

DERMATOLOGY

1. Which of the following would be prescribed for acne?
 - a. Actiq
 - b. Actonel
 - c. AccuCheck
 - d. Accutane
2. An absence of pigment in the skin is called
 - a. acanthosisnigricans
 - b. albinism
 - c. melanism
 - d. xanthoderma
3. A burn which involves 2 layers of the skin and destroys the nerves and blood vessels, but does not go down to muscle or bone is a
 - a. firstdegreeburn
 - b. seconddegreeburn
 - c. thirddegreeburn
 - d. fullthicknessburn
4. Death of tissue associated with loss of blood supply to the affected area is called
 - a. cellulitis
 - b. eczema
 - c. gangrene
 - d. psoriasis
5. An acute eruption of intensely itchy papules or wheals is called
 - a. acne vulgaris
 - b. pityriasisrosea
 - c. psoriasis
 - d. urticaria (hives).
6. Moles with the potential to develop into malignant melanoma are
 - a. intradermal nevi
 - b. dysplastic nevi
 - c. giant nevi
 - d. verrucae
7. The type of cyst contains yellowish sebum and is commonly found on the scalp, vulva, and scrotum.
 - a. papule
 - b. sebaceous cyst
 - c. ulcer
 - d. vesicle
8. Excessive hair on the face or body, especially in women, is called:
 - a. albinism
 - b. atrichia
 - c. alopecia
 - d. hirsutism
9. The halfmoonshaped, white area located at the base of a fingernail is called the
 - a. basal layer
 - b. cuticle
 - c. lunula
 - d. stratum
10. An epidermal growth caused by a virus (wart.) is called a
 - a. impetigo
 - b. melanoma
 - c. nevus
 - d. verruca
11. Yellowing of the skin is indicative of
 - a. hyperbillirubinemia
 - b. hyperuricemia
 - c. hyperkalemia
 - d. hyporeninemia
12. Which of the following is a combining form meaning skin?
 - a. adip/o
 - b. cutane/o
 - c. pachy/o
 - d. xanth/o
13. A chronic dermatitis of unknown etiology in patients with a history of allergy is called
 - a. actinic dermatitis
 - b. atopic dermatitis
 - c. stasis dermatitis
 - d. seborrheic dermatitis
14. The outermost layer of skin is the
 - a. dermis
 - b. endodermis
 - c. epidermis
 - d. hypodermis
15. Of the three layers of the skin, which is the thick, fatcontaininglayer?
 - a. dermis
 - b. epidermis
 - c. epithelium
 - d. subcutaneous tissue
16. The brownblackpigment of the skin that is transferred to other epidermal cells and gives the skin its color is called
 - a. albumin
 - b. collagen
 - c. keratin
 - d. melanin
17. Which of the following is transcribed correctly?
 - a. The patient was given metronidazole for rosacea and Lamisil for onychomycosis.
 - b. The patient was given metronidazole for roseola and Lamisil for onychomycosis.
 - c. The patient was given metronidazole for roseola and Lamisil for onychomycosis.
 - d. The patient was given metroprolol for rosacea and Lamisil for onychomycosis.
18. Apocrine glands produce
 - a. mucus
 - b. sebum
 - c. sweat
 - d. keratin

