

1. Fox Fordyce Disease effects:

a) Sebaceous glands

b) Eccrine Glands

c) Apocrine glands

d) Any gland

Correct Answer - C
Apocrine glands

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2. A melanocytic naevus surrounded by a depigmented halo is called:

a) Sutton's nevus

b) Meyerson's naevus

c) Cockade naevus

d) Nevus anaemicus

Correct Answer - A

Sutton's nevus/halo's nevus : a halo of depigmentation appears around a preexisting melanocytic naevus.

Meyerson's naevus is used to describe a melanocytic naevus that has developed an associated inflammatory reaction, which looks like eczema.

Ref: Rook's textbook of dermatology, 8th edition Pg 54.20.

3. Which of the following is the most common form of malignant melanoma?

a) Nodular

b) Superficial spreading

c) Acral lentiginous

d) Mucosal

Correct Answer - B

The commonest type of melanoma is the superficial spreading melanoma (SSM). The melanoma progress through 3 phases: in situ, radial growth, vertical growth.

NB: A primary melanoma with no recognizable adjacent in situ or radial growth phase is **nodular melanoma**.

Melanoma with similar prevalence in all ethnic groups- **acral lentiginous**

Ref: Rook's textbook of dermatology, Edition-8, Page-54.45.

4. Lines of Blaschko represent:

a) Lines along lymphatics

b) Lines along blood vessels

c) Lines along nerves

d) Lines of development

Correct Answer - D

The lines of Blaschko are defined by a pattern determined by nevoid representing non random lines on the human skin or mucosa.

Blaschko lines or the lines of Blaschko are thought to represent pathways of epidermal cell migration and proliferation during the development of the fetus.

Lines of Blaschko represent non-random developmental lines of the skin fundamentally differing from the system of dermatomes. They follow a 'V' shape over the back, 'S' shaped whorls over the chest, stomach, and sides, and wavy shapes on the head. The lines are believed to trace the migration of embryonic epidermal cells. The stripes are a type of genetic mosaicism. These lines characteristically do not follow the underlying nervous, Vascular, muscular or lymphatic structures in the skin. Lines of Blaschko are not ordinarily visible, but are recognized in several cutaneous disorders that follow these parallel streaks.

Ref: Syndromes: Rapid recognition and perioperative implications, by Bruno Bissonette, Page 400; Neurocutaneous disorders: Phakomatosis and Hamartoneoplastic Syndromes, by Martino Ruggieri, Page 364.

5. All are features of atopic dermatitis, except:

a) Dennie -Morgan fold

b) Hertoghe's sign

c) Darier's Sign

d) Hyperlinearity of palms

Correct Answer - C

It is seen in urticaria pigmentosa.

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6. All of the following are true about incontinentia pigmenti, except:

- a) Ocular involvement is seen in almost 100% cases and is typically unilateral
- b) Avascularity of peripheral retina
- c) Primary skin abnormality
- d) X-linked dominant

Correct Answer - A

Ocular involvement is seen in about 20-35 percent of the cases of incontinentia pigmenti but not in 100 percent cases as mentioned in the option. Incontinentia pigmenti is a X-linked dominant primary skin disease that leads to avascularity of the retina.

Ref: Rook's Textbook of Dermatology 7th Edition, Pages 39.20-3.22; The Retinal Atlas By Lawrence A. Yannuzzi, Page 38

7. Pemphigus vulgaris is characterized by all, except:

a) Positive Nikolsky's sign

b) Oral erosions

c) Subepidermal bulla

d) Tzanck smear showing acantholytic cells

Correct Answer - C

Pemphigus vulgaris is an intraepidermal blistering disease.

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8. Which of the following is the agent of choice for cryosurgery?

a) Nitrous oxide

b) CO₂ snow

c) Liquid nitrogen spray

d) Freons

Correct Answer - C

This has a temperature of -196 c(spray/probe) & the only cryogen advocated for malignant skin lesions.

Ref: Textbook of dermatosurgery & cosmetology, satish S savant, E-2,P-117.

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9. Treatment of nodulocystic acne is

a) Erythromycin

b) Tertacycline

c) Isoretinonine (Retinoic acid)

d) Steroids

Correct Answer - C
C i.e. Isoretinonine

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10. Anagen phase of the hair indicates:

a) The phase of activity and growth

b) The phase of transition

c) The phase of resting

d) The phase of degeneration

Correct Answer - A
A i.e. The phase of activity & growth

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11. After hepatitis B vaccination child with allergic family history and pruritis involving face & convexities developed numerous umblicated vesicles; which became pustular & haemorrhagic & crusted. After 2 days child developed high fever and lymphadenopathy. The diagnosis is

a) Secondary infected atopic dermatitis

b) Molluscum contagiosum

c) Eczema herpeticum

d) Eczema vaccinatum

Correct Answer - C

C. i.e. Eczema herpeticum

* Eczema herpeticum or Kaposi's varicelliform eruption results from wide spread (usually) primary *HSV- 1 (herpes simplex)* infection in skin damaged by atopic dermatitis (eczema).

* Patients with atopic eczema may develop severe orofacial herpes simplex virus (HSV) infection (eczema herpeticum), which may rapidly involve extensive areas of skin & occasionally disseminate to visceral organs. Systemic acyclovir or valaciclovir is treatment of choice.

* In atopic dermatitis patients, small pox vaccination or even exposure to vaccinated individual, may cause severe wide spread eruption (k/a eczema vaccinatum) that resembles to eczema

herpeticum.

* Kaposi varicelliform eruptions manifest either as - eczema herpeticum or eczema vaccinatum.

Disease	Causative Virus
Eczema herpeticum	HSV-1 (Herpes simplex virus)
Eczema vaccinatum	Vaccinia virus due to inadvertent vaccination of small pox with live virus vaccine
Milker's node	Paravaccinia / Pseudocowpox

12. A 40 year old male reported with recurrent episodes of oral ulcers, large areas of denuded skin and flacid vesiculo-bullous eruptions. Which is the most important bed-side investigation helpful in establishing the diagnosis -

a) Gram staining of the blister fluid

b) Culture and sensitivity

c) Skin biopsy and immunofluorescence

d) Tzanck smear from the floor of bulla

Correct Answer - D

Ans. D. i.e. Tzanck smear from the floor of bulla

13. True about pemphigus vulgaris A/E:

a) Subepidermal

b) Autoimmune disease

c) Tzanck smear shows acantholytic cells

d) Antibody are formed against desmogleins

Correct Answer - A
A i.e. Subepidermal

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**14. A girl about to marry has comedonal acne.
Drug to treat such a case is:
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a) Topical antibiotic

b) Benzoyl peroxide

c) Retinoids

d) Estrogen

Correct Answer - C

Ans. C i.e. Retinoids

- *Retinoids are mainly comedolytic*
- **Acne**
- Comedones are characteristic of: Acne vulgaris
- Comedones are:
 - * Small cysts,
 - * formed in hair follicles,
 - * due to blockage of the follicular orifice
 - * by the retention of sebum and keratinous material
- Acne vulgaris is caused by: Obstruction of pilosebaceous duct
- Nodulocystic acne (NA)
- Treatment of NA: Isotretinoin (synthetic retinoic acid)

15. Koebner phenomenon seen in ?

a) Psoriasis

b) Lichen planus

c) Warts

d) All the above

Correct Answer - D

Ans. is 'd' i.e., All the above

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16. Heliotopre sign is seen in ?

a) Dermatomyositis

b) Scleroderma

c) Photodermatitis

d) Vitiligo

Correct Answer - A

Ans. is 'a' i.e., Dermatomyositis

Cutaneous signs of dermatomyositis

- Gottron's papules :- lilac or violaceous papules on knuckle, dorsa of hands.
- Gottron's sign :- Violaceous erythema with edema over shoulder, arms, forearms.
- Heliotrope sign :- Violaceous erythema with edema over eyelids, periorbital region.
- Poikiloderma :- Atrophy of skin, hypopigmentation, dilated blood vessels over trunk.
- Mechanic hand :- Symmetric hyperkeratosis along ulnar aspect of thumb and radial aspect of fingers.
- Shawl Sign :- Violaceous erythema extending from dorsolateral aspect of hands, forearms, and arms to shoulder & neck.
- Calcinosis cutis :- Calcium deposits in skin (in Juvenile variant).
- Miscellaneous signs :- Photosensitivity, vasculitis, panniculitis, Nail-fold telangiectasia.

Extracutaneous involvement

1. Proximal myositis
2. Cardiomyopathy
3. Raynaud's phenomenon
4. Arthralgia

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17. Patient presents with discharge per urethrum and microscopy shows presence of intracytoplasmic gram negative cocci; what is the most probable diagnosis ?

- a) Gonorrhea
- b) Donovanosis
- c) Bacterial vaginosis
- d) Syphilis

Correct Answer - A

Ans. is 'a' i.e., Gonorrhea

- Presence of pus discharge per urethrum in males with presence of intracytoplasmic gram negative cocci are pointers to the presence of N. gonorrhea infection.

GNOCOCCAL INFECTION

- N. Gonorrhoeae is an intracytoplasmic gram negative coccus.
- N. gonorrhoeae is exclusively a human pathogen although chimpanzees have been infected artificially.
- It is never found as a normal commensal although a proportion of those infected, particularly women, may remain asymptomatic.
- Acute urethritis is most common manifestation. Purulent discharge per urethra is the most common manifestation.
- The process may extend, along the urethra, to prostate, seminal vesicle, epididymis.

18. Christmas tree appearance in skin is seen in ?

a) Pityriasis rosea

b) Pityriasis rubrapilaris

c) Psoriasis

d) Vitiligo

Correct Answer - A

Ans. is 'a' i.e., Pityriasis rosea

Pityriasis rosacea

- P. rosea is a common *scaly disorder*, occurring usually in *children and young adults (10-35 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 Herpes virus 6 (HHV 6)* and *Human Herpes virus 7 (HHV 7)* may play a role.

Clinical manifestations of P. rosea

- The disease starts with an *upper respiratory prodrome or a mild flu*.
- After 1-2 weeks, Annular erythematous plaque appears on trunk that is referred to as mother patch or herald patch.
- Over the next 1-2 weeks, fresh patch appear all over the trunk, in a Christmas tree configuration or Fir tree Configuration.
- The lesions are *pinkish in white skin*, hence the name rosea.
- However, on the dark Indian skin the lesions are skin coloured or brown.
- The most characteristic clue for the diagnosis is the presence of a

fine scale at the edge of the lesion referred to as centrifugal scale or collarette scales or cigarette paper scales.

Lesions subside with hyperpigmentation.

- Trunk is involved predominantly, Sometimes (in 20% of patients) lesions occur predominantly on extremities and neck (inverse pattern).

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19. Pompholyx affects ?

a) Palms & soles

b) Groin

c) Scalp

d) Trunk

Correct Answer - A

Ans is 'a' i.e., Palms & soles

POMPHOLYX

- An attack of pompholyx is characterized by the sudden onset of crops of clear vesicles, which appear 'sago-like'.
- Itching may be severe, preceding the eruption of vesicles.
- The attack subsides spontaneously in 2-3 weeks .
- In mild cases, only the sides of the fingers may be affected, but in a typical case the vesicles develop symmetrically on the palms and/or soles

20. Erythrasma is caused by ?

a) Comybacterium

b) Staphylococcus

c) Streptococcus

d) Herpes Virus

Correct Answer - A

Ans. is 'a' i.e., Cornybacterium

- Erythrasma is a skin disease that causes brown, scaly skin patches. It is caused by the Gram-positive bacterium *Corynebacterium minutissimum*. It is prevalent among diabetics and the obese, and in warm climates; it is worsened by wearing occlusive clothing.

21. HPV causes ?

a) Condylomalata

b) Condyloma acuminata

c) Bubo

d) Chancre

Correct Answer - B

Ans. is 'b' i.e., Condyloma acuminata

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22. Drug of choice for genital warts is ?

a) Acyclovir

b) Podophyllin

c) Minocyclin

d) Interferon alpha

Correct Answer - B

Ans. is 'b' i.e., Podophyllin

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23. Depigmenting agent of choice in treatment of dermatological disorders is

a) Hydroquinone

b) Zinc

c) Kojic acid

d) Azelaic acid

Correct Answer - A

Ans. is 'a' i.e., Hydroquinone

Skin depigmenting agents in clinical use are

- Hydroquinone - most effective and widely used
- Kojic acid
- Kojicdipalmitate
- Azelaic acid

24. Nail pitting is seen with ?

a) Paronychia

b) Ectodermal dysplasia

c) Alopecia areate

d) All the above

Correct Answer - D
Ans. is'd' i.e., All the above

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25. Vitiligo is associated with the following except

a) Addison's disease

b) Men syndrome

c) Pernicious anemia

d) Crohns disease

Correct Answer - D

Ans. is 'd' i.e., Crohns disease

Vitiligo is associated with the following autoimmune diseases :-

- Alopecia areata
- Diabetes mellitus
- Hyperthyroidism
- Hypothyroidism
- Pernicious anemia
- Addison disease
- Multiple endocrinopathy syndrome

26. True about erythema toxicumneonatorum is ?

- a) It is present in 3 - 5 % of the newborns
- b) It is mostly present at birth
- c) It is called the flea bitten rash of newborn
- d) Topical antibiotics is the treatment of choice

Correct Answer - C

Ans. is 'c' i.e., It is called the flea bitten rash of newborn

Erythema ToxicumNeonatorum

- It is the harmless, erythematous, short lived eruptions of the newborn.
- It is present in 30 - 50% of the newborns
- It is considered a part of normal transition from the watery womb to the dry external environment.
- It appears most often in the first 2 days of life and is rarely present at birth
- It consists of widespread erythematous macules most present in the trunk and the proximal parts of the extremities.
- Hurwitz called it the flea bitten rash of new born.
- No active therapy is needed for the treatment.

27. What is the the most probable diagnosis of a child who presents with white umbilicated lesions on face?

- a) Mollusumcontagiosum
- b) Herpes simplex infection
- c) Erythema toxicumneonatorum
- d) Human pappiloma virus infection

Correct Answer - A

Ans. is 'a' i.e., Mollusumcontagiosum

- Pearly white umbilicated papule on face in children is most commonly seen in Mollusumcontagiosum.
Mollusum contagiosum
- It is a common viral infection in children. It is caused by pox virus, i.e., Mollusum contagiosum virus. It is characterized by *multiple pearly white, dome-shaped papules which are umbilicated centrally*. On using a hand lens, many of the papules has a *mosaic appearance*. Epidermal cells contain *eosinophilic intracytoplasmic inclusion bodies (Mollusum or Henderso-Paterson bodies)*. *Autoinoculation* can give rise to lesions arranged linearly along line of trauma ----> *pseudoismorphic (pseudokoebner's) phenomenon*. M.C. may involve any part of the body *In children face is involved most commonly*. Anogenital mollusum contagiosum is a STD.
Treatment
- Curretage, electrocautery, cryotherapy are simple and effective methods. Imiquimod, a recently introduced immunostimulant, is helpful in patients with multiple lesions and in small children.

