

Answers

Dermatologic Manifestations in HIV Disease

Expiration Date: July 2010

CME point: 1

1. Skin disease is important in HIV infected patients because of the following, except:
 - (a) Skin diseases are more common in HIV-infected than HIV negative patients
 - (b) Skin problems may severely affect quality of life
 - (c) Systemic infections in HIV positive patients can manifest as skin lesions
 - (d) Skin rash can be the first presentation of HIV infection
 - (e) **All of the above** ✓

2. Which of the following skin condition is not a differential diagnosis of blistering disease in HIV infected patients:
 - (a) Toxic epidermal necrolysis
 - (b) **Kaposi's sarcoma** ✓
 - (c) Herpes zoster
 - (d) Pustular psoriasis
 - (e) Erythema multiforme

3. Which of the following is incorrect regarding findings of a local study of mucocutaneous disorders in HIV patients?
 - (a) Fungal infections are the commonest
 - (b) Hyperpigmentation was present in 5%
 - (c) **About 70% had one form or the other of skin disorders** ✓
 - (d) Use of HAART affects the spectrum observed
 - (e) None of the above

4. Which of the following statements is not true concerning the pathogenesis of skin problems in HIV patients?
 - (a) HIV-related malignancy can present with skin conditions
 - (b) **Parasitic infection is a common cause** ✓
 - (c) Seborrhoeic dermatitis is one common inflammatory condition
 - (d) Both penicilliosis and cryptococcosis can present with umbilicated lesions
 - (e) Bacillary angiomatosis is caused by a bacterial condition

5. Which of the following is not true concerning skin reactions to antiretroviral agents?
 - (a) Protease inhibitor can lead to lipodystrophy
 - (b) Paronychia is a unique side effect of indinavir not seen in other protease inhibitor
 - (c) Skin rash from drug allergy is a class toxicity of non-nucleoside reverse transcriptase inhibitor
 - (d) Zidovudine typically causes skin pigmentation
 - (e) **None of the above** ✓

6. Which of the following is not true about characteristics of skin diseases in HIV/AIDS patients?
 - (a) The skin manifestations depend on the immunity

- (b) Declining CD4 is associated with increased frequency and severity of skin problems
 - (c) The lesions of individual skin condition could have atypical appearance in advanced HIV disease
 - (d) **Fatality is a concern in most cases** ✓
 - (e) The pattern of endemic infections in a locality will influence the conditions seen
7. Which of the following will aid the specific diagnosis of skin diseases in HIV patients?
- (a) Morphology of the skin lesions
 - (b) Drug history of the patient
 - (c) Current CD4 count
 - (d) Skin biopsy results
 - (e) **All of the above** ✓
8. Which of the following is not true as regards effect of CD4 level and/or HAART?
- (a) Likelihood of skin lesions from systemic infections is increased with lower CD4, e.g. <100/ul
 - (b) **Seborrhoeic dermatitis is uncommon with CD4 >500/ul** ✓
 - (c) Eosinophilic folliculitis usually occur at CD4 >200/ul
 - (d) Frequency of Kaposi's sarcoma decreased in HAART era
 - (e) Herpes simplex infection decreases with HAART
9. Which of the following is not true regarding treatment of skin conditions in HIV patients?
- (a) Treatment of the same condition is largely similar to HIV negative subjects
 - (b) Prolonged use of high dose steroid should be avoided
 - (c) Phototherapy has to be used with caution due to its possible up-regulation of HIV replication
 - (d) **Treatment can be omitted for apparently trivial conditions** ✓
 - (e) None of the above
10. Which of the following is not true regarding herpes zoster in HIV patients?
- (a) Herpes zoster paradoxically occur due to immune reconstitution within months after HAART
 - (b) It is due to reactivation of Varicella zoster virus infection
 - (c) **Face is the commonest site of involvement** ✓
 - (d) Usually more than one dermatome is affected
 - (e) It may be the first clue to underlying HIV infection in a young healthy adult