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CME examination

Identification No. JB0419

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Lipner SR, Scher RK. J Am Acad Dermatol 2019;80:853-67.

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

A 43-year-old man presents with onycholysis and subungual hyperkeratosis of all of his toenails and scale on his plantar feet that has been present for many years. His right great toenail measures 3 mm in thickness and he complains of pain when walking. He brings a recent report showing a toenail culture positive for *Trichophyton rubrum*. His medical history is significant for hypercholesterolemia, for which he is taking simvastatin.

1. What is the most appropriate treatment for this patient?
 - a. Recommend treatment with efinaconazole 10% solution for 48 weeks
 - b. Recommend treatment with oral itraconazole for 3 months
 - c. Recommend treatment with oral terbinafine for 3 months
 - d. Recommend treatment with a neodymium-doped yttrium aluminium garnet laser weekly for 1 month
 - e. Recommend that the patient not be treated

A 65-year-old woman presents with onycholysis and subungual hyperkeratosis of her right great toenail for 1 year. The thickness of her nail is 1 mm, with 10% surface area of the nail plate involved, and without involvement of the nail matrix. No other nails are affected. A previous nail clipping with histopathology revealed hyphae infiltrating the nail plate. She prefers topical treatment for her onychomycosis. Her medications include cisapride and cyclosporine.

2. What is the most appropriate treatment for this patient?
 - a. Recommend treatment with ciclopirox 8% nail lacquer, efinaconazole 10% solution, or tavaborole 5% for her nail for 48 weeks and treat concurrently for tinea pedis
 - b. Recommend treatment with oral itraconazole daily for 3 months
 - c. Recommend treatment with oral terbinafine daily for 3 months
 - d. Recommend treatment with oral fluconazole weekly until the nail grows out
 - e. Recommend treatment with a neodymium-doped yttrium aluminium garnet laser weekly for 1 month