

KBmD

MS + RR + PYQ



DERMATOLOGY AIIMS PYQ

Medsynapse by Dr. Nikita



A 25-year-old girl presented with erythematous papules on the face as seen in the figure. The lesions were exacerbated on excessive sweating, sun exposure and emotional disturbance. What is the diagnosis?

+ spicy food.

ⓀⓀ Telangiectasia

a) SLE

b) Acne vulgaris

→ comedones ⊕

~~c) Acne rosacea~~

→ no comedones.

d) Photodermatitis

→ a/w Rhinophyma
↳ potato nose





A lady came with complaints of a bluish lesion over left side of forehead and left eye. An irregular bluish lesion in left superior conjunctive and forehead is seen. What is the diagnosis?

Dermal melanocytosis
↓
Cirrey

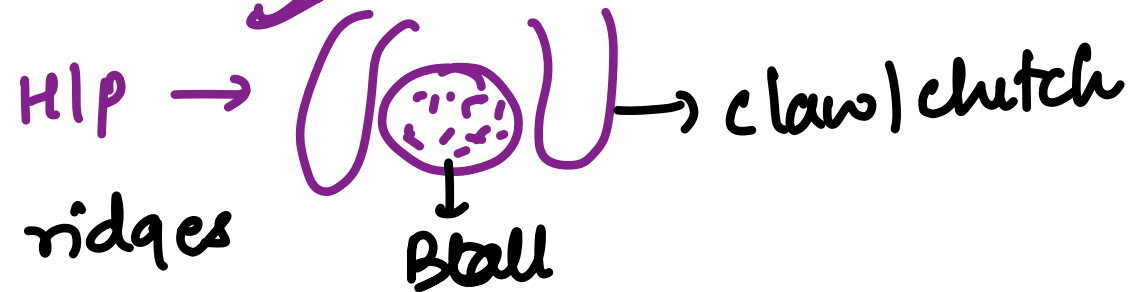
- a) Nevus of Ota → Ophthalmic (eye)
- b) Nevus of Ito → Toxax (scapula)
- c) Becker's nevus → + hair
Becker's → Black hair ⊕
Back
- d) Mongolian spot
↳ infants





A child came with similar lesions as shown in the picture over elbows and shaft of penis. What is the diagnosis?

Ball → inflammⁿ
claw + long rete ridges



- a. Lichen planus
- b. Scabies
- ✓ Lichen nitidus → children shiny papules
- d. Lichen scrofulosorum
↳ TB.





A man with Leprosy came with the following lesion on the shin. What is the correct classification?

pauci 6m | multi 12m → 3 drug
 ↳ even a single SSC ⊕



Satellite ~~les~~ lesions →
BT

- a) LL
- b) BT
- c) BL
- d) BB

lepra I
 ↓
 HSN 4

ENL new fever
 I
 ↓
 3

↳ immune complex
 ↳ systemic fever.
 • Thalidomide → 2



PSE
emonics



A 26-year-old man from Bihar comes with juicy looking papules over his face and back of neck, which were hypopigmented and normoaesthetic. History revealed an episode of prolonged fever in childhood. Diagnosis:

- a. ~~Tuberculoid leprosy~~
 - b. ~~Lepromatous leprosy~~
 - c. Post Kala Azar dermal leishmaniasis
 - d. ~~Histoid Hansen's~~
- Handwritten notes: nevus → leucata lost



• RK39
• Lip. AMB. / LD → macrophage
antigen
mittefasine



A patient came with itchy tense blisters on normal skin as well as over urticarial plaques, as shown in the image. What is the diagnosis?

* P. foliaceus → most superficial / crusty-

→ superficial flaccid + mucosa ✓

a) Pemphigus vulgaris

~~b) Bullous pemphigoid~~ → deep tense
· urticaria

c) Linear IgA disease

d) Dermatitis herpetiformis

↳ a/w. celiac sprue
· elbows, knees.



B.P → eosinophils-
IF → linear IgG at Bm. DEJ

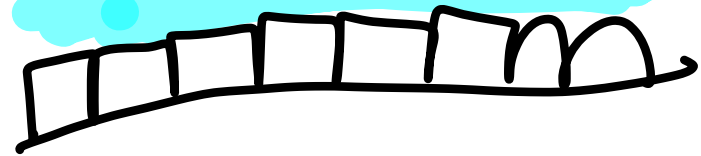
. DH → granular IgA

Dermatitis

↓
inflammⁿ
neutrophils.

. linear IgA →

. PV → fishnet pattern. / row of tombstone





The patient came with history of bullae involving >30% body surface area along with erosions of the lips and other ~~mucosae~~ for the past 7 days. What is the most probable underlying etiology?

