



SUPERIOR UNIVERSITY

THE SUPERIOR UNIVERSITY

5TH PROFESSIONAL MBBS
ANNUAL EXAMINATION 2022

PEDIATRICS

(SEQ's)

Roll No. _____

Total Marks: 45

Time Allowed: 2 HOURS

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 Handwriting 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 4- Years old patient NM presented with 3 - days H/O continuous high-grade fever, irritability and generalized aches and pains of body. There is no history of sore throat, urinary problems, or skin rashes. O/E Sick, toxic looking, conscious, alert boy. HR 120/ min, BP=110/80 There are few petechial haemorrhages on soft palate. There is no organomegaly CBC TLC= 9800, P=70%. L=30%, Hb=12.7 Gm/dl. Platelet count 70000 (seventy thousand). Peripheral film is normal.

a) Give 3 differential diagnosis? → Malaysia, Typhoid, ITP, Leptospirosis (1.5)

b) What is most likely diagnosis? → Dengue (0.5)

c) What investigation will help in diagnosis? → CBC, Platelet ↓, Serology → urine isolation PCR (3) Antibody titer raised 4 fold.

2. Hina 5 years old girl presented in ER with history of persistent dry cough for last one day and severe chest pain of sudden onset one hour before arrival. Pain is aggravated by cough. She is a known case of bronchial asthma, and she is being properly managed according to protocol. O/E; Sick looking child, Temp=98.4 °F, RR= 65/min. HR= 120 /min. There is severe respiratory distress. Percussion note is hyper resonant on right side of chest. Breath sounds are diminished on same side. Pneumothorax
CBC. TLC =15000. P=78% L= 22%.

a) What is the cause of his chest pain? Pneumothorax (1)

b) What investigations will you carry out? x-ray, ABGs, PFTs. (2)

c) What are steps of emergency management? → needle thoracotomy. (2)

3. Amna 9- months old girl presented with H/o fever for last 12 hours and 2 episodes of generalized tonic clonic fits before admission. There is no previous history of fits in the past. Her developmental milestones are appropriate for age. She has received vaccination according to EPI schedule. Examination findings = healthy looking baby, fully conscious. Hydration is fair. Fever =102° F Signs of meningeal irritation are absent.

a) Give two differential diagnoses. Febrile Fits, epilepsy. (2)

b) What investigations will be helpful in diagnosis? CBC, Fever measurement, EEG, (1.5)

c) What steps will you take for emergency management of this case Electrolyte measur. (1.5)

↳ 340.

Blood glucose level.
Lumbar puncture → rule out meningitis

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4. A -3 weekdays old boy weighing 5400 grams presents with feeding problems, hoarse cry and persistent jaundice since the age of 4 days of life. His birth events are normal. Antenatal history is normal. Examination findings; healthy, afebrile, dull looking baby, with hoarse cry. Head circumference = 36 cm. Jaundice present. anterior fontanel is open and large. Moro's reflex is sluggish. CBC = TLC 12400 P= 67%. L = 30%. Hb= 15 gm/dl. Serum bilirubin; Total = 12.5 mg/dl. direct = 8.0 mg indirect= 4.2 mg.

High pitched cry

Phototherapy
Blood Transf
a.
IVIG

- a) What is diagnosis? Kernicterus (bilirubin encephalopathy). (1.5)
- b) What investigations will you order? LFTs, indirect Bilirubin level, EEG, (1.5)
- c) How will you treat? direct Bilirubin level, CBC (2)

5. A- 2 years old boy presents with one-day history of lump and swelling of right knee following minor trauma. He had nosebleed three time in last 3 months. One of his uncles has history of bleeding from gums off and on. Examination findings= an active, afebrile child with normal vital signs, few skin bruises. Right knee is swollen but non tender. APTT is prolonged LFT and RFT are normal

Haemophilia

- prevention of trauma
- Avoid aspirin
- Immunization
- Hep B
- supportive care
- tranexamic acid
for gum bleeding
- mild factor
& deficiency
↳ desmopressin
acetate
- severe
↳ factor 8
Administration

- a) What is most likely diagnosis? Haemophilia. (2)
- b) What other investigations will you do to confirm the diagnosis? → True family history, clotting profile, APTT prolong, PT, BT normal, CT Prodrp. (1.5)
- c) How will you manage? Factor VIII (1.5)

6. A- 3 years old girl presented in OPD with H/O loose stools for the last one year. She passes 3-4 motions per day. Stools are large, bulky, foul smelling without mucous and blood. She is vaccinated according to EPI. O/E, Weight is 9 kg, height is 85 cm. no signs of dehydration. She has anaemia and clubbing. Abdomen is protuberant without signs of free fluid in the peritoneal cavity. There is no organomegaly. Rest of systemic examination is normal. CBC shows: TLC= 12000, x-ray chest is normal

- a) What is most likely diagnosis? → Celiac Disease (1)
- b) Give 2 differential diagnosis? → Tropical sprue, Crohn, Lactose intolerance (0.5+0.5)
- c) How will you investigate? → Clinical, IgA Antibodies (Anti-transglutaminase), Antiendomysial IgA, Intestinal biopsy, Lactose int. (3)

7. A - 3 years old boy presents with 4-days history abdominal pain, fever and painful right knee. He has petechial rash over his buttocks. Examination reveals a sick looking boy, tossing in the bed with pain. Fever = 101 F. BP= 100/70. Right knee is swollen, and movements are restricted. Abdominal examination is normal. CBC shows TLC= 12500, platelet count 170,000/mm, Urine RE shows numerous RBC. APTT= 35 seconds normal

Septic

- a) What is most likely diagnosis? (1)
- b) Write two differential diagnoses: → SLE (2)
- c) What is the cause of hematuria in this case? (2)

8. A-9 months old girl presents with 2 days history of passing 10-12 motions per day. Stools are watery and contain blood. She is bottle fed. Weaning has not been started yet. She has not passed urine for last 6 hours Examination finding; drowsy child with sunken eyes. Weight is 7.5 kg RR= 40 /min, pulses are feeble. capillary refill time is 4 seconds.

Dehydration

- a) What investigation will you do? → CBC, stool culture, Urine ex., serum electrolyte (Na⁺, K⁺) (2)
- b) How will you manage? → Plan C Blood culture (Bacterial inf.) (3)

9. A 4-months old baby boy is brought with history of poor weight gain, fast breathing and feeding difficulty for last 3 months. Patient was born to healthy mother at 32 weeks of gestation. His birth weight was 1800 grams. On examination, weight = 4 kg, respiratory rate is 65/mi. Heart rate = 130/min. There is no cyanosis. Examination of CVS shows = high volume peripheral pulsations. Apex beat is present in 5th intercostal space outside mid clavicular line. Heart sounds are normal There is continuous murmur below left clavicle. Answer following questions.

- a) What is the most probable diagnosis? → PDA (2)
- b) Briefly describe 2 most important complications. CCF, Inf. endo, pulm. HTN. (2)
- c) Which congenital infection is associated with this disease? (1)
↳ congenital Rubella.