19. Which of the following infections is also known as ringworm?
- folliculitis
 - herpes simplex
 - impetigo
 - tineacorporis
20. Another term for itching is
- dermatitis
 - keratosis
 - petechiae
 - pruritus
21. The skin, hair, nails, and glands all make up this system of the body.
- integumentary system
 - lymphatic system
 - musculoskeletal system
 - nervous system
22. Clotrimazole and nystatin are both
- topical antifungals
 - antiitch creams
 - topical antibiotics
 - used to treat eczema
23. Which skin neoplasm is associated with an increase in the growth of cells in the keratin layer of the epidermis caused by pressure or friction?
- callus
 - keloid
 - keratosis
 - leukoplakia
24. In this condition, there is a scaly dermatitis affecting parts of the skin that are supplied by oil glands.
- chronic dermatitis
 - contact dermatitis
 - eczema
 - seborrheic dermatitis
25. Which of the following is a fungal infection?
- lichen planus
 - keratosis
 - suborrhea
 - tineacapitis
26. A groove or a cracklikesore is called a (an).
- fissure
 - nodule
 - polyp
 - ulcer
27. Which of the following is transcribed correctly?
- This 58yearoldwoman had a biopsy proven melanoma. Clarks level 1, on the left cheek.
 - This 58yearoldwoman had a biopsyprovenmelanoma. Clark's level 1, on the left cheek.
 - This 58yearoldwoman had a biopsy proven melena.Clark level 1, on the left cheek
 - This 58yearoldwoman had a biopsyprovenmelanoma.Clark level 1, on the left cheek.
28. Follicular dilation involving the nose and portions of the cheeks, erythema, papules, and pustules are classic signs of this dermatologic disorder.
- acne cosmetica
 - acne pustulosa
 - acne rosacea
 - acne vulgaris
29. A skin disorder most often caused by the herpes virus and consisting of red lesions that look like targets is
- candidiasis
 - erythema multiforme
 - hirsutism
 - keratosis pilaris
30. The vascular layer of skin is the
- dermis
 - epidermis
 - stratum corneum unguis
 - hypodermis
31. An ulcer is:
- Shallow Epidermal defect
 - Break in epidermis with exposure of dermis
 - Not good for coffee drinkers
 - A primary problem
32. Alopecia is:
- Full or partial hair loss
 - Difficult for men to deal with
 - Only full hair loss
 - Never where you want it to be
33. Pyotraumatic Dermatitis is also known as a "hot spot"
- True
 - False
34. Excessive scaling is:
- Gross
 - Seborrhea
 - Dandruff
 - Epidermal Collarette
35. A vesicle is a sharply circumscribed lesion containing fluid
- True
 - False
36. What is another term for intertrigo?
- Furunculosis
 - Pyotraumatic Dermatitis
 - Skin Fold Dermatitis
37. Circumscribed, developmental skin defect
- Nevus
 - Macule
 - Papule
 - Pustule
38. Scale is an accumulation of fragments of stratum corneum
- True
 - False
39. Inflammation secondary to rupture of a hair follicle
- Furunculosis
 - Pustule
 - Vesicle
 - Plaque

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- a. Epidermal Collarette
- b. Scale
- c. Plaque
- d. Cyst

41. Circumscribed lesion that is raised and consists of edema is urticaria

- a. True
- b. False

42. What is a bulla?

- a. Taunted by a bulla fight
- b. A large vesicle
- c. Hives
- d. A large cyst

43. A comedone is a primary problem only

- a. True
- b. False

44. Actinic means related to chemically active rays of the electromagnetic spectrum.

- a. True
- b. False

45. Accumulation of keratin and follicular material that adheres to hair shaft

- a. Impetigo
- b. Scales
- c. Follicular Cast

46. Thickening of the epidermis and/or dermis

- a. Callus
- b. Lichenification
- c. Scaling
- d. Lacking in sensitive people

47. Circumscribed, nonpalpable area characterized by color change

- a. Patch
- b. Papule
- c. Macule

48. A patch is a large macule

- a. True
- b. False

49. "Scratch" is a lay term for excoriation

- a. True
- b. False

50. Dilated hair follicle containing cornified cells and debris

- a. Comedone
- b. Pustule
- c. Furunculosis

51. A cicatrix is:

- a. benign
- b. a lesion
- c. a scar

52. A cyst is a closed sack or pouch under the skin.

- a. true
- b. false

53. Ecchymosis means:

- a. A condition of the ear
- b. Skin discoloration
- c. Excessive sweating

54. Eczema is an inflammatory condition of the skin.

- a. True
- b. False

55. Erythema:

- a. blood condition
- b. red
- c. lack of pigmentation

56. Gangrene is necrosis (dead. tissue due to decomposition.

- a. True
- b. False

57. Herpes is:

- a. An S.T.D.
- b. a cold sore or fever blister
- c. an invasion of pyogenic bacterium

