

Dermatology Week 1 Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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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. Golimumab is marketed under which brand name?**
 - A. Remicade**
 - B. Humira**
 - C. Enbrel**
 - D. Simponi**

- 2. Which pre-treatment consideration is recommended before starting Sulfasalazine?**
 - A. G6PD deficiency screening**
 - B. Liver biopsy**
 - C. Vaccination prior to therapy**
 - D. Renal function testing**

- 3. Cross-reactivity between penicillins and cephalosporins is most strongly influenced by which molecular feature?**
 - A. Core beta-lactam ring**
 - B. Side chain similarity**
 - C. Overall molecular weight**
 - D. Lipophilicity**

- 4. What drugs to avoid in HepC**
 - A. Methotrexate**
 - B. Leflunomide**
 - C. TNF inhibitors**
 - D. All of the above**

- 5. Which drug should be held in male patients with fertility concerns?**
 - A. Sulfasalazine**
 - B. Methotrexate**
 - C. Hydroxychloroquine**
 - D. Leflunomide**

- 6. Urticaria results from which type of hypersensitivity reaction?**
- A. Type 1**
 - B. Type 2**
 - C. Type 3**
 - D. Type 4**
- 7. How long before conception should methotrexate be held in both male and female patients?**
- A. 1 month**
 - B. 6 weeks**
 - C. 3 months**
 - D. 6 months**
- 8. hx of severe infection tx**
- A. TNF inhibitors**
 - B. IL-6 inhibitors**
 - C. Rituximab**
 - D. Abatacept**
- 9. Extended-release tramadol dosing.**
- A. 100 mg daily, titrate to 300 mg/d**
 - B. 50 mg daily**
 - C. 150 mg daily**
 - D. 200 mg daily**
- 10. What kind of NSAIDs are recommended for all forms OA?**
- A. Oral**
 - B. Topical**
 - C. Transdermal**
 - D. Intravenous**

Answers

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

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Explanations

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1. Golimumab is marketed under which brand name?

- A. Remicade
- B. Humira
- C. Enbrel
- D. Simponi**

Golimumab is a TNF- α inhibitor used to treat several inflammatory conditions, and its brand name is Simponi. This distinguishes it from the other brands listed, which correspond to different biologic agents: Remicade is infliximab, Humira is adalimumab, and Enbrel is etanercept. Simponi (with an IV form called Simponi Aria for certain indications) is the specific brand associated with golimumab.

2. Which pre-treatment consideration is recommended before starting Sulfasalazine?

- A. G6PD deficiency screening
- B. Liver biopsy
- C. Vaccination prior to therapy
- D. Renal function testing**

Baseline renal function assessment is essential before initiating sulfasalazine. The drug and its metabolites are cleared by the kidneys, so any preexisting renal impairment can lead to drug accumulation and a higher risk of adverse effects, including nephrotoxicity and other systemic toxicities. Knowing the kidneys are functioning well helps determine safety for starting therapy and provides a reference to monitor changes during treatment, allowing dose adjustments if needed. While vaccination status and G6PD screening are considerations for other therapies or scenarios, they're not specifically required before sulfasalazine, and a liver biopsy is not indicated.

3. Cross-reactivity between penicillins and cephalosporins is most strongly influenced by which molecular feature?

- A. Core beta-lactam ring
- B. Side chain similarity**
- C. Overall molecular weight
- D. Lipophilicity

Cross-reactivity between penicillins and cephalosporins is driven mainly by similarities in their side chains. The immune system often recognizes the specific side-chain moieties attached to the shared beta-lactam core, so if a cephalosporin has a side chain that resembles a penicillin's, antibodies trained against the penicillin can react to it as well. The shared beta-lactam ring is present in both classes, but it isn't the primary determinant of cross-reactivity; many drugs with similar rings don't provoke cross-reactions unless the side chains are similar. Molecular weight or lipophilicity don't govern this immune recognition in the same way. In practice, clinicians assess side-chain similarity when predicting cross-reactivity risk and choose cephalosporins with dissimilar side chains to penicillins if a penicillin allergy is a concern.

4. What drugs to avoid in HepC

- A. Methotrexate
- B. Leflunomide
- C. TNF inhibitors
- D. All of the above**

In Hepatitis C, the focus is on preserving liver function, so drugs with known hepatotoxic potential or those that can worsen viral liver disease are avoided. Methotrexate is a well-established hepatotoxin and can accelerate liver injury, fibrosis, or cirrhosis in someone with preexisting liver disease like HCV, so it's avoided. Leflunomide shares a similar risk of serious liver injury and has a long half-life, making it particularly risky in liver disease; it's contraindicated when hepatic impairment is present. TNF inhibitors are powerful immunosuppressants, and while they can be necessary for autoimmune conditions, they carry concerns about altering liver disease progression and increasing infection risk in chronic viral hepatitis; in the setting of Hep C, they are generally avoided or used only with careful monitoring. Because each of these classes poses potential harm to the liver in the context of Hep C, all of the above are drugs to avoid.

