

Mini Osce PastPapers

Starting from DOCTOR 018

FIRST ROTATION

Thanks to Daniah Ahmad for the questions

1) impetigo:

Describe

Most likely diagnosis

2) paronychia

Describe

Most likely diagnosis

3) seborrheic dermatitis:

Describe

Most likely diagnosis

Other sites it affects

4) shingles

Describe

Most likely diagnosis

Rapid diagnostic test

People who should be avoided during the presence of this rash

5) Vasculitis (came to the ER):

Most likely diagnosis

Two tests should be done before discharge

6) Histology:

What is the layer labeled with number 1

Mention 2 types of cells present in layer 1

7) Psoriasis:

Describe

2 other sites should be examined

3 treatment modalities

8) Urticaria:

Primary lesion

2 most common causes

9) Lichen planus:

Most likely diagnosis

Describe the labeled lesion with one word

How do you explain it?

10) Heliotrope rash

What is the name of this finding

Most likely diagnosis

SECOND ROTATION

Thanks to Tamara Arabiyat for the questions and answers

Q1- A 43 year old woman presents with the chronic eruption shown.

A. describe this eruption. (2 marks)

B. what is the likelihood that her child would be affected by psoriasis. (1 mark)

C. *Classification of psoriasis.*



Q2- An 80 year old woman says that her skin bruises easily. You examine the skin and observe the changes in the picture shown.

A. What is the skin change shown here. (1 mark)

B. Give 2 causes of this skin change. (2 marks)

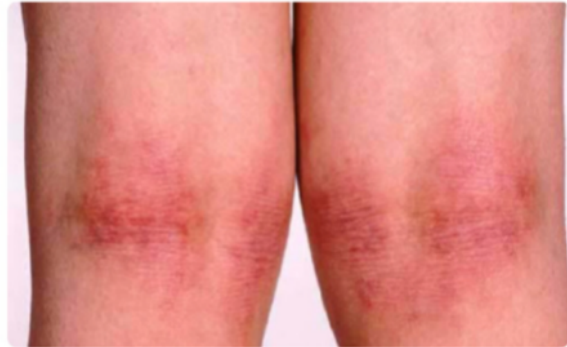


Q3- This 8 year old child has chronic eczema.

A. Name 3 clinical features that you would expect to see on examination. (3 marks)

B. Give 3 poor prognostic factors for eczema (more likely to progress into adulthood). (3 marks)

C. Give 4 types of endogenous eczema. (4 marks)



Q4- A 50 year old man presents with this acute itchy eruption, that comes and goes on different parts of his body sometimes lasting hours.

A. What is the primary lesion pictured here? (1 mark)

B. Give two differences between urticaria and angioedema. (2 marks)

C. If individual lesions lasted more than 2 days what should your differential include? (1 mark)



Q5- A patient presents with an intensely itchy eruption on the wrists.

A. Describe the eruption in the picture. (2 marks)

B. How would you describe the configuration of the arrow Ed lesion? (1 mark)

C. How would you explain this configuration? (1 mark)



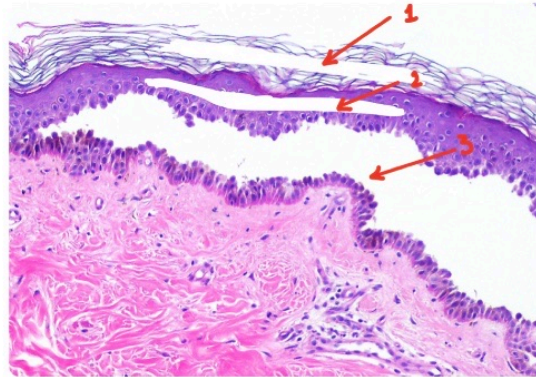
Not the exact picture.

;

Q6- Regarding skin blistering disorders

Indicate the level of separation within the skin (number 1,2,3) and give one example on each.

(6 marks)



Not the exact picture.

Q7- A 70 year old female presents with genital itching. She had been getting oral and topical anti-yeast medications for years but has never been examined. On examination you see abnormal vulval architecture and ivory white skin.

- A. What is the most likely diagnosis. (1 mark)
- B. If left untreated what a serious complication? (1 mark)
- C. Give 2 other eruptions that can affect the genital area. (2 marks)



Figure 9.7 Lichen sclerosus. *Not the exact picture*

Q8- A 26 year old develops the lesion shown and 2 weeks later he develops other small lesions on his back.

- A. What is the most likely diagnosis. (1 mark)
- B. What is the usual cause? (1 mark)



Not the exact picture

Answers;

Q1-

A. Multiple well defined, erythematous beefy colored plaques with silvery scales on the back and sites of minor trauma like the elbow.

B. A child who has one parent with psoriasis has a 1 in 4 chance of developing the disease.

C. Classification

- Plaque Psoriasis (Psoriasis vulgaris) *Latin word = common*
- Guttate Psoriasis
- Psoriasis Inversa
- Pustular Psoriasis
- Erythrodermic Psoriasis

Q2-

A. Atrophy.

B. Aging, steroids, connective tissue diseases

Q3-

A. 1. Hyperpigmentation. 2. Scaling. 3. Lichenification and thickening of the skin.

B. 1. Severe form of eczema while a child

2. Positive family history

3. Having other atopies like asthma or seasonal rhinorrhea.

C. 2. Endogenous cause (constitutional)

- ☐ Atopic eczema.
- ☐ Seborrheic eczema.
- ☐ Gravitational (varicose) eczema.
- ☐ Asteatotic eczema.
- ☐ Discoid eczema.
- ☐ Lichen simplex
- ☐ Juvenile plantar dermatosis

Q4-

A. Wheal.

B. Angioedema is painful while urticaria is itchy.

Angioedema appears as diffuse swelling while urticaria well demarcated swelling.

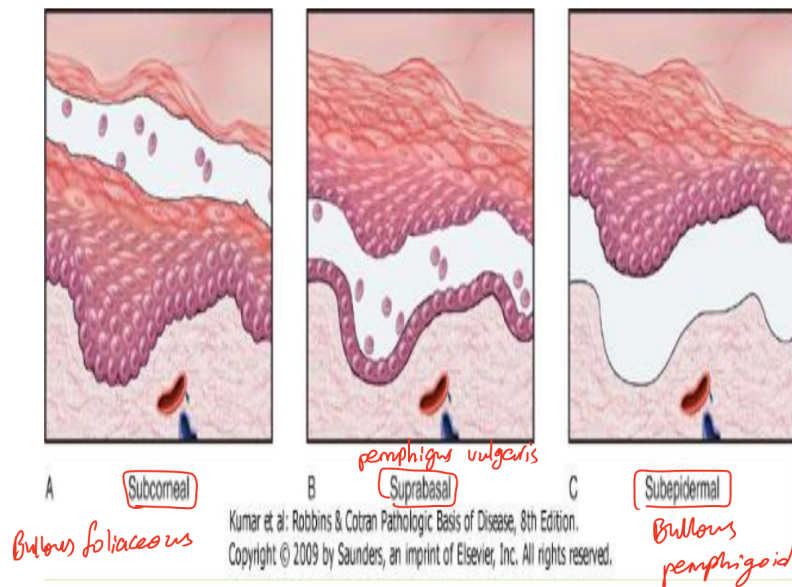
Angioedema involves the mucous membranes and/or subcutaneous tissues while urticaria involves the superficial layers of the skin.

C. Urticarial vasculitis.

Q5- ***Lichen planus

- A. Multiple violaceous polygonal papules and plaques with Wickham's striae.
- B. Linear over sites of minor trauma and scars.
- C. Koebner's phenomenon over minor trauma sites and scars.

Q6-



Q7-

- A. Lichen sclerosis.
- B. SCC
- C. 1. Genital warts by HPV. 2. HSV infection eruption.

Q8-

- A. Pityriasis rosea.
- B. HSV 6 and 7.

THIRD ROTATION

Thanks to Danah Mohsen for the questions

1- pruritus

- 4 diseases with pruritus with no skin eruption
- Describe

2- case of blisters on the hand

- describe (tense)
- Diagnosis (pemphigoid)
- Level of epidermal

3- case of 70 yrs old man with loss of appetite and loss of wt , photo of erythromatus rounded patches on the eyelid

- heliotrope rash
- diagnosis that follow the symptoms ?

4- rash after sunlight exposure ?

- phototoxic vs photoallergic 2 differences

5- nail picture with onycholysis for woman working in Resturant as a dishes washer

- describe
- diagnosis

6- photo of hypopigmentation macules and patches in the back

- diagnosis

- 2 bedside examinations can do in the clinic to confirm diagnosis

7- photo of girl with hirsutism in the face , having epilepsy and htn

- hirsutism vs hypertrichosis**
- Name 2 drugs may she take and cause this case**

8- child having raised lesion on his finger

- diagnosis ?**
- Management (non invasive)**
- Will settle spontaneously or not ?**

9- case of itching (at night) , his wife affected also , photo of multiple papules in hand

- diagnosis? (Mostly scabies)**
- Management**

10- photo of multiple patches of alopecia

- describe ?**
- Diagnosis**
- Name 3 diseases can comorbid with**
- Name the phases of the hair growth cycle**

Fourth ROTATION

Thanks to Aseel Obeidat for the questions



Aseel H Obeidat

Lejan Aldofaat

A case of warts

Diagnosis

Cause HPV

Best treatment cryotherapy

A case of dermatitis herpetiform

Diagnosis

Associated disease celiac

A case of psoriasis

Describe the lesion

Diagnosis

Mention two systemic treatments

A case of Acanthosis nigricans

Describe velvety thickening of the skin

If develop quickly indicate what >> gastric carcinoma

A case of pyoderma gangerosum

Diagnosis

Two associated diseases IBD , rheumatoid arthritis

Mention the layers of the skin

A case of scabies

What is the lesion burrow

Diagnosis

First line treatment permethrin or benzyle Benzoute

A case of lichen sclerosis

Diagnosis

If left untreated complication squamous cell carcinoma

Like Reply 18w



Aseel H Obeidat

A case of basal cell carcinoma

Describe

A Pearly shaped lesion with shiny rolled borders with
mention two variants

Nodular , pigmented

A picture of yellow greasy plaques

Diagnosis

Seborrheic dermatitis

FIFTH ROTATION

Thanks to Mohammad Al-Mansi for the questions and answers.

