

1. The following statement is TRUE for Pityriasis Rosea:

a) Self limiting

b) Chronic relapsing

c) Life threatening infection

d) Caused by dermatophytes

e) None

Correct Answer - A

Ans. A. Self limiting

- Pityriasis rosea is an acute exanthematous papulosquamous eruption often with a characteristic self limiting course.
- The etiology is not known. • HHV-7 more frequently, Ht{V-6 less frequently • (It is not caused by dermatophytes).
- It is present during the spring and fall.

Morphology:

- Herald patch, Fir tree or Christmas tree appearance

Site:

- Trunk along line of cleavage; sometimes (20%) lesions occur predominantly on extremities & neck (inverse pattern)

Ref: Harrison's Principles of Internal Medicine 16th Edition Page 292; Roxburgh's-Common Skin disease 17th Edition Page 17; Fitzpatrick's Dermatology 5th Edition Page 7369; Illustrated Textbook of Dermatology: Pasricha 3rd Edition Page 7134; Illustrated Synopsis of Dermatology & STDs, Neena Khanna 1st Edition Page 742-44

Accordign to ananthanarayan microbiology book 9th ed/p.595:

- Causative agent: yeast like fungus malassezia furfur (formerly Pityro sp orum orbiculare) .
- Site: Upper trunk, neck & upper arm .
- This is a chronic, usually asymptomatic, involvement of the stratum corneum .
- The old name tinea versicolor should be discarded as pityriasis versicolor is not caused by dermatophytes.

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2. Langerhan's cells are reduced in?

a) Oral lichen planus

b) Basal cell carcinoma

c) Contact dermatitis

d) Langerhan's cell histiocytosis

e) Sarcoidosis

Correct Answer - B:E

Ans. is'b'i.e. Basal cell carcinoma &'e'i.e. Sarcoidosis Ref:

"Langerhans cells play a role in cell-mediated immune reactions which are often depressed in sarcoidosis".

- "We have shown that the number of Langerhans cells is considerably lower in cutaneous basal and squamous cell carcinomas, compared with their number in the normal skin.

Reduced in,

- Ageing
- Basal cell carcinoma skin
- Squamous cell carcinoma skin
- Sarcoidosis
- HIV/AIDS
- HPV infection
- Lichenoid drug eruptions

Increased in,

- Gingivitis and periodontitis
- Oral LP
- Contact hypersensitivity

- Recurrent aphthous stomatitis
- Behcet's disease
- Oral cancers
- Langerhans cell histiocytosis (LCH)

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3. Which of the following not a sub-type of lichen planus?

a) Lichen planus hypertrophicus

b) Lichen planus pigmentosus

c) Ulcerative lichen planus

d) Lichen nitidus

e) Lichen scrofulosorum

Correct Answer - D:E

Ans. is 'd'i.e., Lichen nitidus &'e' i.e. Lichen scrofulosorum

Ref: Neena Khanna 3'd/e p. 52-53; Behl I\$h/e p.265; Rook Vhelp. 5.13; IADVL textbook of dermatology 3'd /e p.1070; en.wikipedia.org

Forms:

- Annular, Linear, Hvoerlroohic, Atrophic, Bullous, Pigmented.

Overlap syndromes:

- Lupus erythematosus overlap syndrome.
- Lichen sclerosus overlap syndrome,

Other variants of cutaneous LP mav include:

- Lichen planus pemphigoides
- Keratosis lichenoides chronica ("Nekam's disease")
- Lichenoil keratosis (Benign lichenoid keratosis/Solitary lichen planus)
- Lichenoid dermatitis.

Lichen nitidus:

- Uncommon inflammatory skin condition that usually presents with tiny skin-coloured bumps in children.
- Although it has been considered a variant of lichen planus.

- Lichen nitidus is now believed to be a separate and distinct entity!
Lichen scrofulosorum (tuberculosis cutis lichenoides):
- Rare tuberculid that presents as a lichenoid eruption of minute papules in **children and adolescents with tuberculosis.**

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4. Nail changes in psoriasis include?

a) Pitting

b) Pterygium formation

c) Subungual hyperkeratosis

d) Thinning of nails

e) Oil spots

Correct Answer - A:C:E

Ans. is 'a' i.e., Pitting, 'c' i.e. Subungual hyperkeratosis &'e' i.e. Oil spots

Ref: Neena Khanna 4th/e p. 40-4\$ Roxburgh p. 128-42;
Venkataram little p. 49)

- Associated clinical features in psoriasis
- Nail changes
- Occurs in 10-50% of patients.
- **The characteristic changes are : -**
- Pitting (thimble pitting) > Most common nail change.
- Other changes > Oil spots, nail plate thickening, Subungualhyperkeratosis, Onycholysis, Yellow-brown discoloration

5. "Facies leprosa" is characterized by?

a) Madarosis

b) Resorption of anterior nasal spine

c) Collapse of nasal bridge

d) Loss of upper incisors

e) Diffuse infiltration of face

Correct Answer - B:D

Ans. is 'b' i.e., Resorption of anterior nasal spine & 'd' i.e. Loss of upper incisors Note- other mentioned facial features are also seen in leprosy but they are not included in term 'Facies leprosa'.

