



UNIVERSITY OF RUHUNA
FACULTY OF MEDICINE

FINAL EXAMINATION FOR MEDICAL DEGREES – MAY 2014
PAEDIATRICS PAPER I

07.05.2014
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 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

Q1

- 1.1 List **five** clinical features you would expect to see in a ten year old child with beta thalassemia major. (20 marks)

- 1.2 What are the indications for iron chelation therapy? (15 marks)

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- 1.3 What therapeutic agents are available for iron chelation therapy? (15marks)

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- 1.4 Mention two indications for splenectomy in a child with beta thalassemia major and what advice would you give to the parents after splenectomy. (30 marks)

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- 1.5 Mention 4 vaccines which have additional benefits in the long term management of a patient with beta thalassaemia major. (20 marks)

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Part B

- Q 2 A 38 year old primigravida with pre-existing diabetes mellitus had an elective LSCS at 38 weeks of gestation and delivered a 2.32 kg baby. Infant was breast fed every two hours and then discharged home after 48 hours.

At home baby slept most of the time and sucking was poor. Baby was brought back to the emergency department at 72 hours of age. He was mildly icteric, lethargic and dehydrated. Peripheral cyanosis was noted on both soles and palms. Capillary refill time was two seconds. Admission weight was 1.9 kg. No murmurs were detected and the respiratory rate was 30/min.

- 2.1 What immediate investigation would you perform on this infant at the emergency department? (10 marks)

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- 2.2 If the finding on the above test is abnormal what is the immediate treatment? (10 marks)

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- 2.3 What further investigations would you perform on this child? (20 marks)

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The infant developed a seizure soon after admission.

- 2.4 In view of the seizure what further investigation is indicated? (10 marks)

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2.5 If the findings on the above investigation is abnormal what is the treatment.

(20 marks)

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2.6 What precautions taken in the immediate postnatal period would have averted this situation? (30 marks)

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Q 3 An eight year old girl with mitral valve disease presented with insidious onset shortness of breath and fever of 2 weeks duration. On examination she was febrile and the weight was 18kg. Her pulse rate was 120/min and the apex beat was palpable in the sixth intercostal space and there was a pansystolic murmur in the mitral area, which was radiating to the axilla.

- 3.1 What other clinical features would you look for in this child to make a complete diagnosis? (20 marks)

- 3.2 State six investigations you would arrange and write how the results of those investigations would help in the management of this child. (30 marks)

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3.3 Described the initial management of this child. (30 marks)

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3.4 State the important aspects in the long term follow up of this child. (20 marks)

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Part D

(Index No.)

Q4

- 4.1 List different types of neural tube defects. (10 marks)

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- 4.2 List the investigations that could help to suspect or diagnose a neural tube defect during the antenatal period. (10 marks)

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- 4.3 Name the complications associated with a neural tube defect which are not related to the method of treatment. (30 marks)

- 4.4 Briefly describe how the complications (mentioned in 4.3) are managed. (40 marks)

- 4.5 Mention the preventive measures that could be taken to reduce the incidence of neural tube defects. (10marks)

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Part E

Index No.

Q5

- 5.1 List common causes of failure to thrive in an one year old child. (30 marks)

- 5.2 How would you assess a child with failure to thrive? (40 marks)

- 5.3 What therapeutic measures you would take in the management of an one year old child with failure to thrive who is clinically well and has a good appetite. (30 marks)

Part F

Index No.

Q6 Describe the management of the following conditions.

6.1 A six year old child with epiglottitis.

(30 marks)

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6.2 A three months old infant with severe bronchiolitis.

(30 marks)

- 6.3 A 7 year old child with right lower lobe consolidation with massive pleural effusion and respiratory distress. (40 marks)