



الطبيب والجراحة

للجراحة



# DERMATOLOGY MiniOSCE

Nabed

2-Aug-2023

Q1: Write the name of the disease for each lesion :

- 1. Flaccid bullae : pemphigoid vulgaris
- 2. Tenses bullae: bullus pemphigoid
- 3. Vesicles : dermatitis herpetiform
- 4. Target lesions: erythema multiforme

- Lichen planus variants that can cause SCC:
- Lichen sclerosis
- Hypertrophic
- Ulcerative

## Q2: Definition of :

- \*Beau's lines : single horizontal ridge caused by severe short term illness such as heart attack and measles
- \*Pterygium : the cuticle grows forward over the base of the nail and attaches itself to the nail plate
- \*Onycholysis : nail plate separate from nail bed
- \*Halo nevus : mole surrounded by a white ring
- \*Burrow : Slightly elevated, grayish, tortuous line in the skin ended by papule
- \*crust: Dried exudates such as pus or blood
- \*Nymph : eggs brown in color containing the louse
- \* Anonychia : absence of nail

- Non treponemal syphilis tests: الدكتور طلب الأسماء كاملة
- RPR rapid plasma reagin
- VDRL venereal disease research laboratory

Q3: Causative organisms of:

- \*Hand foot mouth disease: **Coxsackie A16 virus**
- 
- \*Herpes zoster : **Varicella zoster virus**
-

Q3: first line treatment of :

- \*Urticaria : 2<sup>nd</sup> generation anti-histamine
- 
- \*Freckles : sun protection
- 
- \*Alopecia Areata in adult: Intralesional topical steroid
- 
- \*adult with scabies : 25% benzyl benzoate lotion 3 applications between each of them 12 hours and repeat after 1 week

Q4: 2 systemic treatment of psoriasis :

- Phototherapy (PUVA and NB-UVB)
- Methotrexate ( low weekly dose)
- Retinoids ( Vit.A derivatives : Acitritin)
- Cylosporin
- Apremilist
- Biological treatment(Adalimumab, Etanercept, Secukinumab,Ustekinumab and others)

Q5: 5 variants of warts:

- Common wart
- Genital wart
- Plane warts
- Filiform warts
- Periungual wart:

Q5:

Three skin manifestation of SLE:

1. Malar rash
2. Photosensitivity
3. Discoid skin lesion
4. Urticaria, vasculitic urticaria
5. Periungual telangiectasia and erythema
6. Livido reticularis

**Q : mention the organisms causing these diseases:**

- **Hand Foot Mouth Disease:** **Coxsackie A16 Virus**
- **Chronic paronychia:** **Candidiasis**

# Station 9

- **Mention 2 clinical features of pityriasis rosea?**
  1. Herald patch
  2. Collarette scale
  3. Christmas tree distribution

- Causative organisms of :

- \*

- \*Kerion: Dermatophyte (Cattle ringworm)

9-Mention 2 variants of Acne ( severe forms ) indicate systemic Vit A Derivative :

- 1 Acne Fulminans
- 2 Acne Conglobata
- 3 Acne Vulgaris with scar Tendency

\*\* inheritance of lamellar ichthyosis:

Autosomal recessive

inheritance of ichthyosis vulgaris

dominant

- DX : **atopic dermatitis**

- Mention 3 symptom that patients suffer from ?

**Dryness , itchy , Specific eczematous lesions especially in flexures**



-Two drug induced acne

Corticosteroids

Lithium

Vit. B12

# Dermatology Mini-OSCE

30/ 8 /2023

By : malak hamasha

# Station 1

1. Mention 2 systemic disease associated with sweet syndrome ( acute febrile neutrophilic dermatosis ) ?

- RA

- SLE

- DM

2. Mention 2 oral antifungal ?

- Fluconazole

- Itraconazole

# Station 2

- Write the name of the disease for each lesion :

