

DERMATOLOGY PHYSICIAN ASSISTANT NATIONAL CERTIFYING EXAMINATION (PANCE) PRACTICE (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://dermatologypance.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

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

SAMPLE

- 1. Which pathogen is most likely causing cellulitis in a patient with a painful red patch on the leg?**
 - A. Staphylococcus aureus
 - B. Haemophilus influenzae
 - C. Proteus mirabilis
 - D. Escherichia coli

- 2. What type of rash is most characteristic of eczema?**
 - A. Vesicular rash
 - B. Scaly rash
 - C. Weeping rash
 - D. Maculopapular rash

- 3. What follow-up treatment should be considered for patients with extensive burns and pre-existing conditions?**
 - A. Outpatient wound care
 - B. Transfer to a burn center
 - C. Immediate outpatient consultation
 - D. Broad-spectrum antibiotics

- 4. Which skin condition may worsen due to humidity and heat?**
 - A. Psoriasis
 - B. Eczema (atopic dermatitis)
 - C. Acne vulgaris
 - D. Contact dermatitis

- 5. Which skin type is more likely to develop acne?**
 - A. Dry skin
 - B. Oily skin
 - C. Sensitive skin
 - D. Combination skin

- 6. What study is most appropriate to confirm the diagnosis of leukoplakia in a patient with a keratinized lesion on the tongue?**
- A. Incisional biopsy
 - B. Tzanck smear
 - C. Gram stain
 - D. Potassium hydroxide wet prep
- 7. What can be a systemic effect of severe acne?**
- A. Fungal infection
 - B. Scarring
 - C. Benign cyst formation
 - D. Psoriasis flare-up
- 8. What is the most likely diagnosis for a firm, mobile subcutaneous mass on the upper back?**
- A. Epidermoid cyst
 - B. Hemangioma
 - C. Keratoacanthoma
 - D. Lipoma
- 9. 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
- 10. What is the common presentation of erythema infectiosum?**
- A. Pruritic vesicles
 - B. "Slapped cheek" appearance
 - C. Diffuse pustular lesions
 - D. Yellow crusted lesions

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which pathogen is most likely causing cellulitis in a patient with a painful red patch on the leg?

- A. Staphylococcus aureus**
- B. Haemophilus influenzae
- C. Proteus mirabilis
- D. Escherichia coli

Cellulitis is an infection of the skin and subcutaneous tissues that often arises from breaks in the skin barrier. The most common causative organism of cellulitis is *Staphylococcus aureus*, particularly in cases that present with typical symptoms such as localized redness, swelling, and pain. This organism is not only prevalent in skin flora but is also known for its ability to invade deeper tissues, making it a primary suspect in cases of cellulitis. While other pathogens can cause skin infections, they are less common in typical presentations of cellulitis. For example, *Haemophilus influenzae* is more commonly associated with respiratory infections, particularly in children, and is not typically a cause of cellulitis in adults. *Proteus mirabilis* is more associated with urinary tract infections and rarely causes cellulitis. *Escherichia coli*, although it can occasionally be involved in cellulitis, is more often implicated in intra-abdominal infections or urinary tract infections. Given these considerations, *Staphylococcus aureus* stands out as the most likely pathogen to be responsible for cellulitis in the scenario described, making it the correct choice for this question.

2. What type of rash is most characteristic of eczema?

- A. Vesicular rash
- B. Scaly rash
- C. Weeping rash**
- D. Maculopapular rash

Eczema, particularly atopic dermatitis, often presents with a weeping rash, especially in acute flare-ups. This characteristic is due to the inflammation of the skin, which can lead to periods of intense itching, scratching, and ultimately the breakdown of the skin barrier. This disruption causes exudation of serum and leads to the appearance of a moist, weeping surface known as crusting or weeping eczema. In contrast, while eczema can present with scaly components during chronic phases, this is not the most defining feature. A vesicular rash may occur in certain types of eczema, specifically dyshidrotic eczema, but it is not representative of the majority of eczema cases. Maculopapular rashes refer to flat or raised red bumps that do not typically describe the weeping aspect of eczema. Thus, the weeping rash is a hallmark feature in the acute stages of eczema, making it the most characteristic type associated with this condition.

