

- Erythroderma involves what percentage of the body's surface area?

1. 10%
2. 90%-100%
3. 70-80%
4. 50%

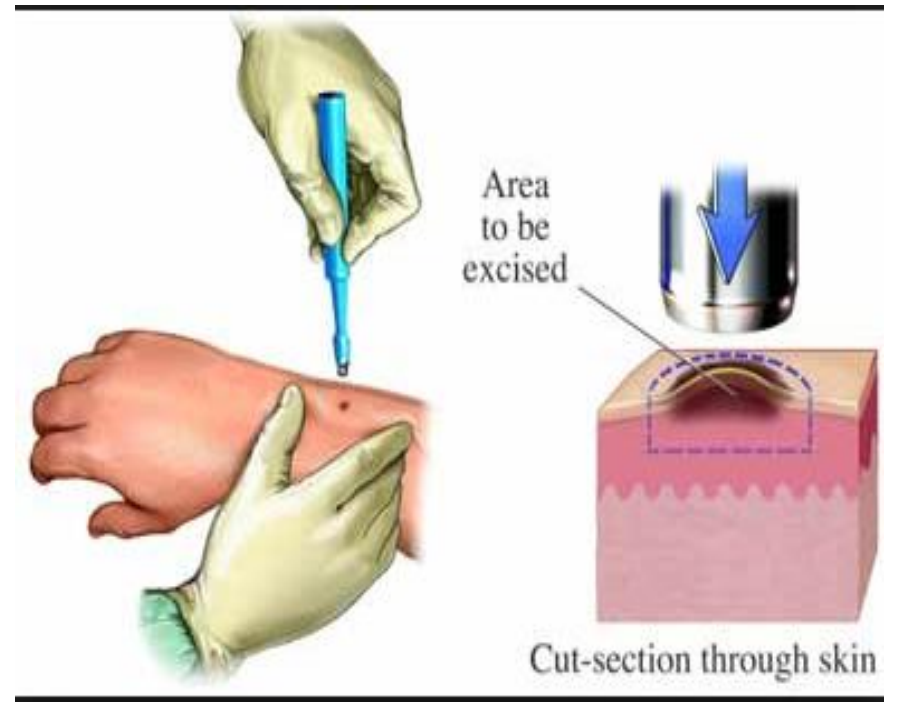
- A 30 year old female presented with erythema and vesicles at the site of contact with a new earring, the suspected causative allergen is most likely

1. Chrome
2. Nickel
3. Cobalt
4. Formaldehyde

- The following definition :(a solid mass in the skin greater than 0.5 cm in diameter, in both width and depth), describes which of the followings:

1. Nodule
2. Plaque
3. Carbuncle
4. Horn

- This type of biopsy is called:
 1. Punch biopsy
 2. Excisional biopsy
 3. Incisional biopsy
 4. Shave biopsy



- This patient presented with these red nonscaly nonblanchable lesions bilaterally on the legs, the primary type of lesion here is:

1. Purpura
2. Papule
3. Wheal
4. erythema



- A 60 year old diabetic male, who was on a systemic antibiotic course for a long period of time presented with these whitish adherent plaques on his tongue

What is the most likely diagnosis?

1. Oral candidiasis
2. Oral Lichen planus
3. Leukoplakia
4. Atrophic tongue due to pernicious anemia



- A 5 year old boy presented with this patch of scaly hair loss, the expected color by wood's light in this case is:

1. Green
2. Yellow
3. Coral pink
4. blue

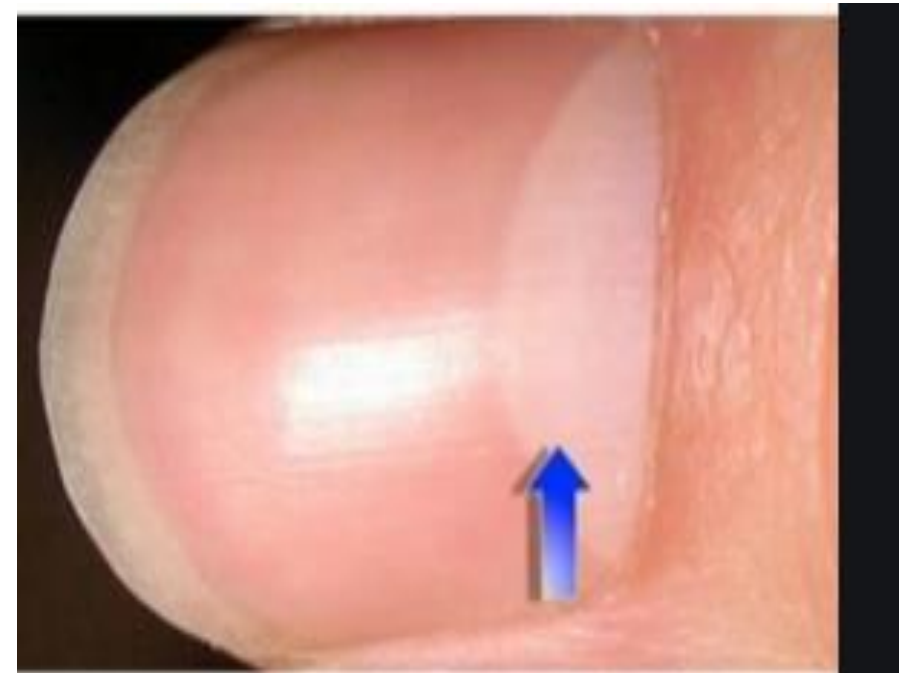


- What blood test would you order for this patient?
1. Jo-1
 2. Liver function test.
 3. Iron level
 4. Kidney function test



- The arrow points at which part of the nail?

1. Cuticle
2. Nail bed
3. Lunula
4. Proximal nail fold



- 17 year old male presented with these lesions on the face for several months.
- How would you manage?
 1. Topical retinoids
 2. Cryotherapy
 3. Topical antifungal
 4. Systemic antifungal



- What is this type of lesion?

1. Angioedema
2. Wheal
3. Bulla
4. conjunctivitis



a patient known to have atopic dermatitis for several years has this finding in the popliteal fossa, what do you call this lesion?

1. Lichenification
2. Atrophy
3. Poikiloderma
4. scarring



- This 30 year old patient presented with well defined non-scaly hypopigmented patches, was treated with topical steroid cream for 2 months, by her next clinic visit she has developed these brown macules within the hypopigmented patch, these brown macules represent which of the following:
 1. Repigmentation from the migration of melanocytes from the depths of the hair follicles
 2. Repigmentation because of increased activity of Tyrosinase enzyme
 3. New melanocytic nevi
 4. Side effect of topical steroids because of long time use.



- This patient presented with 3 months of this intensely itchy rash . onset was sudden and this is the first time he has this rash composed of violaceous flat topped papules and plaques . The patient also noticed progressive patches of scalp hair loss .

- What is the most likely diagnosis ?
- 1. lichen planus
- 2. pityriasis rosea
- 3. contact dermatitis
- 4. tinea (fungal) infection



- A 35 year old female presented with these hyperpigmented patches on her face.

These patches are caused by:

1. Increased number of melanocytes
2. Increased function of melanocytes
3. Deposition of melanin in all layers of the skin
4. Increased both function and number of melanocytes.



• **Q) The temperture of liquid nitrogen in cryotherapy is :**

- 1. (-50 C)
- 2. (-196 C)
- 3. (-170 C)
- 4. (0 C)

Q

- 6 years old child presented with these slightly scaly flat lesions on the face . His brother has asthma .
- what is the diagnosis of this change in skin colour ?
- 1. vitiligo
- 2. pityriasis alba
- 3. pityriasis versicolor
- 4. psoriasis



