### week 23 Quiz

Questions - 34

### Q.1) What is the most likely diagnosis?



- A. alopecia areata
- B. O frontal fibrosing alopecia
- C. O traction alopecia
- D. O central centrifugal cicatricial alopecia
- Q.2) Recent research has taught us that not all patients with CCCA will have a form that looks like the textbooks. What percent of patients with CCCA have a pattern of hair loss that is different from the classic 'central' hair loss?
  - A. 0 5%
  - B. 0 10%
  - C. 30%
  - D. 080%

	A. O violaceous discoloration
	B. O dirty brown pigmentation
	C. O yellow dots
	D. O thick arborizing vessels
Q.4)	What is the diameter of an intermediate hair?
	A.     Greater than 60 μm
	B.
	C. C Less than 30 μm
	D. O None the above
Q.5)	Which of the following are typical biochemical changes seen in patients with vitamin D-dependent rickets type II?
	A. O hypercalcemia, hyperphosphatemia, elevated 1,25 dihydroxy-vitamin D and secondary hyperparathyroidism
	B. O hypercalcemia, hypophosphatemia, elevated 25 dihydroxy-vitamin D and secondary hyperparathyroidism
	C. hypocalcemia, hypophosphatemia, elevated 1,25 dihydroxy-vitamin D and secondary hyperparathyroidism.
	D. O hypocalcemia, hyperphosphatemia, elevated 1,25 dihydroxy-vitamin D and secondary hyperparathyroidism.

Q.3) Pigment incontinence in lesions of discoid lupus erythematosus (DLE) appears

clinically as which of following dermatoscopic features?

Q.6)	Marko is 35 has is noted to have an extremely low vitamin B12 level. Hemoglobin is a bit low. Marko's ferritin level is 70 g/L (normal 30-200). Which of the following statements is true regarding Marko's iron status?
	A. O Marko has normal iron status.
	B. O Marko has low iron.
	C. O It's not possible to comment on Marko's iron status until his vitamin B12 levels are brought up into a normal range.
	D. O It's not possible to comment on Marko's iron status until his hemoglobin levels are brought up into a normal range.
Q.7)	Fatima is a 56 year old female and presents to the office regarding low TSH of 0.12 mU/L (normal TSH range 0.4 to 4.6). She feels well and says that she is "surprised there could be a problem with her blood tests because I take so many supplements for my health." Review of Fatima's supplements shows that she takes vitamin C 500 mg once daily, ferrous gluconate 300 mg daily, vitamin D 1000 IU daily, zinc citrate 50 mg three times per week, biotin 10,000 micrograms mg daily, curcumin 1000 mg. After stopping all supplements and repeating the blood tests, it is noted that the TSH is in a normal range at 2.11 mU/L. Which of the following supplements could have been responsible for the low TSH?
	A. O vitamin C 500 mg once daily
	B. O ferrous gluconate 300 mg daily
	C. O vitamin D 1000 IU daily
	D. O zinc citrate 50 mg three times per week
	E. O biotin 10,000 micrograms mg daily
	F. O curcumin 1000 mg
Q.8)	Morse code hairs, zigzag hairs and ihairs are trichoscopic findings seen in what condition?
	A. O trichotillomania
	B. O tinea capitis
	C. O alopecia neoplastic
	D. C traction alopecia

Q.9)	Which of the following patient groups may be at increased risk of developing metabolic syndrome?
	A. O patients with alopecia areata
	B. O patients with lichen planopilaris
	C. O patients with androgenetic alopecia
	D. O all of the above.
Q.10,	Marus has alopecia areata. Blood tests show a TSH level of 21.53 mU/L (normal 0.4 to 4.6 mU/) and normal free T4 and T3. What of the following terms is the best term to describe this situation?
	A. O subclinical hypothyroidism
	B. O overt hypothyroidism
	C. O primary hyperthyroidism
	D. O subclinical hyperthyroidism

eosinophils are scattered in fibrous tracts. There is a marked catagen /telogen shift with 70% of more of hairs shifted out of anagen into catagen/telogen. Trichomalacia is noted and pigment casts are noted in fibrous tracts. PAS stain shows normal basement membrane thickness and EVG stain shows preservation of elastic fibers. What is the likely diagnosis?
A. O Acne keloidalis
B. O Acute telogen effluvium
C. O Alopecia Areata
D. O Androgenetic alopecia
E. O Alopecia mucinosa
F. O Central centrifugal cicatricial alopecia (CCCA)
G. O Chronic telogen effluvium
H. O Discoid lupus erythematosus
I. O Dissecting cellulitis
J. O Folliculitis decalvans
K. ○ Frontal fibrosing alopecia
L. ○ Lichen planopilaris
M. ○ Loose anagen hair syndrome
N. O Nevus sebaceous
O. O Tinea capitis
P. O Traction alopecia
Q. O Trichotillomania

