

Curriculum

DNB Broad Specialty



Dermatology, Venereology and Leprosy

- ◆ Objectives of the Programme
- ◆ Teaching and Training Activities
- ◆ Syllabus
- ◆ Log Book
- ◆ Recommended Text Books and Journals

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I. OBJECTIVES OF THE PROGRAMME:

- 1. Programme 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 competencies in the specialty to work as Senior Resident/ Junior Consultant

- 2. Programme Objectives** - The students after the training should be able to:
 - i. Provide quality patient care
 - ii. Able to perform Clinical examination & relevant laboratory investigations
 - iii. Adopt a compassionate attitude towards the patient (and their families) under his/her charge
 - iv. Describe preventive measures at individual and community levels against communicable Skin, Leprosy and Venereal diseases
 - v. Manage independently and efficiently all medical emergencies related with skin, leprosy and venereal disease
 - vi. Describe the current treatment modalities and awareness of latest treatment of various diseases of skin, STD and leprosy.
 - vii. Teach the medical and Paramedical students in the specialties
 - viii. Conduct research in the field of Skin, Venereal diseases & Leprosy
 - ix. Describe the preventive aspects, education, counseling services to the patient and National Control Program of India for Leprosy, STDs and HIV infections.

II. TEACHING AND TRAINING ACTIVITIES:

The fundamental components of the teaching programme should include:

1. Case presentations (long & spot cases) & discussion- once a week
2. Seminar – Once a week
3. Journal club- Once a week
4. Ward round presentation

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5. Faculty lecture teaching- once a month
 6. Clinicopathological conference – once a week
 7. Clinical Audit-Once a Month
 8. A poster and have one oral presentation at least once during their training period in a recognized conference.

The rounds should include bedside sessions, file rounds & documentation of case history and examination, progress notes, round discussions, investigations and management plan) interesting and difficult case unit discussions.

The training program would focus on knowledge, skills and attitudes (behavior), all essential components of education. It is being divided into theoretical, clinical and practical in all aspects of the delivery of the rehabilitative care, including methodology of research and teaching.

- i. **Theoretical:** The theoretical knowledge would be imparted to the candidates through discussions, journal clubs, symposia and seminars. The students are exposed to recent advances through discussions in journal clubs. These are considered necessary in view of an inadequate exposure to the subject in the undergraduate curriculum.
- ii. **Symposia:** Trainees should be encouraged to present symposia based on the curriculum in a period of three years to the combined class of teachers and students. A free discussion would be encouraged in these symposia. The topics of the symposia would be given to the trainees with the dates for presentation.
- iii. **Clinical:** The trainee would be attached to a faculty/senior resident to be able to pick up methods of history taking, examination, prescription writing and management and rehabilitation practice.

POSTING SCHEDULE

Place	DURATION
CLINICS 9AM-1PM DAILY (MON-SATURDAY)	
1. WARD	6 MONTHS
2. STD CLINIC	6 MONTHS
3. LEPROSY CLINIC	3 MONTHS
4. MINOR OT	3 MONTHS
5. OPD	18 MONTHS

SPECIAL CLINICS (ONCE A WEEK): EVENING 2-4PM

1. VITILIGO CLINIC	3 MONTHS
2. PSORIASIS CLINIC	3 MONTHS
3. VESICO BULLOUS CLINIC	3 MONTHS
4. PIGMENTARY CLINIC	3 MONTHS
5. PSORIASIS CLINIC	3 MONTHS
6. DERMATOSURGERY	3 MONTHS
7. PHOTOTHERAPY	3 MONTHS
8. COSMETOLOGY (PEELS, FILLERS ETC.)	3 MONTHS

SKILLS

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)

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- 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

III. SYLLABUS:

ANATOMY AND ORGANIZATION OF HUMAN SKIN

<i>Must know</i>	<i>Should know</i>	Good to know
<ul style="list-style-type: none">• Components of normal human skin• Epidermis• Dermoepidermal Junctional• Dermis• Langerhan's cells• Mast cells	<ul style="list-style-type: none">• Nerves and sense organs• Merkel cells• Basophils• Blood vessels• Lymphatic systems	<ul style="list-style-type: none">• Embryology• Regional variation of lymphatic

FUNCTION OF THE SKIN

Must know	Should know	Good to know
<ul style="list-style-type: none">• Barrier functions• Temperature regulation• Skin Failure• Immunological function	<ul style="list-style-type: none">• Mechanical function• Sensory and autonomic function	<ul style="list-style-type: none">• Bioengineering and the skin• Socio sexual communication

DIAGNOSIS OF SKIN DISEASE

Must know	Should know	Good to know
<ul style="list-style-type: none">• Fundamental of diagnosis• Disease definition• The history• Examination of the skin• Additional clinical investigation (Diascopy, Wood's light, F.N.A.C. of lymph nodes etc.)• Skin testing	<ul style="list-style-type: none">• Radiological and imaging• Commonly used laboratory tests examination	<ul style="list-style-type: none">• Oral provocation test

EPIDEMIOLOGY OF SKIN DISEASE

Must know	Should know	Good to know
<ul style="list-style-type: none">• What is epidemiology and why is it relevant to dermatology• Describing the natural history and association of specific skin disease	<p>How much of public health problem is skin disease</p> <p>What determines the frequency of skin disease</p>	

HISTOPATHOLOGY OF THE SKIN GENERAL PRINCIPLES

Must know	Should know	Good to know
<ul style="list-style-type: none">• Biopsy of the skin• Laboratory methods	<ul style="list-style-type: none">• Artefacts• The approach to microscopic examination of tissue sections	

MOLECULAR BIOLOGY

Must know	Should know	Good to know
	<ul style="list-style-type: none">• Basic Molecular biology of the cell• Molecular techniques• Cancer genetics• Complex traits	<ul style="list-style-type: none">• Strategies for identification of disease causing genes• Future strategies

INFLAMMATION

Must know	Should know	Good to know
<ul style="list-style-type: none">• Characteristics of inflammation• Phases of inflammation• Innate defence mechanisms• Apoptosis• Major histocompatibility complex	<ul style="list-style-type: none">• Vasculature and inflammation• Mediators of inflammation	

CLINICAL IMMUNOLOGY, ALLERGY AND PHOTO IMMUNOLOGY

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Innate immunity • Acquired immunity • Photo immunology • Overview of structure and function of immune system 	<ul style="list-style-type: none"> • Overview of immunological disease 	<ul style="list-style-type: none"> • Overview of diagnostic testing for immunological and allergic disease

WOUND HEALING

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Clinical aspects of wound healing 	<ul style="list-style-type: none"> • Biological aspects of wound healing 	

GENETICS AND GENODERMATOSES

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Genetics and disorders of the skin • Histocompatibility antigens and disease association • Chromosomal disorders – down's syndrome, trisomy 18, trisomy 13 (clinical features, diagnosis, management) • Ectodermal dysplasias <ul style="list-style-type: none"> ○ Hypohidrotic ED – definition, etiology, clinical features, diagnosis, treatment ○ EEC syndrome ○ Hidrotic ED ○ Rapp Hodgkin syndrome • Syndromes associated with DNA instability <ul style="list-style-type: none"> ○ Xeroderma pigmentosa – definition, etiology, clinical features, diagnosis, treatment ○ Bloom's syndrome ○ Cockayne's syndrome 	<ul style="list-style-type: none"> • Nosology of genetics in skin disease • Principles of medical genetics • Genetic counseling • Poikilodermatous syndromes: dyskeratosis congenital, rothmund Thompson syndrome • Gardner syndrome • Cowden syndrome 	<ul style="list-style-type: none"> • Miscellaneous syndromes • Focal dermal hypoplasia • Nail patella syndrome • Pachydermoperiostosis

<ul style="list-style-type: none"> • Sex chromosomal defects – turner’s, klinefelter’s, noonan syndrome ○ Familial multiple tumour syndromes – neurofibromatosis syndrome 1,2 – (definition, etiology, clinical features, treatment) ○ Tuberous sclerosis complex 		
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PRENATAL DIAGNOSIS OF GENETIC SKIN DISEASE

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Methods in prenatal diagnosis • Complication of fetal skin biopsy • Ethical aspects of prenatal diagnosis • Current indications for fetal skin biopsy 	<ul style="list-style-type: none"> • DNA techniques • Preimplantation genetic diagnosis 	<ul style="list-style-type: none"> •

THE NEONATE

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Skin disorders in the neonate • Collodion baby • Eczematous eruption in the newborn • Infantile psoriasis and napkin psoriasis 	<ul style="list-style-type: none"> • Disorders caused by transplacental transfer of maternal autoantibody • Blueberry muffin baby • Disorders caused by transfer of toxic • Acute hemorrhagic oedema of childhood • Infections • Primary immunodeficiency disorders • Disorders of subcutaneous fat 	<ul style="list-style-type: none"> • Substances in maternal milk • Neonatal purpura fulminans

NAEVI AND OTHER DEVELOPMENTAL DEFECTS

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
<ul style="list-style-type: none"> • Definitions <ul style="list-style-type: none"> ○ Etiology ○ Classification • Epidermal naevi <ul style="list-style-type: none"> ○ Keratinocyte naevi ○ VEN ○ ILVEN ○ Follicular naevi ○ Comedonaevus ○ Nevus sebaceous ○ Epidermal naevus syndrome • Vascular naevi <ul style="list-style-type: none"> ○ Infantile hemangioma ○ Kasabach merritt syndrome • Vascular malformations <ul style="list-style-type: none"> • Capillary <ul style="list-style-type: none"> ○ Salmon patch ○ Portwine stain ○ Naevusanemicus ○ Sturge weber syndrome • Mixed vascular • Klippel trenauny • Parkas weber syndrome • Cutis marmorata telangiectatica <ul style="list-style-type: none"> ○ Angiokeratomas • Angiokeratoma circumscriptum • Angiokeratoma of Mibelli • Solitary popular • Angiokeratoma of scrotum • Preauricular cyst and sinus • Aplasia cutis congenita 	<ul style="list-style-type: none"> • Linear porokeratosis • Apocrine naevus • Eccrine naevus • Dermal and subcutaneous naevi • Eruptive collagenoma • Shagreen patch • Knuckle pads • Pseudoxanthoma elasticum • Proteus syndrome • Zosteriform venous malformation 	<ul style="list-style-type: none"> • Branchial cyst • Branchial sinus and fistula

PRURITUS

<ul style="list-style-type: none"> • Classification • Measurement • Pathophysiology • 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 	<ul style="list-style-type: none"> • Important miscellaneous causes of intense itching 	
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ECZEMAS