28. Haascheiben cells in epidermis are responsible for?

a) Touch

b) Temperature

c) Pressure

d) Proprioception

Correct Answer - A
Ans. is 'a' i.e., Touch

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29. Apple jelly nodule is seen in ?

- a) Lupus vulgaris
- b) Cutaneous anaphylaxis
- c) Erythroderma
- d) Erysipelas

Correct Answer - A

Ans. is 'a' i.e., Lupus vulgaris

Lupus vulgaris

- Lupus vulgaris is a chronic and progressive form of cutaneous tuberculosis that occurs in tuberculin sensitive patients. It is the most common type of cutaneous tuberculosis and has most variable presentation. Seen in children and young adults, though no age is exempted. Occurs on *exposed area like face (nose, eyelid, pinna)*; and sometimes on buttock, *trunk*.
- Lesions are usually *solitary* and characterized by : -
 1. Reddish brown (erythematous).
 2. Annular in shape.
 3. Indurated.
 4. Slowly increases in size (gradually progressive).
 5. Healing with tissue paper like scarring at centre (most common) or edge.
 6. Peripheral crusting.
 7. Blanching with glass slide (diascopy) will reveal grey green foci —> Apple jelly nodules.
 8. Match-stick test positive —> Apple jelly nodule has no resistance to pressure by a sharp match-stick.
- Reappearance of new nodules within previously atrophic or scarred lesions is characteristic. Cartilage (Ear, nose) in the affected area is

progressively destroyed (Lupus vorax); bone is usually spared. Buccal, nasal and conjunctival mucosa may be involved primarily or by extension. Treatment is antitubercular drugs (ATT).

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30. Flaccid bullae with mucosal involvement and intraepidermal acantholysis are characteristic of?

- a) Pemphigus vulgaris
- b) Pemphigus foliaceus
- c) Psoriasis
- d) Vitiligo

Correct Answer - A

Ans. is 'a' i.e., Pemphigus vulgaris

Among the given options, two are vesicullabullous disorders :-

- 1. Pemphigus vulgaris
- 2. Pemphigus foliaceus
- Both of these cause flaccid bullae with intraepidermal blisters.
- but, mucosal involvement is common in pemphigus vulgaris (not in P foliaceus).

31. Ig A deposition in dermoepidermal junction skin seen in ?

a) Dermatitis herpetiformis

b) Bullous pemphigoid

c) Linear IgA disease

d) Epidermolysis bullosa

Correct Answer - C

Ans. is 'c' i.e., Linear IgA disease

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32. Not a feature of scabies is ?

a) Serpentine burrow

b) Severe itching

c) Web space affection

d) Genitalia are not affected

Correct Answer - D

Ans. is 'd' i.e., Genitalia are not affected

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33. True about the lesions of lichen planus ?

- a) Polygonal violaceous papule
- b) Affect skin and mucous membranes
- c) Are pruritic
- d) All the above

Correct Answer - D
Ans. is 'd' i.e., All the above

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34. Antigen defect in Pemphigus Vulgaris -

a) Desmoglein-1

b) Desmoglein-3

c) Desmocollin-3

d) Desmocollin-2

Correct Answer - B

Ans. is 'b' i.e., Desmoglein-3

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35. Color of tuberous sclerosis lesions on wood lamp examination ?

a) Bright green

b) Milky white

c) Golden yellow

d) Blue white

Correct Answer - D

Ans. is 'd' i.e., Blue white

Wood lamp

- This is a source of ultraviolet light (320-400nm) from which virtually all visible rays have been excluded by a Wood's (nickel oxide) filter.
- Primarily emits 360nm.
- UV light, when absorbed by certain substances, fluorescences in dark and color produced, is useful in diagnosis of the certain conditions

Condition	Fluorescence colour
Tinea capitis	Bright yellow green
Erythrasma	Coral red or pink
Vitiligo	Milky white
Albinism	Blue white
Leprosy	Blue white
Tuberous sclerosis	Blue white
Pseudomonas infection	Greenish white
Porphyria	Pink/orange
Tinea vesicolor	Golden yellow

36. Alopecia areata is a/ an ?

a) Autoimmune disorder

b) Allergic disorder

c) Anaphylactic disorder

d) Bacterial infection

Correct Answer - A

Ans. is 'a' i.e., Autoimmune disorder

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37. Whitfield's ointment consists of ?

a) 3% salicylic acid + 6% benzoic acid

b) 3% benzoic acid + 6% salicylic acid

c) 2% salicylic acid + 4% benzoic acid

d) 2% benzoic acid + 4% salicylic acid

Correct Answer - A

Ans. is 'a' i.e., 3% salicylic acid + 6% benzoic acid

Whitfield's Ointment

- Whitfield's ointment is salicylic acid and benzoic acid in a suitable base, such as lanolin or vaseline.
- The original ointment contains 3% salicylic acid and 6% benzoic acid, but other ratios are also used.
- It is used for the treatment of fungal infections, such as athlete's foot. Its effectiveness is unclear.
- It can have a slight burning effect that goes away after a few minutes.
- It is named for Arthur Whitfield (1868-1947), a British dermatologist

38. Sphagetti and meat ball appearance is seen in ?

a) Pityriasis rosacea

b) Tinea capitis

c) Tinea corporis

d) Tinea versicolor

Correct Answer - D

Ans. is 'd' i.e., Tinea versicolor

Pityriasis versicolor (tinea versicolor)

- Tinea versicolor is a misnomer as it is not caused by a dermatophyte; it is caused by a nondermatophytic fungus called *Pityrosporum ovale* (malassezia furfur). Usually affects *young adults*.

Clinical features

- There are multiple scaly hypopigmented (more common) or hyperpigmented macules. Scaling is fine or rice powder like. Macules start around the hair follicles and they merge with each other to form large areas. Affects trunk and shoulders (mainly chest and back). There may be loosening of scales with finger nails - coupled on one or stroke of nail. Lesions are recurrent in nature.

Diagnosis

- 1. Examination of scales in 10% KOH shows short hyphae and round spores (*sphagetti and meat ball appearance*). Wood's lamp shows apple green fluorescence (blue-green fluorescence).
- 2. Skin surface biopsy - a cyanoacrylate adhesive is used to separate the layer of stratum corneum on glass slide and then stained with PAS reagent.

Treatment

- 1. Systemic agents :- systemic azoles provide convenient therapeutic

- option. Drugs used are ketokonazole, fluconazole or iatroconazole
2. Topical antifungals used are ?
- Azoles clotrimazole, econazole, miconazole, ketoconazole
 - Others :- selenium sulphide, sodium thiosulphate, whitefield's ointment (3% salicylic acid + 6% benzoic acid).

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39. Which of the following can cause both cicatricial as well as noncicatrical alopecia ?

a) Alopecia areata

b) Telogen effluvium

c) SLE

d) Hypothyroidism

Correct Answer - C
Ans. is 'c' i.e., SLE

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40. Miliaria arises from obstruction of ?

a) Eccrine sweat glands

b) Apocrine sweat glands

c) Sebaceous glands

d) Ectopic sebaceous glands

Correct Answer - A

Ans. is 'a' i.e., Eccrine sweat glands

Miliaria

- Occur as a result of either obliteration or disruption of the eccrine sweat duct.

Three forms :-

1. Miliaria crystallina- Clear, thin-walled vesicles, 1-2 mm in diameter, without an inflammatory areola, are usually symptomless and develop in crops, mainly on the trunk.
2. Miliaria rubra- erythematous papules especially in areas of friction with clothing, and in flexures, produce intense pricking sensation.
3. Miliaria profunda- This nearly always follows repeated attacks of miliaria rubra, o Complications :- Secondary infection and disturbance of heat regulation

41. Patchy hair loss with velvety skin points to the diagnosis of

- a) Alopecia areata
- b) Trichotilomania
- c) Hyperthyroidism
- d) Adenoma sebaceum

Correct Answer - C

Ans. is 'c' i.e., Hyperthyroidism

- Hair loss in combination with velvety skin is seen in patients with excess of thyroid hormone production; thus the most probable answer is hyperthyroidism

42. Black piedra is caused by ?

a) *Piedraia hortae*

b) *Trichosporon asahi*

c) *Trichosporon ovoides*

d) *Trichosporon inkin*

Correct Answer - A

Ans. is 'a' i.e., *Piedraia hortae*

- Piedra is an asymptomatic superficial fungal infection of the hair shaft also known as trichomycosis nodularis. Black piedra is caused by *Piedraia hortae*, whereas white piedra is caused by pathogenic species of the *Trichosporon* genus, namely *Trichosporon asahii*, *Trichosporon ovoides*, *Trichosporon inkin*, *Trichosporon mucoides*, *Trichosporon asteroides*, and *Trichosporon cutaneum*.

43. In scabies which skin layer is affected?

a) Stratum corneum

b) Stratum basale

c) Stratum lucidum

d) Stratum germinatum

Correct Answer - A

Ans. is 'a' i.e., Stratum corneum

- After copulation, the male mite dies and the female mite burrows into the superficial skin layer (stratum corneum) at the rate of 2 mm/day.
- Female mite lays eggs which hatch into larva, which moults and mature into adult mites.
- The mite then burrows into stratum corneum.
- These burrow is visible clinically as an *irregular gray-brown line*.
- Burrow is a pathognomic sign for scabies.

44. Groove sign of greenbalt is seen in ?

a) LGV

b) Donovanosis

c) Chancroid

d) Genital Herpes

Correct Answer - A

Ans. is 'a' i.e., LGV

- Groove sign of Greenblatt' is pathognomonic of LGV when inguinal lymph nodes are enlarged, they are separated by Poupart's ligment, producing a groove.

45. Mutation in which collagen is present in epidermolysis bullosa ?

a) II

b) IV

c) V

d) VII

Correct Answer - D

Ans. is 'd' i.e., VII

Molecular pathology of EB

- Normal basement membrane is between epidermal basal layer and dermis. This basement membrane (basal lamina) is attached to basal cells hemidesmosomes with the help of keratin containing intermediate filaments and is attached to dermis (dermal papillary layer) with the help of type VII collagen containing fibrils. Any defect in this anchoring complex leads to separation of skin; the site of separation depends on the type of defect
- 1. EB simplex → Mutation in gene coding for keratin 5 & 14 (major keratin of BMZ) and separation will be epidermal.
- 2. EB junctional → Mutation in Lantinin α-3 (LAM α-3), LAM [I-3, LAM 7-2 genes. As laminin is part of basement membrane the separation will be at dermo-epidermal junction (DEJ).
- 3. EB dystrophic → Mutation in collagen VII-A1 gene. As collagen VII containing fibrils join BM to dermal papilla, separation will be in the dermis.
- Any of the above defect results in defective cohesiveness which leads to vulnerability to trauma and blisters formation. As the disease is inherited, Family history may be positive.

46. Onychomycosis is most commonly caused by ?

a) a) Trichophyton rubrum

b) Trichophyton mentagrophytes

c) Epidermatophyton floccosum

d) a) Candida

Correct Answer - A

Ans. is 'a' i.e., Trichophyton rubrum

Tinea Unguium (Onychomycosis)

- Tinea unguium is dermatophytic infection of fingers and toe nails. Most common causative species is *T-rubrum*. *Toe nails* are more commonly involved. T. Unguium may be of two types : ?
- .. Distal subungal onychomycosis : - This is *most common type of fungal infection of nail (90%)*. It starts at the distal edge of the nail plate and slowly grows inwards to involve entire nail plate.
- ?. Proximal Subungal onychomycosis : - Starts at the base of nail and slowly involves the entire nail plate.

47. RAST test is used in diagnosis of

- a) Allergic dermatitis
- b) Seborrhoeic dermatitis
- c) Mycosis fungoides
- d) Squamous cell carcinoma

Correct Answer - A

Ans. is 'a' i.e., Allergic dermatitis

RAST : Radioallergosorbent assay

- It is the method used to measure total as well as specific IgE against a particular allergen or a complex.

Diagnostic tests in allergic contact dermatitis

- Diagnostic Tests (if indicated)
- Patch testing
- Photopatch testing
- Tests for immediate hypersensitivity

Radioallergosorbent assay test (RAST)

- Open and semiopen patch tests (read at 10 and 45 minutes)
- Prick test
- Scratch-chamber test
- Repeat open application "use" test
- Potassium hydroxide examination to fungi, glass fibers
- Fungal, bacterial, and viral smears and cultures
- Skin biopsies
- Dimethylglyoxime test for detecting nickel, other tests (detection of chromates and formaldehyde)
- Chemical analysis

48. Characteristic of chronic eczema ?

a) Erythema

b) Induration

c) Lichenification

d) Edema

Correct Answer - C

Ans. is 'c' i.e., Lichenification

Phase (stage)	Clinical features	Histology
Acute	Vesicles & Erythema Edema & Crusts	Spongiosis (intracellular edema)
Subacute	Erythematous, hyperpigmented plaque Scales & Crusts	Parakeratosis
Chronic	Lichenification	Thickening of stratum malpighi

49. Sex worker with discharging ulcer, gram negative diplococci & growth on modified Thayer martin media. Diagnosis ?

a) N. gonococci

b) Syphilis

c) LGV

d) Chaneroid

Correct Answer - A

Ans. is 'a' i.e., N. gonococci

• **Information in this question are ?**

- 1. Gram negative diplococci.
- 2. Growth on modified Thayer-martin media.
- o Neisseria gonorrhoeae is a gram negative diplococci and Thayer-martin medium is the selective medium for gonococci.

Lab diagnosis of gonorrhea

- Urethral discharge is the most important specimen.
- Transport media
- 1. If processing is to occur within 6 hrs ---> Stuart medium or A mies medium.
- 2. If processing is to occur > 6 hrs —> JEMBEC or Gono - Pak system (media with self - contained CO₂ -generating system).
- **Culture media**
- 1. In acute cases --> Chocolate agar or Muller - Hinton agar.
- 2. In chronic cases ---> Selective medium - Thayer martin medium.
- Normally the diagnosis of gonorrhoea is made by isolating the organism in culture.
- It may not be possible to obtain gonococci in culture from some

chronic cases or from patients with metastatic lesions such as arthritis. Serological test may be of value in such instances.

