

Final year class test 2019

MCQ test

1) Among which of the following vaccine is not a live attenuated one?

- a. BCG ✓
- b. MMR ✓
- c. OPV ✓
- d. DPT
- e. Varicella vaccine X

2) 6 years old boy presented in emergency room with H/O fever, convulsions and unconsciousness of one-day duration. On examination, he is pale, spleen is palpable 2cm below left costal margin, Glasgow coma scale is 8 and there are no signs of meningeal irritation and no focal neurological deficit. The most likely diagnosis is?

- a) Viral encephalitis
- b) Pyomeningitis
- c) Tuberculous meningitis
- d) Cerebral malaria
- e) Tetanus

3) 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 develop an erythematous, confluent and non-itchy rash all over the body, which started from the face. Which one of the following is most likely possibilities? Allergic rash

- a) Scarlet fever
- b) Chicken pox
- c) Rubella
- d) Measles

CCC

4) A couple has brought their 9 months old baby for routine immunization. The vaccine due at this age is:

- a) MMR
- b) Pneumococcal
- c) Hepatitis B
- d) Measles
- e) Pentavalent (DTP, Hep. B, HiB)

DKA

5) Five years old boy known case of diabetes mellitus now presented with diabetic ketoacidosis, which of the following is first step of treatment.

- a) Give I/v sodium bicarbonate
- b) Regular insulin infusion
- c) Antibiotics
- d) I/v fluids normal saline
- e) I/v fluids 5% dextrose

6) A child presented in outdoor with history of fever and cold for 4 days. He developed maculopapular rash on face and abdomen, most likely diagnosis is

- a) Small pox
- b) Chicken pox
- c) Measles
- d) Typhoid
- e) chikungunya

7) A 9 month old unimmunized child presented in outdoor for vaccination. The right combination to be given is

- a) only BCG
- b) BCG, DPT1, OPV
- c) DPT 1, OPV 1, measles
- d) BCG, PENTA, PCV
- e) measles

8) A 7 year old boy presented in emergency with history of vomiting, pain abdomen and acidotic breathing. His blood gases report shows pH 7.3 bicarb 14 K 6.5 and ketonuria 3+. Best treatment of hyperkalemia is

a) IV glucose and insulin

- b) Darrow's solution infusion
- c) Hypertonic saline infusion
- d) bicarb administration
- e) diuretics

9) 5 years old child presented in OPD with history of weight loss despite good appetite, increased frequency of micturition and bed wetting for last one month. On examination his weight is 15 kg, height, investigation reveals HB 10.5 g/dl, urine analysis PH 7.4, pus cells negative, urinary osmolality is 170 mosmol/liter, urine dipstick positive for glucose, all of the following further investigations help to reach the diagnosis except?

- a) Random blood sugar level
- b) Fasting blood sugar level
- c) GGT test
- d) HB A1c
- e) fasting plus random glucose

10) A four years old girl presented in emergency with H/O fever, disturbed consciousness and fits. Signs of meningeal irritation are present. Most appropriate investigation for diagnosis is

- a) CBC-ESR
- b) CT Brain
- c) CSF Examination
- d) Blood C/S
- e) MRI-Brain

11) Six years old boy presented in emergency room with H/O fever, convulsions and unconsciousness of one day duration. On examination he is pale, spleen is palpable 2cm below left costal margin, Glasgow coma scale is 8 and there are no signs of meningeal irritation and no focal neurological deficit. The most likely diagnosis is?

- a. Viral encephalitis
- b. Pyomeningitis
- c. Tuberculous meningitis
- d. Cerebral malaria
- e. Tetanus

12) A 7 year old boy who is known case of diabetes mellitus presented in emergency with history of sore throat and high grade fever. He is taking 24 units of insulin daily. regarding the management of diabetes best option is

- a) Reduce dose of insulin
- b) Add oral hypoglycemic drugs
- c) Increase dose of insulin for next 24 hours
- d) Increase dose of insulin till infection is settled
- e) Reduce caloric intake

13) Neonatal thyroid screening is done at which age

pg 472 (within 10 days)

- a) 2 months of life
- ~~b) 2nd day of life~~
- c) 1st month of life
- d) 6 month of life
- e) 1st day of life

14) 4 year girl presented with mental retardation and short stature, you are suspecting hypothyroidism what lab investigation would help in diagnosis

- a) Advance bone age
- b) Raised TSH
- c) High voltage ECG
- d) Raised T3, T4
- e) high voltage EEG

15) Xray finding in congenital hypothyroidism

- a) bone in bone appearance
- b) hair on end appearance
- c) pencil thin cortex
- d) absent epiphysis of femur
- e) cupping and fraying of long bones

(Seqs)

DKA?

1) 5 years old child presented in emergency with history of abdominal pain and vomiting for 2 days. There is history of polyuria and polydipsia for last 10 days. O/E patient is febrile and dehydrated. urine examination shows glucose +++ and ketones +++ no RBC and leukocytes.

- a) What is most likely diagnosis?
- b) What important investigations help in diagnosis?
- c) How you will manage this child?

2) 7 years old girl presented with history of weight gain for 6 months. She is short, pale, hoarse voice and have dry skin. Her height is 110cm and weight is 35kg

- a) what is most likely diagnosis?
- b) Name important investigations to reach diagnosis?
- c) How you will manage this patient?

hypothyroidism
diagnosis