

## 1. Hanging curtain sign seen in?

a) Pityriasis rosea

b) Pityriasis Versicolor

c) Pityriasis rubra pilaris

d) Pityriasis lichenoides chronica

Correct Answer - A

Pityriasis rosea

**REF:** Dermatology. 1995; 190(3): 252. PubMed PMID: 7599393,  
Clinical Pediatric Dermatology - By Thappa page 104

**PITYRIASIS ROSEA**

The primary eruption, herald patch (Mother spot) is a single oval or round patch with a central wrinkled salmon colored area and a darker peripheral zone separated by a "collarette of scales" (when stretched across the long axis, the scales tends to fold across the line of stretch, the so called Hanging curtain sign).

2. A 5 year old male child has multiple hyperpigmented macules over the trunk. On rubbing the lesion with the rounded end of a pen, he developed urticarial wheal, confined to the border of the lesion. The most likely diagnosis is:

a) Lichen planus

b) Fixed drug eruption

c) Urticaria pigmentosa

d) Urticarial vasculitis

### Correct Answer - C

Patient is showing features of urticaria pigmentosa.

It is a condition caused by an increase in the number of dermal mast cells.

Children presents with brownish dermal papules and plaques distributed over the body.

On rubbing, these plaques become urticated (Darier's sign).

Symptoms are due to the release of histamines.

**Ref:** Color Handbook of Dermatology By R. Rycroft, Pages 33, 34; Field guide to clinical dermatology By David H. Frankel, 2nd Edition, Page 59

3. A Practical Guide to Pediatric Emergency Medicine: Caring for Children By N. Ewen Amieva-Wang, Page 135

**3.** Which is the most common site of *Necrobiosis lipoidica diabetorum*?

a) Face

b) Neck

c) Front of leg

d) Back of leg

**Correct Answer - C**

***Necrobiosis lipoidica diabetorum* appear most commonly over the tibial shin.**

It is seen more frequently in type 1 than in type 2 diabetes and may occur before the onset of clinical diabetes.

It is more common in women than in men.

It is characterized by yellow - red to brown, translucent shiny patches and plaques that slowly enlarge over months to years resulting in epidermal atrophy and telangiectasia.

4. A 43 year old female presented with pigmentation on neck, axilla and other flexures. She is diabetic for few years and not under control. She is worried about the chance of skin cancer. All of the following are premalignant conditions, EXCEPT:

a) Solar keratosis

b) Acanthosis nigricans

c) Bowen's disease

d) Porokeratosis

#### Correct Answer - B

- **Acanthosis nigricans** is probably the most readily recognized skin manifestation of diabetes and most cases are linked to obesity and insulin resistance.
- True association is rare between acanthosis nigricans and malignancy.
- It presents as brown to gray-black papillomatous cutaneous thickening in the flexural areas, including the posterolateral neck, axillae, groin, and abdominal folds.

**Ref:** Kalus A.A., Chien A.J., Olerud J.E. (2012). Chapter 151. Diabetes Mellitus and Other Endocrine Diseases. In L.A. Goldsmith, S.I. Katz, B.A. Gilchrest, A.S. Paller, D.J. Leffell, N.A. Dallas (Eds), Fitzpatrick's Dermatology in General Medicine, 8e.

**5.** A 36 year old male with history of psoriasis was started on systemic steroids. After stopping treatment, the patient developed pustules in a generalized distribution. Gram stain from pustule showed only pus cells. The cause is most likely to be:

a) Acute generalized exanthematous pustulosis

b) Generalized pustular psoriasis

c) Bacterial infections

d) Septicemia

### Correct Answer - B

Generalized Pustular psoriasis is a rare and serious form of Psoriasis characterized by the sudden eruption of a large number of sterile pustules associated with fever.

It is usually precipitated by infections, sudden withdrawal of steroids and pregnancy.

The drug of choice is Methotrexate except in pregnancy where it is systemic steroids.

Generalized pustular psoriasis in pregnancy is called *Impetigo herpetiformis*.

**Ref:** Textbook of Dermatology By Rook, Volume 1, Page 19.34

6. Scenario: A 35 year old lady is diagnosed with Pemphigus Vulgaris by her dermatologist.

**Assertion:** Pemphigus vulgaris presents with flaccid blisters and oral erosions in a middle aged person.

**Reason:** It is an intraepidermal blistering disorder due to antibodies against desmogleins.

a) Both Assertion and Reason are true, and Reason is the correct explanation for Assertion

b) Both Assertion and Reason are true, and Reason is not the correct explanation for Assertion

c) Assertion is true, but Reason is false

d) Assertion is false, but Reason is true

**Correct Answer - A**

Pemphigus vulgaris is an intraepidermal blistering disease due to antibodies against desmogleins (epidermal attachment complexes).

It presents with flaccid blisters and oral erosions in a middle aged person.

The subepidermal blistering disorders present with tense blisters.

**Ref:** Rook's Textbook of Dermatology, 8th Edition, Page 40.3

7. Patient with gluten-sensitive enteropathy has a lifelong history of periodic crops of intensely pruritic, grouped, papular or vesicular lesions on the elbows, knees, sacrum, and shoulders. Because the vesicles are intensely pruritic, the patient routinely scratches the top off them, which relieves the pruritus. Which of the following is the most likely diagnosis?

a) Bullous pemphigoid

b) Dermatitis herpetiformis

c) Herpes simplex I

d) Pemphigus vulgaris

### Correct Answer - B

The condition described is **dermatitis herpetiformis**, which is strongly associated with gluten-sensitive enteropathy (celiac sprue), and often has a life-long, intermittent course. Clinically, patients have (excoriated) groups of papules and vesicles on an erythematous base.

The lesions tend to involve the extensor surfaces of the extremities and the buttocks. Microscopically, the lesions show subepidermal papillary dermal neutrophilic abscesses, with granular deposits of IgA and C3 in dermal papillary tips. Patients may respond dramatically to dapsone therapy.

**Bullous pemphigoid** produces large, tense blisters.

**Herpes simplex I** is characterized by crops of vesicles, but is not particularly associated with gluten-sensitive enteropathy.

**Pemphigus vulgaris** usually shows prominent oral involvement.

**Ref:** DeWitt C.A., Buescher L.S., Stone S.P. (2012). Chapter 153. Cutaneous Manifestations of Internal Malignant Disease: Cutaneous Paraneoplastic Syndromes. In L.A. Goldsmith, S.I. Katz, B.A. Gilchrest, A.S. Paller, D.J. Leffell, N.A. Dallas (Eds), *Fitzpatrick's Dermatology in General Medicine*, 8e.

## 8. Rhinophyma is (a complication of -

a) Glandular form of acne rosacea

b) Form of acne vulgaris

c) Affects the scalp

d) A form of dermatofibroma

Correct Answer - A  
A i.e. Glandular form of acne rosacea

## 9. Scarring alopecia is seen in:

a) T. capitis

b) Androgenic alopecia

c) Alopecia areata

d) Lichen planus

Correct Answer - D  
D i.e. Lichen planus

## 10. Minor clinical feature in diagnosis of atopic dermatitis A/E

a) Dry skin

b) Pruritus

c) Morgagnian fold

d) Pityriasis alba

Correct Answer - B  
B i.e. Pruritus

## 11. Causes of erythroderma-

a) Pityriasis alba

b) Pityriasis versicolor

c) Psoriasis

d) a and b

Correct Answer - C  
C i.e. Psoriasis

## 12. Treatment of psoriasis-

a) PUVA

b) Methotrexate

c) Systemic steroids

d) a and b

Correct Answer - D  
A i.e. PUVA; B i.e. Mtx

### 13. Pseudo koebner's phenomenon is/are seen in:

a) Warts

b) Molluscum contagiosum

c) Lichen planus

d) a and b

Correct Answer - D

A i.e. Warts; B i.e. Molluscum contagiosum

- Koebner's (isomorphic) phenomenon is seen in *psoriasis* (characteristic), *lichen planus*, *vitiligo*, DLE & Kaposi sarcoma.
- Pseudo Koebner's (pseudo-isomorphic) phenomenon is due to auto-inoculation and is seen in *infections like plane warts, molluscum contagiosum* and eczematous lesions.

