



**TIKRIT UNIVERSITY COLLEGE OF MEDICINE**  
**DEPARTMENT OF MEDICINE**  
**COMPARATIVE EXAMINATION IN**  
**DERMATOLOGY FOR DIPLOMA**  
**STUDENTS, 2025/2026**  
**TIME: 3 HOURS**



**Qualified answer in examination is your way to success**

**Notes:**

- 1. Answer all of the following questions.**
  - 2. The questions are distributed over (15) pages, therefore insure that you have (15) pages.**
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**Choose the most appropriate answer (100 marks, 1.0 for each one of them)**

1. Which of the following epidermal pathologies is most directly associated with abnormal lamellar granules?

- A. Darier disease
- B. Pityriasis rubra pilaris
- C. Lamellar ichthyosis
- D. Palmoplantar keratoderma
- E. Psoriasis vulgaris

2. Which epidermal structure is most likely to be disrupted in lamellar ichthyosis?

- A. Hemidesmosome anchoring filament zone
- B. Tight junctions in stratum granulosum
- C. Lamellar granules in the granular layer
- D. Apoptotic regulation of basal cells
- E. Melanosome transport

3. Which of the following syndromes is classically associated with multiple sebaceous neoplasms?

- A. Peutz-Jeghers syndrome
- B. Cowden syndrome
- C. Muir-Torre syndrome
- D. Tuberous sclerosis
- E. Gorlin syndrome

4. Which of the following structures is specifically located in the deeper dermis of weight-bearing surfaces and genitalia to mediate pressure sensation?

- A. Meissner corpuscles
- B. Merkel discs

- C. Pacinian (Vater-Pacini) corpuscles
- D. Ruffini endings
- E. Free nerve endings

5. Which event is most directly responsible for telogen effluvium?

- A. Prolongation of the telogen phase
- B. Interruption of melanin synthesis
- C. Sudden shift of many follicles from anagen to telogen
- D. Excessive androgen stimulation
- E. Cyclic synchronization of exogen and kenogen

6. Which clinical feature best describes the appearance of active Erythema ab igne?

- A. Annular, scaly plaques with central clearing
- B. Uniform red patch with satellite pustules
- C. Mottled reticulated erythema with mixed pigmentation
- D. Erythematous nodules with necrotic centers
- E. Silvery plaques over extensor surfaces

7. Which clinical clue may help differentiate chilblain lupus from idiopathic pernio?

- A. Occurs exclusively in males
- B. Limited to the feet and toes
- C. Occurs only in response to freezing temperatures
- D. Extends into warmer seasons and may show epithelial atypia
- E. Heals rapidly with simple warmth and protection

8. Which environmental condition is least effective in increasing total UV exposure to the skin?

- A. High altitude
- B. Tropical location
- C. Midday exposure
- D. Dense cloud cover
- E. Reflection from snow

9. Which of the following factors is most likely to trigger polymorphous light eruption in a susceptible patient?

- A. Constant UV exposure in equatorial climates
- B. Increased exposure after a prolonged winter indoors
- C. Blue light from electronic screens
- D. Thermal radiation from infrared sources
- E. Exposure to visible light in the 500–600 nm range

10. A superficial ulcer involving the epidermis and/or dermis without exposure of subcutaneous fat corresponds to which stage of pressure ulcer?

- A. Stage I
- B. Stage II
- C. Stage III
- D. Stage IV
- E. Unstageable

11. Which of the following statements about itch-transmitting neural pathways is TRUE?

- A. Myelinated A-delta fibers are primarily responsible for transmitting pruritus.

- B. The medial spinothalamic tract carries most itch signals.
- C. Pruritogenic stimuli are primarily carried by fine intraepidermal unmyelinated C fibers.
- D. C fibers responsible for itch also mediate vibration and proprioception.
- E. Itch is exclusively transmitted through peripheral autonomic fibers.

12. Which of the following best explains the limited usefulness of topical corticosteroids in systemic or neurogenic pruritus?

