

ASJ

PROVISIONAL ANSWER KEY [CBRT]

Name of the post	Skin and V. D. (Dermatologist), Class-1
Advertisement No.	111/2020-21
Preliminary Test held on	06-04-2021
Question No.	001 - 200
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Instructions / સૂચન

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

- (1) All the suggestion should be submitted through **ONLINE OBJECTION SUBMISSION SYSTEM** only. Physical submission of suggestions will not be considered.
- (2) Question wise suggestion to be submitted in the prescribed format (proforma) published on the website / online objection submission system.
- (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 / online objection submission system. 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 should be made on separate sheet. Objection for more than one question in single sheet shall not be considered.

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

- (1) ઉમેદવારે વાંધા-સૂચનો ફક્ત ઓનલાઇન ઓબ્જેક્શન સબમીશન સીસ્ટમ દ્વારા જ સબમીટ કરવાના રહેશે. રૂબરૂ અથવા ટપાલ દ્વારા આયોગની કચેરીએ મોકલવા આવેલ વાંધા-સૂચનો ધ્યાને લેવામા આવશે નહીં જેની ખાસ નોંધ લેવી.
- (2) ઉમેદવારે વાંધા-સૂચનો રજૂ કરવા વેબસાઇટ / ઓનલાઇન ઓબ્જેક્શન સબમીશન સીસ્ટમ પર પ્રસિધ્ધ થયેલ નિયત નમૂનાનો જ ઉપયોગ કરવો.
- (3) ઉમેદવારે પોતાને પરીક્ષામાં મળેલ પ્રશ્નપુસ્તિકામાં છપાયેલ પ્રશ્નક્રમાંક મુજબ વાંધા-સૂચનો રજૂ કરતા તમામ વાંધા-સૂચનો વેબસાઇટ પર પ્રસિધ્ધ થયેલ પ્રોવિઝનલ આન્સર કી (માસ્ટર પ્રશ્નપત્ર)ના પ્રશ્ન ક્રમાંક મુજબ અને તે સંદર્ભમાં રજૂ કરવા.
- (4) માસ્ટર પ્રશ્નપત્રમાં નિર્દિષ્ટ પ્રશ્ન અને વિકલ્પ સિવાયના વાંધા-સૂચનો ધ્યાને લેવામાં આવશે નહીં.
- (5) ઉમેદવારે 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-સૂચનો ધ્યાનમા લેવાશે નહીં.
- (6) એક પ્રશ્ન માટે એક જ વાંધા-સૂચન પત્રક વાપરવું. એક જ વાંધા-સૂચનો પત્રકમાં એકથી વધારે પ્રશ્નોની રજૂઆત કરેલ હશે તો તે અંગેના વાંધા-સૂચનો ધ્યાને લેવાશે નહીં.

Website link for online objection submission system : http://180.211.111.99/GPSC_Suggestion/

001. 24-year-old male patient from Bihar presented with localized crops of asymptomatic dome shaped shiny nodules over lower back since one year, biopsy from nodule revealed spindle shaped cells arranged in bundles. What is most likely diagnosis?
(A) Xanthoma (B) Histoid Leprosy
(C) Molluscum contagiosum (D) Neurofibromatosis
002. The attributes of a good disease definition for use in epidemiological studies includes
(A) Validity (B) Repeatability
(C) Coherence (D) All of the above
003. Lucio phenomenon is characterized by all except
(A) Common in Mexico (23%) (B) also known as Lepra bonita
(C) Morphological index is 0 (D) Diffuse infiltration of skin and face
004. Emotional distress of dermatological conditions is determined by
(A) Severity of the condition (B) Beliefs about the condition
(C) Beliefs about the treatment (D) All of the above
005. IRIS is result of
(A) Starting highly active antiretroviral treatment
(B) Starting AKT
(C) Starting Dapsone
(D) None of the above
006. Reasons for non-adherence to the treatment includes
(A) Beliefs of patients (B) Time consumed in topical treatments
(C) Untoward effects of treatment (D) All of the above
007. Madarosis is seen in all the following except,
(A) Leprosy (B) Alopecia areata
(C) Atopic dermatitis (D) Xanthomas
008. Pruritus is associated with
(A) Disturbed sleep (B) Reactive depression
(C) Difficulties in social life (D) All of the above
009. Crystalline nephropathy is seen with which of the following drug,
(A) Dapsone (B) Fluconazole
(C) Acyclovir (D) Linezolid
010. A team of psychodermatology includes
(A) Psychiatrist (B) Dermatologist
(C) Psychologist (D) All of the above
011. All of the following are adverse effects of systemic corticosteroids except,
(A) Cataract (B) Osteoporosis
(C) Peptic ulcer disease (D) Haemolytic anaemia
012. Olfactory reference syndrome is associated with
(A) Dementia (B) Temporal lobe epilepsy
(C) Depression (D) All of the above

