

Dermatology modified archive

By Mahmoud Barakat

Answers are not audited

ملاحظات

- ❖ هذا الملف رتبت فيه أسئلة الأرشيف حسب المواضيع مشان استعملهم لدوسية الجلدية، ولكونه دوسية الجلدية كبيرة وصعب تخلص قبل الامتحان بيومين هذا الملف بديل تدرس عليه في حال كنت مضغوط بالوقت لكن طبعا خلي ببالك لازم تخلصه بالكامل مشان يدوب تتجح بالامتحان كونه نسبة السنوات في الامتحان حوالي ال40%
- ❖ هذا الملف شامل على أسئلة سنوات حتى أول امتحان من دفعة وريد **ولن يتم تجديده** كونه ملف جانبي انعمل خلال شغلي

Bacterial skin infections

Common Bacterial Infections

1. Impetigo
2. Ecthyma
3. Cellulitis and Erysipelas
4. Folliculitis
5. Erythrasma
6. Pitted Keratolysis

Essay

❖ **Mention one topical treatment**

- Impetigo: Topical antibiotic
- Cellulitis: antibiotic such as bacitracin

❖ **First line treatment**

- Impetigo with more than 5 lesions: Oral Antibiotic

❖ **What is the primary lesion of**

- Folliculitis: pustule

❖ **The best diagnostic test**

- Erythrasma: Wood light

❖ **Identify the causative agent of**

- Carbuncle: S.aureus

What is the diagnosis

A. Impetigo

B. Cellulitis

C. Ecthyma

D. Erysipelas

E. Necrotizing fasciitis



Impetigo

- ❖ What is your Diagnosis ?
 - Impetigo
- ❖ What is the management ?
 - Cleanse the wound
 - Apply antiseptic 2-3 times daily for five days
 - Suitable oral antibiotics + Topical antibiotics

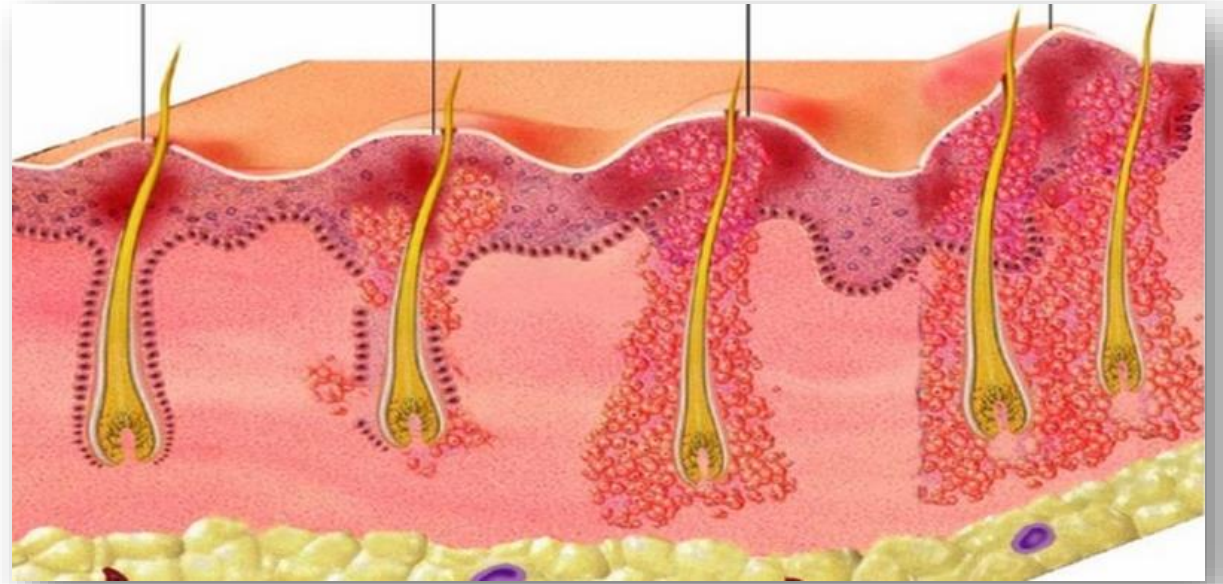


Mention 3 causes for recurrent boils (Furunculosis)

1. Health care worker carrier MRSA
2. DM
3. Anemia
4. Obesity
5. AIDS
6. Cancer

(Most common) Causative agent for this case

- A. Streptococcal bacteria
- B. *Staphylococcus aureus***
- C. *Streptococcus epidermis*
- D. Staphylococcal albus
- E. *Propionibacterium acnes*



What is the diagnosis

- A. vitiligo
- B. erythrasma**
- C. Tinea versicolor
- D. Pitted keratolytic
- E. Tinea corporis



What is the diagnosis

Erythrasma



Erythrasma

➤ Brownish scaly hyperpigmentation on axilla female positive woods light

❖ **Appearance on woods light**

- Coral-pink color

❖ **Diagnosis**

- Erythrasma

❖ **Cause**

- *Corynebacterium minutissimum*

❖ **One line of treatment**

- antiseptic or topical antibiotic
- clindamycin solution, erythromycin creams

❖ **Another site**

- groin, submammary

What is the diagnosis ?

1. Erythrasma
2. Tinea pedis
3. Planter warts
4. **Pitted keratolysis**



Pitted keratolysis

❖ Describe what you see:

- Whitish skin and clusters of punched-out pits on the sole of the foot.

❖ What medication can be used?

- Topical antibiotics (erythromycin, clindamycin)

❖ What is the causative organism? (Mention one only)

- *Corynebacteria*, *Dermatophilus congolensis*, *Kytococcus sedentarius*, actinomyces and streptomyces



Pitted keratolysis

- ❖ What is the best topical treatment for this lesion ?
 - Clindamycin, erythromycin



Pseudomonas infection

- ❖ Diagnosis: Pseudomonas
- ❖ Mention 4 Ddx
 1. Tinea pedis
 2. Psoriasis
 3. Eczema
 4. Pompholyx
- ❖ Mention 2 diagnostic tests
 - KOH prep
 - Wood's light



What is the diagnosis ?

- A. Tenia pedis
- B. Pseudomonas**
- C. Warts
- D. psoriasis



Viral skin infections

Common Viral Infections

1. Herpes simplex
2. Herpes zoster
3. Warts
4. Molluscum contagiosum
5. Orf
6. Hand foot mouth disease

Essay

❖ First line treatment

- Orf: Cryotherapy
- Adult with chickenpox presented after 10 Hours: oral Valaciclovir 500mg / 3 times per 5 days

❖ What is the primary lesion of

- Herpes simplex: vesicle
- Herpes zoster: vesicles / blisters
- Plana Wart: small, smooth flattened wart, flesh-colored
- Mulloscum contagiosum: papule
- Hand Foot Mouth disease: vesicle

سنوات (2)

Essay

❖ What is the cause of

- Eczema herpeticum: HSV
- Herpes zoster: VZV
- Chicken pox: VZV
- Planter warts: HPV

Essay

❖ What is your possible

- 50-years old female with pink shiny smooth papule on the genital area
DX: Molluscum contagiosum
- Child with multiple pink shiny papule on his face
DX: Molluscum contagiosum
- Child presented with maculopapular rash which had resolved after few days associated with lymphadenopathy
DX rubella
- Child come with erythema of the soft palate and lymphadenopathy
DX rubella

Herpes Simplex

❖ Describe

- Clear vesicles sitting on top of an erythematous base “dew drops on a rose petal appearance”

❖ Diagnosis

- herpes simplex



Herpes Simplex

❖ Describe

- Clear vesicles sitting on top of an erythematous base “dew drops on a rose petal appearance”

❖ Deferential diagnosis

- Herpes simplex
- Herpes zoster
- Eczema herpeticum



What is the diagnosis ?

- A. Dermatitis herpiformis
- B. Herpes simplex**
- C. Acne vulgaris
- D. Herpes zoster
- E. Eczema herpeticum



What is the diagnosis ?

Eczema herpeticum



What is the diagnosis ?

- A. Vasculitis
- B. Urticaria
- C. Photocontact dermatitis
- D. Herpes zoster**
- E. Molluscum contagiosum



Warts

- ❖ What is the cause of this lesion?
 - HPV
- ❖ Mention 2 other clinical form?
 - Common wart
 - Genital wart
 - Plane warts
- ❖ Mention 2 line of treatment?
 - Cryotherapy
 - Curettage and cautery
- ❖ Cause of these black dots
 - Thrombosed veins



Planter warts grouped together, producing so-called 'mosaic' warts

Write 4 modalities of treatment for this disease

1. Salicylic acid
2. Cryotherapy
3. Curettage and cautery
4. Imiquimod



Which type of warts can resolves spontaneously ?

❖ **Answer:** Plane warts

- **Note:** Plane warts are extremely difficult to treat effectively and attempts at treatment may do more harm than good. They will resolve spontaneously eventually and are best left alone.



What is the diagnosis

- A. leishmania
- B. Orf**
- C. Tinea manuum
- D. Ganuloma annulare
- E. Abscess



Orf

❖ Describe what you see

- A solitary, inflammatory nodule of granulation tissue

❖ Diagnosis

- Orf

❖ Differential diagnosis

- Insect bite
- Infected wound
- Leishmania
- Tinea manuum



Hand, foot and mouth disease

❖ What is the causative organism of this disease ?

- Coxsackie virus (CV) A16

❖ Mention the complications

1. Dehydration due to inadequate fluid intake
2. Transverse lines that slowly move outwards
3. Nail shedding (onychomadesis) about 2 months after the illness



Hand, foot and mouth disease

❖ Describe this sign

- Onychomadesis (Nail shedding)

❖ In which disease is this sign seen

- Hand, foot and mouth disease



Superficial fungal skin infections

Essay

❖ What is the cause of

سنوات (5)

- Kerion: Dermatophytosis (*T. verrucosum*); Cattle ringworm
- Tinea capitis: Dermatophytosis
- Tinea favous: Dermatophytosis (*Trichophyton schoenleinii*)

سنوات (4)

- Tinea (Pityriasis) versicolor: *Malassezia furfur (pityrosporum orbiculare)*
- Angular cheilitis: *Candida albicans*

❖ What is the best diagnostic test for

- Pityriasis versicolor: Wood's lamp
- Tinea corporis: KOH prep

❖ Define KOH test

- is a quick, inexpensive fungal test to differentiate dermatophytes and *Candida albicans* symptoms from other skin disorders like psoriasis and eczema

Essay

❖ Most Common Tinea in ADULT ?

- Tinea pedis

❖ Mention the variants of tinea pedis:

1. interdigital
2. moccasin
3. vesicular or bullus

❖ Woods light of tinea versicolor

- Golden yellow

❖ Pt. With Annular scaly lesion, you have to exclude - **tinea corporis**

❖ Why tinea versicolor cause hypopigmentation?

- This fungus produce azelaic acid which is tyrosinase inhibitor and this led to depigmentation

Essay

- ❖ Give 2 cases where superficial fungal infection treated with systemic antifungals
 - Nail involvement
 - Hair involvement

