

MBBS FINAL YEAR SEND UP
Paediatric Medicine (Theory) SEQs

2017

Max : Marks 45

Time allotted 2 hours and 15 minutes

10 years old child presents to OPD with complaint of multiple episodes of hematemesis and melena off and on for last few months, history of jaundice 5 months back. On examination mild jaundice present, pedal edema, ascities and grade 2 clubbing present. Liver is 3 cm and spleen 2.5 cm palpable. Investigations show low HB, decreased total protein and Albumin, Hepatitis B and Hepatitis C -ve and serum ceruloplasmin level is less than 20mg/dl.

Wilson disease
359 UHS

- What is most likely diagnosis?
- Write down the supportive and specific investigations to reach the diagnosis?
- How will you treat this patient?

7 years old male child presented in OPD with complaint of recurrent epistaxis for last 2 months and bruises after trauma. On examination child is of average height and weight, having multiple bruises on different parts of body especially over legs, anemia present, No hepatosplenomegaly or lymphadenopathy, CBC shows HB 7gram/dl, TLC 3.8/cmm, platelets count 40000.

421 Book

- What is most likely diagnosis?
- Write down the investigations to reach the diagnosis?
- Write steps of management?

Aplastic anemia

write down the difference between oral polio vaccine and injectable polio vaccine?

Sabin OPV
Salk

37 Book

write down the benefits of breast feeding compared to bottle feeding?

79 Book

write down the contraindications of breast feeding?

80 Book

37, 79, 80

4. 7 year old child was brought in opd by mother with H/O bed wetting otherwise child
developmentally normal and average in school performance urine analysis reveal 2 to 3
pus cells, urine C/S negative, random blood sugar is 80mg/dl?

- (72)
- a. what is likely diagnosis? ~~water~~ **Nocturnal enuresis**
b. what further questions will you ask to reach the diagnosis?
c. write down the treatment options? **Anticholinergic**

Endo

5. 7 years old girl brought to OPD by mother with history of weight gain and poor school
performance for last 6 months and off and on H/O constipation. On examination she
have coarse facial features, anemia present, her height is 117cm at 10th centile and
weight is 26kg at 90th centile, no dysmorphic features.

- (472)
- a. What is most likely diagnosis? **Juvenile Hypothyroidism**
b. Write down the specific investigations to reach the diagnosis?
c. How will you treat this patient? **Thyroxin**

ID

6. A 7years old boy comes to outdoor department with history of fever for 1month which
used to be low grade intermittent associated with anorexia weight loss and night
sweats. There is also history of cough for the last 2weeks which is severe and more at
night. Patient is unvaccinated and lives in a small house with overcrowding. There is
also history of productive cough in his grandfather living in the same house.

- (227)
- a. What is the most likely diagnosis? **T.B**
b. How will you investigate him?
c. What would be your management plan?

8 years old boy received in emergency with history of shortness of breath for 2 days. In taking history you came to know that he is a known case of asthma for the last 2 years. Now for the last 2 months he has increased frequency of symptoms, despite of a good compliance. He has >2 per week of day symptoms and >2 per month of night symptoms. Clinical examination revealed that now he is in acute attack of asthma.

✓
✓
RUP?

(271)
Mild persistent

- What is the class of asthma according to the frequency of symptoms? *395 UHS*
- How are you going to manage this acute severe attack? *2-4mg Salbutamol, 2-4mg Beclomethasone, 2-4mg Prednisolone*
- How would you step up his long term management plan? *2-4mg Salbutamol, 2-4mg Beclomethasone, 2-4mg Prednisolone*

✓

8. A 9 years old child presents in outdoor with history of joint swelling and pain involving right knee and left ankle joint. On clinical examination joints are swollen, red and hot with restriction of movements. He also has a pan systolic murmur of grade III at Mitral area. Your plan is to admit the patient with provisional diagnosis of rheumatic fever.

(231)

- Discuss the diagnostic criteria for rheumatic fever. *ESR, CRP, ASO, Gellman*
- What would be your laboratory investigation plan? *ESR, CRP, ASO, Gellman*
- Describe steps of acute and long term management. *Aspirin, Penicillin, Digoxin, Corticosteroids*

PF 326 UHS

✓

9. A 3 years child comes to outdoor with complaints of not gaining weight. His mother tells you that he is among 5 siblings with close spacing. He has poor nutritional history and on clinical examination his weight is 6.5kg with generalized loss of muscle bulk and subcutaneous fat. Your immediate impression is malnutrition.

MARANO

- According to Gomez classification what degree of malnutrition he has? *3rd degree*
- Discuss different classification methods of malnutrition. *Score, Waterlow & Henry de Stearns*
- Enlist complication of malnutrition. *Infect, CR, coding*
- Give your management plan. *nutritional, provide social, antibiotic, a*

360 UHS

(92, 95, 96)