

**Examples of the type of questions for the  
UEMS European Board of  
Dermatovenereology Diploma  
(EBDVD) Examination**

Updated on 15 July 2019

# Q-1

## Question

**Löfgren syndrome is combination of:**

## Answer

*Select the one alternative that best answers the question.*

<input checked="" type="radio"/>	erythema nodosum and bilateral hilar lymphadenopathy
<input type="radio"/>	erythema nodosum and nervus facialis paresis
<input type="radio"/>	erythema nodosum and facial erythema
<input type="radio"/>	erythema nodosum and ostitis multiplex cystoides
<input type="radio"/>	erythema nodosum and hepatosplenomegaly

# Q-2

## Question

**What is the characteristic change of the nails in uremic patients?**

## Answer

*Select the one alternative that best answers the question.*

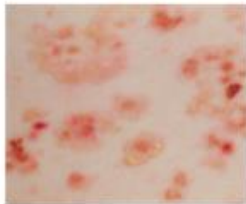
<input type="radio"/>	nail pitting
<input type="radio"/>	oil spots
<input type="radio"/>	Koenen tumors
<input checked="" type="radio"/>	half-and-half nails
<input type="radio"/>	Mees' stripes

# Q-3

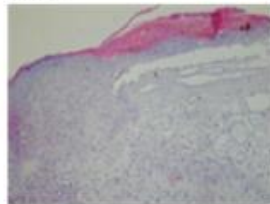
## Question

What is the correct diagnosis ?

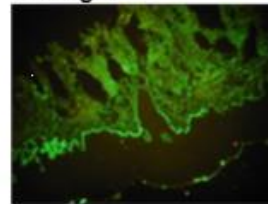
## Attachments



H&E



DIF - IgA

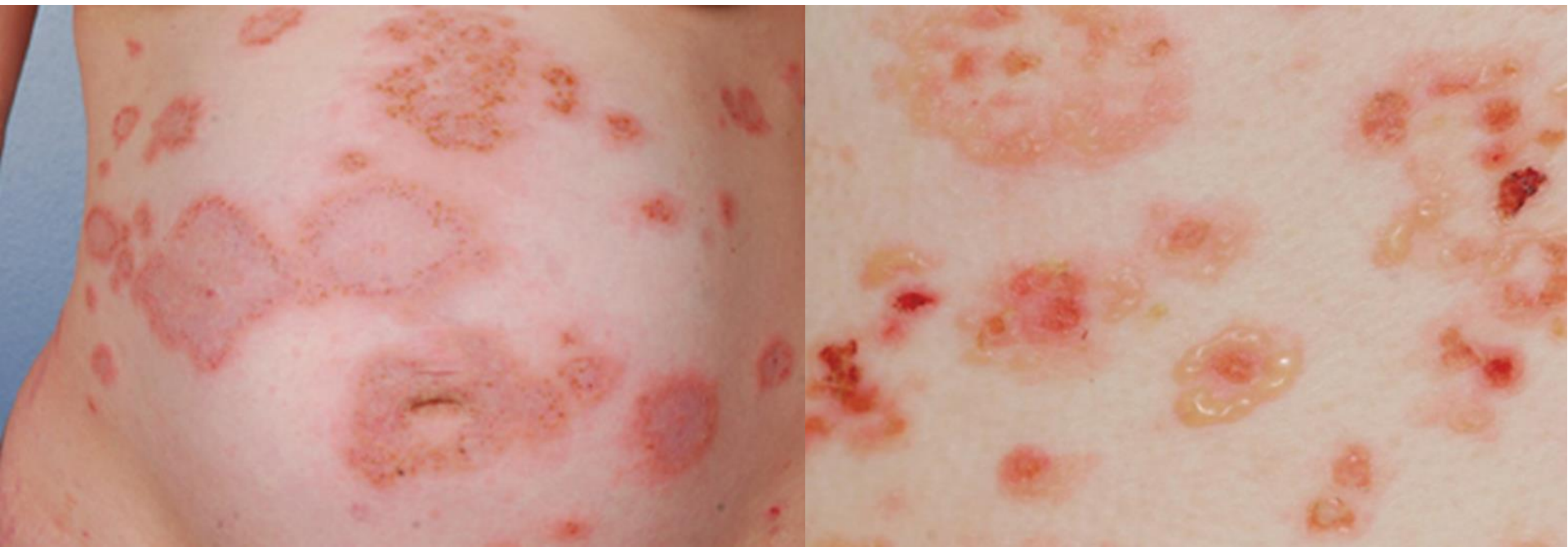


## Answer

Select the one alternative that best answers the question.

