Sri Lakshmi Narayana Institute of Medical Sciences

Date-10-04-2018

From
Dr. K. Harsha Vardhan
Professor and Head,
Department of Dermatology,
Sri Lakshmi Narayana Institute of Medical Sciences
Bharath Institute of Higher Education and Research,
Chennai.

To
The Dean
Sri Lakshmi Narayana Institute of Medical Sciences
Bharath Institute of Higher Education and Research,
Chennai.

Sub: Permission to conduct value-added course: Figurative erythemas

Dear Sir,

With reference to the subject mentioned above, the department proposes to conduct a value-added course titled: **Figurative erythemas** on 10-05-2018. We solicit your kind permission for the same.

Kind Regards

Dr. K. Harsha Vardhan

FOR THE USE OF DEANS OFFICE

Names of Committee members for evaluating the course:

The Dean: Dr. A. Sugumaran

The HOD: Dr. K. Harsha Vardhan

The Expert: Dr. A. Buvanaratchagan
The committee has discussed about the course and is approved.

Dean Subject Expert HOD

Sri Lakshmi Narayana Institute of Medical Sciences

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DEAN
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES
OSUDU, AGARAM VILLAGE,
KOODAPAKKAM POST,
PUDUCHERRY - 605 502

Dr. A. BUVANARATCHAGAN, MD.,
Reg. No: 37150
Asso. Professor, Dermatology
Sri Lakshmi Narayana Institute of Medical Sciences
Osudu, Puducherry

Subject Expert

PROFESSOR & HEAD
DEPT. OF DERMATOLOGY
SRI LAKSHMI NARAYANA INSTITUTE OF
MEDICAL SCIENCES
OSUDU, PUDUCHERRY.

HOD

OFFICE OF THE DEAN
Sri Lakshmi Narayana Institute of Medical Sciences
OSUDU, AGARAM VILLAGE, VILLIANUR COMMUNE, KUDAPAKKAM POST,
PUDUCHERRY - 605 502.
[Recognised by Medical Council of India, Ministry of Health letter No. U/12012/249/2005-ME (P -II) dt. 11/07/2011]
[Affliated to Bharath University, Chennai - TN]

Circular

17.04.2018

Sub: Organising Value-added Course: Figurate erythemas (March 2018 – june 2018)

With reference to the above mentioned subject, it is to bring to your notice that Sri Lakshmi Narayana Institute of Medical Sciences, **Bharath Institute of Higher Education and Research** is organizing **"Figurate erythemas"**. The course content is enclosed below."

The hard copy of the application should be sent to the institution by registered/ speed post only so as to reach on or before 03-05-2018. Applications received after the mentioned date shall not be entertained under any circumstances.

DEAN
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES
OSUDU, AGARAM VILLAGE,
KOODAPAKKAM POST,
PUDUCHERRY - 605 502

DEAN

Encl: Copy of Course content

COURSE PROPOSAL

Course Title: Figurative erythemas
Course Objective: To evaluate various figurative erythema and underlying conditions to second year mbbs students
Course Outcome: Completed
Course Audience: second year mbbs students
Course Coordinator: Dr. K. Harsha Vardhan
Course Faculties with Qualification and Designation:
1. Dr. K. Harsha Vardhan
Professor ,Department of Dermatology
2. Dr. Buvanaratchagan,
Associate professor, dept of dermatology
Course Curriculum/Topics with schedule (Min of 30 hours)

SlNo	Date	Topic	Time	Hours	Lecture taken by
1	10-5-18	Introduction	4to 6 pm	2 hours	. Dr. K. Harsha Vardhan
2	15-5-18	Types of figurate erythemas	5 to 7 pm	2 hours	Dr. Buvanaratchagan
3	20-5-18	Erythema gyratum repens	4:30 to6:30 pm	2 hours	Dr. Buvanaratchagan
4	25-5-18	Erythema annulare centrifugum	4to 6 pm	2 hours	Dr. K. Harsha Vardhan
5	30-5-18	Erythema chronicum migrans	5 to 7 pm	2 hours	Dr. Buvanaratchagan
6	3-6-18	Lupus erythematosus	4:30 to6:30 pm	2 hours	Dr. K. Harsha Vardhan
7	6-6-18	Urticaria	4to 6 pm	2 hours	Dr. K. Harsha Vardhan
8	8-6-18	Pityriasis rosea	5 to 7 pm	2 hours	Dr. Buvanaratchagan
9	12-6-18	Erythema multiforme	4:30 to6:30 pm	2 hours	Dr. K. Harsha Vardhan
10	16-6-18	Erythema marginatum	4:30 to6:30 pm	2 hours	Dr. Buvanaratchagan
11	20-6-18	Necrolytic migratory erythema	4to 6 pm	2 hours	Dr. Buvanaratchagan
12	25-6-18	Familial annular erythema	5 to 7 pm	2 hours	Dr. Buvanaratchagan
13	28-6-18	Analysis of erythemas	4:30 to6:30 pm	2 hours	Dr. K. Harsha Vardhan
14	30-6-18	Histology and treatment	4to 6 pm	2 hours	Dr. K. Harsha Vardhan
15	4-7-18	Q&A, MCQs	5 to 7 pm	2 hours	Dr. K. Harsha Vardhan
			Total Hours	30	

REFERENCE BOOKS:
Rooks textbook of dermatology 9th edition ,
Fitzpatrick 's dermatology in general medicine 8th edition

ABSTRACT-VALUE ADDED COURSE

1. Name of the programme & Code
Figurate erythemas and DR07

2. Duration & Period
30 hrs & March 2018– June 2018

3. Information Brochure and Course Content of Value Added Courses
Enclosed as Annexure- I

4. List of students enrolled
Enclosed as Annexure- II

5. Assessment procedures:
Multiple choice questions- *Enclosed as Annexure- III*

6. Course Feed Back
Enclosed as Annexure- IV

7. No. of times offered during the same
March 2018– June 2018

8. Year of discontinuation: 2018

9. Summary report of each program year-wise

Value Added Course- (March 2018– june 18)					
Sl. No	**Course Code**	**Course Name**	**Resource Persons**	**Target Students**	**Strength & Year**
1	DR07	Figurate erythemas	Dr. Buvanaratchagan	2nd yr MBBS	15 (March 2018– june 18)

