



**UNIVERSITY OF RUHUNA**  
**FACULTY OF MEDICINE**  
**GALLE**

**FINAL MBBS EXAMINATION - 04<sup>th</sup> MARCH 2009**  
**PAEDIATRICS PAPER I**

**1.00 p.m. – 4.00 p.m. (Three hours)**

1. There are six parts (A, B, C, D, E & F).
2. There is one question each in each part.
3. Answer all six questions.
4. Answer each question in the space provided.
5. Write the index number in the space provided on top of each part.

**Part A**

**Index No.....**

**Q1.** A 5 yr old boy presented with generalized oedema, haematuria, hypertension and right hypochondrial pain. Child has infected skin lesions in both legs.

**1.1 What is the diagnosis? (10 marks)**

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**1.2 List 6 investigations you would perform giving reasons. (40 marks)**

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### 1.3 Discuss the principles of the management.

(50 marks)

## Part B

Index No.,.....

**Q2** Write short notes

## 2.1 The diagnosis and management of iron deficiency anaemia in a child. (50 marks)

## 2.2 The causes and management of rickets in childhood.

(50 marks)

### Part C

Index no....

Q3

3.1 Define cerebral palsy.

(30 marks)

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3.2 Discuss the role of different members in the multidisciplinary team in the management of cerebral palsy. (7)

(70 marks)



## Part D

**Index no.....**

**Q4.** A five year old girl presented to the out patient department with a history of difficulty in walking and a limp for the past 10 days. She reported hitting her knee against a desk in the school prior to the onset of the symptoms.

On examination she was well looking without pallor. She had a few small lymph nodes palpable in the cervical region and conjunctival injection in her right eye. Upon questioning she admitted the soreness of the eye. There was no organomegaly. Her left knee was swollen with features of acute inflammation but there was no effusion.

#### 4.1 What is the most likely diagnosis?

(10 marks)

4.2 List the investigations you would perform to confirm your diagnosis. Give reasons.

**Five reasons.**  
(40 marks)

4.3 What is the most important complication to be anticipated in this child if not detected and treated properly? (15 marks)

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4.4 How would you detect and manage the complication mentioned in 4.3? (15 marks)

4.5 List the different groups of pharmacological agents that are used to manage this condition and mention their adverse effects. (20 marks)

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## Part E

Index no. ....

**Q5.** A six month old infant was brought to the hospital with the features of hydrocephalous.

5.1 List the clinical features and describe how they would help in finding out the aetiology. (30 marks)

5.2 List the possible causes of hydrocephalus in this patient.

(20 marks)

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5.3 A ventriculo peritoneal shunt was inserted at the seventh month of age. Two months later the child was readmitted with vomiting, drowsiness and bulging anterior fontanelle. List the causes for this presentation and indicate how you would investigate and manage.

(35 marks)

#### **5.4 How would you follow up this child?**

(15 marks)

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Part F

Index No .....

Q6. A 30 year old mother was in labour at term. Foetal bradycardia was noted and an emergency LSCS was arranged. You were called upon to resuscitate the baby as the intern medical officer in paediatrics. You arrive at the operation theatre before the delivery of the baby.

6.1 What will you do at arrival?

(15 marks)

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6.2.What will you do once the baby is delivered and handed over to you. (15 marks)

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6.3. Under what condition would you consider inflation breaths to this baby? (10 marks)

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6.4. What important physical sign is most useful to assess the effectiveness of the inflation breaths? (10 marks)

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6.5. If that physical sign is absent what is the next step in resuscitation? (10 marks)

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6.6. After that step if this physical sign is still absent what will you do? (10 marks)

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6.7. What is the indication to start chest compressions in this baby? (5 marks)

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6.7 What is the aim of the chest compressions ? (5marks)

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6.9. List the four drugs used in neonatal resuscitation and give the indication for use of each drugs?

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