58. Herpes Zoster is most commonly known as:

- a. shingles
- b. an enlarged fever blister
- c. blue colored skin

59. Cyanoderma means:

- a. red skin
- b. blue skin
- c. yellow skin

60. Impetigo is a contagious bacterial skin infection with pustules that rupture.

- a. True
- b. False

61. Kaposi's Sarcoma is a cancer associated with:

- a. Smokers
- b. A.I.D.S.
- c. Sun exposure

62. A Laceration is:

- a. a pathological change in tissue
- b. torn skin
- c. laser treatment for skin disease.

63. Metastasis means to:

- a. spread infection from one person to another
- b. move or spread through the blood stream or lymph nodes
- c. abnormal breast condition

64. Benign means noncancerous.

- a. True
- b. False

65. A 1st degree burn is:

- a. the most severe type of burn
- b. superficial burn injuring the top layer of skin
- c. the first time the patient has been burned.

66. _____ means itching caused by dry skin, parasitic infection or disease.

- a. Scabies

- b. Herpes Zoster
c. Pruritis
67. **Tinea _____ means ring worm, athlete's foot.**
a. purpura
b. impetigo
c. corporis
68. **Scabies is a contagious skin condition caused by parasitic mites.**
a. True
b. False
69. **Pediculosis means:**
a. Inflammatory condition of the skin.
b. Infestation with lice
c. Irritated and peeling feet.
70. **Petechiae is a small _____ spot on the skin.**
a. hemorrhagic
b. raised
c. discolored
71. **Urticaria means:**
a. allergic reaction of the skin
b. thickened skin
c. dead tissue
72. **SLE stands for _____ and is an autoimmune disease.**
a. squamous laceration ecchymosis
b. systemic lupus erythematosus
c. septic lymphoid edema
73. **Similar to a vesicle but larger usually more than 5mm in diameter, consisting of clear fluid accumulated within or below the epidermis.**
a. Vesicle
b. Pustule
c. Bulla
d. Cyst
74. **Dried exudate on the surface of the skin.**
a. Plaque
b. Crust
c. Scale
75. **A localised area of colour or textural change in the skin**
a. Macule
b. Ecchymosis
c. Freckle
76. **Alopecia is the absence of hair?**
a. True
b. False
77. **Atrophic skin is thin, translucent and wrinkled with easily visible blood vessels**
a. True
b. False
78. **An acute abscess formation in adjacent hair follicles.**
a. Carbuncle
b. Furuncle
c. Folliculitis
79. **A compressible papule or plaque of dermal oedema, red or white in colour.**
a. Urticaria (Missed).
b. Erythema
c. Wheal (Missed).
d. Purpura ,C
80. **A pustule is a visible collection of pus in a blister. Pustules can be seen in psoriasis**
a. True
b. False
81. **A purulent inflammation of the skin and subcutaneous tissue**
a. Erythema
b. Ecchymosis
c. Cellulitis
82. **A small solid elevation of the skin, generally defined as less than 5mm, maybe flat or domeshaped.**
a. Nodule
b. Papule
c. Macule
83. **Irritants cause more contact dermatitis than allergens do?**
a. True
b. False
84. **Contact dermatitis, which of the following are common irritants?**
a. Water (Missed).
b. temperature extremes (Missed).
c. Frictional abrasives (Missed).
d. Nickel
85. **Atopic eczema induces lichenification**
a. True
b. False
86. **Which one of the following structures is considered a skin appendage?**
a. Epidermis
b. Dermis
c. Pilosebaceous unit
d. Subcutaneous fat
e. Cutaneous nerves
87. **Cell types of the epidermis Which of the following cell types are seen in the epidermis?**
a. Merkel cells
b. Langerhans cells
c. Melanocytes
d. Keratinocytes
e. None of the above cells are present in the epidermis
88. **A 56-year-old man, diagnosed with psoriasis three years ago, presents to your clinic with pruritus. His symptoms are not improving despite being prescribed conventional therapy. On examination, you note the presence of erythematous scaly plaques on the extensor surfaces of the knee and elbows. There is no evidence of flexural involvement. The most appropriate treatment is:**
a. Topical retinoid therapy
b. Topical tar preparations
c. Topical steroid preparations

