Prominent cutaneous receptors at a glance:

- PACinan corpuscles —> 'PACE' —> so for RAPIDLY adapting mechanoreceptors i.e. For VIBRATION
- MERkel disc —> MARA HUA (like dead) —> so SLOWLY adapting mechanoreceptor i.e. for STRETCHING of dermis.
- MEISSners corpuscles —> MISS NURSE —> so for GOOD TACTILE localization. (no offence meant. Just for memorising.)
- Vanilloid receptors —> Vanilla icecream —> so for TEMPERATURE (>43) and also pain.

Lichen planus - (AA-I-531)
- Immunological attack on basal layer
- Max Joseph space
- Civatte bodies
- Saw toothing

DLE - When the scale is removed it’s underside will show small excrescences that correlate with the opening of hair follicles termed as “carpet tack” appearance. This finding is relatively specific for DLE.

- Apocrine - by membrane budding (decapitation secretion)
- Holocrine - by membrane rupturing —> sebaceous glands
- Merocrine or eccrine - by exocytosis

Lesions on the vulva that have the appearance of warts (verruca) are either venereal warts (condyloma acuminata) or a variant of squamous cell carcinoma called verrucous carcinoma. Verrucous carcinoma of the vulva is thought to be a/w HPV. Unlike squamous cell carcinoma which commonly involves the superficial inguinal lymph nodes, verrucous carcinoma does not metastasize to lymph nodes. Its malignant nature is documented by its ability to invade locally and to assume a more anaplastic and aggressive behaviour if irradiated. Wide excision of lesion is curative.

UV-B: carcinogenic property is due to formation of pyrimidine dimers in DNA. UV-C though potent mutagen is filtered by Ozone layer.

Dry crab yaws found in: palms and soles.

Rosacea - Chronic cutaneous disorder of central portion of face such as cheeks, chin, nose and central forehead. It is characterised by remissions and exacerbations. It is a syndrome comprising of cutaneous signs as flushing, erythema, telangiectasia, edema, papules, pustules, nodules, ocular lesions, and rhinopyna. There is no genital lesion. There is dermal inflammation, elastin and collagen degeneration, alteration of cutaneous vasculature. Tretinoin promotes CT remodelling and reduces dermal inflammation.

Herpes Gestationalis -
- Subside few weeks post-partum
- Recurs with subsequent pregnancy
- Periumbilical
- C-3

Herpes Gestationalis -
- Subside few weeks post-partum
- Recurs with subsequent pregnancy
- Periumbilical
- C-3
Non-scaly, endemic area --> Leprosy
Atrophic macule --> Morphoea
Atrophic macule + Endemic area --> Leprosy

1. Primary skin lesion are seen in all except
   1. Bowen’s disease
   2. Reiter’s------------------ans
   3. Psoriasis
   4. Lichen planus

Discussion

Reiter’s disease
Diagnostic lesion - Circinate (circular) balanitis, keratoderma blenorrhagicum
Etiologies-
   • Post-venereal --> Chlamydia
   • Following dysentry --> Shigellosis
Rx depends on etiology - Mtx (since it is like psoriasis), Doxycycline (US), Ciprofloxacin (INDIA)

4. What is the treatment of choice for Psoriasis with arthropathy
   1. Psoriasis
   2. PUVA
   3. MTX
   4. Etanercept------------------ans

Discussion

Psoriasis
   • Classical - Nb UVB --> followed by --> PUVA
   • Eruptive (guttate) --> comes with sore throat --> Ampicillin, Nb UV-B
   • Erythroderma --> retinoids, Steroids + Mtx
   • Pustular (reverse of erythroderma) --> Retinoids, Mtx + Steroid. Pustular psoriasis in pregnancy is called Impetigo Herpetiformis. It only presents as erythematous rash. Rx: Steroids
   • Arthropathy - Etranercept, Mtx + Steroid
   • Inverse psoriasis (flexural) - steroids
   • HIV associated - retinoids
   • Pregnancy - Topical steroids alone*

78. The drug of choice for impetigo herpetiformis is
   1. Methotrexate
   2. Steroids------------------ans
   3. Tar
   4. Emollient

