



Cerebellum

Get the balance right

BTR Dermatology - 22-09-2025

Dr. Zainab Vora

1. A 20-year-old woman comes to the OPD due to 3 days of malodorous vaginal discharge and severe vulvar pruritus. The patient is sexually active and had a copper-containing intrauterine device placed for contraception last year. Pelvic examination shows a thin, frothy, and green vaginal discharge with marked vulvar and vaginal erythema. Vaginal discharge pH is 5.5. The intrauterine device strings are visualized and protrude through the cervical os. Microscopic examination of this patient's vaginal discharge will most likely reveal which of the following?

- A. Clue cells**
- B. Filamentous, gram-positive bacilli**
- C. Flagellated, motile organisms.**
- D. Pseudo hyphae**

2. Which of the following investigations will you undertake to establish the diagnosis of pelvic inflammatory disease (PID), according to the CDC criteria?

1. Laparoscopy

2. MRI

3. Biopsy and histopathological examination

4. Blood tests for ESR and CRP

A. 1,2,3,4

B. 1,3

C. 2,4

D. 2,3,4

Diagnosis (CDC criteria)

•Minimum criteria:

- Lower abdominal pain +
- Cervical motion tenderness / Adnexal tenderness / Uterine tenderness

•Additional criteria:

- Fever
- Mucopurulent discharge
- WBC on microscopy
- ↑ ESR / CRP
- Lab test for Chlamydia/Gonorrhea

•Specific criteria:

- Endometrial biopsy
- TVS/MRI
- Laparoscopy

Staging of PID

Stage I → No peritonitis

Stage II → Peritonitis

Stage III → Tubo-ovarian mass/abscess

Stage IV → Ruptured tubo-ovarian mass

3. Identify the correct kit for the clinical presentations:

- 1. Painful ulcers upon palpation, with suppurative inguinal lymphadenopathy on the right side**
- 2. Vaginal discharge in a CSW with cervical erosions**
- 3. Painful, swollen, and tender inguinal lymph node in a truck driver**
- 4. Painless ulcer in the genital area with non-tender inguinal lymphadenopathy in CSW; past h/o treatment of a similar lesion resulted in fever, malaise, tachycardia and vomiting**

- A. 1-Red, 2-Green, 3-Black, 4-Blue**
- B. 1-White, 2-Green, 3-Black, 4-Blue**
- C. 1-White, 2-Grey, 3-Black, 4-White**
- D. 1-Blue, 2-Grey, 3-White, 4-Blue**

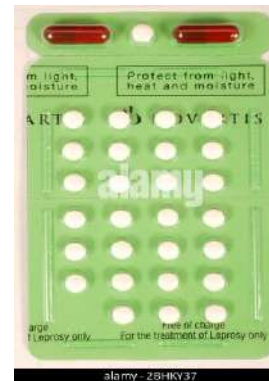
4. A 35-year-old woman presents to a PHC with skin lesions with sensory loss. On examination, the dermatologist observes the following morphology. How would you treat this patient?



A.



B.



C.



D.

5. A patient presents to the OPD with an ulcerative lesion noted near the nose. What is the probable diagnosis?

- A. Lentigo maligna melanoma**
- B. Basal cell carcinoma**
- C. Squamous cell Ca**
- D. Nevus**



6. A male patient complained of bone and joint pain and was prescribed NSAIDs. After a few days, he returned with vesiculo-bullous lesions that subsequently healed, leaving a brownish discoloration on his face, as shown in the image. Based on these symptoms, what is the most likely diagnosis?

- A. Malaria**
- B. Dengue**
- C. Chikungunya**
- D. Fixed drug eruption**



7. A 35 year old female patient presents with lesions involving the axillary, inframammary, and inguinal creases as shown below. No scales are noted on examination. Which of the following types could be the diagnosis?

- A. Inverse psoriasis**
- B. Streptococcal Impetigo**
- C. Acanthosis nigricans**
- D. Seborrheic psoriasis**



8. Identify the condition shown in image below?

- A. Epidermal verrucous nevus
- B. Congenital melanocytic nevus
- C. Melanoacanthoma
- D. Malignant melanoma





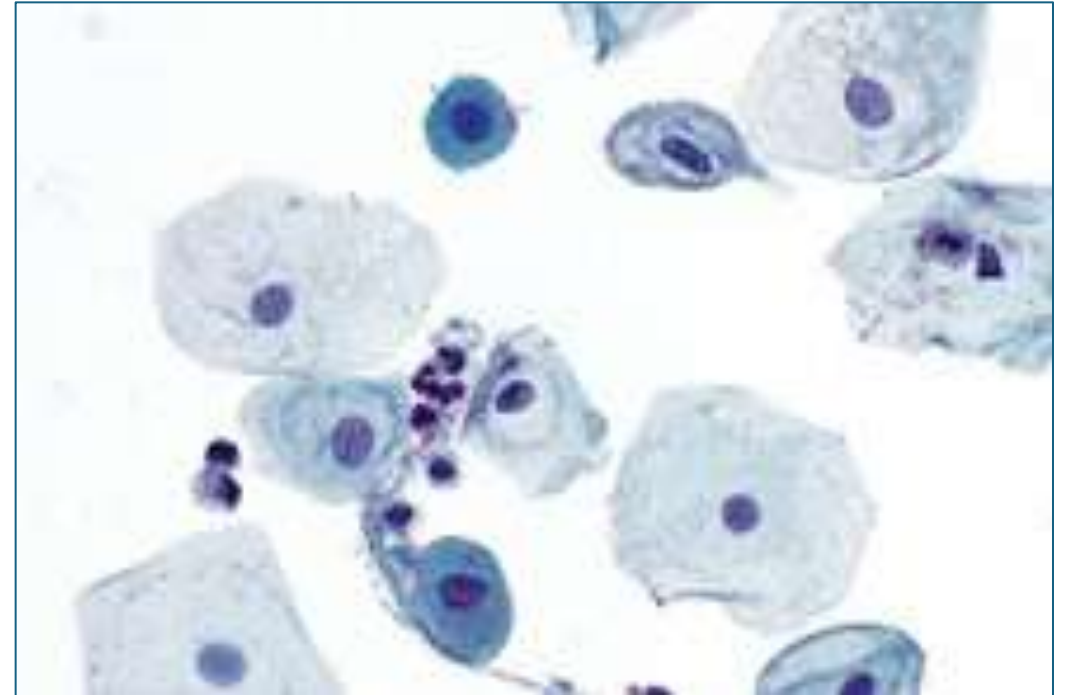
9. A child was brought to a pediatrician with tense blisters, vesicles, and annular erythema. Immunofluorescence of the biopsy specimen is shown below. What is the first-line drug used in the management of this condition?

- A. Rituximab
- B. Dapsone
- C. Cyclosporine
- D. Azathioprine



10. A 23-year-old woman presents with vaginal discharge. There is no foul smell or associated pruritis. On examination, there is white discharge and the cervix and vagina are normal. A pH is done which is 4 and a vaginal smear shows the following. What is the following?

- A. Bacterial vaginosis**
- B. Trichomonas vaginalis**
- C. Candidiasis**
- D. Physiological discharge**



11. Which of the following is the preferred choice for treatment for acne with no improvement after 6 months of therapy with combined oral & topical antibiotics?

A. Steroids

B. Isotretinoin

C. Letrozole

D. cOCPs

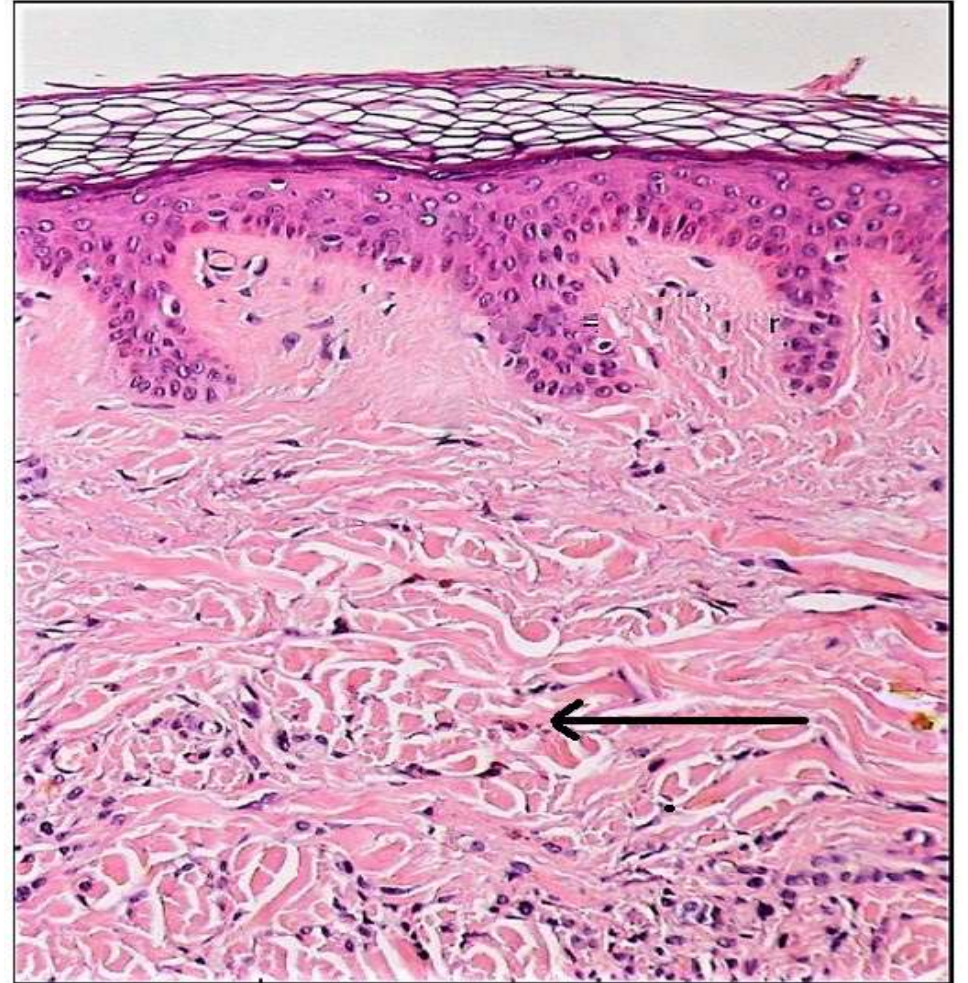
12. A 27-year-old woman comes to the emergency department with a 1-day history of skin rash. Two weeks ago, she had an episode of recurrent genital lesions, which began with small papules and subsequently became vesicular with ulceration, crusting, and eventual healing. On physical examination, she appears comfortable. Temperature is 37 C (98.6 F). Skin findings are shown in the image below. Which of the following is the most likely diagnosis?

- A. Disseminated herpes simplex infection**
- B. Erythema multiforme**
- C. Primary HIV infection**
- D. Stevens-Johnson syndrome**



13. What type of connective tissue is found in the region indicated by the black arrow in the provided image?

- A. Dense regular
- B. Dense irregular
- C. Loose regular
- D. Loose irregular



14. A young patient presents with an oval, waxy white plaque on his right shoulder as shown below. He reports having a VZV lesion on the same site a few months ago. What is this phenomenon known as?

- A. Reverse-Koebner's phenomenon**
- B. Isotopic response**
- C. Isomorphic response**
- D. Pseudo-Koebner's phenomenon**



15. A 35 year old woman develops the following rash 10 days after using a specific hair dye and bleaching agent. What is the hypersensitivity reaction involved?

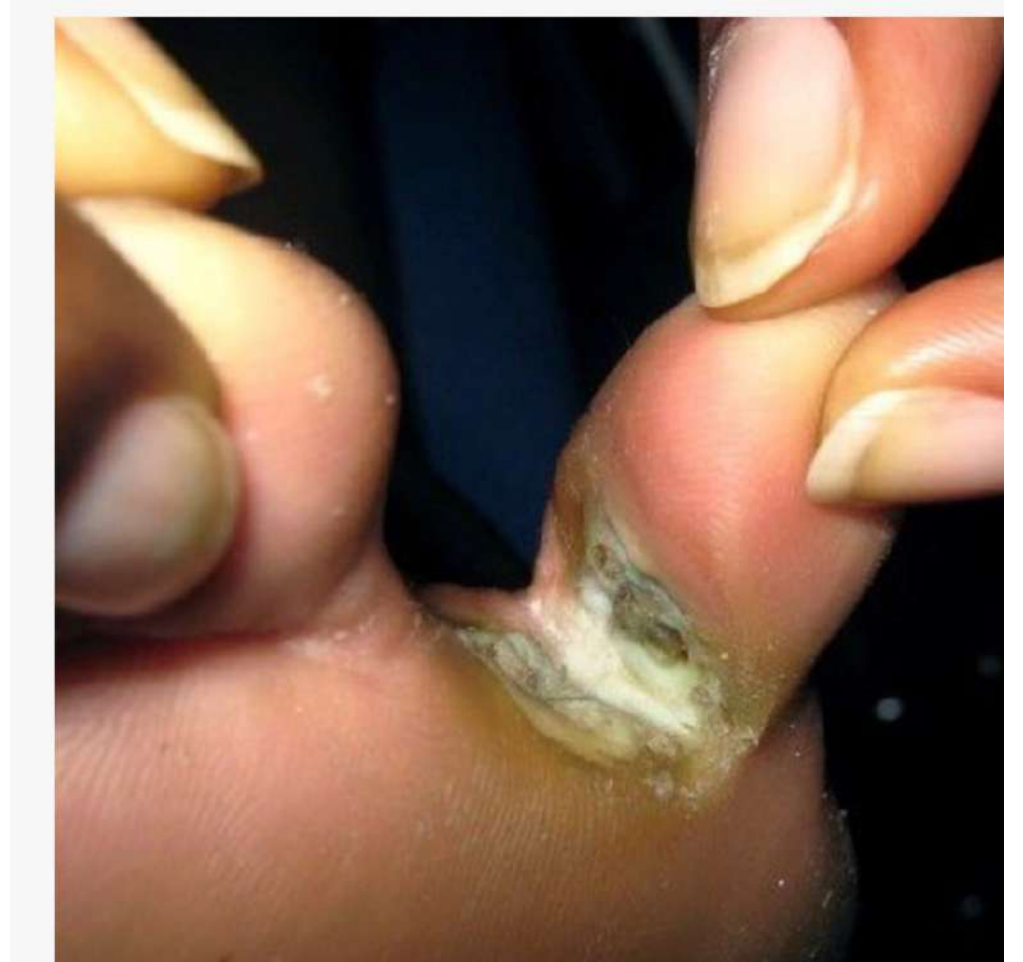
- A. Type 1
- B. Type 2
- C. Type 3
- D. Type 4



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16. What is the diagnosis seen in the image below?

- A. Candidal paronychia
- B. Candidal intertrigo
- C. Diabetic foot ulcer
- D. Staphylococcal scalded skin syndrome



17. Which of the following conditions is least likely to present with such morphology of lesions?

- A. Tinea corporis
- B. Porokeratosis
- C. Pityriasis rosea
- D. Urticaria



18. A 58-year-old man comes to the physician for evaluation of skin lesions on his forehead. He says that he first noticed the lesions when he was rubbing his forehead because of their roughness. His medical problems include hypertension that is well controlled with chlorthalidone. He has worked as a farmer for 30 years. Physical examination shows the findings seen in the image below. Which of the following is the most likely diagnosis?

- A. Actinic keratosis**
- B. Squamous cell carcinoma**
- C. Keratoacanthoma**
- D. Seborrheic keratosis**





19. The presence of the following lesion can be due to which of the following virus?

- A. HPV**
- B. Coxsackie**
- C. MCV**
- D. HSV**



Plantar warts:

Verruoca vulgaris:

Verruca plana:

Focal epithelial hyperplasia

Condyloma acuminata

High risk



20. Which of the following histopathological findings is characteristic of acute eczema?

- A. Parakeratosis**
- B. Hyperkeratosis**
- C. Intercellular edema**
- D. Intracellular edema**

21. Identify the correct statements

- 1. Methylisothiazolinone (MI) is used as a preservative in cosmetics to prevent microbial growth.**
- 2. Indeterminate leprosy has a higher rate of spontaneous remission compared to tuberculoid leprosy.**
- 3. Salt and pepper pigmentation is associated with dermatomyositis.**
- 4. Clofazimine may lead to copper pigmentation in the skin.**

A. 1,2,3,4

B. 1,2

C. 3,4

D. 1,2,4

22. Which causative agent is responsible for the 4-year-old boy's condition, characterized by painful mouth sores, a rash on the hands, and fever as shown below?

- A. Coxsackie A16
- B. Coxsackie A24
- C. HHV-7
- D. Parvovirus



23. A 44-year-old man comes to the OPD with a 4-day history of severe left-sided chest discomfort. The pain is constant and has a burning quality. Over the last day, the patient has developed a rash in the area of discomfort. He has not had similar symptoms before. Which of the following pathologic findings is most likely to be found in the affected area?

- A. Acantholysis and intercellular IgG deposits
- B. Eosinophilic cytoplasmic inclusions
- C. Koilocytosis of the superficial epidermal layers
- D. Multinucleated cells with intranuclear inclusions



24. Which of the following statements is false regarding the condition shown in the image?

- A. Can occur in association with diabetes**
- B. Associated with Raynaud's phenomenon**
- C. Associated with dermis thickening with mucin deposition**
- D. Non-pitting edema is seen**



25. A 35-year-old man comes to the OPD for evaluation of red skin lesions on his chest. The lesions are not itchy or painful, and no other family members have skin lesions. Skin findings are shown below. Which of the following is the most likely diagnosis?

- A. Cavernous hemangioma
- B. Cherry hemangioma
- C. Spider angioma
- D. Strawberry hemangioma



26. 26 year old man presents with skin lesions as shown in the image below, and adds that new lesions that are appearing at sites of injury. What is the underlying pathophysiology?

- A. Failure of synthesis melanin**
- B. Loss of melanocytes**
- C. Loss of melanosomes**
- D. Loss of keratinocytes**



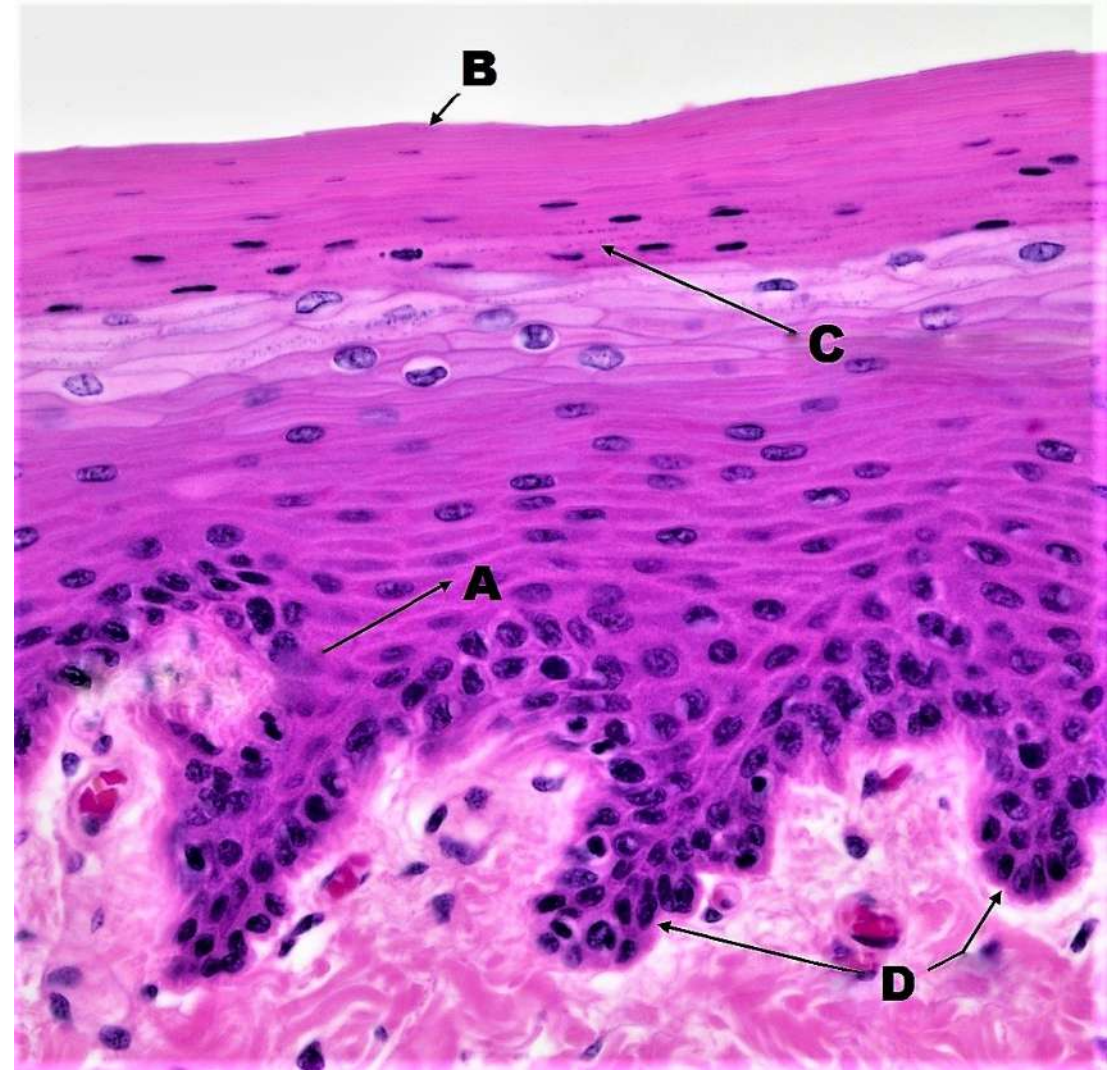
27. A 25 year old medical student preparing for NEET-PG presents with a reticular hyperpigmented lesion in the thigh as shown below. The following appearance is associated with which of the following?

