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**MAHATMA GANDHI UNIVERSITY**  
*of*  
**MEDICAL SCIENCES & TECHNOLOGY**  
SITAPURA, JAIPUR



PGCC

**MGUMST**

**PGCC**  
**DERMATOLOGY**

**(One Year Certificate Course)**



**MAHATMA GANDHI UNIVERSITY**  
*of*  
**MEDICAL SCIENCES & TECHNOLOGY**  
SITAPURA, JAIPUR

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MAHATMA GANDHI UNIVERSITY  
of  
MEDICAL SCIENCES & TECHNOLOGY  
JAIPUR

# ***Syllabus***

PGCC - DERMATOLOGY  
(One Year Certificate Course)

PGCC  
Dermatology

## **NOTICE**

1. Amendments made by the Board of Management of the University in Rules / Regulations of Post Graduate Medical Courses shall automatically apply to the Rules/ Regulations of the Mahatma Gandhi University of Medical Sciences & Technology.
2. The University reserves the right to make changes in the syllabus/books/ guidelines, fee-structure or any other information at any time without prior notice. The decision of the University shall be binding on all.
3. The Jurisdiction of all court cases shall be Jaipur Bench of Hon'ble Rajasthan High Court only.

## One Year Certificate Course

### POST GRADUATE CERTIFICATE COURSE IN DERMATOLOGY

#### SCHEME OF EXAMINATION

##### 1. Theory:

- (a) There will be two Theory papers examination at the end of the academic year. Each Theory paper examination shall be of 3 hours duration and of maximum marks 80.
- (b) For each question paper there shall be a separate Internal Examiner. These papers shall be evaluated by the concerned Internal Examiners (Papers Setters).
- (c) The Paper Setter shall set the questions within the prescribed course of study of the concerned paper. There will be set pattern of question papers duly approved by Academic Council. Model question paper is annexed herewith.
- (d) It is to be noted that the Internal Examiners shall be appointed by the President of the University in consultation with the respective Coordinator of the course. This exercise shall be conducted through the office of the Controller of the Examinations of the University.
- (e) **Internal Assessment:** Internal assessment shall be of 20 marks for Each Theory paper.
- (f) **Passing Marks:** A candidate will have to obtain at least 50% marks in each Theory paper to pass. This means that he will have to score 50 marks in each paper. This shall include the marks obtained in Theory paper of 80 marks and internal assessment for that paper of 20 marks (Marks obtained in Theory paper + Marks obtained in internal assessment = the Total Marks obtained in each paper).

##### 2. Practical and Viva-Voce Examination

There shall be one practical and viva-voce examination. It shall be conducted after the Theory examination is over. The pattern shall be as follows –

- (a) The practical and viva voce examination shall be conducted by one External and two Internal examiners. The Internal examiners shall be appointed by the President of the University in consultation with the respective Coordinator of the course. The External examiner shall also be appointed by the President out of the panel of names submitted by the Coordinator of the course through the Controller of Examinations to the President. The President may or may not consult the Coordinator before the appointment of the External practical examiner.
- (b) Total marks of the practical examination shall be equivalent to the total marks put together of the Theory papers in the course. It shall mean that it shall be 200.

- (c) It shall be left to the examiners – Internals and the External, to examine and evaluate the students in practical in the way they wish and award the marks without giving any specific details. The total marks obtained by the candidate in the practical examination shall be the aggregate of the marks awarded by the three practical examiners (2 Internals and 1 External) put together as one figure. This shall then be submitted to the University. The award sheet shall be signed by all the practical examiners.
- (d) A student shall be required to obtain a minimum of 50% pass marks in the practical examination. This means 100 out of 200.
- (e) A candidate who fails to obtain 50% marks shall be declared failed in the practical examination.

##### 3. Result

A candidate will have to obtain at least 50% marks separately in each Theory paper and a minimum of 50% marks in the practical examination for him to be declared pass.