1. Describe this lesion.

subcutaneous erythematous nodules on the shins

2. What is the diagnosis?

Erythema nodosum

3. If I told you that this photo is for a child who had an URTI recently, What is the most likely pathogen to cause it?

S. Pyogenes

4. Mention 4 other causes for it.

Tb, Sarcoidosis, IBD, Behcet disease..etc



If I told you that this patient has psoriasis, and he developed these lesions after minor trauma:

1. What is this phenomenon?

Koebner's phenomenon

2. Mention 2 other causes for it.

Lichen planus, vitiligo



A patient developed this after cold exposure. He also has calcinosis, esophageal problems, skin tightening, and some telangiectasia.

1. What is this phenomenon?

Raynaud's phenomenon

2. How would you treat this phenomenon? mention 2 methods.

Avoiding cold exposure by wearing gloves, CCBs

3. What is your diagnosis?

(CREST syndrome (systemic sclerosis



?What are these white things called .1

Nits

?What is your diagnosis .2

Head lice



?What is your diagnosis .1

Oral candidiasis

?What is the causative organism .2

Candida albicans

.Mention one condition that can lead to this .3

AIDS



This patient has history of eczema and had a mild fever and malaise in the last 2 .weeks

.Describe this picture .1

there are multiple small 'punched-out' looking Ulcers on the face with multiple vesicles

?What is the diagnosis.2

Eczema herpeticum

?What is the causative organism .3

HSV1

?What is the treatment .3

Systemic acyclovir



.Describe this picture .1

Multiple tense bullae

?What is the diagnosis.2

Bullous pemphigoid

?How would you confirm the diagnosis .3

Histopathology and Immunofluorescence



?What is the nail change in this picture .1

Linear ridges

?What is the diagnosis.2

Lichen planus



The end

Sixth ROTATION

Thanks to Amen Saras for the questions and answers.

Mention 3 topical medications for this case.

- ◊ Topical antibiotics
- ◊ Benzoyl peroxide
- ◊ Topical retinoids



A 1-year-old child presents with a rash associated with irritability and decreased feeding

1- What is the diagnosis?

- ◊ Infantile eczema (atopic dermatitis)

2- Mention two skin infections complicating this case.

- ◊ Eczema herpeticum
- ◊ Impetigo



A 29-year-old athlete presents with hypopigmented lesions on his back

1- What is the diagnosis?

◊ Tinea versicolor

2- What is the causative agent?

◊ Malassezia Furfer



Mention 3 triggering factors for this condition.

- ◊ Spicy food
- ◊ Sunlight
- ◊ Heat, stress, etc



1- Describe the lesion.

◊ Nodular, pearly, shiny, with telangiectasias on the ala of the nose

2- What is the most likely diagnosis?

◊ Basal cell carcinoma



A girl complains of pale, numb fingers in cold weather along with difficulty swallowing and finger lesions which showed calcium deposits when investigated

1- What is the name of this phenomenon?

◊ Reynaud's phenomenon

2- Mention 2 ways of management

◊ Hand warming and calcium channel blockers

3- What is the diagnosis based on the constellation of symptoms

◊ Localized systemic sclerosis (CREST)



A girl presents to the ER with painful hemorrhagic eruptions in the face along with conjunctivitis and exudative secretions. These symptoms appeared after starting a new medication

What is the most likely diagnosis?

◇ Steven-Johnson syndrome



1- Describe the lesion

- ◆ Tense blisters on an erythematous base on the arm

2- What is the diagnosis?

- ◆ Bullous pemphigoid

3- How to confirm the diagnosis?

- ◆ Biopsy then histopathology and immunofluorescence



A patient who is known to have Hashimoto disease present with this patch

1- What is the diagnosis?

◆ Alopecia areata

2- Mention 3 bad prognostic signs

◆ early age of onset, atopy, family history, male gender

3- Mention phases of the hair cycle

◆ Anagen, catagen, telogen, exogen



A 5-year-old boy presents with this rash on his legs. He had sore throat 4 days ago

1- What is the diagnosis?

◆ Henöch-schonlein purpura

2- Mention 3 non-cutaneous manifestations associated with this disease

◆ Abdominal pain, nephritis, arthralgia



A patient complains of morning stiffness and pain in her knees. She has scaly lesions on her elbow

1- What is the diagnosis?

◇ Psoriatic arthritis

2- Mention two findings supporting your diagnosis.

◇ Onycholysis, sausage fingers



Seventh ROTATION

Thanks to Shahd Al-Rawi for the questions and answers.

شهد فلاح الراوي

Lejan Aldofaat

Q. About scabies

(What is the lesion / what is the diagnosis/ what is the first line treatment)

Scabies burrows



Like Reply 11w



شهد فلاح الراوي

Q 2 : give the histological feature in the picture and give diagnosis

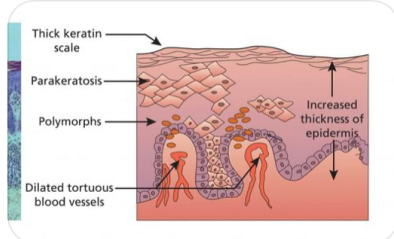
1 it was parakeratosis

2 was hyper keratosis

3 was dilated blood vessel

Diagnosis was psoriasis

تقريبا نفس هالصورة بس حقيقية
و الارقام كانت بالترتيب من فوق لتحت
+ الصورة بالامتحان كانت مبلشة بطبقة para



Like Reply 11w



شهد فلاح الراوي

Q3 : what is the name of phenomenon and give 2 diseases associated with





شهد فلاح الراوي

Q4: describe what you see in picture and give two complication of this disease



Like Reply 11w



شهد فلاح الراوي

Q5: what is the name of this phenomenon

...

DERMATOGRAPHISM.



Like Reply 11w



شهد فلاح الراوي

Q6: describe , give diagnosis, what is the pathogen that causes it

...



Like Reply 11w



شهد فلاح الراوي

Q7: what is the diagnosis, how to differentiate between acne and rosacea (3 differences) , consult the patient in 2 point



Like Reply 11w



شهد فلاح الراوي

Q8: , describe what is your diagnosis, what are the effects of this disease on the baby (2 effects)



Like Reply 11w



شهد فلاح الراوي

Q 9 : describe and give diagnosis

...

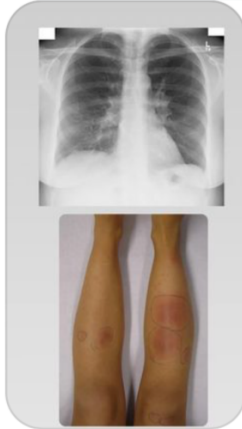


Like Reply 11w



شهد فلاح الراوي

Q10: what is the name of the nodule in the picture, give the diagnosis, give other causes to this nodule (3)



Like Reply 11w



شهد فلاح الراوي

كانوا ١٠ اسئلة

على كل سؤال ٢ ل ٣

د

بالتوفيق .

...

Eighth ROTATION

Thanks to Abdulrahman Nidal for the questions and answers.

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Ninth ROTATION

Thanks to Dana Al-Nasra for the questions and answers.

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Tenth ROTATION



11th ROTATION

Thanks to Fahad Zakut for the questions.



Fahad Zakout

Lejan Aldofaat

Q1 / picture on acne and asking what are the pathogenesis

Q2/ picture on rosacea (phymatous form)

A- give 3 triggers of this condition

B- severe form of this is called

Q3 / scenario on a patient with calcinosis, Dysphagia , Raynaud phenomenon etc...

A- What is the Diagnosis

B- how to manage this patient

C- what is the name of the phenomenon

Q4- picture on wheal

A- what is the name of the primary lesion

B- if this case persist more than 24 hr what it's called ?

Q5/ picture on severe form of psoriasis

A- what your diagnosis

B- Treatment

Q6 / picture impetigo

A- what is your diagnosis

B- what is the causative agent

Q7 / picture on bullous pemphigoid

A- Describe the lesion

B- what is your diagnosis

C- how to confirm your diagnosis

Q8 / picture on nail change (psoriatic changes)

A- Describe the changes

B- what is the most likely diagnosis

Q9/ case of dermatomyositis

A- what is the lesion you see is called

B- what is your diagnosis

Q10 / picture on Basal cell carcinoma

A- Describe what you see

B- what is your diagnosis

C- list other skin tumors

Q11 / patient took a drug after he took the drug , he was exposed to the sun and this happened

A- what is the name of the phenomenon (photosensitivity)

B- list 2 differences between photoallergic and photosensitive rash

C- list 2 drug that cause photosensitive or photoallergic rash

Thank you 🙏

Like Reply 3w



12th ROTATION

Thanks to our colleagues for the questions and answers.



