



OneShot 4.0

Dermatology

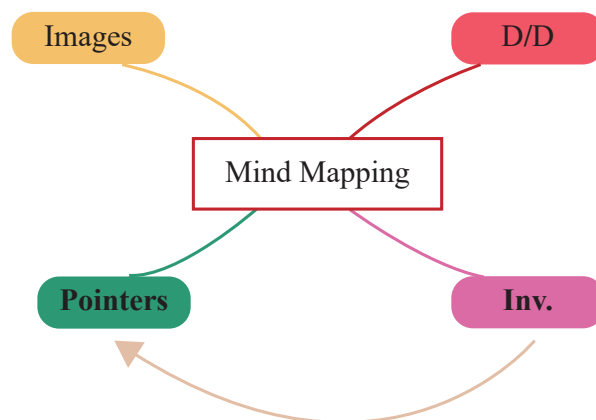
DBMCI · 2026





DERMATOLOGY

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“

Getting a good rank can seem scary and daunting. The future can scare us. The trick is that you don't have to look very far ahead. Plan and win today. Give 100% honest effort today, and tomorrow will take care of itself. Small daily 1% improvements will create a mountain of perfection in due course.

- Dr. Saurabh Jindal

”





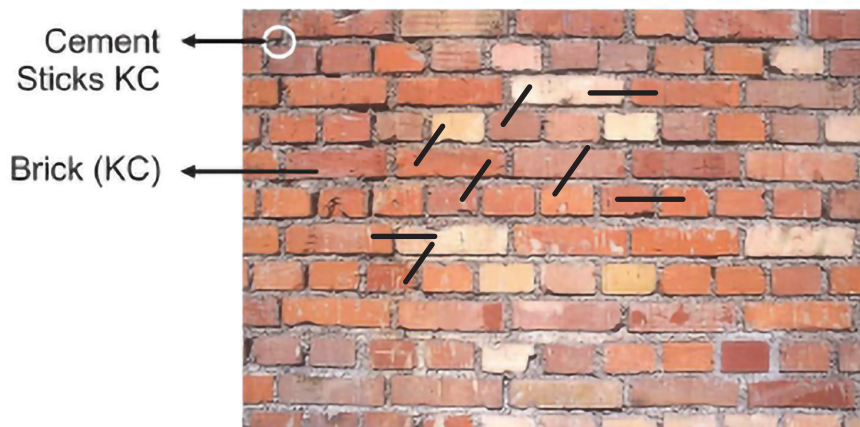
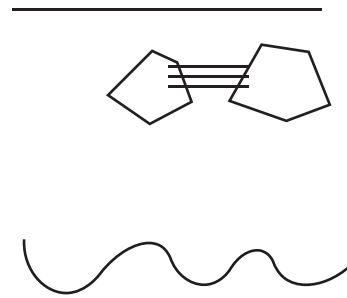
BLISTERING DISORDERS

- *The 3- line magic*



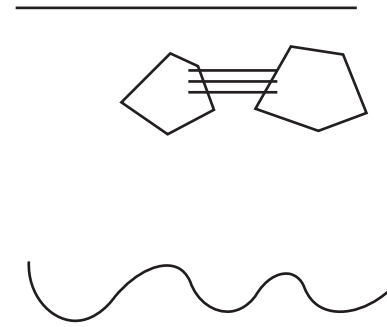
Quiz

- *Scale/crust presentation*
- *Seborrheic area*
- *No mucosal involvement, Nikolsky positive, DIF +ve*



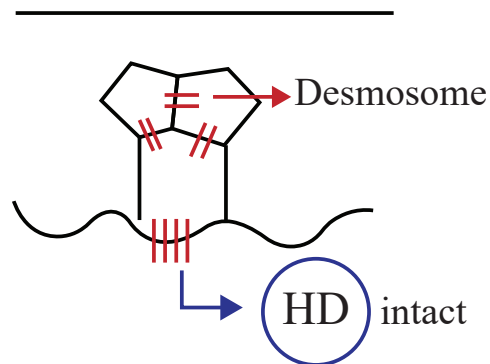
Quiz

- Scale/crust presentation/Seborrheic area
- No mucosal involvement, Nikolsky positive
- Add Fever, Hypopyon sign, DIF Negative



Quiz

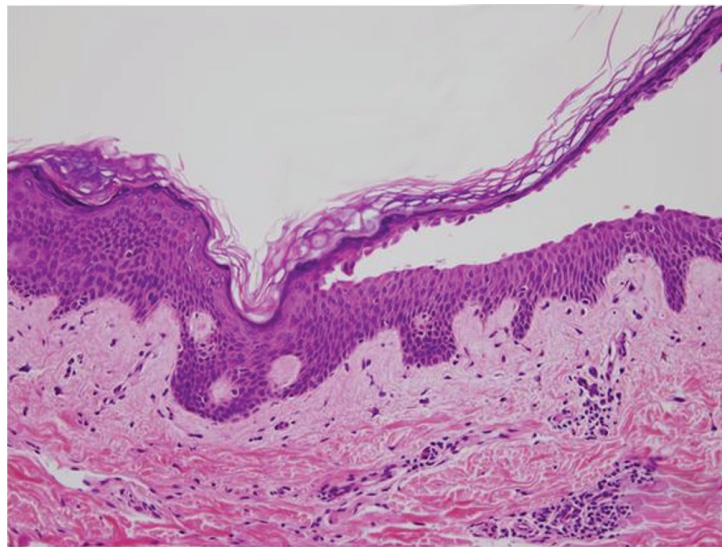
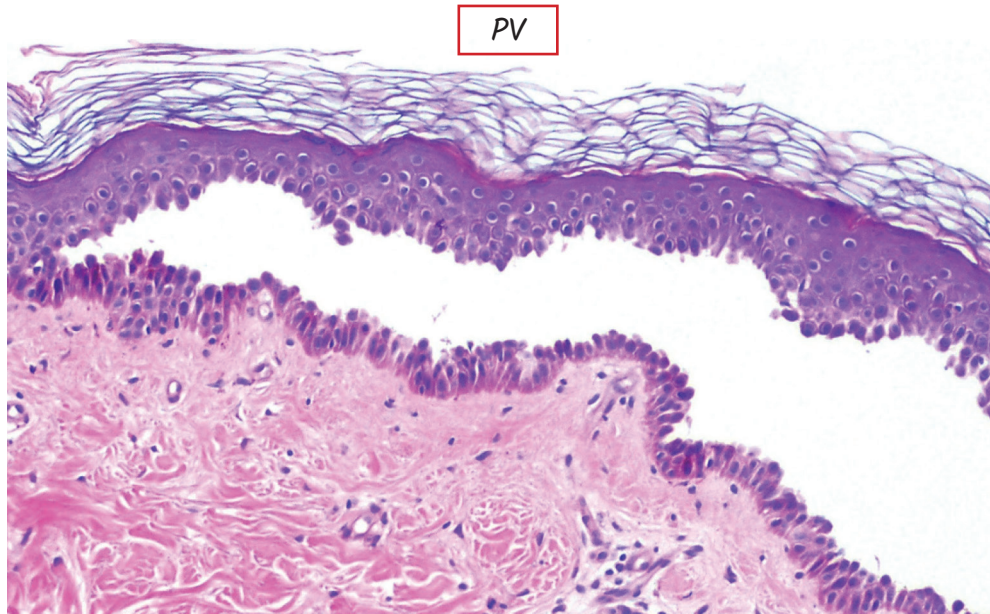
- Painful erosions all over the body
- Mucosal involvement
- Nikolsky +ve, DIF +ve

