

Umanand Prasad School of Medicine & Health Sciences

Department of Clinical Sciences

Semester 2 Year 2020

FINAL COURSE EXAMINATION PAPER

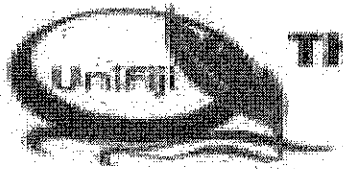
PAED 604: PAEDIATRIC MEDICINE

Important Instructions to Students:

1. Read the questions, instructions carefully and answer the questions.
2. You are allowed an **extra 10 minutes reading time** (during this time, you are not allowed to write with pen) and **180 minutes (3 Hours) to complete this paper**.
3. Silent, non-programmable calculators are allowed, but not supplied.
4. Write all your answers in the answer booklet provided. If you need extra sheets, please ask from the supervisor. Write your name, course code and student identification number in the answer booklet and in the attendance sheet.
5. **This Final Course Examination Paper is worth 200 marks contributes 40% of the total course assessments.** Students must **at least score 50%** in this final exam to pass the course.
6. This paper contains two (2) sections A and B. All questions are compulsory to answer **except** section A has choices.
7. Write all your answers legibly. The marker has the right to award zero for answers that are not legible.
8. This is a **Closed Book Examination**. The University views plagiarism, cheating and dishonest practice as serious offences and if found, offenders are penalized.

Examination Paper Content (Format):

<u>Section</u>	<u>Question</u>	<u>Content</u>	<u>Marks</u>	<u>Suggested Time</u>
A	1-75	Multiple Choice Questions	75	67.5 minutes
B	76-200	Long Answer Questions- 5 Clinical Cases	125	112.5 minutes
		TOTAL	200	180 Minutes



Umanand Prasad School of Medicine

PAED 604 – Final Examination

13 November 2020

Allowed time: 3 hours

Number of questions: 200

A. Multiple Choices Question:

DIRECTION: Choose the best answer. Encircle your final answer in the sheet provided. **(Total Marks – 75)**

1. A term neonate was gasping & apnoeic at birth, with a HR of 80 beats / minute. What is the most appropriate intervention within the first minute of life?
 - A. Intubate as soon as possible.
 - B. Do vigorous stimulation.
 - C. Give oxygen support at 5 LPM.
 - D. Start positive pressure ventilation.
2. What is the most important & effective action in neonatal resuscitation?
 - A. Perform chest compressions to improve circulation.
 - B. Ventilate the baby's lungs to prevent respiratory failure.
 - C. Administer fluids for adequate volume requirement.
 - D. Administer epinephrine to prevent cardiac failure.
3. The most common causes of readmissions among neonates discharged very early from birthing facilities are as follows- hyperbilirubinemia, sepsis, dehydration, and which of the other following conditions?
 - A. Bowel disturbances.
 - B. Hepatitis infection.
 - C. Ophthalmic ointment reaction.
 - D. Missed congenital anomalies.
4. All the following statements concerning iron requirement in children are true, **EXCEPT:**
 - A. Breast milk provides optimal intake of iron for the first 4 months.
 - B. Iron present in animal protein is more bioavailable than that found in vegetables.
 - C. Iron deficiency is the most common micronutrient deficiency.
 - D. Cow's milk is a good source of bioavailable iron.
5. Zinc deficiency is associated with increased risk for all the following **EXCEPT:**
 - A. Impaired immune function.
 - B. Increased risk for respiratory diseases.
 - C. Increased risk for diarrheal diseases.
 - D. Increased risk for skin infections.
6. Which of the following is an absolute contraindication of breastfeeding?
 - A. Hepatitis c infection of the mother.
 - B. Alcohol intake
 - C. Active Pulmonary Tuberculosis
 - D. Maternal high grade fever

