

INFECTIOUS DISORDERS

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Q1) All of the following cutaneous infections/ diseases are caused by staphylococcus aureus except?

1. Sycosis
2. Folliculitis
3. Furunculosis
4. Scarlet fever

Q2) All of the following cutaneous infections/ disease are caused by streptococcus pyogenes except?

1. Carbuncle
2. Scarlet fever
3. Erythema nodosum
4. Kawasaki disease

Staphylocococcus species.

Furuncle
Carbuncle
Folliculitis
Bullous impetigo
TSS
SSSS

Streptococcal species

Scarlet fever
Erysipelas
Ecthyma
Cellulitis
Erythema marginatum
Erythema nodosum

Q3) Which of the following statements regarding the diagnosis of the image given below is false?

1. Intraepidermal bullae are found
2. Regional lymphadenitis is common
3. Varnish crust are seen
4. Exclusively produced by S.aureus



Impetigo

- Superficial bacterial infection of skin
- Highly contagious
- caused by: Staph. Aureus/streptococcus
- Two type
 1. Bullous impetigo/Pemphigus neonatorum Q
 2. Non-bullous/impetigo contagiosa

1. *Bullous impetigo:*

- Caused by: Staph aureus^Q phase II type 70& 71 or 55^Q
- Site of Predilection: face and extremities
- C/F- vesicles-flaccid bullae, contain clear yellow to turbid yellow fluid
- Due to Exotoxin F secreted by staph aureus
- Level of split- Subcorneal^Q

2. ***Non-bullous impetigo/impetigo contagiosa***

- Caused by: streptococcus^Q
- Site: face & extremities
- c/f- vesicle-thin roof rupture-raw oozy areas-

Honey colored crusting^Q

Rheumatic fever is not a known complication of streptococcal meningitis ^Q

Feature	Bullous impetigo	Non bullous impetigo
Causative agent	Staph aureus <i>Exclusively</i> ↗	Staph aureus and/or strept. pyogenes (MC)
Age	Neonate & infant/ any age	Commonly in preschool children
Bullae	Thick walled; last for 2-3 days <i>Flaccid</i>	Thin walled; transient <i>Rupture fast</i> ↘
Base	Very little or no erythema	Erythematous <i>yellow/ honey colour</i>
Extension	May extend peripherally with central clearing	May extend peripherally but without central clearing <i>Crust</i>
Regional lymphadenitis	Rare	Common
Complications	None/rare	Cellulitis/post streptococcal glomerulonephritis Strep. Pyogenes M type 49

*varnish
crust*

*yellow/
honey colour
Crust*

Impetigo → superficial bacterial infection
common in children

Pemphigus Neonatorum
BULLOUS IMPETIGO
High contagious



NON- BULLOUS IMPETIGO

Impetigo Contagiosa



Q4) Which of the following organism causes bullous impetigo?

- ✓ 1. Staphylococcus aureus
2. Streptococcus pyogenes
3. Pneumococcus
4. Diphtheroids

Q5)Staphylococcal infection causes all except?

1. Impetigo
2. Erysipelas
3. Ecthyma
4. Lupus vulgaris

Q6) False about impetigo?

1. Mostly caused by staphylococcus or streptococcus or both
2. It predispose to glomerulonephritis
- ~~3.~~ Produces scar ~~on~~ healing
4. It is infectious lesion

Q7)Commonest skin infection in children is?

1. Scabies
2. Impetigo contagiosa
3. Molluscum contagiosa
4. Warts

Q8) Honey colored crust are characteristic of?

1. Numular eczema
2. Impetigo
3. Herpes zoster
4. Cutaneous diphtheria

Q9) True about impetigo is?

1. Contagious
2. Bacterial infection
3. Non contagious
4. Honey colored crust
5. Viral infection

Q10) The following conditions are complications of streptococcal impetigo except?

1. Scarlet fever
2. Post- streptococcal glomerulonephritis
3. Rheumatic fever
4. Erythema Multiforme

Q11) Which of the following is a bacterial infection of the skin?

1. Pyoderma gangrenosum → cutaneous lesion in ulcerative colitis
- ☒ 2. Pemphigus neonatorum
3. Impetigo herpetiformis
4. Ecthyma contagiosum → psoriasis in pregnancy
↳ arj virus

Q12) A farmer developed a single papule on his left index finger within a week of handling his goats. The papules enlarges into a hemorrhagic bulla and healed after 3 to 6 weeks. The lesions was diagnosed to be of ORF. Identify the incorrect statement regarding the diagnosis?

