WATHIM

GCC exam prep

PRACTICE PACK

DHA | Qatar DHP | Kuwait MOH | Oman OMSB

Dermatology Exam Practice

Sample paper

The first 5 questions of Paper 1 with the answer sheet, key and every answer explained, after the guide that opens the full pack.

2026 edition · 1023 questions · 3 papers

1023	3	60 · 72m	70%
ORIGINAL QUESTIONS	FULL-LENGTH PAPERS	QUESTIONS · MINUTES A PAPER	OUR PRACTICE TARGET, NOT THE EXAM'S PASS RULE

Prepared by Wathim · wathim.com · info@wathim.com

Original practice material. Not the official question bank.

About this pack

Dermatology Gulf Specialist Exam Practice Bank: Online Mocks and Printable Papers · read this before you start.

1023	3	13	100%
ORIGINAL QUESTIONS	EXAM-LENGTH PAPERS	TOPICS COVERED	ANSWERED AND SOURCED

Every question here comes with its correct answer, the reasoning, and the law, standard or study guide it is drawn from, so you learn the rule and not just the letter. The mix: 196 easier, 583 standard and 244 harder questions, marked on each one.

Cutaneous neoplasms 140 · Papulosquamous and eczematous disease 135 · Paediatric dermatology 100 · Urticaria, erythemas, purpura and connective tissue disease 90 · Procedural dermatology 89 · Infections and infestations 85 · Metabolic, systemic and dermal disorders 80 · Hair, nails, glands and mucosa 60 · Skin signs of other diseases and drug reactions 60 · Vesiculobullous disease 59 · Pigmentary disorders and photodermatoses 55 · Patient safety 35 · Professionalism and ethics 35

The exam you are sitting

DHA: DHA Specialist Dermatology exam (Dubai)	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
DHCC: DHCC Dermatology exam (Dubai Healthcare City)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*
Qatar DHP: Qatar DHP qualifying exam, Dermatology	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
Kuwait MOH: Kuwait MOH Dermatology exam (Prometric)	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
Oman OMSB: Omani Examination for Dermatology (OED)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*

Practice papers, not the real length. Practice papers of 60 questions in 72 minutes, a pace of just over a minute a question. The Gulf specialist dermatology exams differ in length and scoring: the DHA Specialist Dermatology exam (DER5421) has 150 questions in 3 hours with a 65% pass score, the Qatar DHP qualifying exam 150 questions with 65%, the Kuwait MOH exam 150 questions in 170 minutes with 65% at registrar level, and the Oman OED 100 questions in 2 hours 30 minutes with 65%. The 70% shown in the app and the printed papers is our own practice target, not any regulator's. The questions are original practice questions, not real or recalled exam questions.

What these questions are. Original practice questions written by Wathim to the exam's published topics and to the laws and standards it tests. They are not real, recalled or leaked exam items, and no official question bank is published for this exam. Practising with honest original questions is the safe and effective way to prepare.

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Topic coverage

Topic	Questions in this pack	Share
Cutaneous neoplasms	**140**	14%
Papulosquamous and eczematous disease	**135**	13%
Paediatric dermatology	**100**	10%
Urticaria, erythemas, purpura and connective tissue disease	**90**	9%
Procedural dermatology	**89**	9%
Infections and infestations	**85**	8%
Metabolic, systemic and dermal disorders	**80**	8%
Hair, nails, glands and mucosa	**60**	6%
Skin signs of other diseases and drug reactions	**60**	6%
Vesiculobullous disease	**59**	6%
Pigmentary disorders and photodermatoses	**55**	5%
Patient safety	**35**	3%
Professionalism and ethics	**35**	3%

Mark yourself

Score out of 60	Percentage	What it means
51-60	85-100%	Comfortably over the line. Keep the habit, sit the next paper cold.
42-50	70-83%	A pass, but a few questions either way decide it. Close your weakest topic first.
36-41	60-68%	Close. Read every answer you missed, then re-sit this paper in a week.
0-35	0-58%	A real gap. Work topic by topic before the next full paper.