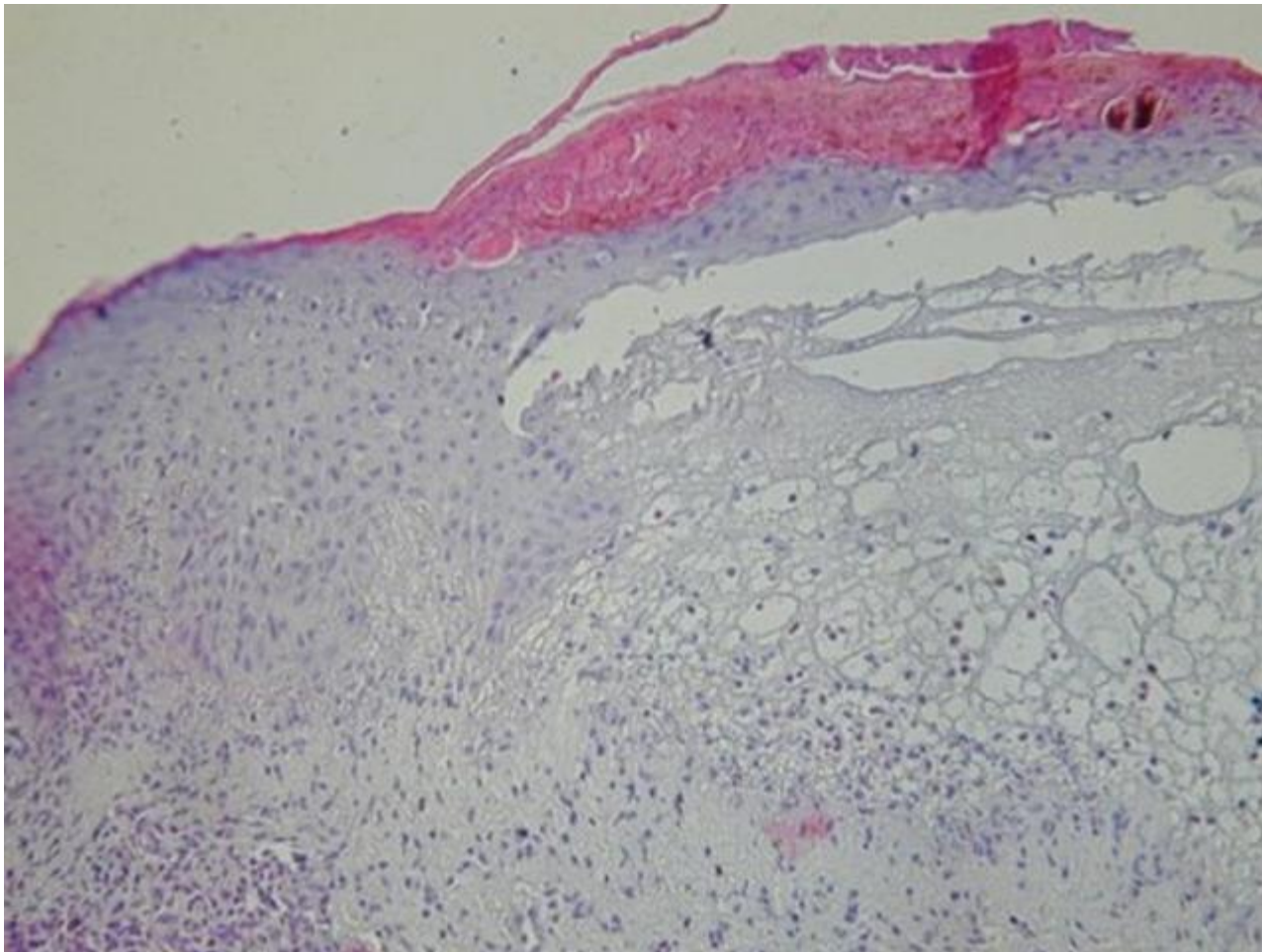
- |                                  |                                  |
|----------------------------------|----------------------------------|
| <input type="radio"/>            | toxic epidermal necrolysis       |
| <input type="radio"/>            | bullous staphylococcal pyoderma  |
| <input type="radio"/>            | dermatitis herpetiformis Duhring |
| <input type="radio"/>            | epidermolysis bullosa acquisita  |
| <input checked="" type="radio"/> | linear IgA bullous disease       |

