

MODUL MAHASISWA

**MODUL
PROBLEM BASED LEARNING
SISTEM INDRA KHUSUS**



Modul Ilmu Kesehatan Kulit & Kelamin

**Diberikan Pada Mahasiswa Semester V
Fakultas Kedokteran Unhas**

**Fakultas Kedokteran
Universitas Hasanuddin
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MODUL KULIT (Tutorial 3 &4)

MEDICAL FACULTY HASANUDDIN UNIVERSITY SPECIAL SENSE SYSTEM DERMATOVENEROLOGY MODULE

CASE 1:

A man, 30 years old diagnosed with seborroic dermatitis, based on :

- **History Taking :**

A man, 30 years old came to the hospital with the chief complained red spot, with yellow scale on scalp, face, nasolabial folds and chest since one week ago and getting more itch if sweating and eat spicy food. There is no Family history with the same disease. There is no allergic history and no drug consumption before.

- **Physical examination** : status present : mild pain/ good level of nutrition/ compos mentis

- **Vital Sign** : T = 120/80mmHg; N = 80 x/minute, P= 20x/minute; S= 36,7° C

- **Dermatology status** :

- Regio scalp, facialis, nasolabial fold, trunk
- Efflorescens : mild scale, papule, makule eritematous, yellow crusts
- Another examination : KOH (-)

- **Diagnose** : seborroic dermatitis

- (seborrheic erythroderma).

- **Prognosis** : dubia.

BASED ON THE ABOVE CASE, EACH STUDENTS ARE ASSIGNED TO :

- 1. MAKE A MIND MAP OF SEBORROIC DERMATITIS**
- 2. EXPLAIN THE ETIOLOGY AND PATOFISIOLOGY, CLASSIFICATION.**
- 3. EXPLAIN THE CLINICAL MANIFESTATION OF SEBORROIC DERMATITIS, INCLUDE THE SIGN AND SIMPTOMS.**
- 4. EXPLAIN THE TREATMENT, COMPLICATION AND PRODGNOSIS.**
- 5. PRESENT AND DISCUSS IN CLASS**

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CASE 2:

A woman, 28 years old diagnose with pityriasis rosea, based on :

- **History taking :**

A woman, 28 years old came to the hospital with chief complain redness on chest and back area since 1 week ago after cleaning the house. Firstly there are only 2 wide lesion with thin scale on the margin then spread into some small lesion on the back with a mild itchiness. There is no family history of the same complain, no history of allergy and no history of medication.

- **Physical examination :** General status : Mild illness/ Well-nourished / Conscious.

- **Status Vital :**BP = 120/80; HR = 80 x/m, RR= 20x/menit; Tax= 36,7° C

- **Dermatology status :**

Trunk & vertebrae region

Efflorescence : herald patch, erythematous papule, thin scale

- **Laboratory test :** KOH (-), wood lamp (-)

- **Differential Diagnosis :**

- Nummular dermatitis
- Tinea corporis
- Guttate psoriasis

- **Treatment :**

○ Self limiting disease :

- Education about the clinical course of the disease

○ salycil talc plus menthol 0,-1% for topical agent and mild topical corticosteroid

- **Prognosis :** bonam

STUDENT ASSESSMENT :

- 1. MAKE A MIND MAP FOR THE CASE ABOVE**
- 2. EXPLAIN THE ETIOLOGY AND PATOPHYSIOLOGY OF THIS CASE**
- 3. EXPLAIN THE CLINICAL MANIFESTATION OF PITYRIASIS ROSEA, INCLUDING THE SIGN AND SYMPTOMS.**
- 4. EXPLAIN THE MANAGEMENT AND THE PROGNOSIS**
- 5. PRESENT AND DISCUSS IN CLASS**

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CASE 3:

A woman, 30 years old, diagnosed with vitiligo, based on:

- **History taking :**

A woman, 30 years old came to the hospital with the complaint of whitish spot like white milk, well-defined border in the face since 2 months ago. There is no history of injury. She has a family history of the same complaint and no history of atopic and medication.

- **Physical examination :** General status : Mild illness/ Well-nourished/ Conscious

- **Vital sign :**BP = 120/80; HR = 80 x/menit, RR= 20x/menit; Tax= 36,7° C

- **Dermatology status :**

Location: Face region

Efflorescence :Hypopigmented macules

- **Laboratory test :** KOH (-), wood lamp (-)

- **Differential Diagnosis :**

- Post-inflammation hypopigmentation
- Pityriasis versicolor
- Pityriasis alba

- **Treatment :** a high-potency fluorinated corticosteroid for 1 to 2 months, after which prudence dictates that therapy is gradually tapered to a lower-potency corticosteroid

- **prognosis :** dubia

STUDENT ASSESSMENT :

- 1. MAKE A MIND MAP OF VITILIGO.**
- 2. EXPLAIN THE ETIOLOGY AND PATHOPHYSIOLOGY, CLASSIFICATION**
- 3. EXPLAIN THE CLINICAL MANIFESTATION OF VITILIGO, INCLUDING THE SYMPTOMS AND SIGNS.**
- 4. EXPLAIN THE MANAGEMENT, COMPLICATIONS, AND PROGNOSIS.**
- 5. PRESENT AND DISCUSS IN THE CLASS.**