

# HOSA Pathophysiology Integumentary Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

**This is a sample study guide. To access the full version with hundreds of questions,**

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**SAMPLE**

# Table of Contents

<b>Copyright</b> .....	<b>1</b>
<b>Table of Contents</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>3</b>
<b>How to Use This Guide</b> .....	<b>4</b>
<b>Questions</b> .....	<b>6</b>
<b>Answers</b> .....	<b>9</b>
<b>Explanations</b> .....	<b>11</b>
<b>Next Steps</b> .....	<b>17</b>

# 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. Don't worry about getting everything right, 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, and take breaks to retain information better.**

## **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.**

## **7. Use Other Tools**

**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!**

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## Questions

- 1. What is the name of the pus-containing abscess that involves the entire hair follicle and adjacent subcutaneous tissue?**
  - A. Carbuncle**
  - B. Comedo**
  - C. Furuncle**
  - D. Pustule**
- 2. What term describes a raised scar resulting from an excessive healing response?**
  - A. Epidermal cyst**
  - B. Keloid**
  - C. Keratoacanthoma**
  - D. Acrochordon**
- 3. Which infection is commonly associated with yellow, crusted lesions in children?**
  - A. Impetigo**
  - B. Shingles**
  - C. Scabies**
  - D. Psoriasis**
- 4. Which type of lesion is described as a palpable elevated structure that can vary in size?**
  - A. Papule**
  - B. Nodule**
  - C. Crust**
  - D. Pustule**
- 5. What is the chronic inflammatory skin condition primarily affecting the oil glands?**
  - A. Psoriasis**
  - B. Seborrheic dermatitis**
  - C. Atopic dermatitis**
  - D. Contact dermatitis**



- 6. Which type of paronychia is typically caused by a bacterial infection?**
- A. Acute paronychia**
  - B. Chronic paronychia**
  - C. Fungal paronychia**
  - D. None of the above**
- 7. Which term is used for a dry, rough surface or dried exudate/blood on the skin?**
- A. Ulcer**
  - B. Crust**
  - C. Pustule**
  - D. Fissure**
- 8. Which lifestyle change might help prevent paronychia?**
- A. Avoiding nail biting**
  - B. Limiting water exposure**
  - C. Wearing gloves when using chemicals**
  - D. All of the above**
- 9. What term refers to the infection of the skin around a nail?**
- A. Onychomycosis**
  - B. Paronychia**
  - C. Dermatitis**
  - D. Cellulitis**
- 10. What skin condition may develop as a result of excessive sun exposure and is considered precancerous?**
- A. Melanoma**
  - B. Acrochordon**
  - C. Actinic keratosis**
  - D. Keloid**

## **Answers**

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

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## **Explanations**

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**1. What is the name of the pus-containing abscess that involves the entire hair follicle and adjacent subcutaneous tissue?**

- A. Carbuncle**
- B. Comedo**
- C. Furuncle**
- D. Pustule**

The correct term for a pus-containing abscess that involves the entire hair follicle and the adjacent subcutaneous tissue is furuncle. A furuncle, commonly known as a boil, develops when bacteria infect a hair follicle, leading to inflammation and accumulation of pus. It typically manifests as a painful, red lump that may drain pus when it ruptures. This condition can occur anywhere on the body but is particularly common in areas where hair follicles are present and are subject to friction or irritation. Unlike a comedo, which refers to a clogged hair follicle without infection (like a blackhead or whitehead), or a pustule, which is a small elevation of the skin containing pus but does not involve the entire hair follicle, a furuncle specifically indicates infection and inflammation affecting the hair follicle and surrounding tissue. Similarly, a carbuncle is a more severe form that consists of a cluster of furuncles that may connect to each other, leading to a larger area of inflammation and pus formation. Thus, the characteristics of a furuncle align perfectly with the description given in the question, making it the correct answer.

