

PROFESSIONAL MBBS
SUPPLEMENTARY EXAMINATION 2019

PAEDIATRICS

(SEQ's)

Roll No. 14904

Total Marks: 45

Instructions

The SEQ's part is to be submitted within 2 hours. Extra time will not be given.
Please use of margin and marker for headlines will increase the presentation of your paper.
Do not write your name or disclose your identity in anyway.

1. Eight years old male child presented in OPD with complaint of fever for last 5 days, followed by painful swelling of right knee joint which persisted for 4 days. After 4 days knee joint pain and swelling settled but simultaneously involved left elbow and wrist joint. On examination patient was febrile, sick looking and left elbow and wrist joints were swollen and tender to touch with limitation of movement. Further examination revealed systolic murmur audible at apical area.

Rheumatic fever

- A. What is the probable diagnosis? (1) - ① (231) RF
- B. What further history and examination and investigations are required for diagnosis? (2) - ②
- C. Write down the short term and long term management for this patient? (2) - ②

2. Three days old baby boy delivered by SVD to G2P1 mother, admitted in neonatal intensive care unit with history of jaundice developed within 24 hours of life which is progressively increasing. Otherwise baby is conscious and alert. Mother received anti D injection immediately after delivery which was missed in first pregnancy. Serum bilirubin level of baby is 18mg/dl, with predominantly indirect hyperbilirubinemia. On examination weight is 3.5kg, there is jaundice and pallor on examination while rest of his systemic examination is unremarkable.

Rh incompatibility

- A. What is most likely diagnosis with justification? (1) - ①
- B. Write five investigations to reach the diagnosis. (2)
- C. How will you treat this baby? (2)

(154)

3. Four years old child presented in OPD with complaint of recurrent diarrhoea for last one year. According to his mother he passes 2 to 3 large and foul smelly stools per day which are difficult to wash. On examination patient is pale, having grade two clubbing and generalized muscle wasting, weight is 11 kg and height is 94cm.

Celiac Disease

- A. What is most likely diagnosis? (1)
- B. Give at least 3 investigations to confirm the disease? (2)
- C. How will you manage this patient? (2)

5

(289)

P.T.O

Cerebral Malaria

4. Five years old girl presented in emergency with complaint of sudden onset of high grade fever recorded up 103°F associated with rigors. Fever is intermittent and between fever patient remain alright. For last one day she is also complaining of headache and vomiting. On examination she was febrile, pallor was positive and spleen was palpable 2cm below left costal margin, no other visceromegaly. No signs of meningeal irritation except positive neck stiffness.

Meningitis

Cerebral Malaria (353)

- A. What is the most likely diagnosis? (1) - 1
- B. Write important investigations to reach the diagnosis? (2) 1
- C. Name few complications if this condition not treated promptly? (2) 1

Pneumonia

5. Eight months old boy admitted in paediatric ward with complaint of fever, cough and respiratory distress for last two days. Two days before he had low grade fever and flu like symptoms. On examination temp: 99F, R/R is 55/min: with sub costal recessions and audible wheeze, otherwise he is active and alert and vaccinated up to date.

Red

Pneumonia (259)
Polio

- A. What is the most likely diagnosis? (1)
- B. Write down investigations to reach the diagnosis. (2)
- C. How will treat this patient? (2)

6. A 15 months old boy admitted in ward with history of fever, cough, flu and vomiting for last 3 days, on second day of admission mother noticed child was not bearing weight on his right leg and was crying. On examination he was not moving his right leg, muscle tone was decreased and decrease reflexes in right leg, rest of motor examination of other limbs was normal.

5 Polio (195)
APGN

- A. What is the most likely diagnosis? (1)
- B. Write down investigations to confirm diagnosis? (1)
- C. How can you prevent this disease? (1)
- D. Write down steps of management. (2)

7. Four years old child presented in emergency with history of single episode of generalized fit which persisted for few minutes. According to mother child had low grade fever and sore throat one week back. Mother also noticed child was passing dark colour urine. On examination child was afebrile, mild pedal oedema and BP 135/100 mmHg. CNS and rest of systemic examination was unremarkable.

Red

- A. What is likely the diagnosis? (1) - 1
- B. Write down the investigations to reach the diagnosis? (2) 1
- C. Give your management plan for this patient? (2)

AGN
ITP (534)

8. Four years old boy was brought in emergency with history of epistaxis for last two hours. On examination patient was vitally stable but had multiple petechiae and bruises on different parts of body and are of different stages. There is H/C (flu) like symptoms one week back. Child is a product of non-consanguineous marriage and no family history of bleeding disorder. His complete blood count reveals: TLC 7000, Hb 10 gm/dl and platelets count 25000.

Blood

- A. What is the most likely diagnosis? (1) - 1
- B. What further investigations are required to reach the diagnosis? (2) 1
- C. How will you manage this patient? (2) - 0.5

ITP
0.5 (429)

9. Three years old child presented in OPD with complaint of not gaining weight. On physical examination his weight is 6 Kg and height 75 cm. He has generalized loss of muscle and subcutaneous fat with poor dentition. Otherwise he is alert and has good appetite.

Malnutrition

- A. According to Gomez classification which degree of malnutrition he has? (1) 3rd
- B. Describe any two classification system for malnutrition (2) - 1
- C. Discuss steps of management (2) - 1

3rd degree
Marasmus (92, 95, 96)