**14. Which is not a complication of PUVA therapy:**

a) Premature aging of skin

b) Cataracts

c) Skin cancers

d) Exfoliative

Correct Answer - D  
D. i.e. Exfoliation

**15. Civatte bodies are found in :**

a) Lichen Planus

b) Psoriasis

c) Dermatophytosis

d) Vitiligo

Correct Answer - A  
A. i.e. Lichen planus

**16. DOC for dermatitis herpetiformis is:**

a) Steroids

b) Dapsone

c) PUVA

d) Antihistaminic

Correct Answer - B  
B i.e. Dapsone

## 17. Target or Iris lesion seen in

a) Urticaria

b) Erythema mutiformae

c) Scabies

d) Lichen Planus

Correct Answer - B  
B. i.e. Erythema multiformae

## 18. True about drug induced SLE is:

- a) CNS manifestation are common
- b) Renal involvement is common
- c) Antihistone antibodies are found in many
- d) All with antibodies progress to lupus

Correct Answer - C

C i.e. Antihistone antibodies are found

Drug induced lupus is *caused by procainamide, hydralazine, isoniazid (but not chloroquine) Q*. It is a syndrome of *positive ANA associated commonly with antihistone antibodies, fever, malaise, arthritis or intense arthralgia\myalgias, serositis, and/or rashQ*. It occurs *predominantly in whites, has less female predilection than SLE, rarely involves brain or kidneys, is rarely a/w anti ds DNA and usually resolves over several weeks after discontinuation of offending drugQ*.

**19. False about sweet syndrome body sensation in eye. The most probable diagnosis is**

a) May be a/w high fever

b) Neutrophilia not present

c) May be a/w hematological malignancy

d) Pseudovesication

Correct Answer - B  
B i.e. Neutrophilia not present

## 20. Virchow's cells are seen in:

a) Henoch scholein purpura

b) Toxic Epidermal necrolysis

c) Congenital Syphilis

d) Leprosy

Correct Answer - D  
D. i.e. Leprosy

**21. A 36 years old factory worker developed itchy annular scaly plaques in both groins. Application of a corticosteroid ointment led to temporary relief but the plaques continued to extend at the periphery. The most likely diagnosis is:**

a) Erythema annulare centrifugam

b) Granuloma annulare

c) Annular lichen planus

d) Tinea cruris

Correct Answer - D  
D ie Tinea cruris

## 22. Wavelength of light produced by wood's Lamp is ?

a) 320nm

b) 360 nm

c) 400 nm

d) 760-800 nm

Correct Answer - B  
B i.e. 360 nm

### 23. The wood's lamp filter is made of -

a) Tin and chromium oxied

b) Nickel oxide and silica

c) Copper oxide and Barium oxide

d) Zinc oxide

Correct Answer - B  
B i.e. Nickel oxide and silica

## 24. Coral red-fluorescence wood's Lamp seen in?

a) Porphyria cutanea tarda

b) Erythrasma

c) Livedo-reticuliris

d) Hypomelanosis

Correct Answer - B

B i.e. Erythrasma

Disease	Colour
<i>Tinea capitis</i>	Light / yellow-green
Tinea/Pityriasis versicolor	Apple-green / golden? yellow
Pseudomonas infection	Greenish white / pale blue
Psoriasis	Pale blue
Tuberous sclerosis	Blue white (Ash leaf spots)
Vitiligo	Total white
<i>Erythrasma</i> ( <i>Corynebacterium pink</i> (2 <i>minutissimum</i> )	Coral red/
<i>Porphyria cutanea</i>	Red/Pink urine

*tardaQ*

## 25. Drugs/treatment used in scabies are

a) Crotamiton

b) Permethrin

c) Lindane

d) All

Correct Answer - D  
D i.e. All

**26. Painful lymphadenopathy is seen in:**

a) Donovanosis

b) Syphilis

c) Chancroid

d) All

Correct Answer - C  
C i.e. Chancroid

**27. Casal's paint necklace is caused by:**

a) Lichen planus

b) Pellagra

c) Pernicious anemia

d) SLE

Correct Answer - B  
B i.e. Pellagra

## 28. Shagreen patch is usually found in ?

a) Face

b) Cervical region

c) Limbs

d) Lumbosacral region

Correct Answer - D  
D *i.e.* Lumbosacral

**29. 24 years old male complains of mild urethral mucoid discharge after sexual contact with a sex-worker. Examination is normal. Drug used to treat such a patient:**

***September 2012***

a) Azithromycin 1 mg single dose

b) Azithromycin 1 mg for 3 weeks

c) Azithromycin 500 mg single dose

d) Azithromycin 1 gram single dose

Correct Answer - D

Ans. D i.e. Azithromycin 1 gram single dose

*The clinical presentation corresponds to a diagnosis of NGLI/ non gonococcal urethritis*

**30. Lepromin test is strongly positive in:**  
***March 2013***

a) Tuberculoid (TT)

b) Lepromatous (LL)

c) Borderline lepromatous (BL)

d) Borderline borderline (BB)

Correct Answer - A  
Ans. A i.e. Tuberculoid (TT)

**31. Butterfly rash is associated with:**  
***September 2006, September 2012***

a) DLE

b) SLE

c) Rheumatoid arthritis

d) Reiter's syndrome

Correct Answer - B

Ans. B: SLE

Cutaneous LE may be part of an uncommon disease called systemic lupus erythematosus (SLE). Only a few people with cutaneous LE also have SLE.

The most common presentation is with a malar eruption or 'butterfly rash' (red patches across the cheeks).

Other skin changes in SLE are photosensitivity (a rash on all sun exposed skin), mouth ulcers, urticaria (hives) and diffuse hair thinning.

Rarely, it may cause blisters (bullous LE).

SLE may also affect joints, kidneys, lungs, heart, liver, brain, blood vessels (vasculitis) and blood cells. It may be accompanied by antiphospholipid syndrome.

**32. Erythroderma is related with all of the following except:**  
***September 2008***

a) Lepromatous leprosy

b) Psoriasis

c) Air-borne dermatitis

d) Sulfonamides

Correct Answer - A

Ans. A: Lepromatous Leprosy

Erythroderma can arise from a variety of causes, most often as an extension of a pre-existing skin Erythroderma/exfoliative dermatitis may also be due to an adverse drug reaction.

However, in as many as 30% of all cases of erythroderma, no underlying cause can be found. erythroderma.

**The most common pre-existing dermatoses to result in erythroderma include:**

Dermatitis especially atopic dermatitis, contact dermatitis (allergic or irritant) and eczema) and in babies, seborrhoeic dermatitis

**Psoriasis**

Pityriasis rubra pilaris

Blistering diseases including pemphigus and bullous pemphigoid

Cutaneous T-cell lymphoma (Sezary syndrome)

Erythroderma may also be a symptom or sign of a systemic disease.

