



BHARATH INSTITUTE OF HIGHER EDUCATION  
AND RESEARCH

**PROGRAM**  
**MD DERMATOLOGY**  
(Revised with effect from 2015-2016 onwards)

## **Goal**

To provide uniform, standard training in Dermatology, Venereology and Leprosy to the candidates so that after 3 years of training they are able to acquire the necessary competence in the speciality to work as Senior Resident/ Junior Consultant

## **Objectives to be achieved by an individual at the end of 3 years of training**

The students after the training should be able to:

- Provide quality patient's Care -Diagnosis, Treatment and handle emergencies related to Skin, Venereal diseases and Leprosy
- Describe preventive measures at individual and community levels against communicable Skin, Leprosy and Venereal diseases
- Teach the medical and Paramedical students in the specialities
- Conduct research in the field of Skin, Venereal diseases & Leprosy
- Do the clinical examination of the patient (including approach to the patient, history taking, knowledge about basic skin lesions, proper dermatological and systemic examination and familiarity with the elicitation of important clinical signs and tests such as Auspitz, Nikolsky, Darier sign, dermatographism, diascopy, Grattage test, proper evaluation of cutaneous sensation etc).
- Carryout the laboratory investigations related to the diseases of Skin, STD and Leprosy, such as-Scrapings of skin, nails and hair for fungus and ecto parasites, Slit smear examination, Cytopathological Examination, Tzanck smear, FNAC, PAP smear, Woods lamp examination, Basic staining procedures like Ziehl Neelsen, Giemsa, PAP smear, Dark ground microscopy, Routine and Microscopic examination of urine, Skin biopsy, lumbar puncture etc.

- Acquire knowledge in clinical dermatology and applied basic sciences such as anatomy, physiology, biochemistry, immunology, molecular biology, microbiology, pathology and pharmacology including therapeutics in relation to skin, STD and leprosy as listed in the syllabus.
- Describe the current treatment modalities and must be aware of latest treatment of various diseases of skin, STD and leprosy.
- Describe the preventive aspects, education/ counselling services to the patient and describe National Control Programme of India for Leprosy, STDs and HIV infections.
- Do dermatological surgery such as : Skin biopsy, Electrocautery and fulguration, electrolysis, comedone extraction, chemical peels, Derm-abrasion, excision of growths and cysts, skin punch grafting, hair transplantation, cryosurgery, nail surgery etc & Needle aspiration of swellings.

## **Programme Outcomes**

PO1. General medical skills as learnt in MBBS to be maintained:

PO2 Identify social, economic, environmental, biological and emotional determinants of patients, and institute diagnostic, therapeutic, rehabilitative, preventive and promotive measures to provide holistic care to patients at individual and community level against skin, venereal disease and leprosy.

PO3 Recognize the emotional and behavioral characteristics of patients and keep these fundamental attributes in focus while dealing with them

PO4 Demonstrate empathy and humane approach towards patients and their families and respect their sensibilities, with colleagues, and interact with the patient and the clinician or other colleagues to provide the best possible diagnosis or opinion

P05 Should be able to function as a part of a team, develop an attitude of cooperation

P.06 Recognize conditions that may be outside the area of his specialty/competence• and refer them to the proper specialist

## **Programme Specific Outcomes**

PSO1:Be able to identify ,classify and differenatiate cutaneous findings in dermatological terms in a systematic way

PSO2.Provide quality patients care-Diagnosis,Treatment of diseases related to skin

PSO3.Teach the medical paramedical students in the specialities

PSO4. Be able to perform systemic examination (chest, cardiac, abdomen, neurological, genitals, oral, eye and gynaecological examination) relevant to dermatologic condition.

PSO5: Be competent to manage dermatologic emergencies like angioedema, toxic epidermal necrolysis (TEN), Stevens-Johnson syndrome (SJS), pemphigus, drug reaction and necrotic erythema nodosum leprosum (ENL).

PSO6. Be able to plan and deliver comprehensive treatment for diseases using principles of rational drug therapy.

PSO7: Be able to plan and advice measures for the prevention of infectious disease.

PSO8. Be able to plan rehabilitation of patient suffering from chronic illness and disability and those with special needs like leprosy.

