

Итоговое тестирование
Для студентов ФИУ с английским языком обучения
3 курса 6 семестр

1. The most superficial layer of epidermis is:

stratum germinativum

-stratum corneum

stratum lucidum

stratum granulosum

2. The lowermost layer of epidermis is:

-stratum germinativum

stratum corneum

stratum lucidum

stratum spinosum

3. Germinal layer of the epidermis is called:

-stratum basalis

stratum corneum

stratum lucidum

stratum granulosum

4. Apocrine glands are present at all the following sites except:

-palms and soles

areola

perineum

axillae

5. Maximum density of eccrine glands is found on:

-palms and soles

areola

perineum

axillae

6. Size of a spinous cell of epidermis is:

6-8 microns

9-11 microns

-15-25 microns

26-41 microns

7. Glands that are a characteristic of primates are:

sebaceous glands

-eccrine glands

Meibomian glands

mammary glands

8. Sebaceous glands are a type of:

eccrine glands

apocrine glands

-holocrine glands

merocrine glands

9. Pinching off type of secretion is seen in:

eccrine glands

-apocrine glands

sebaceous glands

salivary glands

10. Glands involved in pathogenesis of acne are:

eccrine glands

apocrine glands

-sebaceous glands

all of the above

11. Receptors responsible for fine touch are:

end bulb of Krause
Pacinian corpuscle
end organ of Ruffini

-Meissner's corpuscle

12. All of the following are segments of hair follicle except:

infundibulum

-acrosyngium

isthmus

bulb

13. All of the following are attached to the follicular canal except:

sebaceous duct

erector pilorum muscle

apocrine duct

-eccrine duct

14. Nerves controlling eccrine glands of palms and soles are:

postganglionic parasympathetic

preganglionic parasympathetic

-postganglionic sympathetic

preganglionic sympathetic

15. Which of the following receptors sense temperature?

1. end bulb of Krause; 2. Pacinian corpuscle; 3. free nerve endings;

4. Meissner's corpuscle; 5. end organ of Ruffini;

1 and 4,

1 and 3,

3 and 4,

-1, 3 and 5

16. The cell that is most sensitive to cryoinjury is:

keratinocyte

-melanocyte

Langerhans cell

fibrocyte

17. Which of the following receptors sense vibration?

free nerve endings

-Pacinian corpuscle

end organ of Ruffini

end bulb of Krause

18. Which of the following receptors sense pain?

-free nerve endings

Pacinian corpuscle

end organ of Ruffini

end bulb of Krause

19. In normal persons stratum lucidum is observed over:

face

axillae

-palms and soles

scalp

20. This is not a function of subcutaneous fat:

act as a cushion against impacts

-give mechanical strength to the skin

protect against cold

none of the above

21. This is not a function of the epidermis:

maintain a chemical barrier

protect against mechanical trauma

-protect against cold

none of the above

22. Desmosomes in epidermis are:

intracytoplasmic bodies

-intercellular adhesion points

responsible for maintaining barrier

all of the above

23. Granules in the granular layer of epidermis are called:

trichohyaline granules

ceroid granules

Odland bodies

-keratohyaline granules

24. Epidermis is a:

stratified epithelium

sepithelium

keratinizing epithelium

-all of the above

25. Barrier of the skin is located:

dermis

basement membrane

stratum spinosum

-stratum corneum

26. Axillary odor is due to:

sebum

bacterial decomposition of sebum

apocrine sweat

-bacterial decomposition of apocrine sweat

27. Melanin is found in:

keratinocytes

melanocytes

melanophages

-all of the above

28. Melanin is produced inside:

keratinocytes

-melanocytes

Langerhans cells

all of the above

29. Relaxed skin tension lines are also known as:

Mee's lines

Beau's lines

-Langer's lines

cleavage lines

30. Langer's lines are present in:

linear epidermal nevus

lichen striatus

linear lichen planus

-all individuals

31. Langer's lines are originally observed in:

normal persons

pityriasis rosea

linear epidermal nevus

-cadavers

32. Which is not a stimulus for eccrine sweating?

emotional stress

cholinergic drugs

ultraviolet rays

-none of the above

33. Stratum spinosum is called so because:

it forms the structural backbone of epidermis

it is responsible for the spiny feel of skin

-desmosomes appear as spines in this layer

all of the above

34. Deposition of bile in the skin results in:

erythema

scaling

photosensitivity

-pruritis

35. The turnover time of epidermis is:

2 weeks

4 weeks

6 weeks

-8 weeks

36. Langerhans cells are present in:

-stratum spinosum

stratum basalis

stratum corneum

stratum granulosum

37. Langerhans cell is a type of:

melanocyte

keratinocyte

-histiocyte

nerve receptor

38. Which of the following is not a dendritic cell?

melanocyte

Langerhans cell

Merckel cell

-keratinocyte

39. Melanin is made in the body from:

tryptophan

-tyrosine

melatonin

laminin

40. Wood's lamp is not useful in the diagnosis:

tinea capitis

erythrasma

-pityriasis rosea

pityriasis verfiicoior

41. Diascopy is useful for:

differentiation of vitiligo from leprosy

testing for capillary

testing for contact allergy

-differentiating erythema from purpura

42. The skin disease that is not pruritic is:

lichen planus

atopic dermatitis

dermatophytosis

-scleroderma

43. Which of the following lesions is not palpable?

papule

-macule

vesicle

pustule

44. Sezary cells in skin are found in:

Sezary syndrome

Sezary syndrome and mycosis fungoides

all types of cutaneous T cell lymphomas

-all of the above and many benign dermatoses

45. All of the following are primary skin lesions except:

papule

macule

plaque

-scale

46. All of the following are secondary skin lesions except:

-vesicle

scale

crust

erosion

47. Indurated plaques are seen in all of the following except:

lupus vulgaris

keloid

-erythema multiforme

morphoea

48. Colloid bodies are found in:

psoriasis

pityriasis rosea

contact allergic dermatitis

-lichen planus

49. Which of the following hypersensitivity reaction is IgE mediated?

-Type I

Type II

Type III

Type IV

50. Which of the following hypersensitivity reactions is immune mediated?

Type I

Type II

-Type III

Type IV

51. Grattage is useful for:

-differentiating vitiligo from fungal infection

testing for capillary fragility

testing for contact allergy

differentiating erythema from purpura

52. The test that confirms diagnosis of contact dermatitis is:

-patch test

scratch test

prick test

conjunctival test

53. Tzanck cell is seen in:

bullous pemphigoid

-pemphigus

dermatitis herpetiformis
all spongiotic dermatitides

54. Tzanck cells are:

multinucleated giant cells in donovanosis
multinucleated giant cells in chicken pox
macrophages