- A. Exposure to hot temperature**
- B. An adverse reaction to drugs**
- C. Exposure to cold temperature**
- D. Humidity**



28. Which cells are not present in the layer marked as D?

- A. Keratinocytes
- B. Merkel cells
- C. Melanocytes
- D. Langerhans cells



29. A 36-year-old man comes to the OPD due to a 2-month history of a pruritic rash over the elbows and knees. The patient has been using skin emollients, but the lesions have not improved. He also has a prolonged history of episodic abdominal discomfort, flatulence, and voluminous greasy stools. Cardiopulmonary examination is normal. The abdomen is soft and nontender. Skin examination shows a papulovesicular skin rash in groups with erosion and excoriations. Which of the following is most likely to be seen in this patient?

- A. Crypt abscesses in colonic mucosa**
- B. IgG-mediated skin disruption**
- C. Increased intestinal intraepithelial lymphocytes**
- D. Increased urinary porphyrins**

30. Topical steroids are most effective in:

A. Dermal atrophy

B. Eczematous dermatitis

C. Vesicular lesions due to Herpes simplex infection

D. Rosacea

31. A 22-year-old woman comes to the office due to several years of persistent facial blemishing that has failed to respond to over-the-counter treatment. Which of the following most likely contributed to the pathogenesis of this patient's skin condition?

- A. Androgen-induced involution of sebaceous glands**
- B. Bacterial degradation of apocrine gland secretions**
- C. Estrogen-stimulated secretory function of sebaceous glands**
- D. Proliferation of lipid-utilizing bacteria within pilosebaceous follicles**



32. The farmer presents with an irregular mass on the foot, which developed after a minor injury, as depicted in the image. Microscopic examination will reveal which of the following?

- A. Sclerotic bodies
- B. Asteroid bodies
- C. Sulfur granules
- D. Broom brush colonies



33. A 38-year-old woman comes to the OPD for evaluation of a skin lesion. The lesion began as a pink papule on her right arm and has progressively enlarged over several weeks. It is not pruritic or painful and has not been associated with fever or other systemic symptoms. The patient returned from a trip to Shimla 5 weeks ago. During her travel, she stayed at a beachside resort and hiked in the rainforest. What is the following lesion associated with?

- A. Bite from infected sand fly**
- B. Contact with infected person**
- C. Handling of infected animal**
- D. Swimming in contaminated water**



34. A young boy presented the following appearance. Which of the following is not a characteristic of this organism causing the disease?

- A. The colony retains a white surface on 1% peptone agar medium**
- B. Clustered round microconidia on bright field microscopy**
- C. The urease test is negative**
- D. It can penetrate the hair shaft of the human hair in vitro**



35. A 56-year-old man presents with a facial lesion as shown in the image below. On examination, the lesions are painful & the edges are well demarcated & raised. Ear is also showing similar erythematous lesions. This infection is most likely to be caused by which of the following organisms?

- A. Group B streptococcus**
- B. Group A streptococcus**
- C. Staphylococcus aureus**
- D. Hemophilus influenza type b**



36. All of the following cytokines are raised in psoriasis except?

A. IL-2

B. IL-4

C. IL-23

D. IL-17

37. A 28-year-old, previously healthy woman comes to the OPD for evaluation of a raised pigmented skin lesion on her leg. The patient has had no itching or pain and cannot remember how long she has had the lesion. Biopsy of the lesion reveals nests of round, uniform cells at the basal portion of the epidermis that extend into the underlying dermis. The cells contain inconspicuous nucleoli and show no mitotic activity. Which of the following is the most likely diagnosis?

- A. Atypical nevus**
- B. Compound nevus**
- C. Junctional nevus**
- D. Malignant melanoma**

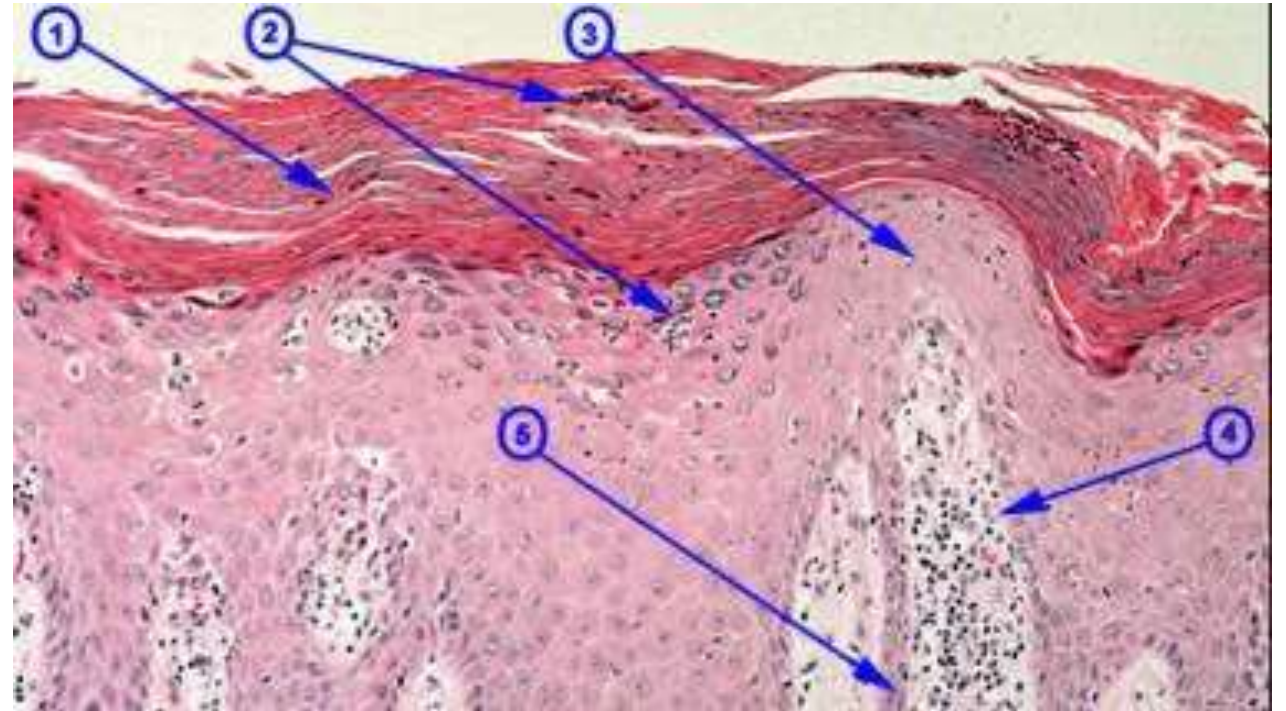
38. A 23-year-old male came with complaints of orange hue over the body with hyperkeratotic perifollicular erythematous papules associated with scaling, which started near the face and slowly progressed to involve the entire body. Islands of sparing noted over the body. Palmoplantar keratoderma noted. What is the most likely histological pattern seen in the disease?

- A. Alternating areas of orthokeratosis and parakeratosis**
- B. Atypical lymphocytic cluster within the epidermis**
- C. Lymphocytic infiltration around hair follicles**
- D. Dyskeratosis**



39. A 28-year-old man comes to the OPD with bilateral skin lesions over the posterior surface of the elbows. lesions are itchy at times; topical moisturizers have reduced the itching, but the lesions have remained. The patient has no chronic medical problems and takes no medications. Biopsy of the lesion is shown below. Which of the following is the most likely diagnosis?

- A. Lichen planus
- B. Dermatitis herpetiformis
- C. Lichen nitidus
- D. Psoriasis



40. Which of the following is a secondary skin lesion?



A.



B.



C.



D.

SKIN LESIONS

PRIMARY LESIONS



Macule

Flat discoloration
≤ 1 cm in diameter



Patch

Flat discoloration
> 1 cm in diameter



Papule

Elevated, solid
skin lesion ≤ 1 cm



Plaque

Elevated, flat-
topped lesion
> 1 cm in diameter

Nodule

Firm, deep lesion, > 1 cm

Tumor

Large solid mass, deeper in dermis

Vesicle

Small fluid-filled blister, ≤ 1 cm

Bulla

Large fluid-filled blister, ≥ 1 cm

Pustule

Pus-filled vesicle

Wheal

SECONDARY LESIONS



Scale

Thickened stratum corneum



Lichenification

Thickened, rough skin with
accentuated skin markings

Crust

Dried serum, blood, or pus

Erosion

Loss of part of the epidermis,
heals without scar

Ulcer

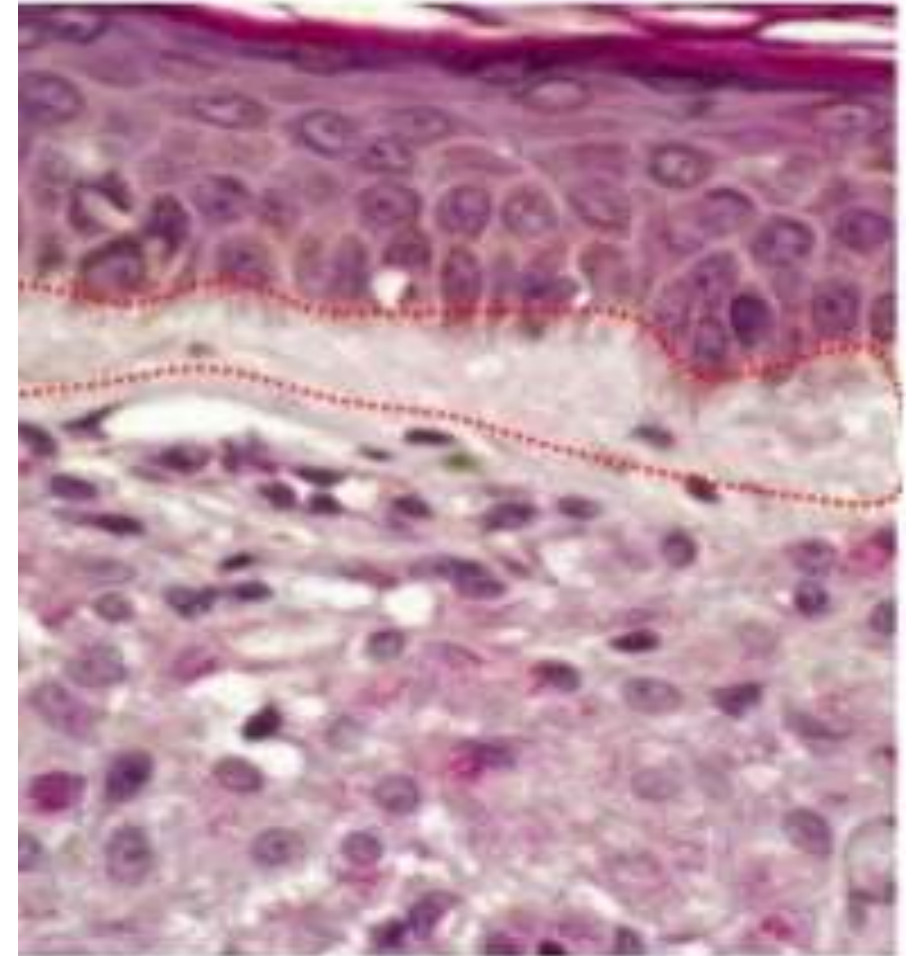
Full-thickness loss of epidermis
and dermis, heals with scar

Excoriation

Linear erosion caused by scratching

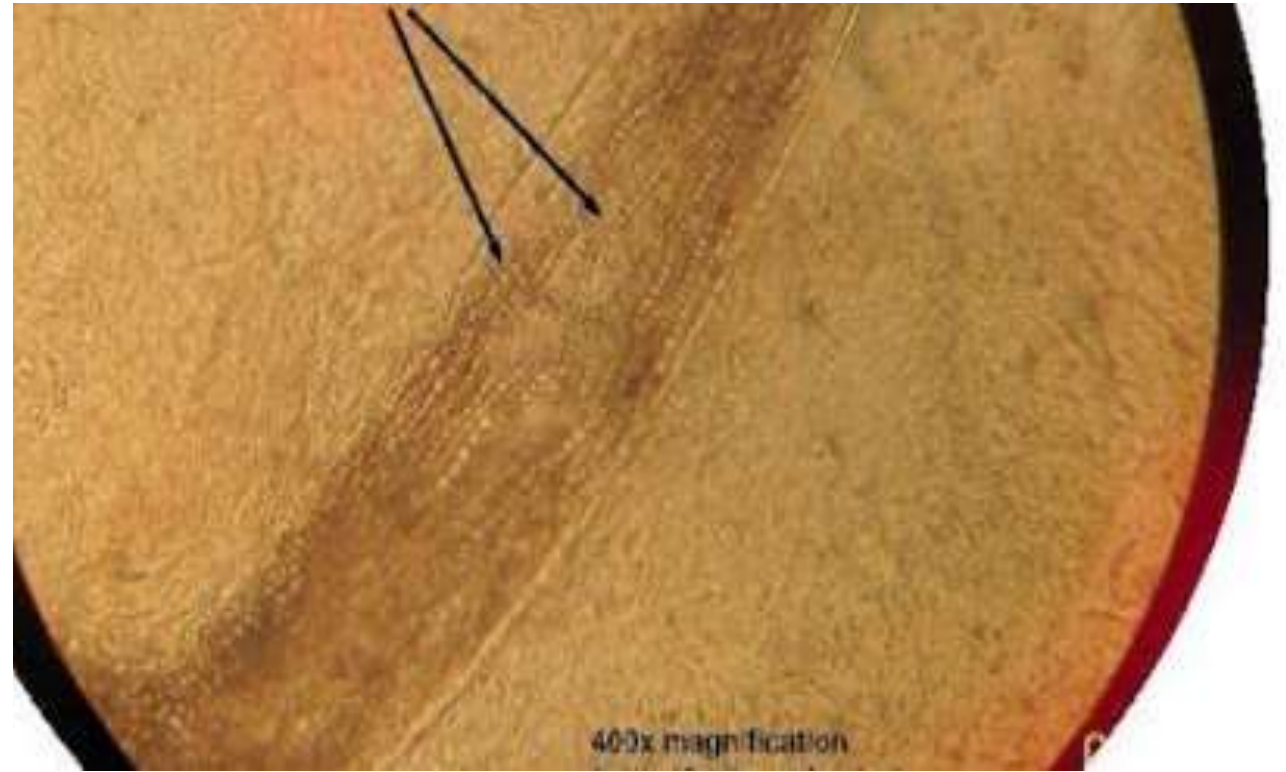
41. A patient presented with nodular lesions over the body, which are associated with slight anesthesia over the arm in the ulnar nerve distribution. Histopathology is as shown below. Which of the following options is true about this condition?

- A. Lepromatous leprosy with positive Lepromin test**
- B. Tuberculoid leprosy with positive Lepromin test**
- C. Lepromatous leprosy with negative Lepromin test**
- D. ENL with negative Lepromin test**



42. A hair shaft with arthroconidia is seen in the image below. Identify the fungi associated with it?

- A. Trichosporon**
- B. Microsporum**
- C. Candida**
- D. Epidermophyton**



43. Which of the following statements is false regarding this condition?

- A. Seen in photoexposed areas**
- B. Increased number of melanocytes are seen**
- C. It is associated with xeroderma pigmentosa**
- D. It is caused by increased melanin**



Freckles:

Lentigines:

44. A previously healthy 3-month-old girl is brought to the physician because of fever, irritability, and rash for 3 days. The rash started around the mouth before spreading to the trunk and extremities. Her temperature is 38.6°C (101.5°F). Examination shows a diffuse erythematous rash with flaccid bullae on the neck, flexural creases, and buttocks. Gentle pressure across the trunk with a gloved finger creates a blister. Oropharyngeal examination shows no abnormalities. Which of the following is the most likely underlying mechanism of these skin findings?

- A. Toxin-induced cleavage of desmoglein-1**
- B. Bacterial production of erythrogenic toxin**
- C. Bacterial invasion of the epidermis**
- D. Autoantibody deposition in stratum spinosum**

45. An 18-month-old boy with a known history of atopic dermatitis is brought to the emergency department with worsening facial rash and fever for 2 days. His parents state that he had an eczema flare recently for which they applied an over-the-counter steroid cream. Shortly after, he developed painful vesicles that spread rapidly over the cheeks. Which of the following is the most likely causative agent?

- A. Herpes simplex virus**
- B. Methicillin-resistant Staphylococcus aureus**
- C. Methicillin-sensitive Staphylococcus aureus**
- D. Varicella zoster virus**



46. The Fernandez reaction of lepromin test is read at:

A. 12 hours

B. 24 hours

C. 48 hours

D. 21 days

47. A 50-year-old man presents with recurrent episodes of oral ulcers and flaccid blisters. What is the first-line investigation for this condition?

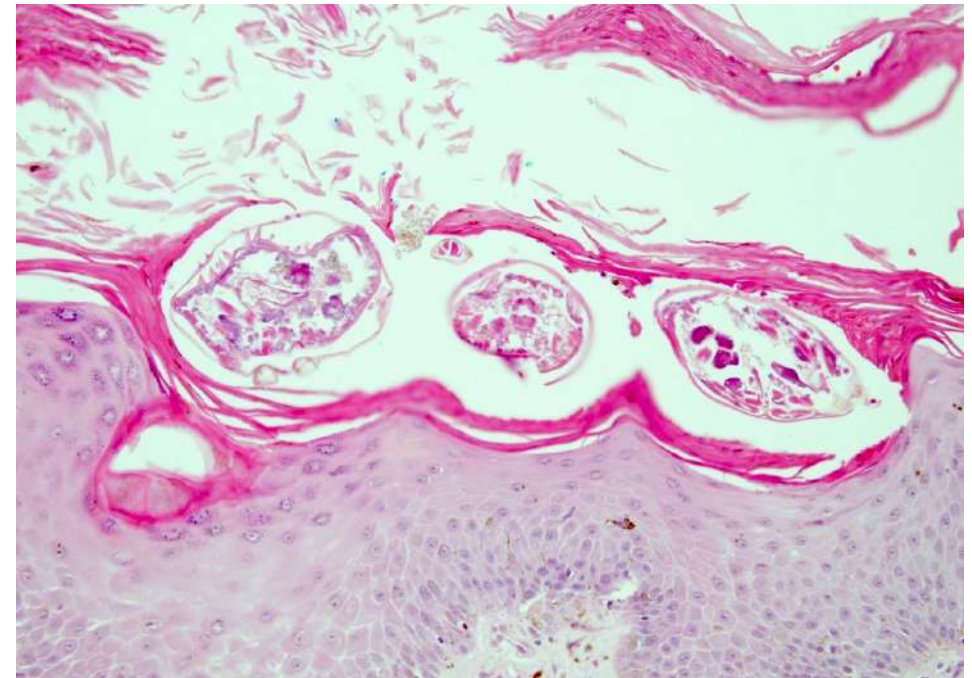
- A. Direct immunofluorescence microscopy**
- B. Indirect immunofluorescence microscopy**
- C. Tzanck smear from the margins of blister**
- D. Tzanck smear from the floor of blister**

48. A 28-year-old man comes to the OPD to discuss hair loss. He has hair loss primarily around the temples, which began insidiously 3 years ago. Physical examination shows moderate thinning of hair at the anterior scalp, temporal region, and vertex. An oral medication is prescribed to treat the hair loss. After the initiation of therapy, which of the following changes would most likely occur in this patient?

- A. Testosterone low, Dihydrotestosterone low, Estradiol normal**
- B. Testosterone high, Dihydrotestosterone low, Estradiol high**
- C. Testosterone high, Dihydrotestosterone low, Estradiol low**
- D. Testosterone high, Dihydrotestosterone high, Estradiol high**

49. A 29-year-old man is evaluated for a skin rash involving his hands, feet, and scalp for the last 2 weeks. The rash is mildly pruritic and has progressively worsened. The patient has a history of HIV and is not adherent with antiretroviral therapy. Skin examination shows erythematous patches with scales and crusting. Biopsy of the rash as shown below. Which of the following is the most appropriate treatment for this patient?

