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What is the Leser-Trelat sign?

Rapid increase in number of seborrheic keratoses and is a phenotypic marker for Stomach adenocarcinoma

What skin manifestation is a sign for stomach adenocarcinoma?

Leser-Trelat sign- lots of new seborrheic keratoses

What benign epithelial tumor is rapidly growing , makes craters, and mimics well-differentiated squamous carcinoma?

Keratoacanthoma

Whats the treatment for keratoacanthoma?

Nothing- it usually regresses

What skin condition has Anti-Dna complexes deposited in the basement membrane and involves alopecia and degeneration of basal cells?

Cutaneous Lupus

What condition has immune complex deposition in the basement membrane and is photosensitive?

Cutaneous Lupus

What are the cornerstones for treating Cutaneous lupus?	Anti-Malarials
What type of hypersensitivity reaction is Pemphigus Vulgaris?	Type II - Abs to desmoglein 3
What skin disease has a positive Nikolsky sign, characterized by IgG damage to desmosomes?	Pemphigus Vulgaris
What potentially fatal immune skin disorder has acantholysis in the skin and oral mucosa?	Pemphigus Vulgaris
What type of lesion does Pemphigus Vulgaris have?	Intraepidermal Bullae - they are in the epidermis (hence more dangerous)
What skin disease has the basal cell layer on histology look like tombstone?	Pemphigus Vulgaris
What does pemphigus vulgaris predispose to?	infections due to loss of epidermis and just basal layer remains

Which skin disease has suprabasal vesicles?	Phemigus Vulgaris
Which skin disease has subepidermal vesicles and bullae?	Bullous Phemigoid
Whats the pathogenesis of Bullous phemigoid?	Antibodies to hemidesmosomes (Bullous phemigoid antigen -part of hemidemsoome complex)
Which has a negative Nikolsky sign, bullous phemigoid or phemigus vulgaris?	Bullous Phemigoid
What disease shows immunofloresence of skin linearly along dermis?	Bullous Phemigoid
True or false. Bullous phemigoid affects oral mucosa.	False, less likely -phemigus does this more. SO I guess not really false
What skin disorder is related to Gluten sensitivity Celiac disease?	Dermetitis Herpetiformis

What type of hypersensitivity is Dermatitis Herpetiformes?	Type III
What disease is characterized by IGA-anti-IGA deposits at tips of papillae	Dermatitis Herpetiformis
What disease is associated with subepidermal blisters and endomysial antibodies?	Dermatitis Herpetiformis
What surfaces is Dermatitis Herpetiformis often found on?	Scalp and extensor surfaces
What type of inflammatory infiltrate comes to the vesicles in Dermatitis Herpetiformes?	Neutrophils
What is an inflammatory lesion of subcutaneous fat known as?	Erythema nodosum
True or false. Erythema nodosum is painful	True, it is a painful raised nodule

Coccidiomycosis, histoplasmosis, TB, yersinia, and sarcoidosis all have associations with what skin disorder.	Erythema nodosum
What skin disorder is associated with Diabetes Mellitus (not acanthosis nigricans)?	Granuloma Annulare
What is characterized by white painless plaques on side of tongue that can't be scraped off?	EBV associated Oral Hairy Leukoplakia
What is Oral Hairy Leukoplakia a sign of?	HIV positive
What is urticaria mediated by?	Type 1 IgE mediated mast cell release of histamine
What are cherry hemangiomas/	occur over 30, bright red papules that turn brown over time
What do RA, monoclonal gammopathies, Seronegative spondyloarthropathies, and UC/Chron's all have in common?	They can lead to pyoderma Gangrenosum

What is pyoderma gangrenosum?	Small pustule/papule that ulcerates and enlarges
What is pyoderma gangrenosum usually indicate?	underlying disease (RA, UC/Chron's, Myeloproliferative, or Seronegative Spondy)
Whats the immune mechanism for clearing warts?	T cell Driven
What are the first cells infected by HPV in the epidermis?	Basal cells
At what stage in the epidermis does HPV incorporate into the DNA?	Mid-epidermal level
Where does viral replication of HPV become highest?	In the granular layer
What is the key histologic feature to diagnose HPV on the skin?	Koliocytes

What is one disease in which the granular layer gets bigger?	Warts-
What are the inclusion bodies in molluscum contagiosum called in the granular layer?	Henderson-Patterson bodies
What's the relationship between Genital herpes and HIV?	Herpes increases transmission and susceptibility
Which type of UV light is most carcinogenic?	UVB (290-320 nm)
What's the most common cancer in man?	Basal Cell Carcinoma of skin
What is acanthosis?	Elongations of the epidermal ridges
What layer of the skin does a callus affect?	Just the Stratum Corneum

