

DO NOT OPEN THIS TEST BOOKLET UNTIL YOU ARE ASKED TO DO SO

Test Booklet Series

A

T. B. C. : AP – 16 – 17/18

TEST BOOKLET
ASSISTANT PROFESSOR IN O.M.E.S. Sl. No. **1797**

(SKIN & VD)

Time Allowed : 3 Hours

Maximum Marks : 200

: INSTRUCTIONS TO CANDIDATES :

1. IMMEDIATELY AFTER THE COMMENCEMENT OF THE EXAMINATION, YOU SHOULD CHECK THAT THIS TEST BOOKLET DOES NOT HAVE ANY UNPRINTED OR TORN OR MISSING PAGES OR ITEMS ETC. IF SO, GET IT REPLACED BY A COMPLETE TEST BOOKLET OF THE SAME SERIES ISSUED TO YOU.
2. ENCODE CLEARLY THE TEST BOOKLET SERIES A, B, C OR D, AS THE CASE MAY BE, IN THE APPROPRIATE PLACE IN THE ANSWER SHEET USING BALL POINT PEN (BLUE OR BLACK).
3. You have to enter your Roll No. on the Test Booklet in the Box provided alongside. DO NOT write anything else on the Test Booklet.
4. YOU ARE REQUIRED TO FILL UP & DARKEN ROLL NO., TEST BOOKLET / QUESTION BOOKLET SERIES IN THE ANSWER SHEET AS WELL AS FILL UP TEST BOOKLET / QUESTION BOOKLET SERIES AND SERIAL NO. AND ANSWER SHEET SERIAL NO. IN THE ATTENDANCE SHEET CAREFULLY. WRONGLY FILLED UP ANSWER SHEETS ARE LIABLE FOR REJECTION AT THE RISK OF THE CANDIDATE.
5. This Test Booklet contains 200 items (questions). Each item (question) comprises four responses (answers). You have to select the correct response (answer) which you want to mark (darken) on the Answer Sheet. In case, you feel that there is more than one correct response (answer), you should mark (darken) the response (answer) which you consider the best. In any case, choose ONLY ONE response (answer) for each item (question).
6. You have to mark (darken) all your responses (answers) ONLY on the separate Answer Sheet provided by using BALL POINT PEN (BLUE OR BLACK). See instructions in the Answer Sheet.
7. All items (questions) carry equal marks. All items (questions) are compulsory. Your total marks will depend only on the number of correct responses (answers) marked by you in the Answer Sheet. There will be no negative markings for wrong answers.
8. Before you proceed to mark (darken) in the Answer Sheet the responses to various items (questions) in the Test Booklet, you have to fill in some particulars in the Answer Sheet as per the instructions sent to you with your Admission Certificate.
9. After you have completed filling in all your responses (answers) on the Answer Sheet and after conclusion of the examination, you should hand over to the Invigilator the Answer Sheet issued to you. You are allowed to take with you the candidate's copy / second page of the Answer Sheet along with the Test Booklet, after completion of the examination, for your reference.
10. Sheets for rough work are appended in the Test Booklet at the end.

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SEAL

1. Woods lamp filter is made of :
 - (A) Tin and chromium oxide
 - (B) Nickel hydride and barium silicate
 - (C) Nickel oxide and barium carbonate
 - (D) Nickel oxide and barium silicate
2. Cells NOT involved in the immune response in the skin is :
 - (A) Langerhans cells
 - (B) Keratinocytes
 - (C) Indeterminate dendritic cells
 - (D) Melanocytes
3. All of the following are true of apocrine glands EXCEPT that they :
 - (A) Meibomian glands are apocrine in origin
 - (B) Mohis glands are apocrine in origin
 - (C) Possess eosinophilic cytoplasm
 - (D) None of the above
4. Langerhans cells :
 - (A) Constitute 2 to 4% of the total epidermal cell population
 - (B) Express immune response-associated antigens 1A and HLA DR
 - (C) All of the above are true
 - (D) None of the above
5. All of the following are true about Odland bodies EXCEPT :
 - (A) They are discharged from the spinous cells into the intercellular space
 - (B) They help establish a barrier to water loss
 - (C) They mediate stratum corneum adhesion
 - (D) They measure 300 to 500 nm in diameter
6. Each of the following statements regarding the kinetics of skin is true EXCEPT :
 - (A) Mitoses are found mostly in the basal layer
 - (B) The normal germinative cell has a DNA synthesis time of about 16 hours
 - (C) In normal skin, the average time required for transit of a cell from the basal cell layer to surface is between 26 and 42 days
 - (D) The passage of horny cells through the normal stratum corneum requires approximate 35 days

7. Regarding the basement membrane zone, decide which of the following is FALSE ?
- (A) Lamina lucida separates the trilaminar plasma membrane from the lamina densa
 - (B) The upper lamina lucida contains sub-basal cell dense plate
 - (C) Anchoring fibrils extend from the hemidesmosomes of the basal cell plasma membrane to the lamina lucida
 - (D) Type 4 collagen is found within the lamina densa
8. Lichenification is most appropriately :
- (A) Seen in atopic dermatitis
 - (B) Result of chronic rubbing and scratching
 - (C) Associated with acute exacerbations of eczemas
 - (D) Histologically shows spongiosis
9. Most Indians tan profusely and never burn in the sun. Our skin type is :
- (A) Type IV
 - (B) Type III
 - (C) Type I
 - (D) Type V
10. Granulomatous infiltrate is seen in all following, EXCEPT :
- (A) Granuloma Pyogenicum
 - (B) Lupus vulgaris
 - (C) Sarcoidosis
 - (D) Satellite lesion of leprosy
11. Carpet Tack sign is seen in :
- (A) Systemic Lupus Erythematosus
 - (B) Discoid Lupus Erythematosus
 - (C) Rosacea
 - (D) Morphea
12. A 7 years old school child is diagnosed as Tinea capitis. Woods lamp examination demonstrates a bright green fluorescence. The most likely organism isolated on fungal culture is :
- (A) Trichophyton tonsurans
 - (B) Trichophyton rubrum
 - (C) Microsporum canis
 - (D) Trichophyton schoenleinii