1.Flaccid bullae : pemiphegoid vulgaris

2.Tenses bullae: bullus pemiphegoid

3.Vesicles : dermatitis herptiform

4.Target lesions: erythema multiforme

# Station 3

1. Write 2 contraindication of using systemic isotretinoin ?

- Pregnancy
- Liver disease

2. Most common site of these types of endogenous eczema :

- A. Dyshidrotic eczema  hands ( between fingers )
- B. Stasis eczema  legs

# Station 4

- Definition of :

- Beau's lines : single horizontal ridge caused by severe short term illness such as heart attack and measles

- Pterygium : the cuticle grows forward over the base of the nail and attaches itself to the nail plate

- Onycholysis : nail plate separate from nail bed

- Anonychia : absence of nail

# Station 5

Define these :

- Halo nevus : mole surrounded by a white ring
- Burrow : Slightly elevated, grayish, tortuous line in the skin ended by papule
- crust: Dried exudates such as pus or blood
- Nymph : eggs brown in color containing the louse

# Station 6

1. Causative organisms of:

A. Hand foot mouth disease: **Coxsackie A16 virus**

B. Herpes zoster : **Varicella zoster virus**

2. 5 variants of warts :

1. **Common wart**

2. **Genital wart**

3. **Plane warts**

4. **Filiform warts**

5. **Periungual wart**

# Station 7

- first line treatment of :

- Urticaria : 2<sup>nd</sup> generation anti-histamine

- Freckles : sun protection

- Alopecia Areata in adult: Intralesional topical steroid

- adult with scabies : 25% benzyl benzoate lotion 3 applications between each of them 12 hours and repeat after 1 week

# Station 8

1. 2 diagnostic test of gonorrhoea :

- Urethral discharge smear and culture

2. Mention 2 mucus membrane changes occur in Oral lichen planus ?

- Pigmented

- Reticular

# Station 9

1. Write the cause of :

A. Syphilis  Treponema pallidum

B. Tinea incognito  dermatophyte (prolonged use of topical steroids) اكتبوا الجوابين احتياط

2. Write 2 skin manifestation with AIDS ?

Kaposi's sarcoma

Hairy leukoplakia

# Station 10

1. Spot diagnosis :

**Psoriasis inversa**

2. Write 3 ddx :

-lichen plans

-fungal infection

- Eczema

بعرفش اذا الإجابة هيك بس هاي اجاباتي



# Dermatology nabed

4/10/2023

Salma almawajdeh

Leen mbaidin

Fuad aljawazneh

1) Mention 2 systemic manifestations of acne fulminans :

- fever
- osteolytic lesions

2) Mention most common location for :

- pityriasis rosea :trunk or neck
- Discoid (nummular) eczema:extremities

3) Mention 3 causes for recurrent boils (Furunculosis) :

1. Health care worker carrier MRSA
2. Anemia
3. Diabetes
4. Obesity

4) Describe :

- oil-drop lesion :yellow or salmon circular discoloration of nail seen in psoriasis
- Onycholysis: Nail plate separates from the nail bed

• 5) mention poor prognosis markers of alopecia areata :

-Childhood onset of disease

-Atopy.

-Ophiasis (band of alopecia in occipital region)

-Nail dystrophy

-Family history of other autoimmune disorders

-Presence of autoantibodies.

6) Clinical manifestations of netherton syndrome :

Ichthyosis linearis circumflexa , Eczematous pruritic plaques due to atopy,  
Hair shaft abnormality since infancy (bamboo hair) , Scalp alopecia

7) Mention 2 Skin manifestations of AIDS:

- Severe seborrheic dermatitis
- Eosinophilic folliculitis of AIDS

8) Skin manifestations of Dermatomyositis:

- Periungual telangiectasia and erythema
- Heliotrope erythema
- Gottron's papules
- Photo distributed Poikiloderma (Triad of: Atrophy + Hyperpigmentation + Telangiectasia +/- Hypopigmentation)

9) What are the characteristics of impetigo lesions ?

- Pustules and honey-colored crusted erosions

10) Characteristics of guttate psoriasis:

-Characterized by small, scattered, pink, oval (drop-shaped) papules with silvery scaling that usually appear on the trunk and extremities

11) what is the causative agent of :

-syphilis :Treponema pallidum spirochete

-Majocchi granuloma :Dermatophytes

12) Treatment of crusted scabies :

-repeated oral and topical treatments over several weeks or longer.

