



Test Bank



Subject:

Sub Medicine Final-

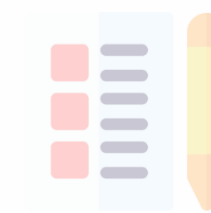
Dermatology

Collected by:

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Normal skin

- Not true about normal skin:
 - a. Stratum corneum is devoided from nuclei
 - b. Pacinian corpuscles are for touch
 - c. Sweat glands controlled by neuronsAnswer: **B**
- Which of the following is false about normal skin:
The Meissner's corpuscles is responsible for pressure sensations
- Which of the following is false about normal skin:
 - a. Sebaceous glands originate from ectoderm
 - b. Merkel cells are dendritic cells that are present near nerve endings
 - c. Mitotic cells only seen at the basal layer
 - d. Melanocytes connect to 36 surrounding keratinocytes
 - e. Melanocytes appear clear and big relative to surrounding cells under the microscopeAnswer: **B**
- Sebaceous gland are normally not found in:
 - a. Face
 - b. Vermilion of lip
 - c. Upper back
 - d. Buccal mucosa
 - e. Areola of nippleAnswer: **D**
- Glabrous skin characterized by all of the following except:
 - a. Dermatoglyphics
 - b. Thick epidermis
 - c. Presence of encapsulated organs
 - d. Presence of sebaceous glandAnswer: **D**
- Sensation of pressure in skin is mediated by:
 - a. Autonomic n.
 - b. Mucocutaneous end organs
 - c. Vater pacini corpuscles
 - d. Meissner corpusclesAnswer: **C**
- Mitotic division in epidermis is limited to: *
 - a. Basal cells
 - b. Melanocyte
 - c. Granular cells
 - d. Prickle cellsAnswer: **A**
- Melanin of Caucasians & Negros differs in all except:
 - a. Size of melanosomes
 - b. No. of melanosomes in melanocytes
 - c. Degree of despersal of melanosomes
 - d. No. of melanin producing cells
 - e. No. of melanosomes in keratocytesAnswer: **D**
- Different color of people caused by differences in all except:
 - a. Size of melanosomes
 - b. Number of melanosomes
 - c. Concentration of melanocytes
 - d. Rate of melanocyte consumption

e. Number of melanocytes

Answer: **E**

• One of the following cells is dendritic:

- a. Langerhans
- b. Histiocytes
- c. T cells
- d. B cells

Answer: **A**

• Meibomian gland is an:

- a. Eccrine gland
- b. Apocrine gland
- c. Sebaceous gland
- d. Holocrine gland
- e. Lacrimal gland

Answer: **C**

• Wrong statement:

Sweat glands are controlled by hormones

• Wrong statement:

- a. Apocrine sweat glands are characterized by decapitation secretion.
- b. Eccrine sweat glands have cholinergic innervation.
- c. Sebaceous glands are controlled by androgens.
- d. None of the above

Answer: **D**

• Sense of touch mediated by:

- a. Free nerve endings
- b. Meissner corpuscles
- c. Pacini corpuscles
- d. Muco-cutaneous endings
- e. Superficial nerve plexus

Answer: **B**

• Function of Meissner corpuscle:

- a. Sense of touch
- b. Erector pili
- c. Pressure
- d. Innervates smooth muscles of vessels

answer: **A**

Psoriasis

- Parakeratosis is a specific feature of:
 - a. Lichen planus
 - b. Psoriasis
 - c. Acute eczema
 - d. Ichthyosis vulgarisanswer: **B**
- Commonest manifestation of psoriasis in nails is:
 - a. Onycholysis
 - b. Pitting
 - c. Subungual hyperkeratosis
 - d. Discoloration
 - e. None of theseAnswer: **B**
- All are of psoriasis histopathological changes EXCEPT:
 - a. Hyperkeratosis
 - b. Parakeratosis
 - c. Munro's abscesses
 - d. Epidermal atrophy
 - e. suprapapillary plates thinningAnswer: **D**
- Why does nail pitting occur in patients with psoriasis?
 - a. Leakage of blood of dilated capillaries
 - b. Abnormal cell adhesion
 - c. Intermittent inflammation of the nail bed
 - d. Loss of parakeratotic cells from the nail surface
 - e. Excessive proliferation of the nail bedAnswer: **D**
- Psoriasis type caused by streptococcal infection:
 - a. Flexural
 - b. Nodular
 - c. GuttateAnswer: **C**
- Psoriatic erythroderma complications EXCEPT:
 - a. Temperature dysregulation
 - b. Dehydration
 - c. Sepsis
 - d. None of the aboveAnswer: **X**
- Wrong about psoriasis: *
Doesn't affect children
- All will exacerbate psoriasis EXCEPT:
 - a. Hypocalcemia
 - b. Anti-malarial
 - c. Infections
 - d. Hormonal changes
 - e. MacrolidesAnswer: **E**
- All are exacerbations of psoriasis except:
Hypercalcemia
- Wrong about psoriasis:
Oral steroids are usually used to manage flare ups

- Wrong about psoriasis? *

Usually inherited as autosomal recessive

- A 30-year-old patient presents with itchy vesicles on extensor areas. Which of the following diseases most likely fits with the description of the eruption?

- a. Shingles
- b. Psoriasis
- c. **Dermatitis herpatiformes**
- d. Chicken pox
- e. Bullous pemphigoid

Answer: **X**

- All about psoriasis ttt is true except:

- a. Imuran
- b. Cyclosporine
- c. PUVA
- d. Methotrexate
- e. Systemic retinoids

Answer: **A**



Imuran = azathioprine which is considered a second line agent in treatment of psoriasis

- Not used in the systemic treatment of psoriasis:

- a. Methotrexate
- b. Isotretinoin
- c. Fumaric acid
- d. Cyclosporine

Answer: **B**

- All of the following are considered systemic treatment options for psoriasis except:

- a. TNF-a blockers
- b. Acitretin
- c. Cyclosporin
- d. Methotrexate
- e. Vitamin D analogue

Answer: **E**

- Not used in treatment of psoriasis:

- a. Antimalarial
- b. Cyclosporine A
- c. Methotrexate
- d. Systemic retinoid
- e. Fumaric acid esters

Answer: **A**

- Characteristic of nail in psoriasis except:

Clubbing

Eczema (dermatitis)