##### 4. Supplementary Examination

- (a) Eligibility for the failed candidates to appear at the supplementary examination shall be as below –
  - i. Failed in Theory Paper(s) and failed in Practical – shall reappear in the respective failed Theory paper(s) and Practical examination.
  - ii. Failed in Theory paper/papers and passed in Practical examination – shall reappear only in the concerned failed Theory paper(s).
  - iii. Passed Theory papers but failed in Practical – shall reappear only in the Practical Examination.
- (b) There shall be a supplementary examination within two months of the declaration of the result of the main examination. Internal assessment marks obtained in main examination in the concerned failed paper/papers shall be carried forward for working out the result of supplementary Theory paper(s) examination. Such candidate who has secured less than 50% marks in the internal assessment will be allowed to improve his internal assessment marks in the repeat supplementary internal assessment examination.
- (c) Marks secured by the candidate in Theory paper(s) and/or practical of the main examination, as the case may be, will be carried forward for working out his result.
- (d) **Result:**
  - i. A candidate obtaining at least 50% marks in the supplementary Theory paper(s) and 50% marks in the supplementary practical examination, as the case may be, shall be declared successful.
  - ii. A candidate who has failed in supplementary theory paper(s) examination shall have to reappear only in the failed theory paper(s) at the next main examination.

- iii. A candidate who has failed in supplementary practical examination shall have to reappear both in theory (all papers) and practical at the next main examination.
- (e) **No revaluation** of answer books either of main or of the supplementary examination shall be permitted. However, the student can apply for scrutiny of the answer books.
- (f) The candidate will be allowed to avail maximum **four attempts** including supplementary (one main + one supplementary + one main + one supplementary) to pass the examination. After that he will have to leave the course. Non-appearance at an examination shall be counted an attempt.

**5. Result-Division:** Successful candidates will be categorized as under –

i.	Those, securing 50% and above but less than 60% in the aggregate marks	Pass
ii.	Those, securing 60% and above but less than 75% in the aggregate marks	Pass with I Division
iii.	Those, securing 75% and above in the aggregate marks	Pass with Honours

**POST GRADUATE CERTIFICATE COURSE IN DERMATOLOGY (9700)**

**1. DURATION:** 1 year

**2. ELIGIBILITY:** MBBS

**3. OBJECTIVES:**

At the end of this course, student should be able to:

- (1) Recognize the key importance of Skin, in the context to the health priority of the country.
- (2) Practice the specialty of dermatology, in keeping with the principles of professional ethics.
- (3) Identify, social, economic, environmental, biological & emotional determinates of patients, and institute diagnostic, therapeutic, rehabilitative, preventive and promotive measures to provide holistic care to patients.
- (4) Recognize the importance of growth and development as the foundation of dermatology and cosmetology and help each patient realize his/her optimal potential in this regard.
- (5) Take detailed history, perform full physical examination, local examination & make clinical diagnosis in the field of dermatology.
- (6) Perform relevant investigative and therapeutic procedures for the dermatology and cosmetology.
- (7) Interpret important imaging and laboratory results.
- (8) Plan and deliver comprehensive treatment for illness using principles of rational drug therapy.
- (9) Demonstrate empathy and humane approach towards patients and their families and respect their sensibilities.
- (10) Demonstrate communication skills of a high order in explaining management and prognosis, providing counseling and giving health education messages to patients, families and communities.

**4. SYLLABUS:**

- (1) Skin:
  - (a) Anatomy, embryogenesis, & functions of skin
  - (b) Histopathology relevant to cosmetology
  - (c) Inflammation & clinical immunology
  - (d) Pruritus- Pathophysiology, etiology, differential & management
  - (e) Dermatitis - Atopic dermatitis, contact dermatitis- irritant & allergic, acute, subacute & chronic eczema, stasis eczema, lichenification & erythroderma
- (2) Infections:
  - (a) Bacterial Infections - Gram +ve (impetigo, cellulitis, ecthyma, erysipelas. Staphylococcal scalded skin syndrome, toxic shock syndrome, Anthrax) & Gram –ve infections

