



Resident's Page

## Multiple choice questions for residents

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**Quick Response Code:**



- 1) All the following are true regarding elliptical excision except:
  - a. Length of the ellipse is at least 2 times its total width
  - b. The angle at each of the apices is 30°
  - c. Incision lines are placed in relaxed skin tension lines
  - d. Long axis of the ellipse is oriented perpendicular to free margins.
- 2) While repairing a large cheek defect after flap surgery, you begin to anesthetize a patient who weighs 50 kg. What is the maximum amount of 1% lignocaine with 2.5% epinephrine that this patient can receive?
  - a. 50 ml
  - b. 350 ml
  - c. 500 ml
  - d. 35 ml
- 3) Aplasia cutis congenita occurs if the mother has taken which of the following medication?
  - a. Lithium
  - b. Warfarin
  - c. Methimazole
  - d. Propranolol
- 4) Most common cause of shoe contact dermatitis?
  - a. Carba mix
  - b. Thiuram mix
  - c. 2-Mercaptobenzothiazole
  - d. Formaldehyde
- 5) Which of the following is true?
  - a. UVB erythema reaches a maximum in 24–36 h
  - b. Immediate pigment darkening is brought about by UVA and visible light
  - c. Delayed tanning occurs due to UVA
  - d. The chromophore involved with UVB erythema are melanosomes
- 6) Caterpillar bodies are seen in
  - a. Dyskeratosis congenita
  - b. Amyloidosis
  - c. Porphyria cutanea tarda
  - d. Lipoid proteinosis
- 7) The ragged cuticle seen in dermatomyositis is also known as
  - a. Candy cane nails
  - b. Samitz sign

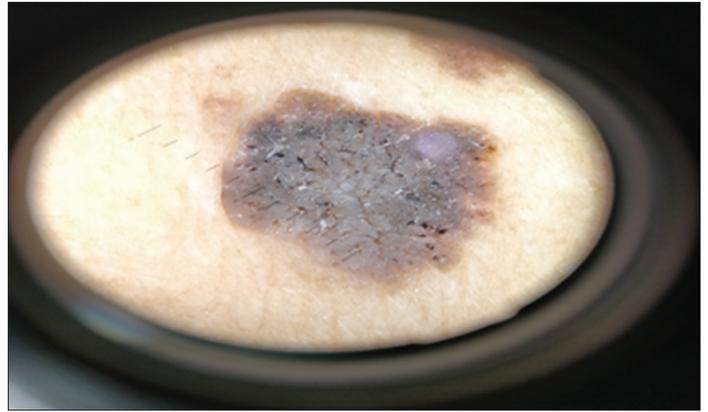
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- c. Ventral pterygium
  - d. Plummer's sign
- 8) How long is the life cycle of scabies mite?
- a. 60 days
  - b. 30 days
  - c. 6 months
  - d. 1 year
- 9) Skin biopsy from the nodule over lumbar spine of a newborn reveals a lipoma. What would be your next appropriate step?
- a. Observation
  - b. Genetic testing
  - c. Imaging study
  - d. Excision of the lesion
- 10) Banana fingers in leprosy is a
- a. Specific deformity
  - b. Paralytic deformity
  - c. Vascular deformity
  - d. Anesthetic deformity
- 11) The only significant Gram-negative residents which are part of normal flora of skin are?
- a. Klebsiella
  - b. Micrococcus species
  - c. Coryneforms
  - d. Acinetobacter
- 12) In a BCC measuring <2 cm in diameter, what is the tumor-free margin considered?
- a. 4 mm
  - b. 5 mm
  - c. 1.5 mm
  - d. 8 mm
- 13) What is the peculiar side effect of Valacyclovir which becomes prominent at doses >8 g/day, especially in immunocompromised patients?
- a. Thrombotic microangiopathy
  - b. Renal failure
  - c. Vomiting
  - d. Mental changes
- 14) Diamond, Feinberg, Whittington, and Kupferberg media are used for culturing which organism?
- a. Gonococci
  - b. Candida
  - c. Trichomonas vaginalis
  - d. Haemophilus ducreyi
- 15) Which of the following is a human metabolite with inhibitory effect on *M. leprae*?
- a. Diarylquinoline
  - b. Deoxyfructo-serotonin
  - c. Diuciphon
  - d. Rifapentine
- 16) What is the plasma viral load cutoff above which the HIV patient is declared as having virological failure?

