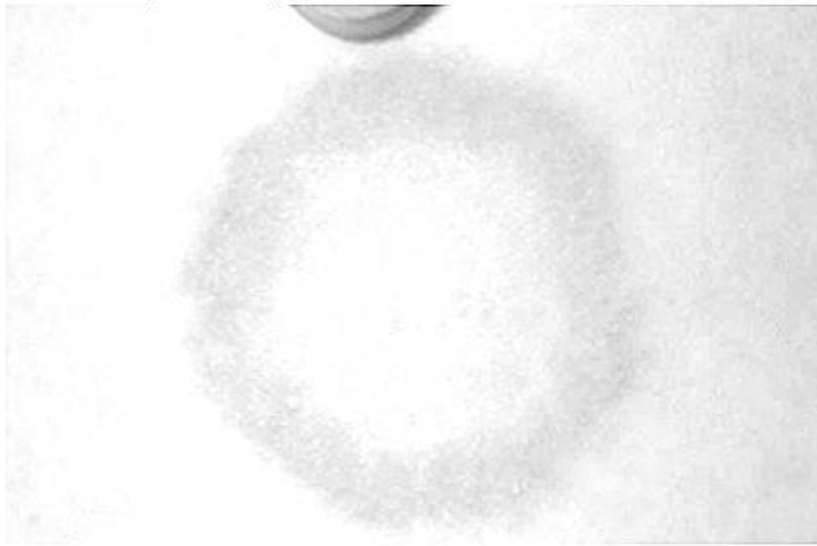


### Topics of 10 questions from Dermatology in INICET

1. Morphology of skin lesion
2. Genital ulcer
3. Chancroid
4. Urethral discharge
5. HPV vaccine
6. Immunobullous disorder
7. Genital herpes/ molluscum
8. Patch test
9. Psoriasis
10. Hair shaft disorder
11. Mycetoma

Q1 Identify the type of skin lesion shown in the given image



- (A) Target
- (B) Annular
- (C) Nummular
- (D) Discoid

Ans : B

### Shape of skin lesions

#### Annular

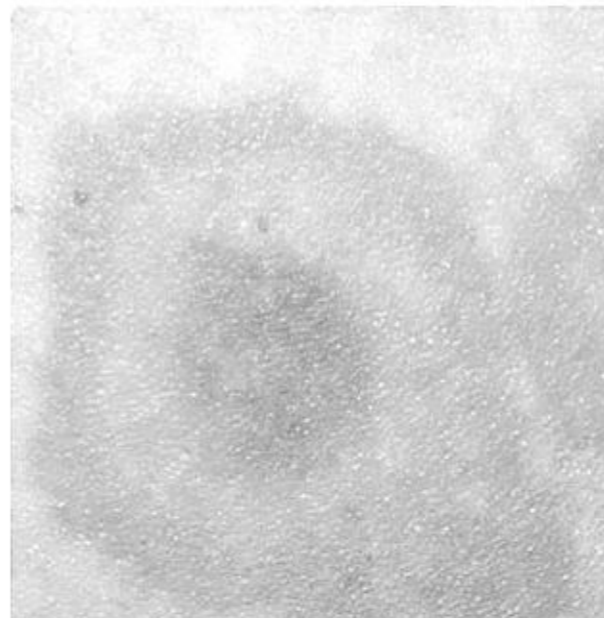
- ❖ Ring shaped, has edges
- ❖ Center clear
- ❖ Eg tinea corporis