- Histology of spongiosis & parakeratosis with normal granular layer suggests:
 - a. eczema
 - b. psoriasis
 - c. lichen planusAnswer: **A**
- Adult atopic dermatitis may be associated with the following except:
 - a. Pruritus ani
 - b. Pruritus vulvae photodermatitis
 - c. Asthma
 - d. Hair fallAnswer: **D**
- One false about infantile atopic dermatitis:
 - a. Increase incidence of contact eczema
 - b. Present at birthAnswer: **B**
- True about atopic dermatitis:
 - a. T helper cells have the major role in pathophysiology
 - b. Most common site in children is extensor areasAnswer: **A**
- Wrong about atopic dermatitis: *
 - a. Begin before 2 months
 - b. Itching
 - c. SteroidsAnswer: **A**
- Seborrheic dermatitis, all are true except:
 - a. Occurs in children and adults
 - b. Most common in the extensors
 - c. Occurs in age less than 3 months
 - d. Scalp cradle cap in babies
 - e. Post-auricular and nasolabial folds are common sitesAnswer: **B**
- Atopic dermatitis vs seborrhea dermatitis all true except:
 - a. Seborrheic start at earlier age
 - b. Seborrheic has worse prognosis
 - c. Atopic severe pruritis
 - d. Atopic is associated with +ve family HxAnswer: **B**
- All about seborrheic dermatitis are true except:
 - a. May occur earlier than atopic dermatitis
 - b. Self-limiting
 - c. Itching is mild
 - d. Chronic
 - e. Prognosis poorer than atopic dermatitisAnswer: **E**
- Contact dermatitis is clinical manifestation of:
 - a. Cytotoxic reaction
 - b. Arthus reaction
 - c. Cell mediated reaction
 - d. Anaphylactic reactionanswer: **C**

- Pathognomonic test used in Dx of contact dermatitis:
 - a. intradermal tests
 - b. patch test
 - c. prick test
 - d. skin Bx
 Answer: **B**
- A case about a 5-year-old with features of atopic dermatitis, what do you do?
 - a. CBC
 - b. chest x-ray
 - c. renal function
 - d. IgG
 - e. IgE
 Answer: **E**
- Lymphocytes from pt with atopic dermatitis bear greater than normal amounts of:
 - a. IgG
 - b. IgA
 - c. IgE
 - d. IgM
 - e. IgD
 Answer: **C**
- Eruption of an erythematous lesion on the face particularly the nasolabial folds, and eyebrows, scalp, what's the diagnosis?
 - a. Seborrheic dermatitis
 - b. Eczema
 - c. Atopic dermatitis
 Answer: **A**
- All of the following statements are true except:
 - a. Infant's atopic eczema mostly affect the flexural sites as popliteal fossa and the wrists
 - b. Juvenile plantar dermatosis is caused mainly due to the socks and shoes that are impermeable
 - c. Lichenification may be seen in chronic eczema
 - d. Seborrheic eczema is linked to Malassezia
 - e. Eczema may be included by both external and internal factors
 Answer: **A**
- Which one cause allergic contact dermatitis: ****
 - a. Cobalt
 - b. Nickel
 - c. Cement
 - d. Rubber
 - e. Silver
 Answer: **B**
- Commonest site of contact dermatitis produced by nail varnish is:
 - a. Neck
 - b. Nail folds
 - c. Nail
 - d. Back of hands
 Answer: **A**
- Commonest site of contact dermatitis produced by clothes:
 - a. Body flexures
 - b. Scalp
 - c. Arms
 - d. Legs
 Answer: **A**
- Unilateral hand eczema, best next step:
 - a. Scrap and do KOH
 - b. Potent topical steroids

- c. Make him wear gloves
- d. Give emollients

Answer: **A**

- Which one commonly cause severe even bullous contact dermatitis:

- a. Cement
- b. Primula
- c. Cobalt
- d. Leather
- e. Rubber

Answer: **B**

- Which one of the following agents cause pigmented contact dermatitis:

- a. Lipsticks
- b. Nail varnish
- c. Deodorants
- d. Perfumes
- e. Hair dyes

Answer: **D**

- Wrong about eczema?

Contact dermatitis develops 12 hours from exposure

- Wrong statement:

Pityriasis alba appears depigmented on wood's light

- Thickening and hardening of the skin, with exaggeration of its normal markings:

- a. Lichenification
- b. Spongiosis

Answer: **A**

- All can cause blisters except:

- a. Chronic eczema
- b. Impetigo
- c. Pemphigoid

Answer: **A**

Pruritus / Scabies

- The pruritus of biliary obstruction can probably be most directly related to:
 - a. Whole (crude) bile
 - b. Bile salts
 - c. Bile acids
 - d. Conjugated bilirubin
 - e. Unconjugated bilirubinAnswer: **B**
- After initial exposure to & infestation with *Sarcoptes scabiei hominis* the pruritus follows:
 - a. Immediately
 - b. In 1-2 days
 - c. In about one week
 - d. In about 2-4 week
 - e. In about 3 monthsAnswer: **D**
- In humans scabies the best yield of positive scrapings is form:
 - a. Papules
 - b. Vesicles
 - c. Burrows
 - d. Excuriation
 - e. CrustsAnswer: **C**
- Wrong about scabies of infants:
 - a. Treated with permethrin 5%
 - b. May occur in back and face
 - c. No family history of itching
 - d. Involves palms and soles
 - e. Caused by *Sarcoptes hominis*answer: **C**
- Scabies of infants, all true except:
 - a. Symptoms at night
 - b. Sparing face and back
 - c. Permethrin 5% cream is the first treatment of choice
 - d. In children it manifests as acral pustulesAnswer: **B**
- Wrong about scabies:
 - a. Contagious
 - b. More at night
 - c. Affect the backAnswer: **C**
- Wrong about scabies:
 - a. Benzoyl peroxide used as systemic treatment
 - b. Caused by *Sarcoptes Scabiei*Answer: **A** (benzoyl benzoate not peroxide, which is for acne)
- A 50-year-old man is suspected of having scabies, which of the following statement regarding scabies is false: **
 - a. The genitalia is a commonly affected site
 - b. All members in the same household should be treated at the same time
 - c. It can spread by simple handshake
 - d. Children are often affected by scabies
 - e. Itching can persist for weeks even after successful treatmentAnswer: **C**

Acne and Rosacea

- In acne vulgaris the precursor of large inflammatory lesions is:
 - a. Black head
 - b. White head
 - c. Papules
 - d. Pustules
 - e. None of the aboveAnswer: **C**
- A neighbor asks your advice about oral isotretinoin for her severe acne. One of the following is incorrect: **
 - a. Increased triglycerides is a common side effect
 - b. The cumulative therapeutic dose varies from one person to another usually depending on their weight
 - c. Blood test must be done prior to initialization of treatment
 - d. All patients will experience some degree of lip dryness
 - e. She should not get pregnant for one year after treatment as it is teratogenicAnswer: **E**
- Not side effect of retinoids:
 - a. Paronychia
 - b. Distal lamellar splitting
 - c. Nail thinningAnswer: **X**
- One is not side effect of Isotretinoin:
 - a. Increase lipids
 - b. Scarring alopecia
 - c. Dryness of mouth
 - d. Increase liver enzymeAnswer: **B**
- Not a side effect of retinoic acid: *
 - a. Thrombocytopenia
 - b. Elevating liver enzymes
 - c. Dryness of mucosal membranes
 - d. Diffuse hair loss
 - e. Increased intracranial pressureAnswer: **A**
- Side effects of retinoic acid EXCEPT:
 - a. Renal failure
 - b. Fall of hairAnswer: **A**
- All are side effects of isotretinoin except:
 - a. Teratogenicity
 - b. Hair loss
 - c. Elevated liver enzymes
 - d. InfertilityAnswer: **D**
- Patient with moderate acne not responding to tetracycline since 6 months, you give:
 - a. Isotretinoin
 - b. Antiandrogen
 - c. Benzyl peroxide
 - d. Salicylic acidAnswer: **A**
- All true about acne vulgaris except:
 - a. Isotretinoin is very effective in cystic form
 - b. Patients with acne usually have much higher titers to staph. albus than normal adults