13. A 17 years old child has a solitary, asymptomatic, well defined, red-brown infiltrated plaque, which is increasing and extending peripherally with central atrophy and scarring over the right buttock. The most probable diagnosis is :
- (A) Leishmaniasis
 - (B) Lupus Vulgaris
 - (C) Discoid lupus erythematosus
 - (D) Tinea corporis
14. A 53 years old male patient from Bihar comes with the complaints of multiple, hypopigmented, normoesthetic macules, distributed symmetrically over face, arm and upper back. He gives history of prolonged fever 1 year back which required hospitalization and injections. There are no enlarged nerves. A slit smear made from the macules shows no AFBs. The next step in diagnosing this patient will be :
- (A) Crush tissue preparation stained with Geimsa
 - (B) PCR for lepra bacilli
 - (C) Skin biopsy
 - (D) Repeat slit smear including nasal septum and earlobes
15. A patient presents with appearance of multiple subcutaneous asymptomatic nodules over his right upper limb starting from the hand and gradually appearing higher up in the limb. He is a gardener by occupation. The most likely diagnosis is :
- (A) Atypical mycobacterial infection with *M. marinum*
 - (B) Erysipelothrix
 - (C) Linear scleroderma
 - (D) Sporotrichosis
16. Which of the following is a Papilloma virus infection ?
- (A) Anatomist wart
 - (B) Condyloma acuminata
 - (C) Condylomata
 - (D) Seborrhoeic wart

17. A child had scabies 5 months ago. He and his family were completely treated except for his father who had gone away for some work 2 days before the treatment. He returns after 4 weeks. He has minimal itching only. How soon we expect the child to have symptoms of scabies again ?
- (A) After 4 weeks
 - (B) After 8 weeks
 - (C) After 1 day
 - (D) Never, as father has no features of scabies
18. Which one of the following is NOT a bacterial infection ?
- (A) Ecthymapyogenicum
 - (B) Ecthymagangrenosum
 - (C) Ecthymacontagiosum
 - (D) Veldt sore
19. A patient presents with a right-sided facial palsy and tinnitus. Which virus is most likely to have caused his symptoms ?
- (A) Epstein-Barr virus
 - (B) Parvovirus B19
 - (C) Human herpesvirus 8
 - (D) None of the above
20. A 4-years old boy has had a fever for 5 days, cracked lips, conjunctival injection, an exanthema, and cervical lymphadenopathy. What is the most likely diagnosis ?
- (A) Rubeola
 - (B) Kawasaki disease
 - (C) Erythema infectiosum
 - (D) None of the above
21. A business traveller develops a linear arrangement of urticarial papules after spending the night in a hotel. What is the most likely cause of his eruption ?
- (A) Reduviid bug
 - (B) Bed bug
 - (C) Pediculosis humanus corporis
 - (D) None of the above

22. A 30 year old lady complained of an itchy erythematous, scaly rash on face with central clearing. She was prescribed some topical steroid by a local practitioner. Now, she complains of increased size with appearance of new lesions ; however, the itching and erythema have decreased somewhat. The most correct choice is :
- (A) Increase the potency of steroid
 - (B) Confirm the diagnosis by skin biopsy
 - (C) Do a KOH examination of scrapings
 - (D) Prescribe topical clotrimazole
23. A 6 yrs old presents complaining of patchy hair loss on the back of the scalp. Examination reveals well-demarcated areas of erythema and scaling, and although there are still some hairs in the area, they extremely short and broken in appearance. Which of the following is the most likely diagnosis ?
- (A) Androgenic hair loss
 - (B) Psoriasis of the scalp
 - (C) Seborrheic dermatitis
 - (D) Tinea capitis
24. Correct choice for pregnant female with active genital herpes at the time of delivery :
- (A) LSCS
 - (B) Intravenous acyclovir with vaginal delivery
 - (C) Intravaginal acyclovir followed by vaginal delivery
 - (D) Vaginal delivery followed by acyclovir treatment of child
25. Which is not infested by Phthirus pubis ?
- (A) Axillary hair
 - (B) Pubic hair
 - (C) Scalp hair
 - (D) Eyelashes
26. Which of the following is not seen in measles ?
- (A) Comb's sign
 - (B) Koplik's spots
 - (C) Forchheimer's spots
 - (D) Warthin-Finkeldey cells
27. A 22 years old man presents with fever, headache, vomiting and photophobia. On examination petechiae and purpuric papules over face and extremities is seen. There is a history of similar illness in the community. The causative organism can be :
- (A) Coxsackie's virus
 - (B) Neisseria gonorrhea
 - (C) Neisseria meningitis
 - (D) Leptospira

28. A 7 years old boy is brought with history of high grade fever and skin rash. On examination multiple vesicles over an erythematous base are seen over trunk, extremities and mucosae. His elder brother had a similar illness 2 weeks back. The diagnosis is :
- Varicella
 - Herpes Zoster
 - Measles
 - Kawasaki disease
29. *Corynebacterium* species cause all of the following disorders EXCEPT :
- Trichomycosis axillaris*
 - Piedra*
 - Pitted keratolysis*
 - Trichomycosis pubis*
30. Bockhart's Impetigo is :
- Caused by *corynebacterium*
 - Impetigo contagiosum*
 - Pseudo folliculitis*
 - Caused by *Staphylococcus*
31. Pastia's lines are seen in :
- Rubella
 - Measles
 - Kawasaki disease
 - Scarlet fever
32. *Erysipelothrix Rhusiopathiae* causes :
- Erysipelas
 - Cellulitis
 - Erysipeloid of Rosenbach
 - All of the above
33. Botryomycosis is :
- Superficial fungal infection
 - Bacterial infection
 - Deep fungal infection
 - Viral infection
34. Treatment of choice for Actinomycosis is :
- Sulfonamides
 - Penicillin
 - Erythromycin
 - Tetracycline
35. Contact dermatitis, if suspected, can be confirmed by patch testing. Ideally patients should not be on steroids or immunosuppressive, disease should be controlled and test site should not have active lesions. What is the best time schedule to read the results ?
- 1-2 hour after patch application
 - 48 & 96 hours after the patch application
 - 72 hours after patch application as a single reading
 - Call the person in evening after morning application and in morning after evening application

