



MOC Self- Assessment Questions

OCTOBER 2015

CHICAGO DERMATOLOGICAL SOCIETY CONFERENCE

HOST –UNIVERSITY OF ILLINOIS AT CHICAGO

1. A 70-year-old liver transplant recipient on high-dose corticosteroids develops a cough and has the cutaneous findings as in the image below. Gram stain of the sample demonstrates gram-positive beaded branching forms with many PMNs. What is the most rapid way to differentiate whether the pathogen is nocardiosis or actinomycosis?



1. PET scan
2. Aerobic culture
3. Chest x-ray
4. Modified acid-fast stain
5. PCR, with 16S rRNA polymerase

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REFERENCES:

Minero MV, et al. Nocardiosis at the Turn of the Century. *Medicine* 2009; 88: 250-261.

McNeil MM and Brown JM. The medically important aerobic Actinomycetes: epidemiology and microbiology. *Clin Microbiol Rev* 1994; 7:357–417.



2. A 55-year-old male with a history of renal transplant presents with two months history of a slowly enlarging painless nodule on his left dorsal hand. A biopsy is taken and Fontana-Masson stain highlights dermal fungal elements. Speciation via tissue culture and subsequent PCR reveals a certain species of dematiaceous fungi leading to a diagnosis of phaeohyphomycosis. Which of the following would be considered the empiric drug of choice for the treatment of this entity?

1. Caspofungin
2. Terbinafine
3. Amphotericin B
4. Itraconazole
5. Griseofulvin



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REFERENCE:

Desnos-Ollivier M, Bretagne S, Dromer F, Lortholary O, Dannaoui E. Molecular identification of black-grain mycetoma agents. *Journal of clinical microbiology* 2006;44(10):3517-23.



3. A 57-year-old male presenting with a chronic erosion on his lower lip has a biopsy revealing a dense dermal plasma cell infiltrate. Which of the following additional findings would be consistent with a diagnosis of plasma cell cheilitis?

1. A monoclonal IgG cell population
2. Osteolytic lesions of the pelvis visualized on Xray
3. Positive patch testing
4. Elevated ESR (erythrocyte sedimentation rate)
5. DIF showing net-like fluorescence in the epidermis



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REFERENCES:

Farrier JN and Perkins CS. Plasma cell cheilitis. Br J Oral Maxillofac Surg. 2008 Dec; 46(8):670-80.

Soloman LW, Wein RO, Rosenwald I, Laver N. Plasma cell mucositis of the oral cavity: report of a case and review of the literature. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 2008 Dec;106(6):853-60.



4. A 63-year-old female with newly diagnosed plasma cell cheilitis has failed topical steroids. Which of the following would be the most appropriate next therapeutic option?

1. Radiation therapy
2. Methotrexate
3. Excision
4. Adalimumab
5. Oral steroids



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5. A 32-year-old male originally from India presents with a 5 month history of 5 annular erythematous plaques with sharply defined borders located on the face, back, and left arm. One of the larger plaques shows satellite lesions. The lesions demonstrate anesthesia. The left ulnar nerve is palpable and tender. Atrophy of the interosseous muscle of the left hand is present. A punch biopsy is performed and demonstrates groups of epithelioid granulomas, there are occasional acid-fast bacilli, and there is selective destruction of nerve trunks and perineural concentric fibrosis. How would you best classify the above patient's Hansen's disease?

1. Tuberculoid
2. Borderline tuberculoid
3. Borderline
4. Borderline Lepromatous
5. Lepromatous



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REFERENCES:

James WD, et al.. *Andrews' Diseases of the Skin*, 12 Edition, 2016 p.331-342.

Moschella S. An update on the diagnosis and treatment of leprosy. *J Am Acad Dermatol* 2004; 51:417.



6. Erythema nodosum leprosum and reversal reactions in leprosy may occur:

1. Before treatment
2. During Treatment
3. After treatment
4. All of the above



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REFERENCE:

Minter, RM, Reith JD, Hochwald, SN. Metastatic Potential of Dermatofibrosarcoma Protuberans With Fibrosarcomatous Change. J Surg Onc 2003;82:201-208.



8. A 55-year-old man presents with a 3 year history of erosive pustules located on the scalp. A biopsy is performed that shows diffuse intraepidermal cleavage in the basal layer of the epidermis and lichenoid inflammation in the dermis. Indirect immunofluorescence on monkey esophagus substratum showed the presence of anti-Desmoglein 3 in a titre of 1:160. What is the diagnosis?

1. Pemphigus foliaceus
2. Bullous pemphigoid
3. Pemphigus vegetans
4. Transient acantholytic dermatosis
5. Erosive pustular dermatosis of the scalp



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REFERENCE:

Mori, M et al. Pemphigus vegetans on the scalp.
JEADV 2014.



Thank you for participating!

TURN IN YOUR SURVEY SHEET TO THE REGISTRATION COUNTER!

YOU MAY PICK UP A COPY OF THESE SLIDES AT REGISTRATION, AS WELL.