Mohammad Sallam

Lejan Aldofaat سنوات بالحرف

ممکن سؤال بتطلب اذکر أنواع الخلايا بال dermis
سؤال ثاني موجود بالسنوات عن subacute cutaneous lupus erythematosus بامرأة حامل
وبتطلب اذکر شيئين ممکن يتأثر فيهم ال fetus

Like Reply 1w



Rahaf Muwalla

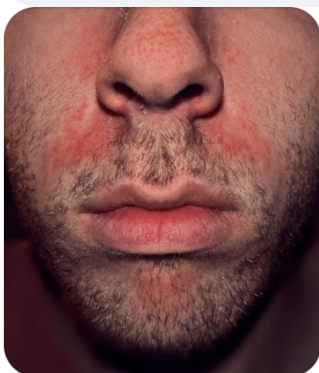
Lejan Aldofaat

Not the same picture

Diagnosis >> seborrheic eczema

Description >> Yellow greasy scaling + erythema

...



Like Reply 1w



Rahaf Muwalla

Lejan Aldofaat

Diagnosis >> paronychia

Describe >> redness and swelling + pus collection

...



Like Reply 1w



Rahaf Muwalla
Lejan Aldofaat

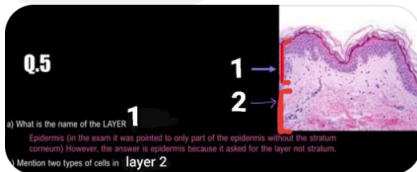
Diagnosis >> Vasculitis
Type of vessels >> small vessels
Describe
4 causes >> malignancies, infection, CT diseases, drug induced



Like Reply 1w



Hiba Abu Hayyeh
Lejan Aldofaat



Like Reply 1w

Like Reply 1w



Rahaf Muwalla
Lejan Aldofaat

Primary lesion >> macule
DDx >> post inflammatory hypopigmentation
1 non-invasive test >> wood light



Like Reply 1w



Rahaf Muwalla
Lejan Aldofaat

Diagnosis >> impetigo
Most common organism >> staph aureus
Describe >> peri-oral yellow gold crusts



Like Reply 1w



Hiba Abu Hayyeh ...

Question 6

- This lesion is painful
- Describe
- Pus accumulation within lateral nail fold with swelling and erythema. The nail is normal
- Diagnosis? Acute paronychia (not chronic because it's painful)



Like Reply 1w



Hiba Abu Hayyeh ...

Question 1

- What's this? Heliotrope rash
- Mention 2 other skin manifestations of this disease? Gottron papules, shawl rash



1- What's this? Heliotrope rash
-Mention 2 other skin manifestations of this disease?
Gottron papules, shawl rash

Like Reply 1w



Hiba Abu Hayyeh ...

Question 3

- This patient presented with dandruff formation
- describe
- Diagnosis? Seborrhoeic dermatitis



Like Reply 1w



Hiba Abu Hayyeh ...

Question 9

- Describe
- Vesicles in a dermatomal distribution
- Diagnosis? Shingles (VZV)



Like Reply 1w



Hiba Abu Hayyeh ...

Question 8

- Pregnant woman presented with this, you suspected SLE.
- Risk of developing SLE? 5%
- What risk is on baby? Neonatal SLE (heart block)
- Mention 3 other causes of photosensitivity
- Medications (eg, tetracycline), genetic (eg, xeroderma pigmentosum), metabolic (eg, porphyria cutanea tarda)



Like Reply 1w

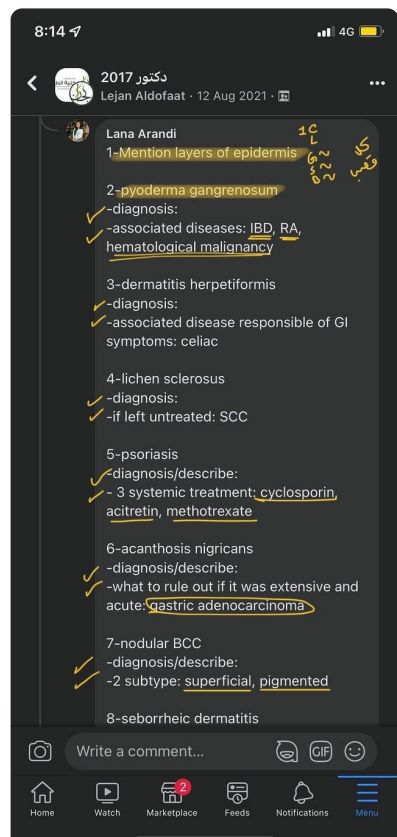
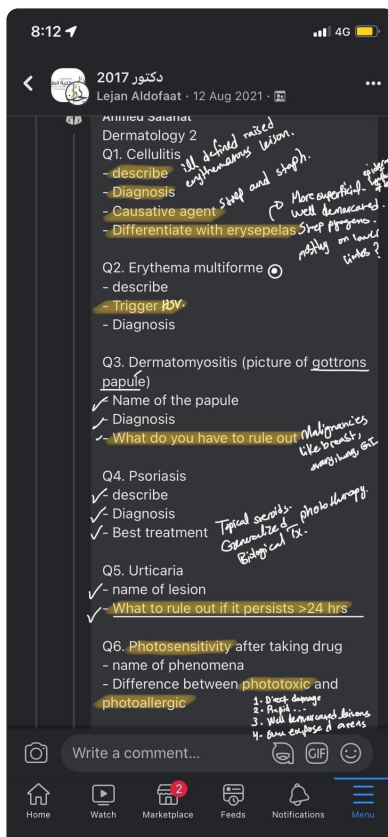
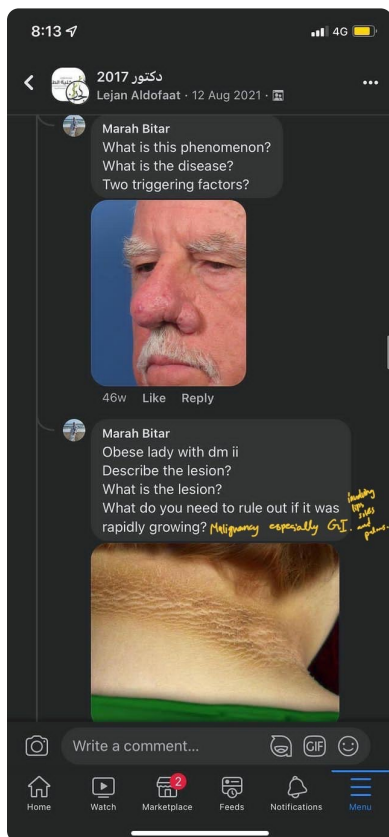
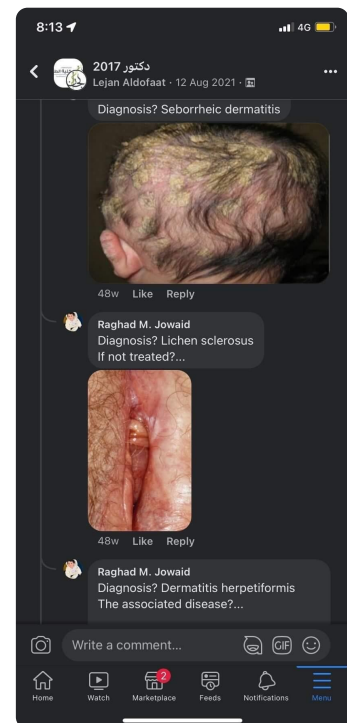
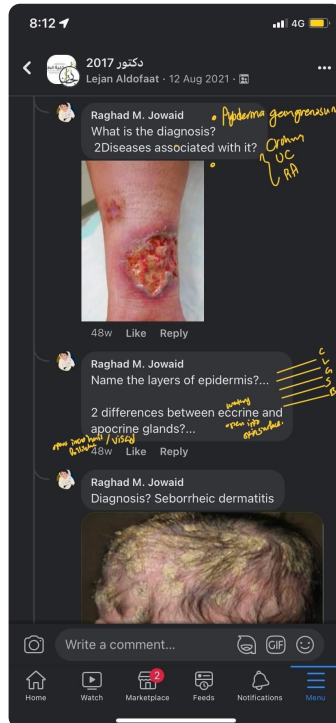
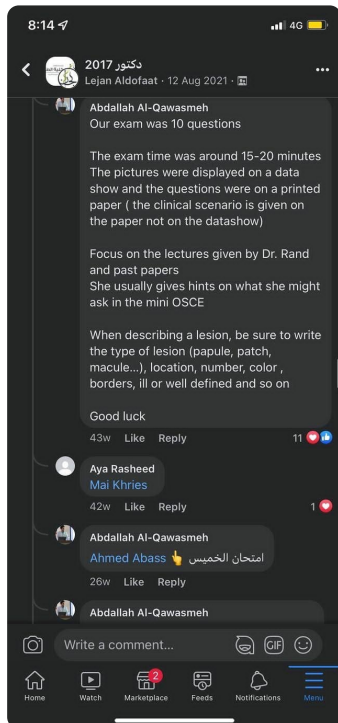


