

Test statements for SIMU exam in dermatovenerology for Medicine 2

- 1 22 year old patient originated from Africa. He has been ill since adolescence, manifesting painless, hard-elastic tubercles and nodules ranging from 1-2mm till 2-3cm in diameter, creating a facies leonina aspect on patient's face. Lepromin test is negative. Select the form of leprosy discussed above
- 2 2 brothers suffer from ichthyosis diagnosed at birth. Clinically: adherent, polygonal scales cover all the body, distributed in linear fashion and separated by fissures, skin having a dirty appearance, a steroid-phosphatase genetic defect was established - indicate the clinical form of disease
- 3 A 1 year infant suffers from atopic dermatitis since 4 months old. Clinically: erythematous and exudative plaques covered with vesicles, erosions, oozing, crusts and excoriations. Indicate the major diagnostic criteria for dermatosis described above
- 4 A 10 months old child diagnosed with atopic dermatitis at age of 4 months periodically manifests intensively itching skin eruption affecting cheeks, chin and forehead. Mother suffers from seasonal rhinitis and conjunctivitis. Clinically: erythematous-edematous plaques covered with vesicles, erosions, oozing, crusts and excoriations. Select the major diagnostic criteria of described dermatosis
- 5 A 10 months old child diagnosed with ichthyosis vulgaris. Indicate the genetic base of the disease
- 6 A 10 years old child with a long duration skin process that at onset manifested deep, hypodermic, red-violet, adherent nodules with tendency to ulceration. Ulcers are deep with irregular, elevated margins, base covered by soft, granular tissue which slowly transforms into irregular depressed scars. Indicate the form of cutaneous tuberculosis
- 7 A 12 years old child suffering from flat, elastic, round shaped, non-scaly, rose-yellowish-grey papules, up to 5mm in diameter, with smooth and bright surface. Select the presumptive diagnosis.
- 8 A 14 years old patient complains on itching lesions on the hands induced by a bee bite. Clinically: whitish, edematous, well-circumscribed, spreading papule of different sizes, with erythematous base, soft on palpation. Choose histopathological changes typical for this lesions
- 9 A 14-years old patient suffers from atopic dermatitis since early childhood. Select the major criteria of this disease
- 10 A 15 years old patient suffers from atopic dermatitis since early childhood. Clinically: erythematous and exudative plaques covered with vesicles, erosions, oozing, crusts and excoriations. Select topical agents prescribed in acute phase of disease described above
- 11 A 15 years old patient with atopic dermatitis suffers since early childhood. Clinically: erythematous and exudative oozing plaques, covered with vesicles, erosions and excoriations. Indicate topical agents efficient in management of this case
- 12 A 16 years old adolescent suffers from ichthyosis vulgaris since little childhood - indicate the mode of disease transmission
- 13 A 17 years old patient complains on itching skin lesions involving flexural surfaces of the limbs. Clinically: erythematous and exudative plaques covered with vesicles, multiple erosions and oozing. Select topical agents for management of this case.

- 14 A 17 years old patient presents with complaints of extremely itching skin eruption involving flexural surfaces of the limbs. Suffers from atopic dermatitis since early childhood. Indicate characteristic skin lesions
- 15 A 19 year old patient complained of smooth, flat, circumscribed plaques on the tongue with a cut meadow aspect. TPHA 4+. Select the correct diagnosis
- 16 A 19 years old patient suffers from chronic eczema. Indicate the characteritic skin lesions
- 17 A 20 years old patient admitted in intensive care department with Stevens-Johnson syndrome. What clinical signs are suggestive for this disease
- 18 A 20 years old patient manifests hypopigmented macules with hyperpigmented background on her neck, TPHA 4+, RPR 4+. What is your presumptive diagnosis
- 19 A 22 years old patient with circumscribed skin eruption on scalp without hair shaft involvement and atrophy. Select presumptive diagnosis
- 20 A 23 years old patient identified with round to oval, pink-pale to red-bright erythematous macules, 5-15 mm in diameter, with non-emphasized margins, non-scaly surface and no pruritus, that disappears under pressure, involving trunk (anterior and lateral aspect). Baltzer's sign is negative. VDRL4+. Indicate the disease with characteristic manifestation
- 21 A 23 years old patient is diagnosed with syphilis onsetted 2-3 moths ago. Clinically: erythematous, round to oval, pink-pale to bright color, 5-15 mm in diameter, poorly delimited, non-scaly or itching, disappearing under pressure macules located on trunk (anterior and lateral surfaces). Baltzer sign is negative. TPHA 4+. Select presumptive clinical diagnosis
- 22 A 23 years old patient with physiological general state complained of a 4months duration skin process with minimal discomfort, manifested by variable in size, well - circumscribed, smooth, round shaped, yellowish in the center and red-violet at periphery plaques. Skin is hard and adherent on palpation. Baltzer sign is negative. Select the presumptive diagnosis
- 23 A 24 years old patient complained of eruption onset 2 weeks ago with a short prodrome symptoms (headache, weakness, arthralgias, low-grade fever) followed by pink-yellowish, 4 to 6 cm in diameter, round shaped, circumscribed, irregular erythematous plaque covered with thin central scales and located on trunk. After few days multiple, small skin lesions has occurred. Microscopic examination of scales was negative on fungi. Auspitz sign was negative too. As well as VDRL test (negative). Select the correct diagnosis.
- 24 A 24 years old patient presents on clinical examination with disseminated papulosquamous skin lesions. Grattage of the lesions manifests a positive pin-point hemorrhagic phenomenon. Select the correct presumptive diagnosis.
- 25 A 25 years old patient complains of skin eruption associated with fever and itching. Skin lesions has manifested an acute onset and seasonal evolution during last 2 years. Clinically: disseminated, round, well-circumscribed, erythematous macules depressed in center with a target like aspect surrounded by an erythematous halo. What is your presumptive diagnosis
- 26 A 25 years old patient, suffers from type II diabetes mellitus and present complaints on erosive, delimited, oval plaques covered with a grey pseudomembrane, TPHA 4+. Select the correct diagnosis