Q

** in the image is a patient with acne . All of the following are common systemic drugs for acne treatment except :

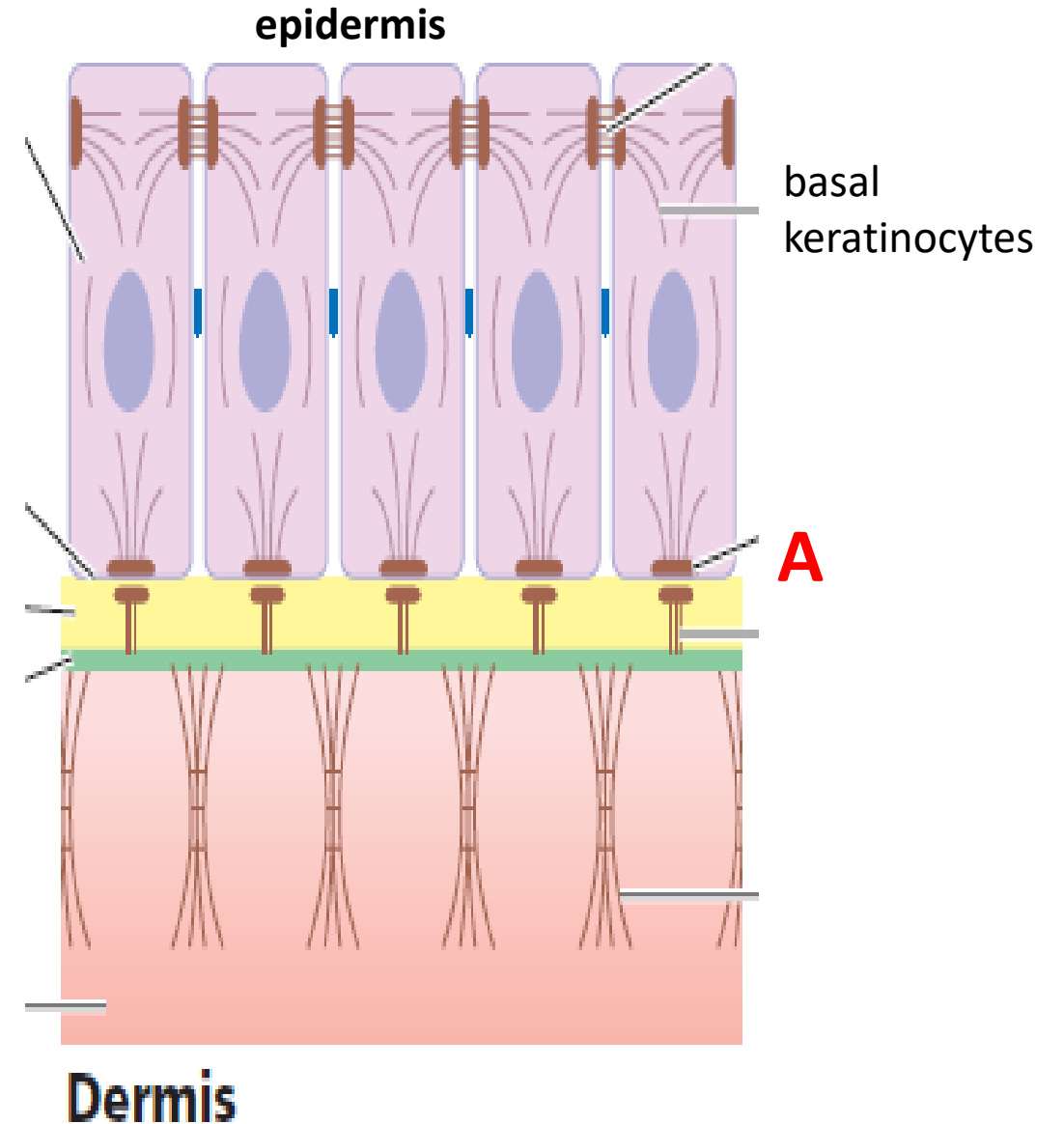
1. Minocycline
2. Oral isotretinoin
3. Azithromycin
4. ciprofloxacin



- This diagram represents the dermal epidermal junction (DEJ), the columnar cell are basal keratinocytes .

- THE name of the layer in green is :

- 1. desmosomes
- 2.hemidesmosomes
- 3. lamina densa
- 4. lamina lucida



- This patient presented with 2 months history of these hyperkeratotic asymptomatic papules .
- what would be the first line topical treatment ?
- 1. salicylic acid
- 2. cryotherapy
- 3. imiquimod cream
- 4. laser



