To claim CME credit, successfully complete this case-based posttest online at https://digital-catalog.aad.org/diweb/catalog/t/12952/o/-esd. Note: CME quizzes are available after the first of the month in which the article is published. If you have any questions, please contact the Member Resource Center of the American Academy of Dermatology toll-free at (866) 503-SKIN (7546), (847) 240-1280 (for international members), or by e-mailing mrc@aad.org.

CME examination

Identification No. JA0321

March 2021 issue of the Journal of the American Academy of Dermatology.

Durgin JS, Weiner DM, Wysocka M, Rook AH. J Am Acad Dermatol 2021;84:587-95.

Directions for questions 1-5: Choose the single best response.

A 58-year-old man has psoriasiform patch stage mycosis fungoides. After receiving a new medication for suspected psoriasis, the patient becomes acutely erythrodermic.

1. Which of the following medications can cause the sudden progression of cutaneous T cell lymphoma?
   a. Infliximab
   b. Acitretin
   c. 8-Methoxypsoralen
   d. Methotrexate
   e. Calcipotriol

2. What is the most common infectious agent causing skin infections in mycosis fungoides and Sézary syndrome?
   a. Enterobacteriaceae
   b. *Staphylococcus aureus*
   c. Herpes simplex virus
   d. Varicella zoster virus
   e. β-hemolytic streptococci

3. Which of the following cytokines is most directly implicated in the pathogenesis of pruritus?
   a. Interleukin-4
   b. Interleukin-5
   c. Interleukin-13
   d. Interleukin-17
   e. Interleukin-31

A 64-year-old woman has a 7-month history of pruritic, erythematous patches on her back that recently progressed to near total erythroderma with associated palmoplantar keratoderma and onycholysis. Flow cytometric evaluation of the peripheral blood revealed 40% of her lymphocytes to have an atypical T cell phenotype, consistent with stage IVA Sézary syndrome.

4. What receptor is most implicated in the trafficking of malignant Sézary cells to the skin?
   a. Programmed cell death-1
   b. cutaneous T cell lymphoma-associated antigen 1
   c. C-C chemokine receptor type 4
   d. CD30
   e. C-C chemokine receptor type 7

5. Which of the following treatments best addresses the T-helper 2 bias, antigen-presenting cell dysfunction, and suppression of $CD8^+$ effector cells observed in patients with mycosis fungoides/Sézary syndrome?
   a. Bexarotene
   b. Interferon-gamma
   c. Psoralen plus ultraviolet A light phototherapy
   d. Methotrexate
   e. Mogamulizumab