36. White DERMOGRAPHISM is seen in :
- (A) Chronic URTICARIA
 - (B) Atopic dermatitis
 - (C) Angioedema
 - (D) Pressure dermatitis
37. In India Airborne contact dermatitis is most commonly due to :
- (A) Parthenium
 - (B) Nickel
 - (C) Cement
 - (D) Poison ivy
38. Most common causative agent of contact dermatitis is :
- (A) Ag
 - (B) Cu
 - (C) Ni
 - (D) Au
39. Dennie Morgan folds are seen in :
- (A) Mastocytosis
 - (B) Sarcoidosis
 - (C) Atopic dermatitis
 - (D) Juvenile diabetes mellitus
40. Atopic dermatitis is diagnosed by :
- (A) Clinical examination
 - (B) Biopsy
 - (C) Patch test
 - (D) Blood indices
41. A 38 years old man, clerk by profession, presents to you with history of recurrent eruption of deep seated vesicles on bilateral hands and sides of fingers. The most probable diagnosis is :
- (A) Pompholyx
 - (B) Nummular eczema
 - (C) Irritant contact dermatitis
 - (D) Circumscribed neurodermatitis
42. A 6 years old male child is brought with complaints of abdominal pain and a purpuric rash over buttocks and lower limbs. Microscopic examination of urine shows microscopic hematuria. The most likely diagnosis is :
- (A) Henoch-ScholeinPurpura
 - (B) Wegener's granulomatosis
 - (C) Churg-Strauss Angitis
 - (D) PolyarteritisNodosa
43. Urticaria pigmentosa is characterized by all EXCEPT :
- (A) Darier's sign
 - (B) Diascopy shows apple jelly nodules
 - (C) Pigmented patches
 - (D) Degranulation of mast cells in lesions on Rubbing

44. Recurrent erythema multiforme is most commonly associated with :
- (A) Mycoplasma infections
 - (B) Herpes simplex virus infections
 - (C) Drug reactions
 - (D) In India with TB
45. What is correct about allergic contact dermatitis ?
- (A) Requires a period of sensitization
 - (B) Mechanism is same as that of allergic rhinitis
 - (C) Can be induced in any person if applied in sufficient strength for a certain distribution
 - (D) Memory T cells are not involved in the pathogenesis
46. A 22 yrs old woman developed small itchy wheals after physical exertion, walking in the sun and eating spicy food. The most likely diagnosis is :
- (A) Chronic idiopathic urticaria
 - (B) Cholinergic urticaria
 - (C) Solar urticaria
 - (D) Adrenergic urticaria
47. A 55 year old lady presents with flaccid Bullae and slow-healing erosions on head and trunk. She also has painful oral erosions. She gives history of similar episode in past which required treatment in hospital. The most likely structure damaged in the patient is :
- (A) Desmoplakin
 - (B) Desmoglein 3 of Desmosomes
 - (C) Desmoglein 3 Hemidesmosomes
 - (D) None of the above
48. Which of the following is incorrectly matched ?
- (A) SLE : Type 4 Hypersensitivity reaction
 - (B) Urticaria : Type 1 Hypersensitivity reaction
 - (C) Lepromin reaction : Type 4 Hypersensitivity reaction
 - (D) Pemphigus Vulgaris : Type 2 Hypersensitivity reaction
49. A 7 yrs old boy presents with appearance of multiple vesicles which enlarged to form flaccid bullae which had purulent contents. When they ruptured they left behind brown crusting. The most likely cause of the disease is :
- (A) Auto antibodies against desmosomal components
 - (B) Auto antibodies against hemidesmosomal components
 - (C) Linear deposition of IgA at the dermoepidermal junction
 - (D) Infection by Staphylococcus aureus.

50. Treatment of choice for Pemphigus is :
- (A) Corticosteroids
 - (B) Antibiotics
 - (C) No treatment
 - (D) Anticonvulsants
51. Wickham's striae are seen in :
- (A) Lichen nitidus
 - (B) Lichen Planus
 - (C) Lichen striatus
 - (D) Lichenoid eruptions
52. All are true about Dermatitis herpetiformis except :
- (A) Dapsone is treatment of choice
 - (B) Is a form of severe untreated herpes
 - (C) Associated with Gluten Sensitive Enteropathy
 - (D) Associated with intense pruritus
53. Immunofluorescence detection of antibodies maps to the roof of the blister in salt split skin in which of the following disorders :
- (A) Bullous lupus erythematosus
 - (B) Epidermolysisbullosaacquisita
 - (C) Bullous pemphigoid
 - (D) Pemphigus erythematosus
54. The cleavage plane for Epidermolysisbullosa simplex is which of the following :
- (A) Subcorneal layer
 - (B) Granular layer
 - (C) Basal layer
 - (D) Lamina lucida
55. Woronoff's ring is associated with :
- (A) Psoriasis
 - (B) Vitiligo
 - (C) Lichen planus
 - (D) Tuberous
56. 50 years old male had leaf like scales on face, arms and chest. He could be suffering from :
- (A) Pemphigus vulgaris
 - (B) Pemphigus foliaceus
 - (C) Bullous Pemphigoid
 - (D) Epidermolysis bullosa simplex
57. In which of the following diseases, administration of dapsone is used as a therapeutic test ?
- (A) Lepromatous leprosy
 - (B) Pemphigus vulgaris
 - (C) Bullous Pemphigoid
 - (D) Dermatitis Herpetiformis

58. A 60 years old patients biopsy was sent for immunofluorescence as he had itchy grouped bullous lesions on legs, forearms, lower back. It would show :
- (A) IgG, C3 deposits at BM zone
 - (B) Intercellular IgA deposits
 - (C) Intercellular IgG deposits
 - (D) IgA deposits at tips of dermal papillae
59. A 60 years old male presented with large fluid filled lesions on an erythematous base all over his trunk since 4 months. The blisters did not rupture easily. He has :
- (A) Epidermolysis simplex
 - (B) Pemphigus vulgaris
 - (C) Sezary syndrome
 - (D) Bullous pemphigoid
60. Herpes Gestation is :
- (A) A variant of Herpes genitals
 - (B) Bullous dermatosis of pregnancy
 - (C) Bacterial disease
 - (D) None of the above
61. A 6 years old child presents in erythroderma. On examination there are few roughened, scaly papules over dorsum of fingers and on trunk. There are also areas of normal skin within the erythematous areas. You also expect to see which of the following ?
- (A) Oral ulcers
 - (B) Temperature dysregulation
 - (C) Normal nails
 - (D) Palmo-plantar keratoderma
62. Mitten hand deformity is seen in :
- (A) EBA
 - (B) EBJ
 - (C) EBS
 - (D) EBD
63. Flaccid pemphigus like blisters can be caused by all except :
- (A) Captopril
 - (B) Rifampicin
 - (C) Penicillin
 - (D) Furosemide