Tinea capitis

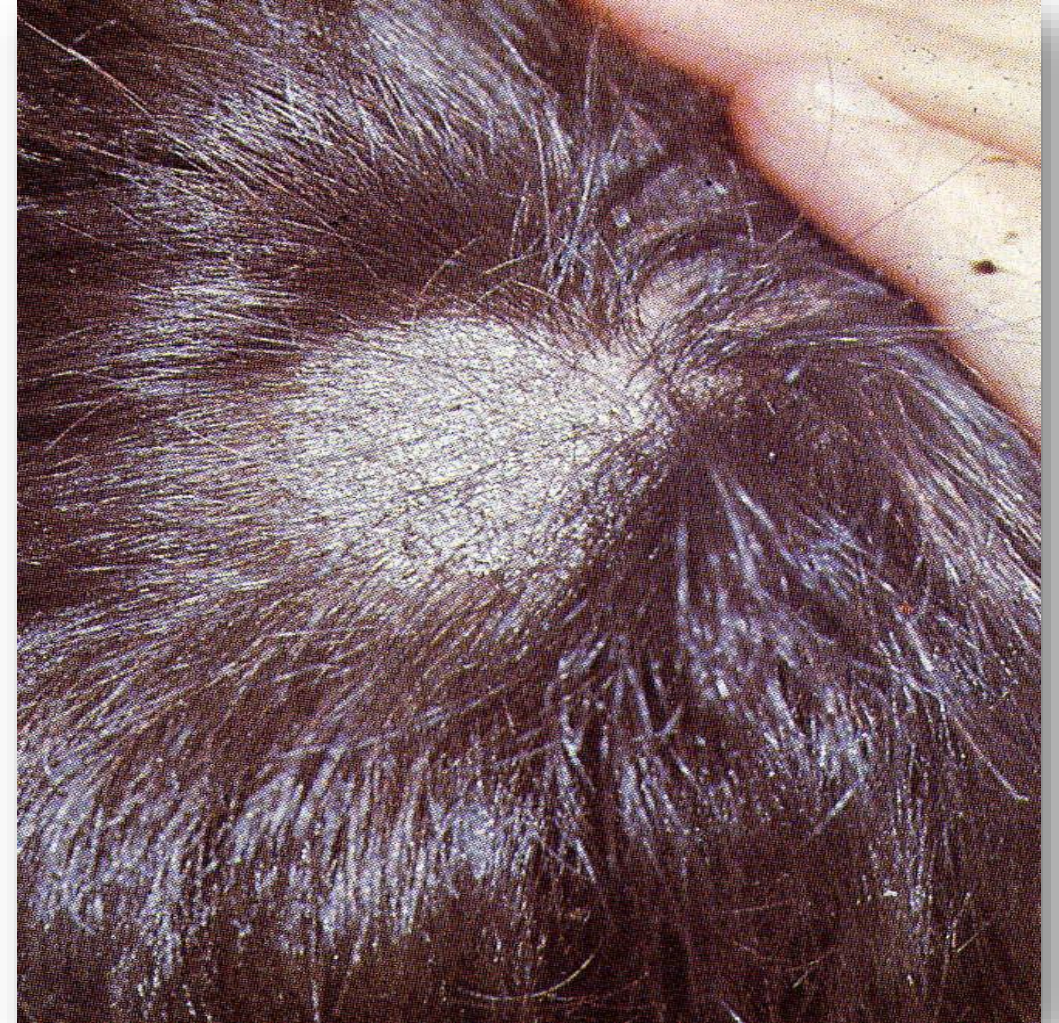
- Patchy hair loss with erythema and scales
- ❖ Probable diagnosis
 - Tinea capitis
- ❖ Mention 2 differential diagnosis
 - Alopecia areata
 - Traction
 - Trichotillomania
- ❖ Mention 2 Investigations
 - Wood's light
 - KOH prep

Tinea capitis

- Child with scaly Scalp lesion
- ❖ Probable diagnosis
 - Tinea capitis
- ❖ Mention 2 other causes of patchy alopecia in children
 - Alopecia areata
 - Chronic traction
- ❖ Mention 2 Investigations
 - Wood's light
 - KOH prep
- ❖ Treatment
 - Imidazole
 - Fucidic acid

What is the diagnosis ?

- A. Alopecia areata
- B. Tinea capitis**
- C. Psoriasis vulgaris
- D. Seborrheic dermatitis
- E. Pediculosis capitis



What type of drug is used to treat this condition ?

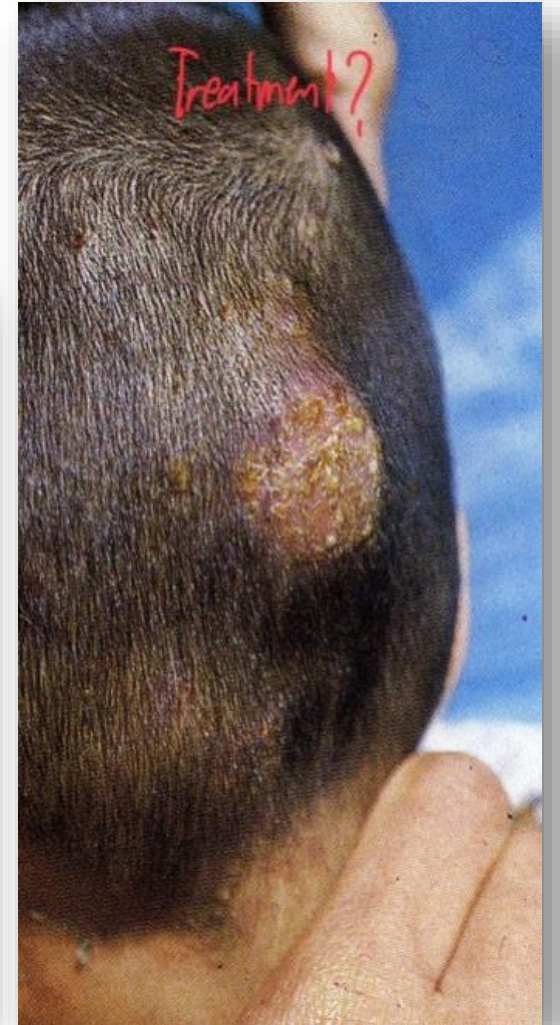
- A. Topical steroid
- B. Oral anti-fungal**
- C. Topical anti-fungal
- D. Topical antibiotic



Tinea capitis

❖ Treatment:

- Systemic and topical antifungal



Tinea capitis

❖ Mention the variants of this disease:

1. Black dot
2. Favus
3. Kerion

❖ What is the cause?

- Dermatophyte



Tinea capitis

❖ What is the cause ?

- Dermatophyte

❖ Mention 2 clinical variants of this lesion

- Black dot
- Kerion

❖ Mention 2 systemic drugs used in treatment

- Fluconazole
- itraconazole



What is the diagnosis ?

- A. **Tinea corporis**
- B. Atopic dermatitis
- C. Lichen planus
- D. Granuloma annulare
- E. Orf



What is the diagnosis ?

- A. Psoriasis
- B. Tinea manum**
- C. Lichen planus
- D. Dyshitotic eczema



What is the diagnosis ?

Tinea versicolor



What is the diagnosis ?

Tinea versicolor



Describe; what is the diagnosis

❖ Describe:

❖ Diagnosis:

A. Tinea capitis

B. Tinea versicolor



What color will this lesions glow under wood's light

- A. Golden yellow
- B. Green
- C. Pink
- D. Gray
- E. Red



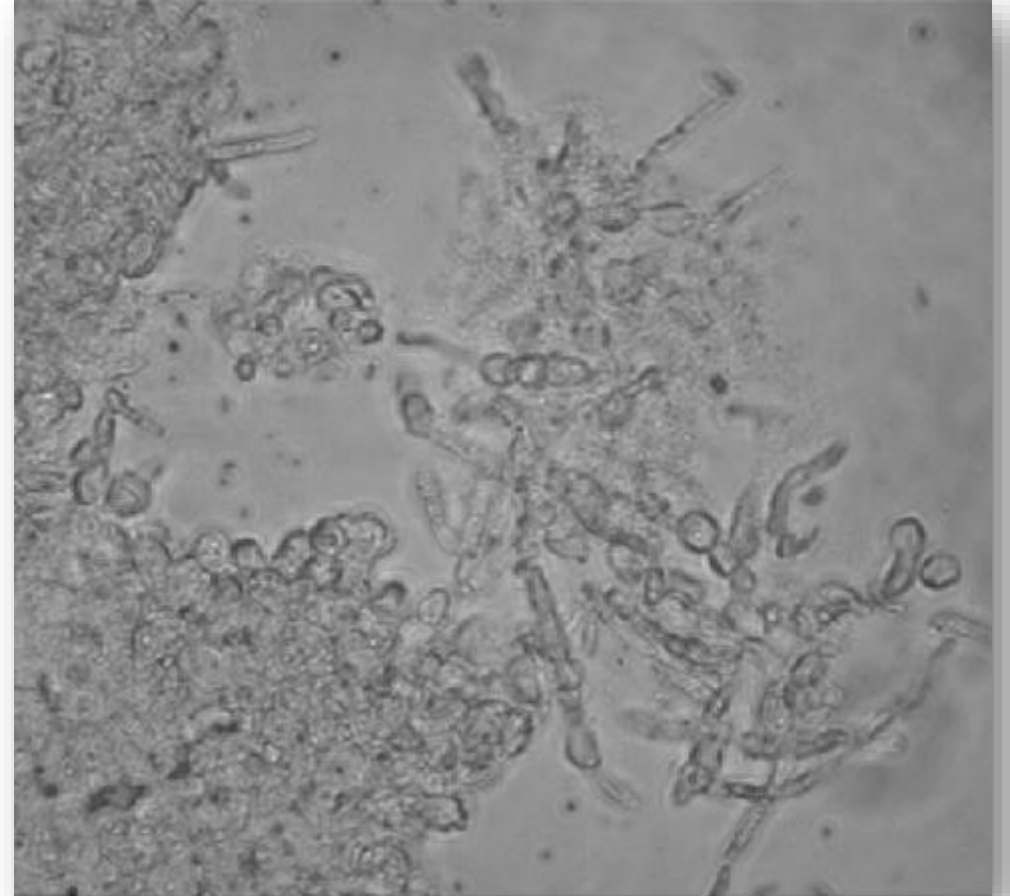
Candidiasis

❖ Mention 5 Mucocutaneous clinical presentation of Candidiasis

1. Oral Candidiasis (oral thrush and perleche dermatitis)
2. Vaginal Candidiasis
3. Balanitis and balanoposthitis
4. Erosio interdigitalis blastomycetic
5. Chronic Paronychia
6. Candidiasis intertrigo: Napkin, Submammary, Balanitis
7. Neonatal Candidiasis

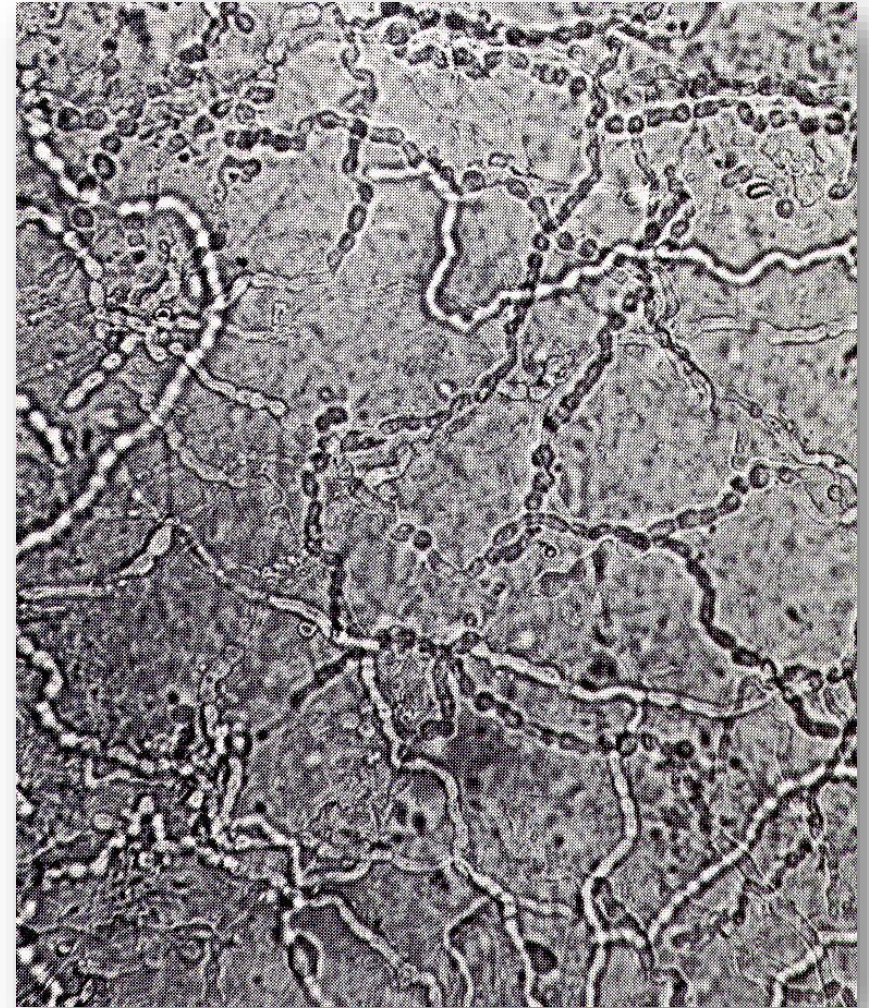
What is the name of this study?