What is Acanthosis Nigrans associated with?	Diabetes- insulin resistance and Visceral Malignancy (If it comes quick)
In what cases is Acanthosis Nigrans associated with Visceral malignancy?	in the case that it comes suddenly, spreads quickly, or involves palms and soles and Mucous membranes
What does Acanthosis nigricans on palms and soles or in the mouth mean?	Visceral (stomach, liver, or lungs) malignancy >> Insulin resistance
Which cell layer of the skin do dermatophyte infxns happen in?	Stratum Corneum
True or False. It is normal to see mitoses throughout all skin layers.	False- only stratum basalis
What do we divide the dermis layer into?	Papillary- loose and Reticular- Dense collagen
What is melanin synthesized from?	Tyrosine to DOPA to Melanin



What enzyme is responsible for melanin creation?	Tyrosinase
True or False. Whites have less melanocytes than blacks.	False- greater degradation and concentration in basal layer
What is the embryologic origin of melanocytes?	Neural Crest cells
Where in the skin layer are melanocytes located?	Straum basalis only- dendritic process extend outward
What is term for the skin lesion by tinea versicolor?	Macule
Whats the term for the skin lesion in acne vulgaris	Papule (<5mm)
Whats the term for the skin lesion in Basal Cell Carcinoma/	Nodule (>5mm)

Whats the term for the skin lesion in Psoriasis?	Patch (>5 mm)- raised and flat
What kind of skin lesions do chicken pox make?	Vesicles -fluid filled
What kind of skin lesions do Bullous Pemphigoid make?	Bulla (>5mm)
Whats the difference between bulla and pustules?	Pustules have inflammatory cells
What kind of skin lesion does impetigo make?	Pustules have inflammatory cells
What skin lesion is caused by flooding of the dermis with fluid	Urticaria/hives
What skin lesion is caused by a lot of dead keratinocytes because of abnormal keratinization?	Subcorneal Dermatitis - scales Dandruff

What is the microscopic term for increased stratum corneum?	Hyperkeratosis
What is the microscopic term for nuclei in the stratum corneum?	Parakeratosis
What are hyper and parakeratosis both in what condition?	Psoriasis
Whats the micro term for spire like projections from surface of skin (up or down)?	Papillomatosis- (verruca)
What is the micro term for loss of connection between keratinocytes?	Acantholysis- Pemphigus
What are verrucous lesions on fingers and soles that are covered by scales caused by?	HPV- common wart
What is a bowl-shaped lesion with a central depression filled with keratin called?	Molluscum Contagiosum

What kind of Virus is Molluscum Contagiosum?	Poxvirus
What is in the center of the molluscum lesion depression in the kartinocytes?	Molluscum bodies- viral particles (scratching- self inoculation)
How does the body fight molluscum contagiosum?	Cell mediated immunity (6-9 months)
What syndrome is characterized by cough, a runny nose, and conjunctivitis?	Prodrome of measles
Put these in order for measles. Prodrome, maculopapular rash, Koplik spots	Prodrome followed by koplik spots, and lastly maculopapular rash
How does the maculopapular rash in measles proceed?	From the top down.
What is the maculopapular rash in measles caused by?	T cell attack on endothelial cells containing the virus - they die= bleeding, and rash

Before vaccination, what was a common cause of death my measles?	Encephalitis
What disease is known for painful postauricular lymphadenopathy, Forcheimers spots, and discrete papules/macules that last for 3 days?	Rubella
What kind of virus produces Rubella?	RNA togavirus- fades in 3 days
How long does Rubella infection persist?	3 day measles
Whats the only single-stranded DNA virus?	Parvovirus
What does parvovirus b19 cause?	Erythema infectiosum (5th disease)- slapped cheek syndrome
What does parvovirus b19 cause in ppl with chronic hemolytic disease?	Aplastic anemia

What disease does HHV6 cause?	Roseola Infantum
Whats the most common viral exanthem in kids under 2?	Roseola Infantum
What childhood disease is characterized by progression from macules to vesciles to pustules?	Chicken pox (varicella)
What childhood disease is characterized by being infectious 1 week before the rash appears?	Chicken pox (varicella)
How long are the varicella pustules infectious for?	until they become crusted- (1 week before to 4-5 days after)
What skin disease is manifested by a prodrome of itching and radicular pain before the rash appears?	Zoster
What three viruses does he Tzanck test for?	HSV 1 and 2 and VZV

