

FINAL YEAR MEGA CLASS TEST

MCQs

Total No: 50, Time 50 minutes

1. A known asthmatic 9 year old girl comes to emergency with an acute attack of asthma. She is breathless at rest and only able to speak in words. On clinical examination she has tachypnea and tachycardia with inspiratory and expiratory wheeze and 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 arrest

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

- a. Acute pharyngitis
- b. Vocal cord paralysis
- c. Laryngomalacia
- d. Croup
- e. Acute Epiglottitis

3. 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

4. A 6 week old infant is admitted to the hospital with history of persistent jaundice, dark urine and clay color stools. Patient is pale looking with distended abdomen liver palpable 3.5 cm and 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 likely to be responsible?

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

25. 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 you 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

26. 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 3.5 kg. Child has respiratory difficulty with tachycardia, tachypnea and high volume bounding pulses. He has a continuous machinery murmur of grade 4 at left 2nd intercostal 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

27. 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 great arteries
- d. Coarctation of aorta

28. 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

29. A 6 years old boy received in emergency with history of fits for the last 10 minutes. 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 2 years this is the third time that he developed such an 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

30. 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

31. 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

32. The vaccine use in EPI program against tetanus is

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

33. 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

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

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

39. On microscopic examination of CSF in suspected case of bacterial meningitis, the predominant white blood cells would be

- a. Lymphocytes (mononuclear cells)
- b. Neutrophils (PMN)
- c. Monocytes
- d. Eosinophils
- e. Macrophages

40. Which one of the following laboratory parameter is used to differentiate between prerenal and intrinsic type of renal failure.

- a. Complete urine examination and culture
- b. Assessment of serum urea and creatinine level
- c. Arterial blood gasses
- d. Fractional excretion of sodium (FENa)

41. A five years old girl received in emergency with vomiting and abdominal pain for one day and now patient is drowsy since morning. On clinical examination she is hypotensive, dehydrated with severe metabolic acidosis. On intake out put record patient is polyuric also. What is the most likely possibility?

- a. Acute renal shut down
- b. Diabetic ketoacidosis
- c. Diabetes insipidus
- d. Acute gastroenteritis

42. 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 scab formation 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

43. A 9 year old boy came to outdoor with complaints of fever for 10 days. Fever is high grade associated with anorexia, weight loss, malaise and abdominal pain. On clinical examination his tongue is coated with mild soft splenomegaly. There is suspicion of enteric fever. What laboratory investigation is confirmatory for the diagnosis of enteric fever?

- a. Blood culture
- b. Stool culture
- c. Urine culture
- d. Liver biopsy
- e. Widal test

50 All of the followings are true about poliomyelitis except?

- a. Polio can be prevented by vaccine
- b. There is complete cure of polio
- c. Deformities of the spine (such as scoliosis) can occur in poliomyelitis
- d. Oral vaccine is more effective than injectable vaccine
- e. Polio virus is transmitted by orofecal route