Not any regulator's pass rule: each Gulf regulator scores its own exam in its own way. The bands mark against our own 70% practice target: 42 of 60.

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How to use it

1. **Sit Paper 1 cold, in one block**
   60 questions in 72 minutes, no notes, on the answer sheet. A paper done in pieces tells you what you know; one done in a block tells you what you would score.

2. **Mark it by topic, not just by total**
   Count your misses against the topic chips beside each question. The total says whether you would pass today; the topics say what to do tomorrow.

3. **Read every answer, including the ones you got right**
   If you cannot say why the other three options are wrong, you guessed well rather than knew.

4. **Spend a week on your two weakest topics**
   Work from the source named under each answer you missed, not a general read-through.

5. **Sit the next paper a week later**
   Compare topic scores, not just totals. A flat total can hide two topics moving in opposite directions.

6. **Keep the revision bank for the last few days**
   843 questions no paper uses, with answers beside them, and the night-before list, for a final pass before the exam.

What is in the download

5 PDFs, each with its own cover, named **Wathim - Dermatology Exam Practice - *part*.pdf**. Print only the paper you are about to sit.

Start here	This guide: the exam, topic coverage, how to mark yourself and how to use the pack
Paper 1	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Paper 2	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Paper 3	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Revision bank	843 more questions by topic, with the answer under each, and the night-before list of the hardest questions

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Answer sheet

Paper 1 of 3. Shade one letter per question, then mark it against the key at the end of the paper.

Name _____ Date _____ Score / 5

1 (A) (B) (C) (D)	2 (A) (B) (C) (D)	3 (A) (B) (C) (D)	4 (A) (B) (C) (D)	5 (A) (B) (C) (D)

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DERMATOLOGY EXAM PRACTICE

Paper 1 of 3: first 5 questions

5 of **60** questions
sample

Choose the single best answer. Answers and reasoning follow.

Q1 Cutaneous neoplasms HARD

A 55-year-old man with stage IIIB melanoma after complete resection is considered for adjuvant therapy. Which principle is correct?

(A) Adjuvant therapy is no better than observation in resected stage III disease
(B) Only adjuvant radiotherapy has been shown to improve recurrence-free survival
(C) Adjuvant interferon alone is the only effective approach to lower recurrence risk
(D) Adjuvant anti-PD-1 or BRAF-MEK therapy lowers recurrence risk

Q2 Papulosquamous and eczematous disease STANDARD

A 55-year-old woman with long-standing vulvar lichen planus has painful erosions and vaginal scarring. Which feature distinguishes it from lichen sclerosus?

(A) Sparing of the vagina and a keyhole pattern
(B) Purpura and fissures without mucosal erosion
(C) Ivory white atrophic plaques with a figure-of-eight distribution
(D) Erosive vulvovaginal disease with Wickham striae and vaginal involvement

Q3 Papulosquamous and eczematous disease EASY

Which statement about lichen planus of the nails is correct?

(A) Nail thinning, longitudinal ridging and pterygium
(B) It is always associated with oil-drop discolouration
(C) It never causes permanent nail loss
(D) It is caused by dermatophyte infection

Q4 Papulosquamous and eczematous disease EASY

Which clinical feature best distinguishes irritant from allergic contact dermatitis?

(A) Irritant dermatitis is always confirmed by a positive patch test
(B) Irritant dermatitis requires a previous sensitising exposure to the agent
(C) Irritant disease burns and needs no prior sensitisation
(D) Allergic dermatitis always develops within minutes of the exposure

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Q5 Papulosquamous and eczematous disease EASY

Which is a typical presentation of dyshidrotic (pompholyx) eczema?