10. Certificate model
Enclosed as Annexure- V

Dr. Buvanaratchagan — **RESOURCE PERSON**

Dr. K. Harsha vardhan — **COORDINATOR**

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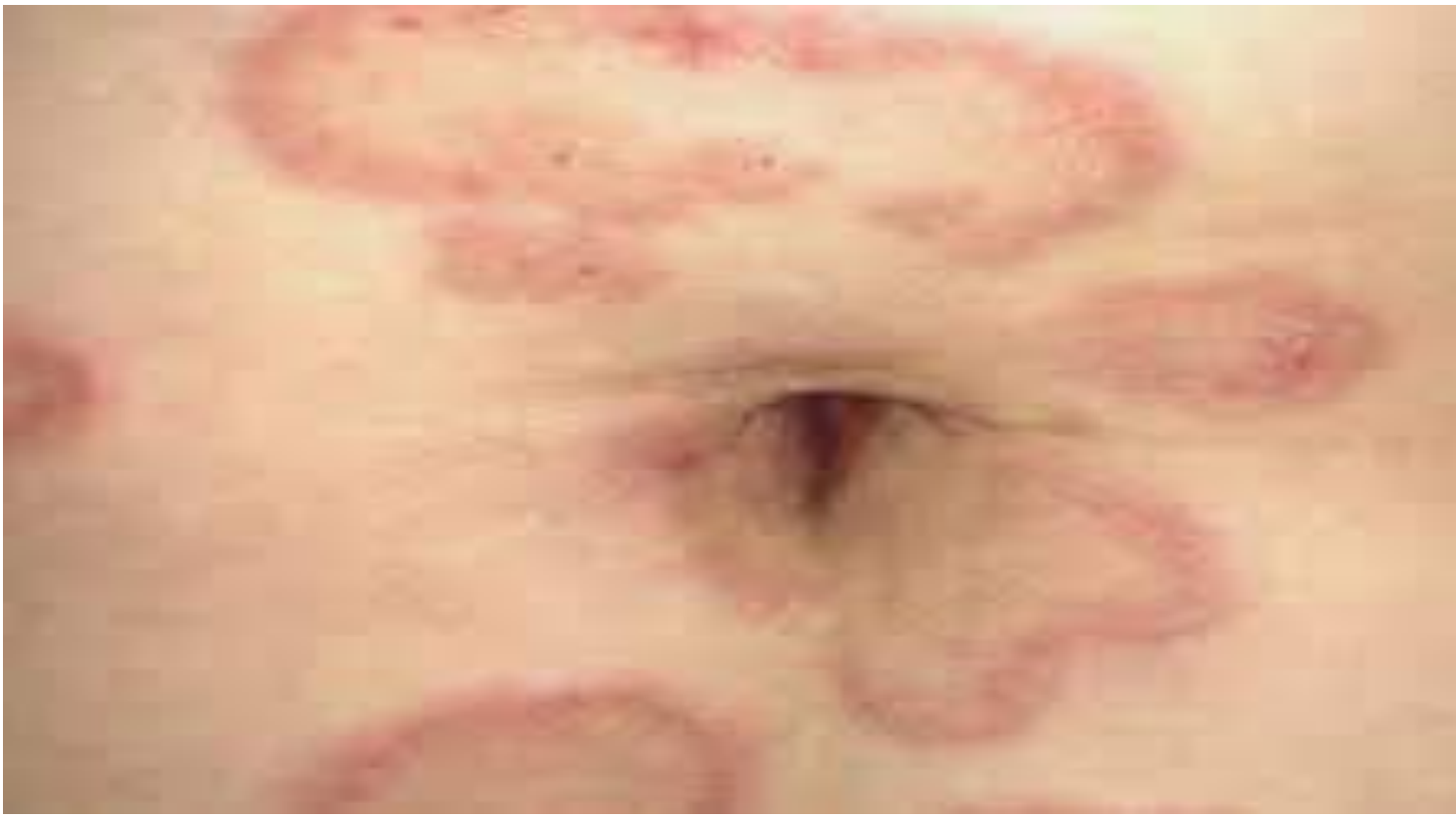
Asso. Professor, Dermatology
Sri Lakshmi Narayana Institute of Medical Sciences
Osudu, Kudapakkam, Puducherry-605 502

ANNEXURE-1

Figurate erythemas



Participant handbook

Particulars	Description
Course Title	Figurative erythemas- An overview
Course Code	DR07
Objective	1. To learn about the clinical features 2. To learn about the diagnosis 3. To learn about the treatment

Further learning opportunities	Recent advances in management
Key Competencies	To make a diagnosis and provide adequate treatment
Target Student	2nd MBBS Students
Duration	30hrs march 2018 to June 2018
Theory Session	10hrs
Practical Session	20hrs
Assessment Procedure	Multiple choice questions

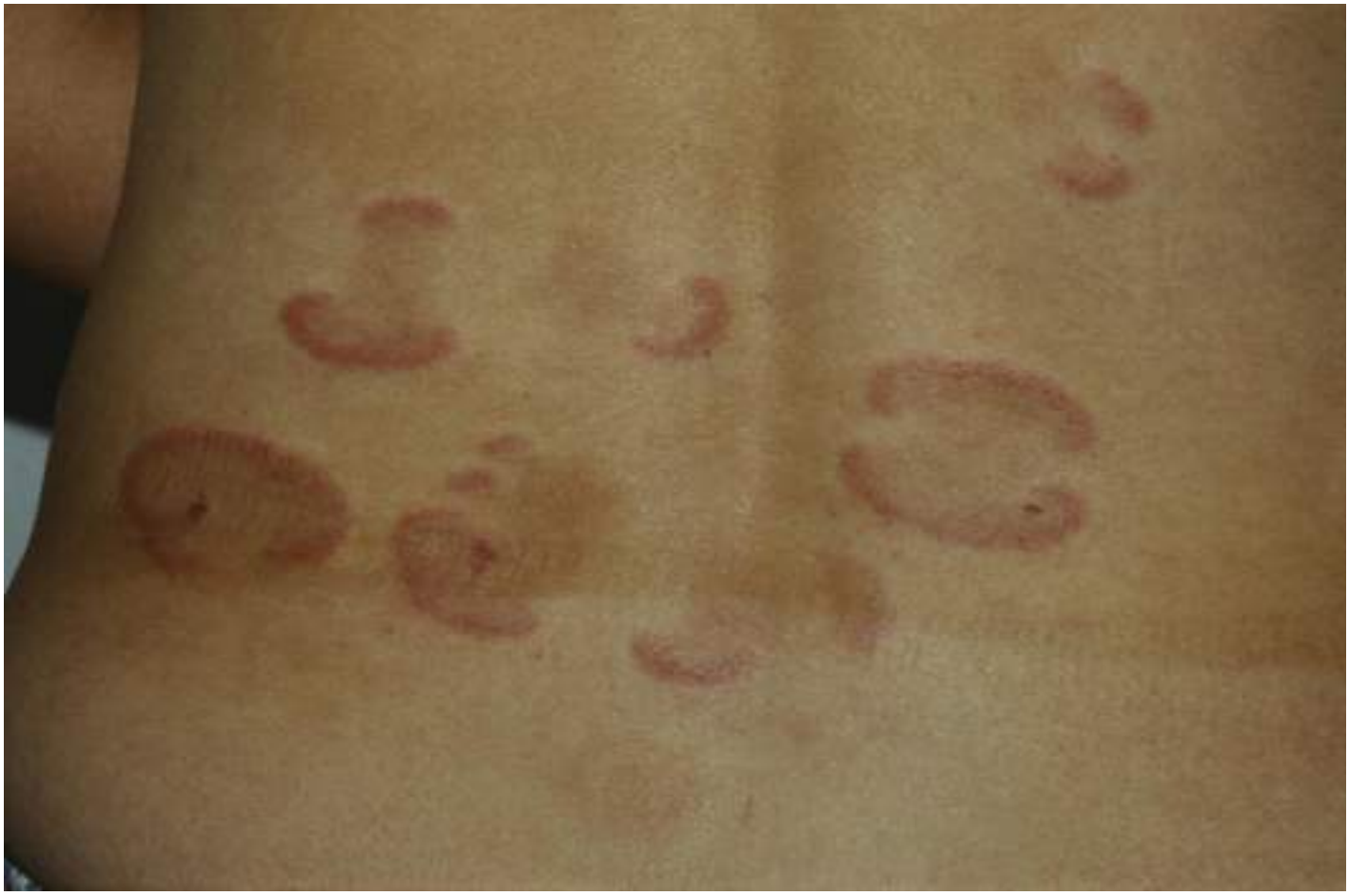
INTRODUCTION

- The figurate erythemas include a variety of eruptions characterized by annular andpolycyclic lesions.
- The classical example is erythemaannulare centrifugum
- List of figurate erythemas
- Erythema annulare centrifugum
- Erythema gyratum repens
- Erythema chronicum migrans
- Lupus erythematosus
- Urticaria
- Pityriasis rosea
- Erythema multiforme
- Erythema marginatum
- Necrolytic migratory erythema
- Carrier state chronic granulomatous disease

- Hereditary lactate dehydrogenase M-subunit deficiency
- Familial annular erythema
- Annular erythema of infancy

Erythemaannularecentrifugum

- Slowlymigratorydiseaseoftenidiopathic
- EACappearstohavenopredilectionforeithersexor foranyagegroup.
- Suspected triggers include bacterial and candidal infections, autoimmune diseases, menses,pregnancy, and evenstress.
- EACmaybecoupledwithmalignantneoplasms, disappearingaftertreatmentofthetumorandoften returningasthetumorrecurs.