7. In regards to breast engorgement, which of the following statements are true, **EXCEPT**:
- A. It usually happens during hormone secretions in the first stage of lactogenesis.
 - B. Poor breast feeding technique can cause engorgement.
 - C. Breastfeeding immediately at signs of infant hunger will eventually prevent this.
 - D. To reduce engorgement, breasts should be softened prior to infant feeding with a combination of hot compresses and expression of milk.
8. At what age can a child hop on one foot, imitate a cross, put on buttons & describe feelings such as fatigue and / or anger?
- A. 3 years old
 - B. 4 years old
 - C. 2 years old
 - D. 1 year old
9. What is the most common cause of using infant formula?
- A. Parental preference
 - B. Inborn error of metabolism
 - C. Mastitis
 - D. Inadequate weight gain
10. What is the most commonly used index for nutritional status?
- A. Height-for-age
 - B. Weight-for-height
 - C. Body mass index
 - D. Weight-for-age
11. What is the first visible sign of puberty in females?
- A. Growth of genital hair
 - B. Beginning of menstruation
 - C. Appearance of breast buds
 - D. Growth acceleration
12. A 16-year old female was a victim of statutory rape. The incident happened a day prior to consultation. Which of the following interventions is appropriate?
- A. Pregnancy test upon parental consent.
 - B. Antimicrobial prophylaxis.
 - C. Vaginal lavage with saline solution.
 - D. Anxiolytics for at least a week.
13. Nipple pain is among the most common complaints of breastfeeding mothers. This is most commonly due to:
- A. Mastitis
 - B. Inadequate milk supply
 - C. Engorgement
 - D. Poor infant positioning
14. For children <5 years of age, the highest global prevalence of micronutrient and trace elements deficiencies is:
- A. Vitamin A deficiency
 - B. Zinc deficiency
 - C. Iron deficiency
 - D. Iodine deficiency

15. What is the recommended transition time from stabilization to rehabilitation phase in the treatment of malnutrition?
- 1 day
 - 3 days
 - 5 days
 - 7 days
16. What is the effective supplementation of Folate for prevention of neural tube defect?
- Started at least 1 month before conception, and continued through the first 2-3 months of pregnancy.
 - Started at least 3 month before conception, to be stopped after positive pregnancy test.
 - Started after positive pregnancy test and continued through the first 2-3 months of pregnancy.
 - Started at least 3 month before conception, and continued through the first 2-3 months of pregnancy.
17. What is the most characteristic lesion of vitamin A deficiency?
- Xerophthalmia
 - Corneal ulcers
 - Bitot spots
 - Keratomalacia
18. Which of the following baby is least vulnerable to develop vitamin K bleeding tendency?
- A three-day old neonate of a healthy mother that started immediate breastfeeding after birth.
 - A three-year old child spent 21 days in intensive care unit receiving total parenteral nutrition.
 - A nine-month-old infant with prolonged history of diarrhoea and multiple antibiotics therapy.
 - A six-hour neonate of an epileptic mother that received phenobarbital during pregnancy.
19. In a child with hyponatremia dehydration, what is the first priority fluid in restoring of intravascular volume?
- 3% Saline
 - 1/3 Glucose saline
 - Lactated Ringer solution
 - Normal saline
20. What is the main mechanism of hypokalaemia due to persistent emesis?
- Gastric loss of potassium
 - Gastric loss of hydrochloric acid
 - Low aldosterone level
 - Dehydration
21. Prior to Endotracheal tube extubation, what is the best treatment advice in order to reduce airway narrowing?
- IV dexamethasone
 - IV betamethasone
 - Inhaled budesonide
 - Nebulized budesonide
22. The following are indications for genetic counselling, **EXCEPT**:
- Paternal age > 50 years.
 - Maternal age > 45 years.
 - Family history of intellectual disability.
 - Consanguinity
23. An infant has a midline cleft lip, polydactyly, ocular hypertelorism, microphthalmia, low set malformed ears, microcephaly & hypoplastic ribs. What he is most likely has?
- Patau syndrome
 - Edwards syndrome
 - Down syndrome
 - Pierre-Robin syndrome

