



DERMATOLOGY MiniOSCE

Nabed

2-Aug-2023

Q1: Write the name of the disease for each lesion :

- 1. Flaccid bullae : pemphigoid vulgaris
- 2. Tenses bullae: bullus pemphigoid
- 3. Vesicles : dermatitis herpetiform
- 4. Target lesions: erythema multiforme

- Lichen planus variants that can cause SCC:
- Lichen sclerosis
- Hypertrophic
- Ulcerative

Q2: Definition of :

- *Beau's lines : single horizontal ridge caused by severe short term illness such as heart attack and measles
- *Pterygium : the cuticle grows forward over the base of the nail and attaches itself to the nail plate
- *Onycholysis : nail plate separate from nail bed
- *Halo nevus : mole surrounded by a white ring
- *Burrow : Slightly elevated, grayish, tortuous line in the skin ended by papule
- *crust: Dried exudates such as pus or blood
- *Nymph : eggs brown in color containing the louse
- * Anonychia : absence of nail

- Non treponemal syphilis tests: الدكتور طلب الأسماء كاملة
- RPR rapid plasma reagin
- VDRL venereal disease research laboratory

Q3: Causative organisms of:

- *Hand foot mouth disease: **Coxsackie A16 virus**
-
- *Herpes zoster : **Varicella zoster virus**
-

Q3: first line treatment of :

- *Urticaria : 2nd generation anti-histamine
-
- *Freckles : sun protection
-
- *Alopecia Areata in adult: Intralesional topical steroid
-
- *adult with scabies : 25% benzyl benzoate lotion 3 applications between each of them 12 hours and repeat after 1 week

Q4: 2 systemic treatment of psoriasis :

- Phototherapy (PUVA and NB-UVB)
- Methotrexate (low weekly dose)
- Retinoids (Vit.A derivatives : Acitritin)
- Cylosporin
- Apremilist
- Biological treatment(Adalimumab, Etanercept, Secukinumab,Ustekinumab and others)

Q5: 5 variants of warts:

- Common wart
- Genital wart
- Plane warts
- Filiform warts
- Periungual wart:

Q5:

Three skin manifestation of SLE:

1. Malar rash
2. Photosensitivity
3. Discoid skin lesion
4. Urticaria, vasculitic urticaria
5. Periungual telangiectasia and erythema
6. Livido reticularis

Q : mention the organisms causing these diseases:

- **Hand Foot Mouth Disease:** Coxsackie A16 Virus
- **Chronic paronychia:** Candidiasis

Station 9

- **Mention 2 clinical features of pityriasis rosea?**
 1. Herald patch
 2. Collarette scale
 3. Christmas tree distribution

- Causative organisms of :

*

*Kerion: Dermatophyte (Cattle ringworm)

9-Mention 2 variants of Acne (severe forms) indicate systemic Vit A Derivative :

- 1 Acne Fulminans
- 2 Acne Conglobata
- 3 Acne Vulgaris with scar Tendency

** inheritance of lamellar ichthyosis:

Autosomal recessive

inheritance of ichthyosis vulgaris

dominant

- DX : atopic dermatitis
- Mention 3 symptom that patients suffer from ?
Dryness , itchy , Specific eczematous lesions especially in flexures



-Two drug induced acne

Corticosteroids

Lithium

Vit. B12

Dermatology Mini-OSCE

30/ 8 /2023

By : malak hamasha

Station 1

1. Mention 2 systemic disease associated with sweet syndrome (acute febrile neutrophilic dermatosis) ?

- RA

- SLE

- DM

2. Mention 2 oral antifungal ?

- Fluconazole

- Itraconazole

Station 2

- Write the name of the disease for each lesion :

1.Flaccid bullae : pemiphegoid vulgaris

2.Tenses bullae: bullus pemiphegoid

3.Vesicles : dermatitis herptiform



4.Target lesions: erythema multiforme

Station 3

1. Write 2 contraindication of using systemic isotretinoin ?

- Pregnancy
- Liver disease

2. Most common site of these types of endogenous eczema :

- A. Dyshidrotic eczema  hands (between fingers)
- B. Stasis eczema  legs

Station 4

- Definition of :
 - Beau's lines : single horizontal ridge caused by severe short term illness such as heart attack and measles
 - Pterygium : the cuticle grows forward over the base of the nail and attaches itself to the nail plate
 - Onycholysis : nail plate separate from nail bed
 - Anonychia : absence of nail