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
<ul style="list-style-type: none"> • Definitions, classification, histopathology • Secondary dissemination: mechanism, C/F • 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 	<ul style="list-style-type: none"> • Metabolic eczema • Eczematous drug eruption • Chronic superficial scaly dermatitis 	<ul style="list-style-type: none"> • Papuloerythroderma of Ofuji • Eosinophilic pustular folliculitis

<ul style="list-style-type: none"> • 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 		
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ATOPIC DERMATITIS

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
<ul style="list-style-type: none"> • Aetio pathogenesis • Clinical features • Associated disorders • Complications • Natural history and prognosis • Diagnosis • Differential diagnosis • Investigation • Treatment 	<ul style="list-style-type: none"> • Disease prevention and occupational advice 	

CONTACT DERMATITIS: IRRITANT

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
<ul style="list-style-type: none"> • Pathogenesis, Pathology • Predisposing factors • Clinical features • Specific irritant • Investigations • Management • Prevention • Prognosis 		

CONTACT DERMATITIS: ALLERGIC

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
<ul style="list-style-type: none"> • Pathogenesis, Pathology <ul style="list-style-type: none"> ○ Predisposing factors ○ Clinical features • Photo allergic contact dermatitis • Non-eczematous responses • Differential diagnosis • Allergic contact dermatitis <ul style="list-style-type: none"> ○ to specific allergens (airborne contact allergens, plants, cosmetic, rubber, latex,) • Patch testing • Photopatch testing <ul style="list-style-type: none"> ○ Prevention ○ Management ○ Prognosis 	<ul style="list-style-type: none"> • Oral desensitization • Immune contact urticaria • Multiple patch-test reaction • Other test 	

OCCUPATIONAL DERMATOSES

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • Penetrating injuries • Skin lesions in drug addicts • Skin hazards of swimming and diving • Vibration • Reactions to internal mechanical stress • Mechanical trauma and skin neoplasia • Effects of heat and infrared radiation • Burns 	<ul style="list-style-type: none"> • Biomechanical considerations • Effects of friction • Pressure ulcer • Effects of ction • Miscellaneous reactions to mechanical trauma ☐ Foreign bodies 	

REACTIONS TO COLD

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
<ul style="list-style-type: none"> • Physiological reactions to cold • Disease of cold exposure • -Frostbite <ul style="list-style-type: none"> - Trench foot • Diseases of abnormal sensitivity to cold • Perniosis • Acrocyanosis • Erythrocyanosis • Livedo reticularis • Raynaud's phenomenon • Cryoglobulinaemia • Cryofibrinogenaemia • Cold agglutinins • Cold haemolysins • Cold urticaria • Cold erythema 	<ul style="list-style-type: none"> • Other syndromes caused by cold • Neonatal cold injury • Cold panniculitis • Hypothermia 	

BACTERIAL INFECTIONS

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
<ul style="list-style-type: none"> • Normal flora of the skin • Gram positive bacteria <ul style="list-style-type: none"> ◦ <i>Staphylococcus aureus</i> ◦ <i>Streptococci</i> • Impetigo • Ecthyma • Folliculitis • Furunculosis • Carbuncle • Sycosis • Ecthyma • Erysipelas • Cellulitis • Vulvovaginitis • Perianal infection • Streptococcal ulcers • Blistering distal dactylitis • Necrotising fasciitis 	<ul style="list-style-type: none"> • Tissue damage from circulating toxins • Scarlet fever • Toxic-shock like syndrome • Propionibacterium • Anthrax • Tularaemia • Pasturella infection • Brucellosis • Rickettsial infections 	<ul style="list-style-type: none"> • Listeriosis

<ul style="list-style-type: none"> • Cutaneous disease due to effect of bacterial toxin <ul style="list-style-type: none"> ○ Staphylococcal Scalded Skin Syndrome ○ Toxic Shock Syndrome • Non-infective Folliculitis • Skin lesions due to allergic hypersensitivity to streptococcal antigens • Erythema nodosum • Vasculitis • Coryneform bacteria <ul style="list-style-type: none"> ○ Diphtheria ○ Erythrasma ○ Trichomycosis axillaris ○ Pitted Keratolysis • Erysipeloid • Gas gangrene • Gram negative bacteria <ul style="list-style-type: none"> ○ Meningococcal infection ○ Gonococcal infection ○ Chancroid ○ Salmonella infection ○ Pseudomonas infection ○ Rhinoscleroma ○ Plague & Yersinia infections ○ Bacillary angiomatosis ○ Anaerobic bacteria ○ Tropical ulcer ○ Granuloma inguinale ○ Spirochetes & spiral bacteria ○ Lyme disease ○ Leptospirosis ○ Botryomycosis ○ Necrotising subcutaneous infections ○ Mycoplasma infections ○ Lymphogranuloma venerum ○ Actinomycete infections ○ Nocardiosis 		
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<ul style="list-style-type: none"> • Dermatoses possibly attributed to bacteria <ul style="list-style-type: none"> • Chancriform pyoderma • Dermatitis vegetans • Kawasaki disease • Suppurative hidradenitis 		
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MYCOBACTERIAL INFECTIONS

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
<ul style="list-style-type: none"> • Mycobacterium tuberculosis- • -Microbiology • -Epidemiology • -Immunology • -The tuberculin test • -Cutaneous tuberculosis-clinical features,classification,histopathology,prognosis, diagnosis,treatment,BCG vaccination,M.tuberculosis • co-infection with HIV 	<ul style="list-style-type: none"> • Non-tuberculous mycobacteria-classification,clinical features,diagnosis and treatment 	

MYCOLOGY

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
<ul style="list-style-type: none"> • 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,chromoblastomycosis • Phaeohyphomycosis,lobomycosis,rhinoridiosis,subcutaneous zygomycosis,histoplasmosis,blastomycosis,coccidiomycosis,paracoccidiomycosis. 		

PARASITIC WORMS AND PROTOZOA

Must Know	Should Know	Good to Know
<ul style="list-style-type: none"> Lymphatic filariasis, leishmaniasis- epidemiology, clinical features, diagnosis and treatment 	<ul style="list-style-type: none"> Larva migrans 	<ul style="list-style-type: none"> Cutaneous amoebiasis

ARTHROPODS AND NOXIOUS ANIMALS

Must Know	Should Know	Good to Know
<ul style="list-style-type: none"> Scabies and pediculosis- epidemiology, clinical features, diagnosis and management 	<ul style="list-style-type: none"> Cutaneous myiasis, insect bites 	

DISORDERS OF KERATINIZATION

Must Know	Should Know	Good to Know
<ul style="list-style-type: none"> ICHTHYOSIS – definition, classification Congenital ichthyosis – histopathology, etiology, pathogenesis, clinical features, treatment Ichthyosis vulgaris X linked recessive ichthyosis Colloidan baby Non bullous ichthyosiform erythroderma Lamellar ichthyosis Harlequin ichthyosis 	<ul style="list-style-type: none"> Multiple sulphatase deficiency Sjogren larrson syndrome Refsum’s disease IBIDIS syndrome X linked dominant ichthyosis Pityriasis rotunda Peeling skin syndrome – acquired, familial Transient and persistent acantholytic dermatosis Acrokeratosis verruciformis Perforating keratotic disorders 	<ul style="list-style-type: none"> Neutral lipid storage disorders KID syndrome HID syndrome CHILD syndrome Ichthyosis follicularis with alopecia and photophobia Ichthyosis with renal disease Ichthyosis with immune defects Ichthyosis with cancer Keratoderma and associated disorders

<ul style="list-style-type: none"> • Bullous ichthyosiform erythroderma • Ichthyosis bullosa of 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 <p>diffuse, transgradient, focal, striate</p> <ul style="list-style-type: none"> • -ACANTHOSIS NIGRICANS <p>confluent and reticulate pappilomatosis</p>		
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PSORIASIS

Must Know	Should Know	Good to Know
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • Epidemiology and risk factors • Clinical features, diagnosis and management of NMSC • Basal cell carcinoma • Squamous cell carcinoma • Premalignant epithelial lesions- Actinic keratosis, Bowen's disease, Cutaneous horn • -Erythroplasia of Queyrat, seborrheic keratoses, dermatoses papulosa nigra, skin tags, keratoacanthoma, pseudoepitheliomatous hyperplasia, milia 	<ul style="list-style-type: none"> • Molecular and cellular biology-role of UVR and HPV • -Arsenical keratoses, Disseminated superficial actinic porokeratosis, Bowenoid papulosis • steatocystoma multiplex • epidermal cyst • trichilemmal cyst • keratoacanthoma 	

TUMOURS OF THE SKIN APPENDAGES

Must Know	Should Know	Good to Know
<ul style="list-style-type: none"> • Syringoma, trichoepithelioma, pilomatricoma, Paget's disease • Comedone nevus 		<ul style="list-style-type: none"> • Other appendageal tumours

DISORDERS OF CUTANEOUS MELANOCYTE

Must Know	Should Know	Good to Know
<ul style="list-style-type: none"> • Ephelids, lentiginosis and its types • 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 	syndromes	

DISORDERS OF SKIN COLOUR

Must Know	Should Know	Good to Know
<ul style="list-style-type: none"> • The basics of melanocytes- EMU, distribution, embryology, fine structure, melanogenesis • Hypermelanosis- 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 disorders 	<ul style="list-style-type: none"> • Melanocyte culture, pathogenesis of disorders of pigmentation Acquired hypomelanosis, endogenous and exogenous non-melanin pigmentation 	

BULLOUS ERUPTIONS

1) CONGENITAL AND INHERITED DISEASES

<i>MUST KNOW</i>	<i>SHOULD KNOW</i>	<i>GOOD TO KNOW</i>
<ul style="list-style-type: none"> • Epidermolysis Bullosa <ul style="list-style-type: none"> ○ Classification, diagnosis • EB simplex: <ul style="list-style-type: none"> ○ Molecular pathology ○ Clinical features ○ Diagnosis, d/d ○ Management • Junctional EB: <ul style="list-style-type: none"> ○ Molecular pathology ○ Clinical features ○ Diagnosis, d/d ○ Management • Dystrophic EB: <ul style="list-style-type: none"> ○ Molecular pathology ○ Clinical features ○ Diagnosis, d/d ○ Management • Hailey-hailey disease: <ul style="list-style-type: none"> ○ Etiopathogenesis ○ Clinical features ○ complications, treatment 	<p>Subtypes</p> <p>Subtypes</p> <p>Subtypes</p> <p>Genetics</p>	

IMMUNOLOGICAL Blistering DISORDERS

a) Intra-epidermal blistering

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Structure and functioning of Desmosome & Hemi desmosome • Dermo - epidermal junction • Pemphigus: <ul style="list-style-type: none"> ○ etiopathogenesis, ○ immuno - pathology, ○ genetics, 	<p>Molecular functional anatomy</p> <p>Molecular functional anatomy</p>	