24. Seizures in neonates beginning in the delivery room or shortly thereafter may be due to which of the following conditions?
- A. Hypoxic-ischemic encephalopathy
 - B. Unintentional injection of maternal local anesthetic into the fetus.
 - C. Intracranial hemorrhage
 - D. Cerebral anomaly
25. Which of the following are true regarding cephalohematoma, **EXCEPT**?
- A. It is a subperiosteal haemorrhage.
 - B. It may extend across the midline and across suture lines.
 - C. It occurs in 1-2% of live births.
 - D. No discoloration of the overlying scalp.
26. Which of the following are true regarding intraventricular haemorrhage (IVH) of prematurity, **EXCEPT**?
- A. It usually develops spontaneously.
 - B. MRI is the preferred imaging technique for screening IVH.
 - C. Prophylactic administration of low-dose indomethacin reduces the incidence of severe IVH.
 - D. Majority of patients with IVH have no clinical symptoms.
27. The risk for development of respiratory distress syndrome (RDS) increases with the following conditions, **EXCEPT**:
- A. Prolonged rupture of membranes.
 - B. Maternal diabetes
 - C. Multiple births
 - D. Induced and rapid delivery.
28. Congenital diaphragmatic hernia (CDH) can be diagnosed on prenatal ultrasonography (between 16 and 24 week of gestation) in > 50% of cases. Findings on ultrasonography may include the following, **EXCEPT**:
- A. Chest mass
 - B. Mediastinal shift
 - C. Gastric bubble
 - D. Oligohydramnios
29. Regarding hemorrhagic disease of the newborn, all of the following statements are true, **EXCEPT**:
- A. Age of onset is usually in 2-7 days old infants.
 - B. More frequent in breast-fed than in formula-fed infants.
 - C. Bleeding time is normal.
 - D. Oral vitamin K is as effective as intramuscular route in the prevention and treatment of the disease.
30. Pneumatosis intestinalis can be seen in which various conditions, **EXCEPT**:
- A. Hirschsprung's disease
 - B. Necrotizing enterocolitis (NEC)
 - C. Pseudomembranous enterocolitis
 - D. Meconium ileus
31. The following factors suggest haemolytic disease as a cause of jaundice in the newborn, **EXCEPT**:
- A. Bilirubin rise of >0.5 mg/dL/hour.
 - B. Reticulocytosis >2% at birth.
 - C. Onset of jaundice before 24 hours of age.
 - D. Significant decrease in haemoglobin.

32. The antenatal administration of magnesium sulfate before preterm delivery has been suggested to which of the following statements?
- A. It reduces rates of necrotizing enterocolitis.
 - B. It decreases the risk of cerebral palsy in surviving infants.
 - C. It improves overall survival.
 - D. It decreases respiratory distress syndrome in premature infants.
33. What is the significant risk factor in the development of allergic rhinitis in children?
- A. Positive family history
 - B. Serum IgA higher than 100 iu/ml
 - C. Alcoholic mother
 - D. Diabetic mother
34. Which of the following is the strongest identifiable factor for the persistence of childhood asthma?
- A. Allergy
 - B. Male gender
 - C. Low birth weight
 - D. Parental asthma
35. Spirometry is a helpful objective measure of airflow limitation; it depends on patient's ability to properly perform a full, forceful, and prolonged expiratory maneuver. At what age it is usually feasible to use in children?
- A. ≥ 4 yr of age
 - B. ≥ 6 yr of age
 - C. ≥ 8 yr of age
 - D. ≥ 10 yr of age
36. What is the most vital initial treatment in the management of severe asthma exacerbations?
- A. Supplemental oxygen
 - B. Inhaled β -agonist
 - C. Intramuscular injection of epinephrine.
 - D. Inhaled ipratropium
37. What is the best "rescue" medication in the treatment of acute asthma symptoms?
- A. Oral Short acting bronchodilator agent (SABA)
 - B. Inhaled SABA
 - C. Oral corticosteroid
 - D. Inhaled ipratropium
38. What is the common finding of chest radiograph in a child with asthma?
- A. Peribronchial thickening
 - B. Atelectasis
 - C. Pneumothorax
 - D. Bronchiectasis
39. What is the hallmark of atopic dermatitis?
- A. Intense pruritus
 - B. Cutaneous reactivity
 - C. Lichenification
 - D. Dry skin
40. What is the principal pathologic feature in fatal anaphylaxis?
- A. Acute bronchial obstruction
 - B. Hypotension
 - C. Behavioural change
 - D. Abdominal pain

