

7. GASTROINTESTINAL & POISONING

1. A previously healthy 3-year-old boy presents with a 1-day history of a fever up to 39°C accompanied by bloody diarrhea. The most likely explanation of his problem is an infection with

- a. Enteric adenovirus
- b. Giardia lamblia
- c. Norovirus
- d. Rotavirus
- e. Shigella dysenteriae

2. A 5-months old baby present with recurrent vomiting. Mother noticed some of the vomitus is blood stained. Choose the single most likely investigation?

- a. Upper GI endoscopy
- b. Barium meal
- c. US
- d. Colonoscopy
- e. CT abdomen

3. A 6 weeks old child is brought in with vomiting, constipation and decreased serum K⁺. What is the diagnosis?

- a. Pyloric stenosis
- b. Duodenal atresia
- c. Hirschsprung disease
- d. Achalasia cardia
- e. Tracheo-esophageal fistula

4. A 4-year-old boy with a febrile convulsion lasting eight minutes has been given IV lorazepam to control them. What is the single most likely serious side effect?

- a. Amnesia
- b. Anaphylactic shock
- c. Apne
- d. Bronchospasm
- e. Cardiac arrhythmia

5. A 12-year-old girl when playing in the garden accidentally stepped on a hive and was bitten several times. She has numerous wheals on her body and complains of severe itching. What is the single most appropriate management?

- a. Oral antihistamine
- b. IV antihistamine
- c. IM adrenaline
- d. Oral ciprofloxacin
- e. Reassurance

6. A 10 years old boy presents with nose bleed. What measure should be taken to stop the bleeding?

- a. Press base of the nose
- b. Ice packs
- c. Press soft parts of the nose
- d. Start tranexamic acid
- e. I.V fluids

7. A 2 years old child presents with chronic diarrhea, failure to thrive and distended abdomen since 6 months of age. Choose the single most likely investigation, essential for diagnosis.

- a. Upper GI endoscopy
- b. Endomysial/anti-gliadin antibodies
- c. Sweat test
- d. Colonoscopy
- e. Stool culture

8. A 2 months child with diarrhea and vomiting for 6 days is brought to OPD. He is looking lethargic. What is the appropriate initial investigation?

- a. Blood urea nitrogen
- b. Random blood sugar
- c. Complete blood count
- d. Chest X-Ray
- e. Urine and stool examination

9. A 24 hours old neonate presented with jaundice. SBR was 21 mg/dL (indirect Bilirubin was 20.5mg/dL).

- a. Sun exposure on daily basis
- b. Stop breast feeding
- c. To stop oily foods for mother
- d. Give phenobarbitone to the baby
- e. Ar. ange exchange blood transfusion

10. Reye's syndrome is usually associated with ingestion of the following during a course of viral illness:-

- a. Aspirin
- b. Dipyridamole
- c. Ibuprofen
- d. Mefenemic acid
- e. Paracetamol

11. Which of the following statements regarding Hepatitis A is true?

- a. Higher mortality in teenage children
- b. Parenteral route is the main route of transmission
- c. Transplacental transmission is common
- d. Person infected with HAV is contagious for about 7 days after the onset of jaundice
- e. Early administration of anti-viral drugs is beneficial

12. Most common cause of cholestatic jaundice of newborn is

- a. Hypoplasia of biliary tract
- c. Choledochal Cyst
- d. Physiological Jaundice
- b. Neonatal hepatitis
- e. Immune Hemolysis

13. A 9 year old child unvaccinated for Hepatitis B Infection had a prick with used disposable syringe. What is the best treatment option for this child?

- a. Active vaccination for Hepatitis B
- b. Hepatitis B immunoglobulin
- c. Hepatitis B immunoglobulin and active vaccination
- d. Wound wash
- e. No treatment needed

14. A 3 years old developmentally normal child was playing in the field with his elder brother and was brought home when he appeared to be drowsy, sweating profusely, has passed urine and stools and excessive frothing. What is most likely cause of child's condition?

