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1. CVS

1. One of the following is NOT the major criterion of Acute Rheumatic Fever:

- a. Arthralgia
- b. Carditis
- c. Chorea
- d. Erythema Marginatum
- e. Subcutaneous Nodules

2. A 4-year-old girl is found to have bounding pulse and continuous machinery murmur. What is the most probable diagnosis?

- a. Tetralogy of Fallot
- b. Atrial Septal Defect
- c. Ventricular Septal Defect
- d. Patent Ductus Arteriosus
- e. Coarctation of Aorta

3. A 12-year-old child with episodes of sudden bluish discoloration and brief loss of consciousness.

Examination revealed clubbing, central cyanosis, systolic thrill with systolic ejection murmur in 2nd left ICS, What is the most probable diagnosis?

- a. Tetralogy of Fallot
- b. Atrial Septal Defect
- c. Ventricular Septal Defect
- d. Patent Ductus Arteriosus
- e. Coarctation of Aorta

4. A 6wk child presents with progressive cyanosis, poor feeding, tachypnea over the first 2 wks of life and holosystolic murmur. What is the most appropriate condition?

- a. ASD
- b. VSD
- c. Tricuspid atresia
- d. PDA
- e. TOF

5. A 1m boy has been brought to the ED, conscious but with cool peripheries and has HR=222bpm. He has been irritable and feeding poorly for 24h. CXR=borderline enlarged heart with clear lung fields. ECG=regular narrow complex tachycardia, with difficulty identifying p wave. What is the single most appropriate immediate treatment?

- a. Administer fluid bolus
- b. Administer oxygen
- c. Oral beta-blockers
- d. Synchronized DC cardio-version
- e. Unilateral carotid sinus massage

6. A 6m boy has been brought to ED following an apneic episode at home. He is now completely well but his parents are anxious as his cousin died of SIDS at a similar age. The parents ask for guidance on BLS for a baby of his age. What is the single most recommended technique for cardiac compressions?

- a. All fingers of both hands
- b. All fingers of one hand
- c. Heel of one hand
- d. Heel of both hand
- e. Index and middle fingertips of one hand

1.A	2.D	3.A	4.E	5.D	6.E
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7. A 6 months old boy presents with respiratory distress and feeding difficulty. On examination, heart rate is 130/min and there is a pansystolic murmur at left lower sterna border. What is the most likely diagnosis?

- a. Tetralogy of Fallot
- b. Atrial Septal Defect
- c. Ventricular Septal Defect
- d. Patent Ductus Arteriosus
- e. Mitral regurgitation

8. A child with cardiac damage secondary to Rheumatic fever should get prophylaxis for

- a. 5 yr
- b. 10 yr
- c. 15 yr
- d. 20 yr
- e. Life long

9. Central Cyanosis can be present in

- a. Pneumonia
- b. Cirrhosis
- c. VSD
- d. Acute exacerbation of asthma
- e. Ulcerative colitis

10. Which heart lesion is cyanotic?

- a. ASD
- b. VSD
- c. PDA
- d. Transposition of great arteries
- e. Coarctation of aorta

11. A baby born at 34 weeks with a heart murmur is kept in the incubator for almost 4 weeks. There is no murmur at discharge. What is the likely cause of this murmur?

- a. PDA
- b. TOF
- c. Aneurysm of sinus of Valsalva
- d. Aorto-pulmonary septal defect
- e. AVM

12. Regarding ASO titre all are seen except

- a. ASO can be increased in school children
- b. May be negative in post streptococcal glomerulonephritis
- c. ASO titre included in major criteria in Jones criteria
- d. May not be elevated in 20% cases of carditis
- e. None

13. A 4-year-old girl is found to have bounding pulse and continuous machinery murmur. What is the most probable diagnosis?

- a. Atrial Septal Defect
- b. Ventricular Septal Defect
- c. Patent Ductus Arteriosus
- d. Coarctation of Aorta
- e. Tetralogy of Fallot

14. The Commonest cause of Heart failure during the 1st year of life is:

- a. Congenital Heart Disease with left to right shunt
- b. Congenital Heart Disease with Right to left shunt
- c. Severe Pneumonia
- d. Fluid overload
- e. Cardiomyopathy

15. A 4-year-old girl is found to have bounding pulse and continuous machinery murmur. What is the most probable diagnosis?

- a. Tetralogy of Fallot
- b. Atrial Septal Defect
- c. Ventricular Septal Defect
- d. Patent Ductus Arteriosus
- e. Coarctation of Aorta

16. A 12-year-old child with episodes of sudden bluish discoloration and brief loss of consciousness. Examination revealed clubbing, central cyanosis, systolic thrill with systolic ejection murmur in 2nd left. What is the most probable diagnosis?

