

Class test # 01 (2019-2020)

MCQs Total 20

Time Allotted 20minutes

1. A 6 years old girl came to pediatric out door with complaint of generalized body edema for the last 7 days associated with headache and vomiting. On physical examination patient is hypertensive with B.P of 130/90 mm of Hg. Your provisional diagnosis is Acute Poststreptococcal Glomerulonephritis. Which one of the following is not its feature?

- a) Urine analysis would reveal no RBCs cast ✓
- b) C3 level will be low 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.
- e) Proteinuria is a consistent feature

2. A 3 years old girl comes to outdoor with low grade fever for 3 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 scab formation. The most likely diagnosis is

- a) Measles
- b) Scarlet fever
- c) Steven Johnson syndrome
- d) Chicken pox ✓
- e) Rubella

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 developed 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?

- a) Allergic rash
- b) Scarlet fever
- c) Chicken pox
- d) Rubella
- e) Measles ✓

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)

5. A mother asks whether her child will never get any disease against which he is being vaccinated? Your response is:

- a) No vaccine is 100% protective, but does help to decrease disease severity, if it occurs at all. ✓
- b) Only BCG gives 100% protection.
- c) Only Pneumococcal vaccine is 100% effective.
- d) Only Measles vaccine provides 100% protection.
- e) Measles vaccine is 100% protective if 2 doses are given.

6. A 3.5 years old child presents with generalized body edema and decreased passage of urine. After detailed history your provisional diagnosis is nephrotic syndrome. Which one of the following is the feature of nephrotic syndrome?

- a) Hypoalbuminemia ✓
- b) Hematuria
- c) Hypertension
- d) Deranged renal functions
- e) Hypocomplementemia

15. A 9 years  
days. Your d  
true regard  
a.  
b.  
c.

7. Marked anterior cervical lymphadenopathy leading to the development of bull neck appearance is the feature of:
- a) Mumps
  - b) Rubella
  - c) Measles
  - d) Diphtheria ✓
  - e) Chicken pox

8. A 3 year previously well boy comes to with complain of low grade fever and a vesicular rash all over the body for 4 days. Your diagnosis is varicella zoster virus infection. Among which of the following is not true for it?
- a) Varicella is a vaccine-preventable disease.
  - b) Varicella vaccine contains live, attenuated VZV and is indicated for subcutaneous administration.
  - c) The complications of VZV infection occur more commonly in immunocompromised patients
  - d) Acyclovir therapy is recommended routinely for treatment of uncomplicated varicella. ✓
  - e) Varicella vaccine is recommended for routine administration as a 2-dose regimen to healthy children at age 12-15 months and 4-6 yr.

9. Six weeks old infant presented to you for the first time for immunization. Which one is the appropriate regime of immunization at this age.
- a) OPV+DPT+HBV+HiB+ PCV
  - b) OPV+DPT+HBV+HiB
  - c) 5CG+OPV
  - d) HBV+DPT+HiB
  - e) OPV+DPT+HBV+HiB+ Rota ✓

10. A 5 years old boy comes to outdoor with sore throat for the last 5 days. On examination of throat there is whitish grey membrane in oropharynx which is difficult to remove. What will be your next step of management?
- a) It is self resolving condition, just counsel the parents.
  - b) Admit the patient and give supportive care
  - c) Admit the patient in isolation and give broad spectrum antibiotics.
  - d) Admit the patient in isolation and give specific antitoxin and recommended antibiotics.
  - e) Give oral erythromycin for 5 days

11. The vaccine use in EPI program against tetanus is?
- a) Killed
  - b) Inactivated
  - c) Toxoid ✓
  - d) Live attenuated
  - e) Polysaccharide

12. A 4 years old boy comes to you with history of low grade fever and swelling involving both side of face obliterating angle of jaw. The most likely diagnosis is mumps. Among which of the following is not the complication of mumps
- a) Meningoencephalitis
  - b) Orchitis and Oophoritis
  - c) Pancreatitis
  - d) Sensorineural hearing loss
  - e) Giant cell pneumonia ✓

13. All are seen in minimal change nephritic syndrome except
- a) Albuminuria
  - b) Hypoalbuminemia
  - c) Edema
  - d) Hypocomplementemia ✓
  - e) Hypercholesterolemia

14. A 5 year old boy suffering from nephrotic syndrome is responding well to steroid therapy. Most likely finding on light microscopy is

- a) No finding ✓
- b) Basement membrane thickening
- c) Hypercellular glomeruli
- d) Fusion of foot processes
- e) Ig A deposited in mesangium.