- A. They cannot penetrate below the dermis.
- B. They induce tachyphylaxis rapidly.
- C. They lack significant anti-inflammatory action.
- D. They do not target central or systemic itch mediators.
- E. They activate keratinocyte opioid receptors.

13. Which of the following dermatological complications may develop secondary to CKD-associated pruritus?

- A. Erythema multiforme
- B. Lichen simplex chronicus
- C. Psoriasis
- D. Erythroderma
- E. Stevens–Johnson syndrome

14. Which of the following statements about bile acid levels and pruritus is correct?

- A. They strongly correlate with pruritus severity.
- B. They correlate only in children.
- C. They inversely correlate with pruritus.
- D. They are reliable predictors of itching.
- E. They do not correlate with pruritus severity.

15. Which of the following is NOT commonly associated with prurigo nodularis?

- A. HIV infection
- B. Renal failure
- C. Diabetes insipidus
- D. Atopic dermatitis
- E. Hepatitis C

16. Which of the following statements about formication in delusional infestation is correct?

- A. It is always due to a true scabies infestation
- B. It refers to hallucinations involving hearing insects
- C. It is a crawling sensation felt on or under the skin, sometimes in the nasal mucosa
- D. It occurs only in schizophrenia
- E. It is diagnostic of Morgellons disease

17. Which of the following features in history or presentation raises suspicion for dermatitis artefacta?

- A. Lesions appearing during febrile illnesses
- B. Well-explained onset and clear evolution of skin disease
- C. Unexplained delayed wound healing in accessible areas
- D. Lesions predominantly in sun-exposed areas
- E. Pruritus as the only symptom

18. Which of the following nail findings is often associated with trichotillomania?

- A. Longitudinal melanonychia

- B. Onychorrhexis
- C. Nail pitting
- D. Evidence of nail biting (onychophagy)
- E. Subungual hyperkeratosis

19. A patient with eczema of the external auditory canal presents with greenish discharge, pain, and ulceration. Which of the following organisms is most likely responsible for this complication?

- A. *Candida albicans*
- B. *Streptococcus pyogenes*
- C. *Staphylococcus epidermidis*
- D. *Pseudomonas aeruginosa*
- E. *Corynebacterium* spp.

20. Which of the following best explains why topical calcineurin inhibitors (TCIs) may initially be poorly tolerated on the eyelids?

- A. They are inherently phototoxic
- B. They have poor skin penetration
- C. They cause early intense burning on inflamed skin
- D. They impair tear production
- E. They exacerbate seborrheic dermatitis

21. Which of the following statements best explains the high rate of *Staphylococcus aureus* colonization in NE patients?

- A. Increased exposure to environmental allergens
- B. Use of topical steroids induces bacterial overgrowth
- C. Impaired skin barrier and exudation in vesicular lesions
- D. Frequent handwashing with antiseptics
- E. Autoimmune cross-reactivity with skin microbiome

22. Which of the following clinical signs is most useful in differentiating phenol burns from other acid burns?

- A. Vesiculation with brown necrosis
- B. Temporary anesthesia with white eschar formation
- C. Yellow staining of the epidermis
- D. Blistering and cyanosis
- E. Delayed ulceration and sloughing

23. Which of the following agents is most commonly implicated in photoallergic contact dermatitis detected by photopatch testing?

- A. Formaldehyde
- B. Neomycin
- C. Musk ketone
- D. Benzoyl peroxide
- E. Oxybenzone

24. Which clinical distribution pattern best suggests textile dye–related allergic contact dermatitis?

- A. Symmetrical involvement of face, hands, and undergarment areas
- B. Involvement of axillary vaults with sparing of the folds
- C. Sparing of the axillary vaults but involvement of folds, waistband, thighs, and neck

- D. Localized dermatitis over areas not in contact with clothing
- E. Exclusively on exposed areas such as the arms and legs

25. In a patient with suspected textile dye allergy, which clinical clue helps most in differentiating contact dermatitis from atopic dermatitis?