- 27 A 26 years old patient originate from India complained of solitary, asymmetric, well demarcated, erythematous or hypopigmented macules and plaques with slightly elevated margins, lesions manifest tendency to peripheral, centrifugal growth transforming into plaques with ring-like appearance margin and atrophic, hypopigmented center. Lepromin tests is intensively positive. Select the form of leprosy discussed above
- 28 A 27 year old patient admitted with pityriasis rosea Gibert diagnosis. Indicate clinical symptoms suggestive for this disease
- 29 A 27 years old patient admitted in in-patient dermatology department with chronic eczema. Indicate clinical symptoms suggestive for disease
- 30 A 27 years old patient complaints on itching eruption on dorsal surfaces of her hands. During last 3 years she has been suffering from an eczema with chronic and recurrent evolution induced by a skin contact with detergents. Clinically: evident skin markings (lichenification), xerosis, thickness of the skin, multiple excoriations and fissures. Choose efficient topical treatment
- 31 A 28 years old patient admitted into in - patient department with idiopathic Quincke angioedema. Clinically: rose-pale, poorly demarcated, diffuse, edematous plaque, soft on palpation. Select therapeutical options for case management
- 32 A 33 years old female complained of painless, soft, pink-yellowish, smooth and shiny, 3-4mm in diameter tubercles that on diascopy manifest positive apple jelly sign. Eruption may progress into ulcers with residual scars formation. Indicate the form of tuberculosis discussed above
- 33 A 34 years old patient with complaints on alopecic plaques on scalp with diffuse thinning of the hair, poor demarcated borders, intact tegument, irregular margins with moth-eaten aspect. TPHA4+. Indicate the disease with characteristic clinical expression
- 34 A 37 year old patient diagnosed with circumscribed psoriasis at 21 years age. 2 years ago, after a car accident, skin process seriously progressed. Indicate clinical form of psoriasis presented in image
- 35 A 38 years old patient suffering from fat, hyperkeratotic, skin colored, up to 1 cm papules, surrounded by a cornified ring with central depression. Select the presumptive diagnosis.
- 36 A 40 years old patient admitted into intensive care unit in a poor general state with fever, fatigue, vomiting, disseminated and painful skin lesions. Eruption stated suddenly lasting 3 days prior to hospitalization. Clinically: generalized erythematous eruption, epidermis been widely detached, no tender bulla, skin looking heavily burned. Nicolsky sign is positive. What is your diagnosis
- 37 A 42 years old patient complained of skin process associated with nail alteration. Select the presumptive diagnosis.
- 38 A 44 years old patient complaints of red, elastic urticarial plaques occurred after administration of paracetamol. Select clinical signs characteristic for acute urticaria
- 39 A 48 years old butcher complained of 1 year lasting skin process, manifested by well-circumscribed, hard, hyperkeratotic, red-violet papules with verrucous surface, surrounding by an inflammatory halo. Mantoux test is intensively positive. Indicate the form of cutaneous tuberculosis discussed above

- 40 A 48 years old patient admitted with erythema multiforme. Select clinical symptoms suggestive for this dermatosis
- 41 A 48 years old patient complained of a long-lasting skin process manifested by hypodermic, painful, poorly delimited, hard, flat, up to 5 cm in diameter, yellow and cyanotic or violet nodules. Sometimes a deep irregular ulcers with elevated margins occur and later transform into hyperpigmented scars. Mantoux test is positive. Indicate the form of cutaneous tuberculosis discussed above
- 42 A 52 years old man diagnosed with lupus erythematosus 8 years ago. Physiological general state. Pathological skin process is located on cephalic region of the body without internal organs involvement. Clinical examination reveals erythematous scaly plaques with atrophy in center part of the lesions. Besnier-Meschersky, as well as, high hills signs are evident. Serologic exam highlights slightly positive antinuclear antibodies test and negative test on anti-doubled strand DNA antibodies. Select clinical form of the disease discussed above
- 43 A 56 years old patient admitted into in-patient intensive care department with Quincke edema of the lips and eye leads provoked by ciprofloxacin administration for treatment of acute cystitis. Clinically: a diffuse, pink-pale, poorly demarcated edematous plaque elastic on palpation. Select the correct therapeutical algorithm for management of this patient.
- 44 A 62 years old patient diagnosed with severe pulmonary tuberculosis. Skin and mucous membranes contamination have been released via autoinoculation. Mantoux test is negative. Initially, red-violet nodules have developed which later transformed into small, very painful ulcers with irregular and soft margins. Ulcers base is covered with serous and purulent, yellowish exudate, granules of Trelat are evident. indicate the form of tuberculosis discussed above.
- 45 A 7 months old child presents on clinical examination with red, well-circumscribed, shiny papules covered with scales. Microscopic examination of scales hasn't revealed dermatophytes. Select the correct diagnosis.
- 46 A 7 year old child suffering from elevated, umbilicated, rose-pale or skin colored papules, 5 to 7mm in diameter with shiny surface. Skin inspection reveals a whitish, granular, waxy material formed of altered keratinocytes. Eruption is not itching. Select presumptive diagnosis
- 47 A 7 year old child unvaccinated with BCG after 4 weeks of mechanic injury developed an oval shaped ulcer with granular and hemorrhagic base and irregular, elevated margins. 3 weeks later a satellite inflammatory lymphadenopathy occurred with purulent, abscessing character and skin fistulization. Indicate the form of cutaneous tuberculosis
- 48 A 9 years old patient presents with oral and labial hemorrhagic lesions covered by bloody crusts associate with poor general state, fever, fatigue, headache, arthralgias and oculo-nasal inflammation. On the face and trunk erythematous-papular and vesiculo-bullous, round, slightly depressed skin lesions are present. Disease manifested 2 days ago with acute onset. What is your presumptive diagnosis
- 49 Acantholytic cells in pemphigus vulgaris are identified within
- 50 All entities listed below are dermatophytosis with one exception
- 51 An 18 year old adult complained of eruption occurred after an acute respiratory infection associated with fever. Indicate causative agent of presented oral lesions.