#### Target lesions

- ❖ Erythema multiforme

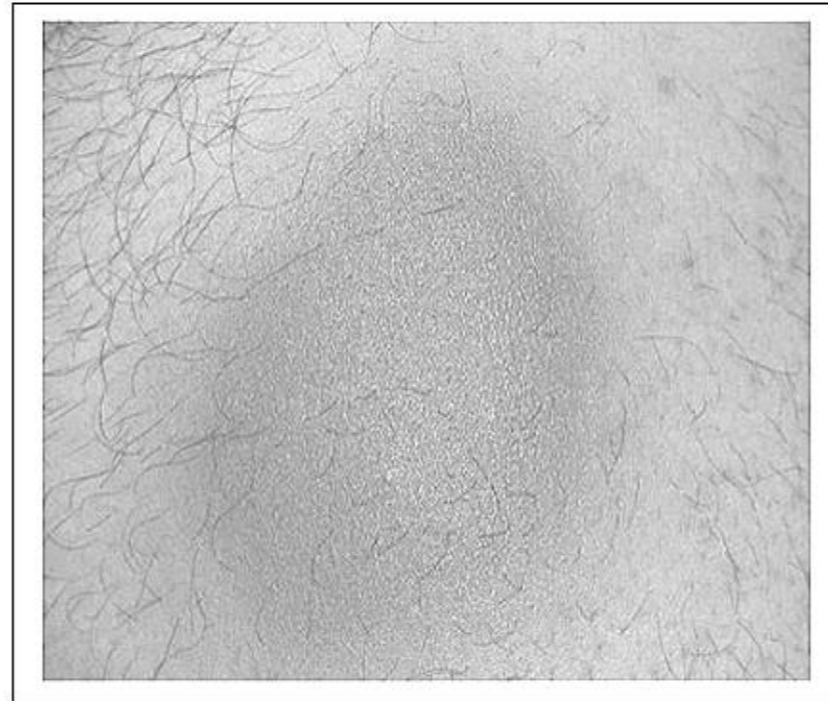
#### Lesion has 3 zones

- ❖ Centre dusky
- ❖ Pallor
- ❖ Peripheral erythema



### Targetoid

- ❖ 2 zones
- ❖ SJS, FDE

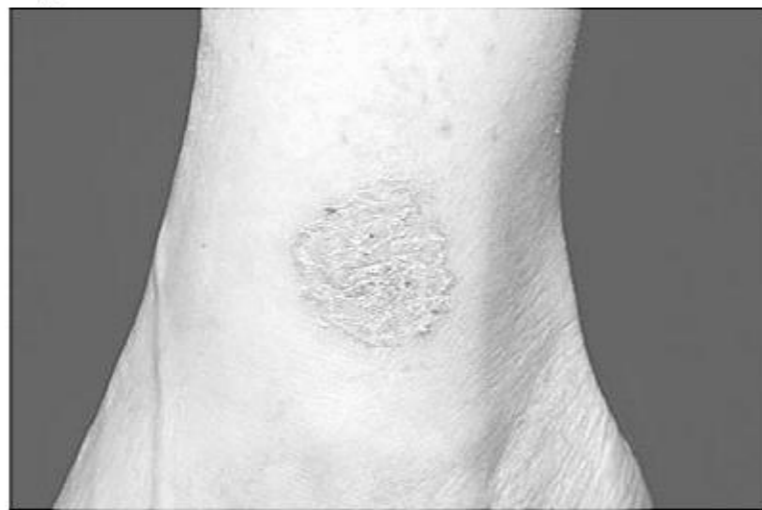


### Nummular/ discoid

- ❖ Coin shaped

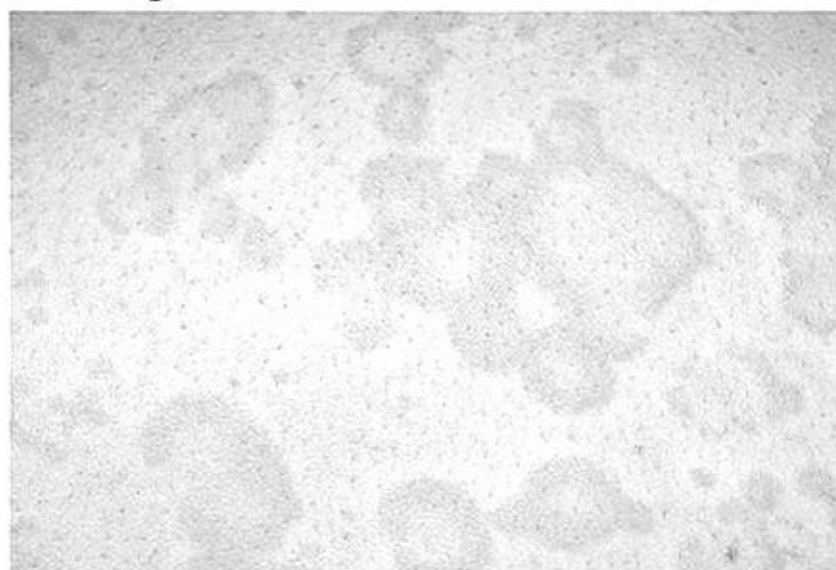
Round lesion, Uniform from edge to center

Eg. Nummular eczema



### Polycyclic

- ❖ Coalescing rings
- ❖ Eg Urticaria



### Reticulate

- ❖ Net like
- ❖ Eg Livedo reticularis



Q2 Which of the following is/ are causes of painful genital ulcers?

1. LGV/ Chlamydia trachomatis
2. Gonorrhoea/ N. gonorrhoeae
3. Genital herpes/ Herpes simplex
4. Syphilis/ Treponema pallidum
5. Chancroid/ Hemophilus ducreyi
6. Donovanosis/ Klebsiella granulomatis

- (A) 1, 3, 4  
(B) 3, 5  
(C) 1, 5, 6  
(D) 3, 4, 5, 6

Ans : (B) 3,5

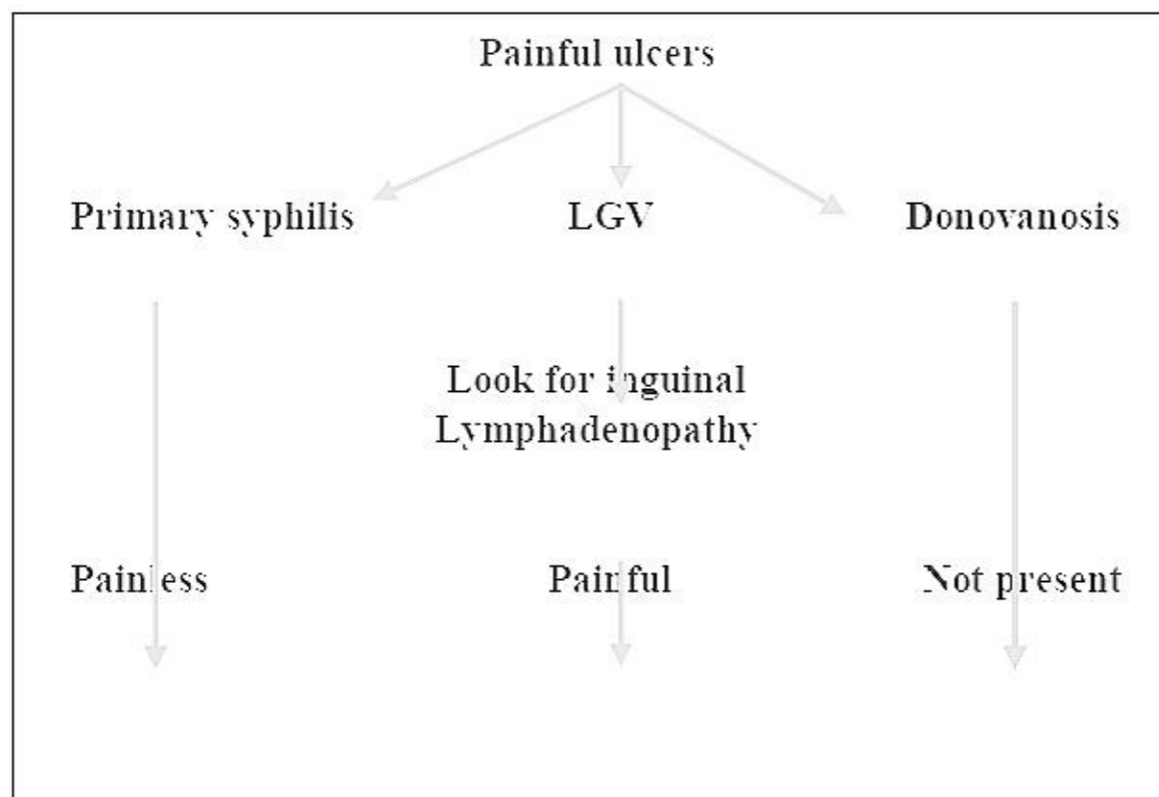
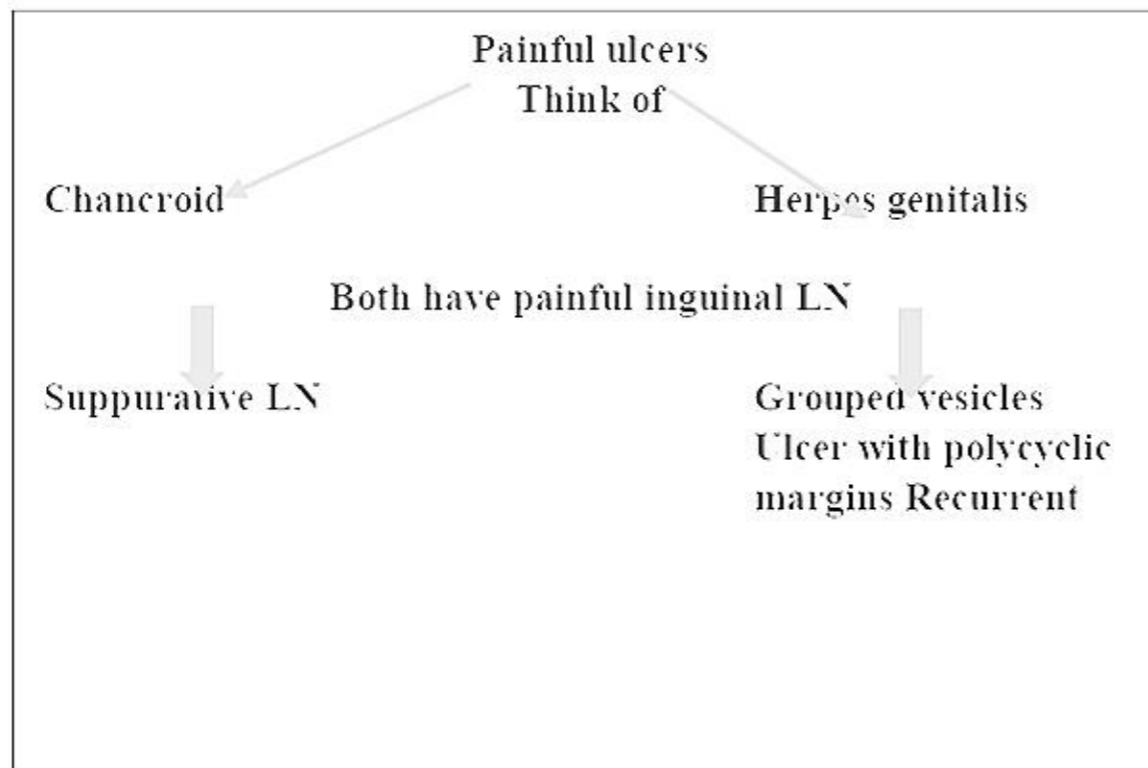
### Causes of genital ulcer