- A. KOH prep
- B. Fluorescence study
- C. Gram stain
- D. Immunohistochemical stain
- E. Wood's lamp



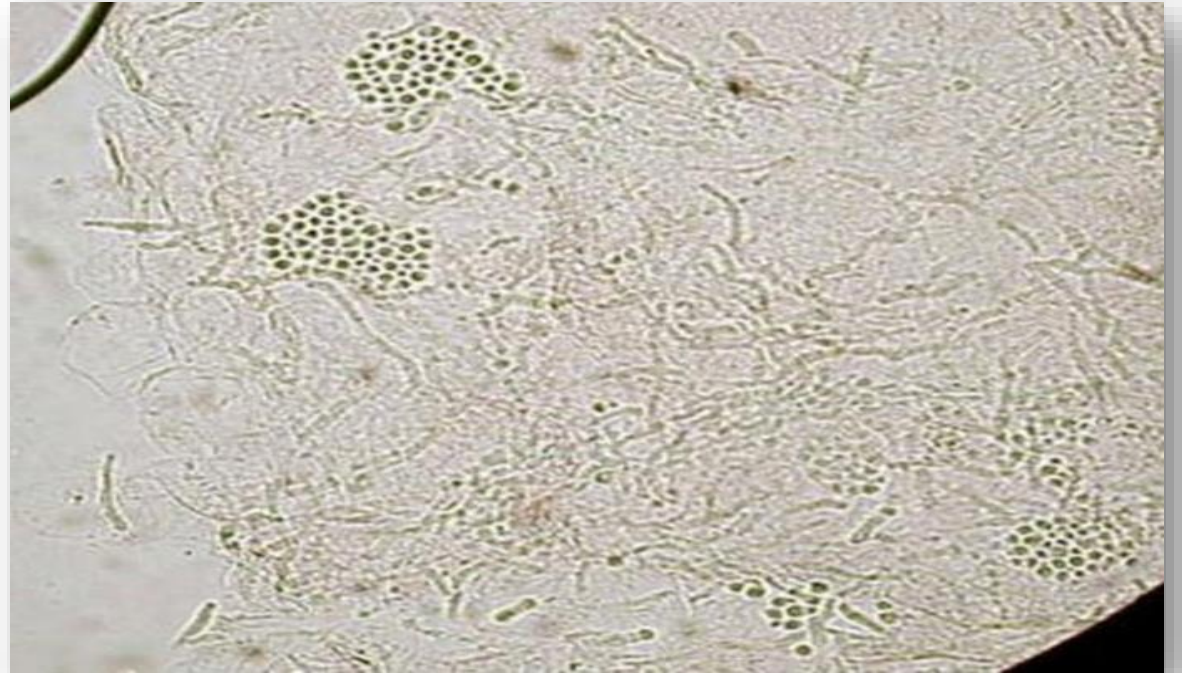
What is the name of this study?

- A. KOH prep
- B. Fluorescence study
- C. Gram stain
- D. Immunohistochemical stain
- E. Wood's lamp



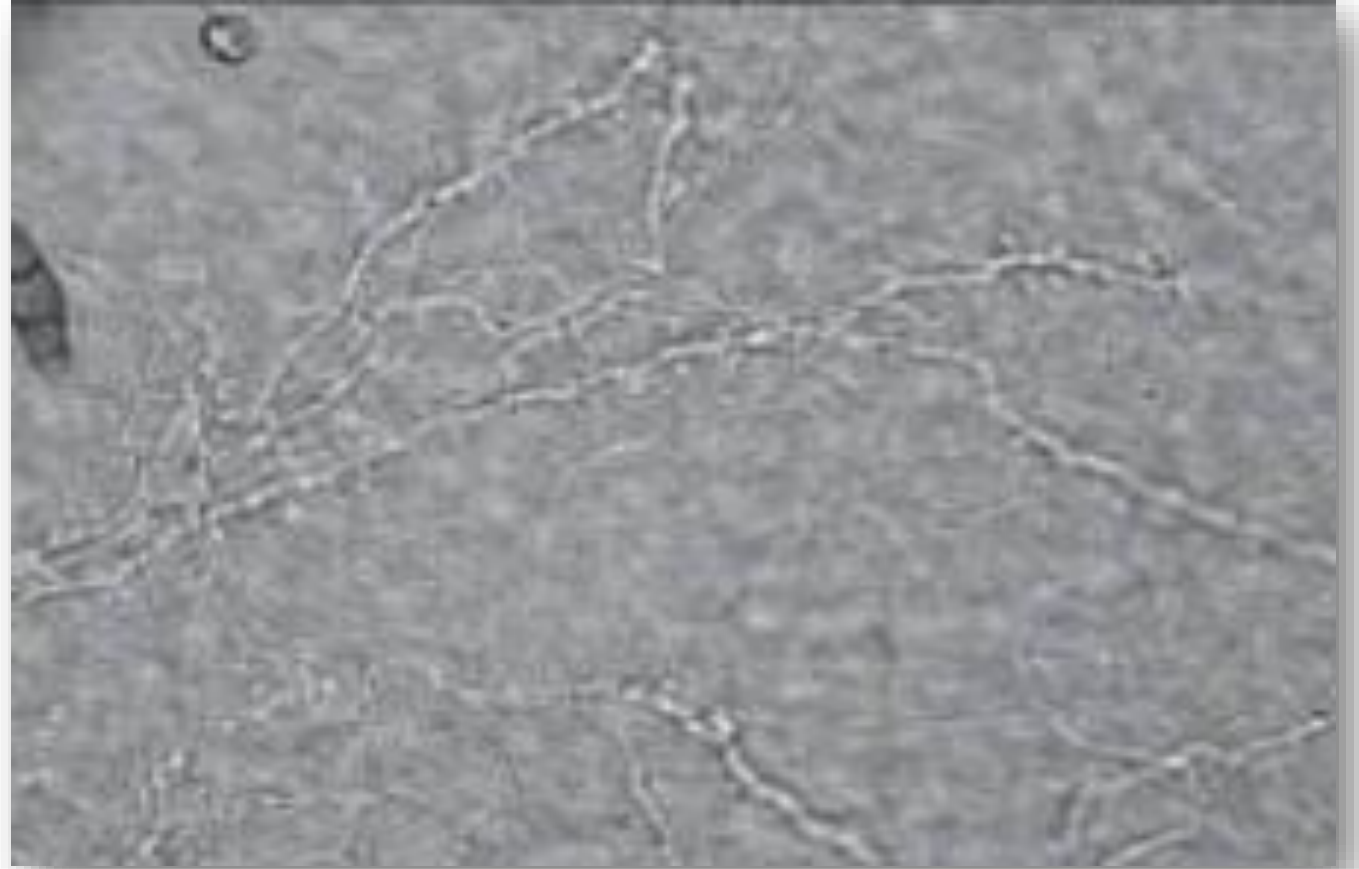
Diagnosis for this KOH prep

- A. *Tenia corporis*
- B. *Tenia versicolor***
- C. *Candida albicans*
- D. *Tenia capitis*



The concentration of KOH for nail examination by this test is

- A. 2 %
- B. 5 %
- C. 10 %
- D. 20 %**
- E. 100 %



Skin infestation

Scabies

Essay

❖ Is scabies a highly contagious disease ?

○ NO

❖ What is the primary lesion of

سنوات (5) ○ Scabies: burrow

سنوات (2) ❖ Define burrow

○ Slightly elevated, grayish, tortuous line in the skin ended by papule.

❖ What is the cause of

○ Scabies: Scabies mite (*Sarcoptes scabiei* var. *hominis*)

❖ Itchy papule on male genitalia diagnostic for: scabies/lichen planus

Scabies

❖ Describe the lesion:

- Slightly elevated, grayish, tortuous line in the skin ended by papule.

❖ One line of treatment

- 25% benzyl benzoate lotion, applied daily every 12 hours for 3 days for adults

❖ Which treatment could be used in children?

- Crotamitone
- Crotophile

❖ What is the causative organism ?

- Scabies mite (*Sarcoptes scabiei* var. *hominis*)



What is this called ?

- A. Nits
- B. Burrow**
- C. Mites
- D. Lice
- E. Crab



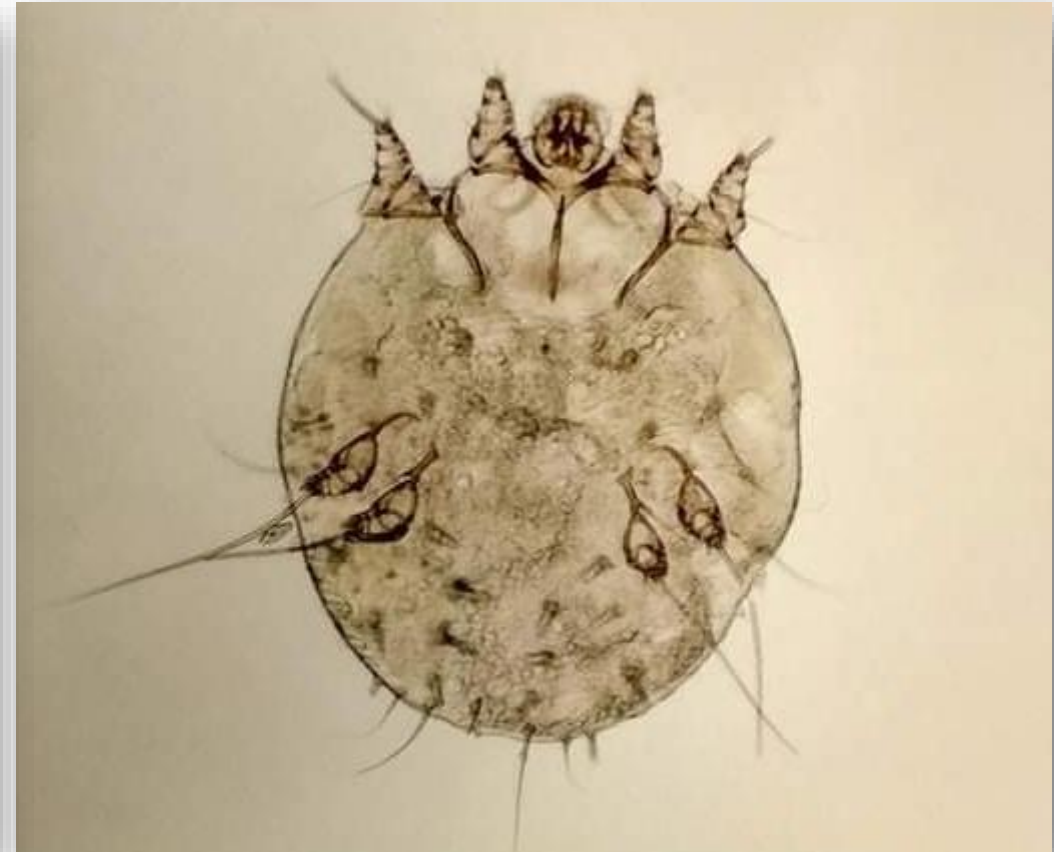
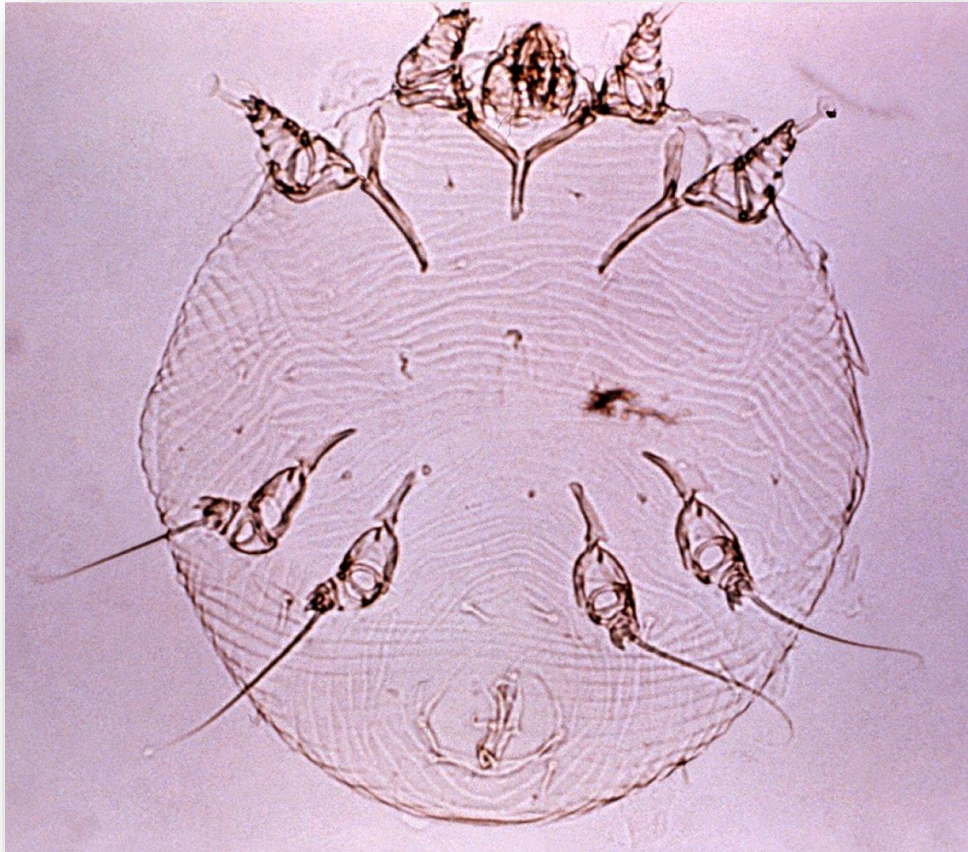
What is the diagnosis