Are the vesicles of Zoster more itchy or more painful?	painful
Whats the most common post-surgical/wound infection?	Staph Aureus
Whats the most common cause for impetigo?	Staph Aureus
Whats the 2nd most common cause for impetigo?	Strep. Pyogenes
What is the treatment for staph skin infections?	TMP-SMX
What skin lesion is characterized by vesciles and pustules rupturing to form honey-colored crusted lesions?	Impetigo
What toxin causes a sunburn like rash and hypotension via cytokine release	TSST-1

Which one is highly contagious, impetigo or cellulitis?	Impetigo
What is the cause of a erythematous rash involving the skin and tongue, that has a sandpapery feeling and follows a throat infection?	Scarlet fever- toxin production from streptococcus pyogenes infection
What's the difference between impetigo and cellulitis?	Cellulitis involves dermis and subcutaneous layers, impetigo is superficial
Which one involves more heat and pain, cellulitis or impetigo?	Cellulitis
What is the most common cause for cellulitis?	Strep. Pyogenes > Staph
Which type of leprosy is characterized by granulomas and a positive lepromin test?	Tuberculoid
Which type of leprosy is characterized by no granulomas and a negative lepromin test?	Lepromatous



Which type of leprosy involves hypopigmented lesions?	Tuberculoid
Which type of leprosy involves lemon-like face full of nodules?	Lepromatous
Which type of leprosy involves lots of foamy macrophages and a zone of grenz (subepidermal region free of organisms)?	Lepromatous
What disease is characterized by chronic inflammation of the pilosebaceous unit?	Acne vulgaris
What are the two types of acne lesions?	Inflammatory and non-inflammatory
Which type of acne is caused by plugging of the outer hair follicles by keratin?	Non-inflammatory
What type of acne is caused by increased sebum production due to androgens?	Inflammatory

What is the primary pathogen involved in inflammatory acne lesions?	Propionibacterium acnes
How does Propionibacterium acnes irritate the lesions in acne?	Produces fatty acids through its lipase-creating the inflammatory reaction
Whats the first line against acne?	Tetracycline
What is the locaiton for superficial mycoses?	Stratum corneum
True or False. Incidence of superficial mycoses occur more in cold, dry weather.	False- more in humid hot weather
Put these in order of occurrence. Tinea unguim, tinea pedis, tinea versicolor, tinea cruris	Tinea pedis, tinea unguim, tinea versicolor, and tinea cruris (jock itch)
What area of the body is most often affected by trichophyton tonsurans?	Scalp- tinea capitis

What device detects fluorescent metabolites produced by organisms in the skin?	Woods lamp
What preparation is used to detect hyphae in the stratum corneum and hair shafts?	KOH
What disease is characterized by ring shaped patches of hair loss with black dots where the hair is gone?	Tinea Capitis
What is the treatment for tinea capitis?	Allylamines like Terbinafine
What's the mechanism for terbinafine?	Inhibits squalene epoxidase- step in ergosterol synthesis
What does Trichophyton tonsurans mostly cause?	Tinea Capitis
What are most fungal tinea's caused by?	Trichophyton Rubrum

What does Trichophyton Rubrum cause?	Most superficial dermatomycoses
Which dermatomycoses is characterized by annular rash w. central clearing?	Tinea corporis
Which dermatomycoses may have exposure to a cat or dog?	Tinea corporis
What is tinea corporis most often caused by?	Trichophyton Rubrum
Whats the most common site for superficial dermatomycoses?	Tinea pedis
What two types of tinea are characterized by excessive sweating?	Tinea cruris and tinea pedis
Of the tinea pedis, cruris, unguis and corporis, which one does not respond to topical agents?	Tinea Unguis - Nail infxn

What is Tinea Versicolor caused by?	M. Furfur
What type of superficial skin infxn is characterized by either hypo or hyperpigmented skin?	Tinea Versi(tile)-color
How does M.Furfur cause hyperpigmentation in Tinea versicolor?	IT induces enlargment of melanosomes
How does M. Furfur cause hypopigmentation in tinea versicolor?	It inhibits tyrosinase via its acids.
What organism under Koh has the classic Spaghetti and meatballs appearance?	M. Furfur (dimorphic fungus)
Whats dandruff caused by?	non known- maybe pityrosporum ovale
What is suborrheic dermatitis?	Dandruff

What are the two most common associations with Dandruff?	Parkinsons and AIDS
Where can seborrheic dermatitis occur other than the scalp?	Eyebrows and nasal creases- greasy dermatitis that's also scaly
What disease is characterized by a linear chain of suppurative lymphocutaneous nodules?	Sporotrichosis
What is cutaneous larva migrans caused by?	Ancylostoma Brazilense
What is the definitive host for ancylostoma?	Dogs and cats poop in sandboxes
What is cutaneous larva migrans?	Larvae swim through skin and cause tunnels to form- intense itching
What does Cimex Lectularius cause?	Our old friend- the bedbug- allergic reaction to its saliva- it drinks your blood