41. Systemic lupus erythematosus (SLE) is often characterized by periods of flare and disease remission or may follow a more smouldering disease course. All the following laboratory tests correlate with active disease, **EXCEPT**:
- Positive anti-nuclear antibody titer.
 - Positive anti-double-stranded DNA level.
 - Low serum complement level.
 - High erythrocyte sedimentation rate.
42. A 3-week-old baby boy develops malar rash involving the face and periorbital area after exposure to sun light and you suspect a case of neonatal lupus. Which of the following is the next step management to do for this neonate?
- Measurement of anti-Ro and anti-La antibodies of the mother.
 - Measurement of anti-Ro and anti-La antibodies of the baby.
 - Cardiac evaluation of the mother.
 - Cardiac evaluation of the baby.
43. Kawasaki disease (KD) has unique clinical manifestations; however, less consistent clinical presentation may occur. All the following are common classic clinical features of KD, **EXCEPT**:
- Bilateral non exudative bulbar conjunctivitis.
 - Cracked lips
 - Edema and erythema of the hands and feet.
 - Vesicular rash
44. The Immunoglobulin M (IgM) marker response occurs earlier in the illness, generally peaking at 7-10 days after infection, and usually disappears within a few weeks; which of the following infections can persist for months?
- Measles
 - Mumps
 - Rubella
 - Hepatitis A
45. Multiple blood cultures may require detecting what cause of bacteraemia-associated condition?
- Malaria
 - Pyelonephritis
 - Osteomyelitis
 - Pneumonia
46. Acute rheumatic carditis usually presents as cardiac murmurs; which of the following is clinical sign?
- Tachycardia
 - Chest pain
 - Dyspnea
 - Syncopal attack
47. What is the drug of choice for Sydenham chorea?
- Aspirin
 - Prednisone
 - Phenobarbital
 - Diazepam
48. Group B streptococcus (GBS), or *Streptococcus agalactiae*, is a major cause of neonatal bacterial sepsis. Which of the following is the most common syndrome associated with childhood GBS disease beyond early infancy?
- Gram negative conjunctivitis
 - Gram positive meningitis
 - Viral-induced ventriculitis
 - Bacteremia without a localized condition.

49. Which of the following is a gram negative bacterium?

- A. Staphylococcus aureus
- B. Streptococcus pneumoniae
- C. Actinomyces
- D. Haemophilus influenza

50. Which of the following is the most effective agent for prophylaxis of meningococcal disease?

- A. Ciprofloxacin
- B. Rifampin
- C. Ampicillin
- D. Penicillin

51. The following are associated with Hirschsprung's disease, **EXCEPT**:

- A. Microcephaly
- B. Mental retardation
- C. Down syndrome
- D. Cleft lip

52. The low-osmolality World Health Organization (WHO) oral rehydration solution (ORS) has the following contents per liter, **EXCEPT**:

- A. 75 mEq of sodium
- B. 64 mEq of chloride
- C. 20 mEq of potassium
- D. 90 mmol of glucose

53. Biliary sludge or cholelithiasis can be detected in >40% of children who are treated with prolonged course of which the following drugs?

- A. Cefotaxime
- B. Meropenem
- C. Vancomycin
- D. Ceftriaxone

54. What are the major risk factors for recurrence of febrile seizure?

- A. Fever 38-39°C
- B. Family history of febrile seizures.
- C. Family history of epilepsy.
- D. Complex febrile seizure

55. What are the valuable diagnostic features that differentiate anaemia of chronic disorder from iron deficiency anaemia?

- A. Low serum iron.
- B. Low or normal serum transferrin.
- C. Normal bone marrow cellularity
- D. Normochromic normocytic RBC.

56. Guidelines on the evaluation of a first unprovoked non-febrile seizure, which of the following studies are recommended in specific clinical situations?

