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# THE SUPERIOR COLLEGE, LAHORE

FINAL PROFESSIONAL MBBS  
ANNUAL EXAMINATION 2019

**PEDIATRICS**

**(S.E.O.'S)**

Roll No. 14018

Time Allowed: 2 hours

Total Marks: 45

### Instructions

1. The S.E.O.'s part is to be submitted within 2 hours. Extra time will not be given.
2. Neat Hand Writing use of margin and marker for headlines will increase the presentation of your paper.
3. Do not write your name or disclose your identity in anyway.

1. Three year old boy came in emergency with complaint of fits. He had 103 fever subsided after intravenous diazepam administration. On examination child has no signs of meningeal irritation He gained consciousness five hours after cessation of fits.

- ENS ✓  
Cerebral malaria  
Meningitis  
Encephalitis
- A. What is most likely diagnosis?(1) Febrile fits (355)  
B. Give two differential diagnosis.(1)  
C. How will you confirm the diagnosis? (1)  
D. Give steps of management. (2)

2. Five years old boy admitted through OPD with complaint of right knee swelling for last few days. Past history of recurrent bruises and epistaxis on minor trauma. On examination the patient is afebrile, right knee is swollen and tender. He has multiple bruises on different parts of body. Liver and spleen is not palpable. Investigation shows CBC, Prothrombin time and Bleeding time is normal except prolonged APTT.

Blood ✓

Haemophilia A (425)

- A. What is most likely diagnosis? (1)  
B. What further investigations are required to confirm the diagnosis? (2)  
C. Write down the short term and long term management of this patient?(2)

3. Two years old girl presented in OPD with history of non-progressive weakness in lower limbs for last 4 days. Weakness was 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.

ENS ✓

- A. What is most likely diagnosis?(1) Polio (195)  
B. What is confirmatory investigation?(1)  
C. What are the long term complications of this disease?(1)  
D. What are steps of management?(2)

4. Eight years old child came to OPD along with father with history of polydipsia, weight loss for last 20 days and repetitive bed wetting for last one week, on examination patient was afebrile weight 20 kg and heart rate 120/minutes. His lab reports showed fasting blood sugar level 140mg/dl and random 257mg/dl, urine ketone 1+ and glucose 3+++.

- A. What is likely diagnosis with justification (1.5)
- B. What further investigation will you advise (1.5)
- C. Give your treatment plan for this patient. (2)

~~DM~~ DM type 1 DM  
(482)

5. One and half year old child presented in the emergency department with history of loose motion and vomiting for one day. On examination he is drowsy with weak thready pulse of 140/min, respiratory rate is 65/min, temperature 100.5F and the child was not able to drink.

- A. How would you classify his dehydration according to IMNCI guidelines by WHO? (1)
- B. How will you manage this case? (2)
- C. Write few complication if not treated promptly (2)

severe Severe dehydration  
(167, 185)

6. Ten years old boy who is a known case of rheumatic heart disease, presented with high grade fever and exertional dyspnoea for 10 days. On examination heart rate is 140/min, respiratory rate is 40/min and temperature is 103° f. There are palpable tender nodules at the finger tips. Liver is palpable 5 cm below right costal and spleen 2 cm below the left costal margin.

- A. What is the diagnosis? (1)
- B. Enlist 4 investigations to reach the diagnosis? (1)
- C. Write down steps of management? (2)
- D. How can we prevent this condition? (1)

Infective endocarditis  
(334)

7. Six years old child presented in OPD with history of high grade continuous fever for last 6 days associated with abdominal pain and vomiting. On examination patient was febrile up to 102°F with coated tongue and positive jaundice. Further examination revealed abdomen was not distended but tenderness was positive at right hypochondrial region, liver was palpable 2.5 cm below right costal and spleen 1.5 cm below left costal margin.

- A. Give your two differential diagnoses? (1)
- B. Write down the investigations to reach the diagnosis? (2)
- C. Write management plan of this patient (2)

Typhoid fever  
(192)

8. Eight years old boy presented with history of oliguria and passing dark cola coloured urine for last few days. On examination he is afebrile, pale and had facial puffiness. His R/R was 40/minutes. On examination of chest he had fine basal crepitations on both sides.

- A. What is most likely diagnosis? (1)
- B. Give list of investigation for diagnosis. (2)
- C. Give your plan of management (2)

AGN (534)

9. Seven years old girl presented in outdoor with complain of joint pains. On examination she is febrile and have a rash on the trunk. Her both knee joints and right ankle joint were swollen, tender, and hot. Her cervical lymph nodes were enlarged and there was hepatosplenomegaly. Her ESR and CRP are raised.

- A. What is most likely diagnoses? (1)
- B. What investigations you would like to do? (2)
- C. Give steps of management (2)

ALL (436)  
Hodgkin lymphoma  
ALL (436)  
Hodgkin

Hodgkin lymphoma

LIT  
S. Ven  
eyes  
SIA  
L. S. ad  
ca. slow  
V. S. P

Under the

kidney  
nephro

Blood