidelines</li> </ul>	<ul> <li>Treatment in pregnant patient</li> <li>Jarisch herxheimer reaction- etiology, clinical features, management</li> <li>Syphilis &amp; HIV</li> <li>Congenital syphilis -</li> </ul>	<ul> <li>Treatment</li> <li>CDC guidelines</li> <li>Treatment of penicillin-allergic patients &amp; desensitization</li> <li>Syphilis vaccines</li> </ul>
<ul> <li>Congenital syphilis – clinical manifestations</li> </ul>	management	<ul> <li>Endemic syphilis (yaws) - clinical features, diagnosis &amp; treatment</li> </ul>

<ul> <li>Chancroid</li> <li>Morphology of H ducreyi</li> <li>Clinical features including variants</li> <li>Lab diagnosis</li> <li>Microscopy</li> <li>Culture</li> <li>Serology</li> <li>Treatment – NACO</li> </ul>	<ul> <li>Growth characteristics of H ducreyi</li> <li>Lab diagnosis</li> <li>Histopathology</li> <li>Molecular techniques like PCR</li> </ul>	• Drug resistance in chancroid
guidelines	<ul> <li>Chancroid &amp; HIV</li> </ul>	<ul> <li>Treatment – CDC guidelines</li> </ul>
<ul> <li>Gonococcal infections</li> <li>Morphology &amp; biology of <i>N</i> gonorrhoea</li> <li>Clinical features &amp; complications including acute urethritis, acute &amp; chronic complications, anorectal, pharyngeal and disseminated infection</li> <li>Lab diagnosis –</li> </ul>	<ul> <li>Genetic characteristics and strains</li> <li>Lab diagnosis –</li> </ul>	
<ul> <li>Specimen collection &amp; transport</li> </ul>	<ul> <li>Antigen detection tests</li> <li>Serological tests</li> </ul>	
<ul> <li>Microscopy</li> <li>Culture</li> <li>Nucleic acid amplification</li> </ul>	<ul> <li>DNA hybridization</li> <li>based molecular tests</li> </ul>	
<ul> <li>Nucleic acid amplification tests (NAATs) including</li> <li>PCR &amp; LCR</li> </ul>	like PACE etc.	
Treatment – NACO guidelines for	Gonorrhoea in prognancy	<ul> <li>Treatment – CDC</li> </ul>
uncomplicated and complicated	<ul><li>Gonorrhoea in pregnancy</li><li>HIV &amp; gonorroea</li></ul>	guidelines
gonococcal infections	<ul> <li>Drug resistance in gonorrhoea</li> </ul>	<ul> <li>Gonococcal vaccines</li> <li>Recent advances in diagnosis &amp; treatment</li> </ul>

Chlamydia trachomatis infections		
Clinical features &	Morphology & biology of C	
complications – entire	trachomatis	
spectrum of urethritis,		
cervicitis, proctitis, neonatal		
conjunctivitis, and related		
complications.		
<ul> <li>Lab diagnosis –</li> </ul>	<ul> <li>Lab diagnosis –</li> </ul>	
Specimen collection &	<ul> <li>Antigen detection tests</li> </ul>	
transport	Serological tests	
Microscopy	DNA hybridization	
Culture	based molecular tests	
Nucleic acid amplification	like PACE etc	
tests (NAATs) including		
PCR & LCR		
<ul> <li>Treatment – NACO</li> </ul>		<ul> <li>Treatment – CDC</li> </ul>
guidelines		guidelines
Lymphogranuloma venereum		
Clinical features – including	<ul> <li>Epidemiology &amp;</li> </ul>	
different stages and	transmission	
complications	<ul> <li>Pathogenesis &amp; pathology</li> </ul>	
oomprioutiono	Lab diagnosis –	
<ul> <li>Lab diagnosis –</li> </ul>	<ul> <li>antigen detection</li> </ul>	
<ul> <li>specimen collection</li> </ul>	<ul> <li>serological tests</li> </ul>	
<ul> <li>cytology</li> </ul>	molecular tests like	
> culture	PCR, RFLP	
	• HIV & LGV	
Treatment		<ul> <li>Treatment – CDC</li> </ul>
NACO guidelines		guidelines
➢ Surgical		

