

Answer sheets are bound into the Journal for US, Canadian, and life members of the American Academy of Dermatology. Additional answer sheets may be obtained by contacting the Member Resource Center of the American Academy of Dermatology by calling toll-free (866) 503-SKIN (7546), by calling (847) 240-1280 (for international members), or by e-mailing [mrc@aad.org](mailto:mrc@aad.org).

# Self-Assessment examination of the American Academy of Dermatology\*

Identification No. 806-205

*Learning objectives:* At the conclusion of this self-assessment learning activity, physician participants should be able to assess their own diagnostic and patient management skills with respect to those of their colleagues in the field, use the results of this self-assessment to help determine personal learning needs that can be addressed through subsequent CME involvement, and enhance their ability to comply with the requirements for certification in the specialty of dermatology.

Instructions for Category I CME credit appear in the front advertising section. See last page of Contents for page number.

*Instructions:* In answering each question, refer to the specific directions provided. Because it is often necessary to provide information occurring later in a series that give away answers to earlier questions, please answer the questions in each series in sequence. (J Am Acad Dermatol 2006;54:925-32.)

### Woman with recurrent pruritic lesions on the torso

Amor Khachemoune, MD, CWS, and Kjetil Kristoffer Guldbacke, MD  
*Boston, Massachusetts*

A 45-year-old, previously healthy female presented with a 1-year history of recurrent, pruritic lesions on her chest and back (Fig 1). She reported that individual lesions lasted up to 24 hours and then disappeared. She had no associated facial edema, no lip or throat involvement, and she denied taking any medications.

1. The following diagnoses should be considered *except* (Choose single best response.)
  - a. delayed pressure urticaria
  - b. systemic lupus erythematosus
  - c. insect bites
  - d. chronic urticaria
  - e. lichen planus

Physical examination revealed several discrete erythematous papules, varying from annular to circinate, with areas of central clearing. The lesions blanched with pressure. Her symptoms were not inducible by sustained pressure to the skin. She did not have any hepatosplenomegaly, gastrointestinal complaints, mucosal lesions, or palpable lymphadenopathy.

2. The most likely diagnosis is (Choose single best response.)
  - a. delayed pressure urticaria
  - b. systemic lupus erythematosus
  - c. insect bites
  - d. chronic urticaria
  - e. lichen planus
3. Given the extent of involvement and the erythematous-to-violaceous aspect of certain lesions, a biopsy should be performed to rule out the following condition (Choose single best response.)
  - a. delayed pressure urticaria
  - b. urticarial vasculitis
  - c. angioedema

---

\*The Self-Assessment and Recertification Education Task Force of the American Academy of Dermatology is led by Mary C. Spellman, MD.



- d. systemic lupus erythematosus
  - e. lichen planus
4. The typical findings on histopathology are (*Choose single best response.*)
- a. characteristic amorphous, eosinophilic amyloid deposits
  - b. a diffuse infiltrate, composed chiefly of neutrophils
  - c. interstitial dermal edema and a mixed perivascular infiltrate
  - d. compact orthokeratosis, wedge-shaped hypergranulosis, and irregular acanthosis
  - e. vascular dilatation with a predominant lymphohistiocytic infiltrate

A lesional biopsy showed a mixed perivascular infiltrate with eosinophils, but no evidence of urticarial vasculitis. A diagnosis of chronic urticaria was made.

5. Chronic urticaria is associated with all of the following *except* (*Choose single best response.*)
- a. vitiligo
  - b. rheumatoid arthritis
  - c. low vitamin B12 levels
  - d. pyoderma gangrenosum
  - e. antithyroid antibodies
6. The following are recognized types of physical urticarias *except* (*Choose single best response.*)
- a. urticarial vasculitis
  - b. cholinergic urticaria
  - c. delayed pressure urticaria
  - d. dermatographism
  - e. cold urticaria
7. All of the statements are true of cold urticaria *except* (*Choose single best response.*)
- a. usually presents on skin rewarming
  - b. may be associated with hepatitis B
  - c. is usually generalized
  - d. may be accompanied by systemic symptoms
  - e. may be associated with lymphoproliferative disorders
8. The recommended initial treatment is (*Choose single best response.*)
- a. topical corticosteroids
  - b. topical tacrolimus
  - c. dapsone
  - d. stanazolol
  - e. oral antihistamines
9. All of the following is true of urticarial vasculitis *except* (*Choose single best response.*)
- a. often leaves residual bruising
  - b. may be hypocomplementemic
  - c. is usually idiopathic
  - d. may be associated with connective tissue disease
  - e. is often fatal
10. Which one of the following medications is known to aggravate chronic urticaria in some patients? (*Choose single best response.*)
- a. Methotrexate
  - b. Aspirin
  - c. Acetaminophen
  - d. Oral contraceptive pill
  - e. Amiodarone
11. All the following medications have been used in the treatment of chronic urticaria *not* responding to antihistamines *except* (*Choose single best response.*)
- a. systemic corticosteroids
  - b. methotrexate
  - c. leukotriene antagonists
  - d. nifedipine
  - e. thalidomide

### Discussion

Urticaria is a common condition, affecting 10% to 25% of the population at some time in life and presenting with wheals or angioedema. It may be acute or chronic. Chronic urticaria is defined by recurrent episodes occurring at least twice a week for 6 weeks. The condition previously referred to as chronic idiopathic or "ordinary" urticaria is today divided into 2 groups: 40% to 50% with chronic autoimmune urticaria (CAU) and the remainder with chronic idiopathic urticaria (CIU). Other causes of urticaria include the physical urticarias, contact urticaria, and urticarial vasculitis. The latter is included in the classification because it may be clinically indistinguishable from other urticarial lesions.

CAU is caused by an IgG antibody, usually IgG4, to the alpha subunit of the IgE receptor (35-40%) or to

Download English Version:

<https://daneshyari.com/en/article/3211486>

Download Persian Version:

<https://daneshyari.com/article/3211486>

[Daneshyari.com](https://daneshyari.com)