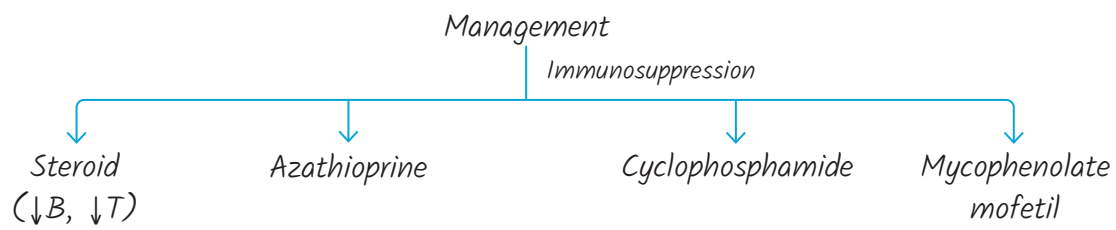
**PV**

Erosions, crusting, some healing with hyperpigmentation



Oral irregular painful ulcers

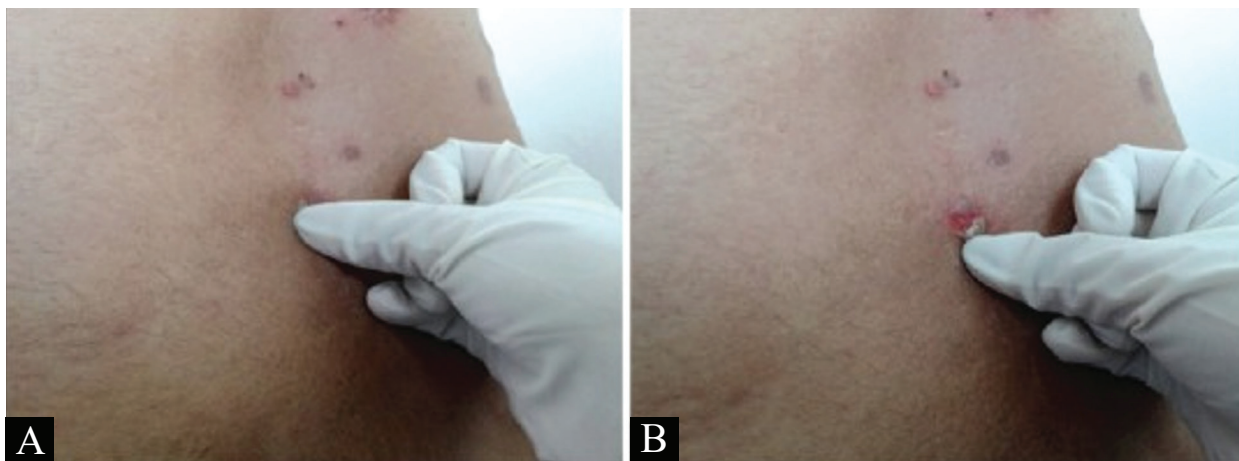




- New → Injection Rituximab

Monoclonal Ab against CD 20 receptor on B cell surface

Quiz

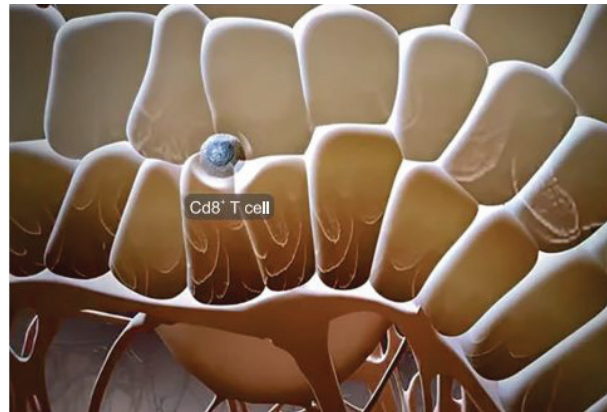
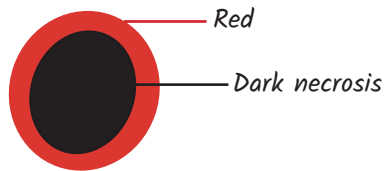


Causes for Nikolsky Sign

- S/o Epidermal Acantholysis
- To differentiate **intraepidermal blisters** from **subepidermal blisters**.
- _____
- _____
- _____
- _____

Quiz

- Drug induced painful erosions , Targetoid lesions, Skin necrosis
- Mucosal involvement
- Nikolsky +ve, DIF -ve



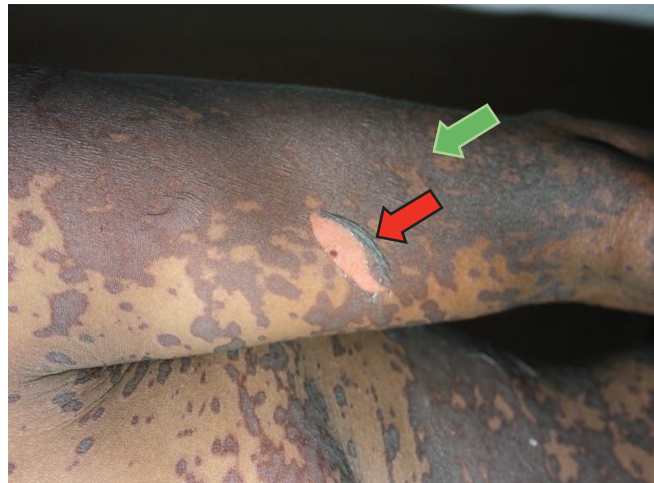
SJS/TEN



Targetoid lesions



Hemorrhagic crust-lip

SJS/TEN

*Dusky tender macules/Patches (Orange arrow)-
Nikolsky +ve (Red arrow)*

Re-block Fas R



IV IG (Intravenous immunoglobulin)

CD8 inhibitor - cyclosporine

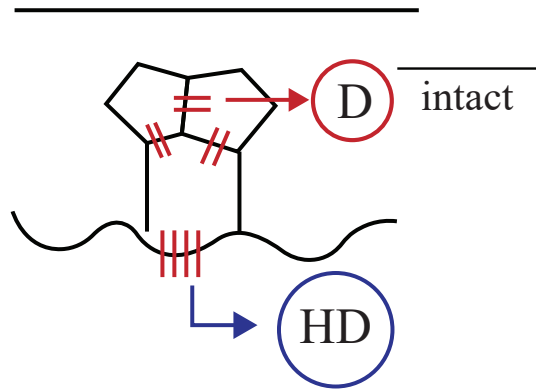
Steroids - Controversial



Because raw sign/↑ sepsis (Steroids may ↑ sepsis)

Quiz

- Elderly
- Tense itchy blister on red skin
- Nikolsky Neg, BSS positive, DIF + (Anti Bp2 > Anti Bpl- IgG)



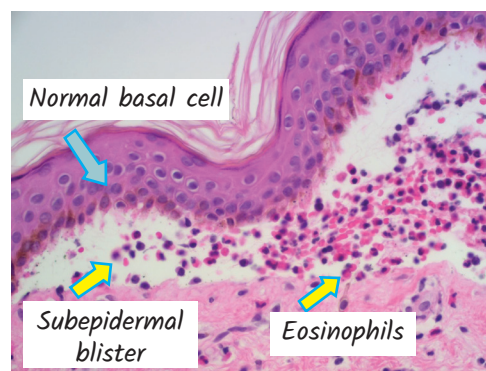
BP



Tense itchy blisters- limb, elderly pt



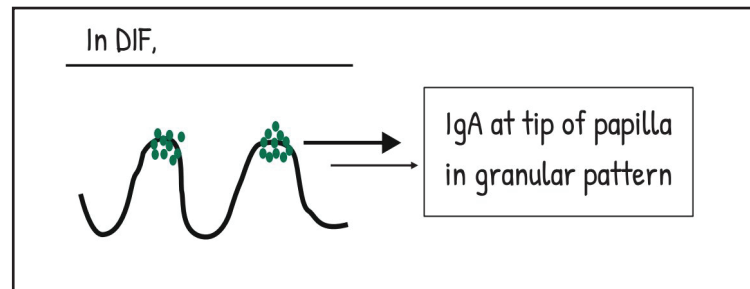
Tense itchy blisters- limb, elderly pt



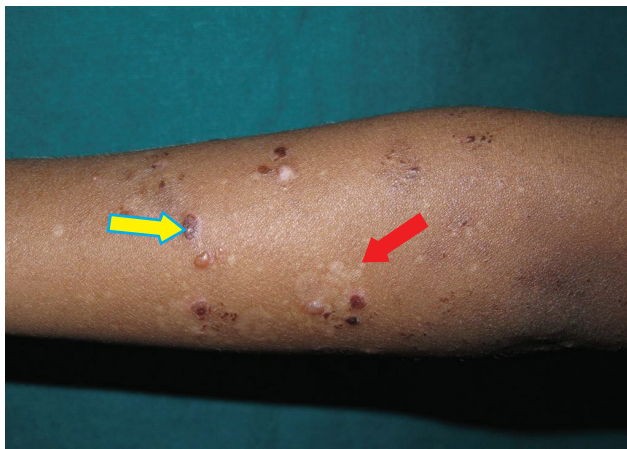
Histology of BP

Quiz

- Grouped, Tense vesicles
- Severe itch and scratch
- Gut issues



DH

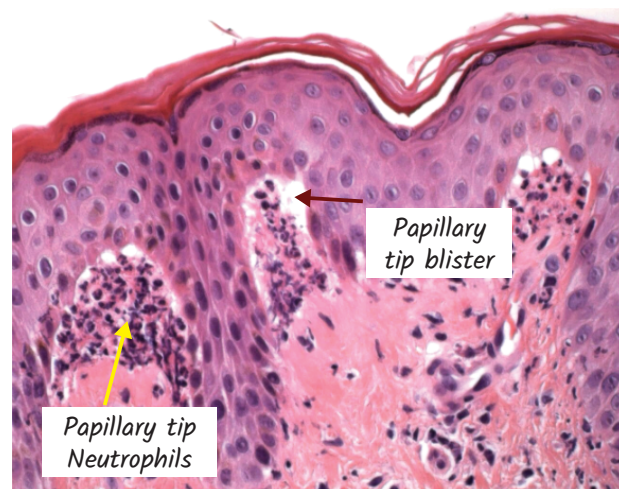


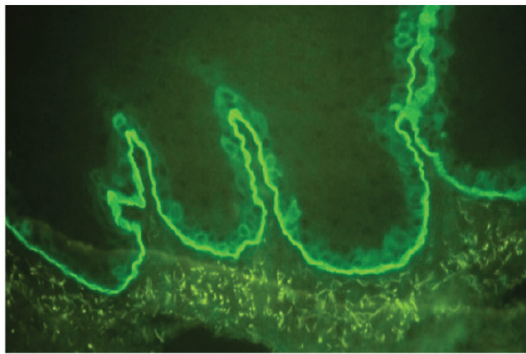
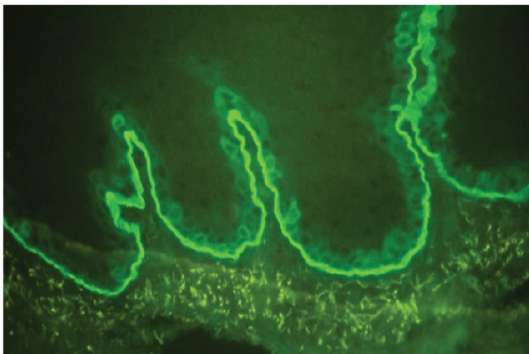
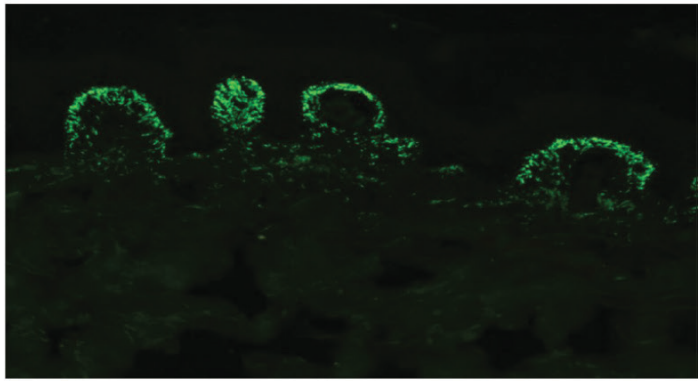
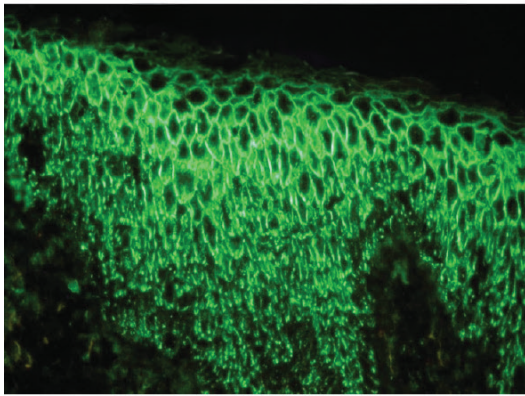
Grouped papulovesicles on elbow (yellow arrow), scratch marks (red arrow)

