

ANH

PROVISIONAL ANSWER KEY (CBRT)

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Instructions / સૂચના

Candidate must ensure compliance to the instructions mentioned below, else objections shall not be considered: -

- (1) All the suggestion should be submitted in prescribed format of suggestion sheet Physically.
- (2) Question wise suggestion to be submitted in the prescribed format (Suggestion Sheet) published on the website.
- (3) All suggestions are to be submitted with reference to the Master Question Paper with provisional answer key (Master Question Paper), published herewith on the website. Objections should be sent referring to the Question, Question No. & options of the Master Question Paper.
- (4) Suggestions regarding question nos. and options other than provisional answer key (Master Question Paper) shall not be considered.
- (5) Objections and answers suggested by the candidate should be in compliance with the responses given by him in his answer sheet. Objections shall not be considered, in case, if responses given in the answer sheet /response sheet and submitted suggestions are differed.
- (6) Objection for each question shall be made on separate sheet. Objection for more than one question in single sheet shall not be considered & treated as cancelled.

ઉમેદવારે નીચેની સૂચનાઓનું પાલન કરવાની તકેદારી રાખવી, અન્યથા વાંધા-સૂચન અંગે કરેલ રજૂઆતો ધ્યાને લેવાશે નહીં

- (1) ઉમેદવારે વાંધા-સૂચનો નિયત કરવામાં આવેલ વાંધા-સૂચન પત્રકથી રજૂ કરવાના રહેશે.
- (2) ઉમેદવારે પ્રશ્નપ્રમાણે વાંધા-સૂચનો રજૂ કરવા વેબસાઇટ પર પ્રસિધ્ધ થયેલ નિયત વાંધા-સૂચન પત્રકના નમૂનાનો જ ઉપયોગ કરવો.
- (3) ઉમેદવારે પોતાને પરીક્ષામાં મળેલ પ્રશ્નપુસ્તિકામાં છપાયેલ પ્રશ્નક્રમાંક મુજબ વાંધા-સૂચનો રજૂ ન કરતા તમામ વાંધા-સૂચનો વેબસાઇટ પર પ્રસિધ્ધ થયેલ પ્રોવિઝનલ આન્સર કી (માસ્ટર પ્રશ્નપત્ર)ના પ્રશ્ન ક્રમાંક મુજબ અને તે સંદર્ભમાં રજૂ કરવા.
- (4) માસ્ટર પ્રશ્નપત્ર માં નિર્દિષ્ટ પ્રશ્ન અને વિકલ્પ સિવાયના વાંધા-સૂચન ધ્યાને લેવામાં આવશે નહીં.
- (5) ઉમેદવારે જે પ્રશ્નના વિકલ્પ પર વાંધો રજૂ કરેલ છે અને વિકલ્પ રૂપે જે જવાબ સૂચવેલ છે એ જવાબ ઉમેદવારે પોતાની ઉત્તરવહીમાં આપેલ હોવો જોઈએ. ઉમેદવારે સૂચવેલ જવાબ અને ઉત્તરવહીનો જવાબ ભિન્ન હશે તો ઉમેદવારે રજૂ કરેલ વાંધા-સૂચન ધ્યાનમાં લેવાશે નહીં.
- (6) એક પ્રશ્ન માટે એક જ વાંધા-સૂચન પત્રક વાપરવું. એક જ વાંધા-સૂચન પત્રકમાં એકથી વધારે પ્રશ્નોની રજૂઆત કરેલ હશે તો તે અંગેના વાંધા-સૂચનો ધ્યાને લેવાશે નહીં.

001. Darrier disease is characterized by all of the following except
 (A) Autosomal dominant disease
 (B) Mutation in ATP2A 2 gene
 (C) Overfilling of endoplasmic reticulum calcium stores
 (D) Suprabasilar clefting with acantholysis
002. Pathergy test is seen
 (A) Pyoderma Gangrenosum (B) Psoriasis
 (C) Lichen Planus (D) Sweet syndrome
003. Most common presentation of psoriatic arthritis by Moll
 (A) Arthritis of DIP (B) Rheumatoid arthritis like presentation
 (C) Arthritis mutilans (D) Mono and asymmetric oligoarthritis
004. Milian ear sign
 (A) Describes difference between cellulitis and erysipelas
 (B) Seen in -Chondrodermatitis nodularis helices
 (C) Seen in - Weathering nodules of the ear
 (D) Seen in - Acanthoma fissuratum
005. $\alpha 6 - \beta 4$ integrin is targeted protein for
 (A) Epidermolysis bullosa simplex
 (B) Junctional epidermolysis bullosa with pyloric atresia
 (C) Dominant dystrophic epidermolysis bullosa
 (D) Recessive dystrophic epidermolysis bullosa
006. Granuloma with central caseation necrosis is seen in
 (A) Acne agminate (B) Demodex folliculitis
 (C) Drug induced acne (D) Acne fulminans
007. Biett sign on dermoscopy is evident in
 (A) Alopecia areata (B) Secondary syphilis
 (C) Lichen Planus (D) Psoriasis
008. Histopathologically, tadpole cells are seen in
 (A) Poroma (B) Syringoma
 (C) Hidradenoma (D) All of the above
009. A 40 year old female patient presented with multiple translucent asymptomatic papules over nasolabial folds & upper lip. There is history of exacerbation in summer & regression in cooler season. Clinical diagnosis is
 (A) Eccrine hidrocystoma (B) Adenoma sebaceum
 (C) Trichilemmoma (D) None of the above
010. Which is clinical sign of Pilomatricoma
 (A) Tent sign (B) Teeter Totter sign
 (C) Skin crease sign (D) All of the above

