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## CME examination

Identification No. JB1220

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Williams KA, Huang AH, Belzberg M, Kwatra SG. J Am Acad Dermatol 2020;83:1567-75.

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

A 54-year-old African American woman with a history of type II diabetes presents with an 8-month history of severely pruritic, hyperpigmented nodules on her arms and legs bilaterally. The physical examination reveals many excoriated nodules.

1. Which of the following is *not* a characteristic feature of prurigo nodules?
  - a. Hyperkeratosis
  - b. Spongiotic dermatitis
  - c. Reduced intraepidermal nerve fiber density in lesional and nonlesional skin
  - d. Heterogeneous inflammatory infiltrate, including T cells, mast cells, and eosinophil infiltrates
  - e. Hyperpigmentation in lesional skin
2. Which of the following laboratory tests is *not* indicated for initial workup?
  - a. Erythrocyte sedimentation rate
  - b. Complete blood count with differential
  - c. Liver function tests
  - d. Creatinine
  - e. Blood urea nitrogen

A 61-year-old man with significant hypertension and type II diabetes with peripheral neuropathy presents for further management of prurigo nodularis. His itch is uncontrolled on topical therapies and intralesional topical steroids and is unresponsive to phototherapy.

3. Which of the following treatment options has the greatest risk of inducing sensory peripheral neuropathy?
  - a. Cyclosporine
  - b. Methotrexate
  - c. Thalidomide
  - d. Duloxetine
  - e. Naltrexone
4. Which of the following treatment options has the greatest risk of exacerbating the patient's hypertension?
  - a. Butorphanol nasal spray
  - b. Cyclosporine
  - c. Methotrexate
  - d. Aprepitant
  - e. Paroxetine