## **Tentative Schedule for three years of MD training**

**In-patient (ward) :** 6 months

**OPD & special clinics(such as allergy, psoriasis, pigmentary, dermatological surgery):**

Dermatology 18 months

STD 6 months  
Leprosy 3 months

**Special postings** – Pathology, Microbiology - 2 weeks each  
Internal medicine- 1 month  
Plastic surgery -2 weeks

**External postings**(outside the parent institute) will be assigned for STD/HIV/  
Leprosy and cosmetic dermatology training depending on the convenience  
of the external institutes(within the time allotted for dermatology )

### **Teaching activities**

One teaching activity each day

- Journal club (at least once a week)
- STD/Leprosy discussion (at least once a week)
- Short presentations (at least once a week)
- Seminars (at least once a week)
- Histopathology discussion (at least once a week)
- Clinical case discussion (at least 2 times a week)

### **Research papers /publications/presentations:**

Candidates will be required to publish at least one paper in an indexed journal and will be encouraged to present papers in state as well as national conferences on a regular basis

### **Thesis**

**Submission of research work 6 months before the final Examination.**

### **Courses**

**Paper I Basic Sciences in Relation to the Specialty (Course 1 – U15MDDR01)**

CO1: Describe structure, functions and development of human skin.

CO2: Describe ultrastructural aspects of epidermis, epidermal appendages, dermoepidermal junction, dermis, and sub-cutis.

CO3: Describe basic pathologic patterns and reactions of skin.

CO4: Demonstrate the knowledge of common laboratory stains and procedures used in the histopathologic diagnosis of skin diseases and special techniques such as immunofluorescence, immunoperoxidase and other related techniques.

CO5: Describe disorders of epidermal appendages and related disorders.

## **Topics Related to Allied Basic Sciences**

- The structure, function and development of human skin.
- Skin as a barrier
- Ultra structural aspects of epidermis, epidermal appendages, dermoepidermal junction, dermis, and sub-cutis
- Molecular biology and genetics in relation to the skin.
- Epidermal cell kinetics and Keratinization
- Lipids of epidermis and sebaceous glands
- Percutaneous absorption
- Biology of eccrine and apocrine sweat glands
- **Biology of hair follicles, sebaceous glands and nails**
- Biology of melanocytes and melanin formation
- **Disorders of keratinization**
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- Epidermal proteins
- Dermal connective tissue : collagen, elastin, reticulin, basement membrane and ground substance
- Metabolism of carbohydrates, proteins, fats and steroids by the skin
- Cutaneous vasculature and vascular responses
- Mechanism of cutaneous wound healing
- Cellular and molecular biology of cutaneous inflammation
- Immunological aspects of skin
- HLA system, Immunoglobulins, cytokines
- Complement system
- Hyper-sensitivity and allergy
- Cutaneous carcinogens
- Basics of cutaneous bacteriology, mycology, virology, parasitology and defense mechanism.
- **Common laboratory procedures, stains,culture media and related serological tests**
- Basic pathologic reaction pattern in skin
- Common and special histopathological stains and procedures used in the diagnosis of skin diseases and Special techniques such as immunofluorescence, immunoperoxidase and other related techniques.

## **Paper - II Dermatology and Therapeutics (Course 2 – U15MDDR02)**

CO1: Describe pharmacokinetics and principles of topical and systemic therapy.

CO2: Describe drug reaction, its diagnosis and management.

CO3: Describe indications and methods for fluid and electrolyte replacement therapy including blood transfusion in dermatological conditions.

CO4: Ability to plan and deliver comprehensive treatment for diseases using principles of rational drug therapy.

CO5: Acquire knowledge of the basics of laser operation and precautions which needs to be taken.

## **THERAPEUTICS**

### **Topical Therapy**

- Pharmacokinetics and topical applications of drugs
- **Principles of topical therapy, topical formulations**

### **Topical Agents**

- Glucocorticoids, analgesics, anaesthetics, antiinflammatory, anti microbial, anti parasitic, antiperspirants, antipruritic, antiviral, astringents, bleaching agents, keratolytics and keratoplastic agents.
- **Therapies:antiviral, topical antibiotics, topical antifungal agents, sun-screens, cytotoxic agents, cosmetics and skin care products, emollients and moisturizers.**
- **Management of alopecia**

### **Systemic Therapy**

- Systemic glucocorticoids,antihistamines, antibiotics, sulfones, aminoquinolones, cytotoxic and antimetabolic agents, oral retinoids, antihistamines, antiviral drugs, oral antifungal agents, immunosuppressive and immunomodulatory drugs, thalidomide.
- Phakomatosis
- Oral retinoids and teratogenicity

### **Dermatological surgery**

- Phototherapy,photochemotherapy, electrocautery, electrolysis, cryotherapy,tattooing, intra-lesional injections, etc.