**These may include:**

- Internal malignancies e.g. carcinoma of rectum, lung, fallopian tubes, colon
- Haematological malignancies e.g. lymphoma, leukaemia

- Graft vs Host disease
- HIV infection
- Drugs such as:
  - Sulfonamides Penicillin
  - Barbiturates
  - Carbamazepine Isoniazid
  - Gold
  - Phenylbutazone

**33. Which of the following is true about erythema multiforme:  
*September 2011***

a) Triggered mainly by HIV infection

b) Target lesions are seen

c) Full blown prodromal symptoms

d) Involvement of mucosa more common

Correct Answer - B

Ans. B: Target lesions are seen

Typical lesion of erythema multiforme is a target lesion, which consists of 3 concentric components 1) central dusky erythema, sometimes surmounted with a vesicle/ bulla, 2) pale edematous ring and 3) erythematous halo

**"Erythema" in dermatology:**

- Erythema induratum: Bazins disease
- Erythema nodosum: Multisystemic disorders e.g. sarcoidosis
- Erythema chronicum migrans: Lymes disease

### 34. Following are the uses of Polydimethylsiloxane except?

a) Antifoaming agent

b) Hydraulic fluids

c) Skin moisturizing agent

d) Hair coloring agent

Correct Answer - D

**Ans. is 'd' i.e., Hair coloring agent**

**Uses:**

- Surfactants and antifoaming agents
- Hydraulic fluids and related applications
- Soft lithography
- Medicine and cosmetics:
  - Activated dimethicone, a mixture of polydimethylsiloxanes and silicon dioxide (sometimes called simethicone), is often used in over-the-counter drugs as an antifoaming agent and carminative.
- Skin:
  - PDMS can be used in the treatment of head lice on the scalp and dimethicone is used widely in skin moisturizing lotions where it is listed as an active ingredient whose purpose is "skin protection".
- Hair:
  - PDMS compounds such as amodimethicone, are effective conditioners
- Foods:
  - PDMS is added to many cooking oils (as an antifoaming agent) to prevent oil splatter during the cooking process.
- Domestic and niche uses

### 35. Which of the following is associated with sun exposure

a) Actinic keratosis

b) Seborrhoeic keratosis

c) Sebaceous cell carcinoma

d) Syringoma

Correct Answer - A

Ans. a. Actinic keratosis

Actinic keratosis or solar keratosis is a reflection of abnormal skin cell development due to exposure to ultraviolet radiation

#### **Actinic/Solar Keratosis**

- Premalignant lesions occurring on the sun exposed part of the body in persons of fair complexion.
- It is raised, pink or grey, scaling or warty hyperkeratotic plaque or papule
- 0.2% transform to squamous cell carcinoma

#### **Treatment:**

- Liquid nitrogen application is therapy of choice.
- 5-FU for multiple superficial actinic keratosis.
- Imiquimod can also be used

**36. A 65-year old male presented with tense blisters associated with itching on normal looking skin with urticarial plaques as seen in the figure. What is the most likely diagnosis?**

a) Bullous pemphigoid

b) Pemphigus vulgaris

c) Dermatitis herpetiformis

d) IgA pemphigus

Correct Answer - A

Ans. a. Bullous pemphigoid

The most likely diagnosis in this 65-year old male with tense blisters on normal looking skin associated with itching and urticarial plaques as seen in the figure are bullous pemphigoid.

### 37. Wickmann's striae seen in ?

a) Lichen planus

b) Psoriasis

c) Dermatomyositis

d) Warts

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

**38. Which of the following drugs can cause exacerbation of psoriasis?**

a) Metformin

b) Interferon alpha

c) Lithium

d) All the above

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

### 39. Treatment options for acne vulgaris is/are ?

a) Topical erythromycin

b) Oral Minocycline

c) Isotretinoin

d) All the above

Correct Answer - D

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

#### **Drugs used for treatment of Acne**

- Topical
  - 1. Comedolytics : - Act by removing follicular plug, thereby reopen pilosebaceous ostia. Comedolytics are ; Retinoic acid, Adapalene, Azelaic acid, Tazarotene.
  - 2. Antibiotics : - Decrease bacterial population and have anti-inflammatory effect. Topical antibiotics for acne are ; Erythromycin, clindamycin, Benzoyl peroxide.
- Systemic
  - 1. Antibiotics : - Decrease bacterial population and have anti-inflammatory effect. Systemic antibiotics for Acne vulgaris are; Tetracycline, minocycline, doxycycline, Erythromycin, Roxithromycin, Cotrimoxazole, Dapsone.
  - 2. Retinoids [Isotretinoin (11-cis retinoic acid)] :- Removes follicular obstruction, and also suppresses sebum secretion (Sebostatic).
  - 3. Antiandrogens : - Decrease sebum secretion by decreasing androgens. Examples; Cyproterone, Ethinylestranol, Spironolactone. Cyproterone acetate (along with ethinylestranol) is particularly useful in teenage girls with mensural irregularities.

## 40. Pseudo bubo is seen in ?

a) Donovanosis

b) LGV

c) Chancroid

d) Leprosy

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

**41. Pseudo Koebner's phenomenon is seen in**

-

a) DLE

b) Lichen planus

c) Kaposi sarcoma

d) Plane warts

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

**42. Most important cytokine for type II lepra reaction is ?**

a) IL 1

b) IL 6

c) TNF alpha

d) INF gamma

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

### 43. Exanthema is caused by which drug ?

a) Phenytoin

b) Valproate

c) Digoxin

d) NTG

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

#### 44. Stage 1 cutaneous T cell lymphoma treatment is ?

a) PUVA

b) Biological response modifiers

c) Systemic chemotherapy

d) Extracorporeal photopheresis

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

**45. 30 years old male presents with painful flaccid bullae on right face and oral mucosa without evidence of inflammation or redness; what is the most probable diagnosis?**

a) Pemphigus vulgaris

b) Pemphigus foliaceus

c) Bullous pemphoid

d) Dermatitis herpetiformis

Correct Answer - A

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

## 46. 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  $\alpha$ -3 (LAM  $\alpha$ -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 dystrophicans → 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.

## 47. Acantholytic cells in blister cavity ?

a) Pemphigus

b) Bullous pemphigoid

c) Epidermolysisbullosa

d) Dermatitis herpetiformis

Correct Answer - A

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

### **Important Tzank smear finding of bullous lesions**

- VZV and HSV infection → Multinucleated giant cells
- Pemphigus → Acantholytic cells
- Pemphigoid → Predominantly eosinophils

## 48. Anti leprosy drug causing ichthyoses is ?

a) Dapsone

b) Clofazamine

c) Rifampicin

d) Clarithromycin

Correct Answer - B

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

### **Acquired ichthyosis (Ichthyosis acquisita)**

- Acquired ichthyosis is seen in : ?
  1. Deficiency :- Protein, Vitamin A, Kwashiorkor, Marasmus.
  2. Infection :- Leprosy, AIDS
  3. Senile ichthyosis :- Elderly
  4. Systemic diseases :- SLE, DM, hypothyroidism, Sarcoidosis, liver & kidney diseases.
  5. Malignancy, especially Hodgkin's lymphoma.
  6. Drugs :- Clofazimine, Statins, triparanol.