<ul style="list-style-type: none"> ○ clinical features, ○ diagnosis (differential), ○ Management, ○ prognosis ● P. Vulgaris: as above ● P. Vegetans: as above ● P. Foliaceus: as above ● P. Erythematous: as above Paraneoplastic pemphigus: as above 		
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b) Sub-epidermal blistering

Must know	Should know	Good to know
<ul style="list-style-type: none"> ● Bullous Pemphigoid: <ul style="list-style-type: none"> ○ etiopathogenesis, ○ immuno - pathology, ○ genetics, ○ clinical features, ○ diagnosis (differential), ○ Management, ○ 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
<ul style="list-style-type: none"> • Sub-corneal Pustular Dermatitis • Acantholytic dermatoses: transient & persistent 	<ul style="list-style-type: none"> • Bullae in renal disease • Diabetic bullae 	

LICHEN PLANUS & LICHENOID DISORDERS

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Lichen Planus & Lichenoid Disorders: <ul style="list-style-type: none"> ○ etiopathogenesis, ○ clinical Definition, ○ features, ○ variants, ○ Differential diagnosis, ○ histology, ○ complications, ○ associations, ○ Treatment, ○ prognosis, • Lichenoid reactions, • Drug induced LP • Lichen nitidus • Concept of Ashy dermatosis and lichen planus pigmentosus 	<ul style="list-style-type: none"> • GVHD • Bullous LP & LP pemphigoides • LP- Psoriasis overlap 	<ul style="list-style-type: none"> • Nekam's disease

DISORDERS OF THE SEBACEOUS GLANDS

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Sebaceous Gland <ul style="list-style-type: none"> ○ Structure, ○ Function ○ distribution ○ Functⁿ of sebum ○ Composition & biosynthesis of sebum • Acne Vulgaris <ul style="list-style-type: none"> ○ definiton ○ etiology 	<ul style="list-style-type: none"> ○ Histochemistry & ultrastructure ○ Development ○ Endocrine control of sebaceous gland ○ Associations of acne 	<ul style="list-style-type: none"> ○ Measurement of sebaceous activity & sebum production

<ul style="list-style-type: none"> ○ Clinical features ○ factors affecting ○ (differential) diagnosis ○ Management ● Acne variants <ul style="list-style-type: none"> ○ acne excoriee, ○ acneiform eruptions, ○ cosmetic, ○ occupational, ○ chloracne, ○ acne conglobata, ○ pyoderma faciale, ○ acne fulminans, ○ G-ve folliculitis ○ Steroid acne ○ Drug induced acne ○ Adult onset acne ● Seborrhea Ectopic sebaceous glands 	<ul style="list-style-type: none"> ● Sebaceous gland tumors <ul style="list-style-type: none"> ○ Classification ○ Sebaceous cyst 	
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DISORDERS OF SWEAT GLANDS

Must know	Should know	Good to know
<ul style="list-style-type: none"> ● Sweat Gland (Eccrine) <ul style="list-style-type: none"> ○ Anatomy & Physiology ● Hyperhidrosis <ul style="list-style-type: none"> ○ generalized ○ PalmoPlantar & Axillary ○ Asymmetrical ○ Gustatory ● An/Hypo - hidrosis <ul style="list-style-type: none"> ○ Definition, ○ Etiopathogenesis, ○ Classification ● Miliaria <ul style="list-style-type: none"> ○ Etio- pathogenesis, ○ Clinical features, ○ Variants/types, 	<ul style="list-style-type: none"> ● Naevus sudoriferous ● Compensatory hyperhidrosis <ul style="list-style-type: none"> ○ Associations ○ Heat stress 	<ul style="list-style-type: none"> ○ Granulosis rubra nasi ○ Diseases associated with abnormal sweat gland histology

Dupuytren's contracture • Knuckle pads Keloid V/s Hypertrophic scars		
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PREMATURE AGEING SYNDROMES

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Pangeria • Progeria • Acrogeria • Perforating dermatoses: <ul style="list-style-type: none"> ○ Types/classification, ○ Clinical features, ○ (Etio.) pathology, ○ Management • Colloid milium 	<ul style="list-style-type: none"> • Congenital progeroid syndrome • Diabetic thick skin • Ainhum & pseudo-ainhum 	<ul style="list-style-type: none"> • leprechaunism

DISORDERS OF BLOOD VESSELS

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Erythemas • Diffuse erythematous eruptions • Annular erythemas <ul style="list-style-type: none"> ○ Types, ○ Etio - pathology, ○ Clinical features, ○ Diagnosis (differential) ○ Management • Telangiectasias <ul style="list-style-type: none"> ○ primary & secondary ○ etio(pathology) • Erythema multiforme: <ul style="list-style-type: none"> ○ Etio- pathogenesis, ○ Clinical features, ○ Diagnosis (differential), ○ Management 	<ul style="list-style-type: none"> ○ Functional anatomy of Cutn. blood vessels • Well's syndrome <ul style="list-style-type: none"> ○ (Etio) pathology, ○ Clinical features ○ Management • Ataxia-Telengectasia 	<ul style="list-style-type: none"> ○ Assessment of Cutn. blood vessels ○ Capillary microscopy

<ul style="list-style-type: none"> • Toxic Epidermal Necrolysis ○ Etio - pathogenesis, ○ Clinical features, ○ Differential diagnosis, ○ Management & prognosis 		
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FLUSHING & FLUSHING SYNDROMES, ROSACEA, PERIORAL DERMATITIS

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Flushing <ul style="list-style-type: none"> ○ Definition ○ Etio-pathogenesis, Flushing syndromes <ul style="list-style-type: none"> ○ Classification • Rosacea <ul style="list-style-type: none"> ○ Definition ○ Etio-pathology, ○ Clinical features, ○ Diagnosis (differential), ○ Management • Perioral dermatitis— <ul style="list-style-type: none"> ○ Etio-pathology, ○ Clinical features, ○ Diagnosis (differential), ○ Management & prognosis 	<ul style="list-style-type: none"> • Carcinoid syndrome— <ul style="list-style-type: none"> ○ Etiopathogenesis, ○ Management 	

URTICARIAS, ANGIOEDEMA and MASTOCYTOSIS

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Urticaria: Definition <ul style="list-style-type: none"> ○ Classification ○ Etio – pathogenesis ○ Provoking factors ○ Clinical features, • Chronic urticarias <ul style="list-style-type: none"> ○ Definition, ○ Classification • Mastocytosis <ul style="list-style-type: none"> • classification • clinical features 	<ul style="list-style-type: none"> • Physical <ul style="list-style-type: none"> ○ Classification, • Cholinergic urticaria • Cold urticaria • Contact urticaria • Aquagenic • Solar • Autoimmune urticaria • Hereditary angioedema • Etiopathogenesis of mastocytosis 	<ul style="list-style-type: none"> • Omalizumab

<ul style="list-style-type: none"> • histopathology • investigations • management • Urticarial vasculitis <ul style="list-style-type: none"> ○ Definition, ○ Etiopathogenesis, ○ Clinical features, ○ Management • Angioedema <ul style="list-style-type: none"> ○ Classification ○ Etio-pathogenesis ○ Management & prognosis 		
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SYSTEMIC DISEASES AND SKIN

Must know	Should know	Good to know
<p>Endocrine disorders</p> <ul style="list-style-type: none"> ○ Cushings disease ○ Adrenal insufficiency ○ Hyper and hypothyroidism <p>Cutaneous markers of internal malignancy</p> <ul style="list-style-type: none"> ○ Paraneoplastic syndromes ○ Migratory erythemas <p>GI Tract</p> <ul style="list-style-type: none"> ○ Crohn’s disease ○ Ulcerative colitis ○ Celiac disease <p>Liver diseases</p> <ul style="list-style-type: none"> ○ Hepatitis ○ Dermatitis associated with liver diseases <p>Pancreatic diseases</p>	<p>Skin complications of stones</p> <p>Hemochromatosis</p> <ul style="list-style-type: none"> ○ Subcutaneous fat necrosis ○ Migratory thrombophlebitis ○ Necrolytic migratory erythema 	<ul style="list-style-type: none"> ○ Hyper and hypopituitarism ○ Parathyroid ○ Multiple endocrinopathies syndrome ○ Autoimmune polyglandular syndrome <p>Dermatosis associated with esophagus and stomach disorders</p> <p>Bowel associated dermatitis arthritis syndrome</p> <p>Intestinal polyposis</p> <ul style="list-style-type: none"> ○ Other pancreatic tumours and glucagonoma syndrome ○ Renocutaneous syndromes <p>Cardiac disease and</p>

<ul style="list-style-type: none"> ○ Dermatosis associated with renal failure and dialysis <p>Hematological</p> <ul style="list-style-type: none"> ○ Anemia ○ DIC ○ Antiphospholipid syndrome <p>Annular and figurate reactive erythemas</p>		<p>respiratory disease</p> <p>Lymphoma, leukemia</p> <p>Skin disorders associated with bony abnormality</p>
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PURPURA

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Purpuras: <ul style="list-style-type: none"> ○ Classification, diagnosis • Anaphylactoid purpura (HSP)-- definition, <ul style="list-style-type: none"> ○ Etio-pathogenesis, ○ Clinical features, ○ Differential diagnoses, ○ Management • Capillaritis (pigmented purpuric dermatoses) <ul style="list-style-type: none"> ○ Schamberg's ○ Pigmented purpuric lichenoid dermatosis of Gougerot & Blum ○ Lichen aureus ○ Gravitational purpura 	<ul style="list-style-type: none"> • Thrombocytopenic purpuras <ul style="list-style-type: none"> ○ I.T. Purpura • Senile purpura • Toxic purpura • Itching purpura • Majocchi's ds • Disseminated Intravascular Coagulation 	<ul style="list-style-type: none"> • Painful bruising syndrome • Purpura simplex • Neonatal purpura

CUTANEOUS VASCULITIS

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Cutaneous Vasculitis 	<ul style="list-style-type: none"> • Granuloma faciale 	

