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Abrar

8

Final Year Class Test
MCQs Total No: 50

Time allotted 50 minutes

1. Deficit in weight for height in a 3 years old child indicate?
 - a) Acute malnutrition
 - b) Chronic malnutrition
 - c) Concomitant acute and chronic malnutrition
 - d) Under weight

2. A 32 years old woman delivered a full term baby. She is known case of chronic hepatitis B infection and positive for HBsAg. Which of the following is the most appropriate treatment for baby?
 - a) Both active and passive immunizations soon after birth
 - b) Only active immunization
 - c) Only passive immunization
 - d) Passive immunization soon after birth and active immunization at 1 year of age.

3. Delayed speech is considered if child does not talk by?
 - a) 18 months
 - b) 12 months
 - c) 24 months 24
 - d) 36 months

4. A 3-year-old boy is brought to the office by his parents as a new patient for well-child examination. Height is in the third percentile, and weight is in the first percentile. During the interview, the parents say that the patient has been treated multiple times since infancy because of sinus infections and pneumonia. They also note that his stools are generally loose, greasy, and mucousy. During physical examination, the patient coughs frequently. No other abnormalities are noted. Which of the following studies is most effective to determine the diagnosis in this patient?
 - a) Bronchoscopy
 - b) CT scan of the sinuses
 - c) Culture of aspirate from the trachea
 - d) Measurement of serum immunoglobulin levels
 - e) Sweat chloride test

Rest

5. A 2 years old child is brought to pediatric health clinic with history of cough and fever for 4 days and not taking feed for the last 12 hours. On examination child is malnourished, lethargic with respiratory rate of 60/minute. The child will be classified as suffering from?

- a) Pneumonia
- b) No pneumonia
- c) Severe pneumonia
- d) Very severe disease

6. Characteristic radiological feature of transient tachypnea of new born is?

- a) Reticulogranular appearance
- b) Low volume lungs
- c) Air bronchogram
- d) Prominent horizontal fissure.

7. 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 with edema and mucus.
- c) The mainstay of treatment is supportive
- d) *Haemophilus influenzae* type b is the most commonly identified etiology.
- e) Radiological sign suggestive of bronchiolitis on chest x-ray is hyperinflation

8. After helping his father in the yard, a 14-year-old boy complains of weakness and feels like his muscles are twitching. He begins to drool, and then collapses in a generalized tonic-clonic seizure. Upon the arrival of EMS, his heart rate is found to be 40 beats per min and his pupils are pinpoint. For the most likely toxic substance involved, select the appropriate treatment.

- a) Atropine and pralidoxime (2-PAM)
- b) N-acetylcysteine (Mucomyst)
- c) Dimercaptosuccinic acid (DMSA, succimer)
- d) Naloxone (Narcan) e. Sodium bicarbonate

9. A mother wishes to breast-feed her newborn infant, but is worried about medical conditions that would prohibit her from doing so. You counsel her that of her listed conditions, which of the following is a contraindication to breast-feeding?

- a) Upper respiratory tract infection
- b) Cracked and bleeding nipples
- c) Mastitis d. Inverted nipples
- d) HIV infection

10. A 9 years old, previously well girl presented in outdoor department with history of fever and bruises for the last 2 weeks. On clinical examination there is no lymphadenopathy and hepatosplenomegaly but the patient is febrile and pale. On laboratory investigations her Hb is 6g/dl, TLC is 2200 and platelet count is 60000. The most appropriate investigation to clinch the diagnosis is?

- R
- a) PT and APTT
 - b) Reticulocyte count
 - c) Bone marrow aspiration
 - d) Bleeding time
 - e) Coagulation profile

11. A 3 year old child presented in emergency with history of fever since night and one episode of generalized tonic clonic fit. On the basis of history and examination you labeled it as typical febrile fit. Among which of the following is not the feature of typical febrile fit?

- R
- a) >12 months of age
 - b) Generalized tonic clonic
 - c) Once/12 hours
 - d) No focal findings
 - e) Normal CSF exam

12. Severity of malnutrition can be classify by different classification system by using clinical parameters like weight for age, height for age and presence of edema. Among which of the following edema is used to classify malnutrition?