**2. What term describes a raised scar resulting from an excessive healing response?**

- A. Epidermal cyst**
- B. Keloid**
- C. Keratoacanthoma**
- D. Acrochordon**

A keloid is a type of raised scar that forms when the body produces an excess of collagen during the healing process after an injury, surgery, or trauma to the skin. Keloids extend beyond the original boundaries of the wound and can continue to grow long after the initial injury has healed. This excessive healing response can cause the scar tissue to become raised, thick, and sometimes painful or itchy. Keloids are more common in individuals with darker skin tones and can occur anywhere on the body. They differ from regular scars in both appearance and the way they respond to treatment, often requiring more specialized methods for management and removal. In contrast, an epidermal cyst is a closed sac beneath the skin filled with keratin; keratoacanthoma is a skin lesion that resembles squamous cell carcinoma; and acrochordon, commonly known as a skin tag, is a benign growth that does not result from an overactive healing response. Understanding the characteristics and definitions of these terms helps clarify why a keloid specifically describes a raised scar resulting from excessive healing.

**3. Which infection is commonly associated with yellow, crusted lesions in children?**

- A. Impetigo**
- B. Shingles**
- C. Scabies**
- D. Psoriasis**

Impetigo is commonly associated with yellow, crusted lesions, particularly in children. This highly contagious bacterial skin infection often begins as small red sores around the nose and mouth, which can rapidly develop into blisters that burst and ooze, forming a honey-colored crust. The causative agents are typically *Staphylococcus aureus* or *Streptococcus pyogenes*. The appearance of these yellow crusts, along with symptoms like itching and discomfort, makes impetigo a distinctive skin infection in the pediatric population. Understanding the signs and typical presentation is crucial for diagnosis and treatment, as early intervention can help prevent the spread of the infection to others. Other options mentioned have different presentations; for example, shingles involves painful blisters in a dermatomal pattern, scabies is characterized by intense itching and burrows in the skin, while psoriasis is marked by silvery scales and plaques. Therefore, recognizing the specific features of impetigo helps in identifying this infection among various skin conditions.

**4. Which type of lesion is described as a palpable elevated structure that can vary in size?**

- A. Papule**
- B. Nodule**
- C. Crust**
- D. Pustule**

A nodule is indeed characterized as a palpable elevated structure that can vary in size. It is usually larger than a papule and can extend deeper into the skin. Nodules are solid, raised bumps that can be felt when touched, and they often result from various conditions such as infections, inflammation, or tumors. In contrast, a papule is generally smaller and less deep than a nodule, typically measuring less than one centimeter in diameter. Crust refers to a dried exudate that forms on the skin surface due to healing lesions, such as scabs from abrasions, and is not a raised structure. A pustule is a type of raised lesion filled with pus, commonly seen in conditions like acne, but it is specifically differentiated by its content and appearance from nodules. Understanding these distinctions is essential in dermatological assessments, as different lesions may indicate different underlying pathologies.

**5. What is the chronic inflammatory skin condition primarily affecting the oil glands?**

**A. Psoriasis**

**B. Seborrheic dermatitis**

**C. Atopic dermatitis**

**D. Contact dermatitis**

Seborrheic dermatitis is indeed the chronic inflammatory skin condition primarily affecting the oil glands, particularly those associated with the scalp, face, and upper body. It is characterized by red, flaky, and greasy patches on the skin, often accompanied by dandruff in the scalp area. The condition is linked to the overproduction of sebum, an oil that can promote the growth of a type of yeast known as *Malassezia*, leading to inflammation and the characteristic symptoms. In contrast, psoriasis is an autoimmune condition that results in the rapid proliferation of skin cells, leading to thick, red, scaly patches but is not primarily influenced by oil glands. Atopic dermatitis is a chronic condition that typically arises from a combination of genetic and environmental factors, affecting the skin's ability to retain moisture and making it more vulnerable to irritation, and is not confined to oil glands specifically. Contact dermatitis is an allergic or irritant reaction that occurs when the skin comes into contact with certain substances, leading to inflammation and irritation, rather than being specifically linked to oil glands. This specificity to oil glands, along with the typical presentations of reddened and greasy skin, confirms that seborrheic dermatitis is the correct identification of the chronic inflammatory skin condition that predominantly affects the oil

**6. Which type of paronychia is typically caused by a bacterial infection?**

**A. Acute paronychia**

**B. Chronic paronychia**

**C. Fungal paronychia**

**D. None of the above**

Acute paronychia is primarily caused by a bacterial infection, often resulting from trauma or injury to the nail fold, such as hangnails, biting, or exposure to irritants. This condition can lead to inflammation, redness, and pus formation around the fingernail or toenail due to organisms like *Staphylococcus aureus*. In contrast, chronic paronychia is usually associated with fungal infections and prolonged exposure to moisture, which causes a different set of symptoms and underlying mechanisms. Thus, when identifying the type of paronychia linked to a bacterial infection, acute paronychia is the correct choice.