- In serological tests antibodies to gonococcal pili, LPS and outer membrane proteins are detected. o Various tests are ?
 1. Complement fixation test
 2. Precipitation
 3. Passive agglutination
 4. Immunofluorescence
 5. Radioimmunoassay
 6. Enzyme - linked
 7. immunosorbent assay (ELISA)

However, no serological test has been found useful for routine diagnostic procedure. Immunoblotting

50. Difference in acne rosacea & acne vulgaris-

a) Pustule

b) Erythema

c) Papule

d) Absence of comedone

Correct Answer - D

Ans. is 'd' i.e., Absence of comedone

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51. Frequency of woods lamp is ?

a) 365 nm

b) 400 nm

c) 320 nm

d) 200 nm

Correct Answer - A

Ans. is 'a' i.e., 360 nm

Wood's lamp

- Wood's lamp has an ultraviolet light lamp (365 nm) with a filter containing nickle oxide and barium silicate. The UV light, when absorbed by certain substances, fluorescences in dark and the color of fluorescence is useful in diagnosis of the condition.

Condition

Fluorescent colours

Tinea capitis

Bright yellow green

Erythrasma

Coral red or pink

Vitiligo

Milky white

Albinism

Blue white

Leprosy

Blue white

Tuberous sclerosis

Blue white

Pseudomonas infection

Greenish white
Porphyria
Pinklorange
Tinea versicolor
Golden yellow

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52. Lovibond profile sign is seen in ?

a) Koilonychia

b) Platynochia

c) Clubbing

d) Onycholysis

Correct Answer - C

Ans. is 'c' i.e., Clubbing

Clinical indicators of clubbing are Lovibond profile sign and curth's modified profile sign".

- Lovibond angle is the angle located at the junction between the nail plate and proximal nail fold. It is normally less than 160° . In clubbing, the angle exceeds 180° (Lovibond profile sign).

53. Which hormone is responsible for acne ?

a) Estrogen

b) Thyroid

c) Testosterone

d) Gonadotropins

Correct Answer - C

Ans. is 'c' i.e., Testosterone

Predisposing factors for Acne vulgaris

- Genetic factors
- Hormones -4 Androgens, glucocorticoids.
- Psychological stress and depression.
- Environmental factors High temperature & humidity.
- Cosmetics -3 Containing lenolin, petroleum, vegetable oils.
- Infection --> Propionibacterium, Pityrosporum, Staph. epidermidis.
- Menstural cycle -4 Premenstural aggravation.
- Hyperkeratosis of pilosebaceous ostia.
- Drugs Antepileptics (Carbamazepine, phenytoin, phenobarbitone), antitubercular (INH, rifampin, ethionamide), antidepressants, cyclosporine, Vitamin B₁₂. Cough syrups containing halogens (Iodides, bromides).

54. Hanifin & Rajke is the diagnostic criteria for

a) Atopic dermatitis

b) Contact dermatitis

c) Urticaria

d) Erythroderma

Correct Answer - A

Ans. is 'a' i.e., Atopic dermatitis

- Hanifin and Rajka criteria is for diagnosis of atopic dermatitis.

Diagnostic criteria (Hanifin and Rajka)

Based mainly on clinical experience

Major criteria

1. Family history of atopy
2. Chronicity
3. Pruritus
4. Typical morphology and distribution

Minor criteria

1. Dry skin
2. Cheilitis
3. Elevated edge
4. Dennie's line/dennie morgan fold (infra orbital fold)
5. White dermographism
6. Peripheral eosinophilia
7. Immediate (type I) hypersensitivity
8. Facial pallor, orbital darkening
9. Food intolerance
10. Conjunctivitis (recurrent), keratoconus, cataract
11. Pityriasis alba

- 2. Hand dermatitis
- 3. Recurrent infections
- At least 3 major or 2 major plus 2 minor criteria are necessary for diagnosis

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55. Treatment of choice of scabies in pregnancy ?

a) Ivermectin

b) Gamma-benzen hexachloride

c) Permethrin

d) Gamma-benzen hexachloride

Correct Answer - C

Ans. is 'c' i.e., Permethrin

'Permethrin is the drug of choice for infants as well as pregnant and nursing women'. — Evidence based dermatology

- Alternatives are benzyl-benzoate and crotamiton.
- Gamma benzen hexachloride and ivermectin are not recommended.

56. Most common metal in contact allergic dermatitis is?

a) Gold

b) Silver

c) Aluminium

d) Nickel

Correct Answer - D

Ans. is 'd' i.e., Nickel

Contact dermatitis

- Contact dermatitis is localized rash or irritation of skin caused by contact with a foreign substance. Contact dermatitis is a localized disease, i.e., lesion occurs at the site of contact. However, in severe cases, the lesions may extend outside the contact area or it may become generalized (referred to as id eruption).
- Contact dermatitis is mainly of two types : ?
 - A. Irritant contact dermatitis
- Due to direct irritant action of the material e.g. Solvents, Alkalis, Detergents. Most common sites are hands & forearms.
 - B. Allergic contact dermatitis
- It is due to delayed hypersensitivity (type IV hypersensitivity) to a particular antigen in a sensitized individual. The most common allergens causing allergic contact dermatitis are pollen and metals : ?
 - .. Parthenium (Congress grass)
 - ?. Nickel

57. Skin scrapping & KOH mounting is done for ?

a) Leprosy

b) Varicella

c) Fungus

d) HSV

Correct Answer - C

Ans. is 'c' i.e., Fungus

Laboratory diagnosis of fungal infection

- Laboratory diagnosis of fungal infection depends on : ?
 1. Recognition of the pathogen in tissue microscopy : - Tissue specimens, such as skin scraping, are generally examined as wet mounts after treatment with 10% KOH. KOH (alkali) digests cells and other tissue materials, enabling the fungus elements to be seen clearly. Periodic acid schiff (PAS) and methanamine silver are two most commonly used stains for the demonstration of fungal elements in tissue sections.
 2. Culture : - Culture media used most common in mycology is Sabauraud's glucose agar.
 3. Serology : - ELISA complement fixation test, Immunodiffusion.
 4. PCR : - Detection of fungal DNA is clinical material.

58. Lines of Blaschko's are related to ?

a) Keratinocytes

b) Blood vessels

c) Nerves

d) Bones

Correct Answer - A

Ans. is 'a' i.e., Keratinocytes

- Blaschko's lines correspond to the pathways followed by keratinocytes migrating from neural crest during embryogenesis.
- The lines follow a V-shape over spine, an S-shape on abdomen, inverted U-shape from breast area to upper arm and perpendicular down the front and back of the lower extremities.
- A number of inflammatory conditions can follow Blaschko's lines -
 1. Lichen striatus
 2. Linear lichen planus.
 3. Inflammatory linear verrucous epidermal naevus (ILVEN).
 4. Blaschko dermatitis (Blaschitis).
 5. Incontinentia pigmenti.
 6. Goltz syndrome.
 7. Linear morphoea.
 8. Segmental vitiligo.
 9. Focal dermal hypoplasia.
 10. CHILD syndrome.
 11. Hypomelanosis of Ito.
 12. Linear cutaneous lupus erythematosus

59. Treatment of graunolma inguinale is ?

a) Tetracycline

b) Azithromycin

c) Clarithromycin

d) Streptomycin

Correct Answer - B

Ans. is 'b' i.e., Azithromycin

Granuloma inguinale or Granuloma venerum or Donovanosis

- Caused by Calymmatobacterium granulomatis, a gram negative intracellular bacteria.
- IP is 1- 4 weeks.
- Begins as one or more subcutaneous nodules that erode through skin to produce ulcer. Ulcer has following characteristics.
 1. Painless
 2. Bleeding with red granulation tissue
 3. Indurated
- Subcutaneous granulomas of inguinal region in Donovanosis look like enlarged lymph nodes but these are not enlarged lymph nodes. Therefore, these are known as Pseudobubos. Sites of the lesions are genitalia (90%), inguinal (10%), and anal regions. Complications are pseudoelephantiasis, phimosis, paraphimosis.

Diagnosis

- Preferred method is demonstration of typical intracellular Donovan Bodies within large mononuclear cells visualised in smear prepared from lesion or biopsy specimen. It shows safety pin appearance.

Treatment

- Azithromycin is the DOC. Alternatives are doxycycline (2nd choice) and chloramphenicol.

- Streptomycin, once used, is not used now.

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60. The following drug is effective in treatment of pityriasis versicolor ?

a) Ketoconazole

b) Metronidazole

c) Griseofulvin

d) Chloroquine

Correct Answer - A

Ans. is 'a' i.e., Ketoconazole

Pityriasis versicolor (Tinea versicolor)

- Tinea versicolor is a misnomer as it is not caused by dermatophyte; Pityriasis versicolor is more appropriate term. It is caused by a nondermatophyte fungus called Pityrosporum ovale (Malassezia furfur). It usually affects young adults.

Clinical features

- There are multiple small scaly hypopigmented macules (macules may be hyperpigmented also). Scaling is furfuraceous or rice powder like. Macules start around the hair follicles and then merge with each other to form large areas. Affects trunk and shoulders (mainly chest and back). There may be loosening of scales with finger nails -4 Coupled onle or stroke of nail. Lesions are recurrent in nature (may reappear after treatment).

Diagnosis of P.versicolor

- Examination of scales in 10% KOH shows short hyphae and round spores (Sphagetti and meat ball appearance). Wood's lamp shows apple green fluorescence (blue-green fluorescence). Skin surface biopsy —) A cyanoacrylate adhesive (crazy glue) is used to remove the layer of stratum corneum on glass slide and then stained with PAS reagent.

Treatment of P.versicolor

1. Systemic agents : - Systemic azoles provide a convenient therapeutic option. Drugs used are ketoconazole, Fluconazole or intraconazole.
2. Topical antifungals :- Topical antifungals used are : -
 - i. Azoles —> Clotrimazole, econazole, Miconazole, Ketoconazole.
 - ii. Others —> Selenium Sulfide, Sodium thiosulphate, whield's ointment (3% salicylic acid + 6% Benzoic acid).

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61. Keivms skin test is used for diagnosis of

- a) Sarcoidosis
- b) Wegeners granulomatosis
- c) Graves disease
- d) None

Correct Answer - A

Ans. is 'a' i.e., Sarcoidosis

- Kveim test (Nickerson-kveim or Kveim-Siltzbach test) was a skin test used to detect sarcoidosis.
- It is not used know.

62. Drug of choice for treating chylmydia with gonorrhea is ?

a) Ciprofloxacin

b) Norfloxacin

c) Nalidixic acid

d) Doxycycline

Correct Answer - D

Ans. is 'd' i.e., Doxycycline

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63. Single dose treatment for gonorrhea ?

a) Azithromycin

b) Tetracycline

c) Ceftriaxone

d) Erythromycin

Correct Answer - C

Ans. is 'c' i.e., Ceftriaxone

- For uncomplicated gonococcal infection, single dose of IM ceftriaxone is the drug of choice.
- It is given along with azithromycin (single dose) or doxycycline (BD for 7 days) to cover chlamydial infection

64. Erythroderma % of skin involved is ?

a) >90%

b) <30%

c) 30-60%

d) 60-70%

Correct Answer - A

Ans. is 'a' i.e., >90%

Erythroderma (generalized exfoliative dermatitis)

- Erythroderma is the term used when the majority of the skin is erythematous red color and usually associated with crusts, there may be associated erosions, pustules, shedding of nails or hair.
"Exfoliative dermatitis (erythroderma) refers to a scaling erythematous dermatitis involving 90% or more of the cutaneous surface".
- Exfoliative dermatitis is characterized by : -
 - .. Erythema
 - .. Scaling
- This often obscures the primary lesions, For example in psoriasis the characteristic lesion is erythematous plaque with silvery scale, on extensors. When erythema occurs as a complication, most of the cutaneous surface is involved by erythema which obscures the primary lesions of psoriasis.

Causes of Erythroderma (exfoliative dermatitis)

1. Skin disorders

- Psoriasis
- Dermatitis/Eczema (atopic, stasis, contact, seborrheic)
- Pityriasis rubra pilaris

- Lichen planus
 - 2. Systemic diseases —> Cutaneous T-cell lymphoma
 - 3. Drugs —> Gold, Allopurinol, Phenytoin, penicillin, Sulfonamides.
 - 4. Idiopathic (secondary to solid tumors of lung, liver, prostate, thyroid, colon).
- Treatment of erythroderma (exfoliative dermatitis)**
- Topical corticosteroids are the primary category of medication used to treat exfoliative dermatitis. A sedative antihistaminic may be a useful adjunct for pruritic patients. Systemic antibiotics may be used if infection is suspected.
 - Systemic corticosteroids may be useful in severe disease for remission induction, but not for maintenance. Systemic corticosteroids should not be used in psoriasis (psoriatic erythroderma); Acitretin or methotrexate are preferred.

65. Drug causing fixed drug eruption ?

a) Sulfonamide

b) Erythromycin

c) Aminoglycoside

d) None

Correct Answer - A

Ans. is 'a' i.e., Sulfonamide

Drugs causing fixed drug eruption

- Paracetamol (Phenacetin)
- Sulfonamides
- NSAIDs
- Aspirin
- Barbiturates
- Dapsone
- Tetracyclines
- Phenylbutazone

66. Pathergy test is used for ?

a) Reither's syndrome

b) Bechet's syndrome

c) Lichen planus

d) Atopic dermatitis

Correct Answer - B

Ans. is 'b' i.e., Bechet's syndrome

Criteria for diagnosis of Bechet's disease

- Recurrent oral ulcer for at least 3 times in 12 months.
- Plus any two of the followings :?
 1. Recurrent genital ulcer.
 2. Eye inflammation with loss of vision.
 3. Characteristic skin lesion (erythema nodosum).
 4. Positive pathergy test (skin prick test).

67. Tzank smear in varicella-zoster shows ?

a) Acantholysis

b) Spongiosis

c) Multinucleated Giant cell

d) Necrotic cell

Correct Answer - C

Ans. is 'c' i.e., Multinucleated Giant cell

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68. Dead layer of epidermis ?

- a) Stratum basale
- b) Straum spinosum
- c) Stratum corneum
- d) Stratum granulosum

Correct Answer - C

Ans. is 'c' i.e., Stratum corneum

- Stratum basale, stratum spinosum and stratum granulosum, together form the living layer and constitute the site of synthesis of keratin (Keratin is mostly synthesized in stratum spinosum).
- Stratum corneum is the dead layer.