- Itmustbedistinguishedfrommetastatictumorswith an annularpattern.
- EACbeginaserythematousmaculesorurticarial papulesandenlargebyperipheralextensiontoform ringed,arcuate,orpolycyclicfigures.
-

• The lesions spread gradually to form large rings with central clearing, with the edges of the lesions often advancing several millimeters a day.
• After a variable period of time, the lesions disappear, often to be replaced by new ones.
• In the deep form of EAC, there is no scale and the rings are infiltrate

Histology

- SuperficialEAChasepidermalchangesof parakeratosis and spongiosis, with a superficialperivascularinfiltrate.
- Thereisminimalpapillarydermaledemaand nospongiosis.

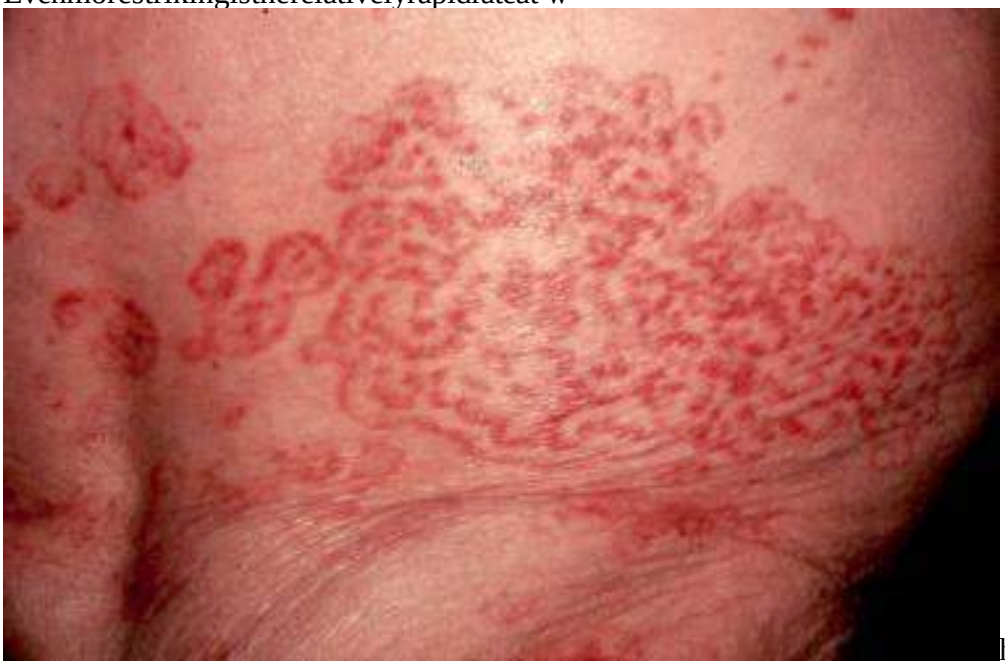
- Thedeepformhassuperficialanddeep perivascular infiltrates.
- Histopathologyisimportantinexcludingcommon differentials
- Interfacechangeormucinhelpsidentifylupus erythematosus
- Plasma cell infiltrate suggests erythema chronicum migrans
- Eosinophilsareapossiblecluetodrugreactions.

Treatment

- EACtendstobeachronicdisease,whichwaxesand wanes.
- Onlysymptomaticreliefisavailable.
- Systemic glucocorticoids usually suppress EAC, but recurrence is common when these drugs are stopped.
- Systemictherapywithantipruriticsmayhelp.
- TopicalvitaminDanalogs,perhapscombinedwith ultravioletirradiation,areanotheroption.
- Empiricuseofantibiotic,antifungal,oranticandidal agentshassometimesbeenuseful.
- Biologicsmayrepresentyetanotheroption.

Erythemagyratumrepens

- This annularerythemaisnearlyalwaysindicativeof internalmalignancy
- Numerousserpiginousbandsarearrangedina parallelconfigurationofconcentricredswirlsover mostofthebody.
- Thispresentationisoccasionallyreferredtoasa “wood-grained”appearance.
- Evenmorestrikingistherelativelyrapidrateat w



hichlesions migrateestimatedatonecentimeter perday.
- Aslightscalemaybefound alongthetrailingedgeof erythema.
- Thehands,feet,andfacearecommonlyspared, exceptforoccasionalvolarhyperkeratosis.

- Ichthyosisispresentinmanycases.
- Pruritusisuniversalandmaybesevere.

- An underlying malignancy is associated with erythema gyratum repens over 80% of the time.
- This distinctive migratory eruption appears 4–9 months before the diagnosis of malignancy in approximately 80% of cases

- Inthoseindividualswitherythemagyratumrepens who did not have a detectible underlying malignancy;concurrentconditionsmigthtbe

❑ tuberculosis, pregnancy, and bullous dermatoses, amongothers.

❑ The exact etiology of erythema gyratum repens is unknown

❑ The tumor may induce a chemical alteration of the normal components of the surrounding tissue.

❑ Molecular mimicry ensues as the inflammatory response directed against the tumor cross react

❑ Supported by documentation of IgG and C3 deposition at the basement membrane of affected skin and bronchial basement membrane in one case associated with lung cancer.

❑

❑ Migration is rapid in erythema gyratum repens

❑ Inflammatory cells and/or fibroblasts may mediate ground substance alterations

❑ This nmay localize the inflammation that orchestrates the movement of the infiltrate in a patterned mode.