64. A 24 yrs old female has flaccid bullae in the skin and erosions in oral cavity. Histopathology shows intraepidermal acantholytic blister. The most likely diagnosis is :
- (A) Bullous Pemphigoid
 - (B) Erythema multiforme
 - (C) Pemphigus vulgaris
 - (D) Dermatitis herpetiformis
65. Multiple blisters around mouth & genital area were seen in a 5 years old child with cluster of jewels appearance. Diagnosis is :
- (A) Epidermolysis Bullosa simplex
 - (B) Herpes simplex
 - (C) Pemphigus foliaceus
 - (D) Chronic Bullous Disease of Childhood
66. 2 years old child had blister on hands & feet which occurred at slightest trauma. They would heal without leaving scars. He has :
- (A) Pemphigus vulgaris
 - (B) Epidermolysis Bullosa simplex
 - (C) Bullous Impetigo
 - (D) Pemphigus foliaceus
67. A 28 years old male has multiple grouped papulovesicles, on both elbows, knees, buttocks, upper back associate with severe itching. The most likely diagnosis is :
- (A) Pemphigus vulgaris
 - (B) Dermatitis Herpetiformis
 - (C) Bullous pemphigoid
 - (D) Herpes zoster
68. In Erythema multiforme we see all, EXCEPT :
- (A) Target lesions
 - (B) Associated interval malignancy
 - (C) Acral involvement
 - (D) No vesicles
69. Hailey-Hailey Disease is diagnosed by all, EXCEPT :
- (A) Dilapidated brick wall appearance histologically
 - (B) Intertriginous blisters
 - (C) Immunofluorescence
 - (D) Familial blistering
70. Pemphigus neonatorum is :
- (A) Pemphigus vulgaris in neonates
 - (B) Bullous impetigo
 - (C) Dermolysis
 - (D) None of the above

71. Gene mutated in congenital epidermolysis bullosa dystrophica :
 (A) Laminin 5
 (B) Laminin 7
 (C) Collagen 7
 (D) Collagen 5
72. Dapsone is the preferred treatment of all except :
 (A) Pemphigus vulgaris
 (B) Dermatitis herpetiformis
 (C) Subcorneal pustular dermatosis
 (D) Linear IgA disease
73. Erythrodermic psoriasis is precipitated by all, EXCEPT :
 (A) Anthralin (Dithranol)
 (B) Allopurinol
 (C) Methotrexate
 (D) Rapid withdrawal of systemic corticosteroids
74. Candle wax sign, Bulkeley's membrane and Auspitz sign are parts of which test ?
 (A) Vitropression
 (B) Epiluminescence microscopy
 (C) Grattage test
 (D) Radioallergen sorbent test
75. Parakeratosis is a feature of :
 (A) Lichen planus
 (B) Psoriasis vulgaris
 (C) Pemphigus foliaceus
 (D) Mycosis fungoides
76. Pseudopelade is seen in :
 (A) Psoriasis
 (B) Vitiligo
 (C) Lichen planus
 (D) Tuberous sclerosis
77. Which autoantibody is associated with neonatal LE ?
 (A) Anti Ro/La
 (B) Anti Sm
 (C) Anti ds DNA
 (D) Anti-centromere
78. A 22-years-old man presents with multiple ivory-colored patches on back with pigmented borders and the lesion appears bound down and is difficult to pinch. They have been presented for months. Which of these examinations is indicated to arrive on a diagnosis ?
 (A) Ultrasonography
 (B) Fungal culture
 (C) Skin biopsy
 (D) KOH preparation

79. Correct about lupus erythematosus is :
- (A) The risk of conversion of DLE to SLE is higher if discoid lesions are confined to the head and neck
 - (B) There is a greater female preponderance of young patients with SLE compared with patients affected with DLE
 - (C) SLE leads to scarring alopecia with or without discoid lesions
 - (D) DLE is associated with anti Sm Antibodies
80. Which one is a known extracutaneous feature of SLE ?
- (A) Arthritis with soft tissue swelling in hands and wrists with radiological erosions
 - (B) Neuropsychiatric features (seizures, psychosis) in the absence of known cause
 - (C) Renal artery stenosis
 - (D) Myocardial rupture
81. Keratodermablennorrhagicum is pathognomonic for :
- (A) Psoriatic arthritis
 - (B) Reiter's syndrome
 - (C) Erythroderma
 - (D) Psoriasis
82. Features of CREST syndrome include all except :
- (A) Calcinosis
 - (B) Respiratory failure
 - (C) Esophageal dysmotility
 - (D) Telangiectasia
83. Gottron's sign-reddish, purple scaling eruption over the knuckles is found in :
- (A) SLE
 - (B) DLE
 - (C) Dermatomyositis
 - (D) Scleroderma
84. A patient with psoriasis was treated with systemic steroids, which were withdrawn and the pt. developed pustular lesions. The most likely cause is :
- (A) Drug induced reaction
 - (B) Pustular psoriasis
 - (C) Bacterial infection
 - (D) Septicemia
85. Raynaud's phenomenon is seen in all, EXCEPT :
- (A) Raynaud's Disease
 - (B) Systemic Lupus Erythematosus
 - (C) Systemic Sclerosis
 - (D) Post Sympathetectomy

86. Patient suddenly developed red raised spots all over body with vomiting and diarrhea occult blood in urine was reported. Diagnosis is :
- (A) Reiter's Disease
 - (B) Rheumatic fever
 - (C) Henoch Schonlein purpura
 - (D) Guttate Psoriasis
87. A 22-years old man presents with multiple ivory-colored patches on back with pigmented borders and the lesion appears bound down and is difficult to pinch. The most likely diagnosis is :
- (A) Atrophoderma
 - (B) Systemic sclerosis
 - (C) Morphea
 - (D) Hansen's disease
88. A 30 years old female had fever, malaise, arthralgia photosensitivity, erythematous macules on both cheeks & bridge of nose. She had multiple oral ulcers. Serological Test of choice will be :
- (A) Anti Scl 70
 - (B) Antihistone antibody
 - (C) Anti-ds DNA
 - (D) Anti centromere antibody
89. Correct about lupus erythematosus is :
- (A) The risk of conversion of DLE to SLE is higher if disorder lesions are confined to the head and neck
 - (B) There is a greater female preponderance of young patients with SLE compared with patients affected with DLE
 - (C) SLE leads to scarring alopecia with or without discoid lesions
 - (D) DLE is associated with anti Sm antibodies
90. Pseud, oscleroderma is seen in :
- (A) Chronic gravitational edema
 - (B) Progeria
 - (C) Rheumatoid arthritis
 - (D) All of the above
91. A 35 years old female presents with tightening & darkening of skin on face, forearms & neck. She has dysphagia and finger tip ulceration. She probably has :
- (A) CREST syndrome
 - (B) Morphea
 - (C) Systemic sclerosis
 - (D) Raynaud's phenomenon