- A. Pediculosis
- B. Crab lice
- C. Nymph
- D. Scabies**
- E. Nits



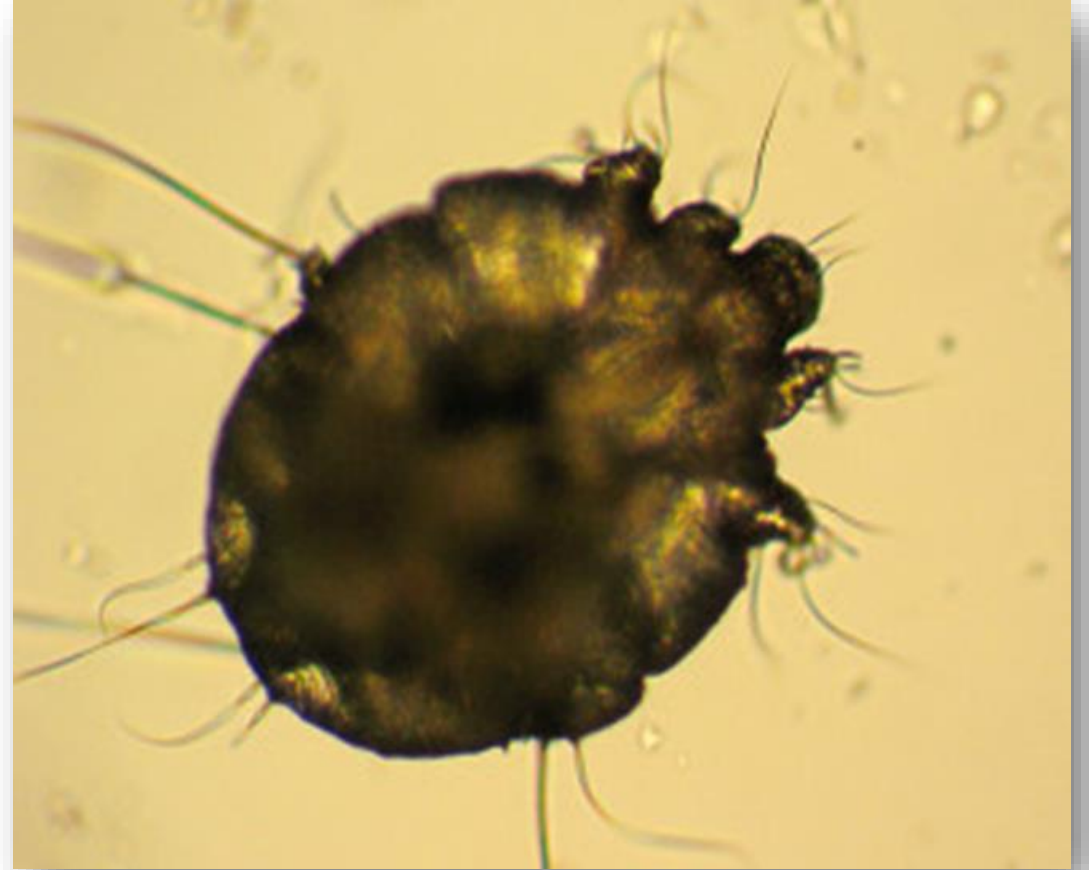
What is this mite ?

Scabies mite (*Sarcoptes scabiei* var. *hominis*)



What is the least site to be infested by this organism ?

1. Head
2. Neck
3. Back



Pediculosis

Essay

❖ Define

- Nymph: Eggs (brown in color containing the louse)
- Nits: Hatched nymph leaves an empty capsule which is white in color.

❖ What is the cause of

- Pthirus pubis: crabe lice

What is the diagnosis ?

- A. Nits
- B. Cast
- C. Lice
- D. Nymph

Note: Nits are found firmly attached to hair shaft & are glued to the hair (hair cast slide up the hair shaft)



What is the diagnosis ?

- A. Nits
- B. Cast**
- C. Lice
- D. Nymph



What is the diagnosis ?

- A. Crabs
- B. Scabies
- C. Pediculosis capitis
- D. Tinea corporis
- E. Lyme disease



Acne & Rosacea

Acne

Essay

❖ Factors that induce the pathogenesis of Acne vulgaris

1. Hormonal role, androgens, Testosterone, DHEAS
2. Increased sebum production.
3. Hyper-cornification (increase in keratin formation) of the pilosebaceous duct (infundibulum).
4. Role of *Propionibacterium acne* - enzyme production (lipase).

❖ Mention 3 topical treatments in acne vulgaris

1. Retinoids
2. Antibiotic
3. Keratolytic
4. Benzoyl peroxide

سنوات (3)

Essay

❖ Mention 5 variants of acne other than acne vulgaris: سنوات (5)

1. Acne fulminans
2. Neonatal acne
3. Infantile acne
4. Occupational acne
5. Acne excorie
6. Acne conglobata
7. Drug induced acne

❖ Primary lesion of

- سنوات (4) ○ Acne vulgaris: comedone
- Drug eruptive acne: Monomorphic eruption papules and pustules
- Drug induced acne: Comedons which might progress to papule, pustule, nodule or cyst

Acne vulgaris

➤ A 27-year-old married female presented with these lesions

❖ Which of these drugs is not used for her case

A. Topical doxycycline

B. Oral minocycline

C. Oral doxycycline

D. Oral Isotretinoin



○ Because she is married and might want to get pregnant, also the question and the picture didn't show any of the indications for using roaccutane (isotretinoin) (scarring, failure of medical therapy,...)

Acne vulgaris

- ❖ First line treatment
 - Oral antibiotics
- ❖ Which drug is contraindicated ?
 - Steroid



All the following are used in treatment except

- A. Topical steroid
- B. Topical antibiotics
- C. Salicylic acid
- D. Sunblock
- E. Cleansing solutions



Rosacea

Essay

❖ Define

- **Rhinophyma**: enlarged, bulbous nose, seen in rosacea; due to repeated inflammation and edema

What is the diagnosis ?

- A. Pityriasis rosacea
- B. Rosacea**
- C. Tenia faciae
- D. Lupus
- E. Dermatomyositis



Rosacea

- Fair skin female, 40Y/O,
no other complaint
- ❖ Diagnosis
 - Rosacea
- ❖ One topical treatment
 - Metronidazole



Erythematous lesion for 2 years, diagnosis ?

- A. Folliculitis
- B. Rosace**
- C. Systemic lupus erythematosus
- D. Pityriasis rosacea
- E. Drug induced lupus



Eczema

Essay

❖ Mention the 3 characteristic features of it:

1. dry skin
2. itching
3. specific eczematous lesions especially in flexures

❖ Mention the most common 2 type of endogenous eczema:

1. Atopic dermatitis.
2. Seborrheic dermatitis

❖ What is the primary lesion of

- Dyshidrotic dermatitis (pompholyx): blisters on hands and feet (Small visible collection of fluid)

❖ Define

- Patch test: A diagnostic test that allows the allergens causing allergic contact dermatitis to be determined. The allergen is fixed on a patch and then attached to the arm or back. Erythema, papules, and/or vesicles under the area of contact indicate a positive result.

Essay

❖ Mention 5 types of endogenous eczema:

1. Atopic dermatitis (eczema)
2. Seborrheic dermatitis (eczema)
3. Discoid (nummular) eczema
4. Stasis dermatitis (eczema)
5. Aesteatotic eczema
6. Dyshidrotic eczema (Pompholyx)
7. Gravitational (varicose) eczema.
8. lichen simplex
9. Juvenile plantar dermatosis

What is the diagnosis?

- A. Chronic eczema
- B. Lichen planus
- C. Pemphigus vulgaris
- D. Ichthyosis vulgaris



Atopic dermatitis

❖ Spot diagnosis:

- Atopic dermatitis on children

❖ Mention the 3 characteristic features of it:

1. dry skin
2. itching
3. specific eczematous lesions especially in flexures



Atopic dermatitis

- Recurrent lesion in multiple occasion
- ❖ Diagnosis:
 - Atopic dermatitis



What is the diagnosis

- A. Acute contact dermatitis
- B. Atopic dermatitis**
- C. Psoriasis
- D. Seborrheic dermatitis
- E. Ichthyosis



50-year-old male, what is the diagnosis

- A. SLE
- B. Photo dermatitis
- C. Tinea faciei
- D. Seborrheic dermatitis**
- E. Lichen planus



Bilateral symmetrical lesion, what is the diagnosis

- A. Psoriasis
- B. Atopic dermatitis
- C. Lichen planus
- D. Tinea corporis
- E. Discoid eczema**



What is the diagnosis

- A. Contact irritant dermatitis
- B. Contact allergic dermatitis**
- C. Psoriasis
- D. Koebner phenomena
- E. Auto-sensetization



What is the confirmatory test

❖ Patch test



The name of the test is:

- A. Prick test
- B. Patch test**
- C. T-zank test
- D. Auto-senzitation test
- E. KOH scrapping



Patch test is used for

- A. Contact irritant dermatitis
- B. Contact allergic dermatitis**
- C. Psoriasis
- D. Atopic dermatitis
- E. Auto-sensetization



Pt presented single lesion with severe itching, diagnosis ?

- A. Psoriasis
- B. Lichen simplex chronicus (neurodermatitis)**
- C. Lichen planus
- D. Tinea pedis



Psoriasis

Essay

❖ What is the primary lesion of & define it

- Psoriasis: Plaque; is a circumscribed, superficial, elevated plateau area 1.0–2.0 cm in diameter

❖ Mention the cells that are involved in psoriasis:

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

❖ Mention 3 drugs that exacerbate psoriasis

1. Lithium
2. Synthetic antimalarial drugs
3. Tetracycline antibiotics
4. Beta blockers
5. NSAIDs

سنوات (2)

Essay

❖ Which drug should not be used in psoriasis ?

- Systemic steroid

❖ سنوات (3) Mention 3 systemic drugs used for treatment of psoriasis

1. Cyclosporine
2. Methotrexate
3. Biological Agents
4. Retinoid
5. Apremilist

❖ Mention 2 nail changes seen in psoriasis

- Nail potting
- Onycholysis

Essay

❖ Define

- Auspitz sign: Pinpoint bleeding when scale is picked off
- Acanthosis: Epidermal hyperplasia of the stratum spinosum

❖ Auspitz sign is associated with:

- Psoriasis

Essay

❖ Mention 5 subtypes of psoriasis

1. Classic plaque
2. Scalp psoriasis
3. Nail psoriasis
4. Guttate psoriasis
5. Flexural psoriasis
6. Unstable or 'brittle' psoriasis
7. Erythrodermic psoriasis
8. Acute pustular psoriasis
9. Chronic palmoplantar pustulosis
10. Arthropathic psoriasis

Psoriasis vulgaris

❖ Mention 3 systemic treatments

- Methotrexate
- Apremilist

❖ Mention 3 nail changes associated with this disease

- Oil spot
- Onycholysis
- Pitting



What is the diagnosis ?

- A. Lichen planus
- B. Contact dermatitis
- C. Psoriasis vulgaris**
- D. Lichen sclerosis et atrophicans
- E. Vitiligo



What is the primary skin lesion ?

- A. Patch
- B. Macule
- C. Plaque**
- D. Scale



Psoriasis

- ❖ What is the specific lesion of this disease ?
 - Plaque
- ❖ What is your DX ?
 - Psoriasis



Psoriasis

❖ For this child who presented with these itchy scaly lesions with positive Auspitz sign which of these drugs is contraindicated ?