- c. Application of CO2 slush is useful in reducing acne pit scars on the face
- d. Greasy cosmetics may cause acne
- e. Comedones predominate the picture in chlor-acne

Answer: **B**

- First lesion of acne

- a. Comedones
- b. Papule
- c. Pustule

Answer: **A**

- All occur in acne vulgaris except:

- a. Pustules
- b. Nodules
- c. Comedones
- d. Papules
- e. Vesicles

Answer: **E**

- Wrong about acne vulgaris:

- a. Epidermal edema
- b. Increase in sebum production
- c. Stagnation of ...
- d. Proliferation of Propionibacterium

Answer: **A**

- Which is wrong about acne treatment:

Metronidazole is commonly used in systemic treatment of acne

- All of the following result in flare up of acne except: **

- a. Estrogen
- b. Steroid
- c. Antimalarial drugs
- d. Vitamin b12

Answer: **A**

- Acne, all true except:

- a. Propionibacterium acne is incriminated
- b. Isotretinoin is group d in pregnancy
- c. Clindamycin is not given to children
- d. Follicular plugging is the first step in pathogenesis

Answer: **B**

- One false about acne rosacea:

- a. Occur in teenagers
- b. Associated with telangiectasia
- c. Associated with rhinophyma

Answer: **A**

- Difference between acne vulgaris and rosacea:

- a. Comedones
- b. Pustules
- c. Papules
- d. Telangiectasia
- e. Erythema

Answer: **A** (found in vulgaris not rosacea) + **D** (found in rosacea not vulgaris)

Urticaria and angioedema

- Edematous erythematous lesion that blanches with pressure:

Wheal

- False about urticaria:

- Leaves hypopigmented scar
- 90% of chronic cases the cause is unknown
- Wheal is the primary lesion
- Very itchy

Answer: **A**

- ttt of choice for acute urticaria: *

- Antihistamine
- Systemic steroids
- Local steroids
- Adrenaline
- Kallikrein

Answer: **A**

- Urticaria, which is wrong: **

- Oral steroids are first line treatment
- Sedating and non-sedating antihistamine are used

Answer: **A**

- Cold urticaria:

- Sometimes familial
- Usually acquired
- May be transferable in serum
- May result in unconscious
- All of the above

Answer: **E**

- The main cells involved in urticaria are:

- Neutrophils
- Mast cells
- Eosinophils
- Histamine
- Lymphocytes

Answer: **B**

- Most reliable Dx test of cholinergic urticaria:

- Intradermal methacholine
- Intradermal nicotinic acid
- Intradermal scine
- Biopsy
- Exercise & heat

Answer: **X**

- All these drugs used for ttt of urticaria except:

- Systemic steroid
- Dimetane tab
- Allerfrin tab
- Antihistamine ointment

Answer: **D**

- Best antihistamine for day-time use:

- Ethanolamines
- Piperidines
- Phenothiazines
- Ethvlenediamines

e. Alkylamines

Answer: 

- Degree of level of contact sensitivity to an allergen is influenced by:
 - a. Amount of allergen to which the subjects exposed
 - b. Frequency of exposure to the allergen
 - c. The route of exposure
 - d. All of the above

answer: **D**

Drug rashes

- Acne medicinosa by all of following except:
 - a. Phenytoin
 - b. B12
 - c. Azelaic acid
 - d. SteroidAnswer: **C**
- Wrong about TEN:
 - a. Most common cause is infection
 - b. Requires intensive care most of the time
 - c. Highly fatalAnswer: **A**
- The tissue mainly involved in Steven Johnson syndrome is:
 - a. skin
 - b. lungs
 - c. mucocutaneous membrane
 - d. urinary bladder
 - e. liverAnswer: **C**
- Wrong:
Steven Johnson Syndrome involves oral mucosa and skin of more than 30% of body surface area
- A 30-year-old epileptic patient is admitted to hospital with a suspected acute drug eruption. Through systematic history taking and physical examination you suspect toxic epidermal necrolysis. Which of the following would not fit with your diagnosis?
 - a. Commencing a new anti-epileptic medication 2 months ago
 - b. A prodrome of fever and malaise
 - c. Painful skin
 - d. 40% skin detached
 - e. The absence of oral erosionsAnswer: **E**

Bullous diseases

- Bullous pemphigoid:
 - a. Linear IgG & C3
 - b. Granular IgG & C3
 - c. Linear IgA & C3
 - d. Granular IgA & C3Answer: **A**
- Antibodies are directed in bullous pemphigoid towards:
 - a. Hemidesmosomes
 - b. Desmosomes
 - c. dermal papilla
 - d. Granular cell layer
 - e. None of the aboveAnswer: **A**
- Which of the following diagnostic aids is the most valuable in differentiating bullous pemphigoid from erythema multiforme:
 - a. Histology
 - b. Tzanck test
 - c. Immunofluorescence
 - d. Electron microscopy
 - e. Clinical featuresAnswer: **C**
- Wrong about pemphigus and pemphigoid:
 - a. Pemphigoid is associated with more morbidity and mortality
 - b. Abs against desmogleins in pemphigus and collagen 17 in pemphigoid
 - c. Intraepidermal blisters in pemphigus
 - d. Subepidermal blisters in pemphigoidAnswer: **A**
- Pemphigus vulgaris characterized by all except:
 - a. More in elderly people
 - b. Rare disease
 - c. More in jews
 - d. Fatal if untreated
 - e. Presence of acantholysisAnswer: **A**
- Which of the following disease showing racial prevalence:
 - a. Bullous pemphigoid
 - b. Pemphigus vulgaris
 - c. Chronic cicatricial pemphigoid
 - d. Juvenile pemphigoid
 - e. Dermatitis herpetiformisanswer: **B**
- Wrong about pemphigus vulgaris:
 - a. Middle age
 - b. Bad general condition
 - c. Tense bullaAnswer: **C**
- Patient presented with painful mouth ulcers and flaccid bullae, which of the following is the most likely diagnosis:
Pemphigus vulgaris
- The bullae of pemphigus vulgaris are:
 - a. Subcorneal
 - b. Supradermal
 - c. Dermal

d. None of the above

Answer: **D**

- Pemphigus vulgaris is a: *

- a. viral dis.
- b. Autoimmune dis
- c. Bacterial dis.
- d. Hormonal dis.
- e. Unknown

Answer: **B**

- Not a cause of generalized blistering?