92. A 40 years old woman presented with a 8 months history of erythema and swelling of the periorbital region and papules and plaques on the dorsolateral aspect of the forearms and knuckles with ragged cuticles. There was no muscle weakness. The most likely diagnosis is :
- (A) SLE
 - (B) Dermatomyositis
 - (C) Systemic sclerosis
 - (D) Mixed connective tissue disease
93. D/D of palpable purpura include all, EXCEPT :
- (A) Henoch Schonlein purpura
 - (B) Cryoglobulinemic vasculitis
 - (C) Thrombocytopenia
 - (D) Leucocytoclastic vasculitis
94. Non scarring alopecia is seen in all EXCEPT :
- (A) Alopecia areata
 - (B) Lichen planus
 - (C) Tinea capitis
 - (D) Trichotillomania
95. Which of the following nail changes are NOT correctly matched ?
- (A) Lichen planus and dorsal pterygium
 - (B) Systemic sclerosis and ventral pterygium
 - (C) Psoriasis and irregular pitting
 - (D) Alopecia areata and irregular pitting
96. Chemotherapy most often causes which of the following hair abnormalities ?
- (A) Alopecia areata
 - (B) Telogen effluvium
 - (C) Anagen effluvium
 - (D) None of the above
97. Which of the following is not a cause of rosacea related flushing ?
- (A) Caffeine
 - (B) UV rays
 - (C) Alcohol
 - (D) Spicy food
98. PUVA is therapeutic tool in all the following, EXCEPT :
- (A) Psoriasis
 - (B) Vitiligo
 - (C) Rosacea
 - (D) Mycosis Fungoides

99. Photoonycholysis is seen as an adverse event of :
- (A) Phenytoin
 - (B) Chloramphenicol
 - (C) Chlorpromazine
 - (D) Tetracycline
100. 18 years old patient had large cysts and comedones on face, chest & back. Few abscesses were seen with scarring on upper back & cheek bones. Diagnosis is :
- (A) Folliculitis
 - (B) Tropical Acne
 - (C) Acne conglobata
 - (D) Acne vulgaris
101. A 21 years old boy came with sudden erythematous eruption of monomorphic papules on chest, back & forehead. He was already on medication for tuberculosis. He probably had :
- (A) Acne vulgaris
 - (B) Acneiform Eruption
 - (C) Folliculitis
 - (D) Miliaria rubra
102. A female patient presents with diffuse alopecia to you. She had suffered from typhoid fever 4 months back. Most probable diagnosis is :
- (A) Acute Telogen effluvium
 - (B) Androgenic alopecia
 - (C) Chronic telogen effluvium
 - (D) Alopecia areata
103. Scarring alopecia is associated by :
- (A) Alopecia areata
 - (B) Tinea capitis
 - (C) Androgenic alopecia
 - (D) Lichen planus
104. What is incorrect about androgenic alopecia ?
- (A) Males and females present with frontoparietal hairloss
 - (B) Finasteride is used to treat androgenetic alopecia in males
 - (C) Minoxidil is a useful topical agent
 - (D) Histology shows miniaturization of hairs
105. 8-years-old male has nail pitting and patchy hair loss. What else is expected ?
- (A) Auspitz sign
 - (B) Oreintreich sign
 - (C) Friar-tuck appearance
 - (D) Exclamation mark hair

106. Oral medication commonly used in male pattern alopecia is :
 (A) Finasteride
 (B) Minoxidil
 (C) Zinc sulphate
 (D) Oral contraceptives
107. Recalcitrant pustular acne is treated by :
 (A) Steroids
 (B) Retinoids
 (C) Oral erythromycin
 (D) Oral Tetracycline
108. The syndromic management of urethral discharge includes treatment of :
 (A) N. gonorrhea and herpes genitalis
 (B) Chlamydia trachomatis and herpes genitalis
 (C) N. gonorrhea and Chlamydia trachomatis
 (D) Syphilis and chancroid
109. A woman was treated with antibiotics for 2 weeks for streptococcal pharyngitis. Two weeks later she complains about genital burning with a white curdy vaginal discharge. What is the likely diagnosis ?
 (A) Syphilis
 (B) Gonococcal cervicitis
 (C) Chlamydial vaginitis
 (D) None of the above
110. A 23 years old promiscuous male presents a week after an unprotected sexual encounter with a stranger with 2 painful ulcers over his penis with painful bubos. The diagnosis is :
 (A) Chancre
 (B) Chancroid
 (C) LGV
 (D) Herpes
111. Five days after an unprotected homosexual intercourse a 27 years old male presents with complaints of burning micturition. There is no frank pus but on milking urethra some discharge was collected. Gram's stain of the discharge shows multiple gram negative diplococci both within and outside the polymorphs. The diagnosis is :
 (A) Mycoplasma urethritis
 (B) Chlamydia urethritis
 (C) Traumatic urethritis
 (D) Gonococcal urethritis

112. VDRL of a female patient came out to be positive with a titer of 1 : 8. What is most appropriate ?
- (A) It is true positive VDRL
 - (B) It is false positive VDRL
 - (C) It is presumed to be true positive and she treated with penicillin
 - (D) TPHA is not of value in assessment
113. School of fish appearance is seen in :
- (A) Chancroid
 - (B) Hunterian chancre
 - (C) Donovanosis
 - (D) Mycobacterial granuloma
114. A young male develops a painless penile – ulcer 10 days after unprotected sexual Exposure, with a professional sex worker ; likely diagnosis :
- (A) Chancroid
 - (B) Herpes
 - (C) Chancre
 - (D) Traumatic ulcer
115. A patient presents with mucoid discharge from urethra with dysuria since 1 day. He had an unprotected sexual exposure 14 days back. The treatment of choice would be :
- (A) Cefixime
 - (B) Penicillin
 - (C) Azithromycin
 - (D) Co-trimoxazole
116. Choose the correct match among the following :
- (A) Paper Syphil : Asymptomatic Neurosyphilis
 - (B) Secondary Syphilis : Vesicular lesions
 - (C) Chancre redux : Primary Syphilis
 - (D) Congenital Syphilis : Pre-dominant cardiac involvement
117. Fitz-Hugh Curtis syndrome was seen in a female with burning micturition. It is an extension of :
- (A) Candidiasis
 - (B) Gonorrhoea
 - (C) Reiter's disease
 - (D) Trichomonas vaginalis