Layers of epidermis (From deep to superficial)

In palm & sole (5 layers)

Stratum basale
Stratum spinosum
Stratum granulosum iv) Stratum lucidum
Stratum corneum

Elsewhere (4 layers)

Stratum basale
Stratum spinosum
Stratum granulosum
Stratum corneum

69. Which of the following cause non-cicatracial alopecia ?

a) Tenia capitis

b) SLE

c) Alopecia areata

d) All of the above

Correct Answer - D

Ans. is 'd' i.e., All of the above

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70. Nail pitting is caused by all except ?

a) Lichen planus

b) Hyperthyroidism

c) Fungal infection

d) Pityriasis Rosacea

Correct Answer - D

Ans. is 'd' i.e., Pityriasis Rosacea

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71. A pregnant lady comes with itchy hand lesions as shown. Her husband also gets it. The best treatment that can be given is ?

a) Permethrin

b) Ivermectin

c) GBH

d) Benzyl benzoate

Correct Answer - A

Ans. is 'a' i.e., Permethrin

- Permethrin 5% cream is considered the drug of choice for treating scabies in patients, including pregnant women.
- Other scabicides considered safe for use during pregnancy are sulfur 5-10% in petrolatum and crotamiton 10%.
- Sulfur is effective and it has a good safety profile; however, sulfur preparations can stain clothing and they are odorous.
- Crotamiton 10% cream is not absorbed percutaneously and is considered safe in pregnancy although it is not effective as other therapies

72. Spongiosis involves ?

a) Stratum basal

b) Stratum carneum

c) Stratum granulosum

d) Stratum spinosum

Correct Answer - D

Ans. is 'd' i.e., Stratum spinosum

- Separation of keratinocytes due to loss of intracellular bridges → Acantholysis
- Intracellular edema of keratinocytes → Ballooning
- **Stratum basale**
- *Acantholytic cells of pemphigus vulgaris* are derived from stratum basal.
- Basal cell degeneration occurs in *Lichen planus*.
- **Stratum spinosum**
- Interstitial (in between the cells) edema → Spongiosis
- Thickening → Acanthosis

Stratum granulosum

- Thickening → Hypergranulosis

Stratum corneum

- Retention of nuclei within cells
- Thickening
- Stratum corneum is involved in

→

Parakerat

→

Hyperkerat

→

Micromun
abscess

Dermatitis

Dermatop

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73. Rain drop pigmentation is caused by ?

a) Clofazimine

b) Dapsone

c) Minocycline

d) Arsenic

Correct Answer - D
Ans. is 'd' i.e., Arsenic

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**74. man with pain in defecation, no gastrointestinal symptoms, clustered ulcers extending into anal canal.
Diagnosis-**

a) CM V

b) Gonorrhea

c) Herpes genitalis

d) HIV

Correct Answer - C

Ans. is 'c' i.e., Herpes genitalis

- Herpes genitalis is a sexually transmitted disease, characterized by appearance of multiple painful vesicles in clusters in genital area which later on may ulcerate. These small ulcers may combine to form a large ulcer. First attack of this infection may be associated with flu like symptoms but GIT symptoms are usually absent.
- Gonorrhea is characterized by acute anterior arthritis associated with thick yellow urethral discharge. Perianal ulceration is not a feature of gonorrhea.
- Although HIV can be considered in the differential diagnosis of Perianal ulcers, but is usually associated with GIT symptoms.
- Perianal ulceration is not a feature of CMV infection.

75. Acanthosis nigricans is seen in ?

- a) Diabetes
- b) GIT cancer
- c) Hypothyroidism
- d) All of the above

Correct Answer - D

Ans. is 'd' i.e., All of the above

Acanthosis nigricans

- Acanthosis nigricans is a brown to black, velvety hyperpigmentation of the skin. It is usually found in body folds, such as posterior & lateral folds of neck, axilla, groin, umbilicus, forehead. It typically occurs in individuals younger than 40 years of age.
- Histopathologically papillomatosis is characteristically seen; however, there is no hypermelanosis and there is only mild acanthosis, if present.
- It is associated with
 1. Obesity (most common)
 2. Endocrinopathies —> Hypothyroidism, hyperthyroidism, insuline resistance diabetes, Cushing's disease, PCOD, Bloom syndrome.
 3. Internal malignancy —> Gastric adenocarcinoma

76. Circle of Hebra is involved in ?

a) Pediculosis corpora

b) Pityriasis versicolor

c) Scabies

d) Leprosy

Correct Answer - C

Ans. is 'c' i.e., Scabies

Scabies

- Scabies is caused by mites of the family Sarcoptidae, which includes *Sarcoptes scabiei*, the scabies mite. Usually affects children but can occur at any age. More common in low socioeconomic strata as overcrowding and poor hygiene facilitate the spread. The most important mean of spread is direct contact with the infected individual. Scabies is a water shed disease which occurs due to inadequate use of water and improper hygiene.

Clinical features :?

- Severe itching is the most prominent clinical feature and has following characteristics
 - Worse at night
 - Generalised
 - Affecting several family members
- 2. Body areas most commonly involved are web spaces of fingers, wrists, elbow, axilla and groin area, areas known as circle of Hebra.
- 3. Burrow is serpentine (S. shaped), thread like grey brown line which represents the intraepidermal tunnel created by moving female mite in stratum corneum. Burrow is pathognomic sign of scabies. Burrows are very difficult to demonstrate in infants.
- 4. Pustules and papulovesicular eruptions due to hypersensitivity to mite

title

5. Pustules can occur due to seceondary infection
6. Excoriation and scratch marks
7. History of involvement of family members

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77. Drug causing exanthema ?

a) Atropine

b) Phenytoin

c) Sulfonamide

d) All of the above

Correct Answer - D

Ans. is 'd' i.e., All of the above

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78. A 15cm hyperpigmented macule on an adolosent male undergoes changes such as coarcesness, growth of hair & acne. Diagnosis is ?

a) Melanocytic nevus

b) Becker nevus

c) Sebaceous nevus

d) Sebaceous nevus

Correct Answer - B

Ans. is 'b' i.e., Becker nevus

Becker Nevus

- Usually starts in adolescence as an irregular smooth hyperpigmented macule.
- Usually involves shoulder, anterior chest and scapular region, although any part of the may be involved.
- Slowly grows in size of a palm wile acquiring thick dark hair.
- Often lesion resembling acne vulgaris in different stages may appear on surface.
- No treatment is required.

79. All are seen in Behchets syndrome except

a) Genital ulcers

b) Genital ulcers

c) Oral ulcers

d) Pyoderma gangrenosum

Correct Answer - D

Ans. is 'd' i.e., Pyoderma gangrenosum

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80. Ulceronecrotic nodule is seen in ?

a) Lucio leprosy

b) Lucio leprosy

c) Indeterminate leprosy

d) Histoid leprosy

Correct Answer - A

Ans. is 'a' i.e., Lucio leprosy

Lucio phenomenon

- It is found in lucio leprosy with type 2 lepra reaction. It is prevalent in Mexico.
- Characterized by painful tender red patches particularly on extremities which later on become necrotic and finally develop into brown black eschar.
- Ulcers are more persistent on legs.
- Tuberculoid and indeterminate leprosy are characterized by hyperpigmented macule with impairment of sensations.
- In histoid leprosy, classical feature is erythematous shiny red subcutaneous or cutaneous nodules, esp over the extensor aspect of extremities, back, buttocks & face. Ulceration is unusual.

81. Scalp and face are involved in ?

a) Adult scabies

b) Nodular scabies

c) Infantile scabies

d) None

Correct Answer - C

Ans. is 'c' i.e., Infantile scabies

Type	Feature
o Infantile scabies	Scalp, face, palms and soles are involved
o Norwegian scabies	Crusted hyperkeratotic lesions on face , palms, soles, nails. Itching is not prominent. Mites are found in thousand, most severe form of scabies
Crusted scabies	Extensive crusts
Nodular scabies	Extensive crusts
Genital scabies	Extensive crusts
Animal scabies	History of contact with cat or dog. Atypical presentation

82. Nerves are not involved in ?

a) Tuberculoid leprosy

b) Lepromatous leprosy

c) Indeterminate leprosy

d) Borderline tuberculoid leprosy

Correct Answer - C

Ans. is 'c' i.e., Indeterminate leprosy

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83. Grattage test is used for-

a) Tinea capitis

b) Lichen planus

c) Pemphigus vulgaris

d) Psoriasis

Correct Answer - D

Ans. is 'd' i.e., Psoriasis

Bedside tests for psoriasis

- Two bedside tests can be done to confirm the clinical diagnosis of psoriasis : -
 - i. Grattage test**
- Scraping the lesion with a glass slide causes accentuation of the silvery scales.
- ii. Auspitz's Sign**
- Scraping the lesion with glass slide causes accentuation of silvery scales (as in Grattage test). If scraping is continued further, a glistening white adherent membrane (Burlkey's membrane) appears. On removing Burlkey's membrane punctate (fine pin point) bleeding become visible, which is referred to as Auspitz's sign.

84. Treatment of choice for lichen planus ?

a) Topical corticosteroids

b) Systemic corticosteroids

c) Antihistaminics

d) Acitretin

Correct Answer - A

Ans. is 'a' i.e., Topical corticosteroids

Treatment of Lichen planus

- The first line treatment of lichen planus are topical corticosteroids.
- Second choice would be systemic corticosteroids for symptom control and possibly more rapid resolution.
- Oral antihistaminics are given for pruritic.
- PUVA can be used for extensive lesions.
- Acitretin can be used for mucosal lesions.

85. Keratodermic sandles is a feature of ?

a) Pityriasis rosacea

b) Lichen planus

c) Psoriasis

d) Pityriasis rubra pilaris

Correct Answer - D

Ans. is 'd' i.e., Pityriasis rubra pilaris

Pityriasis rubra pilaris

- It is a chronic papulosquamous disorder of unknown etiology characterized by : ?
 - .. Scaling (Pityriasis means scaling Skin disorder)
 - 2. Erythematous plaque (Rubra)
 - 3. Follicular papules (Pilaris)
- Hence the name pityriasis rubra pilaris.
- Two peaks of age are seen : ?
 - .. 5-10 years in juvenile type
 - 2. 40 - 60 years in adult type

Clinical presentation

- Characteristic lesions are erythematous (orange to pink), follicular, scaly plaques. A characteristic feature of plaques is the presence of distinct islands of normal skin.

Sites of predilection

- Trunk → Lesions on the trunk evolve in craniocaudal (Cephalo caudal) direction. Typically, follicular lesions are seen on the dorsum of hands on knuckles → Nutmeg papules. Associated features
 - .. Diffuse erythema and scaling of face.
 - 2. Orangish thickening of palms and soles (Keratodermic sandals).
 - 3. Nails → Distal yellow brown discoloration and nail plate thickening.

Complications Erythroderma**Treatment**

- Localized lesions —> Topical corticosteroids + Keratolytics (Salicylic acid, urea)
- Erythroderma -> Vitamin A, Acitretin (Retinoids), oral methotrexate

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86. Schamberg's purpura are seen on ?

a) Face

b) Feet

c) Chest

d) Arms

Correct Answer - B

Ans. is 'b' i.e., Feet

Schamberg's purpura

- Most common form of pigmented purpura dermatosis (PPD).
- Punctate purpura macules develop on lower extremities, particularly around ankles & pretibial region.
- Mostly asymptomatic

87. Nikolsky's sign is seen in ?

a) Pemphigus

b) Herpes zoster

c) Bullous impetigo

d) All of the above

Correct Answer - D

Ans. is 'd' i.e., All of the above

Nikolsky's sign is seen in ?

- Pemphigus
- Toxic epidermal necrolysis
- Bullous impetigo
- Steven Johnson syndrome
- Staphylococcus scalded skin syndrome
- HSV & VZV infection
- Epidermolysis bullosa
- Malignancy (leukemia)
- Mycosis fungoides
- Bullous lichen planus

88. Erythema multiforme is most commonly caused by?

a) Herpes simplex

b) Idiopathic

c) TB

d) Drugs

Correct Answer - B

Ans. is 'b' i.e., Idiopathic

- Idiopathic erythema multiforme is the most common cause of EM.
- Herpes simplex is the most important infectious cause of EM.

Causes of Erythema multiforme

- Idiopathic —) Most common cause
- Viral —> HSV (most important) HBV, Mumps, Adenovirus
- Bacteria → Streptococci, tuberculosis
- Fungal —> Coccidioidomycosis, Histoplasmosis.
- Drugs ---> Antibiotics (Sulphonamide), Phenytoin, NSAIDS.
- Autoimmune disease —> SLE, thyroiditis, RA
- Others —> Sarcoidosis, Pregnancy, Malignancy.

89. Eyebrows don't grow beyond certain length as they have a short ?

a) Anagen phase

b) Telogen phase

c) Telogen phase

d) Exogen phase

Correct Answer - A

Ans. is 'a' i.e., Anagen phase

- Hair grows in cycles of various phases. Anagen is growth phase. Catagen is involuting or regression phase. Telogen is resting phase. Exogen is shedding phase.
- Normally 90% of the follicles are in anagen phase, 10-14% are in Telogen and 1-2 % are in catagen.
- The cycles duration is variable for the different parts of the body. For eyebrows, the cycle is finished in 3-4 months while for scalp it takes 3-4 years to finish.
- This is the reason why eyebrows have much shorter length limit as compared to scalp hair.

90. Not a cutaneous porphyria ?

- a) Erythropoietic porphyria
- b) Hereditary coproporphyria
- c) Congenital erythropoietic porphyria
- d) Sideroblastic anemia

Correct Answer - B

Ans. is 'b' i.e., Hereditary coproporphyria

Porphyrias

- Porphyrias are heterogeneous group of disorders characterized by defective metabolism of porphyrins. Porphyrins are important intermediates in biosynthesis of heme from glycine and succinyl CoA. Each step is controlled by specific enzyme. So, porphyrias are due to inherited or acquired deficiency of enzymes in heme biosynthetic pathways (also called porphyrias pathway). They manifest with either neurological complications or skin problems (or rarely both). Based on the site of overproduction and accumulation of porphyrins, porphyrias are broadly classified as :?

A. Acute (hepatic porphyria)

- 1. Acute intermittent porphyria
- 2. 5-ALA dehydratase deficiency
- 3. Hereditary Coproporphyria
- 4. Variegate porphyria
- 5. Porphyria cutanea tarda

B. Cutaneous (erythropoietic) porphyria

- 1. Erythropoietic protoporphyria
- 2. Congenital erythropoietic porphyria
- 3. X-linked sideroblastic Anemia
- The acute (hepatic) porphyrias primarily affect nervous system

resulting in abdominal pain, vomiting, acute neuropathy, seizures, muscle weakness, psychiatric/mental symptoms (i.e., Hallucination, depression, anxiety, paranoia); and autonomic nervous disturbances like hypertension, tachycardia, constipation, arrhythmias, sweating.

- The cutaneous (erythropoietic) porphyrias primarily affect skin causing photosensitivity (photodermatitis) blisters, itching, maculopapular rash. There is no abdominal pain.
- There are some variation in above presentation.
- .. Following two types of hepatic (acute) porphyrias also affect skin : -
Hereditary coproporphyria and variegated porphyria. Therefore these two have both neuropsychiatric as well as skin manifestations.
- 2. Porphyria cutanea tarda (a hepatic porphyria) does not have neuropsychiatric symptom, rather it has only skin manifestation.
- 3. X-linked sideroblastic anemia (an erythropoietic porphyria) has neither neuropsychiatric nor skin symptoms.