Donovanosis		
Morphology of organism	<ul> <li>Epidemiology &amp;</li> </ul>	
<ul> <li>Clinical features including</li> </ul>	transmission	
clinical variants &	<ul> <li>Pathogenesis &amp; spread of</li> </ul>	
complications	disease	
• Lab diagnosis-	<ul> <li>HIV &amp; Donovanosis</li> </ul>	
specimen collection		
> microscopy		
histopathology		
isolation of organism		
Treatment		<ul> <li>Treatment – CDC</li> </ul>
NACO guidelines		guidelines
Surgical		
Bacterial vaginosis (BV)		
Epidemiology & risk factors		
Pathogenesis including		
alteration of mucosal		
microflora and biochemical		
changes		
Clinical features	<ul> <li>Complications</li> </ul>	
<ul> <li>Lab diagnosis – Amsel's</li> </ul>	<ul> <li>Lab diagnosis – Nugent's</li> </ul>	
criteria	criteria	
Treatment – NACO	BV in pregnancy	<ul> <li>Treatment – CDC</li> </ul>
guidelines		guidelines
		90.00
Pelvic inflammatory disease		
(PID)		
Epidemiology & risk factors		
Microbiology of PID		
Clinical features &		
complications		
Lab diagnosis		<ul> <li>Differential diagnosis</li> </ul>
Treatment - NACO guidelines		of acute pelvic pain
- reament - 1400 guidelines		

Fungi, protozoa & arthropod       • Treatment - CD	<u> </u>
Intections • Treatment - CD	1 N
guidelines	
Genital candidal infections	
(VVC & CBP)	
Clinical features     Epidemiology including	
VVC in females - risk factors	
uncomplicated and • Mycology of albicans and	
complicated disease non-albicans candida	
CBP in males	
Candidal hypersensitivity	
Lab diagnosis – microscopy     Lab diagnosis – newer	
and culture tests like PCR	
Treatment     Treatment of fluconazole     Treatment - CD	С
➢ topical and oral drugs resistant C albicans and guidelines	
<ul> <li>NACO guidelines for non-albicans Candidiasis</li> <li>Recent advance</li> </ul>	es like
uncomplicated &  • HIV & genital candidiasis newer topical and the second secon	nd
complicated disease systemic anti-m	iycotic
(including pregnancy) drugs (like	
voriconazole)	
Trichomonas vaginilis	
infection	
Morphology of <i>T vaginilis</i>	
Clinical features	
Lab diagnosis     Lab diagnosis – culture	
microscopy methods, molecular	
Treatment - NACO guidelines techniques.	
Trichomonas infection in	
pregnancy	
Genital scabies   • Immunity in scabies	
Morphology & life cycle of the	
mite	
Epidemiology & transmission	
Clinical features – typical and	

·		
special variants	<ul> <li>Lab diagnosis by newer</li> </ul>	
Lab diagnosis by microscopy	techniques –	
	epiluminiscence	
	microscopy, PCR	
Treatment –	HIV & Scabies	<ul> <li>Treatment – CDC</li> </ul>
Principles and options		guidelines
<ul> <li>NACO guidelines</li> </ul>		5
Phthiriasis pubis		
	Epidemiology &	
<ul> <li>Morphology &amp; life cycle of the mite</li> </ul>	transmission	
<ul> <li>Clinical features</li> </ul>		
• Diagnosis		<ul> <li>Treatment – CDC</li> </ul>
<ul> <li>Treatment – NACO</li> </ul>		guidelines
guidelines		
Miscellaneous		
	<ul> <li>Epididymo-orchitis</li> </ul>	<ul> <li>Treatment – CDC</li> </ul>
	<ul> <li>Dhat syndrome – etiology,</li> </ul>	guidelines
	clinical features, treatment	Acute & chronic
		prostatitis
		Chronic pelvic pain
		syndrome

