1.	Classification of hypersensitivity reactions:	type I: immediate, IgE-mediated, type II: antibody-dependent cytotoxic, type III: immuncomplex-mediated, type IV: delayed, T-cell mediated
2.	Type I hypersensitivity reaction, example:	wasp bite allergy, urticaria
3.	Type II hypersensitivity reaction, example:	drug-induced hemolytic anemia
4.	Type III hypersensitivity reaction, example:	drug-induced immuncomplex vasculitis
5.	Type IV hypersensitivity reaction, example:	maculopapular drug reaction
6.	Most severe form of type I hypersensitivity:	anaphylactic shock
7.	Definition of anaphylaxia:	most severe form of type I hypersensitivity reaction, symptoms: generalized pruritus, erythema and urticaria, edema, huskiness, tongue swelling, bronchospasm, nausea, blood pressure decrease, collapse, respiratory and circulatory insufficiency
8.	Therapy of anaphylaxia:	noradrenalin, parenteral fluid replacement, monitoring, corticosteroid, antihistamin
9.	Pathomechanisms of angioneurotic edema:	IgE-mediated reaction (e.g. drug, food) or complement-mediated reaction (hereditary or acquired (ACEI) deficiency of C1q esterase inhibitor
10.	Classification of urticaria:	acute, acute intermittent, chronic
11.	Definition of chronic urticaria:	symptoms of urticaria lasting >6 weeks
12.	Differentiation between allergic urticaria and urticarial vasculitis:	in urticarial vasculitis the urtica lasts at the same location for >24 hours
13.	Primary lesion in allergic contact dermatitis:	seropapule
14.	Topical therapy of allergic contact dermatitis:	corticosteroid cream or lotion, Aluminium aceticum tartaricum-ointment, zinc-shake lotion
15.	Most prevalent contact sensitizers:	nikkel, fragrance, cobalt, chrome
16.	Skin test to verify contact hypersensitivity:	epicutaneous test
17.	Skin test to verify type I hypersensitiivity:	Prick test
18.	Type of hypersensitivity reaction verified by epicutaneous skin test:	delayed, type IV reaction
19.	Definition of white dermographism:	after mechanical stimulus instead of vasodilatation (hyperemia) vasoconstriction (white reaction) develops on the skin of atopic patients
20.	Main features of atopic dermatitis:	atopic anamnesis, chronic course, pruritus, dry skin, characteristic skin lesions e.g. lichenification and extensive, hyperemic plaques with desquamation and excoriations (scratching) in the crook of the arm and in the popliteal area, in children ekzema on the face
21.	Frequent reason of erythroderma originating in allergic reaction:	medicament
22.	Clinical appearances of drug allergy:	scarlatiniform, rubeoliform, morbilliform exanthemas, urticaria, maculopapular or papulovesicular exanthemas, erythema exsudativum multiforme, (palpable) purpura, erythema nodosum, fix drug eruption
23.	Definition of fix drug eruption:	recurrent, soliter or multiplex, well circumscribed, erythematous macules, rarely blisters, erosions on the skin or on the mucous membranes, appearing at the same locations again and again in connection with taking a certain drug
24.	Definition of erythema exsudativum multiforme	typical annular erythematous macules, papules, sometimes with central blisters caused by viral infections, drugs, etc., in its more severe form the mucous membranes are also involved (Stevens-Johnson syndrome)
25.	Definition of Lyell-syndrome:	toxic epidermal necrolysis (TEN) extending >30% BSA, induced by S. aureus infection or certain drugs, accompanied with high mortality
26.	Checkup for drug allergy:	detailed anamnesis, LTT, provocation test
27.	Frequent origin of leukocytoclastic vasculitis of the skin:	hypersensitivity reaction to drug, infection, tumor, food, etc.