Mnemonic - SCHOOL of Ulcers

- a) Syphilis
- b) Chancroid
- c) Herpes
- d) dOnOvanosis
- e) LGV







### Mnemonic

- ❖ Herpes – pissed off = pain in (ulcer + LN) 😞
- ❖ Chancroid – cries = pain in (ulcer + LN) 😞
- ❖ Syphilis – Smiles = painless (ulcer + LN) 😊
- ❖ doNOvanosis – 2 NO = no pain in ulcer, no LN 🙄

**LymphoGranulomaVenerum**

Is like a brideGroom

Happy transiently at the time of marriage  
(transient painless ulcer)

Painful life later

(painful Lymphadenopathy in later stage)



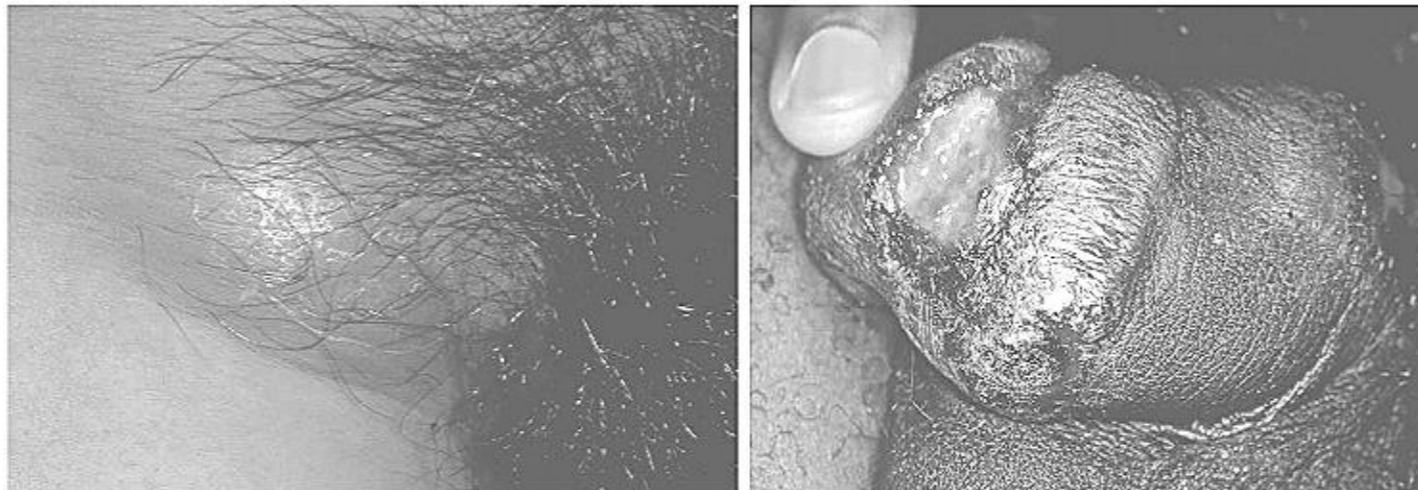
Q3 True regarding chancroid except?

- (A) School-of fish
- (B) Bleeds on touch
- (C) Painful ulcer
- (D) Groove sign

Ans : (D)

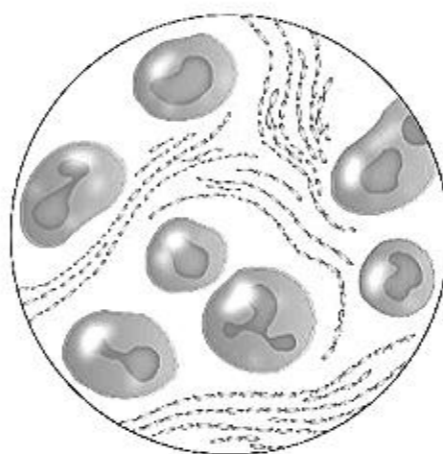
Chancroid (Hemophilus Ducreyi) - Cries

- ❖ Pain (suppurative bubo) + Pain (ulcer)



Chancroid = Hemophilus Ducreyi = like Duck

- ❖ Stay in groups (multiple)
- ❖ Soft (non-indurated)
- ❖ Catch fish (school of fish appearance)
- ❖ Bleed when cut (bleeds on touch)