**Q-3**



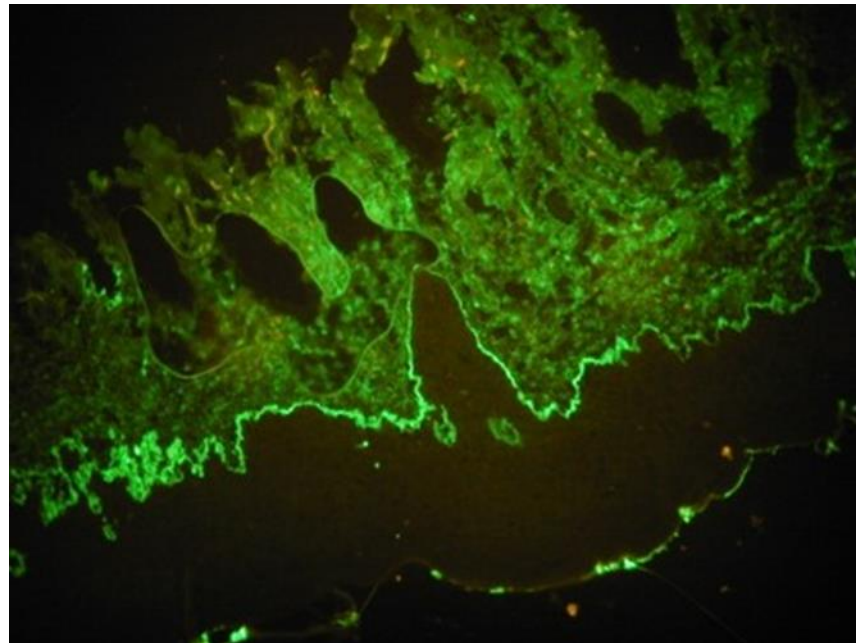
**Q-3**

H&E



**Q-3**

DIF - IgA



# Q-4

## Question

**Which of the following statements is not correct?**

## Answer

*Select the one alternative that best answers the question.*

<input checked="" type="radio"/>	Acanthosis: thickness of stratum corneum is increased
<input type="radio"/>	Spongiosis: spongiotic-like disarrangement of the epidermis by an intercellular edema
<input type="radio"/>	Papillomatosis: elongation und enlargement of rete ridges and area of papillary body
<input type="radio"/>	Exocytosis: invasion of inflammatory cells fom the dermis into the epidermis
<input type="radio"/>	Acantholysis: loss of coherence between keratinocytes of the epidermis



## Question

**Which of the following symptoms are characteristic for the EMO syndrome:**

- 1. pretibial myxedema**
- 2. sternal plaque-like mucinous lesions**
- 3. hypertrophic osteoarthropathy**
- 4. exophthalmus**
- 5. oral myxomatous plaques**

## Answer

*Select the one alternative that best answers the question.*

<input type="radio"/>	1, 4, and 5 are correct
<input type="radio"/>	2, 3 and 4 are correct
<input type="radio"/>	1 and 4 are correct
<input checked="" type="radio"/>	1, 3 and 4 are correct
<input type="radio"/>	2 and 5 are correct