1. It is also c/a ecthyma contagiosum ✓
2. Causative organism is coxsackie virus ✗
3. No specific antiviral ✓
4. Balloning degeneration of keratinocytes with eosinophilic cytoplasmic inclusions are seen ✓

Ecthyma contagiosum

- Viral infection

c/f Hemorrhagic
Bulla on
Finger

- Orf virus/Parapox virus

- Direct contact (Goat/sheep handler)

HPE:- Ballooning of Keratinocyte

(Tx) :- Do not need Antiviral



Q13) A 2 month old male infant developed otitis media for which he was given a course of cotrimoxazole. A few days later, he develops fever, irritability and skin tenderness followed by extensive peeling of skin. There were **no mucosal lesions**. The most likely diagnosis?

1. Infantile pemphigus
2. Steven-Johnson syndrome
3. Toxic epidermal necrolysis
- ✓ 4. Staphylococcal scalded skin syndrome



Staphylococcal scalded skin syndrome/SSSS

- Aka: Ritter's disease
- Cause: **Staph aureus group II phase type 71**
- Diffusible toxin- epidermolytic toxin, exfoliatin or epidermolysin
- Split: subcorneal *Bind to dsgr I*

- Organism resides in distal focus-
nasopharynx/conjunctiva/middle ear
- Sudden erythematous and tender skin
- ‘Potato skin’ desquamation
- Mucous membrane **Spared**
(in contrast to Toxic epidermal necrolysis
TEN)



Toxic shock syndrome (TSS)

- Cause: Staph aureus
(phage group I toxin)
- Two type:
 1. Menstrual (a/w Tampon use)
 2. Non menstrual type
- C/f: fever, hypotension, macular erythema,
- Desquamation- palm & soles



Q14) Which of the following is the correctly matched toxin with its target protein causing staphylococcal scalded skin syndrome?

1. ✓ Exfoliative toxin, Desmoglein 1
2. TSST-1, Desmoglein 3
3. Leukocidin, Desmoglein 3
4. Pyogenic toxin, Desmoglein 1

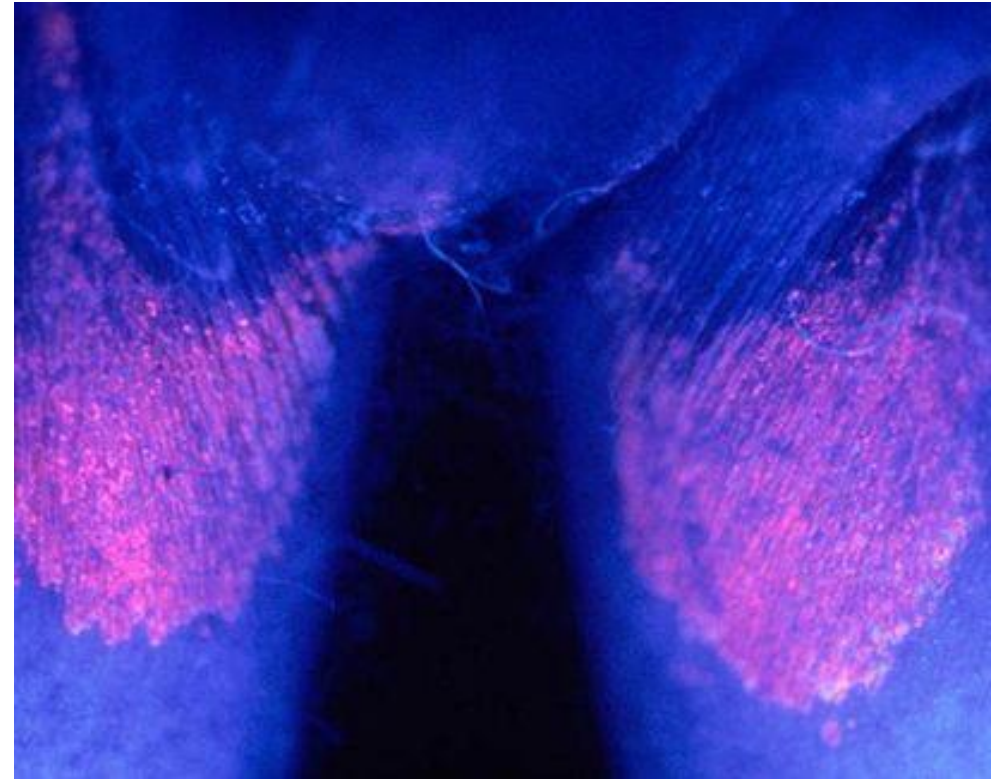
Q15) This acute suppurative condition is most commonly caused by?

