

MCQs Paeder

MCQ #1: A 6 week old infant is admitted to the hospital with a history of persistent jaundice, dark urine & clay colour stools. Patient is pale looking & distended abdomen. Liver palpable 3.5cm & spleen 2cm. Her outpatient blood work demonstrated a total bilirubin of 12 mg/dl with a direct portion of 4.5 mg/dl. Which of the following disorders is to be responsible??

- a) ABO incompatibility b) Biliary atresia c) Rh incompatibility d) Gilbert disease
e) Crigler-Najjar syndrome

MCQ #2

MCQ #2: Universal immunization of infants with a three-dose series of intramuscular, genetically engineered hepatitis antigen vaccine is recommended. Implementation of this recommendation should decrease the incidence of which of the following??

- a) Neonatal hyperbilirubinemia
b) Alcoholic liver disease
c) Dubin-Johnson Syndrome
d) HCC

e) Hydrops of the gall bladder

MCQ #3

MCQ #3: A 10 year old boy has presented with hematemesis. His mother had noticed anorexia, wt. loss, easy bruisability & a few episodes of melena over the last 6 months. His school performance & hand writing has deteriorated. He has been showing some behavioural problems as well. What is most likely diagnosis?

- a) Chronic hepatitis B infection
b) Chronic hepatitis C infection
c) Hepatitis E infection
d) Wilson disease
e) Chronic autoimmune hepatitis

MCA #4

MCA #4 A baby is born to a mother who is a patient of hepatitis B e positive hepatitis B surface antigen and E antigen. The parents are concerned about the baby getting the disease. What preventive measures are likely to be helpful. Which statement is true.

- a) Vaccinate the baby at birth by active & passive immunization
- b) Only hepatitis B immunoglobulin at birth
- c) preventive measures effective even after 40 days of life
- d) vaccinate the mother just before delivery
- e) Start lamivudine in baby

MCA #5

MCA #5 regarding prevention of hepatitis A infection. Which statement is true?

- a) Vaccination is recommended for all children more than one year of age
- b) vaccine is indicated only after exposure
- c) Immunoglobulins are not indicated in immunocompromised children after exposure
- d) vaccine is recommended at 6 months of age
- e) Just hand washing is sufficient to prevent spread.

MCA #6

MCA #6 4yr old child suffering from pneumonia has suddenly deteriorated. His chest is bulging on right side, respiratory distress has worsened. There is a hyper-resonant percussion note over area & diminished breath sounds. Your immediate suspicion is the following complication of pneumonia.

- a) massive pleural effusion
- b) Emphysema
- c) Tension pneumothorax
- d) Cor pulmonale

MCA #7

~~MCA #7~~ More than 50% of cases of bronchiolitis are caused by?

- a) RSV
- b) adenovirus
- c) metapneumovirus
- d) mycoplasma
- e) parainfluenza virus

MCA #8

~~MCA #8~~ Causes of acute hepatitis include all of following. Except?

- a) Hep. E virus
- b) Drugs
- c) autoimmune
- d) Hep. C virus
- e) Metabolic

MCA #9

~~MCA #9~~ Diagnostic test for HAV is??

- a) Detection of IgM antibodies in serum

b) SGPT/ALT

c) Stool Examination

d) Urinalysis

e) Gamma glutamyl transferase

MCA #10

~~MCA #10~~ Regarding 'Serology' in HBV infection which statement is true

a) HBsAg indicates infection

b) HBsAb indicates immunity

c) HBeAg indicates viral replication

d) HBeAb indicates cessation of viral replication

e) All of above

MCA #11

~~MCA #11~~ Which of the following is not a sign of CLD?

a) Spider nevi

b) Leucoglypha

c) Clubbing

d) Ascites

e) Jaundice

MCA #12

MCA Knows asthma. 9 years old girl comes to emergency & as acute attack of asthma. She is breathless at rest & only able to speak in words. On clinical examination she has tachypnea & tachycardia & wheeze & use of accessory muscles of respiration. On further evaluation she has peak expiratory flow of $<40\%$. What type of acute asthmatic attack she has?

- a) Acute mild attack of asthma
- b) Acute moderate attack of asthma
- c) Acute severe attack of asthma
- d) Imminent respiratory failure.