- a. 1200
- b. 1000
- c. 2000
- d. 5000

17) The given dermoscopic picture is suggestive of [refer Figure 1]



- a. Verruca vulgaris
  - b. Acrochordon
  - c. Seborrheic keratosis
  - d. Melanocytic nevus
- 18) What is the current recommendation on "when to start ART"?
- a. CD4<200
  - b. CD4<350
  - c. CD<500
  - d. All positive patients irrespective of the CD4 count
- 19) Which of the following peel is derived from bitter almond?
- a. Lactic acid
  - b. Mandelic acid
  - c. Phenol peel
  - d. Jessner's peel
- 20) Which targeted therapeutic agent used in the treatment of melanoma can produce vitiligo as a side effect?
- a. Trametinib
  - b. Nivolumab
  - c. Ipilimumab
  - d. Vemurafenib

**Answer key**

- 1) A  
For an optimum tissue diagnosis, wound closure and good cosmetic outcome the length of the ellipse should be 3 times its total width and angle at the apices of the ellipse should be 30°.
- 2) D: 35 ml  
About 7 mg/kg is the maximum recommended dose of 1% lidocaine with 2.5% adrenaline. Hence, for a patient weighing 50 kg, it would be 350 mg or 35 ml (1% lidocaine has 10 mg of lidocaine per ml)

- 3) C: Methimazole  
Other drugs implicated are carbimazole, valproate, cocaine, and marijuana
- 4) C: 2-Mercaptobenzothiazole is the most common cause of shoe contact dermatitis. The second most common cause is thiuram mix.
- 5) B: Immediate pigment darkening is brought about by UVA and visible light  
UVB is the main contributor of erythema and reaches a maximum in 6–24 h. The chromophores involved with erythema are not clear but appear to involve nucleic acids. Immediate pigment darkening is due to UVA and visible light and fades within minutes after exposure. Delayed tanning is due to UVB and occurs 72 h after exposure.
- 6) C: Porphyria cutanea tarda, Caterpillar bodies are thought to be type IV collagen
- 7) B: Samitz sign
- 8) B: 30 days
- 9) C: Imaging study  
Cutaneous lesions along the midline of spine might give an important clue to the diagnosis of underlying neural tube defect. Clues to the diagnosis include a tuft of hair, lipoma, midline dimple, or vascular lesion. In these instances, imaging studies should be promptly initiated.
- 10) A: Specific deformity
- 11) D: Acinetobacter
- 12) A: 4 mm  
About 4 mm margins are adequate for removal in 98% of cases of non-morpheaform BCC <2 cm in diameter. High-risk SCC requires 6 mm margins, with size >2 cm, poor differentiation, invasion to fat, and location in high-risk areas as they are associated with a greater risk of subclinical tumor extension.
- 13) A: Thrombotic microangiopathy
- 14) C: Trichomonas vaginalis
- 15) B: Deoxyfructo-serotonin
- 16) B: 1000  
Viral load is recommended as the preferred monitoring approach to diagnose and confirm treatment failure. Virological failure is identified by the detectable viral load count of 1000 or more copies/ml, in targeted or routine viral load monitoring, at least 6 months after ART, with >95% of treatment adherence for each of the past 3 months.
- 17) C: Seborrheic keratosis  
The classic dermoscopic criteria for seborrheic keratosis are milia-like cysts and comedo-like openings. In addition, there will be fissures, moth-eaten borders, sharp demarcation, and hairpin blood vessels.
- 18) D: All positive patients irrespective of the CD4 count  
The guidelines on when to start ART have evolved over the years toward earlier initiation of ART; CD4 count cutoff point for ART initiation moving from <200 cells/cmm in 2004 to <350 cells/cmm in 2010 and then to <500 cells/cmm in 2013. The current recommendation is to treat all, regardless of the clinical stage or CD4 count. These changes have been based on the evidence from various randomized clinical trials and large observational cohorts which have revealed that with earlier ART initiation, there is a significant delay in progression to AIDS and reduction in the incidence of TB (NACO guidelines, October 2018)
- 19) B: Mandelic acid
- 20) B: Nivolumab  
Nivolumab is a programmed death-1 inhibitor. Vitiligo has been reported in as many as 10.7% of patients undergoing nivolumab therapy.

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