DH- Histology

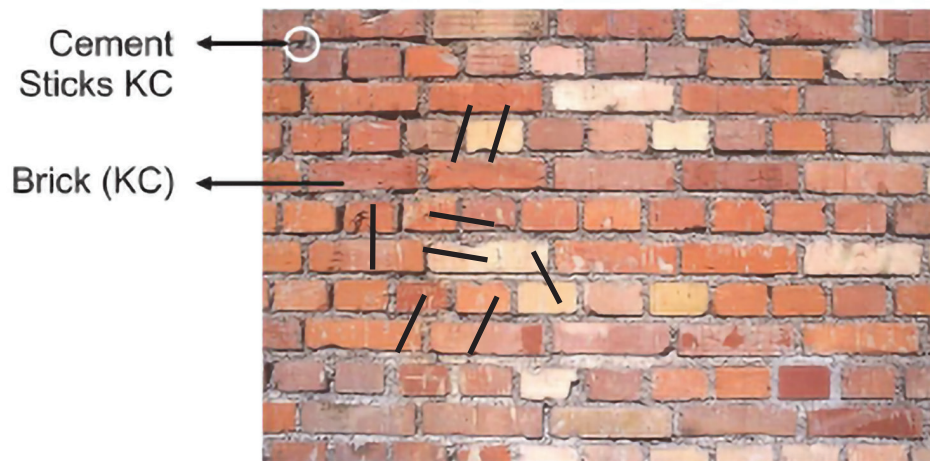


Scratch marks in DH

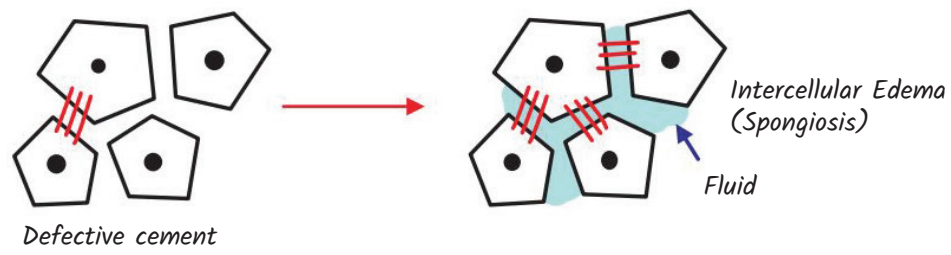




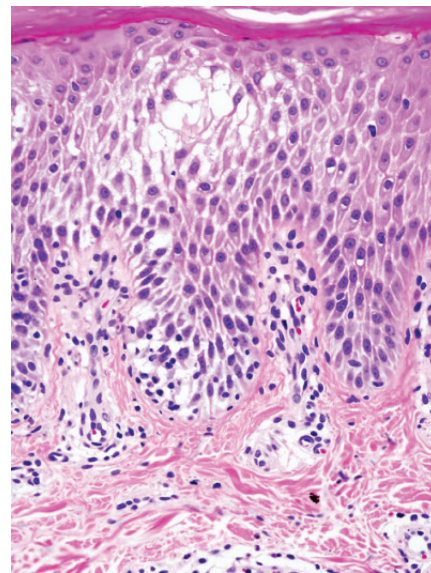
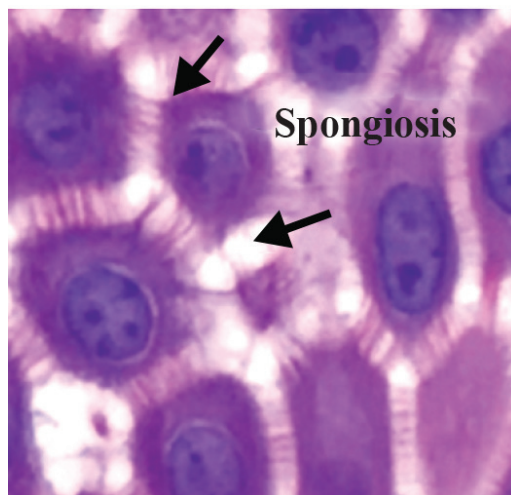
ECZEMA



Eczema



Spongiosis

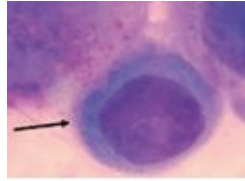


Brick	Cement	Desmosome	Hemidesmosome	Diagnosis
Intact	Intact	Broken (Acantholysis)	Intact	
Intact	Broken	Intact	Intact	
Intact	Intact	Intact	Broken	

Acantholysis- Tzanck smear (Giemsa)

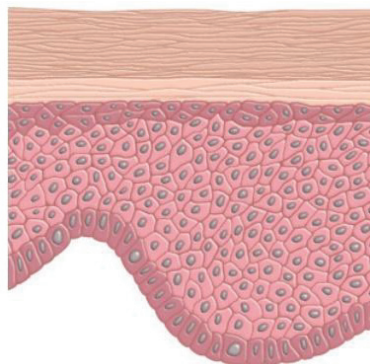
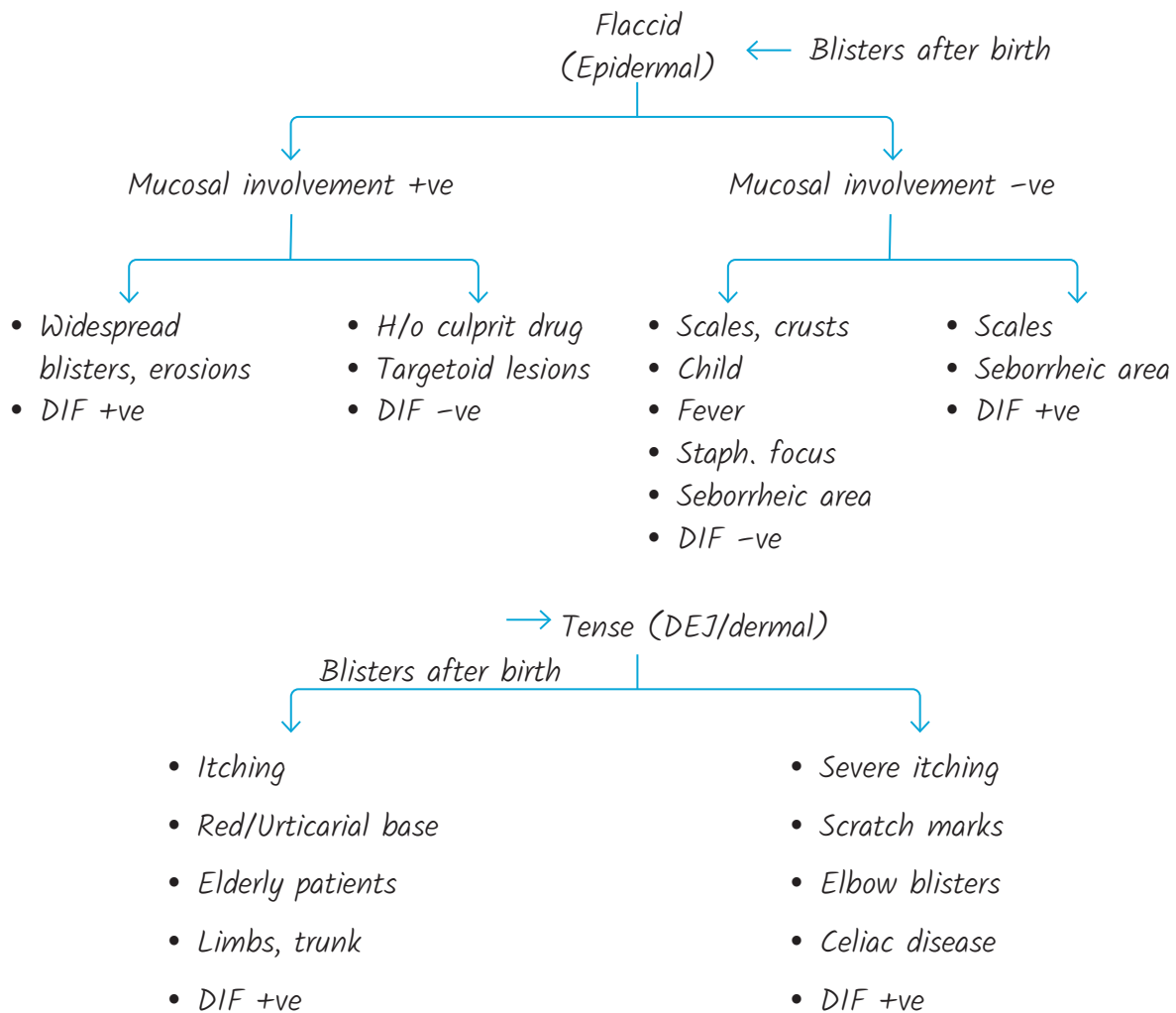
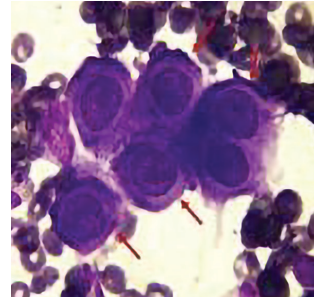
Primary