1. Candida
2. Pseudomonas
3. Streptococcus pyogenes
4. Streptococcus aureus



Q16) Coral pink fluorescence in the groin region on Wood's lamp examination is seen in?

1. Erysipeloid
2. Erythrasma
3. Erysipelas
4. Ecthyma



Disease caused by Coryneform bacteria

1. Malodorous axillae
2. Trichomycosis axillaris
3. Erythrasma
4. Pitted keratolysis

TRIGGER:-

hyperhidrosis

poor local hygiene

Pitted keratolysis

- Caused by *corynebacterium spp.*
- Pits formed due to digestion of keratin by the organism a/w hyperhydrosis
- ✓ Site: soles (pressure points)
- Treatment:
 - ✓ 1. Topical antibiotics (Erythromycin)
 - ✓ 2. Topical benzoyl peroxide 5%



Erythrasma

- *Corynebacterium minutissimum*
- C/f- well defined, irregular, scaly pink-brown macule
- *Creasing/ wrinkling*- characteristic
- Wood's lamp: coral red
- Treatment :
 1. Topical antibiotics
 2. Oral antibiotic (extensive)

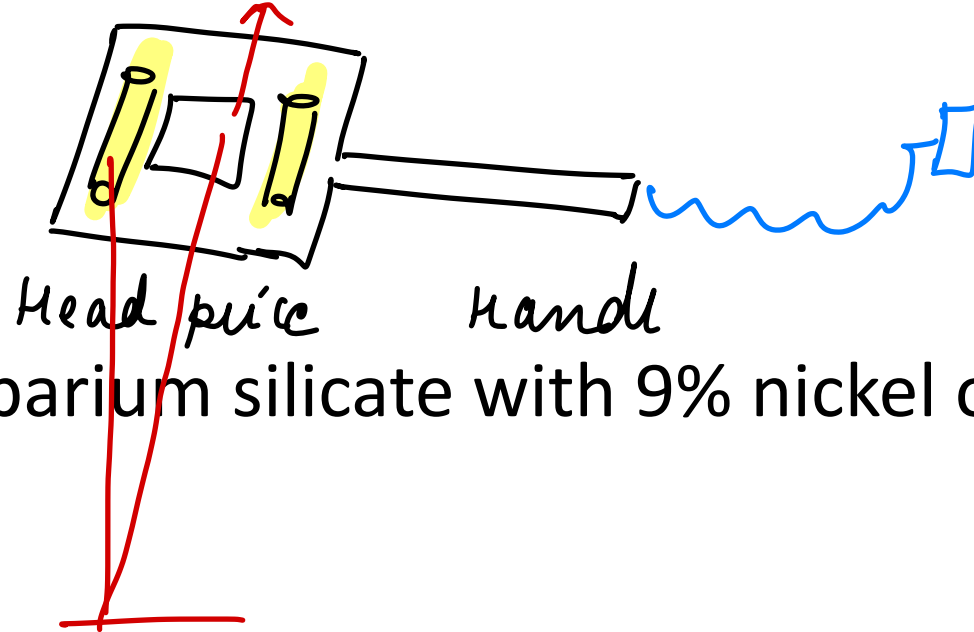


Trichomycosis Axillaris

- Sp: *Corynebacterium Tenuis*
- Thin colonies of Gram +ve organisms
- Malodor and yellow brown staining
- Treatment:
 - ✓ Antiperspirants
 - ✓ Regular shaving
 - ✓ Benzoyl peroxide washes