- A. Systemic acyclovir**
- B. Systemic terbinafine**
- C. Topical glucocorticoid**
- D. Topical permethrin**



Treatment	Dosage	Advantages	Disadvantages/ contraindications
Sulphur	2–10% precipitate in petroleum base	Safe for infants, pregnant and lactating women; inexpensive	Noxious and malodorous, and may cause skin irritation; multiple treatments required; lack of safety and efficacy data
Crotamiton	10% ointment	Safe for infants; reported antibacterial and antipruritic activity; low toxicity; well tolerated	Clinical efficacy questionable; multiple treatments required; resistance reported
Benzyl benzoate	25% ointment	Effective; inexpensive	Can cause severe skin irritation; contraindicated in pregnant women and infants
Lindane	1% lotion or cream	Effective; inexpensive	Can cause numbness, cramps, dizziness, seizures in children; contraindicated in pregnant women and infants; resistance reported; withdrawn in several countries owing to neurotoxicity concerns
Permethrin	5% cream	Effective; well tolerated; safe	May rarely cause skin irritation; expensive; resistance reported
Ivermectin	Oral, 200 µg/kg	Broad-spectrum antiparasitic; convenient; few side effects	Contraindicated in pregnant women and infants (owing to current lack of safety data); optimal dose regimen uncertain; expensive; resistance reported

50. Arrange the following corticosteroids in the order of increasing $t_{1/2}$ (low to high).

- 1. Dexamethasone**
- 2. Hydrocortisone**
- 3. Betamethasone**
- 4. Prednisolone**

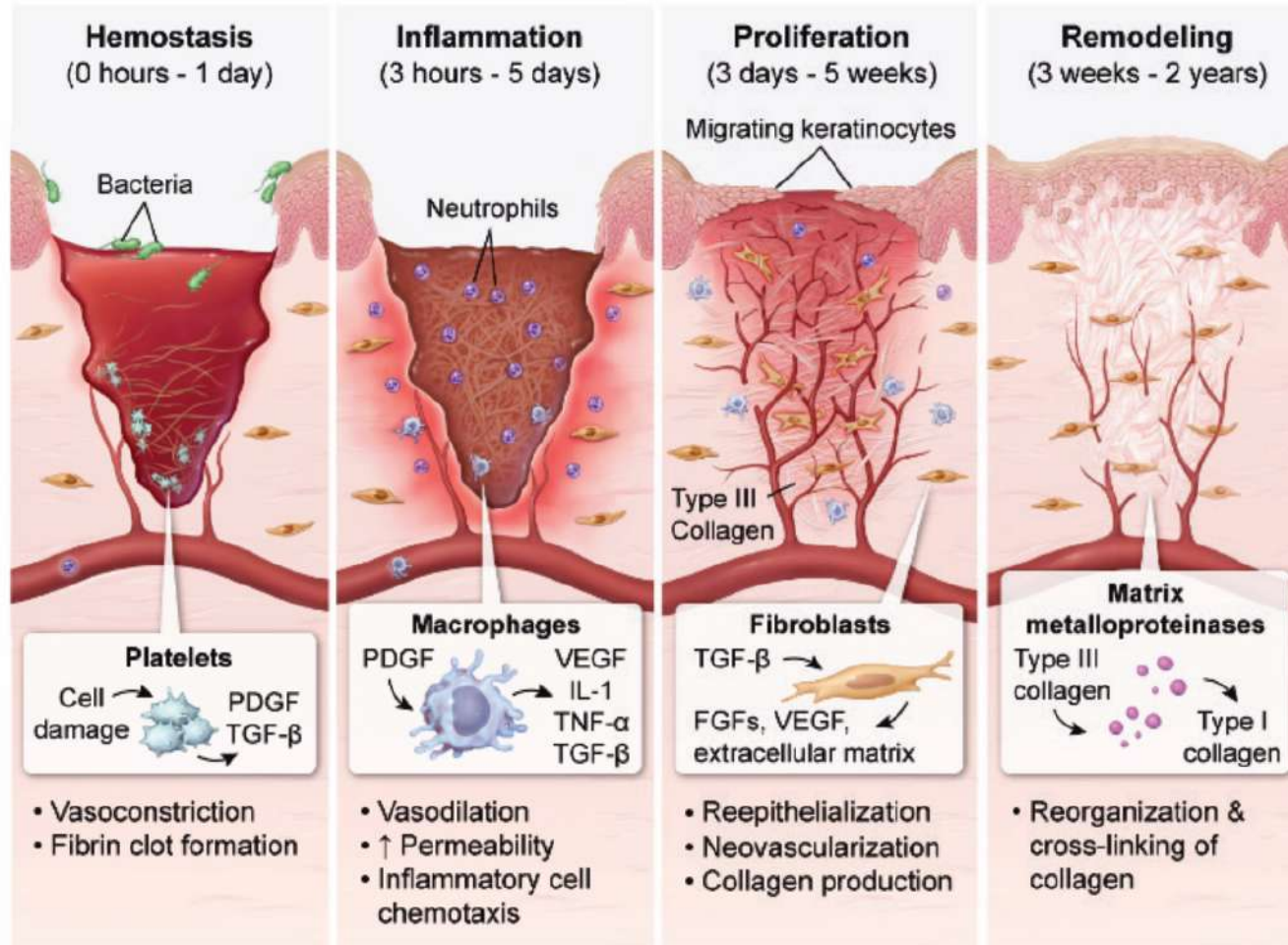
- A. 3, 4, 1, 2**
- B. 2, 3, 4, 1**
- C. 2, 3, 1, 4**
- D. 2, 4, 1, 3**

Category	Drug	Effect of anti-inflammation (ratio)*	Equivalent dose(mg)*	Plasma half-life (min.)	Duration of action(h)
Short-acting	Hydrocortisone	1	20	90	8-12
	Cortisone	0.8	25	30	8-12
Mid-acting	Prednisone	3.5	5	60	12-36
	Prednisolone	4.0	5	200	12-36
	Methylprednisolone	5.0	4	180	12-36
	Triamcinolone	5.0	4	>200	12-36
Long-acting	Dexamethasone	30	0.75	100-300	36-54
	Betamethasone	25-35	0.6	100-300	36-54

51. A 43-year-old man comes to the clinic for evaluation of a healed forehead laceration. On examination, the scar is pink, firm, and mildly raised, without surrounding erythema or edema; it does not extend beyond the initial wound borders. The patient is reassured that the scar should flatten over the following months. The process by which this occurs relies mostly on enhanced cellular production of which of the following?

- A. Metalloproteinases**
- B. Plasminogen activator**
- C. Reactive oxygen species**
- D. Tumor necrosis factor-alpha**

Phases of wound healing



52. In which of the following conditions is Nikolsky's sign positive seen?

1. Pemphigus foliaceus

2. SJS

3. Epidermolysis bullosa acquisita

4. Staphylococcal scalded skin syndrome

A. 1, 3

B. 1, 2, 3

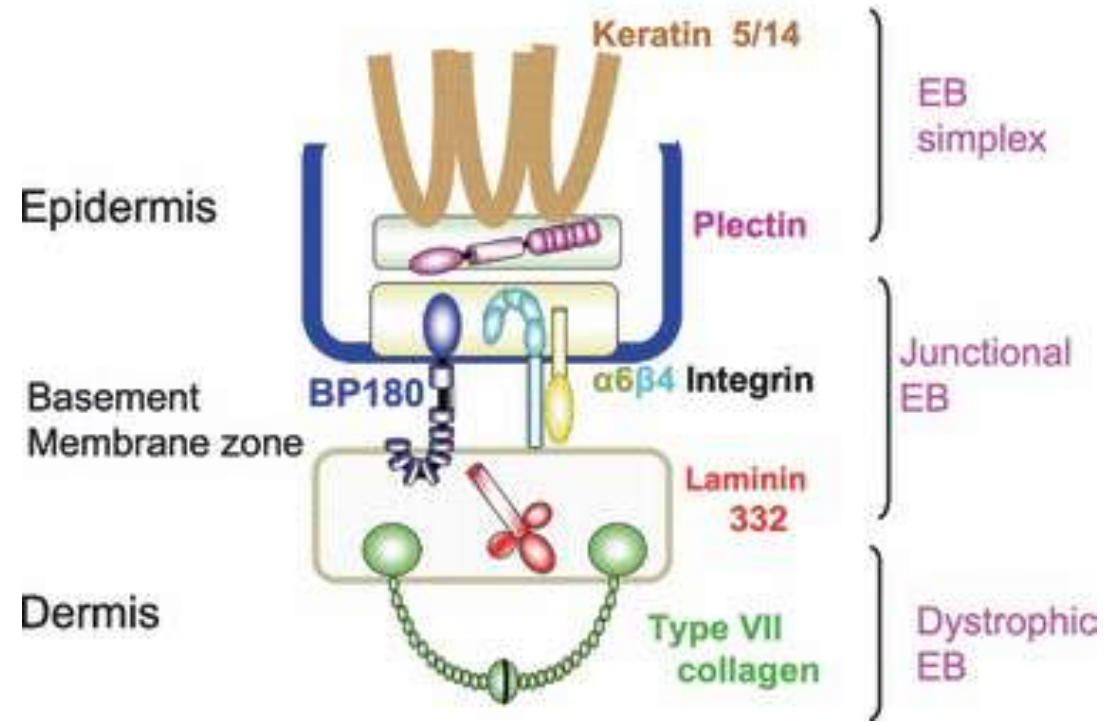
C. 2, 4

D. 1, 2, 4

53. A 14-month-old girl is brought to the clinic by her parents due to sores on her feet. Since she took her first steps 3 months ago, she has had blisters involving the soles of the feet, which subsequently break down and heal slowly. The patient had failure to thrive as an infant due to frequent oral ulcerations but otherwise has been healthy and has achieved normal developmental milestones. Examination shows small bullae at the soles with faint erythema and no scarring. Biopsy taken at the margin of a blister shows an intraepidermal cleavage plane. Which of the following most likely contributes to the pathogenesis of this patient's condition?

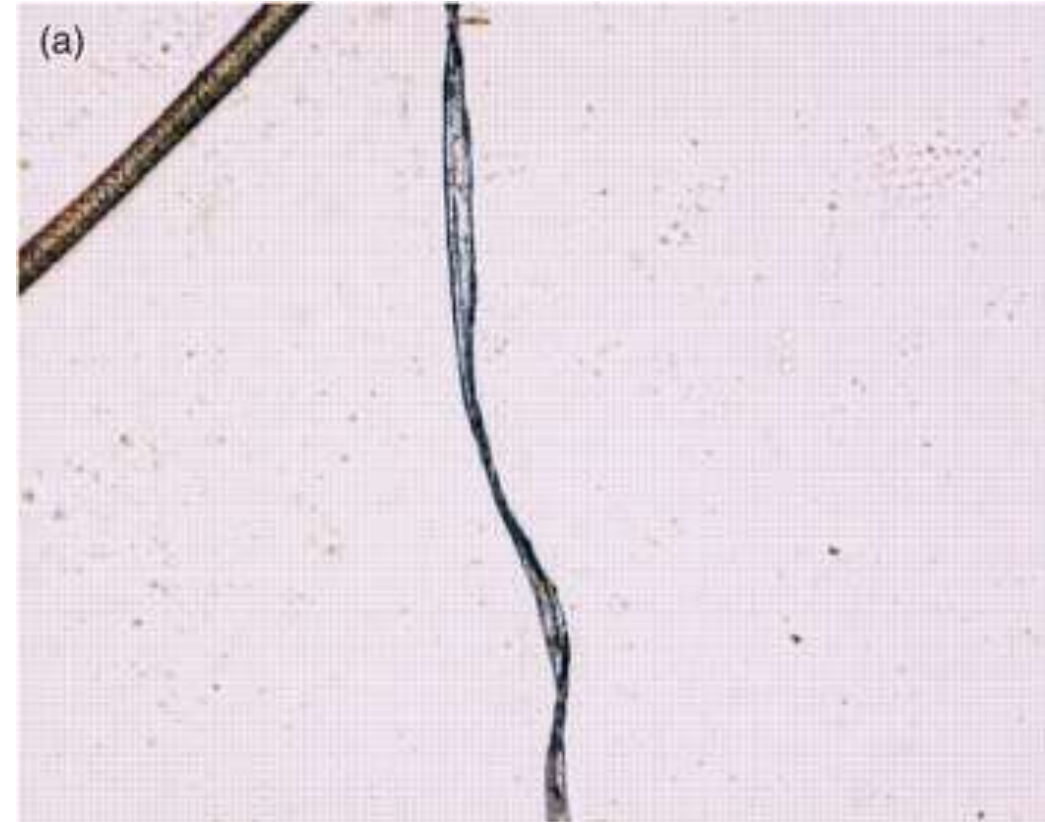
- A. Autoantibodies against tissue transglutaminase**
- B. Impaired keratin filament assembly**
- C. Loss of function mutation in filaggrin**
- D. T-cell-mediated hypersensitivity reaction**

Three major categories of epidermolysis bullosa (EB)



54. A 4-year-old boy presents with short, rough and thin hair. He has associated failure to thrive and developmental delay. A trichogram of his scalp hair is as shown. What is the diagnosis?

- A. Kwashiorkor**
- B. Keshan's disease**
- C. Menke's disease**
- D. Trichothiodystrophy**



55. A wool farmer presents with a hemorrhagic lesion on his left index finger for 3 days. What is the most likely diagnosis?

- A. Anthrax
- B. Erysipeloid
- C. Ecthyma contagiosum
- D. Ecthyma gangrenosum



56. Which of the following are included in malpighian layer of the epidermis?

- A. Stratum corneum and stratum granulosum**
- B. Stratum granulosum and stratum spinosum**
- C. Stratum granulosum and stratum lucidum**
- D. Stratum spinosum and stratum basale**

57. SAPHO syndrome includes all except:

A. Seborrhea

B. Acne

C. Pustulosis

D. Hyperostosis

58. 40-year-old man comes to the office due to a slightly painful sore on his lip which has been enlarging for the last 3 months. Past medical history is unremarkable. The patient does not use alcohol, tobacco, or illicit drugs. He works as a farmer and has no new sexual contacts. Vital signs are normal. Examination shows a 3x7-mm partially encrusted ulcer in the vermilion zone of the lower lip, surrounded by a 6x12-mm area of induration. There are no palpable submental or submandibular lymph nodes, and the remainder of the physical examination is unremarkable. Biopsy of this lesion will most likely show which of the following?

- A. Giant cells in a Tzanck preparation**
- B. Granulomatous inflammation**
- C. Invasive cords of squamous cells with keratin pearls**
- D. Invasive clusters of spindle cells surrounded by palisaded basal cells**



59. 42-year-old man comes to the office due to an itchy rash. The rash began 3 months ago during the summer since then has enlarged and spread across his back, chest, and abdomen. The patient has attempted treatment with topical emollients and over-the-counter hydrocortisone cream without relief. Examination reveals scaly, annular plaques, as shown in the exhibit. In addition to appropriate measures for treatment of the rash, which of the following should be done at this time?

- A. Antinuclear antibody assay**
- B. Hepatitis B serology**
- C. HIV screening test**
- D. Rule out beta blocker usage**



60. Match the following with the images:



1.



2.



3.



4.

A. Lichen simplex chronicus

B. Lichen scrofulosorum

C. Lichen planus

D. Lichen sclerosus

E. Lichen nitidus

A. 1-D, 2-A, 3-E, 4-C

B. 1-A, 2-D, 3-B, 4-C

C. 1-D, 2-C, 3-E, 4-B

D. 1-A, 2-D, 3-E, 4-C

61. Identify the following congenital lesions with the genetic defects:



1.



2.



3.



4.

A- NEMO

B-GNAQ

C- Collagen VII

D- Transglutaminase 1

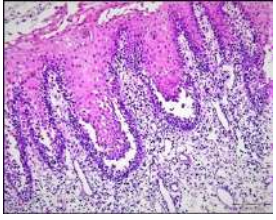
A. 1-A, 2-B, 3-C, 4-D

B. 1-D, 2-A, 3-B, 4-C

C. 1-C, 2-A, 3-B, 4-D

D. 1-C, 2-D, 3-B, 4-A

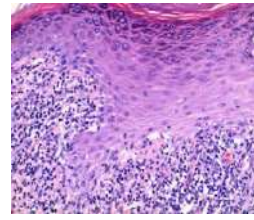
62. Match the histological images with the correct diagnosis:



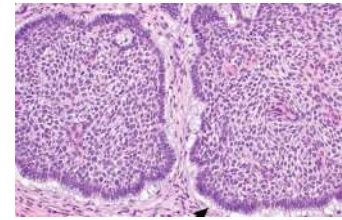
1.



2.



3.



4.

- A. Pemphigus
- B. Hailey hailey
- C. Psoriasis
- D. Lichen planus
- E. Melanoma
- F. BCC
- G. Mycoises fungoides

- A. 1- A, 2-D, 3-C, 4-F
- B. 1-A, 2-C, 3-D, 4-F
- C. 1-B, 2-C, 3-D, 4-G
- D. 1-C, 2-D, 3-E, 4-G

63. Match the following images in the extremities with the diagnosis:



1.



2.



3.



4.

A-Diabetes

B-Graves disease

C-Lofgren syndrome

D-Varicose veins

E-Hypothyroidism

F-IBD

A. 1-E, 2-B, 3-F, 4-D

B. 1-A, 2-B, 3-F, 4-D

C. 1-D, 2-A, 3-B, 4-F

D. 1-A, 2-B, 3-C, 4-F

64. A 16-year-old boy comes to the OPD due to a skin condition. For the last 3 years, he has had small "pimples" on the posterior surface of her upper arms. The lesions are associated with mild pruritus during the winter months but are otherwise asymptomatic, and the patient is primarily concerned due to their appearance when he wears short-sleeved tops. Which of the following is the most likely diagnosis of this patient's skin condition?

- A. Folliculitis**
- B. Keratosis pilaris**
- C. Miliaria**
- D. Pseudofolliculitis**



65. A farmer presented to the outpatient department with a non-tender, non-mobile, non-compressible firm swelling over his palm as shown in the image. A few months back he got injured with a thorn. What is the presentation given below?

- A. Ameloblastoma**
- B. Embryogenic dermoid**
- C. Sequestration dermoid**
- D. Implantation dermoid**



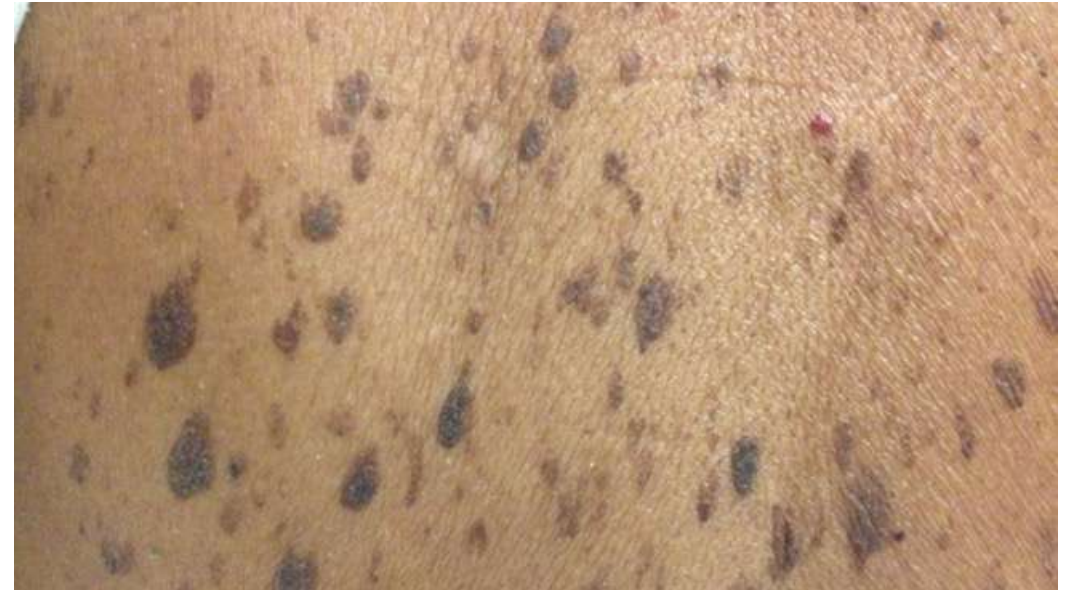
66. A 19-year-old woman comes to the OPD for evaluation of chronic acne. Over the last 6 months, the patient has tried several over-the-counter acne treatments without improvement. She has a history of attention-deficit hyperactivity disorder and mild intellectual disability. Her mother has a seizure disorder, and her maternal grandmother died of kidney failure. Vital signs are within normal limits. Facial examination findings are shown below. Which of the following is the most likely underlying cause of this patient's condition?

- A. Fabry disease**
- B. Neurofibromatosis type 1**
- C. Tuberous sclerosis**
- D. Von Hippel-Lindau disease**



67. A 65-year-old man comes to the OPD due to skin lesions on his back. He first noted the spots 5 years ago and says they are becoming more numerous. The lesions are occasionally pruritic but are otherwise asymptomatic. Medical history is notable for hypertension, hyperlipidemia, and type 2 diabetes mellitus. Which of the following is the likely diagnosis?

- A. Seborrheic keratosis**
- B. Actinic keratosis**
- C. P.versicolor**
- D. Acanthosis nigricans**



68. A 34-year-old man comes to the OPD due to a persistent skin rash. He has a 6-month history of a scaly rash involving the upper and lower extremities that is associated with mild pruritus. Medical history is notable for childhood asthma and orolabial herpes simplex virus infection. On examination, the patient has skin lesions as shown in the image below. This patient's disorder is most likely associated with which of the following extradermal complications?

- A. Chronic glomerulonephritis**
- B. Deforming joint disease**
- C. Medullary thyroid cancer**
- D. Pulmonary fibrosis**



69. A 32-year-old woman comes to the physician because of a 2-month history of fatigue and yellowish discoloration of her skin. During this period, she has also had a 6 kg weight gain. She does not smoke and drinks one glass of wine daily. She follows a vegan diet that consists mainly of spinach, kale, and sweet potatoes. Physical examination shows yellowing of the skin. Her hands are cold to the touch and her nails appear brittle. Eye examination shows no abnormalities. Which of the following findings is most likely in this patient's serum?

- A. Decreased haptoglobin concentration**
- B. Increased alkaline phosphatase concentration**
- C. Positive antimitochondrial antibodies**
- D. Increased beta-carotene concentration**

70. A 58-year-old man comes to the physician because of a 3-week history of a painless growth in his mouth. Physical examination shows white patches on the oral mucosa along the gums that cannot be scraped off with gauze. The lesions have a granular texture. A combination HIV-1/2 immunoassay is negative. A biopsy of the lesion shows a marked increase in the thickness of the stratum corneum and the presence of nucleated keratinocytes in this layer. Which of the following is the most likely diagnosis?

