

# FINAL PROFESSIONAL MBBS, SEMESTER-X EXAMINATION YEAR 2012

## PAEDIATRICS (SEQs)

Time Allowed: One Hour

Date: 14-12-2012

Maximum Marks: 30

- Q.No.5- 10 years old Saima, who has history of bed wetting along with increased frequency of urination, dysurea and urgency. On examination she has temperature 101°F and tenderness at lumbar region on abdominal examination.
- What is the most likely diagnosis? *UTI*
  - What specific investigations should be done to confirm the diagnosis? *Urine DR, U/S Abd., Blood CP*
  - What are expected results on investigation?
- Q.No.6- *logic jaundice* Two days old Saad presents to health facility with history of yellow discoloration of skin & sclera from the age of 4 hours. He was born full term with weight of 2.5 Kg. On examination temperature: 99°F, heart rate: 176/min, anemia: positive, liver 3cm, spleen 1cm. Laboratory investigations show serum indirect bilirubin on 1<sup>st</sup> day: 19mg/dl, direct: 0.3mg. Repeat on 2<sup>nd</sup> day shows indirect: 27mg/dl and direct: 0.4.
- Enlist 3 important investigations to find out the cause of jaundice.
  - What is your provisional diagnosis?
  - What are the therapeutic methods of management?
- Q.No.7- Five days old Fahad weighing 3 Kg born by NVD at home with no problem at birth. He is feeding on exclusively mother's milk on demand. Since one day he is passing blood in stool. Clinical examination was unremarkable except with mild anemia.
- What is your provisional diagnosis?
  - Which laboratory investigation supports your diagnosis?
  - How this problem can be prevented?
  - How will you manage?
- Q.No.8- One year old Gul has presented with history of recurrent attacks of chest infections, dyspnoea and fever. Wheeze is audible and on auscultation of chest there is harsh systolic murmur on lower left sternal border.
- What is the most likely cause of problem? *VFD*
  - What other features of clinical importance you will examine?
  - How will you manage?

**THE END**





# LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES, JAMSHORO

## FINAL PROFESSIONAL MBBS, SEMESTER-X EXAMINATION YEAR 2013

### PAEDIATRICS (SEQs)

**Time Allowed: One Hour**

**Date: 28-11-2013**

**Maximum Marks: 15**

**NOTE:**

- *Attempt any SIX questions.*
- *All questions carry equal marks.*

- Q.1. Eight days old Farooq presented with fever, grunting and difficulty of breathing since 6 days. On examination weight is 2.5 kg, Temperature is 38°C, Respiratory Rate is 72/minute. There is no chest indrawing.
- a) Classify illness according to IMNCI.
  - b) Identify Treatment.
- Q.2. Mother of 42 days old Asad reported that he is not gaining weight. He is born full term with birth weight of 2.5 kg. He also suffered from upper respiratory infection during last week. What are important questions you will ask from mother for assessment of Asad's feeding?
- Q.3. Twelve years old girl Rabia presented with progressive distension of abdomen for 6 months. On examination she is icteric. Her abdominal examination showed prominent superficial veins with flow away from umbilicus. Spleen palpable 3 cm below costal margin. Umbilicus is everted and centrally placed.
- a) What is the clinical diagnosis?
  - b) What investigation will you order to confirm disease and its etiology?
  - c) Outline treatment.
- Q.4. Three months old boy Amjad has history of constipation and prolonged jaundice since birth. On examination he has thick coarse skin, tongue is large and protruded. Abdominal examination revealed umbilical hernia.
- a) What is most likely diagnosis?
  - b) What investigations are required for confirmation of diagnosis?
  - c) What is the treatment?
- Q.5. Two years old unvaccinated child, Maryam came with the complaint of developmental delay, even she is not able to hold her neck. On further inquiry it was found that the patient had history of delayed cry at the time of birth with gestational age of 30 weeks?
- a) What CNS examination finding will you expect in this child?
  - b) What is your diagnosis?
  - c) What are the treatment options?



## FINAL PROFESSIONAL MBBS, SEMESTER-IX EXAMINATION YEAR 2013

### PAEDIATRICS (SEQs)

Time Allowed: One Hour

Date: 24-05-2013

Maximum Marks: 30

- Q.5. A 4 years old Hassan presented with history of fever and cough for 6 days, followed by edema which started from periorbital area and became generalized involving scrotum and abdominal wall. He is other wise active and alert. Blood pressure is 90/60mmHg. His urinary report showed protein 3 + with few WBC.
- How will you further investigate him?
  - What will be the management of this case?
  - What is prognosis for this condition?
- Q.6. 5 year old Saleem a product of consanguineous marriage presented in pediatric out patient department with complaints of progressive pallor and abdominal distension. On examination he is severely anemic with prominence of facial bones and hepatosplenomegaly. He has multiple transfusions of blood in the past. His cousin died at 15 years of age due to same illness.
- How will you confirm the diagnosis?
  - Write down steps of management.
  - How will you prevent his relatives from having child born with such disease in future?
- Q.7. A two days old baby has presented with seizures.
- What questions in history are important?
  - What examinations will you perform?
  - What are common causes at this age?
- Q.8. What are essential components of treatment of sick preterm newborn admitted in neonatal intensive care unit?



# LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES, JAMSHORO

## FINAL PROFESSIONAL MBBS, SEMESTER-X EXAMINATION YEAR 2012

### PAEDIATRICS

(SEQs)

Time Allowed: One Hour

Date: 14-12-2012

Maximum Marks: 30

**NOTE:**

- Attempt any *SIX* questions.
- All questions carry equal marks.