- a) Gomez classification
- b) Water low classification
- c) Welcome classification
- d) Harvard classification.

13. A 7 years old child comes to outdoor with complain of being short stature. on clinical examination there is no dysmorphic features and weight is at 25th percentile and height is at 10th percentile. His height comes inside the family curve but his bone age is 2 years less than the chronological age. What is the most likely possibility?

- a) Familial short stature
- b) Chromosomal abnormalities
- c) Chronic disease
- d) Constitutional short stature
- e) Endocrinal abnormalities.

14. TOF is the most common cyanotic congenital heart disease among children. Among which of the following is not the feature of TOF?

- a) Oligemic lung fields
- b) Palliative procedure is the placement of BLALOCK-TAUSSAIG shunt
- c) Cyanosis and clubbing are consistent features
- d) Cardiomegaly and Egg on side appearance on chest X-ray
- e) Complications include brain abscess, stroke and Tet spells

15. Which of the following congenital heart lesion is common among premature babies?

- a) Coarctation of aorta
- b) Atrial septal defect
- c) Patent ductus arteriosus
- d) Transposition of great arteries

16. A full term baby admitted in NNU, develops jaundice on first day of life. The blood group of baby is B+ve and blood group of mother is B-ve. You label it as a case of Rh incompatibility and planed to do exchange transfusion. Among which of the following is not the indication of exchange transfusion?

- a) At birth bilirubin $> 5\text{mg/dl}$
- b) At birth hemoglobin $> 12\text{g/dl}$
- c) ~~Coombs positive~~
- d) Reticulocyte count $> 10\%$

17. A 32wk preterm baby is admitted in NNU on first day of life. Baby becomes lethargic with bloody diarrhea and abdominal distention on 3rd day of life after start of feed. Which one of the following is the most likely possibility?

- a) Infectious diarrhea
- b) Malabsorption syndrome
- c) Necrotizing enterocolitis (NEC)
- d) ~~Meconium-ileus~~

18. A baby has just started crawling and there is eruption of two teeth. His head circumference is 45cm. The most likely age of the child is?

- a) 6 months
- b) 9-10 months
- c) 1 year
- d) 18 months

19. A 2 years old boy presented in emergency with complains of prolonged bleeding after trauma. After detailed history and examination your suspicion is hemophilia. Among which of the laboratory investigation will be abnormal in case of hemophilia?

- a) Bleeding time
- b) Platelet count
- c) PT
- d) APTT
- e) Platelet functions

20. You are dealing with a 3 years old boy with motor and mental delay. On examination there is depressed nasal bridge, generalized hypotonia and single palmer crease. Which laboratory investigation will confirm the diagnosis?

- a) Alphafetoprotein level
- b) Bone marrow biopsy
- c) Chromosomal analysis
- d) MRI brain
- e) Polymerase chain reaction

21. Among which of the following vaccines is introduced by intradermal rout?

- a) MMR
- b) Hepatitis B
- c) BCG
- d) Pneumococcal

22. A 3 years old child presented in outdoor with complain of progressive pallor. On clinical examination child his weight is 7kg, markedly pale and no hepatosplenomegaly. Which of the following laboratory investigation is not consistent with iron deficiency anemia?

- a) Hypochromic microcytic RBCs
- b) Decreased serum iron
- c) Decreased serum iron binding capacity
- d) Low reticulocyte count
- e) Low ferritin level

23. A routine prenatal ultrasound reveals a male fetus with meningomyelocele. The 24-year-old primigravid mother is told the infant will require surgery shortly after birth. You counsel her about the etiology of this defect and the risk of further pregnancies being similarly affected, and state which of the following?

- a) The hereditary pattern for this condition is autosomal recessive.
- b) The prenatal diagnosis can be made by the detection of very low levels of alphafetoprotein in the amniotic fluid.
- c) Subsequent pregnancies are not at increased risk compared to the general population.
- d) Supplementation of maternal diet with folate leads to a decrease in incidence of this condition.
- e) Neither environmental nor social factors have been shown to influence the incidence.