- d. Topical vitamin D analogue preparations
e. Antibiotics
89. You are asked by your registrar to see a 45-year-old Caucasian woman with psoriasis who has presented with suspicious nail changes. Which one of the following nail changes are associated with psoriasis?
- Koilonychia
 - Onycholysis
 - Beau's lines
 - Clubbing
 - Paronychia
90. A 12-year-old boy who has been suffering from atopic dermatitis for the last ten years presents to you with a 3-day history of severe itching and pus discharge from his left elbow. On examination, you observe lichenification of his left elbow with superimposed excoriations which are weeping a viscous yellow fluid. You take a swab of this discharge. Which one of the following organisms would you likely expect to be isolated from the swab?
- Corynebacterium spp.
 - Streptococcus pyogenes
 - Propionibacterium acnes
 - Staphylococcus aureus
 - Pseudomonas aeruginosa
91. Management of atopic dermatitis A 2-year-old boy who you suspect has atopic dermatitis presents with areas of erythema coupled with itchy blisters on his scalp and cheeks. The most appropriate first-line management is:
- Phototherapy
 - Immunosuppressant ointment
 - Emollient and steroid ointment
 - Oral immunosuppressant therapy
 - Wet wraps
92. Which one of the following is a cause of hirsutism?
- Hypothyroidism
 - Anorexia nervosa
 - Penicillamine
 - Psoralens
 - Polycystic ovarian disease
93. A 67-year-old woman presents to you with extensive scalp hair loss which has been getting progressively worse over the last year. You also notice thinning of the eyebrows. The patient's past medical history includes hypertension, left-sided pulmonary embolism one year ago and hypercholesterolaemia. You assess the patient's medication list. Which one of the following drugs could be responsible for causing generalized alopecia?
- Aspirin
 - Warfarin
 - Simvastatin
 - Ramipril
 - Bendroflumethiazide
94. A 56-year-old man presents in your clinic with a three-month history of weight loss despite no change in his appetite. The patient has no past medical history and no known drug allergies. On examination, you notice an area of hyperpigmented skin in his left axilla. On palpation, the texture of the area of hyperpigmentation feels velvety. You suspect that the patient has acanthosis nigricans secondary to a possible malignancy. Which one of the following malignancies is most commonly associated with this dermatological presentation?
- Lung carcinoma
 - Testicular carcinoma
 - Breast carcinoma
 - Gastrointestinal carcinoma
 - Prostate carcinoma
95. Contact dermatitis is described as what type of reaction?
- Type I hypersensitivity
 - Type II hypersensitivity
 - Type III hypersensitivity
 - Type IV hypersensitivity
 - Non-allergic
96. A 24-year-old woman presents to you with a one-month history of intense burning and itch in her buttock area. On examination, you notice patches of smaller, erythematous, papulovesicular blisters in the patient's buttock area. There is obvious evidence of scratching with some areas of bleeding. The signs are typical of dermatitis herpetiformis. Which one of the following conditions is associated with dermatological presentation?
- Inflammatory bowel disease (IBD)
 - Irritable bowel syndrome
 - Coeliac disease
 - Varicella zoster virus
 - Herpes simplex virus
97. A 33-year-old man with coeliac disease presents with a blistering rash over the elbows and scalp. A diagnosis of dermatitis herpetiformis is made. The most appropriate treatment is:
- Oral prednisolone
 - Dapsone
 - Non-steroidal anti-inflammatory drugs (NSAIDs)
 - Aciclovir
 - Fluconazole
98. A 26-year-old man presents to you with multiple patches of macular hyperpigmentation which have been present since he was an infant but now are increasing in number. In addition he has several small, soft, violaceous nodules on his trunk which tend to catch on clothing causing discomfort. What is the pattern of inheritance in this condition?
- Autosomal recessive
 - Autosomal dominant
 - X-linked dominant
 - Polygenic
 - No pattern of inheritance
99. Which one of the following conditions is a cause of generalized cutaneous hypopigmentation?
- Phenylketonuria
 - Vitiligo
 - Tuberous sclerosis
 - Leprosy
 - Pityriasis versicolor
100. A 40-year-old woman presents with a 36-hour history of developing erythematous boils on her trunk. Some of them have burst leaving what seems to be painful wounds on her chest. On examination of the chest you notice three very painful ulcerating wounds with undermined edges and surrounding erythema. The lesions are closely associated with a condition that the patient was diagnosed with 15 months ago. Which one of the following conditions is associated with the above-described cutaneous lesions?
- Vasculitis
 - Sarcoidosis

