

AAFM BOARDS DERMATOLOGY PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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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. 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.

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. 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!

Questions

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- 1. What is the most effective treatment modality for children diagnosed with Autism?**
 - A. Medication management
 - B. Intensive behavioral intervention
 - C. Traditional talk therapy
 - D. Group therapy sessions

- 2. Which of the following is NOT considered a pigmented lesion?**
 - A. Intradermal nevus
 - B. Seborrheic keratosis
 - C. Actinic keratosis
 - D. Cherry angioma

- 3. What is a common treatment for Actinic Keratosis?**
 - A. Cryotherapy
 - B. Laser hair removal
 - C. Topical antibiotics
 - D. Oral antifungals

- 4. Among the treatments for rosacea, which topical antibiotic is commonly used?**
 - A. Metronidazole
 - B. Benzoyl peroxide
 - C. Azelaic acid
 - D. Tretinoin

- 5. What is the first-line topical treatment for limited cases of tinea versicolor?**
 - A. Ketoconazole 2% shampoo or cream x3 days
 - B. Selenium sulfide 2.5% x 7 days
 - C. Fluconazole 300 mg stat
 - D. Oral griseofulvin

6. Which feature is characteristic of rosacea?

- A. Excessive dryness
- B. Erythema with transient flushing
- C. Bright yellow lesions
- D. Chronic scaling

7. Which characteristic best describes a second-degree burn?

- A. Painful with blisters
- B. Dry and peeling skin
- C. Red, unbroken skin
- D. Discolored skin without pain

8. Which condition is primarily treated with intravenous antibiotics and surgical intervention?

- A. Infected diabetic foot ulcer
- B. Flexor tenosynovitis
- C. Acute appendicitis
- D. Burn wound infection

9. What can trigger erythema multiforme?

- A. Only bacterial infections
- B. Multiple factors, including infections
- C. Only allergic reactions
- D. Exclusively medications

10. What defines a papule?

- A. Flat lesions
- B. Scaly lesions
- C. Raised lesions
- D. Loss of skin pigmentation

Answers

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

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Explanations

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1. What is the most effective treatment modality for children diagnosed with Autism?

- A. Medication management
- B. Intensive behavioral intervention**
- C. Traditional talk therapy
- D. Group therapy sessions

Intensive behavioral intervention is considered the most effective treatment modality for children diagnosed with autism. This approach typically includes techniques such as Applied Behavior Analysis (ABA), which focuses on understanding and changing specific behaviors through structured interventions and strategies. These interventions are tailored to the individual needs of the child, helping them acquire new skills, increase communication abilities, and reduce challenging behaviors. Research has shown that early and intensive behavioral therapy can significantly improve outcomes for children with autism, leading to better social, educational, and self-care skills as they develop. The interactive and personalized nature of this treatment allows for continuous assessment and adaptation, ensuring that the approach remains effective as the child grows. Other options like medication management may be useful in addressing specific symptoms such as anxiety or hyperactivity, but they do not directly address the core behavioral and developmental challenges associated with autism. Traditional talk therapy and group therapy sessions are generally less effective for young children with autism, as they often require direct and concrete behavioral instruction rather than the abstract communication inherent in these modalities.

2. Which of the following is NOT considered a pigmented lesion?

- A. Intradermal nevus
- B. Seborrheic keratosis
- C. Actinic keratosis**
- D. Cherry angioma

In the context of dermatological conditions, it's important to differentiate between various types of skin lesions based on their characteristics. A pigmented lesion typically contains melanin, which gives it color and can range from benign to malignant. Intradermal nevi, also known as moles, are considered pigmented lesions because they contain melanocytes, the cells responsible for pigment production. Similarly, seborrheic keratosis may appear pigmented, presenting as tan, brown, or black plaques on the skin due to the accumulation of keratin and sometimes melanin. Cherry angiomas, while they can appear reddish or purple due to their vascular nature, do not typically exhibit pigment in the same manner as those containing melanin and therefore are not classified as pigmented lesions. Actinic keratosis is primarily a consequence of sun damage and presents as rough, scaly patches; it may have a reddish-brown discoloration but lacks true pigmentation from melanin. This makes it distinct from pigmented lesions, as its color does not stem from melanocyte activity but rather from changes associated with sun exposure and keratin buildup. Thus, considering the pigmentation details, actinic keratosis is appropriately categorized as not being a pigmented lesion.