28.	Clinical appearance of the leukocytoclastic vasculitis of the skin:	palpable purpura with or without central necrosis, particularly on the lower extremities, symmetrically
29.	Drugs frequently emerged as causes of cutaneous vasculitis:	penicillin, sulfonamide, amidazophen, diphenyl-hydantoin, phenylbutazon
30.	Clinical appearance of the erythema nodosum:	painful nodes on the extensor surfaces of the extremities, particularly on the legs
31.	Internal diseases frequently associated with pyoderma gangrenosum:	IBD (Crohn-disease, colitis ulcerosa)
32.	Causes of serum sickness:	immunization with heterologous proteins (e.g. tetanus), parenteral antibiotics
33.	Subtype of cutaneous lupus erythematodes which is accompanied by scarring:	DLE (CCLE)
34.	It can be expected after DLE-patient was exposed to sunlight:	progression or recurrence of skin symptoms
35.	Dermatological symptoms of SLE:	butterfly-erythema, photosensitivity, buccal erosions, effluvium, cutaneous vasculitis

36.	Dermatologic symptoms of dermatomyositis:	photosensitivity, heliotrop rash, Gottron-papules, periungual telangiectasia, alopecia, calcinosis, poikiloderma
37.	Diagnostic criteria of dermatomyositis (5):	proximal muscle weakness, elevated serum CK and LDH, chracteristic EMG changes, diagnostic muscle biopsy, inflammatory skin symptoms
38.	It has to be excluded as provoking factor of dermatomyositis:	malignancy (ovarial, gastrointestinal, lung, breast, head-neck cancer)
39.	Definition of pemphigus vulgaris:	autoimmune disease characterized by intraepidermal blister development as consequence of autoantibody formation against desmosomal proteins
40.	Characteristics of the blisters in pemphigus vulgaris:	noninflammatory base, thin wall, easily ruptured (tend to erode), localised to the mucous membranes and skin
41.	Medications suitable for treatment of pemphigus vulgaris:	high-dose corticosteroid, azathioprin, cyclophosphamid, IVIG
42.	Histological definition of pemphigoid:	subepidermal blister formation
43.	Direct immunfluorescence finding in bullous pemphigoid:	IgG and C'3 deposition along the basement membrane
44.	Important for the successful therapy of dermatitis herpetiformis Duhring:	gluten-free diet
45.	Therapy of folliculitis:	topical desinficients, if necessary, systemic antibiotics
46.	Definition of impetigo:	superficial (subcorneal) pyogenic inflammation caused by Str. haemolyticus or S. aureus
47.	Therapy of impetigo:	Removal of crust, then topical antiseptic ointment, if necessary, systemic antibiotics
48.	Complicated forms of erysipelas:	bullous, haemorrhagic, gangraenous, absceding, migrating, recurrent
49.	Therapy of erysipelas:	systemic antibiotics (penicillin derivates, makrolides), topical Aluminium-containing ointment or zinc-shake lotion, chill, antiseptic treatment of the injury site
50.	Cause of Lyme disease, initiating skin symptom:	Borrelia burgdorferi transferred by tick bite, erythema chronicum migrans
51.	Dermatological symptoms associated with Lyme-borreliosis:	erythema chronicum migrans, lymphadenosis benigna cutis, acrodermatitis chronica atrophicans
52.	Characteristic clinical symptom of soor oris:	painless whitish confluent papules on the buccal mucous membrane, tongue, palate, after wiping erosions are left
53.	Clinical types of candidosis oris:	acute pseudomembranous; atrophic; chronic hyperplastic; granulomatous
54.	Common pathogens in dermatomycoses:	dermatophytons (obligate), yeasts (facultative)
55.	Clinical picture of pityriasis versicolor:	0.5-1 cm, round, rarely scaling, pale brown or white, scattered or confluent macules on the shoulders, upper parts of chest and back; reservoir: scalp
56.	Characteristics of herpes zoster:	varicella zoster virus induced, remarkable pain followed by formation of grouped vesicles (1-3 mm) localized to dermatom, accompanied by lymph node swelling, postherpetic neuralgia is possible, cause of immunosuppression (e.g. neoplasia) has to be looked for
57.	Examples of oral antimycotic drugs:	ketoconazole, fluconazole, itraconazole, terbinafin
58.	Clinical picture of molluscum contagiosum:	1-3 mm, flesh-coloured, shiny, umbilicated papules, induced by Poxvirus
59.	Cause of syphilis:	Treponema pallidum infection