Drugs

SJS: <10%
TEN: >30%

- a) Bacterial infection
- b) Viral infection
- c) Drugs
- d) Malignancy

SSSS → only skin
Staphy
scalded
skin

FOE → fixed posn





A 7 months pregnant lady with diabetes mellitus comes with the following lesions all over the body, mainly on the trunk. Which of these drugs can be appropriately used in the treatment?

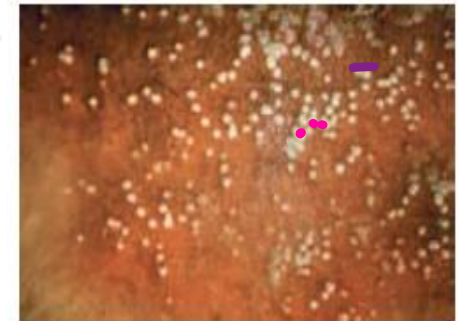
a) Azathioprine ρ

b) Cyclosporine

c) Retinoids \times

d) Methotrexate ρ

Impetigo \leftarrow Pustular
herpetiformis psoriasis



o withdrawal of steroids \rightarrow pustular

\rightarrow gum hyperplasia



A lady presents with history burning sensation on eating spicy food. On examination bilateral white lacy streaks are present in buccal mucosa. There is no history tobacco abuse but amalgamated third molar is present. What is the diagnosis?

SP

- a. Leukoplakia
- b. Candidiasis
- ✓ c. Lichen planus
- d. Aphthous stomatitis

Wickham striae



• nails → Pterygium
o SCARRING alopecia

all nec.

* NIP



① Lymphocytic infiltrate

- Max Joseph space
- Civatte colloid bodies

- Basal cell degeneratⁿ.

◦ H.K coat P. Keratosis

↳ persistent nuclei app

◦ Saw tooth app

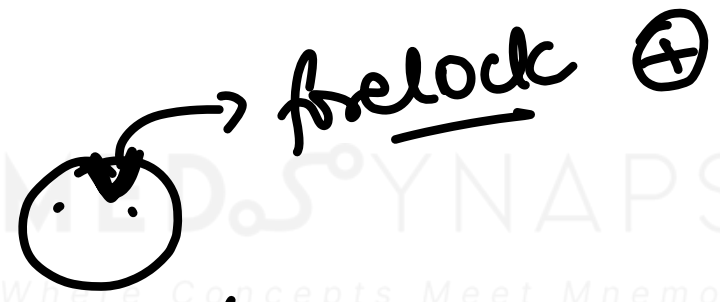


A lady came with unilateral white skin lesions with leukotrichia as shown in the picture. What is likely diagnosis?

vitiigo

wood's →
not white

a) Piebaldism →



b) Segmental vitiligo →

U/L

c) Focal vitiligo

d) Waardenburg syndrome →

SNTL





A patient presented with a vesicle on shin.
Microscopy of Tzanck smear showed giant cells.
Causative agent is:

↓
fluid filled ✓

Finger

- a) Vaccinia virus
- b) Varicella zoster
- c) Mycobacterium
- d) Molluscum contagiosum