- A. Generalized pruritus
- B. Eczematous plaques on flexures
- C. Symmetrical involvement of the face and upper chest
- D. Dermatitis limited to areas of tight or occlusive clothing
- E. Onset during early childhood

26. Which of the following substances is the most frequent cause of allergic contact dermatitis in shoes?

- A. Potassium dichromate
- B. Para-tert-butylphenol-formaldehyde resin
- C. Dimethyl fumarate
- D. Mercaptobenzothiazole
- E. Diisocyanates

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28. Which clinical feature best distinguishes allergic contact dermatitis due to hair dye in a hairdresser?

- A. Eczematous rash limited to the scalp
- B. Sparing of exposed areas like the wrists and hands
- C. Chronic oozing dermatitis on the hands and eyelids
- D. Involvement of the nails with pitting and thickening
- E. Dry scaling of the toes with vesicles between web spaces

29. Which of the following features best differentiates DRESS from a simple morbilliform drug eruption?

- A. Pruritus
- B. Onset within 2 weeks of therapy
- C. Facial and periorbital edema
- D. History of antibiotic use
- E. Presence of papular erythema

30. Which of the following localizations is most frequently affected in fixed drug eruptions?

- A. Palms and soles
- B. Upper back and shoulders
- C. Oral and genital mucosa

- D. Scalp and posterior neck
- E. Periorbital skin

31. Which of the following medications is most appropriately used to manage menopausal flushing?

- A. Clomiphene citrate
- B. Flutamide
- C. Gabapentin
- D. Leuprolide acetate
- E. Danazol

32. Which of the following areas is most commonly involved first in erythema multiforme minor?

- A. Trunk
- B. Oral mucosa
- C. Dorsal hands
- D. Flexural surfaces
- E. Face

33. Which of the following is a minor criterion for the diagnosis of Sweet syndrome?

- A) Presence of red edematous plaques
- B) Histopathology showing neutrophilic dermal infiltrate
- C) Leukocytosis with neutrophilia
- D) Biopsy demonstrating karyorrhexis
- E) Red, painful nodules on the shins

34. Chronic urticaria is defined as daily episodes of urticaria and/or angioedema lasting:

- A) Less than 24 hours
- B) More than 1 week
- C) More than 3 weeks
- D) More than 6 weeks
- E) More than 6 months

35. Dermatographism may occur in all the following conditions EXCEPT:

- A) Hypothyroidism
- B) Hyperthyroidism
- C) Infectious diseases
- D) Diabetes mellitus
- E) Asthma

36. Which of the following symptoms is commonly associated with DLE lesions?

- A) Severe pain and bleeding
- B) Itching and tenderness, rarely severe
- C) Painless ulcers with pus
- D) Burning sensation without visible changes
- E) Numbness and loss of sensation

37. Which of the following side effects is most commonly associated with hydroxychloroquine therapy at doses greater than 5 mg/kg/day?

- A) Hepatic necrosis
- B) Ocular toxicity
- C) Thrombocytopenia
- D) Yellowish pigmentation
- E) Neuropathy

38. Which sign is described as erythema and scale over the shoulder region in dermatomyositis?

- A) Holster sign
- B) Shawl sign
- C) Gottron's papules
- D) Malar rash
- E) Heliotrope sign

39. Dilated nailfold capillary loops in scleroderma:

- A) Are seen in less than 20% of cases
- B) Are asymmetrical and random in distribution
- C) When combined with capillary hemorrhages in two or more fingers, are highly specific for scleroderma
- D) Correlate with anti-dsDNA antibody positivity
- E) Indicate underlying psoriasis

40. In patients with HIV infection, erythroderma is most often caused by:

- A) Exacerbation of psoriasis
- B) Severe drug reactions
- C) Mycosis fungoides
- D) Idiopathic causes
- E) Netherton syndrome

41. In psoriasis, the Koebner phenomenon refers to:

- A. Nail pitting and onycholysis
- B. Development of lesions at sites of skin trauma
- C. Central clearing of annular plaques
- D. Association with HLA-B27
- E. Erythroderma following drug withdrawal

42. Lichen planopilaris (LPP) primarily affects:

- A. Palms and soles
- B. Nail matrix
- C. Hair follicles (scalp)
- D. Oral mucosa
- E. Conjunctiva