24. A 3 years old child comes to outdoor with complain of weakness of lower limb for one week. Child is unvaccinated and weakness is more in left side as compared to right side. You are suspecting poliomyelitis. Which of the following investigation is confirmatory for poliomyelitis?

- a) Bone marrow biopsy
- b) MRI spine
- c) CSF culture
- d) Stool culture

25. In a suspected case of tuberculosis you advised a tuberculous skin test (Mantoux). After 72hrs you reassess the patient for development of induration. Among which of the following should be the size of induration to declare it positive?

- a) >5mm
 - b) >8mm
 - c) >10mm
 - d) >12mm
- 7.5 5-10

26. Among which of the following is not the feature of turner syndrome?

- a) Short stature
- b) Low posterior hair line
- c) Coarctation of aorta
- d) Hypotonia
- e) Gonadal dysgenesis

27. A 5 years old girl comes to you in outdoor with complaint of body swelling for 3 days associated with headache and passage of dark cola color urine. On clinical examination she is hypertensive and pale. Your provisional diagnosis is acute post streptococcal glomerular nephritis (AGN). Which of the following statement is not true regarding AGN?

- a) Urine analysis would reveal many RBCs and RBC cast
- b) C3 level will be raised in the acute phase and returns to normal 6-8 wk after onset.
- c) A 10-day course of systemic antibiotic therapy with penicillin is recommended
- d) AGN follows infection of the throat or skin by certain "nephritogenic" strains of GAS.

28. A 6 years old girl received in emergency with history of fever for 8 days associated with progressive pallor, anorexia and weight loss. Now patient has bleeding from nose since morning. On clinical examination she is febrile, pale with multiple petechiae and bruises all over the body. There is no lymphadenopathy and hepatosplenomegaly. Which one of the following is the most likely possibility?

- a) Acute lymphoblastic leukemia
- b) Non Hodgkin lymphoma
- c) ITP
- d) Aplastic anemia

29. Among which of the following is not a first line antituberculous drug?

- a) Isoniazid
- b) Rifampicin
- c) Cycloserine
- d) Ethambutol
- e) Pyrazinamide

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

- a) Streptococcus pneumoniae 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.

31. 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.

32. A 2 years old child comes to outdoor with progressive pallor for the last 6 month. On clinical examination he is markedly pale with no evidence of petechi, bruisis and hepatosplenomegaly. He is among one of 5 siblings with close spacing. On laboratory investigations his Hb is 5.6g/dl and MCV is 49. Which one of the following is the most likely possibility.

- a) Thalassemia
- b) Iron deficiency anemia
- c) Vitamin B12 deficiency
- d) Autoimmune hemolytic anemia

33. 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 patient 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

34. A 12 year old known asthmatic boy comes to outdoor follow up after 3 months. According to his mother he has day time breathlessness for almost > 2 times/week and disturbed sleep for almost > 2 times/month. Among which of the following class of asthma you are going to label the patient

- a) Mild intermittent
- b) Mild persistent
- c) Moderate persistent
- d) Severe persistent

35. which one of the following statement is true as a supportive evidence for the diagnosis of asthma

- a) Low FEV₁ (FEV₁/FVC ratio <0.80)
- b) Improvement in FEV₁ ≥15% after exercise challenge
- c) Worsening in FEV₁ ≥15% after administration of inhaled B₂ agonist
- d) PEF variation <20% is consistent with asthma

36. Among which of the following is not a major criteria to diagnose rheumatic fever

- a) Carditis
- b) Arthralgia
- c) Erythema marginatum
- d) Chorea
- e) Subcutaneous nodules

