# Dermatology Physician Assistant National Certifying Examination (PANCE) Practice (Sample)

## Study Guide


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# Questions

**1. Which test is essential for diagnosing scabies in a patient?**

**A. KOH prep**

**B. Gram stain**

**C. Skin scraping microscopy**

**D. Tzanck prep**

**2. Which skin condition is often triggered by stress and fatigue?**

**A. Acne**

**B. Eczema**

**C. Psoriasis**

**D. Rosacea**

**3. What is the most common examination finding in a patient diagnosed with mumps?**

**A. Occipital lymph node swelling**

**B. Parotid gland tenderness**

**C. Splenic enlargement**

**D. Testicular tenderness**

**4. In a patient with a pearly ulcerated papule on the nostril, which examination finding would be most concerning?**

**A. Cherry angioma**

**B. Telangiectasia**

**C. Spider angioma**

**D. Pyogenic granuloma**

**5. What is the common term for an intradermal nevus?**

**A. Common mole**

**B. Pigmented lesion**

**C. Basal cell carcinoma**

**D. Seborrheic keratosis**

**6. Which of the following patients is at highest risk for the development of the skin disorder known as erythrasma?**

**A. Lactating women**

**B. Postmenopausal women**

**C. Seniors living in cold northern climate**

**D. People living in tropical climate**

**7. Which symptom is often associated with scabies infestation?**

**A. Painful lesions**

**B. Burrow marks**

**C. Pustules**

**D. Hyperpigmentation**

**8. How does discoid lupus erythematosus present on the skin?**

**A. Erythematous plaques with scaling and scarring**

**B. Red, itchy bumps**

**C. Blisters filled with clear fluid**

**D. Lighter patches of skin**

**9. What condition is characterized by loss of pigmentation due to absent epidermal melanocytes?**

**A. A Pityriasis alba**

**B. B Tinea versicolor**

**C. C Vitiligo**

**D. D Melasma**

**10. What type of skin cancer is associated with exposure to arsenic?**

**A. Basal cell carcinoma**

**B. Melanoma**

**C. Squamous cell carcinoma**

**D. Actinic keratosis**

# Answers

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

# Explanations

## 1. Which test is essential for diagnosing scabies in a patient?

**A. KOH prep**

**B. Gram stain**

**C. Skin scraping microscopy**

**D. Tzanck prep**

**The essential test for diagnosing scabies in a patient is skin scraping microscopy. This test involves taking a skin scraping from an area of the skin that shows signs of infestation, typically from a lesion or burrow. The scraping is then examined microscopically to identify scabies mites, their eggs, or fecal matter. This direct observation is crucial because scabies is caused by a mite (Sarcoptes scabiei), and visual identification confirms the diagnosis. When skin scrapings are obtained and examined under a microscope, the presence of these microscopic organisms can help differentiate scabies from other skin conditions that may present with similar symptoms, such as eczema or contact dermatitis. Given the highly contagious nature of scabies and its characteristic clinical presentation, identifying the mite is essential for appropriate treatment and management. Other tests, such as KOH prep, Gram stain, and Tzanck prep, are used in dermatology but not for diagnosing scabies. KOH prep is typically used to detect fungal infections, Gram stain is utilized for identifying bacterial infections, and Tzanck prep is primarily employed to detect virally induced skin conditions, such as herpes simplex virus infections. Thus, while these tests have their own respective applications, they do not provide the specific information**

## 2. Which skin condition is often triggered by stress and fatigue?

**A. Acne**

**B. Eczema**

**C. Psoriasis**

**D. Rosacea**

**The skin condition that is often triggered by stress and fatigue is psoriasis. Psoriasis is a chronic autoimmune condition characterized by rapid skin cell proliferation, leading to thick, red, scaly patches on the skin. It's known that various factors, including stress and fatigue, can exacerbate the condition. Stress may influence the immune system and inflammatory pathways, which can worsen the severity and flare-ups of psoriasis. Individuals with this condition often report that periods of high stress or fatigue correlate with more noticeable symptoms or flare-ups. In contrast, while acne, eczema, and rosacea can also be influenced by stress, they typically have different underlying mechanisms or primary triggers. Acne is generally more associated with hormonal changes and bacterial proliferation. Eczema, or atopic dermatitis, is primarily related to genetic factors and environmental irritants. Rosacea is predominantly triggered by environmental factors, such as heat, sun exposure, and certain foods, rather than stress or fatigue alone. Thus, psoriasis stands out as particularly responsive to stress and fatigue, making it the correct choice in this context.**