13) Pic of urticaria :

-what's the primary lesion : wheal or hives

- skin tests needed :Skin prick test and RAST (radioallergosorbent tests) or CAP fluoroimmunoassay

- primary lesion of Urticarial vasculitis urticaria-like plaques (wheal or hives )

14) Pic of groin erythematous lesion

- diagnosis : erythrasma

-ddx : psoriasis , candida infection

15) Describe the disease pattern of telogen effluvium:

-following a number of stimuli the majority of hair follicles may enter the resting phase (telogen) at the same time (synchronously) resulting in diffuse shedding approximately 2 months after the triggering event, often described as the hair 'falling out by the roots. This is usually an acute self-limiting phenomenon, usually resolving within 6 months

16) Mention 2 blood tests of lichen planus

- fasting blood glucose - Ivt (hep.c)

17) Difference between common insect bite and sand-fly :

-Insect bites are localized, often clustered in groups of 3–5 lesions, and they appear in crops. Bites persist for days. Close inspection reveals a central punctum

Sand fly:Painless small red papule or nodule

18) Difference between chilblains and Raynaud's phenomenon:

-chilblains An itchy, sore, tingly, red area resulting in broken skin , when Prolonged exposure to cold and poor circulation

- Raynaud's phenomenon :fingers that turn pale or white then blue when exposed to cold, then red when the hands are warmed as a result of systemic disease

# Nabed

Done by:

Tamara almahadeen

Sajedah magableh

Naba jehad

## **Q.1 Define :**

**A.pytregium:** an abnormal winged like growth of skin (living tissue )on the nail plate

**B.condyloma acuminatum :**is a genital wart caused by HPV

**Q2.What is the indication of uses wood's light  
(cause+color )**

1.Tinea capitis :bright green

2.Tinea versicolor:golden yellow

3.Erythrasma: coral pink

4.pitted keratolysis: coral red

### **Q3. One disease treated by intralesional steroids**

Alopecia areata

### **Q4. Types of pediculosis**

1. *Pediculus humanus var. capitis*» The head louse

2. *Pediculus humanus var. humanus*» The body louse

3. *Phthirus pubis*» The pubic louse

## **Q5.complication of Gonorrhoea**

**1.epididymitis, orchitis and proctitis in male**

**2. salpingitis and PID in females**

**3.infertility**

**4.Gonococemia**

## **Q6.What is the causative agent of:**

**a. bullous impetigo: staphylococcus aureus**

**b. erysiples: staphylococcus aureus**

**Q7.Primary lesion of:**

**a. psoriasis: plaques**

**b. acne vulgaris: comedones**

**Q8.Raynaud's phenomenon color change in order**

**White» blue» red**

**Q.9.Skin site of:**

**a. Dishydrotic eczema: Hands, feet**

**b. atopic dermatitis on children: flexures**

**c. seborrheic dermatitis on adults: nasolabial folds**

**Q.10 Non invasive test in clinic for:**

**1.Kerion: wood's light and KOH**

**2.contact allergic dermatitis: patch test**

**Q11.Two clinical manifestation of lamellar ichthyosis:**

1.scarring alopecia

2.Ectropion, Eclabium

**Q12.Three causes of postinflammatory hypopigmentation:**

1.Tinea versicolor

2.pityriasis alba

3.psoriasis

**Q13. Causes of bullous (Two metabolic, one infectious):**

1. DM 2. ?? 3. ??

Q14. skin manifestation of parathyroidism??