- a. Tetralogy of Fallot
- b. Atrial Septal Defect
- c. Ventricular Septal Defect
- d. Patent Ductus Arteriosus
- e. Coarctation of Aorta

17. A 1 month old boy has been brought to the casualty, conscious but with cool peripheries and has HR=222bpm. He has been irritable and feeding poorly for 24h. CXR borderline enlarged heart with clear lung fields. ECG regular narrow complex tachycardia, with difficulty identifying p wave. What is the single most appropriate immediate treatment?

- a. Administer fluid bolus
- b. Administer oxygen
- c. Oral beta-blockers
- d. Synchronized DC cardio-version
- e. Unilateral carotid sinus massage

18. A 6 month old boy has been brought to casualty following an apneic episode at home. He is now completely well but his parents are anxious as his cousin died of SIDS at a similar age. The parents ask for guidance on BLS for a baby of his age. What is the single most recommended technique for cardiac compressions?

- a. All fingers of both hands
- b. All fingers of one hand
- c. Heel of one hand
- d. Heel of both hand
- e. Index and middle fingertips of one hand

19. A previously healthy 8-year-old boy has a 3-week history of low-grade fever of unknown source, fatigue, weight loss, myalgia, and headaches. On repeated examinations during this time, he is found to have developed a heart murmur, petechiae, and mild splenomegaly, which of the following is the most likely diagnosis?

- a. Rheumatic fever
- b. Kawasaki disease
- c. Scarlet fever
- d. Infective Endocarditis
- e. Tuberculosis

20. A 2-year-old boy is brought into the emergency room with a complaint of fever for 6 days and the development of a limp. On examination, he is found to have an erythematous exanthem over his body. He has also got ocular Conjunctivitis, dry and cracked lips, a red throat, and cervical lymphadenopathy; Thune and grade 2/6 vibratory systolic ejection murmur at the lower left sternal border. A white blood cell (WBC) count and differential show predominant neutrophils with

Increased platelets on smear. Later, he develops peeling of skin over the fingers. Which of the following is the most likely diagnosis?

- a. Scarlet fever
- b. Rheumatic fever
- c. Kawasaki disease
- d. Juvenile theumatoid arthritis
- e. infectious mononucleosis

21. A 4 months old girl is reviewed in outpatient department. Her electrocardiogram shows a short P-R interval and giant QRS complexes, Echocardiography reveals evidence of hypertrophic cardiomyopathy. What is the most likely diagnosis?

- a. Pompe disease
- b. Lown Ganong - Levine syndrome
- c. Hurler syndrome
- d. Noonan syndrome
- e. Wolf- Parkinson-White syndrome

22. Cyanosis is a typical feature of which one of the following diseases?

- a. Atrial septal defect (ASD)
- b. Mitral Atresia
- c. Patent ductus arteriusus (PDA)
- d. Transposition of Great arteries (TGA)
- e. Ventricular Septal defect. (VSD)

23. Regarding Fallot's tetralogy, choose the best correct answer:

- a. It is an acyanotic heart disease
- b. The chest X-ray shows pulmonary plethora
- c. Cyanosis is present from birth
- d. "Tet spell" is a contraindication for surgery
- e. Cerebral abscesses are a complication

7.C	8.E	9.D	10.D	11.A	12.C
13.C	14.A	15.D	16.A	17.E	18.D
19.D	20.C	21.E	22.D	23.E	

10. The Commonest cause of Heart failure during the 1st year of life is:

- a. Congenital Heart Disease with left to right shunt
- b. Congenital Heart Disease with Right to left shunt
- c. Myocarditis
- d. Fluid overload
- e. Cardiomyopathy

11. A 2 years old child with severe stridor in toxic looking, with higher fever, open mouth and dribbling saliva. On examination you find him in severe respiratory distress. What do you think is the most likely one diagnosis?

- a. Croup
- b. Tonsillitis
- c. Laryngomalacia
- d. Epiglottitis
- e. Tracheomalacia

12. Cyanosis is a typical feature of which of the following conditions?

- a. Atrial septal defect(ASD)
- b. Mitral atresia
- c. Patent ductus arteriosus (PDA)
- d. Total Anomalous Pulmonary Venous drainage
- e. Ventricular septal defect

13. A previously healthy 8 years old boy has a 3 week history of low grade fever of unknown cause fatigue, murmur, patechie, and mild splenomegaly. Which of the following is the most likely diagnosis?