- 52 An acute skin process, associated with altered general state of the patient and manifested by an asymmetric eruption with dermatomal distribution is shown in image. Indicate the correct diagnosis.
- 53 Anatomical targets of psoriasis are
- 54 Antibacterial medicines efficient in gonorrhoea treatment
- 55 Antigenic targets for autoantibodies in autoimmune pemphigus are
- 56 Average duration of the secondary syphilis is
- 57 Bulla in dermatitis herpetiformis Duhring is located within
- 58 Causative agent of cutaneous tuberculosis is
- 59 Causative agent of leprosy is
- 60 Causative agent of trichomoniasis is
- 61 Causative agents of pyodermas are
- 62 Child with contagious impetigo - indicate efficient topical treatment
- 63 Choose antihistamines for dermatological use
- 64 Choose antiviral medicines applied in dermatology
- 65 Choose biological liquids HIV virus is transmitted through
- 66 Choose clinical and serological expression characteristic for latent syphilis
- 67 Choose clinical manifestations characteristic for syphilitic leucomelanoderma
- 68 Choose clinical manifestations suggestive for Tinea capitis
- 69 Choose clinical signs suggestive for atopic dermatitis of a child and adolescent
- 70 Choose clinical signs suggestive for molluscum contagiosum
- 71 Choose clinical signs suggestive for psoriasis vulgaris
- 72 Choose clinical symptoms characteristic for carbuncle
- 73 Choose clinical symptoms suggestive for candidial intertrigo
- 74 Choose clinical symptoms suggestive for herpes simplex
- 75 Choose daily dosage of acyclovir efficient in herpes zoster
- 76 Choose daily dosage of acyclovir efficient in primary infection with herpes simplex
- 77 Choose dermatosis expressed clinically through wheal lesions
- 78 Choose dermatosis with folds involvement
- 79 Choose dermatosis with linear distribution of skin lesions
- 80 Choose direct laboratory tests for HIV/AIDS diagnosis
- 81 Choose exudative primary skin lesions

- 82 Choose gold standard medicine for syphilis treatment
- 83 Choose infiltrative primary skin lesions
- 84 Choose irritant substances frequently involved in simple (irritative) contact dermatitis
- 85 Choose medicines for systemic treatment of chronic cutaneous lupus erythematosus
- 86 Choose microscopic findings suggestive for candidiasis
- 87 Choose primary skin lesions
- 88 Choose secondary skin lesions
- 89 Choose skin lesion suggestive for Kaposi sarcoma
- 90 Choose the causative agent of favus
- 91 Choose the clinical form of alopecia mentioned below
- 92 Choose the correct definition of granuloma
- 93 Choose the sebaceous glands secretion type
- 94 Choose the source of infection in purulent trichophytosis
- 95 Choose topical agents applied for scabies treatment
- 96 Choose topical agents for candidiasis treatment
- 97 Choose topical antibiotics
- 98 Choose topical antifungals
- 99 Choose topical corticosteroids
- 100 Choose treatment options for herpes zoster management
- 101 Choose treatment options for management of human papillomaviruses
- 102 Chronic or acute purulent inflammation altering the upper third portion of the hair follicle is named
- 103 Clinical and evolutive forms of gonorrhoea include
- 104 Clinical expression of syphilitic alopecia includes
- 105 Clinical forms of ascending gonorrhoea gonorrhoea in women includes
- 106 Clinical forms of autoimmune pemphigus are
- 107 Clinical forms of cutaneous lupus erythematosus are
- 108 Clinical forms of cutaneous T cell lymphoma are
- 109 Clinical forms of ichthyosis include
- 110 Clinical forms of morphea are
- 111 Clinical forms of pediculosis include

- 112 Clinical manifestations characteristic for syphilitic roseola include
- 113 Clinical manifestations of descending gonorrhoea in women include
- 114 Clinical manifestations suggestive for AIDS are
- 115 Clinical manifestations suggestive for primary syphilis include
- 116 Clinical presentation of papular syphilide includes
- 117 Clinical signs suggestive for acute anterior gonococcal urethritis in men are
- 118 Clinical signs suggestive for erythematous syphilitic angina are
- 119 Clinical symptoms suggestive for acute total gonococcal urethritis in men are
- 120 Clinical symptoms suggestive for dermatitis herpetiformis Dühring are
- 121 Clinical symptoms suggestive for generalized pustular psoriasis von Zumbusch include
- 122 Clinical symptoms suggestive for scabies are
- 123 Clinical symptoms suggestive for syphilitic chancre are
- 124 Clinical symptoms suggestive for syphilitic roseola are
- 125 Common atopic clinical expression includes
- 126 Common clinical manifestations of genital chlamydia infection in women are
- 127 Common clinical signs of trichomoniasis in women are
- 128 Complications induced by herpes zoster infection include
- 129 Complications of primary syphiloma include
- 130 Course dosage of benzathine benzylpenicillin for early syphilis (primary, secondary and early latent) treatment in adults consist of (UA)
- 131 Deep streptococcal pyoderms include
- 132 Definition of secondary macule includes
- 133 Definition of sycosis vulgaris includes
- 134 Definition of the crust includes
- 135 Definition of the excoriation includes
- 136 Definition of the fissure as secondary lesion includes
- 137 Definition of the furuncle includes
- 138 Definition of the scale includes
- 139 Definition of the suppurative hidradenitis includes
- 140 Dermatitis expressed clinically through bulla lesions include
- 141 Dermis is composed of