- A. Oral candidiasis**
- B. LP**
- C. Oral hairy leukoplakia**
- D. Diphtheria**

71. A 55-year-old man with HIV comes to the physician because of multiple lesions on his chest and lower extremities. The lesions have progressively increased in size and are not painful or pruritic. Current medications include abacavir, dolutegravir, and lamivudine. A photograph of the lesions is shown. A skin biopsy shows multiple spindle-shaped cells and lymphocytic infiltrate. Which of the following is the most appropriate pharmacotherapy?

- A. Ganciclovir
- B. Nitazoxanide
- C. Alpha-interferon
- D. Acyclovir



72. A 15-year-old girl comes to the physician for a follow-up evaluation. She has multiple erythematous pustules and nodules over her face, for which she has received erythromycin and topical benzoyl peroxide. She is concerned that the therapy is ineffective. The physician recommends a drug on the condition that the patient agrees to use oral contraceptives. The molecular structure of the drug most likely recommended by the physician closely resembles a drug used to treat which of the following conditions?

- A. EGFR-positive non-small cell lung cancer**
- B. Acute promyelocytic leukaemia**
- C. BRAF-positive metastatic melanoma**
- D. HER2-positive gastric cancer**

73. A 27-year-old woman comes to the physician because of a 1-week history of severe itching in the area of her genitals. She reports that the itching is most severe at night. Her current sexual partner is experiencing similar symptoms. Pelvic examination shows vulvar excoriations. A photomicrograph of an epilated pubic hair is shown. Which of the following is the most likely causal organism?

- A. *Phthirus pubis*
- B. *Pediculus humanus*
- C. *Epidermophyton floccosum*
- D. *Sarcoptes scabiei*



74. A 34-year-old HIV-positive male presents with lesions on his skin as shown below, along with signs of hepatosplenomegaly. His CD4 count is critically low. Which of the following organisms is most likely responsible for his condition?

- A. *Bartonella bacilliformis*
- B. HTLV
- C. *Bartonella henselae*
- D. HHV-8



75. A 60-year-old female presented with a great toe infection. She had a significant discoloration with a subungual hyperkeratosis that caused surface changes. She was suspected of having onychomycosis. Which is the topical drug given in toenail onychomycosis?

- A. Itraconazole**
- B. Tavaborole**
- C. Griseofulvin**
- D. Caspofungin**

76. A 30-year-old individual presents with multiple blistering skin lesions. A skin biopsy reveals acantholysis, characterized by the loss of adhesion between keratinocytes. Which of the following conditions is least likely to display acantholytic cells on histological examination?

- A. Pemphigus**
- B. Human papillomavirus (HPV) infection**
- C. Herpes simplex infection**
- D. Bullous impetigo**

77. Which of the following is not a feature of the triad of poikiloderma?

- A. Skin hypertrophy**
- B. Pigmentary changes**
- C. Telangiectasia**
- D. Skin atrophy**

78. Match the following nail appearances:

1. Arsenic poisoning
 2. Lymphedema
 3. Renal failure
 4. Malnourishment
- a. Muerhke's lines
 - b. Mees lines
 - c. Yellow nail
 - d. Leukonychia

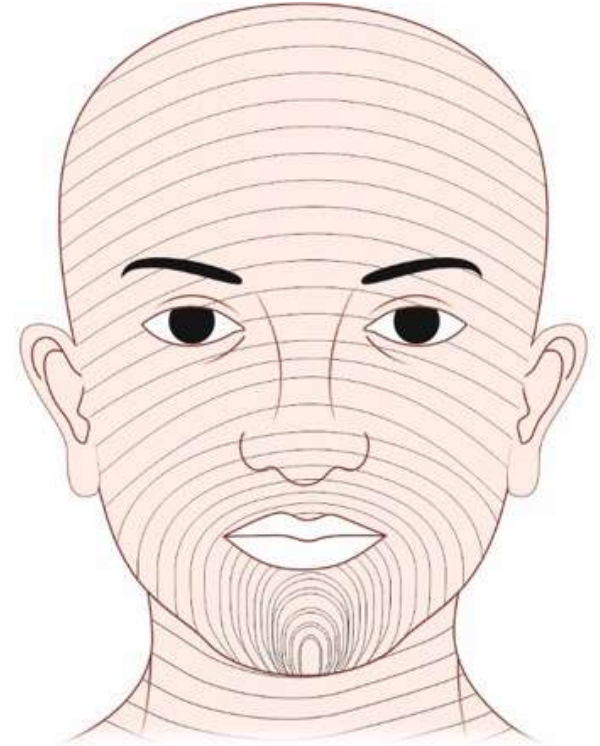
- A. 1-a,2-b,3-c,4-d
- B. 1-b,2-a,3-d,4-c
- C. 1-c,2-a,3-b,4-d
- D. 1-b,2-c,3-d,4-a

79. A 4-month-old girl is brought to the clinic by her parents for a well-child check. She was evaluated 2 weeks ago for a rash in the diaper area. At that visit, the patient was found to have erythematous papules in the diaper area that spared the skin folds. Her symptoms improved with use of a petrolatum barrier ointment with every diaper change. Today, vital signs and physical examination are normal. Which of the following most likely contributed to this patient's prior skin findings?

- A. Abnormal keratin expression**
- B. Altered local skin pH**
- C. Increased hapten sensitization**
- D. Local bacterial colonization**

80. Identify the lines shown below

- A. Kraissl lines
- B. Skin tension lines
- C. Blaschko lines
- D. Langer lines





Cerebellum

Get the balance right

Thank you

Best wishes!



Cerebellum

Get the balance right

BTR Dermatology - 22-09-2025

Dr. Zainab Vora

1. A 20-year-old woman comes to the OPD due to 3 days of malodorous vaginal discharge and severe vulvar pruritus. The patient is sexually active and had a copper-containing intrauterine device placed for contraception last year. Pelvic examination shows a thin, frothy, and green vaginal discharge with marked vulvar and vaginal erythema. Vaginal discharge pH is 5.5. The intrauterine device strings are visualized and protrude through the cervical os. Microscopic examination of this patient's vaginal discharge will most likely reveal which of the following?

A. Clue cells → BV

B. Filamentous, gram-positive bacilli → Actinomyces - PID

~~C. Flagellated, motile organisms.~~

D. Pseudo hyphae Candida

2. Which of the following investigations will you undertake to establish the diagnosis of pelvic inflammatory disease (PID), according to the CDC criteria?

1. Laparoscopy ✓

2. MRI ✓

3. Biopsy and histopathological examination ✓

4. Blood tests for ESR and CRP ✓

A. 1,2,3,4

B. 1,3

C. 2,4

D. 2,3,4

Diagnosis (CDC criteria)

• Minimum criteria:

- Lower abdominal pain + *PID Ruptured ectopic*
- Cervical motion tenderness / Adnexal tenderness / Uterine tenderness

• Additional criteria:

- Fever ✓
- Mucopurulent discharge ✓
- WBC on microscopy ✓
- ↑ ESR / CRP ✓
- Lab test for Chlamydia/Gonorrhea ✓

• Specific criteria:

- Endometrial biopsy
- TVS/MRI
- Laparoscopy

Staging of PID

Gainsville

Stage I → No peritonitis

Stage II → Peritonitis

Stage III → Tubo-ovarian mass/abscess

Stage IV → Ruptured tubo-ovarian mass



3. Identify the correct kit for the clinical presentations:

1. Painful ulcers upon palpation, with suppurative inguinal lymphadenopathy on the right side
2. Vaginal discharge in a CSW with cervical erosions
3. Painful, swollen, and tender inguinal lymph node in a truck driver
4. Painless ulcer in the genital area with non-tender inguinal lymphadenopathy in CSW; past h/o treatment of a similar lesion resulted in fever, malaise, tachycardia and vomiting

Chancroid → White

→ Grey

Bubo

Syphilis

White

Jansch

Herxheimer rxn

- A. 1-Red, 2-Green, 3-Black, 4-Blue
- B. 1-White, 2-Green, 3-Black, 4-Blue
- C. 1-White, 2-Grey, 3-Black, 4-White
- D. 1-Blue, 2-Grey, 3-White, 4-Blue

Hoigne S₁ - psychosis

-procaine benign

XX CI to penicillin Penicillin

4. A 35-year-old woman presents to a PHC with skin lesions with sensory loss. On examination, the dermatologist observes the following morphology. How would you treat this patient?



PB
0-5
0
-

MB
> 5
≥ 1
+



adult
MB
x 12 mon
PB
x 6 mon

A.



B.

PB

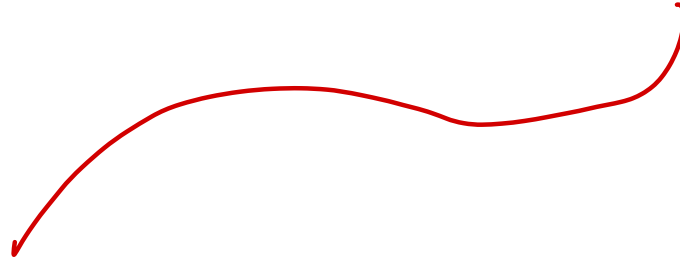


C.



D.

children



5. A patient presents to the OPD with an ulcerative lesion noted near the nose. What is the probable diagnosis?

- A. Lentigo maligna melanoma
- B. Basal cell carcinoma
- C. Squamous cell Ca
- D. Nevus



rodent =
BCC

photo-exp
rolled out
pearly
telangiectasis

6. A male patient complained of bone and joint pain and was prescribed NSAIDs. After a few days, he returned with vesiculo-bullous lesions that subsequently healed, leaving a brownish discoloration on his face, as shown in the image. Based on these symptoms, what is the most likely diagnosis?

A. Malaria

B. Dengue

C. Chikungunya → nose.

D. Fixed drug eruption

pya

NSAIDs
Type IV

1st → delayed
and - earlier

hypo-



7. A 35 year old female patient presents with lesions involving the axillary, inframammary, and inguinal creases as shown below. No scales are noted on examination. Which of the following types could be the diagnosis?

- A. Inverse psoriasis
- B. Streptococcal Impetigo
- C. Acanthosis nigricans
- D. Seborrheic psoriasis

Scales

*scales
extensor*

*children
honey crusting*

flexor / (x) scales



8. Identify the condition shown in image below?

- A. Epidermal verrucous nevus
- B. Congenital melanocytic nevus
- C. Melanoacanthoma
- D. Malignant melanoma

AB CDE





CMN
Giant \rightarrow $>20\text{cm}$. Tn/o melanocytes.



Melano -
acanthoma

9. A child was brought to a pediatrician with tense blisters, vesicles, and annular erythema. Immunofluorescence of the biopsy specimen is shown below. What is the first-line drug used in the management of this condition?

elderly IgA → BP

- A. Rituximab
- B. Dapsone
- C. Cyclosporine
- D. Azathioprine

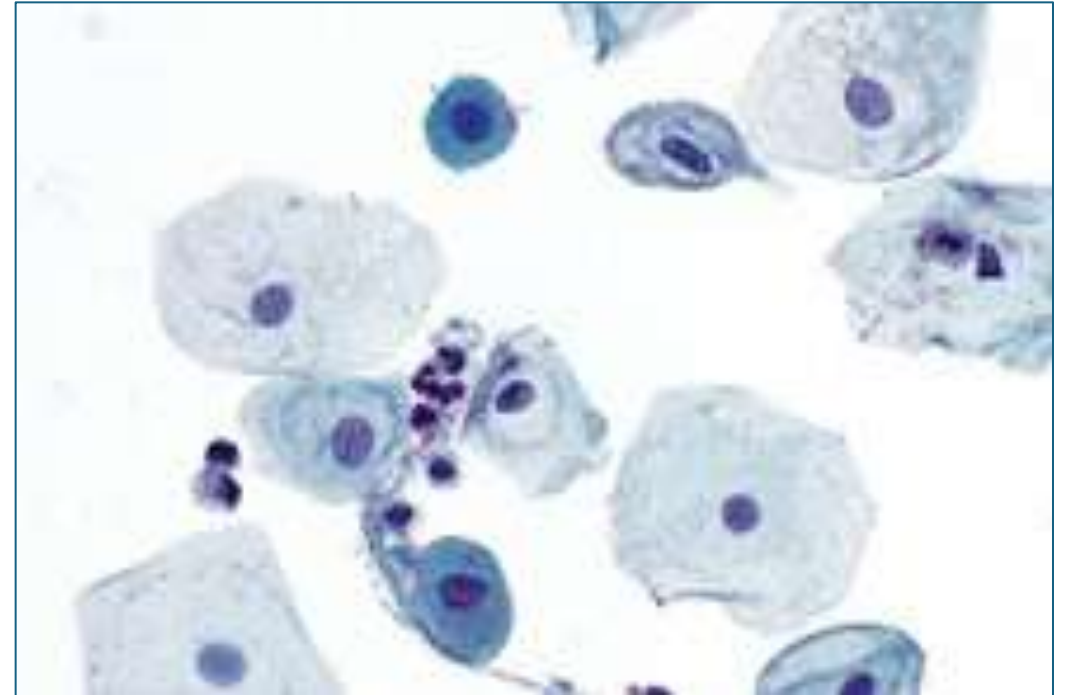
Linear IgA

CBDC



10. A 23-year-old woman presents with vaginal discharge. There is no foul smell or associated pruritis. On examination, there is white discharge and the cervix and vagina are normal. A pH is done which is 4 and a vaginal smear shows the following. What is the following?

- A. Bacterial vaginosis
- B. Trichomonas vaginalis
- C. Candidiasis
- D. Physiological discharge



12. A 27-year-old woman comes to the emergency department with a 1-day history of skin rash. Two weeks ago, she had an episode of recurrent genital lesions, which began with small papules and subsequently became vesicular with ulceration, crusting, and eventual healing. On physical examination, she appears comfortable. Temperature is 37 C (98.6 F). Skin findings are shown in the image below. Which of the following is the most likely diagnosis?

- A. Disseminated herpes simplex infection
- B. Erythema multiforme
- C. Primary HIV infection *XX*
- D. Stevens-Johnson syndrome *XX*

HSV

EM Target



13. What type of connective tissue is found in the region indicated by the black arrow in the provided image?

A. Dense regular

B. Dense irregular

C. Loose regular

D. Loose irregular

→ Ligament / tendon / aponeurosis
Dermis
} loose connective tissue



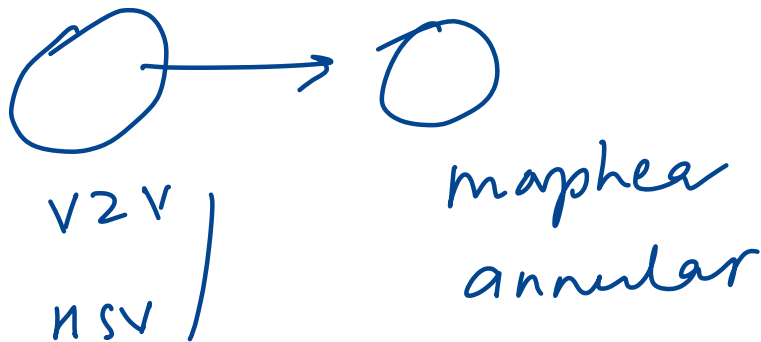
14. A young patient presents with an oval, waxy white plaque on his right shoulder as shown below. He reports having a VZV lesion on the same site a few months ago. What is this phenomenon known as?

A. Reverse-Koebner's phenomenon *heal.*

~~B. Isotopic response = *Wolf's*~~

C. Isomorphic response = *Koebner's*

D. Pseudo-Koebner's phenomenon



15. A 35 year old woman develops the following rash 10 days after using a specific hair dye and bleaching agent. What is the hypersensitivity reaction involved?

A. Type 1 ~~XX~~

B. Type 2 ~~/~~

C. Type 3

D. Type 4

patch test

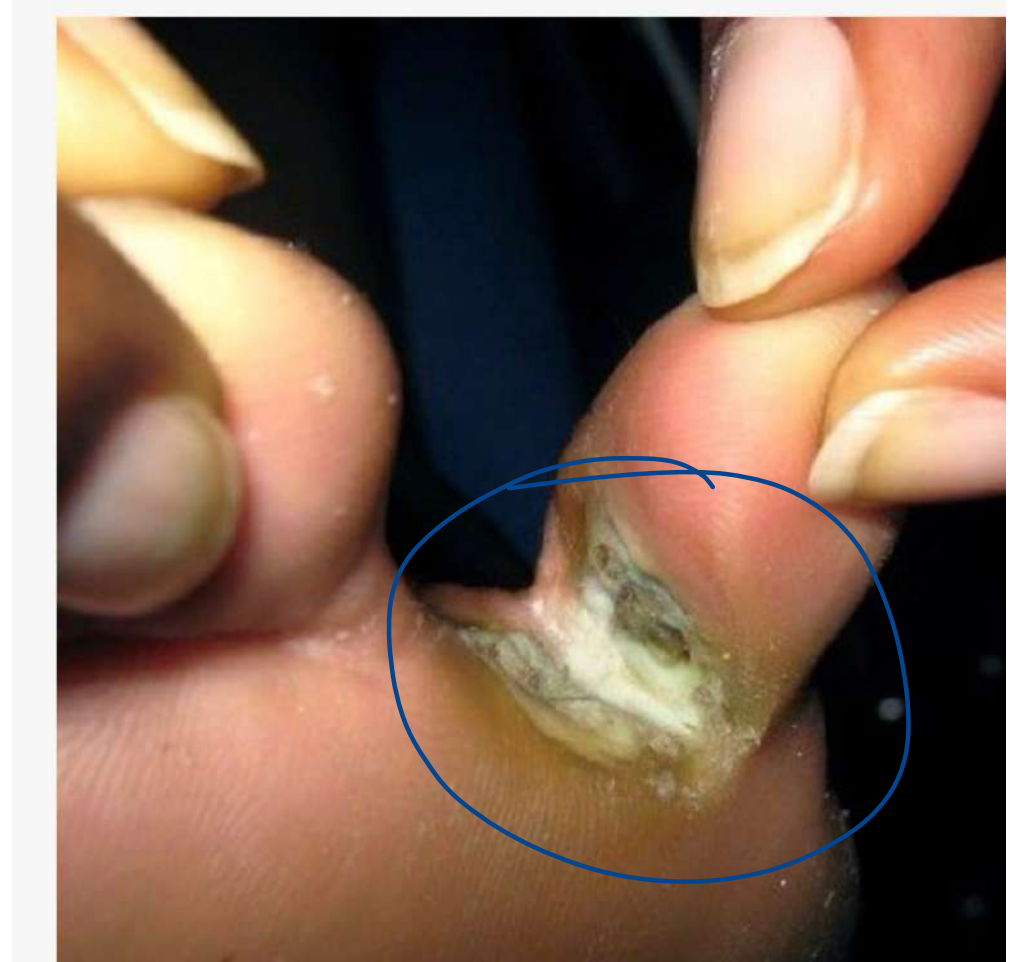
allergic
contact
dermatitis



helpline number: 600222005 | 5500000000

16. What is the diagnosis seen in the image below?

- A. Candidal paronychia ✘✘
- B. Candidal intertrigo**
- C. Diabetic foot ulcer ✘✘
- D. Staphylococcal scalded skin syndrome ✘✘



17. Which of the following conditions is least likely to present with such morphology of lesions?

pyo

A. Tinea corporis ✓

B. Porokeratosis ✓

C. Pityriasis rosea ✓

D. Urticaria → wheal
dermal edema



'Annular'

18. A 58-year-old man comes to the physician for evaluation of skin lesions on his forehead. He says that he first noticed the lesions when he was rubbing his forehead because of their roughness. His medical problems include hypertension that is well controlled with chlorthalidone. He has worked as a farmer for 30 years. Physical examination shows the findings seen in the image below. Which of the following is the most likely diagnosis?

- A. Actinic keratosis
- B. Squamous cell carcinoma
- C. Keratoacanthoma
- D. Seborrheic keratosis

cut horn



stroke on'
- actinic
keratosis
- photo exp -
- scaly



pre-malignant

↓
Sg 1c



↓
keratoacanthoma



↓
seb dermatitis

19. The presence of the following lesion can be due to which of the following virus?

A. HPV

B. Coxsackie

C. MCV

D. HSV



Plantar warts: 1, 2

Verruca vulgaris: 1, 2, 5, 7

Verruca plana: 3, 10

Focal epithelial hyperplasia: 13, 32

Condyloma acuminata : 6, 11

High risk : 16, 18, 31, 33, 45, 52, 58

} → ca cx .



plantar wart .



Common wart



plana .



focal epit
hyperplasia

20. Which of the following histopathological findings is characteristic of acute eczema?

- A. Parakeratosis
- B. Hyperkeratosis
- C. Intercellular edema
- D. Intracellular edema

spongius



ballooning → HSY / V2V
tack

Ps, LP

dyskeratosis
 { premature keratin
 Parier's / actinic ker / SQCC

ortho = hyper - para

PEAS
 Psoriasis
 Chronic actinic sebr
 eczema
 keratosis
 keratosis / SQCC

21. Identify the correct statements

1. Methylisothiazolinone (MI) is used as a preservative in cosmetics to prevent microbial growth. (T)
2. Indeterminate leprosy has a higher rate of spontaneous remission compared to tuberculoid leprosy. (T)
3. Salt and pepper pigmentation is associated with dermatomyositis. *scleroderme*
4. Clofazimine may lead to copper pigmentation in the skin. (T)

A. 1,2,3,4

B. 1,2

C. 3,4

D. 1,2,4

ichthyosis



22. Which causative agent is responsible for the 4-year-old boy's condition, characterized by painful mouth sores, a rash on the hands, and fever as shown below?

