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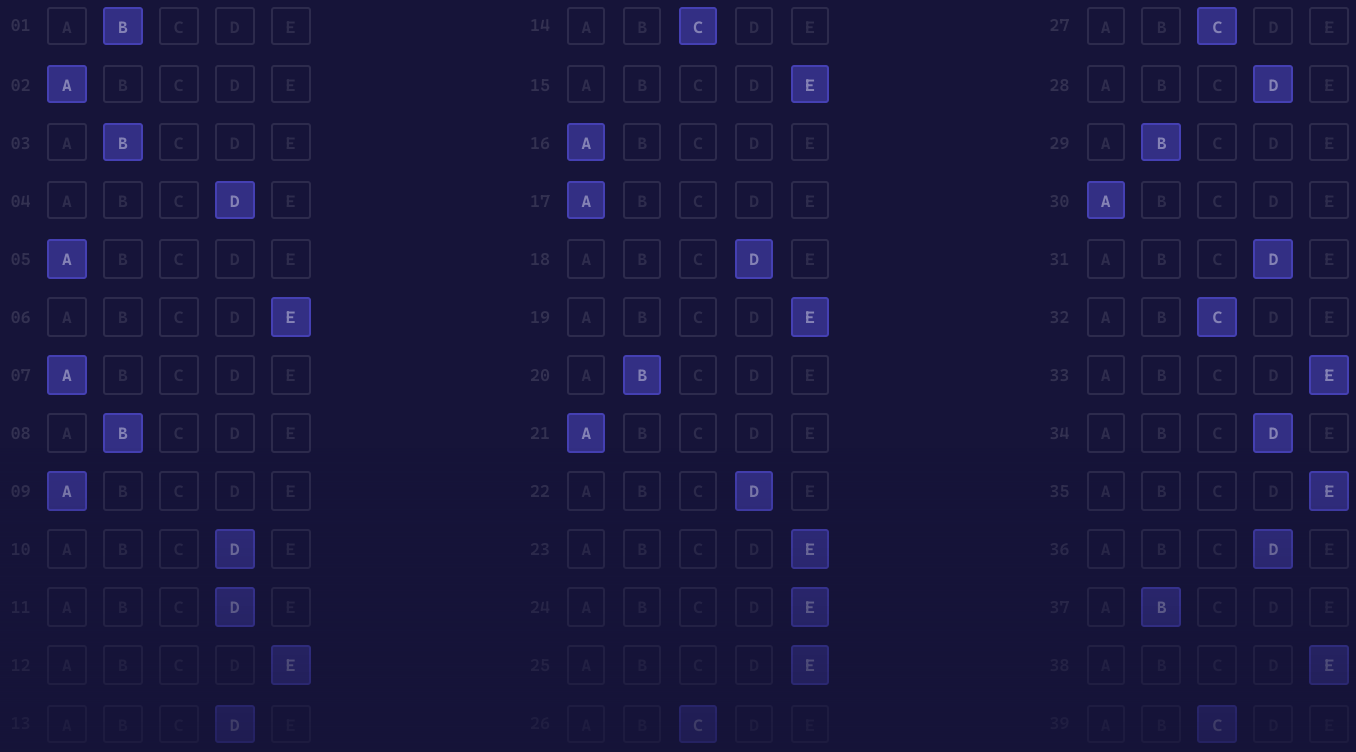

PRACTICE QUESTIONS

Ministry of Health Kuwait Medical Licensing Department

SDERM

Dermatology for Senior

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for Ministry of Health Kuwait Medical Licensing Department `SDERM`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `SDERM`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1 SINGLE CHOICE

A 45-year-old man presents with well-demarcated, erythematous plaques covered by silvery-white scales on the extensor surfaces of the elbows and knees, along with pitting of the nails. What is the most likely diagnosis?

A Atopic dermatitis

B Seborrheic dermatitis

C Psoriasis vulgaris

D Lichen planus

ANSWER C

WHY The classic presentation of well-demarcated erythematous plaques with silvery-white scales on extensor surfaces, together with nail pitting, is characteristic of psoriasis vulgaris. Atopic dermatitis favors flexural surfaces, seborrheic dermatitis affects scalp and face with greasy scales, and lichen planus presents with violaceous, polygonal, pruritic papules.

QUESTION 2 SINGLE CHOICE

Which of the following clinical features is most suggestive of a basal cell carcinoma (BCC) rather than a squamous cell carcinoma (SCC) on sun-exposed skin?

A Hyperkeratotic, scaly, indurated plaque

B Pearly papule with surface telangiectasias and a rolled border

C Rapid growth with ulceration and surrounding erythema

D Painful tender nodule with purulent discharge

ANSWER B

WHY A pearly papule with telangiectasias and a rolled border is the classic description of a nodular basal cell carcinoma. SCC more typically presents as a hyperkeratotic, scaly, indurated plaque, while rapid growth and purulent discharge favor keratoacanthoma or an infected/inflammatory lesion.