43. Vulvovaginal-gingival syndrome is a severe variant of:

- A. Lichen sclerosus

- B. Lichen planus
- C. Lichen striatus
- D. Lichen nitidus
- E. Keratosis lichenoides chronica

44. Acne keloidalis nuchae is best characterized as:

- A. A variant of acne vulgaris
- B. A primary cicatricial alopecia
- C. An androgen-dependent disorder
- D. A gram-negative folliculitis
- E. A neonatal acne subtype

45. What is the first-line therapy for moderate papular/pustular acne in men?

- A. Topical retinoid alone
- B. Oral antibiotic + topical retinoid + benzoyl peroxide
- C. Isotretinoin monotherapy
- D. Hormonal therapy
- E. Physical modalities

46. What is the first-line treatment for cat-scratch disease in adults?

- A. Doxycycline
- B. Azithromycin
- C. Ceftriaxone
- D. Ciprofloxacin
- E. Penicillin

47. Which of the following organisms typically causes tinea capitis with bright green fluorescence under Wood's light?

- A. *Trichophyton violaceum*
- B. *Trichophyton tonsurans*
- C. *Microsporum canis*
- D. *Trichophyton verrucosum*
- E. *Trichophyton rubrum*

48. Which antifungal agent irreversibly binds ergosterol in fungal cell membranes?

- A. Itraconazole
- B. Nystatin
- C. Naftifine
- D. Voriconazole
- E. Clotrimazole

49. Which statement is true regarding erythema induratum?

- A. Primarily affects children under 5
- B. Characterized by septal panniculitis
- C. Affects anterior calves symmetrically
- D. Considered a form of nodular tuberculid
- E. Associated with superficial pustules



50. Which feature is least characteristic of lepromatous leprosy?

- A. Globi formation
- B. Foamy histiocytes
- C. Positive lepromin test
- D. Symmetric lesions
- E. High bacillary load

51. The "Hutchinson triad" in congenital syphilis includes all EXCEPT:

- A. Interstitial keratitis
- B. Mulberry molars
- C. Sensorineural deafness
- D. Hutchinson teeth
- E. Saber shins

52. Which stage of syphilis is most infectious?

- A. Latent
- B. Tertiary
- C. Primary
- D. Quaternary
- E. Neurosyphilis

53. Which clinical feature is characteristic of hand-foot-and-mouth disease caused by coxsackievirus A6?

- A. Lesions limited strictly to hands, feet, and mouth
- B. Perioral vesicular eruptions
- C. Absence of fever
- D. Exclusive involvement of buccal mucosa
- E. No association with onychomadesis

54. Molluscum contagiosum in immunocompetent children:

- A. Requires aggressive treatment to prevent scarring
- B. Is most commonly caused by MCV-2
- C. Often resolves spontaneously in 12-18 months
- D. Frequently involves mucosal surfaces
- E. Is treated primarily with oral acyclovir

55. Which of the following clinical features precedes the development of vesicles in Herpes Gladiatorum?

- A) Lymphadenopathy and hepatomegaly
- B) Diarrhea and vomiting
- C) Malaise, sore throat, and fever
- D) Jaundice and arthralgia
- E) Night sweats and weight loss

56. At what point is an individual with varicella most infectious?

- A. 1 week after rash onset
- B. At the time of lesion crusting
- C. 5 days after first fever

- D. 1–2 days before the rash appears
- E. 3 days after rash resolution

57. Which of the following is a hematologic complication that may appear weeks after varicella infection?

- A. Hemolytic anemia
- B. Leukocytosis
- C. Symptomatic thrombocytopenia
- D. Eosinophilia
- E. Polycythemia

58. Hutchinson sign indicates involvement of which nerve branch?

- A. Frontal
- B. Maxillary
- C. Nasociliary
- D. Lacrimal
- E. Supraorbital

59. Which of the following statements about treatment of Gianotti-Crosti syndrome is correct?

- A. Antiviral therapy shortens the disease course
- B. Systemic steroids are required in most cases
- C. It is a self-limited condition requiring no specific treatment
- D. Antihistamines dramatically accelerate healing
- E. Antibiotics are indicated to prevent complications