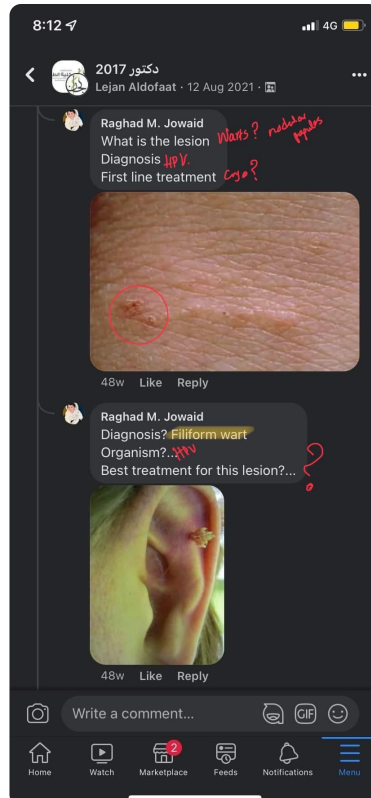
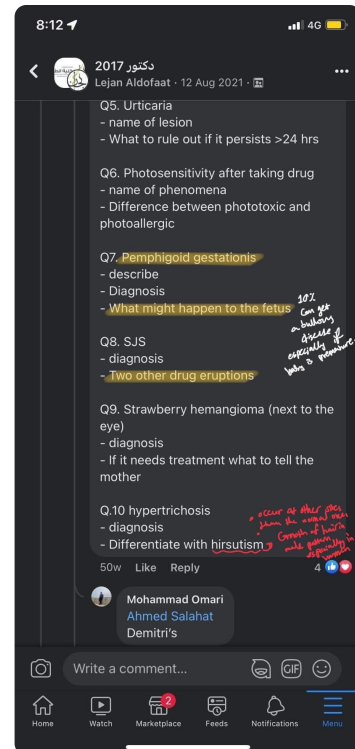
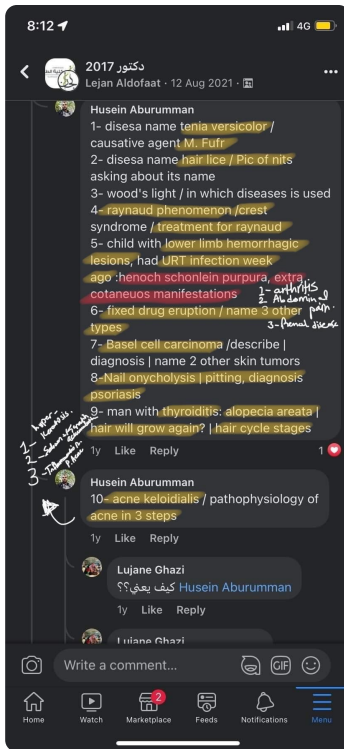
Hiba Abu Hayyeh ...

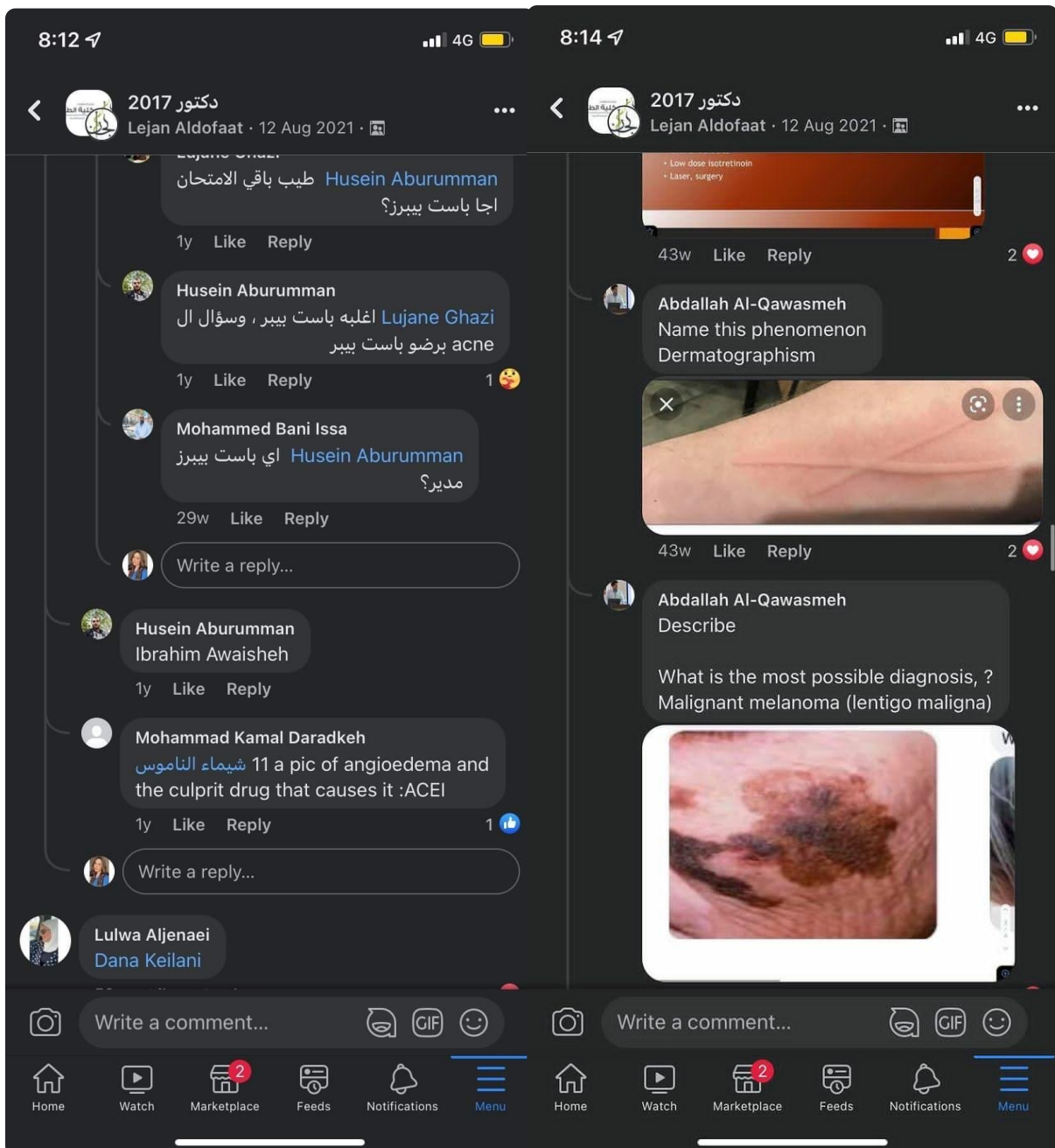
Question 7

- describe
- Visicles with honeycomb crusting
- Diagnosis? Impetigo
- Most common organism? S.pyogens









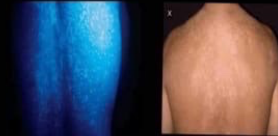
1. Pic of BCC:
Describe : pearl-shaped lesion with shiny raised margins and depressed center with telangiectasia
Diagnosis: BCC
Mention other 2 malignant skin tumors: melanoma, squamous CC



2. Photo of allergy to dressing
Diagnosis: Allergic contact dermatitis
Type of sensitivity rxn: type 4
What type of test do you use? Skin patch test



3. Pic of multiple white pigmentations on the back
Dx: T. Versicolor
Causative agent : M. Furfur



4. Picture of patchy hair loss with erythema and scaling } Dx: T. Capitis
Give topical antifungal or tablets?
Tablets



5. Patient came to the clinic with this manifestation due to sun exposure
The scientific term for this phenomenon: photosensitivity
3 diseases that may cause it :
Xeroderma pigmentosum, Albinism, Seborrheic dermatitis, Contact dermatitis



6. Pic with multiple lesions (psoriasis)
Describe the lesion: salmon erythematous well demarcated plaque with thick dry silver scales
Dx: psoriasis
Tx:
A) Topical : topical steroids, topical retinoids, vit. D analogue, tar
B) systemic: methotrexate, cyclosporine A, biological agents
C) Phototherapy : UV light



7. Baby came to you with this eruption
Dx : HSV
His mother asked if it is curable, your response is:
No it's not curable but the lesion can be treated with topical acyclovir leaving no scars



8. Pic of nail } (not painful) } exactly the same pic with slight redness
Describe: there is swelling and redness, loss of the cuticle, (onychomycosis on the nail)
Dx : chronic paronychia or onychomycosis
Both answers are correct



9. Pt came to you with this eruption:
Mention 3 physical finding to confirm that it's acne, not rosacea:
Presence of comedones, absence of telangiectasia, presence of scars



10. Pic of hirsutism
Hair cycle : Anagen, catagen, telogen
Differences between hirsutism and hypertrichosis:
Hirsutism: excessive growth of hair in women following a pattern of male distribution.
Hypertrichosis: ... in any part of the body, in both sexes.



11. Mention the difference between erysipelas and cellulitis
Erysipelas: lesion extends from epidermis to the lymphatics of the dermis, well-demarcated sharp shiny plaque
Cellulitis: — to subQ tissue, not well demarcated plaque
Causative agent of erysipelas: Strep. Pyogens



12. Pic of lesion on the nipple } not responsive to topical steroids, you should exclude ? Paget disease of the nipple



Zeina Assaf

What is the diagnosis ? Cellulitis
What is the causing micro-organism ?
Differentiate in 3 points between cellulitis and erysipelas ?



Describe the lesion?

What is the diagnosis ? Bullous pemphigoid
How do you confirm diagnosis ?
Histopathology and immunofluorescence
Two drugs that can trigger this condition ?



Zeina Assaf

Describe the lesion ?
What is the diagnosis? Erythema multiforme
What is the most common cause ? HSV



Zeina Assaf

Describe ?
What is the diagnosis?



Zeina Assaf

Arrow referring to the nits, what is this ?
What is the diagnosis ?



Zeina Assaf

This patient has recently changed his antihypertensive medication presenting with difficulty in breathing:
What is the diagnosis ?
Angioedema
What is the culprit drug? ACEI



1 -dilated capillary
2-parakeratosis
3- acanthosis
What is the diagnosis ? psoriasis



Zeina Assaf

A picture of rhinophyma
What is the underlying disease ?
Rosacea

Zeina Assaf

Wood's lamp, mention 3 disease you use this device for
Skin patch testing, what type of hypersensitivity is tested ?