(Minimal change disease)



15. A 9 years old girl came to you with complaints of body swelling and passage of dark cola color urine for three days. Your diagnosis is Acute Post streptococcal Glomerulonephritis. Among which of the following statement is not true regarding its management?

- a. A 10-day course of systemic antibiotic therapy with penicillin is recommended.
- b. Sodium restriction should be done
- c. Diuresis with intravenous furosemide may be needed
- d. Prednisone should be administered at a dose of 60 mg/m<sup>2</sup>/✓
- e. Single dose of I/M benzathine penicillin

16. Proteinuria is a consistent feature Children with persistent proteinuria should have been evaluated with the more precise measures like Spot urine protein: creatinine ratio (UPr: UCr). What is nephrotic range for this ratio?

- a) A ratio >0.2 suggests nephrotic-range proteinuria
- b) A ratio >0.5 suggests nephrotic-range proteinuria
- c) A ratio >2 suggests nephrotic-range proteinuria ✓
- d) A ratio >1 suggests nephrotic-range proteinuria
- e) A ratio > 1.5 suggests nephrotic-range proteinuria

(above 3)

17. All are seen in minimal change nephritic syndrome except

- a) Albuminuria
- b) Hypoalbuminemia
- c) Edema
- d) Hypocomplementemia ✓
- e) Hypercholesterolemia

18. A 5 year old boy suffering from nephrotic syndrome is responding well to steroid therapy. Most likely finding on light microscopy is

- a) No finding ✓
- b) Basement membrane thickening
- c) Hypercellular glomeruli
- d) Fusion of foot processes
- e) Ig A deposited in mesangium.

19. Following are indications of dialysis except

- a) Hyperphosphatemia ✓
- b) Persistent hyperkalemia
- c) Oliguria/anuria
- d) Uremia
- e) Severe metabolic acidosis not responding to medication

20. Six month old child brought to OPD by mother with history of dry and hacking cough for last 3 days. This burst of interrupted cough follows a loud whoop. Mother also gives the history of running nose and low grade fever. Which of the following is appropriate treatment for this patient?

- a) Nebulize patient with ipratropium
- b) Start intravenous steroids
- c) Azithromycin is appropriate drug for this condition ✓
- d) Give antitussive to patient
- e) Patient with this conditions are not need to be isolated

Final year class test MC Qs (20)