What are liver spots or brown macules on elderly individuals on sunexposed areas?	Solar lentigo
True or False. Solar lentigo, characterized by liver spots, are precancerous.	False,
True or False. While freckles have increased melanocytes, Solar lentigo simply has more melanosomes.	False, other way around
True or false. Ephelis is characterized by an increased amount of melanosomes, not melanocytes.	True, freckles have more melanin, not more cells
True or False. Vitiligo is more common in whites than blacks.	False, its more common in blacks
What is characterized by an autoimmune destrcution of melanocytes.	Vitiligo (as opposed to albinism)
True or False. Albinism has a decreased number of melanocytes.	False, that's vitiligo. Albinism has less tyrosinase leading to absence of melanin in melanocytes

True or False. Albinism is related to autoimmune conditions, such as Hashimotos and hypoparathyroidism	False, that's vitiligo. Albinism does not have autoimmune aspect
What hyperpigmentation disorder is caused by pregnancy or OCP use?	Melasma
Melasma is associated with (increased/decreased) (melanocyte number/melanosome production)?	Increased Melanosome production
Nevus cells are modified (melanocytes/keritinocytes).	Melanocytes
Which type of nevus is characterized by nests of nevus cells only in basal cell layer?	Juncitonal nevus
Which type of nevus occurs in children and involves nevus cells expanding into superficial dermis?	Compound nevus
Which type of nevus is a compound nevus without its juncitonal component?	Intradermal nevus



Whats the layer term for a nevus?	mole
What type of nevus did mom have before she got them removed?	Intradermal nevus
What type of nevus do I have on my hand?	Junctional nevus
True or False. People are born with nevi.	False, they develop in early childhood. (I gained the ability to tell right from left)
Whats a nevus bigger than 6mm, on an erythematous background, with irregular borders called?	Dysplasticc nevus
True or False. Dysplastic nevi usually proceed to melanoma.	False, that association has not been made yet.
How is dysplastic nevus syndrome inherited?	Autosomal Dominantly

What disease has more than 100 dysplastic nevi, is inherited auto-dominantly, and always progresses to melanoma?	Dysplastic nevus syndrome
Dysplastic nevus syndrome rarely proceeds to melanoma. (true/false)	False, many do get melanoma (yearly derm exam required)
Which skin cancer has the leading cause of death?	Melanoma
What is the single most important risk factor for melanoma?	Exposure to a lot of UV sunlight at an early age
What biochemical disorder predisposes to melanoma?	xeroderma pigmentosum (nucleotide excision repair)
True or False. Superficially spreading melanoma is not in the dermis at all.	False. It is in the papillary dermis, just hasn't broken through the reticular dermis
True or False. Superficially spreading melanoma is like Carcinoma in Situ.	False, it is already malignant. In CIS, the basement membrane is not breached. In superficially spreading, its just prevented from crossing reticular layer

True or False. Carcinoma in Situ and Hutchinson Freckle(lentigno Maligna) are similar.	Yes
Can radially spreading melanoma metastasize?	no, it must undergo verticle growth first
Which type of melanoma is the most common?	Superficially sprading
Which type of melanoma is most likely to appear on the face?	Lentigo Maligna Melanoma
Which type of melanoma has a precursor known as Hutchinson Freckle?	Lentigo Maligna Melanoma
Which type of melanoma has no radial phase?	Nodular melanoma
Which types of melanoma have the most poor prognosis?	Nodular melanoma and Acral lentiginous melanoma

What is the most significant prognostic factor?	Depth of invasion
What type of melanoma is likely to occur in blacks and asians?	Acral Lentiginous Melanoma
Which type of melanoma is not associated with sun exposure?	Acral Lentiginous Melanoma
Which type of melaonma is located on the palm sole or beneath the nail	Acral Lentiginous Melanoma
What are the criteria for malignancy of melanoma?	ABCD- assymetry, border irregulairy, Color, and Diameter
Whats the treatment for melanoma?	Excision and prevention (sunblock)
Whats the tumor marker for malignant melanoma?	S-100

What is the embrological origin for melanoma?	Neural crest cells
Whats the precursor for squamous cell carnioma of the skin (sunlite associated)?	Actnic Keratosis
What is a skin lesion that is hyperkeratotic with a pearly gray-white appearance usually on dorsal surfaces?	Actinic Keratosis
Which skin malignancy is associated with pearly papules wih central craters?	Basal cell carcinoma
Which skin malignancy is likely to occur the upper lip and higher?	Basal cell carcinoma
Which skin malignancy has the lowest malignancy potential?	Basal cell carcinoma
Which skin malignancy is dependent on the stroma for growth factors?	Basal cell carcinoma