<ul style="list-style-type: none"> ○ Classification c/f ● Erythema elevatum diutinum ● Paniculitides ● Poly Arteritis Nodosa ● Hypersensitivity angiitis ● Vascular lesions of rheumatoid diseases <ul style="list-style-type: none"> ○ Etio, path ○ Investigations ● Leucocytoclastic angitis <ul style="list-style-type: none"> ○ Definition, ○ Etio-pathogenesis, ○ Clinical features, ○ Management ● Henoch Schonlein Purpura <ul style="list-style-type: none"> ○ Definition, ○ Etio-pathogenesis, ○ Clinical features, ○ Management ● Pyoderma gangrenosum— <ul style="list-style-type: none"> ○ Definition, ○ Etio-pathogenesis, ○ Clinical features, ○ Management ● Purpura fulminans— <ul style="list-style-type: none"> ○ Definition, ○ Etio-pathogenesis, ○ Clinical features, ○ Management ● Sweet`s syndrome <ul style="list-style-type: none"> ○ Definition, ○ Etio-pathogenesis, ○ Clinical features,Management ● Erythema nodosum— <ul style="list-style-type: none"> ○ Definition, ○ Etio-pathogenesis, ○ Clinical features, ○ Management ● Erythema induratum— <ul style="list-style-type: none"> ○ Definition, 	<ul style="list-style-type: none"> ● Degos` disease ● Giant cell arteritis 	
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<ul style="list-style-type: none"> ○ Etio-pathogenesis, ○ Clinical features, ○ Management ● Wegener's granulomatosis ○ Definition, ○ Etio-pathogenesis, ○ Clinical features, <ul style="list-style-type: none"> ○ Management 		
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DISEASES OF VEINS & ARTERIES: LEG ULCERS

Must know	Should know	Good to know
<ul style="list-style-type: none"> ● Signs & symptoms of arterial diseases ● Investigations ● Erythromelalgia ● Veins <ul style="list-style-type: none"> ○ Functional anatomy, ○ pathology ● Atrophie- blanche ● Thrombophlebitis migrans ● Venous thrombosis ● Oedema ● Varicose veins ● Post phlebitic syndr ● Causes of leg ulcers ● Venous ulcer--management 	<ul style="list-style-type: none"> ● Atherosclerosis ○ Prognosis & management ● Thromboangiitis obliterans 	<ul style="list-style-type: none"> ● Ischaemic ulcer

DISORDER OF LYMPHATIC VESSELS

Must know	Should know	Good to know
<ul style="list-style-type: none"> ● Lymphangiogenesis ● Functional Anatomy of skin lymphatics ● Identification of skin lymphatics ● Lymph transport ● Immune function ● Oedema/Lymphoedema <ul style="list-style-type: none"> ○ Epidemiology ○ Pathophysiology 	<ul style="list-style-type: none"> ● Primary lymphoedemas ● Inherited form ● Other genetic form 	

<ul style="list-style-type: none"> ○ Aetiology and classification ○ Clinical features and diagnosis ○ Complication ○ Investigation ● D/d of the swollen limbs ● Management of lymphoedema <ul style="list-style-type: none"> ○ Physical therapy ○ Drug therapy ○ Surgery ○ Provision of care ● Congenital lymphatic malformation ● Lymphangioma circumscriptum ● Diffuse lymphangioma ● Cystic hygroma ● Acquired lymphatic malformation ● Acquired lymphangioma ● Lymphangitis ● Kaposi sarcoma 	<ul style="list-style-type: none"> ● Congenital non hereditary forms of lymphoedema ● Clinical patterns of pri.lymphoedema ● Sec. Lymphoedema ● Midline lymphoedema ● lymphangioma ● lymphangiomatosis ● lymphangiomyomatosis ● recurrent acute inflammatory episode ● Lymphangi thrombosis ● Carcinoma erysipeloide 	<ul style="list-style-type: none"> ● lymphatic tumor <ul style="list-style-type: none"> ○ acquired progressive ○ lymphangiosarcoma ○ Chylous sarcoma ○ seroma
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HISTIOCYTOSIS

Must know	Should know	Good to know
<ul style="list-style-type: none"> ● Ontogeny & Function of histiocytosis ● Classification of histiocytosis ● Langerhans cell histiocytosis ● Class Ila histiocytosis ● Dermatofibroma ● Juvenile xanthogranuloma ● Multicentric reticulohistiocytosis ● Generalized eruptive histiocytoma ● Papular xanthoma ● Progressive nodular histiocytosis 		<ul style="list-style-type: none"> ● Benign cephalic histiocytosis ● Erdheim chester disease ● Fat storing hemartoma of dermal dendrocytes ● Familial sea blue histiocytosis ● Hereditary progressive mucinous histiocytosis

<ul style="list-style-type: none"> • Xanthoma disseminatum • Class IIb histiocytosis • Diffuse plane xanthomatosis • Familial haemophagocytic lymphohistiocytosis • Malakoplakia • Necrobiotic xanthogranuloma • Sinus histiocytosis with massive lymphadenopathy 	<ul style="list-style-type: none"> • Malignant histiocytosis • Monocytic leukaemia • True histiocytic lymphoma 	<ul style="list-style-type: none"> • Virus associated haemophagocytic syndrome
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SOFT TISSUE TUMOURS AND TUMOURS LIKE CONDITIONS

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Vascular tumours: <ul style="list-style-type: none"> ○ Classification Pyogenic granuloma <ul style="list-style-type: none"> ○ Kaposi sarcoma ○ Angiosarcoma ○ Glomus tumour • Peripheral neuroectodermal tumours <ul style="list-style-type: none"> ○ Schwannoma ○ Solitary neurofibroma ○ Plexiform neurofibroma ○ Diffuse neurofibroma • Tumours of muscle • Skeletal muscle tumours • Tumours of uncertain histogenesis • Tumours of fat cell • Osteoma cutis • Cutaneous calculus <ul style="list-style-type: none"> ○ Leiomyoma ○ Leiomyosarcoma ○ Rhabdomyoma ○ Cutaneous Rhabdomyosarcoma 	<ul style="list-style-type: none"> • Fibrous and myofibroblastic tumors: <ul style="list-style-type: none"> ○ Classification ○ Nodular fasciitis ○ Fibrohistiocytic tumor ○ Giant cell tumour of tendon sheath ○ Fibrous histiocytoma ○ Angiomatoid fibrous histiocytoma ○ Plexiform fibrous histiocytoma ○ Atypical fibroxanthoma ○ Malignant fibrous histiocytoma ○ Glomeruloid hemangioma ○ Epithelioid hemangioma ○ Sinusoidal hemangioma ○ Dermal nerve sheath myxoma ○ Malignant peripheral nerve sheath tumour ○ Congenital smooth muscle hamartoma 	<ul style="list-style-type: none"> ○ Fibrous papule of face ○ Pleomorphic fibroma ○ Acquired digital fibrokeratoma ○ Fibro osseous pseudotumour ○ Ischemic fasciitis ○ Fibrous hamartoma of infancy ○ Calcifying fibrous tumour ○ Calcifying aponeurotic fibroma ○ Inclusion body fibromatosis ○ Fibroma of tendon sheath ○ Collagenous fibroma ○ Nuchal fibroma ○ Myxofibrosarcoma ○ Kaposiform hemangio-endothelioma

CUTANEOUS LYMPHOMAS AND LYMPHOCYTIC INFILTRATES

A) PRIMARY CUTANEOUS T CELL LYMPHOMA

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Mycosis Fungoides (MF) • Follicular mucinosis • Pagetoid reticulosis • Granulomatous slack skin • Sezary's syndrome • Lymphomatoid papulosis • Primary cutaneous CD30+ large cell lymphoma • CD30+ large cell cutaneous lymphoma with regional nodal involvement 	<ul style="list-style-type: none"> • Epidermotropic CD8+ cytotoxic lymphoma • Large cell CD 30-cutaneous lymphoma • Pleomorphic CD30-cutaneous lymphoma 	<ul style="list-style-type: none"> • CD30+cutaneous lymphoproliferative disorder • Regressing CD30+large cell cutaneous lymphoma <p>Secondary cutaneous CD30+anaplastic large cell lymphoma</p>

B) SECONDARY CUTANEOUS LYMPHOMA

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Subcutaneous panniculitis like T cell lymphoma • Adult T cell leukaemia lymphoma • Primary cutaneous B cell lymphoma • Follicle centre cell lymphoma • Leukaemia cutis • Cutaneous Hodgkin s disease 	<ul style="list-style-type: none"> • Extra nodal NK cell lymphoma • Blastic NK cell lymphoma 	<p>Lennert's lymphoma</p>

C) PRIMARY CUTANEOUS B CELL LYMPHOMAS

Must know	Should know	Good to know
	<ul style="list-style-type: none"> • Follicle centre cell lymphoma • Cutaneous plasmacytoma 	<ul style="list-style-type: none"> • Marginal zone lymphoma • Large B cell lymphoma

D) PSEUDOLYMPHOMAS

Must know	Should know	Good to know
<ul style="list-style-type: none">• Parapsoriasis• Actinic reticuloid• Lymphocytoma cutis Jessner's lymphocytic infiltrate		

SUBCUTANEOUS FAT

Must know	Should know	Good to know
<ul style="list-style-type: none">• Obesity• General pathology of adipose tissue• Panniculitis<ul style="list-style-type: none">○ Septal panniculitis○ Lobular panniculitis○ Mixed panniculitis○ Panniculitis with vasculitis• Lipodystrophy• Localized lipoatrophy• Partial or generalized lipoatrophy• Lipoma• Angiolipoma	<ul style="list-style-type: none">○ Cellulite○ Frontalis associated lipoma○ Hibernoma○ Lipomatosis	

THE CONNECTIVE TISSUE DISEASES

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Lupus erythematosus <ul style="list-style-type: none"> ○ Discoid lupus erythematosus ○ Subacute cutaneous lupus erythematosus ○ Systemic lupus erythematosus ○ Neonatal lupus erythematosus ○ The lupus anticoagulant, anti cardiolipin antibodies and the antiphospholipid syndrome • Scleroderma <ul style="list-style-type: none"> ○ Localized morphea ○ Gen. Morphea ○ Pseudoscleroderma ○ Occupational scleroderma ○ Iatrogenic scleroderma ○ Graft –versus –host disease ○ Eosinophilic fasciitis ○ Systemic sclerosis • Mixed connective tissue disease • Cold, flexed finger • Lichen sclerosus • Scleroedema • Dermatomyositis • Sjogren syndrome Rheumatic fever 	<ul style="list-style-type: none"> • Dermatological manifestation of rheumatoid disease • Still`s disease 	