- Pemphigus
- SSSS
- Darier
- Hailey - Hailey disease



Secondary

- Herpes





NOTES



NOTES

PAPULOSQUAMOUS ERUPTIONS

Blistering disorders

- *The 3- line magic*



Quiz

- *Oozing, Itch, Scaling, blisters*
- *Flexure (Adult), Extensor (Child)*
- *Asthma/rhinitis/ Recurrent URTI*



AD- Adult

MCQ

- 1. Patient having asthmal relapse*
- 2. Itchy*
- 3. Elbow fold*



Flexural eczema with oozing- Atopic eczema



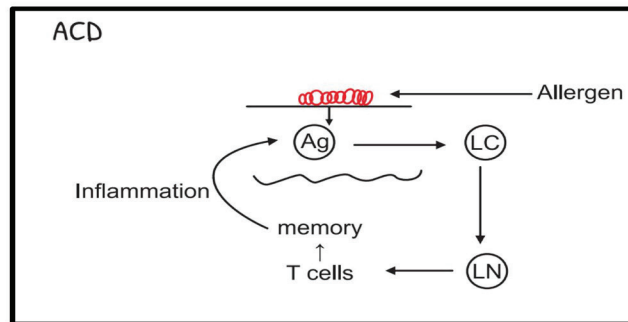
AD- Child

- Extensor of limbs
- Cheeks



M/c : Nickel

Dx : Patch test



Quiz

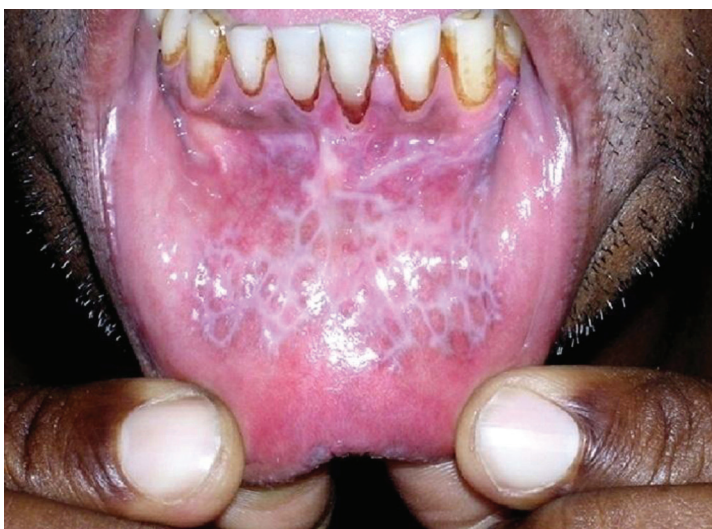
- Non scaly
- Lichenoid
- Flexure



Flexural, non scaly, purple papules on wrist

- *S P* (Purple/Polygonal/Pruritic/Plain topped/Papules)
- Oral LP
- Nail LP-
- LP Pilaris-
- LP pigmentosus-

Histology of LP



Oral LP :
Wickham's striae
Criss cross- lacy

Quiz

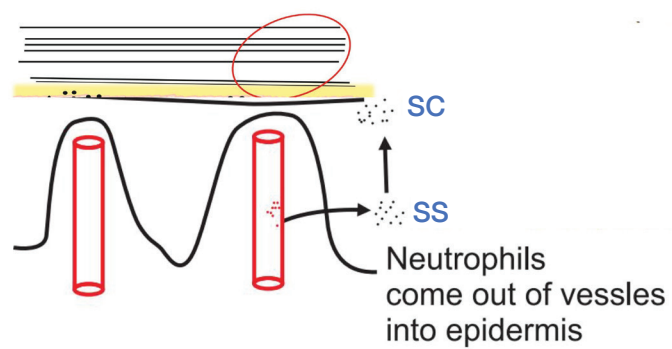
- Scaly
- Red
- Extensor



Extensor, scaly, papules/plaques- Psoriasis

- Auspitz sign + (neg. in Pustular/Inverse)
- Guttate-
- Erythrodermic-
- Arthritis
- Pustular
- Inverse
- Sebopsoriasis
- Complication-

Histology of Ps





Yellow, greasy scales _____

Quiz

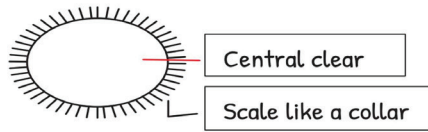
- Prior Urethritis- m/c Chlamydia (STD)/ Diarrhoea
- Arthritis- Uveitis
- Plantar hyperkeratosis/Circinate balanitis



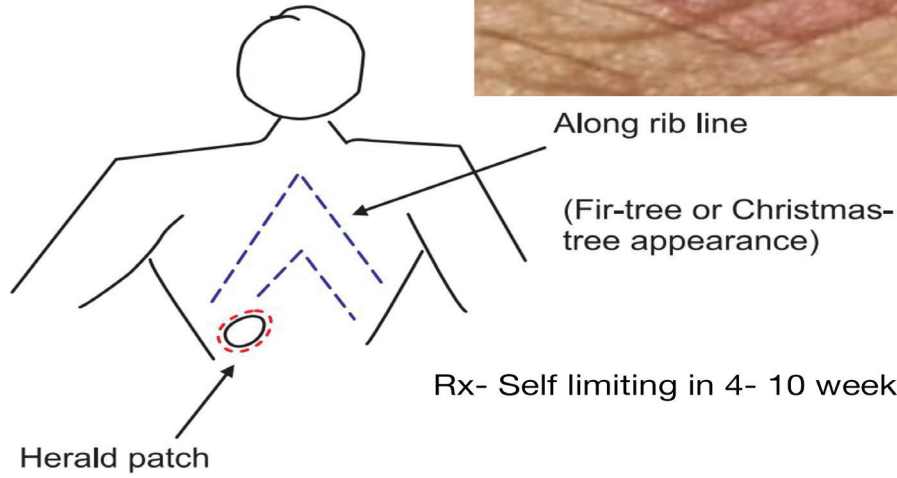
Thick keratotic plaques on sole but with pus discharge- Reiters

Circinate balanitis





Collarette scales



Papulosquamous eruptions

Flexure or extensors, itchy

Atopic eczema- oozing, lichenification, h/o atopy

Annular, itchy

*P. Rosea
Tinea*

Flexural, itchy

LP- No scale, Purple, papules

Extensors, itchy

Psoriasis- Scaly, Red

Non itchy, acral, scaly

Secondary syphilis

Seborrheic areas, itchy

Seborrheic dermatitis yellow greasy scales

Psoriasis like lesions

Reiters- Thick lesions, circinate balanitis, Plantar keratin



NOTES



NOTES

SCALES

Scales	Disease
• Mica like	
• Silvery	
• Leaf like	
• Greasy	
• Collarette	
• Fish like	
• Carpet like	

Psoriasis



P. Rosea

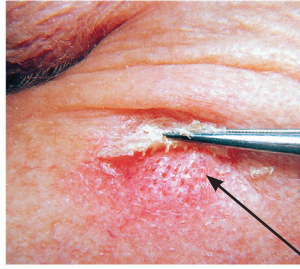
PF



Ichthyosis



Yellow/greasy



Carpet tac



Powdery



NOTES



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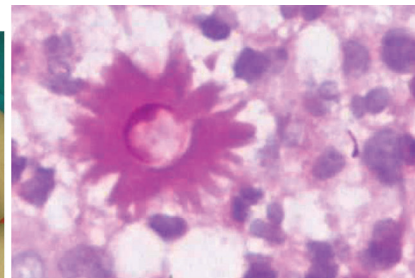
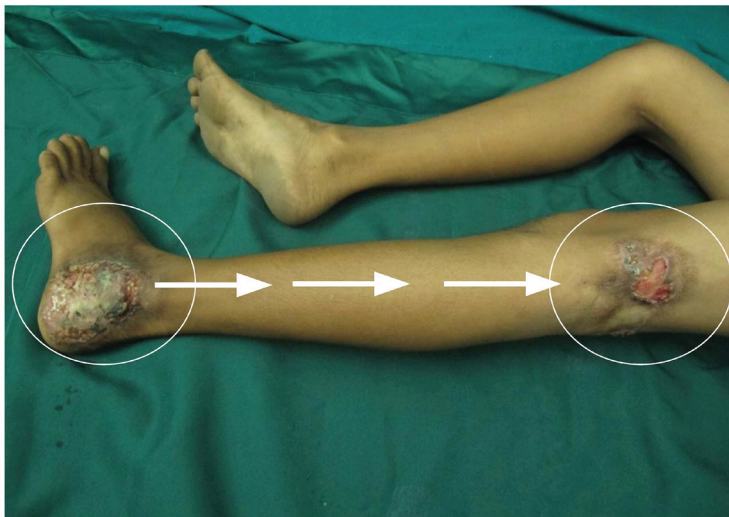
DEEP FUNGAL INFECTIONS