MEDSYNAPSE
Where Concepts Meet Mnemonics

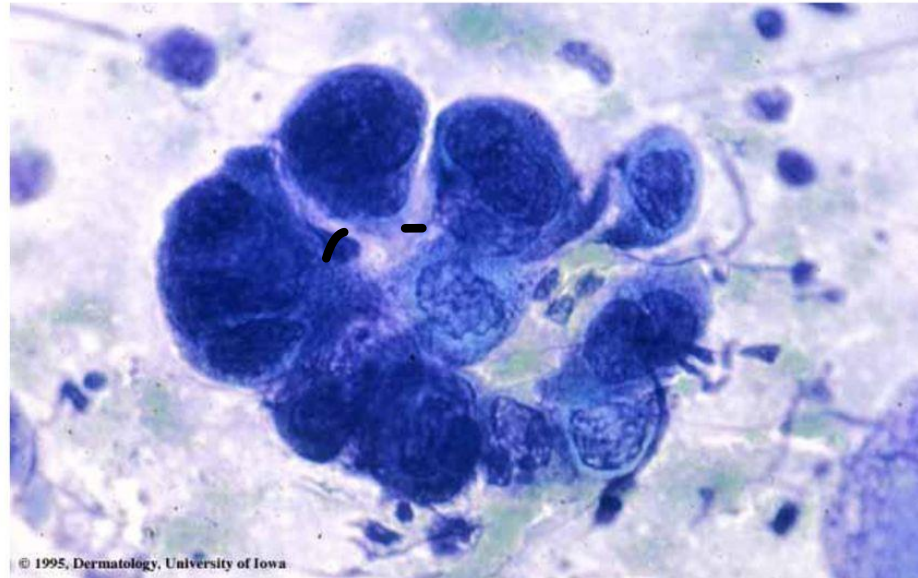
✳ HPV

↓
Koilocytosis

Hesper - giant cells -

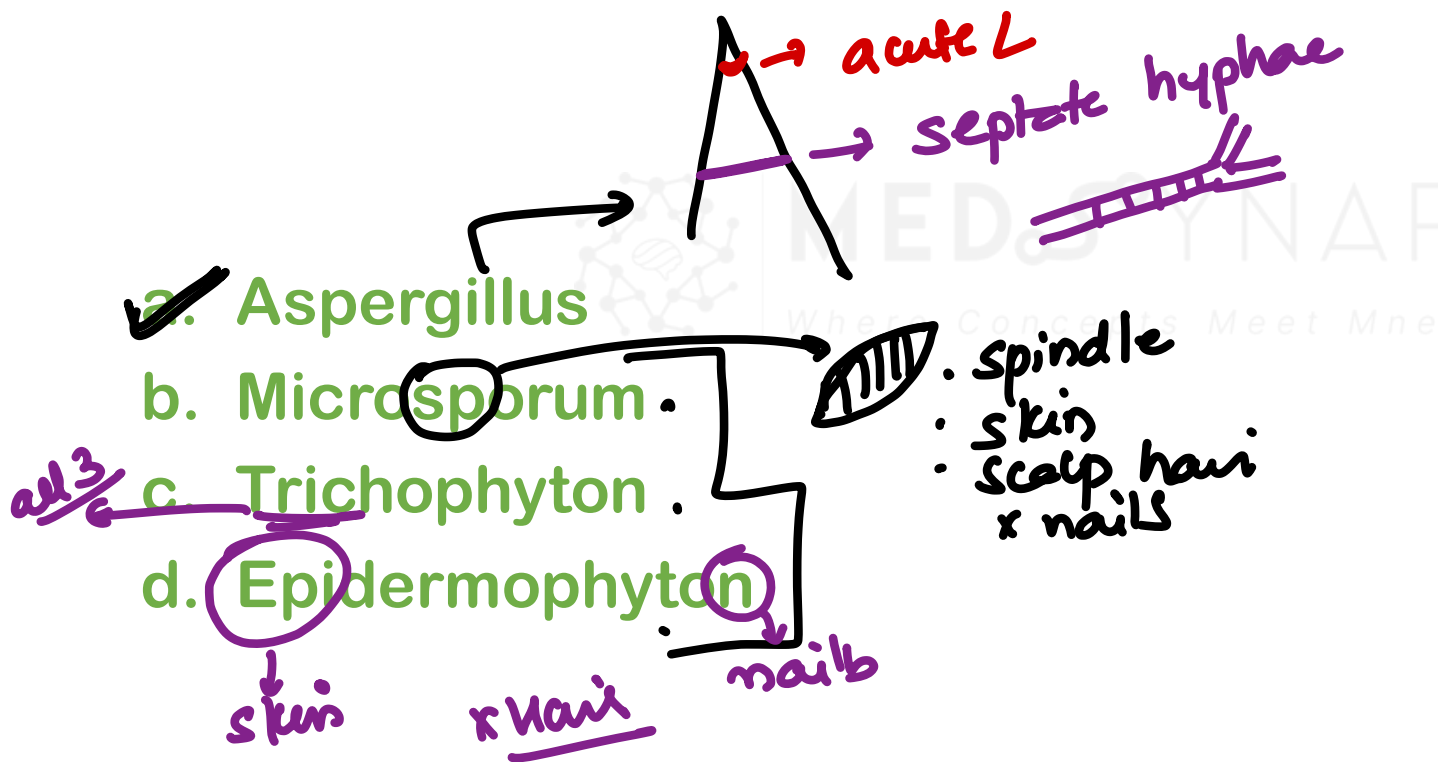


Tzanck Smear for Herpes Viruses





A young male presents with the following itchy lesion for one month. All of the following genera can cause this kind of lesion except:



- a. Aspergillus
- b. Microsporum
- c. Trichophyton
- d. Epidermophyton

* kerion →
• inflammatory
• Trich. metastrophite

↓
• h₂O dog
• Boggy swelling

grows
↓
Hair perforation ⊕

MR
NPG

* KBMD - Aims PYQ

Objy

13th

→

11:30 am