

**POSTGRADUATE INSTITUTE OF MEDICINE**  
**UNIVERSITY OF COLOMBO**

**MD (DERMATOLOGY) EXAMINATION – JANUARY 2023**

**Date :- 23<sup>rd</sup> January 2023**

**Time:- 9.00 a.m. – 11.00 a.m.**

**WRITTEN EXAMINATION**

**S1 – PAPER I (THEORY I)**

Answer all four (04) questions.

Answer each question in a separate book.

1. Discuss the role of intravenous immunoglobulin (IVIg) therapy in dermatology, explaining its mechanisms of action, indications, contraindications and adverse effects. What precautions will you take before prescribing IVIg? (100 marks)
  
2.
  - 2.1. Outline the process involved in melanocyte development and migration. (50 marks)
  - 2.2. Briefly describe pigmentary mosaicism mentioning different morphological patterns with examples. (38 marks)
  - 2.3. List three (03) inherited diffuse hypomelanotic syndromes mentioning the genetic defect in each. (12 marks)

Contd...../2-

3.

- 3.1. Define ectoparasitism and list three (03) clinical examples. (15 marks)
- 3.2. Briefly describe the mechanisms by which ectoparasites harm humans. (50 marks)
- 3.3. Mention the pharmacological properties of an ideal topical parasitocidal agent. (35 marks)

4.

4.1.

- 4.1.1. Draw and label the ultrastructure of a desmosome. (20 marks)
- 4.1.2. List five (05) clinical types of the spectrum of pemphigus and mention primary antigens involved in their pathogenesis. (15 marks)

4.2. Discuss how you interpret three (03) important investigations to differentiate between the types of pemphigus mentioned in 4.1.2. (45 marks)

4.3. Mention a novel targeted therapy for pemphigus vulgaris outlining its mechanism of action and pretreatment evaluation. (20 marks)

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**Time:-** 11.15 a.m. – 12.00 noon

**WRITTEN EXAMINATION**

**S1 – PAPER II (THEORY II)**

Answer all three (03) questions.

Answer each question in a separate book.

1. An 18 month old baby boy was referred to a dermatology unit for further management of widespread dermatitis with poor response to conventional topical therapy. He has immunoglobulin E (IgE) level of more than 2000 IU.

1.1. Give three (03) possible differential diagnoses. (30 marks)

1.2. Give two (02) additional clinical features in each condition to support your differential diagnoses. (60 marks)

1.3. Further evaluation revealed persistent thrombocytopenia.  
What is the most likely diagnosis? (10 marks)

2. A 34 year old frequent international traveller presented with an erythematous macule on the right thigh of two weeks duration. He had been prescribed antibiotics for a flu like illness one week ago.

2.1. List three (03) differential diagnoses for the above presentation. (30 marks)

2.2. The lesion faded after one week, but he presented 4 weeks later with fever, chest pain and weakness of lower limbs.  
What is the most likely diagnosis? (20 marks)

2.3. Briefly describe additional clinical features which would support your diagnosis in 2.2. (50 marks)

3. A 50 year old female presented with swelling of limbs, joint pain, and peripheral numbness of one year duration. She gave a history of recurrent erythematous nodules and plaques on upper limbs for the past 3 months.

3.1. List three (03) differential diagnoses for the above scenario. (30 marks)

3.2. Give three (03) investigations and their interpretation in confirming the above diagnoses. (50 marks)

3.3. Outline the management of one (01) of the diagnoses mentioned in 3.1. (20 marks)