

## DERMATOLOGY

- Q 1- Choose the SINGLE most likely causative mechanism of Scabies rash
- A. Toxins released by gravid female mite.
  - B. Immune – incompetence
  - C. Spread from gastrointestinal tract
  - D. Contact with domestic pets
  - E. Direct contact with infected individual

- Q 2- Causative factor for Common warts
- A. Human papilloma virus
  - B. Tinea
  - C. Direct contact with infected individual
  - D. Spread from gastrointestinal tract
  - E. Head lice

- Q 3- Causative factor for impetigo
- A. Contact with domestic pets
  - B. Direct contact with infected individual
  - C. Head lice
  - D. Spread from gastrointestinal tract
  - E. Tinea

- Q 4- Mechanism of Papular urticaria.
- A. Contact with domestic pets
  - B. Direct contact with infected individual
  - C. Head lice
  - D. Human papilloma virus
  - E. Immune – incompetence

- Q 5- Mechanism of candidal nappy rash
- A. Contact with domestic pets
  - B. Immune – incompetence
  - C. Spread from gastrointestinal tract
  - D. Tinea
  - E. Toxins released by gravid female mite

Q 6- A four month old bottle fed baby develops a history of asthma, is brought by his mother and his older sibling had a similar problem. His mother has taken steps to avoid exposure to soap and wool. What is the most appropriate treatment for him.

- A. Desensitization injections
- B. Emollient and a short course of 1% hydrocortisone (topical)
- C. Emollient and 0.1% betamethasone (topical)
- D. Frequent use of emollient
- E. Gluten free diet



Q 7- A nine month old baby girl has had severe flexural eczema for six months. Her mother has followed the general practitioner's (GP's) advice and used emollients and topical hydrocortisone. Despite this treatment the eczema is worse. what is the most appropriate next step in management.

- A. Desensitization injections
- B. Emollient and a short course of 1% hydrocortisone (topical)
- ☒ C. Emollient and 0.1% betamethasone (topical)
- D. Frequent use of emollient
- E. Gluten free diet

Q 8- An eight year old boy with longstanding eczema has an intense flare up of his eczema. There is erythema, excoriation and exudates in the flexures. The weeping lesions have not responded to topical betamethasone. A skin swab has been taken. what is the most appropriate next step in management

- ☒ A. Oral flucloxacillin
- B. Desensitization injections
- C. Emollient and a short course of 1% hydrocortisone (topical)
- D. Emollient and 0.1% betamethasone (topical)
- E. Oral antihistamine

Q 9- A 9month old baby boy has poorly controlled eczema despite appropriate prescriptions from GP. His mother has two other children under the age of five years. The baby's skin condition has recently deteriorated. He is suffering from intense prurities and lack of sleep. His mother is exhausted. what is the most appropriate next step in management.

- ☒ A. Oral antihistamine
- B. Hospital admission
- C. Oral flucloxacillin
- D. Prolonged high dose oral steroid
- E. Skin sensitivity testing.

Q 10- Cafe-au-lait (brown) lesions present at birth, followed by the development of multiple bumps over the whole body at puberty and becoming more numerous over the next 10 years. What is the most likely diagnosis? (Neurofibromatosis)

- A. Histiocytoma
- B. Kaposi's sarcoma
- C. Keratoacanthoma
- ☒ D. Neurofibroma
- E. Malignant melanoma

Q 11 -A pearly lesion with a raised edge on the naso labial fold. It develops over six months. what is the most likely diagnosis

- A. Histiocytoma
- B. Kaposi's sarcoma
- C. Keratoacanthoma
- D. Neurofibroma
- ☒ E. Basal cell carcinoma



Q 12- A patient presents with a non-tender subcutaneous swelling on the thigh, measuring up to 10 cm in diameter, which has grown slowly over the last 10 years. What is the most likely diagnosis?

- A. Histiocytoma
- B. Neurofibroma
- C. Kaposi's sarcoma
- ☒ D. Lipoma
- E. Keratoacanthoma

Q 13- A patient presents with a small papule which rapidly grows in size over three months. The lesion is raised 0.5cm above the surrounding skin and is 2 cm in diameter with rolled edges and a horny plug. What is the most likely diagnosis?