Station 5

Define these :

- Halo nevus : mole surrounded by a white ring
- Burrow : Slightly elevated, grayish, tortuous line in the skin ended by papule
- crust: Dried exudates such as pus or blood
- Nymph : eggs brown in color containing the louse

Station 6

1. Causative organisms of:

A. Hand foot mouth disease: **Coxsackie A16 virus**

B. Herpes zoster : **Varicella zoster virus**

2. 5 variants of warts :

1. Common wart

2. Genital wart

3. Plane warts

4. Filiform warts

5. Periungual wart

Station 7

- first line treatment of :
 - Urticaria : 2nd generation anti-histamine
 - Freckles : sun protection
 - Alopecia Areata in adult: Intralesional topical steroid
 - adult with scabies : 25% benzyl benzoate lotion 3 applications between each of them 12 hours and repeat after 1 week

Station 8

1. 2 diagnostic test of gonorrhea :

- Urethral discharge smear and culture

2. Mention 2 mucus membrane changes occur in Oral lichen planus ?

- Pigmented

- Reticular

Station 9

1. Write the cause of :

A. Syphilis  Treponema pallidum

B. Tinea incognito  dermatophyte (prolonged use of topical steroids) اكتبوا الجوابين احتياط

2. Write 2 skin manifestation with AIDS ?

Kaposi's sarcoma

Hairy leukoplakia

Station 10

1. Spot diagnosis :

Psoriasis inversa

2. Write 3 ddx :

-lichen plans

-fungal infection

- Eczema

بعرفش اذا الإجابة هيك بس هاي اجاباتي



Dermatology nabed

4/10/2023

Salma almawajdeh

Leen mbaidin

Fuad aljawazneh

1) Mention 2 systemic manifestations of acne fulminans :

- fever
- osteolytic lesions

2) Mention most common location for :

- pityriasis rosea :trunk or neck
- Discoid (nummular) eczema:extremities

3) Mention 3 causes for recurrent boils (Furunculosis) :

1. Health care worker carrier MRSA
2. Anemia
3. Diabetes
4. Obesity

4) Describe :

- oil-drop lesion :yellow or salmon circular discoloration of nail seen in psoriasis
- Onycholysis: Nail plate separates from the nail bed

- 5) mention poor prognosis markers of alopecia areata :

- Childhood onset of disease

- Atopy.

- Ophiasis (band of alopecia in occipital region)

- Nail dystrophy

- Family history of other autoimmune disorders

- Presence of autoantibodies.

6) Clinical manifestations of netherton syndrome :

Ichthyosis linearis circumflexa , Eczematous pruritic plaques due to atopy,
Hair shaft abnormality since infancy (bamboo hair) , Scalp alopecia

7) Mention 2 Skin manifestations of AIDS:

- Severe seborrheic dermatitis
- Eosinophilic folliculitis of AIDS

8) Skin manifestations of Dermatomyositis:

- Periungual telangiectasia and erythema
- Heliotrope erythema
- Gottron's papules
- Photo distributed Poikiloderma (Triad of: Atrophy + Hyperpigmentation + Telangiectasia +/- Hypopigmentation)

9) What are the characteristics of impetigo lesions ?

- Pustules and honey-colored crusted erosions

10) Characteristics of guttate psoriasis:

- Characterized by small, scattered, pink, oval (drop-shaped) papules with silvery scaling that usually appear on the trunk and extremities

11) what is the causative agent of :

- syphilis : *Treponema pallidum* spirochete

- Magicchi granuloma : Dermatophytes

12) Treatment of crusted scabies :

- repeated oral and topical treatments over several weeks or longer.

