

FINAL YEAR MEGA CLASS TEST

MCQs

Total No:50, Time 50minutes

1. A 4years 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

2. 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 Anormalous Pulmonary venous Return

3. A 10month old infant received in emergency with complaints of irritability and difficult breathing for the last 5hrs. 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

4. 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

5. 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 stidor.

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

6. 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

RSV

7. 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

8. 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 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

9. 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

10. 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

11. 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

12. 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

$LDH > 1000$

13. A 10 Years old boy has presented with hematemesis. His mother had noticed anorexia, wt. loss, easy bruisability and a few episodes of melena over the last 6 months. His school performance and hand writing has deteriorated. He has been showing some behavioral problems as well. What is the most likely diagnosis?

- a. Chronic hepatitis B infection
- b. Chronic hepatitis C infection
- c. Hepatitis E infection
- d. Wilson disease
- e. Chronic autoimmune hepatitis

14. The vaccine use in EPI program against tetanus is?

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

15. 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

16. All of the followings are causes of left to right shunt except?

- a. Atrial septal defect
- b. Ventricular septal defect
- c. AV septal defects
- d. Patent ductus arteriosus
- e. Ebstein anomaly

17. Regarding Prevention of Hepatitis A infection, which statement is true?

- a. Vaccination is recommended for all children more than one year of age.
- b. Vaccine is indicated only after exposure
- c. Immunoglobulins are not indicated in immunocompromised children after exposure
- d. Vaccine is recommended at 6 months of age
- e. Just hand washing is sufficient to prevent spread

18. More than 50% of cases of bronchiolitis are caused by?

- a. Respiratory syncytial virus
- b. Adeno virus
- c. Metapneumovirus
- d. Mycoplasma
- e. Parainfluenza virus

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

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

20. Contraindication of lumbar 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

21. DIAGNOSTIC test for HAV is?

- a. Detection of IgM Antibodies in serum
- b. SGPT/ALT
- c. Stool examination
- d. Urinalysis
- e. Gamma glutamyl transferase

22. During a regular checkup on an 8-year old child, you note a loud first heart sound with a fixed and widely split second heart sound at the upper left sternal border that does not change with respirations. The patient is otherwise active and healthy. The mostly likely heart lesion to explain these findings is

- a. Atrial septal defect
- b. Ventricular septal defect
- c. Isolated tricuspid regurgitation
- d. Tetralogy of Fallot

23. 4 years old girl presented in emergency with complaints of high grade fever associated with nausea, vomiting and lumbar pain for the last 5 days. Physical examination is unremarkable. What is the likely possibility?

- a. Acute pyelonephritis
- b. Nephritic syndrome
- c. Cystitis with urethritis
- d. Hydronephrosis

24. A 6 years old girl received in emergency with complaints of abdominal pain and recurrent vomiting for 2 days and being drowsy since morning. She is known diabetic with history of poor compliance. After detailed clinical examination and laboratory workup, your diagnosis is diabetic ketoacidosis (DKA). Among which of the following is not the feature of DKA?

- a. Severe metabolic acidosis
- b. ketonuria
- c. Polyuria
- d. Hyperglycemia
- e. Hypotonic dehydration

25. Vaccine against which of the following disease is live attenuated?

- a. Tetanus
- b. Diphtheria
- c. Hepatitis B
- d. Measles
- e. Pertussis

26. Among which of the following laboratory investigations is not supportive for the diagnosis of Acute Poststreptococcal Glomerulonephritis

- a. Urinalysis demonstrates red blood cells (RBCs), often in association with RBC casts, proteinuria, and polymorphonuclear leukocytes.
- b. A mild normochromic anemia may be present
- c. The serum C3 level is significantly high and returns to normal 6-8 wk after onset.
- d. Confirmation of the diagnosis requires clear evidence of a prior streptococcal infection in the of rising antibody titer to streptococcal antigen.

27. What is the least common histopathological type of nephritic syndrome

- a. Minimal change disease
- b. Mesangial proliferation
- c. Focal segmental glomerulosclerosis
- d. Membranous nephropathy
- e. Membranoproliferative glomerulonephritis

28. Regarding 24hr urinary protein excretion, among which of the following is the nephritic range protein excretion

- a. $\leq 4 \text{ mg/m}^2/\text{hr}$.
- b. $4-40 \text{ mg/m}^2/\text{hr}$
- c. $>40 \text{ mg/m}^2/\text{hr}$.
- d. $>80 \text{ mg/m}^2/\text{hr}$.
- e. $>20 \text{ mg/m}^2/\text{hr}$.

29. A 10 month old child presents in emergency with history of being failure to thrive and persistent vomiting for 2 months. For laboratory work up, you advised to do arterial blood gases. Test result showed the values as follow:

pH = 7.54

PO₂ = 85 mmHg

PCO₂ = 35 mmHg

HCO₃ = 38

What is the abnormality?