60.	Transmission of syphilis:	sexual, transplacental, intravenous
61.	Stages of syphilis:	early syphilis (syphilis I, II, syphilis latens recens, early syphilis connatalis), late syphilis (syphilis III, syphilis latens tarda, late syphilis connatalis)
62.	Characteristics of syphilis I:	21 days after the infection brownishred papule at the inoculation site, then painless ulcus durum, bubo indolens, belltongue penis
63.	Characteristics of syphilis II:	9 weeks after the infection generalized maculopapular, not itchy exanthem, condyloma latum, lymphadenomegaly
64.	Definition of syphilis latens recens:	complete seropositivity within 2 years after the infection, without clinical symptoms
65.	Revealing of T. pallidum:	dark field microscopy, from fluid obtained from the surface of ulcus durum or from lymph node punctate
66.	Syphilis serological tests:	aspecific:lipoid-test (RPR), specific:T. pallidum immobilization-test (TPIT), fluorescent treponemal antibody-test (FTA-Teszt), FTA-Abs-test, T. pallidum haemagglutination test (TPHA), ELISA

67.	Biological aspecific positivity of syphilis serological test:	lipoid-test positivity without T. pallidum infection, the reasons: autoimmune diseases, viral infections, intravenous drug abuse, pregnancy
68.	Definition of Jarisch-Herxheimer reaction:	4-12 hs after starting antibiotic treatment in syphilis fever and chill appears, not allergic response. It is a reaction to endotoxin-like products released by the death of microorganisms within the body duhring antibiotic treatment
69.	Therapy of syphilis I-II:	2x15 MIU procain-penicillin i.m. (1 MIU/nap), 2-4 ws between the two courses, or in Sy I 1x2.4 MIU benzathin-penicillin i.m., in Sy II and Sy latens recens 2x2.4 MIU benzathin-penicillin
70.	Cause of gonorrhoea:	Neisseria gonorrhoeae
71.	Clinical types of urogenital gonorrhoea in male:	urethritis gonorrhoica anterior/posterior acuta, prostatitis gonorrhoica, epididymitis gonorrhoica acuta
72.	Clinical types of urogenital gonorrhoea in female:	cervicitis gonorrhoica acuta, bartholinitis gonorrhoica acuta, vulvovaginitis gonorrhoica acuta, endometritis gonorrhoica, endosalpingitis gonorrhoica acuta, adnexitis gonorrhoica acuta
73.	Symptoms of acute urethritis gonorrhoica anterior:	burning pain, white, then yellow abundant urethral fluid, urinary pain
74.	Diagnostics of gonorrhoea:	microscopical examination (Gram-stain), culture, PCR
75.	Therapy of gonorrhoea:	1x250 mg ceftriaxon i.m. (cave: Lidocain-hypersensitivity) or 1x400 mg ofloxacin p.o. or 1x400 mg cefixim or 1x500 mg ciprofloxacin p.o.
76.	Causes of non-gonorrhoeal urethritis:	Chlamydia trachomatis, Ureoplasma urealyticum
77.	Therapy of Chlamydia trachomatis infection:	2x100 mg doxycyclin/day p.o. for 8 ds or 1x1 g azithromycin p.o.
78.	Possible consequences of PID:	infertility, ectopic pregnancy
79.	Cause of herpes genitalis:	HSV-1, HSV-2
80.	Possible consequences of herpes genitalis:	superinfection, infection of the newborn, recurrence, increased risk of HIV-infection, increased risk of cervix cancer
81.	Therapy of primary herpes genitalis:	5x200 mg acyclovir for 5 days
82.	Cause of condyloma acuminatum:	HPV 6, 11, rarely 16, 18
83.	Signs of scabies:	increased pruritus in warm, particularly at night, papules, nodules and excoriations in finger webs, on palms, on soles, on volar surface of wrists, in intertriginous areas, in the genital area; members of family frequently have the same symptoms
84.	Therapy of scabies:	permethrin cream (8 hs), sulfur and salicylic acid containing ointment (3 ds-therapy)
85.	Characteristic skin lesions in psoriasis:	papule, plaque, squama (parakeratosis)
86.	Definition of Köbner-phenomenon:	10-14 ds after a physical or chemical trauma the characteristic skin lesions of a skin disease develop
87.	Predilection sites of psoriatic skin lesions:	sites of irritation: elbow, knee, scalp; inverz: intertriginous areas (under the breast and abdomen, genitofemoral, perianal areas)
88.	Frequent nail symptoms of psoriasis:	psoriasis punctata unguium, onycholysis partialis, onychodystrophia, onychogryphosis
89.	Factors influencing the development of psoriasis:	inherited factors, epidermal and immunological characteristics, environmental factors, stress