37. A 2 years old child presents with complaint of not gaining weight. On clinical examination his weight is 6.2kg, height is 72cm with generalized loss of muscle bulk. What average growth parameters are expected at this age?
- a) Weight 9kg and height 75cm
 - b) Weight 10kg and height 70cm
 - c) Weight 12kg and height 85cm
 - d) Weight 10kg and height 95cm
38. A 3 years old boy brought to emergency with respiratory difficulty since morning. He was alright 2 days before when he started to have low grade fever, flue and cough followed by difficult breathing. On clinical examination patient is irritable with change in voice, barking cough and a loud stidor. What is the most likely diagnosis?
- a) bronchiolitis
 - b) childhood asthma
 - c) croup
 - d) hypereactive airway disease
39. 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 erythmatous, confluent and non itchy rash all over the body which started from the face. Which one of the following is most likely possibilities.
- a) Allergic rash
 - b) measles
 - c) Chicken pox
 - d) Rubella
 - e) Erythema marginatum
40. A couple has brought their 9 months old baby for routine immunization. The vaccine due at this age is:
- a) MMR
 - b) Pneumoccal
 - c) Hepatitis B
 - d) Measles
 - e) Pentavalent (DTP, Hep. B, HiB)
41. A 5 years old received in emergency room with history of intake of oral iron in heavy dose available at home in tablet form almost 2hrs before. After gastric lavage which antidote would you like to use in this case ?
- a) Pralidoxime
 - b) Atropine
 - c) Nalaxone
 - d) Desfuroxime

42. A 6month old child comes to outdoor with complaint of respiratory difficulty for 4days and being reluctant to feed for 2days. 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

43. A 4years old child comes to out with complaint of delayed speech. According to mother he is not able to speak a single meaningful word but his hearing is intact. He is not friendly with others and prefer to play alone with his favourite toy. On clinical examination his growth parameters are normal with normal motor skills but he does not give proper eye contact. Among which of the following is the most likely diagnosis?

- a) Attention deficit hyperactive disorder
- b) Autism
- c) Dyslexia
- d) Encopresis



44. A 32years old woman delivered a preterm baby boy due to placenta previa at 33weeks of gestation. The weight of the baby is 1.3kg and APGAR score at 5minuts is 7/10. He is admitted to neonatal intensive care unit. After few hours of admission baby develops respiratory difficulty. What is the most likely possibility?

- a) Transient Tachypnea of newborn
- b) Respiratory distress syndrome
- c) Meconium aspiration
- d) Necrotizing enterocolitis

45. A 4years old child comes to outdoor with progressive pallor. On clinical examination patient is markedly pale with some pigmentation of skin, physical growth retardation, frontal bossing, maxillary prominence and firm splenomegaly. Your provional diagnosis is β -Thalassemia. Among which of the followings laboratory findings are supportive for diagnosis of thalassemia.

- a) CBC, ESR, Serum iron level and Total iron binding capacity
- b) Perefpheral smear and bone marrow biopsy
- c) CBC, Reticulocyte count, Serum Ferritin and Hb electrophoresis
- d) Bone marrow biopsy and Hb electrophoresis

46. Antenatal diagnosis of Down syndrome is possible by all of following except?

- a) Alpha fetoprotein,
- b) HCG,
- c) Unconjugated estriol
- d) Fetal nuchal translucency (NT) thickness by ultrasound
- e) Serum progesterone

47. A 7 year old child came to emergency with H/O Fever (104 °F). He is deeply Comatose (GCS = 5/15) and pale with hypoglycemia and no focal sign. CSF examination shows?

Protein = 35 mg/dl *20-45*

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

48. Appropriate treatment for a 1 yr old child with acute watery diarrhea, vomiting & 'some' dehydration would be?

- a) I/V Ringer's Lactate
- b) I/V anti emetic injection followed by ORS
- c) Sip wise ORS 75ml/kg over 4 hrs
- d) Rehydration by nasogastric tube
- e) Frequent breast feeding

49. Indications for albumin infusion in nephrotic syndrome include all of following, EXCEPT?

- a) Severe edema
- b) Massive Ascites
- c) Pleural effusion
- d) Genital edema
- e) Hypertension

50. Acute post - streptococcal glomerulonephritis is diagnosed when?

- a) Generalized Edema + Proteinuria
- b) Edema + Oliguria
- c) Oliguria + Hypertension
- d) Edema + Hematuria
- e) Hypertension + Hematuria + Edema