-acantholytic cells in pemphigus

55. Hypertrophic scars commonly follow all of the following except:

acne vulgaris
traumatic wounds
lupus vulgaris

-lichen planus

56. All of the following dermatoses are extremely pruritic except:

lichen planus

-psoriasis

lichenified eczema
pediculosis corporis

57. Rhinophyma refers to:

cutaneous horn
thickened and curved nails

-enlargement of nose

lymphedema of genitals

58. Kerion is a scalp infection by:

bacteria
anaerobes

-dermatophytes

candida

59. Favus is a type of:

alopecia areata
yellow fluorescence
pityriasis capitis

-tinea capitis

60. After treatment with an antiscatuetic the patient's pruritus:

-frequently persists for 2-4 weeks

is relieved immediately
is always relieved within 2-3 days
is worsened

61. Following are stages in the life cycle of scabies mite except:

larvae

-pupae

nymph
adult

62. The life cycle of sarcoptes scabiei is completed in:

5-10 days

-10-14 days

15-25 days

26-35 days

63. Which of the following drugs is not used for treating scabies?

benzyl benzoate
precipitated sulfur

-disulfiram

crotamiton

64. All of the following sites are affected by scabies in infants except:

palms and soles
face

-mucosa

scalp

65. All of the following sites may be involved in nodular scabies except:

penis

-trunk

axillae

elbows

66. Scabies incognito occurs following treatment of ordinary scabies with:

antihistaminics

-steroids

antibacterials

antifungals

67. Scabies incognito is called so because:

it is difficult to treat

-it is difficult to diagnose

it is associated with intense pruritus

it is associated with internal organ affection

68. Crusted scabies is characterized by:

intense pruritus

-keratotic papules and plaques

erythematous papules and vesicles

vesicles and bullae

69. The sites of affection in 'scabies in the clean' are:

classical sites of scabies

-palms and soles

face

trunk and limbs

70. Bullae are a notable feature of this type of scabies:

scabies incognito

-scabies in infants

crusted scabies

scabies in the clean

71. Which of the following is used to kill nits in pediculosis capitis?

cotrimoxazole

-kerosene

acetic acid

acetone

72. Which of the following is useful for eliminating nits in pediculosis corporis?

kerosene applications

gamma benzene hexachloride applications

-hot ironing of clothes

permethrin applications

73. The nits of pediculosis corporis are found in:

scalp hair

axillae and groins

-seams of underclothes

on the back

74. The nits in pediculosis pubis are found on:

skin of pubis, perineum and thighs

-hair shafts of pubis, perineum and thighs

seams of underclothes

scalp hair

75. The causative organism of pediculosis pubis is:

-phthirus

pediculus humanus

sarcoptes

demodex

76. Which of the following sites is not affected by pediculosis pubis?

thighs

-abdomen

eyelids

palms and soles

axillae

77. The topical drug of choice for the treatment of scabies is:

sulphur

-permethrin

gamma benzene hexachloride

benzyl benzoate

78. The causative organism of scabies is:

demodex

pediculus

-sarcoptes

ricinus

79. The incubation period of scabies is:

12-15 days

-1 month

4 months

5 months

80. The cause of pruritus in scabies is:

crawling of mites

-hypersensitivity to mite

toxins released by mite

bites by the mites

81. The drug of choice for the treatment of pediculosis is:

-permethrin

gamma benzene hexachloride

benzyl benzoate

kerosene

82. The causative organism of pediculosis capitis is:

crab louse

sarcoptes

-pediculus humanus

demodex folliculorum

83. The causative organism of body louse infestation is:

crab louse

-pediculus humanus

sarcoptes

demodex

84. The causative organism of phthiriasis is:

-crab louse

pediculus humanus

sarcoptes

demodex

85. The minimum necessary treatment of pediculosis pubis is:

-application of permethrin to affected areas

treatment of clothes with gamma benzene hexachloride

shaving of pubic hair

all of the above

86. The causative organism of pediculosis pubis is:

pediculus humanus

-crab louse

sarcoptes

demodex

87. Average size of adult female of Sarcoptes scabiei is:

5-10 microns

20-25 microns

60-120 microns

-200-300 microns

88. Average size of adult male of Sarcoptes scabiei is:

10 microns

30 microns

-100 microns

150 microns

89. Following are found inside a scabies burrow except:

female mite

-male mite

eggs

larvae

90. Which of the following is not useful for treating pediculosis corporis?

hot ironing of clothes

-topical application of permethrin

boiling clothes in water

none of the above

91. This is not a site of affection of pediculosis corporis:

waistline

axillae

collar region

-none of the above

92. The mode of transmission of scabies is:

through insect bites

-skin to skin contact

droplet infection

through fomites

93. Characteristic of pruritus in scabies is that it worsens:

after a bath

on removal of clothes

in the evening

-at night

94. Scabies commonly spreads amongst:

friends

-family members

swimming pool members

users of gymnasia

95. Scabies burrow is located in:

stratum corneum

stratum granulosum

-between granular and corneal layers

stratum spinosum and stratum basalis

96. Scabies burrow is seen as:

a ring like lesion

a vesicle

a straight line

-a wavy line

97. The type of lesion diagnostic of scabies is:

papule

excoriated papule

vesicle

-burrow

98. All of the following are complications of scabies except:

secondary bacterial infection

eczematization

paraphimosis

-hepatitis

99. If all family members of a scabies case are not treated simultaneously:

all of them may eventually develop scabies

the index case may get reinfected

family members may develop 'ping pong' scabies

-all of the above

100. The concentration of permethrin used for treating scabies is:

0,2%

0,6%

1,5%

-5,0%

101. The concentration of benzyl benzoate used to treat scabies in children is:

1,5 %

6,5 %

8,55 %

-12,5 %

102. The concentration of benzyl benzoate used to treat scabies in adults is:

1,5 %

6,5 %

8,5 %

-25,0 %

103. The concentration of gamma benzene hexachloride used to treat scabies is:

-1,0 %

2,5 %

6,5 %

10,5 %

104. The concentration of precipitated sulfur used for treating scabies is:

2,5 %

-5,0 %

8,5 %

10,5 %

105. The safest antiscabietic useful in pregnancy is:

permethrin

gamma benzene hexachloride

-benzyl benzoate

sulfur

106. The number of applications of benzyl benzoate advised for treating scabies is:

2

5

10

-6

107. The number of applications of permethrin advised for treating scabies is:

-1

3

5

6

108. The most irritating antiscabietic is:

permethrin

gamma benzene hexachloride

-benzyl benzoate

sulfur

109. The antiscabietic with risk of neurotoxicity in infants is:

permethrin

-gamma benzene hexachloride

benzyl benzoate

sulfur

110. Nits of pediculosis capitis are killed by application of:

gamma benzene hexachloride

DDT

benzyl benzoate

-permethrin

111. Which of the following is not true about nits of pediculosis capitis?

they are usually found in all cases

they are attached tightly to the hair shafts

-2-3 nits are produced by every female louse every day

nits can be eliminated by applications of permethrin

112. The causative organism of bullous impetigo is:

-staphylococcus

haemophilus

fusiobacterium

streptococcus

113. The commonest causative organism of impetigo contagiosa is:

staphylococcus

gram negative rod

pseudomonas

-streptococcus

114. The organism causing furuncle is:

-staphylococcus

gram negative rod

pseudomonas

streptococcus

115. The organism causing carbuncle is:

-staphylococcus

gram negative rod

pseudomonas

streptococcus

116. The commonest organism causing ecthyma is:

staphylococcus

gram negative rod

pseudomonas

-streptococcus

117. The causative organism of erysipelas is:

-streptococcus

pseudomonas

corynebacterium

staphylococcus

118. The causative organism of erythrasma is:

streptococcus

pseudomonas

-corynebacterium

staphylococcus

119. Erythrasma shows fluorescence:

on fluorescein staining

with a magnifying lens

-with a Wood's lamp

under a microscope

120. Bullous impetigo occurs in:

-neonates

children

adolescents

adults

121. The dangerous area of the face involves for streptococcal infection:

-lips

eyes

ears

forehead

121. The commonest site for carbuncle is:

-neck

face

upper arms

chest

122. Furuncle is a staphylococcal infection of:

dermis

subcutaneous fat

vellus follicle

-terminal follicles

123. All of the following are common sites of furuncle except:

face

buttocks

axillae

-abdomen

124. Hidradenitis suppurativa affects:

eccrine glands

-apocrine glands

sebaceous glands

hair roots

125. Hidradenitis suppurativa mainly involves:

trunk

face and neck

proximal extremities

-axillae and groins

126. Which of the following is not a type of skin tuberculosis?

lupus vulgaris

-lupus erythematosus

tuberculosis verrucosa cutis

scrofuloderma

127. Which of the following is not a tuberculid?

papulonecrotic tuberculid

lichen scrofulosorum

-lupus vulgaris

none of the above

128. All of the following are predisposing factors for pyoderma except:

diabetes mellitus

poor hygiene

malnutrition

-excessive use of soap

129. Erythrasma affects:

palms and soles

face

legs

-groins

130. In erythrasma the colour of fluorescence seen is:

apple green

greenish blue

-coral red

golden yellow

131. Pyodermas include all of the following except:

-erythrasma

impetigo

carbuncle

impetigo Bockhart

132. All of the following are caused by staphylococcus except:

impetigo

furuncle

carbuncle

-erysipelas

133. The bacterial infection common in preschool children is:

ecthyma

furuncle

carbuncle

-impetigo

134. The most superficial bacterial infection of the skin is:

furuncle

ecthyma

chronic folliculitis

-impetigo contagiosa

135. The bacterial infection that commonly affects neonates is:

furuncle

folliculitis

-bullous impetigo

impetigo contagiosa

136. A bacterial infection that reaches the subcutaneous tissue is:

-furuncle

deep folliculitis

ecthyma

impetigo contagiosa

137. A bacterial infection that is extremely painful is:

impetigo contagiosa

deep folliculitis

ecthyma

-bacterial paronychia

138. This is not an indication for oral antibiotics in bacterial infections of skin:

widespread lesions

age less than 5 years

regional lymphadenopathy

-thick purulent crusts

139. The type of skin tuberculosis with a very good prognosis is:

scrofuloderma

miliary tuberculosis

periorificial tuberculosis

-tuberculosis verrucosa cutis

140. Which of the following types of tuberculosis show acid fast bacilli on smear?

1. primary cutaneous tuberculosis 2. scrofuloderma 3. lupus vulgaris

4. tuberculosis verrucosa cutis

-1 and 2

1 and 4

3 and 4

2, 3 and 4

141. A consistent manifestation of cutaneous tuberculosis is:

positive Mantoux test

acid fast bacilli in smear

-tuberculoid granuloma on biopsy

associated focus of internal tuberculosis

142. The sign of apple jelly nodules is seen in:

discoid lupus erythematosus

lepromatous leprosy

-lupus vulgaris

erythema nodosum

143. The most common morphology of lupus vulgaris is:

ulcerative

-plaque

papulonodular

verrucous

144. The skin tuberculosis usually associated with deeper focus of infection is:

primary cutaneous tuberculosis

-scrofuloderma

lupus vulgaris

tuberculosis verrucosa cutis

145. The organism causing tinea versicolor is:

-Pityrosporum orbiculare

Trichophyton violaceum

Propionibacterium

Trichophyton rubrum

146. The commonest organism causing candidiasis is:

Candida tropicalis

Candida subtropicalis

-Candida albicans

Malassezia furfur

146. The commonest cause of non-inflammatory dermatophytosis is:

Trichophyton violaceum

Microsporum audouinii

Trichophyton mentagrophytes

-Trichophyton rubrum

147. The organism causing favus is:

Trichophyton violaceum

Microsporum canis

Trichophyton mentagrophytes

-Trichophyton Schoenleinii

148. Dermatophytes can be transmitted to humans from:

humans

soil

animals

-all of the above

149. One of the factors that predisposes to dermatophytosis is:

hypothyroidism

hyperthyroidism

dry skin

-diabetes

150. One of the factors that predisposes to candidiasis is:

trauma

-moisture

hypothyroidism

hyperthyroidism

151. One of the following is true about favus:

it is a bacterial infection

it is not infectious

-it is a type of tinea capitis

it gives yellow fluorescence

152. Kerion is a type of:

alopecia areata

-tinea capitis

circumscribed alopecia

pityriasis capitis

153. Ordinarily, dermatophytes have the ability to penetrate up to:

-stratum corneum

stratum granulosum

basement membrane

dermis

154. One of the following is an inflammatory type of tinea capitis:

-favus

black dot

gray patch

alopecia areata

155. One of the following is a non-inflammatory type of tinea capitis:

favus

-grey patch

kerion

alopecia areata

156. Following factors affect the absorption of griseofulvin except:

-time of the day

particle size

food

gastrointestinal diseases