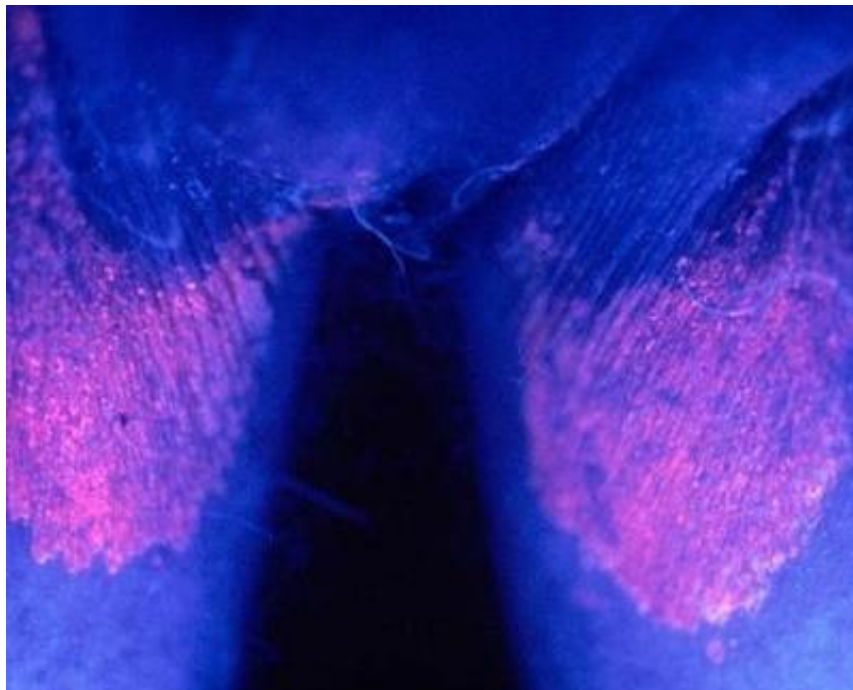
Wood's lamp



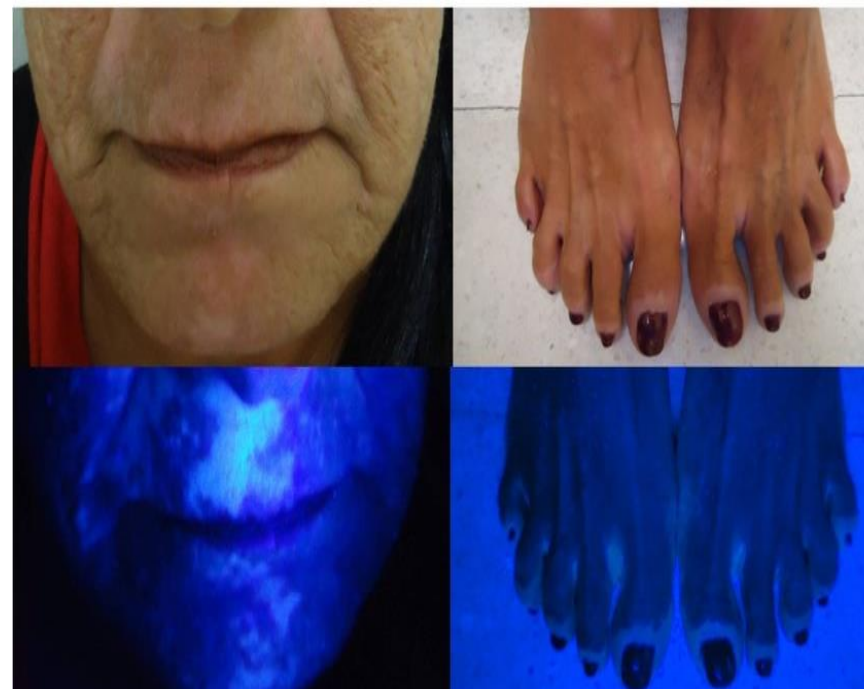
- Emit UV radiation
- Wood's filter- made of barium silicate with 9% nickel oxide
- 365nm
- Function-

1. Dermatophytic infection- microsporum sp. *Blue green*
(pteridine-emit fluorescence) *→ green*
2. Bacterial infection- Pseudomonas, Corynebacterium
minutissimum *coral Red/pink*
3. Pigmentary disorders- Vitiligo *↳ Ivory white.*

Disease	Color on wood's lamp
Tinea capitis	Microsporum sp.- blue-green color Trichophyton schoenleinii: dull blue
Erythrasma	Coral pink
Pityriasis versicolor <i>Malassezia</i>	Faint yellow
Pseudomonas	Green
Scabies	Fluorescein solution fill the burrow
Porphyria	Urine red/pink
Vitiligo	Ivory/milky white



ERYTHRASMA



VITILOGO

Q17) Find the incorrect statement regarding the condition shown in the image below?

