

CONTINUING MEDICAL EDUCATION EXAMINATION

Atopic Dermatitis in Adults: A Diagnostic Challenge

Instructions for obtaining 1.6 Continuing Medical Education Credits

Credits can be earned by reading the text and completing the CME examinations online throughout the year on the SEAIC web site at www.seaic.org



"Actividad acreditada por el Consejo Catalán de Formación Continuada de las Profesiones Sanitarias – Comisión de Formación Continuada del Sistema Nacional de Salud con 1,6 CRÉDITOS".



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CME Items

- How high is the prevalence of atopic dermatitis in adults?
 - <1%
 - 1%-3%
 - 12%-15%
 - 20%-25%
 - >30%
- Which of the following statements is *false* with regard to atopic dermatitis in adults?
 - It does not always fulfil the diagnostic criteria of Hanifin and Rajka.
 - It may first appear even at a more advanced age.
 - The corporal distribution and morphology of the lesions are practically the same as in children.
 - Clinical management is difficult in cases of chronic AD that have persisted since childhood.
 - Many people experience a reactivation or worsening of their disease when they enter the workforce.
- All but one of the following can be considered synonymous or a form of clinical presentation of atopic dermatitis.
 - Endogenous eczema
 - Constitutional eczema
 - Neurodermatitis
 - Stasis dermatitis
 - Dyshidrotic eczema of the hands
- Which of the following statements is *false* regarding AD in the elderly.
 - It can appear de novo.
 - It occurs more frequently in men.
 - Erythroderma is not uncommon.
 - Toxicoderma should be ruled out.
 - Therapeutic management is less complicated.
- Which of the following is *not* a frequent form of clinical presentation of AD in adults?
 - Chronic hand eczema
 - Prurigo
 - Head-and-neck dermatitis
 - Nummular eczema
 - Vitiligo-like lesions
- Which of the following is a clinical indicator of severity/chronicity in adult AD?
 - Vitiligo-like lesions in lichenified areas
 - Association with alopecia areata
 - Dirty neck
 - Erythroderma
 - All of the above
- Which of these diagnostic steps is *not* generally needed to evaluate an adult with suspected atopic dermatitis?
 - Family history of atopic diseases
 - Complete physical examination
 - Oral provocation test
 - Measurement of total IgE
 - Patch testing
- In which cases would patch testing *not* be indicated in a patient with adult AD?
 - Suspicion of protein contact dermatitis
 - Atypical distribution of lesions
 - Disease refractory to treatment
 - Chronic hand eczema
 - De novo AD
- In which cases would prick testing *not* be indicated in a patient with adult AD?
 - Generalized eczema in a patient with a history of pollen allergy
 - Eczema with an airborne pattern
 - Suspicion of protein contact dermatitis
 - Lichenified flexural dermatitis
 - Exacerbation of dermatitis following exposure to airborne allergens
- Choose the *false* statement regarding cutaneous biopsy in adults with AD.
 - It does not help to distinguish between different types of eczema.
 - The histological pattern of eczema is spongiotic dermatitis.
 - The presence of eosinophils is necessary to reach this diagnosis.
 - We should perform the biopsy in chronic cases that are refractory to treatment.
 - It helps to rule out other diseases such as psoriasis, cutaneous lymphoma, and dermatitis herpetiformis.