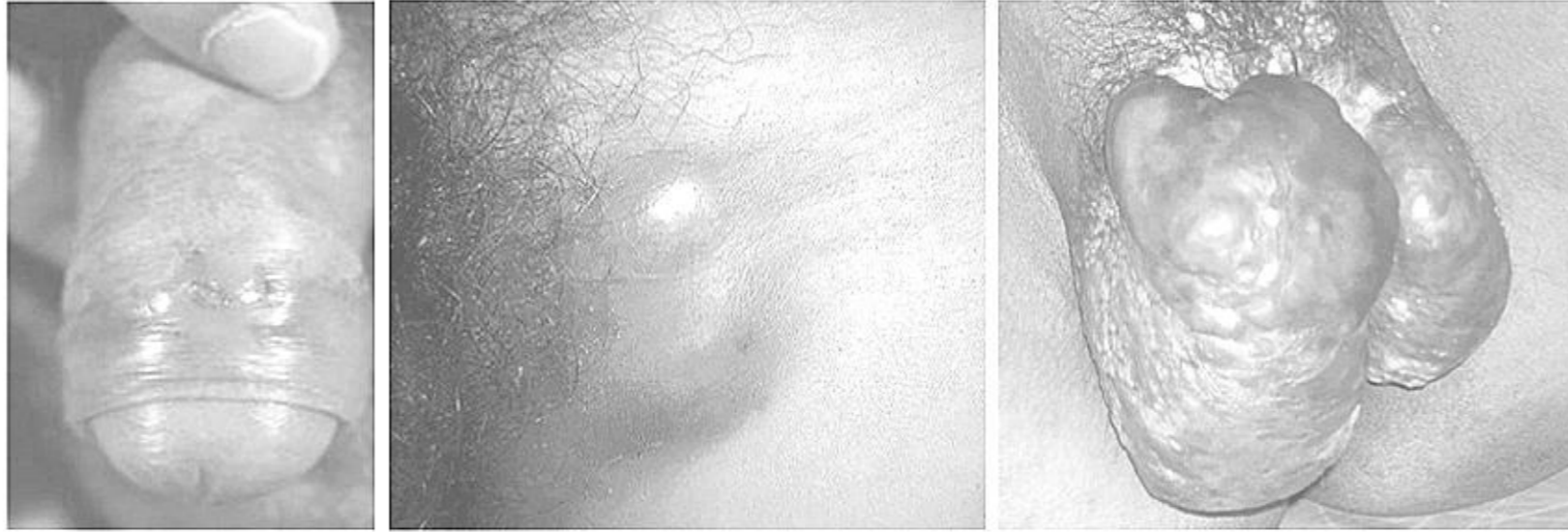
Lymphogranuloma Venerum



## Chlamydia trachomatis L1, L2, L3

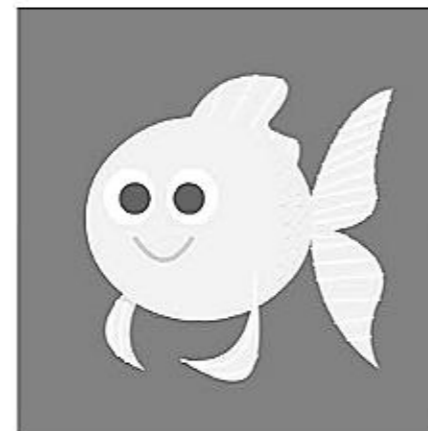
❖ Transient painless ulcer -----> Painful bubo

Groove sign



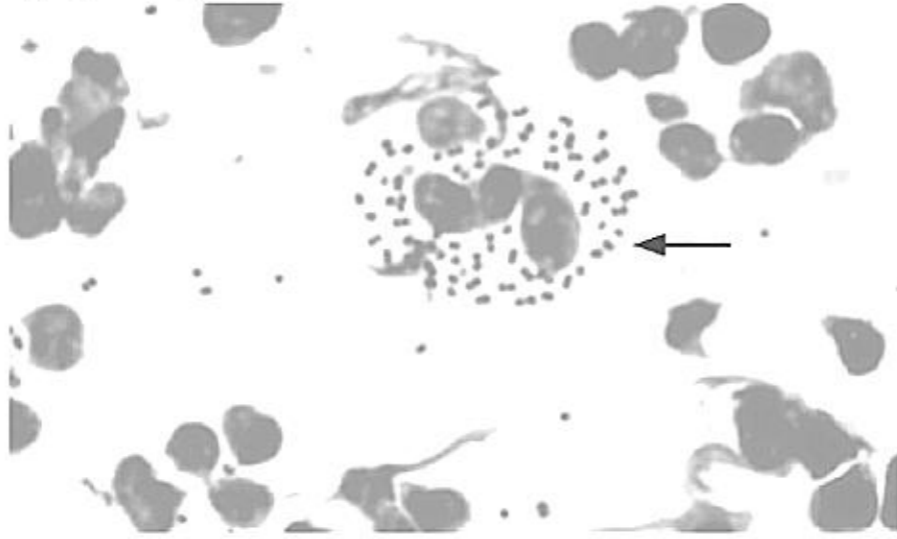
## Fish in Dermatology

1. Fish net immunofluorescence -> Pemphigus
2. Fishy odor on adding KOH -> Whiff test in Bacterial vaginosis
3. Fish like scales -> Ichthyosis vulgaris
4. School of fish appearance -> Chancroid



Q4 A patient presenting with urethral discharge showed following picture on gram stain. Likely organism responsible?

- (A) Chlamydia trachomatis
- (B) Mycoplasma hominis
- (C) Hemophilus ducreyi
- (D) N. gonorrhoea



Ans : D

In a case of urethral discharge if you do a gram stain and you see Gram neg diplococci with PMN – Its Gonorrhoea

Urethral discharge causes

Mnemonic MiTHUN C

- M - Mycoplasma
- T - Trichomonas vaginalis
- H - Herpes simplex
- U - Ureaplasma
- N - N. gonorrhoea
- C - C. Trachomatis



Not caused by

1. H. Ducreyi
2. Syphilis
3. Donovanosi

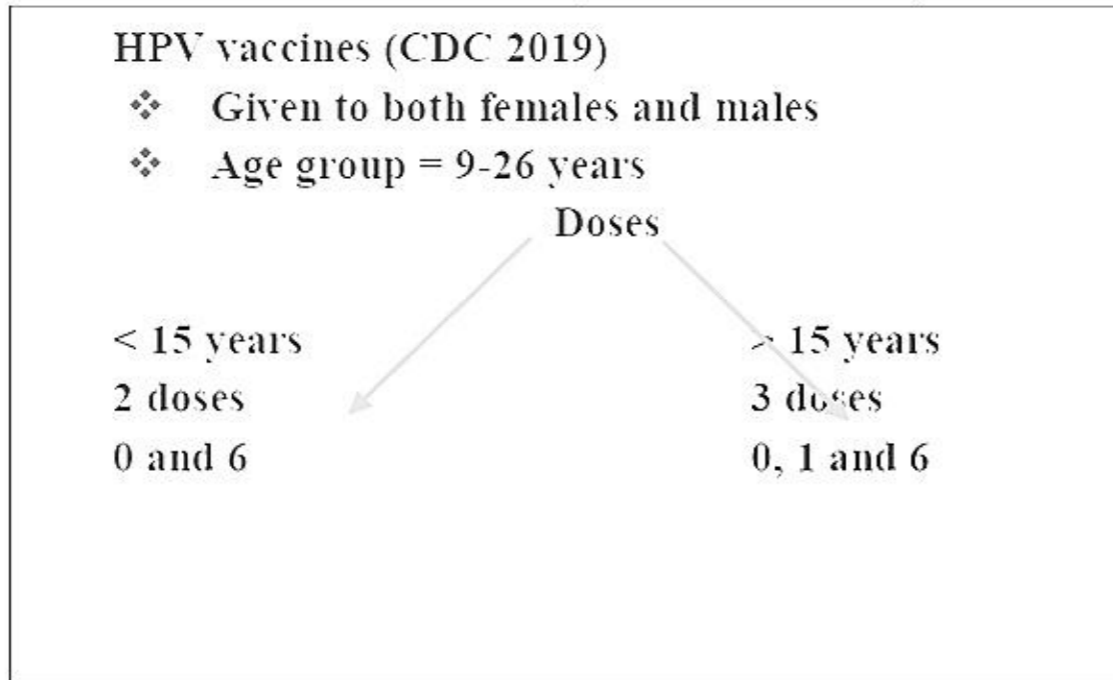
Q5 The HPV protein used in vaccine targeted against HPV is