- A. Head CT
- B. Head MRI
- C. Spinal tap
- D. Electro-encephalogram (EEG)

57. Children with type 2 Diabetes Mellitus often seek medical care because of which of the following features?
- Weight loss
 - Excessive weight gain
 - Polyuria
 - Polydipsia
58. Hypocalcemia is common in neonates between 12 and 72 hours of life, especially in infants of which of the following conditions?
- Birth asphyxia
 - Sepsis
 - Exchange transfusion
 - Hyperbilirubinemia
59. At what age would you expect a precocious puberty in boys before the onset of secondary sexual characteristics?
- 6 yr.
 - 7 yr.
 - 8 yr.
 - 9 yr.
60. In pyelonephritis, a high risk of renal scarring is associated with which of the following elevated test markers?
- Erythrocyte sedimentation rate
 - C-reactive protein
 - Procalcitonin
 - White blood cell count
61. When you investigate for first attack of minimal change nephrotic syndrome (MCNS), which of the following statements is true?
- Microscopic haematuria is present in 20% of children.
 - Spot urine protein:creatinine ratio should be <1.0
 - Serum complement levels are low.
 - Renal biopsy should be requested.
62. Patients with suspected Typhoid fever with severe systemic illness (Meningitis), what Dexamethasone dose should be given?
- 3 mg/kg followed by 1 mg/kg every 6 hours for total 48 hours.
 - 0.15mg/kg/dose IV 6 hourly for 4 days.
 - 0.6 mg/kg/day IV for 2–3 weeks reducing the dose for 2-3 weeks.
 - Given at two doses of 12 mg 24 hours apart.
63. Multidrug resistant Typhoid fever is treated with which of the following drug regimen?
- Ampicillin IV + Gentamicin IV.
 - Combination of Ciprofloxacin IV and Ceftriaxone IV.
 - Combination of IV Chloramphenicol and Ampicillin.
 - Azithromycin PO
64. Which of the following statements about TB GeneXpert are true, **EXCEPT**?
- It is a cartridge-based polymerase chain reaction test.
 - It is a simultaneous rapid active pulmonary tuberculosis diagnosis.
 - It can identify DNA Mycobacterium tuberculosis and resistance to rifampicin.
 - It is a molecular blood test needed for rapid TB infection.

65. A 12-year-old girl is admitted to the hospital because of marked shortness of breath, an erythematous rash, and painful, swollen hip and knee joints. She is agitated. A chest x-ray shows an enlarged heart and changes consistent with pulmonary oedema. Intractable congestive heart failure develops, and she dies on the second hospital day. This child most likely had a recent history of which of the following?
- Cyanosis with chest pain
 - Jaundice
 - Meningitis
 - Pharyngitis
66. Pulmonary oedema is traditionally separated into two categories according to cause (cardiogenic and non-cardiogenic). Non-cardiogenic pulmonary oedema, in its most severe state, is also known as acute respiratory distress syndrome (ARDS). Which of the following radiographic features is usually present in non-cardiogenic pulmonary oedema?
- Septal lines
 - Peribronchial cuffing
 - Pleural effusions
 - Air bronchograms
67. How much serum bilirubin in $\mu\text{mol/L}$ if jaundice of Kramer's rule at 4 had been noticed accordingly from a newborn baby:
- 250
 - 200
 - 150
 - 100
68. Which of the following statements in tuberculosis of children is most likely correct?
- The Mantoux test is usually read at 48-72 hours.
 - Redness not induration is read in the Mantoux test.
 - An induration of 5 mm is regarded as positive if prior BCG vaccination was received.
 - TB meningitis does not require adjuvant steroid therapy.
69. Which of the following children has tachypnoea?
- Newborn with RR of 50/min.
 - 5-month-old with respiratory rate (RR) of 40/min.
 - 11-month-old with RR of 55/min.
 - 7-week-old with RR of 50/min.
70. In drowning and submersion injury in either salt or fresh water, which of the following is the most likely problem sustained by the drowning child?
- Upper airway obstruction
 - Collapse of the lungs
 - Hypoxia
 - Pulmonary oedema
71. What stage of modified Bells criteria of necrotizing enterocolitis can you find radiologic findings of "pneumatosis intestinalis"?
- Stage 1
 - Stage 2-A
 - Stage 2-B
 - Stage 3-A

72. In the treatment of neonatal sepsis with possible CNS infection which of the following antibiotic regimen is appropriate?