Facies leprosa:

- Facies leprosa is a term used to describe resorption of bone in the facial region of patients with leprosy, was first introduced by Moller-Christensen and colleagues.
- It is characterized by a combination of nasal change and resorption of nasal bone, anterior nasal spine, supra-incisive alveolar region and anterior alveolar process of the maxillae, associated with the loss of upper incisors teeth, according to the criteria of radiographic interpretation.

Other facial features of leprosy

- Nodules with predilection for external ears.
- Madarosis (loss of lashes and eyebrows).
- Saddle Nose (Collapse of the nasal bridge) and perforation of palate.
- Testicular involvement results in loss of testicular sensation, loss of

- libido, impotence & gynaecomastia.
- Leonine Face (Diffuse dermal infiltration of face.

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6. All the following are causes of scarring alopecia except?

a) Lichen planus

b) Tinea capitis

c) DLE

d) Sarcoidosis

e) Trichotilomania

Correct Answer - B:E

Ans. is 'b' i.e., Tinea capitis & 'e' i.e., Trichotillomania

[Ref Neena Kenna p. 141; Harrison 19/e p. 355 ; Roxburgh 17/e p. 270

Causes of Scarring alopecia (Cicatricial alopecia):

Local causes:

- Cutaneous Lupus (DLE)
- Lichen Planus
- Folliculitis decalvans
- Linear scleroderma (Morphea)
- radiation
- Central centrifugal cicatricial alopecia
- Alopecia cutis
- Congenital atrichia

Systemic causes:

- SLE
- Sarcoidosis
- Cutaneous Metastasis
- Cicatricial alopecia is also known as pseudopelade.

- Note - Most common congenital cicatricial alopecia is cutis congenita i.e., focal absence of epidermis with or without other layers.

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7. Painful genital ulcers are seen in?

a) Syphilis

b) Chancroid

c) LGV

d) Herpes genitalis

e) Granuloma inguinale

Correct Answer - B:D

Ans' is'b'i.e., Chancroid &'d'i.e., Herpes genitalis Ref,
Neena Khanna 3d/e p. 259-60; Khopkar # /e p. 232

- Primary syphilis (hard chancre)
- Donovanosis (Granuloma inguinale)
- Chancroid (soft chancre)
- LGV
- Herpes genitalis

8. Skin hazards of swimming are ?

a) Pyoderma gangrenosum

b) Verrucae

c) M marinum infection

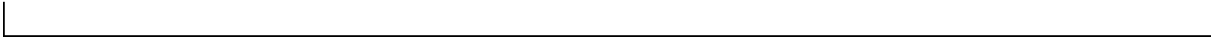
d) M ulcerans infection

e) Shigella

Correct Answer - B:C:E

Ans. is 'b' i.e. Verrucae, 'c' i.e., M marinum infection & 'e' i.e. Shigella

- "Large outbreaks of infection due to M. marinum have been described in association with swimming pools (swimming pool granuloma) and fish tanks (fish tank granuloma)"
- "Verrucas, like most warts, are due to a viral infection of the growing layers of the skin.
- They get in when the skin is injured in some way.
- This is especially the case for barefoot activities surrounding swimming pools.
- The plantar skin on the base of the feet gets soggy) and is more easily damaged.
- Shigella is transmitted directly or indirectly via the fecal-oral route and may occur due to the ingestion of contaminated food or water.
- Of great significance is the low infective dose of between 10-100 organisms.
- This disease may be acquired by swimming in contaminated surface waters or pools and spa.



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9. Which of the following statement(s) is/are true about physical urticaria

a) Cholinergic urticarial is precipitated by cold

b) Solar urticaria is skin sign of erythropoietic protoporphyria

c) Dermatographism is an example

d) Cold urticaria is precipitated by emotion

e) None

Correct Answer - B:C

Ans. B,Solar urticaria is skin sign of erythropoietic protoporphyria & C,Dermatographism is an example

[Ref Neena Khanna Sth/189; Harrison 19th/i6i; Roxburg 17th/74-74).

Physical Urticarias:

- Patients with dermatographism exhibit linear wheals following minor pressure or scratching of the skin.
- Solar urticaria characteristically occurs within minutes of sun exposure and is a skin sign of one systemic disease.
- Cold urticaria is precipitated by exposure to the cold, and therefore exposed areas are usually affected.
- Cholinergic urticaria is precipitated by heat, exercise, emotion and is characterized by small wheals with relatively large flares.