1. Pressure- bearing or friction areas are most commonly affected
2. Often associated with malodour and maceration
3. Mainly caused by corneobacterial infection
- ☒ 4. Usually associated with anhidrosis



Q18) Which of the following organisms causes erythrasma?

1. *Cornebacterium diphtheria*
- ✓ 2. *Cornebacterium minutissimum*
3. *Corynebacterium tenuis*
4. Diphtheroids

Q19) Which of the following is the causative organism of trichomycosis axillaris?

1. *Mycobacterium canis*
2. *Trichophyton rubrum*
- ✓ 3. *Corynebacterium tenius*
4. *candida*

Q20) Wood's lamp light is used in the diagnosis of:

- ✓ 1. Tinea capitis
- 2. Candida albicans
- 3. Histoplasma
- 4. Cryptococcus

Q21) Wavelength of light produced by wood's lamp is

1. 320nm

2. 360nm

3. 400nm

4. 480nm

Q22) wood's lamp filter is made up of?

1. Tin and chromium oxide
- ✓ 2. Nickle oxide and silica
3. Copper oxide and barium oxide
4. Zinc oxide

Q23) The image shows a bacterial skin infection. Identify the incorrect statement regarding the diagnosis?

1. Also known as St. anthony's fire
2. Infection of the superficial dermal lymphatics
- ☒ 3. Does not extend into the pinna in facial skin
4. Presents as erythematous tender lesion with well defined margin



Erysipelas (Anthony's fire)	Cellulitis
Infection of <u>superficial dermal lymphatics</u>	Suppurative inflammation involving <u>subcutaneous tissue</u>
✓ Raised and sharply demarcated edges	✓ Diffuse and ill defined
✓ Blistering is common with superficial hemorrhage	✓ Severe cellulitis may show bullae; progress to dermal necrosis
Extend over the ear (Milian's ear sign)	Does not extend over the ear

- Erysipelas



- Cellulitis



Q24) Erysipeloid is transmitted by?

1. Droplet
2. Parasite
3. Mosquito bite
4. Contact with animal

Erysipeloid *Erysipelas* like

- *Erysipelothrix rhusiopathiae*
- more commonly in individuals who handle fish and raw meat
- Erysipelas/cellulitis like



Q25) Sycosis Barbe is caused by?