NUTRITIONAL AND METABOLIC DISEASES

Must know	Should know	Good to know
<ul style="list-style-type: none"> • The cutaneous porphyrias <ul style="list-style-type: none"> ○ Etiopathogenesis ○ laboratory testing in porphyria ○ Clinical features ○ The individual porphyrias ○ Porphyrias which cause cutaneous disease ○ Porphyrias which cause cutaneous disease and acute attack • Mucinoses <ul style="list-style-type: none"> ○ Classification of the cutaneous mucinoses ○ Lichen myxoedematous • Amyloid and the amyloidoses of the skin <ul style="list-style-type: none"> ○ Primary localized cutn. Amyloidosis ○ Sec. Localized cutn. Amyloidosis ○ Systemic amyloidosis ○ Primary and myeloma associated cutn. Amyloidosis ○ Sec. Systemic amyloidosis • Angiokeratoma corporis diffusum • Xanthomas and abnormalities of lipid metabolism and storage • Lipid metabolism <ul style="list-style-type: none"> ○ Genetic primary Hyperlipidemias ○ Lipid storage disease • Nutrition and the skin <ul style="list-style-type: none"> ○ Malabsorption ○ Vitamins • Kwashiorkor and marasmus 	<ul style="list-style-type: none"> ○ Reticular erythematous mucinosis ○ Self healing juvenile cutaneous mucinosis ○ Cutaneous mucinosis of infancy ○ Papulonodular mucinosis associated with S.L.E. ○ Cutaneous focal mucinosis ○ Acral persistent papular mucinosis ○ Mucinosis naevus ○ Follicular mucinosis ○ Secondary mucinoses ○ Mucopolysaccharidoses ○ Mucolipidoses ○ Dialysis related amyloidosis ○ Inherited systemic amyloidosis 	<ul style="list-style-type: none"> ○ Cutaneous mucinosis in the toxic oil syndrome G.K ○ Neutral lipid storage disease ○ Farbers disease • Disorders of aminoacid metabolism <ul style="list-style-type: none"> ○ Hyperphenylalaninaemia ○ Tyrosinemia ○ Alkaptonuria ○ Homocysteinurias ○ Hartnup disease

<ul style="list-style-type: none"> • Calcification and ossification of the skin • Iron metabolism • Skin disorders in diabetes mellitus • Granuloma annulare • Necrobiosis lipoidica • Granuloma multiforme 		
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SARCOIDOSIS

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Sarcoidosis <ul style="list-style-type: none"> ○ Definition ○ Epidemiology ○ Aetiology ○ Histopathology ○ Immunological aspects • General manifestations of sarcoidosis • Staging of the disease • Systemic features • Sarcoidosis of the skin • Management <ul style="list-style-type: none"> ○ Investigation ○ Biopsy ○ Kveim test ○ Other investigation ○ Treatment ○ Topical therapy ○ Systemic therapy 	<ul style="list-style-type: none"> • Unusual and atypical forms • Associated disease • Course and prognosis • Other sarcoidal reaction <ul style="list-style-type: none"> ○ Infection ○ Foreign material ○ Crohn's disease ○ Whipple's disease ○ Farmer's lung ○ Other condition 	

THE SKIN AND THE NERVOUS SYSTEM

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Skin innervations <ul style="list-style-type: none"> ○ Sensory innervations ○ Autonomic nervous system ○ Wound healing and the trophic effects • Postherpetic neuralgia <ul style="list-style-type: none"> ○ Pathophysiology of pain ○ Prevention of P.H.N. ○ Management of P.H.N. • Neuropathic ulcer • Peripheral neuropathy • HIV neuropathy • Syringomyelia • Tabes dorsalis • Spinal dysraphism • Spinal cord injury 	<ul style="list-style-type: none"> • Neuroimmunology • Neurophysiological testing for skin innervations • Disorders associated with autonomic abnormalities • Hereditary sensory autonomic neuropathy • Horner syndrome • Gustatory hyperhidrosis • Chronic skin pain • Notalgia paresthetica • Brachioradial pruritus • Skin ache syndrome • Burning feet syndrome 	<ul style="list-style-type: none"> • Trigeminal trophic syndrome • Peripheral injury • Restless leg syndrome

PSYCHOCUTANEOUS DISORDERS

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Introduction • Emotional factors in diseases of the skin • Psychological importance of skin • Disability and quality of life • Classification • Delusions of parasitosis • Cutaneous phobias • Anorexia nervosa and bulimia • Self inflicted and simulated skin disease <ul style="list-style-type: none"> ○ Lichen simplex and neurodermatitis 	<ul style="list-style-type: none"> • Body image • Delusions of smell • Body dysmorphic disorder <ul style="list-style-type: none"> ○ Epidemic hysteria syndrome and occupational mass psychogenic illness ○ Sick building syndrome ○ Psychogenic excoriation ○ Psychogenic pruritus ○ Onychotillomania and onychophagia 	<ul style="list-style-type: none"> • Psychoneuroimmunology <ul style="list-style-type: none"> ○ Mind-body efferent immune interaction ○ Body- Mind afferent immune reactions ○ Habituation to dressings ○ Dermatological pathomimicry ○ Hypnosis ○ Misc. therapies ○ Skin disease in patients with learning disability

<ul style="list-style-type: none"> ○ Acne excoriee ○ Trichotillomania ● Factitious skin disease ○ Malingering ● Cutaneous disease and alcohol misuse ● AIDS, HIV infection and Psychological illness ● Suicide in dermatological patients ○ Treatment 	<ul style="list-style-type: none"> ○ Psychogenic purpura ○ Dermatitis simulate ○ Dermatitis passivata ○ Munchausen's syndrome ○ Munchausen's syndrome by proxy ○ Self-mutilation ○ Psychotropic drugs 	
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DISORDERS OF NAILS

Must know	Should know	Good to know
<ul style="list-style-type: none"> ● Anatomy and biology of nail unit ○ Structure & Development and comparative anatomy ○ Blood supply ○ Nail growth ● Nail signs and systemic disease ○ Abnormalities of shape ○ Changes in nail surface ○ Changes in colour ● Development abnormalities ● Infections- nail and nail folds ● Dermatoses of nails ● Nail surgery ○ Patterns of nail biopsy ○ Lateral matrix phenolization ● Traumatic nail disorders ○ Acute trauma ○ Chronic repetitive trauma 	<ul style="list-style-type: none"> ○ Nails in childhood and old age ○ Abnormalities of nail attachment ● Tumours under or adjacent to the nail ○ Benign tumours ○ Other bone tumours ○ Vascular tumours ○ Myxoid cyst ○ Squamous cell carcinoma ○ Epithelioma cuniculatum ○ Keratoacanthoma ○ Melanocytic lesions ○ Other surgical modalities 	

•The nail and cosmetics		
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DISORDERS OF HAIR

Must know	Should know	Good to know
<ul style="list-style-type: none"> •Anatomy and physiology <ul style="list-style-type: none"> ○ Development and distribution of hair follicles ○ Anatomy of hair follicle ○ Hair cycle and hormonal control •Alopecia <ul style="list-style-type: none"> ○ Common baldness and androgenetic alopecia ○ Alopecia areata ○ Acquired cicatricial alopecia ○ Infections ○ Scaling disorders •Excessive growth of hair <ul style="list-style-type: none"> ○ Hirsutism •Variation in Hair pigmentation 	<ul style="list-style-type: none"> ○ Types of hair ○ Disturbance of hair cycle/shaft ○ Developmental defects and hereditary disorders ○ Congenital alopecia and hypotrichosis ○ Hypertrichosis ○ Shampoos ○ Conditioners ○ Cosmetic hair colouring ○ Permanent waving ○ Hair straightening (relaxing) ○ Hair setting ○ Complication 	<ul style="list-style-type: none"> ○ Alopecia in central nervous system disorders ○ Other abnormalities of shaft

THE SKIN AND THE EYES

Must know	Should know	Good to know
<ul style="list-style-type: none"> •Anatomy and physiology of the eye •Chronic blepharitis, rosacea, and seborrhoeic dermatitis <ul style="list-style-type: none"> ○ Immunopathogenesis ○ Treatment •Atopy and atopic eye disease •Cicatrizing conjunctivitis and the immunobullous disorders 	<ul style="list-style-type: none"> ○ The eyebrows ○ The eyelids ○ The lacrimal glands ○ The pre-corneal tear film •Disorders affecting the eyebrows and eyelashes •Infections <ul style="list-style-type: none"> ○ Viral infections ○ Bacterial infection ○ Parasitic infection •Inherited disorder •Tumors 	

<ul style="list-style-type: none"> ○ Erythema multiforme major and toxic epidermal necrolysis • Systemic disease with skin and eye involvement • Ocular complications of dermatological therapy 	<ul style="list-style-type: none"> ○ Benign and malignant tumors of eyelids 	
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EXTERNAL EAR

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Dermatoses and external ear • Systemic disease and the external ear 	<ul style="list-style-type: none"> • Anatomy and physiology • Examination • Developmental defects • Traumatic conditions 	<ul style="list-style-type: none"> • Ageing changes • Tumors of pinna and external auditory canal

THE ORAL CAVITY AND LIPS

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Biology of the mouth • Immunity in the oral cavity ○ Examination of the mouth and perioral region • Disorders affecting the oral mucosa or lips • Genetic and acquired disorders affecting the oral mucosa or lips ○ White or whitish lesions ○ Pigmented lesions ○ Red lesions ○ Vesicoerosive disorders ○ Lumps and swellings ○ Various orocutaneous syndromes • Oral manifestations of systemic diseases 	<ul style="list-style-type: none"> • Disorders affecting the teeth and skin ○ Ectodermal dysplasia • Disorders affecting the periodontium ○ Gingival disorders affecting the periodontium ○ Genetic disorders affecting the periodontium ○ Acquired disorders affecting the periodontium 	

<ul style="list-style-type: none"> • Acquired lip lesions <ul style="list-style-type: none"> ○ Cheilitis ○ Lupus erythematosus ○ Sarcoidosis 		
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THE BREAST

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Gynaecomastia <ul style="list-style-type: none"> ○ Physiological ○ In endocrine disorders ○ In nutritional, metabolic, renal and hepatic disease ○ Drug-induced • Morphea • Silicone breast implant and autoimmune disease • Cracked nipple in lactation • Lupus panniculitis • Sarcoidosis of breast • Sebaceous hyperplasia of areolae • Breast abscess • Basal cell carcinoma of nipple • Seborrhoeic wart • Mondor's disease 	<ul style="list-style-type: none"> • Breast hypertrophy • Gigantomastia <ul style="list-style-type: none"> ○ Management of gynaecomastia • Hypomastia • Rudimentary nipples • Adnexal polyp of neonatal skin • Inverted nipple • Hyperkeratosis of nipple and areola • Jogger's and cyclist's nipples • Nipple piercings • Artefactual breast disease • Vasculitis of the breast • Erosive adenomatosis of nipple • Breast telangiectasia 	<ul style="list-style-type: none"> • Supernumerary breast or nipples

THE GENITAL, PERIANAL AND UMBILICAL REGIONS

Must know	Should know	Good to know
<ul style="list-style-type: none"> • General approach • Genitocrural dermatology <ul style="list-style-type: none"> ○ Inflammatory ○ Infections • Male genital dermatology <ul style="list-style-type: none"> ○ Structure and function ○ Trauma and artifact 	<ul style="list-style-type: none"> ○ Congenital and developmental abnormalities of male and female genitalia 	<ul style="list-style-type: none"> • Umbilical dermatology <ul style="list-style-type: none"> ○ Structure and function ○ Congenital and developmental abnormalities ○ Trauma and artifact