118. All are true for Lymphogranuloma venereum, EXCEPT :
- (A) Genital ulcer is painful and large
 - (B) Caused by Chlamydia
 - (C) Groove sign is present
 - (D) Lymphatic blockage is a common sequel
119. A 30 years old male patient has a large, spreading exuberant ulcer with bright red granulation tissue over the glans penis. There was no lymphadenopathy. Most likely causative organism is :
- (A) Treponeme pallidum
 - (B) HSV – 1
 - (C) HSV – 2
 - (D) Calymmatobacterium granulomatis
120. Treatment of choice for Anogenital warts in pregnancy :
- (A) Podophylin application
 - (B) Cryosurgery
 - (C) Application of Imiquimod
 - (D) Application of 5 FU. (5-fluorouracil)
121. A 24 years old male presents to a STD clinic with a single painless ulcer on external genitalia. The choice of laboratory test to look for the etiological agent would be :
- (A) Scrapings from ulcer for culture on chocolate agar with antibiotic supplement
 - (B) Serology for detection of specific IgM antibodies
 - (C) Scrapings from the ulcer for dark field microscopy
 - (D) Scrapings from ulcer for tissue culture
122. A 59 years old married male presents with recurrent erythema and swelling of glans and prepuce with small whitish erosions. The next step in diagnosis is :
- (A) KOH mount of scales
 - (B) Tzanck preparation
 - (C) Dark ground microscopy
 - (D) Gram-stain of scrapings
123. A 28 years old sexually active male had syphilitic chancre 6 months ago when his VDRL was 1 : 64. A local practitioner treated him with erythromycin. 2 months later he developed asymptomatic scaly plaques over trunk, extremities and palms and soles that healed in 6 weeks time. He has been well since then. Now the patient presents with an indurated papule over the previous chancre. The diagnosis is :
- (A) Reinfection with syphilis
 - (B) Early relapsing syphilis
 - (C) Late relapsing syphilis
 - (D) Syphilis de emblee

124. Toxoplasmosis is seen in this stage :
- (A) Intermediate HIV
 - (B) Early HIV disease
 - (C) Late Stage Disease (AIDS)
 - (D) Seroconversion
125. P24 antigen assay becomes positive — before Elisa Test, hence useful in the window period :
- (A) 1 month
 - (B) 2 weeks
 - (C) 3 weeks
 - (D) 3 months
126. Primary generalized lymphadenopathy occurs in :
- (A) AIDS related complex
 - (B) Late stage HIV disease
 - (C) Seroconversion period
 - (D) Early HIV disease
127. The subtype of HIV most commonly seen in India is :
- (A) Type a
 - (B) Type b
 - (C) Type c
 - (D) Type d
128. Plasma viral load is useful during :
- (A) Confirming HIV infection
 - (B) Seroconversion period
 - (C) Monitoring response to therapy
 - (D) HIV late stage disease
129. Patient presented with fever, nonproductive cough and breathlessness with tightness in the chest. His ELISA for HIV being positive, he would be diagnosed as :
- (A) Histoplasmosis
 - (B) Pneumocystic carinii pneumonia
 - (C) Tuberculosis
 - (D) Eosinophilia
130. Kissing ulcers are seen in :
- (A) Syphilis
 - (B) Herpes simplex
 - (C) Herpes zoster
 - (D) Chancroid
131. A 25 years old male had thickened palmar lesions with pus leaking out, circinate balanitis and a red eye. He is suffering from :
- (A) Pustular psoriasis
 - (B) Reiter's syndrome
 - (C) Diabetes mellitus
 - (D) Behcet's syndrome

132. With Giemsa stain, Donovan bodies in tissue smears are seen in :
 (A) Chancroid
 (B) Granuloma inguinale
 (C) Lymphogranuloma venereum
 (D) Donovanosis
133. Strawberry cervix is seen in :
 (A) Bacterial vaginosis
 (B) Gonorrhoea
 (C) Trichomonas vaginitis
 (D) Candidiasis
134. Condyloma lata is present in syphilis in which stage ?
 (A) Secondary
 (B) Latent – Early
 (C) Primary
 (D) Latent – Late
135. For screening of infant born to HIV positive mother, test of choice is :
 (A) HIV 1 DNA PCR
 (B) HIV 1 RNA PCR
 (C) P24 Ag detection
 (D) ELISA
136. All are true for lepromin test except :
 (A) It is used to define the immune status of patient
 (B) It is a diagnostic test
 (C) It is a cell mediated response
 (D) It may be used to classify the patient
137. Earliest sensation to be lost in leprosy is :
 (A) Loss of pin prick sensation
 (B) Cold touch
 (C) Hot touch
 (D) Pressure touch
138. Duration of treatment of Multibacillary treatment of leprosy is :
 (A) MDT for 6 months to be completed in 6 months
 (B) MDT for 12 months to be completed in 12 months
 (C) MDT for 12 months to be completed in 18 months
 (D) MDT for 6 months to be completed in 9 months
139. Biologic false positive reaction of STS occurs in all except :
 (A) SLE
 (B) Infections
 (C) Pregnancy
 (D) Stroke

140. All are forms of secondary syphilis except :
- (A) Macular lesion
 - (B) Vesicular
 - (C) Papular
 - (D) Annular lesion
141. Drug of choice for lepra reaction type-II is:
- (A) Aspirin
 - (B) Thalidomide
 - (C) Corticosteroids
 - (D) Penicillin
142. Drug of choice for lepra reaction type-I is :
- (A) Aspirin
 - (B) Thalidomide
 - (C) Corticosteroids
 - (D) Penicillin
143. All are true about lepra reaction Type-II except :
- (A) Seen in Tuberculoid leprosy
 - (B) Seen in Lepromatous leprosy
 - (C) Arthus type reaction
 - (D) Thalidomide is the drug of choice
144. Severe destruction of dermal nerves with epithelioid granulomas is seen in :
- (A) TT Hansen's disease
 - (B) BT Hansen's disease
 - (C) BL Hansen's disease
 - (D) LL Hansen's disease
145. Which of the following drugs can not be used for both Type-I and Type-II lepra reactions ?
- (A) Corticosteroids
 - (B) Azathioprine
 - (C) Thalidomide
 - (D) Chloroquine
146. In Lepromatous leprosy all of the following are TRUE, EXCEPT :
- (A) Leonine facies
 - (B) Anaesthetic patches and thickened tender nerves
 - (C) Lepromin test – Negative
 - (D) Skin changes are infective
147. The commonest deformity in Leprosy is :
- (A) Ape thumb
 - (B) Leonine facies
 - (C) Claw Hand
 - (D) Foot drop