- a. Snakebite
- b. Methemoglobinemia
- c. Organophosphorous poisoning
- d. Septic shock
- e. Epilepsy

1.E	2.A	3.A	4.C	5.C
6.C	7.B	8.B	9.E	10.A
11.D	12.A	13.C	14.C	

15. Inflammatory bowel disease. All of the features are common in ulcerative colitis EXCEPT one:

- a. Rectal bleeding
- b. weight loss
- c. Skin lesion, trans mural involvement, and crypt abscesses
- d. Abdominal pain
- e. Anaemia

16. Regarding Organophosphorus poisoning, all are false EXCEPT one:

- a. Loss of gag reflex
- b. Dry mouth and decreased salivation
- c. Hypotension
- d. Meiosis
- e. Agitation

17. The classical radiological finding in duodenal atresia is which of the following:

- a. Totally gasless abdomen
- b. Free air below the diaphragm
- c. The double bubble sign
- d. The shoulder sign
- e. The string sign

18. Presence of which of the following serologic makers for hepatitis B represents an increased risk of transmitting infection

- a. HBs Ag
- b. HBe Ag
- c. IgM anti-HBc
- d. Antibody to HBe
- e. Antibody to HBs

19. A 4 years old has developed pallor, dark urine, and jaundice over the past few days. He is taking trimethoprim sulfamethoxazole for otitis media. The CBC in the office shows a low hemoglobin and hematocrit, while his serum electrolytes, blood urea nitrogen (BUN), and chemistries are unremarkable other than elevation of his bilirubin levels. His aunt seems to recall his 8 year old brother having had an "allergic reaction" to aspirin, which also caused a short lived period of anemia and jaundice. Which of the following is the most likely cause of this patient's symptoms?

- a. Hepatitis B
- b. Hepatitis A
- c. Hemolytic uremic syndrome

d. Gilbert syndrome

e. Glucose 6 phosphate dehydrogenase deficiency

20. An 8-year-old child swallowed 12 tablets of paracetamol 4 hours ago. Serum paracetamol levels when tested were at critical level. What would you do next?

- a. Activated charcoal
- b. IV N-acetylcysteine
- c. Gastric lavage
- d. Observation only
- e. Hypertonic

21. A 14-year-old girl presents with a history of intermittent right upper quadrant pain over the last 2 months. Her laboratory evaluation reveals a direct bilirubin of 2.3 mg/dl. Of the following, what is the most appropriate next study?

- a. Abdominal ultrasonography
- b. Endoscopic retrograde cholangiopancreatography
- c. Hepatobiliary iminodiacetic acid scan
- d. Liver biopsy
- e. Targeted mutation analysis of the uridine diphosphate glucuronosyltransferase 1-1 gene to assess for Gilbert syndrome

22. A 3-year-old child who looks wasted on examination has a history of diarrhea on and off. The mother describes the stool as bulky, frothy and difficult to flush. What is the single investigation most likely to lead to diagnosis?

- a. Sweat chloride test
- b. Anti-endomysial antibodies
- c. I.FI
- d. US abdomen
- e. TFT

23. Which of the following laboratory tests is most likely to yield a positive result in a person who has been uninoculated against hepatitis B?

- a. Anti-HBs IgG
- b. HBc Ag
- c. HBs Ag
- d. HBV DNA
- e. IgM anti-HB core antigen

24. One of the following is NOT true about the celiac disease

- a. Gluten free diet is recommended life long
- b. Anti transglutaminase anti bodies are specific
- c. Presents as failure to thrive
- d. Risk of malignancy increases if gluten is not avoided
- e. The confirmatory diagnostic test is Barium enema

25. A neonate born to Hepatitis B surface antigen positive mother should receive

- a. Hep B vaccine at birth
- b. Hep B immunoglobulin at birth
- c. Hep B vaccine + immunoglobulin at birth
- d. Hepatitis B vaccine at 1 month of age
- e. Hepatitis B vaccine at 6 weeks of age

26. Persistent Projectile vomiting is present in

- a. Gastro enteritis
- b. Cholera
- c. Appendicitis
- d. Pyloric stenosis
- e. Enteric fever

27. Gastric Lavage is CONTRAINDICATED in children with poisoning due to:

- a. Aspirin
- b. Barbiturates
- c. Corrosives
- d. Organophosphorus
- e. Paracetamol

28. A young mother brings her 3 years old child to Emergency room with history of ingestion of coin. Radiographs show the coin in the stomach. The appropriate clinical management is:

- a. Admit to the hospital and monitor with serial radiographs for passage of the coin
- b. Continue a normal diet and monitor the stool for passage of the coin
- c. Give cathartics to help the passage of coin and monitor the stool
- d. Keep nil by mouth and write a call to a surgical colleague for help
- e. Perform the endoscopy to retrieve the coin

29. The 4 principles of management of poisoning in children are what?

- a. Decontamination, enhanced elimination, antidote, supportive care
- b. Degradation, hydration, oxygenation, antidote
- c. C. Ipecac, clinical monitoring, dialysis, reversal
- d. Alkalinization, oxygenation, elimination, hydration
- e. Oxygenation, supportive care, hydration, antidote

30. A 2 years old is noted be drinking from a container filled with kerosene oil. He immediately started coughing, became tachypneic and is brought to the hospital. The best approach to his treatment is:

- a. Induce emesis
- b. Perform nasogastric tube lavage
- c. Start bag and mask ventilation
- d. Administer steroids
- e. Non of the above

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32. A 3-year-old child has been brought with facial lacerations. On examination he has some cuts over right cheek and under the eye. The GCS on initial evaluation is 15. What is the appropriate next investigation?