<ul style="list-style-type: none"> ○ Inflammatory dermatoses ○ Non-sexually transmitted infections ○ Precancerous dermatoses ○ Squamous carcinoma ● Female genital dermatology ○ Structure and function ○ Trauma and artifact ○ Inflammatory dermatoses ○ Ulcerative and bullous disorders ○ Non-sexually transmitted infections ○ Benign tumours and tumor-like lesions of vulva ○ Precancerous dermatoses ● Perineal and perianal dermatology ○ Structure and function ○ Infections 	<ul style="list-style-type: none"> ○ Other malignant neoplasms ○ Vulval malignancy ○ Benign tumours ○ Premalignant dermatoses and frank malignancies 	<ul style="list-style-type: none"> ○ Inflammatory dermatoses
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GENERAL ASPECTS OF TREATMENT

Must know	Should know	Good to know
<ul style="list-style-type: none"> ● General measures in treatment like explanation, avoidance of aggravating factors, regimen, role of diet, food metabolites and toxins ● Topical therapy <ul style="list-style-type: none"> - Cosmetic camouflage - Dressings ● Systemic drug therapy ● Gene therapy 	<ul style="list-style-type: none"> ● Emergency treatment of anaphylaxis ● Treatment for anxiety and depressive states in dermatology ● Medicolegal aspects of dermatology 	<ul style="list-style-type: none"> ● Alternative therapies like <ul style="list-style-type: none"> - Physiotherapy - Acupuncture - Biofeedback techniques - Behaviour therapy - Heliotherapy - Actinotherapy - Climatotherapy - Homeopathy

DRUG REACTIONS

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Classification and mechanism • Histopathology • Types of clinical reaction <ul style="list-style-type: none"> ○ Exanthematous, ○ purpuric, ○ pityriasis rosea like, ○ psoriasiform, ○ exfoliative dermatitis, ○ anaphylaxis, ○ urticaria, ○ drug hypersensitivity syndrome, ○ fixed drug eruptions, ○ lichenoid eruptions, ○ photosensitivity, ○ pigmentation, ○ acneform eruption, ○ bullous eruptions, ○ vasculitis, ○ LE like, DM like, scleroderma like ○ erythema nodosum, ○ anticonvulsant hypersensitivity, ○ hair and nail changes, • Management of drug reactions <ul style="list-style-type: none"> - Diagnosis - Treatment 	<ul style="list-style-type: none"> • Incidence 	
	<ul style="list-style-type: none"> • Annular erythemas • Acute generalized exanthematous pustulosis • Serum sickness • Eczematous • Acanthosis nigricans • Erythromelalgia 	

ERYTHEMA MULTIFORME, STEVENS JOHNSON SYNDROME, TOXIC EPIDERMAL NECROLYSIS

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Erythema multiforme, Stevens-Johnson syndrome and toxic epidermal necrolysis: <ul style="list-style-type: none"> - Etiology - Predisposition in HIV - Pathology - SCORTEN - Diagnosis - Treatment - Prevention 	<ul style="list-style-type: none"> • Incidence 	

RADIOTHERAPY AND REACTIONS OF IONIZING RADIATION

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Indications <ul style="list-style-type: none"> - Acute - Chronic • Radiodermatitis 	<ul style="list-style-type: none"> • Role in benign diseases like psoriasis, keloids 	<ul style="list-style-type: none"> • Role in malignant diseases • Radiation induced tumors

LASERS

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Basic principles • Laser safety • Target tissues • Main types of lasers <ul style="list-style-type: none"> - Enumeration - Wavelengths - Indications 	<ul style="list-style-type: none"> • Laser ablation • Resurfacing • Non-ablative skin remodeling 	

RACIAL INFLUENCES ON SKIN DISEASES

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Classification of races and their main characteristics 	<ul style="list-style-type: none"> • Racial variations in pigmentation, hair and cutaneous appendages • Diseases with distinct racial or ethnic predisposition 	<ul style="list-style-type: none"> • Racial variation in common diseases

THE AGES OF MAN AND THEIR DERMATOSIS

<ul style="list-style-type: none"> • Somatic growth • Sexual development and its effect on skin, especially sebaceous activity • Puberty associated hormonal events and cutaneous changes • Enumeration of puberty dermatosis and their clinical features • Cutaneous changes with menstrual cycle • Physiological changes related to pregnancy • Vascular changes • Pregnancy dermatoses <ul style="list-style-type: none"> - Pruritus gravidarum - Pemphigoid gestationis - Pruritic urticarial papules and plaques of pregnancy - Prurigo of pregnancy - Pruritic folliculitis 	<ul style="list-style-type: none"> • Premature and delayed puberty - causes and presentation • Disorders of menopause • Aging skin <ul style="list-style-type: none"> -Concept of Geriatric patients & physiological changes in ageing skin -Polypharmacy -Management of late onset Vitiligo,Psoriasis. - Skin disorders associated with aging • Autoimmune progesterone dermatitis 	<ul style="list-style-type: none"> • Enumeration and identification of common syndromes with short stature
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SYSTEMIC THERAPY

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Systemic steroids • Antihistamines • Retinoids • Cyclophosphamide • Methotrexate • Mycophenolate mofetil • Cyclosporin • PUVA • Intravenous immunoglobulin • Penicillamine • Antibiotics • Antitubercular drugs • Antileprosy drugs • Antifungal drugs • Antiviral drugs <ul style="list-style-type: none"> - Acyclovir and its congeners • Anti-retroviral drugs • Ivermectin • Drugs of peripheral circulation <ul style="list-style-type: none"> - Pentoxifyllin - Calcium channel blockers - Sildenafil citrate - ACE-inhibitors and antagonists • Antimalarials • Thalidomide • Colchicine 	<ul style="list-style-type: none"> • Hormonal preparations • NSAIDs • Cytokines • Interferons • Essential fatty acids • Bleomycin • Fumaric acid esters • Photopheresis • Plasmapheresis • Other anti-retroviral • Dethylcarbazine • Sulfasalazine 	<ul style="list-style-type: none"> • Interleukins • Chlorambucil • Dacarbazine • Hydroxyuria • Melfelan • Gold • Other antiviral drugs like Vidarabine, Idoxuridine • Recent advances in therapeutics.

TOPICAL THERAPY

Must know	Should know	Good to know
<ul style="list-style-type: none"> • General principles <ul style="list-style-type: none"> - Choice of vehicle - Frequency and mode of application - Quantity to be applied • Various formulation <ul style="list-style-type: none"> - Enumeration with main characteristics - Enumeration of vehicle components • Anti-perspirants • Topical antibiotics <ul style="list-style-type: none"> - Fusidic acid - Mupirocin - Clindamycin - Silver sulfadiazine - Metronidazole • Antifungals <ul style="list-style-type: none"> - Allyamines - Imidazoles - Ciclopirox olamine - Morpholines • Antiparasitic agents <ul style="list-style-type: none"> - Pyrethroids - Malathion - Benzyl benzoate • Antiviral agents <ul style="list-style-type: none"> - Acyclovir • Astringents <ul style="list-style-type: none"> - Potassium permanganate - Aluminium acetate - Silver nitrate • Corticosteroids <ul style="list-style-type: none"> - Mechanism - Side effects (local and systemic) - Classification - Intralesional steroids - Indications • Cytotoxic and antineoplastic agents 	<ul style="list-style-type: none"> - Erythromycin - Polyenes - Bleomycin - 5-fluorouracil - Cyclosporin - Bexarotene - Depilators - Contact sensitizers - Capsaicin 	<ul style="list-style-type: none"> - Bacitracin - Gentamicin - Polymyxin B - Tetracyclines - Tolnaftate - Undecylenic acid - Pencyclovir - Idoxuridine - Mechlorethamine - T4 endonuclease V - Camphor - Menthol - Dyes

<ul style="list-style-type: none"> - Imiquimod - Podophyllin and podophyllotoxin • Depigmenting agents <ul style="list-style-type: none"> - Hydroquinone - Retinoic acid - Kligman cream - Azelaic acid - Kojic acid • Emollients • Immunomodulators <ul style="list-style-type: none"> - Tacrolimus - Pimecrolimus • Retinoids <ul style="list-style-type: none"> - Retinoic acid - Adapalene - Tazarotene • Miscellaneous <ul style="list-style-type: none"> - Dithranol - Sunscreen - Tars - Vit D analogue - Minoxidil 		
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BASIC PRINCIPLES OF DERMATOSURGERY

Must know	Should know	Good to know
<ul style="list-style-type: none"> • RSTL • Instruments used in dermatosurgery • Methods of sterilization • Suture materials: <ul style="list-style-type: none"> ○ Classification, ○ Suture size, ○ Type and size of needle • Types of suturing: <ul style="list-style-type: none"> ○ simple interrupted, ○ mattress, vertical & horizontal ○ Intra dermal buried, ○ S.C. buried, ○ Running subcuticular, ○ Figure of 8 • Suture removal 	<ul style="list-style-type: none"> • Types of wound healing • Wound management 	<ul style="list-style-type: none"> ○ Tissue glues, staples, wound closure tapes,

<ul style="list-style-type: none"> • Preoperative workup: <ul style="list-style-type: none"> ○ medication, ○ part preparation ○ relevant investigation • Types of local anesthesia: <ul style="list-style-type: none"> ○ Topical/surface, ○ infiltration, ○ tumescent, ○ field blocks, ○ nerve block • Types of Anesthetic agents • Waste segregation & disposal • Patient counseling, psychological assessment and consent • Emergencies and their management in dermatosurgery (vasovagal reaction, anaphylaxis, haemorrhage) 		
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STANDARD DERMATOSURGICAL PROCEDURES

Must know	Should know	Good to know
<ul style="list-style-type: none"> • Electrosurgery: <ul style="list-style-type: none"> ○ Types (Electro-fulguration, -section, -cautery, etc.) ○ Indications • Curettage: <ul style="list-style-type: none"> ○ Indications, ○ Techniques: combination with E.C. • Intralesional steroid therapy: <ul style="list-style-type: none"> ○ Indications ○ Dosage • Chemical cautery: <ul style="list-style-type: none"> ○ Use of Agents (TCA, Phenol) ○ Indications • Cryosurgery: <ul style="list-style-type: none"> ○ Mech. Of action, 	<ul style="list-style-type: none"> ○ Physics: basic principles • Radiofrequency surgery: <ul style="list-style-type: none"> ○ Physics, circuitry, ○ Techniques, ○ Types, ○ Indications ○ Agents other than TCA, Phenol 	<ul style="list-style-type: none"> • Intralesional sclerotherapy