013. FDA approved dermatologic indication of methotrexate
 (A) Psoriasis (B) Sezary syndrome
 (C) Both (A) and (B) (D) None of the above
014. Which of the following is false for trichotillois
 (A) It's an OCD and there is no mania (B) Rapunzel syndrome is its complication
 (C) It may lead to folliculitis (D) It will not cause scarring alopecia
015. Cyclosporine is derived from
 (A) Streptomyce avermitilis
 (B) Soil fungus Tolypocladium inflatum var gams
 (C) Water fungus Tolypocladium inflatum var gams
 (D) None of the above
016. Russell's sign is Cutaneous co-morbidities of anorexia and bulimia include
 (A) Callosities over knuckle (B) Callosities over elbow
 (C) Seen in anorexia nervosa and bulimia (D) Both (A) and (C)
017. Gingival hyperplasia is seen with
 (A) Rifampicin (B) Mycophenolate mofetil
 (C) Cyclosporine (D) Azathioprine
018. Dermatitis simulata 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
019. Active metabolite of cyclophosphamide is
 (A) hydroxycyclophosphamide (B) carbocyclophosphamide
 (C) phosphoramidate mustard (D) aldophosphamide
020. The cage questionnaire used for
 (A) sun exposure (B) adherence to topical treatment
 (C) alcohol consumption (D) None of the above
021. Dapsone induced methemoglobinemia can be treated with
 (A) Cimetidine (400mg TDS) (B) Vitamin E (800 IU daily)
 (C) Vitamin C (D) All of the above
022. Constitutive skin color
 (A) Depends on amount of melanin (B) Genetically determined
 (D) Both (A) and (B)
 (C) Result of sun exposure
023. Progressive bleaching of hair roots of scalp is seen with
 (A) Thalidomide (B) Chloroquine
 (C) Isotretinoin (D) Melanocyl
024. Pigmentary demarcation line A is present
 (A) Arm (B) Leg
 (C) Chest (D) Face

025. Ustekinumab acts by inhibiting
 (A) TNF alpha (B) CD 20
 (C) IL 12/23 (D) IL 6
026. Which of the following statement about freckles is false
 (A) its associated with certain polymorphisms of the melanocortin 1
 (B) is transmitted in an autosomal dominant
 (C) also called Ephelides
 (D) always appears after puberty
027. Sedating H1 antihistaminic is
 (A) Levocetirizine (B) Loratidine
 (C) Hydroxyzine (D) Fexofenadine
028. Pellagra like dermatitis may be seen in
 (A) Lymphomas (B) Carcinoid syndrome
 (C) Solid malignant neoplasms (D) Pheochromocytoma
029. Mechanism of benzyl peroxide in acne?
 (A) bactericidal (B) oxidizing properties
 (C) keratolytic (D) all of the above
030. Which of the following is not a component of POEMS syndrome
 (A) Polyneuropathy (B) Endocrinopathy
 (C) Organomegaly (D) Mental retardation
031. FDA approved dermatologic indication of pimecrolimus
 (A) Rosecea (B) Atopic dermatitis
 (C) Vitiligo (D) Contact dermatitis
032. All of the following are true about Vitiligo minor except
 (A) Minor refers to age of patient
 (B) Also known as hypochromic vitiligo
 (C) Probably limited to dark skinned individuals
 (D) It's a form non segmental vitiligo
033. EMLA is eutectic mixture of,
 (A) 1% lidocaine and 1% prilocaine (B) 2.5% lidocaine and 1% prilocaine
 (C) 2.5% lidocaine and 2.5% prilocaine (D) 2.5% lidocaine and 2.5% lignocaine
034. Mongolian spots may be associated with
 (A) Down syndrome (B) Segmental café au alit macules
 (C) Congenital hemangioma (D) All of the above
035. About imiquimod all are correct except,
 (A) antiviral (B) antibacterial
 (C) antitumor effects (D) activator of Toll like receptor
036. Giant congenital melanocytic naevus has diameter greater than
 (A) 5 cm (B) 10 cm
 (C) 15 cm (D) 20 cm