**49. Punched out lesion or inverted saucer appearance are characteristic of which stage of leprosy?**

a) Tuberculoid

b) Borderline tuberculoid

c) Borderline lepromatous

d) Lepromatous

Correct Answer - C

Ans. is 'c' i.e., Borderline lepromatous

## 50. Characteristic lesion in scabies

a) Burrows

b) Vesicle

c) Papule

d) Pustule

Correct Answer - A

Ans is 'a' i.e., Burrows

- 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.
- Also See explanation-3 of session-6 of Skin of All India 2014-15 pattern of this book.

## 51. Skin involvement in toxic epidermal necrolysis?

a) < 10 %

b) 10 - 20%

c) 20 - 30%

d) > 30%

Correct Answer - D

Ans. is 'd' i.e., > 30%

### **Erythema multiforme**

- It is an acute, often self-limited eruption characterized by a distinctive clinical eruption, the hallmark of which is target lesions (iris lesions). EM can present with wide spectrum of severity which can be classified into
  - 1. Erythema multiforme minor**
- It is simply referred to as *erythema multiforme* (i.e. if not specified about other 2 types, erythema multiforme means EM minor). Localized eruption of skin with or without mucosal involvement.
  - 2. Steven- Johnson syndrome (SJS)**
- There are mucosal erosions with pruritic macules. In this epidermal detachment is 10-30% of the body surface area.
  - 3. Toxic epidermal necrolysis (TEN)**
- When skin detachment is more than 30% of BSA. It is also called Lyell's syndrome.
- Therefore TEN & SJS are considered as single syndrome i.e. SJS-TEN syndrome (Erythema multiforme major). If area involved is more than 30% it is TEN & if area involved is 10-30%, it is SJS.

## 52. Dermatophytes involve?

a) Stratum corneum

b) Stratum lucidum

c) Stratum malpighi

d) Stratum basal

Correct Answer - A

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

- See explanation-4 of session-11 of Skin of All India 2014-15 pattern of this book.

### 53. FDA approved drug for the treatment of superficial basal cell carcinoma is ?

a) Imiquinod

b) Acyclovir

c) Clobesterol

d) Terbinafine

Correct Answer - A

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

#### **Imiquimod [5%]**

- Immunomodulator and enhances both innate and acquired immunity.
  - It is used in the treatment of actinic keratosis, bowen's disease, keloids, basal cell carcinoma and anogenital warts.
  - It is applied for 8 - 12 hrs, 3 days/ week for 16 weeks.
- #### **Superficial basal cell carcinoma**
- Superficial BCC is characterized microscopically by buds of malignant cells extending into the dermis from the basal layer of the epidermis. The peripheral layer shows palisading cells. There may be epidermal atrophy, and dermal invasion is usually minimal. There may be a chronic inflammatory infiltrate in the upper dermis. This histologic sub- type is encountered most often on the trunk and extremities, but may also appear on the head and neck.
  - Imiquimod (5% cream) has been used in the treatment of skin cancers. Approved in 2004 by the FDA for the topical treatment of biopsy- confirmed, small (less than 2 cm), primary superficial BCC.

**54. Adult patient presents with hypopigmented scaly macules on chest and back; wood's lamp examination of the lesions will show Yellow**

a) Yellow

b) Coral red

c) Bright red

d) Blue green

Correct Answer - D

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

**Information in this question :**

1. Adult patient
  2. Hypopigmented macule
  3. With scales
  4. Over chest and back
- Most probable diagnosis is: Pityriasis versicolor.
  - *See explanation- 3 of session- 8 of Skin of All India 2014-15 pattern of this book*

**55. Donovan bodies are seen in:**

a) Granuloma inguinale

b) LGV

c) Syphilis

d) Herpes genitalia

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

## 56. Koebner's phenomenon seen in ?

a) Psoriasis

b) Lichen nitidus

c) Vitiligo

d) All the above

Correct Answer - D

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

- *See explanation- 2 of session- 1 of Skin of All India 2014-15 pattern of this book.*

## 57. Bilateral symmetrical maculopapular rash on palms and soles is a feature of ?

a) Primary syphilis

b) Secondary syphilis

c) Tertiary syphilis

d) Congenital syphilis

Correct Answer - B

Ans. is 'b' i.e., Secondary syphilis

### **Primary syphilis**

- Lesion of primary syphilis is chancre (Hard chancre). It occurs at the site of entry of spirochete. Primary chancre is well defined punched out ulcer which has following characteristics ?
- Single lesion
- Painless
- Avascular (non-bleeding)
- Firm induration
- Usually superficial (but may be deep)
- Well circumscribed with elevated round or oval edges
- Cartilagenous consistency
- Lymphadenopathy which is painless, firm and nonsuppurative.
- Sites of involvement are *penis in heterosexual males; rectum, anal canal, mouth in homosexual males; and cervix and labia in females.*

**58. Sago grain like vesicular eruption is seen in?**

a) Pompholyx

b) Seborrhoeic dermatitis

c) Atopic dermatitis

d) Syphilis

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

**59. The mainstay of treatment of vitiligo is?**

a) PUVA

b) Imiqinod

c) Acyclovir

d) Coal tar

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

## 60. Diagnosis of contact dermatitis is done by ?

a) PATCH test

b) Woods lamp

c) Skin biopsy

d) Darrier's sign

Correct Answer - A

Ans. is 'a' i.e., PATCH test

### **Diagnosis of Contact dermatitis**

- Diagnosis of contact dermatitis is made by patch test. Patch test is the only effective means of confirming contact dermatitis. In patch test reading is taken after 48-72 hours to see the signs of delayed hypersensitivity, i.e., induration.

## 61. Lichenisation occurs in which layer of skin?

a) Stratum malpighi

b) Stratum corneum

c) Stratum lucidum

d) Stratum granulosum

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

**62. Multinucleate giant cells are seen in Tzank smear in ?**

a) Herpesgenitalis

b) Bullous pemphigoid

c) Toxic epidermal necolysis

d) Pemphigus

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

### 63. Drug not given in treatment of tinea versicoloris?

a) Miconazole

b) Selenium sulfide

c) Sodium thiosulfate

d) Griseofulvin

Correct Answer - D

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

#### **Treatment of P. versicolor**

- .. Systemic --> Ketoconazole, Fluconazole, Itraconazole.
- ?. Topical --> Azoles (clotrimazole, econazole, micronazole, ketoconazole), selenium sulfide, sodium thiosulphate, whitfield's ointment (3% salicylic acid + 6% benzoic acid).

## 64. SAPHO syndrome components are all except?

a) Acne

b) Hyperostosis

c) Osteitis

d) Acantholysis

Correct Answer - D

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

### **SAPHO Syndrome**

- SAPHO syndrome is manifested by synovitis, acne, pustulosis, hyperostosis, and osteitis.
- It is predominantly associated with hyperostosis of the anterior chest, palmoplantarpustulosis, hidradenitissuppurativa, and acne fulminans.
- Its etiology is unknown.
- Reported successful treatments for SAPHO syndrome are NSAIDS, sulfasalazine, and infliximab. The bisphosphonates are beneficial for treating the associated bone pain.