157. The duration of griseofulvin therapy recommended for tinea pedis is:

1-2 weeks

-6-8 weeks

1 month

2 months

158. The duration of griseofulvin therapy recommended for tinea corporis is:

-2-4 weeks

6-10 weeks

2 months

5 months

159. The duration of griseofulvin therapy recommended for tinea capitis is:

2-4 weeks

-6-8 weeks

2 months

5 months

160. Dermatophytes do not spread by contact with infected:

-air

soil

animals

humans

161. The active border of dermatophytosis has all of the following except:

pustules

papules

vesicles

-telangiectasia

162. The duration of griseofulvin therapy recommended for tinea unguium of fingernails is:

1-2 weeks

3-6 weeks

6-9 months

-6-12 months

163. The duration of griseofulvin therapy recommended for tinea unguium of toenails is:

1-2 weeks

3-6 weeks

6-9 months

-18-24 months

164. For dermatophytosis, pulse therapy with fluconazole is advocated:

daily

-weekly

fortnightly

monthly

165. For tinea unguium pulse therapy with itraconazole is advocated:

daily

two days every week

one week every fortnight

-one week every month

166. For tinea unguium pulse therapy with terbinafine is advocated:

daily

two days every week

-one week every fortnight

one week every month

167. The commonest side effect of griseofulvin is:

peripheral neuropathy

-headache

nephropathy

drug rash

168. The dose of micronised griseofulvin in children is:

4.5 mg/kg/day

5.5 mg/kg/day

-10 mg/kg/day

10.5 gm/kg/day

169. The daily dose of griseofulvin for tinea unguium in a 75 kg adult is:

155 mg

350 mg

525 mg

-750 mg

170. Nystatin is useful for:

-candidiasis

tinea corporis

tinea cruris

impetigo

171. Which one of the following is a predisposing factor for tinea pedis:

wearing chappals

-wearing shoes

walking barefoot
fissuring of soles

172. Which one of the following is not a predisposing factor for tinea pedis:

wearing closed footwear
working with water
excessive sweating

-none of the above

173. Which one of the following is not a predisposing factor for tinea cruris:

tight underclothes
thick underclothes
synthetic underclothes

-dark colored underclothes

174. This is not a common site of affection of pityriasis versicolor:

chest
neck
back

-forearms

175. This sign is positive in pityriasis versicolor:

collarette scale
Christmas tree pattern
apple jelly nodules

-scratch sign

176. Pityrosporum orbiculare has special affinity towards:

eccrine sweat
apocrine sweat

-sebum

cerumen

177. The colour of fluorescence in pityriasis versicolor with Wood's lamp is:

blue
bluish green

-golden yellow

coral red

178. The colour of fluorescence in tinea capitis with Wood's lamp is:

blue

-bluish green

golden yellow

coral red

179. Which of the following is not useful for treating pityriasis versicolor?

sodium hyposulfite
selenium sulfide
tolnaftate

-nystatin

180. After treatment of pityriasis versicolor, skin colour returns to normal in about:

2 weeks

4 weeks

-two months

4 months

181. Which of the following is useful orally in treating pityriasis versicolor?

clotrimazole
miconazole
nystatin

-fluconazole

182. The oral drug of choice for treating candidiasis is:

ketoconazole
griseofulvin

nystatin

-fluconazole

183. All of the following topicals are useful for treating candidiasis except:

nystatin

miconazole

clotrimazole

-tolnaftate

184. This is not a transmission group of dermatophytes:

zoophilic

anthropophilic

-aerophilic

geophilic

185. Candidiasis affects all of the following except:

oral mucosa

glans penis

-scalp

finger webs

186. This is not a genus of dermatophytes:

Trichophyton

Epidermophyton

-Dermatophilus

Microsporum

187. The most common presentation of dermatophytosis is:

tinea capitis

tinea corporis

-tinea cruris

tinea pedis

188. The most common morphology of tinea corporis is:

erythematous papules

erythematous plaque

-annular scaly plaque

scaly patch of alopecia

189. This is not a sign of fungal infection of nails:

onycholysis

thickening of nail plate

subungual hyperkeratosis

-nail pits

190. The commonest differential diagnosis of tinea pedis is:

scabies

-candidiasis

footwear dermatitis

tinea versicolor

191. These are a common reservoir of infection in dermatophytosis:

hair

-nails

palms

genitals

192. The type of scales in pityriasis versicolor is:

-powdery

collarette

mica like

silvery

193. Candidial vaginitis is associated with all of the following except:

diabetes

HIV infection

oral contraceptives

-menopause

194. The causative organism of chickenpox is:

Herpes Simplex Virus type I

-Varicella Zoster Virus

Human Herpes Virus 6

Herpes Simplex Virus type II

195. The causative organism of herpes genitalis is:

-Herpes Simplex Virus type II

Herpes Simplex Virus type I

Human Herpes Virus 6

Human Herpes Virus 8

196. The causative organism of Herpes labialis is:

Herpes Simplex Virus type II

-Herpes Simplex Virus type I

Human Herpes Virus 6

Human Herpes Virus 8

197. The causative organism of Herpes zoster is:

Herpes simplex virus type I

-Varicella Zoster virus

Human Herpes Virus 6

Herpes simplex virus type II

198. A pathogenetic factor in the development of Kaposi's sarcoma is infection with

Herpes Simplex Virus type II

Herpes Simplex Virus type I

Human Herpes Virus 6

-Human Herpes Virus 8

199. The organism causing verruca is:

-Human Papilloma virus

Herpes simplex virus

Human Herpes Virus 6

Human Herpes Virus 8

200. The organism causing condyloma acuminata is:

-Human Papilloma virus

Herpes simplex virus

Epstein Barr Virus

Human Herpes Virus 8

201. The organism causing oral hairy leukoplakia is:

Human Papilloma virus

Herpes simplex virus

-Epstein Barr virus

Human Herpes Virus 8

202. The organism causing molluscum contagiosum is a:

polyoma virus

papilloma virus

picorna virus

-pox virus

203. Children exposed to a patient with herpes zoster may develop:

-chicken pox

primary herpes simplex

herpes zoster

herpetic keratoconjunctivitis

204. The common incubation period of herpes simplex infection is:

6 days

-3 -10 days

10 -15 days
15 - 150 days

205. The average incubation period of condyloma acuminata is:

2-6 days
10-20 days
1-month

-2-6 months

206. The drug of choice for the treatment of condyloma acuminata is:

-podophyllin
trichloroacetic acid
levamisole
salicylic acid

207. The dose of intravenous acyclovir for disseminated herpes simplex infection is:

6 mg / kg / day in 4 divided doses
12 mg / kg / day in 4 divided doses
-5 mg / kg / dose 4 times a day
12 mg / kg / dose 4 times a day