10. Wavelength of UVB is :

a) 250-280 nm

b) 280-320 nm

c) 320-400 nm

d) 400-700 nm

e) 100-200 nm

Correct Answer - B

Ans. B. 280-320 nm

- The wavelength found most effective in treating skin disease with phototherapy is UVB with warden gfh of 311 (+- 2nm) (narrow band UVB, NBUVB).
- The wavelengths between 4(N and 7AO nm are visible to the human eye.

11. Cicatricial alopecia is/are seen in:

a) Lichen planopilaris

b) Discoid lupus erythematosus

c) Androgen efflyum

d) Lichen planus

e) Trichotillomania

Correct Answer - A:B:D

Ans. A.Lichen planopilaris B,Discoid lupus erythematosus & D,Lichen planus

[Ref Neena Khanna 5th/141; Hanison 19th/355; Roxburg 17th/270] • Thichotillomania (compulsive hair-pulling) is characterized by noticeable hair loss caused by person! persistent & recurrent failure to resist impulse to pull out hairs.

Nonscarring alopecia

A. Primary cutaneous disorders

I.Telogen effluvium

- Androgenetic alopecia
- Alopecia areata
- Tinea capitis
- Traumatic alopecia

B. Drugs

C. Systemic diseases

- Systemic lupus erythematosus
- Secondary syphilis
- Hypothyroidism
- Hyperthyroidism
- Hypopituitarism

- Deficiencies of protein, iron, biotin, and zinc
- II. Scarring alopecia**
- A. Primary cutaneous disorders**
- Cutaneous lupus (chronic discoid lesions)
- Lichen planus
- Central centrifugal cicatricial alopecia
- Folliculitis decalvans
- Linear scleroderma (morphea)
- B. Systemic diseases**
- Discoid lesions in the setting of systemic lupus erythematosus
- Sarcoidosis
- Cutaneous metastases

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12. Acneiform eruption is/are side effect of :

a) Tetracycline

b) Phenytoin

c) Isoniazid

d) Steroid

e) Potassium iodide

Correct Answer - B:C:D:E

Ans: B,Phenytoin C,Isoniazid D,Steroid & E,Potassium iodide

[Ref Neena Khanna 5th/125; Harrison 19th/356; Harrison 14th/425; Roxbug 17th/Ea-55

Drug-induced Acneiform Eruptions:

- Steroids (corticosteroids, androgens, anabolic steroids), oral antiemetics, anti tubercular drugs, anticonvulsants, halides (iodides, bromides).
- Trunk especially back, face may be involved.
- Lesions are monomorphic, consisting of papules sometimes pustule

13. True about skin:

a) Epidermis is highly vascular

b) Melanocyte is derived from neural crest

c) Sebaceous gland- holocrine & absent in palm

d) Apocrine gland presents in axilla & groin

e) Hiraadenitis suppurita is infection of apocrine gland

Correct Answer - B:C:D:E

Ans: B, Melanocyte is derived from neural crest C, Sebaceous gland- holocrine & absent in palm D, Apocrine gland presents in axilla & groin & E, Hiraadenitis suppurita is infection of apocrine gland

Roxburgh tTh/ 4-11; General Anatomy by BD Chaurasia 5th/254-60

- Hidradenitis suppurativa (Synonym- apocrine acne): Axillary apocrine sweat gland infection
- Sebaceous glands are holocrine in nature,
- The pigment cells (melanocyte) of the skin are derived from neural crest .
- Apocrine sweat glands drains directly into hairfollicles in the axillae & groins
- Sebaceous gland are located throughout the skin except on palms & soles.
- Glands made up of acini of lipid containing cells, which secrete sebum as a holocrine secretion.
- Eccrine sweat glands present all over body, especially on palms, soles & in axillae. Human have 2-24 million eccrine sweat glands

14. Which of the following is/are used in psoriasis:

a) High dose oral dexamethasone

b) Methotrexate

c) TNF-alpha inhibitor

d) Acitretin

e) Narrow band UVB

Correct Answer - B:C:D

Ans. B,Methotrexate C,TNF-alpha inhibitor D,Acitretin

Ref; . Neena Khanna 5th/54-59; Hartison 19th/348; Roxburg 17th/138- 42).

- Systemic corticosteroids are only indicated for generalized pustular psoriasis in pregnancy (impetigo herpetiformis).
- Biological response modifiers used to treat psoriasis include: T cell inhibitors (alefacept, adalimumab, itolizumab).
- Oral glucocorticoids should not be used in the treatment of psoriasis due to the potential for developing life-threatening pustular Psoriasis when therapy is discontinued.

