MD DERMATOLOGY

CURRICULUM

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, dermographism, 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, Dermabrasion, excision of growths and cysts, skin punch grafting, hair transplantation, cryosurgery, nail surgery etc & Needle aspiration of swellings.

**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.

**Assessments/Examinations**

**Concurrent examination/assessment**

The purpose of the concurrent assessment is to give regular feedback 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, Dyplastic 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 corpris 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**
- Pyoderma: 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, sunscreens, 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
- Tumescent 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
- Sarciodosis
- 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
Photodermatosis

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
Tubrous 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
- Myctoma
- 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
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.

Sample question paper:

**MD Dermatology**

Instructions:Draw labeled diagrams wherever necessary: Answer all questions

Total marks …100

PART I

BASIC SCIENCES IN RELATION TO SPECIALITY

Essays

1. Describe the ultrastructure of Basement membrane zone. Enumerate the immunobullous diseases associated with disorders of components the zone..

8+12 =20
Short Essays (10 Marks each = 80)

2. Keratinization
3. Lipid storage disorders
4. Albinism
5. Idiosyncrasy
6. Zinc Deficiency
7. Schwann cell
8. Temperature regulation
9. Human genome project

PART II

Dermatology and Therapeutics

1. Enumerate the different types of psoriatic arthropathy. Discuss dose and side effects of Methotrexate (20 marks)

Short essays

2. Xanthoma disseminatum
3. Drug hypersensitivity syndrome
4. Cryosurgery
5. Topical sunscreens
6. Sporotrichosis
7. Trichodynia
8. Cutaneous Leishmaniasis
9. Patch testing (10 marks each – 80)
PART III

Dermatology in Relation to Systemic Diseases

Essays

1. Enumerate the ARA criteria for Systemic Lupus Erythematosus. Discuss the sensitivity and specificity of these criteria in diagnosis of SLE

Short essays

2. Acanthosis nigricans

3. Mononeuritis multiplex

4. Lupus band

5. Cutaneous manifestation of uremia

6. Gianotti-Crosti syndrome

7. Primary HIV infection

8. Heliotrope erythema

9. Diabetic dermopathy
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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