- (A) E6/E7
- (B) L1 capsid
- (C) E1/E2
- (D) L2 capsid

Ans : B

HPV Vaccine

- ❖ Contains inactive L 1 proteins from capsid of HPV



Cervarix	Gardasil	Gardasil 9
HPV 16 and 18 (High risk types) Will not prevent genital wart	HPV 6, 11, 16, 18  Will prevent	= HPV 6, 11, 16, 18, 31, 33, 45, 52 and 58  Will prevent

Q6 Which of the following is correct regarding the skin lesions shown in the image?

- (A) Central umbilication seen
- (B) Tzanck smear done
- (C) Pund cell seen
- (D) Gram negative cocci seen

Ans : A

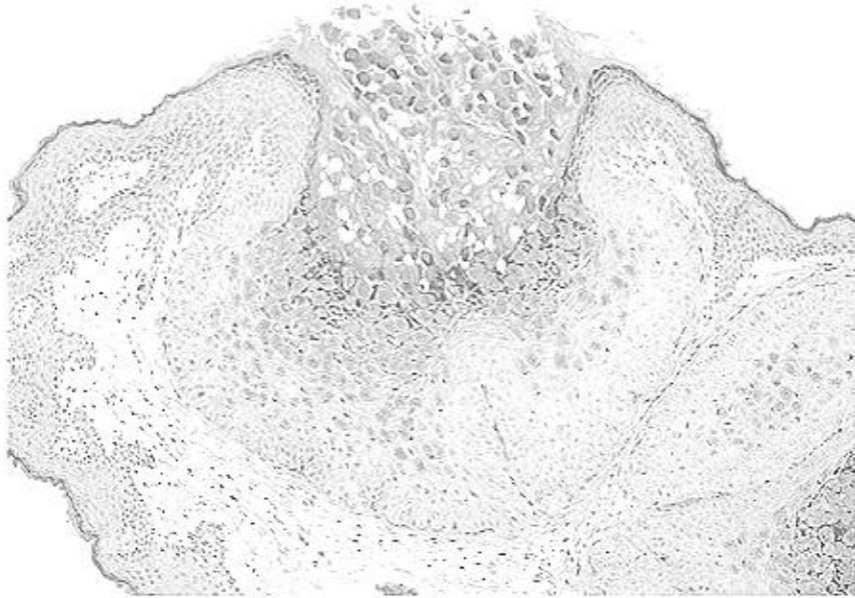
**Molluscum contagiosum**

- ❖ Pox virus
- ❖ Papules with central umbilication



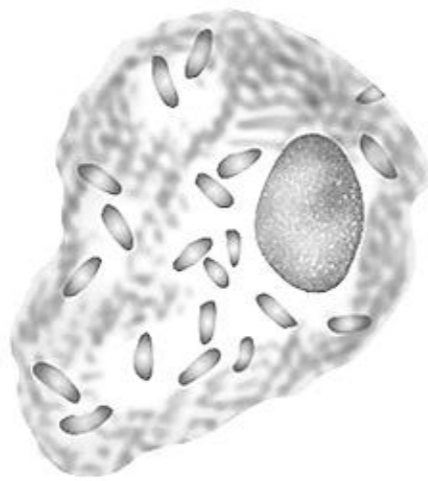


❖ Henderson Patterson bodies



Pund cell

- ❖ Large, mononuclear (Pund) cells with donovan bodies
- ❖ Seen in Donovanosis



Alternative question for Q 6.

Which of the following is correct regarding the skin lesions shown in the image?

- (A) Central umbilication seen
- (B) Tzanck smear done
- (C) Pund cell seen
- (D) Gram negative cocci seen



Ans : B

### GENITAL HERPES – grouped vesicles

Tzanck smear

Multinucleate giant cells + acantholytic cells



Q7 Drug of choice for disorder with subepidermal blistering with neutrophils is?