- 142 Diagnostic tests informative in dermatophytosis include
- 143 During clinical examination of the patient suffering from chronic discoid lupus erythematosus a scale was detached. Choose clinical signs, presented in the image, which corresponds with the maneuver
- 144 Ethiopathogenical origin of Kaposi sarcoma is
- 145 Facial hemiatrophy as form of linear scleroderma is included in
- 146 Follicular and perifollicular skin infection provoked by staphylococci with evolution towards necrosis is named
- 147 Forms of extragenital gonorrhoea include
- 148 Genital eruption with frequent recurrences is shown in image. Indicate causative agent of the eruption.
- 149 Grouped vesicles, linear borrow lesions, scaly erosions located on palms, soles, face and scalp in children up to 1 year old and associated with severe pruritus that get worse at night is suggestive for
- 150 Habitual areas for *Candida albicans* as a saprophyte are
- 151 Histological components of the dermis are
- 152 Histopathological processes in the epidermis are
- 153 Histopathologically, acantholysis represents
- 154 Histopathologically, acanthosis represents
- 155 Histopathologically, hypergranulosis represents
- 156 Histopathologically, hyperkeratosis represents
- 157 Histopathologically, parakeratosis represents
- 158 Histopathologically, spongiosis represents
- 159 How long it takes for Kobner phenomenon to manifest in psoriasis
- 160 In-vivo cutaneous tests include
- 161 Incubation period in syphilis lasts for
- 162 Indicate allergens frequently involved in allergic contact dermatitis
- 163 Indicate antifungals for dermatological use
- 164 Indicate bacteria which cause pyodermas
- 165 Indicate bullous dermatosis with suprabasal cleavage (within stratum spinosum)
- 166 indicate causative agent of pityriasis versicolor
- 167 Indicate certain clinical signs suggestive for late congenital syphilis are
- 168 Indicate characteristic clinical features of the scales in X-liked ichthyosis

- 169 Indicate class of immunoglobulins/antibodies implicated in pemphigus vulgaris pathogenesis
- 170 Indicate clinical expression of syphilitic leucomelanoderma
- 171 Indicate clinical features of the scales suggestive for ichthyosis vulgaris
- 172 Indicate clinical form of oral mucosa candidiasis shown in image
- 173 Indicate clinical form of psoriasis shown in image
- 174 Indicate clinical form of pyodermas characterized by alteration of upper third part of hair follicle
- 175 Indicate clinical form of streptococcal pyodermas characterized by erosive, painful erythematous plaques covered with purulent honey-like crusts
- 176 Indicate clinical forms of cutaneous candidiasis
- 177 Indicate clinical forms of follicular pyodermas
- 178 Indicate clinical forms of mucosal candidiasis
- 179 Indicate clinical forms of the non-follicular pyodermas
- 180 Indicate clinical forms of Tinea pedis
- 181 Indicate clinical manifestation suggestive for common wart
- 182 Indicate clinical manifestations suggestive for a plantar wart
- 183 Indicate clinical sign suggestive for carbuncle
- 184 Indicate clinical sign suggestive for lupus vulgaris and induced by the diascopy of tubercles
- 185 Indicate clinical sign suggestive for scabies
- 186 Indicate clinical signs characteristic for pityriasis rosea Gibert
- 187 Indicate clinical signs suggestive for allergic contact dermatitis
- 188 Indicate clinical signs suggestive for atopic dermatitis in adults
- 189 Indicate clinical signs suggestive for autoimmune pemphigus
- 190 Indicate clinical signs suggestive for irritative contact dermatitis
- 191 Indicate clinical signs suggestive for progressive phase of psoriasis
- 192 Indicate clinical signs suggestive for scabies
- 193 Indicate clinical signs suggestive for secondary syphilis
- 194 Indicate clinical signs suggestive for syphilitic chancre
- 195 Indicate clinical signs suggestive for syphilitic chancre amygdalitis
- 196 Indicate clinical signs suggestive for syphilitic ecthyma
- 197 Indicate clinical signs suggestive for syphilitic tuberculids
- 198 Indicate clinical signs suggestive for tertiary syphilis

- 199 Indicate clinical signs suggestive for vitiligo
- 200 Indicate clinical symptoms suggestive for congenital syphilis of newborn
- 201 Indicate clinical symptoms suggestive for deep lupus erythematosus
- 202 Indicate clinical symptoms suggestive for dystrophic epidermolysis bullosa
- 203 Indicate clinical symptoms suggestive for recurrent secondary syphilis
- 204 Indicate common clinical signs of herpes zoster
- 205 Indicate common targets in case of microsporosis
- 206 Indicate common targets in case of purulent trichophytosis
- 207 Indicate common targets in Tinea pedis provoked by *Trichophyton mentagrophytes* var. *interdigitale*
- 208 Indicate correct option for topical treatment of pityriasis rosea Gibert
- 209 Indicate deep pustular syphilitic lesions
- 210 Indicate deep pyogenic skin infection characterized by ulcers covered with adherent depressed crusts
- 211 Indicate dermatophytes which invade the inner part of the hair shaft (endothrix)
- 212 indicate dermatophytes which invade the outer part of hair shaft (ectothrix)
- 213 Indicate dermatosis caused by pyogenic bacteria
- 214 Indicate dermatosis characterized by nodular lesions
- 215 Indicate dermatosis characterized by papular lesions
- 216 Indicate dermatosis characterized by primary macular lesions
- 217 Indicate dermatosis characterized by tubercular lesions
- 218 Indicate dermatosis from the image characterized by dermatomal distribution of the lesions
- 219 Indicate dermatosis which affects buccal mucous membrane
- 220 Indicate dermatosis with target-like aspect of the lesion
- 221 Indicate embryological elements the skin derives from
- 222 Indicate essential pathogenic mechanism involved in dermatitis herpetiformis Duhring
- 223 Indicate evolutive phases of atopic dermatitis depending of patients age
- 224 Indicate features distinctive for Quincke's angioedema eruption
- 225 Indicate forms of urticaria mediated by type III hypersensitivity reaction after Gell and Coombs
- 226 Indicate hereditary disease characterized by a marked fragility of the skin and mucous membranes, manifested by bulla developed spontaneously or after a minor trauma

