

---

To claim CME credit, complete this case-based posttest online at <http://www.aad.org/olc>. Note: CME quizzes are available after the first of the month in which the article is published. A minimum score of 70% must be achieved to claim CME credit. 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](mailto:mrc@aad.org).

## CME examination

Identification No. JC0419

April 2019 issue of the Journal of the American Academy of Dermatology

Shields BE, Rosenbach M, Brown-Joel Z, Berger AP, Ford BA, Wanat KA. J Am Acad Dermatol 2019;80:869-80.

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

A 62-year-old man recently underwent treatment with rituximab before allogeneic hematopoietic stem cell transplantation. Several weeks later he presented to the hospital with multiple, deep, subcutaneous nodules, some with central eschar (Fig 1).



**Fig 1.** Red to violaceous subcutaneous nodule on the arm.

1. What angioinvasive fungal infections should be considered in this patient?
  - a. Aspergillosis
  - b. Fusariosis
  - c. Mucormycosis
  - d. Scedosporiosis
  - e. All of the above

There are many shared risk factors for angioinvasive fungal infections, including immunosuppression, malignancy, transplantation, trauma, and chronic disease, such as HIV/AIDS.

2. What risk factor is more specific for the development of a Mucormycetes infection?
  - a. Autoimmune disease
  - b. Corticosteroid use
  - c. Diabetes mellitus
  - d. Hypercortisolism
  - e. Iron overload

[F1-4/C]