

DERMATOLOGY

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1. GONORRHEA

1. A 25 years old woman complains of low grade fever, malaise, and sore throat. After this prodromal phase, a rash of discrete erythematous macules begins on her arms and progresses to form painful hemorrhagic pustules on her arms and hands. She is noted to have pharyngeal erythema. What is the most likely cause of rash?

- a. cat scratch disease
- b. Gonococcal infection
- c. Sleeping in an infected bed
- d. Previous varicella zoster exposure
- e. Subcutaneous drug injection

2. A 25-years old woman of low grade fever, malaise, and sore throat. After this prodromal phase, a rash of discrete erythematous macules begins on her arms and progresses to form painful hemorrhagic pustules on her arms and hands. She is noted to have pharyngeal erythema. What is the most likely cause of her rash?

- a. Cat scratch disease
- b. Gonococcal infection
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- d. Previous varicella-zoster exposure
- e. Subcutaneous drug injection

2. VITILIGO

1. A 20-year-old woman presents with depigmented white patches of skin on the face, neck, and back. She has a past history of Grave's disease. Which of the following is the most likely diagnosis?

- a. Ocular albinism
- b. Oculocutaneous albinism
- c. Vitiligo
- d. Freckle
- e. Verrucan vulgaris (common wart)

2. Vitiligo has been associated with each of the following except.

- a. Peptic ulcer
- b. Pernicious anemia
- c. Thyroid dysfunction
- d. Addison's disease
- e. Alopecia areata

3. CUTANEOUS AIDS / HIV

1. The cutaneous manifestations of acquired immunodeficiency syndrome (AIDS) include an increased incidence of all of the following except.

- a. Herpes simplex infections
- b. Oral candidiasis
- c. Diffuse Kaposi's sarcoma
- d. Oral hairy leukoplakia
- e. Melanoma

2. Which of the following is the facial eruption most frequently associated with AIDS?

- a. Lupus
- b. Acne
- c. Seborrheic dermatitis
- d. Melasma
- e. Rosacea

3. Unmarried young man presents with extensive oral candida and diarrhea for the last two months has lost significant amount of weight. His differential blood count reveals Lymphopenia. He should be for.

- a. Aplastic anemia
- b. Celiac disease
- c. Steroid abuse
- d. HIV infection
- e. Intestinal TB

4. Most common old boy presents with a purpuric rash on his buttocks, and back of legs. He is also complaining of Arthralgia and abdominal pain with some bloody diarrhea. He had a cold about one week ago urine RE reveals proteinuria and microscopic hematuria. What is the most likely diagnosis?

- a. Henoch Schonlein Purpura
- b. Polyarteritis nodosa
- c. Kawasaki disease
- d. SLE
- e. Inflammatory bowel disease

5. The cutaneous manifestations of acquired immunodeficiency syndrome (AIDS) include an increased incidence of all of the following EXCEPT:

- a. Herpes simplex infections
- b. Oral candidiasis
- c. Diffuse Kaposi's sarcoma
- d. Oral hairy leukoplakia
- e. melanoma

4. DERMATITIS

1. Telogen effluvium, the temporary shedding of increased numbers of resting hair, can be caused by each of the following EXCEPT:

- a. Normal delivery
- b. Severe malnutrition
- c. A myocardial infarction
- d. Anesthesia stress
- e. Seborrheic dermatitis

2. A 17-years-old adolescent girl presents with rash localized to the wrist and chest at the sternal notch. Papules and vesicles are noted in a bandlike pattern, with oozing from some lesions. Which of the following is the most likely cause of the rash?

- a. Herpes simplex
- b. Shingles
- c. Atopic dermatitis
- d. Seborrheic dermatitis
- e. Contact dermatitis

3. Each of the following is characteristic of atopic dermatitis EXCEPT:

- a. Blanching response to injections of acetylcholine
- b. Increased susceptibility to cutaneous viral infections
- c. Association with increased risk for cataracts
- d. Increased risk of melanoma
- e. Deficiency of T-cell function

4. A 17-years-old adolescent girl with a pruritic rash localized to the wrist and chest at the sternal notch. Papules and vesicles are noted in a bandlike pattern, with oozing from some lesions. Which of the following is the most likely cause of the rash?

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- d. Seborrheic dermatitis
- e. Contact dermatitis

5. PITYRIASIS ROSEA

1. A 17 years old adolescent girl noted a 2 cm annular pink, scaly lesion on her back. Over the next 2 weeks she develops several smaller oval pink lesions with a fine collarette of scale. They seem to run in the body folds and mainly involve the trunk, although a few occur on the upper arms and thighs. There is no lymphadenopathy and no oral lesions. Which of the following is the most likely diagnosis?

- a. Tinea versicolor
- b. Psoriasis
- c. Lichen planus
- d. Pityriasis rosea
- e. Secondary syphilis

6. PSORIASIS

1. White nails are associated with all of the following conditions EXCEPT

- a. Psoriasis
- b. Renal failure
- c. Arsenic poisoning
- d. Cytotoxic drug therapy
- e. Cirrhosis liver

2. A 45 years old male presented with well-defined erythematous plaques on elbows, knees and scalp. The lesions had a silvery scale. The most likely diagnosis is:

- a. Psoriasis
- b. Seborrhetic dermatitis
- c. Allergic contact eczema
- d. Atopic eczema
- e. Tinea corporis

3. A 22-years-old woman receiving thiazide diuretic and Bactrim therapy has an acute erythematous eruption in a V shaped pattern over the chest and diffusely over face with sparing of the eyelids and the area under the chin. Each of the following is a possible diagnosis EXCEPT:

- a. A thiazide reaction
- b. A Bactrim reaction
- c. A photosensitivity reaction
- d. Lupus erythematosus
- e. Psoriasis

7. MIX

1. From which one of the following sites would squamous cell carcinoma be least likely to metastasize to the local lymph node?