037. Auspitz sign is seen in
 (A) Parapsoriasis (B) Psoriasis vulgaris
 (C) Pemphigus vulgaris (D) Bullous pemphigoid
038. Which type of pyoderma gangrenosum is mainly associated with hematological malignancies
 (A) Pustular (B) Bullous
 (C) Ulcerative (D) Vegetative
039. All the following are correct for NB-UVB except
 (A) less carcinogenic than PUVA (B) safe in children
 (C) wavelength is 365 nm (D) wavelength is 311-313 nm
040. Most common extracutaneous site for pyoderma gangrenosum is
 (A) Lungs (B) Bone
 (C) Liver (D) Kidney
041. Most common form of psoriatic arthritis is
 (A) Arthritis mutilans (B) Symmetric polyarthritis
 (C) Ankylosing spondylitis (D) Asymmetric mono-oligo arthritis
042. All of the following diseases are associated with subcorneal pustular dermatosis except
 (A) Monoclonal gammopathy (B) Multiple myeloma
 (C) Vitiligo (D) Connective tissue diseases
043. 20-year-old male patient presented with sudden eruption of violaceous itchy papules over flexors of wrist joint and tibial shins with skin biopsy showing band like infiltrate,
 (A) Mycosis fungoides (B) Darier's disease
 (C) Psoriasis (D) Lichen planus
044. Which of the following is not a feature of Bechet's disease
 (A) Recurrent aphthous oral ulcers (B) Recurrent genital ulcers
 (C) Positive pathergy test (D) Keratitis
045. Hanifin and Rajka's diagnostic criteria are used in,
 (A) Syphilis (B) Atopic dermatitis
 (C) Seborrheic dermatitis (D) Leprosy
046. Which of the following statement about annular erythema of infancy is false?
 (A) It's probably erythema annulare centrifugum at younger age
 (B) colonization with *Candida albicans*, concurrent Epstein-Barr virus, and *Malassezia* is reported
 (C) It's not self limiting
 (D) Type of pemphigus
047. Vegetating erosions in flexures with circulating antibodies to Dsg3 and desmocollin. Intraepidermal eosinophilic abscesses are
 (A) Pemphigus eosinophilus (B) Pemphigus vegetans
 (C) Pemphigus erythematosus (D) Pemphigoid herpetiformis
048. Scaling behind the advancing edge is seen in
 (A) Erythema gyratum repens (B) Erythema marginatum
 (C) Erythema annulare centrifugum (D) Necrolytic migratory erythema

049. In bullous pemphigoid all the following are correct except
 (A) Antibodies to BP180 and BP230
 (B) Subepidermal split
 (C) DIF -linear IgG deposits at DEJ
 (D) Indirect immunofluorescence – salt split shows linear binding at the floor of split
050. 4-year- old female child presented with sudden onset of tense blisters, vesicles, and arrangement in string of pearls types. Biopsy showed subepidermal split. Diagnosis is?
 (A) Bullous impetigo (B) Dermatitis herpetiformis
 (C) Linear IgA disease (D) Erythema multiforme
051. Granuloma annulare may be associated with
 (A) Diabetes (B) Autoimmune thyroiditis
 (C) Hyperlipidaemia (D) All of the above
052. For bullous SLE all are correct except
 (A) Male predominance (B) Antibodies to type 7 collagen
 (C) Blisters not restricted to LE lesions (D) Rapid response to Dapsone
053. Necrobiosis Lipoidica is associated with
 (A) Diabetes (B) ulcerative colitis
 (C) Crohn disease (D) All of the above
054. Risk of developing systemic lupus erythematosus in patients with disseminated DLE is?
 (A) 1.2% (B) 50%
 (C) 5% (D) 22%
055. Which of the following is a causative agent for Kaposi sarcoma?
 (A) HHV 7 (B) HHV 8
 (C) HHV 9 (D) HHV 10
056. 30-year-old female patient presented with non-scarring papulo-squamous rash over face V area of neck, upper back. History of photosensitivity present and expression of Ro/SS-A antibodies,
 (A) DLE
 (B) Dermatomyositis
 (C) Subacute cutaneous lupus erythematosus
 (D) Granuloma annulare
057. Poikiloderma atrophicans vasculare is an early presenting feature of
 (A) Mycosis fungoides (B) Dermatomyositis
 (C) Antiphospholipid syndrome (D) Systemic sclerosis
058. Raccoon eyelids are seen in
 (A) Neonatal lupus erythematosus (B) Blooms syndrome
 (C) Cockayne syndrome (D) Rothmund Thompson syndrome
059. Ledderhose disease is
 (A) Palmar fascial fibromatosis (B) Plantar fascial fibromatosis
 (C) Penile fibromatosis (D) All of the above
060. Anti-synthetase syndrome is characterized by all except,
 (A) Raynaud's phenomenon (B) Interstitial lung disease
 (C) Anti La antibodies (D) Mechanic's hands

061. Keloids are associated with
 (A) Dupuytren contracture (B) Pachydermoperiostosis
 (C) Rubinstein–Taybi syndrome (D) All of the above
062. Which antibodies are seen in MCTD?
 (A) Anti U1RNP (B) Anti TIF 1alpha antibodies
 (C) Anti NXP2 antibodies (D) Anti MI2 antibodies
063. Saltpetre disease shows skin changes similar to phenomenon
 (A) Granuloma multiforme (B) Pseudoxanthoma elasticum
 (C) Achenbach syndrome (D) None of the above
064. 45-year-old married female presented with diffuse skin thickening over both hands extending above metacarpophalangeal joints, presence of telangiectasia and Raynaud’s phenomenon, which of the following antibodies will be seen
 (A) anti TIF 1 alpha antibodies (B) anti MI2 antibodies
 (C) anti SCL 70, anti RNA polymerase 3 (D) anti U1 RNA
065. Primary cutaneous B cell lymphomas represent about _____ of all primary cutaneous lymphomas
 (A) Half (B) One third
 (C) One fourth (D) One fifth
066. Shulman syndrome is,
 (A) Eosinophilic fasciitis (B) Scleroderma
 (C) Granulomatous cheilitis (D) Linear morphea
067. Which of the following lymphoma is clinically aggressive?
 (A) Mycosis fungoides (B) Sezary syndrome
 (C) Folliculotropic mycosis fungoides (D) Pagetoid reticulosis
068. 20-year-old female presented with dirty warty papules over neck, axilla, groins, her nails were fragile and V shaped nicks with longitudinal erythronychia present most likely diagnosis
 (A) Sarcoidosis (B) Seborrheic dermatitis
 (C) Darier disease (D) Atopic dermatitis
069. Sezary cells are seen in
 (A) Actinic reticuloid (B) Sezary syndrome
 (C) Severe drug reactions (D) All of the above
070. Hailey hailey disease all are correct except,
 (A) Autosomal recessive (B) Erosions and blisters over flexures
 (C) Familial benign pemphigus (D) Mutation of ATP2C1 gene
071. Which of the following is histologically malignant but clinically benign
 (A) Pagetoid reticulosis (B) Folliculotropic mycosis fungoides
 (C) Granulomatous slack skin (D) Lymphomatoid papulosis
072. Bamboo hair-all are correct except,
 (A) seen in Netherton syndrome (B) ball and socket hairs
 (C) known as Trichorrhexis invaginata (D) known as Trichorrhexis nodosa

