



SUPERIOR UNIVERSITY

THE SUPERIOR UNIVERSITY  
5<sup>th</sup> PROFESSIONAL MBBS  
2<sup>nd</sup> ANNUAL EXAMINATION 2022

PEDIATRICS

(SEQ's)

30 INSHALLAH

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

Total Marks: 45

Time Allowed: 2 Hours

Instructions

1. Attempt all questions
2. All questions 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.

Q1 A 2 years old previously healthy girl presented to the emergency with the complaint of passing decreased amount of urine for 36 hours. Few days ago she had an episode of bloody loose stool and vomiting. On examination, she is conscious, afebrile with no signs of dehydration. Liver is palpable 2 cm below the right costal margin. Spleen is not palpable. Few petechial spots are detected on both arms and abdomen. Investigations reveal Hb-9.0 gm/dL, TLC 125000/cm<sup>3</sup>, platelet count is 80,000/cm<sup>3</sup>, blood pH is 7.25, HCO<sub>3</sub> is 19, BSR is 90mg/dL. Blood urea is 78 mg/dL.

1. What is the likely diagnosis? (1)
2. What further investigations would you like to do? (2)
3. Enumerate the management steps. (2)

3

Q2 A 6 year old Ahmad is suffering from fever for last 3 weeks. He has multiple antibiotics but there is no relief. On examination there are multiple lymph nodes in cervical and axillary region. He also has hepatosplenomegaly. Investigations reveal Hb 5.5 gm/dL, TLC is 40,000/ul and platelet count is 40,000/ul.

1. What is the most likely diagnosis? (1)
2. Give two differential diagnosis. (1)
3. What further investigations would you like to do? (1)
4. Enumerate the steps of management. (2)

4

Q3 A 2 years old boy presented with the sudden onset of respiratory distress and pallor. On examination a pale looking child with severe respiratory distress, and peripheral cyanosis. HR is 195/min, BP is unrecordable. Heart sounds distant and there is gallop rhythm. Liver is 6 cm below the right costal margin.

1. What is the most likely diagnosis? (1)
2. What investigations would you like to do? (2)
3. How will you manage this patient? (2)

2

Q4. A 10 years old girl presented with 2 months history of right sided neck swelling. There is history of increasing cough over previous 2 weeks. Parents also complain about significant weight loss and fever at evening time.

1. What is the most likely diagnosis? (1)
2. Give 2 differential diagnosis. (1)
3. What investigations would you like to order? (1)
4. Enumerate steps of management. (2)

4

Q5. An 8 years old female presented with the history of severe respiratory distress for the last 24 hours. She also has history of similar attacks in the past. On examination, she has fever of 99.5°F, rhinorrhea and sore throat. There is B/L wheeze and supraclavicular recessions. On auscultation there is decreased air entry bilaterally.

1. What is the most likely diagnosis? (1)
2. How will you decide the severity of the disease? (2)
3. Give the steps of management. (2)

2

Q6. A 6 months old child presented in emergency with history of loose motions and vomiting for 3 days. On examination he is afebrile but drowsy. His eyes are sunken and skin elasticity is reduced. His oral intake is poor. Pulses are feeble and rapid.

1. Classify the child according to IMNCI. (2)
2. What immediate management would you like to do? (2)
3. What counselling will you do for home management? (1)

4

Q7. A 7 years old boy presented in emergency with fits which were tonic & clonic. He has history of similar episodes of fits previously. He has history of birth asphyxia. On examination the child is wasted with stiffness in all limbs. He is micro cephalic and unable to communicate.

1. What is the most likely diagnosis? (1)
2. What signs do you expect in neurological examination? (2)
3. Give steps of management. (2)

3

Q8. Mother brought her 8 years old child in outdoor due to his short height. He is smallest in his class. His school performance is otherwise good. He is not dysmorphic. On evaluation his height falls on the 5<sup>th</sup> centile. H

1. How will you approach this child? Give steps of evaluation. (2)
2. What initial investigations would you like to order? (2)
3. What is the most likely diagnosis? (1)

4

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A 7 years old girl presented in outdoor with the history of rash on buttock and legs. She also has complaint of abdominal pain, and pain in both knees, wrists and small joints of hand. She is afebrile. There is no hepatosplenomegaly or lymphadenopathy.

1. Give 3 differential diagnosis (1.5)
2. What investigations would you like to order? (1.5)
3. Enumerate steps of management of the most likely diagnosis. (2)

4