Treatment

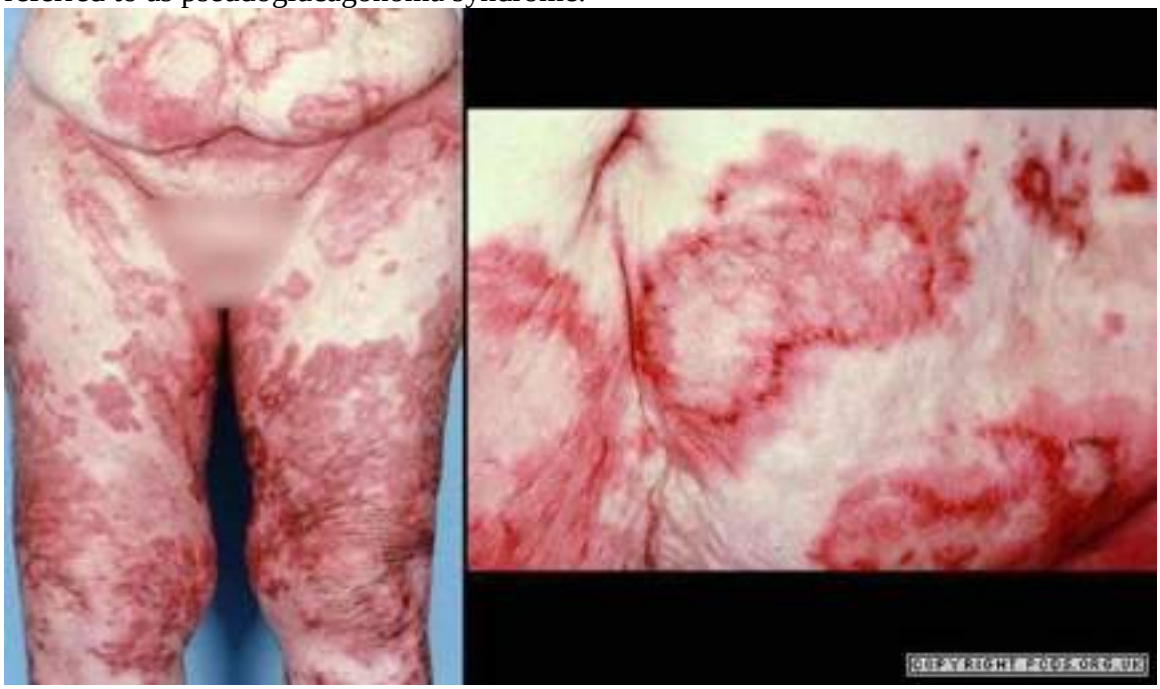
- Thetreatmentforerythemagyratumrepensistolocate andtreattheprimarymalignancy.
- Withadequatecontrolofthecancertherashusually abates
- The eruptionisoftentreatmentresistant,although variableresultsoccurwithsystemic steroids.
- Topicalsteroids,vitaminA,andazathioprinehavenot beenbeneficial.

Theeruptionhasbeenknowntoresolveimmediately beforedeath,possiblyduetogeneralizedante mortem immunosuppression

NECROLYTIC MIGRATORY ERYTHEMA

- It presents as painful, eroded, crusted intertriginous, and facial skin eruption.

- NME is virtually pathognomonic for pancreatic glucagonoma and is present in more than two thirds of patients at the time of tumor diagnosis.
- When the characteristic eruption occurs without underlying pancreatic malignancy the condition is referred to as pseudoglucagonoma syndrome.



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- Mostofthesignsandsymptomscanbeattributedto themetaboliceffectsofexcessglucagon.

- Aminoacidlevelsaredepressed
- Withinsufficientaminoacidsepidermalprotein deficiencyandnecrolysisensues.
- Reducedaminoacidlevels(histidineandtryptophan) can cause painful, erythematous eroded skin,especially in intertriginousareasinseveralnutritionaldisorders
- .

- Glucagon also increases cutaneous levels of arachadonic acid.
- The skin lesions of NME are polymorphous, but erosions and crusts are usually apparent.
- Primary lesions are erythematous patches that eventuate into plaques that develop central bullae

- The blisters erode rapidly, form crust and eventually resolve.
- Pruritus and pain are common symptoms.
- The distribution of NME is characteristic and includes intertriginous areas (groin, perineum, buttocks, and lower abdomen), the central face (especially perioral), and distal extremities.

- Mucosal involvement manifests as angular cheilitis, atrophic glossitis, and stomatitis. Dystrophic nails may accompany the syndrome.
- The features of glucagonoma syndrome are weight loss, sore mouth, diarrhea, weakness, mental status changes, and diabetes mellitus.
- Weight loss is the most common presenting sign.

- Most patients have hyperglycemia and a normochromic normocytic anemia.
- Abnormal liver function is present and serum levels of amino acids, total protein, albumin, and cholesterol are low.
- Pseudoglucagonoma syndrome presents identically, but the α-cell pancreatic tumor is not present

- Underlying diseases identified in patients with the pseudosyndrome are
  Liver disease, pancreatitis, celiac sprue, inflammatory bowel disease, acrodermatitis enteropathica, pellagra, and nonpancreatic malignancies

Histology

- Acute lesions demonstrate a striking degree of epidermalnecrosisintheupperlayersofthestratum spinosum.
- Neutrophilsmaybeabundantinthenecroticlayerand frankseparationfromtheunderlyingintactepidermis mayoccur.
- Chroniclesionsalsoshowapsoriasiformdermatitis withparakeratosisandlossofthegranular layer.

TREATMENT

- Theunderlyingcauseforhyperglucagonemiamust beaddressed.
- Forpatientswithglucagonoma,resectionofthe tumorisimportantforsymptomrelief.
- Measurestocorrectnutritionaldeficienciesand glucagonlevelshaveprovidedrelieffor

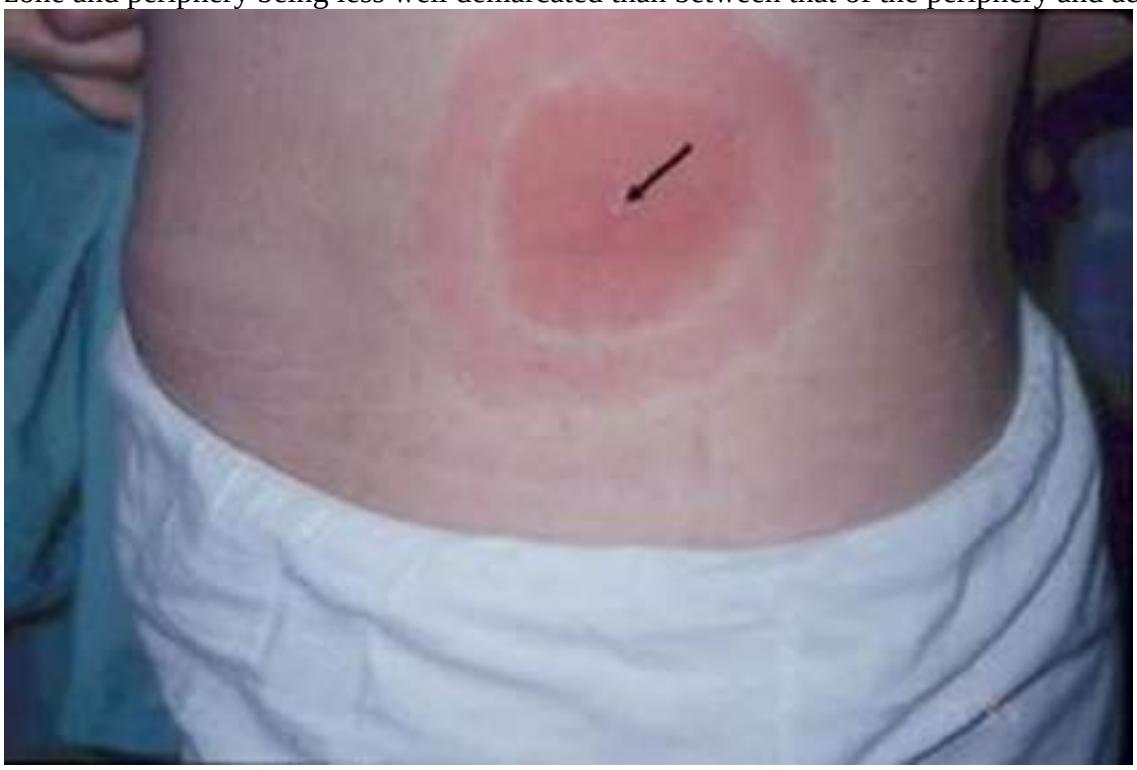
many patients.