90.	Complications in psoriasis:	1. erythroderma psoriaticum 2. psoriasis pustulosa 3. arthropathia psoriatica
91.	Mechanism of pustule formation in psoriasis pustulosa:	leukocyte accumulation within the epidermis induced by citokines causing sterile pustules on erythematous base
92.	Clinical forms of psoriasis pustulosa:	1. localized (pustulosis palmoplantaris) 2. generalized
93.	Clinical types of arthropathia psoriatica:	1. distal (oligoarticular or polyarticular, symmetric or asyimmetric) 2. axial (iliosacral)
94.	Drugs which are able to provoke symptoms of psoriasis:	beta-blockers, NSAIDs, lithium
95.	Topical therapy of psoriasis:	emollients, salicylic acid- and sulphur-containing oil and ointment (keratolysis), topical corticosteroids, calcipotriol, Dithranol
96.	Sytemic therapy of severe psoriasis:	retinoid (acitretin), methotrexate, cyclosporine A, biological response modifiers
97.	Reason of contraindication of systemic corticosteroid-therapy in psoriasis:	rebound after stopping the steroid-therapy, often in more severe form (erythroderma or psoriasis pustulosa)
98.	Therapy of arthropathia psoriatica:	NSAIDs, methotrexate, leflunomide, TNF-alfa inhibitors
99.	Biological therapy of psoriasis:	TNF-alfa inhibitors: adalimumab (Humira), etanercept (Enbrel), infliximab (Remicade); IL12/23 inhibitor: ustekinumab (Stelara)
100.	Contraindications of TNF-alfa inhibitor therapy:	infections (tbc, HIV, hepatitis B, C), severe cardial decompensation, malignancies, autoimmune diseases, demyelinization disorders, other severe diseases (e.g. renal insufficiency)
101.	Systemic retinoids:	isotretinoin (acne), acitretin (psoriasis, CTCL, morbus Darier)
102.	Topical retinoids:	isotretinoin, adapalene (acne)
103.	Indications of retinoid therapy:	acne, psoriasis, CTCL, palmoplantar hyperkeratosis

104.	Side effects of retinoid therapy:	teratogenicity, cutaneous-, mucosal dryness, hyperlipidaemia, hepatotoxicity, osteogenesis disturbance, pseudotumor cerebri (during tetracycline-therapy), gastrointestinal dyscomfort
105.	Definition of PUVA:	photochemoterapy: psoralen + UVA-irradiation
106.	Types of PUVA-therapy:	psoralen given systemically (per os) + UVA, psoralen used topically (bath, cream) + UVA
107.	Definition of Re-PUVA:	retinoid per os in combination with PUVA-therapy
108.	Indications of PUVA-therapy:	psoriasis, CTCL, scleroderma, lichen ruber planus
109.	Type of phototherapy used most frequently:	narrow band (311 nm) UVB
110.	Biologically active ranges of the sunlight reaching the skin:	UVB, UVA
111.	Acute and chronic effects of the sunlight on the skin:	acute: sunburn, pigmentation, phototoxic and photoallergic reactions, vitamin D-synthesis; chronic: photoaging, photocarcinogenesis (actinic keratosis, BCC, SCC, lentigo maligna, malignant melanoma), photodermatoses
112.	Therapy of sunburn:	chill, shake lotion, topical corticosteroid, dexpanthenol foam, fluid intake, sunprotection, in severe form NSAIDS per os, steroid per os
113.	Chronic effects of ionizing irradiation on the skin:	poikiloderma (teleangiectasia, atrophy, hypo- and hyperpigmentation), ulcer, hyperkeratosis, skin cancer
114.	Symptoms of lichen ruber planus:	violaceous hyperemic shiny surfaced flat angular papules, symmetrically on the flexor surfaces of extremities, in the region of the sacrum; mucosal involvement is possible; severely itchy
115.	Extracutaneous symptoms of lichen ruber planus:	oral mucous membrane: lichen oris (papular, reticular, plaque, atrophic, ulcerating, bullous-erosive); nail changes
116.	Definition of pityriasis rosea:	papulosquamous skin disease, maybe associated with HHV-7; oval, pale erythematous papules, in a Christmas tree branches pattern, with collarette of fine scaling, mainly on the trunk of young adults; the generalized eruption is preceded by a herald patch; disappears spontaneously within 6 weeks
117.	Therapy of pityriasis rosea:	avoidance of soap and bath and ointments, use of powder or white shake lotion
118.	Symptoms of rosacea:	centrofacial erythema, telangiectasias, papules, pustules, nodules, plaques, connective tissue and sebaceous gland hyperplasia (e.g. rhinophyma)
