1. All of the following statements about erythroderma are true EXCEPT
   a) There is > 90% body surface involvement
   b) It is more common in males
   c) The most common cause is drug reaction
   d) High output cardiac failure is a recognised sequelae
   e) Splenomegaly is associated in about 15%
2. The feature you would NOT expect to find in a case of erythema multiforme after cefaclor use is
   a) Itch
   b) Target lesions
   c) No cross sensitivity with cefotaxime
   d) Complete resolution in 2-3 weeks, without sequelae
   e) Arthralgia
3. Which of the following features is consistent with scarlet fever
   a) Punctate rash on neck and truck
   b) Perioral erythema
   c) Geographic tongue
   d) Resolution without desquamation
   e) Only occurs in association with streptococcal pharyngitis
4. Erythema Nodosum is an example of
   a) Panniculitis
   b) Vasculitis
   c) Serum sickness
   d) Erythroderma
   e) Type 2 hypersensitivity
5. Geographic tongue is caused by
   a) Kawasaki disease
   b) Syphilis
   c) Acromegaly
   d) Pernicious anaemia
   e) None of the above
6. The toxic reaction you would least expect with bupivocaive is
   a) Anaphylaxis
   b) Sense of impending doom
   c) Fitting
   d) Arrhythmia
   e) Depressed level of consciousness
7. Which of the following is associated with a lower incidence of wound infection (given adequately cleaned wounds)
   a) Steristrips
   b) Staples
   c) Histoacryl
d) Antibiotics for puncture wounds  

e) All of the above

8. Which of the following is not associated with poor wound healing

a) Lower limb lacerations in the elderly  
b) Broad based flap lacerations  
c) Long flap lacerations  
d) Haematoma beneath a flap laceration  
e) All of the above are associated with poor wound healing

9. If a patient presents with DIC after dog bite the likely organism would be

a) Pseudomonas Aeruginosa  
b) Staphylococcus Aureus  
c) Streptococcus Viridans  
d) Capnocytophaga Caniniosus  
e) Pasteurella Multocida

10. A backpacker returns from Thailand claiming to have been bitten by a dog in Bangkok the week before. There is a healing wound with scab on the right forearm ulnar aspect of the extensor surface. She cannot remember her vaccination status. Which statement is most correct

a) You should give 250U TIG, 0.5mL of ADT, commence oral antibiotic and refer back to the GP for further care – complete ADT vaccinations  
b) There is a strong risk that cellulitis due to Pasteurella multocida will develop in the next week  
c) ADT is contraindicated if she is either haemophilic or pregnant  
d) You should give 250U TIG, 0.5mL of ADT 3 x in the next 3 months, 20U/kg RIG once and 0.1mL HDCV 5 times in the next month  
e) Her risk of contracting rabies would not be reduced if she had cleaned the initial wound thoroughly straight after the injury occurred
1. Which rash is not characteristically found on the hands?  
   a) secondary syphilis  
   b) erythema multiforme  
   c) gonococcus  
   d) meningococcus  
   e) herpes simplex

2. In what dermatological condition is a Tsanck smear used to aid diagnosis?  
   a) Skin lesions of meningococcus  
   b) Herpes vesicular lesions  
   c) Secondary syphilis  
   d) Urticaria  
   e) EBV

3. Which is not true of erythema multiforme?  
   a) less than 30% of the skin must be blistered to make this diagnosis  
   b) classically there are target lesions, especially on the periphery  
   c) there tends to be associated fever and arthralgia  
   d) it settles within 7-10 days if left untreated  
   e) steroids orally quicken the recovery

4. Which drug is not likely to cause toxic epidermal necrolysis?  
   a) penicillin  
   b) trimethoprim  
   c) carbamazepine  
   d) cimetidine  
   e) piroxicam

5. Which is not a possible cause of a blistered patient?  
   a) molluscum contagiosum  
   b) hand, foot and mouth disease  
   c) eczema herpeticum  
   d) allergic contact dermatitis  
   e) bites

6. Which is NOT TRUE of staphylococcal scalded skin syndrome?  
   a) it is most commonly seen in infants  
   b) it is toxin mediated  
   c) there is no mucosal involvement
d) it tends to be less severe than toxic epidermal necrolysis

e) the focus for infection may be non cutaneous

7. Which infectious erythema is purely caused by toxin alone and not from the infectious process as well?
   a) toxic shock syndrome
   b) scarlet fever
   c) streptococcal toxic shock syndrome
   d) staphylococcal scalded skin syndrome
   e) all of the above

8. Which rash is not usually itchy?
   a) urticaria
   b) eczema
   c) scabies
   d) bites
   e) scarlet fever

9. Which is not true of scarlet fever?
   a) the erythema appears very early after the prodrome begins
   b) the rash does not blanche
   c) there is circumoral pallor
   d) there is often pharyngotonsillitis
   e) there is a strawberry tongue

10. Which is not one of the five criteria other than fever required to make the diagnosis of Kawasaki’s disease?
    a) cervical LN
    b) peripheral changes. Eg erythema and oedema
    c) bilateral non purulent conjunctivitis
    d) polymorphous rash
    e) pustular tonsillitis

11. Which does not tend to produce palpable purpura?
    a) meningococcus
    b) vasculitis
    c) SLE, rheumatoid arthritis
    d) Clotting disorders
    e) Henoch schonlein purpura

