

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

Study Guide



Everything you need from our exam experts!

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Questions

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- 1. Which treatment method is generally preferred for removing common warts in a child?**
 - A. Cryotherapy**
 - B. Electrosurgery**
 - C. Topical antibiotics**
 - D. Laser therapy**

- 2. A 34-year-old female has a diffuse maculopapular rash and generalized lymphadenopathy. Which test will confirm a suspected diagnosis of secondary syphilis?**
 - A. A VDRL**
 - B. B patch testing**
 - C. C acetowhitening**
 - D. D Gram stain and culture**

- 3. Which layer of skin contains melanocytes?**
 - A. Dermis**
 - B. Hypodermis**
 - C. Epidermis**
 - D. Subcutaneous layer**

- 4. What does "ABCDE" stand for in melanoma detection?**
 - A. Asymmetry, Border, Color, Diameter, Evolving**
 - B. Area, Border, Color, Diameter, Evolving**
 - C. Asymmetry, Brightness, Color, Diameter, Elevation**
 - D. Asymmetry, Border, Color, Depth, Evolving**

- 5. Which test is often used to diagnose pemphigus vulgaris?**
 - A. Skin biopsy**
 - B. Direct immunofluorescence**
 - C. Patch testing**
 - D. Bacterial culture**

- 6. What does the term "erythema multiforme" refer to?**
- A. A viral skin infection**
 - B. A hypersensitivity reaction characterized by target lesions**
 - C. A type of seborrheic keratosis**
 - D. A fungal skin disease**
- 7. What condition is characterized by plaques with silvery scales, commonly found on elbows and knees?**
- A. Psoriasis**
 - B. Eczema**
 - C. Seborrheic Dermatitis**
 - D. Contact Dermatitis**
- 8. Which of the following is a characteristic feature of seborrheic keratosis?**
- A. Itchy, inflamed lesions**
 - B. Scaly patches that bleed easily**
 - C. Waxy, raised, tan or brown lesions**
 - D. Fluid-filled blisters**
- 9. A 45 year-old female with generalized erythema and mucosal erosions is likely suffering from which condition?**
- A. A Ampicillin**
 - B. B Prednisolone**
 - C. C Aspirin**
 - D. D Hydrochlorothiazide (HCTZ)**
- 10. What is the primary infectious agent responsible for toxic shock syndrome (TSS)?**
- A. Streptococcus pneumoniae**
 - B. Staphylococcus aureus**
 - C. Escherichia coli**
 - D. Clostridium perfringens**

Answers

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

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Explanations

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1. Which treatment method is generally preferred for removing common warts in a child?

- A. Cryotherapy**
- B. Electrosurgery**
- C. Topical antibiotics**
- D. Laser therapy**

Cryotherapy is generally preferred for removing common warts in children due to its effectiveness and relatively low invasiveness. This method involves freezing the wart with liquid nitrogen, which causes the wart tissue to die and eventually fall off. Cryotherapy is particularly suitable for children because it is quick, can often be performed in the office setting, and typically requires only a few sessions for optimal results. Additionally, cryotherapy can be less intimidating for children compared to other more invasive procedures like electrosurgery or laser therapy. The psychological comfort of a child during treatment is crucial, and since cryotherapy does not require any anesthesia in many cases, it can be less stressful. While electrosurgery and laser therapy are effective means of wart removal, they are generally used for larger or more stubborn warts and may involve more discomfort, increased recovery time, and a higher potential for scarring. Topical antibiotics are not relevant for wart treatment, as they do not address the virus that causes warts. Thus, cryotherapy stands out as the preferred choice for managing common warts in pediatric patients.

2. A 34-year-old female has a diffuse maculopapular rash and generalized lymphadenopathy. Which test will confirm a suspected diagnosis of secondary syphilis?

- A. A VDRL**
- B. B patch testing**
- C. C acetowhitening**
- D. D Gram stain and culture**

The Venereal Disease Research Laboratory (VDRL) test is a non-treponemal test used to screen for syphilis, and it is particularly relevant in cases of secondary syphilis where clinical signs such as a diffuse maculopapular rash and generalized lymphadenopathy are present. In secondary syphilis, the presence of treponemes in the body can lead to the production of antibodies that the VDRL test is designed to detect. A positive VDRL result indicates that the person has been exposed to the syphilis bacteria, thus supporting the diagnosis of secondary syphilis. Although the VDRL test can yield false positives due to other conditions, it is still the most appropriate initial serologic test to confirm suspected cases of syphilis in conjunction with clinical findings. After a positive screening, it is important to follow up with a more specific treponemal test for confirmation. The other tests mentioned are not relevant to diagnosing secondary syphilis. Patch testing is utilized for allergic reactions, acetowhitening involves vinegar application to visualize cervical changes during a gynecological exam, and Gram stain and culture are primarily used for identifying bacterial infections, not for diagnosing syphilis. Thus, the

