AAFM Boards Dermatology Practice Test (Sample)

Study Guide

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Questions

1. What characterizes a cherry angioma?

A. It is a precancerous lesion

B. It is a small, bright red blood vessel tumor

C. It is a type of melanoma

D. It appears exclusively in children

2. What is the primary treatment for mild alopecia areata?

A. Topical corticosteroids

B. Intralesional corticosteroid injections

C. UV therapy

D. Topical immunotherapy

3. What feature is common in neurofibromas?

A. Presence of cafe au lait spots

B. Formation of blisters

C. Exclusively found on the trunk

D. Developed from sun exposure

4. How many individuals hospitalized reported symptoms of pernio feet?

A. 19%

B. 35%

C. 16%

D. 49%

5. What symptom is commonly associated with hot tub folliculitis?

A. Fever

B. Joint pain

C. Inflamed eyes

D. Itchy, burning skin

6. Which treatment option is recommended for moderate perioral dermatitis?

A. Oral tetracycline

B. Topical benzoyl peroxide

C. Moisturizers

D. Oral antihistamines

7. What defines the appearance of alopecia areata?

A. Protruding hairs at edges of patches

B. Thinning of hair due to aging

C. Persistent itchiness

D. Uniform bald patches

8. What is the general treatment approach for folliculitis that lasts more than two to three weeks?

A. Immediate surgical intervention

B. Long-term antibiotic therapy

C. Antifungal therapy

D. Topical antiseptics

9. Which finding is consistent with cerebellar tremor during neurological testing?

A. Stiffness in limbs

B. Past-pointing on finger-to-nose testing

C. Inability to initiate movement

D. Random muscle spasms

10. Which condition is characterized by hyperplasia of vulvar squamous epithelium?

A. Lichen planus

B. Lichen simplex chronicus

C. Neurodermatitis

D. Psoriasis

Answers

1. B
2. A
3. A
4. C
5. D
6. A
7. A
8. B
9. B
10. B

Explanations

1. What characterizes a cherry angioma?

A. It is a precancerous lesion

B. It is a small, bright red blood vessel tumor

C. It is a type of melanoma

D. It appears exclusively in children

The defining characteristic of a cherry angioma is that it manifests as a small, bright red tumor formed by clusters of blood vessels. These benign vascular lesions typically vary in size, can appear anywhere on the body, and are most commonly found on the trunk and limbs. They are more prevalent in adults, especially those over the age of 30, but can be observed in younger individuals as well. Cherry angiomas are not precancerous; they do not have the potential to develop into cancer, nor are they a type of melanoma, which is a serious form of skin cancer that originates from melanocytes. Their presentation as bright red spots arises from the high concentration of blood vessels within the lesion, making them easily identifiable against the normal skin. Their distinct appearance and benign nature are key factors in recognizing and diagnosing cherry angiomas.

2. What is the primary treatment for mild alopecia areata?

A. Topical corticosteroids

B. Intralesional corticosteroid injections

C. UV therapy

D. Topical immunotherapy

In the case of mild alopecia areata, the primary treatment involves the use of topical corticosteroids. This treatment option is most commonly recommended because it targets the inflammatory process that is a key factor in this autoimmune condition. Topical corticosteroids work by reducing inflammation and suppressing the immune response that leads to hair loss. When applied directly to the affected areas of the scalp or skin, these medications can help to promote hair regrowth and alleviate symptoms. They are typically easy to apply and have a relatively good safety profile compared to more invasive treatments, making them a first-line choice for many patients with mild cases. Other treatment options, such as intralesional corticosteroid injections or topical immunotherapy, may be used in more severe cases or cases that do not respond to topical treatments. However, for mild alopecia areata, topical corticosteroids remain the most universally accepted starting point, as they effectively manage the condition while being well-tolerated. UV therapy is generally not indicated for mild cases and serves different purposes in dermatology.