Q.11) A 4 mm punch biopsy is performed. Biopsy shows evidence of miniaturization

the fibrous tracts. Eosinophils and plasma cells are present, and some

with a peribulbar lymphocytic infiltrate. The infiltrate extends above the bulb into

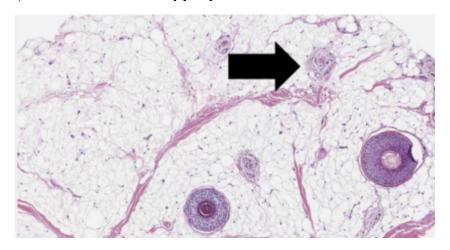
Q.12) A 4 mm punch biopsy is performed. There is a dense deep dermal and subcutaneous, predominately neutrophilic, infiltrate with follicular rupture and abscess formation. Hair follicles are obliterated by inflammation, and sebaceous glands are reduced. There are sinus tracts lined by squamous epithelium with surrounding dense fibrosis. PAS fails to reveal fungus. What is the most likely diagnosis?
A. O Acne keloidalis
B. O Acute telogen effluvium
C. O Alopecia areata
D. O Alopecia mucinosa
E. O Androgenetic alopecia
F. O Central centrifugal cicatricial alopecia (CCCA)
G. Chronic telogen effluvium
H. O Discoid lupus erythematosus
I. O Dissecting cellulitis
J. O Folliculitis decalvans
K. ○ Frontal fibrosing alopecia
L. O Lichen planopilaris
M. O Tinea capitis
N. ○ Traction alopecia
O. O Trichotillomania
Q.13) Which of the following patient groups may be at increased risk of developing type 2 diabetes?
A. O Androgenetic Alopecia
B. Central centrifugal cicatricial alopecia
C. O Alopecia areata
D. O All of the above

Q.14)	The traditional definition of precocious puberty is the development of secondary sexual characteristics before what age in children?
	A.   Before 8 years of age in girls and 8 years of age in boys
	B. ○ Before 8 years of age in girls and 9 years of age in boys
	C. ○ Before 8 years of age in girls and 7 years of age in boys
	D.   Before 9 years of age in girls and 9 years of age in bosy.
Q.15)	Sara is 52 and has recently finished an antibiotic following an infection. She presents to the hospital with fever, chills, sore throat, and muscle and joint pain. Her neutrophil count is 104 neutrophils per microliter of blood. (normal is between 2,500 and 7,000 neutrophils per microliter of blood). What is the likely reason for her change in clinical status?
	A. O worsening of an existing infection
	B. O recurrence of infection after initially clearing it
	C. O development of a new infection
	D. O agranulocytosis
Q.16)	Margareta is 23 and is hoping to start a JAK inhibitor. Which of the following baseline tests are important to complete before she starts the JAK inhibitor?
	A. O Screening for Hepatitis B
	B. O Screening for Hepatitis C
	C. O Screening for Tuberculosis
	D. O all of the above
Q.17)	What proportion of patients with non alcoholic steatohepatitis will progress to cirrhosis?
	A. O 1-2%
	B. O 5-10%
	C. 20-25%
	D. O 75-80%