**Q15. Four difference between herpes zoster and herpes simplex**

1. causative agent: zoster by varicella zoster virus

herpes by HSV 1,2

2. herpes zoster: painful, herpes simplex: painless

3. Herpes zoster presents on dermatomal distribution

4. primary lesion of herpes simplex is blister,

herpes zoster is vesicles and blister

**Q16.**

**a. describe the picture:**

**b. D.Dx:**

1.secondary syphilis

2.Lichen planas

3.Guttate psoriasis



*Dermatology*

# Impetigo

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## ❖ Mention the possible complications of impetigo

1. Soft tissue infection (cellulitis & lymphangitis)
2. Staphylococcal scalded skin syndrome (SSSS); in **infants under 6 years** or **adults with renal insufficiency**
3. Toxic shock syndrome (*S.aureus*) & Toxic shock like syndrome (*S.pyogens*)
4. Post-streptococcal glomerulonephritis (*S.pyogens*)
5. Rheumatic fever (*S.pyogens*); only if the bacteria also infect the throat

## ❖ Indications

# Cryotherapy

- Warts
- Molluscum contagiosum
- Orf
- Callus
- Actinic keratosis
- Skin cancers

## ❖ Mention 2 drugs that can induce acne

- Anabolic steroids – Danazole, Stanazole
- Corticosteroids
- phenytoin
- Lithium
- Iodides, bromides, Vit. Supplements, cough compounds and sedatives
- Azathioprine, Vit. B12, cyclosporine

## Q4: 2 systemic treatment of psoriasis :

- Phototherapy (PUVA and NB-UVB)
- Methotrexate ( low weekly dose)
- Retinoids ( Vit.A derivatives : Acitritin)
- Cylosporin
- Apremilist
- Biological treatment(Adalimumab, Etanercept, Secukinumab, Ustekinumab and others)

# Bacterial endocarditis

1. Purpura
2. Nail fold infarction
3. Splinter hemorrhage
4. Janeway lesions
5. Osler's nodules



- Bamboo hair seen in ? Netherton syndrome.
- The Pattern of androgenetic alopecia in female → □ In female: thinning over the central scalp , usually preservation of the frontal margin
- -Distal Onychomycosis cause: Dermatophytes (Tinea unguium)
- Exclamation mark seen in? Alopecia areata

- Define onychomadesis: nail shedding seen in Hand-Foot-Mouth disease
  - Primary lesion of:
  - Molluscum contagiosum: papule
  - Psoriasis: plaque
- 
- Mention 2 systemic manifestation seen in acne fulminans: osteolytic lesion, fever

- Mention one screening and one confirmatory test for syphilis: بدون اختصارات
- ● autoimmune disease associated with alpeaca areata → □ Dm , celiac disease, vitiligo, atopic dermatitis, collagen vascular disease
- ● Risk factor for melasma → □ Pregnancy Birth control pills Postmenoposal estrogen
- ● Azelac acide used yo treat? Acne Melasma
- ● Definition of ? Fixed drug eruption: post inflamatoy hyperpigmentation,, Ash leaf spots: hypopigmentation associated with tuberous sclerosis
- ● Icthyosis vulgaris : autosomal dominant,, Lamellar ichthyosis : autosomal recessive
- ● Heraled patch in → □ pityriasis rosea
- ● causative agent of nongonococcal urthritis → □ Chlamydia trochomatis (Mostly), Ureaplasma
- urealyticum, Trichomonas vaginalis and rarely by others

# dermatology

sondos Al Qatawneh

shahd Ayoub

### 1. Mention 4 variants of warts

Common wart

Genital wart

Plane warts

Filiform warts

Periungual wart:

### 2. Mention 2 clinical features of pityriasis

rosea?

1. Herald patch

2. Collarette scale

3. Christmastree distribution

### 3. characteristics of

\*impetigo:

-bullous and honey-colored crusted erosions

non bullous

\*Ecthyma: An ulcerated impetigo (bullous impetigo → punched-out necrotic ulcer that heals slowly, leaving a scar)

### 4. what is the causative agent of :

-syphilis : *Treponema pallidum* spirochete

Gonorrhoea: *Neisseria gonorrhoeae*

## 5. Causes of metabolic bullous eruption

DM

Bullous pemphigoid

Porphyria

## 6. Indications for Cryotherapy

Warts

Molluscum contagiosum

Orf

Callus

Actinic keratosis

Skin cancers

## 7. Causes of androgenetic alopecia in female?

Hormonal role

Pcos

Certain medicines, such as estrogen  
familial

## 8. Inheritance of

Ichthyosis vulgaris : autosomal dominant,,

Lamellar ichthyosis:autosomal recessive

9. Mention 4 types of induced urticaria:

Dermographism

Contact urticaria

Cholinergic urticaria

Cold urticaria

Delayed pressure urticaria

Solar urticaria

10. Mention 2 causes of exogenous eczema :-

Contact allergic dermatitis

Contact irritant dermatitis

Contact allergic photodermatitis

Contact irritant photodermatitis

## 11. Mention 2 mucocutaneous changes in secondary syphilis?

Rash: diffuse, symmetric, asymptomatic.