# POSTGRADUATE LEPROSY CURRICULUM

# LEPROSY CURRICULUM FOR POST GRADUATE

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
History		
Epidemiology		
<ul> <li>Transmission</li> </ul>		
<ul> <li>Recent Status of Leprosy in</li> </ul>	<ul> <li>Global scenario</li> </ul>	<ul> <li>History of leprosy and</li> </ul>
India		treatments of historical
<ul> <li>Leprosy control programmes</li> </ul>		interest
Microbiology & Immunology		
<ul> <li>Structure of <i>M leprae</i></li> </ul>		
<ul> <li>Humoral response</li> </ul>	<ul> <li>Important M.leprae</li> </ul>	Biochemical
<ul> <li>Cell mediated immune</li> </ul>	antigens	characteristics of M
response	<ul> <li>Role of macrophages in</li> </ul>	leprae
<ul> <li>Tests for assessment of CMI</li> </ul>	leprosy	
Classification of leprosy		
<ul> <li>Immunopathological</li> </ul>		
spectrum of leprosy		
<ul> <li>Ridley Jopling classification</li> </ul>		
<ul> <li>Paucibacillary and</li> </ul>	Difference Between	Other classification
multibacillary leprosy	Madrid and Ridley Jopling	systems in leprosy
Clinical features	classification	
Cutaneous		
Nerve involvement		
Ocular involvement-causes,		
effects due to infiltration and		
inflammation and reactions	Sensory and motor	
<ul> <li>Involvement of other</li> </ul>	dysfunction	
mucosae		
Systemic Involvement in		
Leprosy-muskuloskeletal,		
hepatic, renal and		
reproductive		
<ul> <li>Variants of leprosy like</li> </ul>		

<ul> <li>Neuritic, indeterminate, single skin lesion, lucio, histoid , lazarine</li> <li>Differential diagnosis of:</li> <li>Hypopigmental macules</li> <li>Erythematous skin lesions</li> <li>Nodules</li> <li>Peripheral nerve thickening</li> <li>Investigations</li> <li>Slit skin smear including bacterial index, morphological index</li> <li>Histopathology of skin according to Ridley Jopling classification</li> <li>Lepromin test</li> <li>Clinical tests for sensory, motor and autonomic functions</li> </ul>	<ul> <li>Histopathology of nerves</li> <li>Serology in leprosy esp., PGL-1 ELISA</li> </ul>	<ul> <li>Histopathology of other tissues like kidneys, liver, lymph nodes, mucosae</li> <li>In-vitro testing of M. leprae</li> </ul>
<ul> <li>Treatment of leprosy</li> <li>Conventional drugs- dapsone, rifampicin and clofazamine –meachanism of action, pharmacokinetics and side effects</li> <li>Standard and alternative regimes</li> <li>Drug resistance</li> <li>Investigational drugs</li> <li>Vaccines in leprosy</li> <li>Reactions in Leprosy</li> <li>Aetiopathogenesis</li> <li>Clinical features-cutaneous and systemic</li> </ul>	<ul> <li>Newer and short duration regimes</li> <li>Uniform MDT</li> <li>Tests for drug resistance</li> <li>Immunotherapy in leprosy</li> </ul>	

	Vocational and social
<ul> <li>Disability assessment</li> <li>Physical – prosthesis, surgical</li> </ul>	

# <u>SKILLS</u>

- 1. Clinical skills
- 2. Bed side diagnostic skills
- 3. Dermatopathology skills
- 4. Dermatosurgery skills

### **Clinical skills**

- Take detailed and reliable history and record appropriate details
- Demonstrate detailed and correct physical examination, including skin & appendages, mucous membranes, and other relevant body systems
- Formulate accurate, complete and appropriate differential diagnosis
- Select appropriate investigations for diagnosis
- Select appropriate treatment plan
- Communicate treatment plan to the patient and/or relatives or care-takers
- Recognize potentially serious skin diseases
- Recognize urgency of patients requiring immediate assessment and treatment, and differentiate from non-urgent cases
- Recognize own limits and choose appropriately when to ask for help.

### Dermatopathology skills

- Recognize importance of histopathology in appropriate cases
- Regularly review biopsy specimens with histopathologist
- Evaluate histological skin slides, giving appropriate differential diagnosis
- Discuss appropriate differential diagnosis with histopathology team
- Interpret special stains/immunohistochemistry correctly
- Participate actively in departmental clinicopathological review

### Bed side diagnostic skills

Perform and interpret the following tests/diagnostic procedures:

- KOH smear examination
- Tzanck test
- Gram staining
- Giemsa staining
- Zeil-Neilson staining for acid fast bacilli (AFB)

- Dark ground illumination (DGI) microscopy for treponemes
- Wood's lamp examination