Pemphigus gestationis

- One doesn't cause epidermal bullous:

- a. Impetigo
- b. Dermatitis herpatiformes
- c. Eczema
- d. Pemphigoid vulgaris

Answer: **C**

- Mucous membranes are extensively involved in epidermolysis bullosa:

- a. Simplex
- b. Hyperplastica
- c. Polydysplastica
- d. Cockayne

Answer: **Polydysplastica**

- All arc healing diseases without scarring except:

- a. Epidermolysis bullosa simplex
- b. Rash of secondary syphilis
- c. Impetigo
- d. Dystrophic epidermolysis bullosa
- e. Herpes zoster

Answer: **D**

Connective tissue disease / Cutaneous manifestations of systemic diseases

- Which of the following result in hypertrophy and distal proliferation of nail circle on nail fold:

Lichen planus

- Wrong about lichen planus:

- a. If it involves the mucosa, gingivae is the most common location
- b. Itchy

Answer: **A**

- Not in lichen planus nail:

- a. Thinning
- b. Dystrophy
- c. Pterygium
- d. Longitudinal ridging
- e. Paronychia

Answer: **E**

- All of the following are common changes of the nail in lichen planus except:

- a. Pitting
- b. Pterygium
- c. Thinning
- d. Longitudinal ridging
- e. Onycholysis

Answer: **E**

- The histological sign pathognomonic for lichen planus is:

- a. Hypergranulosis
- b. Hyperkeratosis
- c. Papillomatosis
- d. Parakeratosis

Answer: **A**

- All about lichen planus are true except:

- a. Self limiting
- b. 50% of cases clear within 18 months
- c. Chronicity due to presence of meous lesion & hypertrophic lesions
- d. Presence of Wickham's striate
- e. Presence of hypogranulosis

Answer: **E**

- Not in lichen planus?

Nail thickening

- Itching is characteristic feature in:

- a. Pityriasis rosea
- b. Psoriasis
- c. Lichen planus
- d. Pityriasis versicolor

Answer: **C**

- All of the following diseases are associated with macules as their primary lesions, except:

- a. Lichen planus
- b. Lentigo
- c. Vitiligo
- d. Erythema
- e. Post inflammatory hyperpigmentation

Answer: **A**

- Wrong statement about DLE (discoid lupus erythematosus)?

No scarring

- False about connective tissue disease: *
 - Subacute lupus causes cutaneous scarring
 - Discoid lupus will become systemic Lupus in <5%
Answer: **A**
- Not in lupus? *
Neonatal lupus develops into SLE in 20% of cases
- Which of the following causes patchy scarring alopecia:
 - SLE
 - Discoid lupus
Answer: **B**
- Destruction of basal cell layer occurs in:
 - Discoid lupus erythematosis
 - Morphea
 - Dermatomyositis
 - Psoriasis
 - Pityriasis rosea
Answer: **A**
- Commonest cutaneous eruption in SLE:
 - Erythema of light exposed areas
 - Butterfly rash**
 - Discoid lesion
 - Erythema of palms
 - Diffuse multifiform erythema
Answer: ~~X~~
- Which of the following is associated with muscular atrophy? *
 - Linear morphea**
 - Pustular morphea
 - Diffuse morphea
 - Disseminated morphea
 - None of the above
Answer: ~~X~~
- A girl with photosensitivity and ANA titer of 1:32, next step?
Repeat ANA in 3 months if sunscreen wasn't effective for the rash 🤔
- Tissue involved in morphea may include:
 - Epidermis
 - Subcutaneous tissue
 - Muscles
 - Bones
 - All of the above**
Answer: ~~X~~
- Which is false about morphea:
 - It is localized form of scleroderma
 - It improves with time
 - Not caused by UV light exposure
 - Presents with as hairy well-defined patches
Answer: **D**
- Childhood dermatomyositis is frequently ass. With:
 - CA
 - DM
 - Mental retardation
 - Calcinosis
Answer: **D**

- All true about dermatomyositis except:
 - a. Frequently associated with underlying malignancy in adults
 - b. Affects children & adults
 - c. More common in males
 - d. Heliotrope rash is pathognomonic
 Answer: **C**
- All of the following are seen in dermatomyositis except:
 - a. Gottron's sign
 - b. Proximal muscle weakness
 - c. Ragged cuticle
 - d. Heliotrope sign
 - e. ... plaques
 Answer: **E**
- One affect nail cuticle:

Dermatomyositis
- Wrong statement:

In dermatomyositis there is a risk of calcinosis in adults
- Which one is a documented cause of erythema multiforme minor: *
 - a. Drugs
 - b. Pregnancy
 - c. DM
 - d. Herpes simplex labialis
 - e. Internal malignancy
 Answer: **D**
- Which of following is the most common cause of Erythema multiforme: *
 - a. Herpes simplex virus
 - b. Mycoplasma
 - c. Pregnancy
 Answer: **A**
- Not a cause of erythema nodosum:
 - a. Pregnancy
 - b. Herpes simplex
 Answer: **B**
- Which one mostly associated with underlying malignancy: *
 - a. Erythema nodosum please remember that erythema nodosum can also be caused by malignancies (Hodgkin and non-Hodgkin lymphoma, leukemia, renal cell carcinoma)
 - b. Erythema multiforme
 - c. Biological erythema
 - d. Erythema gyratum repens Lung cancer
 - e. Chemical erythema
 Answer: **X**
- All condition may be precipitated by streptococcal throat infection except:
 - a. Erythema gyratum repens
 - b. Erythema marginatum
 - c. Erythema nodosum
 - d. Erythema multiforme
 Answer: **A**
- Which of the following where ulceration can occur (E=erythema):
 - a. E. nodosum
 - b. E. multiforme
 - c. E. repens
 - d. E. nodosum leprosum
 - e. E. annulare
 Answer: **D**

- All about dermatitis herpetiformis except:
 - a. Chronic dis.
 - b. May occur at any age
 - c. Frequently associated with enteropathy
 - d. Autoimmune dis.
 - e. Prickle cell layer is the abnormal layer
 Answer: **E**
- Bullae of dermatitis herpetiformis are preceded histopathologically by:
 - a. Subepidermal microvacuoles
 - b. Neutrophilic & eosinophilic micro abscesses
 - c. Acantholysis of basal cell layer
 - d. Hydropic degeneration of basal layer
 Answer: **B**
- Celiac dis. May be ass. With:
 - a. Dermatitis herpetiformis
 - b. Pemphigus vulgaris
 - c. Bullous pemphigoid
 - d. Erythema multiforme
 Answer: **A**
- Treatment of dermatitis herpatiformis:
 - a. Diamino-diphenyl sulfone (DDS)
 - b. Systemic steroids
 - c. PUVA
 - d. Retinoic acid
 Answer: **A (=dapsone)**
- Occurs in vitiligo:
 - a. Destruction of melanocytes
 - b. Abnormal melanin synthesis
 - c. Abnormal tyrosinase enzyme
 - d. All of the above
 - e. None of the above
 Answer: **A**
- Which is false about vitiligo:
 - a. If affects males and females equally
 - b. Onset usually in 20s and 30s
 - c. It results in HYPOpigmented patches
 - d. Result from destruction of melanocytes
 Answer: **C**
- False about vitiligo: *
 - a. Male : female (1:1)
 - b. Associated with thyroiditis
 - c. Peak age of incidence is 20-30s
 - d. It is a disease of abnormal melanisation
 Answer: **D**
- No. of melanocytes in vitiligo is:
 - a. Decrease
 - b. Increase
 - c. Normal
 - d. All of the above
 Answer: **A**
- Vitiligo is significantly ass. With:
 - a. Hypopituitary
 - b. Hyperthyroidism
 - c. Hypothyroidism

d. Hypoparathyroidism

Answer: **C**

- Vitiligo may be associated with all except: *

- Thyrototoxicosis
- Pernicious anemia
- Addison's dis.
- Gastric dis.
- Reticulosis

