

**1. The most superficial layer of epidermis is:**

- a) stratum germinativum
- b) stratum corneum**
- c) stratum lucidum
- d) stratum granulosum

**2. The lowermost layer of epidermis is:**

- a) stratum germinativum**
- b) stratum corneum
- c) stratum lucidum
- d) stratum spinosum

**3. Germinative layer of the epidermis is called:**

- a) stratum basalis**
- b) stratum corneum
- c) stratum lucidum
- d) stratum granulosum

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

- a) palms and soles**
- b) areola
- c) perineum
- d) axillae

**5. Maximum density of eccrine glands is found on:**

- a) palms and soles**
- b) areola
- c) perineum
- d) axillae

**6. Size of a spinous cell of epidermis is:**

- a) 6-8 microns
- b) 9-11 microns
- c) 15-25 microns**
- d) 26-41 microns

**7. Glands that are a characteristic of primates are:**

- a) sebaceous glands
- b) eccrine glands**
- c) Meibomian glands
- d) mammary glands

**8. Sebaceous glands are a type of:**

- a) eccrine glands
- b) apocrine glands
- c) holocrine glands**
- d) merocrine glands

**9. Pinching off type of secretion is seen in:**

- a) eccrine glands
- b) apocrine glands**
- c) sebaceous glands
- d) salivary glands

**10. Glands involved in pathogenesis of acne are:**

- a) eccrine glands
- b) apocrine glands
- c) sebaceous glands**
- d) all of the above

**11. Receptors responsible for fine touch are:**

- a) end bulb of Krause

- b) Pacinian corpuscle
- c) end organ of Ruffini
- d) **Meissner's corpuscle**

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

- a) infundibulum
- b) **acrosyngium**
- c) isthmus
- d) bulb

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

- a) sebaceous duct
- b) erector pilorum muscle
- c) apocrine duct
- d) **eccrine duct**

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

- a) postganglionic parasympathetic
- b) preganglionic parasympathetic
- c) **postganglionic sympathetic**
- d) 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;**

- a) 1 and 4,
- b) 1 and 3,
- c) 3 and 4,
- d) **1, 3 and 5**

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

- a) keratinocyte
- b) **melanocyte**
- c) Langerhans cell
- d) fibrocyte

**17. Which of the following receptors sense vibration?**

- a) free nerve endings
- b) **Pacinian corpuscle**
- c) end organ of Ruffini
- d) end bulb of Krause

**18. Which of the following receptors sense pain?**

- a) **free nerve endings**
- b) Pacinian corpuscle
- c) end organ of Ruffini
- d) end bulb of Krause

**19. In normal persons stratum lucidum is observed over:**

- a) face
- b) axillae
- c) **palms and soles**
- d) scalp

**20. This is not a function of subcutaneous fat:**

- a) act as a cushion against impacts
- b) **give mechanical strength to the skin**
- c) protect against cold
- d) none of the above

**21. This is not a function of the epidermis:**

- a) maintain a chemical barrier
- b) protect against mechanical trauma

- c) protect against cold
- d) none of the above

**22. Desmosomes in epidermis are:**

- a) intracytoplasmic bodies
- b) intercellular adhesion points
- c) responsible for maintaining barrier
- d) all of the above

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

- a) trichohyaline granules
- b) ceroid granules
- c) Odland bodies
- d) keratohyaline granules

**24. Epidermis is a:**

- a) stratified epithelium
- b) sepithelium
- c) keratinizing epithelium
- d) all of the above

**25. Barrier of the skin is located:**

- a) dermis
- b) basement membrane
- c) stratum spinosum
- d) stratum corneum

**26. Axillary odor is due to:**

- a) sebum
- b) bacterial decomposition of sebum
- c) apocrine sweat
- d) bacterial decomposition of apocrine sweat

**27. Melanin is found in:**

- a) keratinocytes
- b) melanocytes
- c) melanophages
- d) all of the above

**28. Melanin is produced inside:**

- a) keratinocytes
- b) melanocytes
- c) Langerhans cells
- d) all of the above

**29. Relaxed skin tension lines are also known as:**

- a) Mee's lines
- b) Beau's lines
- c) Langer's lines
- d) cleavage lines

**30. Langer's lines are present in:**

- a) linear epidermal nevus
- b) lichen striatus
- c) linear lichen planus
- d) all individuals

**31. Langer's lines are originally observed in:**

- a) normal persons
- b) pityriasis rosea
- c) linear epidermal nevus
- d) cadavers

**32. Which is not a stimulus for eccrine sweating?**

- a) emotional stress
- b) cholinergic drugs
- c) ultraviolet rays
- d) none of the above

**33. Stratum spinosum is called so because:**

- a) it forms the structural backbone of epidermis
- b) it is responsible for the spiny feel of skin
- c) desmosomes appear as spines in this layer
- d) all of the above

**34. Deposition of bile in the skin results in:**

- a) erythema
- b) scaling
- c) photosensitivity
- d) pruritis

**35. The turnover time of epidermis is:**

- a) 2 weeks
- b) 4 weeks
- c) 6 weeks
- d) 8 weeks

**36. Langerhans cells are present in:**

- a) stratum spinosum
- b) stratum basalis
- c) stratum corneum
- d) stratum granulosum

**37. Langerhans cell is a type of:**

- a) melanocyte
- b) keratinocyte
- c) histiocyte
- d) nerve receptor

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

- a) melanocyte
- b) Langerhans cell
- c) Merkel cell
- d) keratinocyte

**39. Melanin is made in the body from:**

- a) tryptophan
- b) tyrosine
- c) melatonin
- d) laminin

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

- a) tinea capitis
- b) erythrasma
- c) pityriasis rosea
- d) pityriasis versicolor

**41. Diascopy is useful for:**

- a) differentiation of vitiligo from leprosy
- b) testing for capillary
- c) testing for contact allergy
- d) differentiating erythema from purpura

**42. The skin disease that is not pruritic is:**

- a) lichen planus
- b) atopic dermatitis
- c) dermatophytosis
- d) scleroderma

**43. Which of the following lesions is not palpable?**

- a) papule
- b) macule
- c) vesicle
- d) pustule

**44. Sezary cells in skin are found in:**

- a) Sezary syndrome
- b) Sezary syndrome and mycosis fungoides
- c) all types of cutaneous T cell lymphomas
- d) all of the above and many benign dermatoses

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

- a) papule
- b) macule
- c) plaque
- d) scale

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

- a) vesicle
- b) scale
- c) crust
- d) erosion

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

- a) lupus vulgaris
- b) keloid
- c) erythema multiforme
- d) morphea

**48. Colloid bodies are found in:**

- a) psoriasis
- b) pityriasis rosea
- c) contact allergic dermatitis
- d) lichen planus

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

- a) Type I
- b) Type II
- c) Type III
- d) Type IV

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

- a) Type I
- b) Type II
- c) Type III
- d) Type IV

**51. Grattage is useful for:**

- a) differentiating vitiligo from fungal infection
- b) testing for capillary fragility
- c) testing for contact allergy
- d) differentiating erythema from purpura

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

- a) patch test
- b) scratch test
- c) prick test
- d) conjunctival test

**53. Tzanck cell is seen in:**

- a) bullous pemphigoid

- b) pemphigus
- c) dermatitis herpetiformis
- d) all spongiotic dermatitides

**54. Tzanck cells are:**

- a) multinucleated giant cells in donovanosis
- b) multinucleated giant cells in chicken pox
- c) macrophages
- d) acantholytic cells in pemphigus

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

- a) acne vulgaris
- b) traumatic wounds
- c) lupus vulgaris
- d) lichen planus

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

- a) lichen planus
- b) psoriasis
- c) lichenified eczema
- d) pediculosis corporis

**57. Rhinophyma refers to:**

- a) cutaneous horn
- b) thickened and curved nails
- c) enlargement of nose
- d) lymphedema of genitals

**58. Kerion is a scalp infection by:**

- a) bacteria
- b) anaerobes
- c) dermatophytes
- d) candida

**59. Favus is a type of:**

- a) alopecia areata
- b) yellow fluorescence
- c) pityriasis capitis
- d) tinea capitis

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

- a) frequently persists for 2-4 weeks
- b) is relieved immediately
- c) is always relieved within 2-3 days
- d) is worsened

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

- a) larvae
- b) pupae
- c) nymph
- d) adult

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

- a) 5-10 days
- b) 10-14 days
- c) 15-25 days
- d) 26-35 days

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

- a) benzyl benzoate
- b) precipitated sulfur
- c) disulfiram
- d) crotamiton

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

- a) palms and soles
- b) face
- c) mucosa
- d) scalp

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

- a) penis
- b) trunk
- c) axillae
- d) elbows

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

- a) antihistaminics
- b) steroids
- c) antibacterials
- d) antifungals

**67. Scabies incognito is called so because:**

- a) it is difficult to treat
- b) it is difficult to diagnose
- c) it is associated with intense pruritus
- d) it is associated with internal organ affection