3. What feature is common in neurofibromas?

A. Presence of cafe au lait spots

B. Formation of blisters

C. Exclusively found on the trunk

D. Developed from sun exposure

Neurofibromas are benign tumors that arise from the nerve sheath and are commonly associated with neurofibromatosis, particularly type 1. A hallmark feature of neurofibromatosis type 1 is the presence of cafe au lait spots, which are flat, pigmented skin lesions. These spots often appear early in life and are a key diagnostic criterion for the condition. Their presence helps clinicians in identifying neurofibromatosis and suggests a predisposition to developing neurofibromas. While other options might pertain to various skin conditions or tumor types, they do not directly correlate with neurofibromas. Blister formation is not characteristic of neurofibromas. These tumors can appear on various parts of the body, not exclusively on the trunk, and are not related to sun exposure as a causal factor.

4. How many individuals hospitalized reported symptoms of pernio feet?

A. 19%

B. 35%

C. 16%

D. 49%

Pernio, also known as chilblains, is a condition characterized by inflamed, itchy skin, typically affecting the fingers and toes, often triggered by exposure to cold and dampness. In the context of individuals hospitalized, the statistic indicating that 16% reported symptoms of pernio feet reflects research findings on the prevalence of this condition among specific populations, particularly during colder months or in relation to certain illnesses that may predispose individuals to pernio. The selection of 16% highlights that while pernio can affect a population, its incidence in hospitalized individuals is not overwhelmingly high, suggesting that it may not be a primary concern compared to more prevalent conditions that can lead to hospitalization. In contrast, higher percentages presented in the other choices indicate significantly higher rates of symptoms, which may not align with the data supporting the 16% figure and could reflect either overestimation or misinterpretation of the condition's prevalence in a hospital setting. Understanding that pernio is relatively uncommon among hospitalized patients can help clarify its presentation and support clinical decisions regarding diagnosis and treatment in dermatology practice.

5. What symptom is commonly associated with hot tub folliculitis?

A. Fever

B. Joint pain

C. Inflamed eyes

D. Itchy, burning skin

Hot tub folliculitis is primarily characterized by itchy, burning skin in the affected areas. This condition is often caused by exposure to improperly maintained hot tubs or pools, where bacteria, such as Pseudomonas aeruginosa, can thrive. The bacteria infect the hair follicles, leading to inflammation and the development of small, red, pus-filled bumps that can be itchy and uncomfortable. The symptom of itchy, burning skin aligns with the common clinical presentation of this skin condition, making it a key feature that differentiates it from other potential health issues. In contrast, symptoms like fever, joint pain, and inflamed eyes are not typical for hot tub folliculitis and may suggest different medical conditions that warrant further investigation.

6. Which treatment option is recommended for moderate perioral dermatitis?

A. Oral tetracycline

B. Topical benzoyl peroxide

C. Moisturizers

D. Oral antihistamines

Oral tetracycline is recommended for moderate perioral dermatitis due to its effectiveness in targeting the inflammatory response associated with this condition. Perioral dermatitis is characterized by a rash around the mouth and often involves papules and pustules, which can be inflammatory in nature. Tetracyclines, such as tetracycline and doxycycline, possess both anti-inflammatory properties and the ability to reduce the population of bacteria that may contribute to the condition, making them particularly useful for treatment. The other treatment options, while they may have benefits for various skin conditions, do not address the underlying causes of moderate perioral dermatitis as effectively as oral tetracycline does. Topical benzoyl peroxide, while helpful for acne, may irritate the sensitive skin around the mouth and is not specifically indicated for perioral dermatitis. Moisturizers can help soothe the skin but don't have the necessary anti-inflammatory effect required for this particular dermatitis. Oral antihistamines may alleviate itching or discomfort but do not treat the inflammatory aspect of the rash, making them an unsuitable choice for addressing the condition.

7. What defines the appearance of alopecia areata?

A. Protruding hairs at edges of patches

B. Thinning of hair due to aging

C. Persistent itchiness

D. Uniform bald patches

Alopecia areata is characterized by the sudden loss of hair in well-defined patches on the scalp or other areas of the body. One of the distinctive features of this condition is the presence of hairs that appear to be protruding at the edges of these bald patches. This phenomenon occurs as a result of the hair follicles being in different stages of the hair growth cycle; those at the periphery of the patch may still have hair that is not completely lost, creating the visual effect of shorter hairs at the edges. This is often referred to as "exclamation mark hairs," which are short and tapered towards the scalp, and can be a telltale sign in diagnosing alopecia areata. Thinning of hair due to aging, persistent itchiness, and uniform bald patches do not represent the classic signs of alopecia areata. Hair thinning due to aging is typically more diffuse and not localized in distinct patches. Itchiness can occur with various dermatologic conditions but is not a specific symptom of alopecia areata, and uniform bald patches suggest a different pattern of hair loss, such as androgenetic alopecia or telogen effluvium, which do not exhibit the same sharp demarcation found in alopecia areata. Thus, the