Answer: **E**

- Piebaldism:

Autosomal dominant

- Causes of post inflammatory hypopigmentation:

- Psoriasis
- Lichen planus
- All of the above

Answer: **C**

- ttt of choice for chloasma:

- Salicylic acid skin ointment
- Phenol lotion
- Eldoquin ointment
- 5-PU 0.1%

Answer: **C**

- Commonest cutaneous lesions of Hodgkin's disease is: *

- Tumors
- Secondary to pruritus
- Exfoliative erythroderma
- Ichthyosis
- Ulcers

Answer: **B**

Bacterial infections

- Which of the following is the most superficial infection of the skin: *
 - a. Ecthyma
 - b. Impetigo
 - c. Cellulites
 - d. FurunclesAnswer: **B**
- Which one cause impetigo contagiosum:
Staph & strep
- Impetigo may occur in: *
 - a. Elderly
 - b. Infants
 - c. Adult
 - d. Young adultsAnswer: **B**
- Coral red in wood's light:
Erythrasma
- Patient presented with WELL defined erythematous plaque on the calf of her lower limb. U/S was done to assess for blood flow, result was normal, what is the most likely diagnosis:
 - a. Erysipelas
 - b. Cellulitis
 - c. DVTAnswer: **A**
- Erysipelas, all true except:
 - a. Well-defined
 - b. Can be with fever
 - c. Penicillin is the drug of choice
 - d. Caused by staph.
 - e. Mostly on L.LAnswer: **D**
- Not a superficial skin infection?
Ecthyma
- Wrong about ecthyma:
 - a. Superficial infection
 - b. Causes generalized dryness
 - c. Strep is the most common cause
 - d. Increased in immunocompromisedAnswer: **A**
- Commonest rash of secondary syphilis:
 - a. Vesicular
 - b. Maculo-papular
 - c. Papular
 - d. Pustular bullousAnswer: **B**
- Rash of secondary syphilis is:
 - a. Scaly
 - b. Itchy
 - c. Vesicular
 - d. None of the aboveAnswer: **A**
- Main local source of staph. ^{aureus} ~~pyogenens~~ contaminating the skin:
 - a. Nose

- b. Scalp
- c. Axillae
- d. Perineum
- e. Mouth

Answer: A

Viral infections

- Commonest form of recurrent herpes simplex is:
 - a. Herpes labialis
 - b. Herpetic whitlow
 - c. Herpetic conjunctivitis
 - d. Eczema herpeticum
 - e. Marginal keratitisAnswer: **A**
- False about herpes genitalia:
Patient should be symptomatic to be contagious
- In herpes zoster, all are true except:
 - a. Pain may precede the appearance of rash
 - b. The rash is vesicular
 - c. Commonly bilateral
 - d. Frequently associated with underlying malignancy
 - e. More serious in elderly ptAnswer: **C**
- Wrong about shingles? *
Treated with topical acyclovir
- Shingles, all true except:
 - a. Oral and topical steroids are frequently used
 - b. Postherpetic neuralgia can last for months
 - c. Its reactivation of varicella zoster virusAnswer: **A**
- Wrong about systemic ttt of H. zoster:
 - a. Immunodeficiency
 - b. > 50-year-old
 - c. Peripheral N involvement
 - d. More than one dermatomeanswer: **C**
- Ask about family history in all except:
 - a. Pityriasis rosea
 - b. Scabies
 - c. Psoriasis
 - d. Atopic dermatitis
 - e. VitiligoAnswer: **A**
- A rash that is not primarily macular?
Pityriasis rosea
- One is false about pityriasis rosea: *
 - a. Cause herald patches
 - b. Very itchy rash
 - c. Self-limitingAnswer: **B**
- Patient presented with mild itchy erythematous patches on the trunk, neck and upper limb with collaret scales, what is the diagnosis?
Pityriasis rosea
- Pityriasis rosea wrong:
 - a. Mild non itchy usually
 - b. Rash before herald lesion
 - c. Self-limitingAnswer: **B**

- The cause of pityriasis rosea: *
 - a. HSV 6
 - b. HSV7
 - c. HSV1,2
 - d. a + b
 - e. a + b + c
 Answer: **D**
- Associated with HSV 6&7:
 - a. Pityriasis rosea
 - b. Lichen planus
 Answer: **A**
- Herald patch is a specific lesion for: *
 - a. Pityriasis alba
 - b. P. versicolor
 - c. P. rosea
 - d. P. capitis
 - e. P. rubra pilaeis
 Answer: **C**
- Which is the causative of molluscum contagiosum: *
Pox virus
- Wrong about plain warts? *
Should always be treated because they don't resolve by themselves
- Warts most commonly affect body flexures:
 - a. Plane warts
 - b. Common warts
 - c. Digitate warts
 - d. Filiform warts
 - e. Seborrhic warts
 Answer: **D**
- Not a treatment for viral warts:
 - a. Cryotherapy
 - b. 5FU
 - c. Salicylic acid
 - d. Topical steroids
 Answer: **D**
- Wrong about common wart:
 - a. If not treated majority will turn to skin cancer
 - b. Caused by dsDNA
 - c. Common in children
 - d. Majority will resolve spontaneously
 Answer: **A**
- All of the following are true about plane warts except:
 - a. Occurs most commonly in the face
 - b. Spiky top
 - c. Different colors
 - d. Children and adolescents
 - e. Koebner's phenomena
 Answer: **B**
- Plantar warts, all true except:
 - a. Most common in children
 - b. Smooth surface
 - c. The most common type of warts
 - d. Fleshy, pink and greyish
 Answer: **C**

- Elevated papules with a smooth surface, flesh lesions, colored brownish grayish of pinkish:
 - a. Plane warts
 - b. Common warts
 - c. Filiform warts
 Answer: **A**
- Papule with rough, dry, hyperkeratotic surface represent which type of warts:
 - a. Common warts
 - b. Plantar warts
 Answer: **A** (didn't mention on the foot)
- ttt of choice for genital warts:
 - a. Salicylic acid 10%
 - b. Topical 5-FU
 - c. Surgery
 - d. Cryotherapy
 - e. Podophyllotoxin
 Answer: **E**
- ttt of choice of condolymata acuminata is:
 - a. Trichloroacetic acid
 - b. monochloroacetic acid
 - c. cantharidin
 - d. podophyllin
 Answer: **D**
- True about warts:
 - a. HPV is a double stranded DNA virus
 - b. Caused by HHV-6
 Answer: **A**
- All of the following skin eruptions are caused by viral infections except: **
 - a. Scarlet fever eruption
 - b. Pityriasis rosea
 - c. Roseola infantum eruption
 - d. Slapped check syndrome of erythema infectiosum
 - e. Rubella eruption
 Answer: **A**