011. All of the following are stains for mucin except
 (A) PAS (B) Alcian blue
 (C) Colloidal iron (D) Toluidine blue
012. Lumpy bumpy elastic fibres are seen in *Elastosis perforans serpiginosa* due to which drug
 (A) Penicillin (B) Penicillamine
 (C) Ampicillin (D) Fluoroquinolones
013. All of the following are intraepidermal blistering disorders except
 (A) Linear IgA disease (B) IgA pemphigus
 (C) Pemphigus erythematosus (D) Pemphigus herpetiformis
014. Following are seen in *Brunsting-perry pemphigoid* except
 (A) Severe mucous membrane involvement
 (B) Blisters & erosions localized to head, neck
 (C) Linear staining of IgG & C3 at dermo-epidermal junction
 (D) Lesions healing with atrophic scarring
015. All of the following are side effects on antimalarials except
 (A) Corneal deposits (B) Bleaching of hair
 (C) Hemolytic anemia (D) Lichenoid rash
016. Drug associated with development of subacute cutaneous lupus erythematosus
 (A) Itraconazole (B) Griseofulvin
 (C) Nystatin (D) Isotretinoin
017. *Racoon eye* sign is seen in
 (A) Neonatal lupus erythematosus (B) Dermatomyositis
 (C) Systemic amyloidosis (D) All of the above
018. Anti - RNA polymerase III antibodies have which of the following clinical association
 (A) Pulmonary fibrosis (B) Hypertensive renal crisis
 (C) Severe cardiac disease (D) Severe digital vasculopathy
019. *Urbach - Wiethe disease* is characterized by
 (A) Weak horse cry (B) Telangiectasia
 (C) Photosensitivity (D) Ichthyosis
020. Contaminated preparation of L-tryptophan leads to sclerodermoid induration & peripheral neuropathy is called as
 (A) Eosinophilia-Myalgia syndrome (B) Stiff neck syndrome
 (C) Toxic oil syndrome (D) Silicosis
021. All are true about apocrine glands except
 (A) Secretion by pinching of part of cytoplasm
 (B) Present on entire skin surface in embryo
 (C) Mammary glands & Ceruminous glands are modified apocrine glands
 (D) They are smaller than eccrine glands

022. Elconyx is seen in
 (A) Reactive arthritis (B) Psoriasis
 (C) Trauma (D) All of the above
023. Causes of nail pyogenic granuloma include all except
 (A) Indinavir (B) Trauma
 (C) Lichen Planus (D) Oral retinoids
024. Scotch plaid appearance of nail plate is seen in
 (A) Psoriasis (B) Lichen Planus
 (C) Alopecia Areata (D) Eczema
025. Skin manifestation of lyme disease is
 (A) Acrokeratosis verruciformis of Hopf (B) Erythema gyratum repens
 (C) Erythema multiforme (D) Acrodermatitis chronica atrophicans
026. Scleroderma like thick skin is due to all of the following except
 (A) Porphyria cutanea tarda (B) Chronic graft versus host disease
 (C) Bleomycin (D) Cutis laxa
027. All of the following are seen in generalized granuloma annulare except
 (A) Sparing of vaccination sites (B) Commonly seen in HIV patients
 (C) Common in males (D) Palisading necrobiotic granuloma
028. Commonest form of localized morphoea is
 (A) Plaque type (B) Guttate morphoea
 (C) Keloidal morphoea (D) Morphoea profunda
029. 24 year old male patient presented with itching all over the body with development of sheets of pustules over neck, axillae & inguinal folds. There is history of fever since 2 days & history of oral intake of ciprofloxacin 5 days prior. Histopathology of pustule revealed spongiosis with epidermal pustule. Diagnosis is-
 (A) Candidial intertrigo
 (B) Subcorneal Pustular Dermatitis
 (C) Pustular psoriasis
 (D) Acute generalized exanthematous pustulosis
030. SCORTEN criteria all are correct except
 (A) Used for predicting mortality rate
 (B) 7 parameters are used to calculate SCORTEN
 (C) Score of 5 indicates 85% mortality
 (D) Serum urea <10 mmol/L has been given 1 point
031. SDRIFE is also known as
 (A) DRESS syndrome (B) Drug related baboon syndrome
 (C) Von zumbusch syndrome (D) Lyell syndrome