15. Acantholysis is /are not seen in :

a) Lichen planus

b) Bullous pemphigoid

c) Dermatitis herpetiformis

d) Hailey-Hailey disease

e) Pemphigus vulgaris

Correct Answer - A:B:C

Ans. (A) Lichen planus (B) Bullous pemphigoid (C) Dermatitis herpetiformis

Acantholysis:

- Separation of epidermal cells from each other.
- Acantholytic disorders includes Pemphigus family (including paraneoplastic pemphigus), eosinophilic spongiolysis, Darier's disease, Hailey-Hailey's disease (Familial benign chronic pemphigus) and transient acantholytic dermatosis (Grover's disease), as well as specific histological patterns such as focal acantholytic dyskeratosis and epidermolytic hyperkeratosis.

16. Cutaneous marker(s) of internal malignancy is/are all except:

a) Tripe palms

b) Sign of Leser-Trelat

c) Dermatomyositis

d) Migratory thrombophlebitis

e) Seborrheic patch at back

Correct Answer - E

Ans. E. Seborrheic patch at back

Cutaneous Markers of Internal Malignancies :

Causes:

- Metastases: To skin.
- Genodermatoses: With an increased predisposition to internal neoplasia.
- Exposure to carcinogens: Which result in skin changes as well as internal neoplasia.
- Paraneoplastic syndromes: Are cutaneous reaction patterns associated with internal neoplasia.

17. True about acute paronychia:

a) Pus under nail bed

b) Pus may extend to base of nail

c) Swelling of nail fold

d) Candida is most common causative organism

e) None

Correct Answer - A:B:C

Ans. A,Pus under nail bed B,Pus may extend to base of nail & C,Swelling of nail fold

Acute Paronychia:

- **Paronychia:** Inflammation of nail folds.
- **Etiology:** Staphylococcus enter the nail fold
- **Clinical feature:** Nail fold is swollen, red and tender. Pus visible under nail fold / nail bed.

18. Nikolsky's sign is/are seen in all except :

a) Pemphigus

b) Hailey-Hailey disease

c) Staphylococcal scalded skin syndrome

d) Toxic epidermal necrolysis

e) Grover disease

Correct Answer - D:E

Ans. (D) Toxic epidermal necrolysis

Nikolsky's sign:

- Application of tangential pressure on normal skin (usually on pretibial area) results in formation of new bulla.

Seen in:

- Staphylococcal scalded-skin syndrome
- Epidermal necrolysis.
- Pemphigus
- Stevens-Johnson syndrome.
- Grover's disease

19. Which of the following are not true regarding genital ulcerations ?

- a) Syphilis has a large single nontender ulcer with indurated margins
- b) Multiple erythematous lesions with tender lymphadenopathy is seen in LGV
- c) Beefy red ulcer with indurated ulcer is seen in donovanosis
- d) Multiple painful bleeding ulcer with tender lymphadenopathy in Chancroid
- e) Multiple painful ulcers in HSV

Correct Answer - A:C:D:E

Ans. (A) Syphilis has a large single nontender ulcer with indurated margins (C) Beefy red ulcer with indurated ulcer is seen in donovanosis (D) Multiple painful bleeding ulcer with tender lymphadenopathy in Chancroid (E) Multiple painful ulcers in HSV

[Ref: Khopkar's 6/e p. 232]

Lesion of primary syphilis:

- Chancre (Hard chancre) - punched out ulcer
- Lesion characteristics:**
 - . Single lesion
 - . Painless
 - . Avascular(non-bleeding)
 - . Firm induration
 - . Lymphadenopathy which is painless, firm and nonsuppurative.
- Sites of involvement are penis in heterosexual males; rectum, anal

canal, mouth in homosexual males; and clitoris and labia in females.

Lesions of LGV:

- **First stage (Primary LGV) :** - Self limited, Single, asymptomatic, painless, nonbleeding genital ulcer.
- **Secondary stage:**
- Painful inguinal lymphadenopathy (Remember) Ulcer is painless but lymphadenopathy is tender & painful).
- Swollen lymph nodes coalesce to form buboes, i.e., matted lymph nodes.
- Bubo may rupture to form discharging sinus.
- Groove's sign > Enlarge lymph nodes both above and below the inguinal ligament.
- **Tertiary LGV (genitorectal syndrome) :** - Characterized By proctocolitis.

Lesions of Donovanosis:

- . Painless
- . Bleeding with red granulation tissue
- . Indurated
- . Red & velvety (beefy red)
 - Subcutaneous granulomas of inguinal region in Donovanosis looks like enlarged lymph node, but these are not enlarged lymph nodes.
- Therefore, these are known as pseudo buboes.
- Sites of lesions are genitalia (90%), inguinal (10%) and anal regions.
- Complications of Donovanosis are pseudo elephantiasis, phimosis, paraphimosis.
- Characterized by painful ulcers, bubo formation and painful inguinal lymphadenopathy.
- . Multiple ulcers.
- . Non-indurated or soft induration
- . Painful (Tender)
- . Bleed easily
- . Undermined, sloughed erythematous edges
- . Painful suppurative inguinal lymphadenopathy

Lesion of HSV:

- Often asymptomatic when symptomatic it present as multiple

- vesicles, very painful,
- bilateral painful inguinal lymphadenopathy.
- Characteristic feature of herpes genitalis is its frequent recurrence.