3. What is a common treatment for Actinic Keratosis?

- A. Cryotherapy**
- B. Laser hair removal
- C. Topical antibiotics
- D. Oral antifungals

Cryotherapy is a common and effective treatment for actinic keratosis, which is a precancerous skin condition caused by prolonged sun exposure. The procedure involves freezing the affected area with liquid nitrogen, which helps to destroy abnormal keratinocytes. This method is particularly useful because it is minimally invasive, requires no surgical excision, and can be performed in an outpatient setting. The choice of cryotherapy is supported by the fact that actinic keratosis lesions often appear as rough, scaly patches or spots on sun-exposed skin, which can be effectively targeted using this treatment. When the lesions are frozen, the cells undergo necrosis, resulting in the peeling away of the abnormal skin over time, and facilitating healing while lowering the risk of progression to skin cancer. Other treatments for actinic keratosis do exist, but cryotherapy remains one of the most prevalent methods due to its efficacy and convenience.

4. Among the treatments for rosacea, which topical antibiotic is commonly used?

- A. Metronidazole**
- B. Benzoyl peroxide
- C. Azelaic acid
- D. Tretinoin

Metronidazole is commonly used as a topical antibiotic for the treatment of rosacea due to its anti-inflammatory properties and effectiveness against the demodex mites, which are thought to contribute to the condition. This medication helps to reduce the redness and inflammation associated with rosacea, making it a first-line topical treatment recommended by dermatologists. In addition to its antibiotic properties, metronidazole offers a dual role as an anti-inflammatory agent, significantly improving symptoms for many patients suffering from rosacea. Its well-established safety profile and the convenience of a topical formulation further contribute to its frequent prescription in managing this chronic skin condition. While other options like benzoyl peroxide, azelaic acid, and tretinoin can be utilized in various dermatological treatments, they serve different primary functions or indications. Benzoyl peroxide is primarily used for acne rather than rosacea, azelaic acid does have some efficacy in treating rosacea but is not primarily classified as a topical antibiotic, and tretinoin is mainly used for acne and photoaging rather than specifically addressing rosacea symptoms.

5. What is the first-line topical treatment for limited cases of tinea versicolor?

A. Ketoconazole 2% shampoo or cream x3 days

B. Selenium sulfide 2.5% x 7 days

C. Fluconazole 300 mg stat

D. Oral griseofulvin

The first-line topical treatment for limited cases of tinea versicolor is ketoconazole 2% shampoo or cream used for three days. Ketoconazole is an antifungal agent effective against the Malassezia yeast species, which is responsible for tinea versicolor. This condition leads to the development of discoloration on the skin due to the yeast interfering with normal pigmentation. Using ketoconazole in the form of a shampoo or cream allows for targeted application to the affected areas of the skin, which can be very effective in treating localized outbreaks. The duration of three days is typically sufficient for reducing the population of the yeast, thus alleviating the associated symptoms and promoting the restoration of normal skin color over time. Selenium sulfide also offers antifungal properties and is another effective treatment option, particularly in more extensive or recalcitrant cases. However, it tends to be used more commonly as a second-line treatment rather than the first. Oral medications like fluconazole and griseofulvin are typically reserved for more extensive infections or those not responding to topical therapy, making them less relevant for limited cases of tinea versicolor.

6. Which feature is characteristic of rosacea?

A. Excessive dryness

B. Erythema with transient flushing

C. Bright yellow lesions

D. Chronic scaling

Rosacea is primarily characterized by erythema, which is a condition marked by redness of the skin, often accompanied by inflammation. The feature of transient flushing is particularly significant, as individuals with rosacea frequently experience episodes of flushing that can arise from a variety of triggers, such as heat, spicy foods, alcohol, or emotional stress. This flushing is typically followed by a persistent redness in areas of the face, which distinguishes rosacea from other dermatological conditions. Excessive dryness is more common in conditions like eczema or psoriasis rather than rosacea. Bright yellow lesions may suggest conditions like seborrheic dermatitis or bacterial infections, which do not align with the traits of rosacea. Chronic scaling is more characteristic of diseases such as psoriasis or seborrheic dermatitis, rather than the flushing and redness that define rosacea. Thus, the presence of erythema with transient flushing is the hallmark feature of rosacea, making it the correct answer.