Condylomata lata.

Patchy alopecia.

Mucous patch- oral mucosa.

## 12. Mention 2 blood tests for late onset acne:

Free testosterone

DHEAS

17-hydroxyprogesterone

AM serum cortisol level

LH /FSH ratio

13. Mention 2 the variants of tinea pedis:

1) interdigital

2) moccasin

3) vesicular or bullous

14. Mention 2 cutaneous manifestations associated with malignancy in most or all cases:

Bazex syndrome

Carcinoid syndrome

Ectopic ACTH syndrome

Paget's disease

Glucagonoma syndrome

15. Mention 4 causes for Onycholysis:

psoriasis

fungal infection

hyperthyroidism

hypothyroidism

16. Mention 2 anti-monials treated leishmania  
(intravenous or intramuscular)

Sodium stibogluconate

Meglumine antimoniate.

17. Lichenification is skin lesion for ... Chronic eczema

18. Mention the cells that are involved in psoriasis:

1. keratinocytes
2. Dendritic cells
3. T-cells

19. Mention 4 Causes of Hypertrichosis:

hyperthyroidism

porphyria

anorexia nervosa

steroid

minoxidil

20. Female with celiac disease ass with ....Dermatitis

herpetiformis

# Nabed

## 7th of February 2024

done by : khozama saadah

- **Q1) What is the Causative organism of :**

- ✓ **A. Chancroid** : Haemophilus ducreyi

- ✓ **B. Tinea cruris** : dermatophyte

- **Q2) Specific test for syphilis :**

- ✓ Treponemal tests

- **Q3) defention of**

- ✓ **1. Nymph** : Eggs ( brown in color containing the louse).

- ✓ **2. Nit:** Hatched nymph leaves an empty capsule which is white in color. Nits are flask-shaped

- ✓ **3. Alopecia effluvium** : following a number of stimuli the majority of hair follicles may enter the resting phase (telogen) at the same time (synchronously) resulting in diffuse shedding approximately 2 months after the triggering event, often described as the hair 'falling out by the roots. This is usually an acute self-limiting phenomenon, usually resolving within 6 months

- ✓ **4. Burrow:** Slightly elevated, grayish, tortuous line in the skin ended by papule.

- **Q4) topical tx for**
  - ✓ **1. Malasma** : Azelaic acid
  - ✓ **2. Vitiligo** : topical corticosteroid
  - ✓ **3. Alopecia areata** : minoxidil
  - ✓ **4. Hirsutism** : eflornithine
- **Q5) Defetion of :**
  - ✓ **A. Targetoid lesion** : a skin lesion that resemble a bullseye
  - ✓ **B. Koebner phenomenon** : Describes the appearance of new skin lesions of a pre-existing dermatosis on areas of cutaneous injury in otherwise healthy skin.
- **Q6) Mention 2 condition associated with significant pruritus**
  - ✓ Dermatitis herpetiformis
  - ✓ Palmoplantar psoriasis

- **Q7) Mention 3 causes of androgenetic hair loss in females**
  - ✓ pcos
  - ✓ familial
  - ✓ hormonal role
- **Q8) Mention 3 of the hair cycle :**
  - ✓ anagen
  - ✓ catagen
  - ✓ telogen
- **Q9) Mention 4 types of warts :**
  - ✓ Common wart
  - ✓ Plantar wart
  - ✓ Flat wart/plane warts
  - ✓ Condyloma acuminata
- **Q10) Give 2 DDX for orf :**
  - ✓ Insect bite
  - ✓ Infected wound
  - ✓ Leishmania