- a. The lower lip
- b. An area of previous x-ray damage
- c. An old burn scar
- d. the tip of the nose
- e. The oral mucosa

2. Steven Johnson syndrome is associated with all of the following EXCEPT:

- a. Pencillin
- b. Sulfonamides.
- c. Oral contraceptives
- d. Thiazide diuretics
- e. Salicylates

3. Alopecia is a recognized complication of all of the following EXCEPT.

- a. Withdrawal from oral contraceptives
- b. Heparin
- c. Ethionamide
- d. Cyto toxic drugs
- e. Sulfonamides

4. A homeless man with very poor Hygiene is brought to casualty with severe itching all over. He does not have any systemic illness. The itching is worse at night. He has excoriated skin between finger and toe webs:

- a. Contact Dermatitis
- b. Eczema
- c. Urticaria
- d. Scabies
- e. Contact Dermatitis

5. In a young girl with recurrent painless mouth ulcers, alopecia and photosensitive skin rash. The likely diagnosis is:

- a. Eczema
- b. Acne.
- c. SLE
- d. Erysipelas
- e. Contact Dermatitis

6. Which of the following is not a usual site for scabies lesion in adults,

- a. Wrists
- b. Between fingers
- c. Inguinal region
- d. Axillae
- e. Scalp

7. A 16 years-old boy presents with a purpuric rash on his buttocks, and back of legs. He is also complaining of Arthralgia and abdominal pain with some bloody diarrhea. He had a cold about one week ago. Urine RE reveals proteinuria and microscopic hematuria. What is the most likely diagnosis?

- a. Henoch Schonlein Purpura
- b. Polyarteritis nodosa
- c. Kawasaki disease
- d. SLE
- e. Inflammatory bowel disease

8. Function of the skin include all except:

- a. Vitamin D synthesis
- b. Sensation
- c. Shock absorber
- d. Vitamin E synthesis
- e. Water and electrolyte regulation

9. A patient is brought with a history of disorganized behavior, running away from home, burning things and trying to undress herself. On examination, you find that her limbs can be moved in awkward position very easily and that position is maintained. This sign is called:

- a. Negativism
- b. Automatic obedience
- c. Echolalia
- d. Echopraxia
- e. Waxy flexibility

10. A 36-years-old man comes to you for evaluation of a pigmented lesion which he says has changed in size and color over the past year. Examination reveals a 1.5 cm irregularly pigmented re-brown-black plaque with irregular, notched borders. Which of the following is the best diagnostic procedure?

- a. Wide surgical excision (3-5 cm border)
- b. Incisional biopsy
- c. Exfoliative cytology
- d. Excisional biopsy
- e. Serologic testing

11. A 57-years-old man notes diffuse hyperpigmentation of the skin. Each of the following is a possible explanation EXCEPT:

- a. Drug reaction
- b. Pemphigus vulgaris
- c. Biliary cirrhosis
- d. Underlying malignancy
- e. Metastatic melanoma

12. The Tzanck smear can aid in the diagnosis of each of the following EXCEPT:

- a. Vitiligo
- b. Herpes Zoster
- c. Pemphigus vulgaris
- d. Herpes simplex
- e. Varicella

13. Molluscum contagiosum is caused by:

- a. Human papilloma virus
- b. Dermatophytes
- c. Pox virus
- d. Staphylococcus aureus
- e. Papilloma virus

14. Mild Acne Vulgaris is best treated with:

- a. Benzoyl Peroxide.
- b. Oral Isotretinoin
- c. Topical steroids
- d. Intralesional steroids
- e. Doxycycline

15. A 34-years-old man presents with a wide spread maculopapular rash and mouth ulcers. 2 months ago, he reports developing a painless penile ulcer. Which of the following organisms is most likely responsible?

- a. Herpes simplex virus
- b. Treponema pallidum
- c. Human immunodeficiency virus
- d. Human papilloma virus
- e. Human T cell lymphotropic virus

16. A 27-years-old woman presents with a fixed erythematous scaly, atrophic plaque on the face and sun-exposed areas. Telangiectasia, hypopigmentation and follicular plugging are apparent. Examination of the scalp shows scarring alopecia and the mouth has erythematous patches. She also suffers from Raynaud's phenomenon. Skin biopsy shows dense, patchy, dermal lymphocyte infiltration, epidermal basal layer is damaged and hyperkeratosis is also present. What is the most likely diagnosis?

11.B 12.A 13.C 14.A 15.B
16.C 17.A

- a. Basal cell carcinoma
- b. Squamous cell carcinoma
- c. Discoid lupus erythematosus
- d. Plaque like psoriasis
- e. Scleroderma

17. A 10-year-old boy presented with history of a thin-walled bulla on face which ruptured leaving a golden crust on an erythematous base. The most likely diagnosis is:

- a. Impetigo
- b. Erythrasma
- c. Ecthyma
- d. Folliculitis
- e. Furuncle

ANSWER KEYS

1. GONORRHEA

1.B 2.C

2. VITILIGO

1.C 2.A

3. CUTANEOUS AIDS / HIV

1.E 2.C 3.D 4.C 5.A

4. DERMATITIS

1.E 2.F 3.D 4.E

5. PITYRIASIS ROSEA

1D

6. PSORIASIS

1.A 2.A 3.A

7. MIX

1.D 2.C 3.E 4.D 5.C
6.E 7.A 8.D 9.E 10.D