- a. Skull XR
- b. Facial XR
- c. CT scan
- d. MRI

15.C	16.B	17.C	18.B	19.E
20.B	21.A	22.B	23.A	24.E
25.C	26.D	27.C	28.B	29.A
30.E	31.E	32.B		

33. A child was brought in to ED by his parents for taking his grand-dad's medicines. There is an extra systole in the ECG. Which drug was taken?
- Digoxin
 - Amitryptiline
 - Atenolol
 - Ramipril
 - Bendroflumethiazide
34. A 16 months child presents with drooling, sore throat and loss of voice. He has fever with a temp of 38.2°C. What is your next step towards management?
- Direct pharynoscopy
 - Call ENT surgeon
 - Call anesthesiologist
 - IV fluids
 - Start antibiotics
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 - Oral ciprofloxacin
 - Reassurance
39. is the most appropriate treatment for this child? A child is brought in with high grade fever, runny nose and bark-like cough. He is also drooling. What is the most appropriate treatment for this child?
- Corticosteroids
 - Paracetamol
 - Adrenaline nebulizer
 - IV antibiotics
 - Intubation under GA
40. After eating a cookie at a garden party, a child began to cough and went blue. The mother also noticed that there were swollen patches on the skin. What is the initial management?
- OTC antihistamine
 - Oxygen
 - Brunchodilator
 - Epinephrine IM
 - Nebulized epinephrine
41. An 11m baby had an apnea event. The parents are worried that if something like this happens in the future, how they are to deal. Advise them about Infant CPR.
- Index and middle finger compression
 - Compression with palm of one hand
 - Compression with palm of two hands
 - Compression with rescue breaths 30:2
 - Compression with rescue breaths 15:2
42. A 3yo child who looks wasted on examination has a history of diarrhea on and off. The mother describes the stool as bulky, frothy and difficult to flush. What is the single investigation most likely to lead to diagnosis?
- Sweat chloride test
 - Anti-endomysial antibodies
 - LFT
 - US abdomen
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43. A 6 weeks old child is brought in with vomiting, constipation and decreased serum K⁺. What is the diagnosis?

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- e. IV fluids

45. A mentally retarded child puts a green pea in his ear while eating. The carer confirms this. Otoscopy shows a green colored object in the ear canal. What is the most appropriate single best approach to remove this object?

- a. By magnet
- b. Syringing
- c. Under GA
- d. By hook
- e. By instilling olive oil

46. A 10-years-old girl has been referred for assessment of hearing as she is finding difficulty in hearing her teacher in the class. Her hearing tests show: BC normal, symmetrical AC threshold reduced bilaterally, weber test shows no lateralization. What is the single most likely diagnosis?

- a. Chronic perforation of tympanic membrane
- b. Chronic secretory OM with effusion
- c. Congenital sensorineural deficit
- d. Otosclerosis
- e. Presbycusis

47. A 6-year-old child came with full thickness burn. He is crying continuously. What is the next step of management?

- a. Refer to burn unit
- b. IV fluid stat

- c. Antibiotic
- d. Analgesia
- e. Dressing

48. A 4-years-old has earache and fever. Has taken paracetamol several times. Now it's noticed that he increases the TV volume. His preschool hearing test shows symmetric loss of 40db. What is the most likely diagnosis?

- a. OM with effusion
- b. Otitis externa
- c. Cholesteatoma
- d. CSOM
- e. Tonsillitis

49. A 14-year-old boy fell and hit his head in the playground school. He didn't lose consciousness. He has swelling and tenderness of right cheek with a subconjunctival hemorrhage on his right eye. What is the most appropriate initial inv?

- a. CT Brain
- b. EEG
- c. MRI
- d. Skull XR
- e. Facial XR

33.A	34.C	35.C	36.A	37.A	38.C
39.E	40.D	41.A	42.B	43.A	44.C
45.C	46.B	47.D	48.A		