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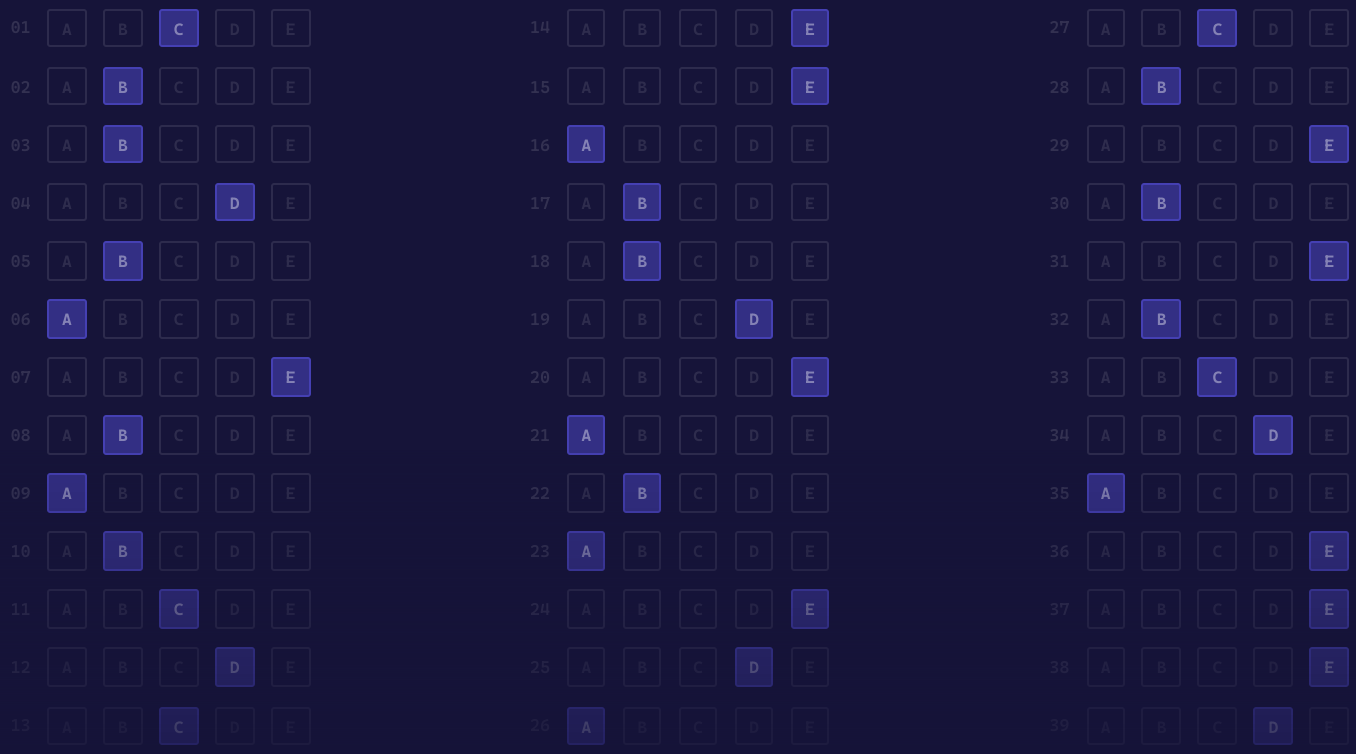


PRACTICE QUESTIONS

## Saudi Commission For Health Specialties (SCFHS)

# DERM

Dermatology

| EDITION | QUESTIONS | FORMAT |
| --- | --- | --- |
| Demo | 9 | Limited Edition PDF |

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# Before you begin

## What this is

9 practice questions for Saudi Commission For Health Specialties (SCFHS) `DERM`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

## If something looks wrong

Send us three things and we will check it:

- the exam code, `DERM`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

**QUESTION 1** SINGLE CHOICE

A 34-year-old man presents with well-demarcated erythematous plaques with silvery scale on the extensor surfaces of the elbows and knees. Gentle scraping of a scale reveals pinpoint bleeding points. What is this clinical sign called?

**A** **Auspitz sign**

B Nikolsky sign

C Koebner phenomenon

D Darier sign

**ANSWER** **A**

**WHY** Auspitz sign refers to pinpoint bleeding when psoriatic scale is removed, due to thinned suprapapillary epidermis over dilated dermal papillary vessels.