- *The 3- line magic*



Quiz

- *Gardner/farmer*
- *Bare foot walk/ thorn prick*
- *Linear nodules/ sinus*



Asteroid body

Quiz

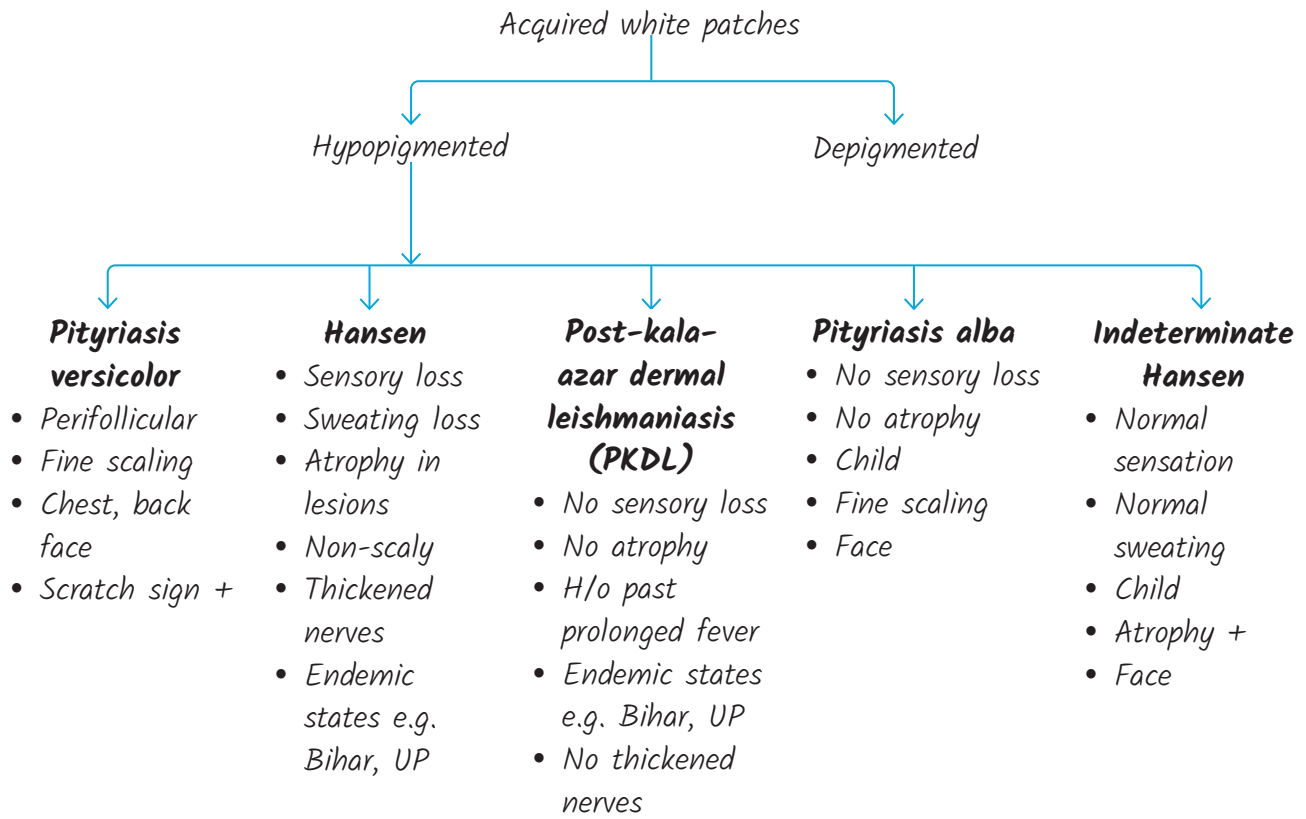
- Gardner/farmer
- Bare foot walk/ thorn prick
- G-S-T (grain+ sinus + tumour)



Quiz

- Gardner/farmer
- Bare foot walk/ thorn prick
- Cauliflower mass/ no sinus/ no tumour





P. versicolor



BL hansens



PKDL



Almost symmetrical hypopig. Patches - hypoaesthesia, hypohidrosis



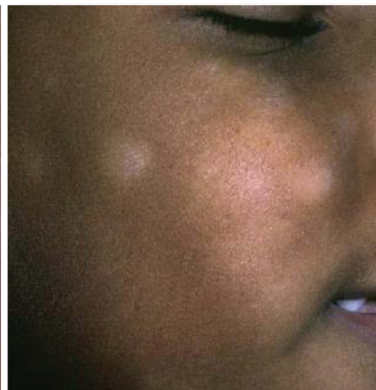
Similar symmetrical hypopig. patches - but with H/o past fever, normal sensations

Indeterminate hansens



Normal sensations, normal sweating, atrophy+, from endemic areas

P. alba



Normal sensations, normal sweating, No atrophy, Fine scaling, h/o atopy+

N. depigmentosus - Unilateral, congenital





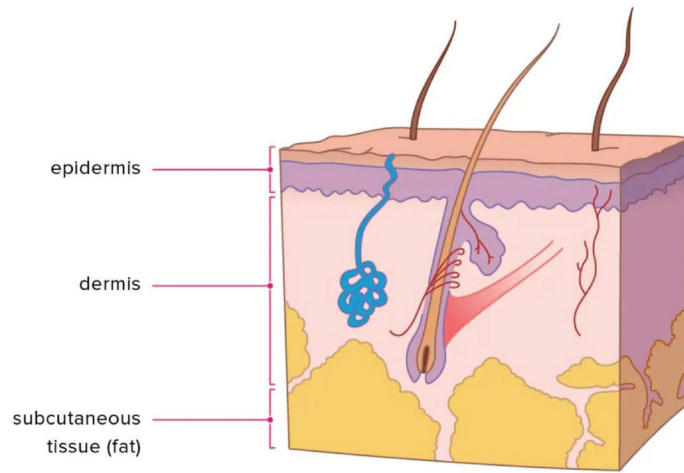
NOTES



NOTES



DARK LESIONS

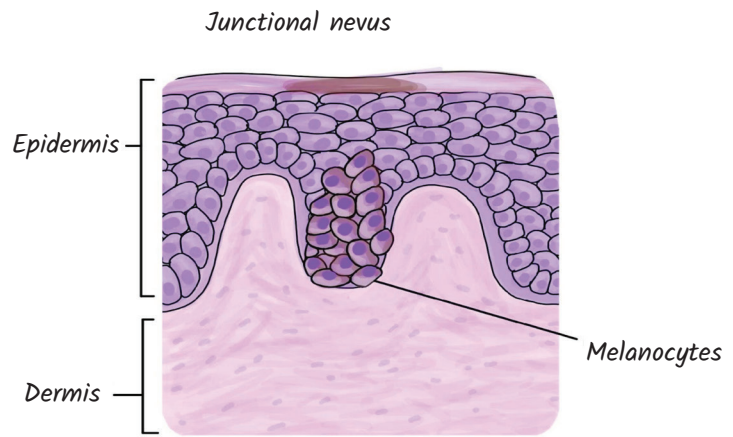


<i>Level of colour</i>	<i>Clinical colour</i>	<i>Disease</i>
<i>a) Basal epidermis/ DEJ</i>	<i>Brown</i>	<ul style="list-style-type: none">• <i>Junctional nevus/ compound nevus</i>• <i>Melasma, Chik sign</i>• <i>Mastocytosis</i>• <i>Becker's nevus</i>

Junctional melanocytic nevus



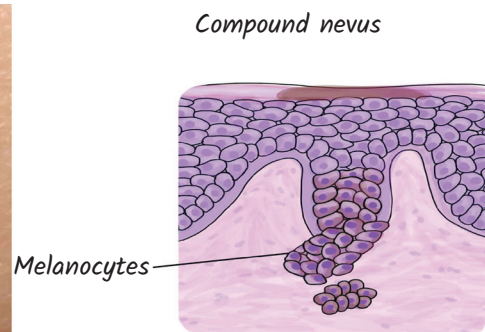
Flat brown macule- Junctional AMN



Compound melanocytic nevus



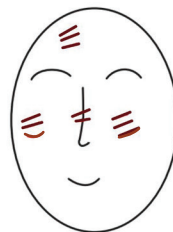
Elevated brown papule- Compound AMN

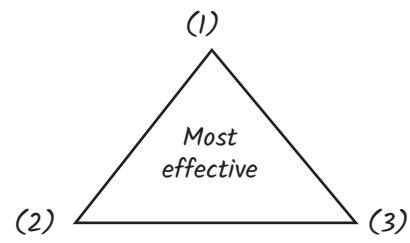


Melasma



Brown patches-cheek, nose.
Photosensitivity +



Kligman regimen

*Brown- nose (yellow arrow) and face – not photosensitive-
always a h/o fever and joint pains- CHIK sign (Chikungunya)*

*Unilateral, brown patch on shoulder, back,
hypertrichosis, acneonset puberty- BECKERS
NEVUS*



<i>Level of colour</i>	<i>Clinical colour</i>	<i>Disease</i>
<i>b) Superficial dermis</i>	<i>Purple/ Violaceous</i>	<ul style="list-style-type: none"> • <i>Lichen planus</i> • <i>Fixed drug eruption</i>

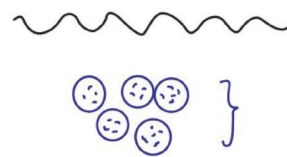
- *Lip/Genital blister/pigment*
- *Diarrhoea/Pain/fever*
- *Same site*



Fixed Drug Eruption



Level of colour	Clinical colour	Disease
c) Deep dermis	Blue/Grey	<ul style="list-style-type: none"> Mongolian spot Nevus of Ota



Hyperpigmentation disorders

Site	Cong/Acq	Color	Additional points	Diagnosis
Cheek, nose, forehead	Acq	Brown	Photo+, F>M, OCP Pregnancy	Melasma
Cheek, eyelid	Cong	Blue	Blue sclera	Nevus of Ota
No particular site	Cong/Acq	Brown/ black	Macule/Papule/ Nodule/hairy	Melanocytic nevus
Shoulder, chest, arms	Acq	Brown	With hair and acne inside lesion	Becker's nevus
Lumbosacral	Cong	Blue	Reduces with age	Mongolian spot
Sun-exposed	Acq	Various	ABCDE criteria	Melanoma
Trunk	Acq	Brown	Darier sign +	Mastocytosis



NOTES

LEPROSY

TT → LL

- | | |
|---|--|
| <ul style="list-style-type: none"> • Well defined border • Hypopigmentation • Sensory loss/Sweat loss • No nodules • Granuloma • SSS Negative • No symmetrical lesions | <ul style="list-style-type: none"> • ill Defined border • Erythematous • Normal sensation/sweat • Nodules • Foam cells • SSS Positive • Symmetrical lesions |
|---|--|

* How to arrive at the diagnosis of leprosy in an MCQ?

