



Questions for this month's clinical challenge are based on articles in this issue. The style and scope of questions is in keeping with the multiple choice questions of the RACGP Fellowship exam. The quiz is endorsed by the RACGP Quality Improvement and Continuing Professional Development Program and has been allocated 4 Category 2 points per issue. Answers to this clinical challenge are available immediately following successful completion online at www.gplearning.com.au. Clinical challenge quizzes may be completed at any time throughout the 2011–2013 triennium, therefore the previous months answers will no longer be published.

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Single completion items



DIRECTIONS Each of the questions or incomplete statements below is followed by five suggested answers or completions. Select the most appropriate statement as your answer.

Case 1

Susan Hylton

Susan, 39 years of age, presents with vulval itching over the past 4 months.

Question 1

Examination reveals an erythematous rash. In considering the differential diagnoses, which of the following statements is true:

- A. the erythema border is poorly defined in psoriasis
- B. tinea cruris involves the flexural creases
- C. white discharge is commonly seen with irritant contact dermatitis
- D. hyperpigmentation may be seen in lichen simplex chronicus
- E. a biopsy of an erythematous rash is diagnostic.

Question 2

You diagnose Susan with chronic vulvovaginal candidiasis and prescribe treatment. Which of the following treatment options would be most appropriate:

- A. prescribe hydrocortisone ointment and oral fluconazole for 1 week
- B. prescribe hydrocortisone ointment and fluconazole cream for 6 months
- C. prescribe oral fluconazole with a higher dose for the first 2 weeks and then reduce to maintenance treatment doses
- D. prescribe hydrocortisone cream, oral fluconazole and suggest vulval cleaning with soap three times per day
- E. prescribe hydrocortisone cream in preference to hydrocortisone ointment for symptom relief.

Question 3

Susan improves on the prescribed treatment regimen. She brings in her 19 year old daughter, Tabitha, to see you. Tabitha had previously been diagnosed with lichen sclerosis but failed to attend follow up. Which of the following statements is true:

- A. lichen sclerosis is an infective condition requiring antifungal treatment
- B. hydrocortisone 1% ointment is first line treatment
- C. vitiligo is a serious differential diagnosis not to be overlooked
- D. lichen sclerosis usually resolves within 12 months
- E. alteration of vulval architecture may occur.

Question 4

You explain the chronic nature of lichen sclerosis to Tabitha and arrange for ongoing follow up. Which of the following treatment options is NOT appropriate:

- A. arrange thyroid function tests and thyroid antibody testing
- B. prescribe tacrolimus to reduce scarring
- C. prescribe potent corticosteroid ointment for flares
- D. arrange 6 monthly follow up
- E. perform a biopsy of any persistently thickened or ulcerated area.

Case 2

Peter Goldsmith

Peter, 25 years of age, presents with a scaly rash over his elbows bilaterally. You suspect this is psoriasis.

Question 5

In relation to the presentations of psoriasis which of the following is correct:

- A. plaque psoriasis accounts for about 50% of cases
- B. pustular psoriasis typically follows a streptococcal sore throat
- C. sparing of the web spaces is more suggestive of hand dermatitis than psoriasis
- D. flexural psoriasis usually presents with scales in the axillae, groin or under the breasts
- E. infantile psoriasis can present in the nappy area.

Question 6

Peter complains of joint pain. Which of the following features is NOT consistent with psoriatic arthritis:

- A. spondyloarthritis
- B. dactylitis
- C. enthesopathy
- D. scaphoid fractures
- E. distal interphalangeal arthritis.

Question 7

You wish to provide Peter with life-style advice. Which of the following statements is correct for patients with psoriasis:

- A. environmental factors do not affect the severity of psoriasis
- B. smoking can improve psoriasis but shouldn't be encouraged because of other health risks
- C. regular moisturising can improve psoriasis
- D. prescription medications can trigger psoriasis but over-the-counter medications usually do not
- E. a poor diet does not affect the severity of psoriasis.

Question 8

You consider the treatment options for Peter. Which of the following statements is true:

- A. calcipotriol can stain clothing and skin
- B. tar cream can be applied at night for scalp psoriasis
- C. monotherapy is more effective than combination therapy
- D. long term use of topical steroids is required
- E. dithranol can be used for face and flexure psoriasis.

Case 3**Cynthia Wilson**

Cynthia, 22 years of age, presents with baldness. She is not on any medications and her only past medical history is eczema as a child.

Question 9

Cynthia describes a single patch of baldness on her scalp. Examination reveals a single, well circumscribed patch of baldness. The skin is smooth and normal. There are no signs of folliculitis. What is the most likely diagnosis:

- A. folliculitis decalvans
- B. alopecia areata
- C. telogen effluvium
- D. androgenic alopecia
- E. trichotillomania.

Question 10

Cynthia is anxious to know if her condition will improve. Of this condition, which of the following statements is true:

- A. spontaneous recovery occurs in approximately 50% of patients
- B. older age of onset is associated with a poorer prognosis
- C. topical antifungal creams should be used
- D. hydrocortisone 1% cream should be used
- E. a 'wait and see' approach is often adopted.

Question 11

Cynthia shows you one of her fingernails, which has a white diffuse discolouration. You suspect leukonychia related to her alopecia. Which of the following conditions is NOT a cause of leukonychia:

- A. diabetes mellitus
- B. hyperthyroidism
- C. smoking

- D. cirrhosis
- E. malnutrition.

Question 12

Cynthia also asks you to look at her toenail. It has become discoloured and thickened over the past few months. Examination is suggestive of onychomycosis. Which of the following treatments is recommended:

- A. fluconazole cream
- B. oral itraconazole
- C. oral fluconazole
- D. oral terbinafine
- E. clotrimazole cream.

Case 4**Caleb McKenzie**

Caleb, 15 years of age, is brought in by his mother. He has an exanthematous rash all over his body. He started taking amoxicillin for tonsillitis 3 days ago.

Question 13

You suspect that Caleb has an allergic rash from amoxicillin. Which of the following rashes is NOT an allergic response:

- A. urticaria
- B. angioedema
- C. erythema multiforme
- D. mouth ulcers
- E. vasculitic rash.

Question 14

Caleb's mother wonders why he has developed the rash. Which of the following statements is true:

- A. the adverse skin reaction rates for most drugs is 0.1%
- B. Caleb's family history of drug reactions is not relevant
- C. Caleb likely has infectious mononucleosis
- D. rechallenging Caleb with another penicillin based antibiotic will confirm the cause
- E. Caleb had previously undiagnosed psoriasis.

Question 15

Caleb's mother asks if there are any other drugs that cause similar rashes. Which of the following medications most commonly causes an exanthematous rash:

- A. cephalosporins
- B. nonsteroidal anti-inflammatory drugs
- C. thiazides
- D. quinidine
- E. carbamazepine.

Question 16

You explain your treatment plan to Caleb. Which of the following statements is correct:

- A. moisturising emollients can provide symptomatic relief
- B. sedating antihistamines are more efficacious than nonsedating antihistamines
- C. nonsedating antihistamines are more efficacious than sedating antihistamines
- D. amoxicillin can be stopped after Caleb completes the 5 day course
- E. skin blistering is to be expected.