- A. Cyclosporine
- B. Methotrexate
- C. Systemic steroids**
- D. Biological Agents
- E. Retinoid



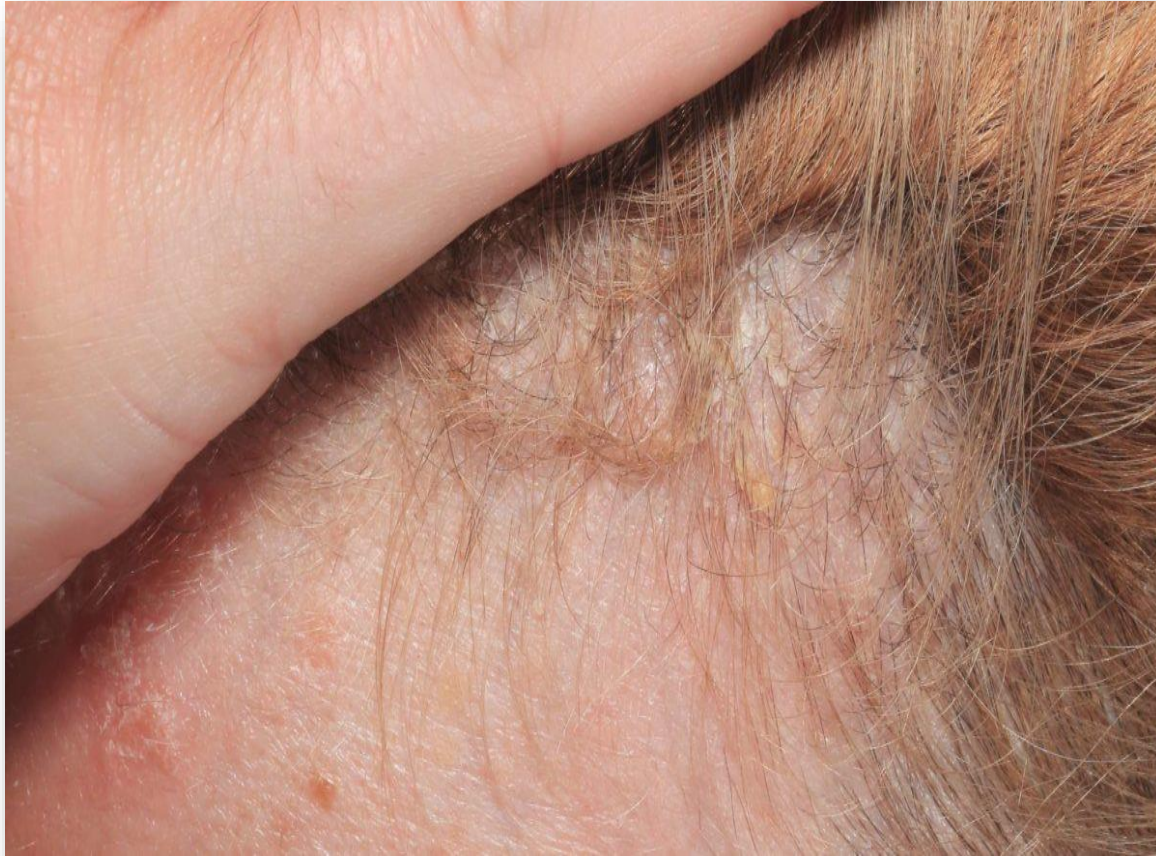
What is the diagnosis

- A. Koebner phenomena at the site of scar
- B. Secondary infection
- C. Impetigo
- D. Fungal infection
- E. Normal healing of the wound



What is the diagnosis ?

Scalp psoriasis



Flexural psoriasis

- ❖ Which type of psoriasis that doesn't present with scales ?
 - Flexural (inverse) psoriasis



Ichthyosis

Essay

❖ Mention the spares area in ichthyosis vulgaris:

- Groin and flexural area

سنوات (3)

❖ Mention 3 variant of congenital ichthyosis?

1. Ichthyosis vulgaris
2. Steroid sulfatase deficiency
3. Collodion baby
4. X - linked recessive ichthyosis
5. Lamellar ichthyosis
6. non-bullous form of ichthyosiform erythroderma
7. bullous form of ichthyosiform erythroderma

Essay

❖ What is the diagnosis

- Case: Baby born encased with transparent rigid membrane
Diagnosis: lamellar ichthyosis (Collodion baby)

What is the diagnosis ?

- A. Ichthyosis vulgaris
- B. Lamellar ichthyosis
- C. Epidermolytic hyperkeratosis
- D. Asteatotic eczema
- E. Discoid eczema



This child was born as collodion baby, what happen next ?

- A. Bullous congenital ichthyosiform erythroderma
- B. X-linked ichthyosis
- C. Lamellar ichthyosis**
- D. Ichthyosis vulgaris



This child was born as collodion baby, diagnosis

- A. Bullous congenital ichthyosiform erythroderma
- B. X-linked ichthyosis
- C. Lamellar ichthyosis
- D. Ichthyosis vulgaris



What is your diagnosis ?



This pt has history of corneal opacity & Cryptorchism, diagnosis

- A. Ichthyosis vulgaris
- B. X-linked recessive ichthiosis**
- C. Bullous congenital ichthyosiform erythroderma
- D. Non-bullous ichthyosiform erythroderma



Netherton syndrome

- ❖ What is this finding ?
 - Bamboo hair
- ❖ It is characteristic for what ?
 - Netherton syndrome



Pigmentary disorders

Pigmentary disorders

Hyperpigmentation

❖ Congenital

- Melanocytic nevi
- Freckles
- Simple lentigines
- Café-au-lait spots
- Giant congenital nevi

❖ Acquired

- Acanthosis Nigricans
- Melasma (Chloasma)
- Post inflammatory hyperpigmentation

Hypopigmentation

❖ Congenital

- Albinism
- Piebaldism
- Tuberous sclerosis complex
- Achromic naevus (hypochromic nevus)

❖ Acquired

- Vitiligo
- Sutton's halo naevi
- Pityriasis alba
- Post inflammatory hypopigmentation

Mention and describe the skin types

	SKIN TYPE	DETAILS
I		Skin burns very easily and doesn't tan. Likely to have light blonde or red hair.
II		Skin will usually burn in the sun, and has difficulty tanning.
III		Skin will sometime burn and will tan gradually.
IV		Skin will tan easily and rarely burn.
V		Skin will tan without burning.
VI		Skin never burns and will tan very quickly.

Essay

❖ **Mention the primary lesion and describe it**

- Junctional nevus: Hyperpigmented macule
- Freckle: Hyperpigmented macule
- Lentiginosities: Hyperpigmented patch or macule
- Café-au-lait: patch
- Melasma: tan or brown patch on sun exposed area
- Vitiligo: milky white depigmented patch
- Halo nevus: mole surrounded by a white ring

❖ **Definition**

- Halo nevus: mole surrounded by a white ring

Essay

❖ What is the topical treatment of

- Freckles: sun protection
- Melasma: Sun protection, Azelaic acid, mild cleanser
- Vitiligo: topical steroids

❖ Mention 2 disease associated with acanthosis nigricans

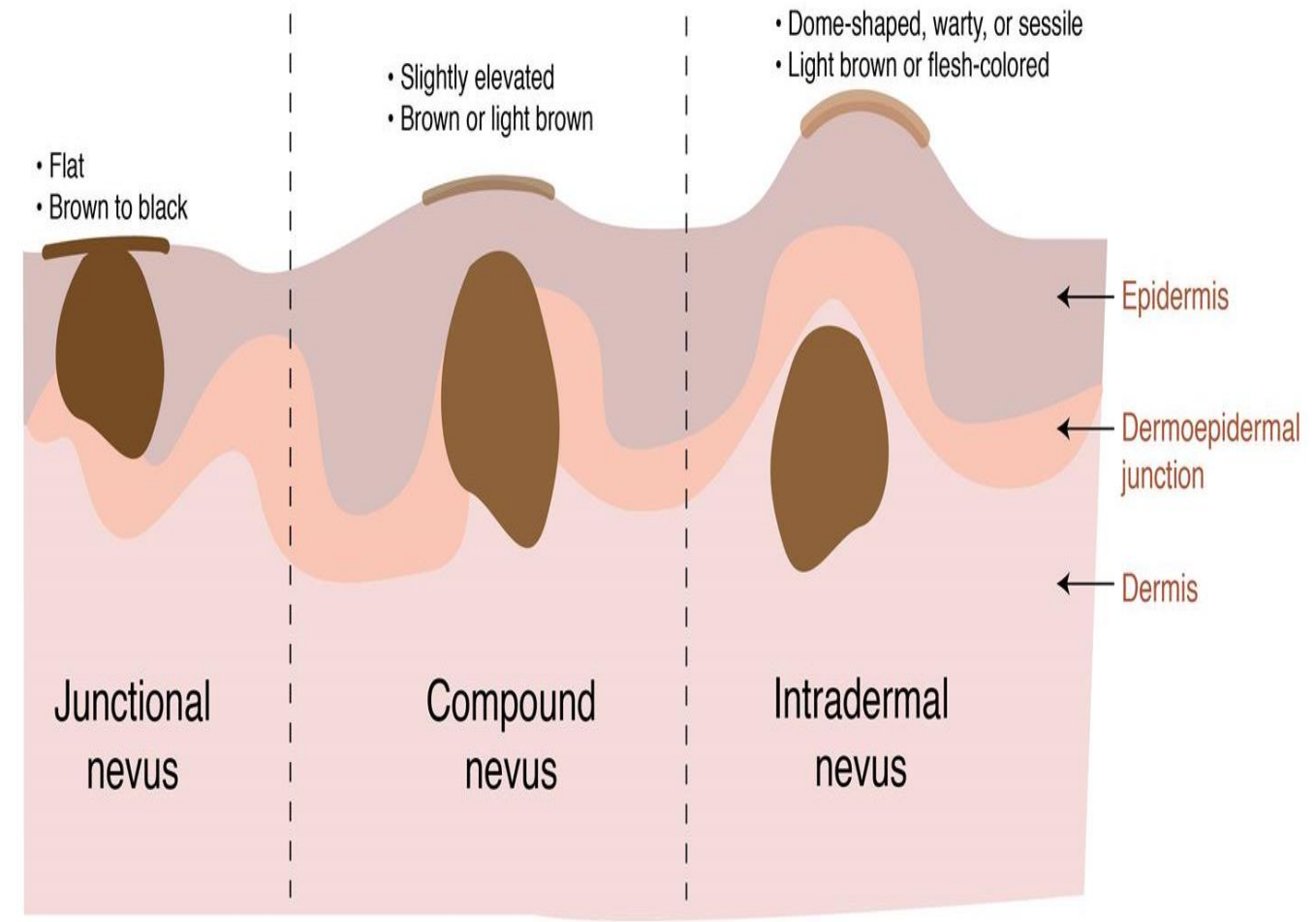
- Diabetes mellitus
- skin manifestation of internal malignancy

❖ Management Approach For Melasma

1. Sunblock
2. Emollient creams
3. Leaser Therapy

Mention the types of nevi

1. Junctional nevus
2. Compound nevus
3. Intradermal nevus



© Lineage

Lucy Liu

What is the best treatment

- A. No treatment
- B. Sun block**
- C. Hydroquinone
- D. Bleaching agent
- E. Laser



Freckles

What is your diagnosis

Piebaldism



Vitiligo

- ❖ Describe this lesion
 - Milky white depigmented patch
- ❖ Mention 3 systemic diseases may be associated with
 - DM
 - Hypothyroidism
 - Celiac disease



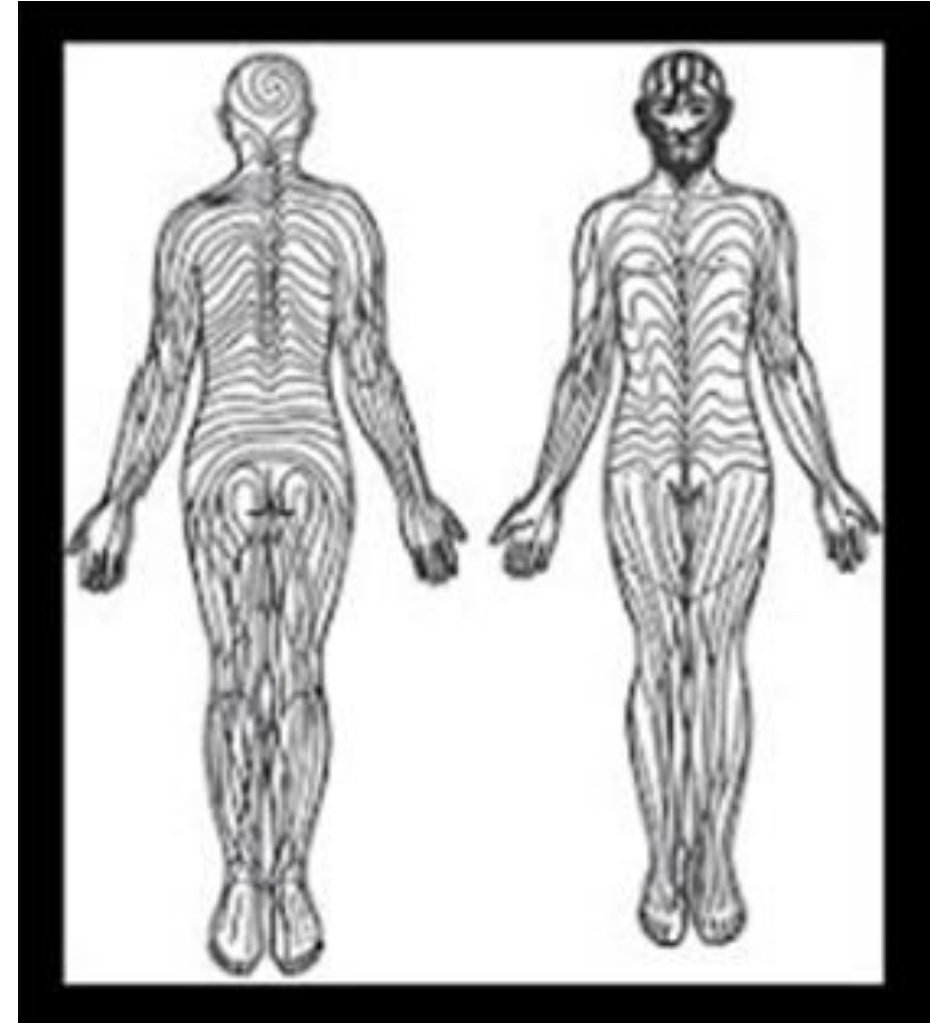
Lesion since birth, what is the diagnosis

- A. Vitiligo
- B. Pityriasis alba
- C. Psoriasis
- D. Neurofibromatosis
- E. **Nevus anaemicus**



One of the following dermatosis may come on these lines

- A. Vitiligo
- B. Alopecia areata
- C. Androgenic alopecia
- D. Urticaria
- E. Erythema multiforme



Pityriasis alba

- ❖ Describe what you see:
 - ill-define hypopigmented are on the face
- ❖ Mention 3 differential diagnosis
 - Pityriasis alba
 - Post-inflammatory hypopigmentation
 - Tinea versicolor



What is the diagnosis?