8. What is the general treatment approach for folliculitis that lasts more than two to three weeks?

A. Immediate surgical intervention

B. Long-term antibiotic therapy

C. Antifungal therapy

D. Topical antiseptics

The general treatment approach for folliculitis that persists for more than two to three weeks typically involves long-term antibiotic therapy. This prolonged duration suggests a potential underlying infection that may not resolve with shorter courses of treatment or may involve resistant organisms. In cases where folliculitis is bacterial, such as with Staphylococcus aureus, the appropriate use of antibiotics can help eliminate the bacteria causing the inflammation around the hair follicles. Additionally, when folliculitis does not respond to initial treatments, culture of the pus or drainage from the lesions can be useful in identifying the specific pathogen, allowing for targeted antibiotic therapy. This extended antibiotic treatment is crucial to prevent complications that could arise from untreated bacterial infections, and it may also help in cases where folliculitis could be symptomatic of an underlying dermatological condition. The other treatment options would typically be reserved for cases with a different etiology or where other factors are contributing to the condition. For instance, immediate surgical intervention may be necessary in cases of abscess formation but is not the standard route for uncomplicated folliculitis. Antifungal therapy is more appropriate for folliculitis caused by fungal infections, which is less common. Topical antiseptics can be used to support hygiene and reduce surface bacteria but

9. Which finding is consistent with cerebellar tremor during neurological testing?

A. Stiffness in limbs

B. Past-pointing on finger-to-nose testing

C. Inability to initiate movement

D. Random muscle spasms

Cerebellar tremor is characterized by a specific type of movement disorder that reflects dysfunction in the cerebellum, which is crucial for coordination, precision, and timing of movements. One of the hallmark findings during neurological testing that suggests cerebellar involvement is "past-pointing" during the finger-to-nose test. This task requires the individual to touch their nose with their finger, which involves precise control and coordination. When a patient exhibits past-pointing, it indicates that they are overshooting their target—a common occurrence in cerebellar dysfunction. This effect occurs because the cerebellum is responsible for fine-tuning movements and correcting them in real time. If the cerebellum is impaired, individuals may fail to accurately gauge the distance and trajectory needed to reach their intended target, leading to the characteristic overshoot. Other findings, such as stiffness in limbs, inability to initiate movement, or random muscle spasms, do not specifically indicate a cerebellar tremor and could suggest other neurological disorders or conditions affecting different parts of the nervous system. For instance, stiffness in limbs could point to extra-pyramidal conditions like Parkinson's disease, while inability to initiate movement may reflect basal ganglia dysfunction. Random muscle spasms are more indicative of

10. Which condition is characterized by hyperplasia of vulvar squamous epithelium?

A. Lichen planus

B. Lichen simplex chronicus

C. Neurodermatitis

D. Psoriasis

The condition characterized by hyperplasia of the vulvar squamous epithelium is indeed associated with lichen simplex chronicus. This condition commonly results from chronic irritation or friction, leading to thickening of the skin or mucosa, known as hyperplasia. In the context of the vulvar area, lichen simplex chronicus can develop due to factors such as persistent scratching, friction from clothing, or irritation from various causes, resulting in changes to the squamous epithelium. The hyperplastic response is a protective mechanism aimed at thickening the skin barrier in reaction to ongoing irritation. Other conditions listed, such as lichen planus, neurodermatitis, and psoriasis, affect the skin but do not typically lead to the same degree of hyperplasia specifically in the vulvar squamous epithelium. For instance, lichen planus might involve different inflammatory processes and presentations, while psoriasis is characterized by plaque formation and scaling rather than hyperplasia due to friction or irritation. Understanding these distinctions helps clarify why lichen simplex chronicus is the correct condition linked to this specific characteristic.