QUESTION 3 SINGLE CHOICE

A patient is evaluated using the ABCDE criteria for a pigmented skin lesion. Which of the following best describes the 'C' in this rule?

A **Color variation within the lesion**

B Contour irregularity of the border

C Central ulceration

D Change in size over time

ANSWER **A**

WHY In the ABCDE rule for melanoma screening, 'C' stands for Color variation (multiple shades of brown, black, red, white, or blue within a single lesion). Border irregularity is 'B', diameter >6 mm is 'D', and evolution/change is 'E'.

QUESTION 4 SINGLE CHOICE

A 17-year-old presents with comedones, papules, pustules, and a few deep nodules and cysts on the face and back. Which grade of acne vulgaris best fits this presentation according to the commonly used classification?

A Grade I – comedonal acne

B Grade II – mild papulopustular acne

C Grade III – moderate papulopustular acne

D **Grade IV – severe nodulocystic acne**

ANSWER **D**

WHY When nodulocystic lesions (nodules and cysts) accompany comedones, papules, and pustules, the condition is classified as severe nodulocystic acne (Grade IV), which is more likely to scar and usually requires systemic therapy such as isotretinoin.

QUESTION 5 SINGLE CHOICE

An elderly patient presents with tense subepidermal bullae on an erythematous base, predominantly on the trunk and flexures, with a negative Nikolsky sign. Direct immunofluorescence would most likely show:

A Intercellular IgG deposits within the epidermis in a 'net-like' pattern

B Linear IgG and C3 deposits along the basement membrane zone

C Granular IgA deposits at the dermal papillae

D No immunoglobulin deposits

ANSWER B

WHY Tense bullae, flexural predilection, negative Nikolsky sign, and elderly onset are typical of bullous pemphigoid, in which DIF shows linear IgG and C3 along the basement membrane zone. Intercellular IgG within the epidermis characterizes pemphigus vulgaris, which has fragile blisters and a positive Nikolsky sign. Granular IgA at dermal papillae is seen in dermatitis herpetiformis.

QUESTION 6 SINGLE CHOICE

A 7-year-old child presents with a well-demarcated, scaly, erythematous annular plaque with central clearing on the face. KOH preparation shows branching septate hyphae. What is the most appropriate diagnosis?

A Pityriasis rosea

B Nummular eczema

C Tinea corporis

D Granuloma annulare

ANSWER C

WHY An annular scaly plaque with central clearing and septate hyphae on KOH is classic for tinea corporis (dermatophyte infection of glabrous skin). Pityriasis rosea typically begins with a herald patch but has a characteristic Christmas-tree distribution of secondary lesions, nummular eczema lacks hyphae, and granuloma annulare presents as skin-colored papules without scaling.

QUESTION 7 SINGLE CHOICE

A 35-year-old woman presents with symmetric hyperpigmented macules on the malar areas, forehead, and upper lip, worsening with sun exposure. What is the most likely diagnosis?

A Vitiligo

B Melasma

C Post-inflammatory hyperpigmentation

D Lentigo maligna

ANSWER B

WHY Symmetric brownish patches on the malar areas, forehead, and upper lip, exacerbated by sun exposure, are typical of melasma, which is common in women of reproductive age. Vitiligo presents as depigmented macules, post-inflammatory hyperpigmentation follows preceding inflammation, and lentigo maligna is a unilateral, irregularly pigmented macule typically in older patients.

QUESTION 8 SINGLE CHOICE

A patient develops widespread dusky erythematous macules, targetoid lesions, bullae, and mucosal erosions (oral, ocular, and genital) two weeks after starting an anticonvulsant, with skin detachment involving approximately 30% of the body surface area. What is the most likely diagnosis?

A Erythema multiforme minor

B Stevens-Johnson syndrome

C Toxic epidermal necrolysis

D Drug reaction with eosinophilia and systemic symptoms (DRESS)

ANSWER C

WHY By convention, Stevens-Johnson syndrome involves <10% body surface area (BSA), SJS/TEN overlap involves 10–30%, and toxic epidermal necrolysis (TEN) involves >30% BSA detachment. This patient with ~30% BSA detachment and mucosal involvement is best classified as TEN (or TEN/SJS overlap). DRESS features fever, facial edema, lymphadenopathy, eosinophilia, and internal organ involvement without widespread epidermal detachment.

QUESTION 9 MULTIPLE CHOICE

Which of the following are appropriate uses of topical corticosteroids in dermatology? (Choose two.)

A **First-line anti-inflammatory therapy for moderate atopic dermatitis**

B Primary treatment of tinea corporis

C Use on the face for prolonged periods in perioral dermatitis

D **Symptomatic relief of acute contact dermatitis**

ANSWER **A · D**

WHY Topical corticosteroids are first-line anti-inflammatory agents in atopic dermatitis and provide rapid symptom relief in acute contact dermatitis. They are not appropriate as primary treatment of dermatophyte infections (they worsen tinea incognito) and prolonged facial use can induce or worsen perioral dermatitis and cutaneous atrophy.