Dermatologic Infections
Faculty: Joan Tamburro, DO

1. Which organism commonly causes folliculitis?
   a. Streptococcus pneumonia
   b. Haemophilus influenzae
   c. Clostridium perfringens
   d. Staphylococcus aureus

2. A common presentation of MRSA infections is:
   a. Folliculitis
   b. Intertrigo
   c. Solated abscesses
   d. Paronychia

3. Patients with this disorder may have more severe cases of molluscum contagiosum:
   a. Systemic lupus
   b. Atopic dermatitis
   c. Psoriasis
   d. Alopecia areata

4. The appropriate application of Cantharidin to treat molluscum can lead to which side effect:
   a. Secondary bacterial infections
   b. Keloids
   c. Sedation
   d. Destruction of nail matrix

5. Which of the following cutaneous lesions can be seen with cellulitis?
   a. Lichenification
   b. Planar papules
   c. Bullae
   d. Atrophic plaques
Contact Dermatitis
Faculty: Susan Nedorost, MD

6. History of this condition increases the risk of allergic contact dermatitis.
   a. Alopecia areata
   b. Asthma
   c. Atopic conjunctivitis
   d. Childhood flexural dermatitis
   e. Stasis dermatitis

7. In an otherwise healthy adult, the best treatment for poison ivy dermatitis causing swelling of the eyelids and face is?
   a. Calamine lotion
   b. Systemic steroid taper for 5 days
   c. Systemic steroid for 2-3 weeks
   d. Ultra-potent topical steroid
   e. No treatment pending patch testing

8. Best skin care for irritant hand dermatitis includes:
   a. Continuous use of occlusive gloves
   b. Cotton under occlusive gloves for wet work
   c. Discontinue all hand hygiene
   d. Topical corticosteroids
   e. Quick hand washing in hot water followed by a blow dryer

9. A patient with widespread itching and vesicles in an asymmetrical distribution on the hands, face, and neck presents with failure to improve after a 10 day course of systemic antibiotics prescribed by the PCP. There is no fever and a normal white cell count. Initial evaluation should include:
   a. Admission and isolation for presumptive MRSA
   b. History of prescribed and OTC topicals and review of MSDS
   c. Infectious disease consultation
   d. Skin biopsy
   e. Prescription for systemic antihistamines

10. Which of the following is the most common cause of allergic contact dermatitis?
    a. Fabric softener
    b. Laundry detergent
    c. Paba
    d. Parabens
    e. Quaternium-15
Contact Dermatitis Continued
Faculty: Susan Nedorost, MD

11. 99% avoidance of contact allergens for 7 days should lead to significant improvement in dermatitis:
   a. True
   b. False
Infestation and Bites
Faculty: Maria Robinson, MD, MBA

12. Common locations of a scabies infection in adults include all of the following EXCEPT:
   a. Flexor surfaces
   b. Scalp
   c. Finger web spaces
   d. Periumbilicus

13. Which of the following can cause pruritus in a patient?
   a. Renal disease
   b. Medication hypersensitivity
   c. Infestations
   d. All of the above

14. Which of the following is the preferred treatment for adults with erythema migrans:
   a. Azithromycin
   b. Doxycycline
   c. Clarithromycin
   d. Erythromycin

15. Which of the following is true regarding head lice (*Pediculus humanus* var. *capitis*) infection:
   a. Lice cannot survive for any length of time away from host
   b. Females can lay up to 150 eggs
   c. The presence of many nits signals active infection
   d. No resistance to lindane has been reported

16. Which of the following is TRUE regarding recluse spiderbites?
   a. Rapid incubation period of 30-60 minutes
   b. Produce Latrodectus antivenin
   c. Can produce necrotic ulcers at site of bite
   d. Systemic complications are common
17. The most important immediate response to a patient presenting with hives is:
   a. Attempt to identify the trigger
   b. Check for other system involvement
   c. Look for evidence of insect sting which may be lost later
   d. Give epinephrine in appropriate dose

18. Which of the following is NOT a provable cause of hives?
   a. Infection – urinary tract or paranasal sinuses
   b. Medications
   c. Laundry detergents and fabric softeners
   d. Physical forms of hives

19. Important causes of hives associated with angioedema include all EXCEPT:
   a. Insect sting
   b. Food allergy
   c. Hereditary angioedema
   d. Medication allergy

20. Facial angioedema presenting alone requires the following history taking:
   a. Ask for symptoms of trouble swallowing, talking or breathing
   b. Current use of ACE inhibitors
   c. Family history of angioedema
   d. Answers A and B
   e. All of the above

21. The immediate treatment of hives and angioedema includes:
   a. Diphenhydramine
   b. Epinephrine
   c. Start IV for parenteral medications
   d. Oxygen and cooling blanket

22. Upon discharge the patient should be instructed to:
   a. Take Diphenhydramine 25 to 50 mg prn
   b. Return to the urgent care immediately if hives return
   c. Stop eating the foods they ingested 24 hours prior to the onset of hives
   d. All of the above
   e. None of the above
Anaphylaxis
Faculty: Kent Knauer, MD

23. The first line adult treatment for anaphylaxis is:
   a. Diphenhydramine 50 mg IM
   b. Prednisone 40mg PO
   c. Epinephrine 0.5mg IM
   d. Diphenhydramine 50mg plus ranitidine 150mg IV

24. Anaphylaxis is an acute, life threatening syndrome involving one organ system.
   a. True
   b. False

25. Which of the following is a common cause of anaphylaxis?
   a. Drugs, especially penicillin derivatives and NSAIDs
   b. Foods such as nuts and seafood
   c. Insect stings
   d. All of the above

26. Which of the following anaphylaxis syndromes is the most deadly?
   a. Uniphasic
   b. Biphasic
   c. Protracted

27. Upon discharge the most important prescription is?
   a. Prednisone burst and taper
   b. Regularly used antihistamines and H2 blockers
   c. Epi-pen
   d. None of the above
Differentiating Generalized Dermatoses
Faculty: Susan Nedorost, MD

28. A patient has a two-year history of itchy, scaly, red plaques without vesicles or crusting. He has 40% of his body surface area involved. He scheduled an initial dermatology appointment, but there is a one month wait, and he asks what you can prescribe in the interim. The best option is:
   a. 60 grams of hydrocortisone cream
   b. 60 milligrams of Prednisone for two weeks
   c. Daily mid-day sun exposure without sunscreen
   d. Daily use of sunscreen at least SPF 30
   e. Systemic antihistamines

29. An afebrile patient presents with widespread, non-scyal, annular plaques that are so itchy they interfere with sleep and concentration; these have been present for two days. The most likely diagnosis is:
   a. Erythema multiforme
   b. Subacute cutaneous lupus
   c. Erythema chronica migrans
   d. Urticaria
   e. Tinea corporis

30. A patient with hives for 3 weeks and no airway symptoms is best treated with:
   a. Elimination diet
   b. Epinephrine
   c. Proton pump inhibitors
   d. Systemic antihistamines
   e. Systemic corticosteroids

31. The best way to diagnosis scabies is:
   a. History of family members itching
   b. Microscopic exam of mineral oil prep
   c. Observation of burrows
   d. Report of bugs seen by patient
   e. Therapeutic trial of Permethrin

32. Which of the following should prompt emergent dermatological consultation?
   a. History of a long-standing raised mole that suddenly scabbed one week ago
   b. Multiple itchy blisters arranged in straight lines for 4 days
   c. Multiple genital warts for 6 weeks
   d. One centimeter bleeding nodule on the nose for 2 months
   e. Painful red plaques for 2 hours in a patient taking Bactrim for URI

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