CHAPTER 1

Test 1

GENERAL DERMATOLOGY

1. A 58-year-old woman presented with the following pruritic eruption. There was no response to intramuscular triamcinolone. What medication may be associated with this condition?

A. Furosemide
B. Valacyclovir
C. Doxycycline
D. Cetuximab

2. The patient presents with violaceous papules with white scale on the upper and lower extremities and these lesions in the oral mucosa. What is the most appropriate lab test to evaluate for an associated infectious agent?

A. Mycoplasma polymerase chain reaction
B. Hepatitis C antibody
C. Rapid plasma reagin
D. Fungal culture
E. Human immunodeficiency virus antibody

3. What is the best treatment option for this 15-year-old boy?

A. Griseofulvin 20–25 mg/kg/day
B. Doxycycline 100 mg twice daily
C. Intrallesional triamcinolone injections
D. Ketoconazole shampoo three times weekly

4. You diagnose your 23-year-old female patient with an allergic contact dermatitis to her temporary tattoo. What else is she at risk of reacting to?
   A. Poison ivy
   B. Mango
   C. Hair dye
   D. Nail polish

5. The patient also presents with fevers and myalgias—what other finding may be present?

6. The patient most likely has what associated condition?
   A. Rheumatoid arthritis
   B. HIV
   C. Venous hypertension
   D. Systemic lupus erythematos

7. Intravenous immunoglobulin (IVIG) can cause which of the following cutaneous reactions?
   A. Leukocytoclastic vasculitis
   B. Immunobullous disease
   C. Dyshidrotic eczema
   D. Fixed drug eruption

8. A 28-year-old postdoctoral fellow presents with the following pruritic lesion on the wrist. He reports that the lesion started while he was in Costa Rica doing fieldwork 4 weeks ago and started after a mosquito bite. He denies any other lesions. What is the most likely diagnosis?

9. A 33-year-old immigrant from Columbia presents with the following lesion. A tissue sample sent to the Centers for Disease Control and Prevention confirmed the diagnosis by PCR. The patient does not improve with sodium stibogluconate intramuscular administered for 4 weeks. What is the next best step in management?
10. What is the patient’s most likely diagnosis?

A. Intravenous amphotericin B
B. Topical imiquimod
C. Change sodium stibogluconate route of administration to intralional
D. Oral itraconazole
E. Combination of oral rifampin and dapsone

11. Of the various forms of cutaneous lupus listed below, which of the following is LEAST likely to be associated with systemic disease?

A. Subacute cutaneous lupus erythematous
B. Acute cutaneous lupus erythematous
C. Discoid lupus erythematous
D. Bullous lupus erythematous

12. This patient is 28 weeks pregnant. What is the treatment of choice?

A. Tazarotene gel
B. Azelaic acid
C. Doxycycline
D. Isotretinoin

13. What is the preferred treatment for a 6-year-old female who presents with this eruption?

A. Doxycycline
B. Amoxicillin
C. Valacyclovir
D. Clindamycin

14. A 75-year-old man developed the following lesions after babysitting his grandson, who had a diarrheal illness. What is the best diagnosis?

A. Graft-versus-host disease
B. Dermatomyositis
C. Cutaneous lymphoma
D. Staphylococcal scalded skin syndrome
A. Secondary syphilis  
B. Erythema multiforme  
C. Atypical hand-foot-mouth disease  
D. Acrodermatitis enteropathica

15. What is the associated fetal risk with this condition?

A. Small for gestational age  
B. Craniosynostosis  
C. No associated risk  
D. Placental insufficiency

16. What class of medication is associated with this eruption?

A. Programmed death 1 inhibitor  
B. Epidermal growth factor receptor inhibitor  
C. BRAF inhibitor  
D. Tumor necrosis factor alpha inhibitor

17. What is the most common extra-cutaneous manifestation in this condition?

A. Cardiomyopathy  
B. Hilar lymphadenopathy  
C. Arthritis  
D. Thyroiditis

18. What antibody is most specific for this condition?

A. ANA  
B. Jo-1  
C. SCL-70  
D. Thyroid peroxidase
19. What gene is associated with this condition?

A. FLCN  
B. CYLD  
C. MSH2  
D. PTEN

20. The patient reports having an unprotected sexual encounter 2 months prior and developed a lesion on his penis that resolved with time. The patient then presented with the following rash. Which of the following is NOT true regarding this infection?

A. These lesions will disappear spontaneously in 3–12 weeks.  
B. A majority of untreated individuals will have latent disease without progression.  
C. The treatment of choice for penicillin-allergic patients is sulfamethoxazole/trimethoprim.  
D. Congenital disease may present with bullae.  
E. A neonate without signs of disease and with a negative RPR whose mother was appropriately treated does not require treatment.

A. Oil spots and onycholysis  
B. Red-white longitudinal bands and v-shaped distal nicks  
C. Dolichonychia  
D. Trachyonychia

21. What are the associated nail findings in this condition?

A. Oil spots and onycholysis  
B. Red-white longitudinal bands and v-shaped distal nicks  
C. Dolichonychia  
D. Trachyonychia

22. A patient presents with a severe allergic contact dermatitis to perfumes/fragrances. Patch testing is strongly positive for Balsam of Peru allergen. Which of the following foods is most likely to cause a systemic contact dermatitis in this patient?

23. The patient developed these pruritic lesions that become edematous and inflamed upon rubbing. What immunohistochemical stain is most likely to be positive?

