

Max. Marks 45

Times Allowed 45 minutes

1. One year old child presented with fits and mental retardation. On examination there is spasticity in all four limbs with decreased spontaneous movements and brisk tendon reflexes. There is history of delayed cry. What is the most likely diagnosis?
- A Spastic diplegia
 - B Spastic quadriplegia
 - C Spastic hemiplegia
 - D Dystonic cerebral palsy
 - E Atonic cerebral palsy
2. A 2 years old child is brought to pediatric health clinic with history of cough and fever for 4 days and not taking feed for the last 12 hours. On examination child is irritable, conscious and respiratory rate is 60/minute. There are intercostal and subcostal recessions associated with nasal flaring. The child will be classified as suffering from?
- a) Pneumonia
 - b) No pneumonia
 - c) Severe pneumonia
 - d) Very severe disease
 - e) Respiratory failure
3. In emergency room you are treating a patient of acute renal failure. Patient is not improving and you are advised to do peritoneal dialysis. All the following are indications of peritoneal dialysis except?
- a) Volume overload with evidence of hypertension and/or pulmonary edema refractory to diuretic therapy
 - b) Persistent hyperkalemia refractory to medical treatment
 - c) Severe metabolic acidosis unresponsive to medical management
 - d) Neurologic symptoms (altered mental status, seizures)
 - e) Hypovolemic shock
4. You received a 7 years old child in emergency with difficulty in breathing since morning. On further inquiry you came to know that patient is known asthmatic for 2 years, now he has acute severe attack of asthma. Regarding management of asthma all the following are quick relievers except?
- a) Inhaled short-acting β -agonists
 - b) Systemic corticosteroids
 - c) Anticholinergic drugs (Ipratropium)
 - d) Injectable sympathomimetic (epinephrine)
 - e) LABA (long acting β -agonists)

5. 5 years old girl comes to you as diagnosed case of vesicoureteric reflex with recurrent UTIs. You want to put her on prophylaxis. Which one of the following statements is not true regarding long term management of recurrent UTIs?

- a) TMP-SMX, trimethoprim, or nitrofurantoin at 30% of the normal therapeutic dose once a day, is used as prophylaxis.
- b) A urine culture is recommended if there are symptoms or signs of a UTI.
- c) A VCUG and upper tract imaging is recommended every 12-18 mo.
- d) Penicillin derivatives are used at 30% of the normal therapeutic dose once a day as prophylaxis.
- e) Annual assessment of the child's height, weight, and blood pressure was recommended.

6. 12 years old girl presented in outdoor with short stature. On clinical examination she has proportionate short stature and delayed puberty with some dysmorphic features. Your final diagnosis is Turner syndrome. The most common cardiac lesion associated with Turner syndrome is?

- a) Ventricular septal defect
- b) Patent ductus arteriosus
- c) Coarctation of aorta
- d) Partial Anomalous Pulmonary Venous Return
- e) Tetralogy of fallot

7. A baby has just started crawling and there is eruption of two teeth. His head circumference is 45cm. The most likely age of the child is?

- a) 6 months
- b) 9-10 months
- c) 1 year
- d) 18 months
- e) 12 months

8. All the following are live attenuated vaccine except?

- a) BCG
- b) MMR
- c) OPV
- d) DPT
- e) Varicella vaccine

9. Characteristics of simple partial seizures include all of the following except

- a) May have sensory aura
- b) No postictal state
- c) Loss of consciousness
- d) Involve part of a body
- e) Abnormal EEG at the time of seizure

10. Which one of the following statements is not true for bacterial meningitis?

- a) *Streptococcus pneumoniae* is the commonest causative agent in an unvaccinated child.
- b) Hypoglycorrhachia (reduced CSF glucose level) is due to decreased glucose transport.
- c) Increased intracranial pressure is a common complication.
- d) Decreased CSF protein level is due to increased permeability of the blood brain barrier.
- e) Raised WBCs counts with predominance of neutrophils in CSF is suggestive of bacterial meningitis.