- 227 Indicate histopathological changes suggestive for common wart
- 228 Indicate histopathological dermal changes suggestive for psoriasis vulgaris
- 229 Indicate histopathological processes evident in stratum spinosum shown in the image
- 230 Indicate histopathological processes of stratum corneum shown in the image
- 231 Indicate hypersensitivity reactions after Gell and Coombs involved in atopic dermatitis
- 232 Indicate immunologic disturbances characteristic for HIV/AIDS
- 233 Indicate itching dermatosis from the image characterized by papules topped with vesicles and grouped in pairs
- 234 Indicate laboratory tests informative for herpes simplex diagnosis
- 235 Indicate major diagnostic criteria of atopic dermatitis in toddlers
- 236 Indicate minor criteria of atopic dermatitis
- 237 Indicate modes of HIV virus transmission
- 238 Indicate mucous and cutaneous manifestations suggestive for congenital syphilis of an infant
- 239 Indicate non-specific(non-treponemal)test with cardiolipin/phospholipid antigen used for syphilis diagnostics
- 240 Indicate non-treponemal serological tests for syphilis diagnosis
- 241 Indicate phases of morphea evolution
- 242 Indicate presumptive diagnosis accordingly to the image and clinical data place below A 32 years old woman with complaints on a 2 year lasting skin eruption, manifested by symmetric, asymptomatic, peripherally growing hypopigmented macules with face and hands involvement
- 243 Indicate primary cavitory skin lesions
- 244 Indicate primary skin lesion characteristic for lupus vulgaris
- 245 Indicate primary skin lesion characteristic for syphilitic leucomelanoderma
- 246 Indicate primary skin lesion from the image that corresponds with the following description - infiltrative, non-cavitory, prominent, lesion that represents a specific dermal infiltrate (granuloma), of lenticular size and tendency to ulceration with residual scar formation
- 247 Indicate primary skin lesion from the image that corresponds with the following description - prominent, cavitory lesion with clear exudate, up to 5mm in diameter, situated exclusively within the epidermis
- 248 Indicate primary skin lesion from the image that corresponds with the following description - prominent, cavitory lesion with clear exudate more than 5mm in diameter, situated in the epidermis or beneath it
- 249 Indicate primary skin lesion from the image that corresponds with the following description - infiltrative, palpable, circumscribed lesion located in deep dermis or/and hypodermis
- 250 Indicate primary skin lesion present in image

- 251 Indicate primary skin lesions present in image
- 252 Indicate primary skin lesions present in image
- 253 Indicate primary skin lesions shown in image
- 254 Indicate primary skin lesions shown in the herpes simplex eruption presented in image
- 255 Indicate skin lesion from the image that confirms pruritis
- 256 Indicate skin lesions characteristic for scabies
- 257 Indicate skin lesions characteristic for tertiary syphilis
- 258 Indicate syphilis stage which is characterized by papular lesions
- 259 Indicate the average duration of primary syphilis (in weeks)
- 260 Indicate the causative agent of pediculosis
- 261 Indicate the cause of pediculated, painless papules presented in image
- 262 Indicate the chancre atypical forms
- 263 Indicate the clinical form of acute staphylococcal, superficial and contagious infection, common among children (see image), manifesting in newborns as wide-spreading form called epidemic pemphigus
- 264 Indicate the clinical form of ichthyosis characterized by centrally depressed scales detached from the skin at the margins, distributed in symmetrical fashion all over the body, more evident on extensor surfaces without involvement of major folds, disease occurs due to a genetic defect of filaggrin synthesis
- 265 Indicate the clinical form of ichthyosis induced by a genetic defect of steroid-phosphatase
- 266 Indicate the clinical form of tinea pedis shown in image
- 267 Indicate the clinical form of tinea pedis shown in image
- 268 Indicate the clinical sign suggestive for psoriasis
- 269 Indicate the disease characterized by acute onset, seasonal character, round, well-circumscribed, red-violet skin eruption made of central vesiculo-bullous area, followed by an elevated edematous and erythematous halo
- 270 Indicate the disease characterized by an oval erythematous plaque covered with adherent, thin scales more evident on margins and distributed along skin tension lines
- 271 Indicate the earliest and most common manifestation of secondary syphilis
- 272 Indicate the essential pathogenic mechanism involved in pemphigus vulgaris
- 273 Indicate the gold standard method for gonorrhoea diagnosis
- 274 Indicate the histological processes in stratum spinosum, shown in the image
- 275 Indicate the histological processes in the dermis shown in image
- 276 Indicate the histopathological processes in granular layer shown in the image

- 277 Indicate the level of primary alteration in Bockhardt impetigo
- 278 Indicate the level of primary alteration in erysipelas
- 279 Indicate the level of primary alteration in intertrigo
- 280 Indicate the main function of basal cell keratinocytes
- 281 Indicate the main trigger factor of erythema multiforme
- 282 Indicate the most frequent clinical form of ichthyosis vulgaris characterized by small lamellar scales adherent to a dry, thick, rough skin
- 283 Indicate the nature of functional incapability of the limbs in pseudoparalysis of Parrot in congenital syphilis
- 284 Indicate the number of cell rows the basal cell layer is made of
- 285 Indicate the number of cell rows within the granular layer
- 286 Indicate the period (in days) of regional lymphadenopathy occurrence in primary syphilis
- 287 Indicate the presumptive diagnosis accordingly to the image and clinical data placed below A 68 years old smoker woman with complaints on a 6 months lasting asymptomatic skin lesion located at semimucous surface of the upper lip
- 288 Indicate the presumptive diagnosis accordingly to the image and clinical data placed below A 67 years old women presented with complaints on 2 years lasting asymptomatic cutaneous lesion located on left side of zygomatic area of the face.
- 289 Indicate the presumptive diagnosis accordingly to the image and clinical data placed below A 26 years old woman presented with complaints on a 1 year lasting skin eruption involving the U - zone of the face, associated with oily skin, multiple opened and closed comedones.
- 290 Indicate the presumptive diagnosis accordingly to the image and clinical data placed below A 43 years old woman with complaints on a 3 years lasting skin eruption located on the face, manifested by multiple inflammatory lesions, telangiectasias, associated with dry, as well as sensitive skin, lacking desquamation and comedones
- 291 Indicate the presumptive diagnosis accordingly to the image and clinical data placed below A 55 years old man with complaints on a 2 year lasting symmetric slowly growing skin eruption involving both feet, associated with edema and mild paresthesia.
- 292 Indicate the primary skin lesions
- 293 Indicate the primary targets for gonococcal infection in men
- 294 Indicate the retinoid medicine created exclusively for severe acne vulgaris treatment
- 295 Indicate the secondary skin lesions
- 296 Indicate the stage of acquired syphilis characterized by papular lesions on palms and soles
- 297 Indicate the topical antiparasitic agents applied in dermatology
- 298 Indicate therapeutic options recommended for early syphilis treatment (primary, secondary and early latent)