- A. Coxsackie A16
- B. Coxsackie A24
- C. HHV-7
- D. Parvovirus



Enterovirus
Adeno 11
ICARS
Vigil
Conjunctivae

HE MD

23. A 44-year-old man comes to the OPD with a 4-day history of severe left-sided chest discomfort. The pain is constant and has a burning quality. Over the last day, the patient has developed a rash in the area of discomfort. He has not had similar symptoms before. Which of the following pathologic findings is most likely to be found in the affected area?

- A. Acantholysis and intercellular IgG deposits
- B. Eosinophilic cytoplasmic inclusions
- C. Koilocytosis of the superficial epidermal layers
- D. Multinucleated cells with intranuclear inclusions



Handwritten notes and annotations:

- Pempfigno (pointing to A)
- HSV (pointing to A)
- HPV (pointing to C)
- Molluscum Contagiosum (pointing to B)
- Shingles (pointing to D)
- Herpes zoster (pointing to D)
- HSV-1
- HSV-2
- VZV
- HSV

24. Which of the following statements is false regarding the condition shown in the image? py &

- A. Can occur in association with diabetes ✓
- B. Associated with Raynaud's phenomenon ✗
- C. Associated with dermis thickening with mucin deposition ✓
- D. Non-pitting edema is seen ✓

*Scleroderma
diabetiformis*



25. A 35-year-old man comes to the OPD for evaluation of red skin lesions on his chest. The lesions are not itchy or painful, and no other family members have skin lesions. Skin findings are shown below. Which of the following is the most likely diagnosis?


A. Cavernous hemangioma

B. Cherry hemangioma

C. Spider angioma

D. Strawberry hemangioma

Liver (circled)
small, raised = capillary

Cavernous
↑ E


infantile
involute
at birth
"stork bite"

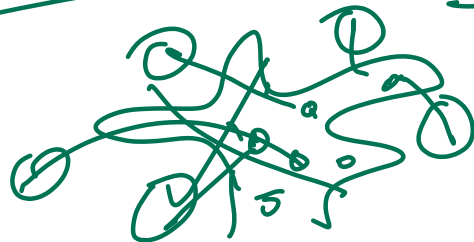


26. 26 year old man presents with skin lesions as shown in the image below, and adds that new lesions that are appearing at sites of injury. What is the underlying pathophysiology?

- A. Failure of synthesis melanin
- B. Loss of melanocytes**
- C. Loss of melanosomes
- D. Loss of keratinocytes



- Hermansky-Pudlak
- Chediak Higashi
- albinism
- tyrosinase



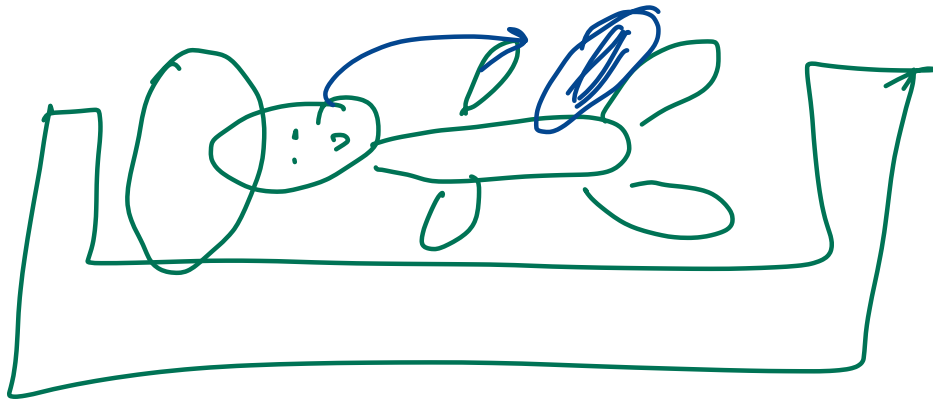
vitiligo

AI

27. A 25 year old medical student preparing for NEET-PG presents with a reticular hyperpigmented lesion in the thigh as shown below. The following appearance is associated with which of the following?

- A. Exposure to hot temperature
- B. An adverse reaction to drugs
- C. Exposure to cold temperature
- D. Humidity

→ Erythema ab
agreg



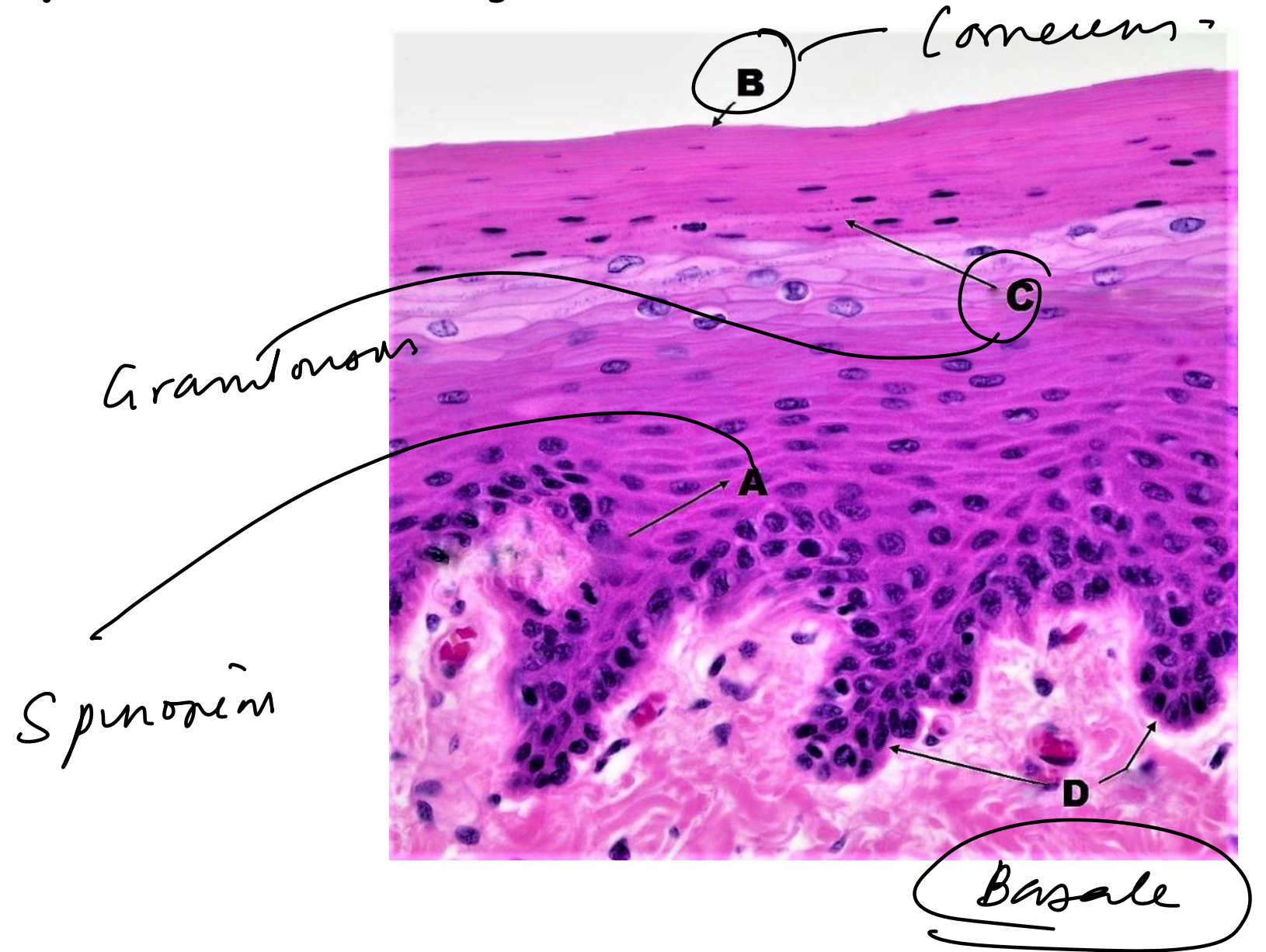
28. Which cells are not present in the layer marked as D?

A. Keratinocytes - *b*

B. Merkel cells - *b*

C. Melanocytes - *b*

~~D. Langerhans cells~~ - *s*



29. A 36-year-old man comes to the OPD due to a 2-month history of a pruritic rash over the elbows and knees. The patient has been using skin emollients, but the lesions have not improved. He also has a prolonged history of episodic abdominal discomfort, flatulence, and voluminous greasy stools. Cardiopulmonary examination is normal. The abdomen is soft and nontender. Skin examination shows a papulovesicular skin rash in groups with erosion and excoriations. Which of the following is most likely to be seen in this patient?

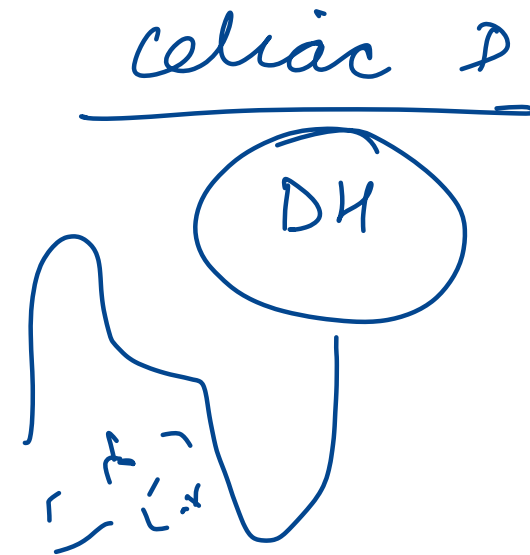
- A. Crypt abscesses in colonic mucosa → UC
- B. IgG-mediated skin disruption → PII / BP
- C. Increased intestinal intraepithelial lymphocytes
- D. Increased urinary porphyrins



PCT - Hep C

→ PCT

cross in



30. Topical steroids are most effective in:

A. Dermal atrophy

s/e

B. Eczematous dermatitis

C. Vesicular lesions due to Herpes simplex infection

↑ flare

D. Rosacea

s/e

31. A 22-year-old woman comes to the office due to several years of persistent facial blemishing that has failed to respond to over-the-counter treatment. Which of the following most likely contributed to the pathogenesis of this patient's skin condition?

A. ~~Androgen-induced involution~~ of sebaceous glands

↑↑

B. Bacterial degradation of apocrine gland secretions

C. ~~Estrogen-stimulated~~ secretory function of sebaceous glands

insoluble

D. Proliferation of lipid-utilizing bacteria within pilosebaceous follicles

P. acnes



acne
Comedones / papules

32. The farmer presents with an irregular mass on the foot, which developed after a minor injury, as depicted in the image. Microscopic examination will reveal which of the following?

A. Sclerotic bodies

B. Asteroid bodies = Sporothrix

C. Sulfur granules = Actinomyces

D. Broom brush colonies
↳ Trichomyces



33. A 38-year-old woman comes to the OPD for evaluation of a skin lesion. The lesion began as a pink papule on her right arm and has progressively enlarged over several weeks. It is not pruritic or painful and has not been associated with fever or other systemic symptoms. The patient returned from a trip to Shimla 5 weeks ago. During her travel, she stayed at a beachside resort and hiked in the rainforest. What is the following lesion associated with?

- A. Bite from infected sand fly
- B. Contact with infected person
- C. Handling of infected animal
- D. Swimming in contaminated water

Naegleria
Acanthamoeba
Rhinosp

anthrax
- ecthyma

cut leishmaniasis



34. A young boy presented the following appearance. Which of the following is not a characteristic of this organism causing the disease?

A. The colony retains a white surface on 1% peptone agar medium

B. Clustered round microconidia on bright field microscopy

~~C. The urease test is negative~~ +

D. It can penetrate the hair shaft of the human hair in vitro

T. mentagrophytes



35. A 56-year-old man presents with a facial lesion as shown in the image below. On examination, the lesions are painful & the edges are well demarcated & raised. Ear is also showing similar erythematous lesions. This infection is most likely to be caused by which of the following organisms?

- A. Group B streptococcus
- B. Group A streptococcus
- C. Staphylococcus aureus X
- D. Hemophilus influenza type b

S. pyogenes.

~~Empyemas~~
well-defns



36. All of the following cytokines are raised in psoriasis except?

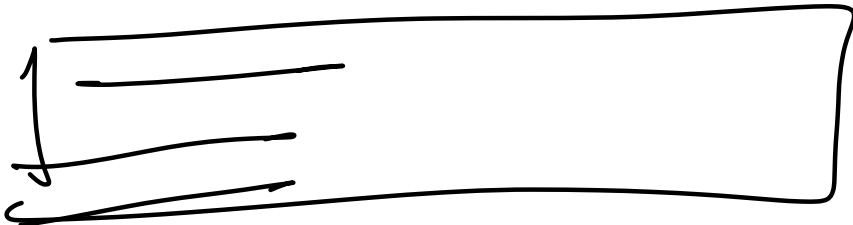
A. IL-2 ✓

B. IL-4 → IgE ↑

C. IL-23 ✓

D. IL-17 ✓

Phamre

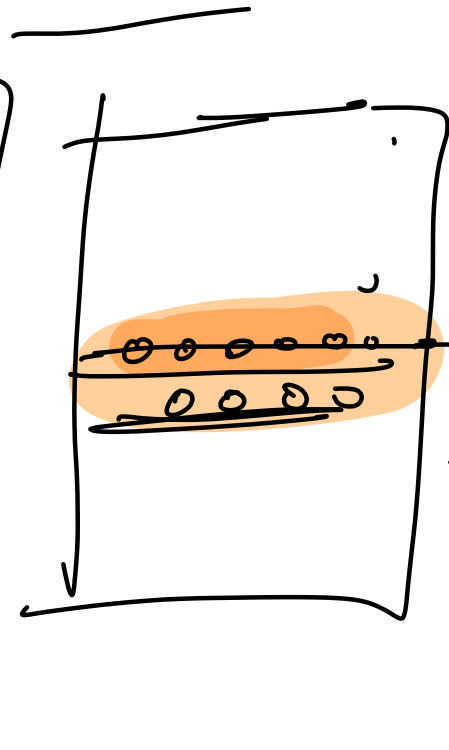
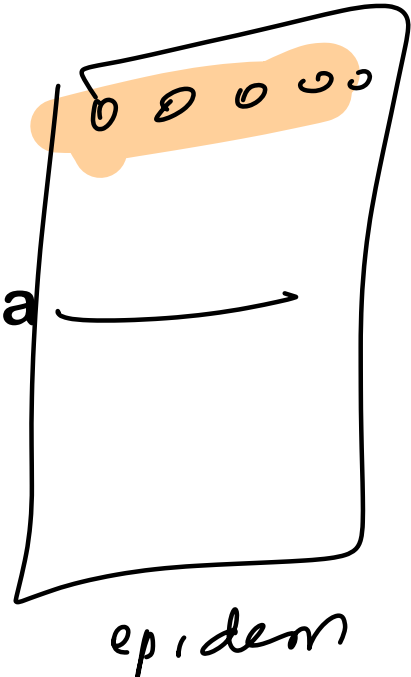


37. A 28-year-old, previously healthy woman comes to the OPD for evaluation of a raised pigmented skin lesion on her leg. The patient has had no itching or pain and cannot remember how long she has had the lesion. Biopsy of the lesion reveals nests of round, uniform cells at the basal portion of the epidermis that extend into the underlying dermis. The cells contain inconspicuous nucleoli and show no mitotic activity. Which of the following is the most likely diagnosis?

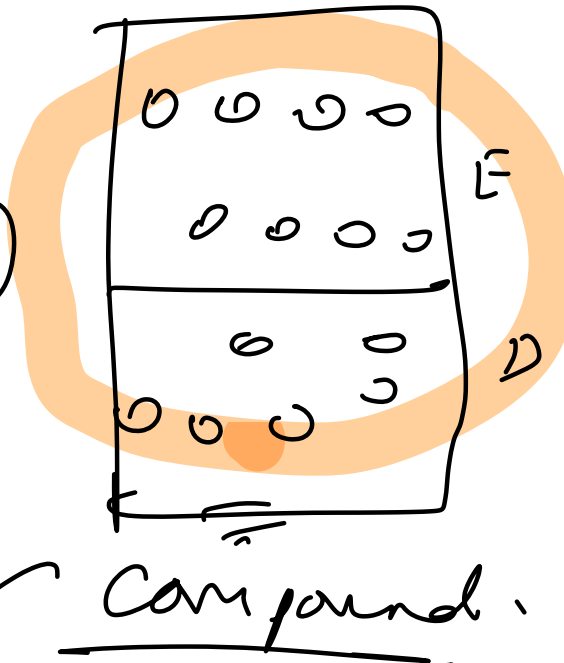
- A. Atypical nevus
- B. Compound nevus**
- C. Junctional nevus
- D. Malignant melanoma

pathological dx

atypia



depth ↑

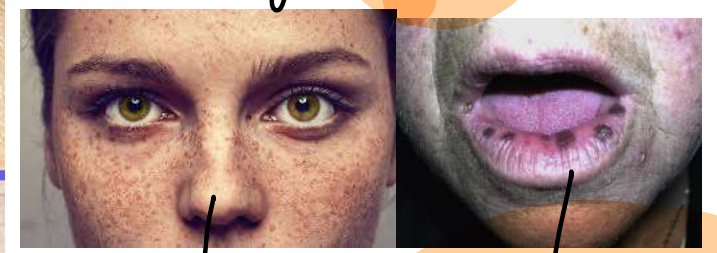


PIGMENTATION DISORDERS

Type	Clinical Features	Histopathology
<u>Junctional Nevus</u>	Flat, uniformly pigmented macule	Nests of melanocytes at the <u>dermoepidermal junction</u>
<u>Compound Nevus</u>	Slightly elevated papule, uniformly pigmented	Nests of melanocytes at <u>both dermoepidermal junction and dermis</u>
<u>Intradermal Nevus</u>	Dome-shaped papule, flesh-colored or lightly pigmented	Melanocytes entirely within the dermis
<u>Congenital Melanocytic Nevus (CMN)</u>	Present at birth, may have hair, large variants have malignancy risk <i>Giant - >20cm</i>	Melanocytes in dermis, sometimes deep into subcutaneous fat or around adnexa
<u>Halo Nevus</u>	Central pigmented nevus with surrounding depigmented halo	Lymphocytic infiltration around nevus cells
<u>Dysplastic (Atypical) Nevus</u>	Irregular border, color variation, may resemble melanoma	Architectural disorder, cytologic atypia of melanocytes, bridging of rete ridges



Freckles (Ephelides):
 ↑ melanocyte activity
Lentiginos:
 ↑ melanocyte no.



- Sun-exposed
 - xeroderma pigmentosum
 - sq cc

Pautz-Jeghers

NAME Sx
 ✓ | atypical
 nevus myxoma ephelides

Lymphocyte

38. A 23-year-old male came with complaints of orange hue over the body with hyperkeratotic perifollicular erythematous papules associated with scaling, which started near the face and slowly progressed to involve the entire body. Islands of sparing noted over the body. Palmoplantar keratoderma noted. What is the most likely histological pattern seen in the disease?

A. Alternating areas of orthokeratosis and parakeratosis *chessboard*

B. Atypical lymphocytic cluster within the epidermis *→ Mycoses fungoides*

C. Lymphocytic infiltration around hair follicles *- Panniculitis*

D. Dyskeratosis

AA

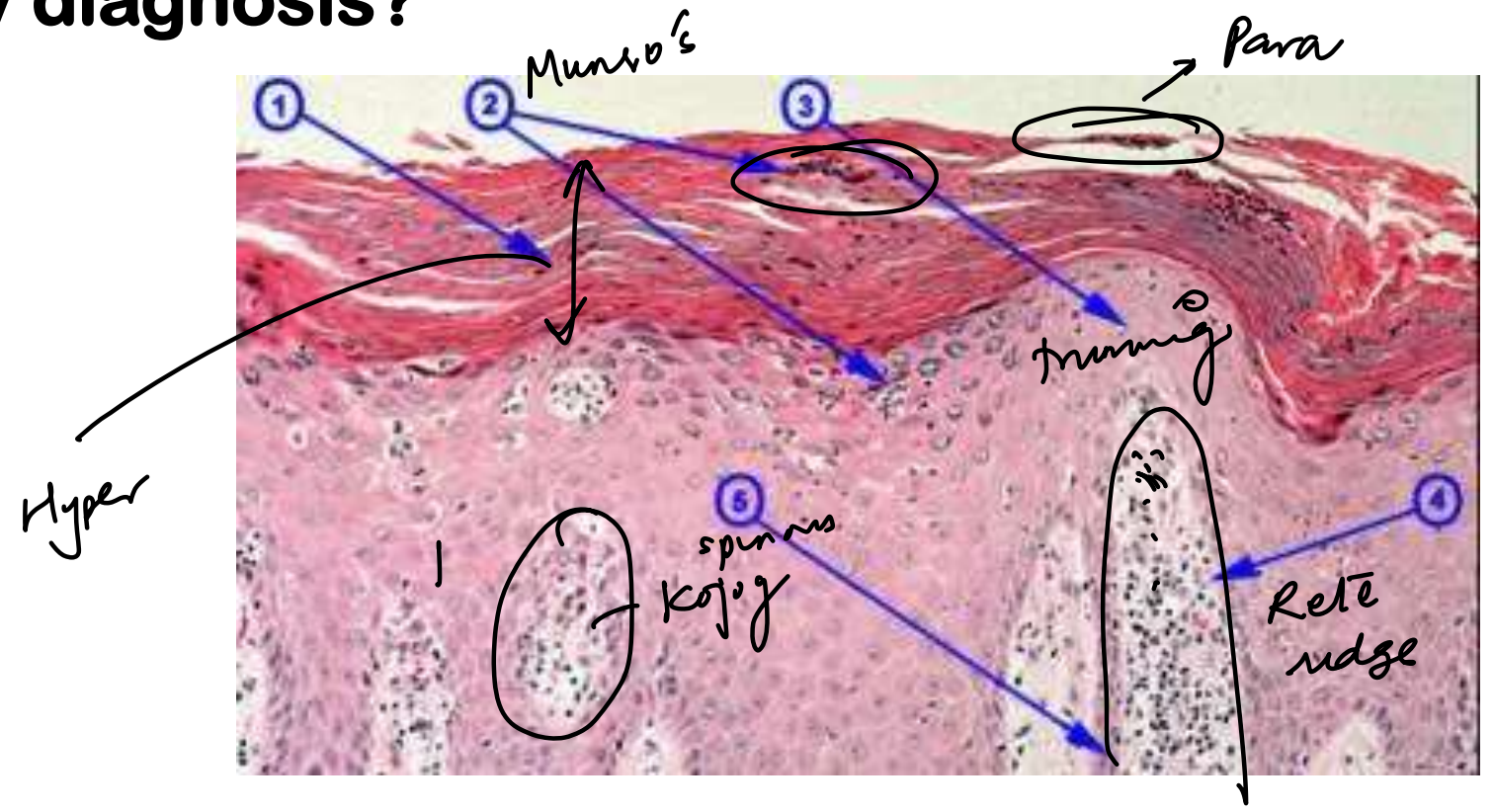
epidermotropism



pityriasis PRP *red hair*

39. A 28-year-old man comes to the OPD with bilateral skin lesions over the posterior surface of the elbows. lesions are itchy at times; topical moisturizers have reduced the itching, but the lesions have remained. The patient has no chronic medical problems and takes no medications. Biopsy of the lesion is shown below. Which of the following is the most likely diagnosis?