- c. Tuberculosis
d. Crohn's disease
e. Herpes simplex virus
101. Which of the following treatment options would be the most appropriate for a patient with pyoderma gangrenosum?
- a. Oral low-dose prednisolone and dressings
b. IV antibiotics and dressings
c. Oral antibiotics and dressings
d. Oral high-dose prednisolone and dressings
e. No treatment required
102. Which of the following answers from the list below is not a cause of orogenital ulceration?
- a. Ulcerative colitis
b. Stevens–Johnson syndrome
c. Syphilis
d. Reiter's syndrome
e. Coeliac disease
103. A 49-year-old woman presents to you in clinic with blue-red nodules on the nose which resemble lesions seen in lupus pernio. Which one of the following conditions is lupus pernio associated with?
- a. Rheumatoid arthritis
b. Systemic lupus erythematosus (SLE)
c. Sarcoidosis
d. Tuberculosis
e. Herpes simplex infection
104. Which one of the following tumours of the skin is not considered to be benign?
- a. Seborrheic keratosis
b. Pyogenic granuloma
c. Bowen's disease
d. Epidermal naevi
e. Histiocytoma
105. Following genetic profiling and clinical examination, you diagnose an 18-year-old woman with tuberous sclerosis. She initially presented with cutaneous lesions which were suspicious of this diagnosis. Which one of the following skin lesions is associated with tuberous sclerosis?
- a. Pyoderma gangrenosum
b. Ash-leaf hypopigmentation
c. Erythema nodosum
d. Café-au-lait spots
e. Erythema multiforme
106. Which one of the following nutritional deficiencies is the triad of dermatitis, diarrhoea and dementia associated with?
- a. Vitamin C deficiency
b. Vitamin B1 deficiency
c. Protein malnutrition
d. Nicotinic acid deficiency
e. Vitamin B6 deficiency
107. A 45-year-old woman presents to you with a 3-day history of an ovoid patch of tender erythema, on the posterolateral aspect of her left calf, which has been increasing in size. She recalls injuring her left leg a week ago while gardening. On examination, the patient is afebrile and on inspection of the left calf, the patch of erythema measures roughly 33 cm with poorly demarcated edges. On palpation the zone of erythema is warm and very tender. Full blood count reveals a white cell count of 20.1 with a neutrophil count of 15.0. Which of the following organisms is the most likely cause of this condition?
- a. *Corynebacterium minutissimum*
b. *Staphylococcus aureus*
c. *Clostridium perfringens*
d. *Staphylococcus epidermidis*
e. *Streptococcus pneumoniae*
108. A 68-year-old man is diagnosed with right forearm cellulitis. You are asked to start the patient on treatment and he has no known drug allergies. Which one of the following antibiotics would be the most appropriate choice in this scenario?
- a. IV clindamycin
b. Oral clindamycin
c. IV flucloxacillin
d. Oral flucloxacillin
e. Oral erythromycin
109. A 56-year-old man presents with two lesions on his neck which have been increasing in size over the last three months. On examination you notice two firm brown-coloured nodular lesions on the anterior aspect of the neck. The nodules give an 'apple-jelly' appearance on diascopy. The patient is systemically well. The most appropriate treatment is:
- a. Oral flucloxacillin
b. Oral rifampicin, pyrazinamide, isoniazid and ethambutol
c. IV vancomycin
d. Oral erythromycin
e. Oral rifampicin and pyrazinamide
110. A 75-year-old man presents to your clinic with a dark lump on his forehead which has been increasing in size over the last 6 weeks. He first noticed the lump, which initially appeared as a small pinkish-red patch of skin, over a month ago. On examination you observe a 12 cm hyperpigmented nodule with everted edges and a centrally, deep, ulcerated red base. Which one of the following is the most likely diagnosis?
- a. Basal cell carcinoma
b. Squamous cell carcinoma
c. Actinic keratosis
d. Keratoacanthoma
e. Bowen's disease
111. A 49-year-old woman is diagnosed with a malignant melanoma which was excised from her right leg. She has been doing some research on the internet regarding the different types of malignant melanoma. Which one of the following variants of malignant melanoma is considered to be the most common?
- a. Nodular melanoma
b. Lentigo maligna melanoma
c. Acral melanoma
d. Superficial spreading melanoma
e. Subungual melanoma
112. A 40-year-old woman who you referred for excision biopsy of a suspected malignant melanoma on her right leg returns for a follow up of her results. The results of the biopsy return confirming a superficial spreading melanoma with a Breslow thickness of <1 mm. What five-year survival rate does a Breslow thickness of 1 mm correspond to?
- a. 50 per cent
b. 60–75 per cent
c. 75–80 per cent
d. 80–96 per cent
e. 95–100 per cent