60. A patient diagnosed with pediculosis pubis should also be evaluated for:

- A. Malaria and tuberculosis
- B. Tinea cruris and folliculitis
- C. Scabies and eczema
- D. HIV and other STDs
- E. Hepatitis A and cholera

61. In crusted scabies, which of the following statements is CORRECT?

- A. Pruritus is usually intense and constant
- B. The disease affects only immunocompetent patients
- C. The face and scalp are typically spared
- D. Mites are abundant in the scales and crusts
- E. Nail involvement is uncommon

62. The Nikolsky sign in pemphigus vulgaris is elicited by:

- A) Applying cold to the lesion
- B) Scratching the lesion edge
- C) Gentle lateral pressure or rubbing
- D) Biopsy of the lesion
- E) UV light exposure

63. Which of the following histological features is characteristic of bullous pemphigoid?

- A) Intraepidermal blister with acantholysis
- B) Subepidermal blister with eosinophilic infiltrate
- C) Granulomatous dermal inflammation
- D) Epidermal necrosis with leukocytoclastic vasculitis
- E) Ballooning degeneration of keratinocytes

64. Pemphigoid gestationis is associated with autoantibodies targeting which antigen?

- A) Desmoglein 3
- B) Collagen VII
- C) Transmembrane collagen XVII (BP180, NC16A domain)
- D) Laminin 332
- E) Envoplakin

65. What gastrointestinal finding is most often associated with dermatitis herpetiformis?

- A) Gastric ulcers
- B) Villous atrophy of the jejunum
- C) Colonic polyps
- D) Esophageal varices
- E) Appendiceal inflammation

66. What is the classical pattern of IgA deposition in direct immunofluorescence in dermatitis herpetiformis?

- A) Linear at dermoepidermal junction
- B) Granular in the dermal papillae
- C) Granular around blood vessels
- D) Perinuclear
- E) None of the above

67. In pellagra, which skin lesion pattern appears on the neck and upper chest?

- A) Poikiloderma of Civatte
- B) Shawl sign
- C) Casal necklace
- D) Butterfly rash
- E) V-sign

68. Which of the following clinical features most strongly supports a diagnosis of acute erythema nodosum rather than another panniculitis?

- A. Painful nodules on posterior calves with overlying ulceration
- B. Subcutaneous nodules that resolve with atrophy
- C. Bilateral, tender pretibial nodules in a young adult woman with recent pharyngitis
- D. Asymptomatic nodules on the upper back of an elderly man
- E. Hemorrhagic nodules with violaceous borders in a neutropenic patient

69. What is the inheritance pattern of Incontinentia Pigmenti (IP)?

- A. Autosomal recessive
- B. X-linked recessive
- C. Autosomal dominant
- D. X-linked dominant
- E. Mitochondrial inheritance

70. The classic triad of Tuberous Sclerosis includes all the following EXCEPT:

- A. Seizures
- B. Intellectual disability
- C. Facial angiofibromas
- D. Periungual fibromas
- E. Tuberous sclerosis complex

71. Which of the following is a connective tissue nevus seen in Tuberous Sclerosis?

- A. Ash-leaf spot
- B. Shagreen patch
- C. Becker nevus
- D. Seborrheic keratosis
- E. Lentigines

72. Which feature differentiates Epidermolysis Bullosa Simplex from junctional and dystrophic Epidermolysis Bullosa?

- A. Genetic testing
- B. Mucosal involvement
- C. Level of skin separation
- D. Family history
- E. Presence of milia

73. The mechanism of action of propranolol in the treatment of IH is thought to include all of the following EXCEPT:

- A. Vasoconstriction
- B. Downregulation of VEGF
- C. Induction of endothelial apoptosis
- D. Immune suppression
- E. Decreased proliferation of hemangioma stem cells

74. Which of the following best describes the mechanism of action of Calcium Hydroxylapatite (Radiesse) in soft tissue augmentation?