91. Potato nose is seen in ?

a) Acne vulgaris

b) Rhinosporoidosis

c) Acne rosacea

d) Lupus vulgaris

Correct Answer - C

Ans. is 'c' i.e., Acne rosacea

Acne rosacea

- Acne rosacea, commonly called *rosacea*, is a chronic non-curable skin disease with *periodic ups and down*.
- It occurs in middle age (30-50 years). It is more common in females, but is *more severe in males*.
- Rosacea is a centrofacial disease, i.e., it involves the central face → Cheeks, Chin, Forehead, Nose, making typical *cruciate pattern* of involvement.
- Periorbital & perioral areas are spared.
- Clinical features are *intermittant flushing* followed by more permanent erythma and telangiectasia.
- On this back-ground, erythmatous papules, papulo pustules and rarely nodules develop.
- Lesions may be exacerbated by light (photosensitive) and spicy foods.
- **Complications are : ?**
 - .. Rhinophyma : - Rhinophyma is large, bulbous, ruddy appearance of nose caused by granulomatous infiltration of skin. It is slowly progressive condition due to hypertrophy of sebaceous gland on the tip of nose. It is also known as Potato nose.
 - ?. Ophthalmologic : - Blephritis, Conjunctivits, Keratitis,.

3. Lymph edema : - Infra-orbital and on forehead.

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92. Bullous impetigo is caused by ?

a) Streptococcus

b) Staphylococcus

c) Staphylococcus

d) Y. Pestis

Correct Answer - B

Ans. is 'b' i.e., Staphylococcus

Impetigo

- Impetigo is a highly contagious, Gram-positive bacterial infection of superficial layer of epidermis. Impetigo occurs in Two forms : ?
1. Non - bullous impetigo (Impetigo contagiosa)
- It is the most common bacterial infection of children (occurs mainly in children in contrast to Bullous impetigo which occurs in infants). It is caused by both staphylococcus aureus and hemolytic group A streptococcus (Str. pyogens), though it is mostly caused by staph aureus. Most commonly occurs on face, i.e., around nose & mouth; and exposed parts, i.e., arms, legs. Presents erythematous macule/papule which changes into vesicle which soon ruptures with formation of crusting. Crust has characteristic features : -
 - 1. Honey-yellow colour in streptococcal impetigo.
 - 2. Waxy in staphylococcal impetigo.
- Lesion heal without scarring. Mucous membrane involvement is rare. Lymphadenopathy is common
- 2. Bullous impetigo**
- It is caused by staphylococcus aureus most often phage type 71. It usually occurs in infants and manifests as vesicle that develop into bulla and later a pustule without any surrounding erythema. It mainly occurs on face. Mucous membrane may be involved (in contrast to

impetigo contagiosa). Lymphadenopathy is rare.

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93. Match stick test is positive in ?

a) Rhinophyma

b) Rhinosporiodosis

c) Lupus vulgaris

d) P. versicolor

Correct Answer - C

Ans. is 'c' i.e., Lupus vulgaris

Lupus vulgaris

- Lupus vulgaris is a chronic and progressive form of cutaneous tuberculosis that occurs in tuberculin sensitive patients. It is the most common type of cutaneous tuberculosis and has most variable presentation. Seen in children and young adults, though no age is exempted. Occurs on exposed area like face (nose, eyelid, pinna); and sometimes on buttock, trunk.
- Lesions are usually solitary and characterized by : -
 1. Reddish brown (erythematous)
 2. Annular in shape
 3. Indurated
 4. Slowly increases in size (gradually progressive).
 5. Healing with tissue paper like scarring at centre (most common) or edge.
 6. Peripheral crusting
 7. Blanching with glass slide (diascopy) will reveal grey green foci
- Apple jelly nodules.
- Match-stick test positive ---> Apple jelly nodule has no resistance to pressure by a sharp match-stick.
- Reappearance of new nodules within previously atrophic or scarred lesions is characteristic. Cartilage (Ear, nose) in the affected area is

progressively destroyed (Lupus vorax); bone is usually spared. Buccal, nasal and conjunctival mucosa may be involved primarily or by extension. Treatment is antitubercular drugs (ATT).

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94. On back, big black patch diagnosis is ?

- a) Seborrheic melanosis
- b) Becker nevus
- c) Lichen planus pigmentosus
- d) Pityriasis versicolor

Correct Answer - B

Ans. is 'b' i.e., Becker nevus

Becker Nevus

- Usually starts in adolescence as an irregular smooth hyperpigmented macule.
- Usually involves shoulder, anterior chest and scapular region, although any part of the may be involved.
- slowly grows in size of a palm while acquiring thick dark hair.
- Often lesion resembling acne vulgaris in different stages may appear on surface.
- No treatment is required.

Seborrheic melanosis

- Brownish black pigmentation typically distributed over seborrhea areas (forehead & beard, retro auricular folds, neck, upper part of chest, interscapular areas) accompanied by erythema and itching.

Lichen planus pigmentosus

- Hyperpigmented dark brown or slate grey macules distributed mainly over exposed areas and flexures.

Pityriasis versicolor

- Dark brown to black overlapping confluent patches with satellite lesions, mainly over upper trunk and extending to upper arms, neck and abdomen.

95. Which of the following ultra-violet radiation cause most skin disorder ?

a) UV-A

b) UV-B

c) UV-C

d) None

Correct Answer - B

Ans. is 'b' i.e., UV-B

Ultraviolet radiation (UVR)

- UVR is electromagnetic radiation with wavelength (200-400 nm) shorter than visible light, but longer than x rays. There are three segments of UVR.
 1. UV-C/Short wave UV-radiation (200-290 nm)
- It is most dangerous as it has serious effects on the skin. But, It is not medically important as it is absorbed by ozone layer and hence does not reach the surface of earth in measurable amounts.
 2. UV-B/medium wave UV-radiation (290-320 nm)
- Medically most important UVR as it causes most of the dermatoses, e.g., sunburn, tanning, photoaging. It is absorbed in epidermis. It is used in phototherapy as narrow band UV-B (NBUVB) which has wave length of 311 nm.
 3. UV-A/Long wave UV-radiation (320-400 nm)
- It is absorbed in dermis. It is further divided into : ?
 - .. UVA-2 ----> 320-340 nm
 - .. UVA-1 ----> 340-400 NM
- Wood's lamp uses UVA-1(365 NM). UVA is also used in photochemotherapy (PUVA).

96. Dermatophytes affect ?

a) Keratin

b) Dermis of skin

c) Stratum basal

d) Stratum basal

Correct Answer - A

Ans. is 'a' i.e., Keratin

- Dermatophytes are keratinophilic fungi, living only on the superficial dead keratin. That is why they infect skin, hair and nail. In skin they infect most superficial layer of the epidermis i.e. stratum corneum. They do not penetrate living tissues. Dermatophytes cause a variety of clinical conditions, collectively known as dermatophytosis, tinea or ringworm. Dermatophytes have been classified into 3 genera :- trichophyton, microsporum, epidermophyton.
 1. Trichophyton affects;- skin, hair, nails
 2. Microsporum affects ; - skin, hair (nails are not affected)
 3. Epidermophyton affects:- skin, nails (hair are not affected)
- Deep fungal infections (eg:- mycetoma, chromoblastomycosis, phaeohyphomycosis, sporotrichosis, lobomycosis, rhinosporidiosis) involve subcutaneous tissue.
- Dermatophytosis is itchy and scaly

97. Treatment of dermatitis herpetiformis ?

a) Gluten free diet

b) Dapsone

c) Sulfonamide

d) All of the above

Correct Answer - A

Ans. is 'a' i.e., Gluten free diet

- Tinea capitis shows greenish fluorescence.
- Erythrasma gives a coral pink hue.
- Pseudomonas infection gives a yellowish-green colour

98. Brown macular pigmentation in malar area in a pregnant female is due to ?

a) Acne rosacea

b) Cholasma

c) Acanthosis nigricans

d) Urticaria pigmentosa

Correct Answer - B

Ans. is 'b' i.e., Cholasma

Chloasma (Melasma)

- Melasma (Chloasma) is the most common cause for facial pigmentation in Indian patients. There is Brown macular pigmentation on the malar area of face, forehead and sometimes chin. It usually affects young and middle aged women. When melasma results from pregnancy it is referred as chloasma.
- Two major etiological factors are : -
 - 1. Hormonal (estrogen) --> Appears in pregnancy or in person on OCPs.
 - 2. Sun exposure ---> Especially UVB.
- For treatment Combination of topical hydroquinone (2-4%), retinoic acid and a topical corticosteroids. Other drugs are --> Glycolic acid (4-10%), Azelic acid, topical vitamin C.

99. 15 mm/cm hyperpigmented lesion on shoulder enlarging and hair over it ?

a) Melanocytic nevus

b) Becker nevus

c) Sebaceous nevus

d) Comedo nevus

Correct Answer - B

Ans. is 'b' i.e., Becker nevus

Becker Nevus

- Usually starts in adolescence as an irregular smooth hyperpigmented macule.
- Usually involves shoulder, anterior chest and scapular region, although any part of the may be involved.
- Slowly grows in size of a palm while acquiring thick dark hair.
- Often lesion resembling acne vulgaris in different stages may appear on surface.
- No treatment is required.

100. All are true about skin except:

- a) Both dermis & ectoderm are derived from ectoderm
- b) Skin accounts for total of 15% of body weight
- c) Most of the cells in skin are keratinocytes derived from ectoderm
- d) Dermis is made up of type1 and type 3 collagen in 3:2 ratio

Correct Answer - A

Ans:A. Both dermis & ectoderm are derived from ectoderm.

- True fact: Dermis derived from mesoderm and epidermis from ectoderm.

101. Identify the condition in the image?



a) Leukoderma

b) Piebaldism

c) Vitiligo

d) DLE

Correct Answer - A

Ans:A. Leukoderma

- Leukoderma is a skin disease that causes loss of skin pigmentation (melanin) that leads to skin whitening.
- The white patches on the skin are termed as leukoderma.
- When the condition gets severe, the spots cover almost all parts of the body including scalp, face and the genitals.

102. 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 (Grouer's disease), as well as specific histological patterns such as focal acantholytic dyskeratosis and epidermolytic hyperkeratosis.

103. Which of the following epidermal layer is dead layer?

a) Stratum basale

b) Stratum spinosum

c) Stratum corneum

d) Stratum granulosum

Correct Answer - C

Ans. C. Stratum corneum

Stratum corneum (Horny layer):

- This is the most superficial layer of epidermis and skin.
- Cells are fully keratinized and end up as anucleate dead cells.
- Therefore, stratum corneum is dead layer.
- Stratum corneum is last to develop 4 Therefore in premature newborn it is absent.

104. Langerhans cell are seen in which layer of skin?

- a) Stratum basal
- b) Stratum carneum
- c) Stratum granulosum
- d) Stratum spinosum

Correct Answer - D

Ans. D. Stratum spinosum

[Ref Venkataram 151/e p. 2]

Langerhans cells

- These cells are found in stratum spinosum and function as epidermal macrophages (Antigen presenting cells).
- These cells contain characteristic tennis racquet shaped granules (Birbeck granules).

105. Increase in the thickness of the prickle cell layer of the epidermis is called?

- a) Spongiosis
- b) Acanthosis
- c) Hypergranulosis
- d) Hyperkeratosis

Correct Answer - B

Ans. B. Acanthosis

[Ref Rook's 7th/e p. 7.36]

- Important terminology related to epidermal layers
- Separation of keratinocytes due to loss of intracellular bridges - Acantholysis
- Intracellular edema of keratinocytes Ballooning

106. Substance common in skin and hair is?

a) Keratin

b) Laminin

c) Nectin

d) Vimentin

Correct Answer - A

Ans. A. Keratin

[Ref: IADVL 3rd /e p. 12]

- Keratin is a family of fibrous structural proteins.
- Keratin is the protein that protects epithelial cells from damage or stress.
- Keratin is the key component of our skin, hair and nails.
- Its protein building blocks have amino acid chains, coiled, cross-linked and classified as either hard or soft.

107. Which of the following is a melanising agent?

a) Methoxsalen

b) Dapsone

c) Minocycline

d) Kojic acid

Correct Answer - A

Ans. A. Methoxsalen

[Ref Internet & IADVL 3rd ed p. 756]

- Melanizing agents are drugs that increase sensitivity to solar radiation and promote re-pigmentation of de-pigmented areas of skin.
- Melanizing agents sensitize the skin to sunlight. As a result, erythema, inflammation and pigmentation occurs.

108. Fordyce spots involve?

a) Penis

b) Tongue

c) Fingers

d) Nails

Correct Answer - A

Ans. A. Penis

[Ref IADVL 3rd/e p. 1779]

Fordyce spots (Fordyce granules or Fordyce disease):

- Fordyce's spot represents ectopic sebaceous glands on lips (most common site) and oral mucosa.
- They may also appear on vulva and penis, where they are called Tyson's gland, i.e., ectopic sebaceous gland at penis (prepuce) and vulva is called tyson's gland.
- These glands have histopathology similar to normal sebaceous glands, despite their ectopic location.

109. Most common etiology of erythema multiforme is?

a) Idiopathic

b) Drugs

c) HSV

d) TB

Correct Answer - A

Ans. A. Idiopathic

[Ref: Neena Khanna Yale p. 61, 63]

Erythema multiforme

- Most of the cases of erythema multiforme are idiopathic, but amongst the causative agents Herpes simplex virus is the most important cause.
- Erythema multiforme is an acute, often self limited eruption characterized by a distinctive clinical eruption, the hallmark of which is the Target lesion (Iris lesion or Bull's eye lesion).

110. Hypopigmented macules are found in?

- a) Addison's disease
- b) Porphyria
- c) Cutaneous mastocytosis
- d) Tuberous sclerosis

Correct Answer - D

Ans. D. Tuberous sclerosis

[Ref Rook's 7th/e p. 17.37-17, 39.58-39.59; Behl 10thie p. 154]

Causes of localized hypopigmentation (Macule/Patch):

Primary Cutaneous disorders:

- Vitiligo
- Pityriasis versicolor
- Pityriasis alba
- Postinflammatory
- Nevus depigmentosus (achromicus)
- Nevus anemicus
- Piebaldism
- Chemical leukoderma
- Idiopathic guttate Hypomelanosis

Systemic diseases:

- Scleroderma
- Tuberous sclerosis
- Sarcoidosis
- Cutaneous T-cell lymphoma
- Leprosy (tuberculoid & Indeterminate)
- Onchocerciasis
- Hypomelanosis of Ito
- Incontinentia pigmenti (Stage IV)

- Vogt - Koyangi - Harada disease

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111. Which of the following disease is closely related to enetropathy?