- A. Achromic nevus
- B. Pityriasis alba**
- C. Vitiligo
- D. Albinism
- E. Tinea versicolor



What bedside test you would do for this patient ?

- A. Culture
- B. Skin biopsy
- C. Woods light examination**
- D. Dermatoscopy
- E. Patch test



What is the diagnosis?

- A. Achromic nevus
- B. Pityriasis alba**
- C. Vitiligo
- D. Albinism
- E. Tinea versicolor



Hair disorders

❖ Hair cycle

❖ Hair loss

- Androgenetic alopecia
- Alopecia areata
- Traction alopecia
- Trichotillomania
- Telogen effluvium
- Scarring alopecia

❖ Excessive hair

- Hirsutism
- Hypertrichosis

Hair cycle

❖ Write the hair cycle and the definition of each one

- **Anagen:** the active growth phase, which typically lasts 1000 days depending on predetermined genetic factors
- **Catagen:** the short growth arrest phase, of approximately 10 days
- **Telogen:** the resting phase, lasting approximately 100 days irrespective of location
- **Exogen:** this is part of the resting phase where the old hair sheds and a new hair continues to grow

❖ The transition state of hair is

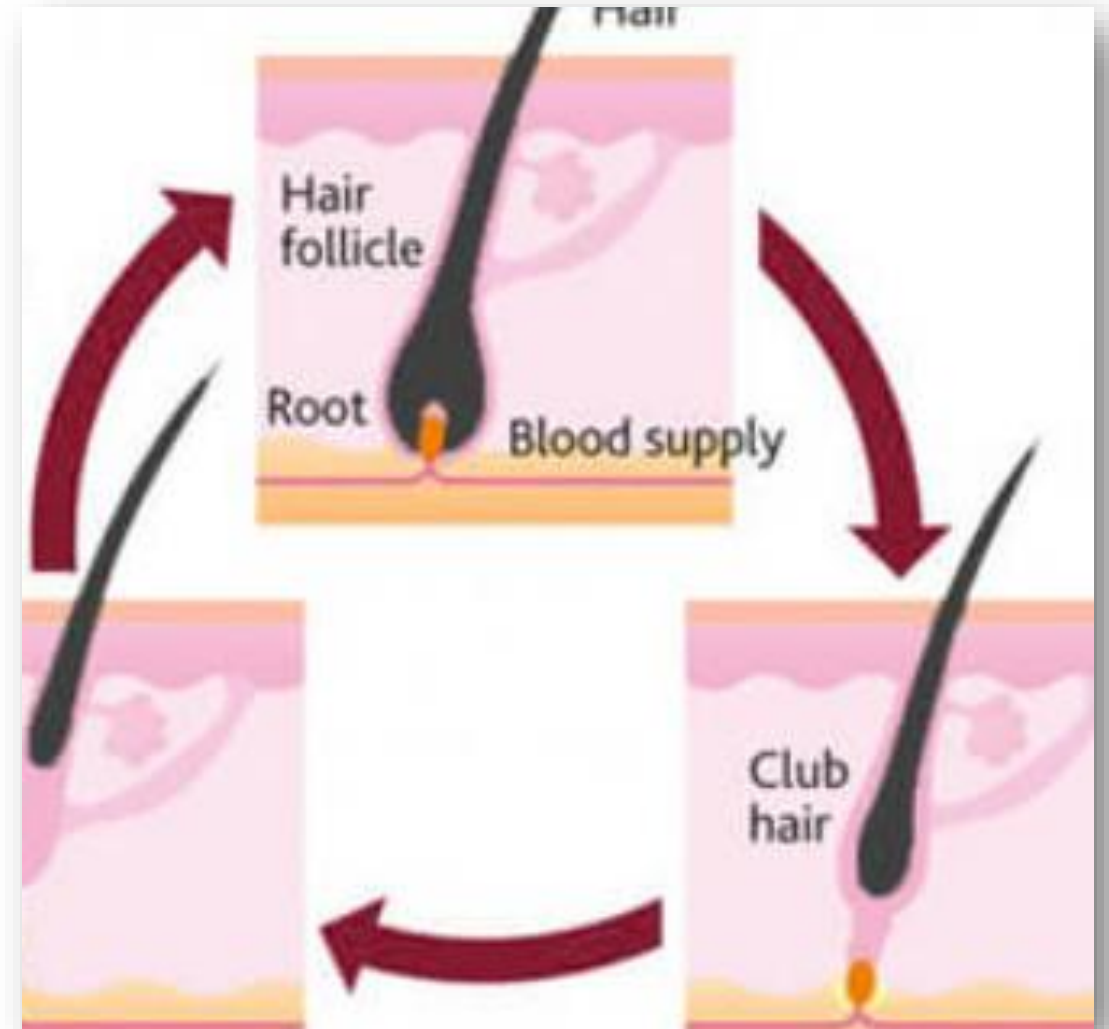
- Catagen

❖ Active phase of hair growth is

- Anagen

Which of these hair phases is called the transitional phase?

- A. Anagen
- B. Catagen**
- C. Telogen
- D. Exogen
- E. Villous



Essay

❖ Definition of :

سنوات (4)

- **Exclamation mark:** short hairs that taper towards the base, indicate active growth diagnostic for alopecia areata
- **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
- **Hirsutism:** excessive growth of hair in a female, which is distributed in a male secondary sexual pattern
- **Hypertrichosis:** excessive hair growth in a nonsexual distribution may occur in both sexes

Essay

سنوات (2)

❖ First line treatment of:

- Androgenic Alopecia in male: Minoxidil lotion
- Alopecia Areata in adult: Intralesional topical steroid

❖ Mention 1 topical treatment of

- Alopecia Areata: topical and intralesional steroids

❖ What is a possible diagnosis

- Case 1: 17-years old male with smooth round or oval patches of non-scarring hair loss on the scalp → Alopecia areata

❖ What does exclamation mark indicate ?

- Active alopecia areata

Essay

❖ Mention 3 cause if patchy hair loss

1. Alopecia areata
2. T. Capitis
3. trichotillomania

❖ Mention 3 causes of telogen effluvium

1. Childbirth
2. severe trauma or illness
3. marked weight loss
4. major operations

❖ 5-year-old child came with hair loss due to trichotillomania mention 2 ddx.

- Alopecia areata
- Traction alopecia.

Essay

❖ Mention 2 examples of patchy hair loss without scarring

1. Alopecia areata
2. T. Capitis
3. trichotillomania

❖ Mention 3 DDx of diffuse hair loss in female patient

- | | | |
|--------------------------|---------------------------|---------------------------------|
| 1. Androgenetic alopecia | 7. Diabetes mellitus | 13. Syphilis |
| 2. Telogen effluvium | 8. HIV disease | 14. Discoid lupus erythematosus |
| 3. Metabolic | 9. Nutritional deficiency | 15. Radiotherapy |
| 4. Hypothyroidism | 10. Liver disease | 16. Folliculitis decalvans |
| 5. Hyperthyroidism | 11. Post-partum | 17. Lichen planus pilaris |
| 6. Hypopituitarism | 12. Alopecia areata | |

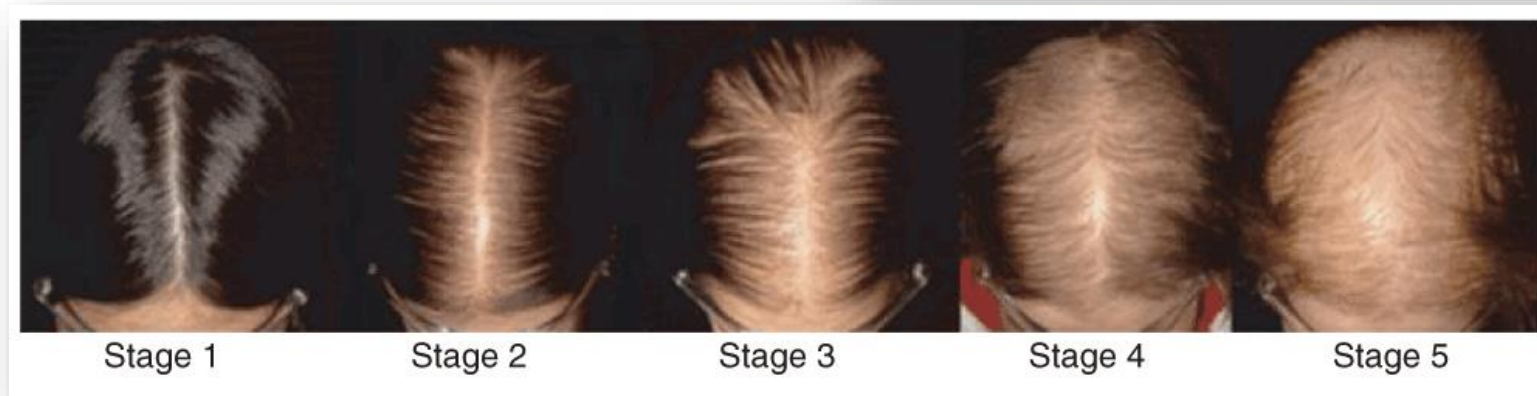
What is the diagnosis

Lupus alopecia



In what disease do we see this pattern of hair loss?

- A. Tinea capitis
- B. Alopecia areata
- C. Alopecia universalis
- D. Androgenic alopecia**



Alopecia areata

❖ Describe

- Patchy of hair loss

❖ Mention 2 differential diagnosis

1. Alopecia areata
2. T. Capitis
3. trichotillomania



What is the diagnosis ?

- A. Telogen effluvium
- B. Alopecia areata
- C. Traction alopecia
- D. Androgenetic alopecia
- E. Trichotillomania



Nail disorders

Essay

❖ Definitios of :

- Oil spots sign : yellowish brown and result from nail bed parakeratosis
- Splinter hemorrhage : longitudinal hemorrhagic streaks involving the nail bed
- Beau's lines : single horizontal ridge caused by sever short term illness such as heart attack and measles
- Petyrgium : the cuticle grows forward over the base of the nail and attaches itself to the nail plate
- Onycholysis : nail plat separate from nail bed

❖ Mention 2 causes for each

- **Onycholysis:** psoriasis, fungal infection
- **Pitting:** alopecia areata, psoriasis

Essay

- ❖ What is the cause of acute paronychia?
 - Staphylococcus bacteria
- ❖ What is the most common cause of chronic paronychia?
 - Candida albicans

Acute paronychia

- ❖ Describe this lesion:
 - Pustule at the nail fold surrounded by erythema (acute paronychia)
- ❖ What is the most common organism
 - S.aureus
- ❖ Treatment
 - Incision and drainage with topical antibiotics



What is the diagnosis

- A. Lichen planes nails
- B. Chronic paronychia**
- C. Psoriasis nails
- D. onychomycosis



Which of the following microorganisms causes this

- A. S.aureus
- B. S.pyogens
- C. Dermatophytes
- D. Candida albicans**
- E. Scabies



What is the diagnosis

- A. **Onychatrophia**
- B. Onychauxis
- C. Paronychia
- D. Onychophagy
- E. Onychorrhaxis



Bullous dermatosis

DDx of bullous dermatosis

1. Pemphigus vulgaris
2. Bullous pemphigoid
3. Dermatitis herpetiformis
4. Erythema multiforme

What is the name of this primary skin lesion?