032. Which of the following is not pseudolymphoma
 (A) PLE (B) Mucha- Haberman disease
 (C) Parapsoriasis (D) Lymphocytoma cutis
033. Chancre redux is
 (A) Relapse of secondary syphilis
 (B) Lesions developing at the site of primary chancre
 (C) Relapse of primary chancre
 (D) Relapse of latent syphilis
034. Colloidal gold curve is seen in
 (A) Cardiovascular syphilis (B) Neurosyphilis
 (C) Gummatous syphilis (D) Prenatal syphilis
035. Treponema Pallidum is
 (A) Gram positive, Giemsa positive (B) Gram negative, Giemsa negative
 (C) Gram negative, Giemsa positive (D) Gram variable
036. Most controversial & unethical study pertaining to syphilis
 (A) Boeck- Bruusgard study (B) Tuskegee study
 (C) Gjestland study (D) John Hunter study
037. Which of the following lesion is not commonly seen in syphilis
 (A) Macule (B) Papule
 (C) Plaque (D) Vesicle
038. Which of the following law states - "Syphilitic infants could transmit the disease to previously healthy wet nurses but never to their own mothers"
 (A) Colle's law (B) Profeta's law
 (C) Kassowitz's law (D) None of the above
039. Pseudo- Darrier sign is seen in
 (A) Lipoma (B) Smooth muscle hamartoma
 (C) Mastocytosis (D) Gardener syndrome
040. Multiple spontaneously regressing keratoacanthomas seen in
 (A) Ferguson- smith syndrome (B) Grzybowski syndrome
 (C) Muir- Torre syndrome (D) None of the above
041. Typical histopathology of basal cell carcinoma
 (A) Church spire hyperkeratosis
 (B) Keratin pearls, horn cysts
 (C) Peripheral palisading of basaloid cells with peritumoral clefts
 (D) Volcano architecture
042. Major risk factors for methotrexate pancytopenia are all except
 (A) Drug interactions (B) Renal diseases
 (C) Young patient (D) No folate supplementation

043. FDA approved indication for azathioprine is
 (A) Organ transplantation (B) Bullous pemphigoid
(C) Chronic actinic dermatitis (D) Dermatomyositis
044. Side effects of cyclophosphamide are all except
(A) Increased risk of transitional cell bladder cancer
 (B) Erythema recall
(C) Leukemia
(D) Anagen effluvium
045. All are true about mycophenolate mofetil except
(A) Inhibits Inosine monophosphate dehydrogenase
(B) FDA approved for solid organ transplant
 (C) Half-life is 4 hours
(D) Antimetabolite drug
046. Dapsone induced methemoglobinemia can be treated with
 (A) Oral methylene blue (B) Cimetidine
(C) Vitamin E (D) MESNA
047. Hypothyroidism is contraindication for
(A) Isotretinoin (B) Acitretin
(C) Etretinate (D) Bexarotene
048. Secukinumab is a
(A) IL 12/23 inhibitor (B) IL 17 inhibitor
(C) IL 20 inhibitor (D) IL 22 inhibitor
049. Lymphoma protocol for Rituximab is
(A) 275 mg/m² body surface area (B) 375 mg/m² body surface area
(C) 1 gm every 2 weekly (D) 2 gm every 2 weekly
050. Progressive sensory or motor impairment in the absence of symptoms such as pain, tenderness of nerve is called as
(A) Neuropathy (B) Nerve function impairment
 (C) Silent Neuritis (D) Type I lepra reactions
051. Type I lepra reaction
(A) Activation of CD8 lymphocytes (B) Type III immune response
 (C) Type IV immune response (D) Type II immune response
052. Elli's test is
(A) Burning pain on walking
 (B) Squeezing of wrist during ENL elicits painful reaction
(C) Outstretched index finger with flexion of other fingers
(D) None of the above