13) Pic of urticaria :

- what's the primary lesion : wheal or hives

- skin tests needed : Skin prick test and RAST (radioallergosorbent tests) or CAP fluoroimmunoassay

- primary lesion of Urticarial vasculitis urticaria-like plaques (wheal or hives)

14) Pic of groin erythematous lesion

- diagnosis : erythrasma

- ddx : psoriasis , candida infection

15) Describe the disease pattern of telogen effluvium:

-following a number of stimuli the majority of hair follicles may enter the resting phase (telogen) at the same time (synchronously) resulting in diffuse shedding approximately 2 months after the triggering event, often described as the hair 'falling out by the roots. This is usually an acute self-limiting phenomenon, usually resolving within 6 months

16) Mention 2 blood tests of lichen planus

- fasting blood glucose - lvt (hep.c)

17) Difference between common insect bite and sand-fly :

-Insect bites are localized, often clustered in groups of 3–5 lesions, and they appear in crops. Bites persist for days. Close inspection reveals a central punctum

Sand fly:Painless small red papule or nodule

18) Difference between chilblains and Raynaud's phenomenon:

-chilblains An itchy, sore, tingly, red area resulting in broken skin , when Prolonged exposure to cold and poor circulation

- Raynaud's phenomenon :fingers that turn pale or white then blue when exposed to cold, then red when the hands are warmed as a result of systemic disease

Nabed

Done by:

Tamara almahadeen

Sajedah magableh

Naba jehad

Q.1 Define :

A.pytregium: an abnormal winged like growth of skin (living tissue)on the nail plate

B.condyloma acuminatum :is a genital wart caused by HPV

Q2.What is the indication of uses wood's light (cause+color)

1.Tinea capitis :bright green

2.Tinea versicolor:golden yellow

3.Erythrasma: coral pink

4.pitted keratolysis: coral red

Q3. One disease treated by intralesional steroids

Alopecia areata

Q4. Types of pediculosis

1. *Pediculus humanus var. capitis*» The head louse
2. *Pediculus humanus var humanus*» The body louse
3. *Phthirus pubis*» The pubic louse

Q5.complication of Gonorrhea

- 1.epididymitis, orchitis and proctitis in male**
- 2. salpingitis and PID in females**
- 3.infertility**
- 4.Gonococemia**

Q6.What is the causative agent of:

- a. bullous impetigo: staphylococcus aureus**
- b. erysiples: staphylococcus aureus**

Q7.Primary lesion of:

a. psoriasis: plaques

b. acne vulgaris: comedones

Q8.Raynaud's phenomenon color change in order

White» blue» red

Q.9.Skin site of:

- a. Dishydrotic eczema: Hands, feet
- b. atopic dermatitis on children: flexures
- c. seborrheic dermatitis on adults: nasolabial folds

Q.10 Non invasive test in clinic for:

- 1.Kerion: wood's light and KOH
- 2.contact allergic dermatitis: patch test

Q11.Two clinical manifestation of lamellar ichthyosis:

- 1.scarring alopecia
- 2.Ectropion, Eclabium

Q12.Three causes of postinflammatory hypopigmentation:

- 1.Tinea versicolor
- 2.pityriasis alba
- 3.psoriasis

Q13.Causes of bullous (Two metabolic, one infectious):

1.DM 2.?? 3. ??

Q14.skin manifestation of parathyrodism??

Q15. Four difference between herpes zoster and herps simplex

1.casetive agent: zoster by varicella zoster virus

herpes by HSV 1,2

2.herpes zoster: painful, herpes simplex: painless

3.Herpes zoster presents on dermatomal disturbution

4.primary lesion of herpes simplex is blister,

herpes zoster is vesicles and blister

Q16.

a. describe the picture:

b. D.Dx:

1.secondary syphilis

2.Lichen planas

3.Guttate psoriasis



Dermatology

Impetigo

❖ Mention the possible complications of impetigo

1. Soft tissue infection (cellulitis & lymphangitis)
2. Staphylococcal scalded skin syndrome (SSSS); in infants under 6 years or adults with renal insufficiency
3. Toxic shock syndrome (*S.aureus*) & Toxic shock like syndrome (*S.pyogens*)
4. Post-streptococcal glomerulonephritis (*S.pyogens*)
5. Rheumatic fever (*S.pyogens*); only if the bacteria also infect the throat

❖ Indications

Cryotherapy

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

❖ Mention 2 drugs that can induce acne

- Anabolic steroids – Danazole, Stanazole
- Corticosteroids
- phenytoin
- Lithium
- Iodides, bromides, Vit. Supplements, cough compounds and sedatives
- Azathioprine, Vit. B12, cyclosporine

