

AAFM Boards Dermatology Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of questions,

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Don't worry about getting everything right, your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations, and take breaks to retain information better.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning.

7. Use Other Tools

Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly — adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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- 1. What characterizes the clinical presentation of impetigo?**
 - A. Pustules with thick crusts**
 - B. Red, scaly patches**
 - C. Flaky, itchy skin**
 - D. Blisters filled with clear fluid**

- 2. What type of lung condition might result in an obstructive spirometry pattern?**
 - A. Interstitial lung disease**
 - B. Pneumonia**
 - C. Asthma**
 - D. Restrictive lung disease**

- 3. Which of the following diseases is associated with pruritic erythematous papules?**
 - A. Scabies**
 - B. Bacterial infections**
 - C. Psoriasis**
 - D. Melanoma**

- 4. What is the primary method for treating tinea capitis?**
 - A. Topical antifungals**
 - B. Systemic oral treatments**
 - C. Localized steroid application**
 - D. Hydration therapy**

- 5. What factor primarily determines the prognosis of malignant melanoma?**
 - A. Age at diagnosis**
 - B. Thickness of the tumor**
 - C. Color of the melanoma**
 - D. Location on the body**

6. What is a recommended treatment for seborrheic dermatitis on the scalp?

- A. Topical corticosteroids**
- B. Antifungal shampoos**
- C. Retinoids**
- D. Emollients**

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

- A. Fever**
- B. Joint pain**
- C. Inflamed eyes**
- D. Itchy, burning skin**

8. What type of tinea is characterized by multiple colors on the skin?

- A. Tinea pedis**
- B. Tinea versicolor**
- C. Tinea corporis**
- D. Tinea capitis**

9. What method is NOT typically used to treat basal cell carcinoma?

- A. Cryotherapy**
- B. Radiation therapy**
- C. Electrodesiccation**
- D. Topical antifungals**

10. What is the most effective way to treat postherpetic neuralgia?

- A. Anticonvulsants**
- B. Topical creams**
- C. Antibiotic therapy**
- D. Cold compresses**

Answers

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

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Explanations

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1. What characterizes the clinical presentation of impetigo?

- A. Pustules with thick crusts**
- B. Red, scaly patches**
- C. Flaky, itchy skin**
- D. Blisters filled with clear fluid**

Impetigo is characterized primarily by the presence of pustules that eventually form thick, honey-colored crusts. This condition is often caused by bacterial infections, particularly *Staphylococcus aureus* or *Streptococcus pyogenes*. The typical progression involves vesicles that may rupture, leading to the formation of the characteristic crusty lesions. These lesions are usually found around the nose and mouth but can appear anywhere on the body, especially in areas prone to abrasions. Other skin conditions, such as psoriasis or eczema, may present with different characteristics like red, scaly patches or flaky, itchy skin but are not indicative of impetigo. Similarly, blisters filled with clear fluid can be associated with a range of other dermatological issues, such as herpes simplex virus infections or contact dermatitis, but do not reflect the crusting nature seen in impetigo. Hence, the presence of pustules developing into thick crusts distinctly defines impetigo's clinical presentation.

2. What type of lung condition might result in an obstructive spirometry pattern?

- A. Interstitial lung disease**
- B. Pneumonia**
- C. Asthma**
- D. Restrictive lung disease**

An obstructive spirometry pattern is characterized by a reduced ability to exhale air from the lungs, leading to a lower forced expiratory volume in one second (FEV1) compared to the forced vital capacity (FVC). Asthma is a classic example of a condition that can cause this obstructive pattern. In asthma, airway inflammation, bronchoconstriction, and increased mucus production lead to narrowed airways, making it difficult for air to flow out of the lungs during exhalation. This results in a decreased FEV1 relative to the FVC, defining the obstructive pattern found in spirometry tests. In contrast, conditions such as restrictive lung disease, interstitial lung disease, and pneumonia typically present with different spirometry patterns. Restrictive lung disease generally leads to a proportional decrease in both FEV1 and FVC, thus maintaining a normal or increased FEV1/FVC ratio. Interstitial lung disease involves scarring of the lung tissue, which limits lung expansion and also results in a restrictive pattern. Pneumonia primarily affects the lung parenchyma and can cause other abnormalities in lung function testing, but it doesn't usually lead to a predominant obstructive pattern as seen in asthma. Understanding these distinctions is crucial for effectively

3. Which of the following diseases is associated with pruritic erythematous papules?

- A. Scabies**
- B. Bacterial infections**
- C. Psoriasis**
- D. Melanoma**

Pruritic erythematous papules are a characteristic feature of scabies, which is caused by the infestation of the skin by the *Sarcoptes scabiei* mite. The intense itching is a result of an allergic reaction to the mites, their eggs, and waste products. This condition typically presents as small, raised, red, itchy spots, often found in areas such as between the fingers, on the wrists, and around the waist. The papules can also become excoriated due to scratching, leading to secondary infections. In contrast, while other skin conditions may exhibit pruritis and erythema, they often have distinct manifestations. For example, bacterial infections can present with various types of rashes that may be red and swollen but do not typically present as papules in the same manner as scabies. Psoriasis generally features raised, silvery scales rather than isolated papules and is usually not associated with mites or severe itching. Melanoma, a serious form of skin cancer, could appear as a changing mole but does not typically present with pruritic papules as the main symptom. Thus, scabies is the most accurate association with pruritic erythematous papules among the provided options.