208. The drug of choice for the treatment of herpes simplex infection is:

-acyclovir
idoxuridine
lamivudine
zidovudine

209. Reactivation of dormant infection with virus of chicken pox is termed:

recurring chicken pox
recurrent herpes simplex
recurrent herpes genitalis

-herpes zoster

210. Umbilicated papules are seen in:

chicken pox
drug rash
adenoma sebaceum

-molluscum contagiosum

211. Rash of herpes zoster is usually preceded by:

pruritus
tingling

-pain

numbness

212. Common premonitory symptom in recurrent herpes simplex is:

pruritus

-paresthesiae

pain

joint pains

213. In recurrent herpes simplex the virus remains dormant in:

skin epidermis
sensory end organs
peripheral nerves

-nerve root ganglia

214. All of the following are precipitating factors for recurrent herpes simple except:

trauma
sunlight

-drugs

fever

215. The commonest segments affected in herpes zoster are:

trigeminal
cervical

-thoracic

lumbar

216. The viral infection with pedunculated lesions is:

herpes simplex

herpes zoster

molluscum contagiosum

-condyloma acummata

217. A viral infection that is transmitted sexually is:

herpes zoster

condyloma lata

chicken pox

-molluscum contagiosum

218. Herpes zoster is due to recrudescence of infection by the virus of:

herpes simplex

measles

HIV

-chicken pox

219. Contact with a case of herpes zoster may cause:

herpes simplex

bacterial infection

HIV

-chicken pox

220. A case of herpes zoster is infectious till:

first group of vesicles appear

last group of vesicles appear

-all vesicles crust

pain disappears

221. Which of the following is not useful for treating post herpetic neuralgia?

capsaicin ointment

paracetamol

carbamazepine

-chloroquine

222. Most cases of herpes genitalis are caused by:

Herpes simplex virus I

-Herpes simplex virus II

Varicella zoster virus

Human herpes virus VI

223. Vesicles of herpes zoster are distributed:

uniformly all over the body

centripetally, mainly affecting trunk

centrifugally, mainly affecting face and limbs

-unilaterally, in area supplied by one or two nerve segments

224. Which of the following is a cutaneous marker of HIV infection in young adults?

herpes labialis

-herpes zoster

condyloma acuminata

verruca vulgaris

225. This is not a characteristic of herpes zoster in HIV infection:

multidermatomal affection

recurrent episodes

bullous lesions

-individual episodes last for a shorter time

226. Which of the following is a cutaneous marker of HIV infection in young adults?

herpes labialis

-molluscum contagiosum

tinea versicolor

tinea corporis

227. The classical morphology of lesions of herpes zoster is:

grouped papules

grouped crusted papules

vesiculopustules

-grouped umbilicated vesicles

228. Ordinarily, lesions of herpes zoster last for:

2-3 days

6-8 days

8-10 days

-2-3 weeks

229. This is not a complication of herpes zoster:

ulceration

neuralgia

paralysis of muscles

-neonatal herpes

230. This is not a complication of herpes genitalis:

ulceration

retention of urine

dissemination

-paralysis of skeletal muscles

231. A serious complication of herpes genitalis in pregnancy is:

transmitting infection to health care workers

ulceration

-neonatal herpes

diaphragmatic paralysis

232. Which of the following is not advocated for treating plantar warts?

podophyllin

-electrocautery

salicylic acid ointment

wart lotion

233. Which of the following is not a characteristic of plantar warts?

painful

surface shows black dots

dermatoglyphic lines are lost

-most tender on vertical pressure

234. All of the following are complications of condyloma acuminata except:

bleeding

bacterial infection

-urinary retention

abortion

235. Podophyllin is contraindicated in:

childhood

hypertension

-pregnancy

lactation

236. The concentration of podophyllin used in treating condyloma acuminata is:

1,5 %

2,5 %

6,0 %

-20,0 %

237. The most common side effect of podophyllin is:

drug eruption

neuropathy

allergic contact dermatitis

-irritant contact dermatitis

238. Which of the following is not true for podophyllin?

it is the treatment of choice for condyloma acuminata

20,0 % lotion is used

-to be applied twice a day for 2 weeks

commonest side effect is irritant dermatitis

239. Which of the following condition is characterized by conical pink moist

papules?

