# PAEDIATRICS - PAPER 1 Final Examination for Medical Degrees – February 2023 Faculty of Medicine, University of Ruhuna

### Part A - Question No 1

Index No:
The natural power of breastfeeding is one of the greatest wonders of the world.
While breastfeeding may not seem the right choice for every parent, it is the best choice for every babyAmy Spangler
1.1 The 'Letdown reflex' is an essential component of successful breastfeeding. Describe briefly the 'Letdown reflex'.
(15 marks)
1.2. Failure to maintain 'good attachment' leads to lactation failure. List <b>five (5)</b> components
of 'good attachment'. (20 marks)

1.3 Describe briefly <b>five</b> (5) advantages of breastfeeding.	(20 marks)
1.4 List <b>two</b> (2) conditions of the baby in which breastfeeding is absolutely contr	aindicated. (10 marks)
1.5 'Fore milk' and 'hind milk' has a different composition. Explain.	(10 marks)
1.6 List five (5) differences between breast milk and unmodified cow's milk with	
their nutritional properties.	(25 marks)

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Part B - Question No 2

	Index No:
A 2 -year- old boy is admitted to the pediatric casualty war examination, his weight is 7.1 kg (<-3SD) and his length is 7.8 respiratory system is unremarkable except for tachypnea.	• •
He had prenatally diagnosed posterior urethral valves and abl	ation was done on day 3 of life.
. 2.1 What is the most likely diagnosis?	(20 marks)
2.2 List <b>five</b> ( <b>5</b> ) other clinical features you would look for to s in 2.1.	support the diagnosis mentioned (20 marks)
2.3 List <b>five (5)</b> most relevant investigations with expected fin managing this child on admission.	ndings that are useful in (20 marks)

	•••••
2.4 Briefly outline the management of this child in the acute stage.	(20 marks)
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	•••••
2.5 List <b>five (5)</b> important steps in long-term management.	( 20 marks)
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Part C - Question No 3

	Index No:
A three-year-old previously healthy child presented with a fever days duration.	and maculopapular rash of 3
3.1 List <b>five (5)</b> possible causes for this presentation.	(20 marks)
3.2 List <b>five (5)</b> important information in history that would help	to arrive at a diagnosis. (15 marks)
3.3 List <b>five (5)</b> physical signs that will help to make a diagnosis.	(20 marks)

$3.4$ On the $3^{rd}$ day of the illness, the rash was more confluent on the cheeks and progressed to the neck. There was circumoral pallor and inflamed tonsils.		
3.4.1. What is the most likely diagnosis?	(10 marks)	
3.4.2. Name the etiological agent.	(10 marks)	
3.4.3. Mention <b>two (2)</b> investigations to support your diagnosis.	(10 marks)	
3.4.4. Name a therapeutic agent you would select to treat this child.	(10 marks)	
3.4.5. List <b>two</b> (2) complications of this illness.	(10 marks)	

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Part D - Question No 4 Index No: - ......

4.1. A 3-week-old neonate, who had a birth weight of 3.0 kg, is admitted with probilious vomiting of 72 hours. On examination, the weight on admission is 2.6 kmoderately dehydrated.	•
4.1.1. What is the most likely diagnosis?	
4.1.2. Mention <b>two (2)</b> bedside observations to support the diagnosis.	
4.1.3. Name <b>two</b> (2) important investigations with the expected results that would managing the acute stage of the illness.	(20 marks)
4.1.4. Briefly outline the management of this child.	(20 marks)

4.2 A previously well nine-month-old infant is admitted with the complaint of intermittent episodes of excessive crying. During the episodes, he becomes pale and draws up his legs. He is well in between the episodes and afebrile. His abdomen is mildly distended.	
4.2.1. What is the most likely diagnosis?	(10 marks)
4.2.2. List <b>two (2)</b> other clinical features which would support the dia (4.2.1).	agnosis mentioned in
	(05 marks)
4.2.3. Mention the investigation with the expected finding that would con	of the diagnosis. (10 marks)
4.2.4. Briefly outline the management of this child.	(15 marks)

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Part E - Question No 5 Index No: - ..........

A 3-year-old boy was referred by the general practitioner for further evaluation of his bow legs. He is otherwise well and has no long-term medical problems. His growth and development are age appropriate. Examination of the cardiovascular, respiratory, abdominal and neurological systems are normal.			
The investigation results are	e as follows.		
Serum calcium	- 2.1 mmol/L	(2.2 - 2.6  mmol/l)	
Serum Phosphate	- 0.7 mmol/L	(0.8 - 1.5  mmol/l)	
Alkaline phosphatase	- 1650 U/L	(142 – 335 U/l)	
5.1 State the most likely cor	mplete diagnosis.		(10 marks)
5.2 Mention <b>five</b> (5) other ea	xamination findir	ngs you would expect in this child	(20 marks)
5.3 Mention <b>five (5)</b> predisp	oosing factors for	the above diagnosis mentioned in 5	.1
			(20 marks)

5.4 List two (2) further biochemical investigations you would perform on this ch	ild to
confirm the diagnosis.	(10 marks)
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5.5 Mantion and (1) radial acidal investigation you would norform on this shild w	with avenage of
5.5 Mention <b>one</b> (1) radiological investigation you would perform on this child v	<del>-</del>
findings.	(10 marks)
5.6 Outline the management of this patient.	(30 marks)
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Part F - Question No 6 Index No: - ..........

List <b>five</b> (5) features that are experienced by the patient / witnessed by the observer in an event of		
6.1.1. Childhood epilepsy with Centro-temporal spikes	(25 marks)	
6.1.2. Typical Childhood absence epilepsy	(25 marks)	
6.2. Name an anti-epileptic drug that is indicated for the treatment of		
6.2.1. Childhood epilepsy with Centro-temporal spikes	(5 marks)	

6.2.2. Childhood absence epilepsy	(5 marks)
6.3 Briefly mention how a routine EEG would help in the	management of the epileptic
disorder.	(15 marks)
6.4 Enumerate <b>five</b> ( <b>5</b> ) procedures adopted to make an EEG routine EEG.	G study more yielding than a
	(25 marks)