- A. Bulla
- B. Pustule
- C. Nodule
- D. Papule
- E. Crust



Essay

- ❖ Mention the primary lesion for
 - Pemphigus vulgaris: Bulla
 - Bullous pemphigoid: tense subepidermal bulla
 - Dermatitis herpetiformis: Vesicles
 - Erythema multiforme: target lesions
- ❖ Define target lesion:
 - central sore surrounded by pale red ring
- ❖ Mention 2 diseases containing target lesion
 - Lyme disease, Erythema multiforme
- ❖ The best diagnosis test for
 - Pemphigus vulgaris: biopsy

Essay

❖ What is the diagnosis

- 70 years old female patient with tense bullae on her body

Dx: bullous pemphigoids

- Female with celiac disease present with vesicles symmetrically located on elbow and knee

Dx: Dermatitis herpiformis

❖ Positive Nikolsky sign is seen in

- Pemphigus vulgaris
- Scalding
- Bullous impetigo
- Staphylococcal Scalded Skin Syndrome (SSSS)
- Stevens-Johnson Syndrome
- Toxic Epidermal Necrolysis (TEN)

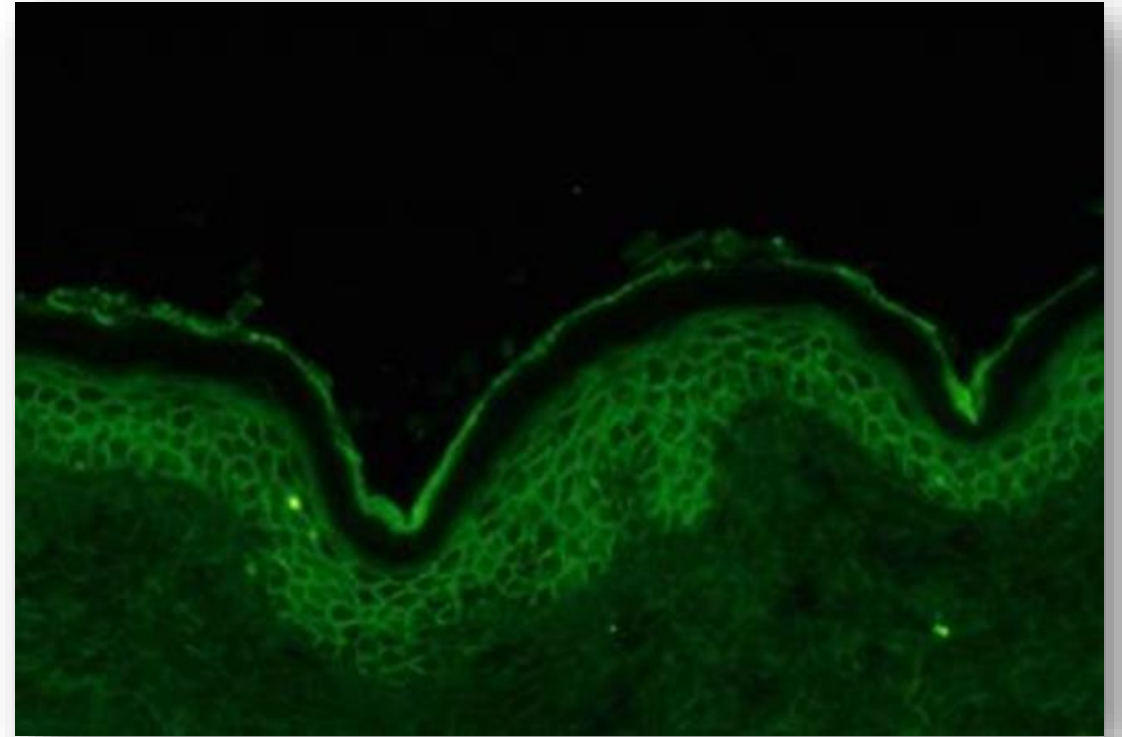
What disease is this lesion characteristic for ?

- A. Pemphigus vulgaris
- B. Candidiasis
- C. Lichen planus
- D. Dermatitis herpetiformis
- E. Erythema multiforme



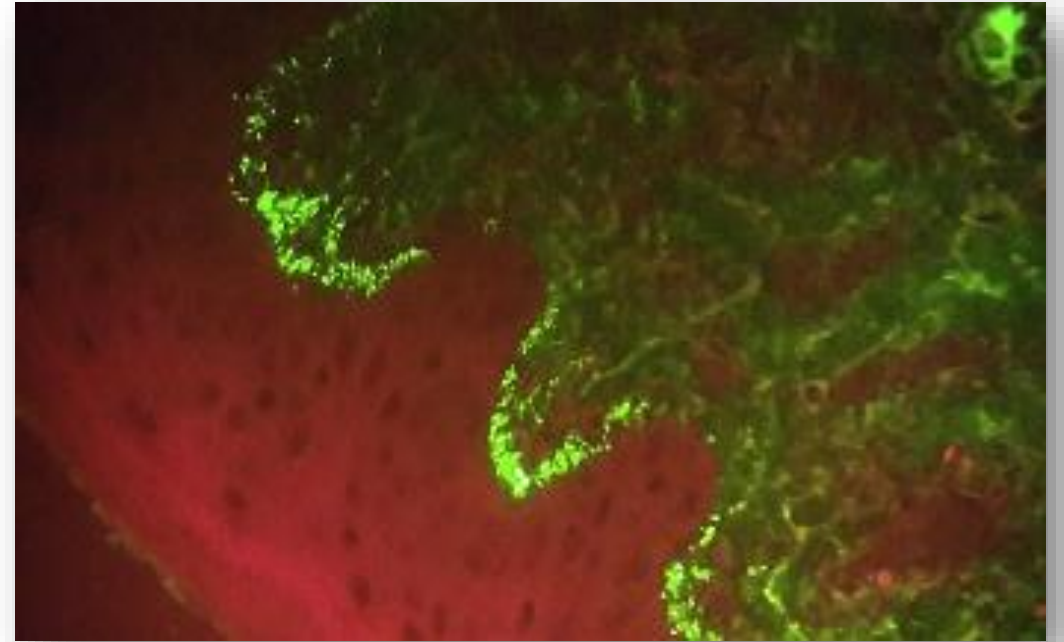
What is your diagnosis ?

- A. Bullous pemphigoid
- B. Cicatricial pemphigoid
- C. Pemphigus vulgaris**
- D. Dermatitis herpetiformis
- E. Erythema multiforme



What is your diagnosis ?

- A. Bullous pemphigoid
- B. Cicatricial pemphigoid
- C. Pemphigus vulgaris
- D. Dermatitis herpetiformis**
- E. Erythema multiforme



What is your diagnosis ?

- A. Herpes zoster
- B. Dermatitis herpetiformis**
- C. Eczema herpeticum
- D. Herpes simplex
- E. Lichen planus



What is your diagnosis ?

- A. Herpes zoster
- B. Dermatitis herpetiformis**
- C. Eczema herpeticum
- D. Herpes simplex
- E. Lichen planus



Urticaria

Essay

❖ Mention 2 uses of oral steroids in urticaria :

1. Sever acute urticaria
2. Vasculitic urticaria

❖ Mention 4 types of inducible urticaria:

1. Dermographism
2. Cold urticaria
3. Cholinergic urticaria
4. Contact urticaria

❖ Mention 4 types of physical urticaria

1. Cold
2. Heat
3. Sunlight
4. Vibration
5. Pressure

Essay

❖ Primary lesion of

- Urticaria: Wheal or hives
- Insect bite: bulla or wheal

سنوات (4)

What is the diagnosis ?

Cholinergic urticaria



What is the diagnosis ?

Cholinergic urticaria



What is the diagnosis ?

- A. Insect bites (papular urticaria)
- B. Lichen planus
- C. Contact dermatitis
- D. Contact urticaria



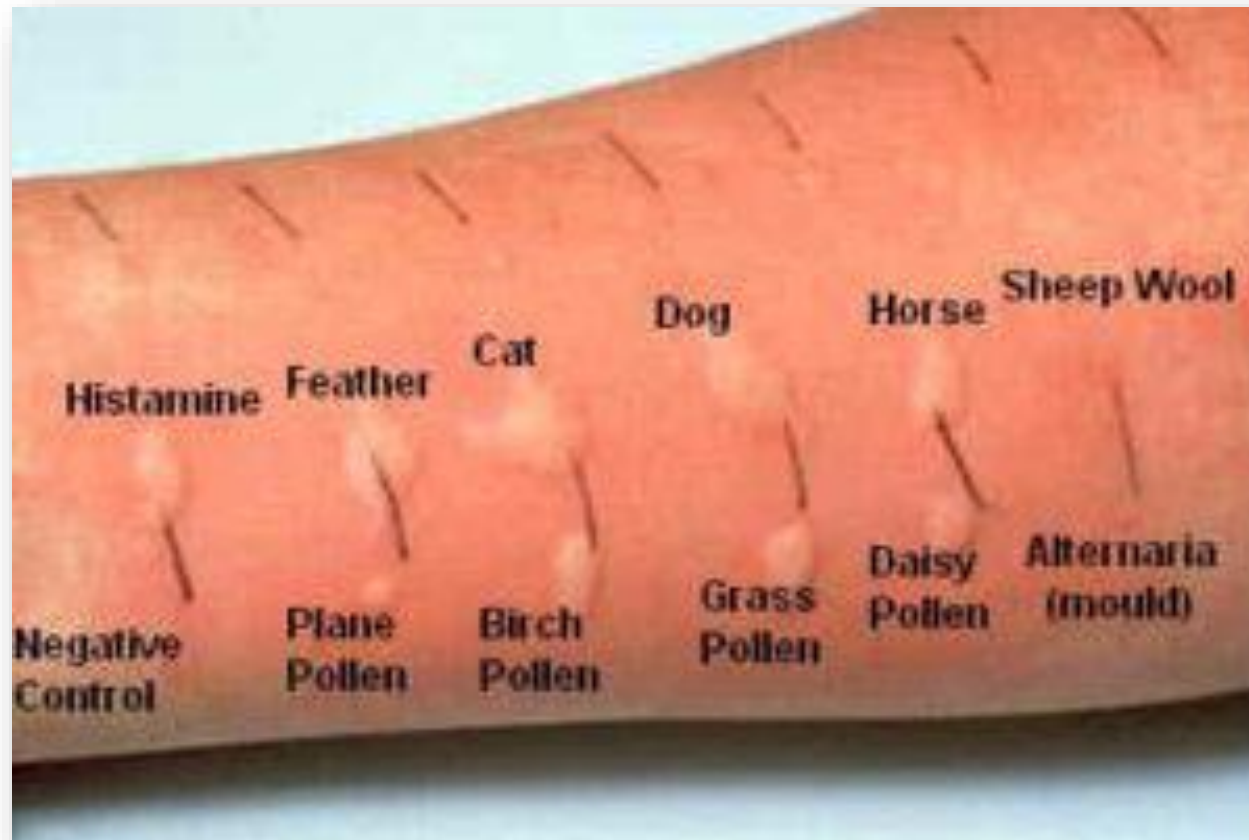
Itchy patch, what is the diagnosis ?

A. Mastocytosis



What is this test

Skin prick test



Papulosquamous disorders

Lichen planus & Pityriasis Rosea

Essay

- ❖ Name the primary lesion of
 - Lichen planus :papules
- ❖ Mention 3 clinical variants of lichen planus
 1. Actinic Lichen planus
 2. Acute lichen planus
 3. Annular lichen planus
- ❖ Mention 2 systemic associated with lichen planus
 1. Liver disease
 2. Diabetes
- ❖ The following is a manifestation of (what is the cause of)
 - Pterygium: lichen planus

سنوات (3)

Essay

سنوات (2) ❖ Mention 2 Nails changes with Lichen Planus :

1. Lateral Thinning
2. Longitudinal ridges
3. Fissuring
4. Pterygium formation
5. Twenty nail dystrophy
6. Onycholysis
7. Subungual hyperkeratosis

Essay

- ❖ Presentation of patient with lichen sclerosis?
 - White, atrophic patches appear on the vulva with sever itching
- ❖ Patient with lichen sclerosis risk for?
 - Squamous cell carcinoma

What is your diagnosis

Lichen planus



Globalskinatlas.com

What is your diagnosis

- A. Psoriasis vulgaris
- B. Scabies
- C. Chronic eczema
- D. Lichen planus**
- E. Tinea corporis



What disease is this lesion characteristic for ?

Lichen planus



Essay

❖ Mention 2 clinical features of pityriasis rosea?

1. Herald patch
2. Collarette scale
3. Christmas tree distribution

❖ Course of pityriasis rosea:

- prodromal illness >> one or more heralded patch >> sudden eruption of pink oval patch >>> peripheral collarette >> self limiting within 8 weeks

❖ Define

- **Herald patch:** is the first lesion to appear, it appears as Pink patch or plaque with raised advancing edge 1-4cm in diameter.