**68. Crusted scabies is characterized by:**

- a) intense pruritus
- b) keratotic papules and plaques
- c) erythematous papules and vesicles
- d) vesicles and bullae

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

- a) classical sites of scabies
- b) palms and soles
- c) face
- d) trunk and limbs

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

- a) scabies incognito
- b) scabies in infants
- c) crusted scabies
- d) scabies in the clean

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

- a) cotrimoxazole
- b) kerosene
- c) acetic acid
- d) acetone

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

- a) kerosene applications
- b) gamma benzene hexachloride applications
- c) hot ironing of clothes
- d) permethrin applications

**73. The nits of pediculosis corporis are found in:**

- a) scalp hair
- b) axillae and groins
- c) seams of underclothes
- d) on the back

**74. The nits in pediculosis pubis are found on:**

- a) skin of pubis, perineum and thighs

- b) hair shafts of pubis, perineum and thighs
- c) seams of underclothes
- d) scalp hair

**75. The causative organism of pediculosis pubis is:**

- a) phthirus
- b) pediculus humanus
- c) sarcoptes
- d) demodex

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

- a) thighs
- b) abdomen
- c) eyelids
- d) palms and soles
- e) axillae

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

- a) sulphur
- b) permethrin
- c) gamma benzene hexachloride
- d) benzyl benzoate

**78. The causative organism of scabies is:**

- a) demodex
- b) pediculus
- c) sarcoptes
- d) ricinus

**79. The incubation period of scabies is:**

- a) 12-15 days
- b) 1 month
- c) 4 months
- d) 5 months

**80. The cause of pruritus in scabies is:**

- a) crawling of mites
- b) hypersensitivity to mite
- c) toxins released by mite
- d) bites by the mites

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

- a) permethrin
- b) gamma benzene hexachloride
- c) benzyl benzoate
- d) kerosene

**82. The causative organism of pediculosis capitis is:**

- a) crab louse
- b) sarcoptes
- c) pediculus humanus
- d) demodex folliculorum

**83. The causative organism of body louse infestation is:**

- a) crab louse
- b) pediculus humanus
- c) sarcoptes
- d) demodex

**84. The causative organism of phthiriasis is:**

- a) crab louse
- b) pediculus humanus
- c) sarcoptes



d) demodex

**85. The minimum necessary treatment of pediculosis pubis is:**

- a) application of permethrin to affected areas
- b) treatment of clothes with gamma benzene hexachloride
- c) shaving of pubic hair
- d) all of the above

**86. The causative organism of pediculosis pubis is:**

- a) pediculus humanus
- b) crab louse
- c) sarcoptes
- d) demodex

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

- a) 5-10 microns
- b) 20-25 microns
- c) 60-120 microns
- d) 200-300 microns

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

- a) 10 microns
- b) 30 microns
- c) 100 microns
- d) 150 microns

**89. Following are found inside a scabies burrow except:**

- a) female mite
- b) male mite
- c) eggs
- d) larvae

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

- a) hot ironing of clothes
- b) topical application of permethrin
- c) boiling clothes in water
- d) none of the above

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

- a) waistline
- b) axillae
- c) collar region
- d) none of the above

**92. The mode of transmission of scabies is:**

- a) through insect bites
- b) skin to skin contact
- c) droplet infection
- d) through fomites

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

- a) after a bath
- b) on removal of clothes
- c) in the evening
- d) at night

**94. Scabies commonly spreads amongst:**

- a) friends
- b) family members
- c) swimming pool members
- d) users of gymnasia

**95. Scabies burrow is located in:**

- a) stratum corneum
- b) stratum granulosum
- c) between granular and corneal layers
- d) stratum spinosum and stratum basalis

**96. Scabies burrow is seen as:**

- a) a ring like lesion
- b) a vesicle
- c) a straight line
- d) a wavy line

**97. The type of lesion diagnostic of scabies is:**

- a) papule
- b) excoriated papule
- c) vesicle
- d) burrow

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

- a) secondary bacterial infection
- b) eczematization
- c) paraphimosis
- d) hepatitis

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

- a) all of them may eventually develop scabies
- b) the index case may get reinfected
- c) family members may develop 'ping pong' scabies
- d) all of the above

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

- a) 0,2%
- b) 0,6%
- c) 1,5%
- d) 5,0%

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

- a) 1,5 %
- b) 6,5 %
- c) 8,55 %
- d) 12,5 %

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

- a) 1,5 %
- b) 6,5 %
- c) 8,5 %
- d) 25,0 %

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

- a) 1,0 %
- b) 2,5 %
- c) 6,5 %
- d) 10,5 %

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

- a) 2,5 %
- b) 5,0 %
- c) 8,5 %
- d) 10,5 %

**105. The safest antiscabietic useful in pregnancy is:**

- a) permethrin
- b) gamma benzene hexachloride
- c) benzyl benzoate

d) sulfur

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

- a) 2
- b) 5
- c) 10
- d) 6

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

- a) 1
- b) 3
- c) 5
- d) 6

**108. The most irritating antiscabietic is:**

- a) permethrin
- b) gamma benzene hexachloride
- c) benzyl benzoate
- d) sulfur

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

- a) permethrin
- b) gamma benzene hexachloride
- c) benzyl benzoate
- d) sulfur

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

- a) gamma benzene hexachloride
- b) DDT
- c) benzyl benzoate
- d) permethrin

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

- a) they are usually found in all cases
- b) they are attached tightly to the hair shafts
- c) 2-3 nits are produced by every female louse every day
- d) nits can be eliminated by applications of permethrin

**112. The causative organism of bullous impetigo is:**

- a) staphylococcus
- b) haemophilus
- c) fusiobacterium
- d) streptococcus

**113. The commonest causative organism of impetigo contagiosa is:**

- a) staphylococcus
- b) gram negative rod
- c) pseudomonas
- d) streptococcus

**114. The organism causing furuncle is:**

- a) staphylococcus
- b) gram negative rod
- c) pseudomonas
- d) streptococcus

**115. The organism causing carbuncle is:**

- a) staphylococcus
- b) gram negative rod
- c) pseudomonas
- d) streptococcus

**116. The commonest organism causing ecthyma is:**

- a) staphylococcus

- b) gram negative rod
- c) pseudomonas
- d) streptococcus

**117. The causative organism of erysipelas is:**

- a) streptococcus
- b) pseudomonas
- c) corynebacterium
- d) staphylococcus

**118. The causative organism of erythrasma is:**

- a) streptococcus
- b) pseudomonas
- c) corynebacterium
- d) staphylococcus

**119. Erythrasma shows fluorescence:**

- a) on fluorescein staining
- b) with a magnifying lens
- c) with a Wood's lamp
- d) under a microscope

**120. Bullous impetigo occurs in:**

- a) neonates
- b) children
- c) adolescents
- d) adults

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

- a) lips
- b) eyes
- c) ears
- d) forehead

**121. The commonest site for carbuncle is:**

- a) neck
- b) face
- c) upper arms
- d) chest

**122. Furuncle is a staphylococcal infection of:**

- a) dermis
- b) subcutaneous fat
- c) vellus follicle
- d) terminal follicles

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

- a) face
- b) buttocks
- c) axillae
- d) abdomen

**124. Hidradenitis suppurativa affects:**

- a) eccrine glands
- b) apocrine glands
- c) sebaceous glands
- d) hair roots

**125. Hidradenitis suppurativa mainly involves:**

- a) trunk
- b) face and neck
- c) proximal extremities

d) axillae and groins

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

- a) lupus vulgaris
- b) lupus erythematosus
- c) tuberculosis verrucosa cutis
- d) scrofuloderma

**127. Which of the following is not a tuberculid?**

- a) papulonecrotic tuberculid
- b) lichen scrofulosorum
- c) lupus vulgaris
- d) none of the above

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

- a) diabetes mellitus
- b) poor hygiene
- c) malnutrition
- d) excessive use of soap

**129. Erythrasma affects:**

- a) palms and soles
- b) face
- c) legs
- d) groins

**130. In erythrasma the colour of fluorescence seen is:**

- a) apple green
- b) greenish blue
- c) coral red
- d) golden yellow

**131. Pyodermas include all of the following except:**

- a) erythrasma
- b) impetigo
- c) carbuncle
- d) impetigo Bockhart

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

- a) impetigo
- b) furuncle
- c) carbuncle
- d) erysipelas

**133. The bacterial infection common in preschool children is:**

- a) ecthyma
- b) furuncle
- c) carbuncle
- d) impetigo

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

- a) furuncle
- b) ecthyma
- c) chronic folliculitis
- d) impetigo contagiosa

**135. The bacterial infection that commonly affects neonates is:**

- a) furuncle
- b) folliculitis
- c) bullous impetigo
- d) impetigo contagiosa

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

- a) furuncle

- b) deep folliculitis
- c) ecthyma
- d) impetigo contagiosa

**137. A bacterial infection that is extremely painful is:**

- a) impetigo contagiosa
- b) deep folliculitis
- c) ecthyma
- d) **bacterial paronychia**

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

- a) widespread lesions
- b) age less than 5 years
- c) regional lymphadenopathy
- d) **thick purulent crusts**