119.	Most common reasons of adulthood erythroderma:	primary: allergic or toxic skin reaction; secondary: upon a previous skin disease or hematological malignancy e.g. atopic dermatitis, contact dermatitis, psoriasis, Sezary syndrome
120.	Characteristics of basal cell carcinoma:	most common skin malignancy, slowly enlarging, rarely metastasizing, most frequent on the sun exposed skin areas, in men older than age 50, waxy nodules with central depression and exulceration, or red scaly ill-defined plaques/patches, highly chracetristic is the pearly nodular border with telangiectatic vessels on the surface
121.	Clinical types of basal cell carcinoma:	nodulo-ulcerative, pigmented, superficial, fibrosing (sclerosing, morphea-like)
122.	Etiology of basal cell carcinoma:	genetic factors, chronic UV-exposure, chemicals (As, tar), ionizing radiation
123.	First choice treatment of basal cell carcinoma:	complete surgical excision
124.	Treatment possibilities of basal cell carcinoma besides simple surgical excision:	topical cytostatics (5FU), imiquimod (only for superficial tumor), cryotherapy, radiotherapy, Mohs' type micrographic surgery
125.	Definition of leukoplakia:	flat, whitish plaque localized to the mucous membrane of lips, mouth, vulva, vagina; single or multiple; progression to SCC in 20-30% of chronic cases (precancerous lesion)
126.	Most common malignancy of the oral mucous membrane:	squamous cell carcinoma
127.	Characteristics of squamous cell carcinoma:	rapidly growing nodule with central ulcer and indurated raised border, there is preceding precancerous lesion, most common on the face and dorsa of the hands, lymph node metastases may occur
128.	Characteristics of "suspicious" pigment cell lesion:	asymmetry (A), irregular border (B), multiple color (C), change in size (D=diameter increase), shape, pigmentation or appearance of induration, friability, ulceration (E=evolution)
129.	Predisposing factors for malignant melanoma:	high number of nevi, dysplastic nevi, small or large congenital nevi, positive family history, fair skin with freckles, sunburn in childhood
130.	Differential diagnosis of malignant melanoma:	seborrheic keratosis, melanocytic nevus, dermatofibroma, pigmented basal cell carcinoma, squamous cell carcinoma, hemangioma, subungual hematoma
131.	Major clinicopathological types of malignant melanoma:	superficial spreading melanoma (SSM), nodular melanoma (NM), lentigo maligna melanoma (LMM), acral lentiginous melanoma (ALM), mucosal melanoma, amelanotic melanoma

132.	Significance of the Breslow tumour thickness:	main prognostic factor in malignant melanoma, determines the requirement of sentinel lymph node biopsy and the size of the appropriate surgical margin and the need of adjuvant interferon-alfa therapy
133.	Staging parameters in malignant melanoma:	clinicopathological parameters (Breslow tumour thickness, Clark invasion level, exulceration, mitotic rate, sentinel lymph node), laboratory parameters (blood cell counts, liver function test, LDH, S100), physical examination and US (regional lymph nodes and skin), US, X-ray, CT, MRI, PET-CT (distant sites)
134.	Therapy of malignant melanoma:	Stage I-II: complete surgical excision of the primary tumor ± sentinel lymph node dissection, adjuvant: ± interferon-alfa; Stage III: radical lymph node dissection, adjuvant: interferon-alfa ± radiotherapy ± chemotherapy; Stage IV: metastasectomy, palliative chemotherapy, radiotherapy, target therapy (e.g. BRAF-inhibitor, c-kit inhibitor), immunotherapy (e.g. anti-CTLA4)
135.	Characteristics of xeroderma pigmentosum::	early skin cancer development due to deficiency of nucleotide excision repair
136.	Reasons for brown nail:	melanocytic nevus, acral lentiginous melanoma, subungual hematoma, drugs (chloroquine, gold, mercury), Addison-disease
137.	Types of Kaposi sarcoma:	classic idiopathic, endemic (Africa), epidemic (AIDS-related), iatrogenic
138.	Characteristics of mycosis fungoides:	cutaneous T-cell lymphoma, appears as macules (premycotic or erythematous stage), plaques (infiltrative stage), tumours (tumour stage) or erythroderma; lymph node metastases may occur; Sezary-syndrome is its leukemic form
139.	Characteristics of Sezary-syndrome:	leukemic form of the cutaneous T-cell lymphoma with erythroderma, lymphadenopathy, ectropium, palmoplantar hyperkeratosis and the number of Sezary cell in peripheral blood >5%