Which skin malignancy has nests of basophilic cells with palisading nuclei cells on the periphery?	Basal cell carcinoma
Which skin malignancy has telangiectatic vessels associated?	Basal cell carcinoma
Which skin malignancy is characterized by risks including both ARSENIC and sun exposure?	Squamous cell carcinoma
Which cancer is most likely after immunosuppressive therapy?	Squamous cell carcinoma
What type of therapy has Squamous skin cancer as its most common cancer following the therapy?	Immunosuppressive
What skin malignancy favors the lower lip?	Squamous cell carcinoma
Which skin malignancy has actinic keratosis as a premalignant lesion?	Squamous cell carcinoma

which skin malignancy is associated with scaly to nodular lesions (that often ulcerate)	Squamous cell carcinoma
What inherited disorder is characterized by increased cornuem, no granulosum, and hyperkeratosis?	Ichthyossi Vulgaris
How is ichthyosis vulgaris inherited?	Autosomal dominantly
Whats the most common inherited skin disorder?	Ichthyossi Vulgaris
What is a pruritic, sometimes painful rash that rapidly occurs after sun exposure not related to drugs?	Polymorphous light eruption (photodermatitis)
What type of skin conditions occur in people that usually have type I hypersensitivity allergies (hay fever)?	Atopic Dermatitis
What is a general term for dermatological disorders characterized by three stages: 1. acute spongiotic dermatitis 2. subacute dermatitis 3. Chronic hyperkeratotic/parakeratotic dermatitis?	Eczema

Which stage of eczema has spongiosis and no thickening and lots of lymphocytes?	Acute
Which stage of eczema has moderate thickening, moderate spongiosis, and less lymphocytes than acute?	Subacute
Which stage of eczema has hyperkeratosis and parakeratosis-lichenification?	Chronic
What lesion caused secondarily to itching leads to the same thing as chronic eczematous dermatitis?	Lichen Simplex Chronicus
What is thought to be the causative thing behind lichen simplex chronicus?	Neurogenic mechanism (they just scratch)
What type of hypersensitivity is contact dermatitis?	Type IV
True or False. Psoriasis has an HLA association.	True, it is genetically strongly linked



True or False. Psoriasis can follow a Streptococcal throat infection.	True guttate psoriasis
Are the lesions of psoriasis well demarcated/ or poorly defined	Well demarcated
What are the three main microscopic findings in psoriasis?	Hyperkeratosis, parakeratosis, and elongation of dermal rete pegs (capillaries close to surface)
Psoriasis is usually very itchy. (true/false)	no, its not usually pruritic
What happens when the scales in psoriasis are picked off?	Auspitz' sign - they bleed
What disease has oil staining of the nail with accumulaton of yellow debris beneath nail?	Psoriasis
Whats the mainstay of treatment in psoriasis?	Topical corticodsteroids

Whats the logic behind the treatment of psoriasis?	There is epidermal hyperplasia, and we want to stop that so use anything that will stop it
What type of infiltrate is seen in psoriasis	Neutrophils= munro abscesses
Is Psoriasis primarily TH1 or Th2 response	Th1
Is atopic dermatitis primarily Th1 or Th2 response?	TH2
When does psoriasis most commonly occur?	2 peaks- adolescence and at 60
What does sudden onset of psoriasis suspicious for?	HIV
What disease has flat topped violaceous papules?	Lichen planus

What disease is characterized by intensely itchy, purple, papules?	Lichen planus- Purple pruritic polygonal papules
What skin disorder that had oral muscosal lesions with fine net like white lesions is associated to Hepatitis C?	Lichen Planus (LP is all about Hep C)
Which disorder is characterized by itchy papules with fine netlike striae on top?	Lichen planus
Which disorder has Saw-tooth epidermal hyperplasia with granular zone of epidermis thickened in wedge shapes?	Lichen planus
What disease has a dense lympho infiltrate at dermal/epidermal border?	lichen planus
What itchy skin conditon is common in IV drug abuses?	Lichen planus
What disease is characterized by a SINGLE herald patch followed by a christmas tree distribution?	Pityriasis Rosea

whats the treatment for pityriasis rosea?	none- self limited problem
What can mimic pityriasis roseas?	Secondary syphilis- check palms and soles to distinguish
What disease triggered by infections (mycoplasma) or drugs (sulfa), cancers, and autoimmune disease can have vesicles and bullae with a targetoid appearance?	Erythema Multiforme (drugs, cancers, autoimmune disease, and infections)
What immunologic reaction of the skin can have bullae and vesicles on palms and soles?	Erythema Multiforme
What is Erythema Multiforme that affects the skin and mucous membranes and can be fatal?	Stevens Johnson syndrome
What are flat, greasy, pigmented squamous proliferations with keratin filled cysts called?	Seborrheic Keratosis
What lesions look pasted on and commonly occurring benign epidermal tumors in older people?	Seborrheic Keratosis