- (b) Viral infections (Herpes virus, human papilloma virus, Hemorrhagic fevers)
- (c) Mycobacterial infections - Cutaneous tuberculosis - typical & atypical, MDT
- (d) Mycology- superficial, Subcutaneous & deep mycoses
- (e) Parasitic, protozoal & arthropodal infections, Filariasis, Leishmaniasis, Larva migrans, Scabies, Pediculosis
- (3) Cutaneous photobiology:
  - (a) Polymorphic light eruption, actinic prurigo, solar urticaria, chronic actinic dermatitis
- (4) Disorders of keratinization:
  - (a) Ichthyosis- congenital and acquired, erythrokeratoderma, PRP, Darier's disease, psoriasis
- (5) Disorders of pigmentation:
  - (a) Melanogenesis, hypermelanosis, hypomelanosis, melanocytic nevi
- (6) Tumours of skin:
  - (a) Malignant
    - i. Squamous cell carcinoma
    - ii. Basal cell carcinoma
    - iii. Melanoma
  - (b) Benign
    - i. Actinic keratosis
    - ii. Bowen's disease
    - iii. Seborrhoeic keratosis
    - iv. Keratoacanthoma
    - v. Pilomatricoma
    - vi. Cylindroma
    - vii. Syringoma
    - viii. Paget's disease
- (7) Bullous disorders:
  - (a) Congenital – epidermolysis bullosa – simplex, junctional and dystrophic
  - (b) Immunobullous – pemphigus & its variants, bullous pemphigoid, cicatricial pemphigoid, dermatitis herpetiformis, pulse therapy, Linear IgA derma.
- (8) Disorders of sebaceous and sweat glands :
  - (a) Acne and its variants, sebaceous gland disorders, rosacea, hyperhidrosis, miliaria
- (9) Urticaria : types, urticarial vasculitis, angioedema, mastocytosis
- (10) Purpura: classification, diagnosis & Management
- (11) Vasculitis and neutrophilic reactions, small, medium and large vessel vasculitis, sweet's syndrome, pyoderma gangrenosum, erythema nodosum, behcet's disease
- (12) Arterial, venous and lymphatic disorders:
  - (a) Arterial and peripheral ischemic disorders, venous thrombosis and ulceration, lymphoedema

- (13) Lichen planus, lichenoid diseases, sarcoidosis
- (14) Other dermatoses
- (15) Nail:
  - (a) Structure of function of Nail
  - (b) Disorders of nail development- Anonychia, pachyonychia
  - (c) Nail infections- Paronychia, Onychomycosis
  - (d) Dermatoses affecting nails- psoriasis, Darier's Disease, lichen planus, twenty nail dystrophy
  - (e) Nail tumours including Koelan's tumour
  - (f) Nail surgery- nail biopsy, surgery for in-growing nail
- (16) Hair:
  - (a) Structure & cycle
  - (b) Alopecia- Alopecia areata, androgenetic alopecia, cicatricial alopecia
  - (c) Disturbances of hair cycle- Telogen effluvium
  - (d) Scaling disorders of scalp
  - (e) Hypertrichosis
  - (f) Hirsutism
- (17) Mucosa:
  - (a) Oral:
    - i. Peutz Jegher's syndrome, acrodermatitis enteropathica, aphthous stomatitis, Behcet's disease, lichen planus, pemphigus, lupus erythematosus, herpes simplex, candidiasis, hairy leukoplakia
  - (b) Genital:
    - i. Non- STD lesions
    - ii. Miscellaneous
- (18) Skin & eyes:
  - (a) Seborrhoeic blepharitis, cicatricial pemphigoid, Erythema Multiforme, Toxic Epidermal Necrolysis, HSV, Reiter's disease
- (19) Skin & ears:
  - (a) Granulomatous disorders, perichondritis, otitis externa
- (20) Breast, perianal & umbilical disorders:
  - (a) Gynecomastia, cracked nipples, lupus panniculitis, mondor's disease, pruritus ani, hidradenitis suppurativa
- (21) Treatment:
  - (a) Principles
  - (b) Topical therapy
  - (c) Systemic therapy
  - (d) Drug reactions including EM, SJS/TEN, maculopapular rash, FDE.
- (22) Recent advances
- (23) LASER & its applications - IPL, CO2 Laser.
- (24) Dermatotomy & Cosmetology

- (25) Punch grafting, suction blister grafting, chemical peels, cryotherapy, radiofrequency, chemical cautery, Noncultural Melanocyte transfer, Microdermabrasion, Corn removal, PRP, Microneedling, NBUVB, Nail surgery.