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20. A young male developed ulceration over shaft which bleeds easily on touch, is tender with bilateral lymphadenopathy. The following are true regarding the condition -

a) Bilateral drainage of lymph nodes is essential

b) School of fish appearance is seen with smear microscopy

c) Medical treatment with antibiotics is mainstay of treatment

d) Azithromycin is the drug of choice

e) It is a case of Hard-chancere

Correct Answer - B:C:D

Ans. (B) School of fish appearance is seen with smear microscopy (C) Medical treatment with antibiotics is mainstay of treatment (D) Azithromycin is the drug of choice

- Chancroid is STD characterized by painful ulcers, bubo formation and painful inguinal lymphadenopathy.
- Caused by *H. ducreyi*, a gram negative coccobacilli which is arranged in parallel chains giving a "School of fish" or "railroad track" appearance.
- Incubation period of chancroid is 1-7 days.
Clinically it is characterized by: -
 - . Multiple ulcers.
 - . Non-indurated or soft induration
 - . Painful (Tender)
 - . Bleed easily

- . Undermined, sloughed erythematous edges
- . Painful suppurative inguinal lymphadenopathy

Diagnosis & Treatment

- Gram's staining of swab from the lesion may reveal a predominance of characteristic gram-negative coccobacilli.
- An accurate diagnosis relies on cultures of *H.ducreyi* from the lesion.
- **Azithromycin is the DOC for treatment.**
- Ceftriaxone, Ciprofloxacin, erythromycin are alternatives.

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21. Which of the following organism is involved in causation of Pityriasis rosaceae?

a) Propionibacterium

b) Pityrosporum ovale

c) Malasezia furfur

d) Human herpes virus-6

e) Human herpes virus-7

Correct Answer - D:E

Ans. (D) Human herpes virus-6 (E) Human herpes virus-7

- P. rosea is a common scaly disorder, occurring usually in children and young adults (10-15 years). Characterized by round/oval pink brown patches with a superficial, centrifugal scale, distributed over trunk in a Christmas tree pattern.
- The disease is thought to be viral disease, is self limiting, and subsides in 6-12 weeks.
- The exact etiology is not known, but it is considered to be a viral disease; Human Herpesvirus 6 (HHV 6) and Human Herpesvirus 7 (HHV 7) may play a role.

22.

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Spongiosis involves which part of skin ?

a) Dermis

b) Epidermis

c) Stratum spinosum

d) Stratum corneum

e) Prickle cell layer

Correct Answer - B:C:E

Ans. (B) Epidermis (C) Stratum spinosum (E) Prickle cell layer •

Spongiosis involves stratum spinosum (prickle cell layer) of the Epidermis.

23. Koebner's phenomenon is seen in ?

a) Pemphigus vulgaris

b) DLE

c) Lichen planus

d) Acne rosae

e) Genital warts

Correct Answer - B:C:E

Ans. (B) DLE (C) Lichen planus (E) Genital warts

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24. Dermatologic manifestation of lithium is/are -

a) Rash

b) Psoriasis exacerbation

c) Acneiform eruptions

d) Pustular dermatoses

e) Pemphigus

Correct Answer - B:C:D

Ans. (B) Psoriasis exacerbation (C) Acneiform eruptions (D) Pustular dermatoses

[Ref. NeenaKhanna p. 45; KDT 7e/e p. 449]

Dermatological side effects of lithium

- Acneiform eruptions
- Exacerbation Of Psoriasis
- DLE
- Pustular dermatosis
- Alopecia, thinning & drying of hair
- Itching skin

25. Subepidermal blisters is/are seen in -

a) Pemphigus vulgaris

b) Pemphigus vegetans

c) Pemphigoid

d) Dermatitis hepetiformis

e) Pemphigus foliaceus

Correct Answer - C:D

Ans. (C) Pemphigoid (D) Dermatitis hepetiformis

[Rel Neena I(hanna 5e/e p. 76]

Subepidermal (Dermo-epidermal)

Functional (At Basal lamina)

- Junctional epidermolysis bullosa
- Bullous pemphigoid
- Toxic epidermal necrolysis
- Dermolytic (Below Basal lamina)
- Epidermolysis bullosa acquisita
- Epidermolysis bullosa dystrophica
- Dermatitis Herpetiformis
- Deep burns
- Porphyria cutanea tarda

26. Desmoglein is associated with ?

a) Arrhythmogenic right ventricular cardiomyopathy

b) Hypertrichosis

c) Pemphigus vulgaris

d) Psoriasis

e) Keratoderma with wooly hair

Correct Answer - A:C:E

Ans. (A) Arrhythmogenic right ventricular cardiomyopathy

(C) Pemphigus vulgaris (E) Keratoderma with wooly hair
Desmoglein:

- Pemphigus foliaceus,
- pemphigus vulgaris (mucocutaneous type) paraneoplastic pemphigus
- Staphylococcal scalded skin syndrome
- Bullous impetigo
- Striate palmoplantar keratoderma

27. Kobner's phenomenon can occur in :

a) Lichen planus

b) Vitiligo

c) Psoriasis

d) Bullous pemphigoid

e) Discoid lupus erythematosus

Correct Answer - A:B:C:E

Ans. (A) Lichen planus (B) Vitiligo (C) Psoriasis (E) Discoid lupus erythematosus

[Ref: Neena Khanna 5th/45; Harrison 19th/i47,1269; Roxbutg 17th/ 130]

- Kobner's phenomenon is characteristic of psoriasis but it is also seen in lichen planus & discoid lupus erythematosus.
- New lesion of original disease develops at sites of trauma (scratches, surgical incisions & injury)
- This phenomenon is seen in psoriasis, lichen planus & vitiligo
- Inactivates active disease

28. All are true about pompholyx except:

- a) It is a form of hand/foot eczema
- b) Also called as dyshidrotic eczema
- c) Vesicle & blisters are present
- d) Secondary bacterial infection are common
- e) Steroids should not be used as it can exacerbate the condition

Correct Answer - E

Ans. E. Steroids should not be used as it can exacerbate the condition

[Ref Neena Khanna 5th/ 115 - 116; www. der mn etnz. org]

Pompholyx:

Aetiology

- Unknown.
- Some patients with pompholyx develop a Vesicular palmoplantar eruption on ingestion of minute amount of nickel

Clinical Features

- Summer aggravation
- Recurrent episodes of deep seated, bland (without inflammation) vesicles (sometimes blister). Each episode self-limiting but fresh crops of vesicles Develop successively, leaving patient symptomatic for long periods
- Lesions occasionally get secondarily infected.

- Fingers & palms & sometimes sola

Point for diagnosis: Based on

- Recurrent episode
- Presence of land vesicles •

Presence on fingers, palms & soles

Treatment

- Saline soaked followed by topical steroids •
- Appropriate antibiotics, if bacterial infection present

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29. True about Campbell de Morgan spots:

a) Benign

b) Malignant

c) Proliferation of blood vessel

d) Very painful

e) Cherry red in color

Correct Answer - A:C:E

Ans. (A) Benign (C) Proliferation of blood vessel (E) Cherry red in color

Campbell De Morgan spots:

- Also known as campbell de morgan angiomas, cherry angiomas, cherry spots and senile angiomas, are benign (non-cancerous) skin growths made of blood vessels.
- Growths are bright red, often described as "cherry-red".
- Hence they are often referred to as cherry angiomas.
- They can appear anywhere on the body, but most often appear on the torso

Causes:

- Hereditary
- Hormonal changes during pregnancy.
- Appear most commonly in adults over the age of 30 but people of any age can get them.

30. Which of the following disease is associated with hepatitis C infection:

a) Lichen planus

b) Psoriasis

c) Sjogren's syndrome

d) HUS

e) HSP

Correct Answer - A:C

Ans. (A) Lichen planus (C) Sjogren's syndrome

[Ref: Neena Khanna 4th/56; Harrison 19th/2041; Roxburg 16th/; Hepatology by Kuntz 2nd/443]

Hepatitis C Associated disease:

- Attention has been drawn as well to associations between hepatitis C and such cutaneous disorders as Porphyria cutanea tarda and lichen planus.

Extrahepatic manifestations in Viral Hepatitis C:

- Agranulocytosis
- Aplastic anaemia
- Corneal ulceration
- Cryoglobulinaemia
- Diabetes mellitus (type I)
- Erythema exsudativum multiforme
- Glomerulonephritis
- Guillain-Barre syndrome
- Hyperlipasaemia
- Lichen Planus

- Non-Hodgkin lymphoma
- Polyarteritis nodosa
- Polyarthritis
- Polyneuritis
- Porphyria cutanea tarda
- Sialadenitis
- Sjogren syndrome/Sicca syndrome
- Thrombocytopenia
- Thyroiditis

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31. Which of the following statement is/are correct about Scabies:

a) Number of lesion correspondent to number of mite

b) Ivermectin not used for treatment

c) Itching worsen at night

d) Not involve face in children

e) None

Correct Answer - C

Ans. C. Itching worsen at night

[Ref: Neena Khanna 4th/341-<14, 3rd/297; Harrison 19th/27t14-45; KDT 6th/863-64]

- The number of mites normally present in an individual patient varies, being less than 7-8 in an adult.
- Most lesions in scabies are due to hypersensitivity.

