

Final Year Class Test
MCQs Total No: 25

Time allotted 25 minutes

- 13175
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+
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- (11) (1)
1. A 3 years old girl comes to outdoor with high grade fever for 6 days and development of discrete vesicular rash all over the body for 3 days. On clinical examination some lesions are new vesicular and some are old with scap and there is some evidence of itching also. Among which of the following is most likely diagnosis.
 - a) Measles
 - b) Scarlet fever
 - c) Steven Johnson syndrome
 - d) Chicken pox
 - e) Rubella
 2. A 4 years old unvaccinated child presents in emergency room with complaints of unable to open the mouth for 2 days and fits for 1 day. On clinical examination there is lock jaw, trismus and recurrent tonic contractions of whole body with arching which are provoked by touch and loud sound. Among which of the following is the most likely possibility?
 - a) Tetanus
 - b) Hypoglycaemia
 - c) Hypocalcemia
 - d) Meningitis
 3. A 7 years old boy presents in outdoor with complaint of being irresponsive and non attentive for few seconds multiple times in a day for the last one year. Patient is not aware of these episodes and regains previous activity normally. Physical examination is absolutely normal. Among which of the following can be the cause?
 - a) Simple partial seizures
 - b) Absence seizures
 - c) Myoclonic epilepsy
 - d) Complex partial seizures
 4. It has been determined that sodium valproate is the best anticonvulsants medicine. Which one of the following is its known side effect?
 - a) Bone marrow suppression
 - b) Hepatotoxicity
 - c) Neuropathy
 - d) Nephrotoxicity
 - e) Gastritis

5. A 4 years old child presents in outdoor with complaint of being developmentally delayed. He was diagnosed as a case of cerebral palsy. How would define a cerebral palsy?
- a) Group of progressive, but often changing, motor impairment syndromes secondary to brain insult after 2 years of age
 - b) Group of nonprogressive, but often changing, sensory impairment syndromes secondary to brain insult in the early stages of development
 - c) Group of nonprogressive, but often changing, motor impairment syndromes secondary to brain insult in the early stages of development
 - d) Group of progressive, but often changing, motor impairment syndromes secondary to brain insult in the early stages of development
6. A 6 month old child comes to outdoor with complaint of respiratory difficulty for 4 days and being reluctant to feed for 2 days. On clinical examination child is not well thriving with the weight of 3.5kg. Child has respiratory difficulty with, tachycardia, tachypnea and high volume bounding pulses. He has a continuous machinery murmur of grade 4 at left 2nd intercostals space upper radiating to left subclavicular region. What is the most likely cardiac lesion?
- a) Ventricular septal defect
 - b) Atrial-septal defect
 - c) Patent Ductus Arteriosus
 - d) Partial Anomalous Pulmonary Venous Return
7. A 2 year old boy presents with generalized tonic clonic seizures with no fever. He is hypertonic and has brisk tendon reflexes. CSF examination is unremarkable. There is history of fetal distress and delayed cry at birth. The most likely diagnosis is?
- a) Birth asphyxia
 - b) Meningitis
 - c) Hypocalcemia
 - d) Intracranial bleed
 - e) Cerebral palsy
8. A 10 month old infant received in emergency with complaints of irritability and difficult breathing for the last 5 hrs. on clinical examination he is cyanosed, irritable and clubbed. He has ejection systolic murmur of grade 2 at pulmonary area with soft second heart sound. Among which of the following is the most likely possibility.
- a) TOF with heart failure
 - b) TOF with tet spells
 - c) Transposition of the grade arteries
 - d) Co arctation of aorta

9. Cyanotic congenital heart lesions include all of the following except
- a) Tetralogy of Fallot
 - b) Tricuspid atresia
 - c) Total anomalous pulmonary venous return with obstruction
 - d) Transposition of the great vessels
 - e) Total anomalous pulmonary venous return without obstruction
10. Tetralogy of Fallot include all of the following except
- a) Ventricular septal defect (VSD)
 - b) Pulmonic stenosis
 - c) Pulmonary regurgitation
 - d) Overriding or dextroposed aorta
 - e) Right ventricular hypertrophy
11. Following type of VSD close itself
- a) Muscular VSD
 - b) Membranous VSD
 - c) Supracristal VSD
 - d) VSD with Pul. Stenosis
 - e) Sinus venosus
12. Koplik spots are discrete red lesions with bluish white spots in the center on the inner aspects of the cheeks at the level of the premolars. This is the pathognomic sign of
- a) Diphtheria
 - b) Chickenpox
 - c) Mumps
 - d) Measles
 - e) Scarlet fever
13. A 6years old boy received in emergency with history of fits for the last-10mintus. On clinical examination you observe that the fits are on right half of the body and patient is not fully conscious. His father tells you that in previous 2years this the third time that he develop such episode. The most likely diagnosis is epilepsy. Which of the following is the type of epilepsy?
- a) Generalized Epilepsy
 - b) Simple partial seizures
 - c) Complex partial seizures
 - d) Myoclonic Epilepsy

