ADVANCED HEALTH ASSESSMENT -SKIN MIDTERM EXAM NEWEST ACTUAL EXM COMPLETE QUESTIONS AND CORRECT DETAILED ANSWERS



noninflammatory edema - CORRECT ANSWER Swelling d/t mechanical causes

lymphedema - CORRECT ANSWER dedema d/t obstruction of a lymphatic vessel

Basal cell carcinoma - CORRECT ANSWER Most common type of Skin cancer malignant, slow growing- almost never metastasize, can be invasive/destructive seen in: sun exposure sites, > 40 years old, M>F

appearance: translucent, pearly papule, can be an ulcer w/ rolled border and crust, pink or red, smooth glistening

- a flaky spots that reoccurs/goes away

smokers-by lips

Squamous cell carcinoma - CORRECT ANSWER Malignant tumor from external carcinogenssun, arsenic ingestion, x-rays

occurs in: sun exposure sits, > 55, M>F, tobacco & ETOH

appearance: red, scaly patch w/ SHARP MARGINS, 1cm or >, or not, develops central ulcer, any persistent (>1month) nodule, plaque or ulcer is suspicious

actinic keratosis=precancerous for SCC

Actinic Keratosis - CORRECT ANSWER Scaly plaque precursor to Squamous cell carcinoma, and is in mostly sun exposed areas- w/ yellowish tint

Non-melanoma skin cancers - CORRECT ANSWER BCC, SCC- exposure to sun

genetic predisposition-fair ppl

personal hx of skin cancer

family hx

immunosuppresion

chemical exposure: arsenic, tars, carbon black, crude paraffin and asphalt

tobacco/ETOH: SCC

epidermis - <a> CORRECT ANSWER <a> thin, outmost layer but tough

avascular-gets nourishment from dermis

stratified into zones

stratum of epidermis - \checkmark CORRECT ANSWER \checkmark corneum, lucidum, granulosum, spinosum , basale

stratum germinavitum - CORRECT ANSWER forms new cells

major ingredient: keratin, tough fiberous protein

melanocytes found in this layer = skin color

dermis - <a> CORRECT ANSWER <a> vascular, inner supportive layer

mostly made of connective tissue or collagen

fiberous protein prevents skin from tearing

where nerves, blood vessels, sensory receptors an lymphatics are

appendages: hair follicles, sebaceous glands, and sweat glands are embedded

Melanin - CORRECT ANSWER V brownish pigment, is genetically determined and increased by exposure to sunlight

pallor - ✓ ✓ CORRECT ANSWER ✓ ✓ indicates anemia

jaundice - CORRECT ANSWER V yellowing of the skin, results from increased bilirubin (arises from the breakdown of heme in the RBCs)

cyanosis - CORRECT ANSWER Due color, can indicate decreased oxygen in the blood or decreased blood flow in response to a cold environment

subcutaneous layer of skin - 🗹 🗹 CORRECT ANSWER 🗹 🗹 adipose tissue

anchors dermis to muscle/bone

made of lobules of fat cells

stores fat for energy, gives insulation for temperature control

aids in protection by cushioning

Hair - CORRECT ANSWER Conformation for follicle is attached in dermis layer

errector pilli - CORRECT ANSWER The muscle that causes hair to stand up is called the

2 types of hair - CORRECT ANSWER vellus- fine hair covers most of body and terminal- coarse hair- scalp, eyebrows, pubic regions, face/chest of males

nails - CORRECT ANSWER hard plates of kerratin, sit on nail plate, average growth 0.1mm/day; toenails grow slower

sebacious glands - CORRECT ANSWER Make lipid sebum, secreted through hair follicles, lubricate skin/hair, found everywhere but palms/soles of hands/feet, more so on scalp, forehead, face, chin

2 types of sweat glands - CORRECT ANSWER Cocrine-coiled tubes open directly to skin, make dilute saline sweat; help control body temp

apocrine- make thick milky secretion opening to hair follicle- found in axillae, anogenital, nipples navel, active w/ puberty, bacterial flora reacts w/ apocrine= B.O. smell

functions of skin - CORRECT ANSWER Protection, Perception, temperature and BP regulation, Vitamin synthesis, exretion, communication, indentification, wound repair

common or concerning symptoms of skin - CORRECT ANSWER 2 growths, rashes, hair loss or nail changes

most common cancer in US - CORRECT ANSWER < skin cancer

Risk assessemnt of Derm according to different groups - CORRECT ANSWER AA of derm: annual total skin assessment

American Cancer society: every 3 years peopel b/t 20-40, yearly>40

Am Col of Prevention Med: total body skin exam in high risk individuals

Am Col of OB: yearly >13 based on risk factors

NIH consensus panel: screening for melanoma part of routine primary care