- a) Linear Ig A disease
- b) Pemphigus foliaceus
- c) Dermatitis herpetiformis
- d) Erythema multiforme

Correct Answer - C

Ans. C. Dermatitis herpetiformis

[Ref: Behl 10m/e p. 293]

- Dermatitis herpetiformis is a disease of the skin caused by the deposition of IgA in papillary dermis and along the epidermal basement membrane zone (Dermoepidermal junction).
- Almost all patients of dermatitis herpetiformis have an associated gluten sensitive enteropathy.

112. Residual Hypopigmentation following a drug reaction, is best known as?

- a) Vitiligo
- b) Chemical leukoderma
- c) Post inflammatory hypomelanosis
- d) Piebaldism

Correct Answer - C

Ans. C. Post inflammatory hypomelanosis

[Ref IADVL 3rd/e p. 747-748]

- Among given options, postinflammatory hypomelanosis is the best answer.
- understand let us have a look at the definition few important terms.
- Vitiligo is also an acquired condition with loss of pigmentation but most cases are idiopathic.
- It is mainly considered to be an autoimmune condition.
- Precipitated by hormonal changes, acute emotional trauma or stress or any condition leading to immune imbalance.
- So, any hypomelanosis resulting after inflammation is known as post inflammatory hypomelanosis (including leucoderma).
- Sometimes both the terms are used synonymously.
- Whereas the term 'chemical leucoderma' is used only when there repeated exposure (contact) to some specific chemical.
- Therefore among given options, postinflammatory hypomelanosis is the best answer as drug reaction is an inflammatory condition leading to residual hypopigmentation.

113. Most common pattern of onychomycosis is?

a) Distal and lateral subungual

b) Proximal subungual

c) White superficial

d) Total dystrophic

Correct Answer - A

Ans. A. Distal and lateral subungual

[Ref IADVL 3fl/e p. 266]

Distal and lateral subungual:

- DSO is the most common form (90%) of onychomycosis.
- Characterized by invasion of the nail bed and underside of the nail plate beginning at the hyponychium and migrates proximally through the underlying nail matrix
- DSO is usually caused by the dermatophyte *T. rubrum*.
- Infection of the toenails being much more common than infection of the fingernails

114. Which of the following is not a feature of dermatomyositis?

a) 'V' sign

b) Holster sign

c) Pokiloderma

d) Groove sign

Correct Answer - D

Ans. D. Groove sign

[Ref: Rooks 7th/e p. 127-38; IADVL 3'e p. 1236]

- Groove sign (a depression along the course of a vein or between muscle groups) is seen in deep morphea.

Cutaneous signs of dermatomyositis

1. Gottron's papules : lilac or violaceous papules on knuckles and dorsa of hands
2. Gottron's sign : violaceous erythema with edema over shoulders, arms and forearms
3. Heliotrope sign : violaceous erythema with edema over eyelids, periorbital region
4. Poikiloderma : atrophy of skin, hypopigmentation, dilated blood vessels over trunk
5. Mechanic hand : symmetrical hyperkeratosis on ulnar aspect of thumb and radial aspect of fingers
6. Shawl sign : violaceous erythema extending from dorsolateral aspect of hands, forearms and arms to shoulders and neck.
7. 'V' sign : violaceous erythema in a V shaped distribution over anterior neck and chest.
8. Holster sign : bilateral symmetrical, patchy macular violaceous erythema displaying a reticuloid or levoid array over the lateral aspect of

upper thigh and hips.

-) . Calcinosis cutis : calcium deposits in skin (in juvenile variant)
-) . Miscellaneous signs : Photosensitivity, vasculitis, panniculitis, Nail-fold telangiectasia

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115. Not a feature of candidal intertrigo is?

- a) Obesity is a risk factor
- b) *C. albicans* is the most common causative species
- c) Central scaling
- d) Satellite lesions

Correct Answer - C

Ans. C. Central scaling

[Ref Neena Khanna's 4th/e p. 294]

Candidal intertrigo

- Infection of skin folds is called candidal intertrigo. It is characterized by reddened (erythematous) plaques, with satellite pustules (peripheral pustules). There may be fine scales at periphery.
- Over the regions covered with thick stratum corneum, i.e., toe webs and Finger webs, the lesion appear as moist, white colored plaques. Virtually any body fold may be affected. Groins, axillae, submammary folds in females, toes & finger webs are common sites of affection.
- Lesions persisting for a long time lead to the development of superficial painful erosions that take a longer period to heal. This is called "erythema of lacquer."

116. Nevus simplex commonly presents at ?

a) Face

b) Trunk

c) Legs

d) Hand

Correct Answer - A

Ans. A. Face

[Ref IADVL 3rd ed p. 201]

- Nevus simplex (Nevus flammeus nuchae/stork bite/ Salmon patch)
- It is a congenital capillary malformation presents in 30 percent of newborn babies.
- A stork bite is due to dilation of blood vessels and may become darker when the child cries or strains.
- They are most common on the forehead, eyelids, upper lip, between the eyebrows, and the back of the neck, these marks fade as the infant grows.

117. Scaling is not feature of which of the following?

a) Tinea

b) Lichen planus

c) Herpes zoster

d) Reiter's disease

Correct Answer - C

Ans. C. Herpes zoster

[Ref Beh110th/e p. 254-268; Neena Khanna 3rd ed p. 37]

- In herpes there is crusting but no scaling.
- Papulo-squamous disorders have following two characteristics : -
- Papule (solid elevated skin lesion < 1 cms) or plaques (solid elevated lesion > 1 cm). ii) Scales (visible exfoliation of the skin which represents visible shedding of skin).
- "Papulosquamous disorders manifest papules surmounted by scales".

118. A 40 years old male patient presents with multiple erythematous annular lesions with peripheral scales arranged predominantly on trunk. Treatment of choice is?

a) Topical steroids

b) Systemic steroids

c) Systemic Azathioprine

d) Topical antifungal

Correct Answer - A

Ans. A. Topical steroids

[Ref: Beh110`Ve p. 263]

Pityriasis rubra pilaris

- Clinical presentation of the patient in question suggests the diagnosis of PRP for which treatment of choice is topical steroids and salicylic acid.

Treatment

- Localized lesions - Topical corticosteroids + Keratolytics (Salicylic acid, urea)
- Erythroderma - Vitamin A, Acitretin (Retinoids), oral methotrexate.

119. Woronoff's ring is a feature of?

- a) Psoriasis
- b) Lichen planus
- c) Pityriasis rosea
- d) Pemphigus

Correct Answer - A

Ans. A. Psoriasis

[Ref Rooks 7th ed p. 35.1-35.63]

- Clinical features of Psoriasis (psoriasis vulgaris)
- Psoriasis occurs at all ages, most patients are young or middle aged adults.

The typical lesion is nummular round plaque which has following characteristic features:

- Well defined
- Profuse, silvery white, powdery scales (Candle drop scales) - Loosely adherent and easily drops.
- Bright red erythematous base.
- Plaque is often surrounded by a hypopigmented halo Ring of Woronoff.

120. True about erythema toxicum is?

- a) Common in pre-term baby
- b) Lesions contain many lymphocytes
- c) Can be life threatening condition
- d) Occurs mainly in neonatal period

Correct Answer - D

Ans. D. Occurs mainly in neonatal period

[Ref IADVL .3rd le p. 163]

* Erythema toxicum neonatorum (ETN/baby acne/toxic erythema of the newborn)

- It is a benign, asymptomatic skin condition that is characterized by small, erythematous papules, vesicles, and, occasionally, pustules.
- The lesions are usually surrounded by a distinctive diffuse, blotchy, erythematous halo
- It is more common in babies born at full term (between 37 and 40 weeks of gestation) compared with premature babies.
- Only occurs during the neonatal period, usually between day 2-5 after birth and typically resolves within first two weeks of life.
- The fluid from erythema toxicum lesions will show many eosinophils

121. Most important factor in causation of Ingrown toe nail is?

a) Fungal infection

b) Ill fitting shoes

c) Genetic predisposition

d) Nutritional deficiency

Correct Answer - B

Ans. B. Ill fitting shoes

Ill-fitting shoes:

- Ingrown toenail(unguis incarnates/ onychocryptosis)
- It is a common painful condition in which the nail grows so that it cuts into one or both sides of the paronychium or nail bed.
- While ingrown nails can occur in the nails of both the hands and the feet, they occur most commonly with the toenails.
- Presents with pain, tenderness, redness and swelling along one or both sides of the affected nail.

122. Which of the following is true about xeroderma pigmentosa?

- a) Autosomal dominant
- b) Good long term prognosis
- c) Purine dimmers
- d) DNA repair defect

Correct Answer - D

Ans. D. DNA repair defect

[Ref Rook's 4th ed p. 78.12]

Xeroderma pigmentosa

Molecular defect:

- Exposure to UV rays damages DNA due to production of covalent linkages between adjacent pyrimidines (pyrimidine dimers).
- Normally the damaged DNA is repaired by excision and repair.
- In xeroderma pigmentosa the repair of UV damaged DNA is defective.
- It is an autosomal recessive disorder.

123. Which of the following is not a feature of lichen planus?

a) Pterygium

b) Spontaneous healing

c) Scarring alopecia

d) Not premalignant

Correct Answer - D

Ans. D. Not premalignant

[Ref Behl/e p. 265; Rooks 7th /e p. 5.13]

- Very rarely chronic ulcerative lesions may develop malignant changes, i.e., squamous cell carcinoma. Clinical features of lichen planus.

124. Most common metal responsible for contact dermatitis is ?

a) Gold

b) Silver

c) Nickel

d) Mercury

Correct Answer - C

Ans. C. Nickel

[Ref Andrew's diseases of skin E-book p 99 & IADVL 3rd/e p. 559]

Contact dermatitis is mainly of two types :

A. Irritant contact dermatitis

- Due to direct irritant action of the material e.g. Solvents, Alkalis, Detergents. Most common sites are hands & forearms.

B. Allergic contact dermatitis

- It is due to delayed hypersensitivity (type IV hypersensitivity) to a particular antigen in a sensitized individual.

The most common allergens causing allergic contact dermatitis are pollen and metals:

- .. Parthenium (Congress grass)
- .. Nickel

125. Which of the following is not true for scabies?

- a) Wrist is common site in children
- b) Burrows are intradermal lesions
- c) Papules and pustules are due to hypersensitivity to mite
- d) Itching generalized

Correct Answer - B

Ans. B. Burrows are intradermal lesions

[Ref Behl 10th/e p. 179]

- Burrow is the serpentine (S-shaped), thread like gray-brown line which represent the intraepidermal tunnel created by the moving female mite in stratum corneum.
- Burrow is Pathognomic of scabies.
- Burrows are difficult to demonstrate in infant.

Clinical features of scabies

1. Severe itching is the most prominent symptom, and has following characteristic features :

- Worse at night
 - Generalized
 - Affecting several family members
2. In Scabies, severe itching typically worsen at night, most notably along the web spaces of fingers, wrists, elbows, axillae and groin area - Areas know as circle of Hebra.
3. Papules and papulovesicles due to hypersensitivity to mite.
4. Pustules can occur due to secondary infection.
5. Excoriation and scratch marks.
6. History of involvement of family member

126. Treatment of choice for oral candidiasis is?

- a) Terbinafin
- b) Nystatin
- c) Griesofulvin
- d) Selenium sulphide

Correct Answer - B

Ans. B. Nystatin

[Ref IADVL 3rdle p 283]

Treatment of cutaneous candidiasis

Topical (TOC for uncomplicated cases): - nystatin suspension, clotrimazole troches, gentian violet, chlorhexidine, ketoconazole, amphotericin gel.

Systemic (reinfection, unresponsive & chronic cases): - oral fluconazole, itraconazole or ketoconazole are needed.

127. Scabies is caused by?

a) Mite

b) Tic

c) Virus

d) Fungus

Correct Answer - A

Ans. A. Mite

[Ref Behl 10thie p. 179]

- Scabies is an intensely pruritic skin infestation caused by *Sarcoptes scabiei*, an acarus (mite).
- Scabies usually affects children but can occur at any age.
- More common in low socioeconomic strata as overcrowding and poor hygiene facilitate transmission.
- The most important means of transmission is via direct contact with an infected individual.
- Scabies is a water washed disease which occurs due to inadequate use of water or improper hygiene.

128. Volcano sign is seen in?

a) Leprosy

b) Leishmaniasis

c) Lupus vulgaris

d) DLE

Correct Answer - B

Ans. B. Leishmaniasis

[Ref Indian Dermatol Online J. 2012 Sep-Dec; 3(3): 159-165.doi: 10.4103/2229-5178.101810]

Volcano sign:

- Descriptive term for the morphologic feature of Old World cutaneous leishmaniasis.
- The lesion starts as a small nontender papule, which enlarges in size and ulcerates in the centre.
- The border of the crusted ulcer often has an erythematous rim and is called as "Volcano sign".

129. Selenium sulphide is used in the treatment of?

a) Scabies

b) T. versicolor

c) T. cruris

d) Cutaneous leishmaniasis

Correct Answer - B

Ans. B. T. versicolor

[Ref Harrison 17th/e p. 318]

- Selenium sulphide (2.5%) in detergent base is applied all over body below neck (sparing the genitalia), left overnight and washed off next morning.
- Two to three applications applied once or twice a week usually clears the infection.

Treatment of P. versicolor

1. Systemic agents:- azoles such as ketoconazole, fluconazole or itraconazole.
2. Topical agents :
 1. Azoles - clotrimazole, econazole, miconazole, ketoconazole.
 2. Others - selenium sulfide(2.5%), sodium thiosulphate (20%) , whitfield's ointment (3% Salicylic acid + 6% Benzoic acid), zinc pyrithione(1%), tolnaftate, ciclopirox olamine.

130. First generation topical retinoid is?

a) Retinoic acid

b) Adapalene

c) Tazarotene

d) Acitretin

Correct Answer - A

Ans. A. Retinoic acid

[Ref Comprehensive dermatological drug therapy p. 254 & internet]

Retinoids

- The retinoids comprise a class of chemical compounds that are vitamers of vitamin A or are chemically related to it.
- Retinoids have found use in medicine where they regulate epithelial cell growth.
- Retinoids have many important functions throughout the body including roles in vision, regulation of cell proliferation and differentiation, growth of bone tissue, immune function, and activation of tumor suppressor genes.