1. A 4 yrs old child diagnosed case of pneumonia suddenly deteriorated with worsening of respiratory distress. Right side of chest is bulging with hyper resonant percussion note over the area with diminished breath sounds. What is your immediate suspicion regarding complication of pneumonia?
- a) Massive pleural effusion
  - b) Empyema
  - c) Tension Pneumothorax
  - d) Lung abscess
  - e) Collapse of right side of lung
2. A 2 year old boy presented with cough fever and difficulty in breathing, his RR 50/min. There was no chest indrawing. Auscultation of chest reveals bilateral creptation. most probable diagnosis is
- a) very severe pneumonia
  - b) severe pneumonia
  - c) pneumonia
  - d) no pneumonia
  - e) severe disease
3. A 3 year old boy is brought to casualty by his mother with progressive shortness of breath for 1 day. The child has history of bronchial asthma. O/E child is blue, unresponsive and has difficulty in breathing. What will you like to do first
- a) Intubate
  - b) Administer 100% O2 by mask
  - c) Ventilate by bag and mask
  - d) Administer nebulized salbutamol
  - e) IV terbutaline
4. You received a 7 years old child in emergency with 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 management of child which one of the following is not a quick reliever medicine?
- a) Inhaled short-acting  $\beta$ -agonists
  - b) Systemic corticosteroids
  - c) Anticholinergic drugs (Ipratropium)
  - d) Injectable sympathomimetic (epinephrine)
  - e) LABA ( long acting  $\beta$ -agonists)
5. Six years old boy presented in emergency room with H/O high grade fever for five days and 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
6. A 3 yrs old child diagnosed case of pneumonia deteriorated with worsening of respiratory distress. Right side of chest is bulging with dull percussion note over the area with absent breath sounds. What is your immediate suspicion regarding complication of pneumonia?
- a) Massive pleural effusion
  - b) Empyema
  - c) Tension Pneumothorax
  - d) Lung abscess
  - e) Collapse of right side of lung
7. Regarding diagnostic evaluation of asthma, which of the following statement is not true
- a) Spirometry reveals low FEV<sub>1</sub>/FVC ratio <0.80 FVC ratio which is <0.80
  - b) After exercise challenge there is almost 15% improvement in FEV<sub>1</sub>
  - c) Daily peak flow or FEV<sub>1</sub> monitoring has day to day and/or am-to-pm variation of  $\geq 20\%$



Exhaled nitric oxide is also a marker of airway inflammation and can be measured to support diagnosis.

8. A 5 years old girl comes to an asthma follow up clinic with complaints of daytime symptoms for > 2 times/ and night time 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
- d) Severe persistent asthma

9. 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

10. A 7 years old boy presents in outdoor with history of fever for 1 month associated with anorexia and weight loss. History of contact with tuberculosis is also present. On examination, the only positive finding is cervical lymphadenopathy. Most likely diagnosis is tuberculosis. The confirmation of tuberculosis in this case is possible by?

- a) Chest X-ray
- b) CBC with ESR
- c) MycoDot test
- d) Lymphnode biopsy with culture
- e) Tuberculin skin test

11. Among which of the following is not true regarding exudative pleural effusion

- a) Polymorphonuclear leukocytes (neutrophils)
- b) Lactate dehydrogenase > 1000 U/L
- c) Ph is < 7.10
- d) Protein is < 3g
- e) Glucose is low < 40mg/dl

12. A 5 years old boy comes to outdoor with history of fever for 5 days. Fever is high grade intermittent and on examination the patient is pale and spleen is palpable. The most likely diagnosis is malaria. Among which of the following is not the clinical feature of malaria?

- a) Anemia
- b) Fever with chills and shivering
- c) Splenomegaly
- d) Myalgia and backache
- e) Rose spots

13. Enteric fever is a preventable disease. Among which of the following is not a preventive measure for enteric fever?

- a) Provision of clean drinking water
- b) Promotion of frequent hand washing and other hygienic practices.
- c) Identification and treatment of carriers.
- d) Keep the infected person isolated
- e) Vaccination against enteric fever

14. A 10 years old boy is on your regular follow-up with diagnosis of moderate persistent asthma. He is going well with his long term management. How much duration is required to step down his long term management?

- a) At least 3 months
- b) At least 6 months
- c) At least 12 months
- d) At least 9 months
- e) At least 10 months

diagnosis  
2 times  
to dise

6 Years old boy came with history of respiratory distress for 1 day. he came 4 days back in OPD with history of fever and cough and having right sided creptations at that time. now here are decreased chest movements and decreased breath sounds on right lower side of chest and percussion note is stony dull. what is your likely diagnosis.

