



THE SUPERIOR COLLEGE, LAHORE

Final PROFESSIONAL MBBS  
SUPPLEMENTARY EXAMINATION 2018  
PAEDIATRICS

SEQ'S

Bilal

Time Allowed: 2 HOURS

Roll No. \_\_\_\_\_

Total Marks: 45

Instructions

1. Attempt all questions.
2. All question carry equal marks.
3. The SEQ's part is to be submitted within 2 hours, Extra time will not be given.
4. Neat Hand Writing use of margin and marker for headlines will increase the presentation of your paper.
5. Do not write your name or disclose your identity in anyway.

1. A 7 years old girls presents in outdoor with complaints of abdominal pain and vomiting for 5 days. On examination she has tender hepatomegaly and yellow discoloration of eyes. There is no evidence of ascites and spleen is not enlarged.

- (294)
- a. What is the most likely possibility? (1) Hep. A Hep.
  - b. How will you confirm the diagnosis? (2) 294 (P.A)
  - c. Give steps of management. (2)

2. A 6 years old boy presented in the casualty department in state of fit. He is unvaccinated with history of cough and fever for 1 month; headache and vomiting for 10 days. On examination he is comatose with GCS 8/15. His pulse rate is 80/min, respiratory rate 30/min, temperature 101F, blood pressure 140/90. His CSF examination showed:

Protein 200mg/dl      Glucose 30mg/dl  
WBC 1000cell/ mm<sup>3</sup>      Lymphocytes 95%      Neutrophils 5%

- (347)
- a. What is the most likely diagnosis? (1) Meningitis
  - b. How will you treat? (2)
  - c. Give 3 complications? (2)

3. A 2 year old child was brought to emergency with history of high grade fever and drooling of saliva for one day. On examination patient is febrile; toxic and in respiratory distress with stidor.

- (253)
- a. What is the most likely diagnosis? (1) Epiglottitis
  - b. What is the causative organism? (1) H. influenzae
  - c. How will you confirm it? (1) neck (soft tissue)
  - d. Give steps of treatment? (2)

4. A 7 years old boy comes to outdoor with history of high grade intermittent fever for the last 2 week. There is also history of anorexia, malaise, abdominal pain and occasional vomiting. On clinical examination child is febrile, toxic with hepatosplenomegaly.

- (192)
- a. Give two differential diagnoses. (1) 192 PA
  - b. How will you investigate him further? (2)
  - c. Give steps of management (2)

P.T.O

5. An 9 years old girl comes with history of peri-orbital puffiness & headache for 3 days. The history of decreased urine output and urine is dark in color. According to her mother she has skin lesions one week ago and now her BP is 135/90mmhg.

Urine analysis:

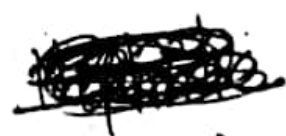
Dark color

Many RBCs

Protein trace +ve

(534)

ACN



- What is the most likely diagnosis? (1)
- How will you investigate? (2)
- What is the treatment? (2)

6. A 9 months old child brought to emergency room with complaints of respiratory difficulty for 2 days and being reluctant to feed since morning. His clinical examination reveals that he is not thriving well with weight of 4kg. There are intercostals recessions and bilateral crepitations. There is a pansystolic murmur of grade 3 at lower left sternal border and baby is not cyanosed.

VSD  
(324)

- What is most likely diagnosis? (1)
- How will you investigate him? (2)
- Give steps of management. (2)

VSD

7. A 32 years old woman delivered a full term baby boy through emergency C-section due to decreased fetal movements. At the time of delivery baby was received with no cry. With initial resuscitation, baby has weak cry with APGAR score of 6/10 at 5 minutes. Baby is hypotonic with exaggerated neonatal reflexes and bilateral constricted pupils.

(132)

- What is the most likely possibility? (1)
- What are the clinical parameters and how do you use it to assign an APGAR? (2)
- What are expected complications and prognosis in the given case? (2)

Hypoxic Ischemic encephalopathy (stage 2)  
AKDS

8. An 18 months old child presents in the OPD. His mother is worried that he has not started walking but he can stand with support. She also complains that he remains irritable all the time. He also has history of delayed eruption of teeth. On examination, he has open anterior fontanel & wide wrists.

(487)

- What is the probable diagnosis? (1)
- How will you investigate it? (2)
- How will you manage this patient? (2)

Rickets Rickets

9. An One year old boy presented in OPD with history of progressive pallor for 3 months associated with loss of appetite and irritability, he is on breast feeding, weaning is not started yet. His weight is 6 kg. He is markedly pale with no hepatosplenomegaly. He has: Hb: 8 gm/dl, Retic. Count: 1%, TLC:  $5.1 \times 10^9/L$  & Platelets:  $450 \times 10^9/L$ .

(411)

- What is the most likely diagnosis? (1)
- What 3 other investigations will help in diagnosis? (2)
- How will you treat? (2)

iron deficiency anemia  
4-12 PA