- Given the high incidence of venous thromboses, deep vein thrombosis prophylaxis should be instituted.
- Intravenous somatostatin (a glucagon antagonist) has been shown to improve
- Supplementation to correct zinc, amino acid or fatty acid deficiencies is also used

Erythemachronicummigrans

- EMlesionswerereportedin50%–80%ofpatients with Lymedisease.
- Definitehistoryoftickbiteatthesiteofthelesionis obtainedinonlyasmallproportionofpatients.
- Thelesionitselfisbelievedtobetheresultofthe directpresenceofthespirochete
- EMlesionsdevelopwithin3–30daysofthetickbite.

- EM may be seen commonly on the lower extremities, inguinal and axillary regions of adults , and on the face in children
- The skin lesion has an expanding erythema encircling the bite site, with the transition between the central zone and periphery being less well demarcated than between that of the periphery and adjacent skin.



- Theborderisusuallycontinuousandnotpatchy.
- Typicallydescribedasround,thelesioninrealityis moreovalwiththe“longlineoftheovalparalleltothe linesofleastskintension”(Langerlines)
- Asmigrationofthelesionproceeds,distortionofthis configurationoccurs.
- Thecenterfadesafterafewweeksleavingonlythe annular bordererythematous

- Multiple EM-like lesions occur in between 1% and 17% of patients.

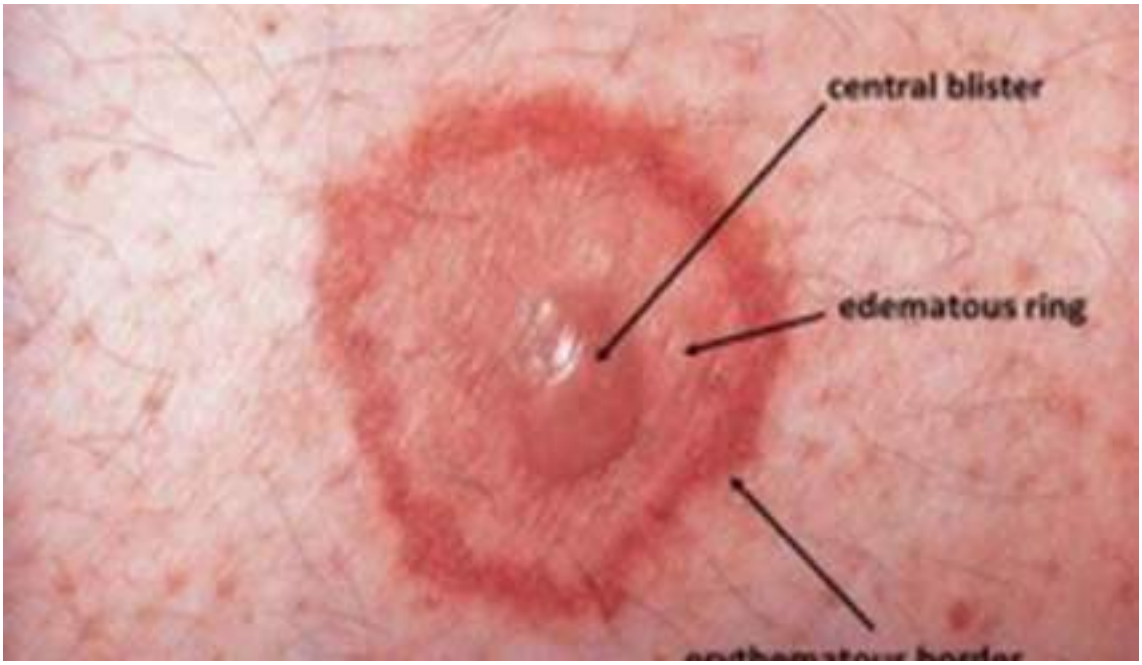
- The spatial relationship of multiple lesions to the initial lesion indicates that they may be the consequence of hematogenous dissemination.
- Secondary EM lesions number from 2 to more than 80,.
- Lesions are usually asymptomatic and if untreated spontaneously resolve over weeks to months.

- Biopsies of early lesions show papillary dermal edema and a mixed infiltrate of lymphocytes, neutrophils, a few plasma cells, and a few eosinophils.
- Biopsies of older lesions display a variably dense perivascular and interstitial infiltrate of lymphocytes and plasma cells.
- Infiltrate is composed of CD4+ T lymphocytes .

- The diagnosis of EM is typically made on clinical appearance.
- From biopsy specimens, spirochetes, detected using special stains, are best located in the papillary dermis and may be short or elongate at this stage of the disease

Erythema multiforme

- Theskineruptionarisesabruptlywithin3days.
- Mostoccurinasymmetric,acraldistributiononthe extensorsurfacesoftheextremities(handsandfeet, elbows, and knees), face, and neck, and less frequentlyonthethighs,buttocks,andtrunk.
- The typical lesion is a highly regular, circular, wheal- likeerythematouspapuleorplaquethatpersistsfor 1 week or longer.



- It measures from a few millimeters to approximately 3cm and may expands lightly over 24to48 hours.

- Although the periphery remains erythematous and edematous,the center becomes violaceous and dark

- Inflammatory activity may regress or relapse in the center,which gives rise to concentricrings of color

• Often, the center turns purpuric and/or necrotic or transforms into a tense vesicle or bulla.
• The result is the classic target or iris lesion.
• According to the proposed classification, typical target lesions consist of at least three concentric components

(1) a dusky central disk, or blister;
(2) more peripherally, an infiltrated pale ring
(3) an erythematous halo.

• In some patients lesions are livid vesicles overlying a just slightly darker central portion, encircled by an erythematous margin.
• Larger lesions may have a central bulla and a marginal ring of vesicles (herpes iris of Bateman)
• Unusual presentations include cases in which recurrent EM in the same patient produces typical target lesions in one instance but plaques in a subsequent event.
• In some patients lesions are livid vesicles overlying a just slightly darker central portion, encircled by an erythematous margin.
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• Unusual presentations include cases in which recurrent EM in the same patient produces typical target lesions in one instance but plaques in a subsequent even

- Mucosallesionsarepresentinupto70%ofpatients
- Predilectionsitesformucosallesionsarethelipson bothcutaneousandmucosalsides,nonattached gingivae,andtheventralsideofthetongue.
- Thehardpalateisusuallyspared,asaretheattached gingivae.

Histology

- EarlylesionsofEMexhibitlymphocyteaccumulation atthedermal–epidermalinterface,withexocytosis into the epidermis, lymphocytes attached to scattered necrotic keratinocytes (satellite cell necrosis), spongiosis,vacuolardegenerationofthe basal cell layer, and focal junctional and subepidermalcleft formation.
- Thepapillarydermismaybeedematousandcontains adensemononuclearcellinfiltrate,whichismore abundantinolderlesions.

- Thevesselsareectaticwithswollenendothelial cells; there may be extravasated erythrocytesand eosinophils.
- Immunofluorescencefindingsarenegativeor nonspecific.
- Inadvancedlesionssubepidermalblisterformation mayoccur,butnecrosisrarelyinvolvestheentire epidermis.
- Inlatelesions,melanophagesmaybeprominent.