5. Which drug should be held in male patients with fertility concerns?

- A. Sulfasalazine**
- B. Methotrexate
- C. Hydroxychloroquine
- D. Leflunomide

Sulfasalazine is the DMARD most consistently linked to reversible impairment of male fertility, reducing sperm count and motility. The effect is related to its sulfapyridine component and typically reverses after stopping the drug, with semen parameters returning to normal over a few months. Because fertility goals are a concern, holding sulfasalazine and switching to another agent is the prudent choice. Other drugs listed don't have as clear and direct a impact on paternal fertility, though Leflunomide has teratogenic concerns and a long washout period if conception is planned, and hydroxychloroquine and methotrexate are generally considered compatible with paternal fertility considerations in practice.

6. Urticaria results from which type of hypersensitivity reaction?

- A. Type 1**
- B. Type 2
- C. Type 3
- D. Type 4

Urticaria is an immediate, IgE-mediated allergic reaction. An allergen cross-links IgE antibodies bound to receptors on mast cells and basophils, triggering rapid degranulation and release of histamine and other mediators. Histamine then increases vascular permeability and causes the superficial dermal edema that forms the itchy wheals of hives. This rapid, IgE-driven process defines a Type I hypersensitivity reaction. In contrast, Type II involves antibodies directed at cell surfaces, Type III involves immune complex deposition, and Type IV is T-cell-mediated delayed-type hypersensitivity, none of which are the primary mechanism of urticaria.

7. How long before conception should methotrexate be held in both male and female patients?

- A. 1 month
- B. 6 weeks
- C. 3 months**
- D. 6 months

Methotrexate is highly teratogenic, so stopping it before conception helps prevent fetal harm from drug exposure in both eggs and sperm. The roughly three-month interval matches the time needed for a full cycle of germ cell development—about three months for oocytes in females and the duration of spermatogenesis in males—so conception occurs with gametes that have not been exposed to methotrexate. This washout period gives the body time to clear the drug and for new, drug-free gametes to form, reducing the risk of birth defects or miscarriage. Shorter intervals could allow residual drug effects to impact the embryo, while three months is a practical, commonly recommended window for both sexes.

8. hx of severe infection tx

- A. TNF inhibitors
- B. IL-6 inhibitors
- C. Rituximab
- D. Abatacept**

In a patient with a history of severe infections, the safety profile regarding infections guides which biologic to choose. Abatacept (a T-cell costimulation blocker) tends to have a lower risk of serious infections compared with agents that block TNF or deplete B cells. Its mechanism dampens T-cell activation without broadly impairing innate immune defenses or granuloma formation as strongly as TNF inhibitors do, and it does not cause the B-cell-depleting effects seen with rituximab. IL-6 inhibitors carry infection risk as well, but the overall infection risk in a patient with prior severe infections is typically more favorable with abatacept. Therefore, abatacept is preferred in this scenario.

9. Extended-release tramadol dosing.

- A. 100 mg daily, titrate to 300 mg/d**
- B. 50 mg daily
- C. 150 mg daily
- D. 200 mg daily

Extended-release tramadol is used for chronic pain and should be started at a low daily dose with careful, gradual escalation to balance efficacy and safety. Begin with 100 mg once daily and increase by about 100 mg every 5 to 7 days based on pain relief and tolerability, aiming for a maximum of 300 mg per day. This approach helps minimize common side effects such as nausea, dizziness, and constipation, and it also reduces risk factors like seizures and serotonin-related interactions that can occur with higher or rapid dosing. Remember to swallow ER tablets whole and not crush them, since altering the release mechanism can cause a rapid, high exposure to the drug. The standard starting-and-titrate plan is preferred over fixed higher doses (or lower, non-titrated doses) because it provides a safe path to obtain effective analgesia while monitoring tolerability. Adjust for age, hepatic or renal function, and potential drug interactions as needed.

10. What kind of NSAIDs are recommended for all forms OA?

- A. Oral**
- B. Topical**
- C. Transdermal**
- D. Intravenous**

Oral NSAIDs are preferred because they deliver the medicine systemically, providing pain relief and anti-inflammatory effects across multiple joints. Osteoarthritis can affect various joints, and a single systemic dose helps address pain wherever it occurs by lowering prostaglandin synthesis through COX inhibition. Topical NSAIDs work best for superficial, localized joints and may not reach deeper joints like the hip or large joints as effectively, so they're not universally adequate for all forms of OA. Intravenous NSAIDs aren't used for long-term OA management, and transdermal options have variable absorption and are not the standard across all joint sites. Therefore, oral administration is the most broadly applicable choice for OA pain control.

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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://dermatologyweek1.examzify.com>

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

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