2 pictures showing Lichen planus and Wickham striae
What is the mucosal lesion?
What is the diagnosis ?

Zeina Assaf

Picture of Koebner's phenomenon
What is this phenomenon?
Mention 3 diseases associated with it ? lichen planus, vitiligo, psoriasis

Derma 1st rotation Mini-OSCE:

1. Impetigo, causative organism, 3 bacterial infections that affect the skin
2. Wood's light, it's usage
3. Urticaria, primary lesion, 3 drugs should be avoided
4. Difference between photoallergy and phototoxicity
5. HSV (Shingles), describe the lesion
6. Causes of pruritus without skin changes
7. Erysipelas, describe the lesion, cause of it
8. Psoriasis, nail changes associated with it
9. Alopecia areata, 2 disease associated with it, factors that affects the severity
10. Cryotherapy, it's content and usage
11. Difference between erosion and ulcer

2nd rotation

1. Eczema of the nipple not responding to topical steroids: Paget's disease
2. Lesion on a dressing area: what is the dx, type of hypersensitivity and how to confirm the dx.
3. Lesion under wood's light: Versicolour
Dx and causative organism.
4. Picture of BCC lesion
Describe the lesion, dx and mention 2 examples of skin cancer
5. Pic of erysipelas
The causative organism, differences between cellulitis and erysipelas
6. Pic of psoriasis
Dx, describe the lesion and the treatment
7. Pic of Acute paronychia
Dx and describe the lesion
8. Question about photosensitivity
Dx and mention 3 associated diseases
9. a-Differentiate between hirsutism and hypertrichosis
9. b-what are the phases of hair growth cycle.
10. Question about tinea capitis
11. Question about acne pathophysiology, and give 3 evidences for why this pic is not rosacea
12. Pic of tingling lips
What is the cause and is't curable or not?

Q1. Pic of a female with Acne
-Explain pathophysiology in 3 points ? 1) Thickening of the keratin lining >> obstruction of the sebaceous duct >> non inflammatory lesions (comedones)
2) Increased sebum >> Propionibacterium acnes colonization >> 2) Inflammation >> inflammatory lesions (papules and pustules)

Q2. Pic of a male with Rosacea (nose involved)
-Mention 3 triggers ? Sunlight, Stress, Hot food, Alcohol
-Name the severe form of this condition ? Rhinophyma

Q3. Pic of Raynaud's phenomenon with a case
-Name this ? Raynaud's phenomenon
-Management ? Avoid cold exposure, proper warming, CCBs
-Dx ? CREST syndrome

Q4. Pic of Psoriasis (large area on the trunk)
-Describe the lesion ? Well demarcated erythematous "salmon-colored" plaques with "silvery-white" scales
-Dx ? Psoriasis
-Best Tx ? Phototherapy / Photocemotherapy or Systemic

Q5. Pic of multiple Blisters
-Describe the lesion ? Tense intact bullae
-Most likely Dx ? Bullous pemphigoid
-Investigations to confirm Dx ? Biopsy (Histopathology), Direct IF

Q6. Pic of Nodular BCC on the nose
-Describe the lesion ? a "pearly shiny" nodular lesion (nodule) with dilated telangiectatic vessels on its surface and a "rolled edge"
-Dx ? BCC
-Other skin tumors ? SSC, Melanoma

Q7. Pic of abnormal nails
-Mention 2 findings ? Nail pitting, onycholysis
-Most likely Dx ? Nail Psoriasis

Q8. Pic of "Honey-colored" crusted lesion
-most likely Dx ? Impetigo
-Causative organism ? Staph. aureus

Q9. Pic of Urticaria
-What is the lesion ? Wheal (surrounded by flare)
-If persisted >24 hrs what should be excluded ? Urticarial vasculitis

Q10. Pic of Drug Eruption after sun exposure
-Name of this phenomenon ? Photosensitivity reaction
-Photoallergy Vs Phototoxicity in 2 points ?
*Photo-toxicity (more common) : Direct tissue damage, Confined to sun exposed areas and have sharp demarcation between covered & uncovered areas, Rapid onset & recovery on drug withdrawal
*Photo-allergy : Hypersensitivity type 4 reaction, Sun exposed + unexposed areas, Delayed onset and recovery
-Examples of drugs ? Amiodarone, Tetracycline

Q11. Pic of papules on knuckles with a case
-Name of these papules ? Gottron's papules
-Most likely Dx ? Dermatomyositis

Lajneh JUMed -pic of Psoriasis histology (acanthosis, parakeratosis, dilated blood vessels)

- pic of Kobner phenomena and what causes it (psoriasis, vitiligo, lichen planus ...)
- pic Infantile eczema describe the lesion, Give 2 complications (impetigo and eczema herpeticum)
- pic of pemphigoid gestationis, describe the lesion and give 2 manifestations seen in her child
- pic of rhinophyma, 3 differences between rosacea & acne, treatment of rosacea.
- pic of acne vulgaris, what variant of this causes systemic symptoms? Acne fulminans
- pic of malignant melanoma, describe the lesion (ABCDE), whats the dx
- Pic of CXR and erythema nodosum; whats the dx? Sarcoidosis, what do we call the skin lesion? EN , what are some other disorders that can cause this skin lesion? Behcet disease, strep, tb
- pic of dermatographism; what do we call this ?
- pic of impetigo; describe this skin lesion?, whats the most likely causative organism ?

1st derma OSCE station:

- a picture of a lesion
- What it is? Herald patch
- What is the dx? Pityriasis rosea
- a picture of psoriasis and the dx
- give 5 causes of itchy skin diseases that doesn't form blisters w hek? Jaundice...
- difference btw ulcer and erosion?
- stages of hair growth cycle? Anagen w catagen w telogen
- alopecia bs msh mtzakreh eza give 5 causes of scaring wla non scaring wahdeh mnhom
- difference btw photosensitivity and phytotoxicity
- a picture of urticaria
- What it is and what is the primary lesion? Urticaria, wheals
- Give 2 drugs cause it: ACEI, NSAIDs

Keloid acne diagnosis

Hemangioma diagnosis and management

Melanoma diagnosis and description

Erythema multiform diagnosis, description, and most common organisms

Skin patch test, what is test and type of hypersensitivity and differences between allergic and irritant type of contact dermatitis

Rosacea diagnosis and management in 3 points, and how to differentiate from acne.

Pemphigoid gestationis.. And the effects on the child

Henoch purpura diagnosis and mention 3 non cutaneous manifestations

Hirsutism and mention 2 drugs causing it

Psoriasis... Hand picture... Finding and diagnosis

Tinea versicolor.. Diagnosis and organism...

M. furfur

.. انتبهو انو اذا الدكتور الجديدة رند
كتبت الأسئلة رح تكون من الأشياء اللي
بتركز عليها بالمحاضرات ومش من الباست
بيبر.. هحول كتبتهم د. رند.. أسئلة الباست
كانت تكتبها د. نور

Husein Aburumman

- 1- disesa name tenia versicolor / causative agent M. Fufr
- 2- disesa name hair lice / Pic of nits asking about its name
- 3- wood's light / in which diseases is used
- 4- raynaud phenomenon /crest syndrome / treatment for raynaud
- 5- child with lower limb hemorrhagic lesions, had URT infection week ago :henoch schonlein purpura, extra cotaneuos manifestations
- 6- fixed drug eruption / name 3 other types
- 7- Basel cell carcinoma /describe | diagnosis | name 2 other skin tumors
- 8-Nail onycholysis | pitting, diagnosis psoriasis
- 9- man with thyroiditis: alopecia areata | hair will grow again? | hair cycle stages

2 d Like Reply

1

Husein Aburumman

- 10- acne keloidialis / pathophysiology of acne in 3 steps

1rst Rotation 2017/2018

- Thanks to Sireen Al- Khatib for the questions

Question 1

- 1-Diagnosis
- 2- Description
- 3- Types of disease



Question 2

- 1- What is this phenomenon?
- 2- Describe the lesion
- 3- Why did this happen?



Question 3

- 1- Describe this lesion
- 2-What is the diagnosis



Question 4

- 1- description
- 2- diagnosis
- 3- how would you confirm the diagnosis



Question 5

- 1- What is this
- 2- What are the types



Question 6

- 1- what is the primary lesion
- 2- what is the first line treatment



Question 7

- 1-description
- 2- diagnosis



Question 8

- 1- diagnosis
- 2- give 3 examples of non scarring alopecia



Question 9

- 1-What is this?
- 2-Give 2 uses for it
- 3- What type of light does it emit



Question 10

- 1- What is this?
- 2- What are the types of cutaneous lesions in SLE?



Question 11

- 1-what is this?



Question 12

- 1- What is this?
- 2- What is the most likely diagnosis?
- 3- What other abnormalities can be seen in this disease?