3. Which layer of skin contains melanocytes?

- A. Dermis
- B. Hypodermis
- C. Epidermis**
- D. Subcutaneous layer

The epidermis is the correct answer as it is the outermost layer of the skin where melanocytes are located. These specialized cells are responsible for producing melanin, the pigment that gives skin its color and provides some protection against ultraviolet (UV) radiation. Melanocytes are primarily situated in the basal layer of the epidermis, which is the deepest part of this skin layer, but they play a crucial role throughout the epidermis. In contrast, the dermis lies beneath the epidermis and contains structures like hair follicles, glands, and connective tissue, but it does not house melanocytes. The hypodermis, or subcutaneous layer, is deeper than the dermis and primarily consists of fat and connective tissue; it also lacks melanocytes. Therefore, recognizing the role of melanocytes and their specific location in the epidermis is vital for understanding skin anatomy and functioning.

4. What does "ABCDE" stand for in melanoma detection?

- A. Asymmetry, Border, Color, Diameter, Evolving**
- B. Area, Border, Color, Diameter, Evolving
- C. Asymmetry, Brightness, Color, Diameter, Elevation
- D. Asymmetry, Border, Color, Depth, Evolving

The "ABCDE" acronym is a critical tool in the early detection of melanoma, a serious form of skin cancer. Each letter stands for specific characteristics to assess when evaluating moles or skin lesions. - Asymmetry refers to the shape of the mole being irregular. When one half of the mole does not match the other half, it raises concerns about potential malignancy. - Border indicates the appearance of the edges of the mole. Irregular, scalloped, or poorly defined borders are signs warranting further investigation. - Color highlights that a melanotic lesion may exhibit various shades, including brown, black, tan, or even patches of pink, red, white, or blue. An inconsistent color distribution can be indicative of melanoma. - Diameter pertains to the size of the mole. Lesions larger than 6mm (about the size of a pencil eraser) should be examined more closely. - Evolving emphasizes that any mole which changes in size, shape, color, or elevation, or any new symptoms such as itching or bleeding, is concerning and should be evaluated by a healthcare professional. This acronym helps both healthcare providers and patients recognize the warning signs of melanoma and facilitates early intervention, which is crucial for better outcomes in melanoma treatment. The other

5. Which test is often used to diagnose pemphigus vulgaris?

- A. Skin biopsy
- B. Direct immunofluorescence**
- C. Patch testing
- D. Bacterial culture

The test commonly used to diagnose pemphigus vulgaris is direct immunofluorescence. This autoimmune blistering disorder is characterized by the presence of antibodies against desmogleins, which are proteins vital for cell adhesion in the epidermis. In direct immunofluorescence testing, a sample of skin is taken and stained with a fluorescent dye to visualize the deposition of these antibodies in the intercellular spaces of the epidermis. This test typically reveals a pattern known as "chicken-wire" fluorescence, which is indicative of the disease. A skin biopsy, while useful for assessing the histopathology of the skin, does not definitively identify the presence of specific autoantibodies that characterize pemphigus vulgaris. Patch testing is primarily used for allergic contact dermatitis and does not play a role in diagnosing autoimmune blistering diseases. Bacterial cultures are utilized to identify infections but are not relevant in the diagnosis of pemphigus vulgaris, as this condition is not caused by bacterial infection. Therefore, direct immunofluorescence is the most appropriate test for diagnosing pemphigus vulgaris due to its ability to confirm the underlying immunological mechanism of the disease.

6. What does the term "erythema multiforme" refer to?

- A. A viral skin infection
- B. A hypersensitivity reaction characterized by target lesions**
- C. A type of seborrheic keratosis
- D. A fungal skin disease

Erythema multiforme is a condition that is primarily characterized by a hypersensitivity reaction involving the skin and mucous membranes. It presents as target lesions which are often described as having a characteristic "target" or "bull's-eye" appearance with a varying degree of central necrosis, surrounded by an erythematous halo. This condition is commonly triggered by infections, particularly viral infections like herpes simplex, medications, or sometimes idiopathic causes. The correct understanding of erythema multiforme highlights its immunological basis and recognition of the distinct morphology of the lesions, which can help differentiate it from other dermatological conditions. This distinction is critical for appropriate diagnosis and management, as it can indicate underlying systemic issues or the need for further evaluation, particularly if recurrent or extensive.