molluscum contagiosum

lichen planus

psoriasis

-condyloma acuminata

240. Which of the following is not useful for treating condyloma acuminata?

podophyllin

trichloroacetic acid

-salicylic acid

cryotherapy

241. The adult dose of acyclovir used in treating primary herpes simplex infection is:

100 mg/kg/day

250 mg QDS

-200 mg five times a day

300 mg QDS

242. The adult dose of acyclovir used in treating herpes zoster is:

400 mg/kg/day

600 mg five times a day

400 mg five times a day

-800 mg five times a day

243. Unusually severe herpes genitalis is a feature of:

diabetes mellitus

malnutrition

-HIV infection

pregnancy

244. Which of the following therapies prevents recurrences of herpes simplex?

a 10 day course of acyclovir

regular application of acyclovir ointment

regular application of idoxuridine ointment

-none of the above

245. Tinea capitis is common in:

neonates

infants

preschool children

-school going children

246. The antigens causing contact dermatitis are:

heparins

proteins

-haptens

immunoglobulins

247. Patch test is read after:

15 minutes

12 hours

-48 hours

2 week

248. Cardinal sign of eczema is:

erythema

edema

-vesiculation

scaling

249. The circulating immunoglobulin raised in atopic dermatitis is:

IgA

-IgE

IgA and IgG

IgM

250. The typical sites of atopic dermatitis in adults are:

elbows and knees

-antecubital and popliteal fossae

axillae and groins

face and neck

251. One of the associations of atopic dermatitis is:

seborrheic dermatitis

psoriasis

lichen planus

-urticaria

252. Which of the following is not associated with atopic dermatitis?

keratosis pilaris

ichthyosis vulgaris

extra infraorbital crease

-hypertelorism

253. Which of the following is not a manifestation of atopic dermatitis?

chronic lichenified dermatitis

persistent pruritus

recurrent hand dermatitis

-recurrent urticaria

254. Which of the following is not usually advised in atopic dermatitis?

avoidance of strong soap

emollients

-drying lotions

topical low potency corticosteroids

255. Which of the following is not an endogenous eczema?

atopic dermatitis

nummular dermatitis

seborrheic dermatitis

-contact dermatitis

256. Which of the following is not an exogenous eczema?

irritant dermatitis

phototoxic dermatitis

photoallergic dermatitis

-nummular dermatitis

257. The organism playing pathogenetic role in seborrheic dermatitis is

Sarcoptes

-Pityrosporum

Trichophyton

Propionibacterium

258. All of the following are common sites for lichen simplex chronicus except:

dorsa of feet

nape of neck

-face

antecubital fossae

259. The commonest site for lichen simplex chronicus is:

-dorsa of feet

nape of neck

face

forearms

260. The area least likely to be affected by atopic dermatitis is:

lips

antecubital and popliteal fossae

-mid-chest

eyelids

261. Atopic dermatitis is best diagnosed by:

-clinical features

IgE levels

patch tests

skin biopsy

262. Which type of ichthyosis is associated with atopy?

-ichthyosis vulgaris

lamellar ichthyosis

X-linked ichthyosis

epidermolytic hyperkeratosis

263. Atopic dermatitis may be aggravated by all except:

winter season

woolen clothes

citrus fruits

-emollients

264. All of the following are features of atopic dermatitis in an adult except:

-oozing plaques

lichenified plaques

affection of flexures

family history of atopy

265. Which of the following are not a part of atopy?

atopic eczema

allergic rhinitis

bronchial asthma

-contact allergy

266. The part most frequently affected in infantile atopic dermatitis is:

extremities

napkin area

-face

scalp

267. The area most frequently affected in childhood atopic dermatitis is:

flexors of extremities

-extensors of extremities

face

scalp

268. The most common cause of contact allergy in women is:

-nickel

footwear

cement

clothes

269. Nickel dermatitis can occur to all of the following except:

jewelry

wrist watch

spectacles

-cosmetics

270. Pityriasis capitis refers to:

pityriasis rosea affecting the scalp

lice infestation of scalp

mild psoriasis of scalp

-mild seborrheic dermatitis of scalp

271. All of the following are pathogenetic factors for acne vulgaris except:

blockage of follicular openings

increased sebum production

increased count of propionibacterium acnes

-increased apocrine sweat production

272. The drug of choice for the treatment of acne conglobata is:

tetracycline

erythromycin

dapsone

-isotretinoin

273. The organism that is of pathogenetic significance in acne is:

Corynebacterium minutissimum

-Propionibacterium acnes

Calymmatobacterium granulomatis

Corynebacterium tenuis

274. The common sites of affection of acne include all of the following except:

face

back

-legs

chest

275. All of the following are common associations of acne except:

-acne rosacea

seborrheic dermatitis

androgenetic alopecia

pityriasis versicolor

276. All of the following are useful in treating nodulocystic acne except:

-ketoconazole

dapsone

tetracycline

isotretinoin

277. The lesion of diagnostic significance in acne vulgaris is:

-comedone

follicular papule

follicular pustule

scar

278. Perioral dermatitis occurs following application of:

antifungal antibiotics

antibiotics

-fluorinated steroids

retinoic acid

279. The preferred topical treatment for comedonal acne is:

benzoyl peroxide

erythromycin

clindamycin

-tretinoin

280. All of the following are side effects of oral isotretinoin except:

dry skin

epistaxis

teratogenicity

-fixed drug eruption