34. The following drugs are useful in treating Psoriasis in HIV except
   1. HAART
   2. PUVA
   3. Retinoids
   4. Steroids------------------ans

5. Scarring alopecia is assoc. with- oriasis, in
   1. Alopecia areata
   2. Tinea capitis
   3. Androgenic alopecia
   4. Lichen planus------------------ans

Discussion
Alopecia-

- Localised-
  - Scarring(Cicatral)- pseudo palade(idiopathic), L.Planus*, DLE, Kerion, Trauma
  - Non-scarring(if mild itching+hairless)-> T.Capitis
- Generalised- always non scarring

Treatment-

- **Androgenic alopecia in males** - Rx- Finasteride **1 mg**, Minoxidil 5%
- **FAGA** (Female androgenetic alopecia)- Minoxidil 2% (not 5%--> will develop hirsuitism in female); dont give finasteride-->antiandrogen--> if female conceives a male child it may lead to further problems

22. Finasteride is given in a dose of ________ in alopecia-

1. 2mg  
2. 3mg  
3. 5mg  
4. 1mg--------------ans

7. Dose of acyclovir in a patient suffering from herpes genitalis-

1. 200 mg, five times a day for 7 days--------ans  
2. 400 mg, five times a day for 3 days  
3. 600 mg, five times a day for 5 days  
4. 800 mg, five times a day for 7 days

Discussion- Option 2--> herpez zoster  
Herpes- Asymtomatic(M/C), episodic, recurrent  
Herpes genitalis- Vesicles, Erosions  
Rx- Acyclovir-->200 mg 5 times a day for 7 days OR Fanciclovir 250 mg oral (better compliance)-->3 times a day for 7 days{both Hemanitin kinase inhibitors}

Secondary infection-->Septran DS one tab BD 7 days

Supressive therapy for recurrent genital herpes-->Acyclovir 400 mg orally twice a day/Fanciclovir

Resistant cases-->Cidofovir gel/Foscarnet{Inhibits DNA Polymerase}

10. **Which of the following does not** cause small vessel vasculitis-

1. Churg strauss syndrome  
2. Henoch schonlein purpura  
3. Kawasaki disease------------------ans(medium)  
4. Microscopic polyangiitis

11. **Which of the following is not** a feature of Henoch Schonlein Purpura-

1. Polyarthralgia  
2. Cure by Steroids--------ans  
3. Hematuria  
4. Abdominal pain

Discussion- Commonest vasculitis in children, abdominal pain, purpura in LL, Arthalgias, IgA vasculitis, SELF-LIMITING--> if haematuria present then--> give steroids

12. What is the cutaneous dermatoses seen in summer on exposed site as itchy papules and nodules in children-

1. Photoallergic dermatose  
2. Atopic dermatoses  
3. Solar urticaria  
4. Insect bite reaction------------------ans

Discussion-  
Exposed site dermatosis-
• Farmer, Summer, Harvest, Parthenium--> Air borne contact dematitis
• Exposed site(not a farmer)---> Polymorphic light erythematosis
• Child exposure summer--> Insect bite

14. A 24-year-old married woman has multiple nodular, cystic, pustular and comedonic lesions on face, upper back and shoulders for 2 years. The drug of choice for her treatment would be-
   1. Acitretin
   2. Isotretinoin
   3. Doxycycline
   4. Azithromycin------------ans

Discussion- Isotretinoin dangerous in married females

16. Which of the following drugs are effective in the treatment in the treatment of Herpes simplex resistant to acyclovir-
   1. Acyclovir
   2. Corticosteroids
   3. Interferons
   4. Foscarnet------------ans

17. A neonate with focal skin lesions and hypoplastic limbs causative agent-
   1. Cytomegalovirus
   2. Herpes Zoster--------ans
   3. Toxoplasma
   4. T.pallidum

Discussion- Scar specific, limb hypoplasia, cataract

19. Which of the following causes of Tenia capitis is treated by steroids-
   1. Trichophyton mentagrophytes
   2. Trichophyton rubrum
   3. Microsporum Canis-------------------ans
   4. None of the above