## 3. What is the most common examination finding in a patient diagnosed with mumps?

**A. Occipital lymph node swelling**

**B. Parotid gland tenderness**

**C. Splenic enlargement**

**D. Testicular tenderness**

**In patients diagnosed with mumps, the most common examination finding is parotid gland tenderness. Mumps is a viral infection primarily characterized by inflammation of the parotid glands, leading to swelling and tenderness. This symptom can often manifest as a significant enlargement of one or both parotid glands, which are located just in front of the ears. When examining a patient with mumps, the hallmark sign is the distinct swollen appearance of the parotid glands, often described as a "chipmunk" appearance. This tenderness and swelling are due to the viral replication within the glandular tissue, resulting in inflammation. While occipital lymph node swelling, splenic enlargement, and testicular tenderness can occur with various infections, they are not specific or as commonly associated with mumps as parotid gland tenderness is. The parotid involvement is the defining feature of mumps infection and is the primary clinical manifestation that healthcare providers will look for during examination.**

## 4. In a patient with a pearly ulcerated papule on the nostril, which examination finding would be most concerning?

**A. Cherry angioma**

**B. Telangiectasia**

**C. Spider angioma**

**D. Pyogenic granuloma**

**The presence of telangiectasia in the context of a pearly ulcerated papule on the nostril raises significant concern for a possible basal cell carcinoma (BCC). This type of skin cancer is the most common form and often presents as a pearly, translucent nodule that can appear ulcerated. Telangiectasia, which are small, dilated blood vessels near the surface of the skin, can be indicative of the vascular changes associated with malignancy, particularly in a suspicious lesion. In the context of a pearly ulcerated papule, the presence of telangiectasia suggests a more advanced or aggressive process, often seen in neoplasms. It signifies that the tumor might be affecting the surrounding vasculature and can support the diagnosis of a skin cancer rather than a benign condition. Other findings, such as a cherry angioma, spider angioma, or pyogenic granuloma, typically indicate benign vascular lesions and are less concerning for malignancy. Cherry angiomas and spider angiomas are not associated with skin cancer and are common benign skin findings, while pyogenic granulomas can occur in response to trauma or irritation and are also not malignant. Thus, the examination finding of telangiectasia in this scenario is most concerning**

## 5. What is the common term for an intradermal nevus?

**A. Common mole**

**B. Pigmented lesion**

**C. Basal cell carcinoma**

**D. Seborrheic keratosis**

**An intradermal nevus is commonly referred to as a common mole. These nevi are benign proliferations of melanocytes that are found within the dermis rather than at the epidermal-dermal junction. Typically, they appear as small, raised lesions that can be flesh-colored or pigmented. The term "common mole" effectively conveys the idea that these lesions are a frequent and normal occurrence in the general population. In contrast, while pigmented lesions can include a variety of skin findings, they do not specifically denote the intradermal nevus. Basal cell carcinoma refers to a type of skin cancer, which is distinctly different from benign nevi. Similarly, seborrheic keratosis is a benign skin growth that differs in appearance and pathology from an intradermal nevus. Thus, the designation of intradermal nevus as a common mole accurately captures its benign nature and prevalence.**

## 6. Which of the following patients is at highest risk for the development of the skin disorder known as erythrasma?

**A. Lactating women**

**B. Postmenopausal women**

**C. Seniors living in cold northern climate**

**D. People living in tropical climate**

**Erythrasma is a superficial skin infection caused by the bacteria Corynebacterium minutissimum, which thrives in warm, moist environments. The condition typically presents as reddish-brown patches in intertriginous areas such as the groin, axillae, and between toes. Patients living in tropical climates are at the highest risk for developing erythrasma due to several factors. The warm and humid conditions of tropical environments create an ideal habitat for the bacteria to flourish. Increased sweating and friction in these climates further contribute to the breakdown of the skin barrier, making it easier for opportunistic pathogens like Corynebacterium to invade and cause infection. In contrast, individuals living in cold northern climates are less likely to experience the warm, moist conditions conducive to the development of erythrasma. Similarly, lactating and postmenopausal women may have localized changes in their skin due to hormonal fluctuations or moisture but are not as specifically at risk for erythrasma in the same way that individuals in tropical climates are. These environmental and physiological factors collectively position those living in tropical regions as the population at highest risk for this skin disorder.**