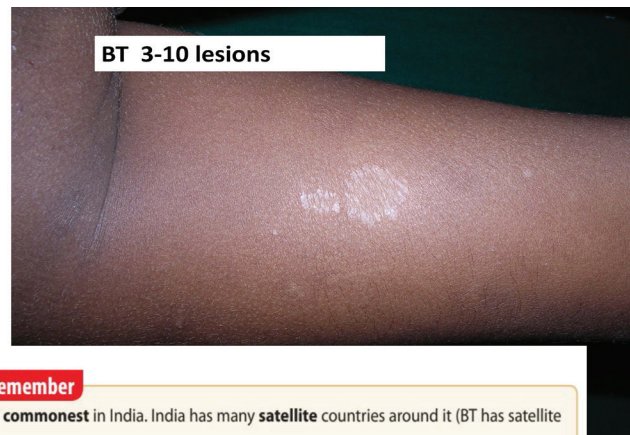
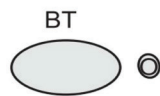
TT	BT	BB	BL	LL
<ol style="list-style-type: none"> 1. Single lesion 2. Single thick nerve 3. Well-defined borders 	<ol style="list-style-type: none"> 1. Satellite lesion/Few lesions 2. Few non-symmetrical nerve thickenings and non-symmetrical patches 	<ol style="list-style-type: none"> 1. Punched out lesions/ Swiss-cheese lesions/ Inverted-saucer lesions 2. Multiple lesions but countable 3. Inner border of lesions: Well defined, Outer border: ill defined 	<ol style="list-style-type: none"> 1. Multiple lesions, uncountable 2. Almost symmetrical on both sides on midline 3. Multiple bilaterally thick nerves 4. Punched out lesions/ Swiss-cheese lesions/ Inverted-saucer lesions 	<ol style="list-style-type: none"> 1. Multiple lesions/ diffuse infiltration/ nodules 2. Perfectly symmetrical on both sides on midline 3. Glove and stocking anesthesia 4. No hypopigmentation 5. Normal sensations on patches 6. Ear-lobe infiltration 7. Trophic ulcers

TT



Dry, anesthetic, anhidrotic, hypopigmented, single patch

Hypopigmentation, well defined borders



Aid to Remember

Bharat (भारत)—BT **commonest** in India. India has many **satellite** countries around it (BT has satellite lesions)



BB



Annular, erythematous plaque, punched out in centre



Annular lesions- 2 borders

BL

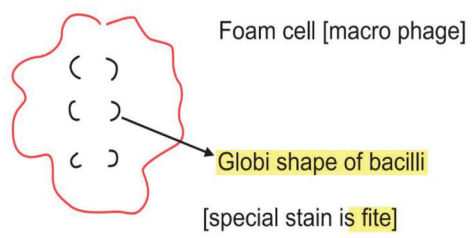


LL- nodules- throwing skin into folds- leonine leprosy

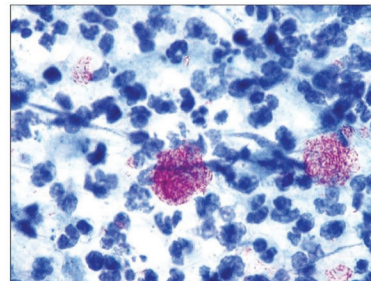


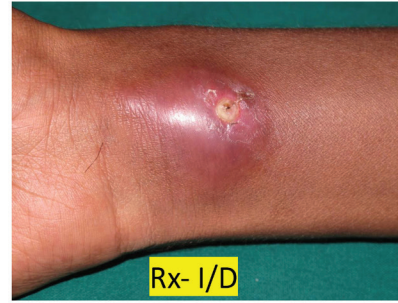
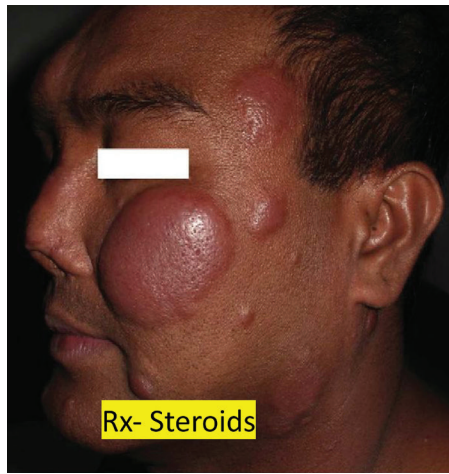
LL

- Epistaxis
- Ear lobe infiltration
- Gynecomastia
- Peripheral neuropathy/Trophic ulcers
- Lagophthalmos/Exposure keratitis
- Painless nodules
- Madarosis/Saddle nose/Nasal septal perforation



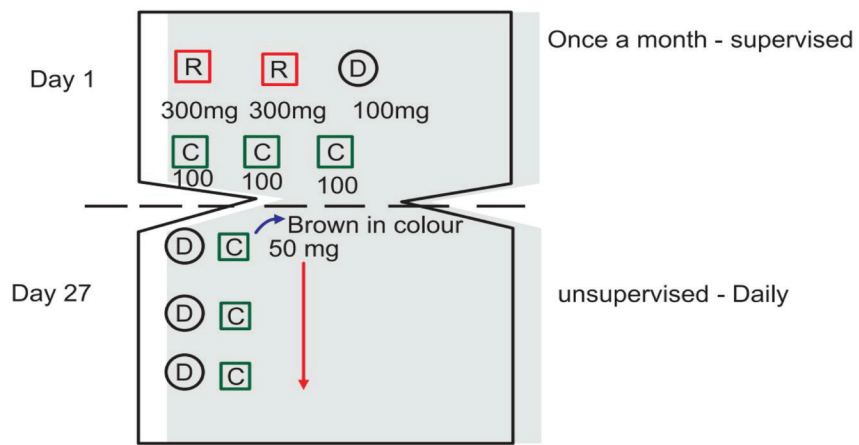
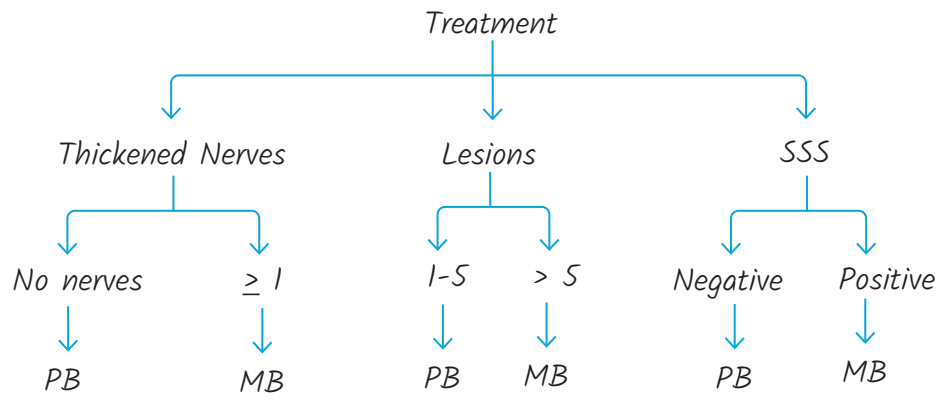
Lepra cells- Fite
Faraco stain





Aid to Remember

Total will be five—Type 1 lepra is type 4 hypersensitivity, type 2 lepra is type 3 hypersensitivity





NOTES



NOTES

ALOPECIA

- *The 3- line magic*



Quiz

- *Thinning/Miniaturisation*
- *Patterned, Non scarring alopecia*
- *Recession (Male), Widening of parting (Female)*

Male AGA



Hair line recession (Frontal, bitemporal), vertex loss

Female AGA



Hair line maintained, vertex loss

Quiz

- *Incomplete non scarring alopecia*
- *Varying lengths hair, female*
- *Dominant hand side*

Trichotillomania - *Patchy, Incomplete hair loss, Hairs of varying lengths. Pt may pull on dominant hand side*