Discussion-

T. Capitis-
• Non-inflammatory: Alopecia, Itchy, Broken hair
  ▪ Black dots--> T. tonsurans(M/C)
  ▪ Gray patch--> T. mentagrophytes
  ▪ Seborrhoic
• Inflammatory- Kerion(M.Canis; boggy nodule); Pustular; Favus (scutulae-->yellowish crust)--->T. Schoenlenni-->Endemic in Jammu

Endothrix--> tvs (tonsurans, violaceum, schonlenni)
Ectothrix-->all others

DOC--> Greiseofulvin 6-8 wks; Prednisolone-->kerion

21. An HIV positive patient comes with white patches on the side of the tongue, this condition is caused by-
   1. HSV 1
   2. HSV 4-------------ans
   3. HSV 8
   4. HSV 6

Discussion- Oral hairy leucoplakia-->HSV4-->EBV)

23. Involvement of sweat glands and hair follicles with granuloma around the hair follicles is seen in-
1. Lichen Scrofulosum-----------------ans
2. Papulonecrotic tuberculid
3. Lupus vulgaris
4. Military TB

**Discussion**

**TB**
- True cutaneous tuberculosis-
  - Lupus vulgaris
  - Scrofuloderma
- Tuberculids*(not positive for AFB)*-
  - Lichen scrofulosorum*(M/C)*- granuloma around hair follicle
    - Presentation- Child, enlarged cervical LN, nodules, sinus, scarring

<table>
<thead>
<tr>
<th>Annular plaque-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peripheral spread central <strong>scarring</strong>- Lupus Vulgaris</td>
</tr>
<tr>
<td>Central crusting--&gt; Kala-azar</td>
</tr>
<tr>
<td>Central clearing--&gt; peripheral activity--&gt; itchy- T. Corporis (papular periphery--&gt;GI)</td>
</tr>
<tr>
<td>Sensory loss- Hensen's d/e</td>
</tr>
</tbody>
</table>

29. A gardener comes with linear nodules on the hand for last one year, how will you treat the patient-
1. Amphotericin B
2. Griseofulvin
3. Ampicillin
4. Iodine---------ans

**Discussion**- Asteroid body(Itraconazole in west, KI in INDIA)

33. What is the cause of Half nail in renal failure-
1. Defect in keratin
2. Defect in collagen
3. Defect in vasculature----------------ans
4. Chronic itch

**Discussion**- defect in melanin actual answer (if not given go for 3)

37. In which of the following is AFB negative-
1. Scrofuloderma
2. Lichen scrofulosorum----------------ans
3. TB chancre
4. Cold abscess

38. Child presented with overnight rash all over the body. 2 weeks ago he had an episode of abdominal pain, there was mild pallor and no hepatosplenomegaly. What is the likely diagnosis-
1. Aplastic anemia
2. ITP
3. Acute leukemia
4. Acute post viral syndrome----------------ans(I dont agree)

**Discussion**- If rash is removed--> ITP(Ck ROAMS-894; Q-139 P-308/600 AA-I), also see
XEROX-AA-162(Q-131)
Rash on the back-
- Christmas tree appearence, Herald patch, Annular collarette--> P. Rosea
- Non itchy, Symmetrical, Whole body, Palm, Sole and Mucosa-->Secondary syphilis (Itchy-->drug rxn)
- Fever- Enteral rash
40. 7 year old child presents with fever given cefaclor for 8 days out of 10 days presents with rash, pruritus, lymphadenopathy. What is the diagnosis-
   1. Kawasaki syndrome
   2. Half treated meningitis
   3. Inf. Mononucleosis
   4. Hypersensitivity reaction----------ans(drug rash-->See Q-38 explanation)

39. Child presented with petechial rash all over body with ecchymosis on the lower limb. 2 weeks ago he had an episode of abdominal pain there was severe pallor, weakness and no hepatosplenomegaly. What is the likely diagnosis-
   1. Aplastic anaemia-----------nas
   2. ITP
   3. Acute leukemia
   4. Acute post viral syndrome
Discussion- remove drug+ecchymosis--> ITP

