

DERMATOLOGIC QUESTIONS

1. The presence of "target lesions" (erythematous plaques with dusky centers and bright red borders) on the palms and soles is classically associated with:

- (a) Erythema multiforme
- (b) Secondary syphilis
- (c) Disseminated gonococcal disease
- (d) Pityriasis rosea

2. A positive Nikolsky's sign is typical of skin lesions associated with:

- (a) Toxic shock syndrome
- (b) Herpes zoster
- (c) Toxic epidermal necrolysis
- (d) Contact dermatitis

3. A Tzanck smear can be useful in making the diagnosis of all of the following except:

- (a) Herpes simplex (Types 1 and 2)
- (b) Varicella (chickenpox)
- (c) Erythema multiforme
- (d) *Herpes zoster* (shingles)

4. All of the following statements regarding erysipelas are true except:

- (a) It occurs most commonly on the face and the lower extremities.
- (b) It is caused by *Staph. aureus*.
- (c) It is a type of cellulitis.
- (d) Exam typically reveals a tender, red plaque with raised and sharply demarcated borders.

5. A pink to red maculopapular rash that starts on the face and rapidly spreads to the trunk and extremities and is associated with lymphadenopathy (especially postauricular, suboccipital and posterior cervical) is most characteristic of:

- (a) Rubella
- (b) Roseola
- (c) Rubeola
- (d) Varicella

6. All of the following conditions classically produce lesions involving the soles and palms except:

- (a) Erythema multiforme
- (b) Chickenpox
- (c) Secondary syphilis
- (d) Hand-foot-and-mouth disease

7. An immunocompromised patient presents with a painful vesicular rash that has a dermatomal distribution. The most appropriate management for this patient is:

- (a) Oral acyclovir
- (b) Analgesics and drying compresses
- (c) Systemic corticosteroids
- (d) IV acyclovir and hospital admission

8. The lesions of erythema nodosum are most commonly located on the:

- (a) Arms
- (b) Face
- (c) Lower extremities
- (d) Trunk