073. Carcinoma erysipeloides occurs as result of
 (A) Secondary bacterial infection of breast cancer
 (B) Direct spread of breast cancer to skin
 (C) Cancer like bacterial infection of skin
 (D) Any of the above
074. Toe nail dystrophy, severe plantar keratoderma with oral leukokeratosis is seen in
 (A) Howel evan syndrome (B) Naxos syndrome
 (C) Pachyonychia congenita (D) KID syndrome
075. Gastrointestinal polyposis and carcinoma is not a feature of
 (A) Gardner syndrome
 (B) Bannayan–Riley–Ruvalcaba syndrome
 (C) Turcot syndrome (mismatch repair cancer syndrome)
 (D) Goltz syndrome
076. Ichthyosis vulgaris is due to
 (A) Steroid sulphatase deficiency (B) Trans glutaminase mutation
 (C) Filaggrin mutation (D) none of the above
077. Which of the following is not an eponymous sign associated with retroperitoneal bleeding in acute pancreatitis
 (A) Osler's sign (B) Grey Turner's sign
 (C) Cullen's sign (D) Bryant's sign
078. Refsum disease is AR disease characterized by,
 (A) palmoplantar keratoderma with deafness
 (B) Retinitis pigmentosa, SNHL, sensory motor neuropathy
 (C) Mental retardation with ichthyosis
 (D) wooly hair with PPK
079. Strawberry tongue is seen in which of the following
 (A) Whipple disease (B) Reactive arthritis
 (C) Kawasaki disease (D) Relapsing polychondritis
080. 32-year-old female patient presented with history of diabetes type 1 and firm, red, plaques rapidly increasing in size over tibial shin. Biopsy shows necrosis of collagen and elastin with histiocytes. Variable number of foreign body giant cells most likely diagnosis is,
 (A) Necrobiotic xanthogranuloma (B) Non-Langerhans cell histiocytosis
 (C) SCC (D) Necrobiosis lipodica
081. UVA1 spectrum lies between which wavelengths
 (A) 280-320 nm (B) <280 nm
 (C) 320-340 nm (D) 340-400 nm
082. Causes of nail pain are all except,
 (A) Glomus tumor (B) In growing toe nail
 (C) Onychomatricoma (D) Herpetic whitlow
083. Which of the following is referred to as pseudocowpox
 (A) Milker's nodule (B) Vaccinia
 (C) Monkeypox (D) Orf

084. 8-year-old boy presented with multiple grouped papules with central keratotic plugs over buttocks, elbows. Patient also has night blindness. Diagnosis is?
 (A) Phrynoderma (B) Lichen nitidus
 (C) Lichen spinulosus (D) Perforating disorders
085. Post exposure prophylaxis with zoster immune globulin should be given to neonates whose mothers develop varicella within the period from
 (A) 7 days before to 7 days after delivery (B) 5 days before to 5 days after delivery
 (C) 3 days before to 7 days after delivery (D) 10 days before to 10 days after delivery
086. Most common form of porokeratosis?
 (A) Punctate palmoplantar porokeratosis
 (B) Porokeratosis palmaris et plantaris disseminata
 (C) Linear porokeratosis
 (D) Disseminated superficial actinic porokeratosis
087. Haemophagocytic syndrome is associated with which virus
 (A) CMV (B) HHV 7
 (C) EBV (D) None of the above
088. 10-year-old girl presented with smooth round patch of hair loss with organized pitting over nails. Diagnosis is?
 (A) Systemic LE lupus hairs (B) Female pattern hair loss
 (C) Alopecia areata (D) Tinea capitis
089. Oral hairy leukoplakia is due to reactivation of
 (A) HSV 1 (B) Vaccinia
 (C) Herpes zoster (D) EBV
090. Wet dressing is useful in
 (A) Chronic lichenified lesion (B) Oily skin, intertriginous areas
 (C) Inflamed area with exudates (D) Dry scaly plaques
091. Papular pruritic gloves and socks syndrome is most commonly associated with
 (A) HHV8 (B) Parvovirus B19
 (C) Measles (D) None of the above
092. All of the following drug can cause drug induced acne except
 (A) Cyclosporine (B) Dapsone
 (C) Isoniazid (D) Lithium
093. First disease is
 (A) Measles (B) Rubella
 (C) Mumps (D) Herpangina
094. Multiple fibrofolliculoma acrochordons and increased risk of colon cancer is seen with
 (A) Birt-Hogg-Dube syndrome (B) Cowden disease
 (C) Bazex syndrome (D) PIBID syndrome
095. Hand foot mouth disease is caused by
 (A) Parvovirus (B) Coxsackievirus
 (C) Poxvirus (D) None of the above

