

Revision questions on edderm101: core diseases



Audio track answers are [here](https://soundcloud.com/user-40888762/sets/edderm101). The URL for the audio answers is:
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Questions on Chapter 4: Dermatitis

1. What does the term spongiosis describe?
2. What does lichenification mean?
3. Why does the French aphorism about atopic eczema capture the essence of this disease?
4. Name the three main syndromes of eczema?
5. Why do we think not all people react to the same contact allergens (or haptens)?
6. Why are some cases of contact allergic eczema becoming more common?
7. You suspect contact allergic eczema: name three pointers from the the history.
8. What is the time course of contact allergic eczema (in patch testing)
9. In patch testing, what does a false positive refer to? When are there false negatives?
10. Explain the main players in the 'bricks and mortar' model of barrier function.
11. List 3 risky activities or agents if you work in a kitchen (with respect to eczema).
12. Compare and contrast contact allergic and contact irritant eczema.
13. A colleague tells you he gets itchy hands within 5 minutes of putting on a pair of surgical gloves. Will patch testing be likely to help?
14. Is atopic dermatitis most common after 10 years of age or before?
15. You are told a child has a positive IgE response to house dust mite. Will more hoovering help the eczema?
16. Filaggrin mutations are associated with 2 diseases. What are they?
17. What are defensins, and what happens to them in atopic dermatitis.
18. What is pityriasis alba?
19. Name one ocular complication of atopic dermatitis.
20. What does the term pompholyx refer to?
21. What is nodular prurigo?
22. Name five factors that might affect eczema severity over time for a single patient.
23. Does eczema cause scarring?
24. Why do soaps make patients with eczema worse?
25. List 3 local side-effects of topical corticosteroids? Name 2 systemic side effects.
26. What is seen as an advantage of topical calcineurin inhibitors, when compared with topical corticosteroids?
27. Why would you not use a non-sedative H1 blocker in eczema? Why would you not use a H2 blocker in eczema?
28. Alitretinoin is licensed for what sort of eczema? Are you surprised it works?