11. A 2 years old child presented with delayed walking. On examination there is scissoring posture of lower legs and child walks on toes. There are brisk tendon reflexes and ankle clonus is positive. What is most likely diagnosis

- a) Spastic diplegia
- b) Spastic quadriplegia
- c) Spastic hemiplegia
- d) Dystonic cerebral palsy
- e) Atonic cerebral palsy

12. A 6 years old girl received in emergency with history of fever for 15 days associated with progressive pallor, anorexia and weight loss. Now patient has bleeding from nose since morning. On clinical examination she is febrile, pale with multiple petechiae and bruises all over the body. There is no lymphadenopathy and hepatosplenomegaly. The most likely possibility is?

- a) Acute lymphoblastic leukemia
- b) Non Hodgkin lymphoma
- c) ITP
- d) Aplastic anemia
- e) Iron deficiency anemia

13. A 2 years old boy comes to you with some skin lesion along with low grade fever for 3 days. On clinical examination the lesion is discrete vesicular distributed all over the body. There is also history of same rash in his elder brother. The most likely possibility is

- a) Measles
- b) Scarlet fever
- c) Steven Johnson syndrome
- d) Chicken pox
- e) Rubella

14. The average time of closure of the anterior fontanel is

- a) 18 months
- b) 28 months
- c) 9 months
- d) 36 months
- e) 42 months

15. A 3 years old child comes to outdoor for evaluation of enlarged head. On clinical examination child is thriving well and developmentally normal. There is evidence of frontal bossing, prominent costochondral junctions and bowing of legs. Which one of the following will confirm the diagnosis?

- a) X-ray skull
- b) S/ 25-OH D3 level
- c) X-ray knee
- d) Thyroid profile
- e) Serum calcium level

16. Marked anterior cervical lymphadenopathy leading to the development of bull neck appearance is the feature of?

- a) Mumps
- b) Rubella
- c) Measles
- d) Diphtheria
- e) Chicken pox

17 All the following are often associated with idiopathic thrombocytopenic Purpura except,

- a. Hematuria
- b. Grossly enlarged Spleen
- c. Increased number of Megakaryocytes in Bone Marrow
- d. Reduction in the number of circulating Platelets
- e. Purpura in the skin & mucous Membrane.

18. A 9 year old boy comes to outdoor with complaints of fever for 6 days. Fever is high grade associated with anorexia, weight loss, malaise and abdominal pain. On clinical examination his tongue is coated with mild soft splenomegaly. There is suspicion of enteric fever. The confirmatory laboratory investigation for enteric fever in first week of illness is?

- a) Blood culture
- b) Stool culture
- c) Urine culture
- d) Liver biopsy
- e) Widal test

19. During a regular checkup on an 8-year old child, you note an ejection systolic murmur with fixed and widely split second heart sound at the upper left sternal border that does not change with respirations. The patient is otherwise active and healthy. The mostly likely heart lesion to explain these findings is?

- a) Atrial septal defect
- b) Ventricular septal defect
- c) Isolated tricuspid regurgitation
- d) Tetralogy of Fallot
- e) Patent Ductus Arteriosus

Tetralogy of Fallot include all of the following except

- a) Ventricular septal defect (VSD)
- b) Pulmonic stenosis
- c) Pulmonary regurgitation
- d) Overriding or dextroposed aorta
- e) Right ventricular hypertrophy

21. A 7 years old boy presents in outdoor with history of fever for 1 month associated with anorexia and weight loss. History of contact with tuberculosis is also present. On examination, the only positive finding is cervical lymphadenopathy. Most likely diagnosis is tuberculosis. The confirmation of tuberculosis in this case is possible by?

- a) Chest X-ray
- b) CBC with ESR
- c) MycoDot test
- d) Lymphnode biopsy with culture
- e) Tuberculin skin test

22. A new born delivered by elective LSCS at term, weighing 3.5 kg presented to NICU with R/R 75/min, HR 140/min. After 24 hours respiratory rate is 45/min and O₂ saturation is 95% in room air. Most likely diagnosis is:

- a) Respiratory distress syndrome
- b) Transient Tachypnea of Newborn
- c) Metabolic acidosis
- d) Congenital pneumonia
- e) Meconium aspiration syndrome

... weeks old infant presented to you for the first time for immunization. Which one is the appropriate
time of immunization at this age.