281. Scars typical of acne vulgaris are:

atrophic

hypertrophic

-ice pick

varioliform

282. Isotretinoin is not preferred for the treatment of severe acne in women because of it's:

hepatotoxicity

mutagenicity

-teratogenicity

skeletal toxicity

283. Acne conglobata is a type of acne that is:

affecting the back

induced by cosmetics

occurring in soldiers

-severe nodulocystic acne

284. It is important to treat acne promptly because of:

secondary bacterial infection

malignancy may supervene

-its psychological impact

associated systemic involvement

285. All of the following exacerbate acne except:

hot and humid climate

-diabetes mellitus

hyperandrogenism

contact with oil

286. Rhinophyma refers to swelling of the nose due to:

rhinoscleroma

rhinosporidiosis

-rosacea

leishmaniasis

287. Dermabrasion is most useful for:

rosacea

acne vulgaris

-rhinophyma

dermatitis

288. All of the following topicals are useful for treating rosacea except:

-silver nitrate

metronidazole

benzoyl peroxide

hydrocortisone

289. Typical lesions of rosacea are:

vesicles

bullae

crusts

-none of the above

290. Glands involved in pathogenesis of acne are:

eccrine glands

apocrine glands

-sebaceous glands

parathyroid glands

291. The commonest site affected in acne vulgaris is:

scalp

-face

back

chest

292. All of the following are used to improve acne scars except:

dermabrasion

cryotherapy

-electrocautery

chemical peels

293. Hyperpigmentation is a side effect of:

tetracycline

isotretinoin

-minocycline

erythromycin

294. All of the following exacerbate rosacea except:

alcohol abuse

hot beverages

-chocolates

sun exposure

295. Ichthyosis vulgaris is transmitted as:

-autosomal dominant

autosomal recessive

X linked dominant

X linked recessive

296. The skin smear in indeterminate leprosy is:

always negative

always positive

usually positive

-rarely positive

297. Which of the following is true for hypopigmented macules in leprosy:

colour rarely returns to normal with treatment

-they rarely depigment

they rarely become ichthyotic

all of the above

298. Which one of following is an uncommon cause of drug eruptions?

phenobarbitone

-paracetamol

phenothiazine

ampicillin

299. Which one of the following is an uncommon cause of drug eruptions?

tetracycline

cotrimoxazole

ampicillin

-erythromycin

300. All of the following drugs are photosensitizers except:

tetracycline

-ampicillin

glibenclamide

estrogens

301. All of the following drugs are known to cause toxic epidermal necrolysis except:

allopurinol

thiacetazone

cotrimoxazole

-spironolactone

302. The typical lesion of erythema multiforme is a:

papule

comedone

-target lesion

wheal

303. The classical lesion of urticaria is a:

papule
papule topped by a vesicle
target lesion

-wheal

304. Erythema multiforme preferentially involves the following sites except:

palms and soles
mucosae
mucocutaneous junction

-midback

305. Which one of the following is a non-sedating antihistaminic?

cetirizine
hydroxyzine

-loratidine

promethazine

306. The commonest precipitating factor for recurrent erythema multiforme is:

streptococcal infection
common cold

-herpes simplex

fungal infections

307. Target lesions are characteristic of:

urticaria
lupus erythematosus
erythema nodosum

-erythema multiforme

308. The commonest site of target lesion in erythema multiforme is:

face
scalp
chest

-limbs

309. The average proportion of scalp hair follicles in telogen is:

-10-15%

15-20%

20-25%

25-30%

310. The term used to denote loss of all scalp hair due to alopecia areata is:

alopecia universalis
ophiasis
telogen effluvium

-alopecia totalis

311. The term used to denote loss of all body hair due to alopecia areata is:

-alopecia universalis

telogen effluvium
alopecia totalis
alopecia subtotalis

312. Alopecia areata is a:

hereditary condition

-autoimmune disease

fungal infection
viral infection

313. The growth phase of hair is known as:

telogen

-anagen

metagen
none of the above

314. The resting phase of hair is known as:

-telogen

anagen

metagen

none of the above

315. The most common site of affection in alopecia areata is:

moustache

beard

-scalp

eyebrows

316. Following factors are involved in pathogenesis of alopecia areata except:

autoimmunity

emotional stress

atopy

-diabetes

317. A skin manifestation specific for the diagnosis of lupus erythematosus is:

vasculitic ulcers

nail fold telangiectasia

photosensitivity

-butterfly erythema

318. Antinuclear antibody test is done on patient's:

skin

-blood

urine

mucosa

319. A specific antibody test for the diagnosis of systemic lupus erythematosus is:

antinuclear antibody

-anti double stranded DNA

anti single stranded DNA

anti RoSSA

320. Which one of the following is not a specific sign of lupus erythematosus?

discoid lesions

butterfly erythema

-nail fold telangiectasia

none of the above

321. LE cell is a:

lymphocyte

histiocyte

-neutrophil

keratinocyte

322. The commonest site affected in discoid lupus erythematosus is:

scalp

-face

trunk

323. Discoid lesions are a characteristic of:

-lupus erythematosus

systemic sclerosis

localized scleroderma

contact dermatitis to coins

324. Which of the following is not seen in discoid lupus erythematosus?

erythema

atrophy

purpura

-dyspigmentation

325. The prognosis of localized scleroderma is:

gradually increases in size and number

increases to involve whole body
develops systemic affection as in systemic sclerosis
-heals with atrophy and then persists unchanged

