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Exits (prof)

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# THE SUPERIOR COLLEGE, LAHORE

## FINAL PROFESSIONAL MBBS

### ANNUAL EXAMINATION 2016

#### Paediatric Medicine

(SEOs)

Roll No. ~~XXXXXX~~

1st Batch

Time Allowed: 2 Hours & 15 Minutes

Total Marks: 45

#### Instructions

- The SEOs part is to be submitted within 2 hours & 15 Minutes, extra time will not be given.
- Neat hand writing, use of margin and marker for headlines will increase the presentation of your paper.
- Do not write your name or disclose your identity in anyway.

1. A 6 years old boy received in emergency room in semiconscious state with history of low grade fever for 20 days associated with anorexia, weight loss and headache. Headache was severe for the last one week and now patient is semiconscious for the last two days. On physical examination his GCS is 10/15, with generalized hypertonia and hyperreflexia with positive babinski's sign. He has cranial nerve palsies including 3<sup>rd</sup> and 7<sup>th</sup> cranial nerves. He lives in a small house with an over-crowded family.

- What is the most likely possibilities? (1)
- How will you diagnose it? (2)
- What are the steps of management? (2)

347 Book. TB meningitis. (1) (1.5) (1.5) (4)

2. A 2 year old child comes to out-patient department which complains of not gaining weight. He is one of 5 siblings and taking cow's milk since birth. On physical examination his weight is 6.2 kg and length is 69 cm with generalized loss of subcutaneous fat and loss of muscle bulk. He is quite alert with good appetite.

- What is most likely diagnosis? (1)
- What are expected complications? (1)
- What are the steps of management? (2)
- If patient is admitted to the hospital, what should be the criteria for discharge? (2)

93 Book TB 60 UHS. Marasmus. (1) (1) (1.5) (1) (4.5)

3. A 10 years old girl received in emergency room in state of fit which is generalized tonic clonic associated with frothing and urinary incontinence for the last 10 minutes. She was alright before this episode with no history of fever, headache or vomiting. According to her father this attack is for the third time in the last two years with fit free interval of almost 5 to 6 months and she used to be alright with no focal deficit during fit free interval.

- What is the diagnosis? (1)
- How will you manage this episode of fit? (2)
- What is the long term management? (2)

344 UHS. Generalized Epilepsy. (1) (1.5) (1.5) (4)

4. A 10 years old boy brought to outdoor with painful swelling of left knee and right ankle joint for the last 5 days. He was alright 5 days before until he developed high grade fever with painful swelling of right ankle joint followed by painful swelling of left knee joint after 2 days. Patient also has the history of scarlet throat.

Septic arthritis J.R.F.

3 weeks back. On clinical examination knee joint is more red hot and tender as compare to ankle joint which is now much improved. There is an erythematous skin rash on the trunk and patient is febrile.

- a. Write down the two differential diagnoses. **RF, Septic arthritis.** (1)
- b. How will you evaluate the child? **326 UHS.** **SLE** (1)
- c. How will you manage the child? (1)
- d. Give long term management? (2)

(1)  
(1)  
(1)  
(1.5)

A 3 years old child brought to outdoor department with development of generalized body swelling for the last 4 days which is gradual in onset and slowly progressive associated with decreased passage of urine for 2 days. On physical examination patient has marked generalized body swelling along with scrotal edema. There is no history of dark color urine and patient is normotensive.

- a. Give two possibilities and which one is most likely diagnosis? **→ Nephrotic syndrome** (1)
- b. What are supportive and confirmatory laboratory test? **- Acute renal failure.** (2)
- c. How will you treat it? **388 UHS.** (2)

(1)  
(1.5)  
(1.5)

A 5 years old girl received in emergency with nose bleeding for 3 hours. According to her mother, she has fever, body aches and bone pains for last 20 days. On clinical examination patient is conscious with massive epistaxis. There are multiple petechia and bruises all over the body with evidence of some gum bleed also. Patient is markedly pale, febrile and toxic with firm hepatosplenomegaly.

- a. Give two possible diagnoses? **→ ALL, Aplastic Anemia, Leukemia, Lymphoma.** (1)
- b. How will you investigate her? (2)
- c. Enumerate steps of management? **365 UHS.** (2)

(1)  
(1.5)  
(1.5)

A 6 years old boy comes to emergency with acute severe attack of asthma. On detailed history he is known asthmatic for the last 2 years and has mild intermittent asthma. Now for the last 2 month symptoms have increased in frequency. Now he has night time symptoms for more than 2 times per month.

- a. How would you manage his acute attack? **395 UHS.** (2)
- b. How would you step up him for long term management? (3)

(1.5)  
(2)

A 9 months old child brought to emergency room with complaints of respiratory difficulty for 2 days and being reluctant to feed since morning. His clinical examination reveals that he is not thriving well with weight of 4 kg. There are intercostals recessions and bilateral crepitations. There is a polysystolic murmur of grade 3 at lower left sternal border and baby is not cyanosed.

- a. What is most likely diagnosis? **330 UHS. VSD with** (1)
- b. How will you investigate him? **branchopneumonia** (2)
- c. How will you treat this acute emergency? (3)
- d. What is your long term plan? (1)

(1)  
(1.5)  
(1)

A 32 years old woman delivered a full term baby boy through emergency C-section due to decreased fetal movements. At the time of delivery baby was received with no cry. Within minutes of delivery baby started crying with naso-oral suction and tactile stimulation. But the cry is weak and baby is hypotonic, lethargic with depressed neonatal reflexes bilateral constricted pupils. **2nd degree. 132 Book**

- a. What is the stage of hypoxic-ischemic encephalopathy? (1)
- b. What are the clinical parameters and how do you use it to assign an APGAR? (2)
- c. What are the expected complications and prognosis in the given case? (2)

(1)  
(1.5)  
(1)  
(1.5)