- a) OPV+DPT+HBV+HiB+ PCV
- b) OPV+DPT+HBV+HiB
- c) BCG+OPV
- d) HBV+DPT+HiB
- e) OPV+DPT+HBV+HiB+ Rota

24. Three years old child diagnosed case of iron deficiency anemia which of the following Lab. abnormality is expected.

- a) Increased Retic count
- b) Increased MCV
- c) Decreased platelets
- d) Decreased RDW
- e) Increased RDW

25. A 5 days old preterm baby is referred by a GP for consultation. On examination baby is vitally stable and there is machinery murmur present at upper sternal border on left side. Which of the following is the most likely cardiac lesion do you expect ?

- a) ASD
- b) VSD
- c) PDA
- d) TOF
- e) TGA

26. Ten month old boy diagnosed case of myelomeningocele was brought by worried parents about the risk of same condition in subsequent pregnancies is.

- a) 3%
- b) 5%
- c) 10%
- d) 15%
- e) 25%

27. Six years old child presented with the history of headache and vomiting for 6 hours and altered sensorium for 1 hour. He had seizures in Emergency department. On examination he is toxic looking, febrile, and neck stiffness present. He is noted to have 6th cranial palsy. A provisional diagnosis of Meningitis is made. Which would be the most effective antibiotic therapy

- a) Benzyl penicillin and gentamycin
- b) Azithromycin and vancomycin
- c) Ceftriaxone and vancomycin
- d) cefuroxime and ceftriaxone
- e) Ciprofloxacin and ceftriaxone

28. Which of the following organisms is the most common causative agent for meningitis in first 2 months of life.

- a) Group B streptococcus.
- b) Staphylococcus
- c) Pneumococcus
- d) H influenza
- e) Meningococcus

29. A patient was admitted to be investigated for short stature. Clinical features were suggestive of Turner syndrome. What will be the karyotyping.

- a) 46 XO
- b) 46 XX
- c) 45 XO
- d) 45 XY
- e) 47XY

30 A three years old girl presented with h/o high fever and coryza for 5 days. O/E she is toxic looking with generalized maculopapular rash. Her elder brother had same complaints two weeks back. Which of the following signs is characteristic of the disease

- a) Sand paper rash
- b) Strawberry tongue
- c) Koplik's spot
- d) Rose spots
- e) Erythema marginatum

31 In Down syndrome which one of the following is not present

- a) Hyperthyroidism
- b) Trisomy 21
- c) Hypotonia
- d) Duodenal atresia
- e) Simian crease

32 A six years old male presented with C/O gum bleeding and bruises over body for the last two months. HB is 9 g/dl. Platelet count is 25000. PT/APTT is normal, no previous history of bleeding from any site. Best treatment option is

- a) Whole blood transfusion
- b) Intravenous immunoglobulin
- c) Fresh frozen plasma
- d) Factor VIII concentrate
- e) Vitamin K

33 A 2 years old boy presented in emergency with severe dehydration. His mother gives h/o rice water stool for 2 days. How will you confirm the diagnosis.

- a) WBC count
- b) Typhidot test
- c) Stool culture
- d) Stool microscopy
- e) blood culture

34 A 7 years old boy presents with high grade fever and migratory joint pain for 2 days. There is H/O throat infection 2 weeks back. What is the drug of choice for this condition.

- a) Chloramphenicol
- b) Vancomycin
- c) Ceftriaxone
- d) Benzyl penicillin
- e) Cefotaxime

35 A 3 year old girl weighing 10 kg presented in emergency with history of loose motions for 2 days and vomiting for 2 days. On examination she has severe dehydration. Which of the following is the best treatment option according to WHO Protocol?