3. What follow-up treatment should be considered for patients with extensive burns and pre-existing conditions?

- A. Outpatient wound care
- B. Transfer to a burn center**
- C. Immediate outpatient consultation
- D. Broad-spectrum antibiotics

For patients with extensive burns and pre-existing conditions, transfer to a burn center is critical due to several factors that underscore the specialized care required in such scenarios. Comprehensive burn units are equipped with advanced resources and multidisciplinary teams of specialists such as surgeons, pain management experts, and physical therapists, ensuring that patients receive the highest level of care. Patients with extensive burns often have complex medical needs, particularly when pre-existing conditions are involved. Conditions such as diabetes, cardiovascular diseases, or respiratory issues can complicate recovery from burns, increasing the risk of complications like infections and delayed healing. Specialized burn centers are adept at managing these complications and can provide tailored treatment plans that consider the patient's complete medical history. Furthermore, burn centers have access to innovative therapies and technologies, including advanced wound care products, pain management strategies, and surgical interventions when necessary. They also play a crucial role in rehabilitation and psychological support, which are vital for long-term recovery and quality of life. Overall, transferring the patient to a burn center ensures that they receive comprehensive, expert care tailored to the complexities of their condition, which is essential for optimal recovery.

4. Which skin condition may worsen due to humidity and heat?

- A. Psoriasis
- B. Eczema (atopic dermatitis)**
- C. Acne vulgaris
- D. Contact dermatitis

Eczema, or atopic dermatitis, is a chronic inflammatory skin condition characterized by dry, itchy, and inflamed skin. It is influenced by various environmental factors, including humidity and heat. When temperatures rise and humidity levels increase, the skin can become even more compromised. Excess moisture can lead to additional sweating and irritation, exacerbating the itch and discomfort associated with eczema. The disruption of the skin barrier function can lead to increased transepidermal water loss, further drying out the skin and prompting the body to react with inflammation and redness. The heat can also trigger the release of histamines in sensitive individuals, further intensifying itching and rash. Therefore, in a humid and warm environment, patients suffering from eczema may experience a significant worsening of their symptoms, making it a notable concern for management and treatment during such conditions.

5. Which skin type is more likely to develop acne?

- A. Dry skin
- B. Oily skin**
- C. Sensitive skin
- D. Combination skin

Oily skin is more likely to develop acne due to the increased production of sebum, which can clog pores and create an environment conducive to the growth of acne-causing bacteria. In individuals with oily skin, the overproduction of oil leads to a waxy buildup on the skin's surface that can trap dead skin cells and dirt, resulting in blocked pores. When pores become clogged, inflammation occurs, and this can lead to the formation of acne lesions such as pimples, cysts, and blackheads. Oily skin typically has a shiny appearance and may be more prone to enlarged pores. Hormonal fluctuations, such as those experienced during puberty, menstruation, or while taking certain medications, can exacerbate oil production, further increasing the likelihood of developing acne. Understanding the relationship between skin type and acne can help in formulating appropriate treatment plans. For individuals with oily skin, options may include topical treatments that target excess sebum production, exfoliation to help clear clogged pores, and the use of non-comedogenic products that won't contribute to further blockages.

6. What study is most appropriate to confirm the diagnosis of leukoplakia in a patient with a keratinized lesion on the tongue?

- A. Incisional biopsy**
- B. Tzanck smear
- C. Gram stain
- D. Potassium hydroxide wet prep

To confirm the diagnosis of leukoplakia, an incisional biopsy is the most appropriate study. Leukoplakia manifests as a white patch or plaque on mucosal surfaces, particularly the tongue, and can be a precursor to squamous cell carcinoma. Since leukoplakia may represent dysplastic lesions or malignancy, histopathological examination through a biopsy is crucial. An incisional biopsy allows for sufficient tissue sampling to evaluate the presence of dysplasia or malignancy, providing definitive diagnostic information. Other methods, although helpful in diagnosing different conditions, do not provide the same level of diagnostic clarity for leukoplakia. A Tzanck smear is used primarily to identify herpes infections by revealing multinucleated giant cells but does not contribute to diagnosing leukoplakia. A Gram stain is useful for identifying bacterial infections but is unrelated to the assessment of keratinized lesions. Lastly, a potassium hydroxide (KOH) wet prep is typically used to diagnose fungal infections by clearing keratin, allowing fungal elements to be visualized; this method does not apply to leukoplakia. Therefore, an incisional biopsy stands out as the definitive method to diagnose and assess the potential risk of malignancy in leukoplakia.