41. Child presents with linear verrucuous plaques on the trunk with vacuolization of keratinocytes in s.spinosum and s.granulosum. Diagnosis is-
   1. Incontinentia pigmenti
   2. Delayed hypersensitivity reaction
   3. ILVEN-------------------ans
   4. Linear darriers disease
Discussion-
ILVEN-->
   • Inflammatory linear verrucous epidermal nevus
   • Presents as erythematous+verrucous epidermal nevus
   • linear, pruritic, unilateral, girls>boys
IP--> vacuolisation not seen

43. In congenital dystrophic epidermolysis bullosa defect is seen in-
   1. Laminin 4
   2. Collagen type 7------------------ans
   3. Collagen 4
   4. Collagen 3
Discussion-

Epidermolysis bullosa-
   O Epidermolysis bullosa simplex-
      ▪ Defective keratin filaments--> defect in keratin 5, 14
      ▪ No scarring
   O Junctional epidermolysis bullosa-
      ▪ Dermo-epidermal region is effected
      ▪ Hemidesmosomes are defective
      ▪ Defect in laminin 5 subunits, collagen XVII, alpha-6 integrin
      ▪ No scarring but leaves an atrophic appearance
   O Dystrophic epidermolysis bullosa-
      ▪ Below dermo-epidermal junction
      ▪ Defect in type VII collagen (COL7A1)
      ▪ Marked scarring and contractures
      ▪ Increased risk of development of melanoma

44. Following is a type of physical urticaria-
   1. Dermographism-------------------ans
   2. Urticaria pigmentosa
3. Urticaria vasculitis
4. Auto-immune urticaria

46. Male from West Bengal with hyperkeratosis of palm and soles with, transverse nail lines-
   1. Chronic arsenic poisoning----------ans
   2. Pb poisoning
   3. Au poisoning
   4. Thallium poisoning
   **Discussion:** WB-->Arsenic; J+K-->Favus

48. A child comes with multiple white skin macules with seizures, this condition described by Vogts is-
   1. P alb
   2. Tuberous sclerosis---------ans
   3. N anemicus
   4. N depigmentosus
   **Discussion:**

**Tuberous Sclerosis**
- Vogt's triad--> Seizure, MR, Facial angiofibroma
- M/C Systemic tumor--> Astrocytoma
- Earliest systemic feature--> Rhabdomyoma of heart
- Teeth--> Pits

51. Acetowhiteining test is DONE in-
   1. Psoriasis
   2. Lichen planus
   3. Atopic dermatitis
   4. C. acuminate----------ans

52. The following is seen in Darier’s disease-
   1. Acanthosis
   2. Acantholysis
   3. Dyskeratosis----------ans
   4. Abscess
   **Discussion:** Darier’s is characterized by **dark crusty patches** on the skin, sometimes containing pus. The crusty patches are also known as keratotic papules, keratosis follicularis or **dyskeratosis follicularis**.

53. In which layer is the Odland body seen-
   1. S corneum
   2. S lucidum
   3. S spinosum
   4. S granulosum---------ans (also called lamellar bodies)

54. A child comes with black macules on the trunk which urticate on scratching-
   1. Urticaria
   2. Lichen planus
   3. Drug eruption
   4. Mastocytosis----------ans

55. Vitropressin is done for-
   1. Lichen planus
   2. Pemphigus
   3. Psoriasis
   4. Sarcoidosis----------ans (diascopy = vitropressin)
56. What is the most common cause of irritant contact dermatitis in a housewife-
   1. Nickel
   2. Cobalt
   3. Gold
   4. Detergents----------------ans

Discussion: ACD may occur with gold also because it also contains cobalt

57. A child comes with a scar on the lower limb which was preceded by a crusted plaque the most likely diagnosis is-
   1. TB
   2. Syphilis
   3. Leprosy
   4. Ecthyma--------ans (a type of Impetigo)

58. A male patient resident of Bombay comes with recurrent vesicles and erosions on the groin and axilla, what is the diagnosis-
   1. Pemphigus
   2. Hailey-Hailey Disease--------ans (if itchy go for 3)
   3. Tinea cruris
   4. Inverse Psoriasis

Discussion: Hailey-Hailey disease also k/a benign familial chronic pemphigus: recurrent eruption of vesicles and bullae that become scaling and crusted lesions with vesicular borders, predominantly of the neck, groin, and axillary regions; autosomal dominant inheritance, presenting in late adolescence or early adult life.