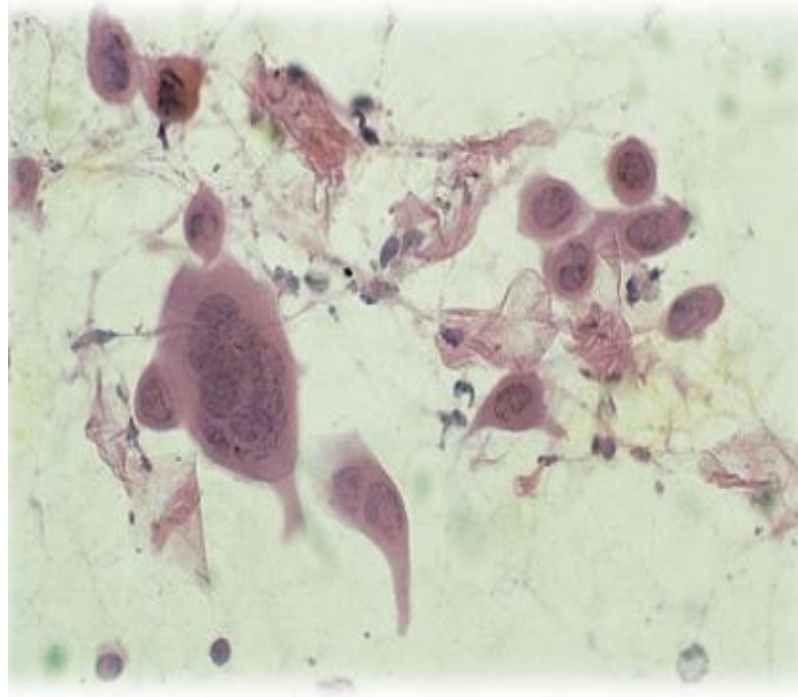
- This patient presented with 2 years history of brown macules and patches on face . It was not preceded by erythema or itching .
- What is the bedside test that can help in diagnosis ? and what do you expect the result of the test ?
- 1. wood's lamp examination . The result of the test is hyperpigmented lesions with good enhancement
- 2. wood's lamp examination . The result of the test is coral pink colour of the lesions
- 3. diascopy test . The result of the test is blanchable lesions
- 4. diascopy test . The result of the test is non-blanchable lesions



- This 50 years old child presented with sudden painful unilateral rash on groin rash for 2 days now .

- what is the name of the test in the picture?

- 1. tzanck smear test
- 2. diascopy test
- 3. KOH examination
- 4. skin biopsy



- 55 years old diabetic female patient, presented to clinic complaining of this non scaly plaque on right cheek for 1 day . the patient is febrile

What is the most appropriate treatment ?

1. Give patient oral antibiotic for 1 week
2. Give patient topical corticosteroid for 1 week
3. Give patient systemic corticosteroid for 1 week
4. Give patient topical azeliac acid for 1 week



•Q

- This patient has this elevated rash for the last week , the rest of the skin is normal

What is the most likely diagnosis ?

1. Erythema multiforme
2. Discoid eczema
3. Superficial fungal infection
4. erythrasma



9 months old infant. Complaining of this itchy rash, which is elevated and without depth

What is the most likely diagnosis ?

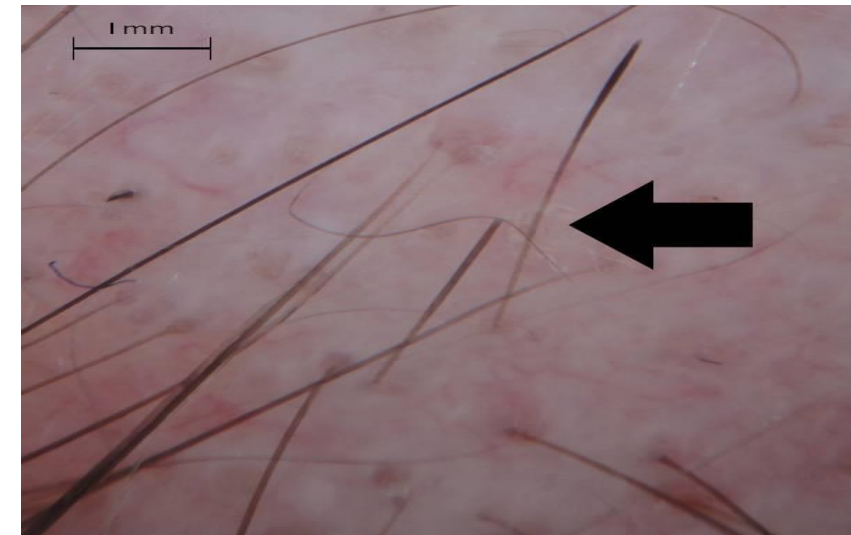
1. Seborrheic eczema
2. Atopic eczema
3. Asteatotic eczema
4. Contact eczema



- 7 years old child presented with hair loss from left temporal scalp. Closer examination is shown in picture B.

If you do wood's lamp exam , what would be the result ?