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

- a) scrofuloderma
- b) miliary tuberculosis
- c) periorificial tuberculosis
- d) **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

- a) **1 and 2**
- b) 1 and 4
- c) 3 and 4
- d) 2, 3 and 4

**141. A consistent manifestation of cutaneous tuberculosis is:**

- a) positive Mantoux test
- b) acid fast bacilli in smear
- c) **tuberculoid granuloma on biopsy**
- d) associated focus of internal tuberculosis

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

- a) discoid lupus erythematosus
- b) lepromatous leprosy
- c) **lupus vulgaris**
- d) erythema nodosum

**143. The most common morphology of lupus vulgaris is:**

- a) ulcerative
- b) **plaque**
- c) papulonodular
- d) verrucous

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

- a) primary cutaneous tuberculosis
- b) **scrofuloderma**
- c) lupus vulgaris
- d) tuberculosis verrucosa cutis

**145. The organism causing tinea versicolor is:**

- a) **Pityrosporum orbiculare**
- b) Trichophyton violaceum
- c) Propionibacterium
- d) Trichophyton rubrum

**146. The commonest organism causing candidiasis is:**

- a) Candida tropicalis
- b) Candida subtropicalis

- c) *Candida albicans*
- d) *Malassezia furfur*

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

- a) *Trichophyton violaceum*
- b) *Microsporum audouinii*
- c) *Trichophyton mentagrophytes*
- d) *Trichophyton rubrum*

**147. The organism causing favus is:**

- a) *Trichophyton violaceum*
- b) *Microsporum canis*
- c) *Trichophyton mentagrophytes*
- d) *Trichophyton Schoenleinii*

**148. Dermatophytes can be transmitted to humans from:**

- a) humans
- b) soil
- c) animals
- d) all of the above

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

- a) hypothyroidism
- b) hyperthyroidism
- c) dry skin
- d) diabetes

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

- a) trauma
- b) moisture
- c) hypothyroidism
- d) hyperthyroidism

**151. One of the following is true about favus:**

- a) it is a bacterial infection
- b) it is not infectious
- c) it is a type of tinea capitis
- d) it gives yellow fluorescence

**152. Kerion is a type of:**

- a) alopecia areata
- b) tinea capitis
- c) cicatrizing alopecia
- d) pityriasis capitis

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

- a) stratum corneum
- b) stratum granulosum
- c) basement membrane
- d) dermis

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

- a) favus
- b) black dot
- c) gray patch
- d) alopecia areata

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

- a) favus
- b) grey patch
- c) kerion
- d) alopecia areata

**156. Following factors affect the absorption of griseofulvin except:**

- a) time of the day
- b) particle size
- c) food
- d) gastrointestinal diseases

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

- a) 1-2 weeks
- b) 6-8 weeks
- c) 1 months
- d) 2 months

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

- a) 2-4 weeks
- b) 6-10 weeks
- c) 2 months
- d) 5 months

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

- a) 2-4 weeks
- b) 6-8 weeks
- c) 2 months
- d) 5 months

**160. Dermatophytes do not spread by contact with infected:**

- a) air
- b) soil
- c) animals
- d) humans

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

- a) pustules
- b) papules
- c) vesicles
- d) telangiectasia

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

- a) 1-2 weeks
- b) 3-6 weeks
- c) 6-9 months
- d) 6-12 months

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

- a) 1-2 weeks
- b) 3-6 weeks
- c) 6-9 months
- d) 18-24 months

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

- a) daily
- b) weekly
- c) fortnightly
- d) monthly

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

- a) daily
- b) two days every week
- c) one week every fortnight
- d) one week every month

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

- a) daily
- b) two days every week
- c) one week every fortnight



d) one week every month

**167. The commonest side effect of griseofulvin is:**

- a) peripheral neuropathy
- b) headache**
- c) nephropathy
- d) drug rash

**168. The dose of micronised griseofulvin in children is:**

- a) 4.5 mg/kg/day
- b) 5.5 mg/kg/day
- c) 10 mg/kg/day**
- d) 10.5 gm/kg/day

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

- a) 155 mg
- b) 350 mg
- c) 525 mg
- d) 750 mg**

**170. Nystatin is useful for:**

- a) candidiasis**
- b) tinea corporis
- c) tinea cruris
- d) impetigo

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

- a) wearing chappals
- b) wearing shoes**
- c) walking barefoot
- d) fissuring of soles

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

- a) wearing closed footwear
- b) working with water
- c) excessive sweating
- d) none of the above**

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

- a) tight underclothes
- b) thick underclothes
- c) synthetic underclothes
- d) dark colored underclothes**

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

- a) chest
- b) neck
- c) back
- d) forearms**

**175. This sign is positive in pityriasis versicolor:**

- a) collarette scale
- b) Christmas tree pattern
- c) apple jelly nodules
- d) scratch sign**

**176. Pityrosporum orbiculare has special affinity towards:**

- a) eccrine sweat
- b) apocrine sweat
- c) sebum**
- d) cerumen

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

- a) blue

- b) bluish green
- c) golden yellow
- d) coral red

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

- a) blue
- b) bluish green
- c) golden yellow
- d) coral red

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

- a) sodium hyposulfite
- b) selenium sulfide
- c) tolinaftate
- d) nystatin

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

- a) 2 weeks
- b) 4 weeks
- c) two months
- d) 4 months

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

- a) clotrimazole
- b) miconazole
- c) nystatin
- d) fluconazole

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

- a) ketoconazole
- b) griseofulvin
- c) nystatin
- d) fluconazole

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

- a) nystatin
- b) miconazole
- c) clotrimazole
- d) tolnaftate

**184. This is not a transmission group of dermatophytes:**

- a) zoophilic
- b) anthropophilic
- c) aerophilic
- d) geophilic

**185. Candidiasis affects all of the following except:**

- a) oral mucosa
- b) glans penis
- c) scalp
- d) finger webs

**186. This is not a genus of dermatophytes:**

- a) Trichophyton
- b) Epidermophyton
- c) Dermatophilus
- d) Microsporum

**187. The most common presentation of dermatophytosis is:**

- a) tinea capitis
- b) tinea corporis
- c) tinea cruris
- d) tinea pedis

**188. The most common morphology of tinea corporis is:**

- a) erythematous papules
- b) erythematous plaque
- c) annular scaly plaque
- d) scaly patch of alopecia

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

- a) onycholysis
- b) thickening of nail plate
- c) subungual hyperkeratosis
- d) nail pits

**190. The commonest differential diagnosis of tinea pedis is:**

- a) scabies
- b) candidiasis
- c) footwear dermatitis
- d) tinea versicolor

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

- a) hair
- b) nails
- c) palms
- d) genitals

**192. The type of scales in pityriasis versicolor is:**

- a) powdery
- b) collarette
- c) mica like
- d) silvery

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

- a) diabetes
- b) HIV infection
- c) oral contraceptives
- d) menopause

**194. The causative organism of chickenpox is:**

- a) Herpes Simplex Virus type I
- b) Varicella Zoster Virus
- c) Human Herpes Virus 6
- d) Herpes Simplex Virus type II

**195. The causative organism of herpes genitalis is:**

- a) Herpes Simplex Virus type II
- b) Herpes Simplex Virus type I
- c) Human Herpes Virus 6
- d) Human Herpes Virus 8

**196. The causative organism of Herpes labialis is:**

- a) Herpes Simplex Virus type II
- b) Herpes Simplex Virus type I
- c) Human Herpes Virus 6
- d) Human Herpes Virus 8

**197. The causative organism of Herpes zoster is:**

- a) Herpes simplex virus type I
- b) Varicella Zoster virus
- c) Human Herpes Virus 6
- d) Herpes simplex virus type II

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

- a) Herpes Simplex Virus type II
- b) Herpes Simplex Virus type I

- c) Human Herpes Virus 6
- d) Human Herpes Virus 8

**199. The organism causing verruca is:**

- a) Human Papilloma virus
- b) Herpes simplex virus
- c) Human Herpes Virus 6
- d) Human Herpes Virus 8

**200. The organism causing condyloma acuminata is:**

- a) Human Papilloma virus
- b) Herpes simplex virus
- c) Epstein Barr Virus
- d) Human Herpes Virus 8

**201. The organism causing oral hairy leukoplakia is:**

- a) Human Papilloma virus
- b) Herpes simplex virus
- c) Epstein Barr virus
- d) Human Herpes Virus 8

**202. The organism causing molluscum contagiosum is a:**

- a) polyoma virus
- b) papilloma virus
- c) picorna virus
- d) pox virus

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

- a) chicken pox
- b) primary herpes simplex
- c) herpes zoster
- d) herpetic keratoconjunctivitis

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

- a) 6 days
- b) 3 -10 days
- c) 10 -15 days
- d) 15 - 150 days

**205. The average incubation period of condyloma acuminata is:**

- a) 2-6 days
- b) 10-20 days
- c) 1-month
- d) 2-6 months

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

- a) podophyllin
- b) trichloroacetic acid
- c) levamisole
- d) salicylic acid

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

- a) 6 mg / kg / day in 4 divided doses
- b) 12 mg / kg / day in 4 divided doses
- c) 5 mg / kg / dose 4 times a day
- d) 12 mg / kg / dose 4 times a day