## 65. Hair infection with scutula formation is seen in case of?

a) Tenia capitis

b) Jock itch

c) Tenia glabrosa

d) Tenia barbae

Correct Answer - A

Ans. is 'a' i.e., Tenia capitis

### **Clinical features of tinea capitis**

- Based on clinical picture, tinea capitis is divided into :?
  1. Non-inflammatory tinea capitis :- It is caused by Anthropophilic organism (e.g., T. tonsurans), so less inflammation. It may be :?
    2. *Scaly type* --> Partially bald area with *peripheral scales*. Hair present in bald area are lusturless and easily pluckable.
    3. *Blackdot type* ---> Hair are broken at the level of skin surface giving *black dot appearance*. Trichophyton tonsurans is the chief cause of Black-dot Tenia capitis.
  - Inflammatory tinea capitis :- It is caused by *Zoophilic organism* (e.g., M. canis), which elicit intense inflammation. It presents as boggy swelling pustulation-known as kerion. Pus discharges from multiple sinuses. Hair from the swelling are easily and painlessly pluckable. Lymphadenopathy (occipital) may occur.
  - Favus :- It is caused by T. schoenleinii. It is characterized by presence of foul-swelling *yellowish cup-shaped crust (Scutula)* entangling many scalp hair.

**66. 60 year female with tense bulla in lower extremity and subepidermal bullous lesion on microscopy, diagnosis is?**

a) Bullous pemphigoid

b) Pemphigus vulgaris

c) Erythema multiforme

d) Dermatitis herpetiformis

Correct Answer - A

Ans. is 'a' i.e., Bullous pemphigoid

- See explanation- 1 of session- 10 of Skin of All India 2014-15 pattern of this book.

## 67. Thimble pitting of nails is seen in

a) Psoriasis

b) Pemphigus

c) Lichen planus

d) Alopecia areata

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

## 68. Nikolsky sign is seen in?

a) Salmonella infectio

b) Gram negative bacteremia

c) Meningococci infection

d) Staphylococci infection

Correct Answer - D

Ans. is 'd' i.e., Staphylococci infection

**69. Patient with leprosy, smear sample taken show 10 - 100 bacilli in one field. Bacterial index is ?**

a) 1+

b) 2+

c) 3+

d) 4+

Correct Answer - D

Ans. is 'd' i.e., 4+

**Bacteriological Index For Leprosy**

- It is a rough index expressing probable number of acid fast bacilli for standardized microscopic field in skin smear.
- It is indicative of the load of bacteria at the site from which smear is taken.
- It does not differentiate between live and dead bacilli.
- It is not an indication of total bacillary load in the body.
- Ripleys scale is followed to calculate the bacterial index.
- = no bacilli in 100 fields  
1+ = 1 - 10 bacilli in 100 fields 2+ = 1 - 10 bacilli in 10 fields 3+ = 1 - 10 bacilli in 1 fields 4+ = 10 - 100 bacilli in 1 field 5+ = 100 - 1000 bacilli in 1 field 6+ = >1000 bacilli in 1 field.
- Our patient has 10 - 100 bacilli in 1 field thus the bacteriological index is - 4+

**70. Patient with pruritic lesion over Left shoulder showing cigarette paper atrophy and poikiloderma with generalized lymphadenopathy. Histopathology examination of lesion shows CD4 positive sezary leutzner cells. What is the dermoepidermal manifestation of this disease?**

a) Pautrier's micro abscess

b) Pin point ulcers

c) Discharging sinus

d) Miliaria

Correct Answer - A

Ans. is 'a' i.e., Pautrier's micro abscess

- Patient with pruritic lesion over Left shoulder showing cigarette paper atrophy and poikiloderma with generalized lymphadenopathy. Histopathology examination of lesion shows CD4 positive sezary leutzner cells → points to the diagnosis of Mycosis fungoides.  
**Histological features of mycosis fungoides**
- Histological hallmark is the presence of sezary-Lutzner cells (CD4 positive).
- These sezary-Lutzner cells form band like aggregates within superficial dermis and invade epidermis as single cells and small clusters, referred to as pautrier microabscess.
- There is pronounced infiltration of sezary-lutzner cells into epidermis

which is referred to as epidermotropism.

- In more advanced nodular stage these malignant T cells (sezary cells) lose their epidermotropic tendency and grow deeply into the dermis, and eventually seed lymphatics and peripheral circulation.

## 71. Following are the differential diagnosis of congenital disorders of pigmentation ?

a) Teitz syndrome

b) Piebaldism

c) Tuberous sclerosis

d) All the above

Correct Answer - D

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

### **Differential diagnosis of congenital disorders of pigmentation**

- Waardenburg syndromes types 1-4
- Tietz syndrome
- Piebaldism
- Woolf's syndrome
- Generalized vitiligo
- Segmental vitiligo
- Vogt-Koyanagi-Harada syndrome
- Chemical leukoderma
- Tuberous sclerosis (hypopigmented macules and patches)
- Ziprkowski-Margolis syndrome (X-linked albinism-deafness syndrome)

**72. Causes of localized hypopigmented macule or patch are all except ?**

a) Vitiligo

b) Piebaldism

c) Pityriasis alba

d) Freckle

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

### 73. Koenen's tumor associated with ?

a) Tuberos sclerosis

b) Neurofibromatosis

c) Psoriasis

d) Alopecia aerata

Correct Answer - A

Ans. is 'a' i.e., Tuberos sclerosis

- Koenen's periungual fibroma is seen in tuberous sclerosis

**74. Enzyme deficient in oculocutaneous albinism type 1 is ?**

a) Tyrosinase

b) Pink protein

c) Tyrosinase related protein 1

d) Membrane associated transport protein (MATP)

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

## 75. Telogen phase of hair growth lasts for ?

a) 1 day

b) 10 days

c) 100 days

d) 1000 days

Correct Answer - C

Ans. is 'c' i.e., 100 days

- The most important feature of hair follicle is that their activity is cyclic. Hair grows at *0.4 mm per day* and as it reaches a definitive length, it is shed to be replaced by a new hair. Hair undergoes through 3 different phases of hair cycle :?  
**1) Anagen phase (Phase of activity and growth)**
- This is the phase in which *growth of hair* takes place -4 Cells in the root of hair are dividing rapidly. *Melanogenesis* also occurs during anagen phase. This phase lasts for 3 years (2-6 years). Most of the *hair (75-80%)* are in anagen phase at a given time.  
**2) Catagen phase (Transition phase)**
- It is the *transition phase* between anagen and telogen. *3% of hair* are in this phase. During this phase *growth stops* and outer root sheath shrinks and attaches to root of hair known as *club hair*. This phase lasts for *2-3 weeks*.
- **3) Telogen phase (Resting or degenerative phase)**
- This phase is the *resting phase* and lasts for *100 days (3 months)*. *About 25-100 telogen hair are shed normally each day*. 10-15% of hair are in this phase. After telogen phase the cycle is complete and the new hair, which starts growing in same follicle, pushes this old hair (who has completed the hair cycle) → Old hair is lost and new hair starts growing.

- This hair cycle of one hair is independent of the cycle of neighboring hair, i.e., the *neighboring hair follicles are not synchronized in growth*, this is called Mosaic. The proportion of hair in each phase can be estimated by looking at the plucked hair called as trichogram.

## 76. 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

### **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

## 77. Darriers sign seen in -

a) Lichen nitidus

b) Urticariapigmentosa

c) Vitiligo

d) Lichen sclerosis

Correct Answer - B

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

- Urticaria pigmentosa 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. o The most characteristic features is that these lesions urticate on scratching.
- Light scratching with the point of forceps or rounded tip of a pen or even rubbing causes these mast cells to degranulate leading to localized urticaria (become red swollen and enlarged) —> Darrier's Sign o Extensive release of histamine from mast cell degranulation may result in - Headache, flushing diarrhea and pruritis.

