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PRACTICE QUESTIONS

Dubai Health Authority (DHA)

DERMC

Consultant Dermatology

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for Dubai Health Authority (DHA) **DERMC**, 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, **DERMC**
- 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 42-year-old man presents with well-demarcated, salmon-pink plaques covered by silvery-white scale on the extensor surfaces of the elbows and knees, with nail pitting and onycholysis. Which histologic feature is most characteristic of this condition?

- ☐ A Acantholysis with intraepidermal clefting
- ☒ B Parakeratosis with neutrophilic microabscesses (Munro microabscesses) in the stratum corneum
- ☐ C Subepidermal blister with eosinophil-rich infiltrate
- ☐ D Granular IgA deposition at the dermal papillae

ANSWER B

WHY The clinical picture is classic plaque psoriasis. Histology shows parakeratosis (retained nuclei in the stratum corneum), acanthosis with regular elongation of rete ridges, thinning of the suprapapillary plates, and Munro microabscesses (collections of neutrophils within the parakeratotic stratum corneum). Acantholysis characterizes pemphigus vulgaris; a subepidermal blister with eosinophils suggests bullous pemphigoid; granular IgA at dermal papillae is seen in dermatitis herpetiformis.

QUESTION 2

SINGLE CHOICE

A 34-year-old woman presents with a photosensitive malar rash sparing the nasolabial folds, oral ulcers, non-erosive arthritis, and positive anti-dsDNA antibodies. Which cutaneous finding is more specific for this diagnosis than the others listed?

- ☐ A Photosensitive malar erythema
- ☐ B Diffuse non-scarring alopecia
- ☒ C Discoid plaques with follicular plugging, scarring, and dyspigmentation
- ☐ D Palmar erythema

ANSWER C

WHY The systemic features and anti-dsDNA antibodies point to systemic lupus erythematosus. Discoid (chronic cutaneous) lupus lesions with follicular plugging, adherent scale, atrophy, scarring, and dyspigmentation are highly characteristic; discoid lupus occurs in ~20% of SLE patients but is also seen as an isolated cutaneous disease. The malar rash, non-scarring alopecia, and palmar erythema, while common in SLE, are less specific and occur in many other conditions.

QUESTION 3

SINGLE CHOICE

Histopathology of a skin biopsy shows a Grenz zone (a narrow zone of uninvolved papillary dermis) separating the epidermis from a dense, band-like lymphocytic infiltrate at the dermo-epidermal junction, with basal cell vacuolar degeneration. What is the most likely diagnosis?

- ☐ A Psoriasis
- ☒ B Lichen planus
- ☐ C Dermatitis herpetiformis
- ☐ D Pemphigus vulgaris

ANSWER B

WHY Lichen planus classically shows a band-like (lichenoid) lymphocytic infiltrate hugging the dermo-epidermal junction with basal cell damage, and a Grenz zone of uninvolved papillary dermis just beneath the epidermis. Hypergranulosis, sawtooth rete ridges, and Civatte (colloid) bodies are additional features. Psoriasis shows parakeratosis and neutrophils; dermatitis herpetiformis shows subepidermal blisters with neutrophilic papillary microabscesses; pemphigus shows intraepidermal acantholysis.

QUESTION 4

SINGLE CHOICE

A 55-year-old man has a 6 mm pigmented lesion on the back with asymmetry, irregular borders, color variegation, and a diameter greater than 6 mm. Dermoscopy shows an atypical pigment network, blue-white veil, and atypical vascular structures. What is the most appropriate next step in management?

- ☐ A Reassurance and observation for 3 months
- ☐ B Topical imiquimod
- ☒ C Full-thickness excisional biopsy with narrow margins
- ☐ D Shave biopsy

ANSWER C

WHY Clinical and dermoscopic features are highly suspicious for melanoma. The recommended diagnostic procedure is full-thickness excisional biopsy with narrow (1–3 mm) margins, allowing accurate assessment of Breslow thickness, which is critical for staging and definitive surgical planning. Shave biopsy risks transecting the lesion and underestimating depth. Observation is inappropriate; imiquimod is not a treatment for invasive melanoma.

QUESTION 5

SINGLE CHOICE

A patient with severe plaque psoriasis is being considered for methotrexate therapy. Which baseline investigation is most important to obtain before initiating treatment?

