CHUKA



UNIVERSITY

## UNIVERSITY EXAMINATIONS

## FOURTH YEAR EXAMINATION FOR BACHELOR OF SCIENCE IN NURSING

NURS 445: MEDICAL SURGICAL SPECIALITIES V (DERMATOLOGY)

## STREAMS: Y4S1

TIME: 2 HOURS

# DAY/DATE: .....

#### **INSTRUCTIONS:**

- 1. Do not write anything on the question paper.
- 2. Mobile phones and any other reference materials are NOT allowed in the examination room.
- 3. The paper has three sections. Answer ALL the questions
- 4. All your answers for Section I (MCQs) should be on one page.
- 5. Number ALL your answers and indicate the order of appearance in the space provided in the cover page of the examination answer booklet.
- 6. Write your answers legibly and use your time wisely

## SECTTION I: Multiple Choice Questions( MCQs) (20mks).

- 1. What is the pathogenesis of vitiligo?
  - a) Congenital lack of pigmentation
  - b) Autoimmune destruction of melanocytes
  - c) Increase in the number of melanocytes
  - d) Benign proliferation of melanocytes
- 2. What disorder is characterised by an initial 'herald patch' which is then followed by scaly erythematous plaques usually in a 'Christmas tree' distribution?
  - a) Pityriasis rosea
  - b) Herpes
  - c) Varicella zoster virus
  - d) Erysipelas
- 3. How does lichen planus present clinically?
  - a) Salmon coloured plaques with silvery scale
  - b) Pruritic, red, oozing rash with edema
  - c) Golden coloured crusts
  - d) Pruritic, purple, polygonal, planar papules and plaque

- 4. What is the infective agent implicated in acne?
  - a) Staphylococcus aureus
  - b) Streptococcus pyogenes
  - c) Staphylococcus epidermidis
  - d) Propionibacterium acnes
- 5. What is the pathogenesis of pemphigus vulgaris?
  - a) IgG antibody against desmoglein
  - b) IgG antibody against hemidesmosome components
  - c) Autoimmune deposition of IgA at tips of dermal papillae
  - d) Enzyme defect in tyrosinase
- 6. An elderly lady presents to her doctor with a raised, round discoloured plaque, 'stuck on appearance' on her face. What skin condition is this?
  - a) Rubella
  - b) Seborrheic keratosis
  - c) Basal cell carcinoma
  - d) Melasma
- 7. How does impetigo present?
  - a) Salmon coloured plaque with silvery scale
  - b) Comedones, pustules and nodules
  - c) Golden honey coloured crust over an erythematous base
  - d) Flesh coloured papule with a rough surface
- 8. What is the best indicator of prognosis for a melanoma?
  - a) Asymmetry
  - b) Colour
  - c) Diameter
  - d) Invasion of the dermis
- 9. What childhood infection is associated with Koplik spots?
  - a) Varicella
  - b) Rubella
  - c) Measles
  - d) AIDS
- 10. Management of seborrheic dermatitis include:
  - a) Ensuring the affected area is always dry.
  - b) Leaving the scales in place to enhance quick healing.
  - c) Cleaning the affected area with hot water
  - d) Advise the patient to keep the skin slightly moist.
- 11. A patient comes to the dermatology clinic with complaints of having developed a circular lesion with irregular outer portions and palpable margins. This lesion is likely to be a;
  - a) Malignant melanoma
  - b) Follicle
  - c) Acne vulgaris
  - d) Furuncle.
- 12. Skin graft can be classified as ;
  - a) Autografts, plastic grafts, homografts.

- b) Autografts, homografts, xenografts.
- c) Autografts, xenografts, artificial grafts.
- d) Homografts, xenografts, artificial grafts.
- 13. The following comprise of the five (5) sub –layers of epidermis from top to bottom
  - a) Stratum corneum, stratum granulosum, stratum spinosum, stratum lucidum, stratum basale.
  - b) Stratum corneum, stratum granulosum, stratum lucidum, stratum spinosum, stratum basale.
  - c) Stratum cornea, stratum lucidium, stratum granulosum, stratum spinosum, stratum basale.
  - d) Stratum spinosum. Stratum corneum, stratum ludidum, stratum granulosum, startum basale.
- 14. Pruritus is an important symptom of
  - a) Cutaneous fungal infections & Liver/Renal disease
  - b) Liver/Renal disease & Secondary syphilis
  - c) Secondary syphilis & Biliary cirrhosis
  - d) Atopic dermatitis & Leprosy
- 15. Which of the following skin disorder is caused by NSAIDS?
  - a) Systemic lupus erythematosus (SLE)
  - b) Xerosis
  - c) Psoriasis
  - d) Xerosis
- 16. Which of the following skin disorder is most likely to affect Photo developers?
  - a) Sporotrichosis
  - b) Xerosis
  - c) Skin carcinomas
  - d) Lichenoid eruption
- 17. Tinea is classified by its location on the body. which tinea covers the groin and upper thighs?
  - a) Tinea capitis
  - b) Tinea cruris
  - c) Tinea unguium
  - d) Tinea nigra
- 18. Which tinea covers the palms and sores;
  - a) Tinea nigra
  - b) Tinea versicolor
  - c) Tinea unguium
  - d) Tinea cruris
- 19. Which cancer of skin is an epidemic in AIDS patients?
  - a) Squamous cell carcinoma
  - b) Basal cell carcinoma

- c) Malignant melanoma
- d) Kaposi's sarcoma.
- 20. Which one of the following lesions is an example of a satellite lesion?
  - a) Candidiasis
  - b) Stevens Johnson syndrome
  - c) Psoriasis
  - d) Urticaria

## **SECTION 11: SHORT ANSWER QUESTIONS (30 MARKS)**

- 1. Describe three (3) types of skin abscesses (6 marks)
- 2. State six (6) primary skin lesions that may be found on the skin during physical examination (6 Marks)
- 3. Explain seven (7) preventive measures of tinea pedis (7marks)
- 4. Outline five nursing interventions applied in management of patients following skin Graft (6 marks).
- 5. State five (5) skin diseases in which pain is an important symptom (5 mark)

# SECTION 111: LONG ASWER QUESTIONS (20 MARKS)

- 1. Fatuma is admitted in burns unit with 30% burns.
  - a. State four types of burns(4mks)
  - b. Describe her management in the first 24 hours (12 marks)
  - c. State four complications of burns (4 marks)