053. Clinically leprosy as IRIS usually presents as
 (A) Type II lepra reaction (B) Type I lepra reaction
 (C) Lepromatous leprosy (D) Foot ulcer
054. Uniform MBMDT is
 (A) 6 months MDT for all types of leprosy (Both PB & MB)
 (B) 3 months MDT for all types of leprosy (Both PB & MB)
 (C) 24 months MDT for all types of leprosy (Both PB & MB)
 (D) 12 months MDT for all types of leprosy (Both PB & MB)
055. Dermoscopy pattern of alopecia areata shows all except
 (A) Exclamation mark hairs (B) Flame hairs
 (C) Yellow dots (D) Question mark hairs
056. Mechanism of action of ivermectin
 (A) Inhibition of tubulin polymerization
 (B) Binding to Na⁺ dependent gates
 (C) Inhibition of protein synthesis
 (D) Binding to glutamate gated & GABA gated chloride ion leading to increased susceptibility to chloride ions
057. Crystalline nephropathy is side effect of
 (A) Acyclovir (B) Itraconazole
 (C) Cidofovir (D) Voriconazole
058. Commonest form of mastocytosis
 (A) Solitary mastocytoma (B) Diffuse cutaneous mastocytosis
 (C) Malignant mastocytosis (D) Urticaria pigmentosa
059. Apoptotic cells in spinous or granular layer are characteristically seen in
 (A) Lichen planus (B) Lichenoid drug eruptions
 (C) Pemphigus foliaceus (D) Fixed drug eruptions
060. Sparing of flexures is seen in
 (A) Seborrheic dermatitis
 (B) Ichthyosis vulgaris
 (C) Lamellar ichthyosis
 (D) Bullous congenital ichthyosiform erythroderma
061. In X linked recessive ichthyosis, all of the following are true except –
 (A) Steroid sulfatase deficiency (B) Cryptorchidism
 (C) Corneal opacity of posterior capsule (D) Cataract
062. Netherton's syndrome is characterized by –
 (A) Congenital ichthyosis, trichorrhexis nodosa and atopy
 (B) Congenital ichthyosis, trichorrhexis invaginata and atopy
 (C) Congenital ichthyosis, trichorrhexis nodosa and mental retardation
 (D) Congenital ichthyosis, trichorrhexis invaginata and mental retardation

063. Sjogren Larsen syndrome is characterized by presence of
 (A) Steroid sulfatase deficiency (B) SPIN K5 mutation
 (C) Perifoveal glistening spots (D) Porcupine man
064. Which one of the following is very common side effect of oral isotretinoin
 (A) Epistaxis (B) Depression
 (C) Cheilitis (D) Neutropenia
065. First line treatment for Fordyce's spot
 (A) Oral isotretinoin (B) Topical TCA application
 (C) CO₂ LASER treatment (D) Masterly inactivity with reassurance
066. Groove sign is seen in
 (A) Eosinophilic fasciitis (B) Morphea En coup de sabre
 (C) Toxic oil syndrome (D) Nephrogenic systemic fibrosis
067. Which one of the following is NOT the risk factor for development of PCT
 (A) Hemochromatosis (B) Hepatitis B
 (C) Alcohol (D) Oestrogen
068. Presence of beaded hair with follicular papules, keratosis pilaris is seen in
 (A) Pili torti (B) Trichorrhexis nodosa
 (C) Monilethrix (D) Trichorrhexis invaginata
069. Most common clinical feature of nail patella syndrome is –
 (A) Triangular lunula (B) Small or absent patella
 (C) Elbow deformity (D) Renal dysfunction
070. Gorlin's sign is seen in
 (A) Ehler – Danlos syndrome (B) Osteogenesis imperfect
 (C) Marfan syndrome (D) Cutis laxa
071. Alkaptonuria – all are correct except
 (A) Homogentisate reductase deficiency (B) Autosomal recessive
 (C) Ochronosis (D) Low back pain
072. Drug induced pemphigus is most common with
 (A) ACE inhibitor (B) Glibenclamide
 (C) Cephalosporine (D) Penicillamine
073. 15 year old boy presented with choreoathetosis , recurrent sino-pulmonary infections, superficial pyoderms. His IgA and IgE levels were low. Diagnosis is
 (A) Bloom syndrome (B) Chediak Higashi syndrome
 (C) Ataxia telangiectasia (D) Job syndrome
074. 3 month old neonate presented with recurrent crops of pruritic pustules over palms and soles. Smear from pustule reveals abundant neutrophils. Diagnosis is
 (A) Eosinophilic pustular folliculitis (B) Acropustulosis of infancy
 (C) Neonatal HSV infection (D) Erythema toxicum neonatorum