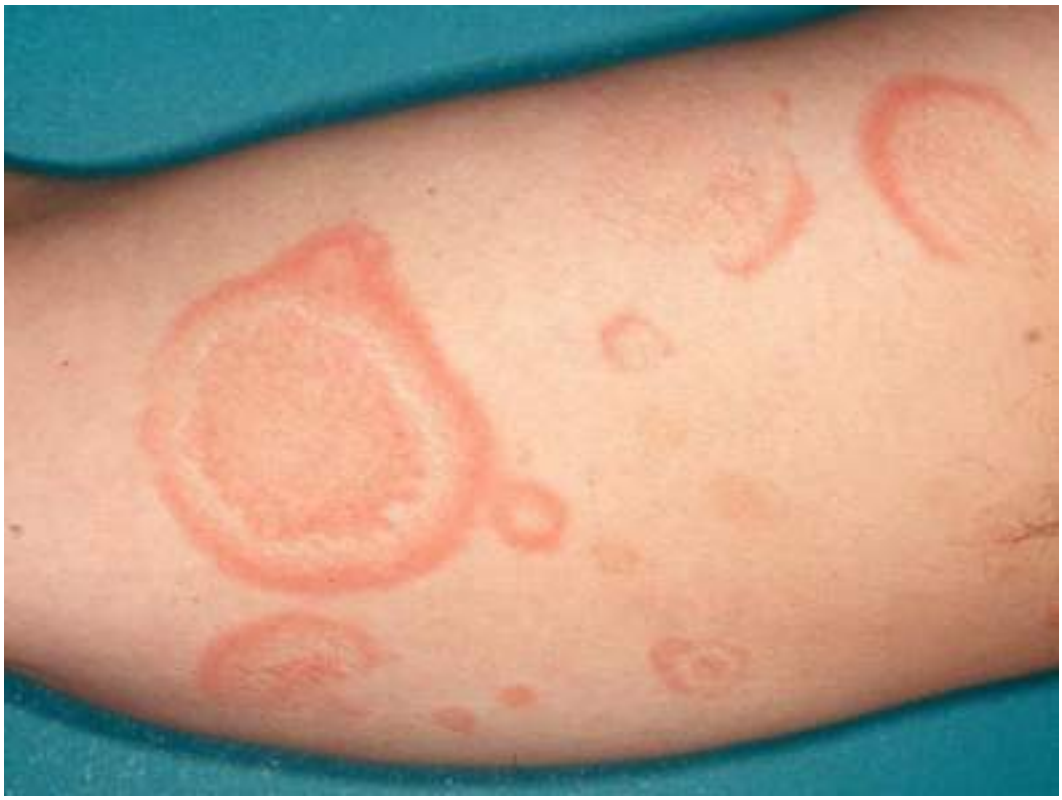
- Investigations to document causality are important in cases with frequent recurrences when prevention with long-term antiviral treatment is considered .
- HSV can rarely still be isolated from the initial lesion of labial herpes.

- Amplification of HSV Pol gene from biopsy samples of EM lesions is not done routinely.
- A negative result on serologic testing for HSV may be helpful to exclude the possibility of herpes-associated EM.
- The positive predictive value of the presence of HLADQB1* 0301 is too low to have any clinical value.

Treatment
- The aims of treatment are to reduce the duration of fever, eruption, and hospitalization.
- The use of systemic corticosteroids seems to shorten the duration of fever and eruption.
- However, the methodology of most studies was poor, with small series often mixing the various forms of idiopathic and virus-associated EM and druginduced SJS. The use of systemic corticosteroids cannot be recommended.

- Several series indicate that administering anti-HSV drugs for the treatment of established episodes of postherpetic EM is useless.
- When symptomatic, M. pneumoniae infection should be treated with antibiotics .
- Liquid antacids, topical glucocorticoids, and local anesthetics relieve symptoms of painful mouth erosions.

Erythema marginatum
- The dermatologic manifestations of ARF are characteristic but rare.
- Subcutaneous nodules are small, painless, and localized over bony prominences and in tendon sheaths.
- Erythema marginatum begins as an erythematous macule or papule extending outward while the central skin returns to normal.

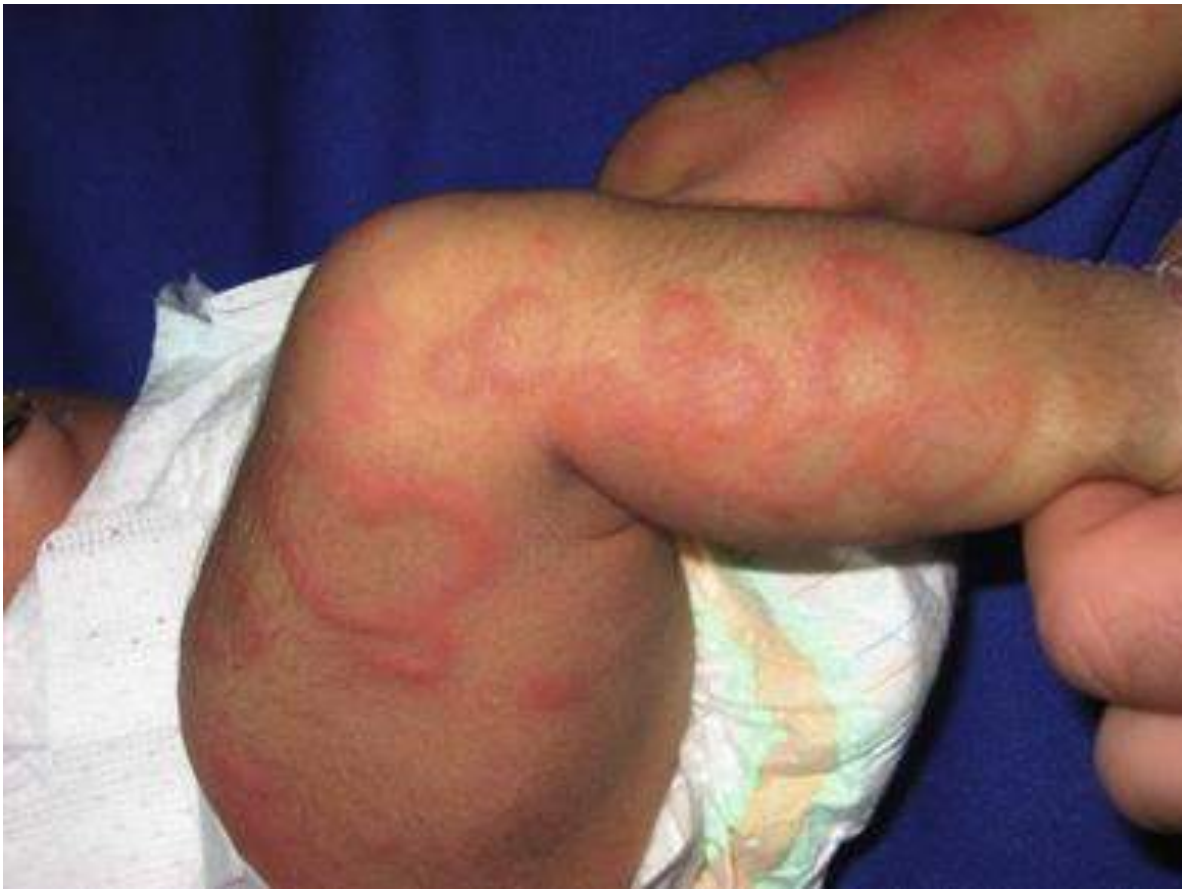


- Theborderispinkandserpiginous,isnotindurated, and blanches with pressure Patients are often unawareofitspresence.
- Histopathologically, there is a sparsesuperficial perivascular infiltrate of lymphocytes and neutrophils.
-

Annular erythema of infancy

- The lesions are identical to those of EAC with erythematous, maculopapular lesions enlarging and evolving into variably sized, single or grouped annular plaques localized to the face, trunk and proximal limbs.
- Individual lesions last from two to several days and there may be a cyclical pattern of new lesions appearing every 5–6 weeks.