Fungal infections

- Regarding cutaneous fungal infections one of the following statements is incorrect: *
 - a. Tinea capitis is usually treated with systemic antifungals
 - b. Seborrheic dermatitis is a differential diagnosis for psoriasis
 - c. Tinea pedis is usually treated topically
 - d. Chronic paronychia is usually caused by mixed yeast and bacterial infection
 - e. Pityriasis versicolor rarely recursAnswer: **E**
- Fungal responsible for epidemics of tinea capitis: *
 - a. T. Canis
 - b. T. verrucosum
 - c. T. mentagrophyte
 - d. M. audouiniiAnswer: **D**
- Doesn't cause tinea capitis:
 - a. Microsporum audouinii
 - b. Trichophyton schoenleinii
 - c. Trichophyton tonsurans
 - d. Trichophyton verrucosumAnswer: {all the above are causes of tinea capitis}
- 1st line ttt of T. capitis:
 - a. Griseofulvin
 - b. Topical miconazole
 - c. SteroidsAnswer: **A**
- All about Griseofulvin are true except:
 - a. Has better absorption after meal
 - b. Commonest side effect is headache
 - c. Contraindicated in pregnancy
 - d. Phenobarbitone may neutralize its effect
 - e. May used in ttt of s.barbaeAnswer: **E**
- Apple green fluorescence is seen in: **
 - a. Tinea capitis
 - b. Tinea curuisAnswer: **A**
- One of the following fungi induce inflammatory tinea capitis:
 - a. T. violaceum
 - b. T. sulphureum
 - c. T. tonsurans
 - d. T. verrucosum
 - e. T. mentagrophyteAnswer: **D**
- Commonest fungal infection in adults:
Tinea pedis
- Wrong about tinea pedis:
 - a. Most common adult fungal infection
 - b. Can be caused by E.floccosum
 - c. Zoophilic
 - d. Caused by T.violaceumAnswer: **D**

- T. corporis lesion:
 - a. Multiple vesicles
 - b. Annular
 - c. Wheal
 Answer: **B**
- Slightly elevated scaling margins and halo central clearing:

T. corporis
- All true about tinea versicolor except:
 - a. Apple green color on wood's lamp
 - b. Hypo or hyper pigmentation
 - c. Patches or plaques
 - d. Scaling
 - e. Most common causative agent is Malassezia
 answer: **A**
- Wrong about tinea versicolor:

Cherry red fluorescence under wood's lamp
- Treatment of toenail onychomycosis (three yellow nails)? *

Oral antifungal
- Tinea unguium is the infection of:
 - a. Lateral nail folds
 - b. Posterior nail folds
 - c. Nail plate
 - d. Nail bed
 - e. Nail matrix
 Answer: **C**
- Which's wrong about tinea unguium:
 - a. Change in nail color
 - b. Onycholysis
 - c. Prolonged treatment
 - d. Caused by T. verrucosum
 Answer: **D**
- Which of the following causes erythema with satellite pustules over body flexors:

Candida cutaneous infection
- Not associated with candidal infection: *
 - a. Occurs between the 2nd and 3rd fingers
 - b. Affects proximal lamella
 - c. Corner of the mouth
 - d. Tongue and oral mucosa
 - e. Genital area
 Answer: **A**
- Which one is not commonly colonize healthy skin: *
 - a. Staph. albus
 - b. Staph. aureus
 - c. Candida albicans
 Answer: **C**
- Candidiasis may affect all of the following except:
 - a. Skin
 - b. Mucous membranes
 - c. Nail
 - d. Hair
 Answer: **D**
- Kerion is caused by

T. verrucosum & T. mentagrophytes

- One of the following fungi is ectothrix:
 - a. *T. schoenleinii*
 - b. *T. violaceum*
 - c. *T. mentagrophytes*
 - d. *T. tonsurans*
 - e. *T. sulphureum*Answer: **C**

- Fungi doesn't fluoresce under wood's light:
 - a. *M. audouinii*
 - b. *M. canis*
 - c. *M. gypsum*
 - d. *T. mentagrophytes*
 - e. *T. schoenleinii*Answer: **D**

- All dermatophytes fluoresce under wood's light except:
 - a. *Microsporum canis*
 - b. *Microsporum audouinii*
 - c. *T. schoenleinii*
 - d. *T. rubrum*Answer: **D**

- Which dermatophyte is likely to be acquired from cattle:
 - a. *Trichophyton rubrum*
 - b. *Trichophyton schoenleinii*
 - c. *Trichophyton verrucosum*
 - d. *Trichophyton tonsurans*
 - e. *Microsporum gypsum*Answer: **C**

Hair and scalp & diseases of the nails

- Which's wrong about hair:
 - a. Male hair grows faster
 - b. Growth rate = 1cm/month
 - c. Hair spends growing 3-4 years before falling
 - d. All hair characteristics are genetically determinedAnswer: **A**
- % of hair follicles in scalp present in anagen phase is:
 - a. 50%
 - b. 60%
 - c. 70%
 - d. 85%Answer: **D**
- Which of the following is the resting stage of hair:
Telogen
- All are causes of traumatic alopecia except:
 - a. Traction
 - b. Pressure
 - c. Marginal
 - d. Trichotillomania
 - e.Answer: **E**
- Wrong about alopecia areata?
 - a. Fluorescent on woods lamp
 - b. Causes non-scarring alopecia
 - c. Can occur in children
 - d. Recurring in natureAnswer: **A**
- Telogen effluvium, what's wrong:
 - a. Can be caused by drugs
 - b. Wood's lamp helps in diagnosis
 - c. Can happen few months after childbirth
 - d. Presents as diffuse thinning of hair
 - e. Non-scarring alopeciaAnswer: **B**
- Which of the following results in anagen effluvium:
Cytotoxic drugs
- Not in telogen effluvium:
 - a. Post-partum
 - b. Post-surgical
 - c. Crush diet
 - d. Post febrile
 - e. Cytotoxic drugsanswer: **E**
- Which of the following doesn't cause diffuse non-scarring alopecia:
 - a. Trichotillomania
 - b. Heparin
 - c. Surgery shock
 - d. Telogen effluvium
 - e. Cytotoxic drugsAnswer: **A**

- All may cause non-cicatricial alopecia except:

- a. Surgical shock
- b. Morphea
- c. Heparin
- d. Protein malnutrition

Answer: **B**

- All of the following cause diffuse non-scarring alopecia except:

- a. Heparin
- b. 2ry syphilis
- c. Anhydrotic ectodermal dysplasia
- d. Cachexia

2ry syphilis causes patchy non-scarring alopecia

Answer: **X**

- Non-scarring alopecia all except:

- a. Male pattern baldness
- b. Alopecia areata
- c. 2ry syphilis
- d. Sarcoidosis

Answer: **D**

- All are causes of diffuse non-scarring alopecia except:

- a. Telogen effluvium
- b. Anagen effluvium
- c. Hypothyroidism
- d. Hair shaft abnormalities
- e. Male pattern of hair loss

male pattern of hair loss causes patchy non-scarring alopecia

Answer: **X**

- Cuticle of nail is formed by:

- a. Ventral laver of posterior fold
- b. Dorsal layer of posterior fold
- c. Lateral fold
- d. Matrix

Answer: **A**

- Not a result of disordered keratinization of nail matrix:

- a. Change in nail shape
- b. Long ridging
- c. Thick nails
- d.