## 7. Which symptom is often associated with scabies infestation?

**A. Painful lesions**

**B. Burrow marks**

**C. Pustules**

**D. Hyperpigmentation**

**Burrow marks are a key symptom associated with scabies infestation and are formed as the mite, Sarcoptes scabiei, burrows into the upper layer of the skin. These burrows are typically seen as thin, grayish-white or flesh-colored lines on the skin, often accompanied by erythema (redness) and intense itching. The itching is due to the body's allergic response to the mite, its eggs, and its feces, and is particularly severe at night. Other symptoms mentioned, while they may relate to various dermatological conditions, do not specifically characterize scabies. Painful lesions can arise from secondary infections due to scratching but are not a defining feature of scabies itself. Pustules may be secondary manifestations of inflammation or infection from scratching and are not indicative of the scabies infestation per se. Hyperpigmentation can occur in various skin conditions and can result from post-inflammatory changes but does not occur as a primary symptom of scabies. Thus, the presence of burrow marks is a distinct and diagnostic feature of scabies that helps differentiate it from other skin conditions and highlights the characteristic nature of the infestation.**

## 8. How does discoid lupus erythematosus present on the skin?

**A. Erythematous plaques with scaling and scarring**

**B. Red, itchy bumps**

**C. Blisters filled with clear fluid**

**D. Lighter patches of skin**

**Discoid lupus erythematosus (DLE) classically presents on the skin as erythematous plaques that are often associated with scaling and scarring. These lesions are typically well-defined, are often found on sun-exposed areas such as the face, ears, and scalp, and may eventually evolve into depigmented scars as they heal. The scaling is a notable feature, as it can lead to keratotic changes on the surface of the plaques. The involvement of scarring is significant because individuals with DLE can end up with permanent damage to the skin structure, unlike some other conditions that may resolve without scarring. This distinctive presentation helps dermatologists and healthcare providers recognize DLE and differentiate it from other dermatologic conditions such as eczema, psoriasis, or contact dermatitis, which have different characteristics and manifestations. The other options present different dermatological conditions. For instance, red, itchy bumps are more characteristic of conditions such as urticaria or insect bites. Blisters filled with clear fluid may suggest conditions like chickenpox or contact dermatitis. Lighter patches of skin could indicate conditions like vitiligo or tinea versicolor, which have different underlying pathophysiologies. Understanding the typical presentation of DLE is**

## 9. What condition is characterized by loss of pigmentation due to absent epidermal melanocytes?

**A. A Pityriasis alba**

**B. B Tinea versicolor**

**C. C Vitiligo**

**D. D Melasma**

**Vitiligo is a condition characterized by the loss of pigmentation in the skin due to the absence of epidermal melanocytes, the cells responsible for producing melanin, which gives skin its color. In vitiligo, patches of skin lose their pigment, resulting in lighter areas that can vary in size and may appear on any part of the body. The exact cause of vitiligo is not fully understood, but it is thought to involve an autoimmune process where the body's immune system mistakenly attacks and destroys melanocytes. This loss of melanocytes leads to the characteristic depigmentation seen in vitiligo. In contrast, pityriasis alba is a common skin condition that manifests as lighter patches on the skin, but it is actually related to mild dermatitis and is not due to a complete absence of melanocytes. Tinea versicolor is a fungal infection that leads to changes in skin pigmentation, but it does not involve loss of melanocytes; instead, it affects the skin's ability to maintain pigment. Melasma is a condition that results in dark, discolored patches on the skin, often related to hormonal changes, and again does not involve an absence of melanocytes. Hence, the defining feature of vitiligo as a condition marked by the**

## 10. What type of skin cancer is associated with exposure to arsenic?

**A. Basal cell carcinoma**

**B. Melanoma**

**C. Squamous cell carcinoma**

**D. Actinic keratosis**

**Squamous cell carcinoma is indeed associated with exposure to arsenic, making it the correct choice. Arsenic is a well-known carcinogen that increases the risk of developing various skin conditions, particularly squamous cell carcinoma. This type of cancer typically arises from the keratinocytes in the epidermis and is linked to various environmental and occupational exposures, with arsenic being a significant risk factor. The connection between arsenic exposure and squamous cell carcinoma can be attributed to the compound's ability to promote cellular mutations and interfere with normal cellular processes, leading to uncontrolled growth and malignancy. Chronic exposure to arsenic, especially through drinking water in certain regions, can lead to skin manifestations and ultimately result in the development of squamous cell carcinoma. In contrast, basal cell carcinoma is primarily associated with ultraviolet (UV) radiation exposure and is less commonly linked to arsenic. Melanoma, while also influenced by UV radiation, has different risk factors, including genetic predisposition and existing moles. Actinic keratosis, on the other hand, is a precancerous condition caused predominantly by sun exposure rather than arsenic. Understanding these associations helps in the identification, prevention, and management of skin cancers related to environmental factors.**