1. Blue green colour on the scalp skin
2. Blue green colour on the hair shafts
3. Yellow colour on the hair shafts
4. no color changes on the scalp on hair shafts



Q

- 30 years old patient presented with 2 months history of generalized erythematous non scaly well defined blanchable plaques on his body . The single plaque persist for just 2 hours .
- what is the most likely diagnosis ?
- 1. acute urticaria
- 2. chronic urticaria
- 3. toxic epidermal necrolysis (TEN)
- 4. erythema multiforme



Q

- 55 years old presented with this chronic elevated rash on elbows and knees , since age of 20 .
- All of the followings are systemic drugs that can be used in treatment except :
 - 1. cyclosporine
 - 2. methotrexate
 - 3. acitritin
 - 4. anthralin



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- 40 year old female patient presented with this persistent redness on face for last 3 years , the condition gets worse in summer .
- what is the most likely diagnosis ?
-
- 1. rosacea
- 2. acne
- 3. erysipelas
- 4. dermatitis



- what do you call this sign?

1. Leukonychia
2. Onycholysis
3. Koilonychia
4. clubbing



- What do you call this test?
 1. immunofluorescence assay
 2. Patch test
 3. Prick test
 4. diascopy

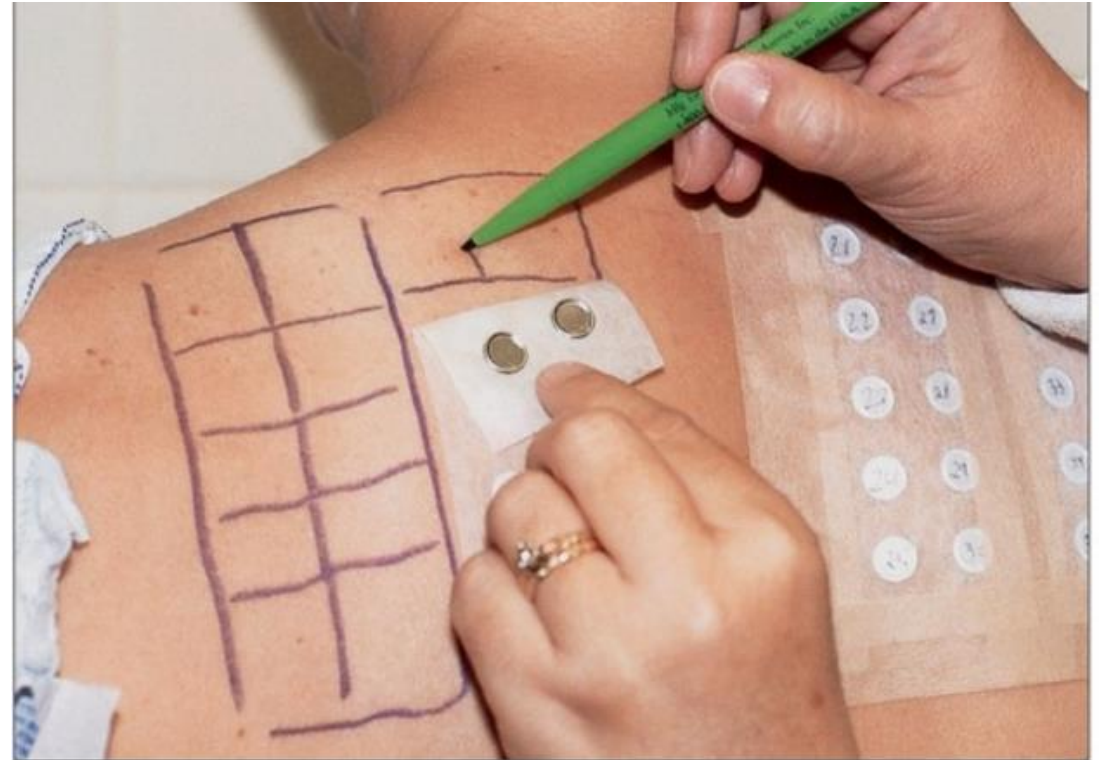


Fig. 15.14 Allergens being marked upon removal of Scanpor® tape.

- What do you call this test?
 1. Wood's light
 2. Phototherapy
 3. Dermatoscopy
 4. diascopy



- What do you call this sign?
 1. White dermographism
 2. Red dermographism
 3. Contact allergic dermatitis
 4. Contact irritant dermatitis



- What is the type of lesion in this picture?

1. Crust
2. Scale
3. Vesicles
4. papules



- what is the arrangement of these lesions?

1. Linear
2. Dermatomal
3. Annular
4. grouped