## **Paper - III Dermatology in relation to systemic diseases (Course 3 – U15MDDR03)**

- CO1: Describe cutaneous manifestations of systemic disorders.
- CO2: Describe etiology, pathophysiology, principles of diagnosis and management of common problems in dermatology including emergencies in adults and children
- CO3: Describe common dermatological malignancies in the country and their management including prevention.
- CO4: Should be expert in evaluation of ECG, chest X-ray (CXR), biochemical, haematology and immunology reports related to dermatology.
- CO5: Should also have a broad idea how to approach an uncommon dermatological disease.

#### **Cutaneous Manifestations of Disease in Other Organ Systems**

- Sarcoidosis of the skin
- Cutaneous Manifestations of Internal Malignancy
- Acanthosis Nigricans- role in diabetes detection and Gastrointestinal malignancies
- Papular Mucinosis
- Neurocutaneous Disease
- Tuberous Sclerosis Complex
- Neurofibromatosis
- Dermatological manifestations of anti psychotic medications
- Ataxia Telangiectasia
- Behcet's Disease
- Steven Johnson Syndrome

#### **Skin Manifestations of systemic disorders**

- Skin and disorders of the alimentary tract
- Hepatobiliary system and the skin
- Cutaneous changes in renal, cardiovascular, pulmonary and endocrine disorders
- Skin changes in pregnancy
- **Cutaneous changes in haematological disease**

#### **Paper - IV Venereology and Leprosy and Recent Advances (Course 4 – U15MDDR04)**

- CO1: Should be competent in the clinical approach to the patient of STDs and HIV/AIDS.
- CO2: Should be able to interpret the histopathological diagnosis including laboratory aids related with venereology.
- CO3: Able to perform dark ground illumination, gram stain, Bubo aspiration and tissue smear.
- CO4: Able to manage the patient according to syndromic approach for treatment of STDs.

CO5: The student should be able to diagnose and approach the case of leprosy.

CO6: The student should be able to perform AFB smear.

CO7: The student should be able to manage cases of lepra reaction.

CO8: The student should be able to identify, judge and decide when to refer the patients at appropriate level for surgery or rehabilitation.

CO9: The student should be able to plan rehabilitation of patient suffering from chronic illness and disability and those with special needs like leprosy.

## **STD**

- **Clinical approach to the patient with STD**
- **Anatomy of male and female genitalia**
- Epidemiology of STD's
- Viral STD's including HIV, HSV, HPV, Molluscum contagiosum, Hep B etc.
- Bacterial STD's : Syphilis, gonorrhoea, chancroid, donovanosis, bacterial vaginosis
- Chlamydial and mycoplasma infections : Lymphogranuloma venereum, urethritis, cervicitis, NGU
- Fungal : Candidiasis
- Protozoal : Trichomoniasis
- Ectoparasitic : scabies, pediculosis infestations.
- Syndromic management of STDs
- STDs in reproductive health and paediatrics
- STDs and HIV
- **Prevention, counselling and education of different STD's including HIV**
- National control programmes of STDs and HIV infection
- Medicolegal, social aspects of STD's including psychological and behavioural abnormalities in STD patients

## **LEPROSY**

- **Approach to the patient with leprosy**
- Epidemiological aspects
- Structure, biochemistry, microbiology of Mycobacterium leprae
- Animal models
- Pathogenesis
- Classification
- Immunology and molecular biological aspects
- Histopathology and diagnosis including laboratory aids

- Clinical features
- Reactions
- Systemic involvement (ocular, bone, mucosa, testes,.endocrine etc.)
- Pregnancy and leprosy
- HIV infection and leprosy
- Therapeutic aspects including newer drugs
- Immunotherapy
- Disabilities, deformities and rehabilitation
- Prevention, education and counselling
- **National leprosy control, elimination ,eradication programmes**

#### **Soft Skills (Course 5 – U 1 5 MDDR05)**

CO1: Competency to conduct a clinical research.

