

## MCQs

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**1) Choose the correct lettered statement to the numbered one:**

1. The clinical observation suggest that there is a link between vitiligo and melanoma
  2. In normal melanocytes
  3. In the neuronal theory of vitiligo
  4. The factors that contribute to the etiopathogenesis of vitiligo include
  5. Familial nonsegmental vitiligo
  6. Non-familial vitiligo
  7. The use of 5-MOP
  8. The upper limit for the cumulative dose of UVA in treatment of Vitiligo
  9. NB-UVB in generalized vitiligo
  10. The use of NB-UVB to treat vitiligo
- I-
- A) There is a scavenging mechanism against cytotoxic melanin precursors or chemicals that generate oxidative stress
  - B) Stress, accumulation of toxic compounds, infection, autoimmunity, mutation, altered cellular environment and rapid melanocyte migration and proliferation
  - C) Most patients with melanoma or with vitiligo develop antibodies resulting from immune response to antigens shared by normal and malignant pigment cell.
  - D) Was found to have significant association with HLA -B46
  - E) It is suggested that dermal nerve ending release toxic chemicals which destroy melanocytes or inhibit the production of melanin pigment
  - F) Is 100-1500 J/cm<sup>2</sup> for white skinned individuals
  - G) Renal or hepatic disease, photosensitive skin diseases, cataract, glaucoma, skin cancer, and also contraindicated for infants, pregnant and lactating women
  - H) Lacks data concerning any possible long term carcinogenic effect
  - I) Was found to be associated with HLA-A31 and CW4
- J) Was found to cause 67% response while topical UVA caused 46% response
- II-
- Mark the following statements T for True and F for False:
1. The recommended upper limit for total number of PUVA Treatment is 100-150 for white skin.  
T F
  2. The dose of 8MOP is 1.2 mg/kg  
T F
  3. NB-UVB needs post treatment protection of the eyes  
T F
  4. NB-UVB can be used to treat children with wide-spread vitiligo  
T F
  5. NB-UVB stimulates release of cytokines which stimulate melanocyte migration and proliferation  
T F
  6. Wrists, ankles and bony prominence areas of skin get the best result with NB-UVB  
T F
  7. KUVA does cause toxic erythema  
T F
  8. Khellin is a Furochrome  
T F
  9. Affected skin in vitiligo a coagulase is inactivated and there is increase in monoamine oxidase A activity and increased production of hydrogenperoxide  
T F
  10. Topical application of pseudocatalase and calcium in combination with short term UVB exposure is a successful treatment of vitiligo.  
T F
- III-
- Mark the following statements T for True and F for False:
1. Phenylalanine and UVA is not contraindicated in pregnancy, breast-feeding.  
T F
  2. The 308 nm xenon chloride excimer laser can be easily used to treat total body vitiligo  
T F
  3. Topical calcipotriol and exposure to sunlight is effective in treatment of vitiligo  
T F
  4. Corticosteroid pulse therapy is not used in treatment of vitiligo  
T F

5. A sex steroid-thyroid hormone was used as an alternative to systemic steroid in treatment of vitiligo  
T F
6. Immunomodulators used to treat vitiligo included topical tacrolimus, pimecrolimus cream and systemic levamisole  
T F
7. Folic acid 5mg twice daily and vitamin B12 1mg twice daily combined with sun exposure is effective in treatment of vitiligo  
T F
8. Monobenzene is a monobenzyl ether of hydroquinone  
T F
9. Depigmentation therapy in vitiligo could be done by 4 methoxyphenol and Q switched Ruby Laser  
T F
10. Cryotherapy is effectively used to treat pigmented patches in patients with universal vitiligo  
T F

IV- Mark the following statements about the criteria to select cases of vitiligo for surgical treatment T for True and F for False

1. No signs of activity  
T F
2. The patch to be treated should be stable for 3 years  
T F
3. Recent development of new lesions  
T F
4. Lesions are responding to medical treatment  
T F
5. Stable segmental vitiligo with leukotrichia  
T F
6. The skin of the vitiligenous lesions should be lichenified  
T F

V- Surgical management of vitiligo includes – mark the correct answers

1. Autologous punch grafts
2. Autologous epidermal grafts

3. Autologous melanocyte grafts
4. Thiersch graft
5. Tattooing
6. Dermabrasion
7. Cryotherapy

VI- Choose the correct lettered statement to the suitable numbered one

1. Perforating dermatoses
2. Perforating dermatoses include
3. RPC is found most frequently
4. RPC begins 7-10 days after a minor trauma
5. acquired adult RPC
6. Treatment of RPC
7. hyperkeratosis follicularis et parafollicularis incutum penetrans
8. Hyperkeratosis Lenticularis perstans
9. perforating folliculitis
10. The disease associated with perforating folliculitis include
  - A) Includes the use of PUVA, Topical isotretinoin, Topical steroid under occlusion and Methotrexate
  - B) Consist of erythematous follicular papules with small central keratotic plug located on the hairy portion of extremities and buttocks
  - C) Is also known as Kyrle's disease
  - D) Have the cardinal feature of transepidermal elimination
  - E) Psoriasis, Juvenile acanthosis nigricans, D.M., Chronic renal failure, HIV
  - F) Appear pin head size skin colored papule which gradually develop central umbilication with a keratotic plug
  - G) On trauma prawn areas
  - H) Kyrle's disease, perforating folliculitis, RPC, EPS
  - I) Is also known as Flegel's disease
  - J) Is estimated to affect 5-10% of all patients undergoing hemodialysis.

VI-	I-D	2-H	3-G	4-F	5-J	6-A	7-C	8-I	9-B	10-E	Answers:
V-	All	are	correct								
IV-	I-T	2-T	3-F	4-F	5-T	6-F					
III-	I-F	2-F	3-T	4-F	5-T	6-T	7-T	8-T	9-T	10-T	
II-	I-T	2-F	3-F	4-T	5-T	6-F	7-F	8-F	9-T	10-T	
I-	I-C	2-A	3-E	4-B	5-D	6-I	7-G	8-F	9-J	10-H	