096. Side effects of spironolactone
(A) Breast tenderness (B) Dry lips
(C) Suicidal tendency (D) Headache
097. All are DNA virus except
(A) Herpesvirus (B) Polyomavirus
(C) Parvovirus (D) Flavivirus
098. Painless and progressive thickening of nose skin and peau de orange appearance of prominent hair follicles over nose is seen in
(A) Rhinophyma (B) Otophyoma
(C) Metophyoma (D) None of the above
099. Hutchinson sign indicates involvement of
(A) Greater auricular nerve (B) Nasociliary nerve
(C) Zygomatic branch of facial nerve (D) Supraclavicular nerves
100. Pseudofolliculitis is due to,
(A) Foreign body reaction to hair (B) Staphylococcal infection
(C) Pseudomonas infection (D) Acne with secondary infection
101. Fordyce spot is
(A) Ingrown hair (B) Heterotopic apocrine glands
(C) Heterotopic eccrine glands (D) Heterotopic sebaceous glands
102. All are used to differentiate cellulitis and erysipelas except
(A) Erysipelas is well demarcated
(B) Severe cellulitis can progress to dermal necrosis
(C) Classic erysipelas starts abruptly
(D) Face is the most common site for erysipelas
103. Howel Evan syndrome is characterized by all of the following except
(A) Esophageal cancer (B) Autosomal recessive
(C) Focal palmoplantar keratoderma (D) Tylosis
104. Scarlet fever is caused by
(A) Group B streptococci (B) Staphylococci
(C) Group A streptococci (D) Corynebacterium
105. Turban Tumor appearance of scalp will show _____ on biopsy.
(A) Retraction space (B) Clear cells
(C) Clue cells (D) Jigsaw puzzle
106. Coral red fluorescence is seen in
(A) Pityriasis versicolor (B) Erythrasma
(C) Tinea capitis (D) Acne vulgaris
107. Lumpy bumpy elastic fibres are seen in Elastsis perforans serpigiosa due to which drug?
(A) Penicillin (B) Penicillamine
(C) Ampicillin (D) Fluoroquinolones

108. Mikulicz cells are seen in
 (A) Melioidosis (B) Rhinoscleroma
 (C) Glanders (D) Tularaemia
109. Location of palpation of ulnar nerve?
 (A) In line above medial epicondyle (B) Over palmaris longus tendon
 (C) In line above lateral epicondyle (D) In anatomical snuff box
110. Mucocutaneous lymph node syndrome is also caused as
 (A) Infectious mononucleosis (B) Papulonecrotic tuberculid
 (C) Mycosis fungoides (D) Kawasaki disease
111. Which one of the following is non-cicatricial alopecia?
 (A) Lichen planopilaris (B) Pseudopelade of Brocq
 (C) Androgenic alopecia (D) Frontal fibrosing alopecia
112. Which type of skin tuberculosis occurs by contiguous spread
 (A) Warty tuberculosis (B) Lupus vulgaris
 (C) Tuberculids (D) Scrofuloderma
113. About plasma cell all are correct except,
 (A) Responsible for immunoglobulin production
 (B) Eccentric nucleus
 (C) Presence of Russell bodies
 (D) eosinophilic cytoplasm.
114. Buruli ulcer is caused by
 (A) Staphylococcus (B) Pseudomonas
 (C) Clostridium (D) Mycobacteria
115. Ross syndrome is characterized by triad of all except,
 (A) Segmental anhidrosis (B) Tonic pupil
 (C) Hemiplegia (D) Absent deep tendon
116. Cutaneous amyloidosis associated with nephropathy and diabetes in patients on dialysis is due to which precursor fibril
 (A) Transthyretin (B) Apolipoprotein A1
 (C) SAA (D) Beta 2 microglobulin
117. All are correct about apocrine glands except,
 (A) Smaller than eccrine gland
 (B) Androgen dependent glands
 (C) Develop during puberty
 (D) Mammary glands are modified apocrine glands
118. Systemic implications of scleromyxoedema includes
 (A) Carpal tunnel syndrome (B) Monoclonal gammopathy
 (C) Fibromyalgia (D) All of the above
119. Causes of nail clubbing are all except,
 (A) Asbestosis (B) Lichen planus
 (C) Thorasis carcinoma (D) Cyanotic heart disease