<ul style="list-style-type: none"> ○ Cryogenics and their properties, ○ Techniques – dip stick, spray, probe, ○ Indications ● Excision Bx ● Epidermal cyst excision – Indication and technique ● Corn enucleation 		
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SPECIAL DERMATOSURGICAL PROCEDURES:

Must know	Should know	Good to know
<ul style="list-style-type: none"> ● Dermabrasion: <ul style="list-style-type: none"> ○ Preoperative work up, ○ instruments used, ○ indications, ○ Techniques ○ Post-op care ● Vitiligo surgery & skin grafting: <ul style="list-style-type: none"> ○ Punch graft, ○ Suction blister graft, ○ ideal donor sites/sites to be avoided ○ types of post operative dressing ● Nail surgery : <ul style="list-style-type: none"> ○ Intra matrix injection, ○ Nail matrix Bx, ○ Nail unit Bx ○ Partial & complete nail avulsion ● Hair restoration surgery <ul style="list-style-type: none"> ○ Principles ○ Types ○ Indications ● Lasers ● Dermal fillers – - type and indications ● Iontophoresis: <ul style="list-style-type: none"> ○ Mechanism, indications, ○ contra-Indications ○ Procedures 	<ul style="list-style-type: none"> ○ Facial cosmetic units ○ Microdermabrasion <ul style="list-style-type: none"> ▪ Mechanism of action, ▪ Indications/Limitations ○ Split-thickness graft ○ Tattooing ● Chemical peel: <ul style="list-style-type: none"> ○ Classification/types (AHA, BHA, others), ○ Combination peels ● Scar revision – techniques ● Male genitalia – <ul style="list-style-type: none"> ○ dorsal slit ● Botulinum toxin: <ul style="list-style-type: none"> ○ Pharmacology& mechanism of action, ○ Indications, ○ contra indications, ○ available preparation 	<ul style="list-style-type: none"> ▪ Instrument use, ▪ procedure, ▪ complication ○ Non cultured Melanocyte-keratinocyte transfer technique Keloid: debulking <ul style="list-style-type: none"> ○ Methodology ○ Pre- & Post-op care ○ Circumcision ● Tissue Augmentation: <ul style="list-style-type: none"> ○ Principles ○ Materials ○ Techniques ● Ear, nose and body piercing ● Ear lobe repair <ul style="list-style-type: none"> ○ storage, ○ dilution and dosage,

<ul style="list-style-type: none"> • Eletroepilation: <ul style="list-style-type: none"> ○ Indications ○ Contraindications, ○ Types - electrolysis, thermolysis 		<ul style="list-style-type: none"> ○ procedure, ○ complications • Liposuction
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STD CURRICULUM FOR POST GRADUATES

<i>MUST KNOW</i>	<i>SHOULD KNOW</i>	<i>GOOD TO KNOW</i>
<p>Anatomy</p> <ul style="list-style-type: none"> • Anatomy of male and female genital tract (including blood supply and lymphatic drainage) <p>Microbiology & Immunology</p> <ul style="list-style-type: none"> • Normal/abnormal genital flora <p>Syndromic approach</p> <ul style="list-style-type: none"> • Etiology, clinical features, and management of the following STI syndromes: <ul style="list-style-type: none"> ➢ Genital ulcer disease ➢ Vaginal discharge ➢ Urethral discharge ➢ Inguinal bubo ➢ Scrotal swelling ➢ Lower abdominal pain ➢ Ophthalmia neonatorum • NACO guidelines for management of various STDs <p>Viral STDs</p>	<ul style="list-style-type: none"> • Role of lactobacilli • Risk factors for transmission of STD • Epidemiology & transmission • Immune response • Complications like aseptic meningitis, encephalitis, radiculomyelopathy dissemination etc. • Lab diagnosis <ul style="list-style-type: none"> ➢ Antigen detection by IF, IP, EIA etc. ➢ DNA hybridization based molecular tests • Treatment <ul style="list-style-type: none"> ➢ Parenteral treatment for severe infection ➢ Treatment of acyclovir-resistant herpes ➢ Treatment of HPG in pregnancy • HIV & genital herpes • Laboratory diagnosis • Treatment 	<ul style="list-style-type: none"> • Mucosal immune system in males and females • Bacterial adhesins • Strategies for development of mucosal immune response to control STI • CDC guidelines for management of various STDs • Morphology of virus • Treatment - CDC guidelines • HSV Vaccines • Recent advances in diagnosis and treatment • HPV induced carcinogenesis – high-risk serotypes, mechanism of neoplasia & screening • Treatment - CDC guidelines • HPV vaccines • Recent advances in diagnosis & treatment

<p><u>Genital herpes virus infection (HPG)</u></p> <ul style="list-style-type: none"> • Life cycle including latency & reactivation • Clinical presentation <ul style="list-style-type: none"> ➤ Primary episode ➤ Non-primary first episode ➤ Recurrent episode • Lab diagnosis <ul style="list-style-type: none"> ➤ Specimen collection ➤ Cytology (Tzanck) ➤ Culture ➤ Histopathology ➤ Serological diagnosis ➤ Nucleic acid amplification tests (NAATs) including PCR & LCR • Treatment <ul style="list-style-type: none"> ➤ Drugs for HSV ➤ NACO guidelines for treatment of primary & recurrent episodes in immunocompetent & immunocompromised host. <p><u>Neonatal herpes simplex infection</u></p> <ul style="list-style-type: none"> • Modes of transmission and relation with nature of maternal infection and immunity. • Clinical presentation – asymptomatic, localized, disseminated disease. <p><u>Human papilloma virus infections (HPV)</u></p>	<ul style="list-style-type: none"> • Epidemiology & transmission • Immune response • Lab diagnosis <ul style="list-style-type: none"> ➤ Antigen detection ➤ Molecular tests – DNA hybridization, PCR etc • Treatment in pregnancy • HPV infection with HIV • Morphology of virus • MC in HIV infection • Lab diagnosis of HIV • Disease classification / staging • HAART <ul style="list-style-type: none"> ➤ Classification of ART drugs ➤ NACO guidelines on indications, first line regimens, patient monitoring ➤ Side effects of ART drugs • Management of HIV in pregnancy – regimen, doses, monitoring, side effects • Prevention of mother to child transmission • National AIDS control programme (NACP) - phases, goals, targets and achievements 	<ul style="list-style-type: none"> • Differential diagnosis of MC-like umblicated lesions • Mechanism of depletion of CD4 cells, role of cytokines etc. • HAART <ul style="list-style-type: none"> ➤ ART failure & second line regimens ➤ Pediatric ART – dose, regimens, side effects, monitoring ➤ Adherence to ART & ART drug resistance • Management of HIV patient in tuberculosis, hepatitis, injection drug abusers • Immune reconstitution inflammatory syndrome (IRIS) • Indications for CPT prophylaxis & management of opportunistic infections • Kaposi's sarcoma – etiology, clinical variants, treatment modalities • New drugs or approaches to target HIV
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<ul style="list-style-type: none"> • Clinical presentation – condyloma acuminata, papular, macular, giant warts (Buschke-Lownestein) etc. • Lab diagnosis <ul style="list-style-type: none"> ➤ Acetowhite test ➤ Histopathology • Treatment <ul style="list-style-type: none"> ➤ Treatment options like chemical cauterization, physical modalities and other drugs. ➤ NACO guidelines <p><u>Genital molluscum contagiosum (MC)</u></p> <ul style="list-style-type: none"> • Clinical features • Lab diagnosis – <ul style="list-style-type: none"> ➤ Microscopy – HP bodies ➤ Pathology (biopsy) • Treatment options for localized and disseminated lesions <p><u>HIV</u></p> <ul style="list-style-type: none"> • Structure & biology of HIV • Modes / risk factors for transmission • Cutaneous manifestation of HIV (infective / non infective) • PEP prophylaxis – indications, source code, exposure code, regimen, monitoring, side effects, adherence • Sentinel surveillance <p>Bacterial STDs</p> <p>Syphilis</p> <ul style="list-style-type: none"> • Structure of <i>Treponema pallidum</i> 	<ul style="list-style-type: none"> • History of syphilis – Columbian and environmental theory • Pathogenesis of disease • Immune response • Malignant syphilis • Cardiovascular syphilis • Neurosyphilis- different stages • Charcot joints • Lab diagnosis - technique, monitoring & positivity of tests in different stages • Treatment in pregnant patient • Jarisch herxheimer reaction- etiology, clinical features, management • Syphilis & HIV • Congenital syphilis - management • Growth characteristics of <i>H ducreyi</i> • Lab diagnosis <ul style="list-style-type: none"> ➤ Histopathology ➤ Molecular techniques like PCR • Chancroid & HIV • Genetic characteristics and strains • Lab diagnosis – <ul style="list-style-type: none"> ➤ Antigen detection tests ➤ Serological tests ➤ DNA hybridization based molecular tests like PACE etc. • Gonorrhoea in pregnancy • HIV & gonorrhoea 	<ul style="list-style-type: none"> • Mechanism of motility • Treponemal antigens • Complications of primary and secondary stages • Histopathology in different stages • Treatment <ul style="list-style-type: none"> ➤ CDC guidelines ➤ Treatment of penicillin-allergic patients & desensitization • Syphilis vaccines • Endemic syphilis (yaws) - clinical features, diagnosis & treatment • Drug resistance in chancroid • Treatment – CDC guidelines • Treatment – CDC guidelines • Gonococcal vaccines • Recent advances in diagnosis & treatment • Treatment – CDC guidelines • Treatment – CDC guidelines • Treatment – CDC guidelines • Treatment – CDC guidelines • Treatment – CDC guidelines • Differential diagnosis of acute pelvic pain • Treatment - CDC guidelines • Treatment - CDC guidelines
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<ul style="list-style-type: none"> • Modes of transmission • Natural history of disease (course of untreated syphilis) • Classification of syphilis • Clinical presentations of primary, secondary, tertiary syphilis • Clinical features of different stages – primary chancre, variants of secondary stage (chancre redux, syphilis de emblee, pseudochancre redux), tertiary syphilis (gumma, other manifestations) • Lab diagnosis – DGI, serological tests (treponemal and non treponemal tests), false positive VDRL / TPHA • Treatment – NACO guidelines • Congenital syphilis – clinical manifestations <p><u>Chancroid</u></p> <ul style="list-style-type: none"> • Morphology of <i>H ducreyi</i> • Clinical features including variants • Lab diagnosis <ul style="list-style-type: none"> ➤ Microscopy ➤ Culture ➤ Serology • Treatment – NACO guidelines <p>Gonococcal infections</p> <ul style="list-style-type: none"> • Morphology & biology of <i>N gonorrhoea</i> • Clinical features & complications including acute urethritis, acute & 	<ul style="list-style-type: none"> • Drug resistance in gonorrhoea • Morphology & biology of <i>C trachomatis</i> • Lab diagnosis – <ul style="list-style-type: none"> ➤ Antigen detection tests ➤ Serological tests ➤ DNA hybridization based molecular tests like PACE etc • Epidemiology & transmission • Pathogenesis & pathology • Lab diagnosis – <ul style="list-style-type: none"> ➤ antigen detection ➤ serological tests ➤ molecular tests like PCR, RFLP • HIV & LGV • Epidemiology & transmission • Pathogenesis & spread of disease • HIV & Donovanosis • Complications • Lab diagnosis – Nugent's criteria • BV in pregnancy • Epidemiology including risk factors • Mycology of albicans and non-albicans candida • Lab diagnosis – newer tests like PCR • Treatment of fluconazole resistant <i>C albicans</i> and non-albicans Candidiasis • HIV & genital candidiasis 	<ul style="list-style-type: none"> • Recent advances like newer topical and systemic anti-mycotic drugs (like voriconazole) • Treatment – CDC guidelines • Treatment – CDC guidelines • Treatment – CDC guidelines • Acute & chronic prostatitis • Chronic pelvic pain syndrome
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<p>chronic complications, anorectal, pharyngeal and disseminated infection</p> <ul style="list-style-type: none"> • Lab diagnosis – <ul style="list-style-type: none"> ➤ Specimen collection & transport ➤ Microscopy ➤ Culture ➤ Nucleic acid amplification tests (NAATs) including PCR & LCR • Treatment – NACO guidelines for uncomplicated and complicated gonococcal infections <p><u>Chlamydia trachomatis infections</u></p> <ul style="list-style-type: none"> • Clinical features & complications – entire spectrum of urethritis, cervicitis, proctitis, neonatal conjunctivitis, and related complications. • Lab diagnosis – <ul style="list-style-type: none"> ➤ Specimen collection & transport ➤ Microscopy ➤ Culture ➤ Nucleic acid amplification tests (NAATs) including PCR & LCR • Treatment – NACO guidelines <p><u>Lymphogranuloma venereum</u></p>	<ul style="list-style-type: none"> • Lab diagnosis – culture methods, molecular techniques. • Trichomonas infection in pregnancy • Immunity in scabies • Lab diagnosis by newer techniques – epiluminiscence microscopy, PCR • HIV & Scabies • Epidemiology & transmission • Epididymo-orchitis • Dhat syndrome – etiology, clinical features, treatment 	
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<ul style="list-style-type: none"> • Clinical features – including different stages and complications • Lab diagnosis – <ul style="list-style-type: none"> ➤ specimen collection ➤ cytology ➤ culture • Treatment <ul style="list-style-type: none"> ➤ NACO guidelines ➤ Surgical <p>Donovanosis</p> <ul style="list-style-type: none"> • Morphology of organism • Clinical features including clinical variants & complications • Lab diagnosis- <ul style="list-style-type: none"> ➤ specimen collection ➤ microscopy ➤ histopathology ➤ isolation of organism • Treatment <ul style="list-style-type: none"> ➤ NACO guidelines ➤ Surgical <p>Bacterial vaginosis (BV)</p> <ul style="list-style-type: none"> • Epidemiology & risk factors • Pathogenesis including alteration of mucosal microflora and biochemical changes • Clinical features • Lab diagnosis – Amsel’s criteria • Treatment – NACO guidelines <p><u>Pelvic inflammatory disease (PID)</u></p> <ul style="list-style-type: none"> • Epidemiology & risk factors • Microbiology of PID • Clinical features & complications • Lab diagnosis 		
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<ul style="list-style-type: none"> • Treatment - NACO guidelines <ul style="list-style-type: none"> Fungi, protozoa & arthropod infections <p><u>Genital candidal infections (VVC & CBP)</u></p> <ul style="list-style-type: none"> • Clinical features <ul style="list-style-type: none"> ➤ VVC in females - uncomplicated and complicated disease ➤ CBP in males ➤ Candidal hypersensitivity • Lab diagnosis – microscopy and culture • Treatment <ul style="list-style-type: none"> ➤ topical and oral drugs ➤ NACO guidelines for uncomplicated & complicated disease (including pregnancy) <p><u>Trichomonas vaginalis infection</u></p> <ul style="list-style-type: none"> • Morphology of <i>T vaginalis</i> • Clinical features • Lab diagnosis <ul style="list-style-type: none"> ➤ microscopy • Treatment - NACO guidelines <p>Genital scabies</p> <ul style="list-style-type: none"> • Morphology & life cycle of the mite • Epidemiology & transmission • Clinical features – typical and special variants • Lab diagnosis by microscopy • Treatment – <ul style="list-style-type: none"> ➤ Principles and options 		
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<p>➤ NACO guidelines</p> <p>Phthiriasis pubis</p> <ul style="list-style-type: none"> • Morphology & life cycle of the mite • Clinical features • Diagnosis • Treatment – NACO guidelines <p>Miscellaneous</p>		
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LEPROSY CURRICULUM FOR POST GRADUATE