CO2: Competency to work as a part of a team.

CO3: Knowledge of medical ethics and etiquette.

CO4: Ability to interact with the patients and their relatives in an effective manner.

CO5: Attitude to be a lifelong learner.

CO6: Ability to be an effective teacher/communicator.

This is an elective course which spreads across the duration of the program.

# Assessments/ Examinations

## Concurrent examination/assessment

The purpose of the concurrent assessment is to give regular feed back to the candidates about their performance and to prepare them for the final terminal examination by giving them exposure to the examination pattern.

The practical examination (300 marks) will include long case, short case, spotters, ward rounds, viva voce on the topics covered during the period by the hospital/institution.

## FINAL EXAMINATION

### Theory

Total Marks-	100 each
PAPER I	- Basic Sciences in relation to the-Speciality
PAPER II	- Dermatology & Therapeutics
PAPER III	- Dermatology in relation to systemic diseases
PAPER IV	- Venereology and Leprosy recent advances

### Practical Examination

Three cases ( one long case, one each semilong/short case of Dermatology/STD, Leprosy), 10 Spotters , OSCE

Viva voce comprising of :Radiological, Biochemical Investigations,  
Instruments  
Drugs and Clinical Problems in Dermatology,  
Discussion of Histopathology slides – 5 slides

# THEORY SYLLABUS

**Fundamentals of Cutaneous Diagnosis**-Basic skin lesions, history taking, examination of the patient including relevant diagnostic, clinical tests and aids

## Topics Related to Allied Basic Sciences

- The structure, function and development of human skin.
- Skin as a barrier
- Ultra structural aspects of epidermis, epidermal appendages, dermoepidermal junction, dermis, and sub-cutis
- Molecular biology and genetics in relation to the skin.
- Epidermal cell kinetics and Keratinization
- Lipids of epidermis and sebaceous glands
- Percutaneous absorption
- Biology of eccrine and apocrine sweat glands
- Biology of hair follicles, sebaceous glands and nails
- Biology of melanocytes and melanin formation
- Disorders of keratinization
- Epidermal proteins
- Dermal connective tissue : collagen, elastin, reticulin, basement membrane and ground substance
- Metabolism of carbohydrates, proteins, fats and steroids by the skin
- Cutaneous vasculature and vascular responses
- Mechanism of cutaneous wound healing
- Cellular and molecular biology of cutaneous inflammation
- Immunological aspects of skin
- HLA system, Immunoglobulins, cytokines
- Complement system
- Hyper-sensitivity and allergy
- Cutaneous carcinogens
- Basics of cutaneous bacteriology, mycology, virology, parasitology and defense mechanism.
- Common laboratory procedures, stains, culture media and related serological tests
- Basic pathologic reaction pattern in skin
- Common and special histopathological stains and procedures used in the diagnosis of skin diseases and Special techniques such as immunofluorescence, immunoperoxidase and other related techniques.

## Clinical Dermatology

- Epidemiology of cutaneous diseases

- Psychologic aspects of skin disease and psycho-cutaneous disorders
- Pathophysiology and clinical aspects of pruritus.

### **Papulo-squamous Diseases**

- Psoriasis, Pityriasis rubra pilaris, pityriasis rosea, Lichen Planus, lichenoid eruptions
- Parapsoriasis,
- Darier's disease. Porokeratosis
- Ichthyoses and ichthyosiform dermatoses, Keratodermas

### **Vesiculo-bullous Disorders**

- Erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis and pemphigus group of disorders
- Bullous pemphigoid
- Chronic bullous disease of childhood
- Herpes gestationis
- Mechanobullous (hereditary and acquired)
- Epidermolysis bullosa acquisita
- Dermatitis herpetiformis
- Subcorneal pustular dermatoses

### **Disorders of Epidermal Appendages**

- Disorders of hair and nails
- Disorders of sebaceous glands : Acne
- Rosacea, perioral dermatitis
- Disorders of eccrine and apocrine sweat glands

### **Tumours**

- Naevi and hamartomas
- Precancerous Skin lesions, Squamous cell carcinoma and Basal cell carcinoma, malignant melanoma
- Benign epithelial tumours, appendageal tumours

### **Disorders of pigmentation**

- Vitiligo, Albinism, Benign neoplasia and hyperplasia of melanocytes, Dysplastic melanocytic nevi, hyperpigmentation