- (A) Dapsone
- (B) Rituximab
- (C) Cyclosporine
- (D) Azathioprine

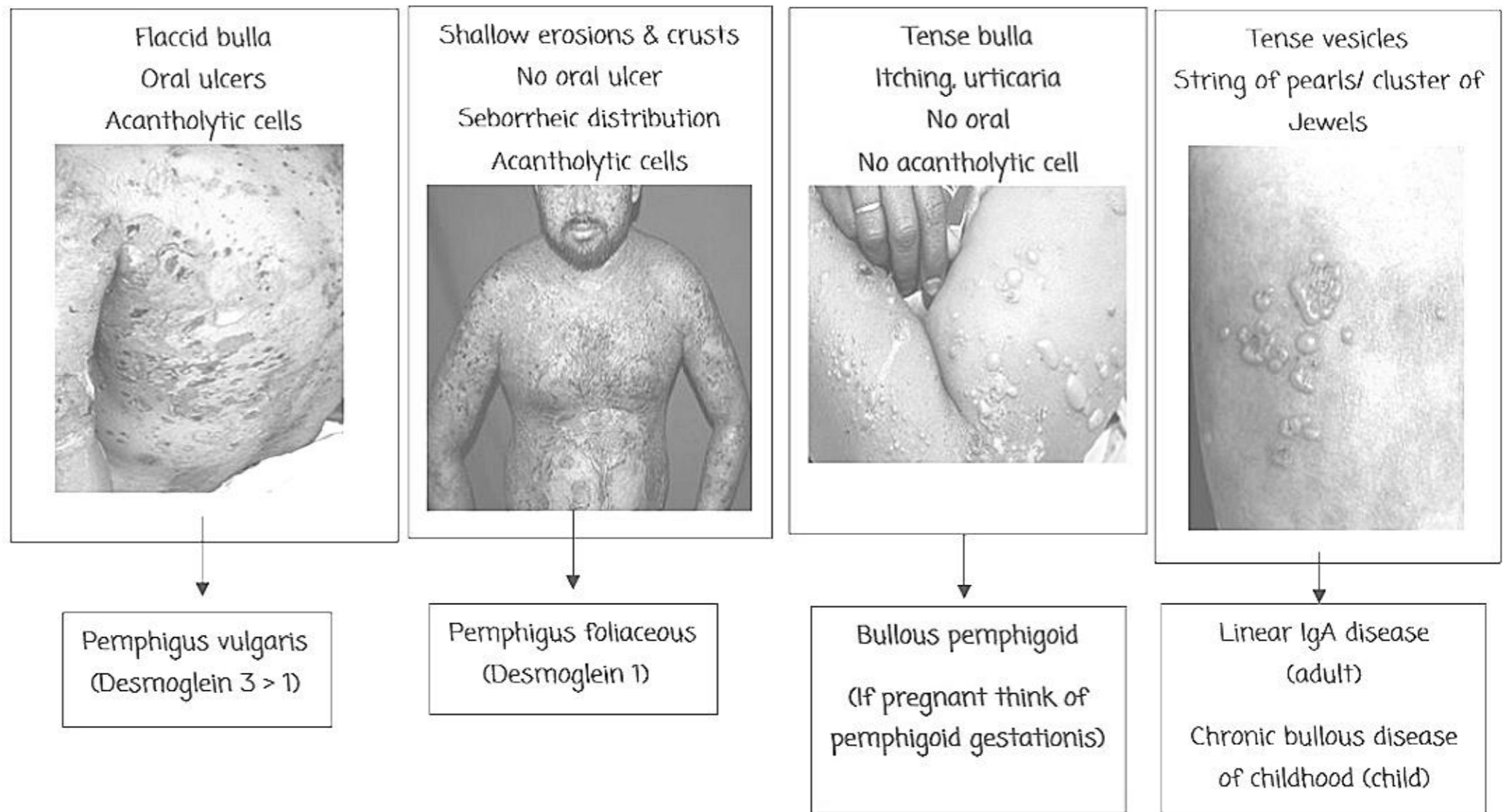
Ans : A

Differential diagnosis for subepidermal blistering with neutrophil include linear Ig A disease and dermatitis herpetiformis. Clinically if you see tense vesicles/ cluster of jewel. think of LAD. Drug of choice for both is dapsone.

### APPROACHING IMMUNOBULLOUS DISORDERS IN MCQ



If only clinical information is given without any histology finding.



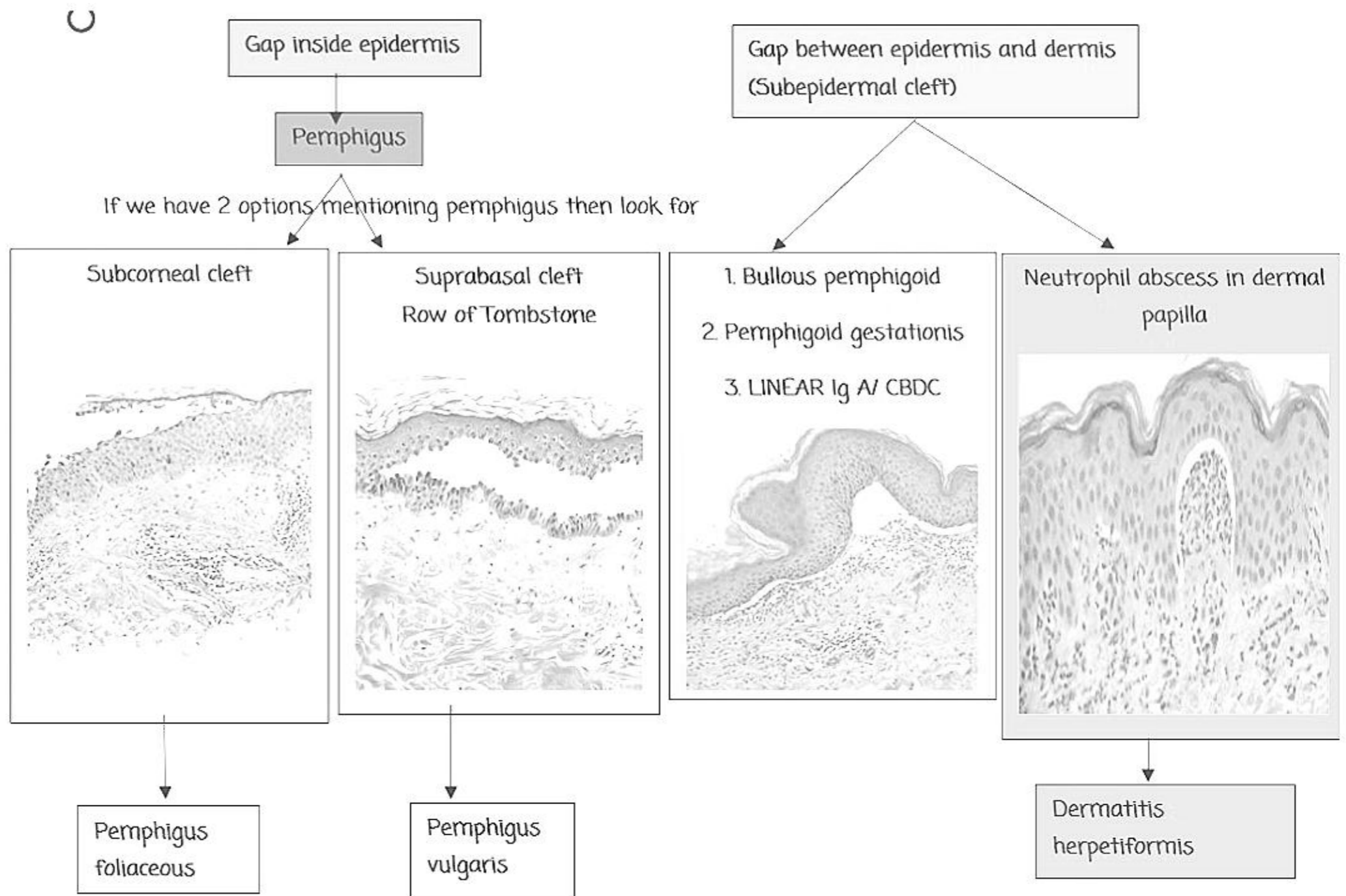
#### Dermatitis herpetiformis

- ❖ Papulovesicular lesions
- ❖ Severe itching
- ❖ Elbows, knees
- ❖ Gluten enteropathy



If histological findings are given, use it as a clue





Q8 Which of the following is used in diagnosis of airborne contact dermatitis?