326. Photosensitivity is common in:

-lupus erythematosus

systemic sclerosis
localized scleroderma
psoriatic arthropathy

327. Morphoea refers to:

morphology of different skin lesions
type of alopecia areata

-localized scleroderma

type of tinea corporis

328. The drug of choice for treatment of discoid lupus erythematosus is:

systemic steroids

clofazimine

griseofulvin

-chloroquine

329. Butterfly erythema is a sign of:

-lupus erythematosus

psoriasis

drug eruption

photoallergic dermatitis

330. Which of the following may present as a linear lesion?

discoid lupus erythematosus

systemic sclerosis

-localized scleroderma

rheumatoid nodule

331. One of the following is not a side effect of topical corticosteroids:

atrophy

-herpes labialis

hypopigmentation

purpura

332. The least potent topical steroid available is:

-hydrocortisone

clobetasone

dexamethasone

prednicarbate

333. The most potent topical steroid is:

betamethasone

-clobetasol propionate

betamethasone dipropionate

clobetasone butyrate

334. Topical steroids are indicated in all except:

nummular eczema

lichen planus

-kerion

alopecia areata

335. Weak potency topical steroids are indicated in all except:

-lichenified dermatitis

children

elderly

facial eruptions

336. The drug of choice for the treatment of herpes simplex infection is:

-acyclovir

idoxuridine
zidovudine
foscarnet

337. Virchow cells are macrophages containing bacilli in:
tuberculosis

-leprosy
bacterial vaginosis
syphilis

338. Type of lesion not seen in lepromatous leprosy is:
diffuse infiltration
papulonodules

-annular plaques
leonine facies

339. Which of the following is not a feature of lepromatous leprosy?

-mask like face
saddle nose
nodules
edema feet

340. Which of the following is a cardinal sign of leprosy?

hypoesthesia
hypopigmented patch
-acid fast bacilli in skin smears
leonine facies

341. What is false for tuberculoid leprosy?

sensations over lesions are usually absent
biopsy shows tuberculoid granuloma
-well defined plaque is common
mycobacteria are not demonstrable in skin

342. The bacterial load is maximum in this type of leprosy:

tuberculoid
indeterminate
borderline lepromatous
-lepromatous

343. Host immunity is maximum in this type of leprosy:

--tuberculoid
indeterminate
borderline lepromatous
lepromatous

344. Host immunity is not yet developed in this type of leprosy:

tuberculoid
-indeterminate
borderline lepromatous
borderline tuberculoid

345. What is false for lepromatous leprosy?

immunity is low
nodules are common
-nerves are damaged early
loss of lateral eyebrows occurs

346. Lepromin test detects:

leprosy disease
protective immunity against leprosy infection
-non-protective immunity against leprosy infection
immunity against any mycobacterial infection

347. Lepromin test is negative in:

borderline tuberculoid leprosy

contacts of leprosy cases
normal population

-lepromatous leprosy

348. The nerve uncommonly affected in leprosy is:

sural
median

-radial

lateral popliteal

349. The nerve most commonly affected in leprosy is:

sural
median

-ulnar

lateral popliteal

350. A case of lepromatous leprosy is infectious and needs to be:

isolated till multidrug treatment is completed
treated and isolated till bacteriology is negative
treated and isolated till living bacilli are present

-treated with multidrug therapy without isolation

351. Leonine facies is seen in this type of leprosy:

-lepromatous

indeterminate
borderline lepromatous
borderline tuberculoid

352. The commonest deformity in leprosy is:

foot drop
ape thumb
leonine facies

-claw hand

353. Which of the following is not a cardinal sign of leprosy?

hypoesthetic skin lesions
thickened nerves

-leonine facies

presence of acid fast bacilli in skin smears

354. In lepromatous leprosy all of the following are true except:

skin lesions are symmetrical
nerve affection is symmetrical
skin lesions are infective

-lepromin test is positive

355. This type of leprosy is difficult to diagnose:

early tuberculoid
late tuberculoid
late lepromatous

-early lepromatous

356. The most infectious type of leprosy is:

tuberculoid
borderline tuberculoid
borderline lepromatous

-lepromatous

357. The least infectious form of leprosy is:

-tuberculoid
borderline tuberculoid
borderline lepromatous
indeterminate

358. The immunity in lepromatous leprosy is:

most efficient

generally deficient in handling all antigens

-specifically deficient in handling *M. leprae*

is deficient against leprosy and tuberculosis

359. All of the following are signs of activity of leprosy except:

extension of old lesions

erythema and edema of lesions

tenderness of nerves

-persistent anaesthesia

360. What is false about *Mycobacterium leprae*?

they are not acid fast with 20,0% sulphuric acid

-they proliferate best at 37 degrees centigrade

can be grown in mice

cannot penetrate blood brain barrier

361. The antileprosy drug which causes reddish discoloration of urine is:

dapsone

ofloxacin

-rifampicin

minocycline

362. A drug useful for treating both leprosy and lepra reactions is:

dapsone

rifampicin

-clofazimine

systemic steroids

363. In lepromatous leprosy lepra bacilli are found:

in patient's clothes

on the surface of skin nodules

-in nasal secretions

in the sweat of patients

364. The standard daily dose of dapsone in treatment of leprosy is:

10 mg

20 mg

60 mg

-100 mg

365. The standard daily dose of clofazimine in treatment of leprosy is

10 mg

20 mg

-50 mg

100 mg

366. The type of leprosy which may relapse in spite of adequate anti-leprosy therapy is:

-lepromatous leprosy

borderline lepromatous leprosy

borderline tuberculoid leprosy

tuberculoid leprosy

367. Sensations are usually lost over a patch of:

lepromatous leprosy

borderline lepromatous leprosy

indeterminate leprosy

-tuberculoid leprosy

368. The commonest organism causing candidiasis is:

Candida tropicalis

Candida glabrata

-*Candida albicans*

Candida krusei