140.	Population at risk of HIV infection:	homo-, bisexual males, intravenous drug users, patients who are in need of transfusion frequently, promiscuous heterosexual males and females
141.	Spreading of HIV infection:	this virus spreads with infected cells in body fluids (blood, semen, gutfluid, vaginal fluid), body fluids which contain few lymphocytes, like saliva and tear are less likely to infect
142.	Latency period of AIDS:	1.5-12 ys (average 4.5 ys) from the primary infection
143.	Target cells of HIV:	CD4+ lymphocytes
144.	Beginning of antibody-production in HIV-infected patients:	8-12 ws after the primary infection
145.	Clinical symptoms in AIDS Releated Complex:	enlarged lymph nodes, at least in two regions outside of the inguinal region, at least for 3 months; intermittent fever; over 10% body weight loss; intermittent or continuous diarrhea; increasing fatigue; nightly sweating; recurrent herpes, Candida infections, seborrheic dermatitis
146.	Laboratory abnormalities in AIDS Related Complex:	anemia, neutropenia, decreased proportion of Thelper cells, cutaneous anergy
147.	Most common tumours of patients with AIDS:	Kaposi's sarcoma, Non-Hodgkin-lymphoma, primary central nervous system lymphoma
148.	Diagnosis of AIDS:	serological positivity (antibody, antigen, virus RNA) and <200 CD4+ cells/µl and/or clinical symptoms of AIDS
149.	Therapy of AIDS:	HAART (highly active antiretroviral therapy): combination of 2 nucleoside or nucleotide reverse transcriptase inhibitors + 1 protease inhibitor or 1 non-nucleoside reverse transcriptase inhibitor
150.	Characteristics of 1st degree burn:	superficial skin damage characterized by pain, erythema, edema, heals without scar formation
151.	Characteristics of 2nd degree burn:	superficial or deep, characterized by erythema and subepidermal blisters, which are easily ruptured, heals without or with scar
152.	Characteristics of 3rd degree burn:	the skin is damaged to the whole thickness, skin appendages are destroyed, necrotic crust appears on the wound, heals with scar formation, indication for surgery (necrectomia, skin grafting)
153.	Therapy of severe burn:	interventions against shock: fluid resuscitation, stabilization of cardiac status, pain relief; bathing, necrotomia if necessary; tetanus prophylaxis, antibiotic prophylaxis, gastric protection, fluid-, electrolyte- and protein-replacement, transfusion if necessary, improvement of circulation, parenteral nutrition, vitamin, amino acid, trace element supplement, conservative local treatment (wound dressing), necrectomia and skin grafting
154.	First aid for a combustion:	running tap water, gel with substantial cooling capacity if available, desinfectant (povidone iodine, silver sulfadiazine, ±hyaluronic acid)
155.	Wallace's Rule of Nines in burn patients:	the total body surface area consists of 9% areas equal with body regions (+1% perineum)
156.	Cells of the epidermis:	keratinocytes, melanocytes, Langerhans cells, Merkel cells

157.	The epidermal layers:	stratum corneum, stratum lucidum (palm, sole), stratum granulosum, stratum spinosum, stratum basale
158.	The most important epidermal part of the physico-chemical barrier:	stratum corneum
159.	Characteristics of Langerhans cells:	epidermal dendritic cells with antigen presenting function, contain Birbeck-granules
160.	Definition of parakeratosis:	because of pathological keratinocyte differentiation corneocytes contain nuclei
161.	Functions of the skin:	mechanical protection, perception of stimuli, thermo-regulation, sun protection, chemical barrier function, antimicrobial activity
162.	Definition of skin barrier function:	inhibition of water and electrolyte loss through the skin, maintenance of the homeostasis of the body, protection against external harms
163.	Parts of skin immune system:	keratinocytes, Langerhans-cells, dermal dendritic cells and macrophages, T- and B-lymphocytes, citokines, inflammatory mediators
164.	Definition of primary skin lesions:	first symptoms of a skin disease
165.	Primary skin lesions:	macule, patch; infiltrative: papule, plaque, tuber, nodule; exsudative: vesicle, bulla, pustule, urtica (wheal); tumour