- A. Lichen planus
- B. Dermatitis herpetiformis
- C. Lichen nitidus
- D. Psoriasis**



40. Which of the following is a secondary skin lesion?



scale

✓
A.



B. *pustules.*



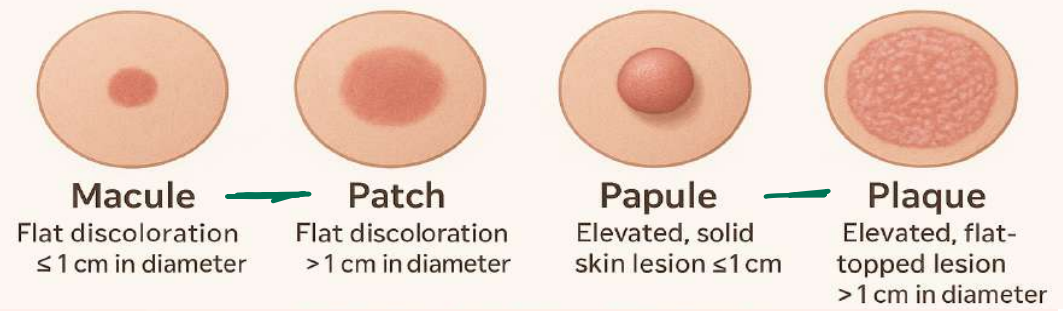
C. *purpura.*



D. *papules*

SKIN LESIONS

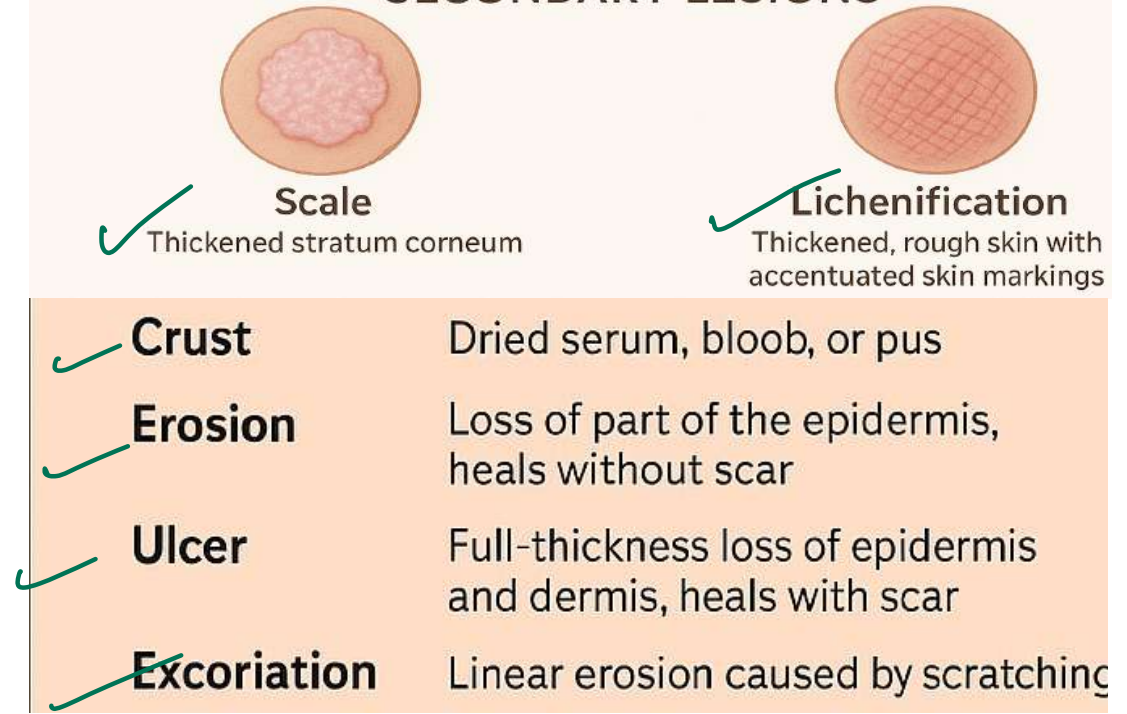
PRIMARY LESIONS



- Nodule** — Firm, deep lesion, > 1 cm
- Tumor** — Large solid mass, deeper in dermis
- Vesicle** — Small fluid-filled blister, ≤ 1 cm
- Bulla** — Large fluid-filled blister, ≥ 1 cm
- Pustule** — Pus-filled vesicle
- Wheal** — *dermal edema*

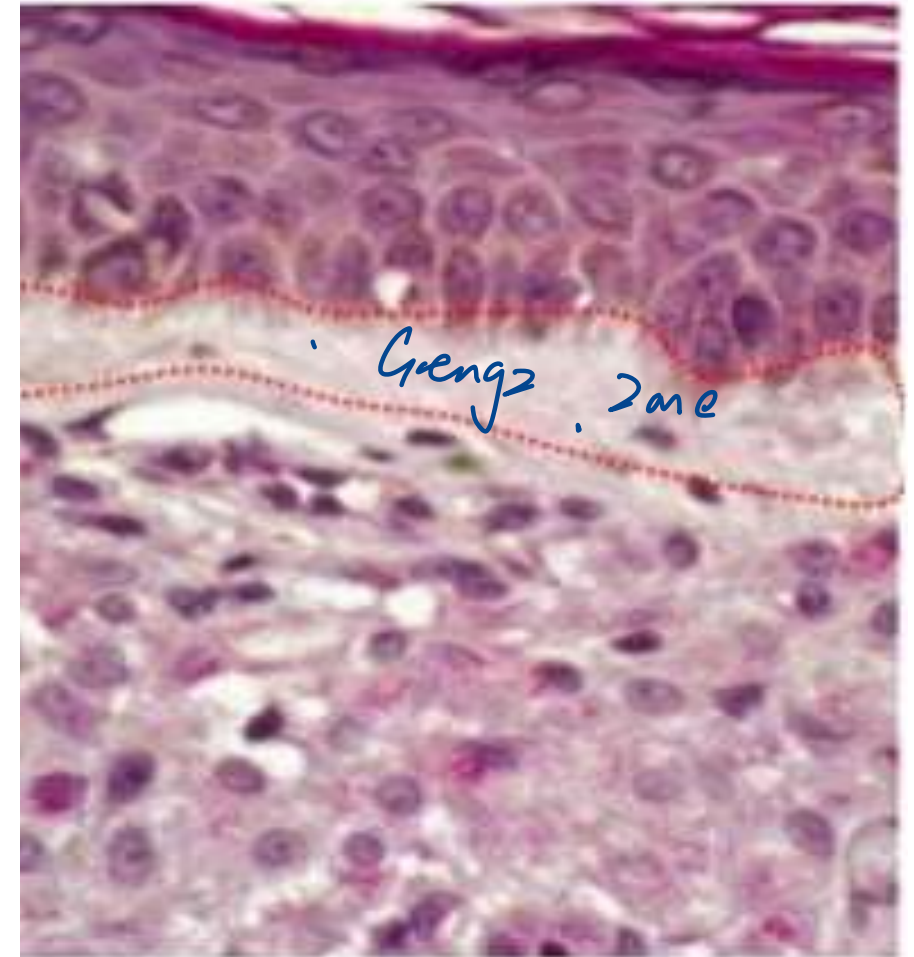
◦ *petechia* — *purpura* — *ecchymosis*
 | | |
 1-2 mm 2mm-1cm. >1cm

SECONDARY LESIONS



41. A patient presented with nodular lesions over the body, which are associated with slight anesthesia over the arm in the ulnar nerve distribution. Histopathology is as shown below. Which of the following options is true about this condition? NEET '24

- A. Lepromatous leprosy with positive Lepromin test
- B. ~~Tuberculoid leprosy with positive Lepromin test~~ granuloma
- C. ~~Lepromatous leprosy with negative Lepromin test~~
- D. ENL with ~~negative~~ Lepromin test h/o - R

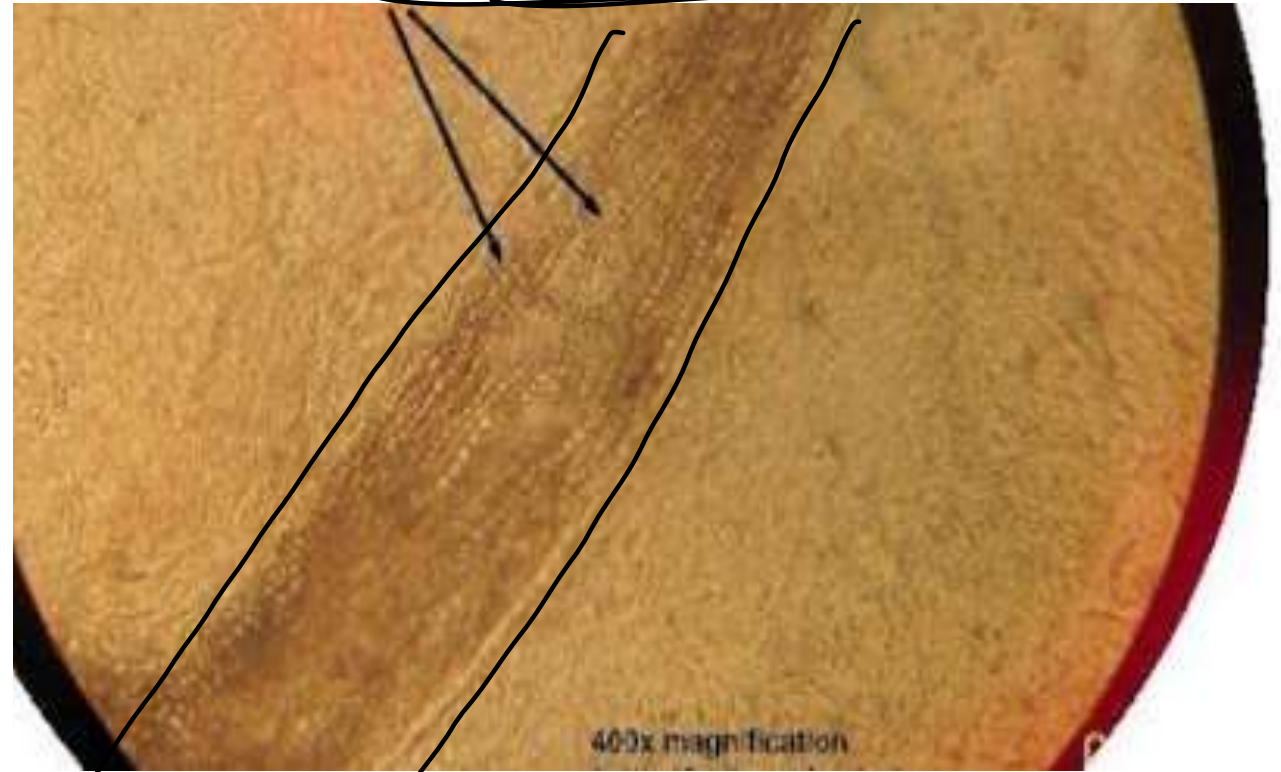


LL ✓ slit smear / Lepromin =
 ++ ✓ CMI
 -

42. A hair shaft with arthroconidia is seen in the image below. Identify the fungi associated with it?

NEET 24

- A. ~~Trichosporon~~ = Piedra
- B. ~~Microsporum~~
- C. Candida
- D. Epidermophyton



T - endomix

M - ectomix

E

Endo Mix



43. Which of the following statements is false regarding this condition?

- A. Seen in photoexposed areas ✓
- B. Increased number of melanocytes ~~are seen~~ *activity*
- C. It is associated with xeroderma pigmentosa ✓
- D. It is caused by increased melanin ✓



freckles

44. A previously healthy 3-month-old girl is brought to the physician because of fever, irritability, and rash for 3 days. The rash started around the mouth before spreading to the trunk and extremities. Her temperature is 38.6°C (101.5°F). Examination shows a diffuse erythematous rash with flaccid bullae on the neck, flexural creases, and buttocks. Gentle pressure across the trunk with a gloved finger creates a blister. Oropharyngeal examination shows no abnormalities. Which of the following is the most likely underlying mechanism of these skin findings?

- A. Toxin-induced cleavage of desmoglein-1
- B. Bacterial production of erythrogenic toxin
- C. Bacterial invasion of the epidermis
- D. Autoantibody deposition in stratum spinosum

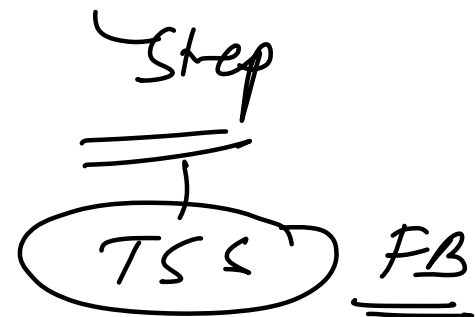
mucosal x x

exfoliative



Super Ag

penicillin vulg



45. An 18-month-old boy with a known history of atopic dermatitis is brought to the emergency department with worsening facial rash and fever for 2 days. His parents state that he had an eczema flare recently for which they applied an over-the-counter steroid cream. Shortly after, he developed painful vesicles that spread rapidly over the cheeks. Which of the following is the most likely causative agent?

- A. Herpes simplex virus ^{2^o HSV}
- B. Methicillin-resistant Staphylococcus aureus
- C. Methicillin-sensitive Staphylococcus aureus
- D. Varicella zoster virus

Eczema herpeticum
HSV



46. The Fernandez reaction of lepromin test is read at:

A. 12 hours

B. 24 hours

C. 48 hours

D. 21 days

CM I

Type IV

Mitsuda

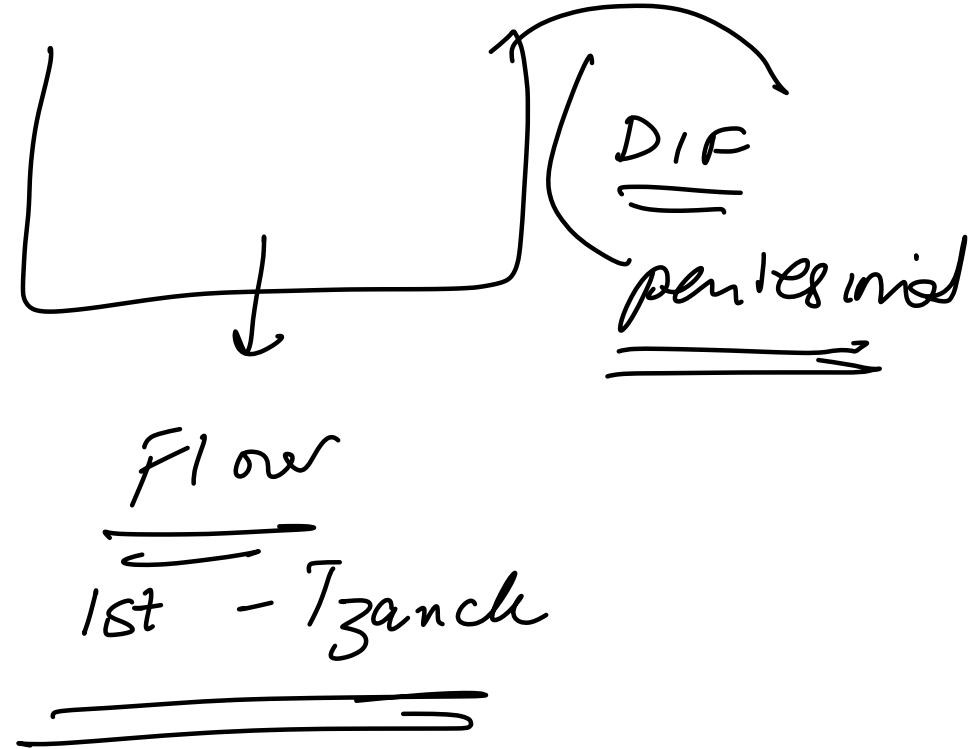
21d

47. A 50-year-old man presents with recurrent episodes of oral ulcers and flaccid blisters. What is the first-line investigation for this condition?

- A. Direct immunofluorescence microscopy
- B. Indirect immunofluorescence microscopy
- C. Tzanck smear from the margins of blister
- D. Tzanck smear from the floor of blister

QQ

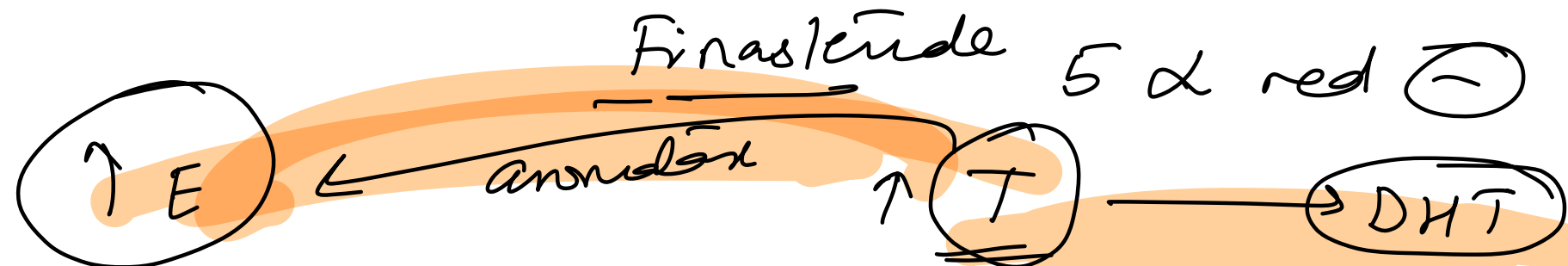
Ab-serum



48. A 28-year-old man comes to the OPD to discuss hair loss. He has hair loss primarily around the temples, which began insidiously 3 years ago. Physical examination shows moderate thinning of hair at the anterior scalp, temporal region, and vertex. An oral medication is prescribed to treat the hair loss. After the initiation of therapy, which of the following changes would most likely occur in this patient?

AGA

- A. Testosterone ~~low~~, Dihydrotestosterone low, Estradiol normal
- B. Testosterone high, Dihydrotestosterone low, Estradiol high
- C. Testosterone high, Dihydrotestosterone low, Estradiol low
- D. Testosterone high, Dihydrotestosterone high, Estradiol high



49. A 29-year-old man is evaluated for a skin rash involving his hands, feet, and scalp for the last 2 weeks. The rash is mildly pruritic and has progressively worsened. The patient has a history of HIV and is not adherent with antiretroviral therapy. Skin examination shows erythematous patches with scales and crusting. Biopsy of the rash as shown below. Which of the following is the most appropriate treatment for this patient?

- A. Systemic acyclovir
- B. Systemic terbinafine
- C. Topical glucocorticoid
- D. Topical permethrin

♀ scabies

hint



burrow

SCABIES

Treatment	Dosage	Advantages	Disadvantages/contraindications
Sulphur	2-10% precipitate in petroleum base	Safe for infants, pregnant and lactating women; inexpensive	Noxious and malodorous, and may cause skin irritation; multiple treatments required; lack of safety and efficacy data
Crotamiton	10% ointment	Safe for infants; reported antibacterial and antipruritic activity; low toxicity; well tolerated	Clinical efficacy questionable; multiple treatments required; resistance reported
Benzyl benzoate	25% ointment	Effective; inexpensive	Can cause severe skin irritation; contraindicated in pregnant women and infants
Lindane	1% lotion or cream	Effective; inexpensive	Can cause numbness, cramps, dizziness, seizures in children; contraindicated in pregnant women and infants; resistance reported; withdrawn in several countries owing to neurotoxicity concerns
Permethrin	5% cream	Effective; well tolerated; safe	May rarely cause skin irritation; expensive; resistance reported
Ivermectin	Oral, 200 µg/kg	Broad-spectrum antiparasitic; convenient; few side effects	Contraindicated in pregnant women and infants (owing to current lack of safety data); optimal dose regimen uncertain; expensive; resistance reported

XX

✓✓

✓✓

✓✓

✓✓

infants

- 1.
- 2.
- 3.
- 4.

