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## CME examination

Identification No. JB1120

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Geisler AN, Phillips GS, Barrios DM, Wu J, Leung DYM, Moy AP, Kern JA, Lacouture ME. *J Am Acad Dermatol* 2020;83:1255-68.

*Directions for questions 1-4: Choose the single best response.*

A 60-year-old man with stage IV adenocarcinoma of the lung being treated with combination ipilimumab and nivolumab immunotherapy presents to the dermatology department for a rash. The rash has been present on his trunk for 3 weeks and appears as faint erythematous macules and papules coalescing into plaques. The rash covers 25% of his total body surface area and is associated with pruritus.

1. Which of the following is the most appropriate management for this patient's rash?
  - a. Hold therapy and begin topical corticosteroids
  - b. Hold therapy and begin oral corticosteroids
  - c. Continue therapy and begin topical corticosteroids
  - d. Continue therapy and begin rituximab
  - e. No treatment necessary
2. In addition to his rash treatment regimen, which of the following has shown superior improvement in checkpoint inhibitor–induced pruritus?
  - a. Hydroxyzine
  - b. Aprepitant
  - c. Pregabalin
  - d. Diphenhydramine
  - e. No additional treatment necessary

A 65-year-old woman receiving pembrolizumab for metastatic melanoma presents with a rash that began 3 weeks after initiation of treatment. She has sharply bordered, scaly, erythematous plaques on her trunk and extremities.

3. A punch biopsy specimen that shows which of the following supports her clinical manifestation?
  - a. Lichenoid inflammatory infiltrate with vacuolar degeneration and scattered apoptotic keratinocytes in the basal layer of the epidermis
  - b. Parakeratosis, acanthosis, and elongation of rete ridges
  - c. Subepidermal cleft with lympho eosinophilic infiltrate
  - d. Superficial dermal perivascular CD4-predominant T cell infiltrate with eosinophils
  - e. Full-thickness epidermal necrosis with sparse inflammation

The patient subsequently develops pruritic blisters.

4. A skin biopsy specimen will likely reveal which of the following?
  - a. Intraepidermal split on histology and intercellular immunoglobulin G and C3 within the epidermis on direct immunofluorescence
  - b. A dense band-like lymphocytic infiltrate in the superficial dermis with occasional apoptotic keratinocytes
  - c. Loss of intraepidermal melanocytes with CD4<sup>+</sup> and MelanA-specific CD8<sup>+</sup> T cells in close proximity to apoptotic melanocytes
  - d. Subepidermal cleft with eosinophils on histopathology and linear deposits of immunoglobulin G and C3 at the dermoepidermal junction on direct immunofluorescence
  - e. Full-thickness epidermal necrosis with sparse inflammation