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

- a) acyclovir
- b) idoxuridine
- c) lamivudine
- d) zidovudine

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

- a) recurring chicken pox
- b) recurrent herpes simplex
- c) recurrent herpes genitalis
- d) herpes zoster

**210. Umbilicated papules are seen in:**

- a) chicken pox
- b) drug rash
- c) adenoma sebaceum
- d) molluscum contagiosum

**211. Rash of herpes zoster is usually preceded by:**

- a) pruritus
- b) tingling
- c) pain
- d) numbness

**212. Common premonitory symptom in recurrent herpes simplex is:**

- a) pruritus
- b) paresthesiae
- c) pain
- d) joint pains

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

- a) skin epidermis
- b) sensory end organs
- c) peripheral nerves
- d) nerve root ganglia

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

- a) trauma
- b) sunlight
- c) drugs
- d) fever

**215. The commonest segments affected in herpes zoster are:**

- a) trigeminal
- b) cervical
- c) thoracic
- d) lumbar

**216. The viral infection with pedunculated lesions is:**

- a) herpes simplex
- b) herpes zoster
- c) molluscum contagiosum
- d) condyloma acuminata

**217. A viral infection that is transmitted sexually is:**

- a) herpes zoster
- b) condyloma lata
- c) chicken pox
- d) molluscum contagiosum

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

- a) herpes simplex
- b) measles
- c) HIV
- d) chicken pox

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

- a) herpes simplex
- b) bacterial infection
- c) HIV

d) chicken pox

**220. A case of herpes zoster is infectious till:**

- a) first group of vesicles appear
- b) last group of vesicles appear
- c) all vesicles crust
- d) pain disappears

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

- a) capsaicin ointment
- b) paracetamol
- c) carbamazepine
- d) chloroquine

**222. Most cases of herpes genitalis are caused by:**

- a) Herpes simplex virus I
- b) Herpes simplex virus II
- c) Varicella zoster virus
- d) Human herpes virus VI

**223. Vesicles of herpes zoster are distributed:**

- a) uniformly all over the body
- b) centripetally, mainly affecting trunk
- c) centrifugally, mainly affecting face and limbs
- d) 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?**

- a) herpes labialis
- b) herpes zoster
- c) condyloma acuminata
- d) verruca vulgaris

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

- a) multidermatomal affection
- b) recurrent episodes
- c) bullous lesions
- d) individual episodes last for a shorter time

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

- a) herpes labialis
- b) molluscum contagiosum
- c) tinea versicolor
- d) tinea corporis

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

- a) grouped papules
- b) grouped crusted papules
- c) vesiculopustules
- d) grouped umbilicated vesicles

**228. Ordinarily, lesions of herpes zoster last for:**

- a) 2-3 days
- b) 6-8 days
- c) 8-10 days
- d) 2-3 weeks

**229. This is not a complication of herpes zoster:**

- a) ulceration
- b) neuralgia
- c) paralysis of muscles
- d) neonatal herpes

**230. This is not a complication of herpes genitalis:**

- a) ulceration
- b) retention of urine
- c) dissemination
- d) paralysis of skeletal muscles

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

- a) transmitting infection to health care workers
- b) ulceration
- c) neonatal herpes
- d) diaphragmatic paralysis

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

- a) podophyllin
- b) electrocautery
- c) salicylic acid ointment
- d) wart lotion

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

- a) painful
- b) surface shows black dots
- c) dermatoglyphic lines are lost
- d) most tender on vertical pressure

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

- a) bleeding
- b) bacterial infection
- c) urinary retention
- d) abortion

**235. Podophyllin is contraindicated in:**

- a) childhood
- b) hypertension
- c) pregnancy
- d) lactation

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

- a) 1,5 %
- b) 2,5 %
- c) 6,0 %
- d) 20,0 %

**237. The most common side effect of podophyllin is:**

- a) drug eruption
- b) neuropathy
- c) allergic contact dermatitis
- d) irritant contact dermatitis

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

- a) it is the treatment of choice for condyloma acuminata
- b) 20,0 % lotion is used
- c) to be applied twice a day for 2 weeks
- d) commonest side effect is irritant dermatitis

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

- a) molluscum contagiosum
- b) lichen planus
- c) psoriasis
- d) condyloma acuminata

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

- a) podophyllin
- b) trichloroacetic acid

c) salicylic acid

d) cryotherapy

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

a) 100 mg/kg/day

b) 250 mg QDS

c) 200 mg five times a day

d) 300 mg QDS

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

a) 400 mg/kg/day

b) 600 mg five times a day

c) 400 mg five times a day

d) 800 mg five times a day

**243. Unusually severe herpes genitalis is a feature of:**

a) diabetes mellitus

b) malnutrition

c) HIV infection

d) pregnancy

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

a) a 10 day course of acyclovir

b) regular application of acyclovir ointment

c) regular application of idoxuridine ointment

d) none of the above

**245. Tinea capitis is common in:**

a) neonates

b) infants

c) preschool children

d) school going children

**246. The antigens causing contact dermatitis are:**

a) heparins

b) proteins

c) haptens

d) immunoglobulins

**247. Patch test is read after:**

a) 15 minutes

b) 12 hours

c) 48 hours

d) 2 week

**248. Cardinal sign of eczema is:**

a) erythema

b) edema

c) vesiculation

d) scaling

**249. The circulating immunoglobulin raised in atopic dermatitis is:**

a) IgA

b) IgE

c) IgA and IgG

d) IgM

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

a) elbows and knees

b) antecubital and popliteal fossae

c) axillae and groins

d) face and neck

**251. One of the associations of atopic dermatitis is:**

a) seborrheic dermatitis



- b) psoriasis
- c) lichen planus
- d) urticaria

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

- a) keratosis pilaris
- b) ichthyosis vulgaris
- c) extra infraorbital crease
- d) hypertelorism

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

- a) chronic lichenified dermatitis
- b) persistent pruritus
- c) recurrent hand dermatitis
- d) recurrent urticaria

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

- a) avoidance of strong soap
- b) emollients
- c) drying lotions
- d) topical low potency corticosteroids

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

- a) atopic dermatitis
- b) nummular dermatitis
- c) seborrheic dermatitis
- d) contact dermatitis

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

- a) irritant dermatitis
- b) phototoxic dermatitis
- c) photoallergic dermatitis
- d) nummular dermatitis

**257. The organism playing pathogenetic role in seborrheic dermatitis is**

- a) Sarcoptes
- b) Pityrosporum
- c) Trichophyton
- d) Propionibacterium

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

- a) dorsa of feet
- b) nape of neck
- c) face
- d) antecubital fossae

**259. The commonest site for lichen simplex chronicus is:**

- a) dorsa of feet
- b) nape of neck
- c) face
- d) forearms

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

- a) lips
- b) antecubital and popliteal fossae
- c) mid-chest
- d) eyelids

**261. Atopic dermatitis is best diagnosed by:**

- a) clinical features
- b) IgE levels
- c) patch tests

d) skin biopsy

**262. Which type of ichthyosis is associated with atopy?**

- a) **ichthyosis vulgaris**
- b) lamellar ichthyosis
- c) X-linked ichthyosis
- d) epidermolytic hyperkeratosis

**263. Atopic dermatitis may be aggravated by all except:**

- a) winter season
- b) woolen clothes
- c) citrus fruits
- d) **emollients**

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

- a) **oozing plaques**
- b) lichenified plaques
- c) affection of flexures
- d) family history of atopy

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

- a) atopic eczema
- b) allergic rhinitis
- c) bronchial asthma
- d) **contact allergy**

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

- a) extremities
- b) napkin area
- c) **face**
- d) scalp

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

- a) flexors of extremities
- b) **extensors of extremities**
- c) face
- d) scalp

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

- a) **nickel**
- b) footwear
- c) cement
- d) clothes

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

- a) jewelry
- b) wrist watch
- c) spectacles
- d) **cosmetics**

**270. Pityriasis capitis refers to:**

- a) pityriasis rosea affecting the scalp
- b) lice infestation of scalp
- c) mild psoriasis of scalp
- d) **mild seborrheic dermatitis of scalp**

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

- a) blockage of follicular openings
- b) increased sebum production
- c) increased count of propionibacterium acnes
- d) **increased apocrine sweat production**

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

- a) tetracycline
- b) erythromycin
- c) dapsone
- d) isotretinoin

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

- a) *Corynebacterium minutissimum*
- b) *Propionibacterium acnes*
- c) *Calymmatobacterium granulomatis*
- d) *Corynebacterium tenuis*

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

- a) face
- b) back
- c) legs
- d) chest

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

- a) acne rosacea
- b) seborrheic dermatitis
- c) androgenetic alopecia
- d) pityriasis versicolor