- A. Immediate volumization via water absorption
- B. Promotion of local vasodilation and angiogenesis
- C. Stimulation of autologous collagen synthesis via fibrotic scaffolding
- D. Replacement of adipose tissue through lipofilling
- E. Integration into surrounding tissue via hyaluronic bonding

75. Which of the following botulinum toxin formulations can be stored at room temperature and lacks complexing proteins?

- A. OnabotulinumtoxinA (Botox)
- B. AbobotulinumtoxinA (Dysport)
- C. RimabotulinumtoxinB (Myobloc)
- D. IncobotulinumtoxinA (Xeomin)
- E. PrabotulinumtoxinA

76. Which of the following is an indication for a medium-depth chemical peel?

- A. Deep acne scarring
- B. Severe photoaging with skin laxity
- C. Mild to moderate photodamage and actinic keratoses
- D. Widespread bacterial infection
- E. Nodulocystic acne

77. In selective photothermolysis, optimal laser therapy is achieved by:

- A. Using continuous-wave lasers for all pigmentary lesions
- B. Choosing a wavelength not absorbed by surrounding tissues
- C. Matching pulse duration to be longer than thermal relaxation time (TRT)
- D. Matching the laser wavelength with the absorption peak of the chromophore
- E. Using the highest fluence regardless of target

78. What is the primary purpose of skin cooling techniques during laser treatment?

- A. To decrease laser fluence
- B. To increase chromophore absorption
- C. To reduce epidermal damage while preserving dermal effect
- D. To speed up healing by raising local temperature
- E. To prolong the laser pulse duration

79. Which of the following is a clinical advantage of intense pulsed light over traditional lasers?

- A. Targets only melanin with high specificity
- B. Requires only a single treatment for full results
- C. Can treat multiple chromophores simultaneously
- D. Emits highly coherent laser beams
- E. Does not require any filter selection for treatment

80. Which of the following best describes the two primary predisposing factors for melasma?

- A. Genetic mutations and poor hygiene
- B. Iron deficiency and autoimmune disorders
- C. Sun exposure and hormonal influences
- D. Smoking and chronic inflammation
- E. Vitamin A deficiency and aging

81. Which of the following statements regarding topical treatment of melasma is TRUE?

- A. Hydroquinone 2% is more effective than 4%
- B. Tretinoin alone is superior to hydroquinone
- C. Kligman's formula combines hydroquinone, tretinoin, and a corticosteroid
- D. Triple combination therapy is used only during pregnancy
- E. Vitamin C is the most effective standalone treatment

82. Which of the following complications may result from overuse of hydroquinone?

- A. Vitiligo
- B. Acneiform eruption
- C. Exogenous ochronosis
- D. Stevens-Johnson syndrome
- E. Seborrheic keratosis

83. Which of the following about melasma classification and diagnosis is TRUE?

- A. Mandibular pattern is the most common and most responsive to treatment
- B. Wood's light examination clearly distinguishes all cases as either epidermal or dermal
- C. Most cases have both epidermal and dermal pigmentation components
- D. UV photography is not helpful in subtle cases
- E. Histology shows absence of nuclear changes in keratinocytes

84. Which finding on Wood's light examination suggests epidermal hyperpigmentation?

- A. No enhancement
- B. Blue fluorescence
- C. Bright white fluorescence
- D. Enhancement of pigmentation
- E. Absence of pigmentation

85. Which therapy combination is known as "Kligman's formula"?

- A. Hydroquinone + azelaic acid
- B. Tretinoin + salicylic acid
- C. Hydroquinone + tretinoin + corticosteroid
- D. Kojic acid + vitamin C
- E. Arbutin + glycolic acid

86. Which of the following signs strongly suggests secondary Raynaud phenomenon?

- A. Normal capillaroscopy
- B. Bilateral symptoms
- C. Absence of ulceration
- D. Sclerodactyly and pitted scars
- E. Female gender