075. Paraneoplastic pemphigus target antigens
 (A) Desmoglein 1
 (B) Desmocollin
 (C) Desmoglein, desmoplakin, periplakin, envoplakin, BP 230
 (D) Desmoglein, BP 180
076. Follicular atrophoderma is seen in
 (A) POEM syndrome (B) Atrophoderma Vermiculata
 (C) Progeria (D) Goltz syndrome
077. Generation time of mycobacterium leprae
 (A) 11-13 days (B) 20 days
 (C) 20 hours (D) 11-13 hours
078. Main drawback of Ridley Jopling classification is
 (A) No place for macular Hansen
 (B) No place for maculoanesthetic
 (C) No place for indeterminate and pure neuritic hansen disease
 (D) None of the above
079. Which one of the following is cardinal sign of leprosy
 (A) Nodular lesion
 (B) Foot ulcer
 (C) Claw hand
 (D) Hypopigmented lesion with impairment of sensations
080. Which one of the following is NOT the criteria of solid staining lepra bacilli – morphological index
 (A) Uniform staining (B) Longitudinal sides are parallel
 (C) Both ends are rounded (D) The length is 2 times the width
081. Langerhans cell express which marker
 (A) CD 1a (B) CD 14
 (C) CD 32 (D) CD 38
082. Which hair are resistant to androgenic alopecia
 (A) Frontal hair (B) Temporal hair
 (C) Vertex hair (D) Occipital hair
083. All of the following is correct in alopecia areata except
 (A) Exclamation mark hair (B) Prominent scarring
 (C) Sparing of white hair (D) Presence of cadaverity sign

095. Most suitable substrate for indirect immunofluorescence in paraneoplastic pemphigus
 (A) Rat bladder (B) Monkey esophagus
 (C) Human skin (D) Rabbit lip
096. 60 year old male c/o itching all over the body with erosions over extensors of elbow & knee joint. DIF of biopsy specimen showing granular deposits of IgA at the tip of papilla. Diagnosis is
 (A) EBA (B) Bullous pemphigoid
 (C) Scabies (D) Dermatitis herpetiformis
097. Young female presented with painful lesion over left thumb in subungual region & pain over exposure to cold. Biopsy shows well encapsulated mass with multiple vascular channels & aggregates of polygonal cells with eosinophilic cytoplasm. Diagnosis is
 (A) Subungual exostosis (B) Ganglion
 (C) Glomus (D) Inclusion cyst
098. Changes seen in poikiloderma is
 (A) Atrophy (B) Telangiectasia
 (C) Pigmentary changes (D) All of the above
099. Hereditary angioedema is due to
 (A) C1 esterase deficiency (B) C2 esterase deficiency
 (C) Increased levels of C1 esterase (D) Increased levels of C2 esterase
100. Father of patch test
 (A) Jessner (B) Jacop
 (C) Jadasson (D) None of the above
101. Secondary prevention includes
 (A) Screening (B) Case finding
 (C) Rapid referral clinics (D) All of the above
102. Obvious visible manifestations of skin conditions are associated with
 (A) Reduced self esteem (B) Anxiety
 (C) Depression (D) All of the above
103. Mediators of pruritus include
 (A) Substance P (B) Histamine
 (C) Acetylcholine (D) All of the above
104. In Ramsay Hunt syndrome which cranial nerve is involved
 (A) Fifth (B) Sixth
 (C) Eighth (D) Seventh
105. Ekbom disease is
 (A) Chronic pruritus (B) Chronic pain syndrome
 (C) Delusion of parasitosis (D) Delusion of acne

106. Body dysmorphic syndrome is associated with
(A) Depression (B) Substance abuse
(C) Suicide (D) All of the above
107. Trichotillois is preferred over trichitillomania because
(A) It's an OCD and there is no mania (B) There is no hair pulling
(C) There is pulling of nails (D) There is pulling of skin
108. Cutaneous co-morbidities of anorexia and bulimia include
(A) Russell's sign
(B) Xerosis and pruritus
(C) Nutritional deficiencies – pellagra, acrodermatitis enteropathica, anaemia
(D) All of the above
109. Dermatitis passivata is
(A) External disguise to simulate disease
(B) Deliberate self harm by patients
(C) Caused by cessation of normal skin cleansing leading to keratin crust
(D) Delusional disorder
110. Constitutive skin colour is
(A) Melanin pigmentation that is genetically determined in the absence of sun exposure
(B) Skin colour as a result of sun exposure
(C) Both (A) and (B)
(D) None of the above
111. Pigmentary demarcation line D is present on
(A) Posteromedial portion of leg
(B) Lines on the face
(C) Anterolateral portion of upper arm
(D) Vertical line in posteromedial area of the spine
112. Single melanocyte supplies melanosomes to how many keratinocytes
(A) 12 (B) 24
(C) 36 (D) 64
113. Red colour of human hair is due to
(A) Eumelanin (B) Pheomelanin
(C) Trichochromes (D) Both pheomelanin and trichochromes
114. In lentigo there is
(A) Increased pigment production and not increased number of melanocytes
(B) Increased number of melanocytes
(C) Deposition of amyloid
(D) Deposition of iron