- 1202 113.** A 67-year-old woman presents to you with pruritic plaques over her chest and back which are erythematous and resemble psoriatic plaques. From the patient's history you suspect that the lesions are malignant. Which one of the following cutaneous malignancies resembles psoriasis in the initial stages?
- Merkel cell carcinoma
 - Histiocytosis X
 - Kaposi's sarcoma
 - Malignant melanoma
 - Cutaneous lymphoma
- 114.** A 63-year-old woman presents to your clinic with a painful wound on her left foot which has not been healing despite regular application of dressings. The patient has a history of peripheral vascular disease. On examination, you observe a 2 cm well-demarcated ulcer on the left heel of the foot. The ulcer has a 'punched out' appearance and the base appears necrotic. What is the most likely diagnosis?
- Arterial ulcer
 - Traumatic ulcer
 - Venous ulcer
 - Neoplastic ulcer
 - Neuropathic ulcer
- 115.** Which one of the following congenital disorders is associated with perioral pigmentation?
- Hereditary haemorrhagic telangiectasia
 - Neurofibromatosis
 - Ehlers-Danlos syndrome
 - Tuberous sclerosis
 - Peutz-Jeghers syndrome
- 116.** An 18-year-old man presents to you with an itchy scalp which has been present for 2 weeks following a visit at the barber shop. On examination, you notice a 3 × 3 cm oval area of patchy hair loss in the crown area of the scalp with a ring of erythema. You suspect that the patient has a dermatophytic infection. Which one of the following options would be the most appropriate in treating this condition?
- Oral co-amoxiclav
 - Terbinafine cream
 - Fusidic acid cream
 - Acyclovir cream
 - Oral acyclovir
- 117.** Which one of the following viruses is responsible for causing molluscum contagiosum?
- Human papilloma virus (HPV)
 - Herpes simplex virus (HSV)
 - Pox virus
 - Varicella zoster virus (VZV)
 - Human immunodeficiency virus (HIV)
- 118.** A 16-year-old male presents to you with multiple comedones on his face and back. On examination you notice the presence of multiple comedones on the patient's forehead, cheeks and back with peri-lesional erythema. There are no nodules or cysts in these areas. You diagnose the patient with moderate acne. The most appropriate treatment is:
- Topical benzoyl peroxide
 - Oral erythromycin
 - Topical clindamycin
 - Oral amoxicillin
 - Oral isotretinoin
- 119.** A 47-year-old woman presents to clinic with an erythematous, macular, non-tender, 'wing-shaped' rash over the bridge of the nose and cheeks. Which one of the following conditions is responsible for causing this type of facial rash?