DOC

50. Arrange the following corticosteroids in the order of increasing $t_{1/2}$ (low to high).

1. Dexamethasone ✓

2. Hydrocortisone

3. Betamethasone ✓

4. Prednisolone ↘

A. 3, 4, 1, 2

B. 2, 3, 4, 1

C. 2, 3, 1, 4

D. 2, 4, 1, 3

2 - 4

Q Q

Category	Drug	Effect of anti-inflammation (ratio)*	Equivalent dose(mg)*	Plasma half-life (min.)	Duration of action(h)
Short-acting	Hydrocortisone	1	20	90	8-12
	Cortisone	0.8	25	30	8-12
Mid-acting	Prednisone ✓	3.5	5	60	12-36
	Prednisolone	4.0	5	200	12-36
	Methylprednisolone ✓	5.0	4	180	12-36
	Triamcinolone ✓	5.0	4	>200	12-36
Long-acting	Dexamethasone	30	0.75	100-300	36-54
	Betamethasone	25-35	0.6	100-300	36-54

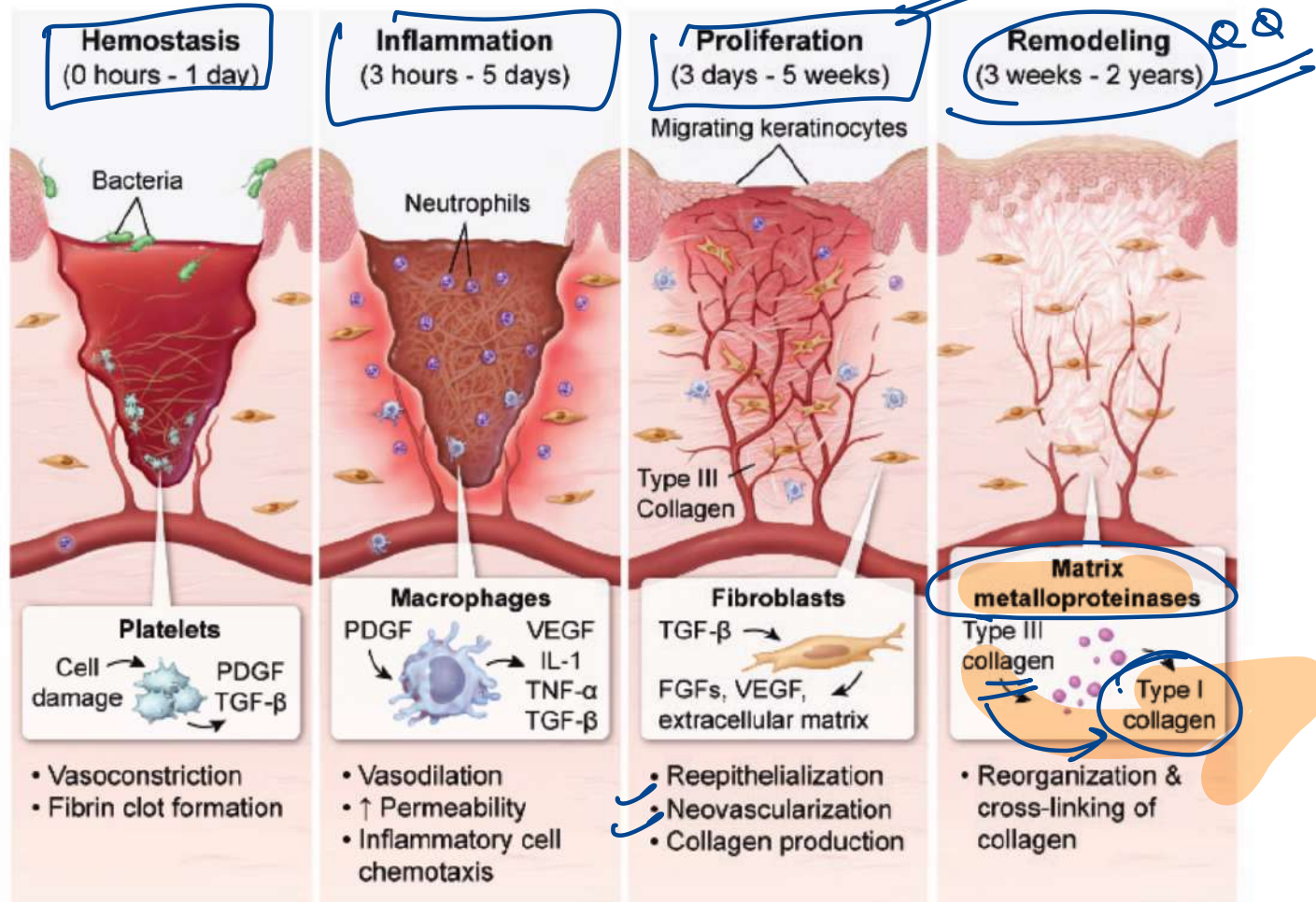
51. A 43-year-old man comes to the clinic for evaluation of a healed forehead laceration. On examination, the scar is pink, firm, and mildly raised, without surrounding erythema or edema; it does not extend beyond the initial wound borders. The patient is reassured that the scar should flatten over the following months. The process by which this occurs relies mostly on enhanced cellular production of which of the following?

- A. Metalloproteinases
- B. Plasminogen activator
- C. Reactive oxygen species
- D. Tumor necrosis factor-alpha

QA

Phases of wound healing

QR



QR

Matrix metalloproteinases
Type III collagen
Type I collagen

52. In which of the following conditions is Nikolsky's sign positive seen?

1. Pemphigus foliaceus ✓✓

2. SJS ⇐ → P. vulg

3. Epidermolysis bullosa acquisita

4. Staphylococcal scalded/skin syndrome ✓✓

~ve

Dsg-1

A. 1, 3

B. 1, 2, 3

C. 2, 4

D. 1, 2, 4

Dermat

BP

✓✓

53. A 14-month-old girl is brought to the clinic by her parents due to sores on her feet. Since she took her first steps 3 months ago, she has had blisters involving the soles of the feet, which subsequently break down and heal slowly. The patient had failure to thrive as an infant due to frequent oral ulcerations but otherwise has been healthy and has achieved normal developmental milestones. Examination shows small bullae at the soles with faint erythema and no scarring. Biopsy taken at the margin of a blister shows an intraepidermal cleavage plane. Which of the following most likely contributes to the pathogenesis of this patient's condition?

A. Autoantibodies against tissue transglutaminase

B. Impaired keratin filament assembly

C. Loss of function mutation in filaggrin

D. T-cell-mediated hypersensitivity reaction

- Celiac D4

pressure

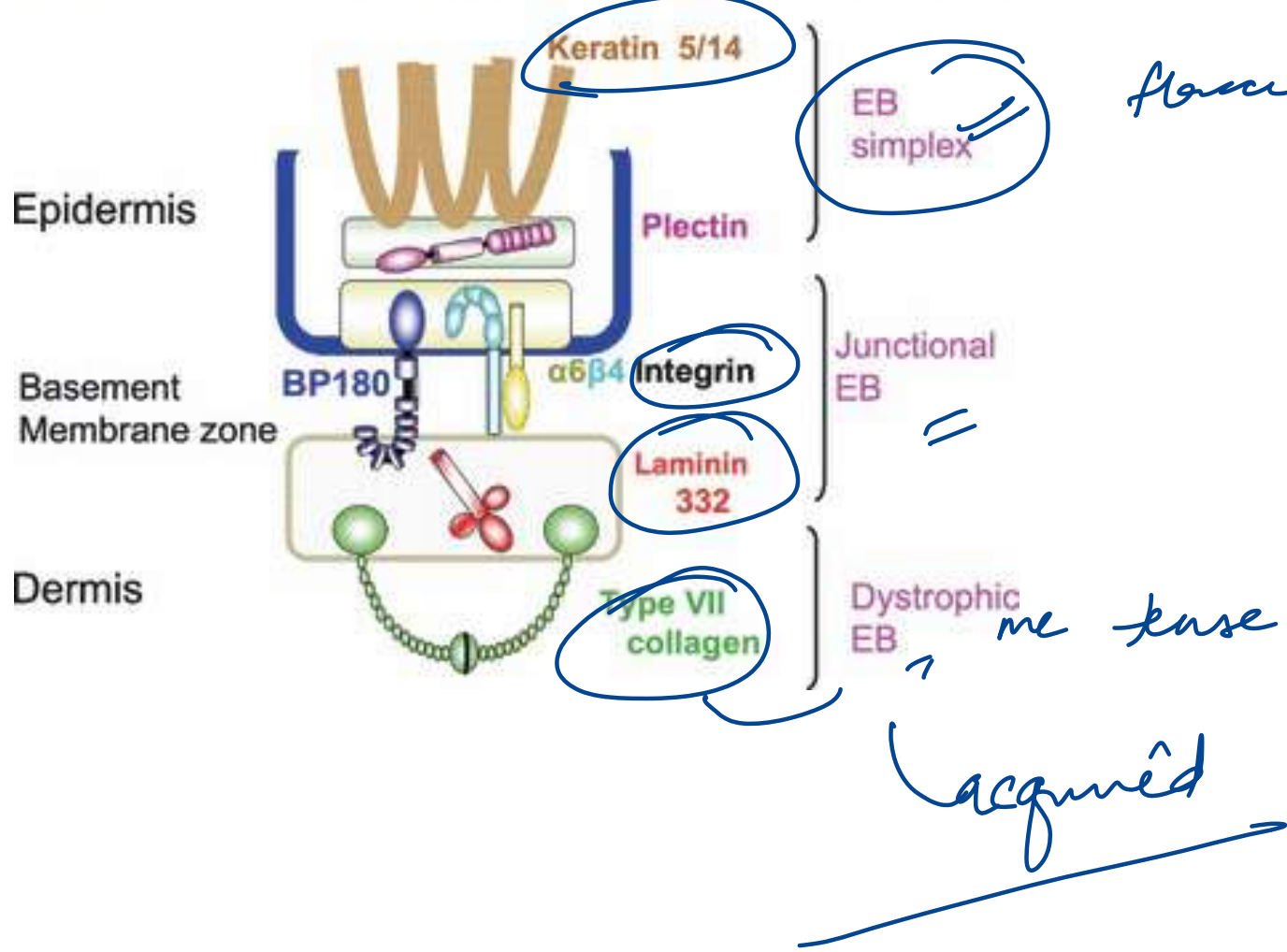


KE14

- IC Myosin

~~XX~~ - CD

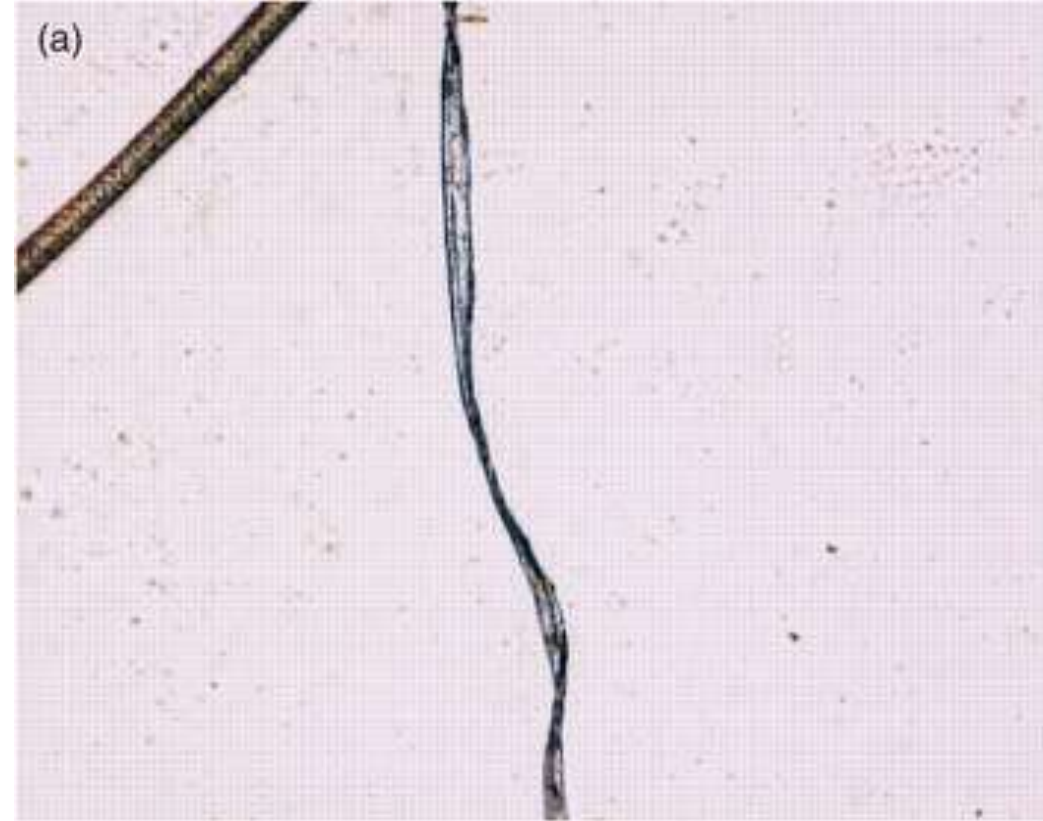
Three major categories of epidermolysis bullosa (EB)



Congenital

54. A 4-year-old boy presents with short, rough and thin hair. He has associated failure to thrive and developmental delay. A trichogram of his scalp hair is as shown. What is the diagnosis?

- A. Kwashiorkor *flag sign*
- B. Keshan's disease *CMP - Se*
- C. Menke's disease *'kinky hair'*
- D. Trichothiodystrophy *tiger tail*



55. A wool farmer presents with a hemorrhagic lesion on his left index finger for 3 days. What is the most likely diagnosis?

- A. Anthrax X *eschar*
- B. Erysipeloid *OR* *Fisherman*
Erysipelotrix
- C. Ecthyma contagiosum *Parapox virus*
- D. Ecthyma gangrenosum

well defn

Pseudomonas
IC

Give part to nam
GPM



56. Which of the following are included in malpighian layer of the epidermis?

A. Stratum corneum and stratum granulosum

B. Stratum granulosum and stratum spinosum

C. Stratum granulosum and stratum lucidum

D. Stratum spinosum and stratum basale

57. SAPHO syndrome includes all except:

A. ~~Seborrhea~~

Synovitis

B. Acne ✓

C. Pustulosis ✓

D. Hyperostosis ✓

E. Ostitis

58. 40-year-old man comes to the office due to a slightly painful sore on his lip which has been enlarging for the last 3 months. Past medical history is unremarkable. The patient does not use alcohol, tobacco, or illicit drugs. He works as a farmer and has no new sexual contacts. Vital signs are normal. Examination shows a 3x7-mm partially encrusted ulcer in the vermilion zone of the lower lip, surrounded by a 6x12-mm area of induration. There are no palpable submental or submandibular lymph nodes, and the remainder of the physical examination is unremarkable. Biopsy of this lesion will most likely show which of the following?

- A. Giant cells in a Tzanck preparation
- B. Granulomatous inflammation
- C. Invasive cords of squamous cells with keratin pearls
- D. Invasive clusters of spindle cells surrounded by palisaded basal cells

→ HSV

Sq CC



BCC

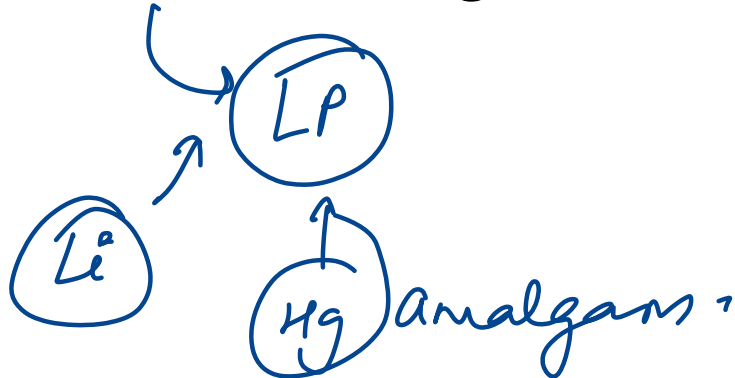
59. 42-year-old man comes to the office due to an itchy rash. The rash began 3 months ago during the summer since then has enlarged and spread across his back, chest, and abdomen. The patient has attempted treatment with topical emollients and over-the-counter hydrocortisone cream without relief. Examination reveals scaly, annular plaques, as shown in the exhibit. In addition to appropriate measures for treatment of the rash, which of the following should be done at this time?

A. Antinuclear antibody assay

B. Hepatitis B serology → PAN

C. HIV screening test

D. Rule out beta blocker usage



Ringworm
T. corporis



60. Match the following with the images:



1.



2.



3.



4.

A. Lichen simplex chronicus

B. Lichen scrofulosorum

C. Lichen planus

D. Lichen sclerosus

E. Lichen nitidus

A. 1-D, 2-A, 3-E, 4-C

B. 1-A, 2-D, 3-B, 4-C

C. 1-D, 2-C, 3-E, 4-B

D. 1-A, 2-D, 3-E, 4-C

Lichen
sclerosus
- dyspareunia
- vulva

B

hypertrophy
TB

61. Identify the following congenital lesions with the genetic defects:



EB

1.



2.

Lamellar



3.

Nevus
flammeus
pWS

SW'S

B GNAQ



4.

IP
NEMO

A- NEMO

B- GNAQ

C- Collagen VII

D- Transglutaminase 1

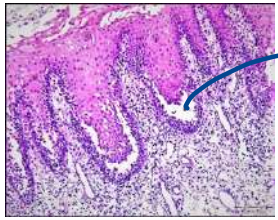
~~A. 1-A, 2-B, 3-C, 4-D~~

~~B. 1-D, 2-A, 3-B, 4-C~~

~~C. 1-C, 2-A, 3-B, 4-D~~

D. 1-C, 2-D, 3-B, 4-A

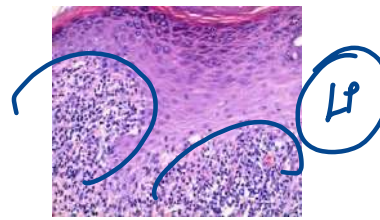
62. Match the histological images with the correct diagnosis:



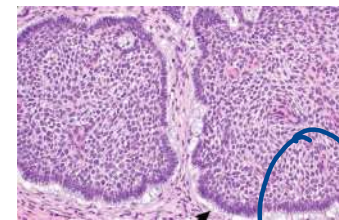
1.



2.



3.



4.

- A. Pemphigus
- B. Hailey hailey
- C. Psoriasis
- D. Lichen planus
- E. Melanoma
- F. BCC
- G. Mycoises fungoides

A. 1- A, 2-D, 3-C, 4-F

B. 1-A, 2-C, 3-D, 4-F

C. 1-B, 2-C, 3-D, 4-G

~~D. 1-C, 2-D, 3-E, 4-G~~

63. Match the following images in the extremities with the diagnosis:



Diabetic
Necrobiosis
lipoidica
diabetorum

1.



pretibial
myxedema
Graves > HypoThyr

2.



EV

3.



PG
VC > CD

4.

A-Diabetes

B-Graves disease

C-Lofgren syndrome

D-Varicose veins

E-Hypothyroidism

F-IBD

A. 1-E, 2-B, 3-F, 4-D

B. 1-A, 2-B, 3-F, 4-D

C. 1-D, 2-A, 3-B, 4-F

D. 1-A, 2-B, 3-C, 4-F

64. A 16-year-old boy comes to the OPD due to a skin condition. For the last 3 years, he has had small "pimples" on the posterior surface of her upper arms. The lesions are associated with mild pruritus during the winter months but are otherwise asymptomatic, and the patient is primarily concerned due to their appearance when he wears short-sleeved tops. Which of the following is the most likely diagnosis of this patient's skin condition?

A. Folliculitis

B. Keratosis pilaris

C. Miliaria

D. Pseudofolliculitis



65. A farmer presented to the outpatient department with a non-tender, non-mobile, non-compressible firm swelling over his palm as shown in the image. A few months back he got injured with a thorn. What is the presentation given below?

- A. Ameloblastoma ✗
- B. Embryogenic dermoid = }
- C. Sequestration dermoid }
- D. Implantation dermoid



66. A 19-year-old woman comes to the OPD for evaluation of chronic acne. Over the last 6 months, the patient has tried several over-the-counter acne treatments without improvement. She has a history of attention-deficit hyperactivity disorder and mild intellectual disability. Her mother has a seizure disorder, and her maternal grandmother died of kidney failure. Vital signs are within normal limits. Facial examination findings are shown below. Which of the following is the most likely underlying cause of this patient's condition?

