

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 does erythrasma typically appear as under a Wood's lamp?**
 - A. Green fluorescence
 - B. Yellow fluorescence
 - C. Coral pink or orange fluorescence
 - D. Blue fluorescence

- 2. What systemic treatment is recommended for extensive tinea versicolor?**
 - A. Oral terbinafine
 - B. Oral griseofulvin
 - C. Fluconazole
 - D. Topical clotrimazole

- 3. Which of the following options is recognized as a treatment to improve quality of life for patients suffering from tinnitus?**
 - A. Vitamin supplements
 - B. Cognitive behavioral therapy
 - C. Surgery
 - D. Traditional herbal remedies

- 4. Which virus is possibly associated with pityriasis rosea?**
 - A. Herpes Simplex Virus
 - B. Human herpesvirus 6 or 7
 - C. Varicella Zoster Virus
 - D. HIV

- 5. Which drug is effective in treating severe cases of staph folliculitis caused by MRSA?**
 - A. Dapoxetine
 - B. Dicloxacillin
 - C. Bactrim
 - D. Ciprofloxacin

6. What bacteria is responsible for hot tub folliculitis?

- A. Escherichia coli
- B. Staphylococcus aureus
- C. Pseudomonas aeruginosa
- D. Salmonella typhi

7. Tinea versicolor is caused by which type of organism?

- A. Bacteria
- B. Yeast-like fungus
- C. Virus
- D. Dermatophytes

8. 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

9. What is a significant trigger for enhancing low amplitude tremors in patients?

- A. High caffeine intake
- B. Pain
- C. Dark chocolate
- D. Sleep deprivation

10. What is one of the main features of lichen simplex chronicus?

- A. Formation of blisters
- B. Leathery and thickened skin
- C. Presence of warts
- D. Severe rash on the face

Answers

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

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Explanations

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1. What does erythrasma typically appear as under a Wood's lamp?

- A. Green fluorescence
- B. Yellow fluorescence
- C. Coral pink or orange fluorescence**
- D. Blue fluorescence

*Erythrasma is a skin condition caused by the bacterium *Corynebacterium minutissimum*. When examined under a Wood's lamp, it typically demonstrates a distinctive fluorescence that is coral pink or orange in color. This characteristic fluorescence results from the porphyrins produced by the bacteria. The identification of erythrasma through this method is particularly important in differential diagnosis since other skin conditions may have different appearances under the Wood's lamp. For example, some fungal infections might show green fluorescence, while others, like certain types of bacterial infections, can appear with different hues. The unique coral pink or orange fluorescence of erythrasma helps healthcare professionals distinguish it from these other conditions, making Wood's lamp examination a useful tool in dermatological practice.*

2. What systemic treatment is recommended for extensive tinea versicolor?

- A. Oral terbinafine
- B. Oral griseofulvin
- C. Fluconazole**
- D. Topical clotrimazole

*Fluconazole is considered the recommended systemic treatment for extensive tinea versicolor, primarily due to its effectiveness against *Malassezia*, the yeast responsible for this skin condition. Tinea versicolor, also known as pityriasis versicolor, occurs when *Malassezia* proliferates on the skin, leading to discolored patches. Fluconazole works by inhibiting the synthesis of ergosterol, an essential component of fungal cell membranes. This action disrupts the integrity of the fungal cells, ultimately leading to cell death and a reduction in the fungal load, which is crucial in managing extensive cases that do not respond adequately to topical treatments. In contrast, while other treatments like oral terbinafine and oral griseofulvin can be effective for different types of fungal infections, they are not typically the first-line options for tinea versicolor. Topical clotrimazole is useful for mild cases but lacks the systemic action required for treating extensive infections. Thus, fluconazole's efficacy and mechanism align well with the treatment needs for extensive tinea versicolor, making it the preferred choice.*

3. Which of the following options is recognized as a treatment to improve quality of life for patients suffering from tinnitus?

- A. Vitamin supplements
- B. Cognitive behavioral therapy**
- C. Surgery
- D. Traditional herbal remedies

Cognitive behavioral therapy (CBT) is recognized as a treatment that can significantly improve the quality of life for patients suffering from tinnitus. Tinnitus, often characterized by ringing or buzzing in the ears, can lead to distress, anxiety, and difficulty concentrating. CBT helps patients manage their emotional response to tinnitus by providing strategies to modify negative thoughts and behaviors associated with the condition. It focuses on improving coping mechanisms, reducing anxiety, and fostering a more positive outlook, which all contribute to enhanced quality of life. In contrast, while vitamin supplements, surgery, and traditional herbal remedies might be explored by some patients, they do not have the same level of established efficacy or supportive evidence in the context of improving the overall experience and quality of life in tinnitus patients as CBT does. Many treatments targeting the physiological aspects of tinnitus do not address its psychological ramifications, making CBT a more holistic and effective choice for many individuals dealing with this condition.

4. Which virus is possibly associated with pityriasis rosea?

- A. Herpes Simplex Virus
- B. Human herpesvirus 6 or 7**
- C. Varicella Zoster Virus
- D. HIV

Pityriasis rosea is a skin condition characterized by a distinctive rash that typically begins with a single large patch, called a "herald patch," followed by smaller patches. Although the exact etiology of pityriasis rosea remains unclear, research has indicated a potential association with human herpesvirus 6 or 7 (HHV-6 or HHV-7). This connection is supported by studies that have found viral DNA in skin lesions of patients with pityriasis rosea. Human herpesvirus 6 and 7 belong to the same family of viruses as herpes simplex virus but have distinct characteristics and effects. These viruses are known to cause other illnesses, such as roseola in children, which could explain the similar presentation in terms of a rash. The hypothesis that these viruses trigger pityriasis rosea is further supported by the pattern of outbreaks, often seen in particular seasons, resembling viral infections. The other viruses listed are either less closely related or have not been consistently linked to the development or exacerbation of pityriasis rosea. Thus, recognizing the association with human herpesvirus 6 or 7 helps in understanding the potential viral triggers for this condition.