**7. Which term is used for a dry, rough surface or dried exudate/blood on the skin?**

- A. Ulcer**
- B. Crust**
- C. Pustule**
- D. Fissure**

The term "crust" specifically refers to a dry, rough surface that can develop on the skin due to the drying of exudate, blood, or other fluids. This crusty layer often forms as a healing response, protecting underlying tissues from infection and further injury. It is commonly seen in conditions like eczema, impetigo, and after certain injuries where fluids have exuded and subsequently dried on the surface. Other terms, while related to skin conditions, refer to different phenomena. An ulcer is defined as a break in the skin or mucous membrane, leading to tissue loss and potential infection. A pustule is a small elevation on the skin filled with pus, often indicating localized inflammation or infection. A fissure, on the other hand, refers to a linear crack or split in the skin, usually occurring in areas prone to dryness or tension, rather than a dried or crusty surface. Each of these terms addresses specific types of modifications or lesions of the skin, distinguishing them from the concept of a crust.

**8. Which lifestyle change might help prevent paronychia?**

- A. Avoiding nail biting**
- B. Limiting water exposure**
- C. Wearing gloves when using chemicals**
- D. All of the above**

The prevention of paronychia, which is an infection of the skin around the nails, can be effectively supported by making several lifestyle changes. Each of the suggested options contributes to reducing the risk factors associated with the condition. Avoiding nail biting is significant because this habit can break the skin around the nails, providing an entry point for bacteria and fungi, which leads to infection. Maintaining the integrity of the skin around the nails helps to keep these pathogens at bay. Limiting water exposure is particularly relevant because excessive moisture can weaken the skin barrier, making it more susceptible to infections. Frequent wetting and drying cycles can lead to skin maceration, increasing the likelihood of bacterial and fungal overgrowth. Wearing gloves when using chemicals is another protective measure. Chemicals can irritate the skin and compromise its barrier function. Prolonged exposure to harsh substances can damage the skin and increase the risk of infection. Since each of these lifestyle changes addresses different aspects of paronychia prevention, adopting all of them together provides a comprehensive strategy to reduce the risk of developing this condition. Thus, embracing all these practices is the most effective approach for prevention.



**9. What term refers to the infection of the skin around a nail?**

- A. Onychomycosis
- B. Paronychia**
- C. Dermatitis
- D. Cellulitis

The term that refers to the infection of the skin around a nail is paronychia. This condition typically occurs when bacteria or fungi invade the skin around the nail, often leading to swelling, redness, pain, and pus formation. Paronychia can happen due to various factors, including trauma to the area, biting of the nails, or prolonged exposure to moisture. Onychomycosis refers specifically to a fungal infection of the nail itself, rather than the surrounding skin. Dermatitis encompasses a broad range of skin irritations and conditions, which may include inflammation but does not specifically denote an infection around a nail. Cellulitis is a deeper skin infection that affects the dermis and subcutaneous tissues but is more widespread and not localized specifically around the nail area. Thus, paronychia is the appropriate term for an infection surrounding the nail.

**10. What skin condition may develop as a result of excessive sun exposure and is considered precancerous?**

- A. Melanoma
- B. Acrochordon
- C. Actinic keratosis**
- D. Keloid

Actinic keratosis is a skin condition that arises from prolonged exposure to ultraviolet (UV) radiation from the sun, which leads to changes in the skin's cells. This condition presents as rough, scaly patches that can appear on sun-exposed areas of the skin, such as the face, ears, neck, scalp, and hands. The key aspect of actinic keratosis is that it is considered precancerous because it has the potential to develop into squamous cell carcinoma if left untreated. Understanding the pathophysiology behind actinic keratosis highlights the importance of UV protection and early intervention. In this context, it's essential to recognize that while conditions like melanoma, acrochordon, and keloids relate to the skin, they do not stem primarily from UV exposure or present with precancerous characteristics. Melanoma is a type of skin cancer that arises from melanocytes, primarily associated with intense sunburns rather than chronic sun exposure. Acrochordon, commonly known as skin tags, and keloids are benign lesions that do not have a precancerous nature or direct relation to sun exposure. Thus, actinic keratosis is distinct in its association with excessive sun exposure and its potential progression to

## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://hosapathophysiointegumentary.examzify.com>**

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