12. Which is not associated with erythema nodosum?
    a) sarcoid
    b) crohns disease
    c) leukemia
    d) salmonella
    e) hep B

13. Which is not associated with pyoderma gangrenosum?
    a) IBD
    b) Rheumatoid arthritis
    c) Leukemia
    d) salmonella
    e) myeloma

14. Which is NOT TRUE of pemphigus and pemphigoid?
    a) the prognosis of pemphigoid is better
b) pemphigous lesions are intra dermal where as the lesions in pemphigoid are subdermal
c) mucosa is more often involved in pemphigous
d) clinically the two can be usually differentiated with a good examination
e) they are both autoimmune disorders

15. Which is the usual causative organism in toxic shock syndrome?
   a) staph aureus
   b) e coli
   c) pneumococcus
   d) strep pyogenes
   e) meningococcus

16. Which medication does not commonly cause photosensitivity eruptions?
   a) thiazide diuretics
   b) spironolactone
   c) loop diuretics
   d) amioderone
   e) sulfonylureas

17. Which is not true of antiviral medications if given within 72 hours of vesicle formation in herpes zoster?
   a) it decreases time to healing
   b) it decreases new lesion formation
   c) it decreases recurrence
   d) it possibly decreases pain
   e) it possibly decreases duration of post herpetic neuralgia

18. Which is not true of measles?
   a) Koplicks spots are seen a few days after the onset of rash
   b) The rash appears a few days after the prodrome, starting at the head and moving downwards
   c) Unimmunised contacts should be given MMR within 72 hours if over 6 months of age
   d) If greater than 72 hours immunoglobulin should be given i.m.
   e) Unimmunised contacts should be excluded from school for 2 weeks

19. Which is not true of henoch schonlein purpura?
   a) it is a vasculitis of unknown cause
   b) purpura are classically on the lower limbs
   c) abdominal pain and malena are documented
   d) renal disease is a potentially serious complication
   e) steroids diminish the likelihood of renal complications


11. How many days it take a wound to reach 100% of its original tensile strength?
   a) 40
   b) 100
   c) 150
   d) 250
   e) 360

12. Which imaging modality is most successful at detecting suspected foreign bodies in wounds?
   a) normal plain xray
   b) plain xray ’soft tissue view’
c) ultrasound  
d) CT  
e) Bone scan

13. Which is the best irrigation fluid for most wounds?  
   a) normal saline  
   b) povodine – iodine  
   c) aquesous chlorhexidine  
   d) chlorhexidine with cetramide  
   e) a combination of A and B

14. Which is the correct regimen for wound irrigation?  
   a) 21 gauge needle, 50 ml syringe  
   b) 21 gauge needle, 20 ml syringe  
   c) 19 gauge needle, 50 ml syringe  
   d) 19 gauge needle, 20 ml syringe  
   e) 1 litre bag with giving set wide open

15. When antibiotics are given for a wound with a high risk of infection, how should they be given in the ED?  
   a) orally prior to wound manipulation, with discharge prescription  
   b) iv prior to wound manipulation, with discharge prescription  
   c) a prescription to be filled on discharge  
   d) both A and B give the same result  
   e) infiltrated around wound i.m

16. Which wound is most likely to produce tetanus?  
   a) Intraoral laceration  
   b) scalp laceration with underlying skull fracture  
   c) crush injury to distal phalynx  
   d) frostbite  
   e) puncture wounds

17. Which suture should be used for wounds at risk of infection?  
   a) monofilament, natural  
   b) monafilament, synthetic  
   c) multifilament, natural  
   d) multifilament, synthetic  
   e) catgut

18. Which is false regarding staples?  
   a) they have a higher rate of infection than sutures  
   b) they are cheaper than sutures  
   c) they are quicker to insert than sutures  
   d) they are more painful to remove than sutures  
   e) they do not provide as accurate a finish as sutures

19. At which distance should two point discrimination be possible?  
   a) 2mm  
   b) 5mm  
   c) 7.5mm  
   d) 10mm  
   e) 15mm

20. Which is not readily seen on Xray?  
   a) all glass greater than 2mm  
   b) gravel  
   c) teeth
d) fish bone
e) steak bone

21. Human bites to what area have the highest rate of infection?
   a) face
   b) arm
   c) shin
   d) back
   e) hand

(all the others have similar infection rates to non bite lacerations)

22. Regarding bites which is false?
   a) all hand bites (animal and human) should be managed by delayed primary closure or secondary intention
   b) primary wound closure to the head and neck is acceptable after appropriate wound irrigation
   c) wounds less than 1-2 cm have a lower rate of infection and can be safely treated with primary closure
   d) infection with pasturella multicodia is specific to cat bites
   e) infection with capnocytophaga caninorsus is specific to dog bites

23. Which antibiotic regimen is recommended in antibiotic guidelines for bites with a high risk of infection?
   a) augmentin duo forte
   b) penicillin
   c) ampicillin
   d) cephalaxin
   e) metronidazole plus penicillin

24. Which sort of puncture wound is prone to unusual infection not covered by the above regimen? What is the organism involved?
   a) nail
   b) glass
   c) through athletic footwear
   d) through leather soles
   e) through thongs

25. Which wound does not require antibiotic prophylaxis upon discharge (assuming seen within 3 hours and appropriate wound care applied)?
   a) intraoral
   b) complicated dog bites
   c) complicated human bites
   d) all cat bites
   e) plantar puncture wounds
   f) axillary