### **Inflammatory Disorders of the Dermis**

- Acute Febrile Neutrophilic dermatoses
- Erythema elevatum diutinum
- Cutaneous eosinophilic diseases
- Granuloma faciale
- Pyoderma gangrenosum

- Erythema annulare centrifugum and other Figurate Erythemas
- Granuloma annulare
- Malignant atrophic papulosis
- Neoplasms, Pseudo neoplasms and Hyperplasias of the Dermis
- Vascular Anomalies, Kaposi's Sarcoma
- Anetoderma and other Atrophic Disorders of the skin
- Neoplasias and hyperplasias of Neural and Muscular origin
- Elastosis Perforans Serpiginosa, Reactive Perforating Collagenosis, Kyrle's disease

## **Lymphomas, Pseudolymphomas and Related Conditions**

### **Disorders of Subcutaneous Tissue**

- Panniculitis
- Lipodystrophy
- Neoplasms of the subcutaneous Fat

### **Disorders of the Mucocutaneous Integument, dermatitis & eczemas**

- Biology and disorders of oral mucosa
- Disorders of ano-genitalia of males and females
- Genetic Immunodeficiency Disease
- Urticaria and Angioedema
- Disorders associated with complement abnormalities
- Graft-versus-Host Disease
- Muco-cutaneous manifestations in immunosuppressed host other than HIV-infection
- Contact Dermatitis
- Auto sensitization dermatitis
- Atopic dermatitis (Atopic Eczema)
- Nummular eczematous dermatitis
- Seborrhoeic dermatitis
- Vesicular palmoplantar eczema
- Erythrodermas

### **Skin Changes Due to Mechanical and Physical Factors**

- Occupational skin disease
- Radiation to the skin

- Skin diseases due to cold, heat

### **Photobiology of skin**

- Normal reaction to ultra violet rays and sun exposure

### **Disorders Due to Drugs and Chemical Agents**

- Cutaneous reactions and mucocutaneous reactions to chemicals and drugs
- Pathological response to UVR and sun exposure
- Cutaneous manifestations of drug Abuse

### **Abnormal vascular response**

- Erythemas including annular erythemas
- Urticaria
- Vasculitis

### **Dermatology and age of man**

- Ageing of skin
- Neonatal dermatological problems
- Pediatric and adolescent problems
- Geriatric dermatological problems

### **Skin Lesions in nutritional and metabolic disorders**

- Porphyrias
- Xanthomas
- Disorders of lipid metabolism and storage
- Mucinosis
- Amyloidosis
- Angiokeratoma corporis diffusum
- Lipoid proteinosis
- Malabsorption
- Vitamin and mineral deficiency and excess

### **Skin Manifestations of systemic disorders**

- Skin and disorders of the alimentary tract
- Hepatobiliary system and the skin
- Cutaneous changes in renal, cardiovascular, pulmonary and endocrine disorders
- Skin changes in pregnancy
- Cutaneous changes in haematological disease

### **Genodermatosis**

- Phacomatosis
- Tuberous sclerosis
- Incontinentia pigmenti
- Ectodermal dysplasia
- Xeroderma pigmentosum

### **Connective tissue disorder**

- Lupus erythematosus
- Dermatomyositis
- Scleroderma
- MCTD (Mixed connective Tissue Disease)
- Relapsing polychondritis
- Rheumatoid arthritis, rheumatic fever and gout
- Sjogren's syndrome
- Raynaud's phenomenon
- Multicentric reticulohistiocytosis

### **Cutaneous Manifestations of Disease in Other Organ Systems**

- Sarcoidosis of the skin
- Cutaneous Manifestations of Internal Malignancy
- Acanthosis Nigricans
- Papular Mucinosis
- Neurocutaneous Disease
- Tuberous Sclerosis Complex
- Neurofibromatosis
- Ataxia Telangiectasia
- Behcet's Disease

### **Bacterial infections**

- Pyodermas : Staphylococcus, Streptococcus and others
- Staphylococcal scalded-skin syndrome
- Soft tissue infections : Erysipelas, Cellulitis
- Systemic bacterial infections with cutaneous manifestations
- Cutaneous tuberculosis and atypical mycobacterial infections
- Actinomycetoma

### **Fungal infections**

- Superficial fungal infection : (dermatophytosis, yeast, others)
- Deep fungal infections