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

- a) ketoconazole
- b) dapsone
- c) tetracycline
- d) isotretinoin

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

- a) comedone
- b) follicular papule
- c) follicular pustule
- d) scar

**278. Perioral dermatitis occurs following application of:**

- a) antifungal antibiotics
- b) antibiotics
- c) fluorinated steroids
- d) retinoic acid

**279. The preferred topical treatment for comedonal acne is:**

- a) benzoyl peroxide
- b) erythromycin
- c) clindamycin
- d) tretinoin

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

- a) dry skin
- b) epistaxis
- c) teratogenicity
- d) fixed drug eruption

**281. Scars typical of acne vulgaris are:**

- a) atrophic
- b) hypertrophic
- c) ice pick
- d) varioliform

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

- a) hepatotoxicity
- b) mutagenicity
- c) teratogenicity
- d) skeletal toxicity

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

- a) affecting the back
- b) induced by cosmetics
- c) occurring in soldiers
- d) severe nodulocystic acne

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

- a) secondary bacterial infection
- b) malignancy may supervene
- c) its psychological impact
- d) associated systemic involvement

**285. All of the following exacerbate acne except:**

- a) hot and humid climate
- b) diabetes mellitus
- c) hyperandrogenism
- d) contact with oil

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

- a) rhinoscleroma
- b) rhinosporidiosis
- c) rosacea
- d) leishmaniasis

**287. Dermabrasion is most useful for:**

- a) rosacea
- b) acne vulgaris
- c) rhinophyma
- d) dermatitis

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

- a) silver nitrate
- b) metronidazole
- c) benzoyl peroxide
- d) hydrocortisone

**289. Typical lesions of rosacea are:**

- a) vesicles
- b) bullae
- c) crusts
- d) none of the above

**290. Glands involved in pathogenesis of acne are:**

- a) eccrine glands
- b) apocrine glands
- c) sebaceous glands
- d) parathyroid glands

**291. The commonest site affected in acne vulgaris is:**

- a) scalp
- b) face
- c) back
- d) chest

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

- a) dermabrasion
- b) cryotherapy
- c) electrocautery
- d) chemical peels

**293. Hyperpigmentation is a side effect of:**

- a) tetracycline
- b) isotretinoin

- c) minocycline
- d) erythromycin

**294. All of the following exacerbate rosacea except:**

- a) alcohol abuse
- b) hot beverages
- c) chocolates
- d) sun exposure

**295. Post-inflammatory hypopigmentation is not left behind by:**

- a) lichen planus
- b) pityriasis rosea
- c) pemphigus vulgaris
- d) psoriasis

**296. Prevalence of psoriasis in the general population is approximately:**

- a) 1 in 100000
- b) 1 in 10000
- c) 1 in 100
- d) 1 in 1000

**297. Psoriasis vulgaris classically affects:**

- a) face
- b) axillae and groins
- c) elbows and knees
- d) palms and soles

**298. The treatment of choice for flexural psoriasis is:**

- a) methotrexate
- b) retinoids
- c) topical steroids
- d) calcipotriol

**299. Which of the following is false for psoriasis?**

- a) epidermis is not mature
- b) barrier function is disturbed
- c) dermis is thickened
- d) epidermis is thickened

**300. Differential diagnosis of psoriasis vulgaris includes:**

- a) nummular eczema
- b) erythema multiforme
- c) fixed drug eruption
- d) pityriasis versicolor

**301. Mother patch is a characteristic of:**

- a) pityriasis capitis
- b) pityriasis versicolor
- c) pityriasis rosea
- d) lichen planus

**302. The prognosis of pityriasis rosea is:**

- a) resolves without treatment
- b) responds rapidly to topical steroids
- c) recurs after several years
- d) remissions and exacerbations

**303. In pityriasis rosea the duration between mother patch and the main eruption:**

- a) few hours
- b) 2-3 hours
- c) 2-3 days
- d) 5-10 days

**304. The eruption of pityriasis rosea lasts for:**

- a) 4-6 days
- b) 6-10 days
- c) 10-20 days
- d) 4-6 weeks

**305. Pityriasis rosea spares:**

- a) back
- b) abdomen
- c) face
- d) chest

**306. Mother patch of pityriasis rosea is an erythematous:**

- a) linear plaque
- b) annular plaque
- c) linear patch
- d) papulovesicle

**307. The type of scale observed in pityriasis rosea is:**

- a) mica like
- b) powdery
- c) collarette
- d) silvery

**308. The pattern of rash in pityriasis rosea is:**

- a) linear
- b) segmental
- c) Christmas tree like
- d) centrifugal

**309. The type of scale seen in psoriasis is:**

- a) mica like
- b) powdery
- c) collarette
- d) thin

**310. The type of scale seen in psoriasis is:**

- a) silvery
- b) yellowish
- c) wafer like
- d) greasy

**311. Isomorphic phenomenon is not seen in:**

- a) psoriasis
- b) lichen planus
- c) plantar warts
- d) plane warts

**312. Koebner phenomenon is seen in:**

- a) lichen planus
- b) pityriasis rosea
- c) pityriasis versicolor
- d) pityriasis alba

**313. This is not useful for treating widespread psoriasis:**

- a) methotrexate
- b) 8-methoxypsoralen
- c) retinoids
- d) chloroquine

**314. Which of the following is not a classic site for psoriasis vulgaris?**

- a) elbows
- b) knees

- c) upper back
- d) lower back

**315. Lichen planus is:**

- a) viral infection
- b) autoimmune disease
- c) fungal infection
- d) late stage of eczema

**316. This is not a precipitating factor for psoriasis:**

- a) genetic predisposition
- b) trauma
- c) streptococcal infection
- d) drugs

**317. Spongiform pustule is seen in:**

- a) ecthyma
- b) psoriasis
- c) bullous pemphigoid
- d) pemphigus

**318. Spongiform pustule is seen in:**

- a) stratum basalis
- b) stratum spinosum
- c) stratum granulosum
- d) stratum corneum

**319. Munro's micro abscesses are seen in:**

- a) stratum basalis
- b) stratum spinosum
- c) stratum granulosum
- d) stratum corneum

**320. Munro's micro abscesses are seen in:**

- a) atopic dermatitis
- b) psoriasis
- c) bullous pemphigoid
- d) pemphigus

**321. The area least likely to be affected by psoriasis is:**

- a) abdomen
- b) scalp
- c) face
- d) nose

**322. This is not a feature of lichen planus:**

- a) nail atrophy
- b) polygonal papules
- c) silvery scales
- d) isomorphic phenomenon

**323. This is not a feature of psoriasis:**

- a) erythematous scaly plaques
- b) positive isomorphic phenomenon
- c) Wickham's striae
- d) Auspitz sign

**324. This is not useful for treatment of psoriasis:**

- a) anthralin
- b) methotrexate
- c) cycloserine
- d) calcipotriol

**325. The treatment of choice for lichen planus is:**

- a) retinoids
- b) calcipotriol
- c) steroids
- d) PUVA therapy

**326. Which of the following is false about lichen planus?**

- a) involves mucosae
- b) violaceous papules
- c) non-pruritic
- d) basal cells are damaged

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

- a) dorsa of feet
- b) nape of neck
- c) face
- d) antecubital fossae

**328. The commonest site for lichen simplex chronicus is:**

- a) dorsa of feet
- b) nape of neck
- c) face
- d) forearms

**329. The commonest feature of nail psoriasis is:**

- a) oil spots
- b) nail pits
- c) transverse ridges
- d) onycholysis

**330. Alopecia due to lichen planus is:**

- a) non-scarring, patchy
- b) non-scarring, diffuse
- c) scarring, patchy
- d) scarring and diffuse

**331. The treatment of choice for pustular psoriasis is:**

- a) methotrexate
- b) systemic steroids
- c) anthralin
- d) PUVA therapy

**332. The treatment of choice for erythrodermic psoriasis:**

- a) methotrexate
- b) systemic steroids
- c) calcipotriol
- d) PUVA therapy

**333. Which of the following is not true for pityriasis rosea?**

- a) mother plaques
- b) Christmas tree pattern
- c) variant of pityriasis versicolor
- d) spares hands and feet

**334. In psoriatic arthropathy:**

- a) skin lesions precede arthropathy
- b) skin lesions follow arthropathy
- c) skin lesions may be absent
- d) any of the above

**335. Pityriasis rosea predominantly affects:**

- a) face
- b) back



- c) abdomen
- d) trunk

**336. Psoriatic arthritis frequently resembles:**

- a) osteoarthritis
- b) rheumatoid arthritis
- c) tuberculous arthritis
- d) pyogenic arthritis

**337. Psoriasis commonly gets exacerbated in:**

- a) summer
- b) autumn
- c) winter
- d) spring

**338. Lichen planus is due to:**

- a) fungal infection
- b) hypersensitivity reaction
- c) autoimmune process
- d) genetic defects

**339. Which of the following is a characteristic of psoriatic arthritis?**

- a) seronegative
- b) erosive
- c) polyarticular
- d) all of the above

**340. Psoriasis is not:**

- a) a papulosquamous disorder
- b) pruritic
- c) associated with isomorphic phenomenon
- d) seen in children