- a. Rheumatic fever
- b. Kawasaki disease
- c. Scarlet fever
- d. Infective endocarditis
- e. Tuberculosis

14. A 6 months old boy presents with respiratory distress and feeding difficulty. On examination heart rate is 130/min and there is a pansystolic murmur at left lower sterna border. What is the most likely diagnosis?

- a. Tetralogy of fallot
- b. Atrial septal defect
- c. Ventricular septal defect
- d. Patent ductus arteriosus.
- e. Mitral regurgitation

15. The following are likely to be normal in a 5-year old child except:

- a. A blood pressure of 95/65mmHg
- b. A palpable systolic thrill
- c. Third heart sound
- d. Split second heart sound
- e. Pulse rate of 100 per minute

16. The blood pressure is likely to appear higher if;

- a. The child is standing
- b. The child is asleep
- c. Too large a sphygmomanometer cuff is used
- d. The flush method of determination is used
- e. The child is receiving corticosteroid therapy

17. Cardiac failure in infancy is characterized by all of the following except

- a. Respiratory rate of more than 40 per minute
- b. a heart rate of more than 150 per minute
- c. Absent femoral pulses
- d. Enlarged palpable liver,
- e. Feeding difficulty

18. A previously well 5 year old boy is admitted with a two day history of high fever, lassitude and painful swallowing. After admission he develops cough and grunting respirations and on examination looks ill. The pulse is weak and rapid and blood pressure is 80/55 mmHg. The heart sounds are not well heard on auscultation and no friction null is heard. The chest X-ray shows a large heart with a globular outline but normal lung fields. Which of the following options is true?

- a. Pulsus alternans would be a characteristic finding
- b. The ECG is likely to be normal
- c. Serum ALT is most probably normal
- d. A viral etiology is the most probable
- e. Steroids are indicated for treatment

19. Which lesion in cyanotic?

- a. ASD
- b. WSD
- c. PDA
- d. Transposition of great arteries
- e. Co-actation of aortal

20 ACE inhibitors benefit patient who have heart failure primarily through :

- a. After load reduction
- b. Inotropic effect
- c. Preload reduction
- d. Prevention of cardiac remodelling
- e. Sympathetic inhibition.

21. The following is true regarding the management of Fallot's tetralogy,

- a. blockers are used to prevent cyanotic attacks
- b. C.C.F occurs early in life
- c. Medical treatment is the treatment of choice
- d. Steroids help to abolish the cyanotic attack
- e. Knee chest position does not help in the management of cyanotic spell

22. One of the following is NOT the major criteria of acute Rheumatic fever

- a. Arthralgia
- b. Carditis
- c. Erythema marginatum.
- d. Subcutaneous nodules
- e. Sydenham's chorea

23. Pansystolic murmur is a characteristic finding in

- a. ASD (Atrial Septal Defect)
- b. Mitral stenosis
- c. P.D.A (Patent Ductus Arteriosus)
- d. Severe pulmonary stenosis
- e. V.S.D (Ventricular Septal Defect)

24 A child with chronic residual valvular heart disease secondary to Rheumatic fever should get prophylaxis for

- a. 5 years
- b. 10 years
- c. 21 years
- d. Life long
- e. 18 years

25. A 6 months old boy presents with respiratory distress and feeding difficulty. On examination, heart rate is 160/min and there is a pansystolic murmur at left lower sternal border. What is the most likely diagnosis:

- a. Mitral regurgitation

- b. Mitral valve prolapse
- c. Ventricular septal defect
- d. Coarctation of aorta
- e. Atrial septal defect

26. The Commonest cause of Heart failure during the 1st year of life is:

- a. Congenital Heart Disease with left to right shunt
- b. Congenital Heart Disease with Right to left shunt
- c. Severe Pneumonia
- d. Fluid overload
- e. Cardiomyopathy

28. A newborn suffering from severe cyanosis right birth is more likely to be suffering from:

- a. TOF
- b. TGA
- c. PDA
- d. ASD
- e. VSD

29. Following is true regarding the management of Tetralogy of Fallot (TOF) EXCEPT on of the following:

- a. Beta blockers are used to prevent cyanotic spells
- b. Treatment of CCF is the mainstay of management in early in life
- c. Total correction is the treatment of choice whenever possible
- d. Prevention of dehydration is important in the long term management
- e. Treatment of underlying iron deficiency is important aspect of the management

30. Infants with congenital heart lesion due to large left to right shunt will be having following EXCEPT:

- a. Cyanosis
- b. Growth Failure
- c. Excessive Sweating
- d. Easy fatigability during feeding
- e. Precordial bulge

24.C	25.D	26.D	27.C	28.B
29.E	30.C	31.D	32.D	33.A
34.A	35.A	36.E	37.D	38.C
39.A	40.E	41.B	42.B	43.A