

Pediatrics

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The Superior Group Mail - Blank Quiz



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Blank Quiz

1 message

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Fri, Apr 23, 2021 at 9:41 AM

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Here's what we got from you:

Blank Quiz

Email address *

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1. All the following are live attenuated vaccine except?

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

2. A 2 years old child presented with delayed walking. On examination there is scissorin posture of lower limbs and child walks on toes. There are brisk tendon

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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

3. A 2-year-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

4. A newborn 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

5. Six weeks old infant presented to you for the first time for immunization. Which one is the appropriate regime 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
↳ pentavalent

6. All of the following are causes of pathological jaundice except.

- a) G6PD (in 24 hours) ↳ within 24 hours of birth.
- b) Breast milk jaundice (>24 hours)
- c) Rh incompatibility (in 24 hours)
- d) Biliary atresia (>72 hours)
- e) Neonatal hepatitis (>72 hours)

(controversial)
(Not confirmed)

7. 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?

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

8. 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) d) Just reassure the mother about its benign nature in which no treatment is required ✓
- e) Prescribe paracetamol drops.

9. A 2 years old boy is diagnosed with nephrotic syndrome. Which one of the following is the most likely underlying pathology ?

- (a) a) Minimal change disease ✓
- b) Mesangial proliferative disease
- c) Focal segmental glomerular sclerosis
- d) Finnish type microcystic disease
- e) Cystinosis

10. A 2-year-old boy presents with extremity swelling and proteinuria and is found on urine analysis. Minimal-change disease is suspected and you explain to the child's parents that this diagnosis

- (a) (A) is the most common cause of nephrotic syndrome in childhood ✓
- (B) has a peak incidence in children between 10 and 15 years of age
- (C) usually results in end-stage renal disease in 5–10 years
- (D) is characterized by normal serum lipids and cholesterol
- (E) typically has a poor response to corticosteroid treatment

11. Urine dipstick testing of a specimen obtained from a febrile 4 yr old child with acute viral gastroenteritis shows specific gravity 1.030, pH 5.0, 2+ proteinuria, and no blood cells. The most likely cause of the patient's proteinuria is:

- A. Transient proteinuria
- B. Nephrotic syndrome
- C. Orthostatic proteinuria
- (d) D. Acute glomerulonephritis ✓
- E. Chronic glomerulonephritis

12. A previously healthy 2-year-old boy is brought into the Emergency Department with a 3-day history of nonbilious and nonbloody vomiting and diarrhea. He has refused PO intake aside from occasional sips of juice and water. He has made little urine output in the last 12 hours. On physical exam, he is afebrile with a HR of 130. A blood pressure cannot be taken. Laboratory results reveal a BUN of 60, creatinine of 1.7, and a bicarbonate level of 14. What is the most appropriate first step?

- a. Bladder catheterization
- b. Intravenous furosemide
- (c) c. 20 mL/kg bolus of intravenous normal saline ✓
- d. Obtaining a renal ultrasound
- e. Renal biopsy

13. Two years old child who presented with fever and cough for two days and has a generalized tonic clonic convulsion for one day. Fit last for less than 5 minutes and there was single episode. On examination he is conscious and systemic examination is normal. What is the most likely diagnosis

- A. Meningitis
- B. Encephalitis

- C. Cerebral malaria
- (d) D. Simple Febrile convulsion ✓
- E. Epilepsy

14. A child with minimal change nephrotic syndrome (MCNS) has generalized edema. The skin appears stretched, and areas of breakdown are noted over the bony prominences. The child has been receiving Lasix twice daily for several days. Which does the nurse expect to be included in the treatment plan to reduce edema?

- A. An increase in the amount and frequency of Lasix.
- B. Addition of a second diuretic, such as mannitol.
- (c) C. Administration of intravenous albumin.
- D. Elimination of all fluids and sodium from the child's diet.

15. The parent of a child diagnosed with acute renal failure (ARF) asks the nurse why peritoneal dialysis was selected instead of hemodialysis. Which is the nurse's best response?

- A. "Hemodialysis is not used in the pediatric population."
- B. "Peritoneal dialysis has no complications, so it is a treatment used without hesitation."
- C. "Peritoneal dialysis removes fluid at a slower rate than hemodialysis, so many complications are avoided."
- (d) D. "Peritoneal dialysis is much more efficient than hemodialysis."

16. A 5 yr old boy presents with new-onset nephrotic syndrome. Which of the following clinical findings is most likely?

- A. Gross hematuria
- (b) B. Periorbital edema ✓

- C. Hypertension
- D. Pleural effusions
- E. Fever

17. A 2 yr old boy presents with a 2-wk history of gradually increasing periorbital and pedal edema. Urine dipstick testing reveals 4+ proteinuria and is negative for blood. Diagnostic studies are likely to show all of the following EXCEPT:

- A. Serum albumin 1.5 mg/dL
- (B) B. Serum cholesterol 130 mg/dL
- C. Serum creatinine 0.5 mg/dL
- D. Complement C3 100 mg/dL
- E. Urine protein to creatinine ratio 4.0

18. A 13 yr old boy with newly diagnosed nephrotic syndrome is seen in an outpatient clinic. Complications that may occur in this patient include all of the following EXCEPT:

- A. Deep vein thrombosis
- B. Spontaneous bacterial peritonitis
- C. Hypercholesterolemia
- ✓ D. Parasthesias

19. A male newborn infant is delivered by emergency cesarean section for severe fetal distress and placental abruption. Resuscitation is required in the delivery room. The infant develops gross hematuria and oliguric acute renal failure with a peak serum creatinine level of 8.0 mg/dL at 8 days of age. The most likely cause of the infant's acute renal failure is:

- A. Renal dysplasia

- B. Cortical necrosis
- C. Obstructive uropathy
- D. Acute glomerulonephritis
- E. Prerenal azotemia ✓

20. A 3 days old infant develops jaundice up to thigh. Mother blood group is O positive and baby has A positive, Hb is 17gm/dl. Most likely diagnosis is

- a. physiologic jaundice
- b. Rh incompatibility
- c. septicemia
- d. Extra hepatic biliary atresia
- e. ABO incompatibility ✓

21. During delivery of an infant who has an estimated gestational age of 42 weeks, you note that the amniotic fluid looks like pea soup and contains thick particles of meconium. Of the following, the MOST important initial step in the resuscitation of the infant is to

- a) Aspirate the gastric contents
- b) Initiate tracheal intubation
- c) Provide positive pressure ventilation
- d) Aspiration of secretions from nasopharynx and visualization of vocal cords for staining. ✓
- e) Chest compression

22. Four years old child presents in OPD with history of vomiting and loose stool for two days, now mother is complaining that baby is not passing urine for last 10 hours. What is the possible etiology of decreased urine output in this patient?



- a) Pre-renal ARF
- b) Renal ARF
- c) Post renal ARF
- d) UTI
- e) Nephrotic syndrome
- Option 6

23. Five weeks old child is brought in OPD with complaint of persistent jaundice and abdominal distension, according to mother baby passes dark urine and pale stools. On examination jaundice is positive, abdomen is distended with liver and spleen both are palpable. Most likely cause of Jaundice in this patient is;

- a) ABO Incompatibility
- b) Rh Incompatibility
- c) Crigler-Najar Syndrome
- d) Physiological Jaundice
- e) Biliary Atresia

24. 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

25. 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

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