**341. The granular layer of epidermis is thinned or absent in:**

- a) psoriasis
- b) lichen planus
- c) pityriasis versicolor
- d) pityriasis rosea

**342. All of the following are seen in lichen planus except:**

- a) lichenoid lymphocytic infiltrate
- b) basal cell degeneration
- c) focal spongiosis
- d) colloid bodies

**343. All of the following may resemble psoriasis clinically except:**

- a) seborrheic dermatitis
- b) pityriasis rosea
- c) pityriasis versicolor
- d) nummular eczema

**344. Erythroderma may occur due to all of the following except:**

- a) psoriasis
- b) pemphigus foliaceus
- c) polymorphous light eruption
- d) lymphoma

**345. Ichthyosis vulgaris is transmitted as:**

- a) autosomal dominant
- b) autosomal recessive
- c) X linked dominant
- d) X linked recessive

**346. A 40 year old male had asymptomatic scaly plaques over scalp and knees. The likely diagnosis is:**

- a) seborrheic dermatitis
- b) psoriasis**
- c) lichen planus
- d) pityriasis rosea

**347. The lesions of lichen planus usually heal with:**

- a) hypopigmentation
- b) hyperpigmentation**
- c) hypertrophic scarring
- d) depigmented scars

**348. Post-inflammatory hyperpigmentation due to lichen planus fades over:**

- a) 10 days
- b) 2 months
- c) 6-12 months**
- d) 6-12 years

**349. PUVA therapy acts in psoriasis by:**

- a) release of cutaneous prostaglandins
- b) inhibition of DNA synthesis**
- c) inducing erythema and exfoliation
- d) stabilization of lysosomes

**350. Koebner phenomenon is not seen in:**

- a) acute eczema
- b) lichen planus
- c) psoriasis
- d) pityriasis rosea**

**351. Auspitz sign is seen in:**

- a) psoriasis**
- b) acute eczema
- c) lichen planus
- d) pemphigus vulgaris

**352. Nail changes in psoriasis include all of the following except:**

- a) nail pits
- b) onycholysis
- c) subungual hyperkeratosis
- d) pterygium**

**353. Lichen planus has all of the following except:**

- a) Wickham's striae
- b) Isomorphic phenomenon
- c) Darier's sign**
- d) flat topped papules

**354. Pityriasis rosea has all of the following except:**

- a) annular lesions
- b) scaly plaques
- c) mother patch
- d) silvery scales**

**355. The anti-malignancy drug commonly used in widespread psoriasis is:**

- a) cyclophosphamide
- b) methotrexate**
- c) busulphan
- d) doxorubicin

**356. The immunosuppressant drug useful for severe psoriasis is:**

- a) cyclophosphamide

- b) azathioprine
- c) cyclosporine
- d) levamisole

**357. The vitamin D derivative topically used currently in treating psoriasis is:**

- a) calcitriol
- b) calcipotriol
- c) cholecalciferol
- d) all of the above

**358. The most important side effect of anthralin in psoriasis is:**

- a) contact allergic dermatitis
- b) contact irritant dermatitis
- c) hepatotoxicity
- d) renal toxicity

**359. All of the following are features of a lesion of indeterminate leprosy except:**

- a) plaque
- b) affection of sensations
- c) erythema
- d) hypopigmentation

**360. After adequate treatment, hypopigmentation in pityriasis versicolor:**

- a) becomes more prominent
- b) persists for several months
- c) slowly fades in 1-2 months
- d) responds within 5-10 days

**361. All of the following are pathogenetic theories for vitiligo except:**

- a) autoimmune disease
- b) neuroimmunologic
- c) bulge activation hypothesis
- d) none of the above

**362. Pityriasis alba is common in:**

- a) infants
- b) children
- c) adolescents
- d) elderly

**363. Commonest site for pityriasis alba is:**

- a) buttocks
- b) extensors of extremities
- c) scalp
- d) face

**364. Pityriasis alba is commoner in:**

- a) atopies
- b) persons with oily skin
- c) patients of pityriasis versicolor
- d) patients of pityriasis rosea

**365. The skin smear in indeterminate leprosy is:**

- a) always negative
- b) always positive
- c) usually positive
- d) rarely positive

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

- a) colour rarely returns to normal with treatment
- b) they rarely depigment
- c) they rarely become ichthyotic

d) all of the above

**367. Post inflammatory hypopigmentation is not left behind by:**

- a) lichen planus
- b) pityriasis rosea
- c) pemphigus vulgaris
- d) psoriasis

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

- a) phenobarbitone
- b) paracetamol
- c) phenothiazine
- d) ampicillin

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

- a) tetracycline
- b) cotrimoxazole
- c) ampicillin
- d) erythromycin

**370. All of the following drugs are photosensitizers except:**

- a) tetracycline
- b) ampicillin
- c) glibenclamide
- d) estrogens

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

- a) allopurinol
- b) thiacetazone
- c) cotrimoxazole
- d) spironolactone

**372. The typical lesion of erythema multiforme is a:**

- a) papule
- b) comedone
- c) target lesion
- d) wheal

**373. The classical lesion of urticaria is a:**

- a) papule
- b) papule topped by a vesicle
- c) target lesion
- d) wheal

**374. Erythema multiforme preferentially involves the following sites except:**

- a) palms and soles
- b) mucosae
- c) mucocutaneous junction
- d) midback

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

- a) cetirizine
- b) hydroxyzine
- c) loratidine
- d) promethazine

**376. The commonest precipitating factor for recurrent erythema multiforme is:**

- a) streptococcal infection
- b) common cold
- c) herpes simplex
- d) fungal infections

**377. Target lesions are characteristic of:**

- a) urticaria

- b) lupus erythematosus
- c) erythema nodosum
- d) erythema multiforme

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

- a) face
- b) scalp
- c) chest
- d) limbs

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

- a) 10-15%
- b) 15-20%
- c) 20-25%
- d) 25-30%

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

- a) alopecia universalis
- b) ophiasis
- c) telogen effluvium
- d) alopecia totalis

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

- a) alopecia universalis
- b) telogen effluvium
- c) alopecia totalis
- d) alopecia subtotalis

382. Alopecia areata is a:

- a) hereditary condition
- b) autoimmune disease
- c) fungal infection
- d) viral infection

383. The growth phase of hair is known as:

- a) telogen
- b) anagen
- c) metagen
- d) none of the above

384. The resting phase of hair is known as:

- a) telogen
- b) anagen
- c) metagen
- d) none of the above

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

- a) moustache
- b) beard
- c) scalp
- d) eyebrows

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

- a) autoimmunity
- b) emotional stress
- c) atopy
- d) diabetes

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

- a) vasculitic ulcers
- b) nail fold telangiectasia
- c) photosensitivity
- d) butterfly erythema

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

- a) skin
- b) blood
- c) urine
- d) mucosa

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

- a) antinuclear antibody
- b) anti double stranded DNA
- c) anti single stranded DNA
- d) anti RoSSA

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

- a) discoid lesions
- b) butterfly erythema
- c) nail fold telangiectasia
- d) none of the above

**391. LE cell is a:**

- a) lymphocyte
- b) histiocyte
- c) neutrophil
- d) keratinocyte

**392. The commonest site affected in discoid lupus erythematosus is:**

- a) scalp
- b) face
- c) trunk

**393. Discoid lesions are a characteristic of:**

- a) lupus erythematosus
- b) systemic sclerosis
- c) localized scleroderma
- d) contact dermatitis to coins

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

- a) erythema
- b) atrophy
- c) purpura
- d) dyspigmentation

**395. The prognosis of localized scleroderma is:**

- a) gradually increases in size and number
- b) increases to involve whole body
- c) develops systemic affection as in systemic sclerosis
- d) heals with atrophy and then persists unchanged

**396. Photosensitivity is common in:**

- a) lupus erythematosus
- b) systemic sclerosis
- c) localized scleroderma
- d) psoriatic arthropathy

**397. Morphoea refers to:**

- a) morphology of different skin lesions
- b) type of alopecia areata
- c) localized scleroderma
- d) type of tinea corporis

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

- a) systemic steroids
- b) clofazimine
- c) griseofulvin
- d) chloroquine

**399. Butterfly erythema is a sign of:**

- a) **lupus erythematosus**
- b) psoriasis
- c) drug eruption
- d) photoallergic dermatitis

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

- a) discoid lupus erythematosus
- b) systemic sclerosis
- c) **localized scleroderma**
- d) rheumatoid nodule

**401. Cytodiagnosis can help in cases of:**

- a) eczema
- b) erythema multiforme
- c) fixed drug eruption
- d) **herpes simplex**

**402. Cytodiagnosis reveals acantholytic cells in:**

- a) dermatitis herpetiformis
- b) bullous pemphigoid
- c) **pemphigus**
- d) erythema multiforme

**403. Acantholytic blister formation is seen in:**

- a) allergic contact dermatitis
- b) dermatitis herpetiformis
- c) bullous pemphigoid
- d) **pemphigus vulgaris**