Stem cells for division in the skin	S. Basalis
Site for superficial dermatophyte infections	S. Corneum
Melanocyte cellular origin	Neural crest
Melanin is synthesized from _____ in the the melanosomes	tyrosine
Melanosomes transferred by dendritic processes to _____ (their final home)	Keratinocytes
See melanosomes in all layers; melanocytes larger/more dendritic processes	Black person
Common wart caused by	HPV

Poxvirus; Umbilicated lesion with viral particles;	Molluscum contagiosum
Molluscum contagiosum is esp common in what pop	AIDS
Rubeola	Regular Measles
Prodrome of measles	3C's  Cough Coryza (runny nose) Conjunctivitis
Koplik spots	Measles spots are white overlying erythematous base
In measles when does the rash appear	After koplik spots disappear
Complications of Measles	Giant cell pneumonia Acute Appendicitis (Children) Otitis Media [Not Teratogenic]

<p>Maculopapular rash with discrete lesion; not confluent; fades in 3 days Begins at hair line at heads down</p>	<p>Rubella (German Measles)</p>
<p>Characteristic: Postauricular Lymphadenopathy</p>	<p>Rubella</p>
<p>Is Rubella teratogenic</p>	<p>YES  (unlike Measles)</p>
<p>Parvovirus Slapped Face</p>	<p>Erythema Infectiosum (5th dz)</p>
<p>HHV6; Most common viral exanthem in Children &lt;2 yoa; Common cause of febrile convulsions</p>	<p>Roseola Infantum</p>
<p>Infectious time frame of varicella</p>	<p>Week before Rash Week after rash until vesicles become crusted</p>
<p>Pruritic rash of Varicella progresses how</p>	<p>Macules to Vesicles to Papules  (MVP)</p>

Complications of Varicella	<p>Children: Reye Syndrome Cerebritis</p> <p>Adults: Pneumonia, Encephalitis Hepatitis</p>
Herpes zoster risk factors	<p>Incidence increases with age Cancer Immunocompromised</p>
Painful vesicles/pustules follow sensory dermatomes	Herpes zoster
Gram+ coccus in clumps	S. aureus
Gram+ coccus in clumps Toxin producing desquamating sunburn like rash	<p>TSST Toxic Shock Syndrome Toxin</p>
1 <sup>o</sup> cause of skin abscess	S. aureus
1 <sup>o</sup> cause of postsurgical wound infections	S. aureus



1° cause of hidradenitis

S. aureus

1° cause of impetigo

S. aureus

Swollen painful, inflamed apocrine glands in axillae or groin  
Hallmark: Presence of sinus tracks

Hidradenitis suppurativa

Honey-colored, crusted lesion

Impetigo caused by S. aureus  
(sometimes caused by S. pyogenes)

Gram-, coccus in chains

S. pyogenes

Erythematous sandpapery rash that desquamates.

Bug? Dz? Toxin?

S. pyogenes  
Scarlet fever  
Erythrogenic toxin

Increased risk of these conditions associated with scarlet fever? (2)

Poststerp glomerulonephritis  
Rheumatic fever

Type of cellulitis with raised borders that looks like an orange peel	Erysipelas caused by <i>S. pyogenes</i>
Chronic inflammation of pilosebaceous unit	Acne Vulgaris
Statum basalis = ?	stem cells for division
stratum corneum has what type of infections?	site for superficial dermatophyte infections
what is the origin of melanocytes?	neural crest origin
melanin is synthesized: from? in?	melanin is synthesized from tyrosine in melanosomes
melanosomes are transferred by what process?	they are transferred by dendritic processes to keratinocytes

in blacks melanosomes are found in which layer(s) and have more or less dendritic processes?	blacks : melanosomes in all layers melanocytes larger/more dendritic processes
common warts are caused by what?	HPV (human papillomavirus); DNA virus
molluscum contagiosum is caused by ?	poxvirus; umbilicated lesions with viral particles
molluscum contagiosum can be transmitted by?	AIDS
rubeola = ?	regular measles
what are the 3 C's of Prodrome?	Cough Coryza Conjunctivitis
when does a rubeola develop a rash?	rash is developed after Koplik spots disappear