7. What condition is characterized by plaques with silvery scales, commonly found on elbows and knees?

A. Psoriasis

B. Eczema

C. Seborrheic Dermatitis

D. Contact Dermatitis

The condition characterized by plaques with silvery scales, particularly found on the elbows and knees, is psoriasis. This chronic autoimmune skin disorder leads to the rapid proliferation of skin cells, resulting in the buildup of thick, scaly plaques that often have a distinctive silver appearance. Psoriasis is commonly mistaken for other skin conditions, but its defining features include the specific location of lesions (such as extensor surfaces like the elbows and knees) and the silvery-white scaling that separates it from other dermatologic diseases. In contrast, eczema (also known as atopic dermatitis) usually presents with red, itchy, and inflamed skin rather than the silvery scales seen in psoriasis. Seborrheic dermatitis tends to cause flaky, greasy patches and crusting in areas rich in sebaceous glands, such as the scalp and face, not specifically on the elbows and knees. Contact dermatitis results from a direct allergic reaction or irritation from external substances, leading to redness and vesicles rather than silvery scaling. These distinctions clarify why the condition described in the question is indeed psoriasis.

8. Which of the following is a characteristic feature of seborrheic keratosis?

A. Itchy, inflamed lesions

B. Scaly patches that bleed easily

C. Waxy, raised, tan or brown lesions

D. Fluid-filled blisters

Seborrheic keratosis is characterized by its distinct appearance, which includes waxy, raised bumps that can vary in color from tan to brown, or even black. These lesions are generally well-defined and can have a "stuck-on" appearance, often described as being slightly elevated from the skin surface. This appearance is a key diagnostic feature that differentiates seborrheic keratosis from other skin conditions. The other options do not accurately represent the typical characteristics of seborrheic keratosis. For example, itchy or inflamed lesions are more characteristic of conditions like eczema or contact dermatitis, which can cause irritation and inflammation that are not typical of seborrheic keratosis. Scaly patches that bleed easily might suggest actinic keratosis or other more concerning skin lesions, rather than seborrheic keratosis, which is generally asymptomatic and does not typically bleed. Fluid-filled blisters, on the other hand, are indicative of conditions such as herpes simplex virus infections or contact dermatitis, which are quite different from the benign nature of seborrheic keratosis. In summary, the hallmark of a seborrheic keratosis is its appearance as waxy, raised lesions, which

9. A 45 year-old female with generalized erythema and mucosal erosions is likely suffering from which condition?

- A. A Ampicillin**
- B. B Prednisolone**
- C. C Aspirin**
- D. D Hydrochlorothiazide (HCTZ)**

In this scenario, the presentation of generalized erythema coupled with mucosal erosions strongly suggests a reaction that is associated with a drug-induced condition known as erythema multiforme or possibly a severe allergic reaction. Ampicillin, a type of penicillin antibiotic, is well-known for causing hypersensitivity reactions. These reactions can manifest as skin rashes, including erythema and mucosal lesions. Given the patient's age and the symptoms described, the likelihood of an adverse drug reaction is a strong consideration. Drug-induced erythema multiforme is often triggered by medications, and antibiotics like ampicillin are common culprits. The systemic involvement, highlighted by generalized erythema and lesions on mucosal surfaces, aligns with the known effects of drug hypersensitivity. Other medications listed, such as prednisolone (a corticosteroid), aspirin (a non-steroidal anti-inflammatory drug), and hydrochlorothiazide (a thiazide diuretic), have different primary side effect profiles and are less commonly associated with the specific combination of generalized erythema and mucosal erosions presented in this case. Thus, ampicillin is the most plausible cause based on the clinical information provided.

10. What is the primary infectious agent responsible for toxic shock syndrome (TSS)?

- A. Streptococcus pneumoniae**
- B. Staphylococcus aureus**
- C. Escherichia coli**
- D. Clostridium perfringens**

Toxic shock syndrome (TSS) is primarily associated with *Staphylococcus aureus*, which produces exotoxins that can lead to the clinical manifestations of the syndrome. These toxins act as superantigens, activating a massive number of T cells and resulting in an overwhelming immune response. This hyperactivation leads to the release of extensive inflammatory mediators, causing the characteristic symptoms of TSS, which include high fever, rash, hypotension, and, in some cases, multi-organ failure. *Staphylococcus aureus* is particularly associated with menstrual TSS related to the use of high-absorbency tampons but can also be involved in surgical wounds and other forms of tissue infection. The ability of *Staphylococcus aureus* to produce various toxins significantly contributes to its role as the primary infectious agent responsible for toxic shock syndrome. In contrast, while *Streptococcus pneumoniae*, *Escherichia coli*, and *Clostridium perfringens* can cause severe infections, they are not typically linked to TSS. *Streptococcus pyogenes*, not *pneumoniae*, is another pathogen that can cause a similar syndrome known as streptococcal toxic shock syndrome, but it is distinct from the TSS more commonly associated with *Staphylococcus*.