- Rheumatoid arthritis
 - Systemic sclerosis
 - Systemic lupus erythematosus
 - Dermatomyositis
 - Psoriatic arthritis
- 120.** A 47-year-old woman patient presents with a facial, macular 'butterfly rash'. Rheumatological investigations do not reveal that the patient has SLE. You suspect drug-induced SLE-like syndrome and assess her medication history. Which one of the following drugs is most likely to be responsible for this condition?
- Trimethoprim
 - Aspirin
 - Atenolol
 - Diclofenac
 - Lansoprazole
- 121.** A patient on the ward has a nodule-like rash and you are asked by your registrar to define the meaning of a nodule. From the list below, select the most appropriate definition of a nodule.
- A well-defined flat area of altered pigmentation
 - A raised well-defined lesion usually less than 0.5 cm in diameter
 - A raised flat-topped lesion which is usually greater than 2 cm in diameter
 - A solid lump greater than 0.5 cm in diameter which may be subcutaneous or intradermal
 - A well-defined pus-filled lesion
- 122.** Which of the following is not a recognized cause of erythema multiforme?
- Wegener's granulomatosis
 - Herpes simplex virus
 - Sarcoidosis
 - Penicillins
 - Idiopathic
- 123.** Which one of the following answers from the list below is a recognized cause of erythema nodosum?
- Diabetes mellitus
 - Sarcoidosis
 - Venous insufficiency
 - Pregnancy
 - Trauma
- 124.** Erythema chronicum migrans Which one of the following conditions is erythema chronicum migrans associated with?
- Rheumatoid arthritis
 - IBD
 - Sarcoidosis
 - Lyme disease
 - SLE
- 125.** Which one of the following skin changes is not typically seen in patients with diabetes mellitus?
- Neuropathic ulcers
 - Necrobiosis lipoidica
 - Acanthosis nigricans
 - Lipohypertrophy
 - Livedo reticularis

Dermatology - Answers

1. d	26. a	51. c	76. a	101. d
2. b	27. d	52. a	77. a	102. e
3. b	28. c	53. b	78. b	103. c
4. c	29. b	54. a	79. a,c	104. c
5. d	30. a	55. b	80. a	105. b
6. b	31. b	56. a	81. c	106. d
7. b	32. a	57. b	82. b	107. b
8. d	33. a	58. a	83. a	108. c
9. c	34. b	59. b	84. d	109. b
10. d	35. a	60. a	85. a	110. b
11. a	36. c	61. b	86. c	111. d
12. b	37. a	62. b	87. e	112. e
13. b	38. a	63. b	88. a	113. e
14. c	39. a	64. a	89. b	114. a
15. d	40. a	65. b	90. d	115. e
16. d	41. a	66. c	91. c	116. b
17. a	42. b	67. c	92. e	117. c
18. c	43. b	68. a	93. b	118. b
19. d	44. a	69. b	94. d	119. c
20. d	45. c	70. a	95. d	120. a
21. a	46. b	71. a	96. c	121. d
22. a	47. c	72. b	97. b	122. a
23. a	48. a	73. c	98. b	123. b
24. d	49. a	74. b	99. a	124. d
25. d	50. a	75. a	100. d	125. e