120. All the cutaneous porphyrias present with fragility and blistering of light exposed skin except
(A) Porphyria cutanea tarda (B) Congenital erythropoietic porphyria
(C) Erythropoietic protoporphyria (D) Acute intermittent porphyria
121. Pterygium inversum unguis is seen with all except,
(A) Lupus erythematosus (B) Systemic sclerosis
(C) Lichen planus (D) Trauma
122. Phrynoderma may occur due to deficiency of
(A) Vit A (B) Vit B complex
(C) Vit C (D) All of the above
123. Drug induced serum sickness like reaction includes all except,
(A) Abdominal pain (B) Fever
(C) Rashes (D) Arthralgia
124. The only cutaneous manifestation of Vit D deficiency is
(A) Alopecia (B) Dermatitis
(C) Photosensitivity (D) Ichthyosis
125. 12-year-old boy presented with 3 sharply defined bullous lesions over lips and palms. History of took Tab. Septran for 2 days. History of similar episode two years back. Diagnosis is,
(A) Bullous Impetigo (B) Fixed drug eruption
(C) Contact dermatitis (D) Molluscum contagiosum
126. Niacin is synthesised from
(A) Phenyl alanine (B) Leucine
(C) Tryptophan (D) Tyrosine
127. First line of therapy for DRESS syndrome is
(A) Mycophenolate mofetil (B) Methotrexate
(C) Corticosteroids (D) Plasmapheresis
128. Manifestations of folate deficiency are similar to Vit B12 deficiency but folate deficiency lacks
(A) Haematological manifestations (B) Neurological manifestations
(C) Cutaneous manifestations (D) All of the above
129. Another name for Steven Johnson Syndrome is
(A) GED (B) DRESS syndrome
(C) Rowell syndrome (D) Lyell syndrome
130. Which of the following is false about Keshan disease?
(A) It occurs in selenium deficiency
(B) It can lead to long term cardiomyopathy and cardiac dysfunction
(C) It cannot be treated by enteral supplementation
(D) Hypopigmentation of skin and hair might be seen
131. Pseudo- Nikolsky's sign is seen in,
(A) Lichen planus (B) Paraneoplastic pemphigus
(C) Pemphigus vulgaris (D) SJS-TEN

132. Which of the following are true regarding keloids?
 (A) No genetic predisposition
 (B) Remain restricted to the original wound
 (C) Seen more in type V and VI skin
 (D) Keloids are usually seen after few years of trauma
133. Mee's line on nails are seen in,
 (A) Gold poisoning (B) Silver poisoning
 (C) Mercury poisoning (D) Arsenic poisoning
134. Which of the following sites is not associated with high recurrence rate with all treatment modalities in case of basal cell carcinoma?
 (A) Lips (B) Nose
 (C) Periorbital area (D) Scalp
135. Soft skin-coloured papules, asymptomatic on medial aspect of heel that appear on standing and disappear on lying are,
 (A) Callosity (B) Piezogenic pedal papule
 (C) Corn (D) Achenbach syndrome
136. Tissue sample for immunofluorescence can be preserved well in Michel's medium for how many days at room temperature
 (A) 5 days (B) 7 days
 (C) 3 days (D) 10 days
137. Cold induced injury are except
 (A) Erythema ab igne (B) Frost bite
 (C) Perniosis (D) Trench foot
138. Boiling point of dry ice/solidified CO₂ is
 (A) - 80°C (B) - 78°C
 (C) - 96°C (D) - 89°C
139. Contact dermatitis due to hair dye, causative agent is ?
 (A) Nickel (B) Formaldehyde resins
 (C) Paraphenylenediamine (D) Epoxy resins
140. At which site will it not be possible to perform mini punch grafting
 (A) Eyelid (B) Glans penis
 (C) Angle of mouth (D) Periauricular
141. Most preferred site for patch test?
 (A) Back (B) Lateral aspect of upper arm
 (C) Abdomen (D) Thighs
142. Mature acne scars have predominantly what type of collagen
 (A) Collagen 3 (B) Collagen 1
 (C) Collagen 4 (D) Collagen 7
143. Test used for identification of nickel?
 (A) Repeat open application test (B) Dimethyl glyoxime test
 (C) Both (A) and (B) (D) None of the above

