

# Final year MBBS Sem 4 up 2018

## Paediatric Medicine (Theory) SEQs

Max : Marks : 45

Time allotted: 2 hours and 45 minutes

1. A 7 years old girl is admitted in Pediatric ward with history of body swelling for the last 5 days. Her urine complete analysis reveals many RBCs with RBC cast and moderate proteinuria. While maintaining her chart, you observe readings of being hypertensive

- (534)
- a) What is the most likely diagnosis? (1) ⇒ Acute Post streptococcal GN
  - b) How will you further investigate her to support provisional diagnosis (2) ⇒ UHS # 386
  - c) Give steps of management (2) ⇒ UHS # 386

2. A 4 years old boy comes to outdoor with complaint of not gaining height. On clinical examination, his height is below 10<sup>th</sup> percentile. There is also bowing of legs and widening of wrists with frontal bossing.

- (487)
- a) What is the possibility? ⇒ Rickets Rickets (1)
  - b) What laboratory investigations are required to confirm it? (2) ⇒ UHS # 352
  - c) Give steps of management (2) ⇒ UHS # 353

3. A 10 year old girl received in emergency room in state of fit which is generalized tonic clonic associated with frothing and urinary incontinence for the last 10 minutes. She was alright before this episode with no history of fever, headache or vomiting. According to her father this attack is for the third time in the last 2 years with fit free interval of almost 5 to 6 months.

- (357)
- a) What is the diagnosis? ⇒ Generalized epilepsy (1)
  - b) How will you manage this episode of fit? (2) ⇒ UHS # 344 Q6
  - c) What is the long term management? (2) ⇒ UHS # 344 Q6

4. 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.

- (315)
- a) What is most likely diagnosis? ⇒ ToF (1) ⇒ Tetralogy of Fallot
  - b) Give 2 common complications. (2) ⇒ UHS # 324
  - c) Give your treatment plan. (2) ⇒ UHS # 324

5. A 10 months old infant comes to outdoor with complaints of respiratory difficulty and cough for 3 days. On clinical examination child is tachypnic with respiratory rate of 66/minute and subcostal and intercostal recessions. His mother also complains of disturbed sleep and poor feeding.

- Severe Pneumonia
- a) Classify patient according to ARI program. (1) ⇒ UHS # 396
  - b) Describe ARI program. (4) ⇒ UHS # 396

(250) ↓  
250 Book

ARI → Acute Respiratory Infection

5/ Two years old child presented in opd with H/O of high grade fever for 2 days, vomited, loose motion for one day, according to his mother he passes 4 to 5 loose stools per day associated with blood. On examination child was febrile, fever recorded up to 102°f and signs of some dehydration were present.

~~Acute Diarrhea~~ (1) ⇒ Acute diarrhea

- a) What is most likely diagnosis? (1)  
 b) Name common organisms causing this condition? (1)  
 c) How will you manage this patient? (2) 52 P.A → new  
 d) Write at least two complications? (1) 58 P.A → old

BA  
 P.A # 205  
 Bacillary  
 Dysentery  
 (189)

Dehydration, Shock, metabolic acidosis, Malnutrition, DIC, Death.

7/ Previously healthy eight years old boy presented in OPD with history of poor school performance and not gaining height for last two years. He also has history of cold intolerance. His weight is 34 kg and Height is below 5<sup>th</sup> percentile.

- a) What is the likely diagnosis? Juvenile (acquired) hypothyroidism (1) 472 P.A  
 b) Write down important investigations to reach the diagnosis? (2)  
 c) How will you treat this patient? (2)

(472)

8/ Seven years old male child was brought in OPD with complaint of fever, body aches for 15 days and petechial rash over different parts of body for 3 days. On examination child was sick looking, pale and had bone tenderness. Further examination revealed generalized lymphadenopathy and hepatosplenomegaly.

- a) Write at least two differential diagnosis? (1) ALL, ITP, lymphoma, Aplastic anemia  
 b) How will you investigate this patient? (2) Infectious mononucleosis.  
 c) How will you treat this patient? (2) Imbibi

365 UMS  
 (436)

9/ A 6 days old baby was brought to neonatal unit with complaints of not feeding well & jerks for 2 days. He was born at home to G6P5, unvaccinated mother. O/E, his weight was 3.2 kg, was afebrile & rest of vital signs were normal. Umbilical cord was septic & he was unable to open the mouth. He was alert but started convulsing whenever touched.

- a) What is the Provisional Diagnosis? (1) Tetanus  
 b) Enlist 2 differential diagnoses? (2) Bacterial meningitis, encephalitis, Epilepsy  
 c) Give steps of Management? (2) P.A # 236

P.A # 233  
 (206)

207 P.A