Subject Paper	Maximum Marks		
	Theory	I Ass.	Practical
<b>Paper I (9710) Dermatology</b>	80	20	200
<b>Paper II (9720) Cosmetology</b>	80	20	

#### 4.1 Theory:

##### Paper I (9710) - Dermatology

- (1) Skin:
  - (a) Anatomy, embryogenesis, & functions of skin
  - (b) Diagnosis & Histopathology relevant to cosmetology
  - (c) Inflammation & clinical immunology
  - (d) Pruritus- Pathophysiology, factors affecting, types & management
  - (e) Dermatitis - Atopic dermatitis, contact dermatitis- irritant & allergic, acute, subacute & chronic eczema, stasis eczema, lichenification & erythroderma
- (2) Infections:
  - (a) Bacterial
  - (b) Viral
  - (c) Mycology- superficial & cutaneous, Subcutaneous & deep mycoses
  - (d) Parasitic, protozoal & arthropodal infection
- (3) Cutaneous photobiology
- (4) Disorders of keratinization
- (5) Disorders of pigmentation
- (6) Tumours of skin
- (7) Bullous disorders
- (8) Disorders of sebaceous and sweat glands –
- (9) Vasculitis
- (10) Ages of men and other dermatoses
- (11) Nail
- (12) Hair
- (13) Mucosa
- (14) Skin & eyes
- (15) Skin & ears
- (16) Breast, perianal & umbilical disorders
- (17) Treatment
  - (a) Principles
  - (b) Topical therapy
  - (c) Systemic therapy
  - (d) Drug reactions including EM,SJS/TEN, maculopapular rash, FDE.

##### Paper II (9720) - Cosmetology

- (1) Recent advances in Dermatology and Cosmetology
- (2) LASER & its applications
- (3) Dermatotomy & Cosmetology
- (4) Punch grafting, suction blister grafting, chemical peels, cryotherapy, radiofrequency, chemical cautery, Noncultural Melanocyte transfer, Microdermabrasion, Corn removal, PRP, Microneedling, NBUVB, Nail surgery.

#### 4.2 Practical

- (1) Clinical cases for spot diagnosis  
(5 spot cases 20 each) -  
100 marks
  - (2) Demonstration of procedures and use  
of equipment in Dermatology - 50 marks  
and Cosmetology
  - (3) Viva Voce including discussion on  
X rays, Investigative procedures - 50 marks
- Total - 200 marks**

**Post Graduate Certificate Course in Dermatology  
(Main) Examination Month Year**

**Paper I  
Dermatology  
Time: Three Hours  
Maximum Marks: 80  
Attempt all questions**

Q.No.1	Modified Essay Type question	20
Q.No.2	Modified Essay Type question	20
Q.No.3	Short Notes (Any five out of seven)	40

**Post Graduate Certificate Course in Dermatology  
(Main) Examination Month Year**

**Paper I  
Dermatology  
Time: Three Hours  
Maximum Marks: 80  
Attempt all questions**

Q.No.1	Describe pathophysiology, clinical manifestations, grading and management of acne vulgaris.	20
Q.No.2	Classify alopecia. Explain in detail pathophysiology, clinical manifestations, grading systems and management of male pattern alopecia.	20
Q.No.3	Short Notes (Any five out of seven)	40
	(a) Management of vitiligo	
	(b) Follicular keratosis	
	(c) Leucocytoclastic purpura	
	(d) Onychomycosis	
	(e) Managing a child with hypopigmented patch on face	
	(f) Clinical manifestations of secondary syphilis	
	(g) Management of melasma	

**Post Graduate Certificate Course in Dermatology  
(Main) Examination Month Year**

**Paper II**

**Cosmetology**

**Time: Three Hours**  
Maximum Marks: 80  
**Attempt all questions**

Q.No.1	Modified Essay Type question	20
Q.No.2	Modified Essay Type question	20
Q.No.3	Short Notes (Any five out of seven)	40

**Post Graduate Certificate Course in Dermatology  
(Main) Examination Month Year**

**Paper II**

**Cosmetology**

**Time: Three Hours**  
Maximum Marks: 80  
**Attempt all questions**

Q.No.1	Classify chemical peels. Explain in detail any six peels.	20
Q.No.2	Describe stable vitiligo. Describe various surgical techniques to treat stable vitiligo.	20
Q.No.3	Short Notes (Any five out of seven)	40
(a)	Q switched lasers	
(b)	Excimer laser	
(c)	Nutraceuticals	
(d)	Topical depigmenting agents	
(e)	Microdermabrasion	
(f)	Botulinum toxin	
(g)	Role of consent for skin care treatments	