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Roll # F15-054

Same Scenarios
as in 2019 send up

Final year MBBS send up 2020

Pediatrics Medicine (Theory) SEQs

Max: Marks: 45

Time allotted: 2 hours and 45 minutes

1. Eight years old child was brought in OPD with complaint of fever, generalized body aches for 10 days and petechial rash over different parts of body for 3 days. On examination child was sick looking, pale and had bone tenderness. There is generalized lymphadenopathy. Lymph nodes are not matted together and non-tender and of different sizes. There is hepatosplenomegaly.

- a) Write at least two differential diagnoses? (1) ALL (1436)
b) How will you investigate this patient? (2)
c) How will you treat this patient? (2)

2. seven days old baby was brought to neonatal unit with complaints of not feeding well & jerks for 2 days. He was born at home by a Dai to G6P5, unvaccinated mother. O/E, his weight was 3.2 kg, was afebrile & rest of vital signs were normal. Umbilical cord was dirty & he was unable to open the mouth. Otherwise he was alert but on touch he started convulsing.

- a) What is the Provisional Diagnosis? (1) Tetanus (206)
b) Enlist 2 differential diagnoses? (1)
c) Give steps of Management? (2)
d) How this condition can be prevented? (1)

3. Ten 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. There are bilateral crepts on auscultation of lungs. His mother also complains of disturbed sleep and poor feeding.

- a) What is most likely diagnosis (1) Pneumonia (259)
b) Enlist three causative organism of this condition?(1)
c) How will you manage this patient? (2)
d) How can you prevent this condition?(1)

• Bronchiolitis
if age below
2 months &
disease not
so severe

4. Three years old child comes to you with history persistent cyanosis since birth and failure to thrive. According to mother he had multiple episodes of cyanotic spells for which he remained admitted in hospital. There is no history of recurrent chest infections. On clinical examination child is having central and peripheral cyanosis and he is clubbed and on systemic examination, there is an ejection systolic murmur of grade 3 at left upper sterna border.

- a) What is most likely diagnosis? (1) TOF
b) Give 2 common complications. (2) (3VS)
c) Give your treatment plan. (2)

5. Two years old child presented in OPD with H/O bloody diarrhea, vomiting and for one day. According to his mother he passes 4 to 5 loose stools per day associated with blood. On examination child was febrile and toxic, fever recorded up to 102°f and signs of some dehydration were present.

Bacillary dysentery (189)

- a) What is most likely diagnosis? (1)
- b) Name common organisms causing this condition? (1)
- c) How will you manage this patient? (2)
- d) Write at least two complications? (1)

6. Ten years old boy 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.

- a) What is the diagnosis? (1) *Epilepsy (Grand mal type)*
- b) Give two differential diagnosis (2)
- c) Write down the acute and long term management plan of this patient? (2) *(357)*

7. Seven years old girl is admitted in pediatric ward with history of generalized body swelling for the last 15 days. Swelling started from periorbital region and progressively increased. There is free fluid in abdomen. Urine examination shows 3+ protein.

- a) What is the most likely diagnosis? (1) *Nephrotic syndrome*
- b) How will you further investigate her to support provisional diagnosis (2) *(539)*
- c) Give steps of management (2)

8. Six years old boy came to outdoor with complaint of not gaining height. On clinical examination, his height is below 10th percentile. There is also bowing of both legs and prominent forehead.

- a) What is most likely diagnosis? (1) *Rickets (487)*
- b) How will you investigate him? (2)
- c) Give steps of management (2)

9. Ten years old child presented in emergency with complaint of abdominal pain, vomiting & deteriorating conscious level of one day duration. He has been drinking excessive water and weight loss for the last two weeks. On examination, he is dehydrated with respiratory rate of 40/min with acidotic breathing.

DKA (384)

- a) What is the most likely diagnosis? (1)
- b) Write down the investigations which help in diagnosis with justification? (2)
- c) How will you manage this patient? (2)