- **Q11) mention 2 condition associated with localized pruritis :**
  - ✓ Pruritus ani
  - ✓ Pruritus vulvae and scroti
- **Q12) mention The 2 most severe types of psoriasis that require systemic Tx**
  - ✓ Chronic palmoplantar pustulosis
  - ✓ Erythrodermic psoriasis
- **Q13) Primary lesion of :**
  - ✓ A. Lichen planus : Papules
  - ✓ B. Psoriasis vulgaris : Plaque
- **Q14) mention 2 oral antifungal :**
  - ✓ fluconazole
  - ✓ itraconazole

- **Q15) mention 2 clinical features of Netherton syndrome :**
  - ✓ Scalp involvement.
  - ✓ Hair shaft abnormality since infancy (bamboo hair) improves with age.
- **Q16) mention 2 skin manifestation of rheumatoid arthritis :**
  - ✓ Rheumatoid nodules
  - ✓ Periungual telangiectasia and erythema
- **Q17)Mention 2 drugs thant aggrivate acne :**
  - ✓ Corticosteroids
  - ✓ phenytoin
- **Q18)Mention the characteristic site for:**
  - ✓ **A.Pityriasis rosea** : trunk
  - ✓ **B.Discoid eczema** : extremities

# DERMATOLOGY Mini-OSCE

Rahma sarairoh

## **1) Describe the disease pattern of telogen effluvium:**

-following a number of stimuli the majority of hair follicles may enter the resting phase (telogen) at the same time (synchronously) resulting in diffuse shedding approximately 2 months after the triggering event, often described as the hair 'falling out by the roots. This is usually an acute selflimiting phenomenon, usually resolving within 6 months

## **2) Mention 2 blood tests of lichen planus**

- fasting blood glucose - (hep.c panel)

### **3)Difference between common insect bite and sand-fly :**

-Insect bites : localized, often clustered in groups of 3–5 lesions, and they appear in crops. Bites persist for days. Close inspection reveals a central punctum

Sand fly: Painless small red papule or nodule

### **4)Difference between chilblains and Raynaud's phenomenon:**

-chilblains An itchy, sore, tingly, red area resulting in broken skin , when Prolonged exposure to cold and poor circulation

- Raynaud's phenomenon : no itchy ,fingers that turn pale or white then blue when exposed to cold, then red when the hands are warmed as a result of systemic disease

## 5) **Urticarial vasculitis vs urticaria :**

Urticarial vasculitis:

Painful

Persist >24 hours

urticaria:

Painless

Less than 24 hours

**6) Characteristics of guttate psoriasis:** -Characterized by small, scattered, pink, oval (drop-shaped) papules with silvery scaling that usually appear on the trunk and extremities

**7) what is the causative agent of :**

syphilis :Treponema pallidum spirochete Magicchi granuloma  
:Dermatophytes

**8) Skin manifestations of Dermatomyositis:** -Periungual telangiectasia and erythema

- Heliotrope erythema
- Gottron's papules
- Photo distributed Poikiloderma

**9) What are the characteristics of impetigo lesions ?**

- Pustules and honey-colored crusted erosions

## **10) mention poor prognosis markers of alopecia areata :**

- Childhood onset of disease
- Atopy.
- Ophiasis (band of alopecia in occipital region)
- Nail dystrophy
- Family history of other autoimmune disorders
- Presence of autoantibodies.

## **11) Clinical manifestations of netherton syndrome :**

- Ichthyosis linearis circumflexa
- Eczematous pruritic plaques due to atopy,
- Hair shaft abnormality since infancy (bamboo hair)
- Scalp alopecia

**12) Mention 2 systemic manifestations of acne fulminans :**

- fever
- osteolytic lesions
- Hepatosplenomegaly

**13) Mention 3 causes for recurrent boils (Furunculosis) :**

1. Health care worker carrier MRSA
2. Anemia
3. Diabetes
4. Obesity

**14) Define :**

- oil-drop lesion :yellow or salmon circular discoloration of nail seen in psoriasis
- Onycholysis: Nail plate separates from the nail bed

## **15)Mention most common location for**

pityriasis rosea :trunk or neck

Discoid (nummular) eczema: extremities (leg)