144. Resting stress lines are also called
 (A) Blaschko's lines (B) Langer's lines
 (C) Dermographism (D) Rhytids
145. Hyperpigmented macules that do not fade away in absence of UV exposure and on microscopy showed number of singly arranged melanocytes
 (A) Freckles (B) Ephelids
 (C) Lentigens (D) None of the above
146. Acne inversa refers to
 (A) Infantile acne (B) Hidradenitis suppurativa
 (C) Granulomatous rosacea (D) Chloracne
147. Compound nevus shows as
 (A) pigmented melanocytic naevus with nest of melanocytes at dermoepidermal junction
 (B) pigmented melanocytic naevus with nest of melanocytes at dermoepidermal junction and in dermis.
 (C) melanocytic lesion with naevus cell in dermis, melanin pigment is often absent
 (D) none of the above
148. Contents of modified Jessners peel are all except
 (A) Resorcinol (B) Lactic acid
 (C) Salicylic acid (D) Ethanol
149. Large pigmented hairy patch on chest of 18-year-old male. Biopsy suggestive of hyperpigmentation of basal layer, mild acanthosis, elongation of rete ridges, and melanophages. Diagnosis is?
 (A) Nevus of ito (B) Beckers nevus
 (C) Mongolian spots (D) Café au lait macules
150. Multiple eruptive seborrheic keratosis with underlying gastric carcinoma is known as,
 (A) Lesser Trelat sign (B) Gardner syndrome
 (C) Rambo syndrome (D) Bazex syndrome
151. Binding site of botulinum toxin A is
 (A) synaptobrevin (B) Syntaxin 1A
 (C) SNAP 25 (D) Cellubrevin
152. All are correct about PLEVA except
 (A) Also known as Mucha Habermann disease
 (B) Florid lymphocytic infiltrate
 (C) Marked cellular atypia
 (D) presence of few necrotic keratinocytes.
153. All of the following fillers are inert except
 (A) Bovine collagen (B) Silicon
 (C) Arginates (D) Calcium hydroxyl apatite
154. Infective causes of lymphocytoma cutis are all except
 (A) Borrelia burgdoferi (B) Molluscum contagiosum
 (C) Leishmania donovani (D) Digitate warts

155. The recommended concentration of epinephrine in tumescent solutions is _____ mg/L
 (A) 0.25–1.5 (B) 1.2- 2.5
 (C) 1-3 (D) 3.5-5.5
156. Langerhans cell histiocytosis with lytic bone lesions, exophthalmos, diabetes insipidus with skin rash is seen in,
 (A) Letterer siwe disease (B) Hand schuller Christian disease
 (C) Hashimoto Pritzker disease (D) Congenital self-healing reticulohistiocytosis
157. Absolute contraindications for QS NDYAG laser are all except
 (A) Unstable vitiligo and psoriasis (B) SLE
 (C) Tattoo granuloma (D) Keloidal tendency
158. Penile fibromatosis is also known as
 (A) Ledderhose disease (B) Dupuytren disease
 (C) Peyronie disease (D) none of the above
159. Which of the following is highest in the hierarchy of evidence
 (A) RCT (B) Case studies
 (C) Cohort studies (D) Test tube research
160. Multiple vascular lobules in cannon ball distribution is seen in
 (A) Tufted angiomas (B) Pyogenic granuloma
 (C) Keratoacanthoma (D) Spitz nevus
161. Curettage is not suitable for all except
 (A) Smaller (<2 cm) lesions (B) Recurrent tumours
 (C) Morphoeic variant (D) Basosquamous BCC
162. 52-year-old female presented with progressive crusting over nipple and having indurated margin. Biopsy showed large pleomorphic cells with abundant cytoplasm, vesicular rounded nuclei in epidermis. Diagnosis is,
 (A) Psoriasis (B) Basal cell Carcinoma of nipple
 (C) Pagets disease of nipple (D) Eczema
163. High prevalence states for HIV in India are all except
 (A) Punjab (B) Maharashtra
 (C) Tamil Nadu (D) Karnataka
164. Clinical triad of erythroderma, peripheral lymphadenopathy and atypical mononuclear cells more than 20% of total lymphocyte count is seen in,
 (A) Follicular mucinosis (B) Sezary syndrome
 (C) Pagetoid reticulosis (D) Lymphomatoid papulosis
165. Oral hairy leucoplakia generally occurs in HIV patients with CD4 count less than _____ per cm³
 (A) 250 (B) 500
 (C) 50 (D) 100
166. 30-year-old male presented with purple-coloured keratotic papules over scrotum. Biopsy shows multiple dilated congested vascular channels with overlying hyperkeratotic epidermis. Diagnosis is?
 (A) Varicocele (B) Pyogenic granuloma
 (C) Verrucous hemangioma (D) Angiokeratoma of Fordyce