14. An 8 years boy is being evaluated for recurrent episodes of black outs and loss of contact with the surroundings which lasted for 10 – 20 minutes and then he regains his previous activity normally with no focal deficit. Which one of the following diagnostic modality should be used for further evaluation:

- a) CT brain
- b) MRI brain
- c) EEG study (characteristic 3/sec spike wave pattern)
- d) Nerve conduction studies
- e) Echocardiography

15. Which one of the following statements is not true for bacterial meningitis

- a) Streptococcus pneumonia is the commonest causative agent in an unvaccinated child.
- b) Hypoglycorrhachia (reduced CSF glucose level) is due to decreased glucose transport.
- c) Increased intracranial pressure is a common complication.
- d) Decreased CSF protein level is due to increased permeability of the blood brain barrier.

16. A 5 years old boy comes to emergency with history fever for 4 days, followed by fits and loss of sensorium for 1 day. On clinical examination patient is pale and comatose. There are positive signs of raised intracranial pressure and hypoglycemia. Which one of the following is most likely diagnosis?

- a) Encephalitis
- b) Cerebral malaria
- c) Brain tumor
- d) Epilepsy
- e) Stroke

17. which one of the following statements is not true about epilepsy

- a) Epilepsy is defined as two or more unprovoked seizures more than 72 hours apart
- b) Epilepsy is a clinical diagnosis and EEG study is supportive
- c) Auras are sensory experiences reported by the patient and not observed externally
- d) Absence seizures are generalized seizures consisting of staring, unresponsiveness, and eye flutter lasting usually for few seconds.
- e) Management of epilepsy includes long term use of anti epileptics drugs

18. A 3 year old girl presents in outdoor with high grade fever for one week associated with cough, coryza and conjunctivitis. Now for the last 2 days she has developed an erythematous, confluent and non itchy rash all over the body which started from the face. Which one of the following is the most likely possibilities?

- a) Allergic rash
- b) Scarlet fever
- c) Chicken pox
- d) Erythema toxicum
- e) Measles

19. A 7 year old child came to emergency with H/O Fever (104 °F). He is deeply Comatose (GCS = 5/15). Neck Rigidity is present and spleen is palpable. CSF examination shows?

Protein = 35 mg/dl

Glucose = 68 mg/dl

TLC = 5 cells/HPF, mainly Lymphocytes

What is the most likely Diagnosis?

- a) Meningitis
- b) Encephalitis
- c) Cerebral malaria
- d) Intracranial hemorrhage

20. The vaccine use in EPI program against tetanus is

- a) Killed
- b) Inactivated
- c) Toxoid
- d) Live attenuated

21. A 7 months old child presents with cough and respiratory difficulty for 2 weeks. Illness started with cough 2 weeks back which is severe and comes in the form of bouts followed by post tussive vomiting. Child was otherwise well in between the bouts of cough. Now for the last 5 days there is breathing difficulty with poor feeding and increased severity of cough. Patient is unvaccinated also. Which one of the following is the most likely possibility?

- a) Bronchiolitis
- b) Croup
- c) Pertussis with secondary pneumonia
- d) Asthma

22. A newborn is diagnosed with congenital heart disease. You counsel the family that the incidence of heart disease in future children is

- a) 1%
- b) 2 to 6%
- c) 8 to 10%
- d) 15 to 20%
- e) 25 to 30%

23. The most common organism causing meningitis in an infant is

- a) Pneumococcus
- b) Meningococcus
- c) Listeria monocytogenes
- d) Cryptococcus neoformans
- e) H. Influenzae

24. Steroids are indicated for the treatment of meningitis in following organism

- a) Listeria monocytogenes
- b) Cryptococcus neoformans
- c) H. Influenzae
- d) Pneumococcus
- e) Meningococcus

25. Contraindication of lumbal puncture include all of the following except

- a) Raised intracranial pressure
- b) Cardiopulmonary compromise
- c) Bleeding diathesis
- d) Irritable child
- e) Infection at the site of skin