- A. IV Ampicillin 50 mg/kg every 12 hourly.
- B. IV Ceftriaxone 100 mg/kg once a day.
- C. IV Cefotaxime 50 mg/kg every 12 hourly for preterm.
- D. IV Gentamicin 5 mg/kg dose adjusted according to gestational age.

73. An expansion of the intravascular volume and increased intravascular pressure are the main causes of oedema in which of the following condition?

- A. Lymphatic obstruction
- B. Heart failure
- C. Protein-losing enteropathy
- D. Nephrotic syndrome

74. Which of the following chest x-ray findings has typical pneumocystis jiroveci pneumonia?

- A. Coarse granular infiltrates bilaterally.
- B. Diffuse interstitial reticulo-granular bilaterally.
- C. Wide spread patchy opacities bilaterally.
- D. Bilateral air-bronchogram with decrease AP diameter.

75. Cefotaxime is preferred rather than ceftriaxone antibiotic for neonates in the treatment of severe gram-negative septicaemia due to the following reasons?

- A. Cefotaxime has good coverage of gram negative bacterial infection.
- B. Cefotaxime has good absorption in case of renal infection.
- C. Ceftriaxone is toxic in the vascular system in neonates.
- D. Ceftriaxone has side effect of bilirubin/liver toxicity in neonates.

B. Long Answer Questions- Clinical case: Discuss in detail the following questions on the answer sheet provided.

(Total of 125 marks)

Case 1.(76-100) A 3-month old boy seen in IMCI clinic with her mother for the first time denies any past medical or surgical history, but does note that the child's failure to thrive and features of down syndrome. He has not been gaining weight normally (-1 to -2 Standard deviation according to weight for height) and tends to sleep most of the time. On examination, no cyanosis, noted displacement of point of maximum impulse (PMI) to left; harsh with holosystolic murmur at left sternal border. ECG reported biventricular hypertrophy.

(25 marks)

- A. What other clinical signs and symptoms you want to know to come up with the diagnosis on this patient?
5 marks
- B. What are other problems(organ involvement) co-exist with your present condition of your patient?
5 marks
- C. What are your other possible diagnostic investigations other than the above mentioned you would want to request?
5 marks
- D. What is the possible management/treatment of this case?
5 marks
- E. What other risk assessments and complications that you may anticipate with your patient?
5 marks

Case 2. (101-125) A 10-year old girl was admitted to Lautoka hospital because of marked shortness of breath, erythematous rashes, with painful, swollen hip and knee joints. Chest x-ray showed an enlarged heart and changes consistent with pulmonary edema. Intractable congestive heart failure developed, she was admitted in intensive care for further evaluation and treatment.

(25 marks)

- A. This child most likely had a recent history of what disease/illness and explains how it affects the patient?
5 marks
- B. What is the pathogenesis of carditis and arthritis in the above condition?
5 marks
- C. What are the indications of giving steroids and anti-inflammatory agents for this patients?
5 marks
- D. State the dose and durations of giving steroids, anti-inflammatory agents and antibiotics?
5 marks
- E. What management to give for congestive heart failure?
5 marks

Case 3.(126- 150.) A premature neonate born at 31 weeks of gestation, required delivery room resuscitation in the form of positive pressure ventilation and delivery room continuous positive airway pressure (CPAP).

The baby was admitted to the NICU and was continued on CPAP support. His respiratory distress worsened and he was given late rescue surfactant therapy at 18 hours of life with continued mechanical ventilation.

His ventilator requirements were increasing and there was evidence of an air leak, so he was switched over to high frequency ventilation. There was also a haemodynamic compromise that was supported with volume bolus and multiple inotropes.