<i>MUST KNOW</i>	<i>SHOULD KNOW</i>	<i>GOOD TO KNOW</i>
<p>History</p> <p>Epidemiology</p> <ul style="list-style-type: none"> • Transmission • Recent Status of Leprosy in India • Leprosy control programmes <p>Microbiology & Immunology</p> <ul style="list-style-type: none"> • Structure of <i>M leprae</i> • Humoral response • Cell mediated immune response • Tests for assessment of CMI <p>Classification of leprosy</p> <ul style="list-style-type: none"> • Immunopathological spectrum of leprosy • Ridley Jopling classification • Paucibacillary and multibacillary leprosy <p>Clinical features</p> <ul style="list-style-type: none"> • Cutaneous • Nerve involvement • Ocular involvement- causes, effects due to infiltration and 	<ul style="list-style-type: none"> • Global scenario • Important M.leprae antigens • Role of macrophages in leprosy • Difference Between Madrid and Ridley Jopling classification • Sensory and motor dysfunction • Histopathology of nerves • Serology in leprosy esp., PGL-1 ELISA • Newer and short duration regimes • Uniform MDT • Tests for drug resistance • Immunotherapy in leprosy • Classify severity of type 2 reaction • Management of nerve abscess • Disability assessment • Physical – prosthesis, surgical 	<ul style="list-style-type: none"> • History of leprosy and treatments of historical interest • Biochemical characteristics of M leprae • Other classification systems in leprosy • Histopathology of other tissues like kidneys, liver, lymph nodes, mucosae • In-vitro testing of M. leprae • Other non human primates • Vocational and social

<p>inflammation and reactions</p> <ul style="list-style-type: none"> • Involvement of other mucosae • Systemic Involvement in Leprosy-muskuloskeletal, hepatic, renal and reproductive • Variants of leprosy like Neuritic, indeterminate, single skin lesion, lucio, histoid , lazarine <p>Differential diagnosis of:</p> <ul style="list-style-type: none"> • Hypopigmental macules • Erythematous skin lesions • Nodules • Peripheral nerve thickening <p>Investigations</p> <ul style="list-style-type: none"> • Slit skin smear including bacterial index, morphological index • Histopathology of skin according to Ridley Jopling classification • Lepromin test • Clinical tests for sensory, motor and autonomic functions <p>Treatment of leprosy</p> <ul style="list-style-type: none"> • Conventional drugs- dapsons, rifampicin and clofazamine – mechanism of action, pharmacokinetics and side effects • Standard and alternative regimes • Drug resistance • Investigational drugs • Vaccines in leprosy 		
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<p>Reactions in Leprosy</p> <ul style="list-style-type: none"> • Aetiopathogenesis • Clinical features- cutaneous and systemic • Differentiate between relapse and reversal • Histopathology • Treatment - corticosteroids, thalidomide, clofazamine, antimalarials etc <p>Special situations like</p> <ul style="list-style-type: none"> • Pregnancy • Childhood Leprosy • Leprosy and HIV <p style="padding-left: 40px;">Experimental models in leprosy</p> <ul style="list-style-type: none"> • Mice • Armadillos <p>Deformities in leprosy</p> <ul style="list-style-type: none"> • Types- anesthetic, motor and specific deformities involving hands, feet (including trophic ulcer) and face • Nerve damage- clinical features and management • Assessment • Prevention • Management- medical, surgical and physiotherapy <p>Disability prevention & Rehabilitation</p>		
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Ethics

Medico legal aspects relevant to the discipline

Health Policy issues as may be applicable to the discipline

IV. LOG BOOK:

A candidate shall maintain a log book of operations (assisted / performed) during the training period, certified by the concerned post graduate teacher / Head of the department / senior consultant.

This log book shall be made available to the board of examiners for their perusal at the time of the final examination.

The log book should show evidence that the before mentioned subjects were covered (with dates and the name of teacher(s)) The candidate will maintain the record of all academic activities undertaken by him/her in log book.

1. Personal profile of the candidate
2. Educational qualification/Professional data
3. Record of case histories
4. Procedures learnt
5. Record of case Demonstration/Presentations
6. Every candidate, at the time of practical examination, will be required to produce performance record (log book) containing details of the work done by him/her during the entire period of training as per requirements of the log book. It should be duly certified by the supervisor as work done by the candidate and countersigned by the administrative Head of the Institution.
7. In the absence of production of log book, the result will not be declared.

V. RECOMMENDED TEXT BOOKS AND JOURNALS:

Books

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 - Samuel L. Moschella, Harry J. Hurley , 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 - King K. Holmes, Frederick P. Sparling, Walter E. Stamm
2. King nicolle's book on STD
3. NACO and CDC guidelines for management of STD

Journals

1. Indian Journal of Dermatology, Venerology & Leprology
2. Indian Journal of Dermatology
3. Indian Journal of Leprosy
4. Indian Journal of Sexually Transmitted diseases
5. International Journal of Dermatology
6. International Journal of Leprosy
7. Leprosy review
8. Archieves of Dermatology
9. British Journal of Dermatology
10. Journal of American Academy of Dermatology
11. Dermatologic Surgery



आयुर्विज्ञान में राष्ट्रीय परीक्षा बोर्ड
स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार
मेडिकल एन्क्लेव, अंसारी नगर, नई दिल्ली – 110029

NATIONAL BOARD OF EXAMINATIONS IN MEDICAL SCIENCES
Ministry of Health & Family Welfare, Govt. of India
Medical Enclave, Ansari Nagar, New Delhi- 110029