**QUESTION 2** SINGLE CHOICE

A 65-year-old woman presents with tense bullae on erythematous bases over the trunk and extremities, sparing the oral mucosa. Direct immunofluorescence shows linear deposition of IgG and C3 along the basement membrane zone. Which diagnosis is most likely?

A Pemphigus vulgaris

**B** **Bullous pemphigoid**

C Dermatitis herpetiformis

D Epidermolysis bullosa acquisita

**ANSWER** **B**

**WHY** Bullous pemphigoid presents with tense subepidermal bullae and linear IgG/C3 deposition at the basement membrane zone on DIF, in contrast to pemphigus vulgaris which shows intercellular IgG deposition.

**QUESTION 3** SINGLE CHOICE

Which organism is the most common cause of erysipelas?

A Staphylococcus aureus

**B Group A beta-hemolytic Streptococcus (Streptococcus pyogenes)**

C Pseudomonas aeruginosa

D Pasteurella multocida

**ANSWER B**

**WHY** Erysipelas is a superficial cellulitis with sharply demarcated, raised borders caused predominantly by Streptococcus pyogenes (Group A Streptococcus).

**QUESTION 4** SINGLE CHOICE

Which of the following features is part of the ABCDE criteria used to evaluate pigmented lesions for melanoma?

**A Asymmetry**

B Adherence

C Atrophy

D Anesthesia

**ANSWER A**

**WHY** The ABCDE criteria for melanoma are Asymmetry, Border irregularity, Color variegation, Diameter greater than 6 mm, and Evolution.

**QUESTION 5** MULTIPLE CHOICE

Which of the following clinical features are characteristic of Stevens-Johnson syndrome/toxic epidermal necrolysis (SJS/TEN)? (Choose two.)

**A** **Positive Nikolsky sign with epidermal detachment**

**B** **Mucosal involvement of at least two sites**

C Chronic, slowly progressive plaques over months to years

D Comedones as the primary lesion

**ANSWER** **A** · **B**

**WHY** SJS/TEN is an acute, severe mucocutaneous reaction characterized by a positive Nikolsky sign, epidermal sloughing, and involvement of at least two mucosal surfaces (oral, ocular, genital).

**QUESTION 6** SINGLE CHOICE

A KOH preparation from skin scrapings of an annular, scaly, erythematous lesion shows branching septate hyphae. What is the most likely diagnosis?

**A** **Tinea corporis**

B Pityriasis rosea

C Nummular eczema

D Erythema migrans

**ANSWER** **A**

**WHY** Tinea corporis is caused by dermatophytes, and KOH microscopy classically reveals branching septate hyphae, confirming a fungal infection.

**QUESTION 7** TRUE FALSE

Vitiligo is characterized histologically by a complete absence of melanocytes in affected depigmented skin.

**A** **True**

B False

**ANSWER** **A**

**WHY** Vitiligo results from autoimmune destruction of melanocytes, leading to depigmented macules with an absence of functional melanocytes on histology, distinguishing it from disorders of melanin transfer or synthesis.

**QUESTION 8** SINGLE CHOICE

A child presents with multiple café-au-lait macules, axillary freckling, and multiple cutaneous neurofibromas. Which condition is most consistent with this presentation?

A Tuberous sclerosis

**B** **Neurofibromatosis type 1**

C Sturge-Weber syndrome

D Incontinentia pigmenti

**ANSWER** **B**

**WHY** Neurofibromatosis type 1 is characterized by café-au-lait macules, axillary/inguinal freckling (Crowe sign), and multiple neurofibromas, due to mutations in the NF1 gene.

**QUESTION 9** MULTIPLE CHOICE

Which of the following are recognized adverse effects or precautions associated with systemic isotretinoin therapy? (Choose two.)

**A** **Teratogenicity requiring strict pregnancy prevention**

**B** **Mucocutaneous dryness including cheilitis**

C Increased risk of narrow-angle glaucoma

D Induction of vitamin B12 deficiency anemia

**ANSWER** **A** · **B**

**WHY** Isotretinoin is a known teratogen requiring pregnancy prevention programs, and commonly causes mucocutaneous dryness such as cheilitis, xerosis, and conjunctivitis.