MCA #13

13 Regarding diagnostic evaluation of asthma. Which of the following statement is not true.

- a) Spirometry reveals low FEV_2/FVC ratio <0.8 FVC ratio which is <0.80
- b) After exercise challenge there is almost 15% improvement in FEV_1
- c) Daily peak flow or FEV_1 monitoring has day to day and/or am-pm variation of $\geq 20\%$.
- d) Exhaled nitric oxide is also a marker of airway inflammation & can be measured to support diagnosis.

MCA #14

14 A 5 years old girl comes to an asthma follow up clinic & complains of daytime symptoms for >2 times/week & night symptoms for >2 times/month. On clinical examination she has PEF of $>80\%$. According to disease classification, which class of asthma she has:-

- a) Mild intermittent asthma
- b) Mild persistent asthma
- c) Moderate persistent asthma

diagnose persistent asthma

MCA #15

15. Among which of the following is the most common cause of acute inflammatory upper airway obstruction & clinical manifestation in the form of hoarseness, barking cough & stridor.

- a) Acute pharyngitis
- b) Vocal cord paralysis
- c) Laryngomalacia
- d) Viral croup
- e) Acute epiglottitis

MCA #16

16. Among which of the following statement is not true regarding bronchiolitis

- a) Older family members are a common source of infection
- b) Acute bronchiolitis is characterized by bronchiolar obstruction & edema & mucus
- c) The mainstay of treatment is supportive
- d) Influenza type B is the most commonly identified etiology
- e) Radiological sign suggestive of bronchiolitis on chest x-ray is hyperinflation

MCA #17

17. What is the diagnostic radiological sign of acute epiglottitis?

- a) Steeple sign
- b) Thumb sign
- c) Hyperinflation
- d) Sail sign

MCA #18

18. Regarding long-term management of asthma, in step up & step down approach therapy should be stepped down after good control of asthma has been achieved for at least :-

- a) 3 months
- b) 2 months
- c) 6 months
- d) 12 months

MCA #19

19. Among which of the following is not a quick reliever or rescue medication & is the management of acute severe asthma :-

A. inhaled short acting β -agonists
Injectable Sympathomimetic epinephrine
Steroid infusion terbutaline

Q10. Steroids

MCA #20

Which of the following is not true regarding exudative effusion

nuclear leukocytes (neutrophils)

< 40 mg/dl

MCA #21

Which of the following statements, is true regarding pleural

pneumonia is not a common cause of pleural effusion in the elderly age group.

Examination shows a homogenous density obliterating markings of the underlying lung

Transudative pleural effusion the cell count is

Pleural effusions are usually associated with an

MCA #22

Child intermittent asthma. What would be the long term plan

a) Use of Short acting B₂ agonists for relief of symptoms

b) Short acting B₂ agonists for relief of symptoms + daily high dose inhaled steroid

c) Use daily steroid tablet in low dose

d) Short acting B₂ agonist for relief of symptoms + daily low dose inhaled steroids

MCQ #23

22 A 3 years old boy comes to emergency & acute epiglottitis. Which of the following statement is not true regarding the management plan.

a) The diagnosis requires visualization of a large cherry red, swollen epiglottis by laryngoscopy.

b) Classic radiographs of a child who has epiglottitis show the thumb sign.

c) Establish airway by nasotracheal intubation or less often tracheostomy is not needed True

d) Ceftriaxone, Cefotaxime or more meropenem should be given parenterally pending culture reports. ~~?~~

MCQ #24

24 A 10 years old boy presents in emergency & complaint of fever for 2 weeks. Which is low grade intermittent associated & significant weight loss & severe cough. On clinical examination there is mild bulge on right hemi-thorax & decreased vocal fremitus, stony dull percussion note & decreased air entry on same side. What is your immediate impression?

a) Right sided collapse

b) Right sided consolidation

c) Right Sided Pneumothorax

a) Right Sided Pleural Effusion

MCA #25

25 A 7 years old child received in emergency a difficulty in breathing since morning. On further inquiry you came to know that patient is known asthmatic for 2 years. Now he has acute severe attack of asthma. Regarding Mx of child which is quick reliever medicine?

a) ICS +

b) LABAs

c) Leukotriene modifiers

d) NSAIDs

e) Inhaled SABA