APEA 3P EXAM WITH DETAILED ANSWERS (2025 UPDATED).

- 1. Most common type of skin cancer in USA: Skin cancer
- 2. Most common type of skin cancer: basal cell carcinoma
- 3. **basal cell carcinoma symptoms:** Appearance varies; smooth, shiny bump, pink to pearly white
- 4. Basal cell carcinoma common locations: cheeks, nose, face, neck, arms, back
- 5. **basal cell carcinoma diagnosis gold standard:** biopsy. if not an option, refer to derm
- 6. Actinic keratosis: Precursor to squamous cell carcinoma numerous dry, round and pink to red lesions w/ rough and scaly texture
- --> does not heal, slow growing in sun exposed areas
- 7. Actinic keratosis diagnosis gold standard: Biopsy. if not an option, refer to derm
- 8. Actinic keratosis treatment gold standard: small- cryotherapy large- number 5-FU (5-flouracil aka efudex). 5-FU medication Causes skin to ooze, crust, scab and be red
- **5-flouracil/ efudex-wear sunscreen!!**
- squamous cell cancer: chronic red scaly rough textured lesion w/ irregular borders
- crusting or bleeding may be present
- 10. Squamous cell carcinoma common locations: rims of ears, lips, nose, face and top of hands
- 11. precursor lesion to squamous cell cancer: actinic keratosis

- 12. **squamous cell carcinoma diagnosis by?:** biopsy gold standard. if biopsy is not an option, refer to dermatology.
- 13. **Risk factors for skin cancer (melanoma and both non-melanoma):** Blistering sunburn as a child, history of sunburns, light skin, chronic exposure to UV light (sunlight/tanning beds), moles, family hx for skin cancer
- 14. **Melanoma symptoms (ABCDE):** asymmetry (shape/uneven texture) border (irregular/notched/blurred) color (variegated colors from black, blue, dark to light brown) diameter (size >6mm size of pencil eraser or larger) evolving (changes in color/size/shape) may be itchy
- 15. **Acral lengtiginous melanoma:** Most common type of melanoma in dark skinned individuals (blacks & asians)
- --> look for longitudinal brown to black bands under the nailbed. a changing spot or mole in the palms, or the soles of the feet

16. **seborrheic keratosis:** soft, round, wart-like growth that is light tan to black and looks pasted on asymptomatic &benign

17. **Bacterial Meningitis Bacteria:** Streptococcus pneumoniae- most common strain

Haemophilus influenzae

Neisseria meningitidis

Escherichia coli

*others

18. Bacterial meningitis symptoms (Classic Triad): High fever

Nuchal rigidity

rapid change in mental status w/ headache

Triad=neck up

erythematous spot-like rash (petechiae) ecchymosis to purple-colored lesions (purpura) which are non-blanchable

- 19. Is bacterial meningitis a reportable disease: yes!
- 20. **Treatment for Bacterial meningitis-patient:** IV Abx ASAP, resp/droplet iso for first 24-48 hrs, hydrate (low maintenance after initial fluid correction), Maintain

ventilation and reduce increased intra cranial pressure if present (dexamethosone(to reduce inflammation, mannitol to diurese the brain), low stim environment, tx com- plications that may arrive and support family

21. **Treatment for bacterial meningitis-close encounter:** Close contacts should be treated w/ rifampin 600 mg q 12 hours x 2 days

^{**}Rifampin changes urine color to reddish orange and can stain contacts

**AVOID RIFAMPIN IN PREGNANCY

- 22. Brudzinkski sign (meningeal irritation): Tests for meningeal irritation
- Patient supine, raise BACK of head and flex chin towards chest
- + result if pt automatically beds both hips
- --Brudzinski and back of head start with B as well as bends--
- 23. **Kernig's sign:** Tests for meningeal irritation
- patient supine. flex patients hips and knees in a right angle, then slowly straighten/extend the legs up
- + result if when the patient complains of pain during extension of leg
- 24. MCV4 (meningococcal vaccine) Age 11-19: Give one dose of menactra or menveo
- primary dose given age 12 or younger give a booster at age 16-18
- 25. **MCV4 (meningococcal vaccine) Age 19-21:** Give one dose of menactra or menveo if never had either