Quiz

- Child with easily pluckable
- Woods lamp positive
- Boggy/Broken hairs/Scaly



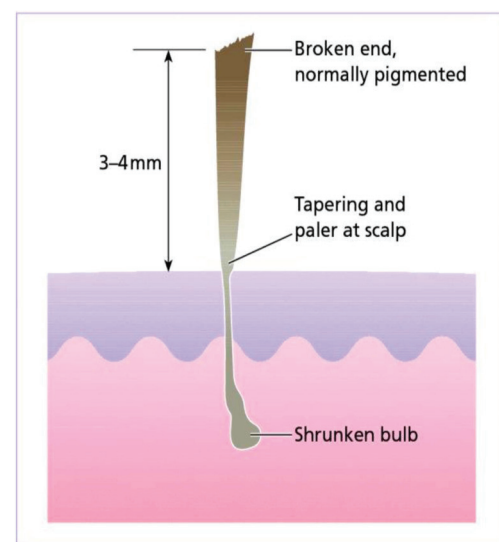
Child- Boggy, inflammed swelling, pus, alopecia

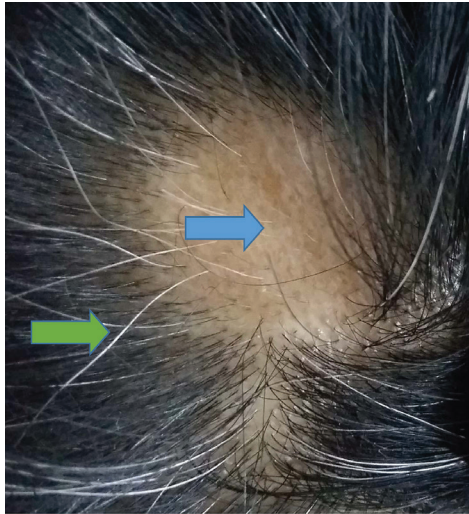


Child- Scarring alopecia, Yellow cup shaped scutulum (red arrow)

Quiz

- Complete alopecia – non scarring
- Sparing of white hairs
- Exclamation hairs/Regular nail pitting

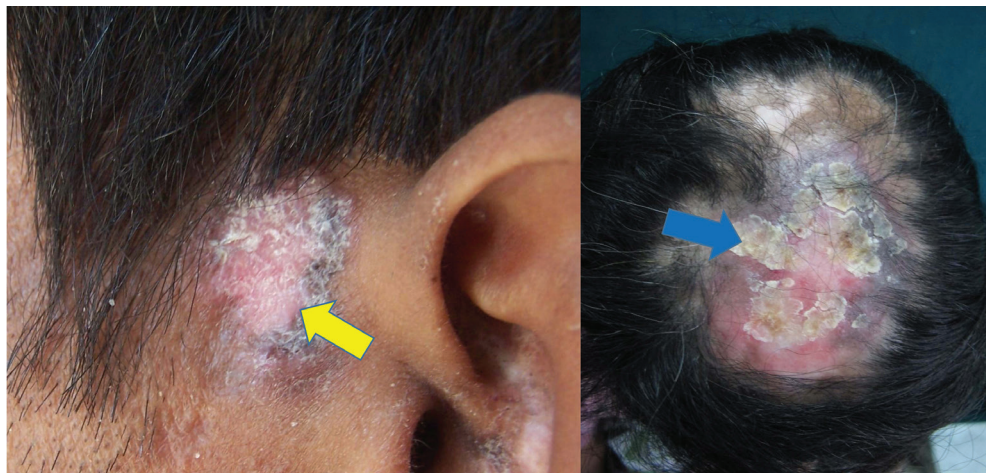




Patchy, smooth surfaced, complete hair loss (blue), Sparing of white hairs (orange arrow), no hairs of varying lengths in the patch

Quiz

- Alopecia in sun exposed areas
- Scaly, red centre, periphery hyperpigmented
- Scarring



Quiz

- Non scarring alopecia
- Diffuse alopecia (No pattern)
- Past fever/Labor / chemotherapy



NOTES



STD

- *The 3- line magic*



Quiz

- *Single ulcer*
- *Hard/Painless*
- *No bleed*

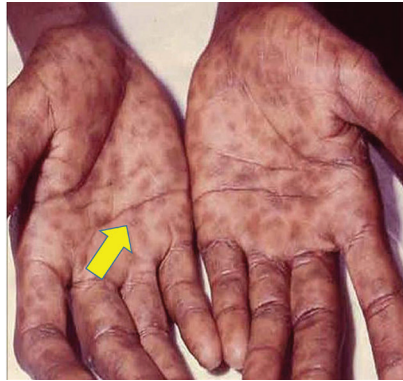
Primary chancre



Quiz

- *Non itchy rash*
- *Moist perianal lesions*
- *Mucous patch. Moth eaten alopecia*

Secondary syphilis



Hyperpigmented macules, scaly papules



Rash- faint patches, macules- Difficult to diagnose "the great imitator"



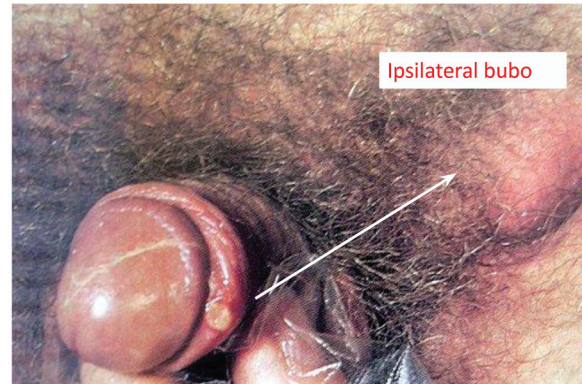
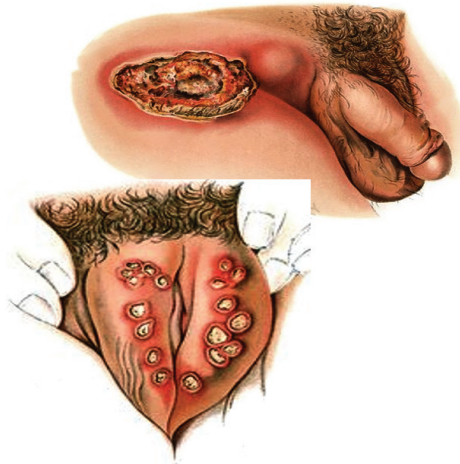
Non itchy, scaly plaques on sole, dry- Secondary syphilis

<i>EARLY SYPHILIS (< 1 yr)</i>	<i>Primary Secondary Early latent</i>	<i>Inj. Benzathine Penicillin 2.4 MU im single dose</i>
<i>LATE SYPHILIS (> 1 yr)</i>	<i>Late latent Tertiary</i>	<i>Inj. Benzathine Penicillin 2.4 MU im 3 doses at weekly intervals * Neurosyphilis- i.v. Aqueous Crystalline Penicillin</i>

Quiz

- *Multiple ulcers*
- *Soft/Painful/Kissing ulcers*
- *No bleed + Unilateral bubo*

Chancroid

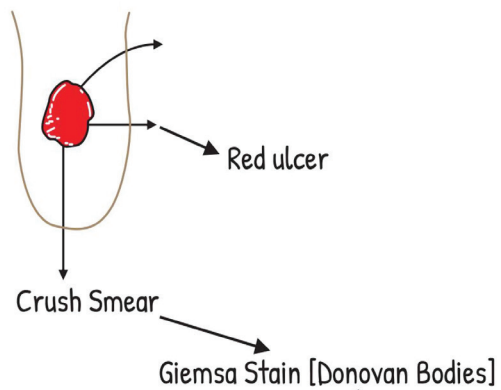


Rx :

- Azithromycin 1 gm stat
or
- Inj. Ceftriaxone 250 mg im stat

Quiz

- Single ulcer
- Bleeds/Vascular
- No bubo (granuloma in inguinal region)



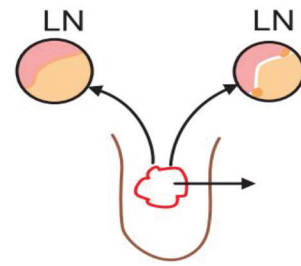
Donovanosis



Painless, red, vascular ulcer, bleeds

Quiz

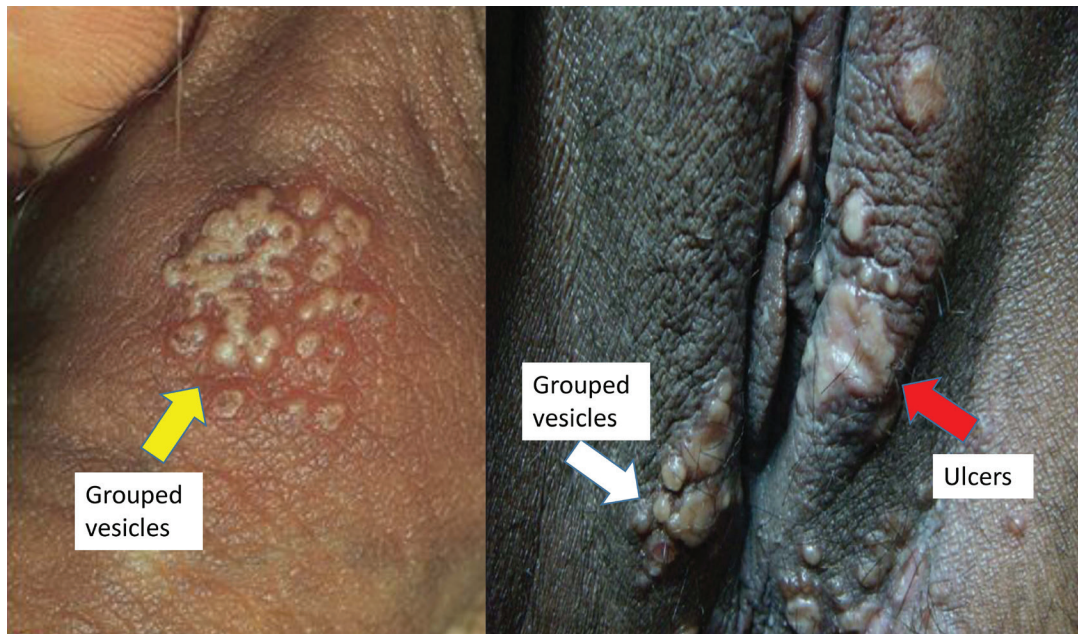
- *Unnoticed painless ulcer*
- *B/L Bubo*
- *Lymph blockage*