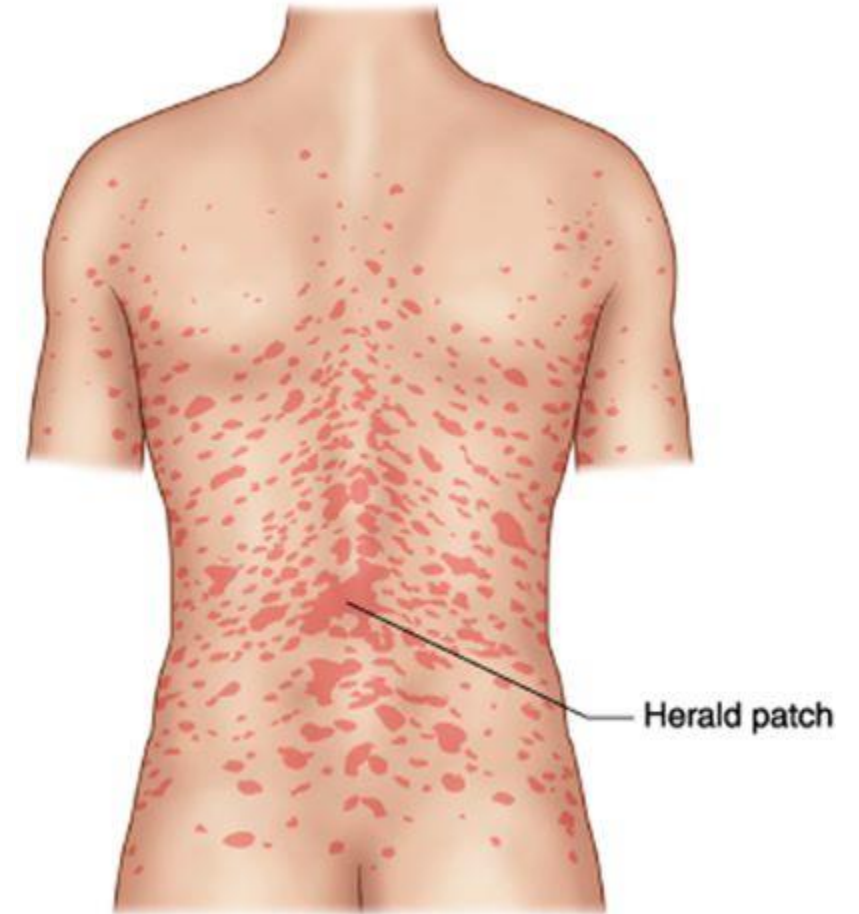
What is the diagnosis?

- A. Psoriasis
- B. Ichthyosis vulgaris
- C. Pityriasis rosea**
- D. Eczema



Pt with Christmas tree distribution on the back , diagnosis ?

- A. Psoriasis
- B. Ichthyosis vulgaris
- C. Pityriasis rosea**
- D. Eczema



Tender lesion with sudden onset, the diagnosis is

- A. Cellulitis
- B. Deep vein thrombosis (DVT)
- C. Erythema multiforme
- D. Erythema nodosum**
- E. Granuloma annulare



Pruritis

Lichenification

سنوات (5)

❖ Define Lichenification

- Hard thickening of the skin with accentuated skin markings which sign in chronic itching

❖ Lichenification is diagnostic for:

- Chronic eczema due to prolonged itching

❖ Mention 3 skin diseases cause pruritus

1. Scabies
2. Pediculosis
3. Lichen planus

❖ Mention 2 causes of localized pruritus

1. Lichen simplex chronicus (neurodermatitis)
2. Prurigo nodularis

What is the 2ry lesion is seen bellow

Lichenification



Skin manifestations of internal diseases

Essay

❖ Lupus Perino seen in **sarcoidosis**

سنوات (3)

❖ Mention 3 disease associated with pyoderma gangrenosum

1. Inflammatory bowel disease
2. rheumatoid arthritis
3. Malignancy

❖ Mention 5 skin manifestation with paraneoplastic

1. Pyoderma gangrenosum
2. Generalized pruritus
3. Acquired ichthyosis
4. Acanthosis nigricans
5. Dermatomyositis
6. Thrombophlebitis migrans

Essay

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

1. Bazex syndrome
2. Carcinoid syndrome
3. Ectopic ACTH syndrome
4. Paget's disease
5. Glucagonoma syndrome

❖ Mention 2 of skin manifestation of bahcet disease

1. Oral ulcers
2. Genital ulcers
3. Pathergy reaction
4. Erythema nodosum-like lesions
5. Erythema multiforme-like lesions
6. Acne form skin rash

Essay

❖ Mention 4 dermatological changes in hypothyroidism

1. Malar flush
2. Yellowish tinge to the skin
3. Loss of the outer part of the eyebrows
4. Rough and dry hands

❖ Mention 5 skin manifestations of diabetes mellitus

1. Acanthosis nigricans
2. Diabetic dermopathy
3. Diabetic chorioarthropathy
4. Necrobiosis lipoidica diabetorum
5. Rubiosis faciei diabetorum

60-year-old male, long standing DM, diagnosis

- A. Necrobiosis lipoidica diabetorum
- B. Diabetic dermopathy**
- C. Lichen planus
- D. Rubiosis faciei diabetorum
- E. Diabetic chorioarthropathy



What is the diagnosis

- ❖ Leishmania
- ❖ Tinea manuum
- ❖ **Ganuloma annulare**
- ❖ Orf



What is the best test to do for this patient ?

❖ Lipid profile



This sign is seen in which disease

- A. Dermatomyositis
- B. Polymyositis
- C. Rheumatoid arthritis
- D. SLE
- E. Gout



Gottron's papules

This presentation is seen in which of the following

- A. Syphilis
- B. Connective tissue disease**
- C. Tinea unguium
- D. Kidney disease



What is your diagnosis

- A. Dermatomyositis
- B. pancreatic tumor
(Glucagonoma syndrome)
- C. Bazex syndrome
- D. Xanthoma



Sexual transmitted diseases

Essay

❖ What is the cause of

- Non-gonococcal urethritis: *Chlamydia trachomatis* (Mostly), *Ureaplasma urealyticum*, *Trichomonas vaginalis* and rarely by others
- Gonorrhoea : *Neisseria gonorrhoeae*

❖ The best diagnostic test for

- Gonorrhoea: smear

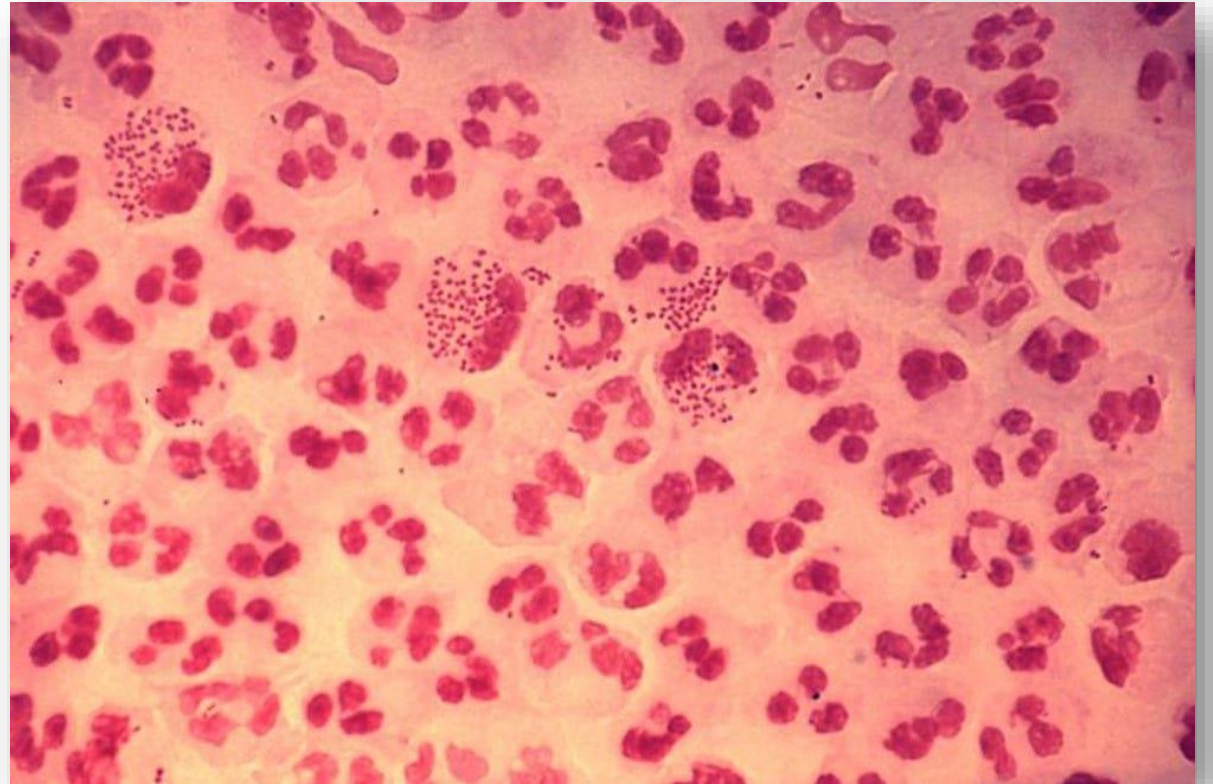
Diagnosis of gonorrhoea

- A. Smear and culture of urethral discharge
- B. Culture of urethral discharge
- C. Smear of urethral discharge



What is the diagnosis ?

- A. Leishmaniasis
- B. Gonorrhea**
- C. Syphilis
- D. Erythrasma
- E. Chancroid



Essay

سنوات (5)

❖ What is the cause of

- Syphilis: treponema pallidum
- Condyloma lata: treponema palladium

سنوات (5)

❖ Mention 2 specific (confirmatory) tests for syphilis

- FTA-ABS test (Flourescent Treponemal Antibody Absorbption test)
- TPHA (Treponema Pallidum Haemagglutiation test)

❖ Which test in patient with syphilis done to monitor response to treatment ?

- VDRL

❖ What is the treatment of Syphilis

- Benzathine penicillin IM

Essay

❖ Characteristic of lesion in 2ry syphilis

- Condyloma lata

❖ Mention 3 manifestations of early congenital syphilis

1. Hepatomegaly
2. Jaundice
3. Rhinitis

سنوات (2)

❖ Mention 4 skin lesions in 2nd syphilis

- Condylomata lata
- Patchy alopecia
- Rash (Generalized, maculopapular rash)
- Mucous patch-oral mucosa

Essay

- ❖ Which test should be used to measure disease activity and track response treatment in syphilis ?
 - RPR
- ❖ Patient with asymptomatic rash in palms and soles, what test you should do to confirm secondary syphilis ?
 - TPHA
- ❖ Patient presented with single ulcer on penis from 7 days, what is the best investigation used to rule out syphilis ?
 - Dark field microscope



27-year-old male with asymptomatic skin rash; investigation to do:

- A. biopsy
- B. VDRL**
- C. culture



Congenital Syphilis

- ❖ What is the name of this sign ?
 - Hutchinson's teeth (notched-incisors)
- ❖ What is the diagnosis ?
 - Congenital Syphilis



Chancroid

❖ What is the cause of

سنوات (5)

○ Chancroid: *Haemophilus ducreyi*

❖ Patient present with painful unilateral tender inguinal lymph node

- A. Chancre
- B. Chancroid**
- C. Syphilis
- D. Granuloma inguinale
- E. Genital herpes

Note: Painful multiple ulcers (chancroid)



AIDS

❖ Mention 5 skin manifestation with ADIS

1. Kaposi`s sarcoma
2. Hairy leukoplakia
3. Eosinophilic folliculitis of AIDS
4. Proximal onychomycosis
5. Severe seborrheic dermatitis
6. Opportunistic infections

What disease should be ruled out in this case

- A. Syphilis
- B. AIDS**
- C. Psoriasis



Proximal onychomycosis

Other Questions

Wood's light

- ❖ Name of this device
 - Wood's light
- ❖ Mention 4 indications
 1. Tinea capitis
 2. Tinea versicolor
 3. Vitiligo
 4. Erythrasma



Cryotherapy

❖ Name of instrument

- Medical cryotherapy gun

❖ Name of the used gas

- Liquid nitrogen

❖ Indications

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



Essay

- ❖ Mention 2 skin diseases that topical steroid aggravates them (contraindicated)
 - Acne
 - Hypertrichosis
 - Dermatophytosis as with Tinea incognita

Normal skin

- ❖ Mention 3 cells present in the epidermis:
 - Melanocyte, keratocyte and langerhan cells
- ❖ Antigen presenting cell in skin
 - Langerhans cells
- ❖ keratinocyte are connecting to each other by
 - desmosomes

Which skin layer is this ?

Stratum granulosum