Q.18)	When fat storage in the liver exceeds 5 to 10% of the liver's total weight which of the following conditions is said to occur?
	A. O steatosis
	B. O steatohepatitis
	C. Cirrhosis
	D. O hepatocellular carinoma
Q.19)	
	Which of the following patient groups is MOST at risk to develop non alcoholic fatty liver disease (NAFLD) now called metabolic associated steatotic liver disease?
	A. $\bigcirc$ a 51 year old white female with BMI 37
	B. O a 51 year old male patient with BMI 22
	C. a 55 year old black female with BMI 26
	D. O a 71 year old female with osteoporosis
Q.20)	What region of the gastrointestinal system is the major site of vitamin B12 absorption?
	A. O stomach
	B. O duodenum
	C. O ileum
	D. O large bowel
Q.21)	Patients who can not lower their LDL cholesterol levels sufficiently on statin therapy are often advised to add which class of medication?
	A. OPCSK 9 inhibitor
	B. O ezetimibe
	C. O bempedoic acid
	D. O bile acid sequestrant

Q.22)	Ana is 55 years old and has an estimate glomerular filtration rate (EGFR) of 33 mL/min/1.73m2. What stage of kidney disease would this be classified as?
	A. O Stage 1
	B. O Stage 2
	C. ○ Stage 3a
	D. O Stage 3b
	E. O Stage 4
	F. O Stage 5
Q.23)	Which vitamin is required for the absorption of calcium from the intestine?
	A. O vitamin D
	B. O vitamin C
	C. O vitamin E
	D. O vitamin b12
Q.24)	Which of the following conditions have a reduced terminal to vellus hair ratio on biopsy?
	A. O androgenetic alopecia
	B. O traction alopecia
	C. ○ alopecia areata incognito
	D. O all of the above

#### Q.25) What is the most appropriate term for the structure denoted by the arrow?



- A. O dermal papille
- B. O fibrous streamer
- C. anagen hair
- D. all of the above

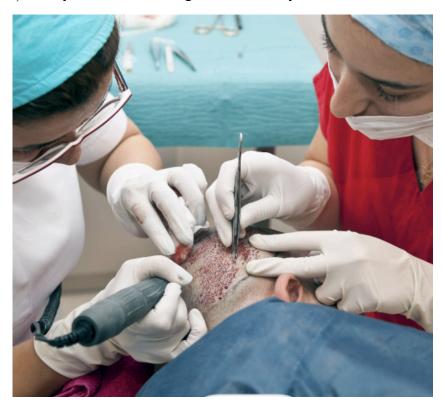
# Q.26) Which of the following statements about childhood and adolescent onset androgenetic alopecia (pediatric onset AGA) is true?

- A. Most patients have hormonal issues
- B. Most children are healthy
- C. All patients have strong family histories of advanced balding
- D. All patients require a biopsy

### Q.27) What is the most common side effect of oral minoxidil in adolescents?

- A. o nausea
- B. headaches
- $C. \bigcirc$  hypertrichosis
- D. opalpitations

### Q.28) This patient is having a hair transplant via what method?



- A. O follicular unit strip surgery
- B. O strip surgery
- C. O follicular unit extraction
- D. orobot assisted surgery

## Q.29) Which of the following situations may show sebaceous gland 'atrophy' on biopsy?

- $\mathsf{A}. \bigcirc \mathsf{psoriasis}$
- B. o seborrheic dermatitis
- C. O drug induced alopecia areata like reactions from DUPILUMAB
- D. all of the above

#### Q.30) What term describes this pattern of hair loss?



- A. Ohorse eaten
- B. O bird eaten
- C. moth eaten
- D. o mouse eaten

## Q.31) Which of the following is true of alopecia syphilitica (hair loss from secondary syphilis)?

- A. O biopsies of alopecia syphilitica always contain plasma cells
- B. O patients with alopecia areata are more likely to have exclamation mark hairs than patients with alopecia syphilitica
- C. O patients with alopecia syphilitica do not regrow hair with steroid injections
- D. all of the above are true

## Q.32) Which of the following is not mandatory in the evaluation of a patient under 18 years of age with suspected androgenetic alopecia?

- A. Trichoscopic evaluation of the scalp
- B. O blood tests for basic hormonal profiles
- C. O blood pressure measurement
- D. oscalp biopsy

(Q.33) What is the first line treatment for androgenetic alopecia in a patient under 18?
A. ○ topical minoxidil
B. ○ oral minoxidil
C. antiandrogens
D. O Low level laser therapy
Q.34) What proprotion of hairs on a trichogram should be loose anagen hairs in order to fit the definition of loose anagen hair syndrome?
A. O 10% or more
B. ○ 20% or more
C. ○ 40% or more
D.   50% or more