- (A) Radioallergosorbent test (RAST)
- (B) Patch test
- (C) Serum Ig E
- (D) Oral provocative test

Ans : B

### PATCH TEST

To diagnose Contact dermatitis and identify the allergen



- Q9 A 40-year-old patient with chronic plaque psoriasis with 50% BSA involvement. He has no systemic features and arthritis. Which of the following should be used in his management?
- (A) Narrow band UVB
  - (B) Azathioprine
  - (C) Cyclosporine
  - (D) Prednisolone

Ans : A

#### Psoriasis management

First line treatment for plaque psoriasis with more than 10% BSA

- ❖ Phototherapy (NBUVB/ PUVA)

Rooks textbook of Dermatology 10<sup>th</sup> edition

- ❖ Methotrexate – mark if no option mentions NBUVB

Drug of choice for pustular psoriasis

- ❖ Acitretin
- ❖ Oral steroid in pregnancy

Drug of choice for psoriasis with psoriatic arthritis

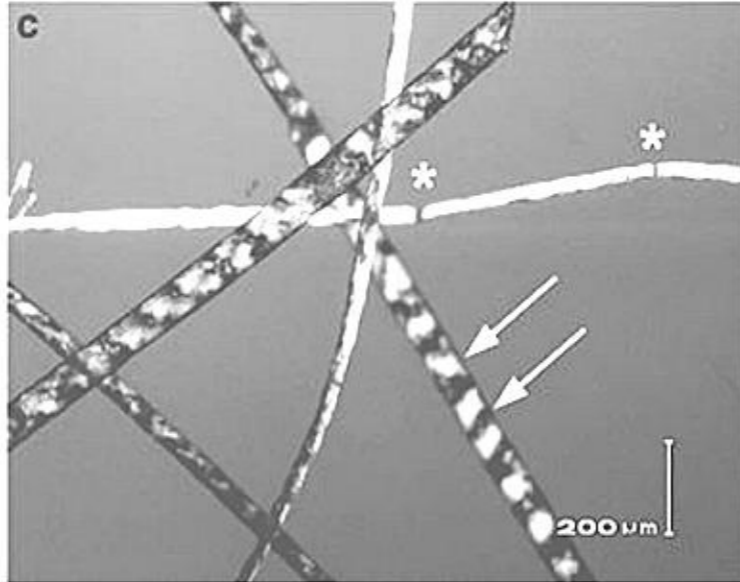
- ❖ Methotrexate

When to use cyclosporine?

- ❖ Induction of remission in life threatening erythrodermic psoriasis
- ❖ Fast acting
- ❖ Dose = 3-5 mg/kg



Q10 The hair shaft disorder with following hair microscopy finding is seen in

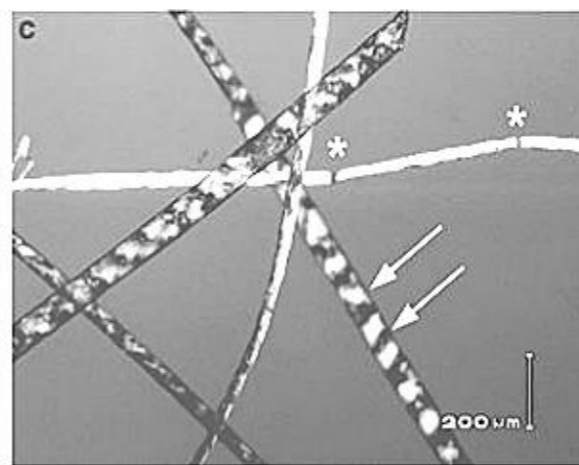
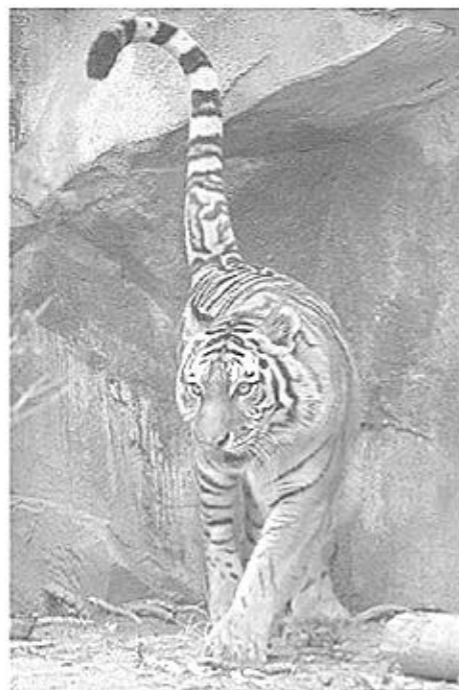


- (A) Trichothiodystrophy
- (B) Monilethrix
- (C) Trichorrhexis nodosa
- (D) Trichorrhexis invaginata

Ans A

Trichothiodystrophy

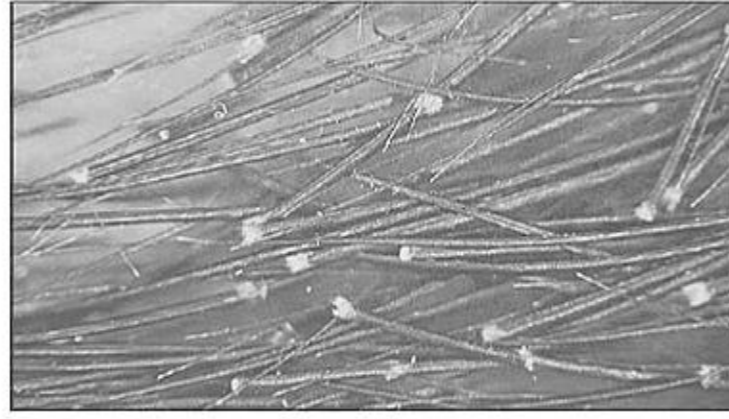
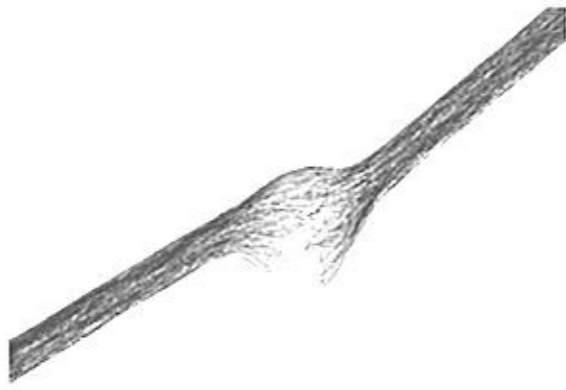
- ❖ AR
- ❖ Brittle hairs, photosensitivity, short stature
- ❖ Alternating light and dark bands called 'tiger-tail banding' in the hair shaft