A. HHV-8
B. PAS
C. S100
D. Tryptase

24. A 25-year-old African American female presents with asymptomatic, hyperpigmented nodules localized to the left lower leg; fevers; and large, painless, bilateral cervical lymphadenopathy. A biopsy of a nodule revealed a dense histiocytic dermal infiltrate. What is the most likely diagnosis?

A. Sarcoidosis
B. Juvenile xanthogranuloma
C. Rosai-Dorfman disease
D. Foreign body reaction
E. Reticulohistiocytosis

25. A 60-year-old Caucasian female presents for evaluation. On close inspection there is perifollicular erythema and scale. What is the most likely diagnosis?

A. Traction alopecia
B. Alopecia areata
C. Discoid lupus erythematosus
D. Central centrifugal cicatricial alopecia
E. Frontal fibrosing alopecia

26. A 50-year-old female patient presents with erythematous papules and pustules on her bilateral cheeks. She reports no improvement with several weeks of an oral tetracycline and topical metronidazole. She also complains of burning and stinging of the skin. What is the best next step?

A. Have the patient continue her current therapy.
B. Prescribe an alternative antibiotic.
C. Perform a scraping of the pustules.
D. Prescribe a topical corticosteroid.
E. Prescribe a topical calcineurin inhibitor.

27. A 29-year-old female reports a several-year history of recurrent oral, genital, and cutaneous ulcerations. What is the most common nonmucocutaneous finding in patients with this disease?
A. Posterior uveitis  
B. Arthritis  
C. Cranial nerve palsies  
D. Glomerulonephritis  
E. Cardiac arrhythmias

28. What other findings may be present on exam?

A. Follicular erythema, scale, and scarring alopecia  
B. Posterior auricular and occipital lymphadenopathy  
C. Scaly pink plaques in the antecubital fossa  
D. Obsessive-compulsive behavior

29. A patient presents to your office with these growths found only over the left upper extremity. What are the patient’s offspring at risk for?

A. Hypertension  
B. Kidney stones  
C. Gastrointestinal hemorrhage  
D. Cardiac rhabdomyoma

30. What is the diagnosis?

A. Granuloma annulare  
B. Subacute cutaneous lupus erythematosus  
C. Cutaneous blastomycosis  
D. Annular elastolytic giant cell granuloma

31. A patient presents with this pruritic eruption. Which of the following is unlikely to be associated?

A. Captopril  
B. Hepatitis C  
C. HIV  
D. Diabetes mellitus
32. A patient presents with a 1-year history of these skin findings. She has a history of pelvic surgery 7 years ago. New lesions continue to arise. What is the most common associated finding?

A. Chronic lymphedema
B. Hepatitis C infection
C. Dyspnea
D. HIV infection

33. An 85-year-old woman walks into the office with this skin finding. What is the next best step?

A. Obtain bacterial culture.
B. Perform an oral examination.
C. Perform a skin biopsy.
D. Obtain a viral culture.

34. A 45-year-old obese woman presents with this axillary rash. Which finding is most likely?

A. Hyphae on KOH examination
B. Coral-red fluorescence on Wood’s lamp examination
C. Response to topical steroids
D. Notable pruritus

35. A patient presents with this groin rash for 6 months. What is the most likely diagnosis?
A. Cutaneous candidiasis  
B. Lichen simplex chronicus  
C. Tinea cruris  
D. Psoriasis

36. A 70-year-old healthy man presents with the following vesicular eruption. He endorses burning pain is the same distribution. What complication may be associated with this condition?

A. Diarrhea  
B. Peripheral neuropathy  
C. Urinary retention  
D. Tethered cord  
E. Ipsilateral excessive limb growth

37. This patient was placed on bexarotene 150 mg daily for generalized patch/plaque (stage 1B) cutaneous T-cell lymphoma. The patient developed hypertriglyceridemia while on this medication. What is another common side effect?

A. Central hypothyroidism  
B. Tremors  
C. Depression  
D. Leukopenia

38. A 53-year-old woman presents to your clinic with a 3-month history of asymptomatic papules and plaques as seen below. An HIV test is negative. Which laboratory test is NOT indicated?

A. Lipid panel  
B. RPR  
C. Serum immunofixation electrophoresis  
D. Hepatitis panel  
E. QuantiFERON-TB gold

39. What is the most common associated genetic mutation found in this lesion?

A. Lipid panel  
B. RPR  
C. Serum immunofixation electrophoresis  
D. Hepatitis panel  
E. QuantiFERON-TB gold


With permission from Dinulos J, et al. (eds.), in Skin Disease: Diagnosis and Treatment, 4th edition, 2018, Elsevier, 495–530 (fig. 18-37C).
A. c-KIT  
B. NRAS  
C. GNAQ  
D. BRAF

40. A 48-year-old man with HIV presents with this skin eruption. He was recently started on antiviral therapy. What is the most likely culprit medication?


A. Recommend patch testing.  
B. Thoroughly review the medication list.  
C. Recommend sun avoidance and continued use of sunscreen.  
D. Recommend a biopsy for Hematoxylin and eosin and immunofluorescence.

42. You are called to the NICU to evaluate a newborn girl with the following facial lesion. What is the most likely associated finding given this clinical presentation?


A. Abacavir  
B. Zidovudine  
C. Lamivudine  
D. Nevirapine

**PEDIATRIC DERMATOLOGY**

41. A concerned mother brings her 8-year-old son to your office for evaluation of a new, pruritic eruption on his ears and dorsal hands. He spent the past weekend pitching for his baseball team. He otherwise feels well and has no dermatologic or medical history. What is the most appropriate next step in management of this patient?