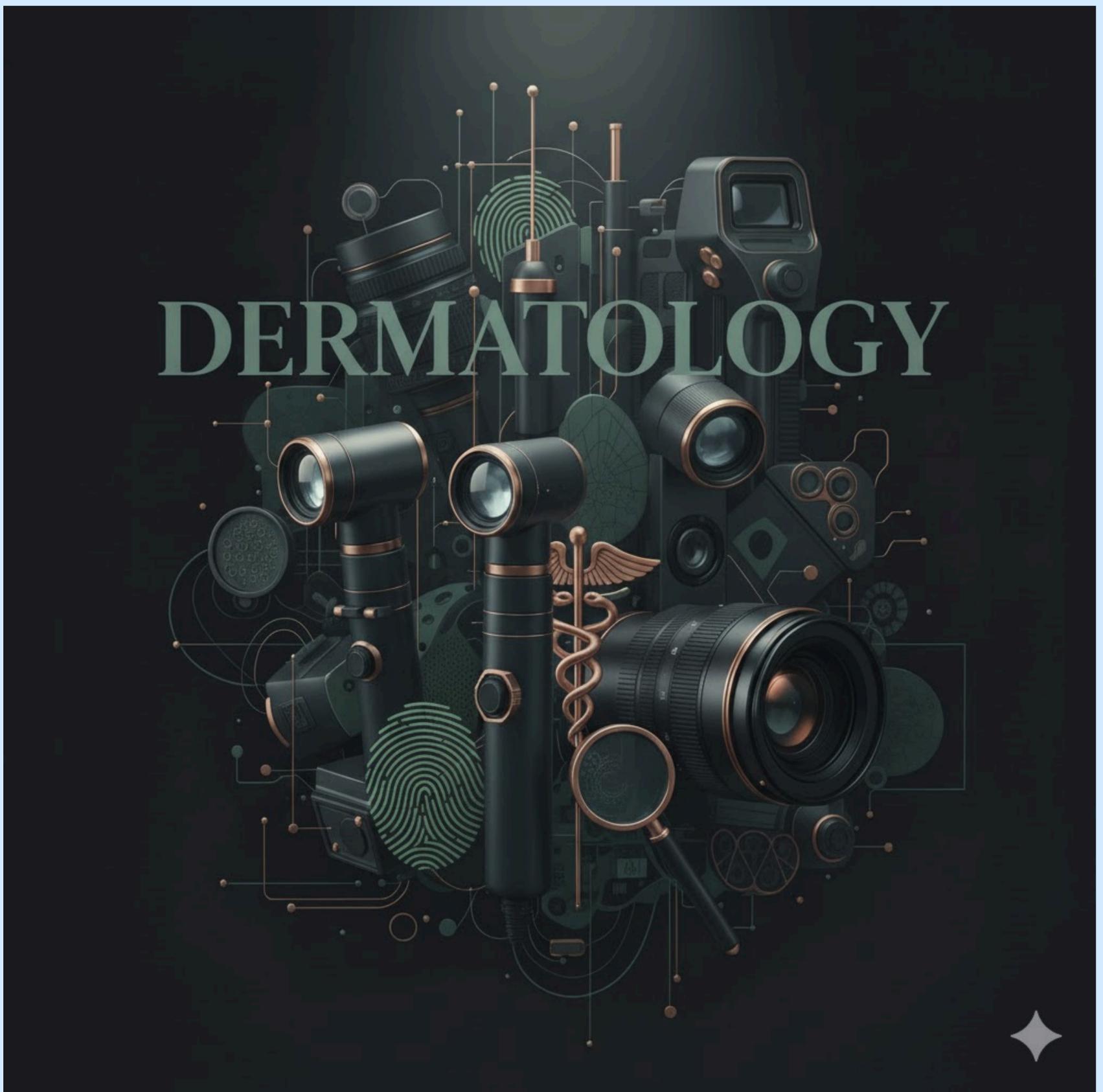


ARCHIVE DERMATOLOGY



Done by: YOSEF MAHADIN

- **Station 1:**

Definitions :

Dermatographism: A form of physical urticaria in which stroking or scratching the skin causes raised, red wheals.