148. A 45 years old male had few hypoaesthetic, erythematous large plaques with elevated margins on trunk and extremities. His left ulnar and lateral popliteal nerve were enlarged. Most probable diagnosis is :
- (A) Lepromatous leprosy
 - (B) Mid Borderline leprosy
 - (C) Borderline tuberculoid leprosy
 - (D) Borderline lepromatous leprosy
149. Epithelioid granulomas are not seen in :
- (A) TT Hansen's disease
 - (B) BT Hansen's disease
 - (C) BB Hansen's disease.
 - (D) LL Hansen's disease
150. What is correct about leprosy control programmes ?
- (A) Slit smears are required to diagnose and follow leprosy patients
 - (B) Reactions, if severe, require temporary cessation of MDT
 - (C) Thalidomide is used as preferred drug for type-II reaction
 - (D) Clinical diagnosis alone is used as basis of instituting MDT
151. Which of the following is Paucibacillary leprosy ?
- (A) BI = 0
 - (B) BB Leprosy
 - (C) 6 anesthetic lesions
 - (D) 2 thickened peripheral nerve
152. Clofazimine therapy can cause all EXCEPT :
- (A) Skin pigmentation
 - (B) Ichthyosis
 - (C) Subacute intestinal obstruction
 - (D) Peripheral neuropathy
153. Diagnosis of leprosy can be made by :
- (A) AFB seen on slit smear
 - (B) Thickened nerves
 - (C) Hypopigmented lesion
 - (D) All of the above
154. Satellite nodule in leprosy is seen in :
- (A) BB
 - (B) BT
 - (C) BL
 - (D) LL

155. Foam cells are seen in :
 (A) Lepromatous type
 (B) Tuberculoid type
 (C) Borderline Leprosy
 (D) Indeterminate Leprosy
156. Histoid Leprosy is :
 (A) Non-nodular diffuse form
 (B) Seen in Relapse of Leprosy
 (C) Facies Leonina
 (D) Common in Central Americans
157. Drug of choice with type-1 lepra reaction with severe neuritis is :
 (A) Thalidomide
 (B) Systemic steroids
 (C) Chloroquine
 (D) Clofazime
158. Lepromatous Leprosy is characterized by all, EXCEPT :
 (A) Rhinophyma
 (B) Saddle nose
 (C) Loss of Eye-brows
 (D) Perforating ulcers
159. Treponema pallidum can be demonstrated by :
 (A) Gram stain
 (B) Wright's stain
 (C) Dark ground illumination
 (D) Hanging drop preparation
160. Hutchinson's Triad includes all, EXCEPT :
 (A) Interstitial keratitis
 (B) Vesicle at tip of the nose
 (C) 8th Nerve deafness
 (D) Peg shaped incisors (Hutchinson's Teeth)
161. Flaky paint appearance is seen in :
 (A) Scurvy
 (B) Kwashiorkor
 (C) Acrodermatitis enteropathica
 (D) Pellagra
162. All are true for Tuberous sclerosis except :
 (A) Hypomelanotic macules
 (B) Shagreen patch
 (C) Koenen's tumors
 (D) Autosomal recessive
163. A patient comes into the clinic with a unilateral blue-brown speckled patch involving her malar face. A biopsy shows an increased number of elongated, dendritic melanocytes scattered throughout the dermis, and normal collagen pattern. Which of the following is the correct diagnosis ?
 (A) Nevus of Ota
 (B) Blue nevus
 (C) Hypomelanosis of Ito
 (D) Sturge Weber Syndrome

164. Sezary syndrome presents with all except :
- (A) Erythroderma
 - (B) Lymphadenopathy
 - (C) Atypical T lymphocytes
 - (D) Nodular and tumourous growth
165. Which is not a typical property of LASER ?
- (A) Monochromaticity
 - (B) Collimation
 - (C) Predominantly UVA radiation
 - (D) Selective photothermolysis
166. Malini brings her three year old child with telangiectasias over face, palms and eyes ; recurrent epistaxis and a CT head reveals cerebral abscess. She herself as well as her other child has similar complaints. The possible diagnosis is :
- (A) Osler Weber Rendu disease
 - (B) Ataxia telangiectasia
 - (C) Von Hippel-Lindau disease
 - (D) Sturge Weber disease
167. Angiod streaks are characteristic of which disease ?
- (A) Neurofibromatosis I
 - (B) Pseudoxanthomaelasticum
 - (C) Tuberous sclerosis
 - (D) Gardener's syndrome
168. Treatment of choice in Mycosis Fungoides is :
- (A) Radiotherapy
 - (B) Electron beam therapy
 - (C) 5-FU
 - (D) Surgery
169. Which of the following forms of porphyria has no Cutaneous involvement ?
- (A) Variegata porphyria
 - (B) Porphyria cutanea tarda
 - (C) Acute Intermittent porphyria
 - (D) Erythropoietic porphyria
170. A patient had large yellow to skin coloured papules and nodules on dorsal aspect of hands, over malleoli and elbows, over malleoli and elbows. Blood investigation showed Type-2 hyperlipoproteinemia. These were :
- (A) Xanthelasma palpebrarum
 - (B) Tendinous Xanthomas
 - (C) Tuberous Xanthomas
 - (D) Eruptive Xanthomas

171. Xanthoma striata Palmaris are associated with type-3 hyperlipoproteinemia. These are nothing but :
- (A) Plane Xanthomas
 - (B) Xanthelesma palprebrarum
 - (C) Tuberous Xanthomas
 - (D) Eruptive Xanthomas
172. 35 years old lady developed symmetrical flat coalescing plaques along inner eyelids. These are :
- (A) Eruptive Xanthoma
 - (B) Xanthelesma palprebrarum
 - (C) Xanthoma Tubersum
 - (D) Plane Xanthomas
173. Gunther's Disease is showing all, EXCEPT :
- (A) Photosensitivity
 - (B) Hemolytic anemia
 - (C) Red urine
 - (D) Abdominal pain
174. Fabry's disease = Angiokeratoma Corporis Diffusum shows all, EXCEPT :
- (A) Vascular keratotic papules
 - (B) Soft yellow plaques on eyelids
 - (C) Renal failure
 - (D) Cardiovascular Episodes
175. 5 year old child had erythematous oedematous lesions on face, back of hands everytime he went in the sun. Photo-onycholysis was also seen. He has :
- (A) Polymorphous light eruption
 - (B) Solar urticaria
 - (C) Erythropoietic protoporphyria
 - (D) Gunther's disease
176. Which is a skin of systemic amyloidosis ?
- (A) Photosensitivity
 - (B) Progressive pigmentary purpura
 - (C) Palpebral purpura
 - (D) Hyperpigmentation
177. A 40 years old farmer with itching and blisters on exposure to sun, few scars on sun exposed areas, complains of exaggeration in summer. This is :
- (A) Seborrheic Dermatitis
 - (B) Psoriasis
 - (C) Porphyria Cutanea Tarda
 - (D) Contact Dermatitis