Rubeola can develop what complications?

giant cell pneumonia  
acute appendicitis(children)  
otitis media

rubella = ?

german measles

Rubella develops what type of rash?

maculopapular rash with discrete lesion; non confluent; fades in 3 days

symptoms of rubella?

painful postauricular lymphadenopathy

Rubella is teratogenic

Rubella is teratogenic

erythema infectiosum has what appearance?

parvovirus; slapped face appearance

polyarthrititis in adults = ?

rubella and parvovirus

what is roseola caused by? age group?	HHV-6 (human herpesvirus 6); most common viral exanthem children < 2 years old
roseola commonly causes?	roseola commonly causes febrile convulsions
Varicella (chickenpox); age group = ?	predominantly a childhood disease
When is varicella infectious?	1 week before the rash; week after rash until vesicles become crusted
pruritic rash in varicella progresses how?	macules vesicles pustules
what complications can occur in varicella?	children- reye syndrome, cerebellitis adult - pneumonia, encephalitis, hepatitis
herpes zoster (shingles) occurs more often with ____ (3)	age cancer immunocompromised state

in herpes zoster (shingles) what follows sensory dermatomes?	painful vesicles/ pustules
Staphylococcus aureus appears as?	gram-positive coccus in clumps
TSST (toxic shock syndrome toxin) produces?	desquamating sunburn-like rash
S. aureus infections (4) ?	abscess postsurgical wound infection hidradenitis impetigo
streptococcus pyogenes appears as?	gram-positive coccus in chains
scarlet fever = ?	erythrogenic toxin; erythematous sandpapery rash that desquamates
how does scarlet fever relate to poststreptococcal glomerulonephritis?	scarlet fever ↑ risk of poststreptococcal glomerulonephritis, rheumatic fever

Erysipelas = ?

is cellulitis with raised borders

details of tuberculoid type of leprosy =  
?

granuloma intact cellular immunity +  
lepromin skin test

developments of tuberculoid leprosy?

digital autoamputation  
hypopigmented skin

details of lepromatous type of leprosy =  
?

organisms present; impaired cellular  
immunity; - leptomin skin test

lepomatous produces?

leonine facies

acne vulgaris = ?

chronic inflammation of pilosebaceous  
unit

in noninflamed comedones appearance  
of open? closed?

open = "blackhead"  
closed = "whitehead"

acne vulgaris have receptors located?	androgen receptors located on sebaceous glands
acne vulgaris inflammatory type ; propionibacterium acnes produces?	produces lipase
superficial dermatophytes live where?	live in stratum corneum
how is Wood's lamp used with regard to fungal disorders?	Wood's lamp detects fluorescent fungal metabolites
tinea capitis is most often caused by which fungus that has a negative Wood's lamp and is predominant in blacks ?	T. tonsurans (Trichophyton tonsurans)
Tinea capitis is most often caused in whites by which fungus that has positive Wood's lamp ?	microsporum canis (caused by exposure to dogs) microsporum audouinii
treatment of Tinea capitis?	oral terbinafine , topical imidazoles do not work



other infections in superficial mycoses (dermatophytoses) are most often caused by ?	Trichophyton rubrum (except versicolor)
tinea corporis (ringworm) appearance = ?	annular outer border raised/scaly; central clearing
what is the most common tinea infection?	tinea pedis(athlete's foot); sweating important cause
tinea cruris (jock itch) what is important in pathogenesis?	sweat is important in pathogenesis
tinea unguium = ?	onychomycosis: raised discolored nail; nail plate white, thick crumbly
Rx onychomycosis is treated with?	Rx onychomycosis is treated with oral terbinafine
tinea versicolor causes?	alteration in skin pigmentation; hypopigmentation or hyperpigmentation

M. furfur: timea versicolor; appearance?	M. furfur: timea versicolor; "spaghetti" and "meatballs" KOH appearance
what are the infections caused by candida albicans?	intertrigo; diaper rash; onychomycosis
seborrheic dermatitis (dandruff) is caused by?	M. furfur
seborrheic dermatitis other name?	called cradle cap in newborns
sporotrichosis is caused by?	sporothrix schenckii; subcutaneous mycosis infection
sporotrichosis occurs when?	traumatic implantation ; gardening
sporotrichosis causes what disease ?	chain of suppurating lymphocutaneous nodules