- a) Respiratory Acidosis
- b) Metabolic Acidosis
- c) Metabolic Alkalosis with Respiratory Compensation
- d) Metabolic Acidosis with Respiratory Compensation
- e) Respiratory Alkalosis

30. 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

31. Among which of the following statement regarding prevalence of UTIs in pediatric age group is true

- a. Urinary tract infections (UTIs) occur in 1-3% of boys and 1% of girls.
- b. In girls, the first UTI usually occurs by the age of 5 yr, with peaks during toilet training. In boys, most UTIs occur during the 1st yr of life.
- c. UTIs are not much common in uncircumcised boys, especially in the 1st year of life.
- d. The prevalence of UTIs does not vary with age. It is same for male and female at any age.

32. A 6 years old girl comes to you in Opd with history of recurrent UTI. You want to evaluate her for presence of vesicoureteric reflex. Which one of the following imaging studies is used to confirm it?

- a. DMSA scan
- b. Abdominal ultrasonography
- c. Voiding cystourethrogram
- d. IVU

33. You are going to investigate a patient comes to you with complain of dysuria and hematuria. Your provisional diagnosis is lower urinary track infection. What findings would you expect on microscopic examination of urine.

- a. Many RBCs with normal morphology
- b. Many dysmorphic RBCs with RBC casts
- c. Many RBC casts with WBC casts
- d. Many dysmorphic RBCs with massive proteinuria

34. 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)

35. 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

36. 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

37. 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

38. One month old baby was brought in OPD with complaint of prolonged jaundice, more sleepy and constipation on examination dry coarse skin and coarse facial features, your clinical suspicion is hypothyroidism, which of the following is screening test performed for hypothyroidism?

- a. Thyroid ultrasound
- b. Technicium scan
- c. Only T3
- d. T4, TSH
- e. T3, TSH

39. Acute post – streptococcal glomerulonephritis is diagnosed when?

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

40. 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

41. The vaccine used in EPI program against tetanus is

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

42. Following is the composition of ORS?

- a. Sodium chloride, potassium chloride, trisodium citrate, glucose
- b. Sodium chloride, potassium chloride, trisodium citrate, sucrose
- c. Potassium chloride, trisodium citrate, glucose, potassium iodides
- d. Glucose, Sodium nitrate, potassium chloride, trisodium citrate

43. All of the following are the major criteria for the diagnosis of rheumatic fever except?

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

44. Which of the following type of VSD is more likely to be close itself?

- a. Muscular VSD
- b. Membranous VSD
- c. Supracristal VSD
- d. VSD with Pul. Stenosis
- e. Sinus Venosus

45. A 2 year old child is brought in out patients department with complaints of recurrent loose motions and pneumonia since 2 months of life. His height and weight are below 5th percentile, child is a product of consanguineous marriage. The most appropriate investigation to reach the diagnosis is?

- a. Stool C/E
- b. Immunoglobulin's level
- c. Sweat chloride test
- d. Tuberculin skin test
- e. Bronchoscopy

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

- a. IV Ringer's Lactate
- b. IV anti emetic injection followed by ORS
- c. Sip wise ORS 75ml/kg over 4 hrs
- d. Rehydration by nasogastric tube
- e. Frequent breastfeeding

47. 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

48. A 5 years old girl comes to you as diagnosed case of vesicoureteric reflex with recurrent UTIs. You want to put her on prophylaxis. Which one of the following statement is not true regarding long term management of recurrent UTIs.

- a) TMP-SMX, trimethoprim, or nitrofurantoin at 30% of the normal therapeutic dose once a day, is used as prophylaxis.
- b) A urine culture is recommended if there are symptoms or signs of a UTI.
- c) A VCUG and upper tract imaging is recommended every 12-18 mo.
- d) Penicillin derivatives are used at 30% of the normal therapeutic dose once a day is used as prophylaxis
- e) Annual assessment of the child's height, weight, and blood pressure was recommended.

49. A 15 years old girl presents in outdoor with complaints of short stature and delayed puberty. On clinical examination girl has some dysmorphic features like short and increased carrying angle, hypogonadism and coarctation of aorta. What result of chromosomal analysis would you expect?

- a. Mutation at chromosome 15q21.1
- b. Trisomy 21
- c. XO karyotype
- d. Defect at chromosome 4p16
- e. Normal chromosome analysis

50. A 10 years old boy presents in outdoor with short stature. On clinical examination his weight is good for his age and he has proportionate short stature. On physical examination there is no dysmorphic features and he has good cognitive development. His bone age is 8 years and he falls inside the family curve. What can be the cause for his short stature?

- a. Celiac disease
- b. Down syndrome
- c. Hypothyroidism
- d. Familial short stature
- e. Constitutional short stature