- A. Histiocytoma
- B. Neurofibroma
- C. Kaposi's sarcoma
- D. Lipoma
- ☒ E. Keratoacanthoma

Q 14- A patient presents with a localized and persistent reddish brown scaly plaque on the lower limb which has a slightly raised edge and which is very slow growing. What is the most likely diagnosis?

- A. Histiocytoma
- B. Neurofibroma
- C. Kaposi's sarcoma
- D. Lipoma
- E. Keratoacanthoma

*Bowen's disease*  
Q 15- A patient presents with a pigmented lesion on the lower limb which increases in size over six months. It has satellite lesions and color variation. What is the most likely diagnosis?

- ☒ A. Malignant melanoma
- B. Neurofibroma
- C. Kaposi's sarcoma
- D. Bowen's disease
- E. Keratoacanthoma

Q 16- A 14 year old girl develops an itchy, scaly patch on her scalp. She had a similar patch that cleared spontaneously two years ago. Her aunt has a similar undiagnosed rash on the extensor aspects of her elbows and knees. What is the most likely diagnosis?

- A. Eczema
- B. Fungal infection
- C. Impetigo
- D. Lichen planus
- ☒ E. Psoriasis



Q 17- A 10 year old girl with eczema has developed a herpetic whitlow on her forefinger. Small deep vesicles have started to appear on her trunk. What is the most appropriate next step in management?

- A. Betamethasone
- ☒ B. Aciclovir (oral)
- C. Acyclovir (topical)
- D. Amoxicillin (oral)
- E. Emollient

Q 18- A 35 year old man develops itchy blisters of the palms and soles of his feet. He has used betamethasone ointment but without much relief. What is the most appropriate next step in management?

- A. Hydrocortisone cream 25%
- B. Ketoconazole cream
- C. Neomycin cream
- D. Oral steroid (prednisolone)
- ☒ E. Potassium permanganate soaks

Q 19- A three year old girl is disturbed at night by itching. She has widespread eczema with scratch marks. What is the most appropriate next step in management?

- A. Betamethasone
- B. Aciclovir (oral)
- C. Acyclovir (topical)
- D. Amoxicillin (oral)
- ☒ E. Emollient

Q 20- A 50 year old woman has seborrhoeic eczema affecting the scalp margin and naso-labial folds. Hydrocortisone cream 1% that she purchased from the pharmacy has failed to help. What is the most appropriate next step in management?

- A. Amoxicillin (oral)
- ☒ B. Betamethasone 0.1% ointment
- C. Emollient
- D. Flucloxacillin (oral)
- E. Hydrocortisone cream 25%

Q 21- A 70 years old woman lives in a residential home with 18 other residential develops a red scaly rash on her trunk. It is difficult to obtain a history, but scared marks are viable. What is the SINGLE most appropriate initial action?

- A. Bacterial culture of skin swab
- ☒ B. Examine hands and feet
- C. Fungal culture of skin scrapings
- D. Patch testing
- E. Skin biopsy



Q 22- A 40 year old woman presented with generalized itching & tiredness for few months. She gave a history of heavy menstrual periods. On examination there is pallor. What is the single most likely causative factor?

- A. Iron deficiency anaemia
- B. Lichen planus
- C. Dermatitis Herpetiformis
- D. Eczema
- E. Uraemia

Q 23- A 60 year old man has a lesion with pearly edge on his face. What is the Single most appropriate land mark?

- A. Basal cell Ca
- B. Lichen planus
- C. Venous Ulcer
- D. Bed Sore
- E. Bullous Pemphigoid

Q 24- A young boy presented with peri-oral blisters. Some of which are weeping and others are crusted. What is the single most appropriate diagnosis?

- A. Impetigo
- B. Varicella zoster
- C. Shingles
- D. Scabies
- E. Herpes simplex

Q 25- A 39 year old man comes with umbilicated papules on his face. His CD4 count is measured to be 35. What is the SINGLE most appropriate option?

- A. Mycobacterium Avium Interstitial
- B. Cytomegalovirus
- C. Toxoplasmosis
- D. Pneumocystis jirovecii
- E. Moluscum