- a) Pneumothorax
- b) Pleural effusion
- c) Lung abscess
- d) Lobar pneumonia
- e) Bronchiolitis

16. Which of following parameter of lung function test is decreased in asthma patient

- a) FVC
- b) FEV1
- c) FEV1/FVC **< 0.80**
- d) Residual volume
- e) Total lung capacity

17. 3 year boy come from outside of home with severe cough and respiratory distress. he was playing with children. he is cyanosed and O/E breath sounds are diminished on left side of chest. What is your likely diagnosis

- a) lobar emphysema
- b) Pneumothorax
- c) Foreign body
- d) bronchiolitis
- e) croup

18. 22 months old boy presented with low grade fever, cough and respiratory distress for 2 days. previously he was well. O/E his RR is 50/min. there are subcostal intercostals recessions and bilateral ronchi. chest xray shows overinflated lungs. which of following organism is responsible for this condition?

- a) Staphylococcus aureus
- b) Pneococcus
- c) Mycoplasma
- d) Respiratory syncytial virus
- e) Streptococcus

19. 7 years old came to ER with severe respiratory distress and cyanosis for 4 hours. he has recurrent attacks of wheezing and has been treated as case of asthma. emergency treatment was given to him but there was no improvement. his chest was auscultated by senior having no breath sounds on left side with hyperresonant percussion note. what immediate investigation you will do in this patient

- a) Direct laryngoscopy
- b) Indirect laryngoscopy
- c) Chest XRAY PA view
- d) Chest ultrasound
- e) CT scan chest

20. 5 months old infant brought by parents with history of low grade fever and running nose from 2 days now patient has increased respiratory rate and audible ronchi all over the chest. what is your likely diagnosis

- a) Bronchopneumoniae
- b) laryngotracheobronchitis
- c) Bronchiolitis
- d) Epiglottitis
- e) Foreign body inhalation



Period

Abiray

Abdul Wahid  
(9)

### Class test final year (July)

#### MCqs

1) 2 years old child came with history of diarrhea for 3 days child is irritable and taking ORS. he has sunken eyes his BP is 90/60 mmhg According to IMNCI child comes under classification of

- a) Moderate dehydration
- b) Some dehydration
- c) Severe dehydration
- d) No dehydration
- e) Mild dehydration

2) 3 YEARS old child having complaints of vomiting and loose motions for 4 days. o/e patient is dehydrated and having distended abdomen. his labs shows.

Na = 140 meq/lit

K = 2.5 meq/lit

What will be ECG findings in this patient

- a) Prolong QRS complex
- b) Elevation of ST segment
- c) large U waves
- d) Prolong QT
- e) High voltage T waves

3) 4 years old child came to a doctor sitting at THQ with history of fever for 5 days and rash for 2 days. one of his cousin has same rash 1 week ago. patient has abdominal pain and having vomiting he is unable to take anything. How you will manage the patient

Measles

- a) Give IV antibiotics
- b) Give oral vitamin A (b or d)
- c) Give iv ondeneron
- d) Give iv antibiotic, treat hypoglycemia and refer patient (not taking anything)
- e) Admit patient in THQ

4) 3 years old child came in ER with respiratory distress for 1 day he has cough for 1 week. o/e there are bilateral crepitations. his abgs shows

PH = 7.25 PO<sub>2</sub> = 85% PCO<sub>2</sub> = 60 mmhg HCO<sub>3</sub> = 35 meq/lit what does this abgs shows

- a) Type 1 respiratory failure 35-45↑ 23-30↑
- b) Type 2 respiratory failure
- c) Severe metabolic acidosis
- d) Severe respiratory acidosis
- e) Compensated respiratory acidosis

5) 7 years old boy came to opd with history of fever and throat pain for 4 days. o/e bilateral tonsils are enlarged and cervical lymph nodes are tender and enlarged. How you will treat this patient?

- a) Refer urgently
- b) Give benzathine penicillin
- c) Give multivitamins to patient
- d) Admit the patient in hospital
- e) Give iv fluids to patient

6) A 4 years old girl came in EMT opd with history of pus coming from right ear for 30 days. She is also febrile. O/E there is tender swelling behind right ear. How will you classify patient according to IMNCI?