Quiz


- *Grouped painful vesicles/ulcers*
- *Recurrent*
- *No partner treatment*

Herpes genitalis Grouped painful vesicles, ulcers



NACO NACOSyndromic STI/RTI Color Coded Kits





KIT 1
 Azithromycin 1 gm single dose +
 Cefixime 800 mg single dose
 For
 Urethral discharge, Ano-rectal discharge,
 Cervicitis Syndrome and Asymptomatic infection
 Management

IMPORTANT
 NON-COMMERCIAL PRODUCT
 NOT FOR SALE
 TO BE DISPENSED ONLY AT RTI/STI
 CLINICS

Grey for Gonorrhoea

Indication: Urethral discharge
 Cervical discharge
 Scrotal pain

Cefixime + Azithromycin
 (Covers Gono + Chlamydia)



KIT 2
 Secnidazole 1 gm BID dose +
 Fluconazole 150 mg single dose
 For
 Vaginal discharge Syndrome

IMPORTANT
 NON-COMMERCIAL PRODUCT
 NOT FOR SALE
 TO BE DISPENSED ONLY AT RTI/STI
 CLINICS

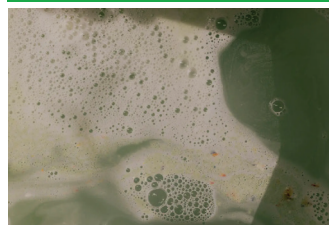
Green Frothy Discharge

Indication: Vaginal discharge



Secnidazole + Fluconazole

(Covers Candida, Trichomonas,
 Bacterial vaginosis)




KIT 3
 Inj. Benzathine penicillin 2.4 MU (1) +
 Tab. Azithromycin 1 g single dose +
 Disposable syringe 10 ml with 21 gauge
 needle (1) +
 Sterile water 10 ml (1)
 For
**GENITAL ULCER DISEASE – Non-
 HERPETIC SYNDROME**

White kit- Penicillin injection is very white like milk


Indication: GUD- Non herpetic

Benzathine Pn + Azithromycin

(Covers syphilis and chancroid)



IMPORTANT
 NON-COMMERCIAL PRODUCT
 NOT FOR SALE
 TO BE DISPENSED ONLY AT RTI/STI
 CLINICS



KIT 4
 Doxycycline 100 mg BID for 15 days +
 Azithromycin 1 gm single dose
 For
**GENITAL ULCER DISEASE - Non-HERPETIC
 SYNDROME**

IMPORTANT
 NON-COMMERCIAL PRODUCT
 NOT FOR SALE
 TO BE DISPENSED ONLY AT RTI/STI
 CLINICS

Blue Kit-

Indication: GUD- Non herpetic _____

(Allergic to Pn) _____

Doxycycline + Azithromycin

(Covers syphilis and chancroid)

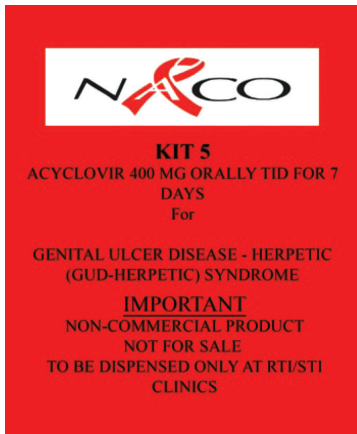


Black Death (Bubonic Plague)

Pandemic:

Indication: Bubo _____

Doxycycline
 (Covers LGV)



Red kit- red is color for danger

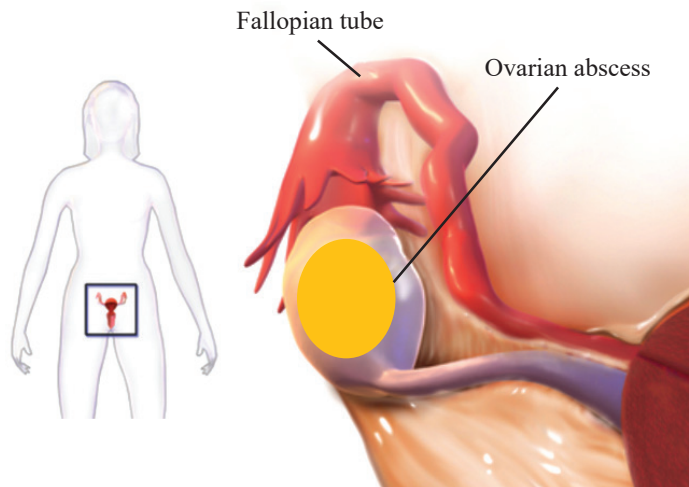
Indication: _____
 (Cover herpes genitalis)



Acyclovir

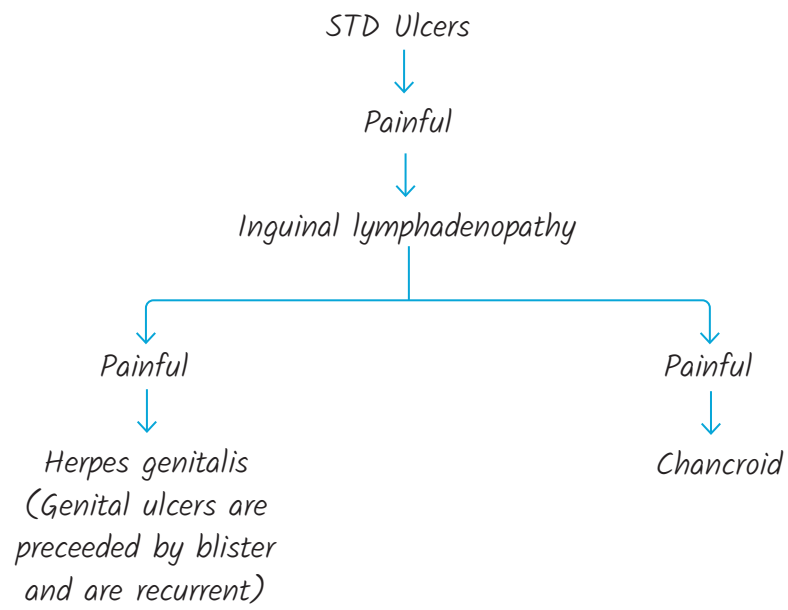
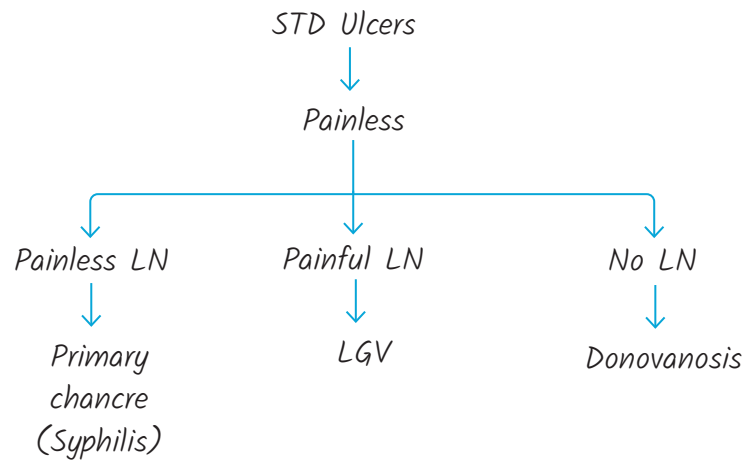


Yellow kit- yellow is color for Pus



Cefixime+ Doxycycline + Metronidazole
 (Cover Gono+ Chlamydia+ Anerobes)

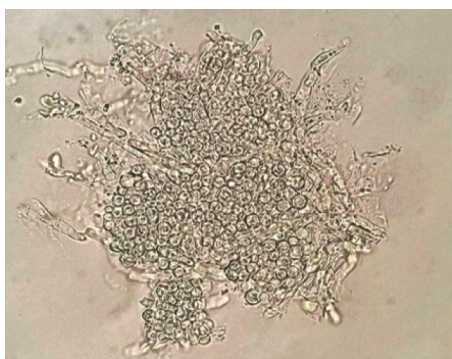




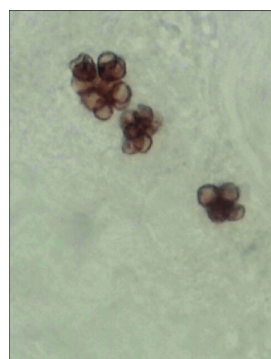
IMP. TABLES

Uses of KOH mount

Finding	Disease
Spaghetti and meatballs	
Branching hyphae	
Fungal spores in hair shaft (endothrix) or outside the hair shaft (ectothrix)	
Fishy odor ("whiff" test)	
Scrapping	
Muriform/sclerotic/copper-penny/medlar bodies	



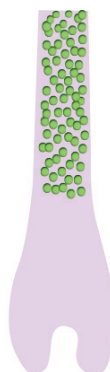
P versicolor



Chromoblastomycosis



Scabies



Tinea capitis

Uses of Wood lamp

<i>Color</i>	<i>Disease</i>
<i>Green</i>	
<i>Erythrasma</i>	
<i>P versicolor</i>	
<i>Vitiligo</i>	
<i>Burrow (scabies)</i>	
<i>Ash leaf macule</i>	
<i>Nevus achromicus</i>	



NOTES



NOTES