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## CME examination

Identification No. JB0319

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Yeung H, Luk KM, Chen SC, Ginsberg BA, Katz KA. J Am Acad Dermatol 2019;80:591-602.

*Directions for questions 1 and 2: Choose the single best response.*

A 32-year-old man with a history of unprotected anal sex with multiple male partners was diagnosed with secondary syphilis. He denied ocular or neurologic symptoms, and the neurologic examination was unremarkable. Rapid plasma reagin and *Treponema pallidum* enzyme immunoassays were positive. HIV serology and polymerase chain reaction testing were negative. He received 1 dose of 2.4 million units of intramuscular benzathine penicillin G.

1. Which of the following is the next best step in the management of this patient?
  - a. No further intervention indicated
  - b. Repeat intramuscular benzathine penicillin G for 2 more weekly doses
  - c. Start doxycycline 100 mg twice daily for 14 days
  - d. Refer for lumbar puncture
  - e. Discuss and consider referral for HIV preexposure prophylaxis

A 55-year-old transgender woman presented with tender erythematous indurated plaques without surrounding edema on bilateral buttocks for 5 years. A punch biopsy specimen was obtained, and the histologic examination revealed diffuse dermal sclerosis and dermal cystic structures. Tissue culture was negative for bacteria, fungal, and acid-fast mycobacteria.

2. What is the most likely etiology of the eruption?
  - a. Diffuse systemic sclerosis
  - b. Morphea
  - c. Cutaneous lymphoma
  - d. Foreign body reaction
  - e. Psychogenic