115. Which of the following is true about hyperpigmentation of Addison disease
 (A) Diffuse over sun exposed areas
 (B) Accentuated over flexors and friction prone areas
 (C) Pigmentation over buccal mucosa
 (D) All of the above
116. Which of the following drug is more commonly associated with reddish brown pigmentation of skin
 (A) Dapsone (B) Clofazimine
 (C) Rifampicin (D) Ofloxacin
117. Most common site of Mongolian spots is
 (A) Buttocks (B) Lumbosacral region
 (C) Shoulder (D) Flanks
118. Which of the following statement about halo nevi is true
 (A) There is central depigmentation surrounded by melanocytic nevus at periphery
 (B) There is no preexisting melanocytic nevus
 (C) During follow up the nevus may shrink or disappear completely leaving a white macule
 (D) At the time of halo appearance there is no infiltrate in dermis
119. Which type of pyoderma gangrenosum is mainly associated with inflammatory bowel disease
 (A) Pustular (B) Bullous
 (C) Ulcerative (D) Vegetative
120. Which type of pyoderma gangrenosum is usually not associated with underlying disease
 (A) Ulcerative (B) Vegetative
 (C) Bullous (D) Pustular
121. Which of the following is not a component of SAPHO syndrome
 (A) Synovitis (B) Acne
 (C) Pustulosis (D) Hyperhidrosis
122. All of the following diseases are associated with subcorneal pustular dermatosis except
 (A) Monoclonal gammopathy (B) Multiple myeloma
 (C) Lymphomas (D) Psoriasis
123. Which of the following is not a feature of Bechet's disease
 (A) Recurrent aphthous oral ulcers (B) Recurrent genital ulcers
 (C) Negative pathergy test (D) Posterior uveitis
124. Erythematous annular plaques with scaling behind the advancing edge is classically seen in
 (A) Erythema marginatum (B) Erythema annulare centrifugum
 (C) Erythema gyratum repens (D) Necrolytic migratory erythema
125. Wave like bands which give wood grain appearance is a classical appearance of
 (A) Erythema gyratum repens (B) Erythema marginatum
 (C) Erythema annulare centrifugum (D) Necrolytic migratory erythema

126. Necrolytic migratory erythema is considered paraneoplastic eruption associated with
 (A) Beta cell pancreatic islet cell tumor (B) Alpha cell pancreatic islet cell tumor
(C) Delta cell pancreatic islet cell tumor (D) Charlie cell pancreatic islet cell tumor
127. Kaposi sarcoma is caused by human herpesvirus type –
(A) 5 (B) 6
(C) 7 (D) 8
128. Which type of Kaposi sarcoma is most common
(A) Classic (B) Endemic
(C) Iatrogenic (D) AIDS associated
129. Primary anetoderma is strongly associated with
(A) Rheumatoid arthritis (B) Dermatomyosistis
 (C) Antiphospholipid syndrome (D) Systemic sclerosis
130. Skin changes identical to pseudoxanthoma elasticum may be induced by
(A) Penicillin (B) Penicillamine
(C) Cephalosporines (D) Dapsone
131. Which type of collagen is increased in keloids and hypertrophic scars
(A) Collagen 1 and 2 (B) Collagen 1 and 3
(C) Collagen 2 and 3 (D) Collagen 1 only
132. Most common type of cutaneous T cell lymphoma is
(A) Pagetoid reticulosis (B) Mycosis fungoides
(C) Lymphomatoid papulosis (D) Sezary syndrome
133. Which of the following lymphoma is not clinically aggressive
 (A) Lymphomatoid papulosis
(B) Sezary syndrome
(C) Primary cutaneous NK/T cell lymphoma nasal type
(D) Primary cutaneous gama delta T cell lymphoma
134. Which of the following is not a feature of Sezary syndrome
(A) Erythroderma
 (B) CD4 to CD8 ratio less than 10
(C) Peripheral lymphadenopathy
(D) Atypical mononuclear cells comprising more than 20% of total lymphocyte count
135. Which of the following is not a feature of lymphomatoid papulosis
(A) Recurrent lesions
(B) Self healing papulonodular lesions
 (C) Clinically malignant but histologically benign
(D) CD30+ lymphoma