Answers (Diagnosis only)

- 1- Psoriasis
- 2- Lichen planus and Koebner's phenomenon
- 3- Pityriasis roseacea
- 4- Tinea corporis
- 5- Wart
- 6- Urticaria (wheals)
- 7- Herpes Zoster (shingles)
- 8- Tinea Capitis
- 9- Woods lamp
- 10- Discoid lesion
- 11- Erythroderma
- 12- Onycholysis seen in Psoriasis

Answers (in depth)

- Thanks to Farah Ziyadeh for the answers

Q1 •

1-psoriasis •

2-well defined, erythematous beefy colored plaque with heavy silvery scale on the elbow •

3- plaque psoriasis, guttate psoriasis, erythrodermic psoriasis, pustular psoriasis, flexural psoriasis •

Q2 •

1-kobners phenomena •

2-violeciuos polygonal, polyhedral, flat topped papules with wickhams stria, on site of minor trauma or surgical scar •

3-lichen planus •

Q3 •

1-herald patch, well defined erythematous lesion with fine scale •

2- pitryasis rosea •

Q4 •

1-multiple, well defined erythematous plaques on the trunk with active margin and healing center •

2- tinea corporis •

3- skin scraping, apply KOH •

Q5 •

1-warts •

2-common warts, plain warts, plantar warts, genital warts, filiform warts •

•

•

Q6 •

Answers (in depth)

1-wheals(urticaria) •

2-antihistamines •

•

Q7 •

1-multiple vesicle with scalloped erythematous borders in dermatomal distribution on the trunk with erythematous background •

2-shingles(herpes zoster) •

Q8 •

1-tinea capitis •

2- non scarring alopecia:TATAT: telagen effluvium, alopecia areata, trichotilomania, androgenic alopecia, tinea capitis •

Q9 •

1-woods light •

2-used to detect pigmentation disorders ex vitiligo, used also in fungal infxns •

3-uv light with the wavelength 365nm •

Q10 •

1-DLE •

2-systemic, subacute cutaneous, discoid, neonatal •

Q11 •

Erythroderma •

Q12 •

1-onycholysis •

2-psoriasis •

3-pitting, subungual hyperkeratosis, dystrophy of nails, splinter hemorrhage •

2nd Rotation 2017/2018

- Thanks to Raghda Yaseen, Yazan Al-Zoubi, and Salsabeela BaniHamad for the questions

Question 1

- 1- What is this instrument called?
- 2- Give 2 uses for it?
- 3- What kind of light does it emit?



Question 2

- 1- What is this?
- 2- Describe the lesion
- 3- Name 2 variants



Question 3

- What is this?
- Give 3 types



Question 4

- This patient came to the ER with tachycardia and hypotension
- What is this?
- Give 4 causes
- If there were no beds in the ER, what would your first lines of management be?



Question 5

- What is the primary lesion?
- What is the first line of management?



Question 6

- This patient has SLE
- What are the types of cutaneous SLE?
- Name this rash



Question 7

- Name 2 visible primary lesions
- Name 3 topical treatments



Question 8

- This lady gets this rash everytime she is exposed to the sun
- What is the name of this phenomenon?
- Give 3 causes for it



Question 9

- This man has had eczema for a long time.
- Name the process that has occurred



Question 10

- What is this?
- Describe this lesion



Question 11

- Describe this patch
- What is the diagnosis?



Question 12

- What is the main change occurring in these nails?
- Give 4 causes



Question 13

- An elderly man presented with these lesions:
- What is the primary lesions?
- With one word, describe the main lesion
- What is the diagnosis



Answers (Diagnosis only)

- 1- Wood's lamp
- 2- Lichen planus, Koebner's
- 3- Warts,
- 4- Erythroderma
- 5- Urticaria (wheals)
- 6- SLE
- 7- Acne
- 8- Photosensitivity
- 9- Lichenification
- 10- Herpes zoster (shingles)
- 11- Pityriasis Rosea (herald patch)
- 12- Nail pitting
- 13- Bullous pemphigoid

Answers (in depth)

- Thanks to Farah Ziyadeh

2nd rotation •

Q1 •

1-woods light •

2-used to detect pigmentation disorders ex vitiligo, used also in fungul infxns •

3-uv light with the wavelength 365nm •

Q2 •

1-kobners •

2- violecius polygonal, polyhedral, flat topped papules with wickhams stria, on site of minor trauma or surgical scar •

3- hypertrophic lichen planus, bullous lichen planus, oral lichen planus •

Q3 •

1-warts •

2-plantar warts, plain warts, genital warts, common warts •

Q4 •

1-erythroderma •

2-ID SCALP: idiopathic, drug allergy, seborrheic dermatitis , contact dematiits, atopic dermatitis, lymphoma and leukemia, psoriasis •

3- treat the cause, emollients, wet wraps, topical steroids •

Q5 •

1-wheals(urticaria) •

2-antihistamines •

Q6 •

• 1-systemic, subacute cutaneous, discoid, neonatal

• 2- malar rash

Answers (in depth)

- Q7
- Papules with open comedones, pustules
- Benzoyl peroxide, salicylic acid, topical retinoids, topical antibiotics
- Q8
- 1-photosensitivity
- 2-genetic: xeroderma, albinism/ metabolic: porphyria cutanea tarda/drug induced: tetracyclins, CCBs
- Q9
- Lichenification
- Q10
- Shingles
- multiple vesicle with scalloped erythematous borders in dermatomal distribution on the trunk with erythematous background
-
- Q11
- 1-herald patch, well defined erythematous lesion with fine scale •
- 2- pityriasis rosea
- Q12
- 1-pitting
- 2-PEAL: psoriasis, eczema, alopecia areata, lichen planus
- Q13
- 1-bullae/blisters
- 2-tense(firm)
- 3-bollous pemphigoid

3rd Rotation 2017/2018

- Thanks to Tuqa Al Ghazzawi and Amani Al Halabi for the questions

Question 1

- What is this?
- What is its content?
- Mention 2 uses.



Question 2

- Describe what you see
- What is the diagnosis
- Mention something that you would do at the clinic to be sure of your diagnosis



Question 3

- What is the name of this lesion ?
- Your dx?



Question 4

- Rash around the eyes of an elderly patient complaining of fatigue and weakness
- Your diagnosis of the systemic disease that caused this?
- Mention 3 other associated cutaneous lesions in this disease .



Question 5

- Describe?
- What is your diagnosis?



Question 6

- Describe what you see
- Mention the modalities of treatment



Question 7

- Your diagnosis
- Which disease causes this change
- Mention 3 other associated nail changes with the disease



Question 8

- A picture of a lesion on the face of farmer:
- What is the best way to describe this lesion?
- Your diagnosis?



Question 9

- Your dx?
- 2 ways to treat it?
- One associated disease?
- Mention 5 causes of non scarring alopecia



Question 10

- Name of this change?



Question 11

- What's the primary lesion?
- Treatment?



Answers (Diagnosis only)

1. Cryotherapy
2. Tinea corporis
3. Herald patch of pityriasis rosea
4. Heliotrope rash of dermatomyositis
5. Impetigo
6. Psoriasis
7. Onycholysis, psoriasis
8. BCC
9. Alopecia Areata
10. Lichenification
11. Wheals, urticaria

Answers (in depth)

- Thanks to Farah Ziyadeh
- 3rd rotation
- Q1
- 1-cryotherapy
- 2-liquid nitrogen, -196 degree
- 3-viral warts, seborrheic keratosis, actinic keratosis, papilloma
- Q2
- 1-multiple, well defined erythematous plaques on the trunk with active margin and healing center •
- 2- tinea corporis •
- 3- skin scraping, apply KOH
- Q3
- 1-herald patch, well defined erythematous lesion with fine scale •
- 2- pityriasis rosea
- Q4
- 1-dermatomyositis
- 2-heliotrope rash, v sign on ant neck, shawl sign on upper back, guttate papules
- Q5
- Honey colored crusted plaques
- Impetigo

Answers (in depth)

- Q6
- 1-Multiple oval shaped erythematous lesions on the back and extensor surfaces
- 2-topical: keratolytics, dithranol, coal tar preparations, vit D analogues, topical retinoids/ systemic: methotrexate, cyclosporine, biologic agents: infliximab/ phototherapy: PUVA, UVB
- Q7
- 1-onycholysis •
- 2-psoriasis •
- 3-pitting, subungul hyperkeratosis, dystrophy of nails, splinter hemorrhage •
- Q8
- 1-Pearl shaped, shiny,rounded margins, ulcerating lesion on the ala of the nose
- 2-BCC
- Q9
- 1-alopecia areata
- 2-intralesional steroids, minoxidil
- 3- other autoimmune dz: vitiligo, thyroiditis
- 4-TATAT: telogen effluvium, alopecia areata, trichotomania, androgenic alopecia, tinea capitis
- Q10
- Lichenification
-
- Q11
- Wheals, urticaria, antihistamines

4rth Rotation – Not Available

5th Rotation 2017/2018

- All thanks to Ali Tamimi for preparing the slides
- A note from Ali:
 - الدكتوراة جابت كل الصور من اول صور بطلعوا على جوجل، فيعني كويس تشوفوا اول 10-15 صورة عجوجل للمواضيع الرئيسية
 - امتحاننا كان بس 9 اسئلة مش 13

Question 1

- What's this? Heliotrope rash
- Mention 2 other skin manifestations of this disease? Gottron papules, shawl rash



Question 2

- Describe:
- Palpable purpura on the lateral side of ankle
- Diagnosis? Vasculitis
- 4 causes? Infections, medications, connective tissue diseases, malignancies



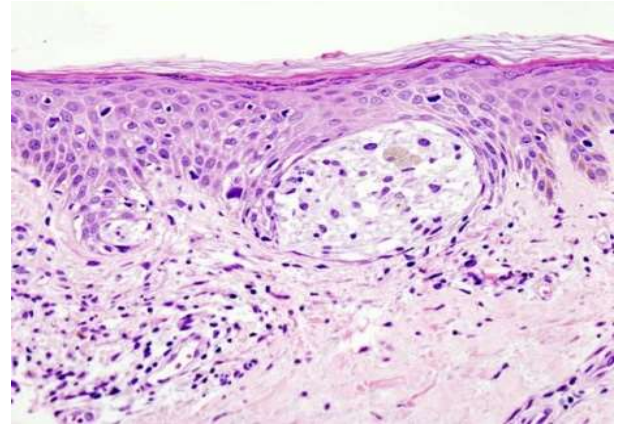
Question 3

- This patient presented with dandruff formation
- describe
- Diagnosis? Seborrhoeic dermatitis



