



UNIVERSITY OF RUHUNA
FACULTY OF MEDICINE
GALLE

FINAL MBBS EXAMINATION - 08th DECEMBER 2010
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 with frequent relapsing nephrotic syndrome presented with anuria for the last 24hrs. He was febrile, oedematous and the blood pressure was 100/80mm/Hg.

1.1 Give 3 possible causes for the anuria in order of priority. (30 marks)

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1.2 List 6 investigations you would do on admission with relevance to the causes you have mentioned in 1.1. (15 marks)

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1.3 What is your management in the acute stage? (15 marks)

1.4 Child developed severe abdominal pain on the following day.

Give 2 possible causes. (20 marks)

List the long term complications you would anticipate in this child. (20 marks)

Part B

Index No.....

Q 2.

2.1. List 3 aetiological agents which cause pyogenic meningitis in a 6 month old infant. (15 marks)

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2.2. List 4 important investigations you would perform in the above mentioned infant indicating the expected abnormalities. (20 marks)

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2.3. Mention the drugs used in the treatment of pyogenic meningitis giving reasons for your selection. (20 marks)

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2.4. List 5 complications you would anticipate in this infant. (10 marks)

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2.5. Discuss how you would observe the clinical features that would help in monitoring this patient during the hospital stay. (20 marks)

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2.6 . How would you follow up this infant in the clinic after an uncomplicated recovery. (15 marks)

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Part C

Index No.....

Q 3. A baby was delivered by an emergency LSCS at 41 weeks of gestation due to foetal distress.

Thick meconium was detected at birth. At birth the baby was pale, floppy, not breathing and the heart rate was 40 beats per minute.

3.1 what is the APGAR score at birth. (10 marks)

3.2 Mention immediate steps you would take at birth in the resuscitation of this baby. (20 marks)

3.3 . After the initial intervention ,the baby was crying at 2 minutes after birth and was transferred to Special Care Baby Unit. At the age of 2 hrs baby started grunting with respiratory rate of 90 per minute and intercostals and sub costal recessions.

Mention the complete diagnosis. (10 marks)

3.4 Mention the investigations you would perform in this neonate at this point. (20 marks)

3.5. Mention 4 important steps in the management of this infant at this stage. (20 marks)

3.6 .List 5 complications you would anticipate in this neonate. (20 marks)

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Part D

Index No.....

Q4. A 28 days old baby was brought to the well baby clinic for routine inspection. Baby was noted to be icteric.

4.1. Enumerate the clinical information that would be helpful to find the cause for the jaundice in this baby. (20 marks)

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4.2. List 5 clinically important causes for this baby to be jaundiced at this stage. (20 marks)

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4.3. Mention the most important cause to be excluded and state why it is important? (20 marks)

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4.4. Explain how you would investigate this neonate giving reasons? (20 marks)

4.5. List the steps in the medical management of a neonate with obstructive jaundice. (20 marks)

Index No.....

1

5. A previously healthy 2 yr old girl presented with a 4 day history of fever. On examination she was unwell with pallor, lymphadenopathy and hepatosplenomegaly.

5.1. What is the most important condition to be excluded in this child and why? (15 marks)

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5.2. How would you investigate this child to arrive at a diagnosis? Mention the expected findings in investigation reports. (25 marks)

The figure consists of a series of horizontal dotted lines of varying lengths, arranged in a stepped pattern from top to bottom. The background is a dark, textured gray. The dotted lines are white and have a slight thickness. They are positioned such that each subsequent line starts at a point further down the left side than the previous one, creating a staircase-like effect. The overall appearance is like a cross-section or a depth map.

5.3. What initial investigations and management options would be helpful to stabilize the child before the definitive treatment? (25 marks)

Index No.

5.4. What are the prognostic factors that would influence the final outcome in this child? (25 marks)

5.5. Mention the long term complications of the condition you mentioned in 5.1. (10 marks)

Part F

Index No.....

Q6. A 14 yr old girl was referred to the paediatric clinic for the investigation of short stature.

Patient's height 135 cm

Mother's height 155 cm

Father's height 162 cm

Bone age 7yrs

6.1. Mention 3 important information you would like to obtain in the history to arrive at a diagnosis. (10 marks)

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6.2. Discuss 5 clinical features that would help you in the differential diagnosis. (20 marks)

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6.3 .Calculate the mid parental height. (10 marks)

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Index No.....

6.4. Draw the mid parental height range in the given growth chart. (10 marks)

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6.5. What is the height age of this child? Plot in the given growth chart. (10 marks)

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6.6. List 4 possible causes for this girl's short stature. (20 marks)

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6.7. Discuss 4 investigations you would perform in order to find out the cause of short stature in this child. (20 marks)

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Height cm

1 A girl whose height falls above +3SD or below -3SD, or whose growth curve deviates from any numbered centile line, should be monitored and referral to a growth specialist considered.

2 *Mid-parental centile: To calculate her 'mid-parental' centile, and indicator of her adult stature, mark two heights - her Mother's (M) and her mother's MINUS 12.5cm (F) on the vertical line. Read off the height mid-way between M and F and plot it (X) on the 16yr line. As an adult, she should be somewhere $\pm 8\frac{1}{2}$ cm of X.

90
75
50
25
10
5

-3SD

97

90

75

50

25

10

5

Date Height cm

Fathers Height
cm

Mothers Height
cm

Date Weight kg

110

104

90

70

20

100

90

80

70