131. Most common type of cutaneous mastocytosis is?

- a) Solitary mastocytoma
- b) Urticaria pigmentosa
- c) Telangiectasia macularis eruptiva perstans
- d) Diffuse erythrodermic

Correct Answer - B

Ans. B. Urticaria pigmentosa

[Ref IADVL text book of dermatology 3rde p. 146]

Urticaria pigmentosa:

- (Generalized eruption of cutaneous mastocytosis (childhood type).
- It is the most common form of cutaneous mastocytosis.
- Urticaria pigmentosa is most common in children.
- It can also occur in adults.
- It is a familial cutaneous disorder characterised by generalised distribution of red brown macules.
- Each lesion represents a collection of mast cells in the dermis with hyperpigmentation of overlying epidermis.
- The most characteristic features is that these lesions urticate on scratching.

132. Treatment for impetigo includes all except?

- a) Topical mupirocin
- b) Systemic erythromycin
- c) Topical gentamycin
- d) Systemic cephalosporins

Correct Answer - C

Ans. C. Topical gentamycin

[Ref IADVL 3rd/e p. 235]

* "Topical use of gentamycin should be avoided as gentamycin resistance can develop and it can be transferred between different species and strains of staphylococcus."

Treatment of impetigo

* Impetigo contagiosum

- Localized 4 Topical antibiotics like fusidic acid or mupirocin
- Extensive - Systemic antibiotics (erythromycin group to cover staphylococcus and streptococcus).
- If response is poor, oxacillin-Clavulanic acid or cephalexin can be tried.

Bullous Impetigo

- * Localized → Topical fusidic acid or mupirocin
- * Extensive 4 Systemic antistaphylococcal antibiotics (flucloxacillin, amoxicillin- clavulanic acid, methicillin or erythromycin)

133. False about Langer's lines is?

- a) Remain constant throughout life time of a person
- b) Correspond to the collagen fibers in dermis
- c) Incision along these lines produces better scar
- d) Skin along these lines is least flexible

Correct Answer - A

Ans. A. Remain constant throughout life time of a person

[Ref: IADVL text book of dermatology 3rd le p. 175 & Internet]

Langer's lines

- Also called cleavage lines, is a term used to define the direction within the human skin along which the skin has the least flexibility.
- These lines correspond to the alignment of collagen fibers within the dermis.
- Usually, a surgical cut is carried out in the direction of langer's lines, and incisions made parallel to langer's lines generally heal better and produce less scarring.
- Directional changes of Langer's lines have been known to occur within the course of a person's lifetime.
- Sometimes the exact direction of these lines are unknown, because in some regions of the body there are differences between different individuals.

134. Jock itch is caused by?

a) Epidermophyton floccosum

b) Candida albicans

c) Trichophyton tonsurans

d) Malassezia furfur

Correct Answer - A

Ans. A. Epidermophyton floccosum

[Ref Neena Khanna 3rd/e p. 242-244]

Tinea cruris (Jock itch):

- It is also known as Dhobi's itch.
- Tinea cruris is dermatophytic infection of the groin and adjacent skin.
- The classical appearance of tinea cruris is red (erythematous) scaly lesion with clear centre.
- Margins are well defined with raised borders.
- Itching is very prominent.
- The most common sites of involvement are genital area and medial aspect of upper thigh (Most common site of dermatophytosis in males).
- T cruris usually affect young adult male.
- In India trichophyton rubrum is the most common cause and in western countries epidermophyton floccosum is the most common cause.

135. Resorcinol is used in the treatment of?

a) Lichen planus

b) Acne

c) Vitiligo

d) Scabies

Correct Answer - B

Ans. B. Acne

[Ref Contact and occupational dermatology p. 195]

- Resorcinol is included in many antiseptic and keratolytic topical medications.
- Uses include psoriasis, hidradenitis suppurativa, eczema, acne, seborrhea, corns, calluses, warts, and other skin disorders.

136. Multiple psoriatic lesions on hands. Treatment of choice is?

- a) NBUVB
- b) Systemic methotrexate
- c) Topical steroids and salicylic acid
- d) Systemic steroids

Correct Answer - C

Ans. C. Topical steroids and salicylic acid

[Ref Neena Khanna 3rd le p. 46]

Preferred treatment for localized psoriasis is topical coal tar or short contact, dithroanol.

Alternative is topical steroids + Salicylic acid.

137. Hertoghe's sign is seen in?

a) Atopic dermatitis

b) Cutaneous TB

c) Lichen planus

d) Psoriasis

Correct Answer - A

Ans. A. Atopic dermatitis

[Ref Indian Dermatol Online J. 2012 Sep-Dec; 3(3): 159-165.doi: 10.4103/2229-5178.101810]

- The Sign of Hertoghe or Queen Anne's sign is a thinning or loss of the outer third of the eyebrows (superciliary madarosis).
- It is a classical sign of hypothyroidism or atopic dermatitis.
- It can also be seen in leprosy, myxedema, follicular mucinosis, trichotillomania, ectodermal dysplasia, discoid lupus erythematosus, alopecia areata, syphilis, ulcer erythema ophryogenes, systemic sclerosis and HIV infection.

138. Treatment of choice for erythrodermic psoriasis is?

a) Prednisolone

b) Hydroxyurea

c) Acitretin

d) Ciclosporin

Correct Answer - C

Ans. C. Acitretin

[Ref: Neena Khanna 3rdle p. 46]

Methotrexate is the DOC for Erythrodermic psoriasis.

Acitretin is an alternative.

139. Preferred concentration of minoxidil for female androgenetic alopecia is?

a) 2%

b) 5%

c) 8%

d) 10%

Correct Answer - A

Ans. A. 2%

[Ref IADVL 3rd ed p. 891]

- In female androgenic alopecia results are similar with 2% and 5% minoxidil but side effects are more with 5% solution.
- Whereas in males 5% is more efficacious.
- Therefore in a female patient 2% minoxidil is preferred whereas in males 5% solution is the preferred choice.

140. Normal epidermal turnover time is?

a) 1 week

b) 2 weeks

c) 3 weeks

d) 4 weeks

Correct Answer - C

Ans. C. 3 weeks

[Ref: Neena Khanna 3rd le p. 297; Roxburgh's 7th/e p. 62]

Treatment of scabies in children

- Topical permethrin (5% cream) is a safe and effective scabicide in children. It is recommended as a first-line therapy for patients older than 2 months of age.
- Because there are theoretical concerns regarding percutaneous absorption of permethrin in infants younger than 2 months of age, guidelines recommend 7% sulfur preparation instead of permethrin.

141. Alopecia universalis is?

- a) Loss of all the scalp hair
- b) Loss of all body hair
- c) Loss hair at the scalp margin
- d) Male pattern hair loss

Correct Answer - B

Ans. B. Loss of all body hair

[Ref Fitzpatrick]

In alopecia aerata, when there is total loss of scalp hair it is called Alopecia totalis.

When there is loss of total body hair it is referred as Alopecia universalis.

Alopecia along the scalp margin is called ophiasis.

An inverse ophiasis pattern (sisaphio) is when it spares occipital region and affects rest of the scalp.

142. Treatment of choice for scabies in an infant < 6 months is?

a) BHC

b) Ivermactin

c) Permethrin

d) Crotomiton

Correct Answer - D

Ans. D. Crotomiton

[Ref: Neena Khanna 3rdle p. 297]

Ivermectin is the only oral drug, available for scabies treatment.

143. A known case of diabetes develops annular orange skin lesions, which disappear after biopsy. This phenomenon is known as?

- a) Koebner's phenomenon
- b) Reverse Koebner's phenomenon
- c) Asboe Henson sign
- d) Isotopic phenomenon

Correct Answer - B

Ans. B. Reverse Koebner's phenomenon

[Ref

https://www.researchgate.net/publication/268343496_Proposed_classification_for_koebner_wolf

isotopic_ reaction_ koebner_ nonreaction_ isotopic_ nonreaction_ other_ reactions
Annular orange skin lesions in a diabetic indicate towards granuloma annulare.

There have been few reports of disappearance of lesions after biopsy in granuloma annulare.

This phenomenon is known as reverse Koebner's phenomenon.

144. Oral treatment of choice for scabies is?

a) Albendazole

b) Itraconazole

c) Sulphur

d) Ivermectin

Correct Answer - D

Ans. D. Ivermectin

[Ref Behl 10th/e p. 406; Neena Khanna 3rd/e p. 50, 51]

Pityriasis rosea:

- P. rosea is self limiting disease, subsides with 6-12 weeks.
- P. rosea is a common scaly disorder, occurring usually in children and young adults (10-35 years).
- Characterized by round/oval pink brown patches with a superficial, centrifugal scale, distributed over trunk in a Christmas tree pattern.
- The exact etiology is not known, but it is considered to be a viral disease;
- Human Herpes virus 6 (HHV 6) and Human Herpes virus 7 (HHV 7) may play a role.

145. Pityriasis rosea clears with in?

- a) 1-2 weeks
- b) 2-4 weeks
- c) 4-8 weeks
- d) 6-12 weeks

Correct Answer - B

Ans. B. 2-4 weeks

[Ref Behl 10th/e p. 406; Neena Khanna 3rd/e p. 50, 51]

Pityriasis rosea:

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- Characterized by round/oval pink brown patches with a superficial, centrifugal scale, distributed over trunk in a Christmas tree pattern.
- The exact etiology is not known, but it is considered to be a viral disease; Human Herpes virus 6 (HHV 6) and Human Herpes virus 7 (HHV 7) may play a role.

Clinical manifestations of P. rosea:

- The disease starts with an upper respiratory prodrome or a mild flu.
- After 1-2 weeks, annular erythematous plaque appears on trunk that is referred to as mother patch or herald patch.
- Over the next 1-2 weeks, fresh patch appear all over the trunk, in a Christmas tree configuration or Fir tree Configuration.

146. Periungual desquamation, which is a characteristic feature of Kawasaki syndrome, occurs at ?

a) 1st-2nd week

b) 2nd-3rd week

c) 3rd-4th week

d) 4th-5th week

Correct Answer - B

Ans. B. 2nd-3rd week

Periungualdesequamation in kawasaki disease starts between 10-18 days.

147. True about Keratinocyte is ?

- a) Ectoderm derived cell
- b) Present only in basal layer
- c) Mature in basal layer
- d) Differentiate in basal layer

Correct Answer - A

Ans. A. Ectoderm derived cell

- The principal cells of epidermis are keratinocytes.
- Keratin filament is the hallmark of keratinocytes. Keratinocytes has following features:
 - 1. Proliferate (divide) in basal layer
 - 2. Differentiation occurs in stratum spinosum and stratum granulosum.
 - 3. Completely mature and die in stratum corneum.
- So, keratinocytes are present in all four layers of epidermis,
- Keratinocytes are derived from ectoderm.

148. Odland bodies are seen in which layer of epidermis?

- a) Basal cell layer
- b) Prickle cell layer
- c) Stratum granulosum
- d) Stratum corneum

Correct Answer - C

Ans. C. Stratum granulosum

Odland bodies are membrane coated granules in stratum granulosum, which contain lipids which is responsible for barrier function of this layer.

This layer also contains diamond shaped keratohyaline granules, which are the characteristic features of this layer.

These keratohyaline granules contain filaggrin protein which is responsible for aggregation of keratin filaments.

149. Which of the following drug can lead to pemphigus?

a) Penicillamine

b) Isoniazid

c) Carbamazepine

d) Furosemide

Correct Answer - A

Ans. A. Penicillamine

Drugs causing pemphigus-

- Penicillamine
- Penicillins and Cefalosporins
- Captopril,
- Iodine,
- Lithium
- Phenolphthelin,
- Propanolol
- Rifampicine
- Phenytoin,
- Phenylbutazone,
- Salicylates,
- Piroxicam,
- Sulphonamides

150. In which of the following phototherapy is useful in treatment ?

a) Psoriasis

b) Tinea corporis

c) Pemphigus

d) PMLE

Correct Answer - A

Ans. A. Psoriasis

Indications for PUVA and UVB

1. Established major indications :- Psoriasis, atopic dermatitis, vitiligo, mycosisfungoides, Polymorphic light eruption, pompholyx.
2. Less frequently treated (less evidence of effectiveness) :- Pityriasis rosea, morphea, chronic urticaria, Pityriasis lichenoid chronica, Alopecia totalis & Universalis, Lichen planus, Pityriasis rubra pilaris, Granuloma annulare, Generalized pruritis, Nacrobiosis lipoidics.

151. All are true about actinic lichen planus except ?

- a) Associated with severe pruritus
- b) Autoimmune etiology
- c) Violaceous brown papules
- d) Usually affects exposed areas of body

Correct Answer - A

Ans. A. Associated with severe pruritus

Actinic Lichen Planus (lichen planus subtropicus/tropicus / lichen planus actinicus)

- Lichen planus is an autoimmune disease.
- Common in spring and summers in tropical countries.
- Usually affects children and young adults
- Sunlight is considered to be the predisposing factor therefore lesions are more common on sun exposed areas (face, dorsum of hand, forearms and arms, nape of the neck).
- Papules are hyperpigmented with violaceous-brown with well-defined hypopigmented border.
- Pruritus and scaling are minimal.

152. Acanthosis nigricans is characterized by all of the following except ?

- a) Common in obese people
- b) Associated with thick skin with hyperpigmentation
- c) Histologically there is hypermelanosis
- d) May be a sign of internal malignancy

Correct Answer - C

Ans. C. Histologically there is hypermelanosis

Acanthosis nigricans is brown to black discolouration which usually affects body folds like axilla, groin, umbilicus, forehead.

Acanthosis nigricans occurs in individuals younger than 40 years of age.

It is associated with obesity (most common); endocrinopathy like insulin resistance DM, hypothyroidism, Bloom synd., PCOD, and internal malignancy e.g. gastric adenocarcinoma.

Histopathologically, Papillomatosis is the characteristic feature whereas there is no hypermelanosis.

153. Which of the following is characterized by a solitary painless ulcer on genitalia?

a) Herpes

b) Soft chancre [chancroid]

c) Hard chancre

d) Traumatic ulcer

Correct Answer - C

Ans. C. Hard Chancre

Characteristics of various different types of genital ulcers -

- Primary syphilis (hard chancre) :- punched out, painless, non-bleeding (avascular) ulcer with firm induration.
- Donovanosis :- one or more, painless, bleeding (vascular) ulcers with induration.
- Chancroid (soft chancre) :- multiple, painful, bleeding (vascular) ulcers with no or soft induration.
- LGV :- single, painless, non-bleeding ulcer.
- Herpes genitalis :- multiple painful/asymptomatic ulcers.