Q4: 2 systemic treatment of psoriasis :

- Phototherapy (PUVA and NB-UVB)
- Methotrexate (low weekly dose)
- Retinoids (Vit.A derivatives : Acitritin)
- Cylosporin
- Apremilist
- Biological treatment(Adalimumab, Etanercept, Secukinumab, Ustekinumab and others)

Bacterial endocarditis

1. Purpura
2. Nail fold infarction
3. Splinter hemorrhage
4. Janeway lesions
5. Osler's nodules

Osler Node



Janeway Lesion



- Bamboo hair seen in ? Netherton syndrome.
- The Pattern of androgenetic alopecia in female → □ In female: thinning over the central scalp , usually preservation of the frontal margin
- -Distal Onychomycosis cause: Dermatophytes (Tinea unguium)
- Exclamation mark seen in? Alopecia areata

- Define onychomadesis: nail shedding seen in Hand-Foot-Mouth disease
 - Primary lesion of:
 - Molluscum contagiosum: papule
 - Psoriasis: plaque
-
- Mention 2 systemic manifestation seen in acne fulminans: osteolytic lesion, fever

- Mention one screening and one confirmatory test for syphilis: بدون اختصارات
- ● autoimmune disease associated with alopecia areata → □ DM, celiac disease, vitiligo, atopic dermatitis, collagen vascular disease
- ● Risk factor for melasma → □ Pregnancy Birth control pills Postmenopausal estrogen
- ● Azelaic acid used to treat? Acne Melasma
- ● Definition of ? Fixed drug eruption: post inflammatory hyperpigmentation,, Ash leaf spots: hypopigmentation associated with tuberous sclerosis
- ● Ichthyosis vulgaris : autosomal dominant,, Lamellar ichthyosis : autosomal recessive
- ● Herald patch in → □ pityriasis rosea
- ● causative agent of nongonococcal urethritis → □ Chlamydia trachomatis (Mostly), Ureaplasma
- urealyticum, Trichomonas vaginalis and rarely by others

dermatology

sondos Al Qatawneh

shahd Ayoub

1. Mention 4 variants of warts

Common wart

Genital wart

Plane warts

Filiform warts

Periungual wart:

2. Mention 2 clinical features of pityriasis

rosea?

1. Herald patch

2. Collarette scale

3. Christmastree distribution

3. characteristics of

*impetigo:

-bullous and honey-colored crusted erosions

non bullous

*Ecthyma: An ulcerated impetigo (bullous impetigo → punched-out necrotic ulcer that heals slowly, leaving a scar)

4. what is the causative agent of :

-syphilis : *Treponema pallidum* spirochete

Gonorrhea: *Neisseria gonorrhoeae*

5. Causes of metabolic bullous eruption

DM

Bullous pemphigoid

Porpharia

6. Indications for Cryotherapy

Warts

Molluscum contagiosum

Orf

Callus

Actinic keratosis

Skin cancers

7. Causes of androgenetic alopecia in female?

Hormonal role

Pcos

Certain medicines, such as estrogen
familial

8. Inheritance of

Ichthyosis vulgaris : autosomal dominant,,

Lamellar ichthyosis:autosomal recessive

9. Mention 4 types of induced urticaria:

Dermographism

Contact urticaria

Cholinergic urticaria

Cold urticaria

Delayed pressure urticaria

Solar urticaria

10. Mention 2 causes of exogenous eczema :-

Contact allergic dermatitis

Contact irritant dermatitis

Contact allergic photodermatitis

Contact irritant photodermatitis

11. Mention 2 mucocutaneous changes in secondary syphilis?

Rash: diffuse, symmetric, asymptomatic.

Condylomata lata.

Patchy alopecia.

Mucous patch- oral mucosa.

12. Mention 2 blood tests for late onset acne:

Free testosterone

DHEAS

17-hydroxyprogesterone

AM serum cortisol level

LH /FSH ratio

13. Mention 2 the variants of tinea pedis:

- 1)interdigital
- 2)moccasin
- 3)vesicular or bullous

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

- Bazex syndrome
- Carcinoid syndrome
- Ectopic ACTH syndrome
- Paget's disease
- Glucagonoma syndrome

15. Mention 4 causes for Onycholysis:

psoriasis

fungal infection

hyperthyroidism

hypothyroidism

16. Mention 2 anti-monials treated leishmania
(intravenous or intramuscular)

Sodium stibogluconate

Meglumine antimoniate.

