

THE SUPERIOR COLLEGE, LAHORE  
 FINAL PROFESSIONAL MBBS  
 ANNUAL EXAMINATION 2017

**PEDIATRICS**

**(SEQ'S)**

Roll No. 13175

Time Allowed: 2 hours & 15 Minutes

Total Marks: 45

**Instructions**

- The SEQ's 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 4 years old girl brought to outdoor with complain of progressive pallor. On physical examination her height and weight is below 10<sup>th</sup> percentile. She has generalized loss of muscle bulk specially wasting of gluteal region and protuberant abdomen. There is no evidence of skin bleed and splenomegaly but clubbing is present. Her mother tells you that she has bulky foul smelling sticky stools since the age of one year.

- (289)
- What is likely diagnosis?
  - Write down three complications.
  - How will you confirm the diagnosis?
  - Give steps of treatment

(1) Coeliac disease  
 (1) Malnutrition, Rickets, Intestinal lymphoma  
 (2)

357 UHS

2. 1 years old boy received in emergency with history of loose motion for 1 day and persistent vomiting since morning. On clinical examination patient has sunken eyes, slow skin pinch, irritability and depressed anterior fontanel. He is crying with no tears and asking for water bottle holed by mother.

- (183)
- What is degree of dehydration?
  - Write down four complication of acute diarrhea.
  - Describe steps of treatment?

(1) Moderate dehydration  
 (2) Dehydration shock  
 - Metabolic acidosis  
 - convulsion / coma  
 - ARF  
 - DIC  
 - Death

3750 UHS

3. A 3 years old child presented in emergency with respiratory difficulty. According to his father there is history of high grade fever and dysphagia for the last 2 days. On clinical examination child is febrile (toxic) with severe respiratory difficulty associated with drooling of saliva and stidor.

- (253)
- What is the most likely diagnosis?
  - Write down 2 differential diagnosis?
  - Write down steps of management?

(1) Epiglottitis 254 Book.  
 (2)  
 (2)

Acute Laryngotracheitis P. 10  
 Retropharyngeal or peritonsillar abscess  
 Bacterial tracheitis.

Blood

4. A one year old child comes to out door with history of progressive pallor, irritability and loss of appetite. On clinical examination he is markedly pale, there is no edema on palpable spleen. He is product of consanguous marriage and has 5 siblings. Laboratory investigation reveals Hb 6 gm/dl, low reticulocyte count, TLC:  $5.1 \times 10^9/L$  & Platelets:  $450 \times 10^9/L$ , MCV 59, MCH 26.

Thalassemia

- (411)
- a. What is the most likely diagnosis? Iron deficiency (1) 415 Book Iron deficiency anemia
  - b. What other investigations will help in diagnosis? (2)
  - c. What are treatment options? (2)

5. A 9 years old boy presents in emergency with history of breathlessness for 2 days. On clinical examination he has shortness of breath with respiratory rate of 40/minute and pulse rate of 140/minute and BP 90/60mm of Hg. There is pan-systolic murmur of grade 4 at m. tral area radiating to axilla. There is swelling and tenderness of his right elbow and left knee joint.

carditis  $\rightarrow$  RF RF 326 UHS

- (231)
- a. Name the cardiac lesion and underlying cause (1.5)
  - b. Describe diagnostic points. (1.5)
  - c. Give short term and long term treatment? (2)

6. Describe the following

- (36) (79) (516)
- a) Write down EPI schedule of immunization? (2) 36 Book
  - b) What are benefits of breast feeding? (2)
  - c) Name few early and late complications in down syndrome? (1)

Early  $\rightarrow$  prolonged physiological jaundice, polycythemia, umbilical hernia, transient leukemoid reaction

Late  $\rightarrow$  infection, deafness, leukemias

7. A 9 years old girl comes to outdoor with history of body swelling and headache for 3 days. On clinical examination she has periorbital puffiness and high blood pressure. Her complete examination of urine shows proteinuria with many RBCs and RBC casts.

- (534)
- a. What is the most likely diagnosis? (1)
  - b. How will you investigate her? (2)
  - c. What is treatment? (2)

AGN 386 UHS

P.T.O.

Birth asphyxia (131)

A 6 hours old neonate presented in NNU with history of home delivery and delayed cry. On examination baby has weak cry, moaning and poor sucking reflex. His respiratory rate is 80/minute and oxygen saturation is 82%. On laboratory investigations CBC, ESR and CRP are unremarkable.

- 132 Book
- What is most likely diagnosis? (1)
  - Give three differential diagnoses. (2)
  - Give steps of management. (2)

~~Hypoxic ischemic~~  
~~Encephalopathy~~

HIE: ICH, meningitis  
Birth trauma, sepsis

Birth asphyxia  
Birth trauma  
ICH  
Meningitis  
Hemolytic disease  
No rash  
Kernic

A 5 years old boy presented in the casualty department in unconscious state having generalized tonic clonic seizures for half an hour. There is history of cough and fever for 1 month, headache and vomiting for 10 days. On examination he is comatose with GCS 8/15. His pulse rate is 90/min, respiratory rate 30/min, temperature 101F, blood pressure 130/90. His CSF examination showed:

Protein 300mg/dl ↑

Glucose 30mg/dl ↓

WBC 1000cell/mm<sup>3</sup>

Lymphocytes 95%

Neutrophils 5%

221 Book

- (347)
- What is the most likely diagnosis? (1)
  - How will you treat? (1.5)
  - Give 3 complications? (1.5)
  - How can you prevent this disease? (1)

~~Cerebral malaria~~

TB meningitis