

("Paediatric final exam (mainly 2nd paper " management

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Note :- They may change question or some choices but same concept so you have to understand every question . - some questions and choices not complete, sorry

previously healthy boy , faint today , after hours he had -1 generalized seizure. Chest xray : normal heart , HR= 50 , has PR ? block . what is the best management

- a- holton monitor in outpatient
- b- ECG in outpatient
- c- echocardiography
- d- rule out burgellia burfety

weeks old , 4.3 kg, projectile vomiting . alert & urge to feed, 3 -2 diminished skin turgor, has distention in Lt upper quadrant and small mass in epigastric area

: Best first step is

- a- admit fir IV rehydration
- b- ask for abdominal U/S
- c- arrange gastrostomy surgery
- d- reassure and send home

baby born appgar score is normal , after hour develop severe -3 : cyanosis ..., found to have TOF. Best next step is

- a- give O2 since it is life saving
- b- give IV prostaglandin
- c- give endomethacin every 8 hrs
- d- surgery

yr old can't walk , crawl at 15 months, sit 10 months, was born 2 -4 at 30 wks , on 3rd day > develop intaventricular hemmorrhage. What is best next step in preventing further disability

- a- urgent CT head
- b- seizure prophylaxis

c- MRI of spine

d- muscle relaxant

e- physical therapy

yr old girl complain of recurrent abdominal pain for 8 months 6 -5 duration. She points on her periumbilical area, no other symptoms. Her parents brought her, she is the eldest , she has a younger brother ? 6 month old. What will you do

a- order U/S abdomen

b- tell her parent to ignore her complaint and not to further investigate

(can't remember the rest of choices but they were wrong)

yr old boy , since 5 yr old his weight and height on 5th centile. 15 -6 No symptoms or signs, bone age 13 yr old. FSH, LH = pre pubertal ? level. Parents are worried. What is best to do

a- reassure and arrange follow up

b- U/S of testes

c- CT head

d- CT abdomen

mother is a doctor in polyclinic, her 6 yr old boy developed -7 purpuric rash on extensor surface of lower limb. No joint swelling, no abdominal pain. Everyday, she do routine urine exam. It's normal, plt & ESR are normal. The mother is worried and asking for your :advice

a- bed rest and monitor at home by the mother

b- do special test for plt function

c- do DMSA

baby with his sister in car for 20 min in July, mother went -8 shopping, came to mubarak hospital. Temp 40 ,... RR 60, BP 60/25. ? On the way he had brief seizure. What is best to do

a- rectal diazepam

b- IV phenobarbitone

c- take measure to cover temperature

d- fluid through nasogastric tube

yr old had low grade fever, cough 12 days duration with 12 -9 wheeze. On auscultation , she had bilateral basal crepitation. X-ray showed streaky infiltration of basal lung fields, was given antibiotic with no significant improvement. What is most likely causative agent

a- mycoplasma pneumonia

b- TB

c- strept. Pneumonia

d- s. aureus

e- hemophilus influenza

patient has fever, right upper quadrant pain , referred from -10 surgical ward as no surgical cause found. So what will you do

a- CT abdomen

b- CXR

-c

child with Tay sach, her other 3 siblings are normal. father, -11 mother & 4 grandparents were not affected. What is the pattern of inheritance

a- X-linked dominant

b- X-linked recessive

c- autosomal recessive

d- autosomal dominant

e- can't make good guess based on info. Provided

weeks old presented with vomiting, irritability & jaundice. On 3 -12 exam. He had cataract & large hard liver. What is most likely the cause

a- galactosemia

b- phenylketonuria

- c- congenital CMV infection
- d- congenital rubella infection

:all may be associated with polyuria except -13

- a- acute nephrotic syndrome
- b- diabetes mellitus
- c- diabetes insipidus
- d- chronic renal failure
- e- renal tubular acidosis

week old infant, 4.3 kg, mother complains of not passing stool 1 -14 for 2 days , she is breast feeding him. He is gaining weight. Normal ? on examination. What to do