**404. Gluten hypersensitivity is an association of:**

- a) bullous pemphigoid
- b) **dermatitis herpetiformis**
- c) pemphigus vulgaris
- d) herpetiform pemphigus

**405. All of the following are autoimmune bullous diseases except:**

- a) pemphigus vulgaris
- b) bullous pemphigoid
- c) dermatitis herpetiformis
- d) **epidermolysis bullosa**

**406. Dermatitis herpetiformis commonly affects:**

- a) soles
- b) face
- c) **sacrum**
- d) palms

**407. Nikolsky's sign is typically present in:**

- a) **pemphigus vulgaris**
- b) bullous pemphigoid
- c) dermatitis herpetiformis
- d) erythema multiforme

**408. Systemic steroids are the drug of choice in all these bullous diseases except:**

- a) pemphigus vulgaris
- b) bullous pemphigoid
- c) **dermatitis herpetiformis**
- d) bullous erythema multiforme

**409. Dapsone is the drug choice for treatment of:**

- a) pemphigus vulgaris

- b) bullous pemphigoid
- c) dermatitis herpetiformis
- d) bullous erythema multiforme

**410. Tense blisters are seen in all of the following except:**

- a) pemphigus vulgaris
- b) bullous pemphigoid
- c) dermatitis herpetiformis
- d) bullous erythema multiforme

**411. All of the following are features of classic bullous pemphigoid except:**

- a) tense bullae
- b) erythematous flare around bullae
- c) Nikolsky's sign is present
- d) responds to systemic steroids

**412. All of the following are features of pemphigus vulgaris except:**

- a) flaccid blisters
- b) positive Nikolsky's sign
- c) intraepidermal blister
- d) responds well to dapsone

**413. All of the following are features of pemphigus vulgaris except:**

- a) oral cavity spared
- b) blisters tend to break easily
- c) bulla spread sign present
- d) suprabasal bulla

**414. Bullous pemphigoid is characterized by:**

- a) blisters tend to break easily
- b) individual blisters heal without treatment
- c) suprabasal bulla
- d) oral cavity involvement

**415. Bullous pemphigoid spares:**

- a) scalp
- b) axillae and groins
- c) oral cavity
- d) back

**416. Pemphigus vulgaris does not commonly affect:**

- a) oral cavity
- b) conjunctiva
- c) scalp
- d) trunk

**417. Dermatitis herpetiformis does not commonly affect:**

- a) axillae
- b) upper back
- c) sacrum
- d) extensors of extremities

**418. This is a congenital bullous disorder:**

- a) pemphigus vulgaris
- b) bullous pemphigoid
- c) dermatitis herpetiformis
- d) epidermolysis bullosa

**419. IgA deposits are found in the skin in:**

- a) pemphigus vulgaris
- b) bullous pemphigoid
- c) dermatitis herpetiformis
- d) erythema multiforme



**420. Intraepidermal IgG deposits are found in the skin in:**

- a) pemphigus vulgaris
- b) bullous pemphigoid
- c) dermatitis herpetiformis
- d) erythema multiforme

**421. Following is true about pemphigus vulgaris:**

- a) blisters tend to break easily
- b) individual blisters heal without treatment
- c) oral cavity spared
- d) IgM deposit in skin

**422. Following is false about pemphigus vulgaris:**

- a) flaccid blisters
- b) Nikolsky's sign is positive
- c) suprabasal bulla
- d) associated with gluten sensitive enteropathy

**423. What is false about pemphigus:**

- a) scalp is rarely affected
- b) bullae occur at sites of trauma
- c) bulla spread sign is positive
- d) acantholytic cells are seen inside bulla

**424. Bullous eruption common in infants is:**

- a) congenital syphilis
- b) epidermolysis bullosa
- c) bullous impetigo
- d) chronic bullous dermatosis

**425. Bullous eruption common in the elderly is:**

- a) bullous pemphigoid
- b) bullae in unconscious patients
- c) dermatitis herpetiformis
- d) IgA bullous dermatosis

**426. All of the following drugs are reported to have induced pemphigus except:**

- a) penicillinamine
- b) captopril
- c) rifampicin
- d) griseofulvin

**427. All of the following are useful for diagnosing pemphigus except:**

- a) Auspitz sign
- b) Nikolsky' sign
- c) Tzanck smear
- d) direct immunofluorescence

**428. Pemphigus is caused by:**

- a) fungal infection
- b) genetic defect
- c) autoimmunity mediated by lymphocytes
- d) autoimmunity mediated by antibodies

**429. A 60 year old man presented with burning and erythema that erupted into tense bullae over the trunk. Tzanck smear showed eosinophils. The likely diagnosis is:**

- a) pemphigus vulgaris
- b) bullous pemphigoid
- c) cicatricial pemphigoid
- d) dermatitis herpetiformis

**430. In addition to pemphigus, Nikolsky's sign is positive in:**

- a) dermatitis herpetiformis
- b) bullous pemphigoid
- c) toxic epidermal necrolysis
- d) burns

**431. The commonest variety of pemphigus is:**

- a) pemphigus vulgaris
- b) pemphigus vegetans
- c) pemphigus foliaceus
- d) pemphigus erythematosus

**432. Acantholytic cells in pemphigus vulgaris are:**

- a) cuboidal
- b) polygonal
- c) oval
- d) rounded

**433. Bulla spread' sign is seen in:**

- a) bullous pemphigoid
- b) pemphigus vulgaris
- c) pemphigus vegetans
- d) dermatitis herpetiformis

**434. Erythema nodosum is commonly caused by:**

- a) drugs
- b) staphylococcal infections
- c) streptococcal infections
- d) fungal infections

**435. The drug of choice for the treatment of syphilis is:**

- a) erythromycin
- b) cotrimoxazole
- c) penicillin
- d) clarithromycin

**436. The drug of choice for the treatment of chlamydial urethritis is:**

- a) tetracycline
- b) erythromycin
- c) penicillin
- d) ciprofloxacin

**437. The drug of choice for the treatment of mycoplasmal urethritis is:**

- a) ciprofloxacin
- b) erythromycin
- c) penicillin
- d) clarithromycin

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

- a) atrophy
- b) herpes labialis
- c) hypopigmentation
- d) purpura

**439. The least potent topical steroid available is:**

- a) hydrocortisone
- b) clobetasone
- c) dexamethasone
- d) prednicarbate

**440. The most potent topical steroid is:**

- a) betamethasone
- b) clobetasol propionate
- c) betamethasone dipropionate

d) clobetasone butyrate

**441. Topical steroids are indicated in all except:**

- a) nummular eczema
- b) lichen planus
- c) **kerion**
- d) alopecia areata

**442. Weak potency topical steroids are indicated in all except:**

- a) **lichenified dermatitis**
- b) children
- c) elderly
- d) facial eruptions

**443. Potent topical steroids are indicated in all except:**

- a) localized psoriasis
- b) lichen planus
- c) **seborrheic dermatitis**
- d) vitiligo

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

- a) **acyclovir**
- b) idoxuridine
- c) zidovudine
- d) foscarnet

**445. Virchow cells are macrophages containing bacilli in:**

- a) tuberculosis
- b) **leprosy**
- c) bacterial vaginosis
- d) syphilis

**446. Type of lesion not seen in lepromatous leprosy is:**

- a) diffuse infiltration
- b) papulonodules
- c) **annular plaques**
- d) leonine facies

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

- a) **mask like face**
- b) saddle nose
- c) nodules
- d) edema feet

**448. Which of the following is a cardinal sign of leprosy?**

- a) hypoaesthesia
- b) hypopigmented patch
- c) **acid fast bacilli in skin smears**
- d) leonine facies

**449. What is false for tuberculoid leprosy?**

- a) sensations over lesions are usually absent
- b) biopsy shows tuberculoid granuloma
- c) **well defined plaque is common**
- d) mycobacteria are not demonstrable in skin

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

- a) tuberculoid
- b) indeterminate
- c) borderline lepromatous
- d) **lepromatous**

**451. Host immunity is maximum in this type of leprosy:**

- a) **tuberculoid**

- b) indeterminate
- c) borderline lepromatous
- d) lepromatous

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

- a) tuberculoid
- b) indeterminate
- c) borderline lepromatous
- d) borderline tuberculoid

**453. What is false for lepromatous leprosy?**

- a) immunity is low
- b) nodules are common
- c) nerves are damaged early
- d) loss of lateral eyebrows occurs

**454. Lepromin test detects:**

- a) leprosy disease
- b) protective immunity against leprosy infection
- c) non-protective immunity against leprosy infection
- d) immunity against any mycobacterial infection

**455. Lepromin test is negative in:**

- a) borderline tuberculoid leprosy
- b) contacts of leprosy cases
- c) normal population
- d) lepromatous leprosy

**456. The nerve uncommonly affected in leprosy is:**

- a) sural
- b) median
- c) radial
- d) lateral popliteal

**457. The nerve most commonly affected in leprosy is:**

- a) sural
- b) median
- c) ulnar
- d) lateral popliteal

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

- a) isolated till multidrug treatment is completed
- b) treated and isolated till bacteriology is negative
- c) treated and isolated till living bacilli are present
- d) treated with multidrug therapy without isolation