- The eruption may start in infancy or in teenage years, is self- limiting and has no associated systemic symptoms.
- The appearances are typically the same as in cases of EAC with a dermal perivascular and interstitial lymphocytic infiltrate
- There have been reports of a prominent eosinophilic infiltrate and an associated peripheral blood eosinophilia .



- Heavyintestinalcolonizationwith*Candidaalbicans*, Epstein–Barrvirusand*Malasseziainfectionshave* been documented.
- Presents as polycyclic, annular, erythematous plaques thatmayexpandbyupto2–3mmperdaywithcentral clearing.
- Annularerythemaofinfancyisself- limiting.

- Investigations include
  - Microscopy and culture of skin scrapings
  - Antinuclear antibodies including antibodies to dsDNA and extractable nuclear antigen (ENA) (Ro, La, Sm and RNP)
  - Electrocardiogram (ECG) and skin biopsy.

Annexure 2

Bharath Institute of Higher Education and Research

Sri Lakshmi Narayana Institute of Medical Sciences

Participant list of Value-added course: **FIGURATE ERYTHEMAS-DR07**

(March 2018 – june 2018)

2nd Year MBBS Student			
Sl. No	Name of the Student	Reg No	Signature
1	VASIPALLI SUJITHA	U16MB391	
2	VENKAT SRI RANGAN.P.B	U16MB392	
3	VENKATACHALAPATHY .G	U16MB393	
4	VIDHY ADHARAN.S	U16MB394	
5	VIGNESH .D	U16MB395	
6	VIGNESH .S	U16MB396	
7	VIJAY .M	U16MB397	
8	VINDUJA VIJAY	U16MB398	
9	VIPIN SHARMA	U16MB399	
10	VISALINI .S	U16MB400	
11	SANDHYA	U16MB371	
12	SARA R	U16MB372	
13	SARASWATHI N	U16MB373	
14	SHIKHA SONI	U16MB376	
15	SNEHA	U16MB379	

Dr. A. BUVANARATCHAGAN, M.D.,

Dr. Buvanaratchagan

RESOURCE PERSON

PROFESSOR & HEAD
DEPT OF DERMATOLOGY
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES
PUDUCHERRY

Dr. K. Harsha Vardhan

COORDINATOR

ANNEXURE-3

SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES

Figurate erythemas Annexure-III

Multiple choice questions Course code-DR07

Answer all questions

1. Figurative erythemas are shaped?
   A. ring
   B. Polygonal
   C. Quadrilateral
   D. Rectangular

2. Scales in EAC are ?
   A. Branny
   B. Trailing
   C. Miraculous
   D. Coarse

3. EAC stands for ?
   A. Erythema atrophied centrifugum
   B. Erythema annular centrifugum
   C. Elementary annular centrifugum
   D. Edematic atrophied centrifugum

4. EAC mostly affects?
   A. Children
   B. Elderly
   C. Mid adults
   D. Younger adults

5. Familial annular erythema has what predominance?
   A. AD
   B. AR
   C. X linked dominance
   D. None

6. EAC caused by all except?
   A. Penicillin
   B. Candida
   C. Dermatophytes
   D. Histoplasma

7. EAC related to malignancy is ?
   A. PEACE
   B. TEASE
   C. FEASE
   D. FEACE

8. EAC has ?
   A. Central crusting
   B. Peripheral crusting
   C. Central clearing
   D. Peripheral clearing

9. Treatment of EAC ?
   A. Calcipotriene
   B. Tacrolimus
   C. Uvb
   D. All of the above

10. DD of EAC is ?
   A. Annular psoriasis
   B. Annular urticaria
   C. Tinea corporis
   D. All of the above

ANNEXURE-3

SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES

Figurate erythemas Annexure-III

Vijay M

Multiple choice questions Course code-DR07

Answer all questions

8/10

1. Figurative erythemas are shaped?
   - A. ring
   - B. Polygonal
   - C. Quadrilateral
   - D. Rectangular

2. Scales in EAC are ?
   - A. Branny
   - B. Trailing
   - C. Miraculous
   - D. Coarse

Vyjayanthi K H 7/2/18

3. EAC stands for ?
   - A. Erythema atrophied centrifugum
   - B. Erythema annular centrifugum
   - C. Elementary annular centrifugum
   - D. Edematic atrophied centrifugum

4. EAC mostly affects?
   A. Children
   B. Elderly
   C. Mid-adults
   D. Younger adults

5. Familial annular erythema has what predominance?
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   B. AR
   C. X linked dominance
   D. None

6. EAC caused by all except?
   A. Penicillin
   B. Candida
   C. Dermatophytes
   D. Histoplasma

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   A. Calcipotriene
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   D. All of the above

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ANNEXURE-3

SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES

Figurate erythemas Annexure-III

Multiple choice questions Course code-DR07

Vimdujavijay

Answer all questions

10/10

1. Figurative erythemas are shaped?
   - A. ring
   - B. Polygonal
   - C. Quadrilateral
   - D. Rectangular

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   - B. Trailing
   - C. Miraculous
   - D. Coarse

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   - A. Erythema atrophied centrifugum
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   B. Candida
   C. Dermatophytes
   D. Histoplasma

7. EAC related to malignancy is ?
   A. PEACE
   B. TEASE
   C. FEASE
   D. FEACE

8. EAC has ?
   A. Central crusting
   B. Peripheral crusting
   C. Central clearing
   D. Peripheral clearing

9. Treatment of EAC ?
   A. Calcipotriene
   B. Tacrolimus
   C. Uvb
   D. All of the above

10. DD of EAC is ?
   A. Annular psoriasis
   B. Annular urticaria
   C. Tinea corporis
   D. All of the above

Annexure IV

Student Feedback Form

Course Name: FIGURATE ERYTHEMAS.

Subject Code: **DR07**

Name of Student: _____ Roll No.: _____

We are constantly looking to improve our classes and deliver the best training to you. Your evaluations, comments and suggestions will help us to improve our performance

Sl. NO	Particulars	1	2	3	4	5
1	Objective of the course is clear					
2	Course contents met with your expectations					
3	Lecturer sequence was well planned					
4	Lectures were clear and easy to understand					
5	Teaching aids were effective					
6	Instructors encourage interaction and were helpful					
7	The level of the course					
8	Overall rating of the course	1	2	3	4	5

**** Rating: 5 – Outstanding; 4 - Excellent; 3 – Good; 2– Satisfactory; 1 - Not-Satisfactory***

Suggestions if any:

Signature

Date:04-07-2018

Annexure IV

Student Feedback Form

Course Name: FIGURATE ERYTHEMAS

Subject Code: **DR07**

Name of Student: Vindya Vijay Roll No: 1116MB398

We are constantly looking to improve our classes and deliver the best training to you. Your evaluations, comments and suggestions will help us to improve our performance

Sl. NO	Particulars	1	2	3	4	5
1	Objective of the course is clear					✓
2	Course contents met with your expectations					✓
3	Lecturer sequence was well planned					✓
4	Lectures were clear and easy to understand					✓
5	Teaching aids were effective					✓
6	Instructors encourage interaction and were helpful					✓
7	The level of the course					✓
8	Overall rating of the course	1	2	3	4	5

** Rating: 5 – Outstanding; 4 - Excellent; 3 – Good; 2– Satisfactory; 1 - Not-Satisfactory*

Suggestions if any:

Vindya
Signature

Date:04-07-2018

Annexure IV

Student Feedback Form

Course Name: FIGURATE ERYTHEMAS.