- a) Acute ear infection
- b) Chronic ear infection
- c) Persistent ear infection
- d) Mastoiditis
- e) Simple ear infection

7) A 4 years old child comes to you 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 prefers to play alone with his favorite 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
- e) Hypothyroidism

8) Three years old child was brought to E/R with H/O abdominal pain, nausea, vomiting and bloody diarrhea after 2 hours of ingestion of medication which was taken by her mother during pregnancy. On examination child was irritable, sick looking and dehydrated, all of the following are the measures to treat this condition except?

- a) Use pica
- b) Do stomach wash
- c) Activated charcoal
- d) Use specific antidote
- e) Keep NPO and start Intravenous fluids

9) A 5 years old child presents with confusion, increased salivation, lacrimation, fasciculations, miosis, tachycardia and hypertension. Which of the following poison can cause these manifestations?

- a) Opium poisoning
- b) Organophosphorous insecticide
- c) Dhatura
- d) Morphine
- e) Iron poisoning

10) 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) Naloxone
- d) Deferoxamine
- e) Vitamin K

11) Three years old child presented in emergency with history of sudden onset weakness of right side of the body along with h/o high grade fever and vomiting. On examination the child is sick looking, febrile, on left side power is 3/5, reflexes are brisk and planters are up going, on right side tone, power and reflexes are normal further examination reveals central cyanosis and an ejection systolic murmur close to left upper sternal border. X ray chest reveals reduced vascular shadows in the lungs bilaterally, which of following is the risk factor causing this condition?

- a. Head trauma
- b. Migraine
- c. Congenital heart disease (TOF)
- d. Congenital heart disease (VSD)
- e. Cardiac arrhythmia



12) 4 years old boy came in clinic and parents are complaining that he is not paying attention to studies, not seems to listen when spoken and get distracted easily. He always remains on go and also talks excessively. O/E you observe fidgeting of hands. All other examination is unremarkable. What is your most likely diagnosis

- a) ADHD
- b) Autism
- c) Hyperthyroidism
- d) lead poisoning
- e) Hypothyroidism

13) Parents bring a child with abdominal pain and vomiting for last 3 hours. His mother says he was previously normal but he noted that some of medicines from medicine box are missing, name written on those medicines are acetaminophen. Which labs you will send to see toxicity

- a) Renal function tests
- b) Complete blood count
- c) Rretics count
- d) liver function tests
- e) ESR

14) 4 years old girl came with fever and body rash for last 3 days. She is having cough, rhinorrhoea, oral ulcers and discharge from eyes. She has also vomiting and unable to take anything. His brother has measles 2 weeks back. How you will classify this according to IMNCI?

- a) Simple measles
- b) Measles with eye and mouth complication
- c) Severe complicated measles
- d) Rubella with eye complication
- e) Measles with only eye complications

15) In moderate dehydration fluids given are

- a) 50-75ml/kg iv fluids
- b) 100ml/kg iv fluids
- c) 200ml/kg iv fluids
- d) 50-70 ml/kg oral fluids ✓
- e) 100 ml/kg oral fluids ✗

Handwritten calculations:  
L1  
L2 = 12  
L3 = 2  
L4 = 5  
L5 = 12  
L6 = 2  
L7 = 9  
L8 = 12

### SEQs

1... Four years old child brought in OPD by mother with complaint that her child speak only single word, he does not play with other children's usually he play alone and he has restricted and repetitive behavior.

- a. What is most likely diagnosis? (2)
- b. How will you manage this patient?(3)

2... Five years old child was brought to emergency with history of unable to move his whole left side of the body since one day along with h/o high grade fever and vomiting. On examination the child is sick looking, febrile, on left side power is 3/5, reflexes are brisk and planters are up going. On right side tone, power and reflexes are normal further examination reveals central cyanosis and an ejection systolic murmur close to left upper sternal border. X ray chest reveals reduced vascular shadows in the lungs bilaterally.

- a. What is the most likely diagnosis? (1)
- b. How will you investigate this patient? (2)
- c. Write down the acute and long term management? (2)

# 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 ✗

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

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)

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