5. Which drug is effective in treating severe cases of staph folliculitis caused by MRSA?

- A. Dapoxetine
- B. Dicloxacillin
- C. Bactrim**
- D. Ciprofloxacin

Bactrim, which is a combination of trimethoprim and sulfamethoxazole, is particularly effective against methicillin-resistant Staphylococcus aureus (MRSA). MRSA is known for its resistance to many standard antibiotics, making the treatment of infections, including severe cases of staph folliculitis, challenging. Bactrim works by inhibiting bacterial folic acid synthesis, which is essential for bacterial growth and reproduction, effectively controlling the infection. In contrast, the other options do not offer the same efficacy against MRSA. Dapoxetine is primarily an antidepressant used for premature ejaculation, and it does not possess antibacterial properties. Dicloxacillin is effective against methicillin-sensitive Staphylococcus aureus (MSSA) but not effective against MRSA due to the bacterial resistance. Ciprofloxacin, while a fluoroquinolone antibiotic effective against various bacterial infections, is not the first-line treatment for MRSA and may not be as effective as Bactrim in this specific case. Thus, for severe cases of staph folliculitis caused by MRSA, Bactrim is clearly the appropriate choice.

6. What bacteria is responsible for hot tub folliculitis?

- A. Escherichia coli
- B. Staphylococcus aureus
- C. Pseudomonas aeruginosa**
- D. Salmonella typhi

Hot tub folliculitis is primarily caused by *Pseudomonas aeruginosa*, a gram-negative bacterium that thrives in warm, moist environments such as hot tubs, swimming pools, and spas. This bacterium can lead to infection when the skin is exposed to contaminated water, particularly if there are pre-existing conditions that compromise the skin barrier, such as shaving or physical abrasion. *Pseudomonas aeruginosa* is particularly notorious for causing skin infections, especially in individuals who frequent hot tubs that are inadequately chlorinated or maintained. The characteristic rash associated with hot tub folliculitis usually appears as itchy, red bumps or pustules around hair follicles, typically appearing within 1 to 5 days after exposure. In contrast, other bacteria mentioned in the options have different associations with skin and soft tissue infections. *Escherichia coli* is more commonly linked with gastrointestinal infections. *Staphylococcus aureus* can cause various skin infections but is not the typical causative agent for folliculitis linked specifically to hot tubs. *Salmonella typhi* is primarily known for causing typhoid fever and does not typically associate with skin infections in the context of hot tub exposure. Understanding the specific bacteria responsible for certain infections helps in not only diagnosing but also in implementing

7. Tinea versicolor is caused by which type of organism?

- A. Bacteria
- B. Yeast-like fungus**
- C. Virus
- D. Dermatophytes

Tinea versicolor is caused by a yeast-like fungus, specifically a type of fungus known as *Malassezia*. This condition is characterized by the overgrowth of this particular organism on the skin, particularly in areas with high sebaceous (oil) gland activity. *Malassezia* is a normal inhabitant of human skin, but under certain conditions—such as hot and humid weather, excessive sweating, and oily skin—it can proliferate and lead to the characteristic skin changes seen in *tinea versicolor*. In contrast, bacteria are known to cause infections like impetigo or cellulitis, viruses are responsible for conditions like warts or herpes simplex lesions, and dermatophytes are fungi that cause infections such as athlete's foot and ringworm. Understanding the specific causative agent of *tinea versicolor* is crucial for appropriate treatment and management, often involving antifungal therapies aimed at reducing the yeast population on the skin.

8. 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.

9. What is a significant trigger for enhancing low amplitude tremors in patients?

A. High caffeine intake

B. Pain

C. Dark chocolate

D. Sleep deprivation

High caffeine intake is recognized as a significant trigger for enhancing low amplitude tremors in patients. Caffeine is a central nervous system stimulant that can increase physiological arousal and exacerbate tremors, particularly in individuals who may already be predisposed to tremorous conditions. The stimulatory effect of caffeine can lead to heightened muscle activity and nervous system responsiveness, causing an amplification of existing tremors. In clinical practice, it's important for healthcare providers to take a comprehensive health history that includes an assessment of dietary habits. When patients report tremors, particularly low amplitude ones, discussing caffeine consumption can provide insights into factors that might be contributing to their symptoms. Reducing or moderating caffeine intake may be advised as part of a management plan for patients experiencing tremors. While other factors such as pain and sleep deprivation can also influence the overall condition of the patient, caffeine specifically enhances tremors through its action on the nervous system, making it a notable contributor in this context.

10. What is one of the main features of lichen simplex chronicus?

A. Formation of blisters

B. Leathery and thickened skin

C. Presence of warts

D. Severe rash on the face

Lichen simplex chronicus is characterized fundamentally by leathery and thickened skin, which occurs as a result of chronic scratching or rubbing. This condition is a response to persistent irritation and is often seen in areas where the skin has been repeatedly traumatized. Over time, the affected skin becomes thickened due to an increase in collagen deposition and an alteration in the skin's architecture, leading to a distinctly leathery texture. This visible change serves as a hallmark of the condition. The presence of blisters, warts, or a severe rash on the face are not typical features of lichen simplex chronicus. Instead, these would indicate different dermatological conditions that are not characterized by the chronic thickening of the skin associated with this diagnosis. This distinct feature of lichen simplex chronicus emphasizes the important relationship between chronic irritation and skin changes, which is crucial for understanding the management and treatment of this dermatological concern.

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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