- 299 Indicate topical agents efficient in scabies treatment
- 300 Indicate type of hypersensitivity reaction after Gell and Coombs common for allergic vasculitis
- 301 Inflammatory lesions in acne vulgaris are
- 302 Laboratory tests applied for gonorrhoea diagnostics include
- 303 Laboratory tests informative for pemphigus vulgaris diagnosis include
- 304 Lenticular papular lesions that evolving get covered with peripherally arranged scaly collarette - Bielt, are typical for
- 305 Lenticular, elevated, circumscribed, red-brown, hard, painless papular lesions surrounded at the periphery by a scaly collarette (Bielt's) are typical for
- 306 Lichenification as secondary lesion represents
- 307 Linear scleroderma on the forehead of 42 years old patient transformed on his face into hemiatrophic manifestation. Name the corresponding syndrome
- 308 Local (urethral) complications of gonorrhoea in men are
- 309 Main primary skin lesion in lichen planus is
- 310 Major criteria of atopic dermatitis include
- 311 Microscopic staining techniques for routine Neisseria gonorrhoeae identification include
- 312 Modes of syphilis transmission include
- 313 Name primary skin lesion marked with arrows
- 314 Name the dermatosis with dermatomal distribution of skin lesions
- 315 Nicolsky sign in pemphigus vulgaris histopathologically suggests
- 316 Non-inflammatory, well circumscribed, round shape, white-grey or skin colored papules with hyperkeratotic surface are present on image. Select the correct diagnosis.
- 317 On patients palms a circumscribed, elevated, red-brown, hard, painless papules are present surrounding by a scaly collarette, TPHA 4+. What is your diagnosis
- 318 Papules and pustules with follicular involvement, typically located on face and back and occurring in late secondary syphilis are named
- 319 Papules topped by pustules transforming into necrotic ulcers covered with multilayered, concentric crusts and slowly evolving in con-shaped scars, commonly affecting immunocompromised patients with secondary syphilis, are named
- 320 Parasitic, itching dermatosis characterized by linear lesions (grouped in pairs), commonly complicated with pyoderma is named
- 321 Patient complained of painful skin lesion at angle of the mouth - angular stomatitis. Clinically - erosive plaques covered with purulent, honey-like crusts on erythematous base - indicate the correct clinical diagnosis

- 322 Patient diagnosed with psoriasis, 9 days after an injury develops typical skin lesions at the site of trauma. Name the phenomenon
- 323 Patient presented with variegate colored macules (red-pale, brown and white) of different sizes and emphasized margins, with positive Baltzer sign, yellowish-green fluorescence under Woods lamp examination - indicate the correct diagnosis
- 324 Patient suffers from pityriasis albus - select suggestive clinical signs
- 325 Patient suffers from streptococcal pyoderma manifested by vesicle and bulla (phlyctena), erosions, honey-like crusts - indicate clinical form of disease
- 326 Patient suffers from tinea pedis. Indicate the clinical form of disease presented in image
- 327 Patient with an alopecia plaque covered with thin scales, hair shafts broken at 5-8mm above the skin, green fluorescence under Woods lamp, direct microscopic exam reveals arthrospores of the ectothrix type - indicate the diagnosis
- 328 Patient with complaints on painful lesions at the mouth angles. Clinically: erosive plaques covered with purulent, honey-like crusts, surrounded by an erythematous halo. On inner surface of the lips are present fissures and scales. Presumptive diagnosis is streptococcal cheilitis. Select the dermatosis for differential diagnosis
- 329 Patient with deep folliculitis - indicate efficient topical treatment
- 330 Patient with erythematous and scaly, well-circumscribed, elevated margins, covered with small vesicles, papules and crusts, microscopic exam reveals long mycelial filaments - indicate the correct diagnosis
- 331 Patient with facial recurrent skin lesions with 2 year duration. Clinically: papules topped with pustules, surrounded by an erythematous and edematous halo, centered with hair follicles, confluent in small plaques, covered by honey-like crusts, with negative microscopic examination on fungi - indicate the presumptive diagnosis
- 332 Patient with favus - select clinical signs and laboratory tests informative for diagnosis confirmation
- 333 Patient with pityriasis versicolor - indicate efficient topical agents for treatment
- 334 Patient with pityriasis versicolor - select suggestive clinical symptoms
- 335 Patient with pseudotumoral, painful, round to oval lesion on scalp, fluctuating on palpation, under pressure pus together with the hair shaft are eliminating from the each hair follicle separately (positive Kerion Celsi sign) - indicate the correct diagnosis
- 336 Patient with purulent tinea capitis - select laboratory tests informative for diagnosis confirmation
- 337 Patient with purulent tinea capitis. Clinically an infiltrative, well-circumscribed placard covered with follicular pustules and crusts, microscopic examination revealed small sized arthrospores of ectothrix type - select the causative agent of the disease
- 338 Patient with purulent tinea capitis. Clinically oozing, pseudotumoral, painful, round to oval, fluctuating skin lesions, under pressure eliminating pus and hair shafts separately from every hair follicle (positive Celsi's honey comb sign); direct microscopic examination revealed big arthrospores of

ectotrix type - indicate the causative agent of disease

339 Patient with recurrent pyodermas that affects axillary apocrine sweat glands - indicate the correct diagnosis

340 Patient with streptococcal angular stomatitis - select topical treatment

341 Patient with tinea capitis. Clinical examination reveals an erythematous, alopecic plaque covered with thin scales, hair shafts broken at 5-8mm level above the skin, Wood's lamp examination manifests a green fluorescence - select the dermatophyte agent that induces disease described above