### **Viral and rickettsial infections**

- Herpes simplex virus infections
- Varicella – zoster infection
- Human papilloma virus
- Molluscum contagiosum
- Hepatitis B, C
- Rubella
- Measles

## **THERAPEUTICS**

### **Topical Therapy**

- Pharmacokinetics and topical applications of drugs
- Principles of topical therapy, topical formulations

### **Topical Agents**

- Glucocorticoids, analgesics, anaesthetics, antiinflammatory, anti microbial, anti parasitic, antiperspirants, antipruritic, antiviral, astringents, bleaching agents, keratolytics and keratoplastic agents.
- Therapies:antiviral, topical antibiotics, topical antifungal agents, sun-screens, cytotoxic agents, cosmetics and skin care products, emollients and moisturizers.

### **Systemic Therapy**

- Systemic glucocorticoids,antihistamines, antibiotics, sulfones, aminoquinolones, cytotoxic and antimetabolic agents, oral retinoids, antihistamines, antiviral drugs, oral antifungal agents, immunosuppressive and immunomodulatory drugs, thalidomide.

### **Dermatological surgery**

- Phototherapy,photochemotherapy, electrocautery, electrolysis, cryotherapy,tattooing, intra-lesional injections, etc.

### **Dermatosurgery : Introduction and approach**

- Skin resurfacing : chemical peels
- Skin resurfacing : dermabrasion
- Skin resurfacing : Laser
- Skin punch grafting
- Wound dressings

- Tumescence liposuction
- Substances for soft tissue augmentation
- Hair transplantation
- Cryosurgery
- Moh's micrographic surgery
- Nail surgery

## **STD**

- Clinical approach to the patient with STD
- Anatomy of male and female genitalia
- Epidemiology of STD's
- Viral STD's including HIV, HSV, HPV, Molluscum contagiosum, Hep B etc.
- Bacterial STD's : Syphilis, gonorrhoea, chancroid, donovanosis, bacterial vaginosis
- Chlamydial and mycoplasma infections : Lymphogranuloma venereum, urethritis, cervicitis, NGU
- Fungal : Candidiasis
- Protozoal : Trichomoniasis
- Ectoparasitic : scabies, pediculosis infestations.
- Syndromic management of STDs
- STDs in reproductive health and paediatrics
- STDs and HIV
- Prevention, counselling and education of different STD's including HIV
- National control programmes of STDs and HIV infection
- Medicolegal, social aspects of STD's including psychological and behavioural abnormalities in STD patients

## **LEPROSY**

- Approach to the patient with leprosy
- Epidemiological aspects
- Structure, biochemistry, microbiology of Mycobacterium leprae
- Animal models
- Pathogenesis
- Classification
- Immunology and molecular biological aspects
- Histopathology and diagnosis including laboratory aids
- Clinical features
- Reactions
- Systemic involvement (ocular, bone, mucosa, testes, endocrine etc.)

- Pregnancy and leprosy
- HIV infection and leprosy
- Therapeutic aspects including newer drugs
- Immunotherapy
- Disabilities, deformities and rehabilitation
- Prevention, education and counselling
- National leprosy control, elimination ,eradication programmes

## **MINIMUM SKILLS TO BE ACQUIRED DURING THE TRAINING PERIOD**

### **PROCEDURES**

- Skin Scraping for fungus
- Nail Scraping for fungus
- Hair for fungus
- Slit skin smear examination for AFB
- Smear examination and preparation
  - Tzanck smear
  - Ziehl Neelsen stain
  - Gram's stain
  - Leishman's stain
- FNAC
- Intralesional injections
- Skin Biopsy
- Electrosurgery
- Chemical Cautery
- Cryosurgery
- Punch grafting/biopsy/other aspects of vitiligo surgery
- Skin resurfacing-Dermabrasion
  - Laser
  - Chemical peels
- Nail Surgery
- Comedone/Milia extraction
- Excision of growth/papilloma/cysts etc.
- Woods lamp examination
- Dark ground microscopy
- Allergy testing ,patch testing ,photo patch testing