7. What can be a systemic effect of severe acne?

- A. Fungal infection
- B. Scarring**
- C. Benign cyst formation
- D. Psoriasis flare-up

Severe acne can lead to significant systemic effects, and one of the most notable consequences is scarring. When acne lesions become inflamed, they can penetrate deeper into the skin layers, resulting in tissue damage. This damage can produce a variety of scar types, including atrophic scars, hypertrophic scars, and keloids, depending on the individual's healing response and the nature of the acne. Scarring is a lasting physical change that can affect a patient's psychological well-being and self-esteem. Treatment options for scarring often require dermatological intervention, and preventive measures during the active phase of acne can help mitigate these long-term effects. By managing acne effectively, the risk of developing scars can often be reduced, emphasizing the importance of early and appropriate treatment for severe acne. While fungal infections, benign cyst formation, and psoriasis flare-ups can occur in patients with acne, these conditions are typically not the direct systemic effects associated with severe acne. Fungal infections may arise in response to other factors, such as antibiotic use, and cyst formation can occur as a consequence of blocked sebaceous glands, but these are not as clearly linked to the systemic repercussions of severe acne as scarring is.

8. What is the most likely diagnosis for a firm, mobile subcutaneous mass on the upper back?

- A. Epidermoid cyst
- B. Hemangioma
- C. Keratoacanthoma
- D. Lipoma**

A firm, mobile subcutaneous mass on the upper back is most consistent with a lipoma. Lipomas are benign tumors made up of adipose (fat) tissue and are known for their characteristic features: they are typically soft, mobile, and well-defined. These tumors are usually painless and can vary in size. Their location on the upper back aligns with common presentation sites for lipomas. The other potential diagnoses offer different characteristics that do not align as consistently with the described mass. For instance, epidermoid cysts often present as dome-shaped, may have a central punctum, and are generally situated in the epidermis rather than being a mobile subcutaneous mass. Hemangiomas typically present as vascular lesions and may be more superficial or have a reddish color associated with blood vessels. Keratoacanthoma usually appears as a rapidly growing nodular lesion with a keratinized center, which is more concerning and does not traditionally present as a mobile mass. In summary, the description of a firm, mobile subcutaneous mass is most consistent with the characteristics of a lipoma, making it the most likely diagnosis.

9. 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

10. What is the common presentation of erythema infectiosum?

- A. Pruritic vesicles
- B. "Slapped cheek" appearance**
- C. Diffuse pustular lesions
- D. Yellow crusted lesions

Erythema infectiosum, commonly known as fifth disease, typically presents with a distinctive "slapped cheek" appearance, particularly in children. This characteristic rash usually begins with bright red cheeks that appear as though the child has been slapped, which is a hallmark feature of the condition. Following the appearance of the facial rash, it often progresses to a lacy, reticular pattern on the trunk and extremities. This presentation is associated with infection by parvovirus B19, which affects primarily children, though adults can also present with non-specific symptoms such as mild arthralgia. Recognizing the "slapped cheek" appearance is essential for diagnosis, as it helps to distinguish erythema infectiosum from other childhood rashes. The other choices represent different dermatological conditions that do not apply to erythema infectiosum: pruritic vesicles would suggest chickenpox or herpes simplex infections; diffuse pustular lesions might indicate conditions such as bacterial infections or pustular psoriasis; and yellow crusted lesions are typically associated with impetigo or other forms of superficial bacterial skin infection. Thus, the "slapped cheek" appearance is a defining and recognizable feature specific to erythema infectiosum.

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://dermatologypance.examzify.com>

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

SAMPLE