Scabies (sarcoptes scabiei var. hominis)

Morphology:

- Pruritic, erythematous papules, burrows, and vesicles in web spaces, tolar wrtsk, waist, genitals and axillae.
- Scalp, face, Palm & soles are characteristically involved in infants/children

Scabicides used are:

- Permethrin creamQ (5%), Gamma benzene hexachloride (G-BHCl%), Crotamiton (10%o)' Benzyl benzoate (25%) 6 ivermectin (single oral dose 200 mg/ kg)

32. Feature (s) of Hailey Hailey disease is/are:

a) A bullous disorder

b) Crusted erosion

c) Most commonly present in infant

d) Also called as familial benign pemphigus

e) Intraepidermal bullous disorder

Correct Answer - A:B:D:E

Ans. (A) A bullous disorder (B) Crusted erosion (D) Also called as familial benign pemphigus (E) Intraepidermal bullous disorder

[Neena Khanna3rd/67]

Hailey Hailey Disease (Familial Benign Pemphigus):

- Pemphigus type of bullous disorder (Intraepidermal lesion)
- Autosomal dominant inheritance
- Presents in 3rd-4th decade
- Presents as flaccid vesicles, crusted erosions & circinate plaques on erythematous base. May become hypertrophic & malodorous
- Major flexures (groins, perineum, axillae & side of neck) •

Treatment includes: Reduction of friction keeping area dry. Combination of potent steroids with antibiotics (mainstay of treatment)

33. Skin lesion of chronic liver disease:

a) Terry nail

b) Palmar erythema

c) Purpura

d) Spider naevi

e) None

Correct Answer - A:B:D

Ans. (A) Terry nail (B) Palmar erythema (D) Spider naevi

[Ref Neena Khanna 3rd/330, 148; Roxburg 17th/292-93]

Skin in Liver Disease:

- Hepatic disease, especially when the patient has hepatic failure, is associated with:
- **Pruritus:** Due to accumulation of bile salts, when there is obstructive jaundice
- **Yellowish pigmentation:** Due to accumulation of bile Pigments
- **Spider nevi & palmar erythema:** Due to accumulation of estrogen or progesterone
- **White nails:** Due to hypoproteinemia

34. Nail changes of lichen planus includes:

a) Pterygium

b) Salmon patch

c) Subungual hyperkeratosis

d) Splinter haemorrhage

e) Thinning of nail plate

Correct Answer - A:E

Ans. (A) Pterygium (E) Thinning of nail plate

[Ref; Neena Khanna 3rd/52-55; Harrison 19th/i49, 17th/316]

Nail Changes in Lichen Planus:

- Seen in 15% of patients (most frequently in children)
- Thinning & distal splitting of nail plates
- Longitudinal grooves
- Tenting Of Nail Plate

Pterygium formation (diagnostic):

- The proximal nail fold is prolonged on to the nail bed, splitting & destroying the nail plate.

35. True about Impetigocontagiosa:

a) Asboe- hausen sign

b) Honey coloured crust

c) Caused by staph. aureus

d) Contagious

e) Bullous disorder

Correct Answer - B:C:D:E

**Ans. (B) Honey coloured crust (C) Caused by staph. aureus
(D) Contagious (E) Bullous disorder**

[Ref: Neena Khanna 4th/245; Roxburgh\ Dermatology
17th/z!4; Harrison 1 9th/ 350; 1 8th/ 400]

Impetigo contagiosa:

- Thin walled bullae (seldom seen) on an erythematous base, ruptures rapidly to form an exudative plaque covered with honey-colored crust.
- The primary lesion is a superficial pustule that ruptures and forms a characteristic yellow-brown honey-colored crust
- Caused by: Staph. aureus, S. pyogenes or both.
- Site of predilection: Face (periorificial, especially around the mouth & nose), extremities & scalp
- Complications: Eczematization & acute poststreptococcal glomerulonephritis

36. Dermatitis herpetiformis :

a) Caused by herpes

b) Affect mainly flexor surface

c) Associated with gluten sensitive enteropathy

d) Dapsone is used in treatment

e) None

Correct Answer - C:D

Ans. (C) Associated with gluten sensitive enteropathy

(D) Dapsone is used in treatment

[Ref: Neena Khanna 4th/80-81; Harrison 19th/3373, 18th/427-28]

Dermatitis Herpetiformis:

Etiology:

- Gluten-sensitive enteropathy is always associated & probably responsible for skin lesions

Site:

- Extensors & pressure points

Morphology:

- Grouped erythematous papules (less frequent), vesicles (more frequent) & excoriated lesions (most frequent)

Treatment:

- Dapsone works dramatically. A gluten free diet only slowly. So combine the two & then reduce dose of dapsone.