- ☐ A Serum calcium and phosphate
- ☒ B Pregnancy test in women of childbearing potential
- ☐ C Ophthalmologic slit-lamp examination
- ☐ D Echocardiography

ANSWER B

WHY Methotrexate is a known teratogen (Pregnancy Category X) and abortifacient. A pregnancy test must be performed in women of childbearing potential before starting therapy, and effective contraception is required during and for a variable period after treatment. Baseline labs also include CBC, renal and hepatic function, and hepatitis B/C serologies, but among the listed options, pregnancy testing is the most critical.

QUESTION 6

SINGLE CHOICE

A 28-year-old man presents with a slowly enlarging, painless, erythematous plaque with a raised, indurated, serpiginous border on the dorsum of the foot following a minor abrasion sustained while gardening. Tissue smear and culture are negative on routine media. What is the most likely causative organism?

- ☐ A *Mycobacterium tuberculosis*
- ☐ B *Mycobacterium leprae*
- ☒ C *Mycobacterium marinum*
- ☐ D *Sporothrix schenckii*

ANSWER C

WHY The presentation — a chronic granulomatous plaque at the site of a minor injury acquired from soil, water, or fish tanks/plant material — is classic for *Mycobacterium marinum* infection (fish tank granuloma, swimming pool granuloma). It is a non-tuberculous mycobacterium that requires culture at lower temperatures (30°C) and is often missed on routine bacterial cultures. Sporotrichosis can mimic this but typically follows a lymphocutaneous (sporotrichoid) spread pattern along lymphatics.

QUESTION 7

SINGLE CHOICE

A 6-month-old infant is brought in with a well-defined, bright red, compressible patch on the face that has grown proportionally with the child and blanches completely with pressure. The parents report it was a faint pink macule at birth that thickened and became more vascular over months. What is the most likely diagnosis?

- ☐ A Nevus flammeus (port-wine stain)
- ☒ B Infantile hemangioma
- ☐ C Pyogenic granuloma
- ☐ D Tufted angioma

ANSWER B

WHY Infantile hemangiomas characteristically appear in early infancy, undergo a rapid proliferative phase in the first 6–12 months, then slowly involute over years. They are bright red, compressible, and blanch with pressure. A nevus flammeus (port-wine stain) is present at birth, is macular, and darkens/thickens with age but does not show the classic proliferation-involution cycle. Pyogenic granulomas are rapidly growing, friable, often bleeding papules. Tufted angiomas are uncommon and have a different presentation.

QUESTION 8

SINGLE CHOICE

An elderly man presents with generalized erythroderma, lymphadenopathy, and circulating Sézary cells on peripheral blood flow cytometry (CD3+, CD4+, CD7-, CD26-). What is the most likely diagnosis?

- ☐ A Mycosis fungoides
- ☒ B Sezary syndrome
- ☐ C Paget disease of the breast
- ☐ D Erythema multiforme major

ANSWER B

WHY Sezary syndrome is the leukemic variant of cutaneous T-cell lymphoma characterized by the triad of erythroderma, generalized lymphadenopathy, and circulating malignant T cells (Sezary cells) in the peripheral blood. The immunophenotype of CD3+, CD4+, with loss of CD7 and CD26 is characteristic. Mycosis fungoides is the patch/plaque/tumor form without leukemic involvement. Erythema multiforme major is a hypersensitivity reaction, not a malignancy.

QUESTION 9

MULTIPLE CHOICE

A patient with moderate-to-severe atopic dermatitis is being considered for dupilumab therapy. Which of the following are recognized adverse effects or precautions associated with dupilumab? (Choose two.)

- ☒ A Conjunctivitis and blepharitis
- ☐ B Hepatotoxicity requiring routine LFT monitoring
- ☒ C Injection-site reactions
- ☐ D Activation of latent tuberculosis is a class-wide contraindication requiring screening

ANSWER A - C

WHY Dupilumab (anti-IL-4 receptor alpha) is associated with injection-site reactions and a notable increase in ocular surface disease (conjunctivitis, blepharitis, dry eye, rarely keratitis). Routine LFT monitoring is not required. Unlike TNF-alpha inhibitors, dupilumab is not associated with significant TB reactivation, and TB screening is not a mandated class-wide requirement for IL-4/IL-13 blockade, although many clinicians still screen based on local guidelines.