1. Staphylococcus aureus
2. Herpes simplex
3. Non bullous impetigo
4. Bullous impetigo

Sycosis barbe

- Deep folliculitis of beard area & upper lip
- Recurrence



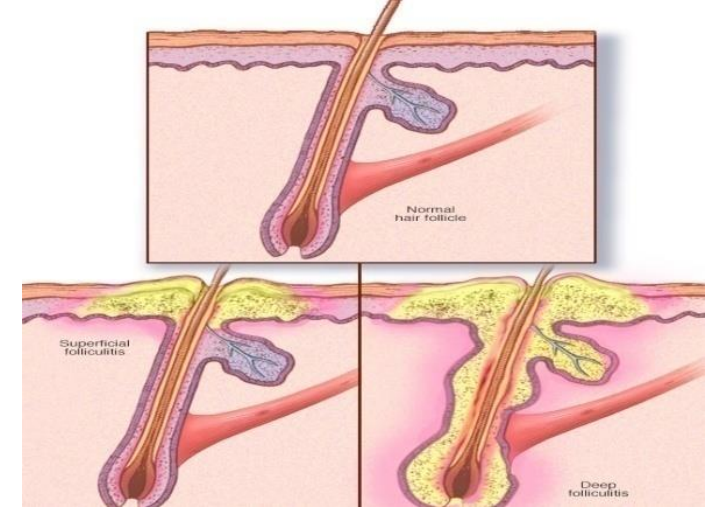
Folliculitis

Infection of hair follicle

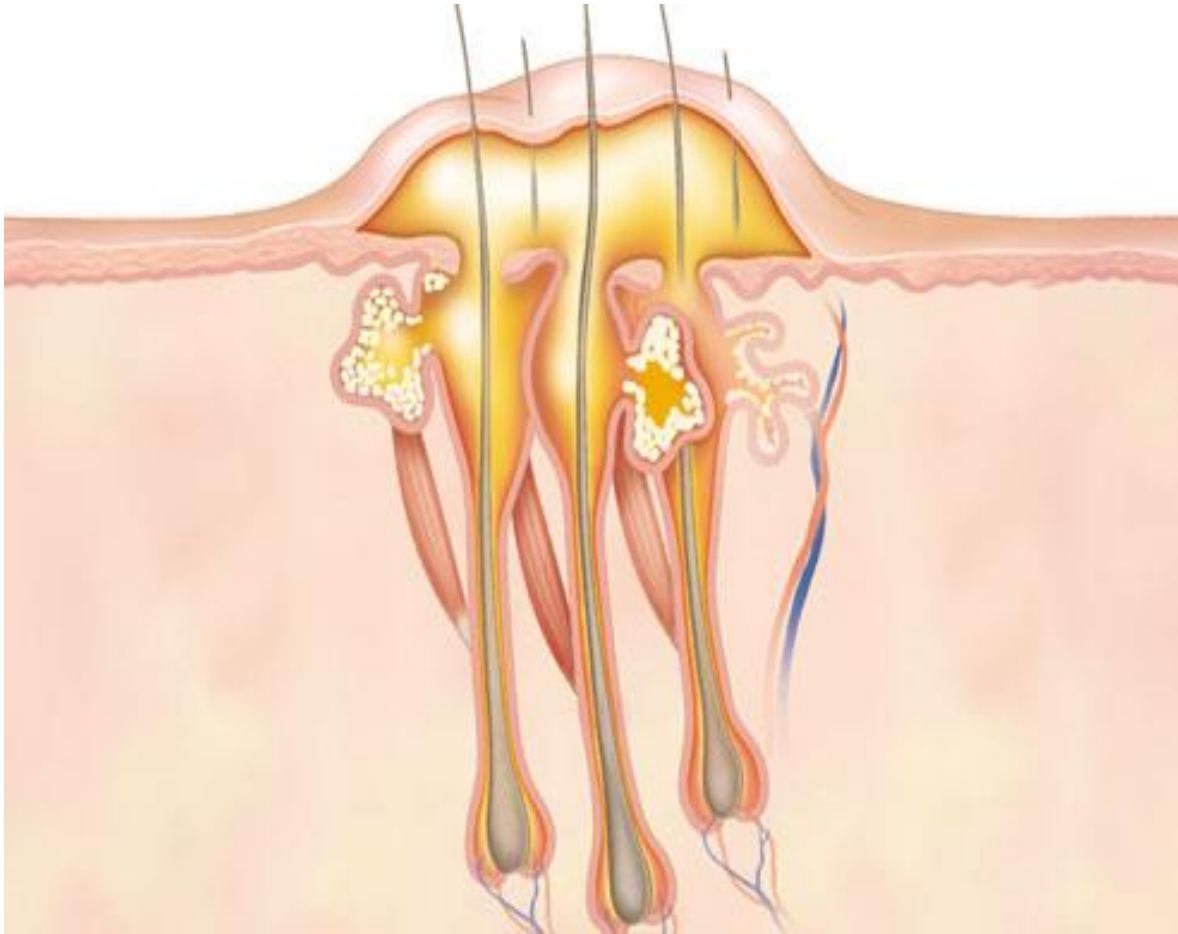
- Superficial folliculitis



- Deep folliculitis/furuncle



Carbuncle → Multiple Furuncle Combines $\supseteq$ carbuncle



Q26) Thick adherent crusts are seen in which of the following bacterial infection of the skin?

1. Botryomycosis
2. Erysipelas
3. Carbuncle
4. Ecthyma

Ecthyma

- Staph/streptococcus species
- Untreated impetigo
- Deep extension
- Shallow ulcer with black crusting



Q27) Which of the following organisms causes ecthyma gangrenosum?

1. Staphylococcus
2. Streptococcus
3. Pseudomonas
4. Clostridium

Ecthyma gangrenosum

- *Pseudomonas aeruginosa*
- Site: lower limb & buttock
- More in immunocompromised pt & elderly age