Question 4

- mention the layers of skin.
- Dermis, epidermis
(S.basale, S.spinosum,
S.granulosum, S.lucidum,
S.corneum)
- Mention 3 components of
the dermis.
- Connective tissue, blood
vessels, adnexal structures



Question 5

- Describe
- Diagnosis? Vitiligo
- 1 DDx? Post-inflammatory hypopigmentation (not pityriasis alba nor pityriasis versicolor because of the distribution)
- How to differentiate between the DDx with one simple clinic tool? Wood's light (vitiligo will appear yellow-green or blue under the Wood's lamp)



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Question 6

- This lesion is painful
- Describe
- Pus accumulation within lateral nail fold with swelling and erythema. The nail is normal
- Diagnosis? Acute paronychia (not chronic because it's painful)



Question 7

- describe
- Vesicles with honeycomb crusting
- Diagnosis? Impetigo
- Most common organism?
S.pyogens



Question 8

- Pregnant woman presented with this, you suspected SCLE.
- Risk of developing SLE? 5%
- What risk is on baby?
Neonatal SLE (heart block)
- Mention 3 other causes of photosensitivity
- Medications (eg, tetracycline), genetic (eg, xeroderma pigmentosum), metabolic (eg, porphyria cutanea tarda)



Question 9

- Describe
- Vesicles in a dermatomal distribution
- Diagnosis? Shingles (VZV)



Answers (In depth)

- 1- What's this? Heliotrope rash
 - Mention 2 other skin manifestations of this disease?
Gottron papules, shawl rash
- 2- Describe: Palpable purpura on the lateral side of ankle
 - Diagnosis? Vasculitis
 - 4 causes? Infections, medications, connective tissue diseases, malignancies
- 3- This patient presented with dandruff formation
 - Describe
 - Diagnosis? Seborrhoeic dermatitis

Answers (in depth)

4-Mention the layers of skin: Dermis, epidermis (S.basale, S.spinosum, S.granulosum, S.lucidum, S.corneum)

- Mention 3 components of the dermis: Connective tissue, blood vessels, adnexal structures

5- Describe

- Diagnosis? Vitiligo

- 1 DDx? Post-inflammatory hypopigmentation (not pityriasis alba nor pityriasis versicolor because of the distribution)

- How to differentiate between the DDx with one simple clinic tool? Wood's light (vitiligo will appear yellow-green or blue under the Wood's lamp)

6- This lesion is painful

- Describe: Pus accumulation within lateral nail fold with swelling and erythema. The nail is normal

- Diagnosis? Acute paronychia (not chronic because it's painful)

Answers (In depth)

7-Describe: Vesicles with honeycomb crusting

- Diagnosis? Impetigo

- Most common organism? *S.pyogens*

8-Pregnant woman presented with this, you suspected SCLE.

- Risk of developing SLE? 5%

- What risk is on baby? Neonatal SLE (heart block)

- Mention 3 other causes of photosensitivity:

Medications (eg, tetracycline), genetic (eg, xeroderma pigmentosum), metabolic (eg, porphyria cutanea tarda)

9- Describe: Vesicles in a dermatomal distribution

- Diagnosis? Shingles (VZV)

6th Rotation – 2017/2018

- Thanks to Khaled Smadi for getting the whole exam

Q1 A 5-year old child presented with this acute painless eruption.

- A. Describe the findings in this image.
- B. What is the most likely diagnosis?

Q2 A 37 year old man presents with the eruption shown. This has developed over the course of 4 years.

- A. What is the primary lesion?
- B. What is the most likely diagnosis?

C. Name 3 systemic associations with this disease.

Q3 A 45 year old woman presents with a painful finger.

- A. Describe the changes shown here.
- B. What is the most likely diagnosis?

Q4 A 35 year old male complains of dandruff and the skin changes shown.

A. How would you describe this eruption.

B. What is the most likely organism associated with this eruption.

Q5 A 60 year old male presents with this acute eruption.

A. Describe the eruption shown here

B. Name 3 complications associated with this eruption.

C. The patient has a big family gathering the following day. Who does he need to avoid contact with?

Q6 A 27 year old pregnant woman presents with this photosensitive eruption. She was found to have a positive ANA titre/ positive Anti-Ro She has no systemic features. You suspect SCLE.

A. What risk is there to the fetus?

B. Name 3 subtypes of cutaneous lupus in adults.

Q7 A 50 year old man presents with this acute eruption.

A. Describe the changes shown here.

B. What is the most likely diagnosis.

C. Give 4 causes

Q8 This is a section of normal skin.

A. Name the layers of the epidermis

B. Name 2 cells that are present in the epidermis

C. Name 3 glands in the skin.

Q9 A 70 year old man presents with muscle weakness and these skin changes.

A. What is this rash called?

B. Name 2 other cutaneous manifestations that can be associated with this.

7th Rotation – 2017/2018

- Not available

8th Rotation – 2017/2018

- All thanks to Farah Ziyadeh for the questions, pictures, and answers for this rotation and all of the past rotations :D

Question 1

- Dx
- Do you give systemic or topical treatment?



Question 2

- Describe the lesion
- How do you confirm your diagnosis?
- Dx?



Question 3

- dx,
- name 3 systemic ttt



Question 4

- Dx
- Name 4 other drug induced eruptions



Question 5

- Name 5 causes of purities without skin changes:
- Write down 5 investigations



Question 6

- describe skin changes
- What is it called?



Question 7

- Dx
- Name variants of endogenous eczema:



Question 8

- Name the primary lesion:
- write it's definition
- write down 3 treatments:



Answers

- Question 1:
 - Tinea capitis
 - Systemic, oral antifungal
- Question 2:
 - erythematous well defined with scaly active margin and healing center
 - KOH
 - Tinea corporis

Answers

- Question 3:
 - methotrexate, cyclosporine, biologic agents: infliximab
 - Psoriasis
- Question 4:
 - Drug induced vasculitis
 - photosensitivity, erythema nodsum, lichenoid drug eruptions, fixed drug eruptions, exanthems, urticaria

Answers

- Question 5: (excoriation pruritis)
 - infxns(HIV, hookworm),
endocrine(DM,myxedema,hypothyroid),metabolic(CKD
, liver disease), hematology(lymphoma,
IDA,PCV),drugs(opioids)
 - CBC, Ferretin, thyroid function, LFT,KFT,urine analysis,
serum protein electrophoresis, skin bx, chest xray,
- Question 6:
 - thickening of the skin with accentuated skin markings
 - lichenification

Answers

- Question 7:
 - Pompholyx eczema
 - pityriasis alba, asteototic eczema, discoid eczema, stasis eczema, lichen simplex, eczema herpeticum
- Question 8: (vitiligo)
 - Patch
 - change in color without any elevation above the surface of surrounding skin greater than 2cm
 - calcinurin inhibitors, steroids, psoralens, immunomodulators

9th Rotation – 2017/18

- N/a

10th Rotation – 2017/18

- All thanks to Yasmine Qwaider for the questions and answers

Question 1

- a- three lesions you will find on physical exam (NOT SLE)
- b- differential diagnosis



Question 2

- describe this lesion
- Give 5 conditions where vesticles/bullae occur



Question 3

- what is this?
- Diagnosis?



Question 4

- 2 drugs that cause excess hair?
- 2 drugs that cause hair loss?

Question 5

- A patient with a known case of psoriasis presents to the ER
- what is this?
- give 4 conditions that could have lead to this progression



Question 6

- define what is meant by its primary lesion



Question 7

- This woman tans easily but rarely burns, what skin type does she have?



Question 8

- what is the primary lesion?
- 4 causes of physical urticaria?



Question 9

- Diagnosis?
- can it be spontaneously healed?
- Types?



Question 10

- history of atopy in the family
- what do we call it when the skin is thickened from scratching?
- 3 causes of exogenous eczema
- mother asks you what are the chances his condition will be resolved by the time he finishes school?



Answers

1. Rosacea

- pustules, papules, erythema/telangiectasia
- acne, seborrheic eczema, dermatomyositis

2. Bullous pemphigoid

- tense blister
- bullous pemphigoid, pemphigus vulgaris, dermatitis herpetiformis, infections, pompholyx eczema, fixed drug eruption

Answers

3. Reticulate rash

- Vasculitis

4. - streptomycin, minoxidil, steroids, phenytoin, diazoxide, psoralans

- methotrexate (chemotherapy), retinoids

5. – erythroderma

- withdrawal of systemic steroids, infections, excess alcohol intake lithium, low calcium.

Answers

6. Psoriasis plaque

- plaque and defined as: circumscribed, superficial, elevated plateau area 1-2 cm in diameter

7. Woman with olive skin

- Type 4

8. Urticaria

- Wheals
- heat, cold, sunlight, pressure, water

Answers

9. Warts.

- Yes
- plain, plantar, genital, filiform

10. Baby with eczema

- Lichenification
- allergic dermatitis, irritant contact dermatitis, occupational dermatitis, photodermatitis
- 90% of the cases spontaneously remit by puberty

11th Rotation – 2017/18

- All thanks to an anonymous doer of good for the questions and answers

Question 1

1- what is the primary lesion?

2- Define the primary lesion .