37. Maculopapular rashes are seen in all except:

a) Scarlet fever

b) Measles

c) Exanthemsubitum

d) Infectious mononucleosis

e) German measles

Correct Answer - A

Ans. A. Scarlet fever

[Ref: Neena Khanna 4th/282; Hanison 19th/128-30;
18tV149-51'Park 23ril/ 144-45, 147, 151]

Maculopapular Viral Exanthems:

- Measles (Rubeola): maculopapular confluent rash which evolves in a cranio-caudal fashion & fades with scaling.
- German measles: Erythematous discrete macular rash.
- Erythema infectiosum (fifth disease)
- Exanthem subitum (roseola, sixth disease)
- Infectious mononucleosis
- Epidemic typhus
- Endemic (murine) typhus
- Scrub typhus
- Rickettsial spotted fevers
- Human Monocytotropic ehrlichiosis
- Leptospirosis
- Lyme disease
- Typhoid fever

- Dengue fever
- **Note:**
- **Scarlet fever:**
- Causes confluent desquamative erythemas.

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38. Androgenic alopecia in female is caused by:

a) Myxedema

b) Cushing disease

c) Stein-Leventhal syndrome

d) Addison's disease

e) None

Correct Answer - C

Ans. C. Stein-Leventhal syndrome

[Ref Neena Khanna 4th/133-34; Roxburgh's Dermatology 17th/270; Hanison 19th/ j55, 18th/408, 2920, 2897]

**Androgenetic Alopecia (Male pattern; Female pattern):
Associations**

- In women, features of hyperandrogenism may be present in the form of hirsutism, acne & clitoromegaly.
- Always rule out polycystic ovary disease (PCOD).

Stein-Leventhal syndrome, also called polycystic ovary syndrome (PCOS)

Myxedema:

- Hair texture may become fine, and a diffuse alopecia occurs in up to 40% of patients, persisting for months after restoration of euthyroidism.

39. Findings in psoriasis includes :

a) Parakeratosis

b) Involving almost 100% of Basal cell in multiplication

c) Micro-munro abscess

d) Autoimmune disease with T-cell involvement

e) Frequently involving mucosal surface

Correct Answer - A:B:C:D

Ans. (A) Parakeratosis (B) Involving almost 100% of Basal cell in multiplication (C) Micro-munro abscess (D) Autoimmune disease with T-cell involvement Psoriasis:

- Type 1 helper T cell disease with increased Th1 cytokines (IFN- γ & IL-2) & reduction of anti-inflammatory cytokines IL-10.
- Histologically, scaly lesions show hyperkeratosis & parakeratosis.
- Auspitz sign - Characteristics finding of plaque in which removal of scales leads to pinpoint bleeding.
- **Grattage Tesla:** on scratching scales appear.
- **Koebner/Isomorphic phenomenon:**
 - Appears at the site of minor injury such as scratch or graze.
 - Characteristic of psoriasis.
- **In Nails**
 - Onycholysis (separation of the nail plate from the nail bed)
 - Thimble-pitting of nail plate
 - Brown black discoloration

40. True about bullous pemphigoid :

a) Nikolsky sign positive

b) Bulla spread sign positive

c) Common in children

d) Darier sign

e) Itching is common

Correct Answer - E

Ans. E. Itching is common

[Neena Khenna 4th/77-79]

Bullous Pemphigoid:

- Autoimmune disorder
- Itchy, tense hemorrhagic blisters on skin
- Mucosal lesion infrequent
- Age 60-80 yr
- Gender: equal incidence in male & females
- Bulla spread sign & Nikolsky's sign are usually negative

41. All are true about lichen planus except:

a) Not associated with oral ulcer

b) Wickham's striae present

c) Colloid body on histology

d) Morphology can be represented by 5 'P'

e) Koebner's or isomorphic phenomenon may be present

Correct Answer - A

Ans. A. Not associated with oral ulcer

[Ref Neena Kanna 4th/56-60; Roxburghe Dermatologist 17th/14; Harrison 19th/349, 18th/399-400]

Lichen Planus:

Oral lesions (Lacey reticulate pattern):

- It may be asymptomatic or patient may complain of burning sensation especially on eating spicy foods.
- When viewed under a magnifying lens, surface of the lesions has white streaks (Wickham's striae)
- Morphology (5Ps): Pruritic, Polygonal, Purple (but violaceous is the term to use), Plane (flat topped), papules.
- Age: 10-40 year
- Koebner or isomorphic phenomenon may be present •

Histopathology: colloid body, basal cell degeneration, band like upper dermal infiltrate, Munro's space, thickened granular layer

42. Which is caused by bacteria:

a) Anal wart

b) Lymphogranuloma venereum

c) Molluscumcontagiosum

d) Condylomatalattum

e) None

Correct Answer - B:D

Ans. (B) Lymphogranuloma venereum (D)

Condylomatalattum [Ref Neena Khanna 4th/270]

- Anogenital wart is caused by HPV-6, 11, 16, 18, 31 & 33
- Lymphogranuloma venereum is caused by Chlamydia trachomatis serovars LI, L2 & L3
- Condyloma lata: It is found in secondary syphilis (Treponema pallidum)
- Molluscum contagiosum is caused by the pox virus.