## **16) Mention Early congenital syphilis:**

1. Hepatomegaly most common findings and may associated with splenomegaly.
2. Jaundice, may or may not present.
3. Rhinitis, one of the first clinical presentation. (Snuffles)
4. Generalized non-tender lymphadenopathy
5. Maculopapular skin rash appears 2 weeks after rhinitis

## **17) mention diagnostic test: any test**

KOH , wood light , dermatoscope , skin patch

## **18 ) Mention 2 Skin manifestations of AIDS: -**

1. Oral candidiasis extending into the oesophagus
2. Kaposi's sarcoma
3. Hairy leukoplakia
4. Eosinophilic folliculitis of AIDS
5. Proximal onychomycosis
6. Severe seborrheic dermatitis
7. Opportunistic infections
8. Severe bacterial ,viral and fungal infections

**19) Treatment of crusted scabies** : -repeated oral and topical treatments over several weeks or longer. (25% benzyl benzoate lotion)

**20) Disorders almost always associated with malignancy :**

1. Bazex syndrome
2. Glucagonoma syndrome
3. Paget`s disease of the breast
4. Carcinoid syndrome
5. Ectopic ACTH syndrome

# Dermatology Mini- OSCE

- **Q1: Two dermatologic manifestation of behcet disease**

**A:** Oral ulcers **B:** Genital ulcers

- **Q2: What is the causative agent of the following?**

**A:** Chronic paronychia: candida **B:** Syphilis: treponema pallidum

- **Q3: List two tests to confirm diagnosis and do proper management for gonorrhea**

**A:** urethral discharge smear **B:** culture (thayer-martin)

- **Q4: What is the treatment of syphilis:** Benzathine penicilline G

- **Q5: Name 2 clinical presentations of onychomycosis:**

White superficial/ proximal subungual/ distal subungual/ Candida

- **Q6: Name 2 systemic manifestations of acne fulminans**

**A:** fever **B:** osteolytic lesions **C:** hepatosplenomegaly

- **Q7: Name 2 systemic associations of lichen planus**

**A:** DM **B:** hepatitis C

- **Q8: Name 2 clinical variants of tinea pedis**

**A:** interdigital **B:** moccasin **C:** vesicular or bullus

- **Q9: What is pattern of inheritance for the following**

**Laminar ichthyosis:** autosomal recessive **Ichthyosis vulgaris:** autosomal dominant

- **Q10: Name one important complication of hand foot mouth disease**

- Dehydration/nail changes (onychomadesis)

- **Q11: Name 2 causes for localized hypertrichosis**

Repetitive rubbing or scratching/ application of cast/ use of minoxidil/ potent topical steroids/ iodine/ psoralen

- **Q12: Give the topical treatment for the following**

**Hypertrichosis:** treat underlying cause/ stop implicated drug/ symptomatic (shaving, waxing)

**Hirsutism:** Eflornithine **Androgenetic alopecia:** minoxidil/ finasteride

- **Q13: What is the characteristic rash in the following**

**Bullous pemphigoid:** tense subepidermal bullae **Dermatitis herpetiformis:** vesicles

- **Q14: What is the immunofluorescence pattern in the following:**

**Bullous pemphigoid:** linear pattern **Pemphigus vulgaris:** fish-net pattern

- **Q15: Name 4 types of warts:** Common/flat/filiform/periungual/plantar/mosaic/condyloma acuminata

- **Q16: What is the difference between scabies in infants and adults**

- treatment: benzyl benzoate in adults, Crotamitone in infants

- face involvement: spares face in adults, involve face in children **Acropustulosis** in infants

- **Q17: Name 4 indications for cryotherapy**

Warts/ callus/ molluscum contagiosum/ skin cancer/Orf/ leishmaniasis

- **Q18: 3 causes of nail pitting**

Psoriasis/ eczema/ alopecia areata/ lichen planus

- **Q19: Define koilonychia** Flat or Spoon-shaped nail often thin and soft

- **Q20: Name 3 clinical features of atopic dermatitis** Dry skin/ itching/ specific eczematous lesions in flexures