## 78. Wood lamp is used to diagnose ?

a) Psoriasis

b) Tinea versicolor

c) Pityriasis rosae

d) Erysipelas

Correct Answer - B

Ans. is b i.e., Tinea versicolor

### **Diagnosis of TineaVersicolor**

1. Examination of scales in 10% KOH shows short hyphae and round spores (Sphagetti and meat ball appearance).
2. Wood lamp shows apple green fluorescence (blue-green fluorescence).
3. Skin surface biopsy --> A Cyanoacrylate adhesive (Crazy glue) is used to remove the layer of stratum coreum on glass slide and then stained with PAS reagent.

## 79. Auspitz sign is seen in ?

a) Psoriasis

b) Lichen Planus

c) Vitiligo

d) Contact dermatitis

Correct Answer - A

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

- See explanation- 5 of session- 5 of Skin of All India 2014-15 pattern of this book.

## 80. Dew drops on rose petal appearance is seen infection with ?

a) Varicella zoster virus

b) Herpes genitalis

c) Candida

d) T. rubrum

Correct Answer - A

Ans. is 'a' i.e., Varicella zoster virus

### **Chickenpox - Varicella Zoster virus infection**

- Etiology : Varicella-zoster virus.
- Prodrome : Fever and malaise.
- Morphology : Crops of papules with erythematous halo; rapidly become vesicular (dew drops on rose petal appearance), then pustular. Eruption at different stages present. Heal with minimal scarring unless complicated by secondary infection or hemorrhagic lesions (as seen in immunocompromised). Adults usually have a more severe eruption.
- Site : Centripetal distribution.
- Prophylaxis : Live attenuated vaccine.
- Treatment : Specific antiviral therapy (acyclovir 800 mg, five times daily x 7-10 days) in adults and in immunocompromised individuals. None needed in children.

## 81. Lichen planus all are true except ?

a) Pruritic lesion

b) Involves nails

c) Involves mucus membranes

d) Steroid is not used in treatment

Correct Answer - D

Ans. is 'd' i.e., Steroid is not used in treatment

**82. Vitamin D analogue calcitriol is useful in the treatment of ?**

a) Lichen planus

b) Psoriasis

c) Pemphigus

d) Leprosy

Correct Answer - B  
Ans. is 'b' i.e., Psoriasis

### 83. Soft sore is caused by?

a) H ducreyi

b) Calymmatobacteriumgranulomatis

c) Chlamydia trachomatis

d) T. Pallidum

Correct Answer - A

Ans. is 'a' i.e., H ducreyi

- Lesion of primary syphilis —> Chancre (Hard - chancre).
- Lesion of H. Ducreyi —f Chancroid (Soft - chancre).

## 84. Wavelength of UVB rays is -

a) 290 - 320 nm

b) 320 - 360 nm

c) 360 - 390 nm

d) 390 - 420 nm

Correct Answer - A

Ans. is 'a' i.e., 290 - 320 nm

- UV rays are used directly to treat skin conditions. It is simply referred to as phototherapy.

**These may be : ?**

- i. UVB phototherapy (290-320 nm)
- ii. Narrow band UVB phototherapy (311 nm)
- iii. UVA1 phototherapy (360-380 nm)

## 85. Following is/ are the clinical feature/ s of lepromatous leprosy ?

a) Leonine facies

b) Loss of libido and impotence

c) Saddle nose

d) All the above

Correct Answer - D

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

### **Important clinical features of lepromatous leprosy**

- Diffuse erythema, tingling, nasal stuffiness or epistaxis are earliest manifestations.
- Nodules with predilection for external ears.
- Madarosis (loss of eye lashes and eye brows).
- Saddle nose (Collapse of nasal bridge) and perforation of palate.
- Testicular involvement results in loss of testicular sensation, loss of libido, impotence & gynaecomastia.
- Leonine face (Diffuse dermal infiltration of face).
- Symmetrical thickening of peripheral nerve.?
- Trophic ulcer/neuropathic ulcer/Perforating ulcer develop frequently in lepromatous leprosy because sensory impairment appears before motor weakness and the patient continues to misuse his hands and feet.
- Systemic involvement :- Lymphadenopathy, Hepatomegaly, ocular involvement.

## 86. Tense itching bulla is seen in ?

a) Bullous pemphigoid

b) Dermatitis herpetiformis

c) Pemphigous vulgaris

d) Erythema multiforme

Correct Answer - A

Ans. is 'a' i.e., Bullous pemphigoid

**87. The premalignant skin lesions are all except ?**

a) Bowen's disease

b) Actinic keratoses

c) DLE

d) Miliaria

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

## 88. Shingles is the other name for ?

a) Herpes simplex

b) Varicella?zoster

c) Herpes Zoster

d) Herpes labialis

Correct Answer - C

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

- Herpes zoster is also referred to as shingles.

## 89. Recurrent genital ulcer is caused by

a) HSV 1

b) HSV 2

c) HSV 3

d) HSV 4

Correct Answer - B

Ans. is 'b' i.e., HSV 2

- Most common cause of recurrent genital ulcer is HSV.
- Infact, the characteristic feature of Herpes genitalis is that it is recurrent.
- Genital ulcer is caused by HSV 2.

**90. Immunoflorescence pattern in pemphigus vulgaris is suggestive of ?**

a) Intercellular IgG deposition

b) C3 and IgG deposition at dermo-epidermal junction

c) IgA deposition at dermo-epidermal junction

d) IgA at pappilary tip

Correct Answer - A

Ans. is 'a' i.e., Intercellular IgG deposition

## 91. Most common association with Acanthosis nigricans ?

a) Hypertension

b) DM

c) Obesity

d) Hypothyroidism

Correct Answer - C

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

- 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 :
  - i. Obesity (most common)
  - i. Endocrinopathies → Hypothyroidism, hyperthyroidism, insuline resistance diabetes, Cushing's disease, PCOD, Bloom syndrome.
  - i. Internal malignancy → Gastric adenocarcinoma.

## 92. Which is a secondary skin lesion ?

a) Plaque

b) Macule

c) Abscess

d) Scales

Correct Answer - D

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

### **Basic skin lesions**

- i. Primary -4 *Macule, papule, plaque, nodule, vesicle, bulla, cyst, abscess, wheals (hives).*
- i. Secondary -4 Scales, crusts, excoriation, erosion, ulcer, atrophy, lichenification.
- B. Special lesions —> Burrow, comedones, milia, telangiectasia.

### 93. Histological finding of Lichen planus ?

a) Acanthosis

b) Hyperkeratosis

c) Basal cell degeneration

d) All of the above

Correct Answer - D

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

#### **Histopathology in Lichen planus**

1. The basic pathology in lichen planus is the damage to the basal cell layer of epidermis leading to hydropic degeneration of basal cells.
2. Epidermal thickening especially of granular cell layer --\* Hypergranulosis.
3. Hyperkeratosis (Thickening of stratum corneum)
4. Acanthosis (Thickening of Stratum) malpighi.
5. Subepidermal - lichenoid band due to deposition of lymphocytes & histiocytes in upper dermis.
6. Dropping of melanin pigment from damaged keratinocytes of epidermis into dermis —> pigment incontinence.
7. This melanin is engulfed by macrophages which results in formation of cytoloid bodies (Civatte or colloid bodies).
8. Mox Joseph Histological cleft —> Separation of epidermis in small clefts.

