

UNIVERSITY OF RUHUNA
FACULTY OF MEDICINE, GALLE.

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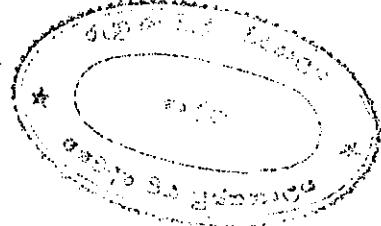
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UNIVERSITY OF RUHUNA
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GALLE.

**FINAL MBBS EXAMINATION FEBRUARY/MARCH 2003 ✓
PAEDIATRICS PAPER 1**

Duration – 3 hours.

1. There are four parts (A, B, C, D) and six questions.
2. Part A & D has one question each.
3. Part B & C has 2 questions each.
4. Please answer all six questions.
5. Answer each part in the space provided.
6. Write the index number on the space provided on top of each part.



PART A

Index no.

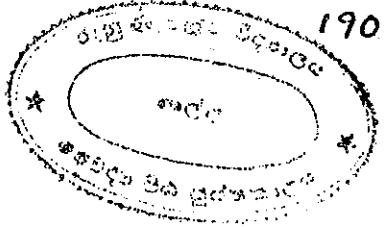
Q1 Write short notes on following topics. (25 marks)

1. 'a' Syncope.

1. b Cyanotic breath holding spells.(25 marks)

1. c Night terrors.(25 marks)

1.d Absence seizures.(25 marks)



PART B

Index no.....

Q2.A A 3 year old child presented with intermittent fever and cough for 6 months.

2. a List 5 possible causes for this presentation.(20 marks)

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2. b What features would you look for in the history and the examination to differentiate these conditions?(30 marks)

2. c How would you investigate this child?(20 marks)

2.d Discuss the treatment of one of the conditions mentioned in 2.a(30 marks)



Q3.

3.1. a Describe the clinical features of Paracetamol poisoning in children?(25 marks)

3.1.b Outline the management of Paracetamol poisoning in children.(25 marks)

3.2.a List the causes of short stature.(25 marks)

3.2.b How would you investigate a child with short stature?(25 marks)



Part C

Index no.....

Q4 A 5 day old baby was brought to the OPD with jaundice. He was born to a 32 year old B negative mother following her second pregnancy. First pregnancy was a full term normal delivery and the baby was B positive. Mother was given anti D immunoglobulin within 48 hours of delivery.

This baby had been delivered 4 hours after induction of labour. Apgar score was 9 and 10 at 1 and 5 minutes respectively. Birth weight was 3100 grammes. This baby did not suck well on the first day and was noted to be jaundiced on day 2 on a routine check. At this stage cord blood results were traced and showed a bilirubin level of 1.4mg/dl (23.8 micromole/l) and Hb of 18 g /dl.

Direct coombs test was negative. Blood group was B negative.

Jaundice was worse on day 3 and the serum bilirubin (SBR) estimation was 13.2^{mg/dl} (224.4 micromole/l). ^{indirect} Phototherapy was initiated. SBR on day 4 was 12.8mg/dl and day 5 it was 12.6mg /dl. Phototherapy was discontinued. He was also commenced on penicillin and Gentamicin after a blood culture on day 3. On day 5 the child was discharged home after stopping antibiotics and advised to come to the clinic for follow up in 4 weeks to trace the blood culture report. Mother was also advised to expose the child to sunlight for 4 hours in the morning.

4.a What is the most important information missing in the history? (10 marks)

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4.b. What is the differential diagnosis for the jaundice ? (20 marks)

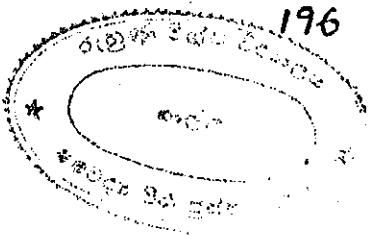
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4.c What is the most likely diagnosis ?(10 marks)

4.d Give reasons for making this diagnosis?(25 marks)

4.e Comment on the need for phototherapy on day 3.(20 marks)

4.f Comment on the discharge procedure adopted in this marks.(15 marks)



Q5

5.1.a What are the typical patterns of injuries seen in children with physical abuse? (30 marks)

5.1.b What are the typical radiological abnormalities seen in children with physical abuse? (30 marks)

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5.2.a List five causes for cardiac failure in a neonate?(10 marks)

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5.2.b Outline the management of a neonate with cardiac failure? (30 marks)

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6.d He was discharged from the ward four weeks after admission. Discuss the long term follow up of this child. (30 marks)