- A. Fabry disease
- B. Neurofibromatosis type 1
- C. Tuberous sclerosis
- D. Von Hippel-Lindau disease

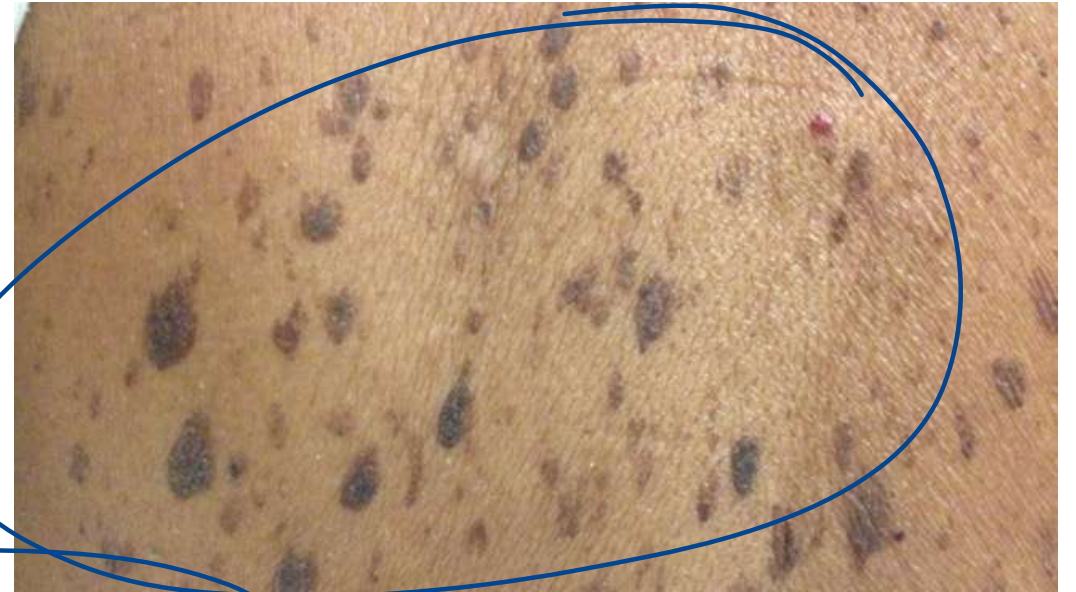
angokeratoma
hypohidrosis
CALM
California
vs
McCune Albright
Maine



Adenoma

67. A 65-year-old man comes to the OPD due to skin lesions on his back. He first noted the spots 5 years ago and says they are becoming more numerous. The lesions are occasionally pruritic but are otherwise asymptomatic. Medical history is notable for hypertension, hyperlipidemia, and type 2 diabetes mellitus. Which of the following is the likely diagnosis?

- A. Seborrheic keratosis
- B. Actinic keratosis ~~XX~~
- C. P.versicolor ~~XX~~
- D. Acanthosis nigricans ~~XX~~



Lerner Triplet are 2 paraneoplastic
S

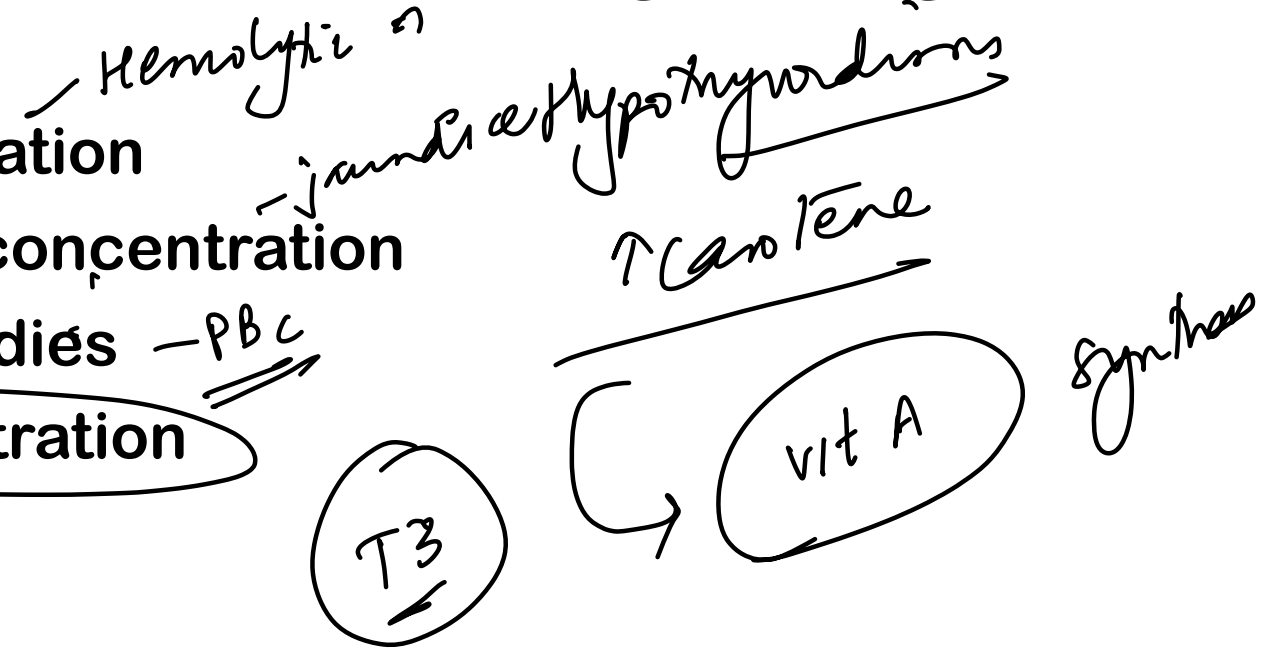
68. A 34-year-old man comes to the OPD due to a persistent skin rash. He has a 6-month history of a scaly rash involving the upper and lower extremities that is associated with mild pruritus. Medical history is notable for childhood asthma and orolabial herpes simplex virus infection. On examination, the patient has skin lesions as shown in the image below. This patient's disorder is most likely associated with which of the following extradermal complications?

- A. Chronic glomerulonephritis
- B. Deforming joint disease**
- C. Medullary thyroid cancer
- D. Pulmonary fibrosis



69. A 32-year-old woman comes to the physician because of a 2-month history of fatigue and yellowish discoloration of her skin. During this period, she has also had a 6 kg weight gain. She does not smoke and drinks one glass of wine daily. She follows a vegan diet that consists mainly of spinach, kale, and sweet potatoes. Physical examination shows yellowing of the skin. Her hands are cold to the touch and her nails appear brittle. Eye examination shows no abnormalities. Which of the following findings is most likely in this patient's serum?

- A. Decreased haptoglobin concentration
- B. Increased alkaline phosphatase concentration
- C. Positive antimitochondrial antibodies
- D. Increased beta-carotene concentration



70. A 58-year-old man comes to the physician because of a 3-week history of a painless growth in his mouth. Physical examination shows white patches on the oral mucosa along the gums that cannot be scraped off with gauze. The lesions have a granular texture. A combination HIV-1/2 immunoassay is negative. A biopsy of the lesion shows a marked increase in the thickness of the stratum corneum and the presence of nucleated keratinocytes in this layer. Which of the following is the most likely diagnosis?

A. Oral candidiasis *XX*

B. LP *retention* \longrightarrow *Hyper - Pars*

C. Oral hairy leukoplakia

D. Diphtheria *XX*

71. A 55-year-old man with HIV comes to the physician because of multiple lesions on his chest and lower extremities. The lesions have progressively increased in size and are not painful or pruritic. Current medications include abacavir, dolutegravir, and lamivudine. A photograph of the lesions is shown. A skin biopsy shows multiple spindle-shaped cells and lymphocytic infiltrate. Which of the following is the most appropriate pharmacotherapy?

- A. Ganciclovir
- B. Nitazoxanide
- C. Alpha-interferon
- D. Acyclovir

KS



72. A 15-year-old girl comes to the physician for a follow-up evaluation. She has multiple erythematous pustules and nodules over her face, for which she has received erythromycin and topical benzoyl peroxide. She is concerned that the therapy is ineffective. The physician recommends a drug on the condition that the patient agrees to use oral contraceptives. The molecular structure of the drug most likely recommended by the physician closely resembles a drug used to treat which of the following conditions?

A. EGFR-positive non-small cell lung cancer

B. Acute promyelocytic leukaemia

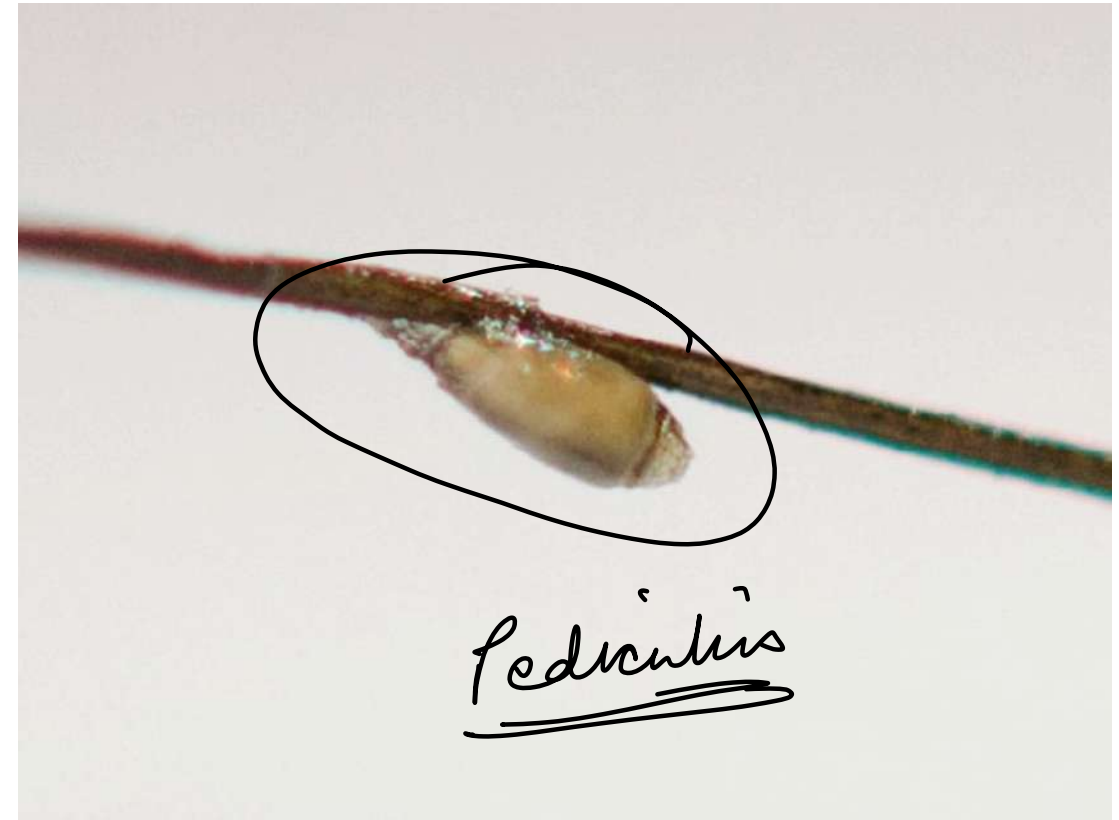
C. BRAF-positive metastatic melanoma

D. HER2-positive gastric cancer

— ATRA — I isotretinoin
Acute promyelocytic leukaemia

73. A 27-year-old woman comes to the physician because of a 1-week history of severe itching in the area of her genitals. She reports that the itching is most severe at night. Her current sexual partner is experiencing similar symptoms. Pelvic examination shows vulvar excoriations. A photomicrograph of an epilated pubic hair is shown. Which of the following is the most likely causal organism?

- A. ~~Phthirus pubis~~
- B. Pediculus humanus = *Lice*
- C. Epidermophyton floccosum ~~xx~~
- D. Sarcoptes scabiei ~~xx~~



74. A 34-year-old HIV-positive male presents with lesions on his skin as shown below, along with signs of hepatosplenomegaly. His CD4 count is critically low. Which of the following organisms is most likely responsible for his condition?

- A. Bartonella bacilliformis
- B. HTLV
- C. Bartonella henselae
- D. HHV-8

Cat scratch

Bacillary
angiomatosis



75. A 60-year-old female presented with a great toe infection. She had a significant discoloration with a subungual hyperkeratosis that caused surface changes. She was suspected of having onychomycosis. Which is the topical drug given in toenail onychomycosis?

- A. Itraconazole
- B. Tavaborole
- C. Griseofulvin → *T. Capitis.*
- D. Caspofungin

pyq

DDC - terbinafine

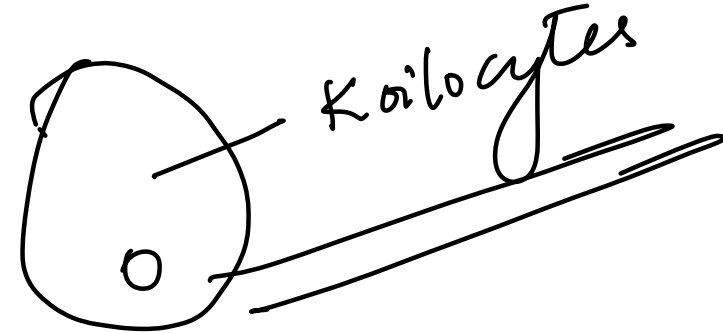
76. A 30-year-old individual presents with multiple blistering skin lesions. A skin biopsy reveals acantholysis, characterized by the loss of adhesion between keratinocytes. Which of the following conditions is least likely to display acantholytic cells on histological examination?

A. Pemphigus ✓✓

~~B. Human papillomavirus (HPV) infection~~ →

C. Herpes simplex infection ✓✓

D. Bullous impetigo ✓✓



77. Which of the following is not a feature of the triad of poikiloderma?

A. Skin hypertrophy

B. Pigmentary changes ✓✓

C. Telangiectasia

D. Skin atrophy

78. Match the following nail appearances:

1. Arsenic poisoning
2. Lymphedema
3. Renal failure
4. **Malnourishment**
 - a. **Muerhke's lines**
 - b. Mees lines
 - c. Yellow nail
 - d. Leukonychia



A. 1-a, 2-b, ~~3-c~~, 4-d

B. 1-b, 2-a, 3-d, 4-c

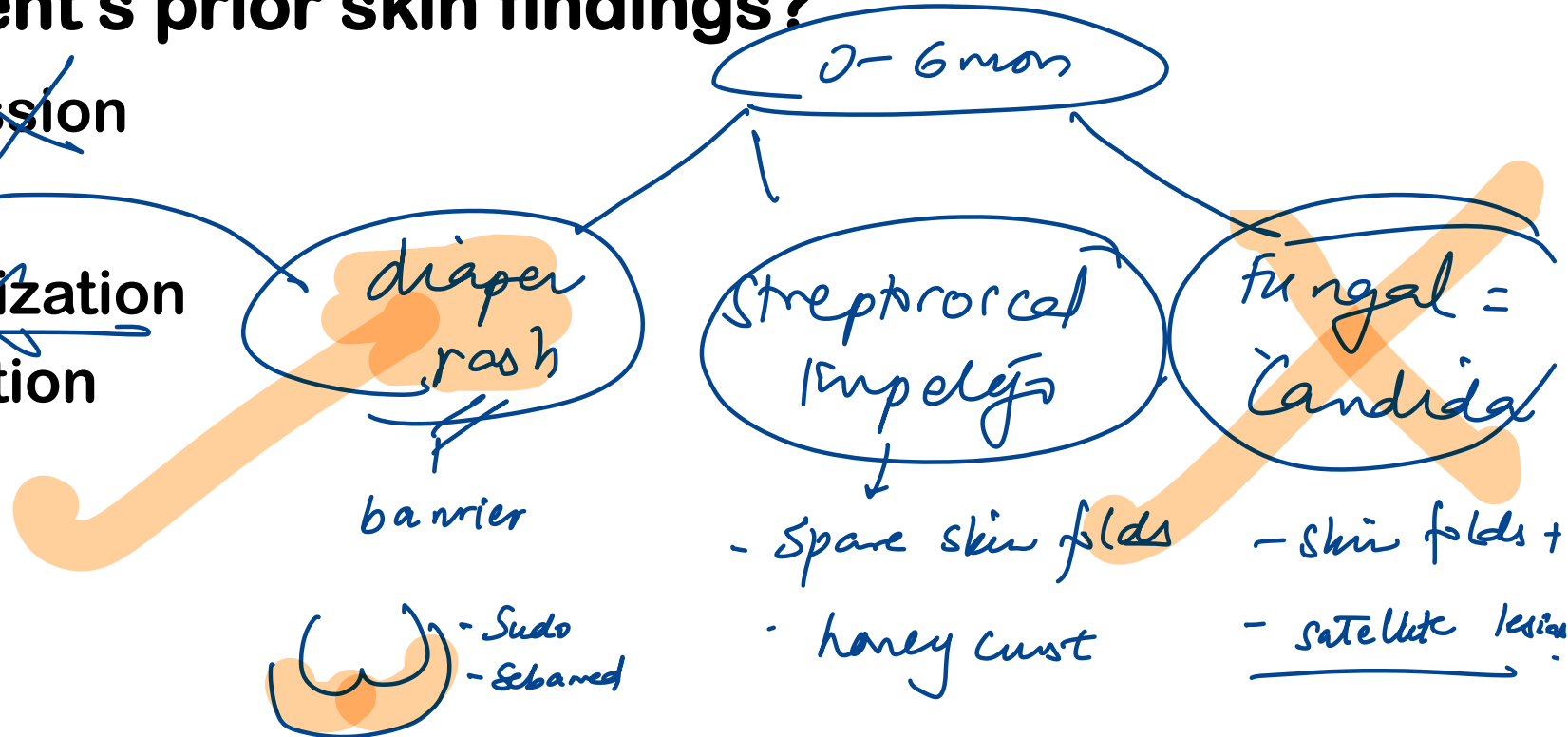
C. 1-c, ~~2-a~~, 3-b, 4-d

~~D.~~ 1-b, 2-c, 3-d, 4-a

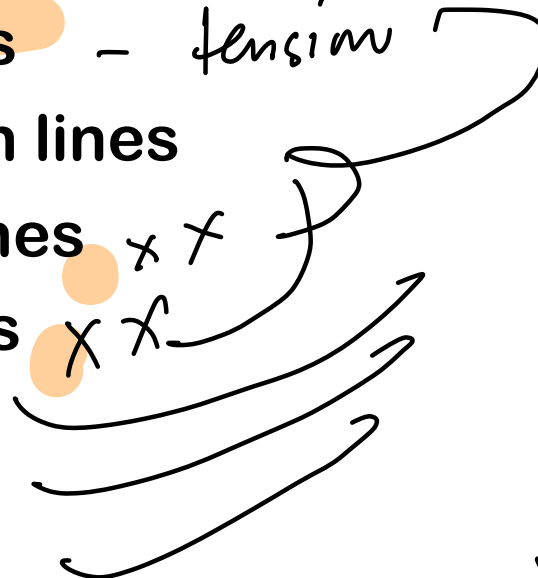


79. A 4-month-old girl is brought to the clinic by her parents for a well-child check. She was evaluated 2 weeks ago for a rash in the diaper area. At that visit, the patient was found to have erythematous papules in the diaper area that spared the skin folds. Her symptoms improved with use of a petrolatum barrier ointment with every diaper change. Today, vital signs and physical examination are normal. Which of the following most likely contributed to this patient's prior skin findings?

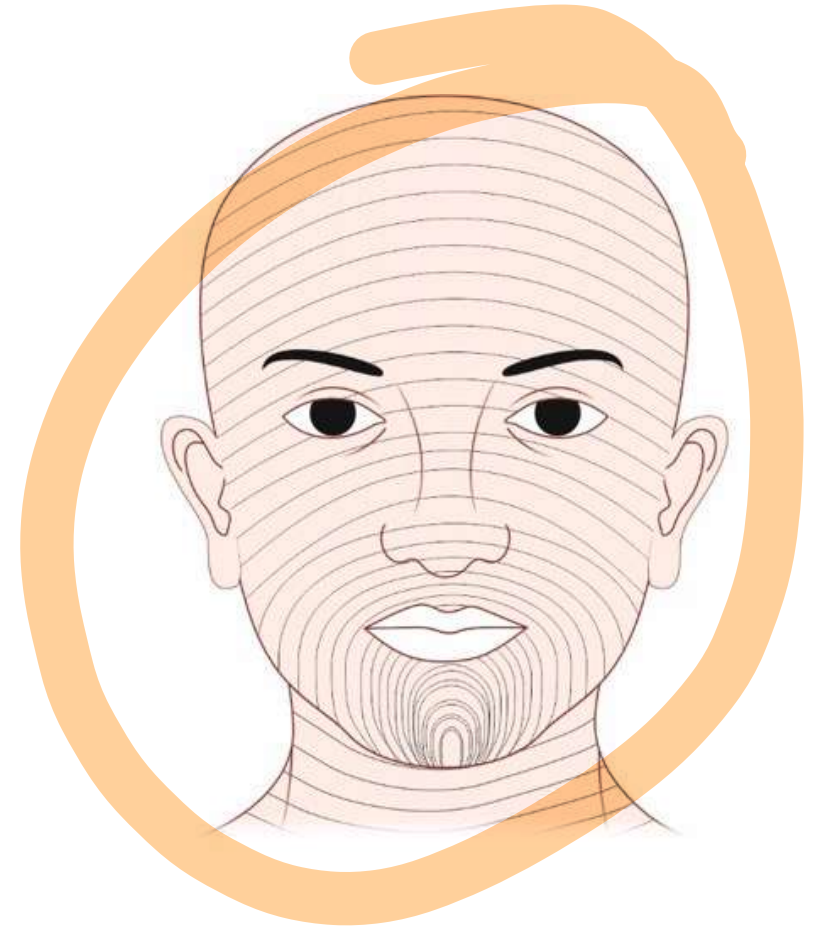
- A. Abnormal keratin expression
- B. Altered local skin pH
- C. Increased hapten sensitization
- D. Local bacterial colonization



80. Identify the lines shown below

- A. Kraissl lines - tension
 - B. Skin tension lines
 - C. Blaschko lines x x
 - D. Langer lines x x
- 

relaxed
skin lines





Cerebellum

Get the balance right

Thank you

Best wishes!