**94. Tinea corporis is commonly caused by all the following except ?**

a) *T. rubrum*

b) *T. verrucosum*

c) *E. floccosum*

d) *M. canis*

Correct Answer - D  
Ans. is 'd' i.e., *M. Canis*

## 95. Bromhidrosis affect which gland ?

a) Eccrine sweat gland

b) Apocrine sweat gland

c) Both eccrine and apocrine sweat gland

d) None of the above

Correct Answer - B

Ans. is 'b' i.e., Apocrine sweat gland

### **Osmidrosis or bromhidrosis:**

- It is defined by a foul odor of the sweat.
- This is mainly due to a water-rich environment that supports bacteria, which is caused by an abnormal increase in perspiration (Hyperhydrosis).
- This can be particularly strong when it happens in the axillary region involving the apocrine sweat glands.

## 96. Carpet tack sign seen in ?

a) Syphilis

b) Psoriasis

c) Lupus vulgaris

d) DLE

Correct Answer - D

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

- See explanation- 1 of session- 6 of Skin of All India 2014-15 pattern of this book.

## 97. 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.

## 98. Histological feature of lichen planus is ?

a) Acanthosis

b) Interphase dermatitis

c) Non specific

d) Basal cell degeneration

Correct Answer - D

Ans. is 'd' i.e., Basal cell degeneration > Acanthosis

- The basic pathology in lichen planus is the damage to the basal cell layer of epidermis leading to hydropic degeneration of basal cells".

—Venkataram Pie 59

### **Histopathology in Lichen planus**

1. The basic pathology in lichen planus is the damage to the basal cell layer of epidermis leading to hydropic degeneration of basal cells.
2. Epidermal thickening especially of granular cell layer ---> Hypergranulosis.
3. Hyperkeratosis (Thickening of stratum corneum)
4. Acanthosis (Thickening of Stratum) malpighi.
5. Subepidermal - lichenoid band due to deposition of lymphocytes & histiocytes in upper dermis.
6. Dropping of melanin pigment from damaged keratinocytes of epidermis into dermis --> pigment incontinence.
7. This melanin is engulfed by macrophages which results in formation of cytoplasmic bodies (Civatte or colloid bodies).
8. Mox Joseph Histological cleft -3 Separation of epidermis in small clefts.

## 99. Herald patch is caused by ?

a) Pityriasis rosacea

b) Psoriasis

c) Lichen planus

d) P.versicolor

Correct Answer - A

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

### **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. o 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).

**100. Rain drop pigmentation is caused by ?**

a) Clofazimine

b) Dapsone

c) Minocycline

d) ArsenicHomosexual

Correct Answer - D

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

**101. A 50 years old patient presented to the skin OPD with erythematous scaly plaques over trunk and extremities for last 10 years. Lesions are occasionally itchy. There is history of remission and relapse with exacerbation during winters. Most likely diagnosis is?**

a) Lichen planus

b) Psoriasis vulgaris

c) Pityriasis rosea

d) Seborrhic dermatitis

Correct Answer - B

**Ans: B. Psoriasis vulgaris**

(Ref: Neena Khanna 4<sup>th</sup>/e p. 40-48; Roxburg 14<sup>th</sup>/e p. 128-42; Venkataram 1<sup>st</sup>/e p. 491)

**Psoriasis (psoriasis vulgaris):**

- Psoriasis is chronic dermatosis characterized by unpredictable course of remission and relapse and presence of well defined silvery white scaly papules and plaques on erythematous base.
- Aggravated in winter.
- Lesions are mildly pruritic or non-pruritic.

## 102. Appropriate exposure time for topical phototherapy after TMP application

a) 10-20 min

b) 30- 40 min

c) 50-60 min

d) 1-2 hours

Correct Answer - A

**Ans. is'a'i.e., 10-20 min**

lRef: IADW textbook of dermatology 3'd/e p. 17191

**Topical PUVA:**

- A lotion containing 0.1-17o 8-MOP is applied on affected area and is exposed to UVA either immediately or after 1-2 hours.
- Alternatively a vanishing cream containing 0.01% TMP is applied 10-20 minutes before exposure.

**103. Which of the following is characteristically associated with dermatitis?**

a) Spongiosis

b) Orthokeratosis

c) Hypergranulosis

d) Acanthosis

Correct Answer - A

**Ans. is'a'i.e., Spongiosis**

lRef: Venkataram 1'''/e p. 36-381

- Intercellular edema in stratum spinosum is known as spongiosis. It is considered to be the most characteristic histopathological finding of eczema ( dermatitis)

## 104. Kogoj's pustules are seen in?

a) Lichen planus

b) Pemphigus vulgaris

c) Mycosis fungoides

d) Psoriasis vulgaris

Correct Answer - D

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

[Rel Venkataram |i/e p. 49]

- On histopathological examination of psoriasis lesion there is accumulation of polymorphs in stratum malpighi layer. These clusters are known as Kogoj pustules.

**105. Pemphigus vulgaris is caused due to which type of hypersensitivity reaction?**

a) I

b) II

c) III

d) IV

Correct Answer - B

**Ans. is 'b' i.e., II**

Ref: IADVL textbook of dermatology 3'd/e p. 10991

- Pemphigus is a type 2 hypersensitivity reaction (antibody mediated), with formation of antibodies to pemphigus antigen present in intercellular substance.

**106. A 35 years old male patient presented with extremely itchy eczematous lesions over forehead, 'V' area of neck, ear pinna and dorsum of forehead. Severity of itching increases on going out in the sun. which of the following medicine will help in the treatment?**

a) Retinoid

b) Doxycycline

c) Dapsone

d) Hydrochloroquine

Correct Answer - D

**Ans. is'd'i.e., Hydroxychloroquine**

[Ref: IADW 3'd/e p. 6261

- Presence of eczematous lesions on sun exposed areas & worsening of symptoms on sun exposure indicates towards the diagnosis of photodermatitis.
- Hydroxychloroquine is a useful systemic drug in the treatment of photodermatitis .

## 107. Lesion characteristic of secondary syphilis is?

a) Genital Ulcer

b) Condyloma acuminata

c) Dermal tenderness

d) Hutchinson's teeth

Correct Answer - C

**Ans. is'c'i.e., Dermal tenderness**

(Ref: Harrison 18th/e p. 1382, p. 1040)

- Deep dermal tenderness on pressure (Buschke-Ollendorff sign) is a characteristic feature of secondary syphilis.

## 108. True about Lucio's phenomenon is?

a) Associated with tuberculoid leprosy

b) Occurs as side effect of treatment of leprosy

c) Ischemic necrosis

d) Also known as type 2 Lepra reaction

Correct Answer - C

**Ans. is 'c' i.e., ischemic necrosis**

(Ref: IADVL 3'd/e p. 2023,24)

- Lucio's phenomenon is seen in untreated cases of lepromatous leprosy.
- Lucio's phenomenon is seen in lepromatous leprosy (LL).
- It occurs in patients who are untreated.
- Patients develop recurrent crops of large sharply marginated, ulcerative lesions, particularly on lower extremities.
- It is due to heavy parasitism of endothelial cell, endothelial proliferation and thrombus formation which lead to ischemic necrosis.

## 109. True about cutaneous carcinoma is?

a) Squamous cell carcinoma occurs in early age

b) SCC & BCC comprise majority of non melanoma

c) Punch biopsy is IOC in SCC

d) Melanoma is the most common skin cancer

Correct Answer - B

**Ans. is'b'i.e., SCC & BCC comprise majority of non melanoma**

- There are three main types of skin cancer: basal-cell skin cancer (BCC), squamous-cell skin cancer (SCC) and melanoma
- The first two, along with a number of less common skin cancers, are known as nonmelanoma skin cancer (NMSC).
- Basal cell carcinoma most common skin cancer.
- most SCCs appear in people over 50.