166.	Secondary skin lesions:	squama (scale), erosion, excoriation, fissure, ulcer, fistula, crust, cicatrix (scar), atrophy, lichenification
167.	Definition of papule:	cellular infiltrate in the papillary dermis, up to 1 cm
168.	Definition of plaque:	cellular infiltrate in the papillary dermis, larger than 1cm
169.	Definition of erythroderma:	the whole skin is red or brownishred, infiltrated, scaling; the desquamation is lamellar in acute erythroderma, rather pityriasiform in chronic case
170.	Definition of decubitus:	ischemic necrosis on a site exposed to prolonged pressure on an unconscious or disabled patient
171.	Definition of cream and ointment:	cream: oil in water (hydrophilic), nongreasy, moisturizing, easy to remove by water, microbiologically instable; ointment: water in oil (hydrophobic), greasy, emollient, can not be removed by water, microbiologically stable
172.	Definition of paste:	powder in ointment
173.	Potency ranking of topical corticosteroids:	mild: hydrocortisone, prednisolon; moderately potent: triamcinolon; potent: fluocinolon acetonide, mometason; superpotent: clobetasol
174.	Side effects of topical corticosteroids:	atrophy, striae, impetigo, hypertrichosis, telangiectasia, purpura, delayed wound healing
175.	Symptoms of arterial ulcer and atherosclerotic vascular disease:	sharp-edged necrotic ulcer; the limb is cold, the peripheral pulse is not palpable, there is nail dystrophy; intermittent claudication
176.	The anatomical and hemodinamical characteristics of the lower limb venous system:	1. perforant veins between the two venous systems (superficial, deep); 2. the effect of gravity; 3. venous valves; 4. muscle pump, venous tone
177.	Definition of primary varicosity:	dilation of veins due to congenital connective tissue weakness; there is a consequent vein valve failure; can be compensated or decompensated
178.	Stages of chronic venous insufficiency:	I. corona phlebectatica paraplantaris, subfascial congestion, edema; II. hyperpigmentation; stasis dermatitis, stasis purpura, lipodermatosclerosis, atrophie blanche; III. ulcus cruris
179.	Reason of secondary varicosity:	deep vein thrombosis
180.	Main subjective complaints of chronic venous insufficiency:	feeling of "heavy legs", stretching, fatigue, paresthesia, itching, night crural spasm, dull pain
181.	Reasons of chronic venous insufficiency:	primary varicosity, postthrombotic syndrome, perforans insufficiency
182.	Definition of superficial thrombophlebitis?	inflammation of the vein wall in the superficial venous system
183.	The difference between superficial thrombophlebitis and acute deep vein thrombosis related to patient mobilisation?	patients suffering from thrombophlebitis should be mobilised, while patients with deep vein thrombosis should not because of the risk of embolism
184.	Most common localization of chronic venous leg ulcer:	around the inner ankle and the site above, because hydrostatic pressure is the highest and fascia is the thinnest here
185.	Characteristics of chronic venous leg ulcer:	the edge of the ulcer is stepped, the base is covered with pellicle; scaly, reddish, excoriated dermatitis, hyper-, hypopigmentation, lipodermatosclerosis, irregular white scars, telangiectasias, dilated veins are common around the ulcer, pointing-out vein can be seen, the legs are edematous, but the peripheral pulse is palpable
186.	Key point in the therapy of chronic venous leg ulcer:	adequate application of elastic bandage or support hose (edema control)
187.	Hereditary bullous skin disease:	epidermolysis bullosa
188.	Most common skin symptoms in diabetes mellitus:	pruritus, infections, rubeosis diabeticorum, diabetic dermopathy, necrobiosis lipoidica diabeticorum, diabetic foot, gangrena pedis diabeticorum, eruptive xanthomatosis, acanthosis nigricans benigna
189.	Metabolic disorders in association with xanthomatosis:	hyperlipoproteinemia, diabetes mellitus

190.	The metabolic defect in the background of porphyrias:	hereditary or acquired enzymatic defects of heme-biosynthesis
191.	Skin symptoms of porphyria cutanea tarda:	blisters on the sun exposed areas, skin fragility, erosions, scars, milia, hyperpigmentation, hypertrichosis