7. Which characteristic best describes a second-degree burn?

- A. Painful with blisters**
- B. Dry and peeling skin
- C. Red, unbroken skin
- D. Discolored skin without pain

A second-degree burn is characterized by damage that affects not only the outer layer of skin (epidermis) but also extends into the underlying layer (dermis). The most notable features of a second-degree burn include significant pain, swelling, and the presence of blisters. The blisters are formed due to the separation of the epidermis from the dermis, which allows fluid to accumulate in the space in between, often leading to a moist appearance. The painful sensation is primarily due to the exposure of nerve endings in the dermis, which are typically not involved in first-degree burns that only affect the outer layer. This pain can be quite intense, particularly when the burn is large or located in sensitive areas of the body. Second-degree burns can also show varying degrees of redness and may appear shiny due to the fluid in blisters. Due to these characteristics, the choice highlighting painful skin with blisters effectively encapsulates what one would expect to observe in a second-degree burn.

8. Which condition is primarily treated with intravenous antibiotics and surgical intervention?

- A. Infected diabetic foot ulcer
- B. Flexor tenosynovitis**
- C. Acute appendicitis
- D. Burn wound infection

Flexor tenosynovitis is primarily treated with intravenous antibiotics and surgical intervention due to the potential severity of the infection and the risk of complications if not addressed promptly. This condition usually results from infection of the flexor tendon sheath, often following a penetrating injury to the hand. The infection can lead to systemic effects and possible loss of function of the affected digit if not treated correctly. Intravenous antibiotics provide rapid and effective systemic treatment to control the infection, while surgical intervention is often necessary to relieve pressure, drain pus, and allow for proper healing of the tendon sheath. In contrast, the other conditions listed, while they may also require antibiotics and surgical intervention, do not primarily focus on these immediate treatment modalities in the same way that flexor tenosynovitis does. For example, infected diabetic foot ulcers can often be treated successfully with wound care and oral antibiotics in early stages, and acute appendicitis typically requires surgical removal of the appendix, but not necessarily intravenous antibiotics as a primary treatment. Burn wound infections may require a multifaceted approach including topical treatments and possibly surgical debridement but don't predominantly involve the same level of immediate surgical intervention as flexor tenosynovitis.

9. What can trigger erythema multiforme?

- A. Only bacterial infections
- B. Multiple factors, including infections**
- C. Only allergic reactions
- D. Exclusively medications

Erythema multiforme is a condition characterized by the appearance of red patches or spots on the skin which can result from various triggers. One of the well-known triggers includes infections, particularly viral infections such as herpes simplex virus. In addition to infections, other triggers can include medications, certain allergens, and possibly even stress or illness. The recognition that erythema multiforme can be triggered by this diverse range of factors reinforces the complexity of the condition. While some options suggest limiting the cause to one factor, B acknowledges the multifactorial nature of the triggers involved. This comprehensive understanding is crucial for effective diagnosis and management, as recognizing the involvement of infections alongside other potential triggers allows healthcare providers to offer a broader approach to treatment and prevention strategies.

10. What defines a papule?

- A. Flat lesions
- B. Scaly lesions
- C. Raised lesions**
- D. Loss of skin pigmentation

A papule is defined as a small, raised lesion on the skin that is typically less than 1 centimeter in diameter. It is characterized by its elevation above the surrounding skin surface and can vary in color, shape, and texture. Papules can be caused by a variety of skin conditions, including acne, psoriasis, and dermatitis. The other options describe different types of skin lesions. Flat lesions are more characteristic of macules, which do not have any elevation. Scaly lesions may refer to conditions like psoriasis but do not capture the defining raised nature of papules. Loss of skin pigmentation refers to changes in skin color rather than the physical characteristics of the lesions themselves. Thus, the defining feature of a papule is its raised structure, making it distinctly identifiable in dermatological terms.

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:

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

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