Q.1 A 50 years old male presents to you with vesicles and bullae over the body for the last three months. Histopathology showed a subepidermal blister containing inflammatory cells including neutrophils and eosinophils.

a) What conditions will you consider in differential diagnosis?

Direct immunofluorescence showed a linear deposition of IgG and C3 along the dermoeipidermal junction.

b) What conditions will you consider now in differential diagnosis?

Salt split direct immunofluorescence studies showed a staining of the floor of the blister.

c) What is your diagnosis now?

Q.2 A 35-years-old woman presented with painful erythematous nodules 2-3 cm size on shins for the last 1 week. She had fever, fatigue, gastrointestinal upset, arthralgia & conjunctivitis. Laboratory investigations revealed slightly raised white blood cell count raised ESR and negative Rheumatoid factor. Skin biopsy showed edema of subcutaneous septa with lymphohistiocytic infiltrate, having slight admixture of neutrophils and eosinophils.

a) What is your diagnosis?

b) Enumerate the causes of this condition.

c) How will you treat the case?
Q.3 A 48 years old female presented with history of burning sensations on the face, aggravated by sun exposure, hot drinks and emotional stimuli. On examination she had erythema and telangiectasia of the central face along with few inflammatory papules. The patient is systemically well.

   a) What clinical conditions you will consider in the differential diagnosis for this patient? Give reasons for inclusion of each condition.
   b) What is the likely diagnosis?
   c) Enlist treatment options for this patient, give justification for each.

Q.4 A young man presents with recurrent abdominal pain, altered bowel habits and skin lesions.

   a) What conditions will you consider in differential diagnosis?

   Further history revealed diarrhoea alternating with constipation and occasional bloody stools since long time. Surgical history includes fistulectomy two times and drainage of perianal abscess.

   b) What is your diagnosis?
   c) What other cutaneous manifestations will you look for?
Q.5 A 12 years old boy was being treated for sore throat with penicillin. On 5th day of treatment he developed a generalized pustular eruption on his body.

a) What conditions will you consider in differential diagnosis?

Skin biopsy revealed mildly acanthotic epidermis with infiltration of the epidermis with neutrophils and eosinophils. A dense infiltrate of neutrophils with eosinophils was present in the dermis.

b) What is your diagnosis now?

c) How will you treat this patient?

Q.6 A young man presents to you with a genital ulcer. The ulcer had a regular edge, indurated button like base and was surrounded by a narrow red border. It was painless. Right inguinal lymph nodes were enlarged discrete and painless.

Give a critical appraisal of the serological tests that can be performed in this patient for the diagnosis and follow up with special emphasis on their specificity, sensitivity and limitations.

Q.7 A neonate presents to you with purpura.

a) What conditions will you consider in differential diagnosis?

Examination revealed haemorrhagic necrosis of the skin along with bruises and bleeding from gums.

b) What is the likely diagnosis?

c) What investigations will you suggest to confirm it?

d) What other conditions will you look for in this patient?
Q.8 A 10 years old boy developed induration over the back and neck for the last three weeks. The area was hard slightly tender and was associated with mild fever, malaise and joint pains. Chest examination revealed diminished breath and heart sounds. There was prior history of facial eruption consisting of moist exudating patches covered with honey coloured yellow crusts.

a) What is your likely diagnosis?
b) Which investigations will you suggest?
c) What are the associations of this condition?
d) What is the prognosis of this disease?

Q.9 A fifty year old man from Kashmir presents with recurrent, painful papulonodular lesions which ulcerate and heal with scarring. The lesions were present mainly on the extensor surfaces of the body. Further examination revealed diffuse infiltration of the skin, rhinorrhea and nodules in the mouth

a) What is your likely diagnosis?
b) How will you treat this patient?

Q.10 A 20 years old male presents with central subcutaneous fat deposition over upper back, neck, breasts and supra clavicular region.

a) What conditions will you consider in differential diagnosis?

Examination revealed hypertrichosis, striae over shoulders and laboratory investigations revealed hyperglycemia and hyperlipidaemia.

b) What is your diagnosis now?
c) Name the drugs that can cause central obesity.
Q.11 A twenty-five years old man, with plaque type psoriasis stable on topical treatment, presents with sudden worsening of the disease.

a) What possible patterns of worsening can occur in this patient?

b) What possible causes of worsening will you consider in this patient?