**459. Leonine facies is seen in this type of leprosy:**

- a) lepromatous
- b) indeterminate
- c) borderline lepromatous
- d) borderline tuberculoid

**460. The commonest deformity in leprosy is:**

- a) foot drop
- b) ape thumb
- c) leonine facies
- d) claw hand

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

- a) hypoaesthetic skin lesions
- b) thickened nerves
- c) leonine facies
- d) presence of acid fast bacilli in skin smears

- 462. In lepromatous leprosy all of the following are true except:**
- a) skin lesions are symmetrical
  - b) nerve affection is symmetrical
  - c) skin lesions are infective
  - d) **lepromin test is positive**
- 463. This type of leprosy is difficult to diagnose:**
- a) early tuberculoid
  - b) late tuberculoid
  - c) late lepromatous
  - d) **early lepromatous**
- 464. The most infectious type of leprosy is:**
- a) tuberculoid
  - b) borderline tuberculoid
  - c) borderline lepromatous
  - d) **lepromatous**
- 465. The least infectious form of leprosy is:**
- a) **tuberculoid**
  - b) borderline tuberculoid
  - c) borderline lepromatous
  - d) indeterminate
- 466. The immunity in lepromatous leprosy is:**
- a) most efficient
  - b) generally deficient in handling all antigens
  - c) **specifically deficient in handling *M. leprae***
  - d) is deficient against leprosy and tuberculosis
- 467. All of the following are signs of activity of leprosy except:**
- a) extension of old lesions
  - b) erythema and edema of lesions
  - c) tenderness of nerves
  - d) **persistent anaesthesia**
- 468. What is false about *Mycobacterium leprae*?**
- a) they are not acid fast with 20,0% sulphuric acid
  - b) **they proliferate best at 37 degrees centigrade**
  - c) can be grown in mice
  - d) cannot penetrate blood brain barrier
- 469. The antileprosy drug which causes reddish discoloration of urine is:**
- a) dapsone
  - b) ofloxacin
  - c) **rifampicin**
  - d) minocycline
- 470. A drug useful for treating both leprosy and lepra reactions is:**
- a) dapsone
  - b) rifampicin
  - c) **clofazimine**
  - d) systemic steroids
- 471. In lepromatous leprosy lepra bacilli are found:**
- a) in patient's clothes
  - b) on the surface of skin nodules
  - c) **in nasal secretions**
  - d) in the sweat of patients
- 472. The standard daily dose of dapsone in treatment of leprosy is:**
- a) 10 mg
  - b) 20 mg

- c) 60 mg
- d) 100 mg

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

- a) 10 mg
- b) 20 mg
- c) 50 mg
- d) 100 mg

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

- a) lepromatous leprosy
- b) borderline lepromatous leprosy
- c) borderline tuberculoid leprosy
- d) tuberculoid leprosy

475. Sensations are usually lost over a patch of:

- a) lepromatous leprosy
- b) borderline lepromatous leprosy
- c) indeterminate leprosy
- d) tuberculoid leprosy

476. A pathogenetic factor in the development of Kaposi's sarcoma is:

- a) Herpes Simplex type II
- b) Herpes Simplex type I
- c) Human Herpes Virus 6
- d) Human Herpes Virus 8

477. The causative organism of syphilis is:

- a) Borrelia vincenti
- b) Treponema pertneue
- c) Treponema pallidum
- d) Treponema carateum

478. The commonest cause of non-gonococcal urethritis is:

- a) Mycoplasma
- b) Neisseria catarrhalis
- c) Chlamydia
- d) Herpes genitalis

479. The commonest organism causing candidiasis is:

- a) Candida tropicalis
- b) Candida glabrata
- c) Candida albicans
- d) Candida krusei

480. This is not a morphologic feature of rash of secondary syphilis:

- a) papules
- b) plaques
- c) vesicles
- d) macules

481. Lymphogranuloma venereum is caused by:

- a) virus
- b) bacteria
- c) chlamydia
- d) mycoplasma

482. The lymph nodes in secondary syphilis are not:

- a) matted
- b) non-tender
- c) enlarged
- d) discrete

483. The type of alopecia in secondary syphilis is:

- a) diffuse

- b) male pattern
- c) moth eaten
- d) scarring

**484. The rash of secondary syphilis is not:**

- a) pruritic
- b) symmetrical
- c) pustular
- d) erythematous

**485. Condyloma lata do not occur over:**

- a) axillae and groins
- b) web spaces
- c) oral cavity
- d) face

**486. Mucous patches are a sign of:**

- a) gonorrhea
- b) Stevens Johnson syndrome
- c) secondary syphilis
- d) Behcet's syndrome

**487. Mucous patches are seen in \_\_\_\_\_ stage of syphilis.**

- a) primary
- b) secondary
- c) latent
- d) tertiary

**488. Condyloma lata are seen in \_\_\_\_\_ stage of syphilis.**

- a) primary
- b) secondary
- c) latent
- d) tertiary

**489. A 20 year old male complained of burning micturition and purulent discharge per urethra 1 days after unsafe sex. He is suffering from:**

- a) herpes genitalis
- b) primary syphilis
- c) latent syphilis
- d) gonorrhea

**490. A 30 year old male presented with a single, painless, indurated penile sore 40 days after unsafe sex. He is suffering from:**

- a) chlamydial urethritis
- b) primary syphilis
- c) latent syphilis
- d) gonorrhea

**491. A 22 year old male presented with multiple, painful penile sores and tender lymphadenopathy 4 days after unsafe sex. He is suffering from:**

- a) chancroid
- b) primary syphilis
- c) tertiary syphilis
- d) gonorrhea

**492. A 25 year old male presented with burning micturition 20 days after unsafe sex. Examination revealed mucoid discharge. Most likely diagnosis is:**

- a) lymphogranuloma venereum
- b) primary syphilis
- c) latent syphilis
- d) chlamydial urethritis

**493. The most infectious stage of syphilis is:**

- a) primary

- b) secondary
- c) latent
- d) tertiary

494. Vesiculobullous lesions can be seen in \_\_\_\_\_ this type of syphilis.

- a) congenital
- b) secondary
- c) primary
- d) tertiary

495. Genital ulcer is seen in all of the following except:

- a) herpes genitalis
- b) primary syphilis
- c) gonorrhea
- d) lymphogranuloma venereum

496. All of the following are seen in gonorrhea except:

- a) burning micturition
- b) short incubation period
- c) purulent discharge per urethra
- d) penile sore

497. Balanitis is inflammation of:

- a) urethra
- b) penile shaft
- c) glans penis
- d) prostate

498. All of the following lesions are infectious for syphilis except:

- a) ulcerated gumma
- b) condyloma lata
- c) primary chancre
- d) rash of secondary syphilis

499. The main complaint in gonorrhea is:

- a) genital ulcer
- b) genital growth
- c) discharge per urethra
- d) constitutional symptoms

500. If left untreated, gonorrhea may involve all of the following except:

- a) urethra
- b) prostate
- c) epididymis
- d) testis

501. A syphilis infected mother may abort pregnancy during:

- a) first trimester
- b) second trimester
- c) third trimester
- d) any trimester

502. The commonest feature of secondary syphilis is:

- a) joint pains
- b) iritis
- c) rash
- d) diarrhea

503. The commonest site of chancre in women is:

- a) cervix
- b) labia minora
- c) anus
- d) vagina

504. Multiple, superficial, grouped erosions over genitals are due to:



- a) syphilis
- b) gonorrhea
- c) herpes genitalis
- d) condyloma acuminata

**505. The predominant symptom in primary syphilis is:**

- a) pain
- b) pruritus
- c) alopecia
- d) no symptoms

**506. The commonest extragenital site of primary chancre is:**

- a) fingers
- b) soles
- c) lips
- d) eyelids

**507. An antibacterial that lacks efficacy against treponema pallidum is:**

- a) tetracycline
- b) ampicillin
- c) erythromycin
- d) co-trimoxazole

**508. Balanitis does not occur in:**

- a) candidiasis
- b) pityriasis versicolor
- c) Reiter's disease
- d) psoriasis

**509. All of the following are signs of secondary syphilis except:**

- a) maculopapular rash
- b) alopecia
- c) lymphadenopathy
- d) hypertension

**510. Jarisch-Herxheimer reaction occurs in:**

- a) trichinosis
- b) donovanosis
- c) syphilis
- d) trichomoniasis

**511. Jarisch-Herxheimer reaction occurs:**

- a) after one day of treatment
- b) within one month of treatment
- c) within two week of treatment
- d) within one day of treatment

**512. Jarisch-Herxheimer reaction does not show:**

- a) fever
- b) body ache
- c) hypertension
- d) precipitation of herpes simplex

**513. A viral infection that is transmitted sexually is:**

- a) herpes zoster
- b) condyloma lata
- c) condyloma acuminata
- d) verrucae vulgaris