



THE SUPERIOR COLLEGE, LAHORE
Final PROFESSIONAL MBBS
ANNUAL EXAMINATION 2018
PAEDIATRICS
(SEQ's)

CVA

Time Allowed: 2 HOURS

Roll No. 14106
Total Marks: 45

Instructions

1. Attempt all questions.
2. All question carry equal marks.
3. The SEQ's part is to be submitted within 2 hours, Extra time will not be given.
4. Neat Hand Writing use of margin and marker for headlines will increase the presentation of your paper.
5. Do not write your name or disclose your identity in anyway.

1. Five years old child was brought in emergency with history of unable to move his whole left side of the body since one day along with h/o high grade fever and vomiting. On examination the child was sick looking and febrile. On left side power was 3/5, reflexes were brisk and planters were up going. On right side tone, power and reflexes were normal, further examination reveals central cyanosis and an ejection systolic murmur close to left upper sternal border. X ray chest reveals reduced vascular shadows in the lungs bilaterally.

- TOF → UHS # 324
Falls to Pediatric
a. What is the most likely diagnosis? (2) → UHS # 324
b. How will you investigate this patient? (1) → UHS # 324
c. Write down the acute and long term management (2) → UHS # 324 stroke (377)

2. Seven years old girl presented with history of high grade fever, backache and generalized body aches for last three weeks. On examination she has multiple bruises on different parts of body. Cervical, axillary and inguinal group of lymph nodes are significantly enlarged, liver is palpable 3.5cm below right costal margin and spleen 3cm below left costal margin. CBC showed TLC 35000, platelets 45000 and Hb 6.5 gram/dl and ESR 10.

Normal range: 4500 - 11,000

- (436)
a. Write down the 2 differential diagnosis (1) → ALL & Lymphoma
b. Enlist four investigations to reach the diagnosis (2) → UHS # 362 - 365
c. Write the steps of management (2) → UHS # 365

3. Eight years old boy presented with history of abdominal pain, persistent vomiting and deteriorating conscious level of one day duration. According to his mother he is drinking excessive water for last two weeks and weight loss despite good appetite. On examination his Glasgow coma scale is 9/15, he is dehydrated with respiratory rate of 40/minutes.

- (484)
a. What is the most likely diagnosis? (1) → DKA due type 1 Diabetes
b. How will you investigate to reach the diagnosis? (1) → 349 UHS
c. Write down the acute and long term treatment for this patient. (2) → UHS # 349
d. Write at least four long term complications. (1) → UHS # 349

Metabolic acidosis, dehydration, Hypokalemia, hyponatremia, shock, Cerebral edema, acute renal failure, arrhythmias.

4. A preterm male baby delivered to G3, P2, A0 mother by SVD with APGAR score 5/10 at 1 minute and 7/10 at 5 minutes. Two hours after delivery baby became tachypneic, startle response and was not maintaining O2 saturation. On examination baby weight was 1.5 kg, he was cyanosed and oxygen saturation was 70% despite nasopharyngeal oxygen.

- a. What is most likely diagnosis and problem baby have developed? (1) ⇒ ARDS
 b. Write at least four other problems this baby may develop. (2) ⇒ P-2 #138
 c. How will you treat this patient? (2)

5. Three years old girl is brought to you with off and on history of diarrhea and not thriving well since eight months of age. She was weaned from breast feeding and started on solid at 7 months of life. She passes loose stools 3 to 5 times / day, stools are large bulky, foul smelling and are difficult to wash. On examination weight is 9.5 kg (less than 3rd centile). She is pale, irritable with abdominal distension and loss of fat of buttock.

- a. What is the likely diagnosis? (1) Celiac disease celiac disease
 b. How will you investigate to reach the diagnosis? (2) Celiac UHS # 357 + 358
 c. How will you manage this patient? (2) †

6. Three years old child presented in OPD with history of non progressive weakness in lower limbs for last 4 days. Weakness is preceded by fever. He also has severe aches and pains in body but more in lower limbs. He has no H/O trauma. While examining you found that weakness is more marked in right leg than left with power of 2/5 and diminished reflexes. His sensations are intact.

- a. What is most likely diagnosis? (1) ⇒ Poliomyelitis 195 P.A
 b. What is confirmatory investigation? (1)
 c. What are immediate complications of this particular condition? (1)
 d. What are steps of management? (2) †

7. An 8 months old infant referred to tertiary care hospital from basic health unit. He is in severe respiratory distress and poor oral intake for last 2 days. He is febrile, has R/R of 65/min, chest in drawing and is sick looking.

- a. How will you categorize this child according to ARI? (2) ⇒ UHS # 396
 b. What is your plan of management? (1) ⇒ UHS # 396
 c. Which are the common infective organisms in this age group? (2) †
 S. pneumoniae, H. influenzae, E. coli

8. Five years old child presented in OPD with complaint of progressive generalized body swelling and oliguria for last 15 days, there is no history of jaundice. On examination child is febrile and having pitting pedal edema. Abdomen is distended with positive fluid thrill and liver, spleen are not palpable. Her growth parameters are within normal range, CBC, HB 11g/dl, TLC 7000, Platelets count normal, urine analysis protein +++ plus and few RBCs.

- a. What is most likely diagnosis? (1) Nephrotic syndrome 388 UHS
 b. What further investigation you will advise to reach the diagnosis? (2)
 c. How will you treat this patient? (2) ⇒ UHS # 389

9. Two years old child was brought in out patient department by mother with complaint of not thriving well, on examination he was pale and sick looking and remained irritable throughout examination, weight was 7 Kg, he had hyper pigmented and hypo pigmented spots on different parts of body and sparse, thin and easily plucked hairs and pitting pedal edema.

- a. What is the likely diagnosis? (1) Hypothyroidism Kwashiorkor
 b. How will you investigate this patient? (2)
 c. How will you manage this patient? (2)