178. True about Acanthosis Nigricans is all EXCEPT :
- (A) Seen in axilla
 - (B) Obesity associated
 - (C) Seen in old age
 - (D) Signifies internal malignancy
179. Plucked chicken like yellow skin is seen in :
- (A) Neurofibromatosis
 - (B) Gorlin's syndrome
 - (C) Marfan's syndrome
 - (D) Pseudoxanthoma Elasticum
180. A patient has distinctive peau d'orange surface pattern resulting from closely grouped clusters of chamois-colored papules in a reticular pattern on the neck, axillae and other body folds. Associated ocular manifestation is :
- (A) Iris hamartomas
 - (B) Ipsilateral glaucoma
 - (C) Streaks and hemorrhages in retina
 - (D) Retina angioblastomas
181. Basal cell Nevus syndrome show all, EXCEPT :
- (A) Multiple basal cell carcinomas
 - (B) Skeletal abnormalities
 - (C) Loose redundant skin folds
 - (D) Skull X-ray opacities
182. Patient with blue sclera was diagnosed as osteogenesis imperfecta. He would have all these features, EXCEPT :
- (A) Brittle bones
 - (B) Deafness
 - (C) Ectopia Lentis
 - (D) Fragile skin
183. 5 years old child with blue eyes, light skin had microcephaly, spaced incisors, short stature and syndactyly. She is diagnosed as :
- (A) Marfan's syndrome
 - (B) Hartnup's disease
 - (C) Phenylketonuria
 - (D) Osteogenesis imperfecta
184. Loose redundant skin folds all over body are seen in :
- (A) Ehler Danlos syndrome
 - (B) Cutis laxa
 - (C) Neurofibromatosis
 - (D) Aplasia cutis

185. Palms and soles were spared in a young boy with thick scales and dark dirty neck and flexures. History of shedding skin periodically was present. He has :
- (A) Ichthyosis vulgaris
 - (B) Lamellar Ichthyosis
 - (C) HIV
 - (D) X-linked Ichthyosis
186. A 27 years old sexually active male presents with a vesiculobullous lesion on the glans soon after taking tablet septran for fever. The lesion healed with hyperpigmentation. The most likely diagnosis is :
- (A) Bechet's syndrome
 - (B) Herpes genitalis
 - (C) Fixed drug eruption
 - (D) Pemphigus vulgaris
187. A patient comes into the clinic with a unilateral blue-brown speckled patch involving her malar face. A biopsy shows an increased number of elongated, dendritic melanocytes scattered throughout the dermis and normal collagen pattern. Which of the following is the correct diagnosis ?
- (A) Nevus of Ota
 - (B) Blue nevus
 - (C) Hypomelanosis of Ito
 - (D) Sturge Weber syndrome
188. Which is not due to a decrease in number of melanocytes ?
- (A) Vitiligo
 - (B) Piebaldism
 - (C) Waardenberg syndrome
 - (D) Albinism
189. After adequate treatment, hypopigmentation in pityriasis versicolor :
- (A) Becomes more prominent
 - (B) Persists for several months
 - (C) Slowly fades in 1-2 months
 - (D) Disappears in a week
190. Corkscrew hairs and perifollicular hemorrhage are characteristic of which of the following ?
- (A) Hereditary hemorrhagic telangiectasia
 - (B) Niacin deficiency
 - (C) Vitamin-C deficiency
 - (D) Argininosuccinic aciduria
191. A 35-years old alcoholic presents with diarrhea and scaly rash on his neck, hands and feet. He will improve if he is treated with which one of the following ?
- (A) Nicotinic acid
 - (B) Thiamine
 - (C) Vitamin A
 - (D) Folic Acid

192. What is not true about Seborrheic keratoses ?

- (A) Seborrheic keratoses are superficial benign skin tumors
- (B) They can be removed by curettage
- (C) Seborrheic keratoses if appear suddenly in an eruptive fashion may indicate internal malignancy
- (D) They are precancerous lesions

193. Which one is NOT true about dermatofibroma ?

- (A) Commonest site is legs
- (B) Dimplé sign is positive
- (C) Dermatofibroma must be excised
- (D) Malignant form dermatofibrosarcoma protuberans histologically has "cartwheel" arrangement of spindle cells

194. Choose the correct statement :

- (A) Cherry angiomas are almost universal with aging and are benign
- (B) Pyogenic granulomas are usually painful lesions with paroxysms of severe pain

(C) Glomus tumor presents as single friable & polypoid mass that bleeds easily

(D) Spider angiomas are seen with aging

195. "Wood Grain" lesion is found in :

- (A) Erythema annulare centrifugum
- (B) Erythema gyratum repens
- (C) Erythema chronicum migrans
- (D) Erythema chronicum migrans

196. Which is not a Cutaneous marker of malignancy ?

- (A) Dermatomyositis
- (B) Acanthosis nigricans
- (C) Necrolytic migratory erythema
- (D) Erythema chronicum migrans

197. A 63 years old male presented with complaints of erythema, scaling and mild pruritus all over body for last 4 months. On examination there is generalized lymphadenopathy. Peripheral smear shows 60% lymphocytes with cerebriform folded nucleus. What is the most likely diagnosis ?

- (A) Psoriatic erythroderma
- (B) Sezary syndrome
- (C) Mycosis fungoides
- (D) Airborne contact dermatitis

198. Stewart-Treves syndrome is :

- (A) Migratory Thrombophlebitis
- (B) Necrolytic migratory erythema
- (C) Type of Basal cell carcinoma
- (D) None of the above

199. 40 years old woman had single, psoriasiform red, scalling plaque, on forehead, cellular irregularity was seen on histopathology. Diagnosis is :

- (A) Psoriasis Vulgaris
- (B) Sarcoidosis

(C) Bowen's disease

(D) Lupus Erythematosus

200. Which is not true about LASER ?

- (A) Pulsed Dye laser useful for Port wine stain
- (B) Q-Switched Nd YAG useful for pigmentary disorders
- (C) Long pulse Nd YAG is used for vascular disorders
- (D) CO₂ laser is useful for hair removal

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