4. What is the primary method for treating tinea capitis?

- A. Topical antifungals**
- B. Systemic oral treatments**
- C. Localized steroid application**
- D. Hydration therapy**

The primary method for treating tinea capitis, which is a fungal infection of the scalp, is systemic oral treatments. This choice is based on the need to effectively eliminate the fungal pathogens, which can be deeply embedded in the hair follicles and scalp tissue. While topical antifungals may be used in certain localized fungal infections, they are often insufficient for tinea capitis due to the depth and severity of the infection. Oral antifungals, such as griseofulvin or terbinafine, are designed to penetrate the tissues where the fungus resides, providing thorough treatment and aiding in quicker resolution of the infection. Steroid applications may reduce inflammation associated with the infection but do not treat the underlying fungal cause. Hydration therapy is unrelated to treating fungal infections directly and does not address the pathogen. Thus, systemic oral treatments are both the most effective and necessary approach to completely eradicate tinea capitis.

5. What factor primarily determines the prognosis of malignant melanoma?

- A. Age at diagnosis
- B. Thickness of the tumor**
- C. Color of the melanoma
- D. Location on the body

The prognosis of malignant melanoma is primarily determined by the thickness of the tumor, commonly referred to as the Breslow thickness. This measurement reflects the depth of the melanoma in the skin and serves as one of the most critical factors in predicting the likelihood of metastasis and survival rates. Thicker tumors have a higher propensity to spread to lymph nodes and distant organs, thereby increasing the risk of a worse outcome for the patient. Understanding that Breslow thickness is a key indicator supports the need for early detection and treatment, emphasizing the importance of monitoring changes in moles or skin lesions. While age at diagnosis, color of the melanoma, and location on the body can influence prognosis to some degree, none have the same level of direct correlation with patient outcomes as the thickness of the tumor does.

6. What is a recommended treatment for seborrheic dermatitis on the scalp?

- A. Topical corticosteroids
- B. Antifungal shampoos**
- C. Retinoids
- D. Emollients

Antifungal shampoos are often recommended as a primary treatment for seborrheic dermatitis on the scalp. This condition is associated with an overgrowth of a yeast called Malassezia, which thrives in oily environments and can lead to symptoms such as scaling, redness, and itching. Antifungal shampoos, such as those containing ketoconazole or zinc pyrithione, help to reduce the Malassezia population on the scalp, addressing the underlying cause of the disorder and alleviating symptoms. The use of antifungal agents can effectively decrease inflammation and promote a healthier scalp environment, making them particularly beneficial in managing seborrheic dermatitis and its recurrence. These shampoos are specifically formulated to be gentle yet effective, allowing for regular cleansing without exacerbating irritation. Other treatment options, like topical corticosteroids, can help reduce inflammation but may not address the underlying fungal component effectively. While retinoids and emollients can sometimes be used in treatment regimens, they are less targeted towards the primary cause of seborrheic dermatitis compared to antifungal shampoos, making the latter the recommended choice for effective management of this condition.

7. 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.

8. What type of tinea is characterized by multiple colors on the skin?

- A. Tinea pedis**
- B. Tinea versicolor**
- C. Tinea corporis**
- D. Tinea capititis**

Tinea versicolor is characterized by the presence of multiple colors or patches on the skin, caused by an overgrowth of a type of yeast that normally lives on the skin. This condition results in varying pigmentation, which can appear lighter or darker than the surrounding skin, often becoming more noticeable after sun exposure. The discoloration can manifest as white, tan, or brown spots, leading to a mottled appearance that distinguishes it from other types of tinea infections. Understanding this unique presentation helps in identifying tinea versicolor and differentiating it from other fungal conditions that do not usually cause color changes in the skin.

9. What method is NOT typically used to treat basal cell carcinoma?

- A. Cryotherapy**
- B. Radiation therapy**
- C. Electrodesiccation**
- D. Topical antifungals**

Topical antifungals are not typically used to treat basal cell carcinoma (BCC) because BCC is a type of skin cancer that arises from the basal cells of the epidermis. The standard treatments for BCC focus on removing or destroying the cancerous cells directly. Cryotherapy involves freezing the cancer cells, causing them to die, and is a recognized method for superficial BCCs. Radiation therapy may be used in cases where surgical removal is not an option, such as for patients with significant health issues or in delicate areas where preservation of surrounding tissue is critical. Electrodesiccation is a technique used to destroy cancer cells by drying them out, usually in combination with curettage. In contrast, topical antifungals are medications designed to treat fungal infections and are not effective against malignant cells. Therefore, using antifungals in the treatment of basal cell carcinoma is inappropriate and not supported by clinical practice guidelines.

10. What is the most effective way to treat postherpetic neuralgia?

- A. Anticonvulsants**
- B. Topical creams**
- C. Antibiotic therapy**
- D. Cold compresses**

Anticonvulsants are considered one of the most effective treatments for postherpetic neuralgia, which is a painful condition that can occur following an outbreak of shingles caused by the varicella-zoster virus. Medications such as gabapentin and pregabalin, which are anticonvulsants, work by modulating the abnormal pain signaling in the nervous system, helping to reduce the severity and frequency of pain associated with this condition. The effectiveness of anticonvulsants in treating neuropathic pain, including postherpetic neuralgia, has been supported by various clinical studies, showing significant improvements in patient pain scores. Additionally, these medications can be beneficial in cases where patients also experience other neuropathic pain conditions, further validating their utility in treating postherpetic neuralgia. Other treatment options like topical creams often provide localized relief and are used more for mild symptoms, but they do not address the underlying neurological component of the pain as well as anticonvulsants do. Antibiotic therapy is not indicated in postherpetic neuralgia, as the condition is not caused by a bacterial infection. Cold compresses can offer symptomatic relief for some, but they are not a primary treatment and do not target the disorder's neurop

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://aafmboardsdermatology.examzify.com>

We wish you the very best on your exam journey. You've got this!

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