59. Wavelength of Nd-Yag laser is-
   1. 1064 nm---------------ans
   2. 512 nm
   3. 594 nm
   4. 369 nm

Discussion:

<table>
<thead>
<tr>
<th>Wavelength (nm)</th>
<th>Absorbed by</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO2 10600</td>
<td>Water*</td>
<td>Coagulation/Skin resurfacing</td>
</tr>
<tr>
<td>Er YAG 2940</td>
<td>Water</td>
<td>Skin resurfacing</td>
</tr>
<tr>
<td>FLPDL 585</td>
<td>Hb</td>
<td>Portwine stains</td>
</tr>
<tr>
<td>Nd-YAG 1064</td>
<td>Hb</td>
<td>Posterior capsulotomy, Vascular lesions such as spider navi</td>
</tr>
<tr>
<td>Q Switched YAG 1064</td>
<td>Pigment</td>
<td>Tattoo removal</td>
</tr>
</tbody>
</table>

60. A child comes with enteropathy with grouped excoriated papules and vesicles on the extensors, what drug will you give-
   1. Steroid
   2. Azathioprine
   3. Cyclophosphamide
   4. Dapsone--------ans(DH)

61. Salt split method is used to diagnose which one of the following-
   1. Pemphigus
   2. Miliaria
   3. Herpes
   4. Bullous pemphigoid--------ans

62. The drug of choice for Pemphigus in an adult married female is-
   1. Oral steroids----------------ans (H/17 P-337)
2. Steroid plus dapsone
3. Steroid plus cyclophosphamide
4. Steroid Pulse therapy

Discussion - Cyclophosphamide --> causes sterility (if family is completed --> 3)

Steroid pulse therapy - Intravenous supra-pharmacological doses of corticosteroids are used in various inflammatory and autoimmune conditions because they are cumulatively less toxic than sustained steroid treatment at lower quantitative dosage. Common indications for use in children include steroid resistant and steroid dependent nephrotic syndrome, rapidly progressive glomerulonephritis, systemic vasculitis, systemic lupus erythematosus, acute renal allograft rejection, juvenile rheumatoid arthritis, juvenile dermatomyositis, pemphigus, optic neuritis, multiple sclerosis and acute disseminated encephalomyelitis.

Though steroid pulse therapy can be given it is not the treatment of choice......

66. Level of split in P. foliaceus is-
   1. Intrapidermal
   2. Subepidermal
   3. Subcorneal --------- ans
   4. Suprabasal

Discussion -

Subcorneal blisters -
   • P. foliaceus
   • Bullous impetigo

Subepidermal blisters: BLEEDS -
   • Bullous pemphigoid
   • Linear IgA disease
   • Epidermal bullosa
   • Erythema multiforme (dermal type)
   • DH
   • SJS

70. Ring of pearls appearance is seen in-
   1. Bullous pemphigoid
   2. Linear Ig A disease--------- ans
   3. Pemphigus
   4. Psoriasis

72. The most potent topical corticosteroids is-
   1. Hydrocortisone butyrate cream 0.1%
   2. Betamethasone valerate cream 0.5%
   3. Clobetasol propionate cream 0.5%--------- ans
   4. Clobetasone butyrate cream 0.5%

Discussion -
Superpotent - Clobetasol, Betamethasone dipropionate, Halobetasone

76. A 39 year old who was hospitalized for 2 m presents with scaly patches over genitalia. She also has perleche, smooth tongue, keratoconjunctivitis and angular stomatitis.
Diagnosis -
   1. Mucocutaneous candidiasis
   2. Behcet syndrome
   3. Acrodermatitis enteropathica
   4. Riboflavin deficiency--------- ans (smooth tongue)

77. Psoralen-A is used in treatment of-
1. Pemphigus
2. Vigiligo-----------------ans
3. Pityriasis alba
4. Icthyosis

80. Itchy vesicles on the palm and sole of a adult male is seen in-
   1. Scabies
   2. Tinea
   3. Pompholyx-----------------ans (If itchy and in infant--> Scabies)
   4. Syphilis

82. A pregnant female with Condylomata acuminta is best treated by-
   1. Podophyllin
   2. TCA-----------------ans
   3. Fluorouracil
   4. Surgery