# Q-6

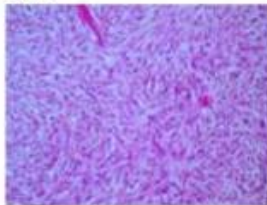
## Question

**The most likely diagnosis is:**

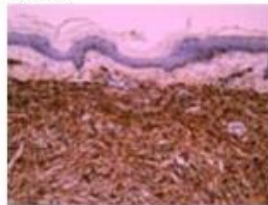
## Attachments



H&E



CD34



## Answer

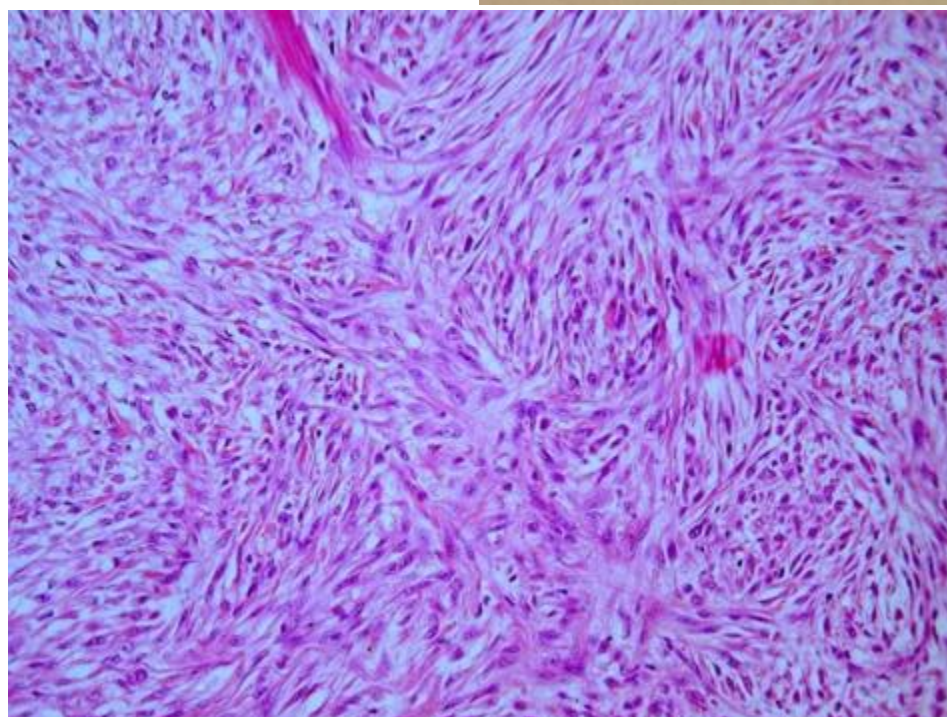
*Select the one alternative that best answers the question.*

<input checked="" type="radio"/>	dermatofibrosarcoma protuberans
<input type="radio"/>	Merkel cell carcinoma
<input type="radio"/>	squamous cell carcinoma
<input type="radio"/>	metastasis of breast cancer
<input type="radio"/>	angiosarcoma

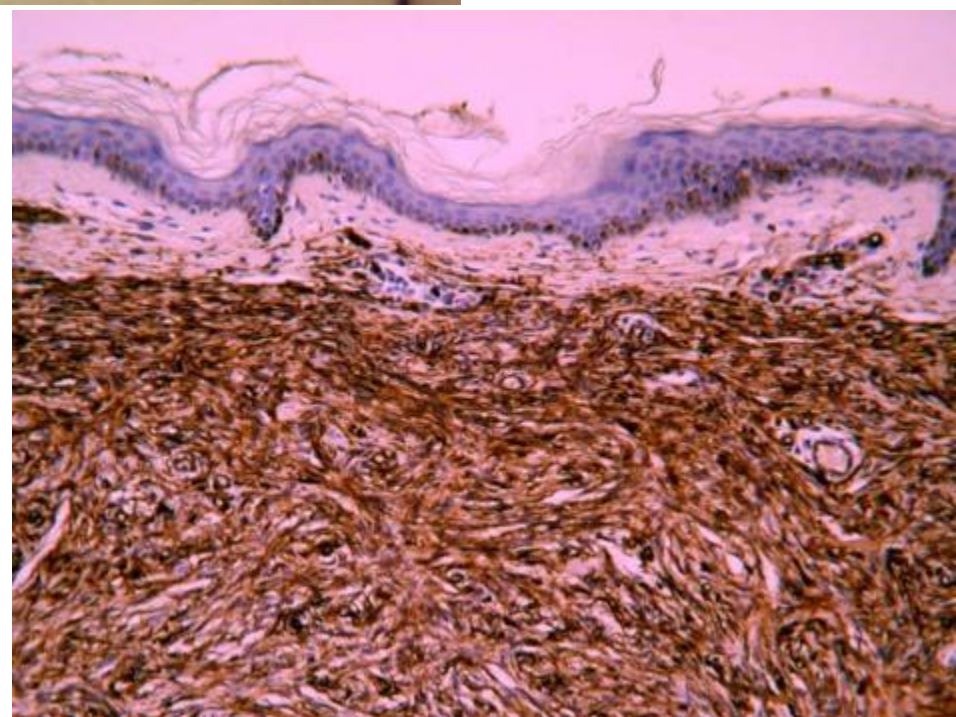
**Q-6**



**H&E**



**CD34**



# Q-7

## Question

**A 48-year-old female during 2 months has developed slowly increasing erythematous lesion on her back. What is the most likely diagnosis?**