342 Patient with tinea corporis - choose suggestive clinical manifestations

343 patient with tinea corporis - select laboratory tests informative for diagnosis confirmation

344 Patient with tinea pedis - indicate dermatophytes which cause disease

345 Patient with white macules of different sizes confluent into placards, emphasized margins, positive Baltzer sign, yellowish-green fluorescence under Woods lamp examination, direct microscopic exam of scales reveals round spores and short mycelium filaments - indicate the correct diagnosis

346 Patients undergoing a treatment for acute facial pyodermas. Clinically: pustules, painful, erosive plaques covered with purulent honey-like crusts on erythematous base. Indicate clinical form of disease

347 Pincus sign in syphilis includes

348 Pityriasis versicolor clinical symptoms include

349 Pointed macules induced by extravasation of erythrocytes in the dermis occurring due to collagen fibers defect are named

350 Positive Kobner sign is typical for

351 Primary skin lesion in pemphigus vulgaris is

352 Primary skin lesion in psoriasis is

353 Primary urogenital targets for gonorrhea in women are

354 Rose-pale to bright color, round shaped, poorly demarcated, non-scaly, asymptomatic, blanching macules with trunk involvement (lateral and anterior surfaces) are typical for

355 Scar as secondary lesion represents

356 Secondary skin lesions are

357 Select clinical manifestations suggestive for streptococcal intertrigo

358 Select additional clinical signs of chronic discoid lupus erythematosus

359 Select antimalarial drug administered for chronic lupus erythematosus treatment

360 Select blanching macules more than 1 cm in diameter induced by a vascular congestion

361 Select characteristic features of syphilitic roseola

- 362 Select clinical expression characteristic for
- 363 Select clinical forms of dermatophytosis
- 364 Select clinical forms of pustular psoriasis
- 365 Select clinical manifestations suggestive for condyloma acuminatum
- 366 Select clinical sign suggestive for alopecia areata
- 367 Select clinical signs suggestive for condylomata lata
- 368 Select clinical signs suggestive for tinea capitis provoked by *Microsporum canis*
- 369 Select clinical signs suggestive for tinea corporis
- 370 Select clinical symptoms characteristic for atopic dermatitis of a child and adolescent
- 371 Select clinical symptoms characteristic for Kerion Celsi
- 372 Select clinical symptoms characteristic for lichen planus
- 373 Select clinical symptoms suggestive for disseminate chronic discoid lupus erythematosus
- 374 Select clinical symptoms suggestive for erythematous syphilitic angina
- 375 Select clinical symptoms suggestive for furuncle
- 376 Select clinical symptoms suggestive for Kerion Celsi
- 377 Select clinical symptoms suggestive for psoriatic erythroderma
- 378 Select clinical symptoms suggestive for tinea capitis provoked by *Trichophyton violaceum* and *Trichophyton tonsurans*
- 379 Select clinical symptoms typical for candidial angular stomatitis
- 380 Select clinical variations of tuberculoid syphilide
- 381 Select dermatosis that is characterized by follicular hyperkeratosis with presence on internal surface of the detached scale of filiform cornified elongations
- 382 Select diagnostic tests informative in micropsoriasis
- 383 Select evolutive scenarios for pregnant women with syphilis
- 384 Select laboratory tests applied for diagnostic, confirmation and follow-up of HIV/AIDS infection
- 385 Select major clinical signs of chronic discoid lupus erythematosus
- 386 Select medicines administered for systemic treatment of alopecia areata
- 387 Select medicines useful for systemic treatment of herpes simplex infection
- 388 Select microscopic methods useful for primary syphilis confirmation
- 389 Select primary skin lesion from the image that corresponds with the following description - prominent, exudative, non-cavitary lesion induced by circumscribed edema of papillary dermis

- 390 Select primary skin lesion from the image that corresponds with the following description - superficial or deep, prominent, circumscribed, cavitory, purulent lesion
- 391 Select primary skin lesion from the image that corresponds with the following description - circumscribed, prominent, infiltrative, palpable lesion situated in epidermis or/and superficial dermis with a pigmentary evolution
- 392 select primary skin lesion marked on image (within a circle)
- 393 Select primary skin lesion marked on image (within a circle)
- 394 Select primary skin lesion rom the image that corresponds with the following description - circumscribed flat change in skin color
- 395 Select primary skin lesion shown in image
- 396 Select primary skin lesions shown in image
- 397 Select secondary lesion from the image that corresponds with the following description - grouped papillomatous cutaneous proliferations
- 398 Select secondary skin lesion from the image that corresponds with the following description - wound healing with connective tissue formation, lacking secretory glands and hair shafts
- 399 Select secondary skin lesion from the image that corresponds with the following description - a deep loss of skin tissue which affects epidermis and dermis with scar development
- 400 Select secondary skin lesion from the image that corresponds with the following description - a superficial skin loss within the epidermis
- 401 Select secondary skin lesion from the image that corresponds with the following description - linear lost of skin tissue due to scratching
- 402 Select secondary skin lesion from the image that corresponds with the following description - linear skin defect due to loss of cutaneous elasticity
- 403 Select secondary skin lesion from the image that corresponds with the following description - deposits on skin made of dry exudate
- 404 Select secondary skin lesion from the image that corresponds with the following description - circumscribed thickness of the skin with evident cutaneous creases
- 405 Select secondary skin lesion from the image which corresponds with the following description - deposit of exfoliate corneocytys
- 406 Select secondary skin lesion from the image which corresponds with the following description - circumscribed change in skin color due to evolution of previous lesion
- 407 Select secondary skin lesions present in image
- 408 Select secondary skin lesions shown in image
- 409 Select secondary skin lesions shown in image
- 410 Select the appropriate concentration of potassium hydroxide used for microscopic examination of dermatophytes

