

(15)

Mohsin Abdul Wahid

13175

2016?

Send up final year examination (SEQs) Allotted time: 2:15min:

**Major**  
A 7 years old boy comes in emergency with complaints of high grade fever for 1 week and development of skin rash 2 days before. On physical examination child is febrile with an erythematous, macular, non itchy rash with pale centers present on the trunk and extremities. You also notice redness and swelling of his elbow and knee joints.

- a) What is the most likely diagnosis? **Rheumatic fever** 326 UHS.
- b) What will be your diagnostic approach? **(2) => Pg # 261 + 262**
- c) Give steps of acute and long term management. **(2) Pg # 263**

**Minor**  
A 10 years old boy comes to outdoor from an urban slum with history of high grade fever for 12 days. On physical examination, he is febrile, toxic and pale. He has soft abdomen, coated tongue and mild splenomegaly. There is no evidence of skin bleed. or lymphadenopathy.

- a) Give two differential diagnoses. **Typhoid fever, Malaria** 192 Book
- b) Describe diagnostic workup. **(1)**
- c) Give steps of management and preventive measures. **(2) Pg # 236 + 242 PA**

A 3 years old girl comes to you with history of poor growth. On clinical examination child is cyanosed and clubbed. There is no history of recurrent chest infections and chronic diarrhea. On auscultation of chest there is an ejection systolic murmur of grade 3 at left upper sterna border.

- a) What is most likely diagnosis? **TOF** **(1)**
- b) Give two differential diagnoses. **(1)**
- c) Give 2 common complications. **(1) => Pg # 323 UHS - Eisenmenger's Syndrome**
- d) Give your treatment plan. **(2) => Pg # 323 UHS - TRA with pulmonary stenosis**

**VA Pain absent sub-acute bacterial endocarditis**  
A 9 years old girl comes with the history of body swelling for 5 days associated with headache and dark color urine. On clinical examination there is generalized body edema with B.P of 130/90mm of Hg. Microscopic examination of urine reveals many RBCs RBCs cast and proteinuria.

- a) What is the most likely diagnosis? **APSG** **(1)**
- b) What important investigations you would like to do? **(2) => Pg # 563**
- c) Give your treatment plan. **Pg # 563 + 564 (2)**

(231)

(192)

(315)

(534)

5. A 3 years old boy received in emergency in state of generalized fit. His father tells you that he was suffering from high grade fever and vomiting for the last 2 days. On clinical examination child is febrile, drowsy with GCS of 12/15 and neck stiffness is present. There is no cranial nerve palsy or focal sign.

(340)

- Write down your diagnostic approach.
- What are immediate and long term complications?
- Give steps of management.

Bacterial meningitis  
 (1) Next sure  
 (2) 383 Book

6. You received a male newborn in NNU for routine checkup. On examination baby looks pale and rest of the examination is unremarkable. His mother has a history of an abortion and her blood group is B-ve. The laboratory investigations of baby reveal Hb -10gm/dl, serum bilirubin 8gm/dl and blood group B+ve.

(154)

- What is most likely diagnosis?
- How will you investigate him to confirm the diagnosis?
- Describe indications for exchange transfusion at birth.
- Give steps of management and associated complications

Ser. Bilirubin  
 CBC -  
 (1/2)  
 Blood group  
 Direct comb. test

7. Three years old boy presented in OPD with H/O left knee joint pain and swelling for last few days and no history of fever, rash or other joint involvement, child is product of non consanguineous marriage with previous history of prolonged bleeding after circumcision, investigation show HB 11g/dl, WBC 7000, platelets 170,000, BT normal, PT 13, control 14, APTT 55 control 30.

(425)

- What is likely diagnosis? (1)
- What investigations are needed to reach the diagnosis? (2)
- How will you manage this patient? (2)

425 Book  
 Family Hx  
 APTT ↑  
 CT ↑  
 BTE PT normal  
 VIT ↓

8. Seven years old boy presented in OPD with complaint of weight loss and polyuria for last two weeks. On examination patient is vitaly stable, weight is 21kg, urine complete examination reveal WBC 4, RBC 2, glucose +++, random blood sugar level is 320mg/dl.

(482)

- What is the provisional diagnosis? (1)
- Write at least two diagnostic criteria's for diagnosis of this condition? (2)
- Give three principals of treatment of this condition? (2)
- What are immediate and long term complications? (1)

481 Book  
 DM

9. Three years old boy was brought to E/R with H/O nausea, abdominal pain and bloody diarrhea and two episodes of blood stained vomiting after 5 hours of ingestion of medication which was taken by her mother during pregnancy. On examination child was irritable, sick looking and dehydrated. Investigations ABGs show metabolic acidosis, LFTs are deranged.

(592)

- What is most likely diagnosis? (1)
- What further investigation you will perform? (2)
- How will you treat this patient? (2)

592 Book  
 Don't toxicity / Iron poisoning  
 CBC  
 ABGs  
 LFTs