154. Epidermal nevus follows ?

a) Blaschko's lines

b) Langer's lines

c) Vasculature

d) Lymphatics

Correct Answer - A

Ans. A. Blaschko's lines

- Blaschko's lines correspond to the pathways followed by keratinocytes migrating from the neural crest during embryogenesis.
- Lines of Blaschko represent non-random lines of development of skin.
- Epidermal nevus follow the Blaschko's line

The skin lesions that follow the Blaschko's lines are -

1. Pigmented disorders:- Nevus achromicus (including Hypomelanosis of ito), Epidermal nevus (Nevus sebaceous, Inflammatory linear verrucous nevus).
2. X-linked genetic skin conditions:- Incontinentia pigmenti, CHILD syndrome.
3. Acquired inflammatory skin rashes:- Lichen striatus, Lichen planus, lupus erythematosus.
4. Chimerism

155. Which of the following organism has a role to play in Seborrhic dermatitis ?

a) Pityrosporum ovale

b) Canida albicans

c) Propionibacterium

d) None of the above

Correct Answer - A

Ans. A. Pityrosporum ovale

Malasezia furfur or its yeast form Pityrosporum ovale plays an etiological role in Seborrhic dermatitis."

156. Pruritus is a feature of which of the following ?

a) Pemphigus foliaceus

b) Pemphigus vulgaris

c) Bullous Pemphigoid

d) All of the above

Correct Answer - C

Ans. C. Bullous Pemphigoid

Diseases causing mild or no itching: Psoriasis, Pityriasis rosea, SLE, parapsoriasis, Secondary syphilis, Pemphigus.

Diseases causing moderate itching: Contact dermatitis, Dry skin, Bullous pemphigoid, Photosensitivity (sunburn).

Diseases causing severe itching: Lichen planus, Lichen simplex chronicus, Herpes gestationis, Mastocytosis, Dermatitis herpetiformis, scabies, Prurigo nodularis.

157. Goekarman regimen used in for treatment of psoriasis is?

- a) UVB plus coal tar
- b) UVB plus anthralin
- c) Coal tar plus anthralin
- d) UVB plus methotrexate

Correct Answer - A

Ans. A. UVB plus coal tar

Goekerman regimen was invented for the treatment of mild to moderate psoriasis.

In this therapy application of crude coal tar application for 2-10 hours is followed by exposure to UVB light.

Treatment is now obsolete.

Similarly UVB plus anthralin combination is known as Ingram regimen.

158. True regarding Bowen's disease is ?

- a) In situ BCC
- b) More common in dark skinned people
- c) HSV infection plays a role
- d) Chronic sun damage plays a role

Correct Answer - D

Ans. D. Chronic sun damage plays a role

Bowen's Disease

- Bowen's disease is SCC in situ.
- More common in fair skinned people.
- More common on sun exposed areas such as head & neck followed by limbs.
- When arises on glans penis, it is called "erythroplasia of Queyrtat."

159. Among various types of psoriatic arthrititis, which variety is most common ?

a) Classic

b) Oligoarticular

c) Rheumatoid

d) Spondylitis

Correct Answer - B

Ans. B. Oligoarticular

Psoriatic arthritis (Affects 5-10% of psoriatic patients)

- Classic or polyarticular type (16%):- affects DIP joints with "sausage shape appearance" of fingers and toes. Nail involvement is common.
- Monoarticular or oligoarticular type (70%) most common type, affects large joints like knee.
- Rheumatoid type (15%) :- RA like presentation. Symmetrical. Affects PIP joints leading to "swan neck deformity."
- Axial type or spondylitis :- associated with HLA - B27.

160.

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All of the followings are part of the treatment of scabies except?

a) Topical Permethrin

b) Oral ivermectin

c) Oral antihistamines

d) Long term oral steroids

Correct Answer - D

Ans. D. Long term oral steroids

Drugs used in scabies

1. Topical: Permethrin (drug of choice), GBH/BHC, benzyl - benzoate, crotamine, malathion.
2. Oral: Ivermectin.
3. For pruritis :Antihistaminics

161. Drug of choice for bubos in a pregnant female is ?

a) Tetracycline

b) Doxycycline

c) Ceftriaxone

d) Erythromycin

Correct Answer - D

Ans. D. Erythromycin

Buboes are most commonly caused by LGV.

Doxycycline/tetracycline is the drug of choice for LGV in a non-pregnant female.

In a pregnant female and children below 8 years, it should be treated with erythromycin.

162. Which 'P' is not a feature of lichen planus ?

a) Polygonal

b) Polyhedral

c) Pruritus

d) Plane

Correct Answer - B

Ans. B. Polyhedral

5 characteristic 'P' of lichen planus

1. Pruritic (itching)
2. Polygonal
3. Purple (violaceous)
4. Plane (flat topped)
5. Papule or plaque

These 5 Ps are the characteristic features of lichen planus lesions presentation.

163. In lichen planus all the following sites are affected except ?

- a) Flexor aspect of upper extremities
- b) Oral mucosa
- c) Nails
- d) Extensor aspect of upper extremities

Correct Answer - D

Ans. D. Extensor aspect of upper extremities

Sites of involvement in lichen planus

- Flexors aspect of upper extremities and legs are the most common site involved.
- Oral mucosa involvement may lead to lacy pattern of lesions
- Nail involvement may cause pterygium (most characteristic), onychorrhexia, nail atrophy, anychia.
- Hair involvement cause scarring alopecia
- Inverse lichen planus affects axillae, groin, infraaxillary areas.

164. Bull's eye lesions are found in ?

- a) Erythema nodosum
- b) Erythema gangrenosum
- c) Erythema multiforme
- d) Erythroderma

Correct Answer - C

Ans. C. Erythema Multiforme

Clinical features of erythema multiforme

Typical lesion of EM is a Target lesion (Iris lesion or Bull's eye lesion) which consists of three concentric components : -

- 1. Central dusky erythema, surrounded by vesicle bulla
- 2. Pale edematous ring
- 3. Erythematous halo

165. Not a hemorrhagic lesion ?

- a) Petechiae
- b) Echymosis
- c) Plaque
- d) None of the above

Correct Answer - C

Ans. C. Plaque

Petechiae are small pin point purpuric macular lesions that occur due to extravasation of red blood cells from cutaneous vessels into the skin.

Echymosis are larger bruise like hemorrhagic lesions. Cause is generally non inflammatory.

Plaque is a solid plateau like elevation that occupies a large surface area in comparison to its height above the normal skin and has a diameter more than 0.5 cms. There is no hemorrhage involved as such

166. Maculae cerulea is seen in ?

a) Pediculosis hominis corporis

b) Pediculosis capitis

c) Scabies

d) Lupus erythematosus

Correct Answer - A

Ans. A. Pediculosis hominis corporis

Maculae cerulea:

- This is a latin name for blue-grey macula.
- Pathognomic of lice infestation (Pediculosis corporis and Pediculosisphthis)
- They are hemosiderin-stained purpuric spots at the site of insect bite.
- Enzymes in insect salive breaks down human bilirubin to biliverdin, causing the color change in the skin.

167. Most common site for atopic dermatitis -

a) Scalp

b) Trunk

c) Popliteal fossa

d) Knees

Correct Answer - C

Ans. C. Popliteal fossa

Sites of itching patch in atopic dermatitis

Infant; Face (especially cheek), extensors of forearm & legs.

Childhood & adult > Flexures (antecubital fossa, Popliteal fossa).

168. Incontinentia pigmenti involves all except ?

a) Skin

b) Bones

c) Teeth

d) Heart

Correct Answer - D

Ans. D. Heart

Incontinentia pigmenti (also k/a Bloch-Sulzberger syndrome) is a X-linked dominant genetic disorder. It involves

- Skin (100% of affected people)
- Teeth (80-90 % of affected people)
- Bones (30-40% of affected people)
- CNS i.e. brain & spinal cord (30-40% of affected people)
- Eyes (25-35% of affected people)

169. Not true about Skin tag ?

- a) Associated with seborrhoeic keratosis
- b) Pedunculated
- c) Most common site is neck and axilla
- d) Premalignant

Correct Answer - D

Ans. D. Premalignant

Skin tags (soft warts; achrochordon)

- A common benign lesion composed of loose fibrous tissue and occurring mainly on the neck and major flexures as a small soft Pedunculated Protrusion.
- Very common, particularly in women at the menopause or later.
- They are frequently found together with seborrhoeic keratoses.
- Treatment: Cautery and cryotherapy

170. Spider telangiectasia false is ?

- a) More common in males
- b) Can be caused by trauma
- c) Light therapy for treatment
- d) May be associated with liver disease

Correct Answer - A

Ans. A. More common in males

Spider telangiectasia (arterial spider, spider nevus, nevus araneus)

- Seen in 2/3rd of pregnant females and usually disappears after delivery.
- Estrogen is said to be involved in pathogenesis.
- When multiple, liver disease should be ruled out.
- Central radiating body with radiating vessels gives a look of spider.
- Lesion usually over upper half of the body.
- Treatment by diathermy and excision.

171. Which of the following is untrue regarding piebaldism?

- a) autosomal dominant condition
- b) amelanotic skin associated with a white forelock
- c) Islands of normal or hypermelanotic skin
- d) Usually improves with age

Correct Answer - D

Ans. D. Usually improves with age
Piebaldism

- Piebaldism is a rare autosomal dominant condition characterized by stable areas of vitiligo-like amelanotic skin associated with a white forelock.
- Present at birth and usually remain unchanged throughout life.
- Most common is a frontal median or paramedian patch, associated with a mesh of white hair (white Forelock).
- Often, white patches occur on the upper chest, abdomen and limbs, bilaterally but not necessarily symmetrically
- The hands and feet, as well as the back, remain normally pigmented Islands of normal or hypermelanotic skin occur in the white areas, or less often on normal skin.

172. Which of the following is not a NEVUS of melanocyte?

a) Mongolian spot

b) Nevus of Ito

c) Nevus of ota

d) Becker nevus

Correct Answer - D

Ans. D. Becker nevus

Becker nevus is appendageal nevi where as other three are melanocytic nevi.

Melanocytic nevi are :-

- Dysplastic nevus
- Blue nevus
- Nevus of Ito & nevus of ota
- Spitz nevus
- Giant pigmented nevus
- Mongolian spot
- Intramucosal nevus

173. Ichy purple papule followed by hyperpigmentation on resolution, is seen in?

a) Addison's disease

b) DM

c) Hypothyroidism

d) Lichen planus

Correct Answer - D

Ans. D. Lichen planus

LP is characterized by shiny, violaceous, flat-topped polygonal papules which retain the skin lines.

White lines, known as Wickham's striae, may traverse the surface of the papules.

Linear lesions often appear along scratch marks or in scars (Koebner phenomenon).

In most cases, the papules eventually flatten after a 6 months to 2 yrs, often to be replaced by an area of hyperpigmentation.

174. Loss of Intercellular cohesion between keratinocytes is called as ?

- a) Acanthosis
- b) Acantholysis
- c) Keratinolysis
- d) Spongiosis

Correct Answer - B

Ans. B. Acantholysis

- Separation of epidermal keratinocytes due to loss of intercellular bridge is referred to as acantholysis.
- Acantholysis is seen in the epidermis (especially in basal layer).

175. Tzank cell is ?

a) Keratinocyte

b) Fibroblast

c) Neutrophil

d) Lymphocyte

Correct Answer - A

Ans.A. Keratinocyte

Tzank cells are acantholytic cells i.e. large rounded keratinocytes with a relatively large nucleus with condensed or hazy cytoplasm.

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176. True about lepromatous leprosy ?

- a) Only 3 cutaneous lesions
- b) Lepromin test highly positive
- c) Thickened nerve roots
- d) ENL in > 50% cases

Correct Answer - C

Ans. C. Thickened nerve roots

Nerve involvement in lepromatous leprosy causes thickening of nerve.

Lepromin test is negative.

There are more than 10 macules / patches/plaques.

177. Dermatophytosis is not ?

a) Scaly

b) Itchy

c) Superficial

d) Subdermal

Correct Answer - D
Ans. D. Subdermal

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178. Oculoorogenital ulcers are a feature of ?

a) Behcet disease

b) lichen planus

c) SLE

d) Psoriasis

Correct Answer - A

Ans. A. Behcet disease

Behcet's disease is a multisystem disease that is defined by the presence of oral aphthosis with at least two of the following: genital aphthae synovitis, posterior uveitis, cutaneous pustular vasculitis or meningoencephalitis, in the absence of IBD or autoimmune Diseases.

179. Maximum cumulative dose of isotretinoin shouldn't exceed for acne treatment ?

a) 30-60 mg/kg

b) 60-90 mg/kg

c) 90-120 mg/kg

d) 120-150 mg/kg

Correct Answer - D

Ans., D. 120-150 mg/kg

Isotretinoin is recommended for severe nodulocystic acne and also for the patients with milder disease who don't respond to conventional treatment.

Treatment regimens usually begin at 0.5-1.0mg/kg/day for the duration of between 16 and 20 weeks.

Cumulative dose amount to a total of at least 120 mg/kg, but there is no added benefit when 150 mg/kg is exceeded.

180. Exanthema subitum is caused by ?

a) HHV

b) HPV

c) HIV

d) HCV

Correct Answer - A

Ans. A. HHV

HHV-6 virus causes roseola infantum (exanthem subitum), the most common exanthematic fever in children under the age of 2 years, with a peak incidence between 6 and 9 months.

181. Cutis marmorata occurs due to exposure to –

a) Cold temperature

b) Dust

c) Hot temperature

d) Humidity

Correct Answer - A

Ans. A.Cold temperature

Cutis marmorata is a condition where in the skin has a pinkish blue mottled or marbled appearance when subjected to cold temperatures.

It is seen throughout infancy and in 50 % of children.

Rewarming restores the skin to normal.

It is caused by superficial small blood vessels in the skin dilating and contracting at the same time .

182. What constitutes malpighian layer?

- a) Corneum lucidum
- b) Corneum spinosum
- c) Spinosum and basale
- d) Basale granulosum

Correct Answer - C

Ans.C.Spinosum and basale

The Malpighian layer of the skin is generally defined as both the stratum basale and stratum spinosum as a unit, although it is occasionally defined as the stratum basale specifically, or the stratum spinosum specifically. It is named after Marcello Malpighi.

183. A Child is born, covered with a thick membranous coat, what could be the possible diagnosis?

a) Lamellar ichthyosis

b) X-linked ichthyosis

c) Ichthyosis Vulgaris

d) Ichthyosis acquista

Correct Answer - A

Answer- a. Lamellar ichthyosis

Explanation- Ichthyosis is one of the most common genodermatoses. It is characterized by dry (xerotic) scaly skin all over the body. Scales are dull-brown-black.

The basic defect is an impairment in the barrier function of skin and inability to maintain moisture. Collodion baby is the term used to denote the newborn baby with ichthyosis; the newborn baby is encased in a thick, shiny membrane coat called collodion and is seen in Lamellar ichthyosis

Ref- Arvind Arora skin, 6th edition, page no 203