136. Paget disease of breast is extension of underlying
 (A) Ductal adenocarcinoma (B) Medullary carcinoma
 (C) Mucinous carcinoma (D) Papillary carcinoma
137. In relapsing polychondritis there are autoantibodies against
 (A) Collagen 2 (B) Collagen 3
 (C) Collagen 4 (D) Collagen 5
138. Which of the following is not a feature of relapsing polychondritis
 (A) 'Cellulitis' involving lobule (B) Floppy: 'forward listening'
 (C) Cartilage thinning:'blue ear' (D) Serous otitis media
139. Skin ageing is measured histologically by
 (A) Epidermal thinning (B) Solar elastosis
 (C) Dermal thinning (D) Spongiosis
140. UVB phototherapy has which property
 (A) Anti-inflammatory (B) Immunosuppressive
 (C) Cytotoxic (D) All of the above
141. Minimal erythema dose is calculated after – hr of exposure
 (A) 24 (B) 36
 (C) 72 (D) 48
142. Average incubation period of chicken pox is
 (A) 2 weeks (B) 3 weeks
 (C) 4 weeks (D) 5 weeks
143. Infectious mononucleosis is caused by
 (A) Epstein Barr virus (B) Parvovirus
 (C) Human papilloma virus (D) None of the above
144. Roseola infantum is caused by
 (A) HHV 6 (B) HHV 7
 (C) HHV 6 and HHV 7 (D) None of the above
145. Which of the following virus causes Kaposi varicelliform eruption
 (A) HSV 1 (B) Vaccinia
 (C) Coxsackie (D) All of the above
146. Trichodysplasia spinulosa is caused by
 (A) Polyomavirus (B) Epstein Barr virus
 (C) Parvovirus (D) HHV 6
147. Deep myrmecia form of plantar warts is caused by
 (A) HPV 1 (B) HPV 2
 (C) HPV 4 (D) HPV 27

148. Forschheimer sign is seen in
 (A) Rubella (B) Dengue
 (C) Measles (D) Mumps
149. Koplik spots are seen in
 (A) Rubella (B) Dengue
 (C) Measles (D) Mumps
150. TORCH syndrome includes all except
 (A) Syphilis (B) Tetanus
 (C) Cytomegalovirus (D) Herpesvirus
151. Streptococcal antigen is involved in pathogenesis of
 (A) Psoriasis (B) Erythema nodosum
 (D) All of the above
152. Coral red fluorescence with Woods light in erythrasma is attributable to
 (A) Coproporphyrin I (B) Coproporphyrin II
 (C) Coproporphyrin III (D) Coproporphyrin IV
153. Trichomycosis axillaris is caused by
 (A) Corynebacteria (B) Trichopyton
 (C) Anthrax bacillus (D) Polyomavirus
154. Gangosa is gummatous lesion in tertiary stage of
 (A) Syphilis (B) Bejel
 (C) Yaws (D) Rhinoscleroma
155. Lyme disease is transmitted to humans by
 (A) Mosquito (B) Flea
 (C) Sandfly (D) Tick
156. Most common type of skin tuberculosis in adults in India is
 (A) Lupus vulgaris (B) Warty tuberculosis
 (C) Scrofuloderma (D) Tuberculous gumma
157. Special stains for amyloid include
 (A) Congo red (B) Crystal violet
 (C) Methyl violet (D) All of the above
158. All of the following porphyria causes cutaneous disease only except
 (A) Porphyria cutanea tarda (B) Congenital erythropoietic porphyria
 (C) Erythropoietic protoporphyria (D) Acute intermittent porphyria
159. Which of the following is the commonest porphyria
 (A) Porphyria cutanea tarda (B) Congenital erythropoietic porphyria
 (C) Erythropoietic protoporphyria (D) Acute intermittent porphyria