(25 marks)

- A. In resuscitating a premature baby with anticipated co-morbidities, what would you do immediately before and after delivery?
5 marks
- B. How to assess the ventilator complications and what immediate plan and management actions you should do?
5 marks
- C. What are the possible risk complications and management other than the above mentioned of this premature baby during the first week of life?
5 marks
- D. What investigations and possible results you might anticipate to this case?
5 marks
- E. The patient completed the treatment and about to be discharged; what are the advice/treatment needed to do before discharge.
5 marks

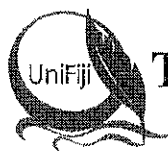
Case 4. (156-175.) A baby boy born term, now 22 days old, via NSVD to a primipara mother noted to be still with yellowish tinged discoloration of skin. She is breastfeeding exclusively fulltime and thriving well. No known risk factors. She has been acting well without any symptoms. No features concerning for any syndromes. Newborn screening results were all normal. **(25 marks)**

- A. What other possible signs and symptoms you want to know to confirm your diagnosis? 5 marks
- B. What needed to be investigated and its possible results? Any special procedures to be requested? 5 marks
- C. What are your other possible diagnoses on this patient? 5 marks
- D. What treatment/ management needed to do? 5 marks
- E. Prompt investigations and diagnosis should be made due to what complications? 5 marks

Case 5. (176-200.) A 4-week-old male infant who presents to the emergency department with a chief complaint of vomiting of 3-4 times a day. His mother states that the vomiting has gotten progressively worse and now seems to "shoot out of his mouth." The emesis always occurs after feeding, sometimes vomiting the entire volume of his feed. He is exclusively bottle fed with formula. There is no history of fever, no upper respiratory illness symptoms, nor diarrhoea. He is less active than normal. He is making fewer wet diapers and less stool than usual. There is no history of trauma or recent travel. There are no ill contacts.

Exam: Vital signs are normal with moderate tachycardia, O2 saturation 99% on room air. Pertinent PE: abdomen soft and flat with 2 cm. firm, non-tender, motile olive-shaped mass palpable in right quadrant with peristalsis noted.

- A. What other possible signs and symptoms other the above mentioned you want to know to confirm your diagnosis? 5 marks
- B. What needed to be investigated and its possible results? Any special procedures to be requested? 5 marks
- C. What are your other possible diagnoses on this patient? 5 marks
- D. What treatment/ management needed to do on this patient? 5 marks
- E. What are the possible risk assessments, complications and management of the above case? 5 marks



Umanand Prasad School of Medicine & Health Sciences

Department of Clinical Sciences

Semester 2 Year 2020

PAED 604 MCQ Answer Sheet

Student Name: _____

Student ID: _____

A. MCQ (Circle the correct answer. Only one choice is valid for each question.)

1	A	B	C	D
2	A	B	C	D
3	A	B	C	D
4	A	B	C	D
5	A	B	C	D
6	A	B	C	D
7	A	B	C	D
8	A	B	C	D
9	A	B	C	D
10	A	B	C	D
11	A	B	C	D
12	A	B	C	D
13	A	B	C	D
14	A	B	C	D
15	A	B	C	D
16	A	B	C	D
17	A	B	C	D
18	A	B	C	D
19	A	B	C	D
20	A	B	C	D
21	A	B	C	D
22	A	B	C	D
23	A	B	C	D
24	A	B	C	D
25	A	B	C	D

26	A	B	C	D
27	A	B	C	D
28	A	B	C	D
29	A	B	C	D
30	A	B	C	D
31	A	B	C	D
32	A	B	C	D
33	A	B	C	D
34	A	B	C	D
35	A	B	C	D
36	A	B	C	D
37	A	B	C	D
38	A	B	C	D
39	A	B	C	D
40	A	B	C	D
41	A	B	C	D
42	A	B	C	D
43	A	B	C	D
44	A	B	C	D
45	A	B	C	D
46	A	B	C	D
47	A	B	C	D
48	A	B	C	D
49	A	B	C	D
50	A	B	C	D

51	A	B	C	D
52	A	B	C	D
53	A	B	C	D
54	A	B	C	D
55	A	B	C	D
56	A	B	C	D
57	A	B	C	D
58	A	B	C	D
59	A	B	C	D
60	A	B	C	D
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67	A	B	C	D
68	A	B	C	D
69	A	B	C	D
70	A	B	C	D
71	A	B	C	D
72	A	B	C	D
73	A	B	C	D
74	A	B	C	D
75	A	B	C	D