12 - 3

Q.No.1- Ahmed is a 15 months old child who has been unwell for last 3 weeks. For last 3 days he is having profuse diarrhoea. On arrival, the child was lethargic, cold on touch and his temperature is not recordable on thermometer. The weight of child is 5.8 Kg, height is 69cms and SD score is < -3.

- a) For further assessment what other 3 signs you will look for?
- b) What are four treatments that he need immediately?
- c) What amount of 10% glucose should be given by I/V?
- d) What amount of I/V fluids should be given over the first hour?

Q.No.2- Eman is a 16-month-old baby girl. Her mother has brought her to the health centre because she is worried that she has not been eating well for last two weeks. This is an initial visit for this problem. Eman's auxiliary temperature is 36.8°C. She is alert and active. She has no danger signs and symptoms such as cough, difficult breathing, diarrhoea, throat problem, ear problem or recent history of fever. Her palms are somewhat pale but not very pale. She weighs 10.5 Kg, does not look severely wasted and has no oedema on her feet. Her vaccination card shows that she received BCG and OPV at birth, the 3 doses of DPT, OPV, HIB and hepatitis B vaccine. Eman received one dose of vitamin-A when she was 8 months old. She continues to breastfeed and usually eats one regular meal with the rest of the family.

- a) What vaccination you will advise to Eman?
- b) Which micronutrient you will advise to Eman?
- c) What feeding recommendations you will give to child's mother?

Q.No.3- 03 years old Maryam weighing 8 Kg presented with fever for six weeks off-and-on and low grade temperature with cough for 4 weeks. Mother was also complaining of loss of appetite.

- a) What is the most likely diagnosis? TB
- b) What 5 relevant questions you will ask in history? →
- c) What investigations you will order? →

Q.No.4- Two years old Hamid has presented with fever and generalized convulsions for last one hour.

- a) What relevant questions in history you will ask?
- b) What important examination you will perform?
- c) What essential investigations you will order?
- d) Enlist major causes of problem.





# LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES, JAMSHORO

## FINAL PROFESSIONAL MBBS, SEMESTER-IX EXAMINATION YEAR 2013

### PAEDIATRICS (SEQs)

**Time Allowed: One Hour**

**Date: 24-05-2013**

**Maximum Marks: 30**

**NOTE:**

- *Attempt any SIX questions.*
- *All questions carry equal marks.*

- Q.1. 5 years old Ali presented with history of low grade fever, malaise, anorexia and nausea for one week. On examination child has jaundice and liver enlargement 3cm below the costal margins with slight tenderness.
- a) What is most likely diagnosis?
  - b) How will you investigate the child?
  - c) How will you treat?
  - d) How will you prevent the disease?
- Q.2. Sumaia is a 36-month-old baby girl. She has been brought to the clinic because she has been having diarrhea for 18 days and has blood in the stools. This is an initial visit for this problem. She weighs 10 kg. Her axillary temperature is 37.0°C. Sumaia has no general danger signs, no cough or difficult breathing. She is irritable during the visit, her eyes are not sunken. When you offer her some water to drink, she is able to drink but is not thirsty. The skin pinch goes back slowly. There is no cholera in the area. Sumaia has no throat problem and no ear problem. She has no visible severe wasting or edema of both feet. She has no palmer pallor. Her immunizations are up to date. You complete your assessment and you find no other signs or other problems.
- a) How will you classify the child according to IMNCI guidelines?
  - b) Write down the management plan of this child.
- Q.3. One year old Ahmed presented with difficulty in breathing & cyanosis since 2 days. He has similar symptoms off & on since neonatal period. Mother also complains that he is not gaining weight.
- On examination: weight 6 kg, temperature: 99.4°F, H.R: 126/min, RR: 54/min, cyanosis +ve, chest auscultation reveals systolic murmur at pulmonary area. Chest x-ray shows normal size heart with elevation of cardiac apex & increase in cardio-phrenic angle, lung fields are oligemic.
- a) What is the most likely diagnosis?
  - b) What further investigations will support your diagnosis?
  - c) What are immediate steps of management of current symptoms?
- Q.4. Mother of 3 years old child complains that child is not walking. He was born at 33 weeks of gestation with birth wt of 1.4 kg. There was history of delayed cry at birth. His gross motor skills are delayed. He crawled at 2 years of age with dragging of legs and uses forearms to move forward. On examination tone & tendon reflexes are increased in both lower limb equally, planters were upgoing, legs are in scissoring posture.
- a) What is the likely diagnosis?
  - b) What are 2 important risk factors of the child condition which are evident in history?
  - c) What are the most important steps of management?





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#### PAEDIATRICS (SEQs)

Time Allowed: One Hour      Date: 28-11-2013      Maximum Marks: 15

- Q.6. Nine months old child Ali has history of high grade fever for 3 days and three episodes of fits since morning. On arrival in the triage he was found to be unconscious with the GCS of 6/15.
- What are the differential diagnoses?
  - How will you investigate this child in health facility?
  - What etiological agents you expect in this age group?
- Q.7. Three years old Ahmad presents with complaint of fever, runny nose, sneezing and cough for last five days, now he has developed high grade fever with respiratory distress. On examination he has fast breathing and chest indrawing. Auscultation reveals he has crepitations on both sides and bronchial breathing on left side.
- What is your diagnosis?
  - What investigation will you like to do?
  - How you will manage the child?
  - What complications can he develop?
- Q.8. Two years old Safiyan Ali has history of fever, cough and loose motion since 15 days. Mother gives diluted buffalo milk in bottle. On examination weight is 6.7kg, mid upper arm circumference is 11 cm. Anterior fontanelle widely opened, chest shows costochondral joint prominent. X-ray wrist shows fraying.
- What is most likely diagnosis?
  - How will you classify his nutritional status?
  - What is cause of diarrhea?
  - Write 3 important investigations for diagnosis.
  - Write important steps of treatment.