Examination revealed erythema around the psoriatic plaques studded with pustules.

c) How will you treat the patient now?

Q.12 A neonate while being treated for jaundice develops blisters over face, hands and feet. The pregnancy has been uneventful except that the gynecologist had noticed discolouration of amniotic fluid.

a) What is likely diagnosis?

b) How will you confirm your diagnosis?

c) What systemic complications can occur in this patient?

Q.13 You have diagnosed a new case of dermatomyositis and have made a full assessment of the patient. Briefly outline a treatment plan for this patient.
Q.14 A 15 years old boy presents to you with widespread cutaneous sclerosis over the trunk and limbs with poikiloderma, areas of ulceration and alopecia. On inquiry, he disclosed the appearance of purplish lesions over the body, with oral ulceration, two years ago. On investigation, he was anaemic and having fibrosis of both lungs. He had bone marrow transplantation for his aplastic anemia, three years back.

a) What is he suffering from?
b) What is the stage of the disease?
c) What are treatment options at this stage?
d) How can it be prevented?

Q.15 A 38 year old male presents with dusky red papular lesions 4 - 6 mm in size over the forehead and chest, along with blurring of vision, photophobia and excessive lacrimation. Patient also complains of low grade fever and weight loss. His lab workup showed ESR 65 mm at the end of 1st hour and serum calcium 3 mmole/l. X ray chest was unremarkable. Histology of the skin lesions showed granulomas with scanty lymphocytic infiltrate.

a) What is the most likely diagnosis?
b) What cardiac manifestations will you look for in this case?

He later had a tattoo embossed on his back.

c) What type of reactions can occur in the tattoo?
Q.16 A 30 years old women presents to you with short thickened, brittle and discolored nails. There is diffuse hyperkeratosis of the palms and soles. Further examination revealed fine, brittle and sparse hairs over the body. There was a family history of deafness.

a) What is the most likely diagnosis?
b) What is the mode of inheritance? Give four characteristics of this mode of inheritance.

Q.17 An otherwise healthy 20 years old man presents with recurrent painful oral ulcers for the last three years. Examination revealed three round to oval ulcers each measuring 1 cm present over dorsal surface of tongue and palate. Each ulcer had a circumscribed margin, an erythematosus halo and a yellowish floor. Few scared areas were seen over the gingiva. Rest of the physical and systemic examination was normal.

a) What is the most likely diagnosis?
b) Name the laboratory investigations with justification that you will suggest in this patient.
c) How will you manage this patient?
d) What is the prognosis of this disease?
Q.18 An infant has a chronic itchy rash involving cheeks and extensor surfaces of the legs. He is brought with high-grade fever for the last 24 hours. Transient jerky movements of the upper limb were noted. There was a profuse eruption of vesicles and pustules with punched out erosions, over the legs and face. Investigations revealed TLC 4 x 10⁹/L with 40% neutrophils and serum ALT 90U/L (Normal up to 40U/L).

a) What is your diagnosis in this case?
b) Give three investigations with interpretation that will help you to confirm your diagnosis.
c) How will you treat this patient? Give the doses and mode of administration of the drugs.

Q.19 A 50 year old woman presents with ulceration on her lower leg since 3 weeks. The ulceration followed a small blister after minor trauma. The ulcer is deep and painful. Examination reveals a discrete deep ulcer with undermined bluish edges with surrounding erythema on the lateral aspect of the mid calf that measured 8 x 10 cm. There was surrounding erythema. Biopsy findings: A dense diffuse neutrophilic infiltrate with a mixture of lymphocytes, neutrophils, plasma cells and histiocytes extending to the subcutis. Special stains were negative.

a) What differentials would you consider?
b) What is the differential diagnosis?
c) What are the most common associated diseases?
Q.20 A 24 years old soldier from Sibi presents with two months history of a non healing ulcer on his hand. Examination revealed erythematous indurated ulcer on the back of hand measuring one inch in diameter. Histopathology revealed a granulomatous inflammation.

a) What conditions will you consider in differential diagnosis?

Giemsa staining showed multiple rounds to oval organisms within the macrophages.

b) What is your diagnosis now?

c) How will you calculate the dose of parenteral preparation commonly used for treating this disease along with duration of treatment?

d) What investigations will you consider ordering before initiating and during the treatment? Give your rationale.

The End