Question 2

1- what is this eruption called:

2- mention 4 causes for this eruption (transform from controlled to uncontrolled):



Question 3

- 1-Describe this lesion
- 2- what is you diagnosis?
- 3- what is the cause ?
- 4- Give 3 differential diagnosis



Question 4

1- What is this lesion?

2- Is it resolved spontaneously ?

3- give 3 variant/ types of it



Question 5

1- what is this lesion called?

2- what is your diagnosis?



Question 6

- Mention 4 drugs cause this eruption



Question 7

- 1-Describe this lesion
- 2- What is most likely diagnosis
- 3- Mention 5 risk factors for melanoma



Question 8

1- What is this lesion ?

2-Mention 4 causes of non- physical urticarial



Question 9

1-what is this type of reaction?

2- When you suspect the reaction will appear after re-application of stoma dressing?

3-How you confirm your diagnosis



Answers

1- plaque

Circumscribed , superficial raised plateau area 1-2 cm (as in book)

2- erythroderma

A- Withdrawal of systemic steroid

B-Infection

C- Excessive alcohol intake

D- Lithium ,low calcium

3- Shiny red raised lesion with well defined margin (as in book)

erysipelas

strep pyogenes

- cellulitis

- Scarlet fever

- SLE

Answers

4- Viral Wart

Yes

Genital, plantar, common (and others)

5- Herald patch

Pytyriasis rosea

6- 1- lithium

2-Glucocorticosteriod

3-Testosterone

4-Anticonvuslant

(from Internet) there are other drugs

Answers

7- Pearly shaped raised lesion with central rolled ulcer and telangiectasia , (any other way of writing)

- Basal Cell carcinoma
- Sun exposure

Moles (congenital melanocytic nevus, atypical mole,,,))

Fair skin

Family history of melanoma.

Age

- 8- Urticaria (wheals)
 - Food Additives
 - food allergy
 - Salicylates
 - Infection
 - Inhalants
 - contact urticaria

Answer

9 - Allergic contact dermatitis

- 48 – 96 hours
- skin patch test

16th Rotation – 2017/2018

- All thanks to Mai Ziad for the questions and answers :D

All thanks to the wonderful group
(2D).All of them helped collecting these
questions<3

حاولوا تبعدو الكراسي عن قدام الداتا شو بالامتحان,
ما حيكون واضح للي بقعدوا بالصف الاول, الله
يوفقكم و يفتحها عليكم

:D

Question 1

A patient with the following lesion ..

1. Describe it (linear, annular, ..) ?
2. Give 1 possible cause ?



Question 2

80 year old pt complainig of brusing easily you find this lesion ..

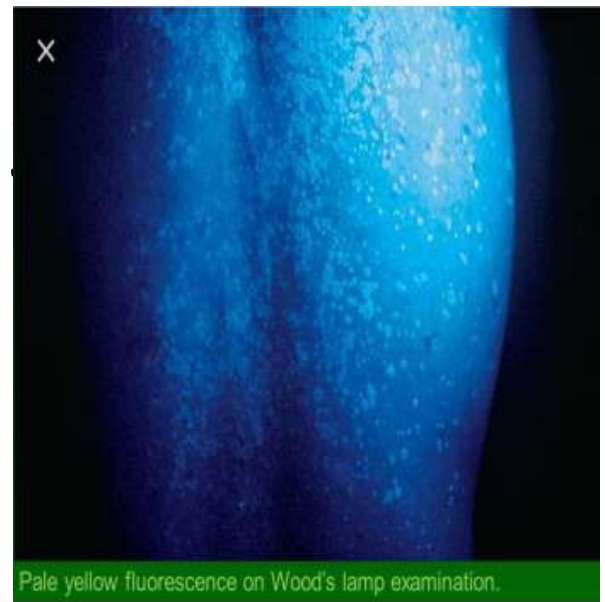
1. Name this lesion ?
2. . Define it or mention the skin changes ?



Question

Lesion under woods light ..

1. Dx ?
2. Causative organism ?



Question 4

A patient with chronic atopic dermatitis ..

1. Name this lesion ?
2. Give 3 poor prognostic factors (will not resolve with adolescence) ?
3. Give 4 types of endogenous eczema ?



Question 5

Itching with this lesion lasting for hours ..

1. What is the primary lesion ?
2. Give 2 differences between urticaria and angioedema ?



Question 6

A patient with generalized itching and this skin eruption ..

1. What is this lesion ?
2. Give 4 causes of generalized pruritis with skin changes ?



Question 7

A patient with the following lesion on a dressing area..

1. What is the diagnosis ?
2. What type of hypersensitivity rxn ?
3. How to confirm the dx ?

Allergic contact dermatitis

4

Skin patch test



Question 8

A 60 year old patient with the following eruption ..

1. Describe ?
2. What is the dx ?
3. He should avoid contact with ?



Question 9

Eczema of the nipple not responding to topical steroids ..
What condition to rule out ?



Question 10

A picture of skin histology ..

1. What are the layers of epidermis ?
2. What is the main cell in the skin ?
3. Give 3 types of glands in the dermis ?



Answers.(diagnosis)

- 1. livedo reticularis (reticulate rash (vacuities)
- 2. tinea versicolor
- 3 livetication
- 4.skin atrophy
- 5. urticaria
- 6.pruritis ->excoriation
- 7. contact dermatitis
- 8. shingles
- 9. nipple eczema(rule out pagets)
- 10.skin histology (answers in next slides.)

Answers (in depth.)

- Question 1.
- 1.mottled reticulated vascular pattern that appears as a lace-like purplish discoloration of the skin.
- 2. vasculitis (livedo reticularis)
- Question 2.
- 1. skin atrophy
- 2.loss of tissue , thinning of the epidermis, loss of pigment, loss of skin markings, a translucent appearance, sclerosis of underlying connective tissue and telangiectasia or evidence of diminished blood supply.

- Question 3.
- 1. pityriasis versicolor
- 2. M.furfur

- Question 4.
- 1. lichenification
- 2. presents at very young age with extensive disease
- Strong family history and have associated asthma or multiple food allergies.
- 3. atopic dermatitis, pityriasis alba, asteatotic eczema, pompholyx eczema


- Question 5.
- 1. wheels,
- 2. there are many others ;
- Urticaria itchy, angioedema painful
- Urticaria: edema in the superficial layers of the skin causing well demarcated lesions.
- Angioedema: diffuse swelling that affects the deeper layers of the skin

- Question 6 .
 - 1. excoriation
 - 2. cutaneous lymphoma. Scabies, body lice, xerosis,,allergic drug eruptions.
- Question 7 :
 - 1.Allergic contact dermatitis
 - 2.4
 - 3.Skin patch test

- Question 8.
- 1. multiple vesicle with scalloped erythematous borders in dermatomal distribution on the trunk with erythematous background
- 2. shingles, herpes zoster
- 3. pregnant ladies, immune compromised..

Question 9. pagets disease

- Question 10
- 1. in the picture
- 2. keratinocytes
- 3. Sweat glands, sebaceous glands, apocrine glands.



Dermatology mini-OSCE

20/10/2022

Good Luck

Mention 3 topical medications for this case.

- ◆ Topical antibiotics
- ◆ Benzoyl peroxide
- ◆ Topical retinoids



A 1-year-old child presents with a rash associated with irritability and decreased feeding

1- What is the diagnosis?

- ◆ Infantile eczema (atopic dermatitis)

2- Mention two skin infections complicating this case.

- ◆ Eczema herpeticum
- ◆ Impetigo



A 29-year-old athlete presents with hypopigmented lesions on his back

1- What is the diagnosis?

◊ Tinea versicolor

2- What is the causative agent?

◊ Malassezia Furfer



Mention 3 triggering factors for this condition.

- ◇ Spicy food
- ◇ Sunlight
- ◇ Heat, stress, etc



1- Describe the lesion.

◊ Nodular, pearly, shiny, with telangiectasias on the ala of the nose

2- What is the most likely diagnosis?

◊ Basal cell carcinoma



A girl complains of pale, numb fingers in cold weather along with difficulty swallowing and finger lesions which showed calcium deposits when investigated

1- What is the name of this phenomenon?

◈ Reynaud's phenomenon

2- Mention 2 ways of management

◈ Hand warming and calcium channel blockers

3- What is the diagnosis based on the constellation of symptoms

◈ Localized systemic sclerosis (CREST)



A girl presents to the ER with painful hemorrhagic eruptions in the face along with conjunctivitis and exudative secretions. These symptoms appeared after starting a new medication

What is the most likely diagnosis?

◇ Steven-Johnson syndrome



1- Describe the lesion

- ◆ Tense blisters on an erythematous base on the arm

2- What is the diagnosis?

- ◆ Bullous pemphigoid

3- How to confirm the diagnosis?

- ◆ Biopsy then histopathology and immunofluorescence



A patient who is known to have Hashimoto disease present with this patch

1- What is the diagnosis?

◆ Alopecia areata

2- Mention 3 bad prognostic signs

◆ early age of onset, atopy, family history, male gender

3- Mention phases of the hair cycle

◆ Anagen, catagen, telogen, exogen



A 5-year-old boy presents with this rash on his legs. He had sore throat 4 days ago

1- What is the diagnosis?

◆ Henöch-schonlein purpura

2- Mention 3 non-cutaneous manifestations associated with this disease

◆ Abdominal pain, nephritis, arthralgia



A patient complains of morning stiffness and pain in her knees. She has scaly lesions on her elbow

1- What is the diagnosis?

◇ Psoriatic arthritis

2- Mention two findings supporting your diagnosis.

◇ Onycholysis, sausage fingers