Trichorrhexis nodosa

- ❖ Nodes along hair shaft ---> break
- ❖ Paint brush appearance





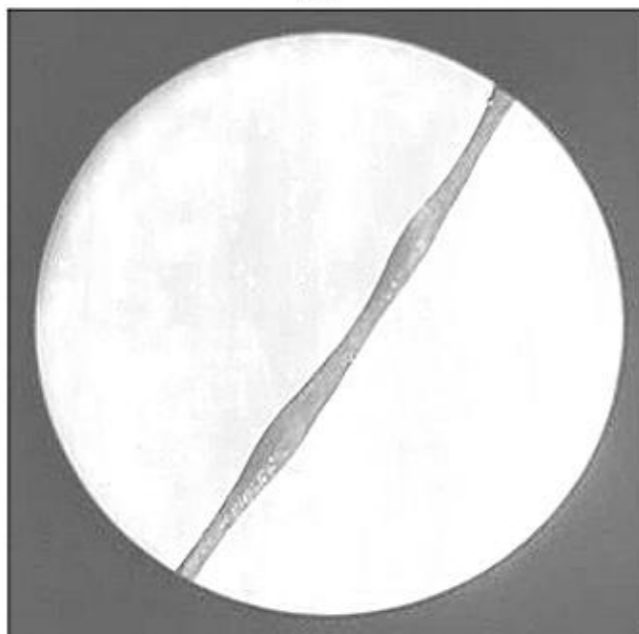
### Trichorrhexis invaginata

- ❖ Invagination of distal hair shaft into proximal
- ❖ Bamboo hair
- ❖ Netherton syndrome



### Monilethrix

- ❖ Beaded appearance



Q11 A farmer presented with following swelling on foot with discharging sinuses. What diagnosis you suspect?

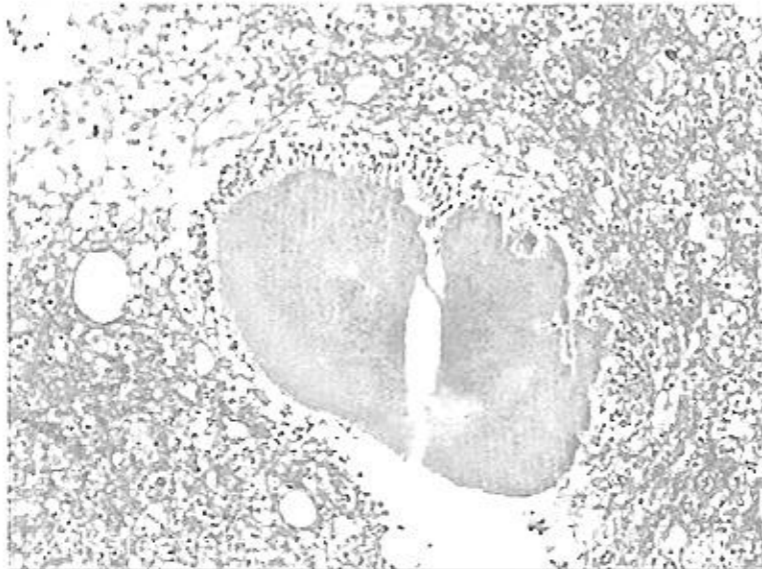
(A) Mycetoma

- (B) Chromoblastomycosis
- (C) Sporotrichosis
- (D) Subcutaneous phycomycosis



Ans : A

### MYCETOMA



Swelling + Discharging sinuses + Grains

#### Causes

##### Actinomycetoma

1. Actinomadura
2. Nocardia asteroides
3. Nocardia brasiliensis
4. Streptomyces somaliensis

##### Eumycetoma

1. Madurella
2. Acremonium
3. Fusarium

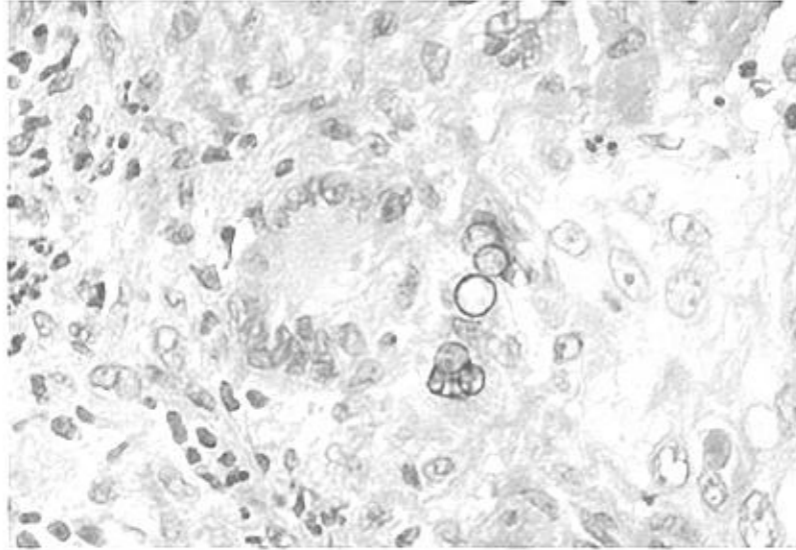
#### Causes

Actinomycetoma		Eumycetoma
Rapid progression		Slow
Early bone involvement		
Never black grain		Black grain



## CHROMOBLASTOMYCOSIS

Fonsecaea pedrosoi  
Cladophialophora



Copper penny bodies or sclerotic bodies

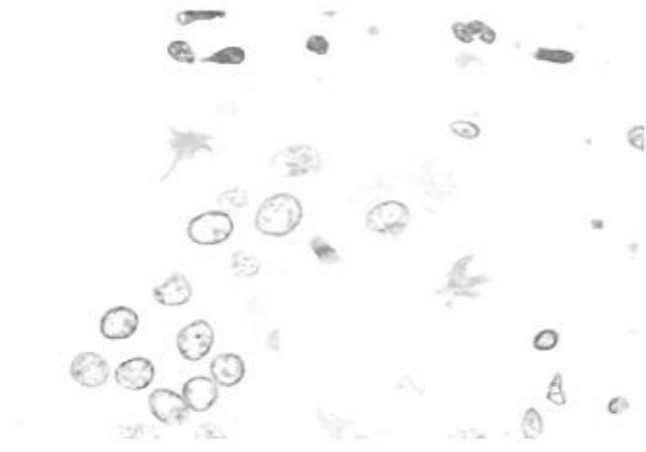
## SPOROTRICHOSIS



Sporotrichoid pattern

Asteroid bodies





### Phycomycosis

- ❖ Subcutaneous mycosis
- ❖ Caused by Basidiobolus and Conidiobolus
- ❖ Woody hard swelling on face/ buttock