A Sharply demarcated pustules on erythematous palms and soles in a smoker

B Itchy deep-seated tapioca-like vesicles on the sides of the fingers, palms and soles

C Annular scaly plaque with central clearing on one palm

D Violaceous plaques on the palms with a thick fissured keratoderma

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Answer key at a glance

Mark your sheet and count your score first. Then read every answer below, including the ones you got right: a lucky guess looks the same as knowledge on the sheet.

1	2	3	4	5
D	D	A	C	B

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Paper 1 of 3: answers and reasoning

Why the answer is right, why the others are not, and where the rule comes from.

Q1 Answer: **D Adjuvant anti-PD-1 or BRAF-MEK therapy lowers recurrence risk**

Randomised trials in resected stage III melanoma showed improved recurrence-free survival with adjuvant anti-PD-1 therapy and with BRAF-MEK inhibition in BRAF V600-mutant disease, so adjuvant systemic treatment is a standard option, weighed against toxicity. Observation is not superior. Radiotherapy has a limited role and is not the only effective adjuvant. Several therapies affect recurrence-free survival. Benefit must be weighed against immune-related and other adverse effects, and mutation testing guides the choice of regimen.

Source: Fitzpatrick's Dermatology

Q2 Answer: **D Erosive vulvovaginal disease with Wickham striae and vaginal involvement**

Vulvovaginal lichen planus is characteristically erosive, with glazed red erosions, reticulate white lines at margins and vaginal involvement with synechiae and stenosis. Lichen sclerosus produces ivory white atrophic plaques with a figure-of-eight pattern around the vulva and anus, spares the vagina and causes purpura and fissures. Both carry a risk of squamous cell carcinoma, so long-term follow-up is needed. Treatment of erosive disease uses potent topical steroid, and specialist multidisciplinary review is usual.

Source: Fitzpatrick's Dermatology

Q3 Answer: **A Nail thinning, longitudinal ridging and pterygium**

Nail lichen planus causes thinning, longitudinal ridging and splitting, and may progress to dorsal pterygium, in which the cuticle fuses to the nail bed, causing permanent nail loss. Oil-drop change is psoriatic, and it is not an infection. Because permanent scarring may occur, early treatment with intramatricial or systemic corticosteroid is considered when the nails are actively involved. Early recognition matters because scarring changes are irreversible once the nail matrix is destroyed.

Source: Bolognia Dermatology

Q4 Answer: **C Irritant disease burns and needs no prior sensitisation**

Irritant dermatitis is a non-immunological toxic effect, so it appears in anyone with enough exposure, causes burning or stinging, and is sharply confined to the contact site. Allergic contact dermatitis requires prior sensitisation, is itchy, appears 24 to 72 hours after re-exposure and may spread. Reactions within minutes suggest an immediate reaction or strong irritant, and patch tests cannot be used to confirm irritants because they would cause reactions in everyone.

Source: Bolognia Dermatology

Q5 Answer: **B Itchy deep-seated tapioca-like vesicles on the sides of the fingers, palms and soles**

Pompholyx causes intensely itchy, deep-seated, tapioca-like vesicles on the lateral fingers, palms and soles, which may become confluent bullae and later peel and fissure. Sterile pustules on palms and soles in smokers describe palmoplantar pustulosis. A unilateral annular scaly plaque suggests tinea manuum. Fissured keratoderma with violaceous plaques may reflect hyperkeratotic lichen planus or other keratodermas. Pompholyx blisters are not infective, though they may become secondarily infected.

Source: Fitzpatrick's Dermatology

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What the full pack contains

This sample is a slice of Paper 1. The full pack is:

Start here	The guide at the front of this sample, in full
3 full papers	60 questions · 72 minutes each, with answer sheet, key, every answer explained and the score bands
Revision bank	843 more questions by topic with the answer under each, and the night-before list
Total	1023 original questions, every one answered and sourced

Get the full pack at **wathim.com/practice/dermatology-practice**

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