Subject Code: **D807**

Name of Student: Vijay M. Roll No.: U16M897

We are constantly looking to improve our classes and deliver the best training to you. Your evalua
comments and suggestions will help us to improve our performance

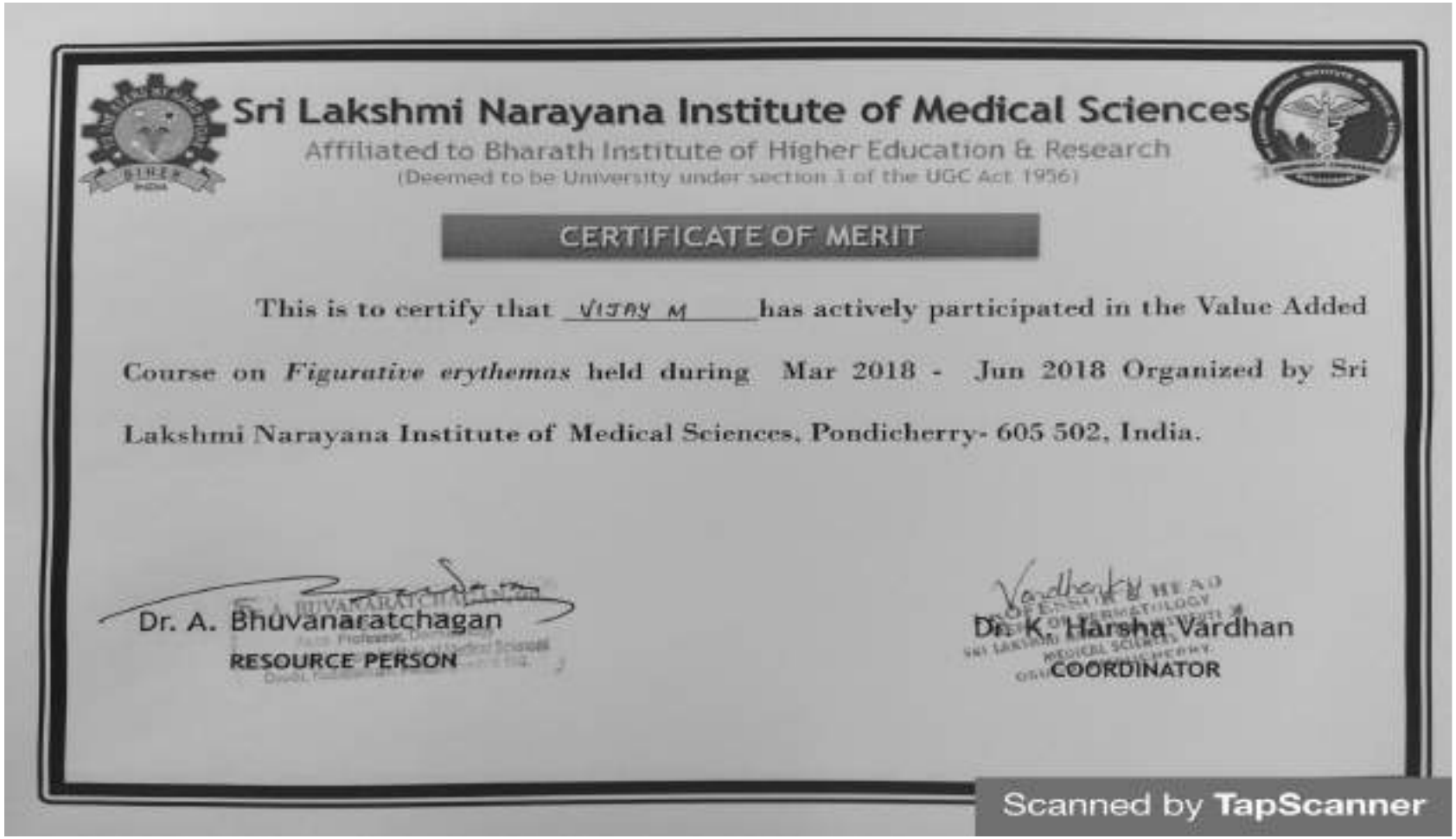
Sl. NO	Particulars	1	2	3	4	5
1	Objective of the course is clear				✓	
2	Course contents met with your expectations					✓
3	Lecturer sequence was well planned					✓
4	Lectures were clear and easy to understand					✓
5	Teaching aids were effective					✓
6	Instructors encourage interaction and were helpful					✓
7	The level of the course					✓
8	Overall rating of the course	1	2	3	4	5

** Rating: 5 – Outstanding; 4 - Excellent; 3 – Good; 2– Satisfactory; 1 - Not-Satisfactory*

Suggestions if any:

Date:04-07-2018

ANNEXURE-5



Sri Lakshmi Narayana Institute of Medical Sciences

Affiliated to Bharath Institute of Higher Education & Research

(Deemed to be University under section 3 of the UGC Act 1956)

CERTIFICATE OF MERIT

This is to certify that VIJAY M has actively participated in the Value Added Course on *Figurative erythemas* held during Mar 2018 - Jun 2018 Organized by Sri Lakshmi Narayana Institute of Medical Sciences, Pondicherry- 605 502, India.

Dr. A. Bhuvanaratchagan
RESOURCE PERSON

Dr. K. Harsha Vardhan
COORDINATOR

Sri Lakshmi Narayana Institute of Medical Sciences

Affiliated to Bharath Institute of Higher Education & Research
(Deemed to be University under section 3 of the UGC Act 1956)

CERTIFICATE OF MERIT

This is to certify that VINDUJA VIJAY has actively participated in the Value Added Course on *Figurative erythemas* held during Mar 2018 - Jun 2018 Organized by Sri Lakshmi Narayana Institute of Medical Sciences, Pondicherry- 605 502, India.

Dr. A. Bhuvanaratchagan
RESOURCE PERSON

Dr. K. Harsha Vardhan
COORDINATOR

Course completion letter

Date- 09-07-18

From
Dr. K. Harsha Vardhan
Department of Dermatology
Sri Lakshmi Narayana Institute of Medical Sciences
Bharath Institute of Higher Education and Research,
Chennai.

Through Proper Channel

To
The Dean
Sri Lakshmi Narayana Institute of Medical Sciences
Bharath Institute of Higher Education and Research,
Chennai.

Sub: Completion of value-added course: figurate erythemas

Dear Sir,

With reference to the subject mentioned above, the department has conducted the value-added course titled: **figurate erythemas** on 10-5-18. We solicit your kind action to send certificates for the participants, that is attached with this letter. Also, I am attaching the photographs captured during the conduct of the course.

Kind Regards

Dr. K. Harsha Vardhan

<HOD Sign and Seal>

Encl: Certificates

Photographs

Course completion letter

Date- 09-07-18

From
Dr. K. Harsha Vardhan
Department of Dermatology
Sri Lakshmi Narayana Institute of Medical Sciences
Bharath Institute of Higher Education and Research,
Chennai.

Through Proper Channel

To
The Dean
Sri Lakshmi Narayana Institute of Medical Sciences
Bharath Institute of Higher Education and Research,
Chennai.

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Dear Sir,

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Kind Regards

Vardhan KH HEAD

Dr. K. Harsha Vardhan

<HOD Sign and Seal>

Encl: Certificates

Photographs