- Phototherapy dosage schedules and administration

## **SAMPLE CASES FOR PRESENTATION AND DISCUSSION**

### **LONG CASES**

- Systemic sclerosis (Scleroderma)
- SLE
- Disseminated discoid lupus erythematosus
- Dermatomyositis/mixed connective tissue disorders
- Psoriatic arthritis
- Pustular psoriasis
- Pemphigus and its variants
- Pemphigoid
- Chronic bullous dermatosis of childhood
- SJ syndrome/TEN
- Dermatitis herpetiformis
- Reiter's disease
- Sarcoidosis
- Tuberculosis of skin
- Erythroderma
- Airborne contact dermatitis
- Pityriasis rubra pilaris
- Ichthyosiform dermatoses
- Parapsoriasis
- Deep fungal infections
- Behcet's disease
- Xanthoma
- Lipoid proteinosis
- Exanthematous drug eruptions
- Photodermatitis

### **STD**

- Genital Ulcers
- Genital discharge
- Venereal warts
- Herpes progenitalis
- Balanoposthitis
- HIV

### **LEPROSY**

- All types of leprosy cases (TT, BT, BB, BL, LL)
- ENL
- Type I reaction
- Histoid leprosy
- Trophic ulcer and deformities in Leprosy

### **SHORT CASES**

- Neurofibromatosis
- Tuberos sclerosis
- Epidermal Naevi
- Haemangioma
- Sebaceous Naevi
- Alopecia areata and its variants
- Superficial fungal infections
- Benign tumors of skin
- BCC
- Lichen planus and lichenoid reactions
- Other papulosquamous disorders
- Darier's disease
- Pityriasis rubra pilaris
- Pityriasis rosea
- Erythema multiforme
- Epidermolysis Bullosa
- Pyoderma gangrenosum
- Acute febrile neutrophilic dermatoses
- Lymphomas and pseudolymphomas
- Eczemas
- Vasculitis
- Porphyria
- Xanthomas
- Amyloidosis
- DLE
- Morphoea
- Scleredema
- Mycetoma
- Varicella Zoster infection
- Molluscum contagiosum
- Scabies/ectoparasites
- Xeroderma pigmentosum
- Acne and related disorders
- Rosacea
- Lymphangioma
- Porokeratosis

- Granuloma annulare
- Angiokeratoma
- Urticaria pigmentosa
- Pigmentary disorders (Melasma/ Vitiligo etc.)

### **SAMPLE QUESTIONS FOR THEORY PAPER**

- Syndromic approach to genital ulcer/genital discharge
- Histoid Leprosy
- Vaccines in Leprosy
- HIV and Skin
- Primary Neuritic Leprosy
- Reversal reactions in leprosy
- HIV and vaccines
- Cutaneous bacterial flora
- Kaposi's sarcoma
- Inguinal Bubo in STDs
- Tacrolimus
- Bacillary angiomatosis
- SLE and Pregnancy
- Desmosome-Tonofilament complex
- Pilosebaceous Unit
- Skin as a barrier
- Cytodiagnosis
- Pathogenesis of psoriasis
- Wood's lamp
- Lasers in dermatology
- Mechanism of contact dermatitis
- Chlamydia trachomatis
- Paraneoplastic pemphigus
- Antioxidants
- Histopathology of-mycosis fungoides
- Porphyrin -Haem synthesis
- Diabetic dermopathy
- Management of severe pruritus
- Diagnosis and treatment of PKDL
- Raynaud's phenomenon
- Langerhans cells
- Melanogenesis
- Process of Keratinization
- Structure of nail
- Lichenoid eruption
- Scleroderma

- Hirsutism
- Serology of Leprosy
- Immunofluorescence in dermatology
- Skin failure
- Newer Antihistamines
- Newer anti leprosy drugs
- HAART therapy in AIDS
- Newer antifungal drugs
- Sunscreens
- Reiter's disease
- Systemic complications in leprosy
- Skin manifestations of thyroid disorders
- Immunomodulators in dermatology
- PCR in dermatology
- Genital ulcer disease
- Secondary syphilis
- Gonococcal urethritis
- H. Ducreyi
- LGV

## **BOOKS AND JOURNALS WHICH THE CANDIDATE MUST READ**

### **Books**

Rook's Text book of Dermatology  
 Dermatology in internal medicine by Fitz Patrick  
 Pediatric dermatology - Harper  
 IADVL text book of Dermatology  
 Text book of Sexually Transmitted diseases by King Holmes  
 Text book of STD/Aids –V K Sharma  
 Text book of STD -Bhushan Kumar  
 Leprosy by Ridley Jopling  
 Leprosy –Hastings  
 IAL text book of Leprosy  
 Dermatotomy and cosmetology by Sawant  
 Dermatological surgery by Katz  
 Manual of dermatological therapeutics –Arndt  
 Dermatological therapy -polano  
 Dermatological drug therapy- wolverton