Koebner phenomenon: Appearance of new skin lesions on previously unaffected skin after trauma, seen in psoriasis and lichen planus.

Onychomadesis: Shedding or separation of the nail from the nail bed due to temporary arrest of nail growth.

Target lesion: A central sore surrounded by pale red ring, typical primary lesion of erythema multiforme.

- **Station 2:**

Types of Urticaria:

Exercise: Cholinergic urticaria

Sunlight: Solar urticaria

Pressure: Pressure urticaria (Delayed pressure urticaria)

Water: Aquagenic urticaria

Fill in the blanks:

1. Histological feature of pemphigus vulgaris: **Suprabasal acantholysis.**

2. Best treatment of pemphigus vulgaris: **Systemic corticosteroids (prednisolone).**

3. Nikolsky's sign:

- Pemphigus vulgaris: **Positive**
- Bullous pemphigoid: **Negative**

4. Mucosal involvement:

- Pemphigus vulgaris: **Present**
- Bullous pemphigoid: **Absent**

- **Station 3:**

Causes :

Erysipelas: Group A β -hemolytic Streptococcus (*Streptococcus pyogenes*).

Erythrasma: *Corynebacterium minutissimum*.

Condylomata lata: Secondary syphilis (*Treponema pallidum*).

Scabies: *Sarcoptes scabiei* var *hominous*.

- **Station 4:**

Ichthyosis type of inheritance :

- **Ichthyosis vulgaris: (AD).**
- **Lamellar ichthyosis: (AR).**

- **Station 5:**

Eczema and Atopic Dermatitis:

1. Difference between acute and chronic eczema:

- **Acute eczema: Erythema, edema, vesicles, oozing, crusting (primary lesions).**
- **Chronic eczema: Lichenification, scaling, fissuring (secondary lesions).**

- **Symptoms:**
Acute – intense itching;
Chronic – thickened skin and mild itch.

2. Major criteria for diagnosing atopic dermatitis:

- **Pruritus (itching).**
- **Typical morphology and distribution (flexural lichenification).**

- **Station 6 : severe Acne Vulgaris vs Acne Fulminans**

Comparison: Severe Acne Vulgaris vs Acne Fulminans

Feature	Severe Acne Vulgaris	Acne Fulminans
Onset	Gradual	Sudden, severe onset
Comedones	Present	Absent
Systemic Symptoms	Absent	Present (fever, malaise, arthralgia)
Treatment	Oral isotretinoin	Systemic corticosteroids + isotretinoin

- **Station 7: Two Differential Diagnoses**

1. **Guttate psoriasis DDX: Pityriasis rosea, Secondary syphilis, drug eruption, lichen planus.**
2. **Tinea cruris DDX: Candidiasis, erythrasma, invers psoriasis, seborrheic dermatitis.**

- **Station 8: Gonorrhea & Other Infections**

1. **Diagnostic methods for Gonorrhea:**

- **Gram stain showing intracellular diplococci.**
- **Culture on Thayer-Martin medium or PCR test.**

2. **Causes:**

- **Condylomata acuminata: Human papillomavirus (HPV types 6 and 11).**
- **Tinea manuum: Dermatophyte infection (Trichophyton rubrum).**

- **Station 9: Pigmentation Disorders**

- **Hyperpigmented macules that may mimic NF1: Café-au-lait spots.**
- **Loss of pigment in body, hair & nails from birth: Albinism.**
- **Autoimmune disease causing total loss of scalp hair: Alopecia areata (totalis).**
- **Diffuse hair loss After stress or child birth : Telogen effluvium**

- **Station 10: Lichen Planus and SCC**

Types of lichen planus that may cause SCC:

1. **Hypertrophic lichen planus.**
2. **Erosive (ulcerative) lichen planus.**