- 411 Select the appropriate concentration of sulphur for scabies treatment in children up 10 year old
- 412 Select the causative agent of molluscum contagiosum
- 413 Select the clinical manifestations suggestive for a plane wart
- 414 Select the clinical sign suggestive for lichen planus
- 415 Select the definition of bulla
- 416 Select the definition of nodule
- 417 Select the definition of pustule
- 418 Select the definition of wheal
- 419 Select the dermatosis characterized by topographical distribution of the lesions identical with those indicated in the image
- 420 Select the epidermal layer marked with a square line in the histological image
- 421 Select the epidermal layer marked with a square line on histological image
- 422 Select the epidermal layer marked with the oblique line on histological image
- 423 Select the stage acquired syphilis characterized by elevated, round, flat, vegetating, erosive and oozing papular eruptions involving folds
- 424 Select the topical keratolytic agents
- 425 Select the topical steroids with moderate and weak potency of action
- 426 Select therapeutical options for management of Stevens-Johnson syndrome
- 427 Select topical agents applied in purulent and necrotic stage of furuncle
- 428 Select topical agents useful for Tinea capitis treatment
- 429 Select type of hypersensitivity reaction (after Gell and Coombs) the allergic contact dermatitis is mediated by
- 430 Skin infection induced by staphylococci and characterized by necrotic and deep alteration of grouped, neighboring hair follicles is named
- 431 Stratum lucidum is microscopically visible on
- 432 Syphilitic gumma is
- 433 Targets for primary alteration of trichomoniasis in men are
- 434 The causative agent of contagious impetigo is
- 435 The most relevant laboratory test for diagnosis of acantholytic pemphigus is
- 436 Typical site of involvement for syphilitic ecthyma is
- 437 Typical site of involvement in rosacea includes
- 438 Typical sites of involvement for condylomata lata include

- 439 Typical sites of involvement for syphilitic roseola are
- 440 Typical sites of involvement in chronic discoid lupus erythematosus are
- 441 Typical sites of involvement in psoriasis vulgaris are
- 442 Ulceration as secondary lesion represents
- 443 Vegetation as secondary lesion represents
- 444 Viral dermatosis induced by human papillomaviruses include
- 445 What a streptococcal intertrigo is
- 446 What an angular stomatitis is
- 447 What an ecthyma vulgaris is
- 448 What an erysipelas is
- 449 What are clinical signs suggestive for acute urticaria
- 450 What bacteria cause pyodermas
- 451 What biologic material is sampled for laboratory diagnosis of dermatophytosis
- 452 What clinical sign is typical for regression phase of papular syphilide
- 453 What clinical signs and laboratory tests are informative for pityriasis versicolor confirmation
- 454 What clinical signs are characteristic for acute eczema
- 455 What clinical signs are suggestive for a common wart
- 456 What clinical signs are suggestive for Stevens-Johnson syndrome
- 457 What clinical symptoms are distinctive for chronic eczema
- 458 What clinical symptoms are suggestive for atopic dermatitis of an infant and toddler
- 459 What clinical symptoms are suggestive for subacute eczema
- 460 What dermatosis is condylomata lata differentiated with
- 461 What dermatosis is papular lenticular syphilide, with acral involvement, differentiated from
- 462 What dermatographism is specific for urticaria
- 463 What direct microscopic examination identifies in case of Tinea capitis
- 464 What disease an atopic dermatitis is
- 465 What disease an epiderolysis bullosa is
- 466 What disease an ichthyosis is
- 467 What features are common for eruption in urticarial dermal polymorphous vasculitis (Gougerot-Ruiter)
- 468 What food products and medicines are contraindicated in rosacea

- 469 What granulomatous diseases is tuberculoid syphilis differentiate with
- 470 What histopathological process is characteristic for acute eczema
- 471 What histopathological process is characteristic for Lyell's syndrome
- 472 What humoral factors induce lupus cell formation
- 473 What laboratory tests are informative in urogenital chlamydia
- 474 What laboratory tests are useful for diagnosis of candidiasis
- 475 What mechanisms is urticaria mediated by
- 476 What medicines are administered for management of larynx angioedema
- 477 What medicines are administered in acute urticaria
- 478 What medicines are applied for systemic treatment of trichomoniasis
- 479 What microorganism species provokes lupus vulgaris
- 480 What microscopical structures are identified in Tinea unguium induced by *Trichophyton rubrum*
- 481 What mite is involved in rosacea pathogenesis
- 482 What pathogenic mechanism is essential in leukocytoclastic vasculitis
- 483 What primary skin lesion a condylomata lata are
- 484 What primary skin lesion a syphilitic gumma is
- 485 What risk factors predispose to herpes zoster infection
- 486 What skin layers develops from ectoderm
- 487 What skin lesions are characteristic for secondary syphilis
- 488 What skin lesions are suggestive for dermatitis herpetiformis Dühring
- 489 What stage of syphilis is characterized by slanted meadow aspect of the tongue, made of flat plaques or adherent pseudomembranes
- 490 What stage of syphilis is characterized by gumma presence
- 491 What structures create intercellular connections within the basal layer of the epidermis as well as at the dermo-epidermal junction
- 492 What syphilis stage is characterized by radial perioral scars of Robinson-Fournier
- 493 What therapeutic options are efficient for management of internal drug-induced reactions
- 494 What therapeutic options are efficient for management of toxic epidermal necrolysis
- 495 What topical agents are applied in acute oozing eczema
- 496 What topical agents are applied in atopic dermatitis
- 497 What topical agents are applied in chronic eczema with lichenification

- 498 What topical therapeutic options are efficient in management of alopecia areata
- 499 What type of disease the congenital syphilis is
- 500 What type of disease the lupus erythematosus is
- 501 What type of fluorescence occurs under Woods lamp examination in Pityriasis versicolor
- 502 What type of macule is characteristic for vitiligo
- 503 What types of hypersensitivity reaction after Gell and Coombs induce urticaria
- 504 Wood's lamp is a specific and rapid method of fungi diagnosis, indicate those