- a) 1000 ml of ORS IN 24 HOURS
- b) IV infusion OF 5% dextrose 500ml in 4 hours
- c) IV Infusion of Ringer's lactate 1000ml in 3 hours
- d) IV infusion of Ringer's lactate 1000ml in 6 hours
- e) IV Infusion of normal saline 1500ml in 4 hours

- of the following are causes of pathological jaundice except
- a) G6PD
 - b) Breast milk jaundice
 - c) Rh incompatibility
 - d) Biliary atresia
 - e) Neonatal hepatitis



37. Thirteen years old male child presents in emergency with c/o polyuria for one week. Vomiting and abdominal pain for two days, drowsiness for two hours. O/E temp 101 °F, R/R 38/min, H/R 90/min. Systemic examination is normal. Random blood sugar is 590 mg/dl which of the following is first immediate treatment option in this patient.

- a) Correction of metabolic acidosis
- b) Intravenous fluids normal saline only
- c) Intravenous fluids normal saline and insulin
- d) Antibiotics
- e) Correction of electrolytes imbalance

38. Two years old female child presented in OPD with progressive pallor. Investigations show HB 6.5 g/dl, serum ferritin 1.4 ng/dl and TIBC 595 µg/ltr. Her liver is palpable 2cm below costal margin. Which of the following would be best treatment

- a) Transfuse whole blood
- b) Transfuse Packed cells
- c) Platelets transfusion
- d) Oral iron supplements
- e) Intravenous furosemide

39. A 6 week old infant is admitted to the hospital with history of persistent jaundice, dark urine and clay color stools. Patient is pale looking with distended abdomen liver is palpable 3.5 cm. Her outpatient blood workup demonstrated a total bilirubin of 12 mg/dL with a direct portion of 4.5 mg/dL. Which of the following is the curative treatment of this disorders?

- a) Exchange transfusion
- b) Phototherapy
- c) Liver transplantation
- d) Hepatoporenterostomy procedure (kasai procedure)
- e) Enzyme replacement

40. Seven years old male child presented in opd with complaint of melena and hematemesis for last one week. On examination patient is pale, jaundiced and having hepatosplenomegaly. He is a diagnosed as case of Wilson disease. All of the followings are true regarding Wilson disease except?

- a) It can cause chronic liver disease
- b) Transmitted as autosomal dominant
- c) Involve brain and eyes
- d) Liver biopsy is diagnostic test for Wilson disease
- e) Serum ceruloplasmin is decreased in Wilson disease

41. Regarding 'serology' in HBV infection, which statement is true?

- a) HBs Ag: Surface antigen, indicates infection
- b) HBs Ab: Surface antibody, indicates immunity
- c) Hbe Ag: e antigen, indicates active viral replication
- d) Hbe Ab: e antibody, indicates cessation of viral replication
- e) All of above

42. Among which of the following is not true regarding exudative pleural effusion

- a) Polymorphonuclear leukocytes (neutrophils)
- b) Lactate dehydrogenase > 1000 U/L
- c) Ph is < 7.10
- d) Protein is < 3g
- e) Glucose is low < 40mg/dl

43. A mother is worried about the pustular lesion that has developed 4 wks after his BCG vaccination. You

- a) Prescribe oral antibiotic for 5 days
- b) Prescribe topical antiseptic.
- c) Order workup for TB.
- d) Just reassure the mother about its benign nature in which no treatment is required
- e) Prescribe paracetamol drops

44. The most common congenital heart disease in children is

- a) Atrio-ventricular septal defect
- b) Atrial septal defect
- c) Ventricular septal defect
- d) Patent ductus arteriosus
- e) Mitral regurgitation

45. A 20-month-old child is brought to the emergency department because of fever and irritability and refusal to move his right lower extremity. Physical examination reveals a swollen and tender right knee that resists passive motion. The most important test to confirm the impression of septic arthritis is

- a) Examination of joint fluid
- b) X-ray of the knee
- c) Erythrocyte sedimentation rate (ESR)
- d) Complete blood count (CBC) and differential
- e) Blood culture