MD exam; STDs
Time allowed: 3 hours
Date: 13/11/2021
Total marks: 130

Tanta University
Faculty of Medicine
Department of Dermatology
& Venereology

All questions must be answered:

1. Discuss the pathogenesis of incurable sexually transmitted diseases (30 marks)
2. Illustrate sexually transmitted diseases with oral ulcers (20 marks)
3. Explain laboratory specific and non-specific tests for syphilis (30 marks)
4. Mention treatment of curable sexually transmitted diseases (30 marks)
5. Give short account on sexually transmitted diseases that cross the placental barrier, and discuss their impact on the outcome of pregnancy and fetus (20 marks)

Good luck

رئيس القسم

ا.د/ نهى دغيم

MD exam
Time allowed: 3 hours
Date:16 /11/2021
Total marks: 50

Tanta University
Faculty of Medicine
Department of Dermatology & Venereology

Commentary

A 32 years old female presented with 3 weeks history of general malaise and fever. Prior to her presentation, she was treated as a presumed case of entire fever. The patient has no history of chronic medical condition.

She weighed 73 kg, slightly pale and febrile with 38.5 ^{o} c. examination of the cervix and vagina was normal. Laboratory tests showed negative HIV and malaria. CBC showed low hemoglobin 8.7g/dl, and increased white blood cell count 12.4× 10^3 /ML. liver function tests showed high AST of 151 U/L, ALT of 74 U/L. CD4 count was 1899 cells/mm^3, CD4/CD3 0.71.

Blood culture yielded fastidious bacteria with small sized and creamy non-heamatolytic colonies. Oxidase and catalase tests +ve, API kit showed 100% +ve. Antimicrobial susceptibility test was performed on the isolate using Kirby Baur disc diffusion method, showed resistance to ciprofloxacin, cotrimoxazole, and penicillin but sensitivity to ceftriaxone, chloramphenicol, and azithromycin. The patient condition improved clinically on ceftriaxone and azithromycin.

- What is the most likely diagnosis?
- What are surveillance and investigations needed?
- What are common associations of this condition?

Good luck

رئيس القسم

ا.د/ نهى دغيم

MD exam; Andrology

Time allowed: 3 hours

Date: 9/11/2021

Total marks: 130

Tanta University

Faculty of Medicine

Department of Dermatology

& Venereology

All questions must be answered:

1. Discuss causes and management of anorgasmia (30 marks)
2. Illustrate how to deal with a cardiac patient complaining of erectile dysfunction (20 marks)
3. Explain the biology, regulation, and significance of blood genital barrier (30 marks)
4. Mention sperm DNA damage, and discuss causes, diagnosis and impact on male infertility (20 marks)
5. Describe surgical sperm retrieval techniques from the seminal tract (20 marks)
6. Illustrate epigenetic aspects of male infertility (10 marks)

Good luck

رئيس القسم

ا.د/ نهى دغيم

MD exam
Time: 1.5 hours
Date: 6/11/2021
Total marks: 50

Tanta University
Faculty of Medicine
Department of Dermatology & Venereology

Commentary

A 34 years old female with a rash and 4 months weight loss (2 kgs) presented to dermatology clinic. The rash first appeared on the legs and was accompanied with itching. It gradually progressed to the face, neck, waist and buttocks. Her past medical history included hypothyroidism and surgical history of teratoma ten years ago. There was no history of diabetes, diarrhea or neuropsychiatric symptoms.

The skin lesions were initially diagnosed as urticarial or eczema in dermatology clinic and did not improve after treatment. Laboratory studies showed serum levels of CEA, AFP, CA199, CA125 and CBC were normal. Further laboratory investigations showed slightly raised fasting serum glucose level (6.82mmol/L, normal 3.89-6.11 mmol/L) but normal glucagon level (147.39 pg/ml, normal 6-200 pg/ml). The patient showed chromogranin A +ve, somatostatin type 2+ve and synaptophsin +ve, glucagon weakly +ve, ki-67 proliferative index was 5%. Abdominal ultrasound showed hyper-vascular epigenetic mass.

Skin biopsy specimen showed hyperkeratosis, agranulosis, necrosis and separation of upper epidermis with vacuolization of keratinocytes, dyskeratotic neutrophils in upper dermis. The patient skin lesions significantly improved within one week after laparoscopic removal of the mass.

- What is the most likely diagnosis?
- What are the similar rashes and misdiagnosis?
- What are common associations and features of this condition?

Good luck

رئيس القسم

ا.د/ نهى دغيم

MD exam; Derma II
Time allowed: 3 hours
Date: 2 /11/2021
Total marks: 130

Tanta University
Faculty of Medicine
Department of Dermatology & Venereology

All questions must be answered:

1. Discuss causes of chromonychia (20 marks)
2. Illustrate: (30 marks)
   a. Dermoscopic differential diagnosis between androgenetic alopecia and frontal fibrosing alopecia
   b. Guselkumab
   c. Pre-acetretin screening

3. Mention: (20 marks)
   a. ATCC and TNM classification and staging of melanoma
   b. Causes of leg ulcers

4. Clarify the main diagnostic features of three inherited diseases that follow lines of Blashko (20 marks)

5. Explain autophagy in non-neoplastic skin diseases (20 marks)

6. Clarify recent anti-metabolites in skin diseases (20 marks)

Good luck

رئيس القسم

ا.د/ نهى دغيم

MD exam; Derma I
Time allowed: 3 hours
Date: 30/10/2021
Total marks: 130

Tanta University
Faculty of Medicine
Department of Dermatology & Venereology

All questions must be answered:

1. Illustrate therapeutic ladder for pyoderma gangrenosum (20 marks)
2. Discuss: (20 marks)
   a) Mucormycosis
   b) Gram negative bacterial skin diseases
3. Explain laboratory studies for evaluation of patients with generalized pruritus of unknown etiology (20 marks)
4. Clarify:
   a) criteria for diagnosis of paraneoplastic pemphigus (6 marks)
   b) Gaucher's disease (8 marks)
   c) Darling's disease (8 marks)
   d) erythromelalgia (8 marks)
5. a) Classify dangerous zones of the face during filler injection (10 marks)

   b) Evaluation of a child with infantile heamangioma for possible systemic involvement (10 marks)
6. Give short account on: (20 marks)

a) inflammosome

b) injected medications that cause lipoatrophy

Good luck

رئيس القسم

ا.د/ نهى دغيم