160. Metastatic calcification is seen in
 (A) Hyperparathyroidism (B) Hypervitaminosis D
 (C) Sarcoidosis (D) All of the above
161. 3 D of pellagra include all except
 (A) Diarrhoea (B) Dermatitis
 (C) Damaged bones (D) Dementia
162. Classically, patients present with a seborrhoeic dermatitis like eruption in deficiency of
 (A) Vit B1 (B) Vit B2
 (C) Vit B6 (D) Vit B12
163. Cutaneous manifestations of scurvy include
 (A) Phrynoderma (B) Corkscrew hairs
 (C) Splinter haemorrhage (D) All of the above
164. In acrodermatitis entropathica measurement of which enzyme reflects zinc levels
 (A) SGOT (B) SGPT
 (C) Alkaline phosphatase (D) All of the above
165. Wounds too contaminated to close are best treated by
 (A) Primary intention (B) Secondary intention
 (C) Tertiary intention (D) None of the above
166. The maximum recommended dose of lidocaine with epinephrine is
 (A) 5mg/kg (B) 6mg/kg
 (C) 7mg/kg (D) 8mg/kg
167. Radiofrequency units used in dermatology uses radio waves at frequency of
 (A) 1.8 MHz (B) 2.8 MHz
 (C) 3.8 MHz (D) 4.8 MHz
168. Boiling point of liquid nitrogen is
 (A) -195°C (B) -196°C
 (C) -197°C (D) -198°C
169. Test grafting with punch grafts is done before vitiligo surgery to assess
 (A) Graft rejection (B) Pigmentation
 (C) Stability (D) Infection
170. Goodman and Baron gave qualitative grading system for
 (A) Melasma pigmentation (B) Acne scarring
 (C) Vitiligo (D) Androgenic alopecia
171. All of the following statements about Mohs micrographic surgery are true except
 (A) Lesser rate of recurrence
 (B) Lower cure rate than standard surgery
 (C) Maximal conservation of adjacent healthy skin
 (D) Lower morbidity and mortality

172. Which of the following agents is used for non surgical closure of cleft ear lobe repair
 (A) TCA (B) Phenol
 (C) Salicylic acid (D) Urea
173. Temporalis muscle transfer surgery is done to improve
 (A) Lagophthalmus (B) Nose deformity
 (C) Hand deformity (D) Foot drop
174. Microdermabrasion is done with crystals of
 (A) Charcoal (B) Aluminium oxide
 (C) Sodium chloride (D) Aluminium chloride
175. All of the following statements about hyaluronic acid filler are true except
 (A) Its most popular filler
 (B) Its permanent filler
 (C) Its biodegradable filler
 (D) HA is a glycosaminoglycan disaccharide composed of alternately repeating units of D-glucuronic acid and N-acetyl-D-glucosamine
176. Normal density of units over human scalp is _____ /square cm
 (A) 30 to 50 (B) 50 to 80
 (C) 80 to 100 (D) 100 to 120
177. Which of the following is false about cosmetic lasers
 (A) Longer the wavelength, deeper the penetration
 (B) Larger the spot size deeper the penetration of laser beam
 (C) Smaller the spot size of laser, lesser the pain
 (D) Larger the spot size lesser the penetration of laser beam
178. Microthermal zones are produced by which laser
 (A) Q switch (B) Fractional
 (C) IPL (D) All of the above
179. Level of evidence 1++ means
 (A) Systematic review of RCTs (B) Expert opinion
 (C) Case control study (D) Systematic review of case control study
180. Undermining level for face should be
 (A) Mid fat (B) Deep fat
 (C) Just above deep fascia (D) None of the above
181. Mohs micrographic surgery is not suitable for all except
 (A) Smaller (<2 cm) lesions
 (B) Perioral, periorbital, perinasal and periauricular areas
 (C) Failure of previous treatment (recurrent disease)
 (D) Histologically incompletely excised lesions

193. As per MCI regulations 2002, physician should preserve medical records of indoor patients for
- (A) 1 year (B) 2 years
(C) 3 years (D) 4 years
194. As per ethics and etiquettes physician should follow all of the following except
- (A) Declare his/her fees before rendering service
(B) May enter contract of no cure no payment
(C) Should write generic names of medicines as far as possible
(D) Physician must treat patients in case of emergency
195. Which of the following point about finger tip unit(FTU) is false
- (A) 1 FTU weighs 0.49 gram in male
(B) 1 FTU weighs 0.43 gram in female
(C) 1 FTU covers approximately 300square centimeter area
(D) FTU is measured on middle finger
196. Absorption of topical formulation is highest on
- (A) Axilla (B) Forehead
(C) Scrotum (D) Forearm
197. Topical formulation of ciclosporine has poor penetration through skin because of
- (A) Oily nature (B) Low molecular weight
(C) High molecular weight (D) Unstable formulations
198. Which of the retinoid is used as gel over patches of mycosis fungoids
- (A) Alitretinoin (B) Bexarotene
(C) Tazarotene (D) Adapelene
199. Moist or exudative eruptions are conventionally treated with
- (A) Powder (B) Cream
(C) Ointment (D) Gel
200. Whitfield ointment is combination of
- (A) 6% benzoic acid and 3% salicylic acid
(B) 3% benzoic acid and 6% salicylic acid
(C) 3% benzoic acid and 3% salicylic acid
(D) 6% benzoic acid and 6% salicylic acid