Answer: **D**

- Which of the following is the characteristic hair lesion seen in Netherton's syndrome:

Trichorrhesis invaginatam

SUMMARY:

Diffuse non-scarring alopecia:

- 1- telogen effluvium
- 2- anagen effluvium
- 3- endocrine dysfunction
- 4- nutritional
- 5- congenital ectodermal dysplasia
- 6- hereditary hair shaft abnormalities
- 7- very severe seborrheic dermatitis

Patchy non-scarring alopecia:

- 1- hereditary male pattern alopecia
- 2- hereditary female pattern alopecia
- 3- alopecia areata

Diffuse scarring alopecia:

extremely rare caused by physical agents (burns)

Patchy scarring alopecia:

most common, caused by:

- 1- physical agents (burn, x-ray...)
- 2- deep infections
- 3- specific diseases: discoid lupus erythematosus, lichen planus...

skin tumors

- Benign tumor of the epidermis: *
 - a. Actinic keratosis
 - b. Seborrheic keratosisanswer: **B**
- Which one of the following is an eccrine sweat gland tumor:
 - a. Trichoepithelioma
 - b. Syringoma
 - c. Pilomatrixoma
 - d. TrichofolliculomaAnswer: **B**
- Wrong about nevus:
 - a. Result from abnormal proliferation of melanocytes
 - b. Developmental disorder
 - c. Common in infants
 - d. Increase after ACTH injection
 - e. Flair up during adolescenceAnswer: **C**
- Tumor may show malignant degeneration:
 - a. Compound nevus
 - b. Junctional nevus
 - c. Dermal nevus
 - d. Epidermal nevusAnswer:
- Commonest site of squamous cell epithelioma:
 - a. Upper lip
 - b. Lower lip
 - c. Face
 - d. HandsAnswer: **C**
- Which of the following is premalignant: *
 - a. Lentigo maligna
 - b. Bowen's disease
 - c. Erythroplasia of Queyrat
 - d. Actinic keratosisAnswer: **D**
- 70-year-old male, fair skinned, presented with fine scaled erythematous plaques on the back of his hands, that was also found on his bald scalp, what is the likely diagnosis:
Actinic keratosis
- False about actinic keratosis:
 - a. It is a malignant condition
 - b. Mostly affecting fair skinned people
 - c. Mostly on sun exposed areasAnswer: **A**
- The most frequent site for mets of BCC:
 - a. Skin
 - b. Regional LN
 - c. Lung
 - d. Brain
 - e. LiverAnswer: **B**

- Most common BCC type:
Noduloulcerative
- All about BCC is true except:
 - a. More common in Caucasian
 - b. Always associated with bad prognosis
 Answer: **B**
- Nodule on nose, glossy, with telangiectasia, diagnosis:
 - a. BCC
 - b. SCC
 Answer: **A**
- Wrong about squamous cell carcinoma?
75% of lesions are on extremities
- Wrong about SCC:
 - a. Lower growth than BCC
 - b. Caused by exposure to sun
 Answer: **A**
- Melanoma with early metastasis:
Nodular melanoma
- Worst type of MM:
Nodular
- Skin melanoma all of these are evidence-based prognostics except:
Gender
- Asymmetrical lesion, with ill-defined border, and variable shades of colors (diameter was not mentioned in the question), diagnosis:
 - a. Superficial spreading
 - b. Lentigo maligna
 - c. Nodular
 - d. Acral
 - e. Amelanotic
 Answer: **A**
- Breslow thickness:
 - a. From granular layer to deepest point of invasion
 - b. From dermis to deepest point of invasion
 - c. Thickness in lymph nodes
 Answer: **A**
- The percentages of malignant melanomas are thought to arise from pigmented nevi:
 - a. 0-5%
 - b. 10-20%
 - c. 20-40%
 - d. 40-60%
 - e. 60-80%
 Answer: **C**
- Woman with unilateral, eczematous areolar rash, next step? *
Do skin biopsy
- Which tumor is most frequently mets to skin:
 - a. Pulmonary CA
 - b. Renal CA
 - c. Prostate CA
 - d. Breast CA
 - e. Gastric CA
 Answer: **D**

STDs

- ttt of choice in all stages of syphilis is
 - a. Benzathine penicillin
 - b. Crystalline penicillin
 - c. Ampicillin
 - d. ProstaphyllinAnswer: **A**
- Most sensitive & specific test for early dx of syphilis is:
 - a. FTA
 - b. TFI
 - c. HR
 - d. FTA-ABSAnswer: **D**
- Commonest serological test used in follow up at syphilitic pt:
 - a. FTA
 - b. TPI
 - c. WR
 - d. RPCF
 - e. FTA-ABSAnswer: **E**
- If dark field examination fails to reveal spirochetes from a penile chancre then Dx may established alternatively by:
 - a. Darkfield examination of blood
 - b. Darkfield examination of blood from aspirate from regionally enlarged LN
 - c. TIT (treponemal immobilization test)
 - d. Any of the aboveAnswer: **D**
- Moth-eaten alopecia is found in:
 - a. Secondary syphilis
 - b. Primary syphilis
 - c. Tertiary syphilisAnswer: **A**
- All seen in secondary syphilis except:
 - a. Patchy scarring alopecia
 - b. Moth eaten alopecia
 - c. Asymmetric body rashAnswer: **A**
- All about 2ry syphilis true except:
 - a. Never itches
 - b. Contagious
 - c. STD (serologic test for syphilis) is +ve in 100% of cases
 - d. Most commonly vesicular
 - e. Presents with generalized rashAnswer: **D**
- All about syphilis true except:
 - a. Incubation period 9-90 days
 - b. Rx of choice is crystalline penicillinAnswer: **B**
- Associated with mucous patch:
 - a. 2ry syphilis
 - b. 1ry syphilis
 - c. 3ry syphilis
 - d. GonorrheaAnswer: **A**