cutaneous larva migrans are caused by?	dog/cat hookworm (ancyclostoma)
cutaneous larva migrans: how does it occur?	larvae penetrate the skin serpiginous tunnels
chigger = ?	small, red mite
chigger produce?	intensely pruritic, red papular/ urticarial/vesicular rash
human itch mite (sarcoptes scabiei) females do what?	females burrow between fingers
human itch mite, eggs cause what?	pruritus
human itch mites in infants = ?	no burrow; rash on palms, soles, face

head lice ( <i>pediculus humanis capitis</i> ) lay eggs where?	lay eggs ("nits") on hair shafts
body louse ( <i>pediculus hominis corporis</i> ) live? breed?	adults live on skin and breed in clothing
treatment of body louse?	treat clothing NOT the patient
phthirus pubis occur where?	louse; pubic hair
bedbug ( <i>cimex lectularius</i> ) is commonly found where?	commonly infest dwellings feed on human blood
Primary or secondary lesion and definition: Patch	Primary, Flat circumscribed skin discoloration that lacks surface elevation or depression > 0.5 cm in diameter
Primary or secondary lesion and definition: Macule	Primary, Flat circumscribed skin discoloration that lacks surface elevation or depression < 0.5 cm in diameter

Primary or secondary lesion and definition: Papule	Primary, Elevated solid lesion < 0.5 cm in diameter
Primary or secondary lesion and definition: Plaque	Primary, Elevated solid “confluence of papules” (>0.5 cm in diameter) that lacks a deep component
Primary or secondary lesion and definition: Nodule	Primary, Elevated solid lesion > 0.5 cm in diameter
Primary or secondary lesion and definition: Scale	Secondary, Thick flakes of dry, whitish material representing accumulations of stratum corneum due to hyperproliferation or increased cohesion of keratinocytes
Primary or secondary lesion and definition: Hyperkeratosis	Secondary, Accumulation of thickened stratum corneum which does not easily flake off
Primary or secondary lesion and definition: Crust	Secondary, Collection of dried secretions on the skin. Antecedent primary lesion is usually a vesicle, bulla, or pustule
Primary or secondary lesion and definition: Lichenification	Secondary, Thickening of the skin and accentuation or exaggeration of normal skin markings. Represents epidermal hyperplasia due to chronic rubbing.

Primary or secondary lesion and definition: Erosion	Secondary, Partial focal loss of epidermis which heals without scarring.
Primary or secondary lesion and definition: Excoriation	Secondary, Linear or angular erosion of epidermis due to scratching or picking
Primary or secondary lesion and definition: Ulcer	Secondary, Full-thickness focal loss of epidermis and dermis (and sometimes subcutis) which heals with scarring
Primary or secondary lesion and definition: Fissure	Secondary, Linear split or crack in epidermis and dermis with sharply defined walls
Primary or secondary lesion and definition: Petechiae	Primary, Extravasation of blood cells into the dermis < 0.5 cm in diameter
Primary or secondary lesion and definition: Scar	Secondary, Collection of new connective tissue. May be hypertrophic or atrophic. Smooth with lack of appendageal structures
Primary or secondary lesion and definition: Sclerosis	Secondary, Thickening of dermis which does not arise at the site of previous tissue injury

Primary or secondary lesion and definition: Telangiectasis	Secondary, Dilated superficial blood vessels that blanch with pressure
Primary or secondary lesion and definition: Purpura	Primary, Extravasation of blood cells into the dermis > 0.5 cm in diameter
Primary or secondary lesion and definition: Cyst	Primary, Elevated solid lesion > 0.5 cm in diameter containing fluid/semisolid material
Primary or secondary lesion and definition: Wheal	Primary, Firm, edematous plaque that is evanescent and pruritic
Primary or secondary lesion and definition: Vesicle	Primary, Elevated solid lesion < 0.5 cm in diameter containing clear fluid
Primary or secondary lesion and definition: Bulla	Primary, Elevated solid lesion > 0.5 cm in diameter containing clear fluid
Primary or secondary lesion and definition: Pustule	Primary, Elevated solid lesion < 0.5 cm in diameter containing purulent material

Primary or secondary lesion and definition: Comedo	Primary, Folliculocentric collection of sebum and keratin
Primary or secondary lesion and definition: Burrow	Primary, Narrow raised channel produced by a parasite
Primary or secondary lesion and definition: Tumor	Primary, Elevated solid lesion > 2 cm in diameter
Type of scale: Psoriasis	Example of micaceous scale
Type of scale: Pityriasis rosea	Example of collarette scale
Type of scale: Tinea versicolor	Example of fine or bran-like scale
Type of scale: X-linked recessive ichthyosis	Example of “dirty” brown scale



Type of scale: Porokeratosis	Example of cornoid lamella with “wall of China” appearance