17. Lichenification is skin lesion for ... Chronic eczema

18. Mention the cells that are involved in psoriasis:

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

19. Mention 4 Causes of Hypertrichosis:

hyperthyroidism

porphyria

anorexia nervosa

steroid

minoxidil

20. Female with celiac disease ass withDermatitis

herpetiformis

Nabed
7th of February 2024

done by : khozama saadah

- **Q1) What is the Causative organism of :**

- ✓ **A. Chancroid** : *Haemophilus ducreyi*
- ✓ **B. Tinea cruris** : dermatophyte

- **Q2) Specific test for syphilis :**

- ✓ Treponemal tests

- **Q3) defention of**

- ✓ **1. Nymph** : Eggs (brown in color containing the louse).
- ✓ **2. Nit**: Hatched nymph leaves an empty capsule which is white in color. Nits are flask-shaped
- ✓ **3. Alopecia effluvium** : following a number of stimuli the majority of hair follicles may enter the resting phase (telogen) at the same time (synchronously) resulting in diffuse shedding approximately 2 months after the triggering event, often described as the hair 'falling out by the roots. This is usually an acute self-limiting phenomenon, usually resolving within 6 months
- ✓ **4. Burrow**: Slightly elevated, grayish, tortuous line in the skin ended by papule.

- **Q4) topical tx for**
 - ✓ **1. Malasma** : Azelaic acid
 - ✓ **2. Vitiligo** : topical corticosteroid
 - ✓ **3. Alopecia areata** : minoxidil
 - ✓ **4. Hirsutism** : eflornithine
- **Q5) Defetion of :**
 - ✓ **A. Targetoid lesion** : a skin lesion that resemble a bullseye
 - ✓ **B. Koebner phenomenon** : Describes the appearance of new skin lesions of a pre-existing dermatosis on areas of cutaneous injury in otherwise healthy skin.
- **Q6) Mention 2 condition associated with significant pruritus**
 - ✓ Dermatitis herpetiformis
 - ✓ Palmoplantar psoriasis

- **Q7) Mention 3 causes of androgenetic hair loss in females**
 - ✓ pcos
 - ✓ familial
 - ✓ hormonal role
- **Q8) Mention 3 of the hair cycle :**
 - ✓ anagen
 - ✓ catagen
 - ✓ telogen
- **Q9) Mention 4 types of warts :**
 - ✓ Common wart
 - ✓ Plantar wart
 - ✓ Flat wart/plane warts
 - ✓ Condyloma acuminata
- **Q10) Give 2 DDx for orf :**
 - ✓ Insect bite
 - ✓ Infected wound
 - ✓ Leishmania

- **Q11) mention 2 condition associated with localized pruritis :**
 - ✓ Pruritus ani
 - ✓ Pruritus vulvae and scroti
- **Q12) mention The 2 most severe types of psoriasis that require systemic Tx**
 - ✓ Chronic palmoplantar pustulosis
 - ✓ Erythrodermic psoriasis
- **Q13) Primary lesion of :**
 - ✓ A. Lichen planus : Papules
 - ✓ B. Psoriasis vulgaris : Plaque
- **Q14) mention 2 oral antifungal :**
 - ✓ fluconazole
 - ✓ itraconazole

- **Q15) mention 2 clinical features of Netherton syndrome :**
 - ✓ Scalp involvement.
 - ✓ Hair shaft abnormality since infancy (bamboo hair) improves with age.
- **Q16) mention 2 skin manifestation of rheumatoid arthritis :**
 - ✓ Rheumatoid nodules
 - ✓ Periungual telangiectasia and erythema
- **Q17)Mention 2 drugs thant aggrivate acne :**
 - ✓ Corticosteroids
 - ✓ phenytoin
- **Q18)Mention the characteristic site for:**
 - ✓ A.Pityriasis rosea : trunk
 - ✓ B.Discoïd eczema : extremities