- Which about secondary syphilis is incorrect:
 - a. Lesions usually appear 6-16 weeks after infection
 - b. Lesions usually involves palms & soles
 - c. Most lesions contain spirochetes
 - d. Lymphadenopathy is usually absent
 - e. Lesions seldom itch
 Answer: **D**
- One is false about secondary syphilis manifestation:
 - a. Auditory neuritis
 - b. Periostitis
 - c. Polyhedral asymmetrical rash
 - d. Painful lymphadenopathy
 Answer: **D**
- Condylomata Lata in:
 - a. Viral warts
 - b. 1ry syphilis
 - c. 2ry syphilis
 - d. 3ry syphilis
 Answer: **C**
- In classical syphilitic chancre all of the following statement are true except:
 - a. Occur at site of inoculation
 - b. Commonly single
 - c. Commonly painful
 - d. Considered an allergic reaction
 - e. Rich with treponemes
 Answer: **C**
- In blood at normal refrigerator temperature (+4c) Treponema pallidum dies within:
 - a. 24hrs
 - b. 72-92hrs
 - c. 48hrs
 - d. 1 week
 Answer: **C**
- The best site to take a swab for gonorrhoea is:
 - a. Labia minora
 - b. Labia majora
 - c. Anus
 - d. Endocervical swab
 - e. Vaginal wall
 Answer: **D**
- One is false about gonococcus:
 - a. Caused by G-ve diplococci
 - b. Female 50% are asymptomatic
 - c. Require therapeutic low level of penicillin for long time
 - d. Columnar epithelium is site of predilection
 Answer: **C**
- Majority of gonococcus strains are sensitive to penicillin concentration of (u/ml blood):
 - a. .002
 - b. 1.1
 - c. .03
 - d. .25
 Answer: **C**
- Which of the following is the causative of Chancroid:

Haemophilus ducreyi

- Drug of choice in ttt of non-gonococcal urethritis:

- a. Septrin
- b. Tetracycline
- c. Penicillin
- d. Spectinomycin

Answer: **B**

Ichthyosis

- Ichthyosis vulgaris wrong:
 - a. usually involves extensors
 - b. involves flexorsanswer: **B**
- Wrong in ichthyosis vulgaris:
 - a. Most common type
 - b. Usually associated with keratosis pilaris
 - c. Present at birth
 - d. Sparing flexuresanswer: **C**
- Which is associated with atopy:
 - a. Ichthyosis simplex
 - b. X-linked ichthyosis
 - c. Lamellar ichthyosis
 - d. Bullous ichthyosiform hyperkeratosis
 - e. Ichthyosis hystrixAnswer: **A**
- Congenital ichthyosis associated with renal agenesis and hernia:
 - a. X-linked
 - b. VulgarisAnswer: **A**
- One of the following condition leads to thickening of all skin layers:
 - a. Ichthyosis simplex
 - b. Ichthyosis hystrix
 - c. Ichthyosis nigricans
 - d. Ichthyosis congenitalAnswer: **C**
- Keratinization process is defective in all except:
 - a. Lichen sclerosis atrophicans
 - b. Ichthyosis hystrix
 - c. Psoriasis
 - d. Epidermolytic hyperkeratosis
 - e. Ichthyosis lamellarisAnswer: **A**
- Bullous ichthyosis erythroderma is inherited as:
Autosomal dominant
- True about Non-bullous ichthyosiform erythroderma:
Autosomal recessive inheritance

Miscellaneous

- Penetration of skin by UV light is greater from:
 - a. UVB
 - b. UVC
 - c. UVA
 - d. Not related to wavelength
 - e. NegligibleAnswer: **C**
- When is the intensity of UVA highest during the day?
 - a. 8am
 - b. 3pm
 - c. 12pm
 - d. The level of UVA is actually constant throughout the day
 - e. 10amAnswer: **C**
- When choosing or advising on the use of sunscreens the following points should be taken into account, except:
 - a. Physical sunscreen reflect UV radiation and are highly effective
 - b. Chemical sunscreen absorb UV radiation and cause less opaque/grey appearance when applied to the skin
 - c. In reality the level of sun protection is 1/3 of that specified on the sunscreen bottle
 - d. The SPF (numerical sun protection factor) is a measure of UVB protection
 - e. The letter rating (A-E) is a measure of UVA protectionAnswer: **E**
- Side effect of prolonged topical corticosteroid therapy include all of the following except:
 - a. Atrophy of skin
 - b. Telangiectasia
 - c. Pigmentation
 - d. Overgrowth of hair
 - e. FrecklingAnswer: **E**
- Topical steroids can cause all of following except:
 - a. Hair loss
 - b. Hypopigmentation
 - c. Rosacea
 - d. Atrophy
 - e. CataractAnswer: **A**
- Systemic steroids are often indicated in the treatment of the following conditions, except: **
 - a. Systemic vasculitis
 - b. Severe drug eruptions
 - c. Urticaria with significant angioedema
 - d. Widespread eczema
 - e. Widespread chronic plaque psoriasisAnswer: **E**
- Systemic steroid used in ttt of:
 - a. Nodular acne vulgaris
 - b. Ordinary acne vulgaris
 - c. Acne medicamenosa
 - d. Acne cosmetica
 - e. Acne fulminansAnswer: **E**
- Phthirus pubis may be transmitted from the pubic hair to:
 - a. Scalp hair

- b. Chest hair
- c. Eye lashes
- d. Eye brows

Answer: **C**

- All true about erythroderma except:
 - a. >80% of skin
 - b. Biopsy usually done
 - c. Hyperthermia and dehydration

Answer: **A**

- Not associated with erythroderma:
 - a. malignancy
 - b. Lichen Planus
 - c. Psoriasis
 - d. Congenital ichthyosis
 - e. Drug induced

Answer: **B**

- One may cross normal placenta:
 - a. IgG
 - b. IgM
 - c. IgA
 - d. IgE
 - e. All Ig

Answer: **A**

- Dermatoscope, what is wrong:
 - a. used for seeing hyphae and spores
 - b. used for pigmented lesions
 - c. used for alopecia areata
 - d. Hand-held tool

Answer: **A**

- Drug of choice for cutaneous leishmaniasis:
 - a. Tetracycline
 - b. Erythromycin
 - c. Antimonials
 - d. Sulfones

Answer: **C**

- A child from Jordan valley developed a painless ulcer on his face on the site of a mosquito bite, mostly?

Leishmaniasis (it should be a fly not a mosquito)

- Leishmaniasis recidivans is due to:
 - a. L. Donovanii
 - b. L. tropica
 - c. L. braziliense
 - d. Allergic reaction to L. body

Answer: **B**

- Cutaneous leishmaniasis is an infection of the:
 - a. cutaneous fat
 - b. Str. malpighia
 - c. R.E. cells
 - d. Mast cells
 - e. Langerhans cells

Answer: **C**

- Eye involvement may occur in all except:
 - a. Intermediate leprosy
 - b. Lepromatous leprosy
 - c. Rosacea

- d. Sarcoid
- e. Bechet's syndrome

Answer: A

- ttt of lepromatous leprosy should be continued for (yrs):

- a. 2
- b. 5
- c. 10
- d. Life long

Answer: A

- A lady presents with hyperpigmented lesion on her face that has been increasing in size, she is worried about it. most appropriate next step is:

- a. Dermoscopic examination
- b. Incisional biopsy
- c. Excisional biopsy
- d. Chemical peeling

Answer: A

BEST OF LUCK ! :)