**110. Which antibody is least commonly seen in keloid**

a) IgG

b) IgM

c) IgE

d) None

Correct Answer - C

**Ans. is'c'i.e. IgE**

(Ref: Aesth. plast" Sarg. 6:149\_152, 19g2]

## 111. Hypomelanosis of Ito is associated with?

a) Mental retardation

b) Seizures

c) Visual abnormalities

d) All of the above

Correct Answer - D

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

- Hypomelanosis of Ito (Incontinentia pigmenti achromians) is part of a rare genetic neurocutaneous syndrome.
- Associated Seizures
- Mental retardation
- Hearing Abnormalities
- Tooth or mouth problems
- Visual problems
- Orthopedic problems

## 112. Substance used a bleaching agent in melasma is ?

a) Hydroquinone

b) Hydroxychloroquin

c) Hydrogen peroxide

d) Benzoyl peroxide

Correct Answer - A

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

(Ref : IADVL textbook of dermatology 3'd /e p. 1607)

**Depigmenting agents (Bleaching agents):**

- Hydroquinone 2-5%
- Ascorbic acid
- Retinoids
- Liquorice extract
- Azelaic acid (10-20%)
- Kozic acid (1-4%)
- Arbutin
- Nicotinamide

**113. Which of the following is done for the quick diagnosis of Erythrasma ?**

a) Biopsy

b) KOH examination

c) Culture and sensitivity

d) Wood's lamp examination

Correct Answer - D

**Ans is'd i.e. Wood's lamp examination**

(Ref. IADVL text book of dermatology 3d/e p. 236).

- Erythrasma is caused by infection by Coryneform bacteria.
- Wood's lamp examination is a commonly used test to diagnose Erythrasma.
- Lesion shows coral red fluorescence due to coproporphyrin III production by the bacteria.

## 114. What is the best time to give oral psoralen with UVA?

a) Half n hour before UVA

b) 1 hour before UVA

c) Half n hour after UVA

d) 1 hour after UVA

Correct Answer - B

**Ans is 'b' i.e. 1 hour before UVA**

[Ref: IADVL textbook of dermatology 3'd/e p. 1719]

- Psoralens (mostly 8- MOP) is given orally 1-3 hours (average 2 hours) before exposure to UVA.

## 115. Most malignant type of pustular psoriasis is ?

a) Palmo - planter pustolosis

b) Acrodermatitis continua

c) Pustular bacterids

d) Von Zumbusch type

Correct Answer - D

**Ans. is'd'i.e., Von Zumbusch type**

[Ref: Neena Khanna 3d/e p. 44]

- Von Zumbusch type of pustular psoriasis is the suddenly developing most serious type, characterized by severe systemic upset, swinging pyrexia, arthralgia and high polymorphonuclear lymphocytes.
- The skin first becomes erythrodermic and then develops sheets of sterile pustules over trunk and limbs.
- Pustules become confluent to form "lakes of pus".

**116. In a case of primary melanoma of 1-2mm depth, margins of excision of surrounding normal skin should be -**

a) 0.5-1 cm

b) 1 cm

c) 1-2 cm

d) > 2cm

Correct Answer - C

**Ans. is 'c' i.e., 1-2 cm**

[Ref: Fitzpatrick Vh/e p. 1153)

## 117. Comedo nevus is which type of epidermal nevus ?

a) Keratinocytic

b) Verrucous

c) Inflammatory

d) Appendageal

Correct Answer - D

**Ans. is 'd' i.e., Appendageal**

[Ref : IADVL textbook of dermatology 3'd/e p. 175)

**Types of epidermal nevus**

- .. Keratinocytic r Verrucous epidermal nevus, linear epidermal nevus.
- ?. Organoid (appendageal); Nevus sebaceous, nevus comedonicus, eccrine nevi, apocrine nevi, Becket's nevus.

**118. Best treatment option for Molluscum contagiosum is ?**

a) Phototherapy

b) Immunosuppressives

c) Antiviral drugs

d) Electrocautery

Correct Answer - D

**Ans is 'd' i.e. Electrocautery**

[Ref: Venleatram Lnle p. 275; Neena Khanna 3d/e p. 236)

- Curettage, electrocautery and cryotherapy are simple and effective methods.
- Imiquimod a recently introduced immunostimulant is helpful in patients with multiple lesions and in small children.

**119. In pemphigus foliaceus, Acantholysis is seen in which layer -**

a) Stratum corneum

b) Stratum granulosum

c) Stratum basale

d) Spinous layer

Correct Answer - C

**Ans. is 'c' i.e., Stratum basale**

[Ref : Behl I p .282]

- Acantholytic cells are from basal layer (stratum basale) as acantholysis occurs in basal layer

## 120. Pitted keratolysis affects -

a) Palm and soles

b) Face

c) Nails

d) All of the above

Correct Answer - A

**Ans. is 'a' i.e., Palm & soles**

[Ref : Khopkar #/e p. 42]

### **Pitted keratolysis**

- Caused by opportunistic bacteria *Corynebacterium dermatophilus congolensis*. Overgrowth of this bacteria occurs in people involved in wet work eg :-dishwashers.
- Lesions looks like pits or craters due to sharply circumscribed round areas of keratolysis (loss of keratin). Affects palm and soles.

## 121. Becker's nevus is -

a) Epidermal nevus

b) Melanocytic nevus

c) Vascular nevus

d) None

Correct Answer - A

**Ans. is'a' i.e., Epidermal nevus**

[Ry': Fitzpatrick Vh/e p. 639]

## 122. Most unstable leprosy is ?

a) BB

b) BL

c) BT

d) TT

Correct Answer - A

**Ans. is'a'i.e., BB**

[Ref: IADVL Textbook 2d/e p. 2015]

- Stable forms of leprosy -> polar forms of leprosy, i.e., Tuberculoid leprosy (TT) and lepromatous leprosy (LL).
- Unstable forms of leprosy -+ Borderline forms of leprosy, i.e., Borderline tuberculoid (BT), borderline (BB) and Borderline lepromatous (BL). BB is the most unstable form.

## 123. Immunofluorescence of pemphigus vulgaris shows?

a) Linear IgG in BMZ

b) Granular IgG in BMZ

c) Fish net appearance

d) IgA deposition in dermal papillae

Correct Answer - C

**Ans. is'c'i.e., Fishnet appearance**

Ref: Neena Khanna Srh/e p. 61, 63

## 124. Complication of TEN are all except ?

a) Hypothermia

b) Sepsis

c) Ocular damage

d) Hepatitis

Correct Answer - D

**Ans. is'd'i.e., Hepatitis**

Ref: Rook's 8th/e p. 76'16

- Complications of toxic epidermal necrolysis (TEN)
- Acute -+ Prerenal ARF, fluid & electrolyte loss, hypothermia, bacterial infections & septicemia, interstitial pneumonitis, Hypermetabolism (insulin resistance).
- Chronic → Ocular complications (conjunctivitis, ectropion or entropion, corneal ulcer), esophageal stricture, phimosis, vaginal synechiae, orogenital ulcers.

**125. Multinucleated giant cell on Tzanck smear is not seen in?**

a) Herpes simplex

b) Varicella

c) Herpes zoster

d) Molluscum contagiosum

Correct Answer - D

**Ans. is'd'i.e., Molluscum contagiosum**

Ref: ADVL 3'd/e p' 342