- a- rectal stimulation
- b- antibiotic
- c- observation & reassurance
- d- daily glycerine suppositories

yr old exclusively breast fed, presented with pallor. Hb= 8 , 1 -15 ? MCV & MCH are low. What is best to do

- a- insist on current breast feeding to be continued
- b- do Hb electrophoresis
- c- 6 mg/ day iron & repeat CBC after a while

long Q ... patient was unwell with GI bleeding. X-ray : opaque -16 material. Previously healthy, mother pregnant taking vitamins and iron supplement, after initial resuscitation. What is most appropriate ? to do

- a- charcoal most effective Tx
- b- desferoxamine is drug of choice

patient has otitis media given antibiotic, also has chronic -17 blocked nose, night snore. He is mouth breather. On exam., he has :bulging eardrum with fluid level

- a- give a 2nd antibiotic

b- give nasal decongestant

c- CXR

d- post nasal xray

complain : diffuse aches in limbs, low plt, WBC normal, Hb is -18 low, X-ray: osteolytic lesion with lucent metaphyseal arrest ? , what ?is best to do

a- BM exam

b- Bone scan

c- skeletal survey

? who is most likely to develop severe sensorineural deafness -19

a- 1 yr old, H/O mechanical ventilaton

.... b- 2 yr old H/O

c- 3 yr old H/O strep. Pnemonia meningitis

d- 4 yr old H/O broken nose

e- 5 yr old H/O

patient with mild jaundice & splenomegaly. No LN enlargement , -20 has a positive family history of jaundice and splenomegaly . what is ? best to do

a- G6P enzyme essay

b- blood film

-c

patient has difficulty in standing from sitting, calf hypertrophy. -21 ?What is best screening test

a- muscle biopsy

b- nerve conduction

c- EMG

d- CK level

patient has oral ulcer, vesicle on palms & sole. What is the best -22 ?management

- a- rest, fluid, paracetamol and acyclovir
- b- rest, fluid, paracetamol and ice cream
- c- rest, fluid, paracetamol and ciprofloxacin
- d- rest, fluid and amoxicillin

?what is not right about herpes stomatitis -23

- a- treated with topical acyclovir
- b- secondary herpes is usually worse than primary

? what is not commonly associated with cerebral palsy -24

a-

strabismus

- b- cataract
- c- emotional disturbances
- d- seizure
- e- epilepsy

:what is correct regarding normal child development -25

- a- toilet trained by 3 yr old
- b- copying a circle by 2 yr old
- c- 3 word sentences by 18 month old
- d- tricycle by 2 yrs

-e

:what is best to diagnos osteomyelitis -26

- a- high ESR
- b- high CRP
- c- leukocytosis
- d- joint swelling
- e- point tenderness over affected bone

yr old child only say mama papa interchangeably, stare on fan, 4 -27
:built tower, angry if interfered, not interested in social activity

a- autism

-b

:mother is asking : what most probably result in chronic liver dx -28

a- EBV

b- hep B

c- hep A

d- hep E

e- hep D

new born term baby with apnea, brady cardia, circulatory -29
: collapse What is unlikely to cause it

a- PDA

b- hypoglycemia

-c

: small for date prone to -30

a- hyperbilirubinemia

b- hypoglycemia

c- RDS

patient with nephrotic syndrome, in his 4th relapse this year. He -31
responded well to oral prednisolone in the past. On exam. : obese,
cushinoid face, had periorbital edema, proteinuria (+4), BP 105/60.
: Biopsy showed minimal change dx. What is most appropriate Tx

a- 25% albumin + diuretic

b- oral vincristine

c- oral prednisolone

d- oral cyclosporine A

e- oral cyclophosphamide

yr old patient with foul smelling urine, microscopy of urine : 5 -32 high WBC & RBC. (can't remember if he had fever) . What is best to do

a- start antibiotic till culture result

b- steroid

(c- DMSA or MCUG (1 of them not sure

patient has signs of meningitis. CSF : WBC= 100/ HR2 (90% -33 lymphocytes), protein = 2, glucose= 2 (blood glucose = 6.3), gram : stain was negative. What next to do

a- send for acid fast bacilli test

-b