87. What is the most common cause of cutaneous leukocytoclastic vasculitis?

- A. Systemic lupus erythematosus
- B. Drug reaction

- C. Wegener's granulomatosis
- D. Hepatitis C virus
- E. Bacterial endocarditis

88. 3. The hallmark skin lesion in Henoch–Schönlein purpura (IgA vasculitis) is:

- A. Ulcerative plaque
- B. Urticarial wheal
- C. Palpable purpura on lower limbs
- D. Retiform purpura
- E. Targetoid erythema

89. Which form of vasculitis is strongly associated with asthma and eosinophilia?

- A. Microscopic polyangiitis
- B. Henoch–Schönlein purpura
- C. Polyarteritis nodosa
- D. Eosinophilic granulomatosis with polyangiitis (Churg–Strauss)
- E. Cryoglobulinemic vasculitis

90. Which condition is associated with facial palsy and fissured tongue?

- A. Behçet syndrome
- B. Sjögren syndrome
- C. Crohn disease
- D. Melkersson–Rosenthal syndrome
- E. Systemic lupus erythematosus

91. Which of the following is required for the diagnosis of Behçet syndrome?

- A. Two positive skin pathergy tests
- B. Recurrent genital ulcers only
- C. Oral aphthous ulcers occurring at least once in 12 months
- D. Oral ulcers recurring  $\geq 3$  times in 12 months plus 2 other criteria
- E. Presence of uveitis and skin lesions only

92. Which of the following findings is most specific to Behçet syndrome?

- A. Psoriasiform plaques
- B. Positive ANA
- C. Pathergy test
- D. Erythema nodosum
- E. Arthralgia

93. Dermatographism is best defined as:

- A. A delayed hypersensitivity reaction
- B. A sharply localized wheal and flare after stroking the skin
- C. A phototoxic reaction to sunlight

- D. Urticaria triggered by cold exposure
- E. Chronic urticaria lasting more than 6 weeks

94. Which medication has been reported to induce dermatographism?

- A. Cetirizine
- B. Prednisone
- C. Famotidine
- D. Ibuprofen
- E. Montelukast

95. The measles exanthem typically begins in which location?

- A. Palms and soles
- B. Lower limbs
- C. Abdomen
- D. Anterior scalp line and behind the ears
- E. Lower back

96. Which of the following complications is most strongly associated with increased measles mortality in hospitalized children?

- A. Middle ear infection
- B. Sinusitis
- C. Vitamin A deficiency
- D. Tinea corporis
- E. Hypertension

97. Which of human papillomavirus (HPV) types are most commonly associated with external genital warts?

- A. HPV-1 and HPV-2
- B. HPV-6 and HPV-11
- C. HPV-16 and HPV-18
- D. HPV-27 and HPV-57
- E. HPV-5 and HPV-8

98. What is the most common mode of inheritance for Epidermodysplasia Verruciformis?

- A. X-linked dominant
- B. Autosomal dominant
- C. Autosomal recessive
- D. Mitochondrial inheritance
- E. Polygenic inheritance

99. Which of the following features best differentiates Pruritic Urticarial Papules and Plaques of Pregnancy (PUPPP) from pemphigoid gestationis (PG)?

- A. Intense pruritus
- B. Occurrence in the third trimester
- C. Presence of vesicles



- D. Postpartum exacerbation is uncommon in Pruritic Urticarial Papules and Plaques of Pregnancy (PUPPP)
- E. Involvement of the trunk

100. What pattern of lesion distribution is often seen in right-handed individuals with Excoriation Disorder?

- A. Symmetric involvement of both legs
- B. Predominant lesions on the right side
- C. Lesions on the left side due to hand dominance
- D. Random distribution
- E. Involvement of only covered areas

**✧ With best wishes ✧**

**Prof. Dr. Wissam Suhail Najm**  
**Subject Lecturer**

**Prof. Dr. Ahmed Abdel Aziz Ahmed**  
**Subject Lecturer**

**Ass. Prof. Dr. Mazen Hamed Abbas**  
**Subject Lecturer**

**Prof. Dr. Abdul Sattar Hussein Abdullah**  
**Head of the Department**