167. Which of the following structures in males is homologous to Bartholin's glands in females?
 (A) Bartholin's glands (B) Skene's glands
 (C) Labia minora (D) Bulbourethral glands
168. Melanocytes are derived from?
 (A) Ectoderm (B) Mesenchymal cells
 (C) Neural crest (D) Bone marrow
169. Typical chancroid lesion is characterized by all except
 (A) Undermined ulcer edge (B) Dirty gray base
 (C) Induration (D) Moderate to severe pain
170. Cells having fried egg appearance
 (A) Merkel cell (B) Mast cell
 (C) Langerhans cells (D) Melanocyte
171. Incubation period for chancroid infection is
 (A) 7-10 days (B) 14-21 days
 (C) 1-14 days (D) 3-4 days
172. Central umbilication is seen in all except,
 (A) Molluscum contagiosum (B) Urticaria
 (C) Chicken pox (D) Cryptococcosis
173. All of the following media are selective for *Neisseria gonorrhoeae* except
 (A) Chacko Nayar medium (B) Thayer Martin Medium
 (C) New York medium (D) Pike's medium
174. Pathergy phenomenon is seen in all except
 (A) Pyoderma gangrenosum (B) Bechet's disease
 (C) Scleroderma (D) Sweet's syndrome
175. More than _____ number of PMNL per high power field of Gram-stained urethral smear is confirmatory of urethritis
 (A) 1 (B) 10
 (C) 50 (D) 5
176. Plucked chicken skin over neck and axilla is seen in,
 (A) Pseudoxanthoma elasticum (B) Neurofibromatosis
 (C) Ehler Danlos syndrome (D) Marfan's syndrome
177. Ram horn penis is a complication of
 (A) Chancroid (B) Granuloma inguinale
 (C) LGV (D) Herpes genitalis
178. Pallisaded granuloma is seen in all except
 (A) Gout (B) Well's syndrome
 (C) Granuloma annulare (D) Sarcoidosis
179. Which of the following is method of choice for diagnosing bacterial vaginosis in laboratory setting,
 (A) Amsel's criteria (B) Nugent scoring
 (C) Hay/Ison system (D) Schmidt method

180. In Epiloia all are present except
 (A) Neurofibroma (B) Seizure
 (C) Low intelligence (D) Cutaneous angiofibroma
181. Most frequent HPV type associated with Bowenoid papulosis
 (A) 16 (B) 6
 (C) 5 (D) 11
182. Full term infant on day 3 showed blotchy macular erythema with pale yellow, white papules. Wright's staining shows predominance of eosinophilia. Diagnosis is?
 (A) Miliaria rubra (B) Erythema toxicum neonatorum
 (C) Transient neonatal pustulosis (D) Infantile acropustulosis
183. Gold standard for diagnosis of acute pelvic inflammatory disease
 (A) Laparoscopy (B) Ultrasonography
 (C) MRI (D) Endometrial biopsy
184. Presence of bullae, erosions at trauma prone area, perioral granulation tissue, granulation tissue in nail beds is seen with,
 (A) Dystrophic EB (B) Junctionalis EB
 (C) Epidermolysis bullosa simplex (D) none of the above
185. As per MCI regulations 2002, physician should attend how many hours of Continuing Medical Education programme every 5 years
 (A) 20 hours (B) 50 hours
 (C) 30 hours (D) 40 hours
186. Parthenium hysterophous – important allergen is?
 (A) Chrysanthemum (B) Sesquiterpene lactone
 (C) Allium (D) Semecarpus anacardium
187. As per ethics and etiquettes physician should follow all of the following rules during consultation except
 (A) Observe utmost punctuality
 (B) Should not display charges on board of chamber or hospital
 (C) Should give case summary while referring to a specialist
 (D) Can make variations in treatment plan if unexpected changes occur
188. Ochre coloured banana shaped fibres in papillary dermis is seen in,
 (A) Exogenous ochronosis (B) Ashy dermatosis
 (C) Pigmented purpuric dermatosis (D) Melasma
189. As per rule of hand, area covering 4 adult hands can be treated by how many fingertip units (FTU)
 (A) 2 (B) 3
 (C) 4 (D) 1
190. Flag sign on hair seen in
 (A) Hypothyroidism (B) Biotin deficiency
 (C) Zinc deficiency (D) Protein energy malnutrition

191. Absorption of topical formulation is least on
(A) Back (B) Forehead
(C) Sole (D) Palm
192. Hertoghe's sign is seen in all except
(A) Lepromatous leprosy (B) Atopic dermatitis
(C) Phytophotodermatitis (D) Alopecia areata
193. Topical antibiotic derived from *Pseudomonas fluorescens* is
(A) Neomycin (B) Polymixin B
(C) Mupirocin (D) Retapamulin
194. Following are features of osteogenesis imperfecta except
(A) Blue sclera (B) Osteoporosis fractures
(C) Hernia, mitral valve prolapse (D) Relapsing polychondritis
195. All of the following are UVB blockers in sunscreen except
(A) Octocrylene (B) PABA derivatives
(C) Cinnamates (D) Anthranilates
196. Childhood leprosy differs from adult leprosy by,
(A) Lepromatous leprosy (B) Short incubation period
(C) Multibacillary leprosy (D) presence of well-defined granuloma.
197. Coal tar followed by UVB is part of which regimen
(A) Stanford's regimen (B) Goeckermann regimen
(C) Weinstein-Frost regimen (D) None of the above
198. Agent used to induce eyelash hypertrichosis
(A) Bimatoprost (B) Brimonidine
(C) Cromoglicate (D) Caffeine
199. SPF is used to evaluate the level of protection from
(A) UVA (B) UVB
(C) Both (A) and (B) (D) None of the above
200. Agent used for skin bleaching of residual pigmentation in cases of severe vitiligo
(A) Monobenyl ether of hydroquinone (B) Hydroquinone
(C) Liquiritin (D) Azelaic acid