Discussion: DOC for warts--> 20% podophyllin--> Intrameatal--> Podophyllin or 5 % S-FU
(Exceptions- Pregnancy, Cervical/Anal Ca--> TCA 80-90%, Sx, Cryotherapy)

Rx for warts-
- Common Warts--> Podophyllin
- Genital warts--> Imiquimod
- Wart in pregnancy--> TCA Cautery/Cryotherapy

83. Tropical Drug of choice for onychomycosis is-
   1. Ciclopirox olamine----------ans
   2. Clotrimazole
   3. Ketoconazole
   4. Miconazole

84. Thimble pitting of nails is seen in-
   1. Alopecia areata--------ans
   2. Lichen planus
   3. Pityriasis rubra pilaris
   4. Pityriasis rosea

Discussion: also in psoriasis--> RIDL (Random, Irregular, Deep, Large)--> Opposite in Areata

85. Which of the following is an ecotothrix infection-
   1. T rubrum----------ans
   2. T tonsurans
   3. T schoenleinii
   4. T violaceum

Discussion: TVS (endothrix)...ectothrix-->all others

86. With regard to vitiligo, which one of the following is not correct-
   1. Generalized vitiligo is often symmetrical
   2. Trauma and sunburn may precipitate vitiligo
   3. It is a congenital condition-----------------ans
   4. Focal area of melanocyte loss are observed

87. Pediculosis is treated by one of the following-
   1. Crotamiton
   2. Septran----------ans
   3. Cetirizine
   4. Ampicillin

Discussion: Crotaminton(for antipruritic action only)
Scabies -
- Classical - Permethrin, Ivermectin
- Crusted/Norwegian --> Keratolytics + Scabicides
- Infants/Pregnancy --> Sulfer (Safest)
- Nodular --> Steroid (males nodes on scrotum --> Clean man scabies)

88. Circle of Hebra is seen in-
1. T capitis
2. Herpes
3. Leprosy
4. Scabies----------ans

89. Clean man scabies is also called-
1. Classical type
2. Scabies in elderly
3. Bullous scabies
4. Nodular scabies----------ans

91. Chloroquine is used in treatment of-
1. DLE----------------ans (KDT-786)
2. Pemphigus
3. Psoriasis
4. Nummular eczema

93. The most common leukocytoclastic vasculitis affecting children is-
1. Takayasu disease
2. Mucocutaneous lymph node syndrome (Kawasaki disease)
3. Henoch Schonelin purpura----------ans
4. Polyarteritis nodosa

95. Which of the following is not a fungal infection-
1. Chromomycosis
2. Pheohyphomycosis
3. Actinomycosis----------------ans (bacterial disease)
4. Blastomycosis

96. A middle aged female presents with hypo-pigmented patch on the central part of the forehead. The chemical responsible is-
1. Hydro quinine
2. Mono benzyl ether of hydro quinine
3. Para-tertiary butyl phenol------------------ans
4. Para-tertiary butyl catechol

Discussion -
Chemical leucodermas-
- Para-tertiary butyl catechol - Hair colours
- Para-tertiary butyl phenol* - Sticker bindi(M/C), Shoes, Lipstick
- MBH (Mono benzyl ether of hydroquinone) - Rubber Gloves

97. A 20 year old male pt from jaipur presents with an erythematous lesion on the check with central crusting; likely diagnosis is-
1. Baghdad boil
2. Lupus vulgaris
3. Chilblains
4. Leishmaniasis recidivans----------ans

Discussion - New drug --> Miltefosine (anticancer) --> most powerful
98. A patient has bullous eruption on lower limb and trunk. Biopsy show subepidermal bullae. The correct statement is-
1. Pemphigoid------------------------ans
2. Pemphigus vulgaris
3. Impetigo
4. Rule out internal malignancy

99. All are true about Herpes gestationis except-
1. Histologically similar to bullous pemphigold
2. Usually occur in 2nd/3rd trimester
3. Confined to first pregnancy----------------ans
4. Remits spontaneously

100. Keratoderma is a feature of-
1. Pityriasis rubra pilaris-----------------ans
2. Pemphigus
3. Pityriasis rosea
4. Psoriasis