#### Dermatosurgery skills

- Accurately evaluate surgical options for individual skin lesions
- Perform the following surgical procedures safely and effectively:
  - 1. Biopsies skin, nail, and nerve
  - 2. Cryotherapy
  - 3. Curettage with and without cautery
  - 4. Shave excision
  - 5. Wound closure using different suturing techniques
  - 6. Chemical peeling
- Observe the following with proper understanding of the procedure:
  - 1. Patch testing
  - 2. Phototherapy (PUVA and NB-UVB)
  - 3. Dermabrasion
  - 4. Nail surgery
  - 5. Split thickness grafting
  - 6. LASER
- Identify complications of skin surgery, including medico-legal aspects
- Participate in surgical audit
- Recognize limits of own surgical skills, and consult with plastic surgeon appropriately

# **TEACHING & LEARNING METHODS**

- Clinical case presentation
- Journal club review
- Attend trainee seminars within department
- Independent study
- Attendance at suitable meetings and CME forums
- All candidates must undertake a research project after clearance from the ethical committee, to be performed under the supervision of a qualified and designated supervisor and/or co-supervisor, and submit it at the end of second year of post-graduation.

# M.D. DERMATOLOGY INCLUDING LEPROSY & STD EVALUATION

### FORMATIVE EVALUATION :

 Six monthly theory evaluation (5 in no) for 3 hours each during the 3 years period of training covering the entire syllabus over 2 ½ years. The theory paper should correlate with the curriculum expected to be covered in that period which should be outlined at the beginning to the student. This will contribute 10% towards summative evaluation.

The questions framed can be given as below :

- 1) Short structured Questions 70%
- 2) MCQs 30%

This should incorporate

- 1) Basic Sciences
- 2) Leprosy
- 3) STD
- 4) General Dermatology 1
- 5) General Dermatology 2

# Practical Exam –

- 1. OSCE 30%
- 2. Case Examination STD, Leprosy, Dermatology 60%
- 3. Structured Viva Voce 10%

### Formative Evaluation will include assessment of presentation of

- 1. Seminars/Short talks/Symposia
- 2. Journal Club (minimum 6 per year)
- 3. Case Presentation (minimum 10 per year)

# Objectified grading system to be used:

Grade	Adjudged Score
A	80%-100%
В	65%-80%
С	50%-65%
D	40%-50%
E	Below 40%

In case more number of seminars, cases or journal club are presented per year the best can be considered for marking. This will contribute 10% towards summative evaluation.

### SUMMATIVE EVALUATION

		Marks
1.	Internal Assessment (Theory)	80
2.	<ul> <li>Theory – Short structured Questions divided in 4 sections</li> <li>1. General Dermatology</li> <li>2. Basic Sciences in Dermatology</li> <li>3. Internal Medicine pertaining to Dermatology</li> <li>4. STD and Leprosy</li> </ul>	80 80 80 80 400
3.	Practical a) Internal Assessment b) Short case presentation – 3 per student • Dermatology – 1 • STD – 1 • Leprosy – 1 c) i) 10 Spot Cases (15 marks each) ii) Instruments iii) Radiographs iv) Drugs v) Histopathology (For 50 marks, evaluation of i)-v) should be done by OSCE) c) General Viva–Voce in Dermatology,Dermatosurgery, Leprosy & STD Total	50 40 40 40 150 10 10 10 10 10 40 400

# Suggested Reading

# DERMATOLOGY

- 1. Rook's Textbook of Dermatology Dr D.A. Burns, Dr S.M. Breathnach, Dr N.H. Cox, vol- I-IV
- 2. Fitzpatrick's Dermatology in General Medicine (McGraw-Hill), Wolff, Klaus, Goldsmith et al, vol –I-II
- 3. Dermatology <u>Samuel L. Moschella</u>, <u>Harry J. Hurley</u>, vol 1.2

# LEPROSY

- 1. Jopling textbook of leprosy
- 2. Hasting's textbook of leprosy
- 3. National leprosy elimination programme
- 4. WHO guidelines for leprosy

### STD

- 1. HOLMES Sexually Transmitted Diseases <u>King K. Holmes</u>, <u>Frederick P.</u> <u>Sparling</u>, <u>Walter E. Stamm</u>
- 2. King nicolle's book on STD
- 3. NACO and CDC guidelines for management of STD