## Attachments



## Answer

*Select the one alternative that best answers the question.*

<input type="radio"/>	Erythema dyschromicum perstans
<input checked="" type="radio"/>	Erythema chronicum migrans
<input type="radio"/>	Granuloma annulare
<input type="radio"/>	Erythema annulare centrifugum
<input type="radio"/>	Erythema gyratum repens



**Q-7**



## Question

**Which one of the following statements concerning bullous pemphigoid (BP) is false?**

## Answer

*Select the one alternative that best answers the question.*

<input type="radio"/>	BP usually affects older people, its onset is usually in the late 70s
<input type="radio"/>	Severe itch can precede development of blisters for several weeks or even months
<input checked="" type="radio"/>	The main autoantigen is BP180 which is an intracellular protein expressed by basal keratinocytes
<input type="radio"/>	The most important diagnostic tool for BP is direct immunofluorescence microscopy
<input type="radio"/>	BP can be treated with topical or oral corticosteroids, azathioprine, methotrexate, dapsone or tetracyclines

# Q-9

## Question

**The following immunomodulators/ biologics act on certain receptors or cells. Which combination is wrong?**

## Answer

*Select the one alternative that best answers the question.*

<input type="radio"/>	Rituximab : CD 20
<input type="radio"/>	Etanercept : TNF alpha
<input type="radio"/>	Infliximab : TNF alpha
<input type="radio"/>	Secukinumab : IL-17
<input checked="" type="radio"/>	Pimecrolimus : IgE plasma cells

# Q-10

## Question

**Recommended treatment for uncomplicated gonococcal infection of the cervix, urethra and rectum is:**

## Answer

*Select the one alternative that best answers the question.*

<input checked="" type="radio"/>	ceftriaxone 500 mg IM as a single dose + azithromycin 2 g as a single oral dose
<input type="radio"/>	spectinomycin 2 g IM as a single dose
<input type="radio"/>	doxycycline 100 mg orally twice a day for 7 days
<input type="radio"/>	benzathine penicillin 2.4 million units IM as a single dose
<input type="radio"/>	ceftriaxone 500 mg IM as a single dose + benzathine penicillin 2.4 million units IM as a single dose



# Q-11

## Question

**Which of the following serological tests may be used to monitor the efficacy of treatment in early syphilis?**

## Answer

*Select the one alternative that best answers the question.*

<input type="radio"/>	T. pallidum Haemagglutination test (TPHA)
<input type="radio"/>	Micro-Haemagglutination Assay for T. pallidum (MHA-TP)
<input type="radio"/>	Fluorescent Treponemal Antibody absorption test (FTA-abs test)
<input type="radio"/>	Treponemal Enzyme Immunoassay (EIA)
<input checked="" type="radio"/>	Rapid Plasma Reagin test (RPR)

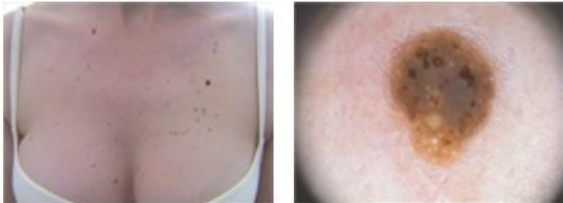
# Q-12

## Question

**Well defined dark pigmented lesion of the upper chest in a 28 year old woman, who also has a large number of brown pigmented lesions.**

**What is your best diagnosis?**

## Attachments



## Answer

*Select the one alternative that best answers the question.*

<input checked="" type="radio"/>	Seborrhoeic keratosis
<input type="radio"/>	Lentigo
<input type="radio"/>	Dermal naevus
<input type="radio"/>	Actinic keratosis
<input type="radio"/>	Spitz naevus

**Q-12**