### **Journals**

Indian Journal of Dermatology, Venereology & Leprology  
 Indian Journal of Leprosy

Indian Journal of Sexually Transmitted diseases  
International Journal of Dermatology  
International Journal of Leprosy  
Leprosy review  
Archives of Dermatology  
British Journal of Dermatology  
Journal of investigative dermatology  
Journal of cosmetic and laser therapy

### **GUIDELINES FOR WRITING THESIS**

Research shall form an integral part of the education programme of all candidates. The Basic aim of requiring the candidates to write a thesis is to familiarize him/her with research methodology in general as well as specific to dermatology. The members of the faculty guiding the thesis work for the candidate shall ensure that the subject matter selected for the thesis is **original and practical**.

#### **Guidelines**

- I. The thesis may be normally restricted to the size to 100 pages. To achieve this, following points may be kept in view;
  - (i) Only contemporary and relevant literature may be reviewed.
  - (ii) The techniques may not be described in detail unless any modification/innovations of the standard techniques are used and reference may be given.
  - (iii) Illustrative material may be restricted.
  - (iv) Since most of the difficulties faced by the residents relate to the work in clinical subject or clinically oriented laboratory subjects the following steps are suggested:
    - For prospective study, as far as possible, the number of cases should be such that adequate material, judged from the hospital attendance, will be available and the candidate will be able to collect the case material within a period of 6-12 months so that he/she is in a position to complete the work within the stipulated time.
    - The objectives of the study should be well defined.
    - As far as possible, only clinical or laboratory data of investigations of patients or such other material easily accessible in the existing facilities should be used for the study.

- Technical assistance, wherever necessary, may be provided by the department concerned. The resident of one speciality taking up some problem related to some other speciality should have some basic knowledge about the subject and he/she should be able to perform the investigations independently, wherever some specialised laboratory investigations are required a co-guide may be co-opted from the concerned investigative department, the quantum of laboratory work to be carried out by the candidate should be decided by the guide and co-guide by mutual consultation.
- The Clinical residents may not ordinarily be expected to undertake experimental work or clinical work involving new techniques, not hitherto perfected or the use of chemicals or radio isotopes not readily available. They should however, be free to enlarge the scope of their studies or undertake experimental work on their own initiative but all such studies should be feasible within the existing facilities.
- The residents should be able to use freely the surgical pathology/autopsy data if it is restricted to diagnosis only, if however, detailed historic data are required the resident will have to study the cases himself with the help of the guide/co-guide. The same will apply in case of clinical data.
- Statistical methods used for analysis should be described in detail.

### **Guidelines for Writing of Thesis**

**Title** - Should be brief, clear and focus on the relevance of the topic.

**Introduction** – Should state the purpose of study, mention lacunae in current knowledge and enunciate the Hypothesis, if any.

#### **Objectives-General & Specific**

**Review of Literature** – Should be relevant, complete and current to date.

**Material and Methods**- Should include the type of study (prospective, retrospective, controlled double blind) details of material & experimental design procedure used for data collection & statistical methods employed; statement of limitations ethical issues involved.

**Observations**– Should be Organized in readily identifiable sections having correct analysis of data be presented in appropriate charts, tables, graphs &

diagram etc. These should be statistically interpreted.

**Discussion-** Observations of the study should be discussed and compared with other research studies. The discussion should highlight original findings and should also include suggestion for future.

### **Summary and Conclusion**

**Bibliography** - Should be correctly arranged in Vancouver pattern.

**Appendix**—All tools used for data collection such as questionnaire, interview schedules, observation check lists etc should be put in the annexure.

## **PART IV**

### **Venereology and Leprosy and Recent Advances**

Essays:

1. Classify antiretroviral drugs. Discuss the adverse effects of these drugs

Short essays:

2. Leprosy vaccines

3. Histoid leprosy

4. Dapsone resistance

5. Bone involvement in leprosy

6. Circinate balanitis

7. Kaposi's sarcoma

8. Syphilis in cognito

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